



Home-Start
Camden

Volunteer Support for Camden Families – Evaluation Report 2012-2014

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‘An uplifting experience ... when I needed it, it gave me time to think. Every parent should have Home-Start, it’s a very valuable service in the community.’ (HSC Parent)

‘It’s a life changing experience. Brilliant, fantastic. All the good words can’t describe this valuable empowering service. (HSC former parent)

1. SUMMARY

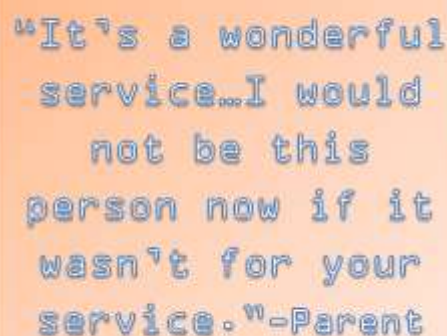
The report describes Home-Start Camden (HSC) and its two-fold aims of supporting vulnerable families with young children in a diverse inner city borough and, at the same time, giving opportunities of work related experience for the volunteers who help the families.

The report evaluates HSC's success in achieving these aims over the period 1st March 2012 to 31st March 2014. Evaluations were sought from current and past families, volunteers, referring agencies and from trustees and staff. Reference is also made to academic research on the Home-Start model.

The report demonstrates that the results of the family work over all our projects are extremely positive with HSC achieving its primary aims:

Parents benefitted from improved parenting abilities. For example, 91% managed child behaviour better and 88% of parents reported greater involvement in their child's development.

Children benefitted from improved physical, emotional and social development. For example, 94% of parents reported that their children had improved mental health and 79% were coping better with their children's physical/mental health.



"It's a wonderful service...I would not be this person now if it wasn't for your service."-Parent

Parents in families supported by HSC felt less isolated (93%) and 97% reported that they were more involved in the community and able to access mainstream support services.

Volunteers gained training and experience resulting in increased skills and confidence with 37% of HSC's volunteers finding full or part-time employment/study during the two year period.

Referring agencies reported high levels of satisfaction and that there has been an increased awareness of HSC in hard to reach and Black, Asian and Minority Ethnic (BAME) groups as well as local organisations.

The report identifies HSC's particular strength of parents and people with parenting experience supporting parents in the homes of families going through a difficult time. It also identifies areas for future development, with four of these to be specifically addressed within the next year.

The report goes on to show that at a time when statutory services are trying to make massive savings, the role of HSC is crucial in preventing family breakdown, aiding child protection and enabling parents to function to the best of their ability for their children and their community.

2. INTRODUCTION TO HOME-START CAMDEN

The Home-Start model, which originated in Leicester 40 years ago, uniquely supports two main groups of beneficiaries – vulnerable families who are struggling with parenting for various reasons and the volunteers who help them. The volunteers, primarily parents themselves, may lack confidence and benefit from work-related experience.

HSC is an independent charity that has signed the Home-Start Agreement with national organisation, Home-Start UK, which sets the core principles and standards across the country. Since the set up in 1994 and official launch on 14th June 1995, HSC has been providing crucial support for vulnerable families with at least one child under the age of five.

HSC raises its own funds to cover the costs of a small staff team to train a network of volunteers that can support families, parents and children on a weekly basis through home visits. The staff team are governed by a Board of Trustees who guide the strategic direction of the organisation and manage its finances, legal obligations and funding application commitments and ensure that the charity is carrying out its charitable aims and objectives.

“..it helped me
build up my
confidence in
myself and to be
able to get into
university”
-Volunteer

3. AIMS OF THE EVALUATION

This evaluation of HSC covers the period between 1st March 2012 and 31st March 2014. Data in this Evaluation report specifically includes Years 1 and 2 of the Lottery funded project. It also reports on two financial years covering the requirements of other funders and the Annual Reports. (For further information and the statistics covering the whole scheme see Page 26).

The report explains the need for this work in the London Borough of Camden and the outcomes the charity has helped bring about for the people who use the services.

The charity will be using this report in a number of ways.

- a. To show that HSC has achieved its project outcomes and performance indicators.
- b. To provide information to its major current funders (the Big Lottery Fund, the Henry Smith Charity, Four Acre Trust, Camden Volunteering, Giving and Exchange, Mercers’ Charitable Foundation and Hampstead Wells and Campden Trust) as well as local supporters and future funders.

- c. To raise the profile of HSC in a number of areas: staff and associates at Camden Council; local children's centres; GP surgeries; health visitors and other voluntary organisations. The intention is to increase the number of referrals of families who may need our support and to encourage even more people with valuable parenting experience to volunteer as home visitors.
- d. To identify areas and any gaps in services that need to be addressed and additional ways of delivering the HSC service.

4. RESPONDENTS AND METHODOLOGY

The main outcomes were reviewed along with an assessment of the impact for HSC's beneficiaries and other Camden services. This more detailed evaluation has highlighted some key lessons and recommendations for future service delivery.

The evaluation has sought feedback from the following groups via the methods described below:

- Initial assessments and end evaluations from **supported families** were analysed to understand the impact of HSC support and volunteer visits.
- **Annual Reports** to the Lottery and other funders.
- A telephone survey of **families who had ceased the HSC support at least six months prior** to gauge the lasting impact of the service.
- Data from **volunteers**, (feedback on the Volunteer Preparation Course and End Evaluations) to assess the benefits of HSC training and home-visiting volunteer experience.
- Telephone follow-up with **agencies that had referred to HSC** to assess the impact of the service for the wider community.
- Feedback from members of **staff and trustees** about service delivery, and ideas for future service development. This was taken via an online survey, an Away Day, a follow-up report on that day and a short team exercise.
- The evaluation also looked at two pieces of **academic research on the Home-Start model** to reflect on its own effectiveness and impact for local families and volunteers.

5. RESEARCH FINDINGS

5.1 The need for HSC's Services

HSC provides a valuable service to families who may otherwise find it difficult to access services. Feelings of isolation, mental health issues, such as post natal depression, low self-esteem, and difficulties accessing services are the most common needs cited by parents seeking support from HSC.

HSC (as part of the Home-Start UK network) offers support across four domains of family life (parenting skills; parenting wellbeing; children's well-being and family management). It uses a framework of 14 areas of need within those domains, which is intended to reflect the needs of parents throughout the UK. Using this framework, HSC asks parents to score their level of coping so support can be targeted and improvements monitored over time.

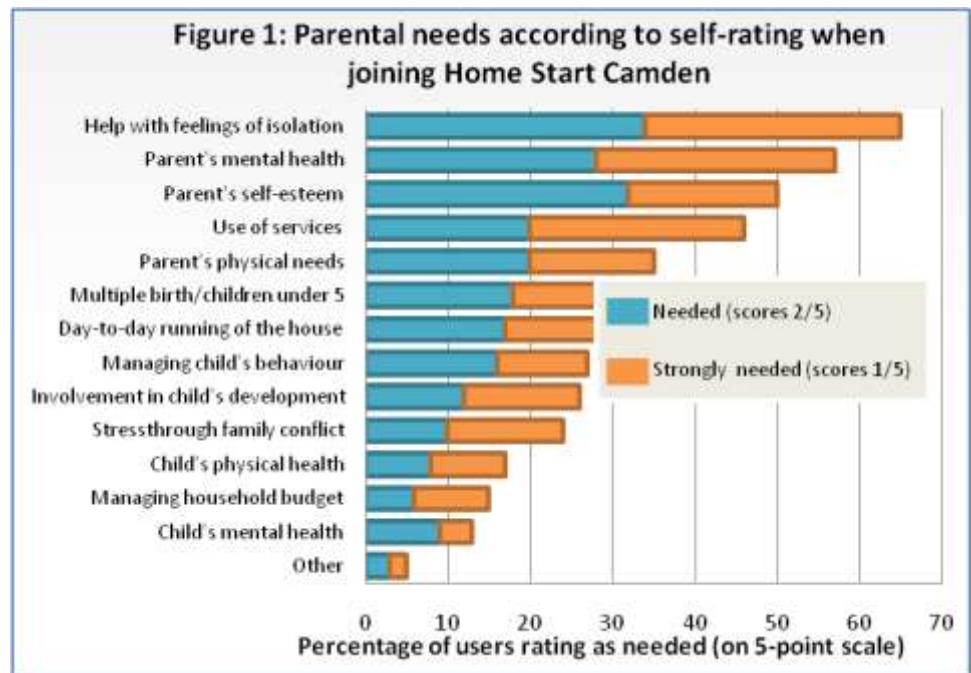


Figure 1 above shows the distribution of these self-assessed needs when first approaching HSC. Scores of two out of five show 'need'. Scores of one out of five show 'strong need'.

There is clearly an on-going need for HSC services with 96% of families new to HSC and approximately 40% being first-time parents. During 1st March 2012 and 31st March 2014, the HSC scheme as a whole had matched 168 families, including 256 children under five, 83 older siblings and 277 parents.

HSC receives 8-10 referrals monthly from health visitors, children's centres, social workers and GPs. Referring agencies report that families benefit from being matched with a trained, home-visiting volunteer. The need for HSC's service increased by 22% in terms of referrals during 2013 / 14 compared with the same period during 2012 / 13.

In addition to addressing the needs of families and children, HSC also supports a large number of volunteers each year to find meaningful volunteering opportunities which can assist them on the route to employability, where appropriate. A recent survey of HSC's volunteers highlighted that a significant number found that Volunteer Preparation training and volunteering opportunities had helped them to re-enter further education and/or find employment. (See 'Impact on Volunteers' page 15 for more details).

[5.2 Camden as a place to live and the policy context](#)

The work of HSC directly meets several outcomes, i.e. positive changes for residents, set out in The Camden Plan 2012 - 2017, published by the London Borough of Camden. For example, these include: 'every child gets the chance they deserve and every adult has an opportunity to work and feel valued' and 'improvement in health outcomes and reduced intervention by agencies'. HSC is regularly approached by children's centres, health professionals and other organisations that refer families to its family support service.

Camden continues to be affected by high levels of social and financial deprivation. The most recent Census data (from 2011) and Local Authority statistics (from 2012) support the annual review of Camden's Children and Young People's Plan and highlight that Camden has a large number of parents and children requiring assistance, many of whom are in desperate economic and social situations.

- Camden has the fifth-highest proportion of female lone parents in England and Wales. Some 27.8% of Camden households that include dependent children are lone parent households – far higher than the Inner London average of 20.4% and the 21.8% average for England and Wales. Many of the parents HSC works with report feelings of isolation and loneliness as their main reason for wanting help – their household situation is potentially a contributor to this.
- Camden has one of the highest percentages in the country of children living in poverty. In November 2014, a report by the Campaign to End Child Poverty revealed that 36% of children in Camden were living in poverty (this equates to more than 13,000 children), compared to 21% across England. This means Camden is the 12th most affected area in terms of child poverty in the country. National evidence shows that children and young people from poor backgrounds are more likely to have poorer outcomes and life chances. One of the principles of HSC's support is to increase use of local services and activities in the family home.
- Camden's Children and Young People's Profile¹ notes that the Borough has a higher proportion of Primary and Secondary school pupils with speech, language and communication needs (SLCN) and behavioural, emotional and social difficulties (BESD) compared to the England average. This often requires more dedicated parental support and HSC volunteers aim to provide positive parental role models and increase stimulation for the children in families.

¹London Borough of Camden (2012), *Camden Children and Young People's Profile*, www.camden.gov.uk/ccm/cms-service/download/asset?asset_id=2927523.

Many Camden residents have a range of employability and skills deficits whilst both parents and volunteers are now under increased pressure to find work.

- 13% of Camden's population has no qualifications. The Borough has a slightly higher proportion of economically-inactive people (28.7% of the working age population) than Central London, London or Great Britain. The rate of economic inactivity is considerably higher for women (40%) than men (18%).

5.3 Key outcomes delivered and impact made

HSC successfully applied for continuation funding from the Big Lottery in 2011 to deliver home-visiting services in 2012-15. It identified four outcomes for the beneficiaries of HSC's services. These key outcomes have become the common basis for monitoring and evaluating HSC's impact **across all its projects and funders where possible.**

HSC has an excellent record for delivering outcomes, performance indicators and measuring the impact of its services. All HSC funders require annual progress reports on outcomes to ensure that services are good value for money invested and HSC has consistently reported successful outcomes to them. This has helped HSC secure repeat and continuation funding to deliver its family support services from different sources.

At any one time, there are approximately 56 families receiving weekly/regular support from a trained HSC volunteer and another 12-14 families in the process of being matched to a suitable volunteer or being assessed in the process of being matched to a suitable volunteer.

Specific Lottery data

Over Years 1 and 2 HSC reported that the following outcomes had been successfully achieved and exceeded the targets set with the Lottery:

- **172 parents**/carers have benefitted from improved parenting abilities, which lead to greater self-confidence in bringing up their children and reduced stress for the parents. (Target was 150).
- **202 children** benefitted from improved physical, emotional and social development as a result of HSC intervention (Target was 200).
- **104 families** received support and **79 families** reported that they felt less isolated, more involved in the community and able to access mainstream support services (Targets were 100 and 80 respectively).
- **56 volunteers** have gained training and experience to increased skills and confidence to access employment or further education (Target was 30).
- In addition there has been an increased awareness of HSC services in Black, Asian and Minority Ethnic (BAME) groups as well as local health centres, children's centres and other local organisations resulting in increased referrals to the charity.

5.4 Addressing the needs of Camden families

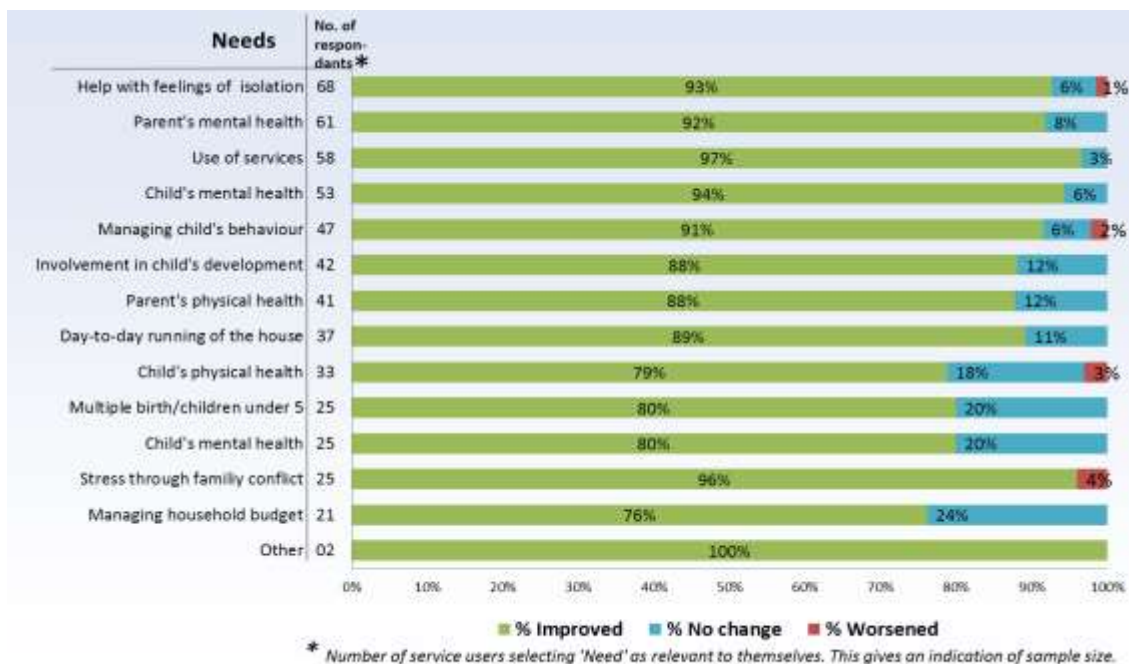
Note: This section covers the work of HSC across all its projects.

Families referred to HSC request help with multiple and sometimes complex needs. At the initial assessment stage HSC families identified approximately six needs (mean across supported families) that they were not coping with particularly well. In order to address needs effectively and to assess the impact that HSC's support has on families, parents are asked to rate their level of coping in 14 key areas at an initial assessment, at review meetings and when they end the service. A support plan is developed with the family, co-ordinator and volunteer to help improve family life over time.

Of the 123 families no longer needing the service between 2012 and 2014, 85 families gave ratings for the same needs at the beginning and end of their time using the service. The changes for this group of families are explored below. End evaluations of 36 cases were not completed because families were not contactable, no volunteer visits took place for various reasons or it was not appropriate in the circumstances (e.g. bereavement, out of the country). Another two families had changing needs over the period of support so the data from these families is not included in the analysis below. This highlights the constant stresses and pressures facing some HSC families.

All 85 families reported an improvement in at least half of their priority needs. In fact, seven out of ten service users (59/85) reported improvements for all the needs they identified when first requesting support from HSC. Some areas of need such as housing issues, coping with mental health issues or family disabilities remain a constant pressure for some of HSC families.

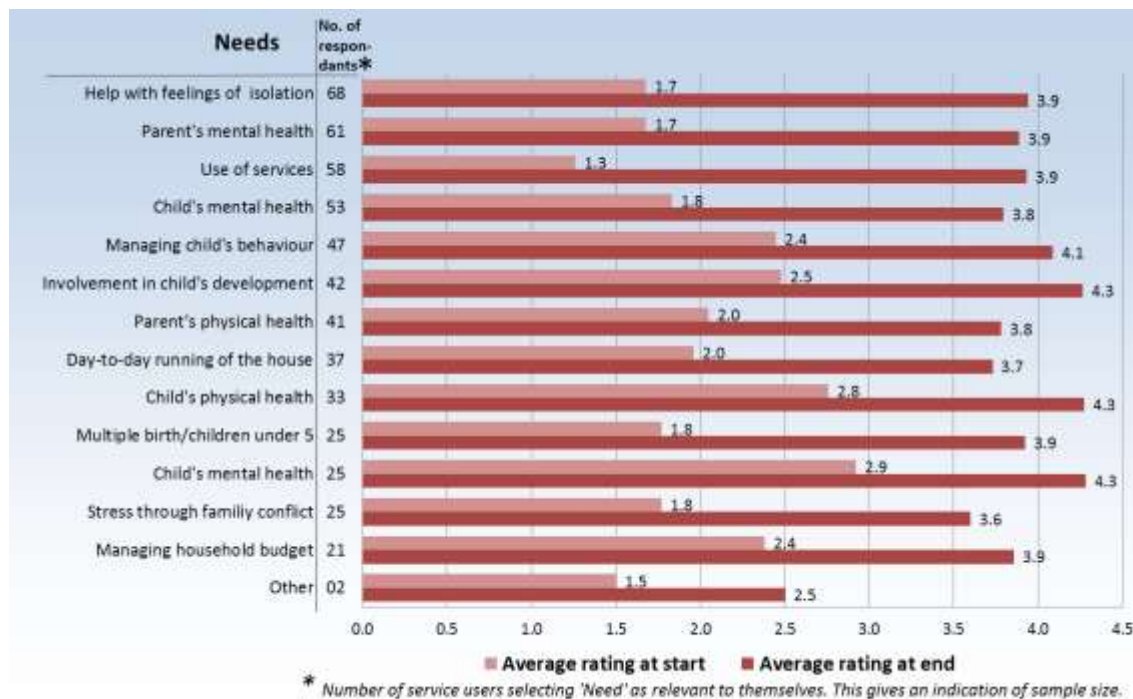
Figure 2: Percentage of users reporting improvement



Home-Start volunteers are only part of an on-going solution but families report that the consistency of such support is highly valued.

Figure 2 on the previous page shows the magnitude of these improvements. Clearly, this analysis shows a significant, consistent positive impact on Home-Start Camden’s service users. Not only are the percentages of users showing improvement overwhelmingly high (e.g. 93% feeling less isolated, 97% helped to access services), the scale of these improvements is also impressive.

Figure 3: Average improvement for each need on five-point scale



Service ratings

In addition to the quantitative results above, when families no longer need HSC support, parents are asked about the help they received and improvements they have seen in their family. These questions again relate to the organisation’s set outcomes. The results from a sample of these 36 families are shown in **Figure 4**.

Figure 4: Service ratings (T=36)

MY VOLUNTEER HAS HELPED ME:	Agree	Not relevant	Disagree
...find more useful local services	80.6%	19.4%	0%
...spend more time playing and reading with my child	86.1%	13.9%	0%
...do simple activities to assist my child's learning	86.1%	13.9%	0%
...to deal with issues as they arise	80.6%	19.4%	0%
...respond to my child's behaviour in a more positive way	77.8%	22.2%	0%
...to feel more confident in my role as a parent	88.9%	11.1%	0%
Over the time I have been with Home-Start Camden, I have seen positive changes in my child's development	88.9%	11.1%	0%

Results are overwhelmingly positive, with each of seven positive statements being endorsed, where relevant, by all 36 services users in this sample.

Quotes from families telling us about their experience of Home-Start Camden

The quotes below are a sample from end evaluation visits when parents are asked how they would describe their experience of HSC to another family who might be interested in having a volunteer. The quotes generally demonstrate the human engagement involved in this type of home-visiting support and the compassion and kindness of volunteers and staff is often mentioned by supported parents.

'[It's] fantastic support - great help when things are tough, Home-Start gives you hope. My volunteer was lovely, gentle and kind and the co-ordinator was very, very good, always there for me when I needed her. What a wonderful service. Thank you Home-Start from the bottom of my heart.'

'They are very kind. I don't worry any more. You will have lots of fun and get happier.'

'It's very helpful if you are tired or need company. It helped me attend appointment/clinics, etc.'

'It's a wonderful service; gives you light when life is dark. She has given me hope and encouragement and I know now life can be fun and enjoyable. HSC thank you. I would not be the person now if it wasn't for your service. The co-ordinator also was there for me too. Without them I couldn't get through the holidays. I can't express enough what HSC has done for me and my children.'

What's been the best thing about having a volunteer come and visit you each week?

The quotes below demonstrate the quality of the relationship that is built up over time between parents, children and volunteers. The gift of the Home-Start model is the consistency of another person with parenting experience visiting regularly and working with the struggling parent to support them practically, physically and emotionally. Having this regular semi-structured support allows parents to grow in confidence, to find their feet again and enables them to emerge as more confident people and parents.

'Knowing that we could plan an outing on a Tuesday morning. The regular visit has enabled the girls and myself to build a relationship with the volunteer and they really looked forward to it.'

'Having support with the way I feel, and [it] made me come out of it and think positively about myself.'

'To help me manage my son when I had a new baby [and] listen to me.'

'My child's face would light up when my volunteer would come. It gave me time to have some peace and quiet. My volunteer cared and loved me and my child so much. I learnt so much about life and how to be a better parent, also having confidence to face things on my own. I have a better future and I have self-confidence now.'

'Feeling like a family, not being isolated, having a man around.'

'I can go out. It's nice to know that my volunteer comes just for me to give me her time. She has been with me since my baby was born three years ago and has seen me and my children develop with confidence.'

'Excitement to talk to her, to walk with her, my children love her. She taught me to bake cakes, how to write, she built my confidence. I never had a life before HSC. HSC has given me my life back. Even dealing with my family, my volunteer helped me. The list could go on.'

Is there anything about HSC or your volunteer that you would have liked to change?

The majority said no change was needed as the service gave them exactly what they wanted. However, other ideas were suggested below that HSC will assess for feasibility within future funding.

'More flexible with time.' *'More days.'* *'Maybe more time.'*

'I would like to offer aromatherapy/massage to mums at a later date.'

Lasting impact of HSC support for all families

To find out more about the lasting impact of a volunteer working with families one of the trustees, an educational psychologist, undertook a telephone survey of a random selection of 28 families who had stopped having the HSC service at least six months prior. It proved difficult to get in touch with all the families and, in the end, eleven parents were interviewed. Of these, four were single parents and seven were two-parent families.

When the parents first contacted HSC a number cited isolation and one mother cited depression. They also identified the following needs: help with twins, premature babies or new-borns experiencing feeding or sleeping difficulties.

The most significant benefit for parents was *'someone to talk to and to provide support on a regular basis'* or to reduce isolation. Other issues included practical help with children in the home and getting to shops and drop-in centres. One parent with medical difficulties wanted help in sorting and cleaning the house.

It is clear that flexibility in the help offered was key for the parents and the importance of a volunteer becoming a 'friend' gradually gave parents confidence and help to rebuild self-esteem.

'I found having a disabled child very challenging and needed support. Having a volunteer raised my self-esteem and motivation. My volunteer and I chatted and shared knowledge and I looked forward to the visits very much.'

Regarding support for children, parents reported that volunteers played with their children and that children developed an affinity for the trusted adult visiting the home weekly. The volunteers' friendship and support had a positive impact on the children by helping the parents become calmer, less tired and happier.

In terms of lasting benefit from having had a volunteer, all parents interviewed said they were now 'fine' –managing family life well and were coping with any challenges arising. The majority considered HSC's support had been an important contribution to their current positive position. Parents said that they believed the intervention had assisted them to become more confident and stable, avoid depression and had generally helped them move on with their life. Some parents had kept in contact with their volunteer and felt that the volunteer had directly contributed to their family's well-being.

'As a family we are fine now. I am working as a free-lancer three days a week. I feel that the volunteer helped me get on my feet, the social interaction stopped me getting depressed. I was very lonely and my HSC volunteer helped me long term.'

All respondents were enthusiastic about the support from the volunteer and would recommend HSC to other families who were struggling. On the whole parents felt that volunteers had delivered exactly the sort of support they wanted. Two parents had a change of volunteers as the first did not meet their needs fully but after discussing this with the HSC co-ordinator re-matches were made and good relationships developed between the second volunteer and the family. Flexibility is fundamental to the HSC approach as the bond between the parent and volunteer is critical for the support to be effective.

When asked if there was anything else that HSC could have offered to support the family, parents made the following suggestions, which HSC could consider:

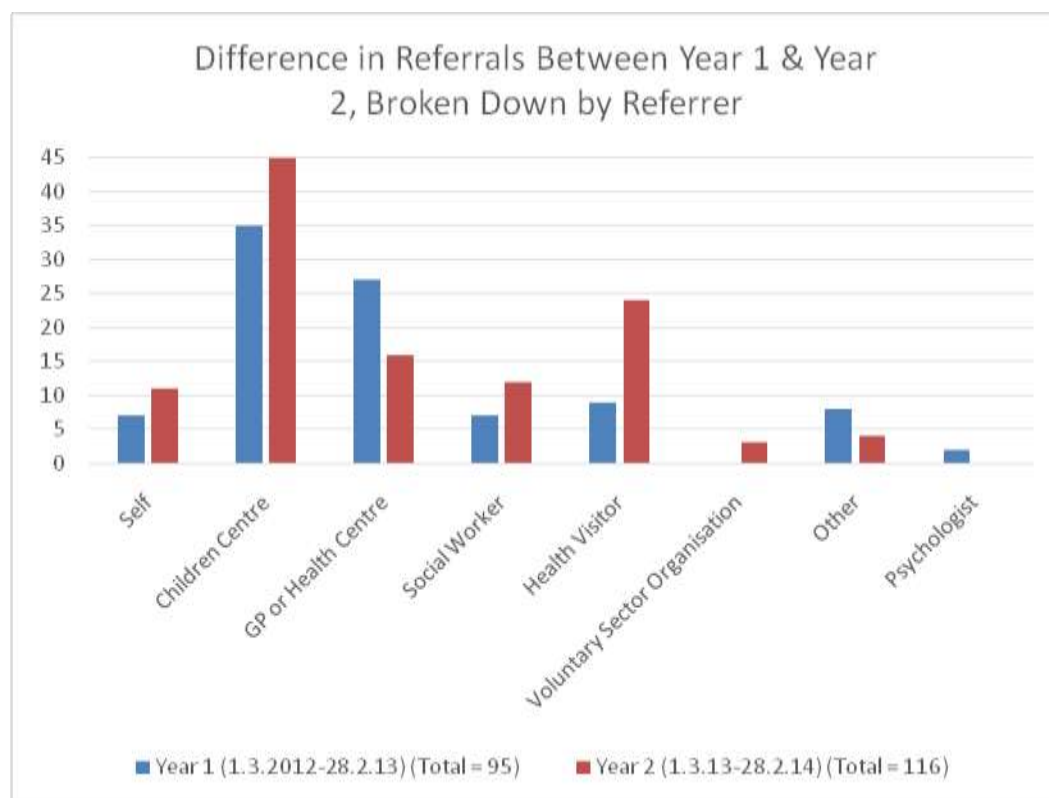
- **The volunteer could visit more frequently than once a week.**
- **The volunteer could help with children of school age, particularly in the holidays.**
- **HSC could provide an emergency support service for those lone parents without family or friends at times of illness or unexpected events.**
- **HSC could provide an opportunity for parents to share their skills.**

What referrers say about HSC

Note: This section covers the work of HSC across all its projects.

There was an increase in the number of referrals from 95 to 116 (22%) during the period from 1st March, 2013 to 28th February, 2014 compared to the same period from the year before. This significant increase highlights increased demand and/or raised awareness of the free home-visiting support on offer.

Figure 5 – Referral Rates



Referrers report that HSC offers a beneficial support for families and value HSC because it is based on first-hand knowledge

Home-Start Camden has a good range of referral sources. Figure 5 above shows increases in referrals and demonstrates that HSC's outreach activity is effective.

Another HSC trustee conducted a telephone follow up with a random selection of six agencies that had referred to HSC between 2012 and 2014. The following messages emerged:

'Families feel less pressured by the HSC service than they might with social services so it's nice for them to have the volunteer support and a befriending service. Home-Start Camden provides a really good service.'

'HSC has been very supportive for our parents. HSC is very good for helping parents understand good parenting.'

'Parents supporting parents' 'Volunteers have first-hand experience'

Several referrers mentioned the flexibility of the HSC support in terms of length of time that the family is supported against the more rigorous timescales that the statutory services have to work within.

'With HSC there is no time restraint and that means the family can be supported for longer. For as long as they need help or until the family feel secure to stand strong alone.'

'The level of need is met well by HSC. HSC can provide more hours of support than we (Children Centre PSW) can.'

Most referrers reported that the service was put into place quickly, that the matching process was very effective and that the organisation had good quality planning systems in place to support families with its home-visiting service.

'The service HSC provides is consistent, thorough and honest.'

'I was very impressed with how quickly the first home visit was arranged.'

However one referrer said the matching of clients can take time. This issue is discussed in 'Opportunities and Threats' page 20. However, all referrers had a good understanding of the service on offer.

One referrer listed the sort of situations that were most appropriate cases for referral:

'If the family has no friends or no family in the local area; if the parents need help going out and about. If support is needed because she/he lives on her/his own with young children, HSC offers good friendly services and support with advice. If the family have no one, I think of HSC.'

All referrers had seen evidence of beneficial impacts for families from being matched with HSC home-visiting volunteers and these were in line with HSC's outcomes: parents had improved confidence in their parenting skills, benefits to children in terms of their physical, social and emotional development, reduced isolation as a result of the visits and being able to get out more often.

Referrers explain HSC's service to families telling them: *'it's voluntary, it's your choice to have this service'*, which enables parent to feel more in control and that it is not a statutory obligation. This appeared to be important for some families.

A referrer from a Camden Children's Centre summed up the value of HSC's support and how it complements statutory services in their family support role.

'Home-Start Camden is a friendly service. Parents supporting parents – what could be better. It's a needs based support and it feels good to send families onto HSC. It's a very good family friendly service.'

Overall the referrers interviewed gave HSC a rating 4 out of 5 to indicate how much HSC has helped them in their work with families.

Another referrer based at a health centre commented:

'We get feedback from the family when we see them at the doctor's surgery. We talk about HSC with the Team Around the Child (TAC) and education meetings, we talk about the good service HSC provides all the time and why it is a good service to move our families on to.'

'It's nice to have HSC so we can send on our families when we [Family Support Workers] run out of time.'

'Sure Start can only offer three months support but HSC can offer longer and the support is more needs-based.'

All referrers interviewed found HSC's referral procedure straight-forward and believed that confidentiality issues were well addressed. They found HSC staff very easy to talk to when discussing a family's needs. Some referrers wanted to refer solely by email, and were unaware that HSC already accepts referral forms this way. The organisation will clarify referral procedures with all referrers.

Several referrers mentioned that HSC regular outreach was useful to update staff at their organisations. As one referrer pointed out:

"Health visitors will benefit from regular updates on HSC service. We have new recruits come in regularly so please contact our manager to arrange regular presentations about HSC so we use it more effectively and more often."

All interviewees agreed with HSC's plans to continue the current home-visiting service in Camden as it is a highly valued support for families. When asked if HSC should be doing more the following were suggested:

- **HSC to feed back to referrer on families' progress once they move across to HSC.**
- **Weekend support for families.**
- **Support for vulnerable pregnant women.**
- **Early morning service to help families get children to school on time.**
- **Support for post-war trauma stricken families.**
- **Service for a deaf family.**

Impact on Volunteers

Many of our volunteers have been out of work for several years due to childcare commitments and are under increased Governmental pressure to find work once their child reaches five. When volunteers start looking for employment the labour market is very different from before their child was born, they often approach us with feelings of anxiety and stress about the future. Some lack the confidence to communicate the transferable skills they have learned during parenting to

prospective employers. Many do not even have the essential identification documentation – such as passports, drivers' licences or bills in their own names – to apply for and secure jobs.

The whole process of applying to, undertaking the Volunteer Preparation training and volunteering with HSC is designed to help address these issues. It helps raise confidence, enhance their skills base, increases volunteers' contribution to their local communities and in many cases prepares them for the next stage of work or study.

Prior to acceptance on the course, prospective volunteers complete a Volunteer Application Form; attend an interview with an HSC co-ordinator; provide references; undertake a Disclosure and Barring Service (DBS) check; and attend an 8-day HSC Volunteer Preparation Course. Between March 2012 and March 2014, HSC trained 119 volunteers on courses delivered in school-term time to suit parents. In addition, newsletters and job opportunities are emailed to volunteers on a regular basis, volunteers are guaranteed a reference after one year working with HSC, and the charity monitors how many get into work or go on to study.

HSC relies on its volunteer network to deliver the high quality home-visiting family support and promotes the value of voluntary peer support. However, the organisation has also found the above processes has helped volunteers find suitable employment or further education, when appropriate. Amongst other things, by requiring volunteers to be punctual, contribute positively during interviews and training and attend regular supervision for their family support role, volunteers gain useful skills. In addition, HSC volunteers have reported becoming more confident in their abilities and have been able to demonstrate to employers how their time as a parent and HSC volunteer has given them important transferable skills useful in any working environment.

During the Volunteer Preparation Courses attendants are asked to give feedback on how they are finding their time at HSC so far. Even at this point, written feedback shows HSC has had a positive impact:

"Before starting the course, I was very worried as I have not undertaken a course or lessons in a very long time. However, now we have come to the end of the prep course, I feel ready to undertake more and improve my academic portfolio. More importantly, I feel I have a lot to offer other parents and feel a lot more confident in myself! This will have a positive impact on the rest of my life! Thank you so so much!"

'It has helped me to practice what I want to do in the future (Family Support Work). Practical experience would be a great advantage.'

'The course has helped me to be more independent and prepare me to head back to work. It has helped me to feel more confident.'

When volunteers leave HSC, they complete a survey on reasons for leaving and the impact of volunteering. Many of those who left to work or study said that volunteering with HSC directly helped them gain employment:

'Now I have a job working full time supporting child care in Barnet 16-21. The HSC training and skills and my experience here has helped this.'

'...this has helped me get a university place because of the experience that I have gained as I want to be a social worker.'

'Volunteering with HS really gave me a head start because it helped me build up my confidence in myself and to be able to get into university.'

'Home-Start Camden enhanced my confidence to work with families and gave me an insight into the work environment. I have always been in higher education prior to volunteering with Home-Start but the good experience I had with HSC influenced my decision to pick a placement option offered through my course of study. I believe such practical skills have been essential and I know I will take that forward into the workplace once I decide what career path to take.'

During the period between 1st March 2012 and 31st March 2014, 172 volunteers worked with HSC. Of these, a large proportion (79%) expressed an interest in finding employment. Most HSC volunteers (82%) received specific training, skills and career information during their time with us, and many volunteers (79%) reported increased confidence and a sense of achievement from their community contribution.

37% of HSC volunteers entered full or part-time work or study whilst being associated with HSC.

63 (of the 172) or 37% of HSC's volunteers ultimately found full or part-time employment during the two year period. However, some 36 of our volunteers were not interested in seeking employment as they were retired or a full time parent or carer, and this figure rises to 43% (59/136) amongst those who expressed a prior interest in finding work.

5.5 Strengths of the Home-Start model – research findings

The HSC findings and feedback from families and volunteers is also backed up by two academic studies that validate the effectiveness of home-visiting volunteers supporting vulnerable families and building resilience.

Research into the Home-Start model undertaken at the University of South Wales (*'Building resilience: volunteer support for families with complex circumstances and needs'*, Kenkre, J. and Young, E. 2013) provides significant support in relation to the benefits in terms of meeting gaps in provision. Key findings from the two-year study, which is based on a dataset of information from over 33,925 Home-Start families and 76,031 children, showed:

- Families being supported by Home-Start have complex family circumstances and multiple risk factors.
- The top three needs reported by families and referrers were: coping with parental mental health; low self-esteem and social isolation.

- In all four domains of family life [parenting skills; parenting wellbeing; children's wellbeing; family management] families had higher average coping scores at the end of the Home-Start support than at the beginning i.e. families reported that they were better able to cope with family life.
- There were significant changes for child outcomes. Families reported improved management of child behaviour, being more involved in child development and coping better with their children's physical and mental health.
- A particular support offered by the volunteers was to facilitate families' use of local services. This support was itself customised and proactive: the volunteers could provide contact details of other services; accompany the family to appointments and; discuss the service/s prior to and after use.

This research builds on the positive longitudinal findings of the Home-Start model conducted by Hermanns et al (2013), who evaluated the support provided by Home-Start volunteers in the Netherlands over a 12 year period. [*Long term changes in parenting and child behaviour after the Home-Start family support program*] Jo M.A. Hermanns et al.]

http://www.home-start.org.uk/about_us/what_we_do/hermanns_research_feb_2013

Their results suggest that improvements in both parental and child outcomes continue three years after the support from volunteers ceased and appears to confirm that the theoretical rationale of Home-Start support, based on Intervention theory is sound and effective.

The research findings found that volunteers supported families with needs that the parent's identified themselves, that *'this pattern supports the interventional theory that increasing parental well-being by offering support increases parental competence and functioning and thus ultimately positively influences the development of children's on a broad domain of parental and child functioning.'*

The research also suggests 'less structured needs-led approach to family support provided by volunteers can facilitate change for families as well as the more structured programmes delivered by professionals.'

[5.6 Areas to be addressed](#)

In May 2014, HSC consulted with its staff and management team on HSC's current priorities and future direction. The results from an independent online survey with the group concluded that HSC should continue with its current priorities of 'safeguarding, protecting and preserving both the mental and physical good health of children and their parents'; and 'continue to recruit and train high quality volunteers. 'All also agreed that HSC should 'continue to raise the profile of Home-Start Camden with families and support local organisations.'

Looking to the future, ways to expand the role of HSC beyond the core home-visiting work were discussed. It was agreed to explore the following:

- **Work with Pregnant Mums:** Volunteers should be given an extra day of additional training for working with pregnant mums, focussing on issues like preparing for

birth and the appropriate diets during pregnancy. Links with hospitals, midwives and ante-natal services should be fostered.

- **Running Parenting Skills Classes:** Staff identified a gap in providers offering the full 12-week 'Strengthening Families' course, which HSC could deliver to parents of children under five. Research is required into partnership with other organisations or developing options with HSC volunteers to assist with costs.
- **Income Maximisation:** links should be forged with a range of external experts to train volunteers/families in money management, budgeting and 'savvy shopping'.
- **Working in Partnership:** a range of links could be forged with various organisations such as charities, businesses and schools. HSC should also identify new venues for marketing materials, such as Councillors' surgeries and bus stops.
- **Increasing other Skills of Parents:** HSC could facilitate skill-sharing sessions for parents and exchange knowledge about local services.
- **Getting HSC Training Accredited by Job Centres:** It would help volunteers if HSC became an Approved Provider so that time spent on the course and with families would be acknowledged as a valid route towards employment. This is likely to increase HSC's appeal to potential volunteers who now need to seek employment.

Other areas of interest were: focus on play, work with ex-offenders, family fun days, changes of welfare reforms and coffee mornings for families. Areas of development not considered a HSC priority were: working with prisons, holiday activities in the HSC space, family camping trips and work with older children.

Reviewing HSC's strengths, respondents highlighted the strong track record of fundraising successes; the diversity, quality and friendliness of volunteers; the dual support for vulnerable families and for volunteers; high levels of staff morale and motivation; and the positive feedback from volunteer training.

Regarding weaknesses, respondents raised concerns about future funding for family support work and that expanding into new areas might undermine this central purpose of delivering home-visiting via a network of volunteers. They also felt there were not enough opportunities for volunteers and families to meet.

Finally, they highlighted HSC's need to continue promoting its services to referring agencies and local parents. Although HSC has already achieved positive results reaching out to Bangladeshi families, other communities should be targeted in the future such as Somali families and new mothers.

HSC should continue to 'broaden the volunteers' recruitment base to reflect the diversity of Camden' and aim to attract more volunteers from particularly under-represented groups. HSC should also continue to support volunteers in developing their work-related skills as well as celebrating volunteering for its own intrinsic value.

6. OPPORTUNITIES AND THREATS

Looking to the future, HSC is aware that things may get worse for families and volunteers and the need for its services is, therefore, likely to increase. As highlighted in a recent Save the Children report into child poverty in the UK,² the number of children in poverty in the UK – already 3.5million – is set to increase by 400,000 in the years ahead. By securing future funds to sustain the HSC family support home-visiting service the charity would be able to deliver positive and lasting impacts with Camden families and volunteers that increases their parenting skills, helps build resilience and increases their capacity to contribute to the local community and economy in a meaningful way.

In terms of cost savings in a period of austerity at local and national level, HSC can position itself as part of an efficiency drive in preventing family break-down. Camden spends millions annually on its budget for looked after children including 65 children under the age of four (March 2012 figures). Apart from the human costs of placing children in care, the financial cost per child is £36,524 annually according to Children in Care in England statistics (13.8.2014). Therefore any support that helps protect children, enables parents to cope better and improve family capacity to care for their children is a valuable contribution to the council's local early help strategy.

HSC costs approximately £205,000 per year to support approximately 130 families which proves it is good value for money. In addition, its dual role to support and train volunteers increases confidence, builds resilience and capacity in the community and provides meaningful routes into employment for volunteers thereby increasing the economic wealth in Camden's families. HSC can also promote its family and volunteer support services as a cost effective way to help people back into work, supporting Government schemes.

Welfare reforms are likely to increase demand for HSC's services. Many parents, who are expected to enter the labour market transfer from Income Support to Job Seekers' Allowance. Some may approach HSC as prospective volunteers looking to gain employability skills.

This is an opportunity for the organisation but equally this may turn into a threat as parents of school aged children may no longer have spare time to be volunteers. HSC therefore needs to attract volunteers that do not need to work and have spare hours to offer HSC on a regular basis. In addition, Camden's Children and Young People's Profile³ projected that the benefit cap, implemented in April 2013, would adversely affect 1300 households in the Borough through reduced Housing Benefit and Local Housing Allowance payments, which they predicted could have a negative impact on the welfare of some families with children. In the coming years, it is vital that HSC monitors the situation and plans ahead to meet potential increased demand.

² Save the Children (2012), *Child Poverty in 2012: It Shouldn't Happen Here*, www.savethechildren.org.uk/sites/default/files/documents/child_poverty_2012.pdf.

³ London Borough of Camden (2012), *Camden Children and Young People's Profile*, www.camden.gov.uk/ccm/cms-service/download/asset?asset_id=2927523.

One of the major challenges for HSC with its network of trained volunteers is to match the best volunteer to address the family's need so it is not merely a numbers game but rather a 'people' business. HSC responds to families' needs as soon as possible, but demand outstrips the number of volunteers that have been trained and checked for safeguarding purposes. Delays in matching are primarily the result of volunteers DBS and references hold ups, training not yet completed, a skills mismatch or school holidays when fewer parent volunteers are available to support vulnerable families. HSC will be using this information to try to address delays with future funding applications in mind. HSC is considering supporting families waiting to be matched via a group or support from a member of staff visiting on a short-term basis until suitable volunteers can be matched with them.

HSC will continue to offer as much flexibility to respond families' needs and examples of this are: providing two volunteers (when available) for families with multiple needs, volunteers offering two shorter visits per week and ad-hoc support for hospital and GP appointments.

7. RECOMMENDATIONS AND FUTURE PLANS

Learning from this evaluation can help HSC shape its new service delivery, specifically in the following ways:

- Parents, GPs, health visitors and midwives have alerted us to the increased need for more support for women during the later stages of pregnancy and the first months after birth. HSC will increase volunteer training to meet these needs.
- Bangladeshi families are the largest group of HSC families. Many have language barriers and difficulties accessing support. The charity will extend its current links with local schools and continue to provide one training course a year for Bengali and Somali volunteers. HSC could extend services to support BAME families by maximising language and cultural skills of volunteers.
- Family assessments show that mental health problems are increasing and during the current Big Lottery project HSC worked with families with more complex issues/stresses. The organisation plans to offer additional training (for example, the Diversity Game) to help volunteers have a better understanding of mental health issues to help them support families affected by mental health and learning disabilities.
- Some families wait for a suitable volunteer. HSC has learnt that this wait can be isolating so it is exploring offering drop-in sessions, phone contact, creative sessions and outings for these and former HSC families who wish to stay in contact, to enable families to develop support networks with each other.

HSC has strong evidence from its service users that the service is effective because of its monitoring and recording systems. It will continue to develop these systems to demonstrate its value to Camden families and to maintain quality assurance and safeguarding best practice.

When evaluating the lasting impact for families, the interviewer found it difficult to contact former families, so in future finding ways to overcome the difficulties and ensure high quality feedback HSC will ensuring that families are aware that they may be contacted and asked to attend a follow up evaluation group.

New services developed by HSC need to complement the current highly effective home-visiting service. HSC makes a unique contribution in supporting parents at all stages of their parenting as well as its volunteers, some of whom may be preparing for work/study. HSC needs to promote this dual role even more effectively so that it is acknowledged for its capacity building in Camden.

In addition, HSC needs to promote the potential savings to the public from its preventative family support, which alleviates family crisis or breakdown and ultimately protects children in a cost-effective way.

8. CONCLUSIONS

Feedback from families and referrers clearly demonstrates that having an HSC volunteer had a positive impact on families, on parents and on children.

The HSC home visiting service delivered via a network of trained parents and people with parenting experience achieves its aims and outcomes effectively.

Referrers in Camden report that HSC is a beneficial service that meets the needs of families very well with the volunteer home-visiting support service.

Volunteers feel valued by HSC, increase their confidence and skills through training, supervision and carrying out the role of home visiting volunteer weekly. Over a third of volunteers over two years went into full- or part-time work or study and many reported that they believed their volunteer training and home-visiting role with HSC had helped them prepare for their move into work/study.

The number of new referrals and feedback from referrers suggests that HSC is reaching out to families who need support and the HSC staff will continue to talk at team meetings, schools and parents groups to ensure that new staff and people in Camden are aware of the family support service.

Home-Start Camden plays a valuable role in community development and building resilience in families. Its service offers an important dual role in supporting parents at different stages of their parenting career. The home-visiting support service benefits parents and their children when they need help and when they are less able to get out into the community. For volunteers (predominantly parents) HSC provides a stimulating, supportive and meaningful opportunity to contribute to their community and prepare for or re-engage with employment or study.

9. APPENDICES

9.1 Email feedback from one HSC parent

Dear Home-Start Camden (HSC) co-ordinator,

I feel it important to let you know the positive impact that having Home-Start Camden volunteers has had in my life.

After having had such a traumatic experience in hospital and with my life changing so much, it was a relief to meet you. Other services were suggested after my hospital stay and all were not as positive as my experience with Home-Start. On meeting you I knew straight away that you were a genuine person who really empathised with my difficulties and understood very clearly what my needs were. I had never heard of Home-Start and I did not know exactly what the service delivered. I had a new born, and I was still so ill, I did not think that the help I needed daily could be addressed through your service; however two years on I am so happy to say that through your co-ordination, my volunteers have been fantastic.

I was overwhelmed with my health issues and being a new mum, I could not have foreseen the difficulties that were to come. The support I received from my first volunteer was simply amazing. She supported me with bathing and dressing my daughter, she would take her to the library while I was having my weekly rehabilitation session, we would go to drop-ins and sometimes, when I just needed a rest, she would take her to the park. In that year we built a great relationship, trust being at the centre of it.

I was then supported by a second volunteer who has integrated into my family very easily too. She has supported me through some very emotional, traumatic and physically exhausting experiences, she never lost contact with me when my family became homeless and were living in a hotel miles from everyone. She is a tremendous emotional support at meetings for re-housing. As my health deteriorates she manages to effectively assist me and my daughter in many ways. She helps me with my wheelchair; she comes to my regular hospital appointments and drop-in sessions with my daughter. I trust her immensely. She has also helped me with my new home. She is very much a supportive person in my life.

The service is invaluable but the pairing of volunteer to family is what is fundamental. You know me and my family well and have matched me brilliantly. I now have two volunteers which is literally a dream come true. My newest volunteer is lovely and a natural with my daughter, who is now a boisterous two year old. They instantly connected through humour and now they are playmates. It is essential to highlight the value of the service and the professionalism of the co-coordinator. I am more than grateful for everything and I could not recommend Home-Start Camden highly enough.

9.2 Family case study

Reason for referral:

- **Coping with own physical health** –Mum has a bad back, which made it difficult to go shopping and tidy up.
- **Coping with mental health** – Mum experienced severe depression as a result of multiple losses including the loss of a baby. Her second child was born prematurely, which also impacted on her mental health; she was very anxious because of her previous loss and from having experienced domestic violence in a previous relationship. There were also unresolved childhood abuse issues.
- **Coping with isolation**- Mum had an issue with trusting others and did not feel confident with having other people in her home, including some family members.
- **Coping with child's physical health** - Child was born prematurely, resulting in regular hospital appointments to monitor her development and provide treatment.
- **Day to day running of the house** – Mum has collected lots of things over time and had difficulty getting rid of items. The clutter could potentially make the flat unsafe for the child eventually.
- **Stress caused by conflict in the family** – Mum does not get on with her family, because of history of abuse; she was reluctant to have them in her child's life.

Support plan:

- **Someone to talk to** – Mum was very isolated, but wanted someone to discuss her concerns with, especially around parenting.
- **Play with child** – because of her anxiety, Mum lacked confidence in her ability to play effectively with her child, plus she wanted to develop trust in another person taking care of the child, apart from her and child's father.
- **Parenting support/advice** – Mum needed guidance and encouragement around her parenting; she had experienced a loss of self-confidence for various reasons.
- **Help going out** – Mum's lack of confidence resulted in her not going out to other places where she could meet other parents. In addition, she needed support going shopping because of her bad back.

History of support:

This family was referred by her social worker April 2011 and matched to a volunteer in June 2011 when a suitable volunteer was identified.

The mother needed both emotional and practical support from Home-Start and two volunteers supporting this family. Both volunteers provided listening and practical support to Mum. Volunteer M supported Mum for over 22 months, during which time they developed a bond with each other. Mum confided a lot in this volunteer about her family history. She reported that she found the visits very

helpful as the volunteer was very easy to talk to and her advice and encouragement helped Mum feel more confident as a parent.

The visits became more sporadic as the volunteer was unable to make the same weekly commitment. There was a gap of several months in the volunteer support, but Mum wanted to wait until another volunteer was found. She said the support was helpful, even if she only had contact with the coordinator for this time.

Mum was re-matched with another volunteer in April 2013. The original support plan remained in place as the issue of de-cluttering still remained and was of concern, as **the child** was older now and becoming more mobile. During these home-visits, the clutter has been addressed. The volunteer discussed practical solutions and the emotional reasons behind it. As a result of the consistent volunteer support, the overall presentation of the flat and garden improved significantly. Mum became more organised generally; her meal and playtime routines also positively developed; the child was encouraged to sit at the table to eat rather than being followed around by Mum trying to feed her. The child also had spent a lot of the time being entertained by an i-pad; The volunteer encouraged the child and **Mum** to engage more interactive and traditional forms of play, such as reading and singing using the many toys in the home. Support continued while Mum looked for suitable childcare.

9.3 HSC statistics for whole scheme

HSC Scheme Statistics 2012-2014 for whole scheme including all funded projects	Minimum Target for 12 month period for all funded projects	Lottery Year 1 (1.3.12-28.2.13) All HSC projects	Lottery Year 2 (1.3.13-28.2.14) All HSC projects	% increase	Financial Year 2012/13 (1.4.12-31.3.13) All HSC projects	Financial Year 2013/14 (1.4.13-31.3.14) All HSC projects	% increase
No. of referrals		95	116	22%	105	118	12%
No. of families supported	80	102	116	14%	112	130	16%
No. of children in supported families	120	190	229	21%	201	263	31%
No. of under fives in HSC families	80	152	172	13%	163	194	19%
No. of over fives in HSC families		38	57	50%	38	69	82%
No. of parents in HSC families	120	166	185	11%	180	209	16%
No. of volunteers trained	61	50	54	8%	55	61	11%
Total no. of volunteers working with HSC		N/M*	N/M*		102	124	22%
% of families with parents with a disability/ill health		27%	20%	-26%	25%	20%	-20%
% of families with child with disability/ill health		17%	17%	0%	15%	17%	13%
Lone parent families		33%	38%	15%	40%	39%	-2%
First time parents		36%	36%	0%	36%	40%	12%

* N/M = not monitored

Some families will have been supported across two years.

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