

Home-Start Suffolk Service Evaluation 2017-2019

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Executive Summary

Introduction

Public Health was requested to evaluate the community family support service delivered by Home-Start in Suffolk (HSS), in order to establish the effectiveness and impact of this provision, and whether it has delivered the intended objectives as per the grant specification, during the time period 01/07/2017 to 30/09/2019.

Background

Home-Start is a charity offering support to families with young children via volunteer befriending. Through regular visits from trained volunteers, Home-Start provides support with the aim of empowering families to decrease isolation and increase resilience and confidence. Home-Start has had a presence in Suffolk for over 35 years and is currently commissioned by Suffolk County Council (SCC) to provide support to families in need with children under 12. In 2017, Home-Start in Suffolk expanded to cover the whole of the county of Suffolk, following commissioning in the previous SCC innovation grant, awarded in 2014. By the start of the current commissioning contract on 01/07/2017, HSS had expanded to include the Waveney area in the North East of the county, and as far as Mildenhall and Brandon in the North West. Of note, a separate Home-Start provider, Home-Start in Mid and West Suffolk operates independently and in parallel on the West side of the county. This evaluation is focused solely on Home-Start in Suffolk (HSS).

The commissioning specification comprised the following main outcomes upon which the evaluation is focussed:

- A reduction in social and rural isolation for families
- A reduction in reliance on public and statutory services
- Children and their parent's/carers' learning and development will be supported
- Children will improve and maintain attendance at school
- Family members experience a greater level of satisfaction in their family life and relationships
- Volunteers will increase their skills and employability.

Results are presented according to these outcomes and Home-Start in Suffolk's objectives.

This evaluation follows a previous evaluation undertaken in 2016.

Methods

A mixed methods design within the Donabedian evaluation framework was used. Quantitative data from the HSS CharityLog database was analysed to describe the referrals received over the contract period. These data were subsequently linked to SCC statutory and non-statutory service data to try to quantify service usage before, during and after referral. Qualitative data on stakeholder experiences from 47 semi-structured interviews with HSS service users, volunteers, staff members, and CYPs professionals were used to gather evidence relating to each objective. In addition, data from surveys of HSS volunteers and CYPs professionals working across Suffolk were analysed to gather further information relating to stakeholder experiences. Results are reported against the service specification outcomes. An evidence review of sources reporting best practice in the field was also undertaken.

Main findings

What is working well?

- Over the period July 2017 to September 2019, HSS received 812 referrals from which they supported 523 families (reaching at least the stage of an initial visit by a coordinator or signposting). Of these, 382 were matched to a volunteer and 326 were considered to have achieved some outcomes before closure of the referral. In total, 1433 children were supported.
- There is evidence of increasing awareness of and demand on HSS across Suffolk, with an increase in referrals across the three localities and an increasing proportion of complex referrals
- Families interviewed were generally very happy with the support they received. They reported being well matched to volunteers, feeling more confident about home life and accessing services and feeling 'in a better place' after receiving volunteer support
- Service users, volunteers and staff reported the value of HSS as a neutral and non-judgemental service, that is flexible in its response to families' needs

"It can be for such a range of issues, none more important than the other in that moment in time, that's a crisis. It's about having someone go in that's non-judgemental and take you are you are" (Volunteer 6)

- Volunteers interviewed reported being 'confident' or 'very confident' in fulfilling their role. They unanimously reported the training provided by HSS as being comprehensive, and the vast majority felt they were very well supported by HSS coordinators:

"I can ring, go in or organise a meeting. I have varied coordinators and they've all been very supportive. I can't think of anything that should change." (Volunteer 6)

- In the survey of CYPS professionals, the overwhelming majority of respondents commented that the impact of HSS's work for families was extremely positive, and if provision was to end this would have a detrimental impact on both families and the wider system

"Home-Start is vital for our families and provide a service which we cannot on a regular basis"

- Co-location of the Bury St Edmunds office in with other services in West Suffolk House was considered very helpful in assisting liaison with other professionals:

"...we are working on the same floor as many of the people who refer to us in West Suffolk House so we can always clarify anything that we see with the referrer." (ST7)

- The survey of CYPS Professionals indicated that HSS are generally seen as timely and efficient in communication with other partners

"All staff I have spoken to have been knowledgeable, helpful and supportive"

“Always returns calls/emails even after hours”

- The majority of professionals surveyed responded that the referral form and process was efficient and easy.

“Referral form is quick to complete. Response is prompt.”

- Promotion of HSS on social media was considered very successful by volunteers, with continuation of this marketing suggested

What are areas for improvement?

- There continues to be uneven coverage across the county in terms of volunteer location, which has in some cases resulted in services users waiting to be matched and volunteers having extended travel times when visiting families

“There was a long wait for a volunteer and due to changes in Mum's circumstances when the volunteer was available the service was no longer needed so more volunteers would be helpful”

- Some volunteers commented that the current provision of supplementary training sessions and peer support within working hours limited their ability to attend, suggesting a review of how best to meet volunteer needs would be helpful, particularly with increased recruitment efforts

“There are always courses to go on....it is difficult sometimes when you work. I work 4 days a week and tend to have the same day off most weeks- I visit the family on that day”.
(Volunteer)

- Some stakeholders felt that greater awareness of HSS and its remit was needed both among families and professionals in order for referrals to be made earlier, and timely self-referrals where appropriate
- There are some gaps and inconsistencies in some of the data recording in CharityLog, particularly regarding records of volunteer time spent. Improved recording will enable accurate quantification of both resource use and service user characteristics
- Feedback from both HSS staff and CYPs professionals indicated that in some cases better communication and sharing of information was needed in both directions to enable all relevant information on families to be shared.

“[they need to provide] more feedback i.e. plans in place, work completed with family, if families are not engaging and progress being made”

- HSS continues to receive a high proportion of referrals that end before contact can be made with the families. This suggests a large number of referrals are either inappropriate or are unwanted by families.
- Some long-term volunteers commented that HSS staff had become noticeably busier over the past year and it had sometimes become harder to keep in contact or keep up to date

with progress checks for their families. Some volunteers felt additional coordinators should be recruited to mitigate this.

“Previously coordinators seemed to have more time; now they seem busier-they will help if you ask, but you have to be more proactive about it.”

- There is still variable confusion regarding the two different Home-Start Services that operate in the county. The CYPS Professionals survey indicated that this was still a problem amongst partners.

“I am always unsure which 'Home-Start' to use - seems to be great confusion around this in Suffolk e.g. Home-Start mid suffolk or the team based in west suffolk house?”

Limitations

There were some missing data in the fields contained within CharityLog, therefore results are based on available data. HSS service users and volunteers interviewed were recruited by HSS therefore are likely to be more engaged with the service than those not interviewed. For the majority of school-age children supported by HSS, it was not possible to obtain information on school attendance for the school terms before and after they received support. It was therefore not possible to ascertain quantitative evidence of the impact of HSS on improving school attendance.

Conclusion

The results from our evaluation provide evidence that HSS has largely been successful in meeting the objectives of the service specification. Results from both the stakeholder interviews and quantitative data analysis show that HSS has been particularly effective in reducing isolation, increasing self-esteem and improving confidence in accessing appropriate services for the families it supports. Of particular note is the value service users place on HSS as a neutral, non-judgemental service, independent from statutory services. The comprehensive volunteer training and support package is a key strength, although careful planning is required to ensure both training and peer support sessions are accessible for working-age volunteers. Continuing to build relationships with services across the county will help ensure referrals are appropriate and can be made in a timely manner; while additional co-location of offices will further promote coordinated working with CYPs professionals.

List of abbreviations and terms

CAF -Common Assessment Framework

CiC- Child in Care

CiN- Child in Need

CP - Child Protection

CYPS- Children and Young People's Services

FNM -Family Network Meeting

HSS – Home-Start in Suffolk

SCC – Suffolk County Council

Geographical areas

Ipswich & Suffolk Coastal – Area supported by HSS's Martlesham office, covering postcode areas IP1, IP2, IP3, IP4, IP5, IP6, IP10, IP11, IP12, IP13 IP15, IP16, IP17, IP18

Mid & West Suffolk –Area supported by HSS's Bury office covering postcode areas IP7, IP8, IP9, IP14, IP20, IP21, IP22, IP23, IP24, IP25, IP26, IP27, IP28, IP29, IP30, IP31, IP32, CB8, CB9, CO6, CO7, CO8, CO10, CO11

Waveney – Area supported by HSS's Beccles office covering postcode areas NR32, NR33, NR34, IP19.

Main report

Introduction

The aim of this evaluation, undertaken by Public Health in Suffolk is to determine whether Home-Start in Suffolk (HSS) is effective in meeting the needs of families it supports, and whether it has met its intended outcomes as outlined in the service specification.

Following analysis of data collected by HSS, and data collected from relevant stakeholders, the evaluation will report on HSS's outcomes across the county for the families it supports and its volunteers. The report will also compare outcomes across the geographical localities in which HSS operates and provide an update on the recommendations made by a previous evaluation undertaken by Public Health Suffolk in 2016.

Background

Home-Start is a registered family support charity in the United Kingdom (UK), founded in 1973¹. Home-Start in Suffolk started in 1999. One-to-one support is provided to families, on a non-mandatory basis, through HSS's home visiting service, and at family drop-in groups. Families referred to HSS come from a variety of backgrounds, and their needs vary but common reasons for referral include health issues experienced by a parent or child or requiring support with home management and child behaviour issues. The families referred are often those who do not require statutory intervention but where low-level support can prevent the family's circumstances from worsening. Other families supported include those who are not eligible for social care support, or those for whom a statutory intervention has ended, and 'step-down' support is required.

Support is provided by trained volunteers, and aims to be flexible, tailored to the needs of the family and to consider different lifestyles and family dynamics. The aim of HSS, as outlined in their service specification is to support parents and families to help themselves, to give their children the best possible start in life, and to allow them to achieve their full potential. HSS liaises with statutory and other agencies as appropriate and received referrals from a range of professionals working across Suffolk. Following expansion of the service, HSS now operates across the county of Suffolk. In parallel, a separate Home-Start provider, Home-Start in Mid and West Suffolk operates independently on the West side of the county. This evaluation is focused solely on Home-Start in Suffolk (HSS).

Through the Innovation Grant provided to HSS by Suffolk County Council (SCC) in 2014, HSS was able to increase the age limit of the children they supported from 5 years to 11 years. In line with SCC's mission and values to 'Make Every Intervention Count' HSS aimed to provide a value for money service by reducing the need for other future services for these families².

Following the previous evaluation by Public Health Suffolk in 2016, HSS was commissioned for an initial 3 years with a contract running from 01/07/2017 to 30/06/2020, with extension potential. Upon agreement of pre-defined conditions listed in the contract specification, SCC provided a grant of £571,947 over 3 years as shown in the table below.³

Year	SCC Funding
Year 1:	£186,887.00
Year 2:	£190,624.00
Year 3:	£194,436.00
Total:	£571,947.00

The main and outcomes that Home-Start Suffolk intended to achieve by providing this service, are outlined below. They have been taken from the SCC Contract Grant Agreement with HSS.³

INTENDED OUTCOMES TO ACHIEVE:
1) A reduction in social and rural isolation for families
2) A reduction in reliance on public and statutory services
3) Children and their parent's/carers' learning and development will be supported
4) Children will improve and maintain attendance at school
5) Family members experience a greater level of satisfaction in their family life & relationships
6) Volunteers will increase their skills and employability

For a breakdown of how these outcomes map to HSS's objectives, see Annex 10.

Families are referred to HSS by a variety of referrers including Health Visitors and Early Help Teams, with the option of self-referral. Referrals can be made via an online portal or by paper form. Following referral, families are allocated one of the HSS coordinators. In the case of appropriate referrals where the family can be contacted, an initial meeting between the coordinator and family takes place. The families are then matched to a suitable volunteer who visits the family to provide support, usually on a weekly basis. Volunteer support typically lasts for several months, after which an agreed end visit takes place.

The following sections of the report outline the methods used to gather and analyse data, and the results obtained.

Methods

A mixed methods design within the Donabedian evaluation framework of Structure, Process and Outcome was used.⁴ A mixed methods approach was necessary to be able to describe the coverage, scope and processes of HSS using quantitative methods, in addition to capturing the experiences of service users, volunteers and other relative stakeholders. For some objectives, evidence from quantitative and qualitative analysis could supplement and validate each other.

- 1) Analysis of the data contained within the HSS database 'Charity log'. Data on all referrals made for the period 01/07/2017 to 30/09/2019 was extracted, in addition to data on volunteers. This data was used to describe the number of referrals, characteristics of families referred, referral reasons, and complexity of referrals and referral outcomes. Data from CharityLog for HSS service users was subsequently linked to SCC statutory and non-statutory service data sets containing data on Child Protection (CP), Child in Need (CiN), Common Assessment Framework (CAF) and Child in Care (CiC) status. For those children listed in CharityLog of school age, referral data was also linked to school attendance data held by SCC. Full details of the method and analysis is provided in Annex 1.
- 2) Analysis of a total of fifteen case studies of HSS users, from the period 01/07/2017 to 30/07/2019. The coverage of the case studies is summarised in Annex 2. Analysis of these case studies was used to gather data supporting whether HSS was meeting objectives such as increasing resilience of families and providing a practical befriending service. The themes emerging from the case studies were also used to inform the question guides for the stakeholder interviews.
- 3) A total of 47 semi-structured interviews were undertaken with relevant stakeholders to gather qualitative data:
 - 19 HSS volunteers
 - 17 HSS service users
 - 7 HSS staff members
 - HSS CEO
 - CYPs Commissioner
 - Early help team manager
 - Children's centre manager

Thematic analysis of these interviews against the objectives of the evaluation is attached in Annex 3.

- 4) Analysis of an online survey of volunteers conducted by HSS. There were 58 respondents. Results from the survey were used to help describe volunteer numbers and satisfaction levels. Free text responses were used to describe volunteer attitudes. A full report is attached in Annex 4.
- 5) Analysis of an online survey of professionals working with children and young people across Suffolk. There were 70 responses. The results were used to summarise the attitudes of professionals towards HSS and their experiences of interacting with the charity. A full report is attached in Annex 5.
- 6) Cost-effectiveness calculations based on data contained in CharityLog, provided in Annex 7. The purpose of this analysis was to determine the cost per family supported from the Innovation Grant funding from SCC.

The evaluation report draws on assessment and conclusions from the above listed qualitative and quantitative data.

Results

Structure

We evaluated structure of HSS in terms of the following: locations, staff, volunteers, families supported, and the coverage and quality of the information Home-Start gathers via the CharityLog database.

Location

In 2017, Home-Start in Suffolk was expanded to cover the whole of the county of Suffolk. The service operates out of three offices, based in Martlesham (covering the Ipswich and Suffolk Coastal areas), Bury St Edmunds (covering Mid, Babergh and West Suffolk) and Beccles (covering Waveney). The Martlesham office is the head office for HSS, and all referrals are received centrally to this office before being allocated to the satellite offices as appropriate.

Notably, the Mid and West area of the county is served by both Home-Start in Suffolk and the separate Home-Start organisation of Home-Start in Mid and West Suffolk. Feedback from the survey of professionals indicated there continues to be confusion surrounding this overlap among professionals working in the West of the county.

Staff

As of December 2019, HSS employed a total of 15 staff, split across the three offices in Martlesham, Beccles and Bury St Edmunds. Each HSS locality office employs coordinators, with the CEO, administrators, lead administrators and lead coordinator based in the Martlesham office.

Feedback gathered in interviews with both services users and volunteers indicated very positive interactions with HSS staff, with an emphasis on how readily staff could be contacted and their consistent support to staff and volunteers.

Systems

Quantitative data on services users (including referral information, user characteristics, and outcomes) and volunteers is stored by HSS in the database “CharityLog”, a system designed for data collected by charities. HSS replaced their previous data system (the MESH database) with CharityLog in 2017. For the most part, data from the MESH system was not transferred to CharityLog therefore the data contained relates primarily to referrals made since the start of the current contract.

The data Home-Start gather

From the point of referral, data on families is entered into CharityLog by HSS coordinators and administrators according to a standardised process. CharityLog contains both standardised drop-down and free text fields and can be queried in order to view data for a particular referral by searching for a family by ID number or the name of the primary carer. Information about a particular family can be edited over time to reflect progress over the course of a referral. For each closed referral, the referral outcome is described using a set of standardised codes, indicating the stage the referral reached, whether the ending was planned, and for unplanned endings, a reason. For all

referrals reaching the stage of an initial assessment by a coordinator, coping scores are recorded against need areas.

While aggregated reports can be extracted from CharityLog enabling analysis and reporting of the data contained, the format of the data contained makes analysis challenging. Reports detailing family information, referral information, and coping scores related to outcomes must be extracted separately, meaning that all the information relevant to referrals cannot easily be viewed without linkage of the extract files. There are also some gaps in the data recorded such as incompleteness of the field recording volunteer time spent with families.

A data quality report on the data contained is included in the annex.

Volunteers

Information provided by HSS indicated that over the period covered by the current contract, a total of 245 people volunteered with HSS. A further 103 contacted HSS to enquire about becoming a volunteer or were undertaking an induction process.

In CharityLog, data was available for a total of 348 volunteers. This number included 150 current volunteers (with a status of 'trained' or 'resting' recorded at time of data extraction), 89 former volunteers who had volunteered over the course of the contract, in addition to 109 individuals who had enquired about becoming a volunteer over the course of the contract or commenced training.

At time of data extraction (30/09/2019), 150 volunteers were recorded as actively volunteering (133), or current volunteers on a rest break (17).

For 327 (94%) of the volunteers, a geographical location was recorded, summarised in the table below. The majority of active volunteers (56%) were based in the Ipswich and Suffolk Coastal locality.

Table 1: Volunteers by locality, Home-Start in Suffolk, 2017-2019

Area	Total number of listed volunteers	Active volunteers (percentage of total volunteers in locality)
Ipswich and Suffolk Coastal	149	84 (56.4%)
Mid and West	89	38 (42.7%)
Waveney	88	28 (31.8%)

The data suggest that in the Ipswich and Suffolk Coastal locality, a higher proportion of individuals enrolling as volunteers progressed to becoming trained and remain as active volunteers.

The majority of volunteers (93%, 139 of the 150 currently active) are female. HSS's CEO indicated that ideally HSS would like to recruit more male volunteers and more younger volunteers, and that marketing efforts are being focused on increasing these demographics.

Further analysis including a summary of volunteer demographics is provided in Annex 1.

Training

Volunteers received an initial 35-hour training course covering background to HSS, and a broad range of topics including safeguarding and signposting to local services. In the qualitative interviews, volunteers unanimously described the initial training programme as intensive and comprehensive,

and the ready availability of additional ongoing training courses in specialist areas such as domestic violence. A few volunteers commented that it could be difficult to attend these sessions given employment commitments. Of the 127 volunteers who trained over the course of the contract, 72 undertook accreditation.

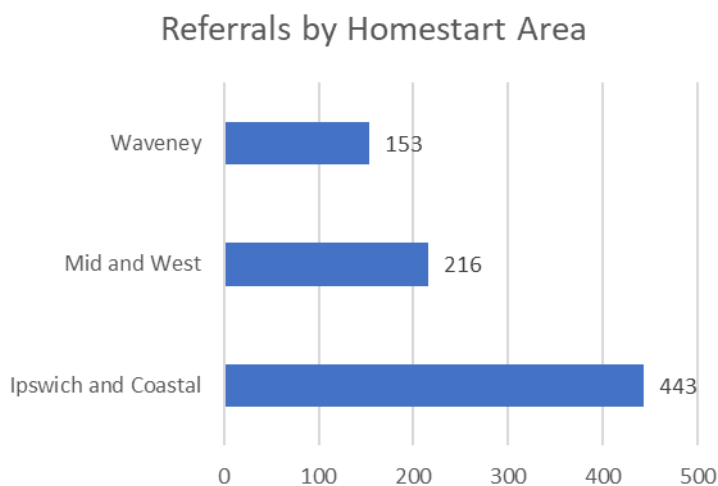
HSS also provides training to children’s centre volunteers. Since July 2017, HSS received applications from seventy children’s centre volunteers to train with them. Of these, 25 completed training, of which 4 completed accredited training.

Further analysis is provided in Annex 1.

Family characteristics

In total, 812 families were referred to HSS during the period 01/07/2017-30/09/2020. The breakdown of referrals by locality is shown in the figure below.

Figure 1: Referrals received by Home-Start in Suffolk, by locality, July 2017- September 2019.



Further breakdown of the number of referrals by year is detailed in Annex 1.

At time of referral, 85 families (10.5%) had at least one child with Child in Need status as recorded in the CharityLog data, and 56 families (6.9%) had at least one child with Child Protection status.

A full breakdown of the status of these referrals (including outcome reached) is provided in the appendix.

At the time of data extraction, closure outcomes were recorded in CharityLog for 722 of these referrals. The outcomes recorded implied that 523 referrals resulted in support being offered by HSS (reaching at least the stage of an initial coordinator visit taking place). An additional 91 families had been referred but did not have an outcome score implying their referral was being processed or they were currently receiving support but their referral had not yet been closed. For the purpose of reporting and analysis, those 523 families with a known ending will be counted as having been supported over the contract.

As CharityLog only contains data on families referred since the start of the current contract it was not possible to ascertain the number of families referred prior to July 2017 who continued to receive support over the course of the current contract.

For the 518 supported families where demographic information was available, 298 (58%) were resident in the Ipswich and Suffolk Coastal locality, 111 (21%) in Waveney and 109 (21%) in the Mid and West locality.

In total 1433 children were supported, with an average of 2.8 children per family. For those children where a year of birth was recorded in CharityLog, the majority (approximately 75%) were aged 5 or under.

For the vast majority (94%) of families, the primary care giver named on the referral was female. A large majority of individuals supported by HSS were from White British backgrounds (70.9%), with the next largest ethnic groups being white European, black African, Indian and Bangladeshi. In total 7.8% of individuals supported were from minority ethnic groups, which is lower than the 10.8% of children in Suffolk recorded as being from a non-White background in the 2011 census. For context, these findings were compared to ethnicity data for Suffolk families supported by the Common Assessment Framework (CAF) over the same time period. The CAF data showed that 80.8% of people supported were from a white British background, with 83.8% in total from any white background. The percentage of people supported from a non-white background was 6.6%. It should be noted however that ethnicity information was unavailable for the remaining 9.5% of people supported through CAF.

Table 2 below outlines the proportion of individuals supported by HSS, compared to those supported under the CAF.

Table 2: Ethnicity of individuals supported by Home-Start in Suffolk and CAF.

Ethnicity	HSS individuals supported %	CAF individuals supported %
White British	70.96	80.75
White Irish	0.24	0.50
White European	1.4	Category not recorded
White Other	1.46	2.59
Any white background	74.06	83.84
Asian or Asian British- Bangladeshi	1.03	0.16
Asian or Asian British-Indian	0.67	0.05
Black or Black British-African	1.09	0.11
Black or Black British-Caribbean	0.24	Category not recorded
Black or Black British- Other Black background	0.36	0.41
Mixed- Other mixed background	2.86	1.29
Mixed- White and Asian	0.24	0.32
Mixed- White and Black African	0.03	0.95
Mixed – White and Black Caribbean	0.36	1.20
Any ethnic minority background	6.88	4.49
Other	0.61	1.77
Unknown/not recorded	18.17	9.54

Given that both datasets include a relatively high proportion of individuals for whom ethnicity is not recorded it is not possible to make straightforward comparisons across datasets.

Notably, the information captured in CharityLog on ethnic and cultural background does not include information on marginalised groups such as children from traveller or refugee families.

The number of children supported by locality is outlined in the table below:

Table 3: Number of children supported by Home-Start in Suffolk, by locality, July 2017- September 2019

	Ipswich and Suffolk Coastal	Mid and West	Waveney	Overall
Number of children supported	806	316	311	1433
Number of children with CiN/CAF status	133	63	89	285
Number of children with CP/CiC status	97	92	41	230

A main theme emerging from interviews with staff was that the needs of families that HSS cater to have become multidimensional in the last few years as more complex families are entering the system including those with children who are of Children in Need (CIN) and Child in Protection (CPP) status, as well as children with learning disabilities such as ASD. Staff also mentioned that in recent years some key areas of need have been: mental health needs of mothers, drug and alcohol use, issues surrounding school attendance for older children (<12), and some cases of refugee clients in the Ipswich area. This higher level of need of families has required the service to adapt to this complexity in the last few years.

“The contract with Suffolk County Council has meant changes in structures with more referrals from Early Help teams or straight from Social Care- often more complex or sometimes with lots more issues going on. There weren’t as many of those families before” (ST2)

Process

Evaluation of process involved scrutiny of referrals, the matching process for families and volunteers, the provision to families from volunteers and withdrawing/ending HSS input.

Referral process

A total of 812 new referrals are recorded in CharityLog for the period July 2017-September 2019. Over half (443, 54%) of these were made in the Ipswich and Suffolk Coastal locality, with 153 (19%) made in Waveney and 216 (27%) made in the Mid & West Suffolk locality. Overall just over 8% of families self-referred; the proportion was similar across all three localities but increased over the duration of the contract. This suggests an increasing awareness of HSS among families, or an increased willingness to self-refer following suggestion from professionals

The most common reasons for referral recorded in CharityLog were i) parent's mental health, ii) coping with isolation, iii) parents' self-esteem, iv) coping with child behaviour and v) managing the family home. Referral reasons were largely the same across the three localities, although the percentage of both parents and children reporting mental health issues on referral in the Waveney locality was slightly higher. In the quantitative interviews, service users described requiring support with mental health issues, children's behaviour, following crises such as illness and disability and household management.

From the online survey of CYPs professionals, of those who had referred to HSS, 95% felt that the referral process worked well, with a mean score of 4.2 out of 5. Professionals working in the Waveney area were most likely to rate the referral process as good or very good. Eighty-one percent of referrers stated they had kept in contact with HSS following the referral, with communication with HSS described as good or very good by 80% of referrers.

In the qualitative interviews, several service users described being referred following a discussion with a professional working with their family such as a health visitor or social worker. In some cases, users were initially reluctant to be referred but following contact with HSS coordinators and volunteers, were very pleased with the support they received.

"I was nervous, and didn't really want it at the start, but done it because I was getting nagged ...but I've done it and it's all right now....I just didn't want someone coming into my home I think, you know what I mean, I thought I'd have to put on airs and graces but it's not like that at all." (SU30)

Matching process

In the grant (contract) document it is described that HSS will match volunteers to families according to the needs of the families and the volunteer's experience. It states that volunteers will be matched to each family and agree a plan detailing the outcomes for the family and length of involvement.

For those families with referral dates recorded, mean time from referral to match was 47 days, with a median time of 37 days.

Evidence from the qualitative interviews indicated that both service users and volunteers felt they were well matched to each other. Several parents commented how patient the volunteers were, and those with young children commenting how well their volunteers were able to interact with the children.

"It was all a good experience, they matched me well, the person they chose for me, she's nice, she does things at my pace, understands me" (SU6)

"She was completely open hearted and minded with the children and they could tell that and took to her." (SU24)

Service users whose children had autism commented that they were particularly well matched with volunteers.

"...also the volunteer has dealt with autism before so knows what's it's like and how to interact with the children. They don't recoil with her like they do with other people." (SU30)

Many volunteers commented that HSS were very good at matching them according to their skills and experience. A number of volunteers commented that Home-Start coordinators consistently matched

them to a particular type of family; for example, families with very young children or those where a family member had autism.

“I do tend to help young families...I have a background in child-care, so they tend to use my experience for the under 5s. They really get to know the volunteers well, so can match you really well. They’re clever at getting you to talk about yourself” (Volunteer 18)

“They’re very good at matching more experienced volunteers with complex families” (Volunteer 11)

Provision from Volunteers to families

Similar to the previous contract within the current HSS contract agreement, the role of the volunteers have been described as multi-layered which are defined mainly by outcome indicators. The contract document further mentions that the main role of volunteers may be one of more of the following three: 1) Volunteers who act as family friends (early help and in crisis) on a mutually agreed outreach basis, 2) Volunteers who support activity in Health & Children’s Centres as a blended service. 3) Volunteers who act as travel companions for families

Within the interviews, volunteers reported helping with a range of practical activities in the home depending on the needs of the family, in addition to providing emotional support to the primary care giver:

“A lot of it is emotional support and talking, which I find quite easy. It also involves playing with the children, and I do take them out and about, and encourage them to go to groups etc. but much of it is home-based”. (Volunteer 1)

“We get matched up and we provide support, the families I’ve supported I’ve done emotional support for parents, like those struggling with mental health. I provide reassurance, just a listening ear. Sometimes they just need a break and helping out with the children.” (Volunteer 3)

Service users also generally reported receiving a mixture of emotional and practical support from their volunteers:

“I initially didn’t know what to expect....but we just chatted and played with the children, then asked me if I wanted her to do anything...we struck a friendship and then she almost just came around just to have a laugh and company.” (SU15)

For several families, support from HSS came at a time of family crisis, such as following injury or illness. Interviewees described the support received as being invaluable:

“I felt like crying with gratitude when my volunteer walked through the door. I’m thinking of becoming a volunteer myself if possible in the future....everything was perfect...we will be friends for life, she saved my sanity; I lived for those couple of hours a week” (SU23)

“I would almost sit and cry in gratitude. My volunteer played with little one and it was the support I needed. She would chat and give me a cuddle or a shoulder to cry on.” (SU24)

One service user was receiving support from HSS staff following the birth and subsequent removal of her child. This support included provision of baby clothes and being accompanied on visits to see her

child. Despite the extremely challenging nature of this situation, the service user felt the support received had helped her:

“Home-Start have been supporting me well...they’ve been amazing and have really supported me, they’ve bought me lots of baby clothes and toys” (SU12)

Volunteers also described supporting families to access services and facilities in their local area, and to become more confident and independent in managing their finances and going out alone:

“I also signpost them to existing support, like I arranged a computer course in a local library for a child”. (Volunteer 1)

“She needed help managing finances. She finds it difficult to go to public places and fill in forms, things like that.” (Volunteer 5)

“I’ve also helped build parents confidence with taking children out themselves. Been to Jimmy’s farm, and mom was scared due to social anxiety, but went and got her more familiar with places, so when she next comes she knows where to go. The aim really is to support them for a short period of time and then get them ready to tackle ahead themselves.” (Volunteer 3)

Several volunteers reported that one of the initial challenges to overcome was making sure the families understood what they were able to help with and establishing a structure to help achieve their goals:

“...sometimes a case of being realistic with them; not being babysitting service and establishing clear boundaries – what we can and can’t do, that we’re not social services. Letting the family know that we are here for the young person.” (Volunteer 2)

“We have a structure for what we can and can’t do” (Volunteer 1)

“When we meet first, myself, coordinator and family, all together set up goals for the sessions. So the aim is to make them independent through each goal.” (Volunteer 3)

Withdrawing/ending Home-Start Support from families

The HSS contract agreement describes that case closure for volunteers will be in line with the plan of support for that family and mutually agreed. An exit strategy will be agreed with the family and all interventions will be time bound and subject to review. It states that volunteers will be ‘carefully supported’ through the ending process.

For those families supported where dates were reported in CharityLog, the median length of support received from the match visit to the end visit was 3 and a half months, and the mean length 4 months. Approximately 25% of families received support from their volunteer for 8 weeks or less, 33% for 2-4 months, and 42% for over 4 months.

In the interviews, many service users said they were sad to see their volunteer leave but understood that there were a lot of other families that may need support from the service more than they did. They also liked the fact that for some families the ending was not abrupt but rather a phased-out approach, where they felt they knew they could contact for more support.

Several reported that it was reassuring to know they could self-refer back to Home-Start if they needed to.

“The ending was process was really great. they really prepared you, didn’t just cut you off, they phoned every few weeks to just get an update. And I’m sure if I asked for some more help they would be more than happy.” (SU15)

Two users commented that the leaving process could be improved if the plan to end support was communicated by the coordinator rather than the volunteer. They felt the current process was a little unfair on the volunteer:

“They left the volunteer to tell me when her time was coming up. I felt this was a little unfair in the volunteer and it should have come from HQ. The volunteer felt she was personally letting me down. I did speak to the staff afterwards – but didn’t feel it was handled well. I felt for volunteer that she’d had that put on her shoulders. The leaving process needs to be rethought I think”.
(SU24)

When asked about the process around ending the support to a family, most volunteers reported gradually phasing out the support to prepare the family appropriately:

“No specific processes; we talk a lot with the families when we’re going to be finishing. I mainly do weekly visits, sometimes we do gapping – visit every other week – to phase out the support”

Some volunteers reported that ending support to a family could be emotionally challenging

“I have my own process – thank them for having me in their family, go out for tea. It’s emotional, but no issues.” (Volunteer 1)

While a small number of volunteers reported staying in touch with their families, the majority stepped away:

“You generally feel that you’ll keep in touch, but this is hard once you lose the structure”.
(Volunteer 10)

“I don’t keep in touch after I complete, because you have to switch off, I’ve learnt from my palliative care experience, it’s not healthy. The rest is done by coordinators, they very good, do an interview, and follow up with the family too.” (Volunteer 13)

During the period under review a significant proportion of families supported had unplanned endings. For those families who reached the stage of being matched to a volunteer and having received volunteer visits (outcome stage 4 or above) around 25% had an unplanned ending after the initial visit. The most common reasons reported for an unplanned ending were being unable to contact the family and the support no longer being wanted.

Outcomes

The service specification in the grant agreement outlines HSS’s desired outcomes, which formed our evaluation framework, in combination with HSS’s objectives. A complete list of Objectives and outcomes is included in Annex 10.

We present these outcomes, followed by evidence as to whether or not they are being achieved. Where changes in coping scores recorded in CharityLog are used as evidence to measure outcomes, a full breakdown is provided in Annex 1.

Outcomes measured against service specifications

1) A reduction in social and rural isolation for families

From the quantitative data, among families who identified 'isolation' as a coping need upon referral and who had a coping score for isolation recorded at the end visit:

- 73% reported an improved coping score for isolation by the end visit
- 22% gave the same coping score
- 4% reported coping worse with isolation than at time of referral.

A slightly higher proportion of urban families reported an improvement than rural families. Among families who identified use of 'services' and the use of 'local services' as a coping need, at their end of the visit with HSS, 80% of families reported an improvement in this area. In the same manner, 100% of families reported an improvement in their 'support to access to groups' during their end visit with HSS.

In the qualitative interviews, the majority of service users commented that visits from their volunteers were very helpful in reducing their sense of isolation. One parent commented that even with a partner and family members living nearby, the experience of parenting was isolating and having a HSS volunteer to talk to reduced that isolation.

"For me, even though I have 4 kids and husband and mum, it can still get incredibly lonely, so it's really helpful to have Home-Start." (SU30)

"Sometimes just to keep my company, sometimes just needing that adult company, you know, sometimes just to have an adult conversation, basically she just gives me what I need." (SU6)

Volunteers were very aware of the role HSS played in reducing isolation:

"I went to the AMG for HS recently, they touched on it there. I think it highlighted to me there is a lot of isolation. It's easy to forget, not everyone has someone close. I think that's what's missed, not everybody has a friend. I think its brilliant how HS provides that service, it's a friend but more too. Perhaps before communities were more united, not as much now. Home-Start is that bridge, the isolation in communities". (V3)

Volunteers commented that following their support, parents were generally more confident in accessing local groups and services:

"Yes, you see them getting more outgoing; use nursing; local toddler spaces. I go with them initially, but then they know how to use these". (V1)

2) A reduction in reliance on public and statutory services

For the cohort of families supported by HSS over the course of the current service contract, linkage of CharityLog data to service use data from SCC's Liquid Logic Database showed the number of supported families with a CIN/CP/CIC/CAF status in place during the 6 months following closure of

the referral was similar to the number with these in place prior to the referral. This was the case across all three localities.

The numbers are summarised below with the full results of this linkage provided in Annex 1.

Table 4: Number of HSS supported referrals with interventions in place

Locality	Number of supported referrals with CIN/CP/CIC/CAF in place at point of referral	Number of supported referrals with CIN/CP/CIC/CAF in place during the 6 months after closure	% change
Mid and West Suffolk	48	45	-6.3%
Waveney	52	50	-3.8%
Ipswich and Suffolk Coastal	107	95	-7.5%

This analysis, based on aggregated data for the cohort, suggests that support from HSS does not have a significant impact on the number of statutory interventions required. However, in the CYPs professional’s survey, many respondees commented they felt that the work undertaken by HSS reduced pressure on their own services.

- 3) Children and their parent’s/carers’ learning and development will be supported, and**
- 4) Children will improve and maintain attendance at school**

Data shows that of the families who identified ‘support to access employment’ as a referral need upon entry to HSS, by their last visit 100% of families had reported an improvement in this area. Almost 63% of families who had reported ‘being involved in the children's development’ as an initial referral need, reported an improvement in this area at the end of their visit. In relation to the coping need ‘Help with before and after school routines,’ 73.3% of families reported an improvement. Conversely, of the 3 families who has identified support with improving school attendance as a need, on their end visit all three families had reported no change in this area of need. Similarly, 2 (33%) families reported an improvement in coping with ‘parents own learning needs’ compared to 6 families (67%) reporting no change in situation. However recorded scores are not based on standard measures therefore interpretations are subjective.

School attendance data for the terms immediately prior to and following intervention was not complete for the majority of school-aged children supported by HSS. For the small number of children (47) where complete data was available, a larger number of children saw a worsening (25) or no change (6) in their attendance than those who has seen an improvement (16).

In qualitative interviews, several volunteers mentioned support children with reading and homework and helping with studies on multiple occasions:

“I do things like helping with reading and homework and playing football.” (Volunteer 1)

Similarly, a small number of service users commented that volunteers brought educational resources to use with their children.

From the available data, it is not possible to ascertain the long-term impact of HSS support on school attendance. Evidence from interviews with both service users and volunteers however suggests that volunteers devote a great deal of time to supporting learning needs of the families, and in some need areas this is reflected by an increase in coping scores.

5) Family members experience a greater level of satisfaction in their family life and relationships

Data shows that, 62% of families in their end visit coping score reported an improvement in the coping area of 'stress caused by conflicts in the family' upon their end visit by HSS, 33% reported no change. Additionally, 70% of families reported an improvement in coping with 'extra work caused by multiple children' on their end visit with HSS.

Volunteers reported assisting parents so they had more quality time to spend with their children:

"Sometimes it's helping parents with children, spending quality time with children"
(Volunteer 1)

This was also supported by services users, several of whom said that the help the volunteer provided with younger children meant as parents, they had more quality time with their older children.

Some service users reported that family relationships had been strengthened with the help of volunteers:

"The fact she was listening and understood, and she said the right things... sometimes family members only say negative things. My kids all have different dads, though we're fully supported. The strength she gave me was to take control of the situation, the dads all built relationships...we've built a network of strength for our children, that's what we we're trying to create and she helped me" (SU24)

6) Volunteers will increase their skills and employability

A high proportion of volunteers interviewed were either retired or unable to work for health reasons. They say the opportunity of volunteering with HSS as a means of doing something meaningful and rewarding with their time:

"Brilliant for me ...my volunteering gives me a role and really enjoy it." (Volunteer 1)

Many other volunteers were using skills acquired from previous paid roles in the education, health or care sectors. However, a small number reported that they would be able to use their experience volunteering with HSS to support future work:

"You can also do this thing where you write up your experience weekly and upload it on their site and then get assessed, kind of like coursework. I've done it and really liked it. I can use it for the future too." (Volunteer 20)

In the CharityLog data, fields containing employment or education status were incomplete for the majority of volunteers. Information provided by HSS staff indicated to their knowledge 27 volunteers had obtained new employment since the start of the current contract, and a further 12 were attending further education. Notably, in the Ipswich area, those volunteers completing education tended to continue volunteering, while in Waveney, volunteers entering education tended to stop volunteering.

Evidence supporting HSS objectives

Objective 2) To provide a befriending and practical support service via volunteer outreach for families with children aged 0-11.

Both the qualitative and quantitative data sources providing evidence supporting HSS as fulfilling this objective.

From the qualitative interviews, services users described the advantage of having a 2-hour visit from volunteers, as this gave both time for a chat, and practical help with activities.

“Normally we’d have 45 minutes to an hour chatting about my stuff, and the other hour she spent with one of the children, so I could spend time with the other children” (SU24)

Staff members also emphasised the impact of the volunteer support:

“from what I can see from my role which is not in direct contact with the families, we can make a massive difference. One visit a week can make a massive difference to families life and can create a feel good factor” (ST1)

Volunteers reported being flexible in their approach to supporting families and providing the role of a friend where this was needed:

“It’s definitely practical and emotional support – things like popping to the shops- if mum just needs 10 mins to get something if the little one having a nap. Very much practical stuff and will help around the house. If they’ve had a really bad week I will do a little bit of washing for a mum so they know it’s something they don’t have to do. I’ve supported a family going out to a play area with their children because mum has disabilities- with my help she can do that and the absolute sheer delight- it’s something she wouldn’t be able to do if I wasn’t there. It’s very much hands on, and assisting. Sometimes taking a call, if parents not in the frame of mind to do that. Depends on the situation...also I’ve found the situation can change, something else happens and roles evolve...that’s also fine.”
(Volunteer 6)

When families were asked to provide coping scores at their end visit for need areas in which they had received practical support from volunteers, scores showed that: 69% of families reported improvements with their ‘day to day running of the house’, 73% reported improved coping with ‘before and after school routines’ and 62% of families reported an improvement in ‘managing children's behaviour’. This suggests that for the majority of families requiring support in these areas, volunteers were successful in empowering them feel more confident by the end of the intervention.

Objective 7) To build resilience and strength in families and communities

While strength and resilience are not a direct coping need, there are many indicators that HSS record upon an end visit with a family which can identify how HSS support has helped a family in this area of need. Among families who identified 'parental self-esteem' as a coping need on referral and who had a coping score recorded at the end visit, 67% reported an improved in parental self-esteem, while 26% reported no change and 6% reported coping worse with this than at time of referral. For the small number of families reporting accessing employment as a coping need, 100% reported an improvement in support to accessing employment.

From the qualitative interviews, service users generally reported feeling more confident at the end of the intervention than at the start. Some mentioned the support they received as helping them cope, and empowering them to seek employment:

"She helped to brighten my day. Oh, my goodness she was amazing really, she had kids too and she just understood me really and she really bonded with them. I was looking forward to seeing her each week...when she did leave, I was kind of ready to take on life properly, I changed to a different stage in my life. She helped with the kids and helped me with starting a job too." (SU15)

Volunteers reported that families generally became more confident as a result of the support they received, and that this was often true of both caregivers and children:

"The issues still are there; but I think they have better sense of direction and being able to open up and communicate." (Volunteer 2)

"I really enjoy going into a home and seeing the achievements of the family and seeing how the family develop over time. Like one of families the children were dependent on mum, and after working with the child, explaining how they could do this and that themselves and seeing their progress each week, how they say "oh I could that myself!"

"It's nice to see the families eventually who initially may not have wanted to ask anything, end up are asking you the right things and as the trust builds up they open up and say what they wanted to like financially they need help, and then I can signpost to the right places and help them" (Volunteer 3)

Objective 10) To provide a coordinated service to families working closely with children's services

There was a high level of awareness among professionals surveyed of the existence of HSS, and the vast majority reported having interacted with HSS over the course of their work. Among those who had worked with HSS, 80% reported being very satisfied with their interactions with the service. In free text comments, children's centre staff in particular reported the value of shared working:

"I think the groups that [HSS] run at the children's centre are good. we struggle with staff capacity to run these sorts of groups now so it is helpful to have someone step in"

HSS staff members based on the Mid and West Suffolk locality emphasised that being co-located with referrers in West Suffolk House aided liaison around time of referral. They emphasised the increase in the proportion of coordinator time spent on attending meeting regarding service users.

In addition to staff involvement, a small number of volunteers reported preparing reports for or attending meetings with statutory services.

Objective 11) To be timely, flexible and responsive

In the survey of CYPs professionals, several expressed the view that the timeliness of intervention from HSS often prevented further deterioration in a family's circumstances:

"...the early intervention provided by Home-Start volunteers [provides] the opportunity for parents which they otherwise would not have to develop parenting and organisation skills within the home. Within some cases preventing escalation to safeguarding."

There was an overwhelming feeling from the families interviewed that the service provided by HSS was flexible around their needs and came at the right time for them.

"Yes, they come different times of days according to my needs. Coming after school of certain days, made it flexible for you when you needed the help, always going out the way."
(SU21)

"Yes, they're really flexible and try and help whenever I need them to" (SU4)

A small number of service users commented that they would have liked the service to be more flexible based on the families rather than volunteers but understood why.

"I guess one thing, it could have been more flexible, you know when someone comes to help you, you kind of accept whatever they do. So the routine and time depends on the volunteer's schedule and not mine, but that's ok." (SU15)

Volunteers commented that HSS was flexible around their needs and staff were understanding of when they needed to take time off volunteering, for example during school holidays or for medical reasons.

"..for example in August I couldn't do any work, and I had to be with granddaughter, and they were fine with it, and school holidays and stuff if I can't its fine." (Volunteer 13)

"...[they're] very flexible, my children live abroad, so they have always been ok around me taking long holidays to go and see them." (Volunteer 14)

A small number of volunteers reported having to remind HSS staff of their availability.

"HS generally flexible around my needs; however in the last year or so I've had to remind I only do term-time" (Volunteer 1)

Volunteers commented that they were able to drop into the office or contact HSS if they had particular concerns about a family and were given appropriate advice to inform their course of action.

"My coordinator is always there and is easy to contact" (Volunteer 5)

"Can always phone the office and run things past them."

"I know I can rely on the office to either point me in the right direction and feed back to them."

All staff interviewed responded that HSS was an extremely flexible service which took the needs of both the volunteers and the families into consideration, ensuring that weekends and school holidays were covered where possible, but recognising the constraints of volunteers.

“We give once a week regular contact and flexibility...building relationships with families that other agencies don’t have time and resources for. We have the time to get to know families and work with them” (ST2)

“I believe its flexible...I have some families I work with that have support during evenings, sometimes even weekends, and yes some can work through to school holidays too” (ST5)

Objective 12) To provide an independent, supportive, and non-stigmatising service to families, working closely with partners and the community to support the families' stated objectives

Services users overwhelmingly reported in the interviews the value of being supported by volunteers who were independent of both statutory services and family links. Interviewees felt that it was easier to discuss emotional challenges and family problems with a ‘neutral’ person, and there was a strong feeling that the ‘non-judgemental’ attitude of Home-Start meant they were able to relax around the volunteers. This in turn meant they were able to feel the benefit of being able to open up and discuss their needs.

“Volunteer is amazing, so professional and brilliant. So confidently dealt with my family. Recognised how you needed help. Very prompt, and you don’t need to explain or justify anything, as they just understand, when you speak to other services you don’t get this so much.” (SU20)

Staff felt that the service that HSS delivers specifically aims to be as inclusive as possible, by supporting families to the best of their ability by close working with external agencies.

“For families the fact it’s free...I don’t think many services provide that kind of service. We’re non-judgmental and were here as a professional friend. Were also here as non-statutory so that can be a bit less scary sometimes.” (ST1)

A few users commented on how HS had directed and signposted the families to other partners such as social services, housing services and appropriate support groups. As a result, the families were receiving more comprehensive support from a number of Suffolk organisations and were in a better position than when they were referred.

“Much better, without her help, we wouldn’t be able to get out to Young Carers Network, the children cook and mix with other children who have poorly parents. Social services helped us do an assessment at home and write a letter to housing, to get a house more fit for my illness. And now because of that on the housing list and on a higher band. We had a free holiday weekend which was lovely, which was sorted out by Home-Start if it hadn’t been for her don’t know where I would have gone, we were getting to the end of our tether.” (SU21)

Volunteer and staff view

There was a strong feeling among volunteers that they were very well supported by HSS. They reported that they were always able to contact the office to speak to a coordinator when they needed advice or reassurance.

“Yeah I must say I’ve been really impressed. I’ve worked for a charity before, but with Home-Start if anything crops up, there is always someone I can call. The coordinator gives work mobile number always. We have volunteer diaries which I fill in, we also have a record of

concern forms, it's an extra kind of back up communication. I've been to a support group, and that was really good reassurance to see other volunteers and had access to my coordinator there too which was great." (Volunteer 3)

"...you can ring up straight away if you feel bad, you have peer support groups, you can text and ring the office straight away too." (Volunteer 9)

"I definitely have enough support; I rely on the coordinators to brief me about complex families like any personality issues; this is crucial and very helpful. My background also helps me." (Volunteer 2)

Volunteers reported they were offered appropriate support given the nature of the volunteering work:

"It's emotionally challenging sometimes; the families I work with are often in really difficult situations so it's hard not to feel their pain and bring it back home with me when I finish volunteering. But I always have support from my Home-Start coordinator if I don't know how to deal with an issue. It's easy to get hold of them when I need them." (Volunteer 1)

"I've been offered emotional support if I need it. Some situations have been incredibly sad". (Volunteer 6)

"I normally get a break before I go the next family, which I found very helpful." (Volunteer 2)

Despite the majority of volunteers feeling well supported, some of the more experienced volunteers felt that over more recent years it had become more difficult to contact coordinators:

"When I started I got a lot of support; I have found in the last year or so – they are not so fast and become more distant with keeping up with doing interim reviews of the families I work with, so worried a bit my families are not getting the full support they need." (Volunteer 1)

"I have observed changes over the last year – I get confused what's happening, which coordinator in which office, not always clear who's who. Previously coordinators seemed to have more time; now they seem busier-they will help if you ask, but you have to be more proactive about it." (Volunteer 2)

Several volunteers mentioned how valuable they found the peer support sessions for volunteers:

"Yes peer support sessions are held regularly, they're optional to attend, I've found them really helpful. Great opportunity to meet others too and get to know what they're doing too!" [Volunteer 7]

While volunteers reported the location of these sessions to be convenient, the timing of the sessions around work commitments sometimes meant it wasn't possible for volunteers to attend:

"...I haven't been able [to attend] yet, due to timings with work. But these sessions have been for things I haven't seen with my families yet such as domestic violence. I would like to go as the more you learn the better equipped you are." [Volunteer 5]

"Yes, especially in Sudbury easy to access. Shame they're not better attended- for the volunteers to be able to bounce off each other and hear other people's experience. It would be nice to hear whether other volunteers have seen changes. Not sure why not well attended...maybe some volunteers work." [Volunteer 16]

Others mentioned how it would be useful to extend these sessions and introduce a mentoring scheme for volunteers

"It would be nice to have a place more often where volunteers can meet and discuss cases/exchange notes, learning from each other." (Volunteer 2)

Multiple staff members stated that working at HSS was a fulfilling and rewarding experience for them and the atmosphere was professional and welcoming:

"I just enjoy working here, I really enjoy coming to work everyday" (ST1)

"I love my job, I love working here, I think Home-Start is really special" (ST7)

"I'm an admin for me it's a little different as I don't work with families directly and more on the admin paperwork side. For me there is variety of work, no two days are the same, I like the people are work with, and I speak to wide variety of people on the phone as well." (ST1)

Objective 13) To support promotion of healthy lifestyle messages to support people in Suffolk to live healthier, happier lives

Of families who reported, 'cooking-healthy eating and menu planning' as a referral need upon entering HSS, on their final visit from HSS only 20% reported an improvement in this area, whilst most had reported no change in their coping with this area. It must be noted that these scores are not a robust indication of improvement, and many times are based on very small numbers of families reporting this need at their referral.

While the interviews with service users did not directly gather data relating to this objective, some families described the help they received from the volunteer as involving household management tasks such as decluttering the house and cleaning the kitchen. By making these improvements, the homes became a healthier and safer space.

The majority of volunteers interviewed said they had not received any specific training or instruction around delivering healthy lifestyles messages, although there was mention of aiming to encourage families to spend time outside where possible, and a focus on enabling healthy eating where possible:

"Not explicitly and I don't think I've had any specific training in this area; but I encourage people to go out and about to get fresh air and with breastfeeding." (Volunteer 1)

“They so say if it’s a nice day encourage the user to go to the park rather than do the visit at home, and also talk about healthy eating. We don’t get specific resources though.”
(Volunteer 5)

Others mentioned practical steps they had helped families achieve with regard to healthy eating:

“The family I am working on, he was having just sugar for breakfast, I have encouraged him to give him a small but healthy breakfast, small steps are needed though.” (Volunteer 9)

“I supervised the children while she cooked but that was more about giving her time to cook a healthy meal rather than telling her to do it” (Volunteer 15)

Several volunteers mentioned the difficulties they had in communicating messages around healthy lifestyles without appearing judgemental and taking the budgetary constraints of families into consideration. A small number of volunteers suggested it would be helpful to receive additional training in delivering healthy lifestyle messages, therefore this may be a beneficial area on which to focus training and/or materials provision in the future. HSS staff confirmed they currently receive health promotion materials from SCC colleagues and these are distributed to coordinators to pass on to volunteers.

Effectiveness and Impact

Among professionals surveyed, the majority rated HSS highly for effectiveness (33.9% gave a rating of 4/5, and 44% a rating of 5/5).

When asked, they felt that if HSS no longer existed, the impact on families would be detrimental. Professionals named increasing isolation, increased pressure on services and increased vulnerability of families among the expected impacts of any reduction to the service.

When asked about HSS’s impact in achieving specific outcomes for families, professionals felt they were particularly effective in supporting parental health and wellbeing, family and household management and developing skills of volunteers.

Effect on the Suffolk System

It was mentioned several times by staff interviewed that HSS’s work with families has a domino effect on the whole Suffolk CYP system, reducing demand on other services and creating better relationships with partners. The bespoke nature of their work means they are often better placed to support families than other providers.

“We’re a bespoke, non-statutory service. we can tailor the service to their needs. We discuss with the families what their needs are to best help” (ST7)

Volunteers reported that the support provided by HSS often came at a crucial time for families and reduced demand on other services in Suffolk:

“It’s a too valuable resource- just that little bit of help is a window, a breather, to move families forward. Saves resources on all the other services”. (Volunteer 6)

In the professional's survey, responders commented that against a backdrop of funding cuts they relied on HSS to support families. Some commented that HSS was particularly valuable in supporting families who don't necessarily meet the criteria for statutory services, or who 'fall through the gaps' between health and social care services. Professionals commented that HSS reduced demand on other services, and provided valuable ongoing support following statutory intervention which helped ensure that improvements in family circumstances were sustained.

Cost Effectiveness and Sustainability

Staff members considered that HSS' volunteer-based provision was sustainable as supply of volunteers tended to be constant in most areas and based on a robust recruitment system. They commented volunteer demographics are changing from being mostly retired to a mixture of younger and older individuals. The need for constant further funding sources for continuation of the service was also mentioned:

- *“yes, people always for whatever reason want to volunteer for a particular time in their life, and even if they don't stay for a long time they keep coming. So its sustainable being volunteer-led”-ST1*
- *“We always need money to keep us going, like any organisation. We need to look innovative ways to fundraise always yes we get funding from, SCC, Lottery and CIN funding, but always need to keep looking for more”- ST1*
- *“Seems to work very well, but always need more volunteers – issue of right time and place for volunteers. – always been the case. Changing demographic of volunteers- used to be retired, now much younger generally- huge spectrum and needed as an organisation. Mixture of full and part time”-ST2*

Commissioners also felt that volunteer-based model was currently sustainable, but that careful planning was required to ensure that increased demand could be met as other services become increasingly stretched.

Promotion

There was a feeling among some of the volunteers that while general awareness of HSS among families was good prior to receiving volunteer support, they reported there was lack of understanding from families about the following areas:

- what support volunteers could and couldn't provide
- that the remit of HSS has widened over recent years to support families with children up to age 12
- that families are able to self-refer to the service

Volunteer interviewees described the positive impact of outreach via social media and suggested that further advertising on sites such as Facebook would be beneficial. One volunteer suggested a staff member solely dedicated to volunteer recruitment would be very helpful.

Update since the last evaluation

Since 2017, HSS has increased its presence across Suffolk, and the formation of a county-wide service has led to a more coordinated approach in supporting families. The CharityLog data suggests an increase in the number of referrals since the last evaluation, although a similar number of families were provided with volunteer support over the two-year period the evaluation covers.

The proportion of unplanned endings remains relatively high, with 31% of the families matched to a volunteer having an unplanned ending to their referral. Among those referrals reaching the stage of an initial coordinator visit 50% went on to result in an unplanned ending. In the previous evaluation, 39% of referrals recorded as closed were considered to be unplanned endings. From the available Charity log data extracts it was not possible to ascertain whether the term 'unplanned' could describe some interventions that ended earlier than the originally planned length but by mutual agreement were successful. Data on planned and unplanned endings should therefore be interpreted with some caution.

Volunteer retention

Based on data relating to volunteers who have trained over the course of the current contract, volunteer retention rates appear to have decreased since the previous evaluation. Among volunteers who have completed training since the start of the contract, 63% were still activity volunteering by time of data extraction.

Timeliness of referrals

Implementation of an online referral form has enabled quicker allocation of coordinators and response to referrers. HSS commented that simplification of the referral process has helped ensure referrals are generally made earlier than during the previous contract.

Length of intervention

The average length of volunteer support provided has decreased since the last contract.

Update on recommendations

Since the last evaluation, considerable progress has been made towards meeting the recommendations made in the evaluation report.

- 1) **Revision of the method of recording unplanned endings in MESH.** This has since been implemented in CharityLog, to classify how far along the process the referral moved (using the notation 1-5) and how the referral ended (using letters to represent different classes of ending). This updated system allows quantification of inappropriate endings, and the causes of early and other unplanned endings.
- 2) **Improved linkage of MESH data with other CYPS data to allow for better communication, more information on how HSS effects use of statutory services and to provide more robust evidence of longer-term impact and effectiveness.** The Charity Log database has been successfully made accessible by Suffolk County Council data operatives, allowing read-only access via secure authentication processes. This allows for data extracts to be taken. The data must undergo cleaning processes to enable linkage.

- 3) **Continued expansion to cover a greater geographical area as per the grant specification, with focus on Lowestoft and Waveney and West Suffolk.** In 2017 Home-Starts East Ipswich & Coastal and South Suffolk merged to develop a bid for the 2017 SCC Family support contract, and were awarded the county-wide contract, forming Home-Start in Suffolk in 2017
- 4) **As HSS works with increasingly complex families, training needs of the volunteers should be reviewed continuously to ensure it is sufficient for this work and that high standards are maintained.** Bespoke training sessions have been delivered by SCC staff on a range of topics including autism awareness, domestic abuse and mental health. Volunteers continue to receive regular supervision from their coordinators and peer support groups are offered in all three offices.
- 5) **Consider how to work more closely with other CYPS whilst maintaining HSS position as an independent, optional, volunteer delivered, non-statutory service, which families feel is on their side.** Factual reports and observations are completed after each visit which allow Coordinators to write reports for Core groups and conferences, and staff attend meetings when invited and give feedback from the outcome-based work being undertaken by the volunteer and Coordinator. Co-location in West Suffolk House has aided communication around referrals. Notably, HSS reported that the greatest outcomes and engagement of service users happens when there is a 'soft hand over', used to describe when a referrer contacts HSS prior to closing or stepping down a case. This enables joint visits to be undertaken by the referrer and Home-Start staff which allow a plan of support to be put together. This currently takes place in approximately 35% of cases.
- 6) **Consider ways in which the service can be advertised more widely among potential volunteers, families and other CYPS.** Since the last report, and formation of the county-wide service, Home-Start has increased their presence in Suffolk to include a greater presence at events, and in local media and social media. This has resulted in a significant increase in the number of volunteers, and an increase in the number of referrals. Fundraising activity has also increased.
- 7) **Further exploration of ways in which HSS could improve school readiness, reading and learning, as per other befriending schemes. There are also opportunities for developing links with public health to promote children and families' health.** Home-Start delivers school readiness work as part of individual family support. Volunteers offer support from 7.30am to 8pm. This work can include personal skills, reading writing, toileting, dressing and help to access school and nursery. From the coping score outcomes recorded in Charity Log, only a small number of families reported receiving support with before and after school routines, but among those who had, the majority (73%) had seen an improvement. Many volunteers described supporting children with reading and homework in the qualitative interviews.
- 8) **East Suffolk and Coastal HSS appear to have high quality structural and managerial approaches, with the highest number of volunteers and families supported. Mid and West Suffolk have the lowest number of unplanned endings. Interaction and idea-sharing between these and the other locations could drive good practice across the system** Following the 2017 merger of Home-Starts East Ipswich and Coastal and South Suffolk, the management of East Suffolk remained and expanded to develop a full management team to oversee the increased and expanded service and to ensure that the high quality provision

developed at Home-Start East Ipswich and Coastal was replicated in the satellite offices. Home-Start in Suffolk works closely with the 4 other largest Home-Starts in the country (being the 5th largest in England themselves) to share information and best practice in supporting families with variable needs.

Evidence review

Since the last evidence review (three years ago) there has been a lack of additional high-quality studies on the impact of befriending services on children and family wellbeing.

The new literature review reiterates similar themes from the last review highlighting the positive impact of these type of services on parental and children wellbeing and quality of life.⁵ Studies also mentioned both befrienders and befriendees creating a sense of 'positivity and hope' and 'connection, belonging and sharing' amongst families in need of this support.⁶ One paper identified five themes which were important to parents regarding peer support for families which included: peer support worker home visiting skills; responding to impacts of social determinants of health; client support and engagement; interagency collaboration; and issues addressing program sustainability.

The importance of tailoring interventions to ensure they are both feasible for delivery within routine care settings and relevant and accessible for parents of children across the complexity spectrum was also a general theme. The literature search mainly produced evidence on the positive impact of befriending services on women's mental health in the perinatal period.⁵

Strengths and Limitations of the evaluation

Strengths

- The availability of both quantitative and qualitative data meant we were able to validate evidence from interviews with evidence from the quantitative data
- Data was gathered from a wide range of stakeholders, with good representation from each of the geographical areas of Suffolk covered by HSS. Service users and volunteers interviewed had a range of experience with HSS, including service users with recent referrals, longer- term interventions and repeat referrals. Volunteers interviewed included those recruited over the course of the current contract and long-term HSS volunteers.
- Analysis of linked data (CharityLog data linked to statutory service data sets) meant that the progress of families could be tracked follow their HSS intervention to report on outcomes, and also allowed for Statutory service use reported in the CharityLog data to be verified.

Limitations

- The use of the cut-off of 30th September for extracts taken from CharityLog means that recent outcomes for families supported towards the end of the contract could not be included in the analysis.
- As Home-Start started to use the CharityLog database around the start of the current contract, data completion for some areas was not started straight away
- Data completion in CharityLog is below 100% in the majority of fields. This means that we would only report on service users for whom recording was complete
- CharityLog does not contain data on families that were referred to HSS prior to the start of the current contract, but for whom support continued into the period covered by the contract. It was therefore not possible to describe the characteristics of these families, or quantify the support their received over the period covered by the current contract
- Limitations of data linkage: an artefact of HSS data storage methods meant that personal identifiers were not available for families referred over the course of the contract who had had previous referrals recorded in the MESH data system. Consequently, their records could not be linked and therefore statutory service use not quantified. It was also not possible to ascertain if they had repeat referrals over the course of the current contract.
- The service users and volunteers interviewed were selected by HSS. We did not have the opportunity to interview service users who had declined support or for whom intervention finished early. We interviewed the primary care givers within the families referred therefore responses given reflect their views. This limited the information we could gather on the wider family impact of HSS support.
- It was not possible to undertake full analysis of school attendance data due to limitations of the available data. For the majority of school-aged children supported by HSS insufficient school attendance data was available for the school terms immediately preceding and following HSS intervention.

Conclusion

The qualitative data gathered for this evaluation suggests generally high satisfaction levels among stakeholders, and that HSS is meeting the majority of its objectives.

The unique value of HSS is provision of a non-judgemental befriending support that is flexible and responsive to family needs. Feedback from the stakeholder interviews provide evidence this support is very well received by families, and highly regarded by professionals working with children across Suffolk. One of the key strengths of HSS is their ability to utilise the strengths and experience of their volunteers to best meet the needs of the families they support. From the volunteer survey it is evident that HSS are looking to further expand on this strength by working on a project to share volunteer skills with local families.

Analysis of coping score data contained in CharityLog, combined with evidence from the qualitative interviews suggests that the majority of families receiving volunteer support see improvements relating to their referral needs, and an increase in confidence and resilience. However, a significant proportion of referrals do not result in provision of volunteer support, and of those that do, unplanned endings continue to be common.

Further evidence from the quantitative data suggests that the number of referrals received by HSS is increasing, and an increasing proportion of these referrals could be defined as complex. This increase in complex referrals has resulted in greater demand on the time of coordinators, particularly in terms of meeting attendance. As the needs of families become increasingly complex, it is essential that HSS maintains a staff and volunteer base that is able to meet both the needs of families and contact with relevant referrers and partner organisations.

Of particular value is the provision of practical and emotional support that is completely independent of both statutory services and family relationships. The range of support provided by volunteers is a key strength of the Home-Start, but careful planning is needed to ensure sufficient numbers of volunteers in each of the areas covered.

It has not been possible to ascertain the impact of HSS on improving school attendance due to limitations of the school data available to link to. Devising a strategy for longer-term, ongoing monitoring of data relating to this objective would therefore be beneficial to assess impact.

One of the original aims of this evaluation was to measure the impact of support from HSS on subsequent statutory service use and to determine what proportion of service users saw a reduction in use of statutory services following their intervention from HSS. However, the challenges with linking individual level service data from before and after the intervention meant it was not possible to assess this objective. We would recommend that the next service evaluation for HSS includes analysis of linked service data for more complete reporting on service user outcomes and common pathways through services.

While messages around healthy lifestyles are distributed by coordinators there is limited evidence these reach families in the majority of cases. It may therefore be beneficial to review this objective alongside volunteer training provision and agreed family objectives.

Continuing to build relationships with referrers and other professionals working across Suffolk will be crucial in ensuring referrals are made in a timely manner and information is shared appropriately between relevant partner organisations.

In conclusion, HSS provides an invaluable service for families across Suffolk and this evaluation report presents quantitative and qualitative evidence highlighting the impact and social value of the service provided.

Recommendations

Organisation, location and management

- Exploration of the options for co-location for the Ipswich and Beccles offices to enable closer working with relevant partners.
- Further work to enable the model of earlier or softer referral and joint working with partners for a few weeks before a full handover
- Further awareness-raising among Suffolk families of the option to self-refer to Home-Start and the remit of the service to support families with children up to age 12.
- Increase in the number of coordinators to manage contact between families and volunteers, and manage volunteer training
- Clearer communication and/or policy around the upper age limit – there appears to be some referrals made around the cut-off age that do not receive support

Data

- Consider maintaining a bank of case studies in a standardised format that are representative of the service user group. It would also be useful to maintain a set of volunteer case studies, potentially based around diaries.
- Explore the potential for standardised scales for the coping scores to aid comparison between need areas and increase robustness of comparison between families.
- Recording of volunteer satisfaction levels, collected via regular survey or submission
- Consistent recording of volunteer time spent with families in CharityLog
- Review of terminology and recording of reasons for unplanned endings, to improve quality of reporting on the reasons for interventions ending early.
- Alignment of data systems with statutory service data to allow for data linkage and analysis; this will enable reporting on the impact of HSS interventions on statutory service use and a pathways approach to reporting outcomes.

Volunteer and service user resources

- Provision of user-friendly materials to families outlining what tasks volunteers are able to support them with.
- Explore the potential for an app or online booking system for booking volunteer times to prevent the need to contact volunteers via a coordinator
- Provision of volunteer training sessions and peer support outside of working hours, and varying locations for these sessions in order to allow wider participation from working volunteers
- Introduction of a volunteer mentoring scheme. Provision of such a scheme may allow for greater flexibility and thus higher participation than the current peer support sessions which take place at fixed times

Promotion, awareness and recruitment

- An increase presence and refined branding in the Mid and West Suffolk area, to counteract confusion around the Home-Start Mid and West Suffolk service.
- A renewed drive for volunteer recruitment, particularly in the Beccles area. Stakeholders suggested local radio and social media as being options for promotion.

- A long-term strategy for volunteer recruitment given a high proportion of volunteers are retired older adults.

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6. Peer support for mothers of children with intellectual disability and challenging behaviour. *Dew Angela J Intellect Disabil.* 2019;23(3):344-.
7. Suffolk County Council. Health and Wellbeing Board. 2019.

Annex

- 1) HSS Charity Log Data analysis
- 2) Case Study thematic analysis
- 3) Interviews thematic analysis
- 4) Volunteers SmartSurvey results
- 5) Professionals SmartSurvey results
- 6) HSS links with Statutory services and strategic CYP plans
- 7) Cost- effectiveness calculation
- 8) Evidence review
- 9) What makes East Suffolk, Mid & West Suffolk and Waveney different?
- 10) HSS objectives and service specification outcomes
- 11) CharityLog data quality report

Annex 1: Home-Start Charity Log data analysis

Methods

The following extracts of data were taken from the CharityLog Database:

- Referrals made from 01/07/2017 to 30/09/2019
- Family data, including details of children and partner of the main caregiver
- Data relating to referral outcomes (coping scores and time intervals following referral) for referrals made between 01/07/2017 and 30/09/2019
- Volunteer data

Preliminary analysis was undertaken in Excel, with subsequent analysis undertaken in PowerBI.

Referral data was classified and analysed according to outcome stage (see details below), with results broken down according to the category of ending.

In the second stage of analysis, data extracts from CharityLog were matched using personal identifiers to Suffolk County Council Liquid Logic data to establish 1) use of statutory and non-statutory services before, after and during HSS intervention 2) school attendance for families referred to HSS before and after intervention.

Volunteer data

There were 348 volunteers for whom data was recorded in CharityLog. This number included 150 current volunteers, 89 former volunteers who had volunteered over the course of the contract, in addition to 109 individuals who had enquired about becoming a volunteer over the course of the contract or had commenced training. At time of data extraction (30/09/2019), 150 volunteers were recorded as actively volunteering (133), or current volunteers on a rest break (17).

The locations of the volunteers (based on home residence details recorded in CharityLog) are summarised in the below table.

Table A1.1: Geographical location of volunteers where recorded:

Area	Total number of volunteers	Number (%) of active volunteers
Ipswich and Suffolk Coastal	149	84 (56%)
Mid and West Suffolk	89	38 (25%)
Waveney	88	28 (19%)

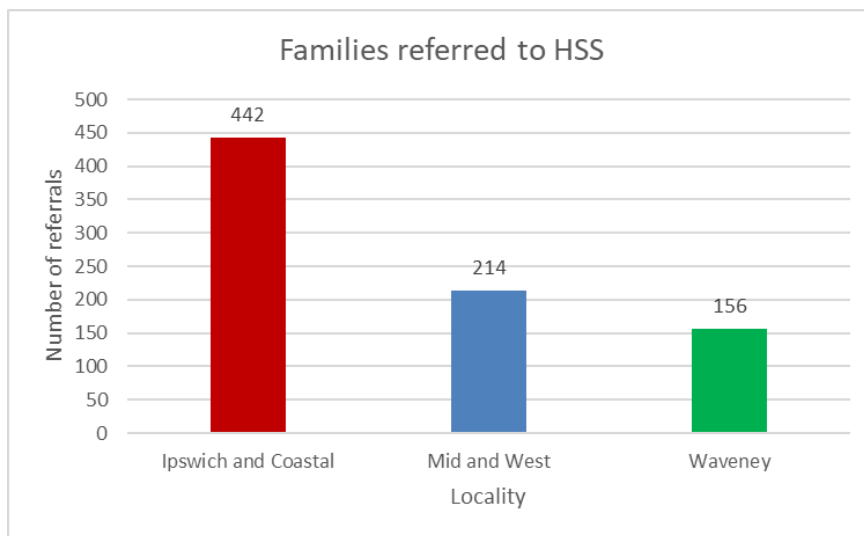
For those volunteers currently active with HSS, the majority (71%, 107/150) had started volunteering with them since the start of 2017. In total, one hundred and twenty-seven volunteers have been trained since the beginning of the SCC contract, and seventy-two volunteers have undertaken the accreditation.

Among current volunteers, where data was recorded, the vast majority were female (95%, 139/146). Volunteers ranged in age from 18 to 85+, with the most common age grouping being 55-65 (42 volunteers, 28%). 13% of volunteers (19/149) were aged under 35; 19% (29/149) were aged over 65. For the 141 volunteers for whom ethnicity was recorded, the majority (129, 91%) were from the White British ethnic group, with 7 from other white backgrounds and 5 from minority ethnic groups.

Employment data was not available for the majority of volunteers. For the 61 current volunteers for whom data was available, 34 (55%) were employed, 10 (16%) were retired and 17 (28%) were not employed

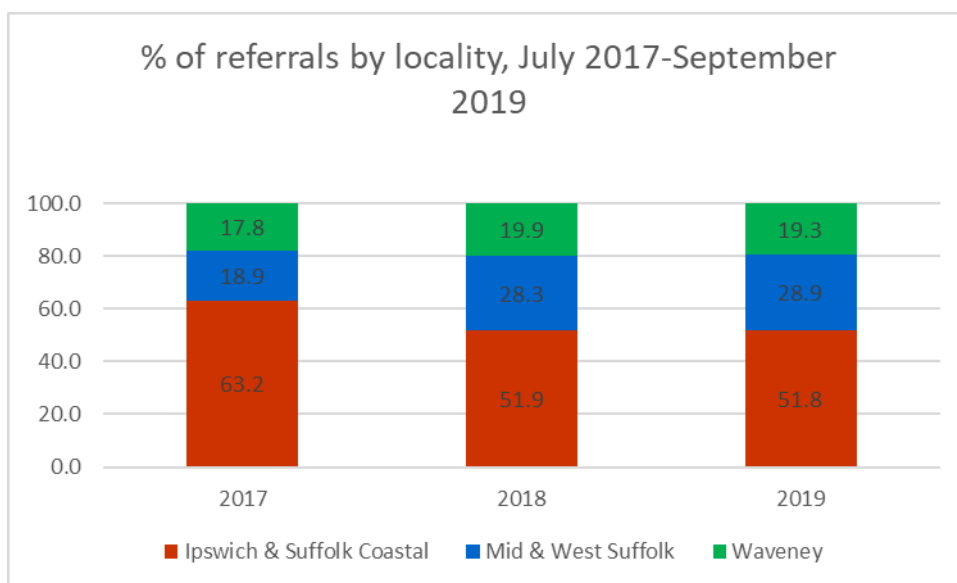
Referral data

Figure A1.1: Referrals received by Home-Start in Suffolk by locality, July 2017-September 2019



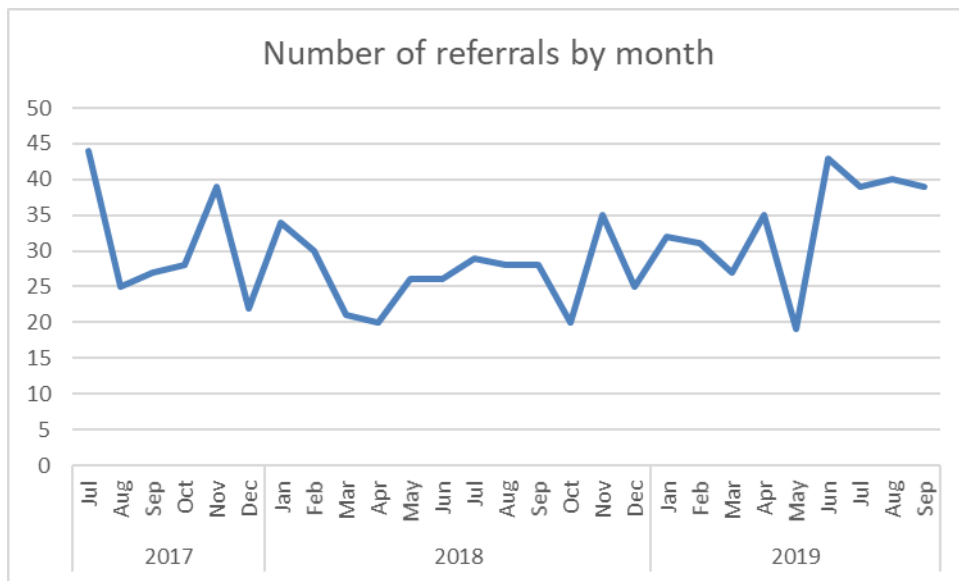
Over the course of the contract the proportion of referrals made in both the Mid and West and Waveney localities increased, while the proportion from the Ipswich and Suffolk Coastal locality decreased.

Figure A1.2: Percentage of referrals by locality



Referrals over time

Figure A1.3: Number of referrals to HSS by month, July 2017 to September 2019.

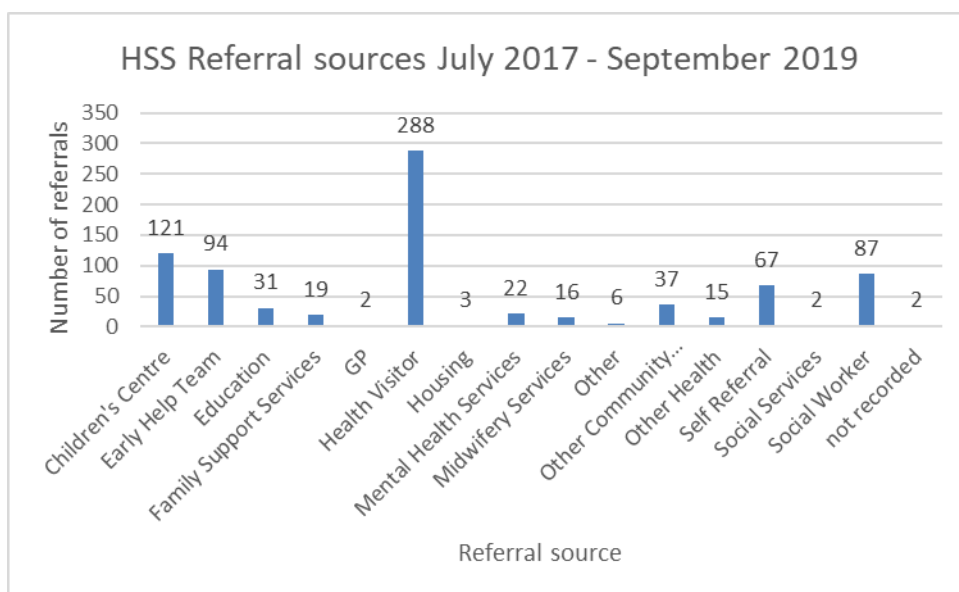


The mean and median number of referrals by month increased over the last year of the contract, with a mean of 34 referrals per month in 2019 compared to 31 in 2017. The median number of referrals per month was 35 in 2019 compared to 26 in 2017.

Referral sources

The most common source of referrals were health visitors (35%), children’s centres (15%), Early Help teams (12%) and social workers (11%). Just over 8% of families self-referred to HSS. Notably, over the course of the contract, the proportion of families who self-referred increased, from 4.9% in 2017 to 10.8% in 2019. Similarly, the proportion referred by mental health services or social workers also increased. Over the same time period the proportion referred by health visitors decreased.

Figure A1.4: Source of referrals to Home-Start in Suffolk, July 2017- September 2019

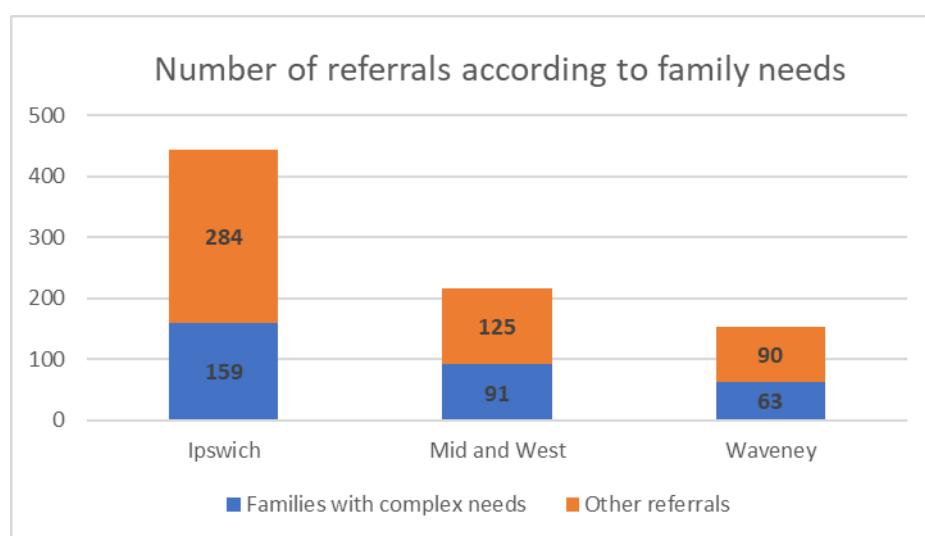


The proportion of service users who self-referred was similar across all three localities.

Referral of families with complex needs

Over the course of the current contract, a total of 313 (38.5%) families referred to HSS had needs considered by HSS to be complex (either having Child Protection or Child in Need status in place at time of referral, or other needs requiring specialist volunteer training including substance abuse, domestic violence or learning disabilities). The breakdown of complex referrals by locality is summarised in the figure below.

Figure A1.5: Number of referrals to Home-Start in Suffolk by locality and level of need, July 2017-September 2019



The Mid and West Suffolk locality had the highest overall proportion of families with complex needs (42%); in addition to having the highest proportion of families with at least one child with CiN (12%) or CP (7.9%) status.

Notably the overall proportion of families with complex needs increased over the first half of the contract, with 31.5% of families referred in 2017 having complex needs, 41.5% in 2018 and 40.1% in 2019.

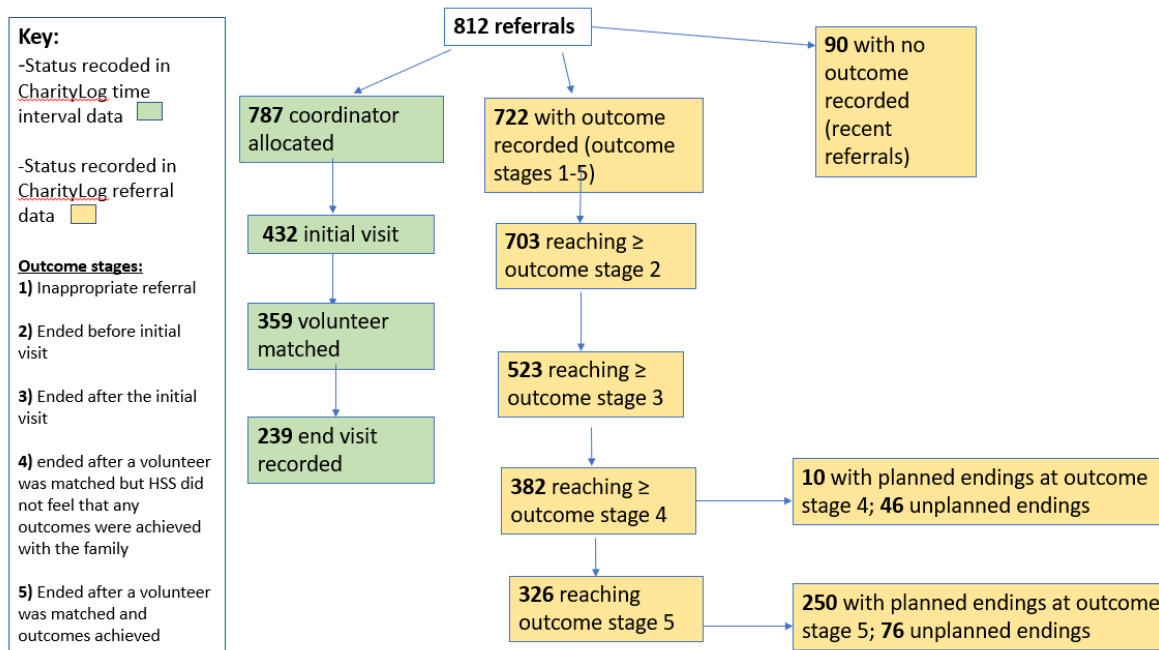
Repeat referrals

Based on the CharityLog data, a total of 46 families were referred to HSS more than once over the course of the current contract, based on the names of the primary caregiver recorded on the referral. The distribution of repeat referrals was similar to that of overall referrals, with 24 in Ipswich and Suffolk Coastal, 11 in Mid and West, and 11 in Waveney. In addition, 66 families had at least one previous referral before July 2017, indicated by identifiers in their records containing codes from the MESH database. Of these 66 families, 52 were from the Ipswich and Suffolk Coastal area, 2 were from Waveney and 12 were from Mid and West Suffolk.

Families supported

The breakdown of referrals recorded in CharityLog by status and outcome is summarised in the below figure.

Figure A1.6: Breakdown of referrals to Home-Start in Suffolk by outcome recorded in CharityLog, July 2017-September 2019



The dates recorded against referrals in CharityLog indicating progression following the referral suggested a high proportion (47%) of families referred did not progress to the stage of an initial visit by a coordinator. Of those with an initial visit, 83% (359/432) were matched to a volunteer. However, the number of referrals with dates for initial visits and volunteer matches did not correspond exactly to the number referrals reaching each outcome stage. For the purposes of reporting, families recorded as reaching outcome stage 3 are considered to have been supported by HSS (either having been matched to a volunteer or requiring considerably more staff time than those referrals with outcomes 1 or 2).

Referral reasons

A single recorded reason for referral was not readily available in the data extracted from CharityLog. However, upon initial assessment by a coordinator, families were asked to give a “coping score” against each relevant need area. HSS records level of needs against 32 areas, outlined in the table below. Analysis of these coping scores could be used to determine level of need of the families referred. Coping need areas are grouped in CharityLog into the 4 broad categories and are summarised in Table A1.2:

- Parenting Skills

- Parental wellbeing
- Child’s wellbeing
- Family management

Table A1.2: Coping need areas recorded in CharityLog.

A) Parenting skills	B) Parenting wellbeing:
A1) managing children's behaviour, A2) being involved in the children's development A3) support with parenting skills A4) support with managing routines	B1) coping with parent's physical health, B2) coping with parent's disability B3) coping with parent's mental health B4) coping with feeling isolated B5) family new to the area B6) parent's self esteem B7) domestic abuse B8) substance abuse
C) Child's wellbeing:	D) Family management
C1) coping with child physical health C2) coping with child's physical disability C3) coping with child's mental health C4) coping with before and after school routines	D1) managing the household budget D2) cooking-healthy eating and menu planning D3) day to day running of the house D4) improving home conditions D5) stress caused by conflicts in the family D6) coping with extra work caused by multiple children D7) use of services D8) use of local services D9) support to access appointments D10) support to access groups D11) parents own learning needs D12) support with England language D13) coping with financial difficulties/money management D14) support to access further education D15) support to access employment D16) support with improving school attendance

The number of need areas recorded at initial assessment varied considerably for families referred and are broken down in the table and figure below.

Table A1.3: Summary statistics of number of need areas per referral as recorded in CharityLog

	Number of Referral Reasons	Number of Referrals	Number of Referral Reason Groups	Number of Referrals
Maximum	31.0	1	4.0	153
Minimum	0.0	1	0.0	1
Median	5.0	130	3.0	301
Mean	5.4		2.6	
Mode	5.0	130	3.0	301
Variance	12.0		0.9	
SD	3.5		0.9	

Families had a median of 5 needs at time of initial assessment, and for the majority of families, these needs fell into more than one referral reason group.

The most common need areas reported at referral were:

- Coping with parent’s mental health (536 families)
- Coping with feeling isolated (465 families)
- Parent’s self-esteem (423 families)
- Day to day running of the house (395 families)
- Managing children’s behaviour (372 families)

The full breakdown of referral coping needs are illustrated in Figure A1.7 below.

Figure A1.7: Rank of coping need areas recorded on referral data in CharityLog.

Referral Reason	Number of Referral Reasons
Parents Mental Health (B3)	536
Coping With Isolation (B4)	465
Parents Self Esteem (B6)	423
Day To Day Running Of The Family Home (D3)	395
Managing Children's Behaviour (A1)	372
Managing The Household Budget (D1)	254
Stress Caused By Family Conflict (D5)	253
Being Involved With Children's Development Or Learning (A2)	227
Parents Physical Health (B1)	182
Family New To Area (B5)	175
Multiple Births (D6)	171
Use Of Services (D7)	164
Childrens Mental Health (C3)	157
Children's Health Physical (C1)	144
Support With Parenting Skills (A3)	50
Support With Managing Routines (A4)	46
Support To Access Groups (D10)	44
Use Of Local Services (within 5 Miles) (D8)	43
Financial Difficulties Access To Money Management (D13)	32
Support To Access Appointments (D9)	31
Improving Home Conditions (D4)	29
Support Parents Learning Needs (D11)	29
Cooking - Healthy Eating And Menu Planning (D2)	28
Domestic Abuse (B7)	27
Support With Before And After School Routines (C4)	24
Support To Access Employment (D15)	23
Parent With Physical Disability (B2)	20
Childrens Physical Disability (C2)	16
Support To Access Further Education (D14)	16
Substance Misuse (B8)	11
Support With English Language (D12)	10
Support With Improving School Attendance (D16)	7

Referral progress

For those service users where time interval data was recorded in CharityLog, mean time between referral and matching to a volunteer was 46.9 days (24 days from being allocated a coordinator to the initial visit, and 24 days from the initial visit to being matched to a volunteer). The median time from referral to match was shorter, at 37 days. For all referrals where dates were recorded, all referrals allocated a coordinator had the coordinator allocated on the same day. In total, 17.7% of families were matched to a volunteer within one month of referral. The table below summaries mean and median time intervals for referral progress based on the available data.

Table A1.4: Time interval statistics for referrals to Home-Start Suffolk.

	Mean	Median	Mode	Variance	SD
Referral to Coordinator	0.0	0.0	0.0	0.0	0.0
Coordinator to Initial	24.3	15.0	8.0	1332.8	36.5
Initial to Match	23.8	16.0	14.0	1201.0	34.7
Referral to Match	46.9	37.0	35.0	2078.3	45.6

Complexity of needs

Using the presence of CP/CIN/CAF/CIC at time of referral (as recorded in SCC datasets) and/or at least one of substance abuse, domestic abuse, disability or learning disability recorded in CharityLog at time of referral to define complexity, a substantial proportion of referrals received by HSS can be defined as complex.

In all three geographical areas, the percentage of referrals defined as complex increased over the period covered by the current contract. Among supported referrals, the number and proportion of complex referrals increased in both the Ipswich and Coastal and Waveney localities.

Table A1.5: Number of complex referrals to Home-Start in Suffolk by year and locality, July 2017-September 2019

Start of period	End of period	Home Start in Suffolk Area	Number of complex referrals	Percentage of Referrals	Number of supported complex referrals	Percentage of Supported Referrals
01/01/2019	30/09/2019	Mid and West	50	55.6%	21	51.2%
01/01/2018	31/12/2018	Mid and West	50	54.9%	38	61.3%
01/07/2017	31/12/2017	Mid and West	16	45.7%	6	50.0%
01/01/2019	30/09/2019	Waveney	40	67.8%	31	75.6%
01/01/2018	31/12/2018	Waveney	34	53.1%	29	56.9%
01/07/2017	31/12/2017	Waveney	14	46.7%	10	45.5%
01/01/2019	30/09/2019	Ipswich and Coastal	84	53.8%	73	54.1%
01/01/2018	31/12/2018	Ipswich and Coastal	83	49.7%	59	50.9%
01/07/2017	31/12/2017	Ipswich and Coastal	43	35.8%	29	47.5%

Referral outcomes

In reporting of outcomes relating progress against coping score, results are reported for families who both reached at least outcome stage 4 and had initial and end coping scores recorded against relevant coping need areas.

A significant proportion of families receiving support continue to have unplanned endings, with the highest proportion recorded in the Waveney locality. The outcomes of each referral are summarised in the table below.

Table A1.6: Referral outcomes by locality

Outcome stage	Overall		Ipswich		Mid and West		Waveney	
No ending recorded	90	11.1%	47	10.6%	27	12.5%	16	10.5%
1	19	2.3%	13	2.9%	2	0.9%	4	2.6%
2	180	22.2%	104	23.5%	45	20.8%	31	20.3%
3	141	17.4%	76	17.2%	42	19.4%	23	15.0%
4	56	6.9%	29	6.5%	11	5.1%	16	10.5%
(planned)	10	1.2%	5	1.1%	5	2.3%	0	0.0%
(unplanned)	46	5.7%	24	5.4%	6	2.8%	16	10.5%
5	326	40.1%	174	39.3%	89	41.2%	63	41.2%
(planned)	250	30.8%	139	31.4%	68	31.5%	43	28.1%
(unplanned)	76	9.4%	35	7.9%	21	9.7%	20	13.1%
Total	812		443		216		153	

The main reasons given for early (reaching outcome stages 1-3) or unplanned closure of referrals were being unable to contact the family, or the support no longer being wanted by the family. There was very little difference in the proportion of families reaching each outcome stage according to complexity of need:

Table A1.6ii below shows a breakdown of planned and unplanned endings by geography for families who were matched to a volunteer and had an ending recorded.

Geography	Not reaching Outcome 4 or 5	Planned	Unplanned	Total
Ipswich and Suffolk Coastal	3	108	48	159
Waveney	5	34	29	68
Mid and West Suffolk	5	48	15	68
Total	13	190	92	295

Figure A1.8 below shows the breakdown of reasons recorded for unplanned endings for all families matched to a volunteer with a recorded ending, where the ending is recorded as unplanned, by geography.

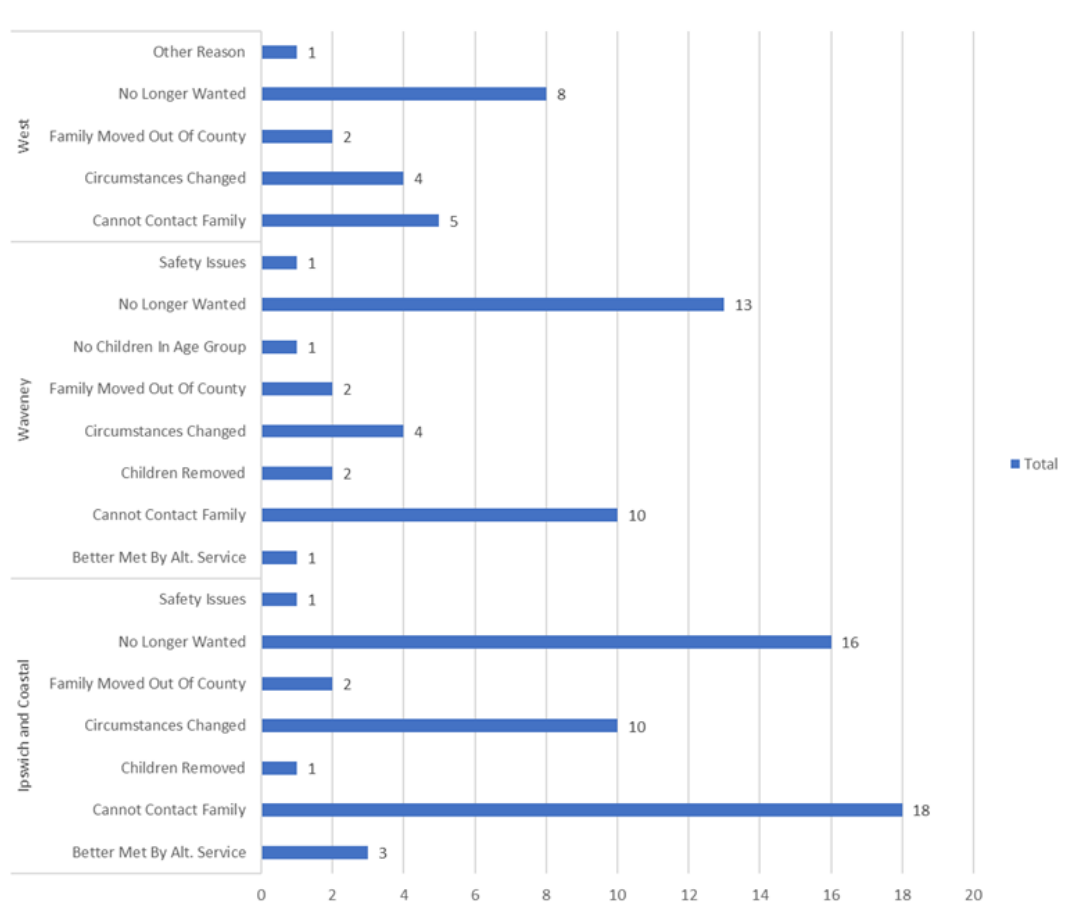


Table A1.7: Referral outcomes by complexity of referral needs

Outcome stage reached	Families with complex needs recorded	Families without complex needs recorded
1	3.6%	2.0%
2	22.6%	26.3%
3	21.2%	18.5%
4	6.9%	8.3%
5	45.6%	44.9%
Total	100.0%	100.0%

Similarly, among those families reaching at least outcome stage 4, the proportion of families with a planned ending was the same (68%) for both need categories.

Outcomes – coping scores

For families who reached at least outcome stage 4 and for whom an end visit took place, the coping scores reported at the end of support were compared to those recorded at the initial visit, and the percentage of families with an improvement in coping scores reported. Among families who identified them as an area of need upon initial assessment, the coping areas with the highest percentage of families showing improvement after support were:

- Use of local services (84.6%)
- Coping with feeling isolated (73.5%)

- Coping with before and after school routines (73.3%)
- Use of services (71.4%)
- Coping with the extra work caused by multiple children (69.4%)
- Coping with parent’s mental health (69%)

The complete results for coping score changes following volunteer support are shown in the table below.

Table A1.8: Changes in coping scores by referral reason

Referral need	Coping Code	Score Change Summary	Score Change Summary	%RT Count of Score Change Summary
Managing children's behaviour	A1	Improved	76	62.30%
		No Change	42	34.43%
		Worsened	4	3.28%
Being involved in the children's development	A2	Improved	59	62.77%
		No Change	33	35.11%
		Worsened	2	2.13%
Support with parenting skills	A3	Improved	9	40.91%
		No Change	13	59.09%
Support with managing routines	A4	Improved	8	61.54%
		No Change	5	38.46%
Coping with parent's physical health	B1	Improved	66	59.46%
		No Change	38	34.23%
		Worsened	7	6.31%
Coping with parent's disability	B2	Improved	7	53.85%
		No Change	6	46.15%
Coping with parent's mental health	B3	Improved	149	68.98%
		No Change	54	25.00%
		Worsened	13	6.02%
Coping with feeling isolated	B4	Improved	133	73.48%
		No Change	40	22.10%
		Worsened	8	4.42%
Family new to the area	B5	No Change	1	100.00%
Parent's self esteem	B6	Improved	112	67.88%
		No Change	43	26.06%
		Worsened	10	6.06%
Domestic abuse	B7	Improved	6	50.00%
		No Change	5	41.67%
		Worsened	1	8.33%
Substance abuse	B8	No Change	6	100.00%
Coping with child physical health	C1	Improved	38	59.38%
		No Change	21	32.81%
		Worsened	5	7.81%
Coping with child's physical disability	C2	Improved	8	50.00%
		No Change	8	50.00%
Coping with child's mental health	C3	Improved	25	40.32%
		No Change	30	48.39%
		Worsened	7	11.29%
Coping with before and after school routines	C4	Improved	11	73.33%
		No Change	3	20.00%
		Worsened	1	6.67%
Managing the household budget	D1	Improved	25	37.31%
		No Change	34	50.75%
		Worsened	8	11.94%
Cooking-healthy eating and menu planning	D2	Improved	1	20.00%
		No Change	4	80.00%
Day to day running of the house	D3	Improved	98	68.53%
		No Change	39	27.27%
		Worsened	6	4.20%
Improving home conditions	D4	Improved	6	40.00%
		No Change	7	46.67%
		Worsened	2	13.33%
Stress caused by conflicts in the family	D5	Improved	48	61.54%
		No Change	26	33.33%
		Worsened	4	5.13%
Coping with extra work caused by multiple children	D6	Improved	50	69.44%
		No Change	22	30.56%
Use of services	D7	Improved	35	71.43%
		No Change	14	28.57%
Use of local services	D8	Improved	11	84.62%
		No Change	2	15.38%
Support to access appointments	D9	Improved	6	66.67%
		No Change	2	22.22%
		Worsened	1	11.11%
Support to access groups	D10	Improved	12	100.00%
Parents own learning needs	D11	Improved	2	33.33%
		No Change	4	66.67%
Coping with financial difficulties/money management	D13	Improved	2	22.22%
		No Change	7	77.78%
Support to access employment	D15	Improved	1	100.00%
Support with improving school attendance	D16	No Change	3	100.00%

Outcomes: statutory service use

Table A1.9 outlines statutory and non-statutory service use by families referred to HSS. Across all three geographical areas, the majority of referrals with CIN/CIC/CP/CAF in place at time of referral resulted in support being provided by HSS. The Mid and West Suffolk area had the highest proportion of referrals with CP/CiC in place at time of referral, while the numbers were highest in the Ipswich and Suffolk Coastal area.

Over the course of the contract, 85 families had CAF in place in the period between volunteer matching and closure, indicating substantial time contribution to Family Network Meetings by HSS volunteers and coordinators.

Across all three geographical areas, the number of supported families with CIN/CP/CIC/CAF in place decreased between the 6-month period prior to referral and the 6-month period after referral.

Table A1.9: Statutory and non-statutory service use among Home-Start in Suffolk referees

	Home Start in Suffolk Area	Number of children	Number of referrals	Number of referrals supported
Has CIN/CP/CIC/CAF at point of referral	Mid and West	155	85	48
	Waveney	130	64	52
	Ipswich and Coastal	230	134	107
Has CP/CIC at point of referral	Mid and West	92	51	27
	Waveney	41	17	15
	Ipswich and Coastal	97	63	52
Has CIN/CP/CIC/CAF in 6 months prior to referral	Mid and West	179	100	55
	Waveney	155	74	61
	Ipswich and Coastal	275	154	119
Had CIN, CP, CIC, CAF in 6 months after referral?	Mid and West	193	103	59
	Waveney	185	88	67
	Ipswich and Coastal	317	181	143
Had CIN, CP, CIC, CAF in 6 months after closure?	Mid and West	155	82	45
	Waveney	150	67	50
	Ipswich and Coastal	223	129	95
Had CIN, CP, CIC between Matching and Closure	Mid and West	35	103	59
	Waveney	31	88	67
	Ipswich and Coastal	54	181	143
Had CAF between Matching and Closure	Mid and West	30	18	18
	Waveney	53	29	29
	Ipswich and Coastal	66	38	38
Had SFF Claim in 6 months before referral	Mid and West	3	1	1
	Waveney	8	3	3
	Ipswich and Coastal	7	4	3
Had SFF Claim in 6 months after closure	Mid and West	4	2	0
	Waveney	7	4	4
	Ipswich and Coastal	15	5	4

Outcomes: school attendance

School attendance data (% attendance) for the term prior to support from HSS was compared to data for the term following the intervention. For a large majority of children supported it was not possible to ascertain their school attendance for the relevant time period due to incompleteness of school attendance data or incomplete linkage of records. For the small number of children for whom information was available, very few showed an improvement over the time period in question.

Table A1.10: Changes in school attendance for children supported by Home-Start in Suffolk.

	Home Start in Suffolk Area	Improved	Worsened	No Change	Data missing or not yet available
Number of children where education attendance had..	Mid and West	5	8	0	166
	Waveney	5	9	2	135
	Ipswich and Coastal	6	8	4	281
Average % children in families whose education attendance had...	Mid and West	3.9%	4.9%	0.0%	91.3%
	Waveney	3.8%	6.0%	0.7%	89.5%
	Ipswich and Coastal	2.6%	3.8%	1.0%	92.7%

Annex 2: Case study thematic analysis

Background

HSS collates short case studies on service users

Methods

Recruitment and sampling

Case Studies were chosen by the Home-Start staff and a member of Public Health Staff collected the paper copies from the Home-Start Office.

Methods

A thematic analysis of the case studies was performed to explore perspectives, experiences and key issues relevant to the impact and effectiveness of Home-Start, emphasising the participant subjective perspective. The final analysis uses illustrative participant quotes describing service user and volunteer experiences and staff feedback. Analysis of notes was undertaken primarily by one of the authors, who summarised notes to form a 'framework' of key ideas and themes for analysis. These areas are reported upon below. The team discussed the analysis to reach consensus and made amendments to reporting as necessary to ensure the conclusions reported reflect an accurate picture of the breadth of views and experiences reflected in the case studies.

A selection of fifteen recent written case studies was provided by HSS. These covered the 3 administrative areas in which HSS operates.

Findings from the analysis of these case studies were used to inform the question guides and analysis of the stakeholder interviews.

Results

Reasons for referral

Service users sought a combination of practical and emotional support, with some common aims of relieving isolation and providing some freedom and balance for the family. There were however many times, complex and multiple reasons for referral, with some of the main problems being: childhood abuse of mother, severed parental relationships, substance misuse leading to mental health problems, and home management problems. There are also few cases where self-harm and school attendance are some main problems for need.

"X does not have a good relationship with family, her parents were abusive with her, she is now a single parent living alone"

"X had mental health difficulties, struggled to take daughter to groups, and keep the home clean"

"Rebecca struggled forming an emotional attachment to her children"

Interaction with other services

The case studies provided limited information on the interaction service users have with other services. However, albeit few, there were few examples which mentioned Family Support and Counselling and HS fulfilling gaps between other services and HS.

“HS has regular contact with the Family Support and Health Visitor and Counsellor to provide regular updates about progress”

Volunteer Support

What volunteers provided was very much focussed on what the service users wanted help with. Practical support included help with children, such as looking after one child so a parent could focus on another child, providing an extra pair of hands so a parent could take the children to the park and accompanying the parent to attend appointment. Home management skills such as food and cooking help were also provided by volunteers. The practical support provided was broad, with volunteers assisting in school application forms and legal appointments as well as teaching cooking skills and helping with budgeting.

“The volunteer helped X cook several meals from scratch, taught them about batch cooking and freezing techniques, to relieve time during the day”

Perhaps the most rewarding of the support provided by the volunteers was emotional support to the parents. These are complex and vulnerable parents who have multiple stress’ in their life, and the volunteers were able to listen to their worries in confidence and share anxiety.

“The support given to me was flexible to suit mine and my daughters needs”

“My volunteer was a brilliant lady, very compassionate, caring and helpful in every area”

One of the service users also explained the motivation and practical support the volunteer had provided to encourage them to pursue further education:

“X said that the volunteer has a huge impact on her and made her want to succeed further and reach the stars!”

Service User Impact

Services users reported that Home-Start helped adults and children to grow in confidence, and so promoted independence and the learning of new skills. Parents had a greater awareness of importance of routines and they felt more on top of things. Many felt the experience had improved their relationships with family members and helped develop new social bonds within the wider community for both the child and family. Most service users reported that due to the emotional support received their experienced a greater level of health and wellbeing.

“X’s mental wellbeing stabilised and she felt more confident to go out to socialise and even met her fiancé”

“I have a lot more confidence now and able to cope alone in public and at home”

“X has now secured herself a place on a course and now wants to attend university next year”

“X has gained two certificates in painting and decorating and now decorating her own home using skills”

Family Impact

Similar to service user impact the family impact of the service was improved family relationships, with more communication. More financial budgeting awareness, and more awareness of where to go for more help.

There are also instances where families may be subjected to a child protection plan after their service with HSS starts, but also on the other hand there has also been instances which also reflect families being downgraded from CP to CiN.

“improved self-confidence and self-esteem for everyone”

“awareness of budgeting and improved family management”

“resulted in a positive impact for the entire family”

Limitations

Case studies were selected by HSS staff therefore we cannot be sure to what degree they are representative of the service users supported. As the case studies were not dated, it was not possible to ascertain how recently the service users described were supported.

Conclusions

As the range and depth of information provided varied by case study it would be beneficial for future case studies to be collated using a standardised template. This approach will be helpful for future evaluation of HSS.

Annex 3: Interviews thematic analysis

Interviews with service users, volunteers, staff and key professional stakeholders

To obtain views on the impact and effectiveness of Home-Start we undertook a series of interviews with stakeholders, including service users, volunteers, staff and key professional stakeholders. Semi-structured interviews were carried out by three Suffolk Public Health staff members. We interviewed 17 service users, 19 Home-Start volunteers, 8 Home-Start staff, 2 CYP service managers and 1 commissioner.

Recruitment and sampling

Service users and volunteers were contacted by Home-Start staff and asked if they would be willing to participate, and the contact details of those who responded were forwarded on to us by Home-Start. A semi-structured interview guide was developed and agreed in advance by Suffolk Public Health staff. Interviews were conducted via telephone. Interviews were carried out by Suffolk Public Health staff, who took extensive notes during the interview, as close to verbatim as possible, and made further notes immediately following the interview, according to the interview guide. Notes were stored on SCC password protected computers. These notes were then condensed and summarised in word documents.

Analysis

A thematic analysis was performed to explore perspectives, experiences and key issues relevant to the impact and effectiveness of Home-Start, emphasising the participant subjective perspective. The final analysis uses illustrative participant quotes describing service user and volunteer experiences and staff feedback. Analysis of notes was undertaken primarily by one of the authors, who summarised notes to form a 'framework' of key ideas and themes for analysis. These areas are reported upon below. The team discussed the analysis to reach a consensus and made amendments to reporting as necessary to ensure the conclusions reported reflect an accurate picture of the breadth of views and experiences shared by professionals with the full research team.

Key Findings

Reasons for referral were varied and included providing short interventions to assist household management, supporting the family following illness or injury of a parent, assisting parents of children with autism, supporting those with mental health needs and families with multiple children.

Benefits of being non-statutory and volunteer-run

- Families described being very comfortable with their allocated volunteers and the value of having someone neutral and non-judgemental to provide support when needed
- Volunteers generally reported being very satisfied with the support they received from Home-Start staff
- Training offered was considered very thorough and appropriate for the volunteer role
- Most volunteers felt that they were well matched to the service users they supported in terms of being able to utilise their existing skills and knowledge

Links with other services

- Volunteers described helping families to access other services such as local groups and libraries

Areas for improvement

- Some volunteers described difficulty in accessing training sessions around work commitments
- Some volunteers reported noticing HSS staff were increasingly busy and could be slower to respond than in previous years

Structure

Family characteristics

Volunteers interviewed reported supporting families with multiple children and those with children under 5. Service users interviewed included those from single parent families and those living with a partner, and both parents and grandparents caring for children from a range of ages.

Reasons for referral

Reasons for referral as described by the service users were varied and included the following: support required following injury or illness of a parents; support required following birth of twins; assistance needed with household management and help required with managing school routines with multiple children. Several mentioned needing support as a result of mental health issues:

“I also suffer with mental health, one thing is anxiety, and I struggle getting out, needed someone to support me getting out, help to go shopping, making appointments, watch my son and give some time to have a shower, stuff like that” (SU6)

Staff members commented that the most common reasons for referral had changed over the course of the current contract:

“The key areas now are mental health, drug and alcohol services, issues with regard to schools...the upper age increased to 12 so that’s why... issues around school behaviour, bereavement or long-term conditions on parents or children. There’s also been an increase in referrals for young parents and pre-birth work. For the first time we’ve had a request for support for refugees in the Ipswich area, a lady has baby is with social services, giving her (emotional support).” (ST3)

“I think there’s been an increase in CP and CIN cases, so in general more complex and vulnerable cases have come in. We’ve also seen more families who have children who are older. Over the last year or so we’ve had more children under the age of 12, rather than 5 as before” (ST6)

Reasons for referral reported by the volunteers interviewed fell into a number of categories including practical needs such as families struggling to cope with twins or multiple children, or the need for short interventions such as support to de-clutter a house. Other volunteers described:

“Mum needed support in paperwork, going to appointments” (Volunteer 7)

“The needs are usually anxiety, depression, postnatal depression, or lack of family support.” (Volunteer 1)

“The families normally need emotional support generally”. (Volunteer 9)

Several volunteers reported that the majority of the services users they had worked with had mental health issues, although this was not necessarily the main reason for referral.

Home-Start organisation, locations and management

Two staff members stated that the workload of HSS has been consistent in the last few years and is manageable. Staff also stated that the new contract with SCC means that now there are more referrals from different partners, which can sometimes change the demands.

“The last two years have been fairly constant in terms of workload– no blips or downtime- but the workload is manageable” (ST2)

When questioned, service users commented that there were able to contact coordinators easily when they needed to. When they needed to cancel a visit at short notice, the procedure in place was to contact the office rather than the volunteer.

Several volunteers reported being happy that they were able to drop into the Home-Start offices, and this was particularly convenient if they needed to discuss a problem or issue with a coordinator.

Training

Staff also felt that the support and training they received was very helpful:

“..over the last year we’ve had wishes and feelings delivery by Early Help team. Domestic abuse training was really good and helpful, also internally the GDPR training and have been learning Charity log” (ST3)

“Yes, I feel the training is great and if there something we feel we would like training in they are always open and help us to complete it.” (ST4)

“We get ongoing supervision when things come up – they’re easy to look into with line managers”

“I realised needed training around benefits, especially as I support volunteers, and need to keep up to date with changes in universal credit etc. We’ve managed to organise this...free training is good.” (ST2)

When interviewed, coordinators emphasised the willingness for HSS to deliver any further training needs whenever required.

Volunteers described receiving comprehensive initial training:

“A week-long preparation course, really comprehensive I would say, they teach you safeguarding but also detailed list of agencies that will refer, but also great info on where you can signpost families for different things.” [Volunteer 20]

Some of the volunteers had previously volunteered for Home-Start in neighbouring counties and transferred to volunteer with the Suffolk charity after moving to a new house. Each of these volunteers noted that they repeated their initial training with HSS after their relocation.

Several volunteers commented that while HSS provided a comprehensive range to training sessions in convenient locations these sometimes weren’t possible to attend around work commitments or the training provider wasn’t able to attend:

“Training is provided locally, in Beccles so ideal for me”.

“They try to look at number of volunteers and where they live, and organise the training location accordingly based on average distance.” (Volunteer 14)

“Flexibility depends on work as all the training is run during the daytime.” (Volunteer 8)

“They provide it, but sometimes I can’t go to a talk. Recently, last 3 talks, coordinator organised something and we all turned up, but the person giving the talk hasn’t been able to attend for various reasons, such as cancelled due to ill health or got the wrong location. Bit hard because you take time out and of course coordinator feels bad! Coordinator tries to arrange but can’t always go.”

Sometimes not being able to attend specific training sessions meant volunteers had to rely on previous experience to meet the needs of families:

“I have everything I need for now, but because I haven’t had training in certain types –for example autism or ADHD. Only through personal experience did I have enough to work with my family. There was an autism training come up but I couldn’t go. But if you have any issues you can always contact coordinator.” (Volunteer 5)

Volunteer recruitment

Volunteers interviewed has heard about Home-Start through a variety of means: social media, posters and leaflets, word of mouth, work at children’s centres and through previous fundraising for the charity. Some volunteers had received leaflets via their own children’s school.

The majority of volunteers fell into the following categories

- Retired individuals
- Individuals who worked part time and volunteered on their day off
- Volunteers who were unable to work full time due to long term health conditions

Interaction with other services

Volunteers who were new to the area commented that they were unaware of what resources were available locally but were supported by Home-Start to learn what was available.

“The current family I’m working with has a bit of a language barrier and have come from abroad so understanding schools, and rules, regulations can be an issue. Home-Start are supporting with this though. Their signposting to different areas and organisations that can help is really good”

Support provided

Volunteers reported providing a range of support depending on the needs of the family and their experience:

“Normally a visit once a week, mostly providing emotional support, I’ve worked with the children more, I’m a younger volunteer, so they pair me with younger ones. At the moment I’m working with a child with ASD, had a teenager with ASD previously too. But also parents

too, sometimes going out to do things with them anything practical at home they need help with.” (Volunteer 20)

“It’s practical things, lots of things. More practical than emotional. I’ve helped with things like finance, or cleaning or tidying when the house is too much to cope...I’ve done homework with children or supervised them when mum cooks dinner.... I’ve helped 6 or 7 families so far with varying length of need... just depends on needs of families. Some just need a few weeks help tidying the house. I did have one lady who was not in a very good situation, she’d been a victim of domestic abuse and was very anxious. When I started going, I did help once or twice with speaking to the landlord because she didn’t like to talk to him because he was a man, so I did help once or twice with that”. (Volunteer 15).

Some volunteers described their role as filling what they saw as a gap between social services and availability of family support:

“Social care are very good at telling families what to do, but not at showing them how to do it.....sometimes if there’s been an issue with parenting this can propagate down families...but social care expect a mother to know what to do. That’s what I’m doing with the family-helping to show them how.” (Volunteer 11)

Volunteers emphasised that whatever the needs of the family, their main role was to listen and be supportive:

“The families are a bit different but their needs are the same. They need someone to listen to them. The listening and being non-judgemental are the most important things.” (Volunteer 18)

Some volunteers reported providing this support in parallel with other agencies:

“A lot of it is listening, letting the people unload their issues and generally being a really good friend to them. some of the families have a lot of professional input from different agencies, while I come in from a more motherly aspect.” (Volunteer 18)

Process

Referral process and criteria

Matching the volunteers with families

All of service users interviewed said they had got on well with the volunteer they were matched to. Meanwhile, volunteers interviewed almost unanimously reported the matching process worked well for them due to the skills and expertise of the coordinators:

“It generally works very well for me. Sometimes doesn’t work, but that’s normal when working with people as it’s not always obvious from the beginning what the families need or want. Coordinators generally get to know volunteers’ strengths.” (Volunteer 1)

“I think it does work well. The coordinator works with the family, they seem knowledgeable about who would work well with who. I think it’s good they not only say to family would

you be happy with the volunteer, but also ask would you the volunteer be happy with family” (Volunteer 3)

“Yes I feel it works well, they ask you a lot of preferences, how far you out you want to go, do you mind if there are dogs, if the partner in the house, like a personality match” (Volunteer 20)

“It’s always quite sensitively done. Nowadays with family for about 2 months. There will be a first visit then coordinator will see family and see how they’re doing. There haven’t been any families that I haven’t taken on after first visit, unless mum’s circumstances have changed.” (Volunteer 19)

“No- absolutely works really well. Now I very much gauge how the family works. You go careful and gently. I can’t see how it could really improve.” (Volunteer 6)

“I think it really works well, I’ve met them all first-hand and then we come back from the meeting and we are asked if we feel comfortable and ready to go ahead or not. Even the families can say I want another one too.” (Volunteer 9)

“No, I think that’s pretty good. One of the coordinators will phone me and go through what the family needs. I can say if I’m not right for that job, then they talk to the family then I meet them with the coordinator. That introduction, so from my point of view it works. I’m allergic to cats, so can’t go to anyone’s house with a cat. – one match didn’t work because of that” (Volunteer 16)

A small number of volunteers reported that sometimes service users were initially unaware of what HSS volunteers were able to support them with.

“It has worked well. I think occasionally I did have a family, she self-referred and I think she wanted something to help with housework. On subsequent meetings we did state Home-Start isn’t really a service for that. Not sure if she wasn’t aware of what we could do, or that Home-Start hadn’t got to the bottom of what the real issue was by that point. You just have to be a bit careful what they’re aware of in terms of what we can do. There are lots of checks both ways after matching process. Home-Start always ask if I’m happy to proceed after a match.” (Volunteer 5)

Support for volunteers

Volunteers felt they were well supported by Home-Start staff in meeting the challenges of volunteering:

“Definitely, I feel really well supported as a volunteer, after the initial visit, the coordinator always checks in with you. I’ve actually already felt they would be more than happy to support me in anything. There’s also regular supervision and peer support. It’s nice to know there’s someone there to talk to also, and that’s why I really like the support Home-Start give.” (Volunteer 20)

“One particular family was very very challenging, but Home-Start was always on the end of the telephone checking I wanted to continue. When I finished with that family, they made sure the next one was easier and more of a breather. They always review.” (Volunteer 17)

Withdrawal of volunteer support

In general, service users were happy with the process for ending volunteer support. Two users however commented that the leaving process could be improved if the plan to end support was communicated by the coordinator rather than the volunteer. They felt the current process was a little unfair on the volunteer:

“They left the volunteer to tell me when her time was coming up. I felt this was a little unfair in the volunteer and it should have come from HQ. The volunteer felt she was personally letting me down. I did speak to the staff afterwards – but didn’t feel it was handled well. I felt for volunteer that she’d had that put on her shoulders. The leaving process needs to be rethought I think”.

(SU24)

Volunteers generally thought the process for withdrawing support from a family was well organised, and gradually tailing off support worked well for families:

“Sometimes it reduces from one a week to once a fortnight, generally eases off.” (Volunteer 10)

“It’s more like a gradual finishing. We decide at the beginning how many sessions, and normally would be around 12. Then halfway through the coordinator reviews, and normally last couple visits you’re aware its ending. But it’s not like a strong ending, you see how they’re coping, and sometimes you phase out instead for example once every two weeks etc. Tends to feel like a natural ending. I feel that it works well, it nice to say they’re never really left on their own, they know we’re there.” (Volunteer 20)

Volunteers emphasised the value of the ending being flexible around the families’ needs and progress:

“We’re very much guided by the office. It’s always difficult because they become friends. But you do have a professional relationship, so are slightly removed. Coordinators will do a visit near the end and maybe adjust the leaving time accordingly. We always raise this ahead of time. We tell families “don’t hesitate to get in touch again”. Within the journey of being with a family, things can happen- you need to be flexible around that and carry on longer if needed.” (Volunteer 6)

One volunteer commented that when families are unsure about the support being withdrawn, they were reassured by the knowledge that they can self-refer back to HSS if they need to.

“She was reluctant at first to bring to an end, but then once she realised she could self-refer back she was happy to bring it to an end –I’m not sure who referred her in the first place, but she didn’t seem to know about self-referral. I started going every fortnight rather than every week and that seemed ok.” (Volunteer 15)

Links with other services

HSS staff reported a positive relationship with other services:

“We have good links with referrers. Things in the council have changed and we sometimes need to revisit people as things change in their structures and roles. But we have good

relationships with referrers. Can have honest conversations and question them. We're able to challenge when it's not safe for a volunteer to visit a family, or when a referral is not appropriate." (ST2)

Staff mentioned examples where they able to support families with complex needs to interact with other services. One staff member recalled an experience of encouraging a family to work with social care to get the best outcome, essentially forming a bridge to ensure families are getting the best support they can from partners working in Suffolk:

"I can think of a women I was helping and her immigration status was open, there were concerns for her wellbeing and children, there was a knock on the door, it was her social worker, and she didn't want to let her in, because she was scared. In my role, I really encouraged her to work with social care, and make her understand that social care were needed for her to get the help she needed. Sometimes it's about letting them know who and how they can be helped and being that middle person to get the best for them."-ST3

Several families described how HSS had supported them in navigating processes with other services. These included supporting parents in their interactions with schools.

Some volunteers reported having attended meetings with or providing feedback to other services on top of their visits to families:

"I usually work with a family for about 6 weeks, unless I have reason to stay there longer. A family I work with have multiple issues and social workers are involved so has been much longer. I had to write an extra report for social worker and give feedback for case conferences, this one's been a lot more involved. And because of mental health issues, she doesn't really realise that I'm finishing next week. She needs someone on a regular basis to remind her to do things." (Volunteer 14)

"If I speak to social services or similar they always say they have a lot of time for Home-Start." (Volunteer 10)

Staff reported the recent move of one office to West Suffolk House in Bury St Edmunds. There was a unanimous feedback from staff that this move had proved extremely effective in improving service provision. HSS West Suffolk Team and many of the referrers are based on the same floor and this co-location has made interaction and communication much more efficient:

"Moving to West Suffolk House has been really positive, means we can now have to face to face conversations with people in the same building. But that's limited to West Suffolk services and we deal with partners across the county". (ST6)

Outcome

Volunteering time, the number of the families helped and duration of support

Volunteers interviewed had a variety of experience, ranging from 1 year to 15 years of volunteering with HSS. Around half of the volunteers interviewed (9/19) started volunteering with HSS over the course of the current contract.

While duration of support varied according to the needs of the family, several long-term volunteers reported that the support offered to families was generally shorter than previously. They reported that while several years ago, interventions typically lasted for 6 months or more, over the course of

the current contract 2-month long support periods had become commonplace. Some volunteers felt that the recent tendency for shorter periods of support was beneficial as continuing beyond this time wouldn't necessarily be of extra benefit to the families:

"I do think it's a good process, there are so many families that would need support, sometimes extending doesn't change anything, the families are where they want to be".
(Volunteer 7)

"Yes, definitely- especially years ago volunteers would be with a family for quite a long period. Now a much shorter length of time. I wasn't sure about that initially, but actually I think it's better, because the mums focus more, realise it's a precious thing and know what the goals are. We can use the short time bring them back to the goals. I've changed my view. [The mum's] not going to waste a session if there's only a limited number of sessions to be had. Families are made aware at the start that is that limited number... a year would be too long- that would be more like a friend. We're more like a professional friend, need to guide them to what they requested in the first place". (Volunteer 20)

Volunteers reported that families were generally very understanding about the fact the volunteer had to move on.

Families' perspective: what helped and why, desired outcome, and what achieved

Several families expressed a desire to receive support with specific household management tasks such as completing paperwork and decluttering. They reported that their volunteers were very helpful in assisting them and having weekly visits helped them to focus on the task at hand.

One service user emphasised how much her volunteer had taken the pressure off another family member by providing respite help with collecting children from school one day per week.

"They developed my confidence, and I didn't need to worry that was putting her out...I felt better for getting more sleep....I always looked forward to her visits." (SU20)

Volunteer perspective and satisfaction

Volunteers interviewed were overwhelmingly satisfied with their interactions with HSS and the experience of volunteering:

"It's not all just for the families we need to realise, and volunteers are getting something out of it as well" (Volunteer 3).

"I have a really positive impression of Home-Start. I would really recommend it. Also to anyone who joins a new area and wants to get to know the area and people, I would recommend it as a really good way to get to know people and help the community."
(Volunteer 20)

"I really enjoy, creating those connections, and going in not knowing them and then getting to know them. I get a feeling talking to them and that me being there helps, them, and you see over time their improvements and its really nice to see." (Volunteer 20)

When asked whether volunteering had increased their confidence, volunteers responded that it had, and they felt more prepared to work with families with additional needs:

“Yes definitely, your experiences are new, meeting new people, also exposing you to different things like children with learning disabilities. I feel like now I’m ok and I can deal with that” (Volunteer 20)

“Yes definitely, now I have a challenging family, I don’t think I could have done it 2 years before, but with my experience it’s made me ready for it..... it’s an amazing service, from being supported to helping myself. I’m really confident about talking about volunteering with people now. I talk about it a lot to anyone I know, encourage them to join, ‘cause I think it’s really amazing.” (Volunteer 9)

Volunteers generally reported seeing an increase in confidence among the families they supported:

“Yes, definitely. One family mum had post-natal depression, and the baby was really small. I saw her confidence grow; she was planning to go back to work. To see that from the beginning when they’re struggling to manage day-to-day to being on top of things. I helped her with an organising system with white boards, what she needed to do etc.” (Volunteer 20)

Some volunteers commented that the process of supporting a family wouldn’t necessarily resolve their needs or issues, but would allow them to progress:

“It varies, wouldn’t say its absolute. In many cases good to see a progression to a better state of affairs. Don’t always expect solution because in some ways it is a holding exercise in difficult times, but at the end it is nice to sit with the person and say look how much better things are.” (Volunteer 10)

Effect on the whole Suffolk system

There was a general feeling among families that other services had less time to spend with families or were more judgemental about family circumstances, with some interviewees commenting that services seemed to be under pressure. They commented that volunteers were able to devote more time than professionals.

A few service users also explained that HS has helped them get in contact with other services and as a result their day to day life was made easier.

“...they helped so much, helped us get in touch with the family network for young carers, and the children are now a part of that. Social services have come over and helped us so much.” (SU21)

Notably, a few service users reported a culture of increasing willingness among care givers in the community to talk about the challenges of parenting and the acceptability of having received support. They hoped this culture would encourage more parents to be open about their needs and consider asking HSS for support if required.

Cost effectiveness and sustainability

While sustainability of the service was not directly address in the service user interviews, a couple of service users commented on the need for more volunteers.

Staff members mentioned the need to balance recruitment of volunteers against

“Recruiting volunteers takes a lot of effort but it’s about quality service. We could in theory have many more volunteers from different sources, like job centres etc., but I don’t think they would necessary be volunteering for right reasons and have right commitment. Getting the right volunteers is an important system and our system is thorough, yes it’s hard work but we have it working”-ST3

What is working well with the current service provision?

Service users felt HSS provided support that was flexible around their needs and that volunteers were very easy to talk to

Volunteers re-iterated that they were on the whole very happy with the provision from HSS, highlighting the benefits of volunteering with a “professional” organisation:

“I like the way the Organisation runs- there’s a professional team to fall back on, and you are working within guidelines and boundaries. It’s different from other organisations I’ve volunteers with....the fact we do a monthly report...I really like that. We have to think about what we’ve done, matching against a set of ways in which help might be offered. It’s keeping track- I like that professional side” (Volunteer 10)

“The staff work so hard. They keep track of so much and act on the information you give....not just the monthly reports, but if you email in”.

Almost all the staff noted the HSS staff and team being ‘supportive, proactive and professional’ as one of the benefits of the service. Flexibility in delivery by volunteers was also mentioned as one of the biggest assets of HSS. Staff felt that the support to families is tailored to each individual family’s needs and circumstances, and the volunteer’s situation is also taken into account:

- *“...really good team, always felt this...even in a crisis, there’s amazing support from Alison and Tara, never feel like have to carry it all on your own, and they are there to turn to. You’re able to offload and share worries, so able to communicate well with colleagues... there have been emotional times like when children are removed from family- staff have supported each other –it can be a rollercoaster but there’s support in the team element” (ST2)*
- *“...there’s a lot of flexibility- we deliver support to families that is individual to them, some services can offer only for example can only 6-8 weeks. But here we can be really flexible and do so much more, some families need the 6 weeks just to get started”. (ST3)*
- *“From an employee point of view, we are flexible with workers, if they need time off for their own families, or different hours etc.” (ST4)*
- *“Flexible and tailored to the families’ individual needs. We are always going in saying ‘how we can help you?’ rather than we are going to do X Y Z for you right from the start. We very much involve the family in the process of delivery of service, which I think sets us apart.” (ST4)*

Areas for improvement:

One service user commented that it would be beneficial to have a readily accessible guide or list outlining what support Home-Start can and can't provide:

"It would be useful to have a leaflet – would be useful to know what Home-Start can and can't help with – to stick on fridge –with contact details" (SU20)

Some service users had previously been aware of Home-Start but were unaware of their remit to support children aged 5-11, or of the option to self-refer.

Two service users commented that contacting volunteers was sometimes a challenge. In some circumstances being able to the volunteers directly would be beneficial such as when there are small babies and routines for the mother change at short notice:

"It can be problematic when I can't contact my volunteer directly at short notice- it can take time to organise the next visit if there was a change. Sometimes with babies it is necessary to change at short notice, so having to contact them through a coordinator is not ideal" (SU20)

One service user commented that the possibility of having a back-up volunteer would be helpful, particularly if the school holidays coincide with their time of greatest need:

"Just getting the one volunteer isn't great sometimes as there's no cover if they're off sick or on holidays"

One user commented that their midwife was not aware of HSS and more awareness would be beneficial amongst children's services, to enable easier sharing of information:

"My midwife wasn't aware of Home-Start...to have had them set up from start [before birth] would be easier- so more sharing of information round the services would help". (SU20)

One user commented that the delay in transferring from HSS to the Norfolk Home-Start service was a stressful experience and the transfer process should be reviewed.

"The delay in transferring to the Norwich service was really hard...we had no help at all. I was in real state coping at that time. Home-Start needs to look at how transfers between services work." (SU20)

Another commented that having more volunteers would be helpful:

"...more volunteers...they seem really busy so it has not always been possible to book a volunteer to come weekly....sometimes I go two weeks without seeing a volunteer". (SU27)

Communication and interaction with referrers and other partners was mentioned by a few staff as an area where improvements could lead to better quality of service. In particular, HSS staff reported that not being invited to CIN meetings made understanding a complex family's full needs difficult in some cases:

"We're not always invited to meetings [with referrers] or get minutes promptly- this can make things tricky working with families if we're lacking information before they start." (ST2)

"Sometimes communication is a problem (with referrers)- for example a children in need meeting has taken place with the child and we haven't been told or kept in the loop." (ST5)

“The one frustrating thing, once we’ve had a referral, we don’t always get an update from then. Unless we ourselves have gone to a family or called them up to book an initial visit and then they say that this or that has happened. That can be frustrating. Because sometimes the families will say they’ve moved, or the children have been taken into care, or they no longer need the support.” (ST7)

“Sometimes communication is the trick [with referrers]. Sometimes we miss out conversations because of course everyone is busy. Sometimes it’s difficult to contact social workers, and get hold of them, we get missed in the loop of communicating issues with the families with them sometimes.” (ST6)

Suffolk Coastal and Beccles was mentioned by staff as areas where volunteer recruitment could be a point of focus for the future. Building awareness by greater promotion of the service in this area more in these areas staff felt that more volunteers would express interest.

- “[volunteering] in Suffolk Coastal area is very well known, but there are certain pockets we need some more time to build up our profile but it’s working...” (ST3)
- “Beccles is a bit more of a struggle, it’s about getting our name out there.” (ST5)

When asked how they thought HSS could improve, volunteers responded that ideally more coordinators and more volunteers should be recruited, while HSS staff emphasised the continued need for more volunteers:

“We could always do with more volunteers, and a bigger bank. It’s nice to have wide range of age and experience of volunteers, so we don’t have to just match a family based on geography but more personalised.” (ST6)

Some volunteers reiterated the need to a focus on marketing, not only to recruit volunteers, but to raise awareness of HSS in the county:

“I’ve never come across anyone that’s heard of Home-Start from the people I’ve told.” (Volunteer 8)

Some mentioned that greater clarity in administrative processes would be helpful:

“We have to fill reports mid monthly and put claims in; the system could be clearer, but it’s a very minor point” (Volunteer 13)

Limitations

Services users and volunteers interviewed were recruited by HSS therefore are likely to represent those most engaged with the service.

A number of the service users interviewed had only been receiving support for a relatively short time therefore it was deemed too early to ascertain if they had progressed towards their desired outcomes.

A high proportion of service users who agreed to be interviewed could not be contacted at the arranged interview time. It is possible that those interviewed were more engaged with the service than those who could not be contacted.

It would have been beneficial to interview former service users in the medium to long term after their support from HSS ended, in order to understand longer term outcomes.

Annex 4: Home-Start volunteers questionnaire analysis

Background

In September 2019 HSS distributed an online questionnaire to all their current volunteers (i.e. including those actively supporting families and those on rest breaks) using the Microsoft forms survey tool. The survey remained open at the time of writing in January 2020. This survey was undertaken as part of HSS's routine gathering of feedback from volunteers; the results of the survey were also analysed as part of our evaluation.

The survey contained the following 12 questions (% completion rate indicated):

- 1) Name (95%)
- 2) How long have you been volunteering with Home-Start? (100%)
- 3) What did you enjoy about training? (100%)
- 4) Do you feel you get the support you need from coordinators? (100%)
- 5) What training would you like provided in the next 12 months? (55%)
- 6) How often do you attend peer support? (100%)
- 7) If you are attending peer support infrequently or not at all, what can we do to encourage you to attend more often? (76%)
- 8) How useful do you find our newsletter, website, social media? (100%)
- 9) Are there any other areas within our organisation you would like to get involved in? (93%)
- 10) We are working on a project to share skills with local families, do you have a particular skill you would like to share? (45%)
- 11) What are your plans for the next 12 months? Do you see yourself as carrying on your journey volunteering for Home-Start? (100%)
- 12) Is there anything else you would like to tell us? (98%)

Questionnaire results are presented by question, below.

Completion and engagement

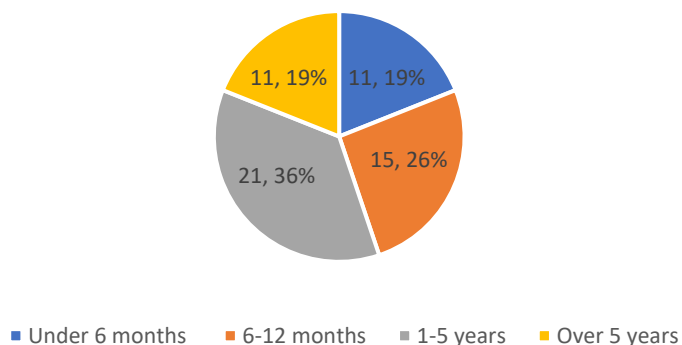
In total, 58 volunteers responded, representing 39% of volunteers currently active or on a rest break. The average time taken to complete the survey (~12 minutes) and the percentage response per question suggested a high level of engagement among those that responded.

Results

How long have you been volunteering with Home-Start?

Responses for this question were categorised into the following categories: under 6 months, 6-12 months, 1-5 years, over 5 years. The 55 respondents reported a range of experience, as illustrated by the pie chart below, with the majority (62%) having volunteered for at least one year.

Length of volunteering with HSS



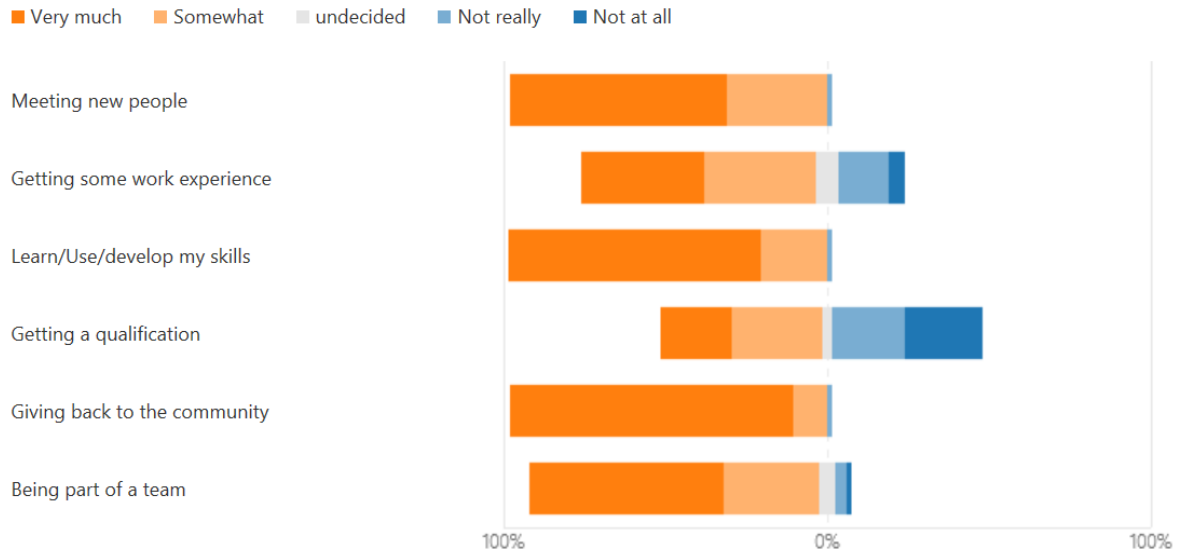
What did you enjoy about training?

This question asked respondents to state how important the following aspects of training were to them using the scale of 'very much'/'somewhat'/'undecided'/'not really'/'not at all':

- Meeting new people
- Getting some work experience
- Learn/use/develop my skills
- Getting a qualification
- Giving back to the community
- Being part of a team

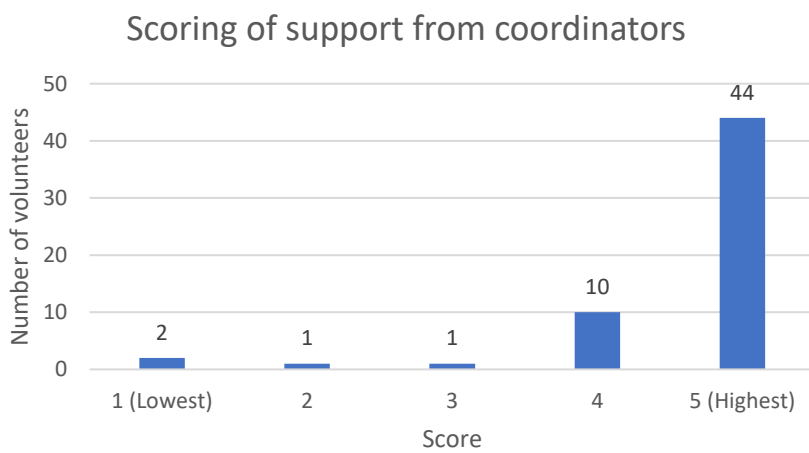
The respondents indicated that 'Giving back to the community' and 'use/learn/develop my skills' were the aspects of training that were most important to them with 87.9% and 77.6% of volunteering reporting these as being the most important aspects of training respectively. The full results from this question are summarised by the below table and figure.

Aspect of training	Percentage response by volunteers				
	Very much	Somewhat	Undecided	Not really	Not at all
Meeting new people	67.2	31	0	1.7	0
Getting some work experience	37.9	34.5	6.9	15.5	5.2
Learn/use/develop my skills	77.6	20.7	0	1.7	0
Getting a qualification	22.4	27.6	3.4	22.4	24.1
Giving back to the community	87.9	10.3	0	1.7	0
Being part of a team	60.3	29.3	5.2	3.4	1.7



Do you feel you get the support you need from coordinators?

This question asked volunteers to rate support on a 1-5 scale, with 1 being the lowest rating and 5 the highest. The average rating was 4.6, with the responses by rating as follows:



Notably, among the 4 recipients who gave scores of 1-3, a low level of engagement with peer support and volunteer outreach activities were also reported.

What training would you like provided in the next 12 months?

Of the 32 volunteers who responded to this question, the most common requests for additional training were sessions on autism and mental health, with first aid and managing challenging behaviour also each requested by more than one volunteer. Other topics for which training was requested were universal credit, an overview of the systems supporting children and young people, an update on regulations and responsibilities as volunteers, facilities in Suffolk, counselling skills, child sexual abuse, domestic abuse and control, drug and violence related issues, and talks and updates from other charities operating in Suffolk.

How often do you attend peer support?

28 respondents (48%) reported never having attending peer support, 23 (40%) reported they had only attended once or twice over the past year, 6 (10%) had attended every couple of months and 1 respondent reported attending every month.

If you are attending peer support infrequently or not at all, what can we do to encourage you to attend more often?

The main reasons given included the following: the timings of the sessions were incompatible with working hours or family commitments, the locations were inconvenient, the sessions clashed with training or appointments with families, or personal issues meant the volunteers were unable to attend. A small number of volunteers commented that they were too new to have attended the sessions.

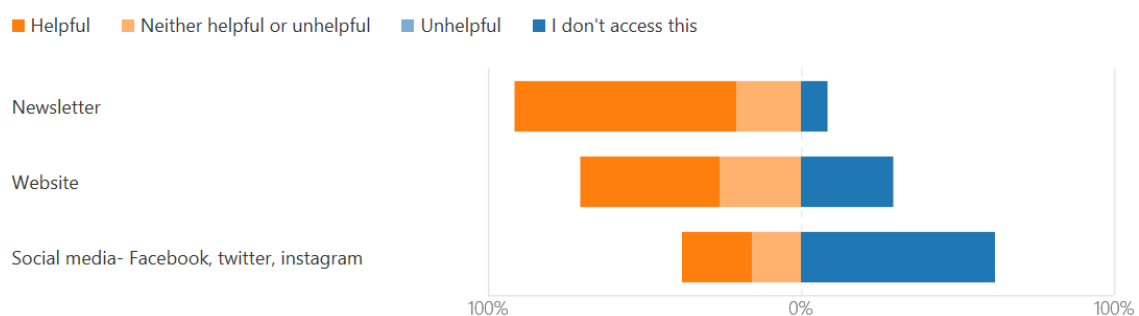
Suggested changes to the sessions include the following:

- Early evening sessions, enabling those working 9-5 to attend
- Varying the locations
- Combine the sessions with relevant talks to give more of a structure
- Vary to topics covered so they are relevant to all volunteers
- Sessions being run by an experienced volunteer or coordinator

One volunteer suggested having a peer support mentor by phone would be helpful was getting to the sessions was difficult.

How useful do you find our newsletter, website, social media?

70.7 % of responders reported the newsletter as being helpful, compared to 44.8% for the website and 22.4% for social media. The results breakdown for this question is shown below.



Are there any other areas within our organisation you would like to get involved in?

While the majority (34, 59%) did not express an interest in getting involved with other areas, there was enthusiasm for becoming involved with:

- A volunteer ambassador role (9, 16%)
- Volunteer recruitment (7, 12%)
- Volunteer administration (6, 10%)

- Fundraising (5, 9%)
- Group volunteering (11, 19%)
- Organising volunteer events (5, 9%)

We are working on a project to share skills with local families, do you have a particular skill you would like to share?

Volunteers offered to share the following skills and expertise: cooking and meal planning, gardening, sewing, organisation and time management, budgeting, special educational needs, Makaton and Picture Exchange Communication System, early years education and behavioural support.

What are your plans for the next 12 months? Do you see yourself as carrying on your journey volunteering for Home-Start?

The vast majority of those surveyed (50, 86%), responded they would like to continue volunteering. 3 responders (5%) said they intended to stop, while the remaining 5 (9%) said they would like to discuss their options with a coordinator.

Is there anything else you would like to tell us?

The nature of comments entered in this free text field varied. Several volunteers used the opportunity to comment on how supportive their HSS coordinator had been. Others used the field to query the possibility of expanding or changing their responsibilities with HSS. These included:

- A desire to working with more complex families
- Taking on fundraising or ambassador role, and training as a coordinator

Some volunteers recorded the following suggestions in the text box:

- A working group of volunteers be formed to discuss a possible overhaul of the peer support sessions
- Subsidised cycle travel for volunteers to encourage sustainable travel when visiting families

One volunteer commented that the distance travelled to families seemed to have increased over their time volunteering with HSS.

Limitations

The low response rate of the survey meant it was not possible to gather feedback from the majority of HSS volunteers. The survey did not ask respondents where they lived or volunteered so it was not possible to analyse the results by area.

Moreover, a proportion of respondents were also interviewed for the evaluation. This means that there will be some duplication in the feedback received, and also that the majority of HSS volunteers did not provided feedback informing the evaluation.

It is possible the results of the survey are subject to responder bias in that those volunteers more engaged with HSS were more likely to respond. It is also likely that individuals currently volunteering with HSS would be more likely to respond than those on a rest period. The survey does not include responses from former volunteers therefore it was not possible to gather their feedback relating to training.

Conclusions

In general, the results from the survey suggested a high level of satisfaction among volunteers both in terms of the support and training provided.

There seemed to be some frustration that it was not always possible to attend peer support and training when these clashed with working hours.

It is encouraging that the vast majority of responders intended to continue volunteering in the short term. The responses suggested a high proportion of volunteers are keen to explore additional roles within HSS and share their skills where required.

Annex 5: Suffolk professionals SmartSurvey analysis

Background

A link to a SmartSurvey questionnaire was distributed to professionals working for relevant children's and young people's services in Suffolk. The objectives of the survey were to ascertain i) levels of awareness of HSS; ii) what proportion of professionals had interacted with or referred to the service; iii) gather feedback on the experiences of professionals who had interacted with HSS.

The survey was distributed via email to over 300 professionals. The mailing list for distribution consisted of contact details for referrers provided by HSS, and relevant mailing lists provided by SCC CYPs colleagues. The accompanying email gave background to the evaluation, and invited recipients to forward the survey to other colleagues if appropriate.

Responses were gathered over a period of 3 weeks in December 2019.

Response and completion

A total of 70 individuals responded to the survey, working across the following areas of the county:

Area	Number (%)
County-wide	10 (14)
Ipswich	18 (28)
Mid Suffolk	3 (4)
North and Waveney	11 (16)
South Suffolk	5 (7)
Suffolk Coastal	12 (17)
West Suffolk	11 (16)

The breakdown by professional group was as follows:

Role	Number (%)
Children's Centre	10 (14)
Early help team	20 (29)
Health visitor	4 (6)
Midwife	2 (3)
Other	22 (31)
Social care	11 (16)
Teacher	1 (1)

The 'Other' category included mental health nurses and other mental health practitioners, psychologists, nurses, early years practitioners, early years and child health practitioners and pastoral leads.

The majority of respondents (48, 69%) had been in their current role for 3 years or more. Of the remaining 16 (23%) had been in their role for 1-3 years, with 6 responders in their current role for less than 12 months.

Results

Results are presented below for each question. Where numbers allow, result are also broken down by geographical area. For the purpose of this analysis, the geographical areas listed in the survey were categorised by the 3 administrative areas across which HSS operates: Ipswich and Suffolk Coastal; Waveney; Mid and West Suffolk (comprising Mid Suffolk, South Suffolk and West Suffolk).

Have you heard of Home-Start in Suffolk? (70 responses, 100% completion)

67 (96%) responded 'yes'; 3 (4%) responded no. Of the 3 individuals who had not heard of HSS, two worked in Ipswich and one in Waveney. There was no commonality in terms of their professions or length of time in post.

Have you had any contact with Home-Start in Suffolk over the course of your work? (66 responses, 94% completion)

Of the 66 responders, 65 had interacted with HSS.

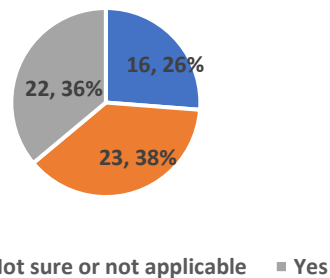
Have you referred a family or child? (70 responses, 100% completion)

64 (91%) had made at least one referral, 6 (9%) had not. There was no pattern by geographical area or profession among those who had not referred.

If yes, how many?

Among the 64 professionals who had made a referral 13 (20%) had made just one, while 51 (80%) had made more than one referral.

Do you think that the needs of the families you have referred have changed over the last couple of years? (59 responses, 92% of referrers)



36% of responders believed that the needs of families had changed over the past couple of years.

If yes, in what way?

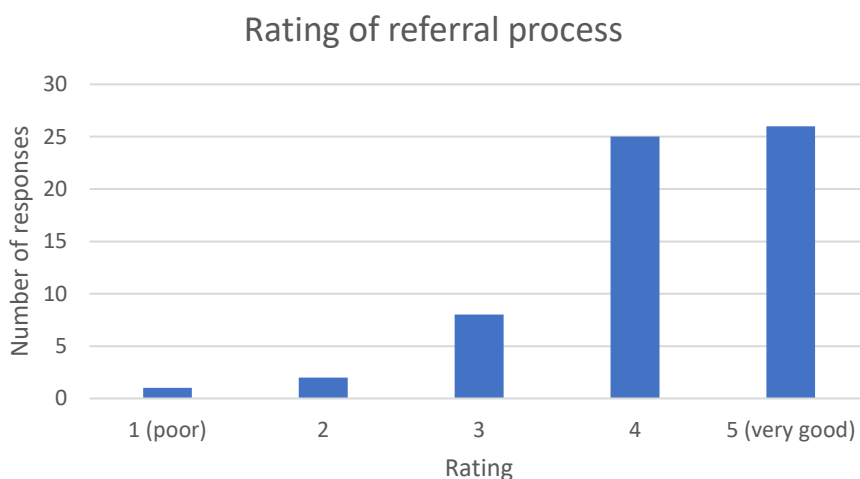
In their explanations, referrers mentioned the following as areas of increasing need:

- increase in the number of families with mental health issues and requiring support with emotional needs
- increased need for support with autism and behavioural difficulties
- Increase in number of families living in poverty
- increase in complexity of family life and more families experiencing changes in family dynamics
- increased substance abuse and domestic violence

Other responders commented that thresholds for receiving social care had increased, against a backdrop of a general increase in need.

How would you rate the referral process, where 1 is poor and 5 is very good? (60 responses, 94% of referrers)

The mean rating was 4.2, with the breakdown of responses illustrated by the following chart:



In the Ipswich and Suffolk Coastal locality, 74% of respondents rated the process with a 4 or 5; in the Mid and West Locality this figure was 64%, and in the Waveney locality 90%.

Did you keep in contact with Home-Start following the referrals you made? (62 responses, 97% of those who had referred)

50 (81%) said they had kept in touch, while 12 (19%) said they had not. Notably, the majority of professionals working in a county-wide role (56%) did not keep in touch while those working in a specific area of the county were more likely to keep in touch than not.

Have you contacted Home-Start in Suffolk for information? (70 responses, 100% completion)

Eleven percent of respondents replied yes to this question.

Have you received guidance from them? (70 responses, 100% completion)

Five percent of respondents replied yes to this question.

Are you currently working with Home-Start in Suffolk? (70 responses, 100% completion)

Thirteen percent of respondents replied yes to this question.

How often do you interact with Home-Start in Suffolk? (65 responses, 93% completion)

Ten percent said they had interacted just once, 63% occasionally and 27% were in regular contact.

How would you rate communication with Home-Start staff, where 1 is poor and 5 is very good?? (65 responses, 93% completion)

33 responders gave HSS a rating of 5 for communication, 15 gave a rating of 4, 8 a rating of 3 and 4 a rating of 2. In the Ipswich and Suffolk Coastal locality, 77% rated communication with a 4 or 5, while in Mid and West Suffolk it was 78% and in Waveney 64%.

How would you rate the effectiveness of Home-Start in supporting families with the following outcomes?

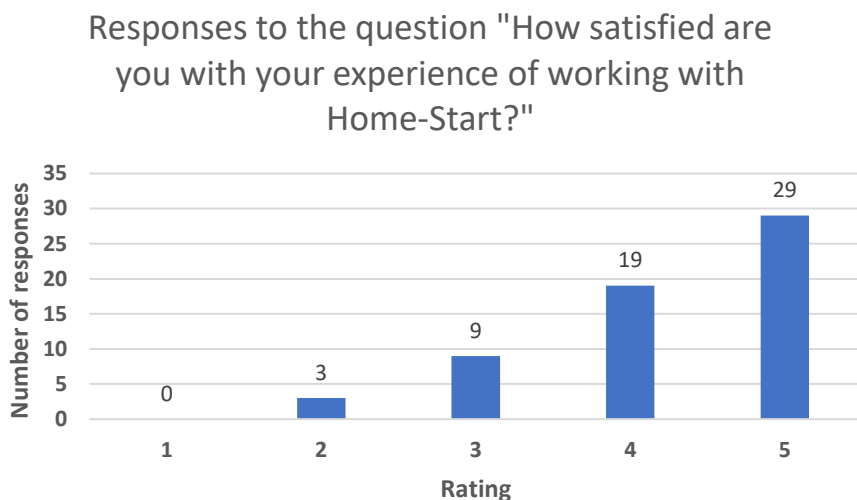
Professionals rated 8 outcome areas using a 1-5 scale. For each outcome area, where responders felt able to give a rating, the majority gave a 4 or 5. The outcome area with the highest mean rating (4.3) was 'Parent health and wellbeing'.

A complete breakdown of the responses is presented in the table below.

Outcome	Rating (Number (%))						Total responses	Mean rating
	1	2	3	4	5	Not sure		
Parent health and wellbeing	0	0	7 (14.9)	14 (29.8)	19 (40.4)	7 (14.9)	47	4.3
Child health and wellbeing	0	1 (2.2)	8 (17.4)	14 (30.4)	14 (30.4)	9 (19.6)	46	4.1
Parenting skills	0	0	9 (19.1)	17 (36.2)	13 (27.7)	8 (17)	47	4.1
Family and household management	0	1 (2.1)	5 (10.6)	18 (38.3)	17 (36.2)	6 (12.8)	47	4.2
Reducing rural isolation	0	2 (4.4)	4 (8.9)	8 (17.8)	13 (28.9)	18 (40)	45	4.2
Accessing appropriate universal services	0	3 (6.4)	5 (10.6)	14 (29.8)	14 (29.8)	11 (23.4)	47	4.1
Reducing demand on health and care services	1 (2.1)	2 (4.3)	6 (12.8)	13 (27.7)	12 (25.5)	13 (27.7)	47	4.0
Developing skills of volunteers	1 (2.2)	1 (2.2)	2 (4.3)	14 (30.4)	15 (32.6)	13 (28.3)	46	3.4

Overall were you satisfied with your experience of working with Home-Start (Please rate from 1-5) (60 responses, 94% of those who had referred)

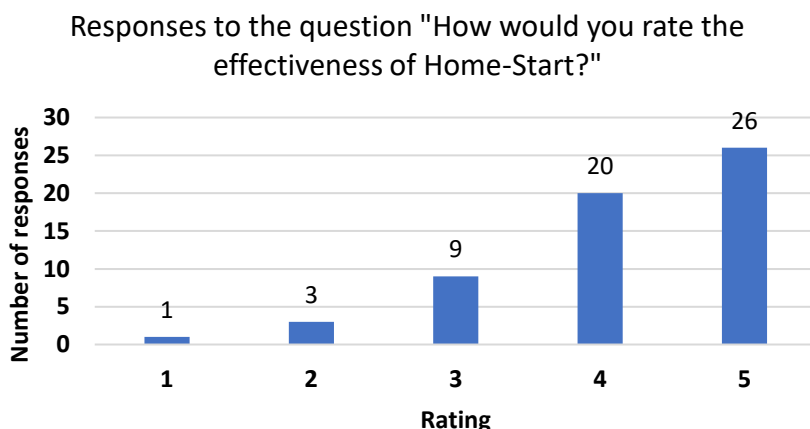
The mean rating given was 4.2, with 29 (48%) responders giving a rating of 5 (very satisfied), and 19 (32%) giving a rating of 4. A breakdown of the results is provided in the figure below.



By locality, in Ipswich and Suffolk Coastal, 58% gave a 4 or 5 rating. In Mid and West Suffolk the percentage was 64%, while in Waveney it was 72%.

How would you rate the effectiveness of Home-Start? (59 responses, 92% of those who had referred)

The mean rating given was 4.2, with 26 (44%) of responders rating HSS with a 5. A breakdown is provided by the below chart.

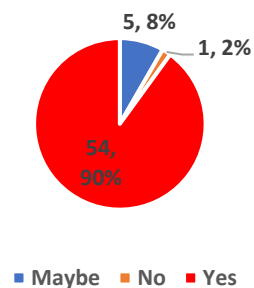


Is there anything that you think Home-Start needs to do differently or anything that needs to change? (56 responses, 80% completion)

5 (9%) responders said yes, 32 (57%) said no, and 19 (34%) said they weren't sure. Of those who said something did need to change, comments provided mentioned the following issues as areas for change or improvement:

- Being able to work with families for longer
- Service being 'more universal' with a greater consistency between workers. The responder felt that some staff 'colluded' with parents, rather than openly communicating with other services.
- A system for increased liaison/communication/provision of updates to referrers including when progress is being made and when families are not engaging.
- Ensuring training and understanding about child protection issues is up to date
- Greater clarity around the branding of the two Home-Start services operating in Suffolk. One responder noted that they associated Home-Start Mid and West as generally providing longer interventions which may be more appropriate for some families.
- The option of offering families more than one chance of accepting support. The responder commented that families who do not initially respond to calls etc. often have mental health needs which impact on their ability to accept support, so may be turned down.

Would you recommend Home-Start in Suffolk to a colleague? (60 responses)



54 (90%) responders said yes, 5 (8 %) maybe and 1 (2%) no. Those responders who said 'maybe' were based in the Ipswich, Suffolk Coastal, West Suffolk and County-wide areas, while the responder who said no was based in the Suffolk Coastal area.

What do you think the impact would be if Home-Start in Suffolk was no longer available?

The vast majority of survey respondents answered this question to express their concerns the impact this would have on the families they support. Many mentioned that families would not be able to cope and that there would be a gap that could not be filled by other services.

There was concern that there would be less support for families who do not meet the threshold for social care, and that these families would struggle to cope.

The respondents expressed concerns regarding increased risk of isolation and the impact of poverty of families without the support provided by HSS.

Many respondents commented that if HSS ceased to function this would place a huge strain on other services.

Do you have any additional comments?

The majority of responders used this free text field to provide positive feedback on HSS. There was a strong feeling of how valuable the support provide to families is, and how helpful HSS staff and volunteers have been. Several responders commented that they had received extremely positive feedback from the families they work with.

Others comments that HSS eases the pressure on their service and that without it there would be an increased strain on services and more families reaching crisis point.

A small number of responders commented that it would be helpful to have more volunteers to reduce the waiting times to be matched, and one commented that HSS should be more widely marketed.

Limitations

It is possible that individuals with a strongly positive or negative experience of HSS would be more likely to respond than those who did not have strong opinions.

The survey did not collect data on how recent or otherwise interactions were. A more detailed survey might have collected more detail relating to timings which could have been incorporated into the analysis. It is possible that those individuals who had more recent interaction with HSS would have been more likely to respond and give more details

Conclusions

The results indicate a high level of awareness of HSS among all professional groups and in all geographical areas of the county.

Professionals reported an overall positive response

The results seem to indicate a degree of confusion in the West of the county regarding the role the charity and the distinction with Home-Start in Mid and West Suffolk.

Annex 6: HSS Links with statutory services, Suffolk Strategic CYP plans and relevant National Frameworks

Suffolk's Health & Wellbeing Board

Suffolk's Health and Wellbeing Board is the overarching body responsible for co-ordinating a strategic response to a number of challenges in relation to health and wellbeing.

In 2019, these priorities were reviewed and were shaped around 4 main principles:⁷

- Prioritising prevention
- Reducing health inequalities
- Promoting resilient communities
- Working well together

The main priorities are:

1. Every child in Suffolk has the best start in Life
2. People of working age are optimised to support their health and wellbeing
3. Older People in Suffolk have a good quality of life
4. People in Suffolk have the opportunity to improve their mental health and wellbeing

Raising the Bar

Raising the Bar is Suffolk's response to tackling levels of educational attainment in Suffolk.

The Raising the Bar mission is to ensure:

- Every child exceeds their potential
- Every school exceeds its potential
- Every child is taught by a good or outstanding teacher
- Every child attends a good or outstanding school
- Every vulnerable child is supported swiftly and effectively
- Every child is given the best preparation for life beyond school

Family 2020 is the SCC transformation programme for families for the Suffolk system.

Vision: All children and families in Suffolk have the right to:

- Be safe
- The best education
- Physical and emotional health
- Successful preparation for adulthood and employment

The National Service Framework for Children, Young People and Maternity Services (Dept Of Health 2004) clearly sets out standards relating to the Mental Health and psychological well-being of children and young people. Standard 9 places a clear responsibility for the service to provide a range of interventions and support for children (0-12 years) and young people (13 – 18 years) and to arrange appropriate transition to adult services.

The Children Act (1989 and 2004) provide the legislative framework for working with children,

including safeguarding and interagency collaboration.

You're Welcome (DH 2007) emphasises the need and gives direction to ensuring a framework of services responsive to children and young people, putting them at the heart of service design and review.

The Munro Review of Child protection (2011) emphasises the need for early intervention services to be in place and for co-ordination between statutory and local authority services in delivering an 'early help offer' Munro also recommends that local authorities and their partners should review and redesign the ways in which child and family social work is delivered, drawing on evidence of effectiveness of helping methods and good practice. There are a number of models of integrated working between social care and mental health services that have achieved positive outcomes for children and families and robust evaluation of good practice

Children's Society Breaking Barriers Report 2013 recommends co-location of services at children's centres; targeted outreach with disadvantaged groups to involve them in volunteering; Children's Centres should support parental involvement in their service by using parent volunteers... provide more male led support and activities by father volunteers.

Local Area Co-ordination

Is based on 7 principles:

- Citizenship – with all its responsibilities and opportunities
- Relationships – the importance of personal networks and families
- Information – supporting decision making
- Gifts – all that individuals, families and community brings
- Expertise – the knowledge held by people and their families
- Leadership – the right to plan, choose and control your own life and support
- Services – as a back up to natural support

<http://www.centreforwelfarereform.org/uploads/attachment/340/local-area-coordination.pdf>

The Children & Families Act 2014 seeks to reform legislation relating to the following areas:

- adoption and children in care
- aspects of the family justice system
- children and young people with special educational needs
- the Office of the Children's Commissioner for England
- statutory rights to leave and pay for parents and adopters
- time off work for ante-natal care
- the right to request flexible working

Annex 7: Cost calculations

-income

-cost per year overall

-cost per locality per year

- estimated cost per service hour (volunteer hours)

Cost per family per week:

Year	SCC Funding
Year 1:	£186,887.00
Year 2:	£190,624.00
Year 3:	£194,436.00
Total:	£571,947.00

In order to calculate the cost per family per week, the total SCC funding grant was calculated for the total three years. Due to only two complete years of HSS service data is available, the total of Year 1 and Year 2 has been used in cost calculations therefore £186,887+190,624=£377,511.

Method 1:

The most recent data shows that the SCC grant for HSS, accounted for 45.5% of the total income funding for HSS. If we therefore assume that the funding covers 45.5% of the total number of families supported and all funds assumed to be support families directly or indirectly then the cost per week per family is £16.62

	A	B	C	D	E
	No. of families supported in funded period (Total)	No. of families supported (45.5% of total)	£377,511 divided by this number of families [B] (across 2 years)	Cost per year (C ÷ 2)	Cost per week (D ÷ 52)
Total Consortium	480	218.4	1728.5	864.3	16.62

2nd method

If we divide the SCC grant by all supported families in the time period, we can say the grant contributes £7.58 per week per family to the HSS support input. Compared to the last SCC contract,

which was £6.39, this is a higher cost (due to less families supported and a higher grant sum).

SCC grant during 2017/18-2018/19	No .of families	Average cost per family for 2 years	Average cost per year	Average cost per week
£377,511 (£186,887+190,624)	480	£787	£394	£7.58
Previous HSS contract of SCC (From last evaluation)				£6.39

Cost-analysis based on volunteer hours

Calculations were undertaken to determine the cost of providing the service with a salaried workforce using the following methodology:

- The hourly salary of a Suffolk Family Support Practitioner (£14.43 including employer NI and pension contributions, was used as a proxy cost for an hour of volunteer support
- HSS provided a total number of volunteer visits over the time period the evaluation covers:

The below tables outlines the calculation undertaken to calculate the total cost of volunteer provision.

Volunteer time component	Visits/hours	Calculation	Cost
Supporting families	7630 visits of average 3.5 hours	$7630 \times 3.5 \times 14.43$	£385,353
Attending mandatory training	140 volunteers completing 40 hour training course	$140 \times 3.5 \times 14.43$	£80,808
Attending additional training	96 volunteers completed additional training averaging 3 hours in length	$96 \times 3 \times 14.43$	£4,156
Trustee hours	2430 hours	2430×14.43	£35,065
Total			£505,381

Limitations of analysis

In terms of volunteer time, this cost analysis is based on hours spent with families and on training, and does not take into account volunteer 'downtime' e.g. time spent by volunteers on rest breaks between families.

Annex 8: Evidence review

Background and Methods:

A literature search was undertaken on the question “What is the best practice and effectiveness of family befriending services” by Lisa Burscheidt from the Aubrey Keep Library and Knowledge Service. The inclusion criteria included any literature from 2016-2019, limited to the UK, Europe and US.

Results:

Since the last evidence review (three years ago) there has been a lack of additional high quality studies on the impact of befriending services on children and family wellbeing. The new literature review reiterates similar themes from the last review highlighting the positive impact of these type of services on parental and children wellbeing and quality of life.⁵ Studies also mentioned both befrienders and befriendees creating a sense of ‘positivity and hope’ and ‘connection, belonging and sharing’ amongst families in need of this support.⁶ One paper identified five themes which were important to parents regarding peer support for families which included: peer support worker home visiting skills; responding to impacts of social determinants of health; client support and engagement; interagency collaboration; and issues addressing program sustainability. The importance of tailoring interventions to ensure they are both feasible for delivery within routine care settings and relevant and accessible for parents of children across the complexity spectrum was also a general theme. The literature search mainly yielded evidence on the positive impact of befriending services on women’s mental health in the perinatal period. Within last evidence review, nutrition and dental practices were a key part of the schemes reviewed which resulted in better feeding practices and dental health. Healthy lifestyle messages have been incorporated into the provision of HSS where appropriate, however this could be reiterated more consistently to families for better results.⁵

Annex 9: What makes Ipswich & Suffolk Coastal, Mid & West Suffolk and Waveney different?

Feedback gathered from service users and volunteers across the three locations was broadly similar.

Volunteers

- The volunteer retention for volunteers trained over the course of the current contract was considerably higher in the Ipswich and Suffolk Coastal locality (76%) compared to the Waveney (54.9%) and Mid and West Suffolk localities (58%).
- The age distribution of volunteers varied by locality. In Waveney, the majority (68%, 40/59) of volunteers were aged under 45, while in both the Ipswich & Suffolk Coastal and Mid & West Suffolk localities, the majority were aged over 45 (71.4% and 58% respectively).

Length of intervention

- The mean and median length of support provided by HSS (from referral to end of volunteer support) for service users with planned endings was broadly similar across the three localities. In Ipswich, mean length was 208 days (median 177), in Waveney mean length was 165 days (median 170), and in Mid and West Suffolk the mean length was 194 days (median 183).
- The mean and median length of support received from volunteers was also slightly longer in Ipswich and Suffolk Coastal compared to the other geographies, with mean length 116 days and median length 102 days. In Waveney mean length was 104 days and median length was 92 days, while in Mid and West Suffolk mean length was 104 days and median length was 90 days. HSS staff reported that they attributed interventions in Waveney being slightly shorter on average to the success of the warm handover process in that area.

Referral needs

- Referral needs were broadly similar across the county, although a higher proportion of families in the Waveney area reported mental health issues on referral
- The Mid and West Suffolk locality had the highest proportion of families with at least one child with Child Protection status

Referrers

- There is some evidence to suggesting that partner services are working with HSS differently in different areas of the county. In the West of the county it is more common for HSS to provide support alongside other agencies, while in the Ipswich area referrers often see the service as providing 'step-down' support following another intervention.

Planned/unplanned endings, and referrals ending early.

- The percentage of unplanned endings was higher in the Waveney locality than in either the Ipswich & Suffolk Coastal or Mid & West Suffolk localities. However, a slightly higher

proportion of referrals reached at least outcome stage 4 in Waveney than in the other two localities.

Interaction with other services

- Staff working in the Mid & West Suffolk locality emphasised the benefit of co-location with other services in West Suffolk House.

Annex 10: Mapping of objectives and service specification

Home-Start in Suffolk objectives

- 1) To provide early help to families to prevent the need for public service interventions
- 2) To provide a befriending and practical support service via volunteer outreach for families with children aged 0-11
- 3) To provide an outreach service at the earliest opportunity, and at the end of professional intervention.
- 4) To support rural communities and those families feeling isolated
- 5) To be able to compare the cost of the commissioned volunteer service to the cost of Early Help providing a Family Support worker to deliver the same service.
- 6) To support volunteers' skills and employability
- 7) To build resilience and strength in families and communities
- 8) To support volunteers to work alongside professionals to build a blended service in Health and Children's Centres.
- 9) To encourage a diverse volunteer base to reflect the composition of our communities
- 10) To provide a co-ordinated service to families working closely with children's services.
- 11) To be flexible, timely, and responsive.
- 12) To provide an independent, supportive, and non-stigmatising service to families, working closely with partners and the community to support the families' stated objectives
- 13) To support promotion of healthy lifestyle messages to support people in Suffolk to live healthier, happier lives
- 14) To meet the needs of both adults and children in a coordinated, effective way. This will be achieved through working closely with the Common Assessment Framework (CAF)/Family Network Meeting (FNM) model and being part of a co-ordinated service.

Service outcomes as specified in the service specification.

Service Outcomes	Maps to HSS objectives
1) A reduction in social and rural isolation for families	4
2) A reduction in reliance on public and statutory services	1
3) Children and their parent's/carers' learning and development will be supported	12, 14
4) Children will improve and maintain attendance at school	Does not directly map to objectives
5) Family members experience a greater level of satisfaction in their family life & relationships	Does not directly map to objectives
6) Volunteers will increase their skills and employability	6

Outcomes are reported in the results section according to the service outcomes and objectives listed above.

Annex 11: Charity log data quality report

Coding and data extracts

There is some inconsistency in the variable names used between extracts, which results in additional cleaning outside the system to enable linkage and analysis. For example, the unique referral number is termed 'Diary reference number' in the referral data and 'Referral ID' in the coping scores data. Similarly, individual IDs are referred to as 'Client ID' in the coping score data and 'org_ID' in the data for children.

There does not seem to be a unique ID for individuals that is independent of the client ID for the primary caregiver, which means it is not possible to ascertain whether an individual has been referred more than once as part of a different family unit.

The nature of CharityLog means that it cannot easily be adapted to meet data recording requirements. This can result in unwieldy extract files that are difficult to analyse.

It would be beneficial for some degree of automated reporting in CharityLog to reduce the need for linkage and analysis of extracts outside of the system.

Family data

The format of the extract containing data on family members of the referee cannot easily be analysed to ascertain the number of children supported by HSS.

Referral data

Repeat referrals are not clearly indicated in the extracted data. While it is possible to identify likely repeat referrals based on the names of the principle caregiver, this method is unlikely to capture all repeat referrals for a family.

The referral data includes a field indicating volunteer time spent on the referral in minutes. The data recorded in this field however ranges from 1 to 1520 minutes, with values under 100 for the majority of referrals, suggesting the field has not been used consistently.

Time series data

For a small number of families with closed outcomes, interval data was not reported in the data extract.

Interval data between key referral events (referral to coordinator assignment, assignment to initial visit, initial visit to match, match to end) are calculated and reported for each referral. For a small proportion of referrals the calculated intervals are negative numbers suggesting incorrect reporting of some dates.

Volunteer data

Employment status is recorded for a small proportion of volunteers. In order to improve monitoring of progress towards the objectives of increasing volunteer employability, it would be beneficial to increase recording of baseline status.