Better Start Bradford Innovation Hub

Home-Start Better Start
Final Report
March 2024

This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for Better Start Bradford and Home-Start Better Start. The document provides an overview of Home-Start Better Start performance and findings from the implementation evaluation including an interpretation of these findings by BSBIH. The design of this evaluation is described in more detail in the Evaluation Plan Summary, which was approved by key stakeholders from the BSBIH and BSB.

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Version: 2.0 01.10.2024

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Produced for Better Start Bradford

Better Start Bradford Innovation Hub

Home-Start Better Start

March 2024

Executive Summary

Project Background

Families living in the Better Start Bradford area are living in some of the most difficult socio-economic conditions, putting them at greater risk of experiencing stressors that can negatively impact family life including parental wellbeing, parenting, and, longer term, aspects of children's social and emotional development.

Home-Start Better Start (HSBS) is a peer support intervention, within the 'Falling in love with your baby' work stream of Better Start Bradford. The project aims to provides emotional support and practical help for families who are finding parenting challenging. There are no stringent eligibility criteria. Families are assessed by the Family and Volunteer coordinator but support is delivered by trained volunteers. The project is deliberately flexible and non prescriptive in the families it works with, the kind of support it offers and the length of engagement with families. Home-Start is available to support families living in the Better Start Bradford area from pregnancy, or where there is a child in the family aged under four. The project's key objectives are to increase access to social support for vulnerable families, and to improve parents' ability to cope with stressors in family life, providing the foundations for confident parenting skills and confidence.

This report describes findings findings from BSBIH's Implementation Evaluation of the the delivery of Home-Start Better Start using project data collected between January 2017 and December 2023.

Evaluation Aims

The aim of this evaluation is to provide a clear picture of project delivery, including recruitment, implementation, reach, and satisfaction of families supported by the project. This includes assessing whether the project inputs, outputs and activities are in line with the Logic Model. It also sets out to understand more about the support provided to families, as well as where families are referred on to. Finally, it aims to describe volunteer engagement with the project.

Key Findings

Recruitment

191 families recruited

Recruitment refers to the number of families matched with a volunteer by the project. It was anticipated that that the project would match 204 new families over the evaluation period. The project recorded 191 unique families matched which is 94% of the anticipated number. More detail can be found on Page 8.

Implementation

85 active volunteers

The project aimed to maintain a pool of between 15-27 active volunteers during each year of delivery. 85 volunteers supported families over the evaluation period and the project achieved or exceeded the target of in every year excluding the final year. More detail can be found on Page 14.

Satisfaction

Satisfaction was measured via a project questionnaire. It was anticipated that 80% of respondents would have a median score of 4 or more. 58 families responded (29% of participating families). 100% had a median score >4. These findings should be interpreted with caution given a relatively low response rate.

Executive Summary

Key Findings

- Overall, Home-Start Better Start have performed well against anticipated figures, both in relation to recruitment of families to the service, and maintaining a pool of volunteers that provide capacity for supporting anticipated numbers of families.
- However, levels of recruitment of families have dropped in the most recent year, which has coincided with a reduction in the number of referrals, and an increase in the number of volunteers leaving the project.
- A total of 153 unique families were recorded as having received a support visit from a volunteer, and on average families are supported by the service for around 6 months.
- The greatest loss of families takes place between referral and matching. Of unallocated referrals, 45% turn down the service or disengage.
- 24% of unallocated referrals are due to unavailability of a suitable volunteer
- Of those families that are assessed by the project, the most frequent area of need identified was parental wellbeing and this has been consistent across the evaluation period. The most frequently recorded volunteer support activity was emotional support.
- The project continues to be over representative of those of a White British background, both in terms of families and volunteers. White Other individuals are also significantly under represented amongst both families and volunteers.
- For the most part, inputs and activities described in the project Logic Model have been demonstrated in action. However, support to access other services (including onward referrals) is less prominent in the data than might be expected. It is unclear whether this is due to issues in data capture or whether this is not an area of support families identify.

Recommendations

Recommendations for practice

- Continued efforts should be made to engage families from a White Other background. These efforts should include ensuring the volunteer pool is more representative of the wider Better Start Bradford population. Strategies to promote recruitment of volunteers from Central and Eastern European communities should be developed.
- Rates of decline and disengagement between referral and matching could be explored to support development of strategies to optimise enrolment in the project.
- Data capture around supporting families to use other services and onward referrals should be examined to ensure it accurately reflects the work volunteers are doing with families.

Recommendations for evaluation

- The project logic model should be reviewed with consideration of learning from the current evaluation
- Future evaluation could focus on:
  - exploring why so many referred families decline the service and disengage
  - exploring barriers to engaging those of a White Other background
  - exploring why there has been an increase in the number of volunteers leaving the project

Project background

About Home-Start Better Start

Families living in the Better Start Bradford area are living in some of the most difficult socio-economic conditions, putting them at greater risk of experiencing stressors that can negatively impact family life including parental wellbeing, parenting, and, longer term, aspects of children's social and emotional development.

Home-Start Better Start (HSBS) is a peer support intervention, within the 'Falling in love with your baby' work stream of Better Start Bradford. The project aims to provide emotional support and practical help for families who are finding parenting challenging. There are no stringent eligibility criteria. Families are assessed by the Family and Volunteer coordinator but support is normally delivered by trained volunteers. The project is deliberately flexible and non prescriptive in the families it works with, the kind of support it offers and the length of engagement with families. Home-Start is available to support families living in the Better Start Bradford area from pregnancy, or where there is a child in the family aged under four. The project's key objectives are to increase access to social support for vulnerable families, and to improve parents' ability to cope with stressors in family life, providing the foundations for confident parenting skills and confidence. Even though different families will follow different paths, the ultimate goal for every family is to improve child development and wellbeing.

A review of the evidence for Home-Start completed in 2017, concluded that while there is some evidence to suggest that participation improves child outcomes and improvements in parental wellbeing and parenting skills, limitations identified of the included studies means there is no definitive evidence of effectiveness. This, in combination with the flexibility of the model, meant that the project was identified by BSBIH as suitable for an implementation evaluation to build understanding of delivery and engagement in the Better Start Bradford area.

The Impact of COVID-19

As for many Better Start Bardford projects, the impact of COVID-19 on HSBS was significant, affecting every area of their work, with particular challenges around keeping up with frequent changes to rules and restrictions. Especially noted was the need to move volunteer training to an online format and the work that this entailed and several long periods of staff sickness.

YEAR 4

January 2020 - December 2020

From mid-March 2020 all work was moved to phone or video contact and staff and volunteers were provided with training and tools to support this move.

YEAR 5

January 2021 - December 2021

Volunteer support continued by phone/video call until 28th June 2021 when case by case decisions were made to allow visits in outdoor public spaces.
Staff moved to hybrid working. Home-visits resumed in September 2021. Hybrid options remained in place for visits.

YEAR 6

January 2022 - December 2022

There was a return to in-person training for volunteers and an increased in-person work of all kinds including at events. Some families continued to make use of phone support at times.

YEAR 7

January 2023 - December 2023

Work of the project returned much to normal with some useful learning from COVID-19.

Evaluation

Aims of the evaluation

Although Home-Start was an established model at the time of commissioning by Better Start, there was limited high quality evidence on the effectiveness of Home-Start interventions. The Innovation Hub, therefore, identified the project as suitable for an Implementation Evaluation. The aim of the evaluation is to provide a clear picture of project delivery and implementation, including recruitment, reach engagement, and satisfaction of parents supported by HSBS. This includes assessing whether the inputs and activities in action reflect logic model and seeks to better understand how HSBS fits within the wider range of support including establishing who makes use of the service.

As was the case for many services, the project also had to adapt during the COVID-19 pandemic and this evaluation provides some information about how that impacted the work of the project and the experiences of families.

There was a particular aim to understand how HSBS fits within the wider offering of services within the area, because their role is at least partly to improve families' access to other services so we have examined where families were referred onto as well as where they were referred from.

Data quality

The project have consistently provided data on time and with a good level of completeness and have been responsive to queries where issues have been identified.

Changes made to data capture following the first end of contract report have improved an interpretation of the data, however, this has created some challenges when collating data from across all contract years. Specifically, where there have been changes to categories or the wording of categories, or addition of new categories between contracts.

Recording of data relating to onward referrals for families, appears to have decreased over time and it is unclear why this might be the case. This has implications for evaluation.

However, for the most part the level of detail in the data has improved since the first contract.

Overall the project has thorough systems for recording data which has facilitated this evaluation. Efforts should be made to ensure future data collection is consistent to support further learning about the project.

Evaluation Findings

Recruitment

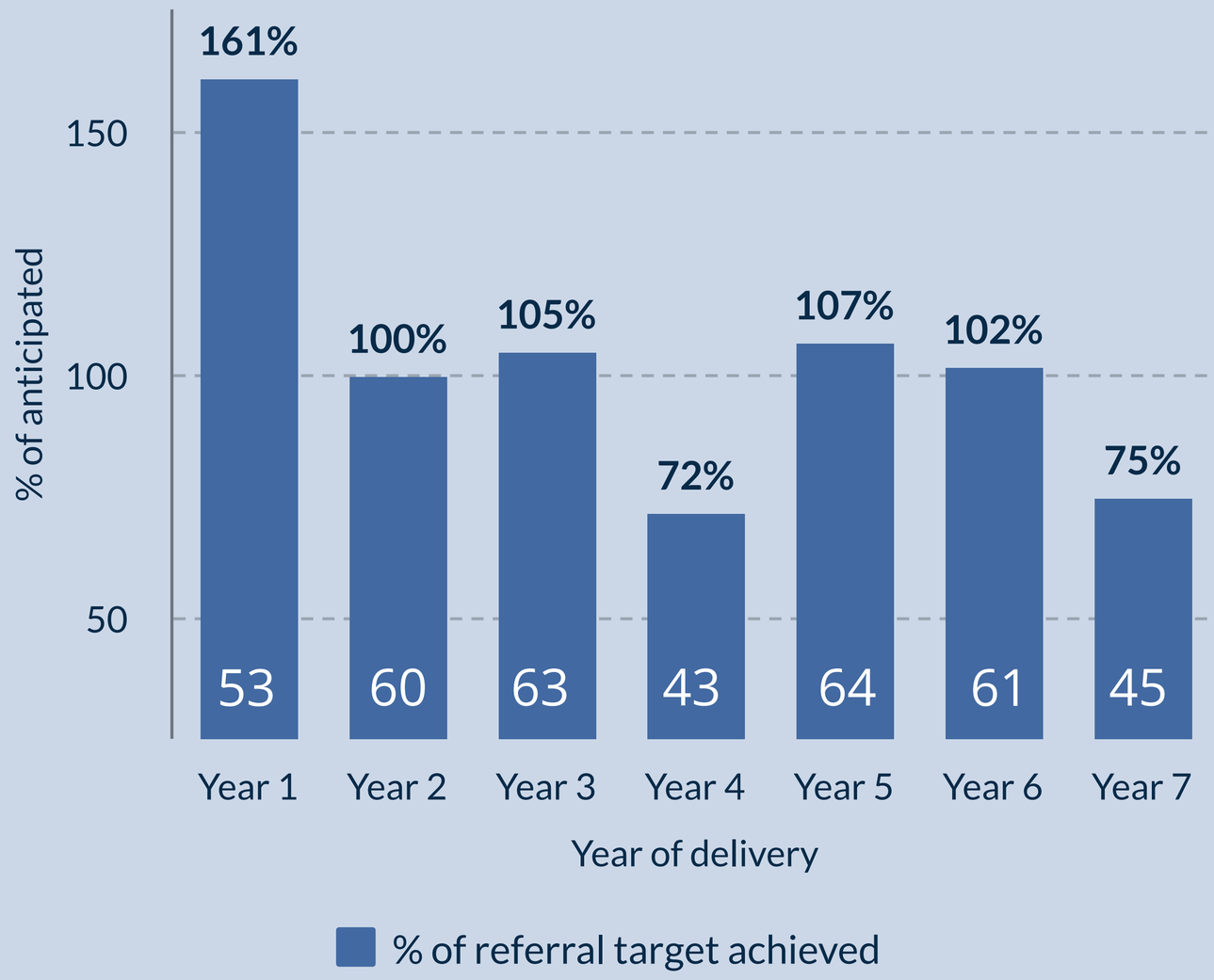
Were anticipated numbers of families recruited to the project?

Referrals

The project recorded 391 referrals over the life of the project and these related to 389 unique families. It was anticipated that 33 families would be referred per year in the first year of the project, with 60 families referred in each subsequent year.

The project exceeded the target for all but years 4 (which was the first year of the COVID-19 pandemic) and 7. Overall, the project achieved 99% of the anticipated number of referrals, suggesting there is a good level of awareness of the service in the community and across referring organisations. Figure 1 shows performance year on year.

Figure 1. % of anticipated referrals achieved



Of the 389 referred families, 206 (53%) were recorded as having their referral accepted.

A further 183 families' referrals were not allocated. Reasons recorded included families not engaging (45%), not having appropriate support available (which included volunteer capacity and language skills, 25%), being ineligible (18%), service assessment/ judgement (7%) and other (11%).

389 unique families were referred

99% of anticipated referrals received

53% of referrals recorded as accepted

Evaluation Findings

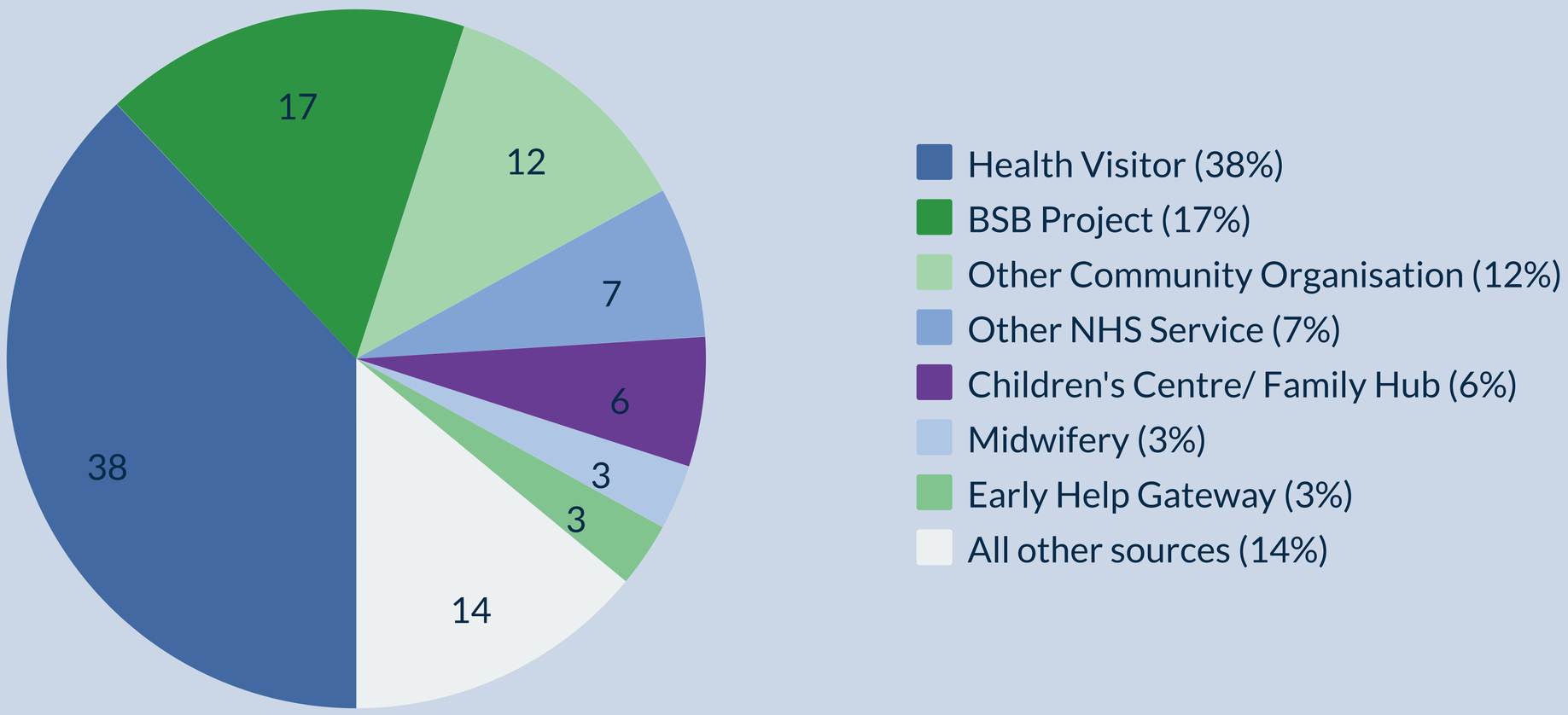
Recruitment

Where did referrals come from?

Of the 389 referred families, referral source was recorded for 345.

Home-Start referrals came from a diverse range of sources suggesting the project is well-known to a wide variety of referrers (nearly 50 different sources were recorded). However, it is worth noting that many of these referrers had only referred a single family. Sources have been grouped to create categories to avoid reporting small numbers. Across the life of the project, Health Visitors accounted for over a third of referrals (38%) and were the largest source of referrals. Other Better Start Bradford were the second frequent referral source, with Bradford Doulas and Family Action Perinatal Support accounting for a large proportion of these. Figure 2 shows each referring category as a proportion of all referrals made.

Figure 2: % of referrals by source



Why were families referred?

Reasons for referral were recorded for 370 families. Referrers could select 15 reasons for referral on the referral form which fell into 4 broad categories; Parenting Skills, Parent's Wellbeing, Children's Wellbeing, and Family management. Data showed that families were referred for an average of 5 reasons. The 5 most commonly recorded reasons for referral are shown below in Table 1.

In terms of categories, Parent's Wellbeing accounted for 39% of all the referral reasons recorded with Family Management a close second at 34%. Parenting Skills related to 17% of reasons recorded with Children's Wellbeing at 10%.

Table 1: Top 5 reasons for referral to the project

1	2	3	4	5
Parent isolation	Parent mental health	Child development	Parent self esteem	Child behaviour

Evaluation Findings

Enrolment

How many families received an initial assessment visit?

Enrolment in the project is defined as having received an initial assessment visit. These visits are undertaken by the project coordinator and are an opportunity for the family to self score against the four categories of need and their levels of coping in these areas; Parenting Skills, Parent's Wellbeing, Children's Wellbeing, and Family Management.

209 families were recorded as having an initial assessment visit, representing 53% of referred families.

209

families had an initial assessment visit

What were the needs of assessed families?

Category	Area	No of families assessed as needing support	% with coping score 3 ≤
Parenting skills	Child's behaviour Child's development	129 (70%)	89%
Parents wellbeing	Physical health Mental health Isolation Self-esteem	171 (92%)	98%
Children's wellbeing	Physical health Mental Health	53 (27%)	83%
Family management	Budgeting Running Household Family conflict/stress Multiple birth Use of services Other Learning needs	132 (71%)	88%

Table 2: No. of families self reporting need across categories and specific areas of need

Home-Start Better Start use a project specific tool at the initial assessment to enable staff and families to identify areas of need and plan support. The tool measures coping in 15 areas grouped into 4 categories (Table 2). These reflect the same 15 areas on the referral form used by referrers. Families are asked to identify the areas of need they want to focus on and then to give themselves a 'coping score' against each of the needs they have identified (from 1: not coping at all to 5: everything is fine, no improvement can be made).

The vast majority of families (92%) were assessed as having needs related to parental wellbeing with just under three quarters identifying parenting skills and family management as an area of need; only 27% were assessed as having needs relating to the Children's wellbeing.

Coping scores suggest that parental wellbeing was the most acute area of need with 98% of assessed families as scoring 3 or less on their coping level.

Evaluation Findings

Participation

How many families were supported by the project?

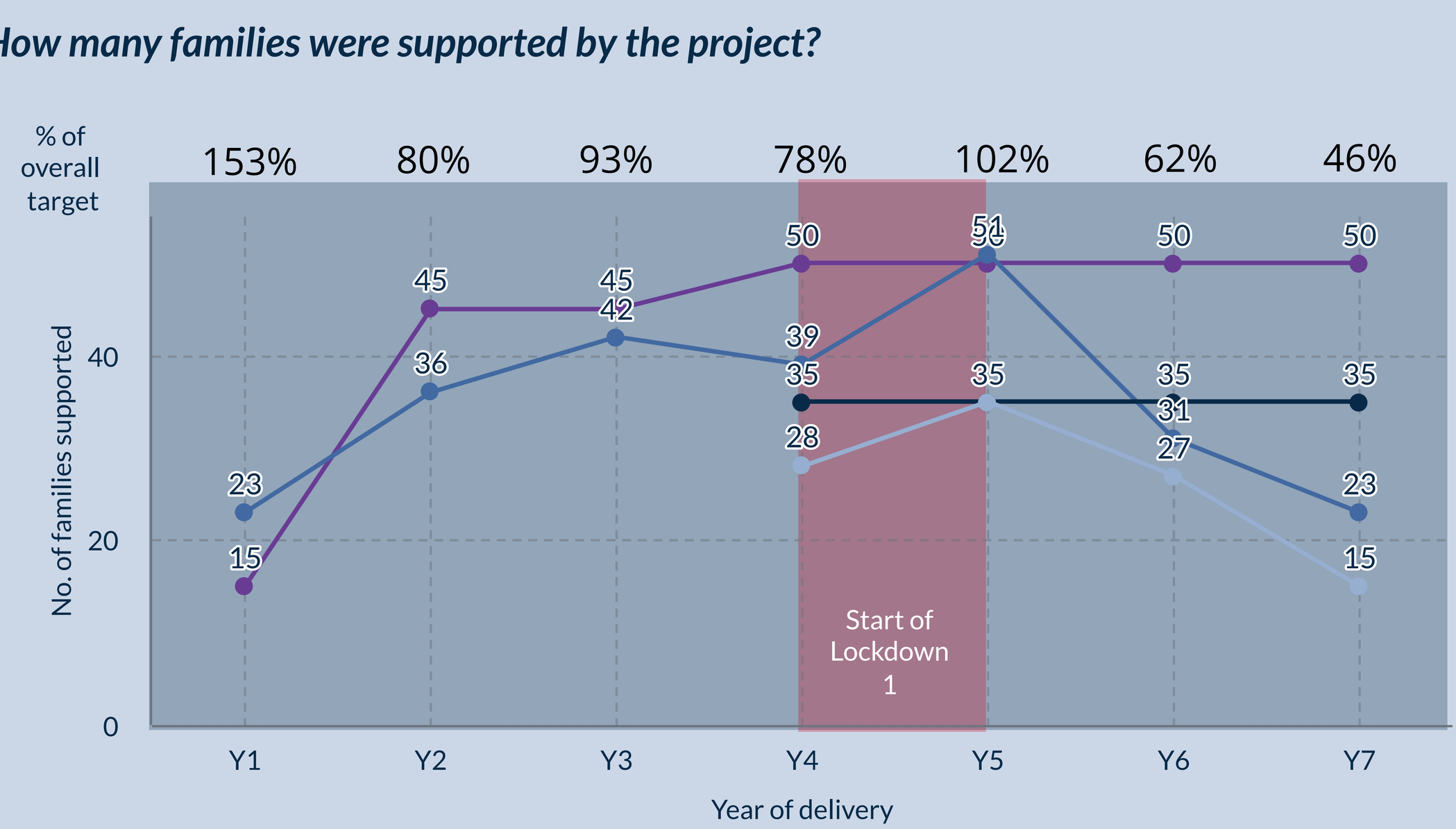


Figure 3: Number of families supported per year

Anticipated numbers of supported families were based on those matched with a volunteer each year. For the first contract there was a single anticipated figure for each year (15 in Year 1, 45 in Year 2, and 45 in Year 3).

It was acknowledged at the end of the first contract that 'supported family' has been poorly defined and given that support might be provided to families spanning more than one contract year, it was necessary to develop anticipated figures for 'new families' (those assessed and matched within a single contract year) and existing families (those who may have been matched in a previous year but continued to receive support in the current year). This approach took into account capacity within the project.

191

families were supported by the project

From Year 4 to Year 7 it was anticipated that 50 families would be supported each year, with 35 of those defined as 'new' to the service.

This makes reporting against an overall figure for the life of the project very complex. However, for the purposes of this report we have focused on the number of unique (new) families receiving support from the project operationalised as a target of 204 (calculated as 100% of families being new to the service in Year 1 and 70% of families being new to the service in subsequent years - this is based on the anticipated proportion of new families for Contract 2 and 3) . The project supported a total of 191 unique families (94% of anticipated). However it is important consider participation on annual basis.

94%

of anticipated families supported

Evaluation Findings

Participation and completion

Performance against annual targets is shown in Figure 3 on the previous page. We have based actual figures for 'new' families on those recorded as assessed and matched in the year in question, and 'existing' families on those who may have been assessed and matched in a previous year but who were recorded as having received a support visit in the year in question.

In the first contract period, the project performed well against targets starting strongly and building towards the increasing targets. Although COVID-19 posed significant challenges to the implementation of the project, HSBS maintained relatively high rates of recruitment and participation through the years impacted by public health restrictions, with the greatest number of families supported in Year 5.

A drop in the number of families supported is observed across Years 6 and 7, with 2023 most impacted. It is difficult from the data to determine exactly why this is the case. What is clear is that this reflects a significant drop in the number of referrals received in Year 7 as well as in the number of volunteers who were active within the project that year.

It is important to consider the increasingly challenging context for families and volunteers with the current cost of living crisis, which has implications for their capacity to engage.

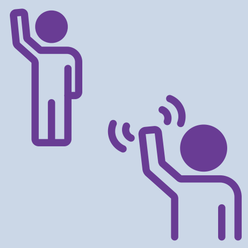
How many families completed the project?

Completion for this project was defined as having a planned ending to support agreed between the family and the service. Of the 191 families matched with a volunteer 147 had an ending type recorded (77%). Of these recorded endings, just over half (54%) were planned.

Planned endings includes families with whom all goals have been achieved or who decide that they no longer require support.

147
matched families had an end to their support recorded

109 (74%)
of those with an ending had an end visit recorded



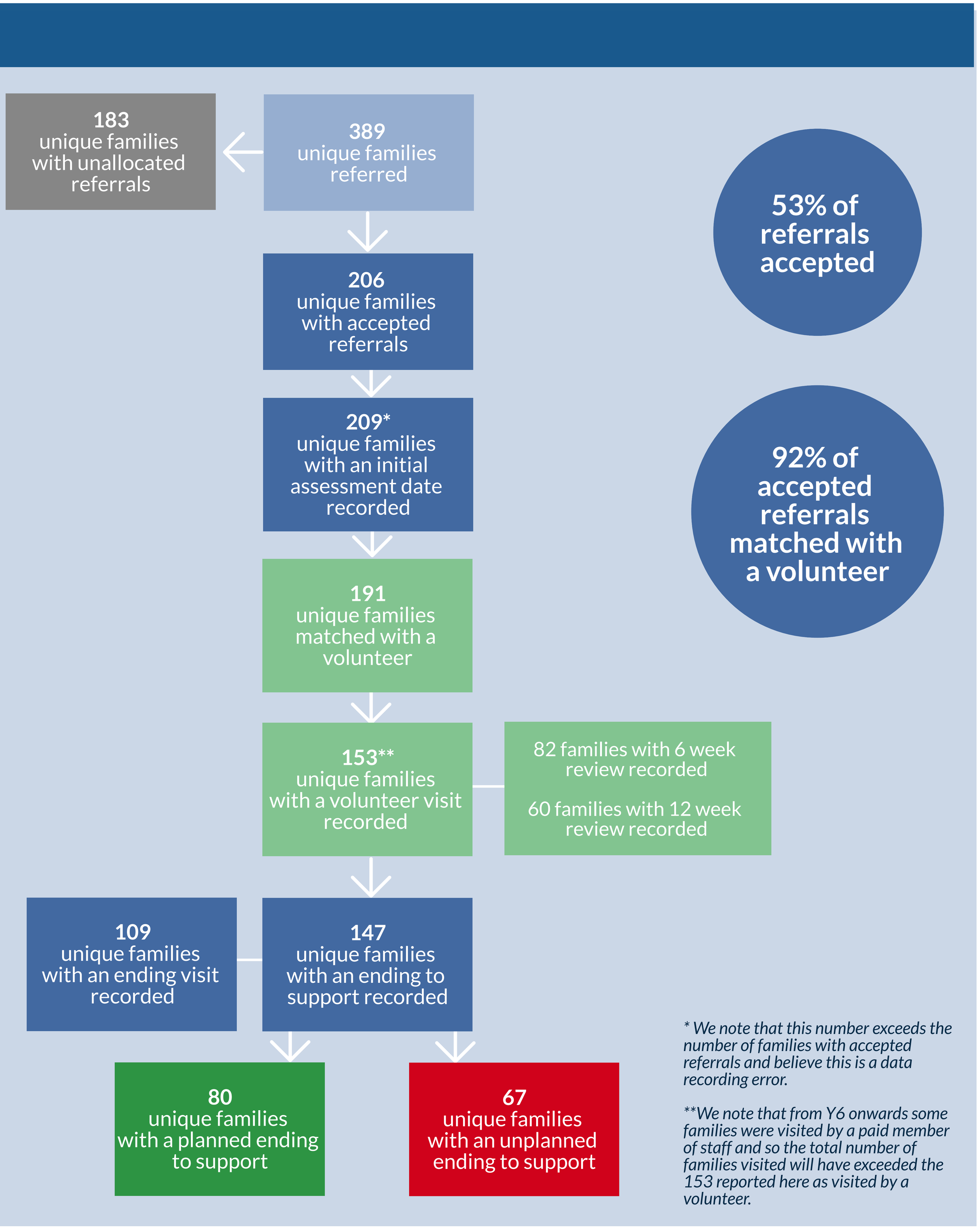
80 (54%)
of those with an ending were recorded as planned

67 (46%)
of those with an ending were unplanned

46% of families with an ending recorded were unplanned. Unplanned endings include where families have moved out of area, become uncontactable, or whose needs have escalated beyond the threshold for the service. They also include where a volunteer has left the service.

Despite this, 109 families (74%) had a end visit recorded, the project have stated that this is a recording error and all families with an end visit should have been recorded as a planned ending.

Participant Flow Diagram



** We note that this number exceeds the number of families with accepted referrals and believe this is a data recording error.*

***We note that from Y6 onwards some families were visited by a paid member of staff and so the total number of families visited will have exceeded the 153 reported here as visited by a volunteer.*

Evaluation Findings

Implementation

What support did families receive?

Volunteers provide support to families through home visits, face to face visits in other settings (such as parks or community centres), by telephone and video call. As previously reported, in response to the COVID-19 pandemic, face-to-face and home visits were severely restricted from March 2020. The project adjusted their practice very quickly and shifted support to telephone, in response to these restrictions. Limited face to face activities resumed in summer 2021, with home visits resuming in September 2021.

1537
volunteer visits recorded

Over the evaluation period 1537 volunteer visits were recorded (averaging at 10 visits per family). Support activities were recorded for each visit with multiple activities often being recorded against each visit. Activities were recorded against 5 overall categories (Table 3.) In total 2733 support activities were recorded (an average of 2 activities per visit).

Emotional support accounted for 53% of all recorded activities, aligning with needs identified by families at assessment. The project Logic Model highlights that supporting families to access more services is one of the key project level outcomes for HSBS. This could be facilitated by making referrals into other relevant services, providing practical support to access a service, or accompanying a family to an appointment or visit. Based of visit activity data, this type of support only accounted for 14% of activities, however, it is worth noting that the way this type of activity was recorded changed from Contract 1 to 2 which may mean this is underestimated for Contracts 2 and 3.

Type of Support	No. of support activities recorded (% of all activities)
Emotional support	1435 (53)
Activities with children	457 (17)
Support to use other services	385 (14)
Practical Support	356 (13)
Other- please specify	100 (4)

Table 3: No. of support activities recorded per support type

80 weeks
longest period of support recorded for a family

25 weeks
average number of weeks a family was supported (mode)

How long were families supported for ?

On average, families were supported for around 6 months (with the maximum length of support recorded as 80 weeks). This demonstrates that while visits may not be taking place weekly for all families, the project is providing long term support for many.

22 weeks
average number of weeks a family was supported (mean)

To ensure that the needs of families were being met and that work was concluded where it was no longer needed HSBS completed review visits with families at approximately six week intervals. Of 191 families who had support visits, 82 (43%) had a review at six weeks and 60 (31%) had a review at around 12 weeks from their first visit. This shows that a large proportion of families were supported for over a month, and nearly a third received support for at least 3 months.

Evaluation Findings

Implementation Evaluation

Were families supported to access other relevant services?

As previously reported. a relatively small proportion of support activities were recorded as including 'support to use other services' (14%). Similarly data suggests that a small proportion of supported families were referred into other services.

Overall, 47 unique supported families were recorded as having received one or more outward referrals. During the first project contract (Years 1-3), HSBS recorded that 40 families had received referrals into other services (around 40% of supported families). However, only 7 families were recorded as receiving referrals in subsequent years. It is unclear why such a drop in referrals has taken place, and could instead suggest issues with the consistency of recording in the data.

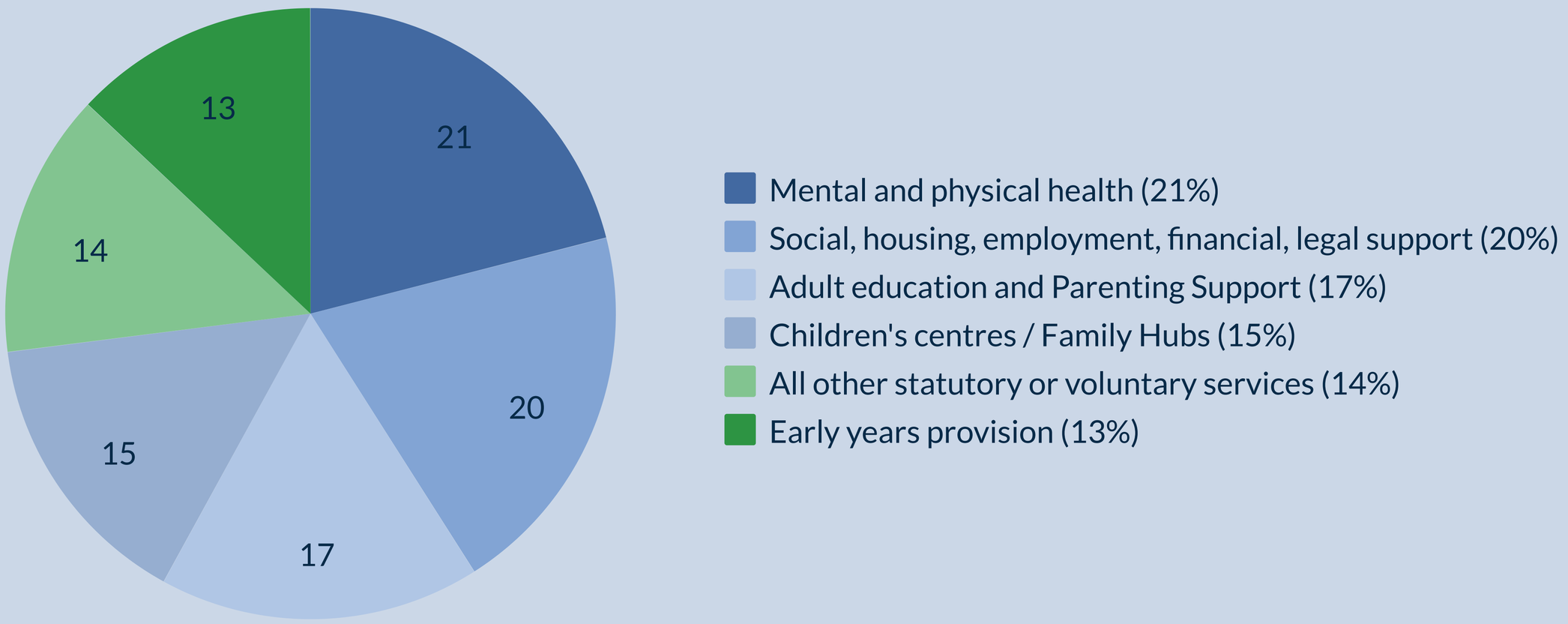
47

families had one or more referrals into other services

Where were families referred into?

While a relatively small number of families had any onward referrals recorded, for those that did they had typically been referred to several different services. There were 131 separate referrals made for the 47 families.

Figure 4: % of onward referrals by type



Services included under mental and physical health include GPs, mental health services including CAMHS, and dentists. Other services included are: Health Visiting, Social Services and Early Help, Mother and Baby Clinic, Citizens Advice Bureau, Helplines, Housing Support, Benefits Support, Legal Support, Job Centre Plus, Adult Education, Parents and Tots Groups, Nurseries, Schools, Parenting Programmes,

Evaluation Findings

Implementation

Were enough volunteers recruited and active?

As a peer support model it is important that the project is able to maintain a sufficient pool of volunteers to provide the capacity to support anticipated numbers of families. As previously stated, the project aimed to maintain a pool of between 15 and 27 volunteers over the evaluation period.

How many people applied to be volunteers and why?

The project performed very well in terms of attracting and appointing volunteers with an excellent conversion of applicants to appointees (92%).

76% of those appointed went on to support at least one family. Note that these figures indicate that nearly a quarter of appointed volunteers are yet to support a family.

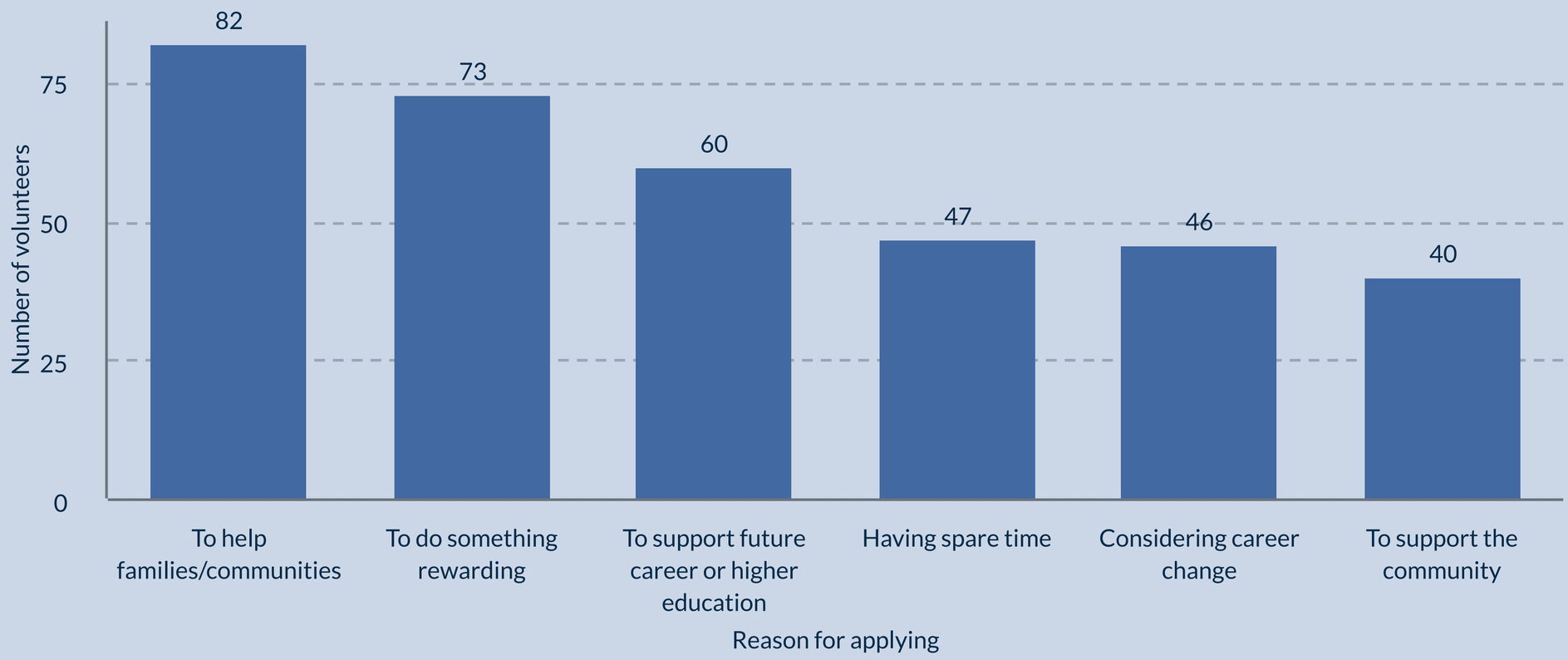
121 **applications to volunteer**

111 **volunteers appointed**

Why do volunteers join the project?

Volunteers are asked why they are choosing to join the project when they are recruited and could select more than one reason. Most people recorded at least 3 reasons for applying to become a Home-Start volunteer. The numbers of volunteers who gave each reason are shown in Figure 5.

Figure 5: Number of volunteers recorded per reason for application



76% **of appointed volunteers went on to support a family**

85 **volunteers were active over the evaluation period**

Evaluation Findings

Implementation

How many volunteers were active over the life of the project?

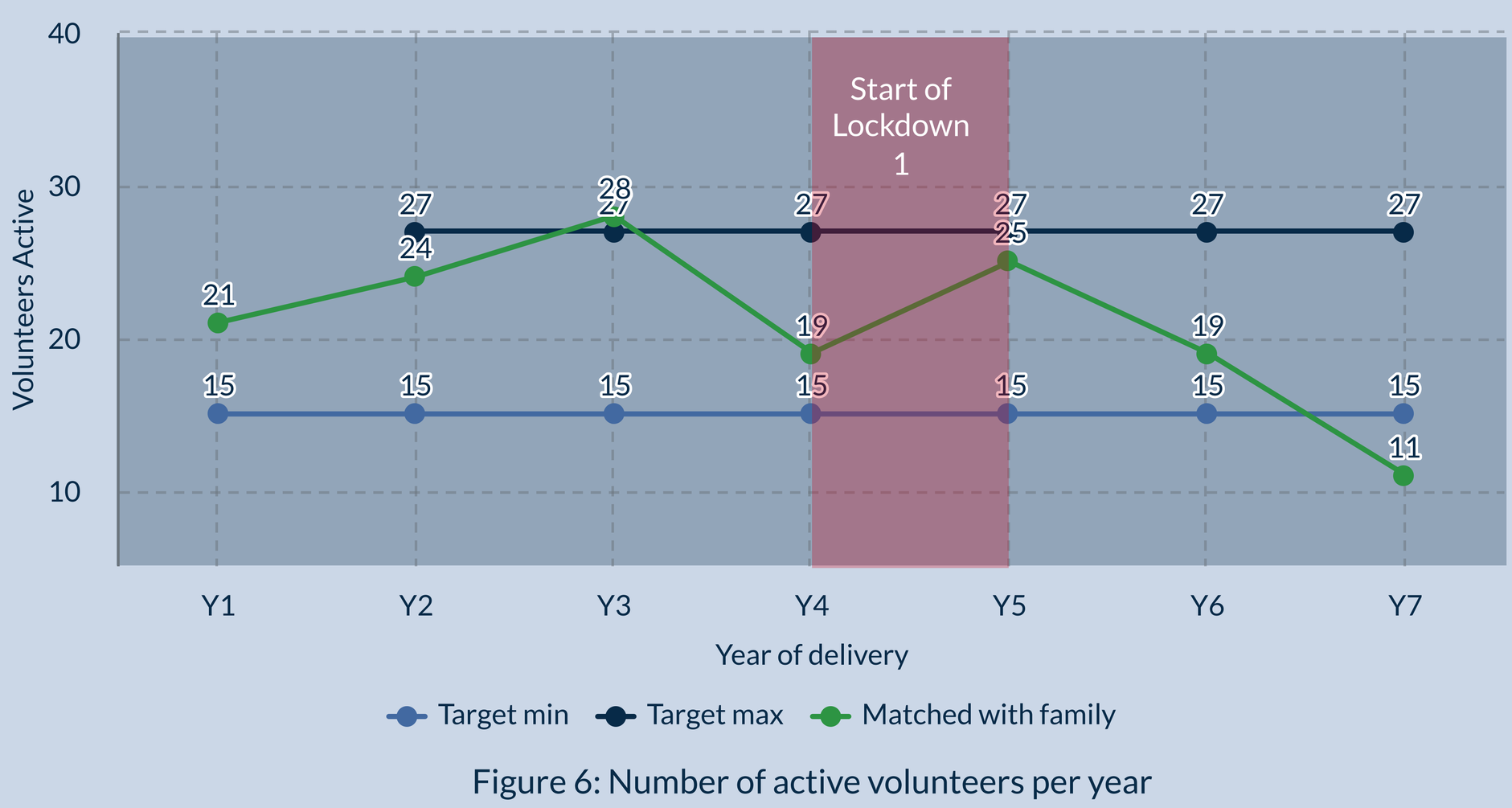


Figure 6: Number of active volunteers per year

Volunteers were considered to be active in a given year if they had been trained and appointed at any time and had a date matched with a family in a given year.

The project has performed extremely consistently in terms of maintaining an active volunteer cohort. Achieving or exceeding their targets for volunteer numbers in all but the final year.

The rate of newly appointed volunteers has remained fairly consistent across the life of the project (averaging at 17 per year) with the exception of Year 4 at the height of COVID-19 (10 appointed). Despite this, there has been a fall in active volunteers (in Years 6 and 7) which aligns with an increase in volunteers leaving the project in Years 5 and 6 (discussed below). This may reflect the ongoing cost of living crisis which if likely to be limiting individuals' ability to engage in volunteering activities.

Why do volunteers leave the project?

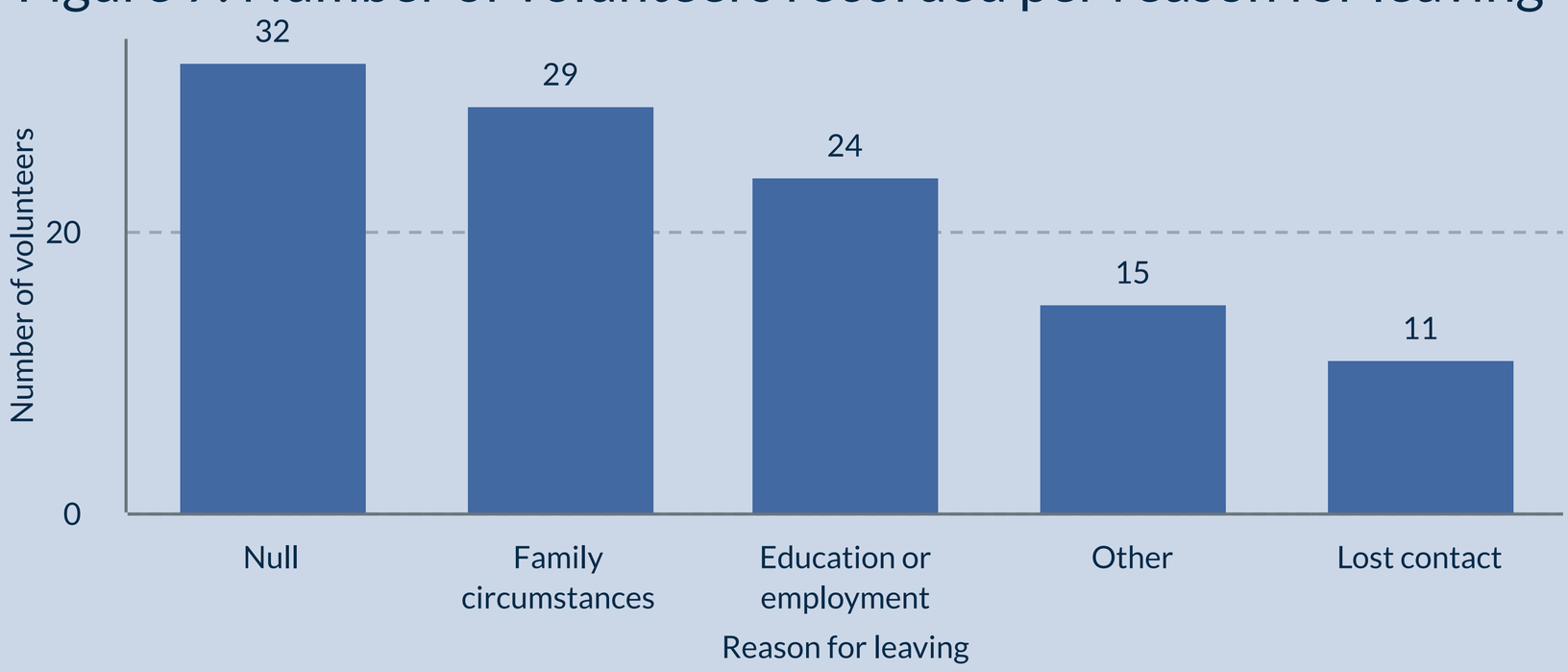
73 volunteers were recorded as having left the project. Of these, just over half (n=41) had a reason recorded (with multiple reasons often recorded) and just under half (n=36) had an exit interview.

Figure 7 shows that 40% of volunteers who left reported family circumstances as the reason for leaving. A third were moving into education or employment (33%), with 21% reporting other reasons (including health, no longer wanting to volunteer, eligibility, and moving away). 15% of volunteers simply became uncontactable.

Evaluation Findings

Implementation

Figure 7: Number of volunteers recorded per reason for leaving



What did exit interviews tell us?

Of the 36 exit interviews recorded, all took place from Contract 2 onwards.

Almost every volunteer interviewed reported numerous ways in which volunteering had provided them with personal development, with the most frequently reported being *improved self confidence*. Other commonly reported areas of development included *increased knowledge of family services*, *improved interpersonal skills*, and *enhanced and improved social or employment opportunities*.

In combination with a third of leaving volunteers moving into further education and employment, this suggests that the project provided volunteers with positive and valuable experience for life and work.

33%

of leaving volunteers went on to education or employment

49%

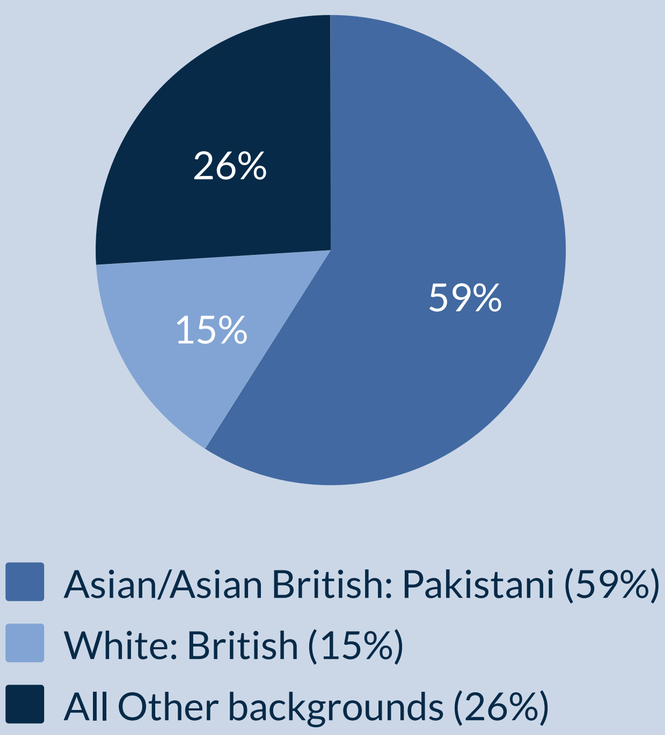
of leaving volunteers completed an exit interview

Evaluation Findings

Reach

Who were the families supported by the service?

% of families per ethnic background



The main ethnic groups represented in the Better Start Bradford population are Asian/Asian British Pakistani (46%), White British (12%), and White Other (8%)*.

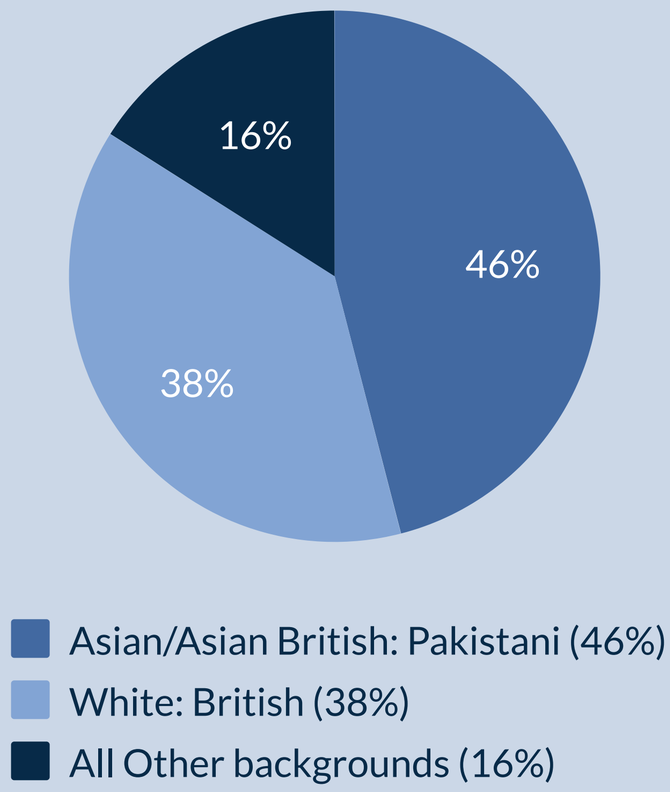
Of the 191 families who were matched with a volunteer, the majority were of an Asian/Asian British Pakistani background (59%) with this group slightly over represented when compared with the wider Better Start Bradford population.

White British families accounted for 15% of those supported. However, numbers of families of White Other backgrounds were so small these have been grouped with all other ethnic backgrounds, who make up just over a quarter of supported families (26%). White Other families are therefore significantly underrepresented when compared to the wider population.

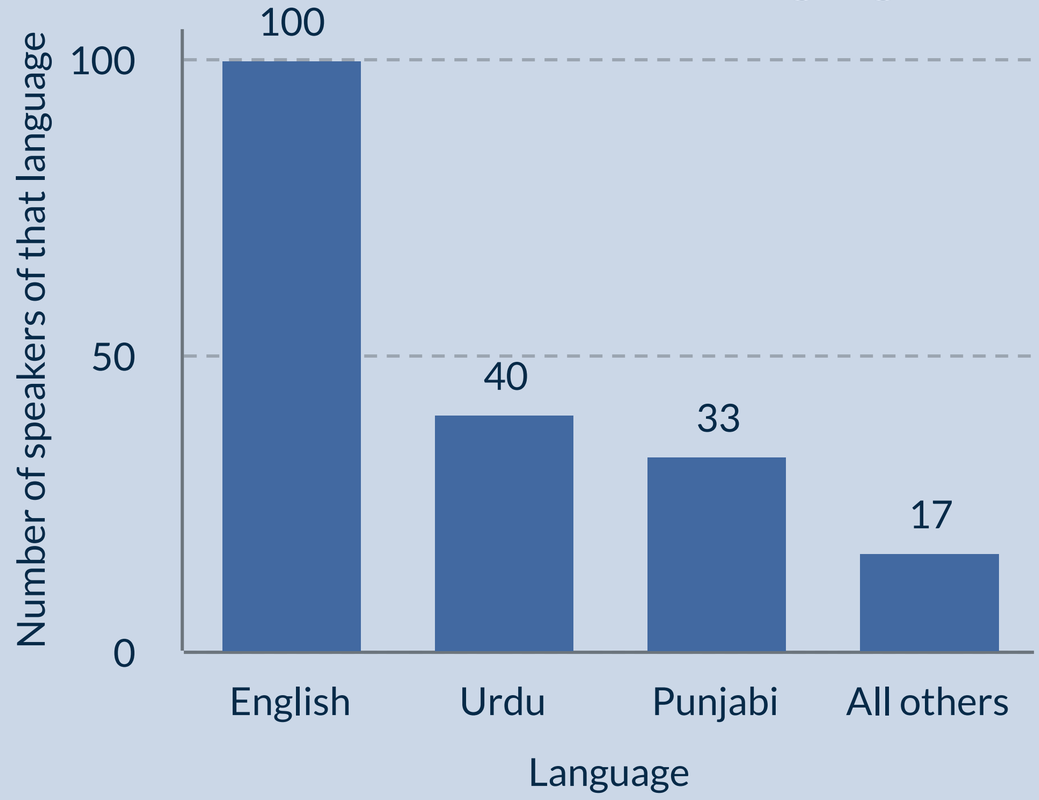
How did families compare with volunteers?

Of the 111 volunteers who were recruited to the project, demographic data was available for 101. Data shows that those of White British background were significantly over represented amongst volunteers when compared to both supported families and the wider Better Start Bradford population. While volunteers were well representative of of the Asian/Asian British Pakistani community, similar to supported families, those of a White Other background were significantly under represented.
More than 10 languages and dialects were spoken amongst volunteers (n=108). 53 % of volunteers spoke two or more languages, however the diversity in language skills was amongst a small number of volunteers, which may have resulted in challenges in matching, particularly for Eastern European languages. However, language data for families was only available from Contract 1 so it is difficult to form any definitive conclusions.

% of volunteers per ethnic background



Number of volunteers with language



Other languages included: Arabic, Bengali, Pashto, Polish, Slovakian, and Spanish.

*reference!!

Evaluation Findings

Satisfaction

Over the course of the evaluation period, 58 families responded to the satisfaction survey - this is 29% of participating families. Respondents rated their level of satisfaction across 6 domains described below. The vast majority of respondents reported high levels of satisfaction across all domains. However, these findings should be interpreted with caution given a relatively low response rate.

100% **of respondents had a median score of 4 or more**

95% of respondents agreed or strongly agreed that the project was helpful to them

100% of respondents agreed or strongly agreed that they were satisfied with the support they received

98% of respondents agreed or strongly agreed that the project gave them useful information

96% of respondents agreed or strongly agreed that the project was easy to access

98% of respondents agreed or strongly agreed that they would recommend the project to family or friends

96% of respondents were happy with the project overall

HSBS has been a huge help - having someone to give encouragement and support. My emotions were all over the place. I was low and now I'm so much better. My children have become more outgoing.

Was an absolutely amazing opportunity to have had and receive the support I did. It really helped build my confidence and give the push I needed to trust myself and carry in doing and increasing the things that I was doing for myself and toddler.

Better start bradford 100% tell eveyone i know to use them for support because its help me more confidence thanks you.

A great service for people who need it. I tried it it wasn't for me but I'm sure it's something that would help alot of people.

Thank you for supporting me and my daughters it's made a difference to my overall wellbeing.

Evaluation Findings

Conclusions

Overall, Home-Start Better Start have performed well against anticipated figures, both in relation to recruitment of families to the service, and maintaining a pool of volunteers that provide capacity for supporting anticipated numbers of families.

However, there has been a noticeable decline in levels of recruitment of families over the last 18 months. This has coincided with a reduction in the number of referrals being received, with the rate of transition from referral to supported family also reducing. It also coincides with the number of volunteers leaving the project increasing and recruitment of volunteers decreasing. Reasons for this decline are not clear from the available data, but possibilities include the cost of living crisis pushing volunteers into paid work or possibly a saturation of volunteer opportunities within the area due to the number of voluntary projects running both with BSB and in other structures.

While 191 unique families were recorded as matched with a volunteer, 153 unique families were recorded as having received a support visit. It is worth noting that some of the families who haven't had a support visit recorded, may be awaiting their first visit. We also note that from Year 6 onwards some families were visited by a paid member of staff and so the total number of families visited will have exceeded the 153 reported as visited by a volunteer.

On average families are supported by the service for around 6 months. The average weeks of support exceeded 20 in both mean and modal forms. This suggests that for families who took support they valued this and engaged over an extended period.

The greatest loss of families takes place between referral and matching. Of unallocated referrals, 45% turn down the service or disengage. This is observed across other similar Better Start Bradford projects and may well simply reflect a hard to engage population.

However, 24% of the loss is due to unavailability of a suitable volunteer, either due to language need or overall availability and this suggests that there may be a gap here that the project could address.

The ethnic make up of families was not fully representative of the demographics of the Better Start Bradford area, with White Other families significantly under represented. Meanwhile volunteers were over representative of those from a White British background. It is unclear from available data why this might be the case, but it has been a consistent issue over the life of the project. It would be a valuable area to explore further in order to better understand whether the project could better meet the needs of under represented groups aas it is unlikely that need is greater in those well or over represented.

The primary need amongst families related to parental wellbeing and the majority of work volunteers are recording with families is emotional support demonstrating how they are responding to the needs of families.

For the most part, inputs and activities described in the project Logic Model have been demonstrated in action. However, support to access other services (including onward referrals) is less prominent in the data than might be expected. It is unclear whether this is due to issues in data capture or whether this is not an area of support families identify.

Evidence for Home-Start Better Start

Evidence Review and Rating

An evidence review conducted by BSBIH in 2017 identified five evaluations of Home-Start that had been published, two of which were conducted in the UK and three in the Netherlands. All of the studies indicated improvement in child outcomes, maternal wellbeing and parenting. The UK studies showed an improvement in school readiness for children (Young 2015) and improved maternal wellbeing and an indication of improved parenting (Frost 2000). One study provided evidence for effectiveness in terms of child behaviour (Hermanns, 2013). There was some indication of positive change with regard to maternal wellbeing as a result of participation in Home-Start.

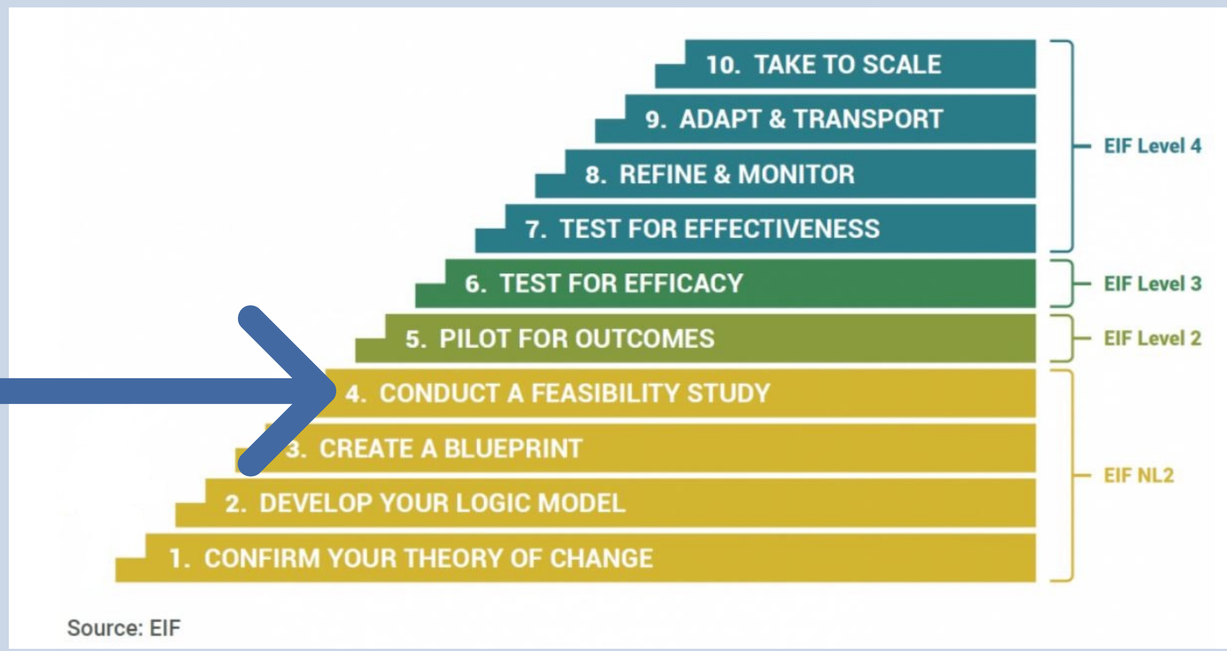
However studies were limited in terms of design and analysis. Often control groups were not comparable to the intervention groups because families were less disadvantaged (Hermanns 2013, Deković 2010, Asscher 2008). This means that, for outcomes which generally improve with age (such as child outcomes), there is more room for improvement in the Home-Start group. Positive findings may therefore simply be the result of children growing up rather than resulting from Home-Start.

A further literature search conducted this year identified a further published evaluation of Home-Start based in the Netherlands, comparing participation in Home-Start against other 'usual care' interventions (Smallegange 2019). While again there was some indication of promise relating to parent and child outcomes, the study was subject to the same limitations as found in the previous review.

Evidence for Home-Start is equivalent to EIF evidence level NL2. This lack of evidence is partly due to the nature of a programme such as Home-Start; a flexible approach means that it is difficult to specify elements such as eligibility, exclusion criteria, and what exactly is being delivered. Home-Start is highly variable with regard to participant characteristics, delivery and even goals to be achieved, while rigorous evaluation requires that any variation is reduced to a minimum or controlled for so that the effect of the intervention can be observed without interference from other factors. In the studies reported to date, many other factors might have influenced the improvements seen in the intervention groups.

In conclusion, there is some evidence to suggest that participation in Home-Start improves child outcomes and improvements in parental wellbeing and parenting skills. However, a more robust and high quality evaluation of this programme is still needed to understand the full effects of this programme and child and parent outcomes.

NL2



Recommendations

Recommendations for Practice

With delivery of Home-Start continuing in Bradford, learning from the current evaluation could provide opportunities for adapting practice:

- Continued efforts should be made to engage families from a White Other background. These efforts should include ensuring the volunteer pool is more representative of the wider Better Start Bradford population. Strategies to promote recruitment of volunteers from Central and Eastern European communities should be developed.

- Rates of decline and disengagement between referral and matching could be explored to support development of strategies to optimise enrolment in the project.

- Data capture around supporting families to use other services and onward referrals should be examined to ensure it accurately reflects the work volunteers are doing with families.

Recommendations for Evaluation

In light of learning from delivery in the Better Start Bradford area, the Innovation Hub recommends a review of the project logic model to ensure it still reflects current implementation.

Should there be opportunity for future evaluation, this could focus on:

- exploring reasons for high levels of disengagement and service decline following referral to support the development of strategies to optimise recruitment

- exploring barriers to engaging those of a White Other background to support the development of strategies to attract families and volunteers from these backgrounds

- exploring why there has been an increase in the number of volunteers leaving the project