



‘The Spice of life’: An evaluation of Home Start Manchester South

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Background

The research was funded and undertaken by Manchester Metropolitan University (MMU) between April 2013 and July 2014. The overall aim of the research was to evaluate the work undertaken by Home Start Manchester South (HSMS) for the year 2013-2014. The evaluation had the following objectives:

- To explore the kinds of families and communities that the organisation provides support for.
- To explore how families are referred to Home Start Manchester South.
- To find out who are the volunteers for Home Start Manchester South.
- To evaluate the effectiveness of Home Start Manchester South in meeting the needs of the families it works with.

The research is based on focus groups with volunteers, seven interviews with families, telephone interviews with HSMS board members, database evaluation, an online questionnaire with referrers from a range of service providers, and fieldwork at training events. One member of the research team attended a HSMS evaluation event held in Withington. The research team is located within the Faculty of Health, Psychology and Social Care at MMU.

Introduction

Within the context of the current *austerity* measures in the UK, increasing numbers of families are experiencing hardship. Further, funding for the voluntary and community sector is being reduced. It is important that Home Start Manchester South can demonstrate their impact in the communities in which they work in order to support future funding applications, and recruit volunteers. Home Start Manchester South is one of 314 locally based Home Start organisations across the UK. They are affiliated to Home Start UK but operate as an independent organisation and cover 17 wards in South Manchester (Central West, South and Wythenshawe electoral constituencies). During the period of this research, there has been increased recruitment of volunteers. The organisation has moved office twice during the research period, with the aim of improving facilities for staff, families and volunteers.

Key findings

Home Start Manchester South (HSMS) provides an invaluable support for families across South Manchester.

1. Current service users of HSMS reported that the organisation provides a high level of support and wanted the service to continue to provide 'more of the same'.

2. Volunteers are trained to a high level and are committed to the values of the organisation.
3. Health visitors are the main referrers of families to the service and highly commend the support provided by the organisation for families experiencing difficulties. They reported a very positive experience of the referral and administration processes.
4. Processes implicit to HSMS may need more clarification for volunteers and families. For example, how the volunteer support is reviewed and what happens at the end of HSMS support.
5. Since December 2013, HSMS have made significant efforts to raise their profile with partner organisations, key stakeholders and communities, notably in the Central Manchester electoral constituency.
6. The number of Black and Minority Ethnic (BME) families being supported or awaiting a match with a volunteer has increased.

Recommendations

1. **An expansion of the service:** Volunteers and families both highlighted that the only way they would like to see HSMS develop is in offering 'more of the same' in terms of the amount of support and the number of families that are supported by the organisation. This is also reflected by referrers in suggesting more volunteers would be beneficial and trustees in expressing a desire to expand the organisation. A key recommendation would be to expand the current service offered to recruit more volunteers and support more families but using the current model.
2. **Increase Publicity of the work of the organisation :**
 - 2.1 *Referrers:* To continue to ensure potential referrers are aware of the services HSMS offers. Referrers had mostly found out about HSMS from colleagues rather than managers so ensuring agencies include information about HSMS during staff inductions would aid awareness.
 - 2.2 *Volunteers:* To maintain the range of volunteers, the personal benefits of volunteering for HSMS should be promoted through pre- and retirement literature, local newspapers, at local schools and through large local employers.
 - 2.3 *Families:* More families should be made aware of the service offered by HSMS, and that they can self-refer. Marketing through ante natal and maternity streams such as bounty packs and maternity wards; local playgroups and General Practitioner surgeries would be useful as well as more pro-active use of families in strengthening word-of-mouth awareness through the use of promotional materials such as cards or fridge magnets given out to families that have been supported.
 - 2.4 *Using this research and MMU support:* It is proposed that the findings of the research converted into a pictorial form could be used to create promotional materials which make clear the benefits of volunteering and being supported by HSMS.

3. **Funding:** Further use should be made of trustees and their networks to seek support in bid writing and obtaining funding to allow more families to be supported.
4. **Relationship boundaries.** More guidance about managing the relationship with a family should be given to volunteers during their training, for example considering whether contact should be maintained following the end of formal support and around practices during support such as nappy changing and watching children for short periods of time.
5. **Fast Response:** The time it took to be matched with a volunteer was at times problematic. The research did evidence that while families are on a waiting list for a volunteer, they do receive some support from the HSMS co-ordinator including referrals to other services, advocacy, signposting to services and help with obtaining goods (for example, furniture). Families reported that their need was greatest at the time of referral. A volunteer or member of staff who could offer fast response support between referral and matching a family to a volunteer would be a valuable development to the HSMS service.
6. **Repository of local information:** Families valued the local knowledge some volunteers could offer. It would be useful to compile information about local services, schools and groups to help signpost families.
7. **Review Process.** The review process and the outcome of any reviews should be put in writing through a reminder such as a postcard and after the review with details of what is to happen now.
8. **Managing endings in support.** It was reported that managing the ending of support and the relationship between the volunteer and the family was difficult. Ways of managing the transition positively should be considered and discussed during training. Options for approaches to ending the support could be given to volunteers without removing the flexibility to tailor this according to each individual relationship. Volunteers should discuss the process with their families. However, it is recognised that some families maintain contact with the volunteers, and this relationship often develops into a friendship.

Research Findings

1. *'Lovely aren't they, all different families'* – who does HSMS support?

Between April 2013 and June 2014, 38 families received and completed support from HSMS, 21 families continue to receive support and 17 have received and ended support. There are currently 27 families awaiting a volunteer match. Seven families were interviewed and reside in different areas of South Manchester. In the main, families supported by HSMS live in the Central West and Wythenshawe electoral constituencies. Three families are of Asian background, one is African, one from another European country and two are White British. These figures are representative of the ethnicity breakdown for the 38 families supported. During the period of the research, HSMS have increased the numbers of BME families they

support, and of the numbers who are still receiving support or awaiting a match with a volunteer, 44% are White British and 56% are BME.

The interviews were conducted primarily with the mothers within the families who had been supported by HSMS for between 1 month and 18 months. The families had received support from HSMS for a myriad of reasons including multiple births, children with special educational needs, premature birth of children, lack of support within the immediate family or extended family based overseas, and social isolation. All of the families had more than one child and one family had five children with another expected. The volunteers spoke about the variety of families they supported, and how this contributed to their enjoyment of volunteering.

2. The nature of the support for families from Home Start Manchester South

a. 'An extra pair of hands'

The majority of the families interviewed described the support they received from HSMS as practical support highlighting the benefit of *'an extra pair of hands'* when managing multiple young children:

'It could be cleaning or cooking, having a bath, whatever, it's just I don't have to worry about the kids. It really is a big thing.'

Referrers reported that the most frequent for referral, was social isolation, family support and needing help with the household budget, and the day-to-day running of the family home. Families were also supported in attending groups, which helped them create their own social links, attending appointments, and they were guided in managing their children's behaviour. One parent stated:

'[h]aving a toddler, he's just turned two, appointments all over the place, some appointments outside the school day I have to take all of the group to the hospital. When I have a volunteer with me it's very, very helpful, because when I'm busy with the other things sometimes I have to go to the weighing and look after the kid, sometimes I have to undress the kid and this one is running away, out of control, but with a hand there she helps me.'

Parents reported that they often felt isolated from the community and unable to go out with the children, for practical reasons. The volunteers provided support in going out of the house as stated by one parent,

'So it's being able to go out really, Because I felt they were stuck at home, now they've got a bit of a routine, every Monday she comes and if the weather's nice we go to the park.'

Practical help allowed parents to have one-to-one interaction with their children as evidenced by a participant:

'She's great with X and just reading her stories and doing jigsaw puzzles and stuff like that, and she just adores babies so she's great, she's just a godsend I wish I could have her for more time that's the only thing but yeah, really really lovely.'

b. 'Like a friend'

Although citing the support as practical families talked about how talking while doing activities with the children or completing household tasks helped develop a relationship which was described as being like a friendship. The companionship offered was important to the families:

'just to sound off and just to talk about things because I was quite isolated I didn't really have any friends';

'it's just nice to have company sometimes especially if it's a day when you haven't really seen many people'.

Volunteers were also reported to be important to the children as they enjoyed the volunteer coming and it was a 'fresh face';

'if I wasn't in the mood to see my friends at least she would come every week so they would see her as well and do something, and I think they really appreciated that'.

The maternal nature of the support is also beneficial with families valuing the fact that volunteers are parents and experiencing the maternal support as valuable when female family members are not local or able to offer support. One participant stated:

'it feels like she's a grandma to our family it's lovely, so it's nice to have that maternal kind of experience coming to help us.'

Another participant stated:

'I think you could relate to her more because she had children of her own, she was obviously older and she had kids herself so she could understand a bit more'.

c. 'Non-judgemental'

Volunteers are viewed as being non-judgemental and there for the family. For example, one participant stated:

'other professionals do understand but they have their own agendas, their own thing and so you can't really trust them, at least that's how it feels.'

The voluntary nature of the support was significant as families valued the volunteers 'choosing' to support them and they were very grateful for volunteers' generosity in giving their time. A participant stated:

'and it's just so great to be able to have this resource to call upon, it really does make a gigantic difference to my life.'

d. 'Between Professional and Personal'

Families reported that the relationship was somewhere between professional and personal; combining friendship with an ability to guide and advise. For example, a parent said:

'She understands, but at the same time she's not a friend, I wouldn't want a friend to sit next to me and hear all the personal stuff but it's nice to have someone there who isn't a professional.'

Volunteers can also offer advocacy and being between professional and personal is of great benefit:

'to have somebody with you who can see what is happening from a professional point of view but also with you, it really meant something.'

3. The referral process

From the online survey questionnaire, the interviews with families and data analysis of HSMS database, it was evident that health visitors are the main referrers of families to HSMS. 43 referrers were invited to take part in the survey, however the response rate was low. The main reasons for referrals are social isolation, lack of family support and multiple births. The limited data we did get from referrers cannot be widely attributed, however, it indicates that referrers agree that the referral process is efficient and communication is of a high standard.

Once families have been referred to HSMS, there is a waiting period until they are matched with and allocated a volunteer. For families, this waiting period can be difficult, and they highlighted the need for a more rapid response. The research did evidence that while families are on a waiting list for a volunteer, they do receive some support from the HSMS co-ordinator including referrals to other services, advocacy, signposting to services and help with obtaining goods (for example, furniture).

Referrals of families from the Central West constituency have increased since July 2013 and was a result of active profile raising by HSMS. This included presentations to Health Visitor teams and Sure Start outreach teams. Further, HSMS have joined the Manchester Children's Partnership and there is staff representation on the Manchester Safeguarding Children's Board.

4. HSMS Resources

HSMS have 27 active and current volunteers. In addition, a further 19 volunteers supported families and finished volunteering during the period of the research, so there have been a total of 46 during the reporting period. The majority of volunteers are aged between 25 and 60 years. 31 volunteers are of a White British background and 15 from a BME background. The most important resource at HSMS is the people involved. We undertook telephone interviews with HSMS trustees. There are currently six trustees including two who have recently joined. One trustee is a volunteer as well.

Trustees have reported that it is essential to have a range of knowledge and skills on the board. Currently this is a strong and growing committee. Much of the way HSMS works effectively is the result of the personal attributes and the experience of staff. For example, approving volunteers and matching volunteers with families involves the professional judgement of the co-ordinators. Volunteers are also creating the beneficial relationship with families through their way of interacting with them, for example one parent reported:

'she's such an open person, she's a really easy going person, so I think because of that I was able to open up to her and talk to her freely.'

Volunteers attend a preparation course for one day each week for eight weeks, and 73% of volunteers who attend the course continue as HSMS volunteers. This is a valuable and comprehensive course with volunteers reporting that they felt well prepared for their role of volunteers and they valued the additional courses that were offered to enhance their knowledge and skills. It was clear that volunteers were dedicated, knowledgeable and able to offer the non-judgemental support that was found to be so valuable by the families they supported. Volunteers are made to feel valued through the lunches provided during training and at meetings and the thank you cards sent during volunteering week. The research evidenced active and ongoing promotion of the May/June 2014 Volunteer Preparation Course to many agencies and organisations, as well as mosques, within the Central West constituency of Manchester. This resulted in an increase in BME volunteers (of the 7 recruited, 4 were from BME backgrounds).

Limitations of the research

The research was undertaken during a period of organizational change for HSMS. Physical moves and staff changes, alongside increasing referrals occasionally impacted upon the pace. The research was initially delayed owing to the need for Home Start UK to consider the project proposal. The survey element of the evaluation had both technical problems (from Survey Monkey) and a low response rate. This has resulted in the limited usefulness of this data.

Conclusion

The evaluation evidenced the high quality support that HSMS provide to families in the South Manchester area. Families highlighted the important need for this support to continue and requested 'more of the same'. HSMS has excellent administrative systems in place to support volunteers, referrers and families. There is a buoyant climate around volunteering and much evidence of commitment. HSMS clearly value their volunteers. The processes of taking on families, reviewing and exiting may need some further clarification for families and volunteers. Drawing on the pool of resources provided by the new trustees will be a useful future strategy.

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