



# **Home-Start Norfolk Impact Evaluation Review**

June 2023

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# Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

# Summary

Healthwatch Norfolk was commissioned to undertake this piece of work by Home-Start Norfolk, who received funding from the National Lottery to commission an Impact Report as well as an external evaluation of the Impact Report. This report is our external evaluation of the Impact Report, which was completed by Community Praxis.

This work has been undertaken at a time when the future of Home-Start Norfolk is uncertain. Their National Lottery funding is coming to an end, as is a significant contract for the provision of their services. The Board of Trustees has implemented a number of measures to reduce overhead costs, including losing the CEO and all staff cutting their hours, but ongoing funding must be secured for the future sustainability of the organisation.

We reviewed the Impact Report completed by Community Praxis, but from the outset were surprised that the report did not provide evidence of the impact that Home-Start Norfolk has, but rather focused on the development of tools for measuring future impact. It appears that the objectives of the work undertaken by Community Praxis were working towards a longer-term goal of providing evidence to stakeholders of the impact of Home-Start Norfolk activities to support the sustainability of the organisation. We would argue that this is not what Home-Start Norfolk needed at this crucial time.

The Impact Report set out six key objectives, which we reviewed to see whether they had been met. The objectives were focused on developing a Theory of Change (ToC), reviewing current systems for capturing impact, analysing the database requirements, identifying the reporting systems, helping staff to have a shared understanding of the impact of the work and developing a platform to increase the financial support and sustainability of the organisation.

We found out that three of the objectives had been met - developing a ToC, helping the staff to develop their shared understanding of the impact, and developing a platform to increase wider support and therefore the sustainability of the organisation.

ToC is a framework that can be used to support planning, ongoing decision-making and evaluation. It can be used to describe why change is needed and the steps to get there. ToCs are often shown as a diagram. As part of the work on the impact report, Community Praxis developed two ToCs - one in diagram form showing the current work of Home-Start Norfolk and a second one, described as a Transformative Evaluation, which is the development of a new tool or system for recording and evidencing impact.

The first ToC, the diagram of the current work, has proven to be a helpful tool to the staff of Home-Start Norfolk and they are using it both internally and externally to show how their interventions can lead to change in families. The second ToC- the Transformative Evaluation - is less helpful. It did meet the objective of developing a new platform to gain wider support as part of its proposed framework for collecting evidence of impact in the future. However, the outline of this was confusing within the report and we found that staff and volunteers do not appear to understand it. It is our belief that it will be difficult to implement.

Community Praxis met the objective of helping staff to understand the impact of the organisation and engaged well with the staff and volunteers from the organisation. The report identifies the importance of the role and value of the volunteers and suggests that more could be done to utilise this, but does not give practical recommendations for this, beyond using volunteers to help families identify change as part of the new tool for evidencing impact. We believe that there are additional steps that could be taken to obtain additional income for the organisation.

Engagement with families was limited to only 20 parents and we felt that alternative ways of getting feedback from families should have been used, including using Home-Start Norfolk volunteers. There was little analysis or demographic data relating to those parents that did participate.

Community Praxis undertook a series of workshops and consultations with staff. This has been of value and provided the opportunity for staff to reflect on their work and the future of the organisation, which has been a useful exercise. The staff team recognised that the work of Community Praxis was focused on future impact, but external stakeholders were anticipating an evaluation of their impact. The external stakeholders we spoke to additionally confirmed that they found the report confusing and not what they had anticipated. They also said that they recognised the value and importance of Home-Start Norfolk, but with ever diminishing resources do not have the funds to keep the organisation in existence.

We spoke to other Home-Starts to see if there was any learning that could be gained from their experience. We heard examples of a range of services that were being provided, which Home-Start Norfolk could consider. We also found that some receive significant funding from their Local Authority and others have been reliant on National Lottery and other sources of funding. The cost of support for a family varies between Home-Starts.

The work of Community Praxis did not address financial or cost benefit analysis, which could have been of value to the organisation and external stakeholders. This had been an early aim of the project. The work also failed to address the objectives for reviewing current systems for capturing impact, analysing the database requirements, and identifying the reporting systems. There was an attempt at this, but Community Praxis had been clear from the outset that this was not their area of expertise. Our conversation with the staff at Home-Start Norfolk revealed that there are robust systems for capturing data about families and the outcomes of Home-Start support. The recent Annual Report and AGM were an excellent example of evidencing the impact of Home-Start Norfolk.

The final Praxis report identifies a set of ten recommendations for Home-Start Norfolk, which outline key tasks and next steps for the organisation. Whilst some of the recommendations have useful and practical suggestions to develop the service and its responsiveness, such as training around trauma and working with fathers, the evidence to support the need for the recommendations is missing. There is also a focus on the implementation of the new impact tool. What the recommendations fail to address is the urgent need to secure the future of the organisation. The staff team have been exemplary in working through the recommendations and keeping track of their progress. Home-Start Norfolk plan to use volunteers at the final visit to a family to support the family in recognising the progress they have made, which was part of the Transformative Evaluation tool. They also plan to produce more case studies to provide qualitative data.

Home-Start Norfolk has an existing database and systems for recording the outcomes for families. As there have been a number of changes in personnel recently, the new staff are rapidly learning how to use the system to extract the information they need to evidence their impact. The system, Charitylog, has scope for further development, including adding data on where volunteers go when they leave Home-Start Norfolk.

# Why we looked at this

## Background to project

Home-Start Norfolk received a large grant from the National Lottery Community Fund in 2017, following the removal of core Local Authority funding and the merger of five smaller Home-Starts in the county (Norwich, Great Yarmouth and district, Breckland and South Norfolk, Swaffham and district, Kings Lynn and West Norfolk). This funding was for three years and for the purpose of supporting the newly merged county-wide charity. It brought about a refreshed leadership at non-executive and executive levels, as well as a full workforce restructure with revised contractual terms. Before this Home-Start Norfolk had three years of Lottery funding to increase its capacity.

The Lottery agreed to extend their initial investment and fund core work for a seventh and final year, under the condition that Home-Start Norfolk undertake an independent impact evaluation in 2022-2023, with a view to becoming locally sustainable. This review would seek to evidence the value of a Home-Start intervention across Norfolk and Waveney Integrated Care System (ICS), detailing how, where, and with whom Home-Start Norfolk should be working to ensure the best outcomes for Norfolk families.

Home Start Norfolk agreed to:

- 1) commission an evaluation of their impact on families and volunteers which highlights their value as a preventative (rather than crisis-driven) service, thereby strengthening their application for further funding.
- 2) commission an independent assessment of the impact evaluation process upon its completion.

Home-Start Norfolk initiated their impact evaluation project in early 2022, recruiting Mark Straw of Community Praxis as the project lead. Healthwatch Norfolk were asked to undertake the second part of the project, an independent assessment of Community Praxis' impact evaluation, in February 2023. This report is the result of that work.

## **Who are Home-Start Norfolk?**

Home-Start have worked in Norfolk for more than thirty years, carrying out preventative early interventions with vulnerable families across the county. Peer-led support around parenting is offered to families in their own homes for two-three hours a week over six months. Support is led by the family's needs and can be practical or emotional. Examples include:

- helping to establish routines
- supporting access to wider networks
- encouraging people to attend a group/leave the house
- home-learning
- making phone calls (advocacy)
- engaging in the local community

There are Home-Starts all over the country, each carrying out different activities depending on available income, although as a federation they have all signed an agreement wherein home visits are their core support model. Home-Start UK (HSUK) is the umbrella organisation to whom Home-Start Norfolk report with statistics. However, HSUK does not provide financial support to regional Home-Starts.

As well as Home-Start Norfolk's core service of 1:1 support in families' homes, in 2022-2023 they also offered:

- infant massage courses
- distribution of food vouchers for local supermarkets and of clothing and equipment via John Lewis donations
- a hardship fund for children living in low-income families and/or with a disability.
- a weekly Stay and Play and monthly baby weigh-in for serving families at RAF Marham.

Home-Start Norfolk is a volunteer-led service, with paid members of staff limited to the management team and eight (now seven) Family Service (FS) Coordinators. The FS Coordinator role includes matching families to volunteers, carrying out 4 and 12-weekly reviews and a final review at six months (or when the support ends), providing volunteers with 6-8 weekly supervisions, and ongoing support to volunteers as needed, such as through group support meetings. Many staff at Home-Start Norfolk are former volunteers. A Board of Trustees has responsibility for ensuring the charity meets its aims, overall governance, and the finances of the charity.

In 2021-2022, Home-Start Norfolk had 145 volunteers and worked with 345 families. Volunteers are mostly women and are generally either retired or seeking work experience before embarking on a career in children's social care. Training is offered via a hybrid programme consisting of e-learning, on-line, and face to face sessions. Specialist training is available in safeguarding, attachment theory, perinatal infant mental health, therapeutic parenting, breastfeeding.

## **Financial challenges**

Like many third sector organisations in the region and nationwide, Home-Start Norfolk are at crisis point financially after a decade of funding cuts. Norfolk County Council have an ongoing challenge to balance the budget through savings and cuts to

services<sup>1</sup>. The National Council for Voluntary Organisations (NCVO) [identifies that there are many financial challenges ahead for charities, including a reduction in public sector funding.](#)

Home Start Norfolk has recently taken the decision to ask their CEO to step down and for staff to cut their hours to save money. Current Home-Start Norfolk strategy calls for a partnership with Norfolk and Waveney ICS to meet 50% of their costs. Without this, the Board of Trustees will have to drastically cut the support they are currently providing across Norfolk.

Since the 2017 merger Home Start Norfolk's main source of income has been their National Lottery grant. They also had a contract with Action for Children, who are commissioned by Norfolk County Council to run their Early Childhood and Family Service (ECFS) and have received small grants from Norfolk Community Foundation. However, the Lottery funding and the Action for Children contract both ended in March 2023, leading to the present critical juncture.

Intensifying these funding challenges is a parallel increased in demand for Home-Start Norfolk's services. During 2021-2022 the number of referrals to Home-Start Norfolk rose to 415, a 91% increase on 2020-21. There is a constant waiting list of 70-80 families. Of the 415 new referrals in 2021-2022, 75% (308) came through systems partners such as Early Childhood and Family Support (ECFS), Health Visitors, and Family Support Services.

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<sup>1</sup>Norfolk County Council Minutes of the Meeting Held at 10 am on Tuesday 21 February 2023.

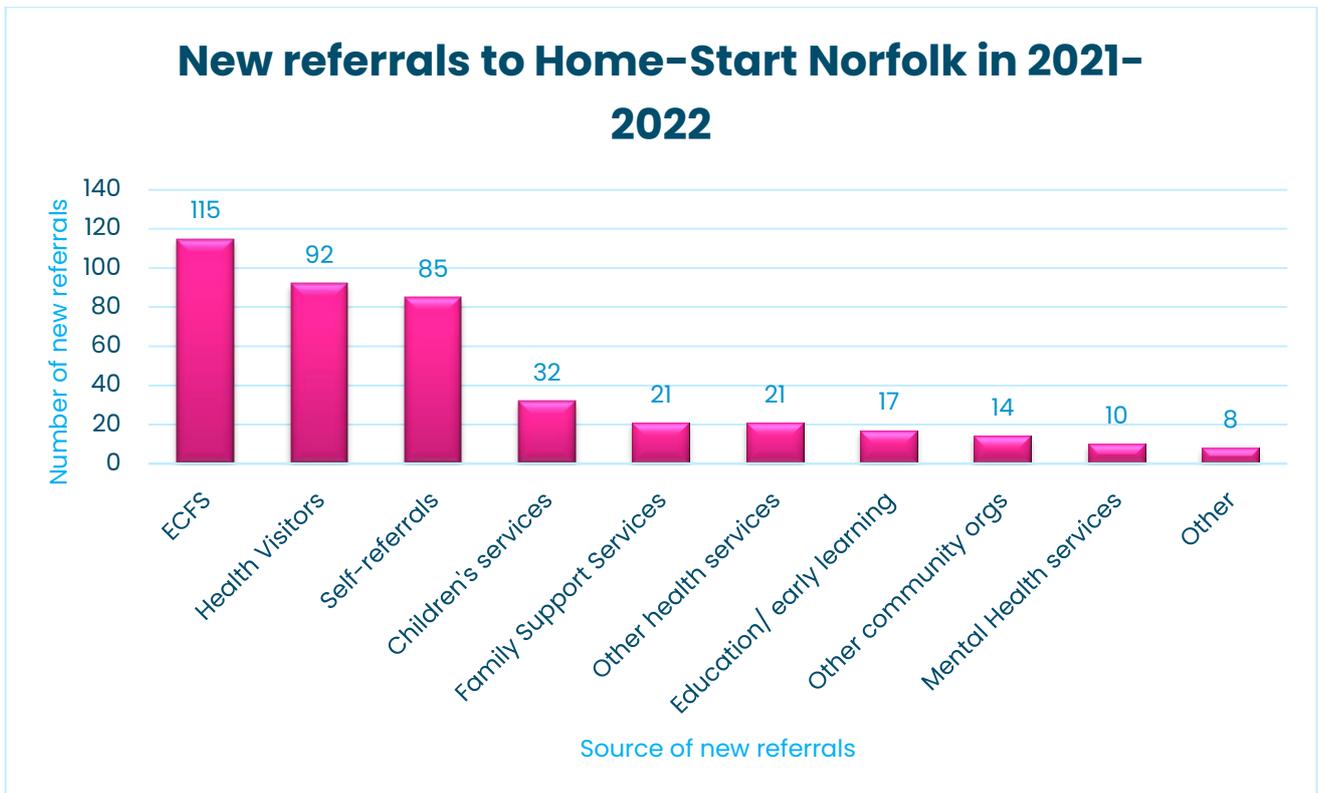


Figure 1. A chart showing new referrals to Home-Start Norfolk in 2021-2022

Over the same period Home-Start Norfolk only received 25% of their funding from these partners and despite referrals being traditionally made by Health Visitors, this did not include any funding from Health. Furthermore, families are increasingly self-referring due to a lack of Health Visitors in their communities, usually finding out about the service through social media.

## Service Context

Home-Start Norfolk’s early intervention service offer sits within Norfolk and Waveney’s Integrated Care System’s (ICS) Health and Wellbeing Board’s strategic priorities. A major need has been identified to:

*“[strengthen] the focus and improving support for children and young people in the areas of prevention, early help, and health inequalities, to promote healthier lifestyles and emotional wellbeing.”*

Norfolk and Waveney ICS 2022: 13, Flourish 2021:28

Services to support families with children aged 0–5 years living in Norfolk are currently provided by the Early Childhood and Family Service (ECFS), which is funded by Norfolk County Council (NCC). NCC have commissioned Action for Children to run ECFS until 2025.

ECFS provide a mix of virtual and physical support, following a staged intervention model which reflects four tiers of need, as outlined in the Norfolk Threshold Guide. The model follows a Signs of Safety philosophy. This approach:

*“is designed to ensure that across the continuum of need professionals consider that the right help is given to the right children at the right time and for the right duration.”*

Norfolk Safeguarding Children Partnership 2019

| Tier | Description        | Target users                                                                                                                                                                                      | Type of Support                                                                           |
|------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 1    | Universal Services | Children with no additional needs whose health and developmental needs will be met by universal services.                                                                                         | Health visitors, playgroups, community groups                                             |
| 2    | Early Help         | Children with additional needs which may be met through enhanced universal provision/ 'early help'. A referral to children's social care is NOT required.                                         | Counselling, home visits from VOSs (such as Home-Start Norfolk), Portage, Health Visitors |
| 3    | Targeted Support   | Children with complex multiple needs who may need targeted or specialist services. A referral to the Early Help Hub or conversations with the Children's Advice and Duty Service may be required. | Early Help Hub, CADS, Short Breaks                                                        |

|   |                  |                                                                                                                                               |              |
|---|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 4 | Child Protection | Children in acute need. A referral to Children's Advice and Duty Service is indicated or direct to the police where there is imminent danger. | CADS, police |
|---|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|

Figure 2. A table showing the staged intervention model, as described by the Norfolk Safeguarding Children Partnership.

Home-Start Norfolk can be considered to provide a Tier 2 service within this model. Compared with other Tier 2 services, they offer a broader spectrum of provision and availability than other providers through their long-term home visiting model (the closest third sector equivalent in the region, that we're aware of, is Age Concern. Their befriending system consists of volunteers visiting people in their homes, albeit at the other end of the age spectrum).

Nevertheless, a Home-Start Norfolk FS Coordinator described their services as undervalued compared with the current levels of need in local communities:



Commissioners perhaps don't realise the level of professional service we're offering to families, I think they maybe perceive us as befriending service, having a cup of tea and chat, but there's a massive amount of work going into these interactions. It's not just befriending but a professional service underpinned by friendship.

Maybe they don't realise how closely we're working with Health Visitors, teachers, ECFS. A big part of the day is spent talking to various partners, housing officers. We're working really hard with a lot of professionals and services to reduce their caseload and support their work and I don't think we're given much credit for that or if they realise what we're doing behind the scenes.



**Home-Start Norfolk FS Coordinator**

In fact, the strain on resources is so significant that a Home-Start Norfolk FS Coordinator told us that volunteers are currently being asked to take on cases that would be more appropriate for Tier 3 or 4 providers:

*“Recently a Health Visitor referred a family through to us. I went to see them, and mum’s mental health needs were so high I felt this wasn’t a suitable placement for a volunteer. I contacted the Health Visitor and told them that until other support in place we can’t send anyone. She said, there was no one else, that community mental health is at capacity and we were the only ones. The mum herself said there’s nothing for me if you guys don’t help. If you’ve got a mum who’s struggling and you tell her about a 12-week waiting list or wellbeing telephone calls, that’s not enough, they want to see someone.*

*In those sorts of cases, we’re asking volunteers to stick a plaster on something that’s massive. No matter how much training we give them, that’s not what they’re there for. We can’t ask them to work in those environments. When I came into it as a volunteer myself, I thought I’d be meeting mums who are struggling with the same bits I struggled with when my children were little. If I’d been given something out of my depth, I would have been in over my head and thought, am I going to make things worse?”*

Despite the demand for their services, from Home-Start Norfolk’s perspective, the biggest challenge of their project was demonstrating the value of a preventative model of early years support. Although the literature on adverse childhood experiences (ACEs) tells us that negative relational experiences can lead to future crisis (Centre for Early Childhood 2021), it is difficult to quantify the power of positive experiences/ early intervention in terms of crisis prevention. This means that most available resources are used in crisis management (Tier 3 of the staged intervention model) which is much more costly (Chowdry and Fitzsimons 2016). This situation has been exacerbated since 2009 when austerity measures initiated a huge reduction in public and voluntary sector funding, including the closure of most Sure Start centres (Morton 2020, Dickinson 2020).

Nevertheless, the adverse social effects of public sector cuts and the Covid 19 lockdowns have led to a renewed recognition of the importance of the first 1001 days of a child’s life from policymakers. This shift is recognised in the Best Start for Life programme (HM Government 2021), through which a new national Government

initiative known as Family Hubs was launched in early 2023. This has resulted in recent changes to children and young people's funding in Norfolk, as Norfolk County Council was one of 75 councils nationwide awarded funding.

Home-Start Norfolk were hoping that the Family Hub model could provide them with commissioning opportunities, but NCC have told us that the programme will not bring new funding, just a realignment of funds. The biggest current challenge for Home-Start Norfolk is therefore whether any additional sources of funding can be identified before the Board of Trustees have to make the decision to close the service.

## **Our Aims and Objectives**

It is important to state from the outset that there has been a lack of clarity about the overall purpose of the Community Praxis impact report. Our early expectation was that we would be reviewing an externally completed impact evaluation that evidenced the impact of Home Start Norfolk's support for families during the year. This expectation is reflected in the Praxis report's own stated goal:

*“all stakeholders to have clear understanding of the impact and outcomes of Home-Start work/ activities. This will inform Home-Start’s sustainability.”*

Praxis Report 2023: 6

An additional outcome is also added as *“all internal stakeholders are invested in our journey”* (Praxis Report 2023: 6)

As part of our review, we also expected to assess how the data was captured and consider if this could be improved. However, when we looked at Home-Start Norfolk’s initial project plan (Appendix 1) the goal was different, as it focused on **improving**:

*“Home-Start Norfolk’s understanding, capturing and reporting of impact.”*

The project plan stated that this aim would be carried out through the following objectives:

- 1) Develop a Theory of Change involving consultation with internal and external stakeholders.
- 2) Review Home-Start Norfolk’s current systems for capturing key impact information.
- 3) Analyse database requirements for maintaining key information.
- 4) Identify key reporting functionality.
- 5) Upskill staff to have a greater shared understanding of Home-Start Norfolk’s impact.
- 6) Develop a platform to engage a wider supporter network and contribute towards long-term financial sustainability.

The subsequent report from Praxis attempts to fulfil these six objectives, making the final product **a report on a process which attempts to design a new methodology to achieve its stated goal of demonstrating impact in the future, rather than demonstrating impact as part of the report.**

We have put this confusion and conflict of understanding down to several changes in Home-Start Norfolk's management structures since the beginning of our participation in the project, during which changing expectations as to what our involvement would contribute have emerged.

The subsequent agreement for our independent evaluation was to review how well Community Praxis' resulting impact project achieved the six objectives, as stated above. Specifically, we aimed to report on:

- whether the self-evaluation and impact tools designed by Community PRAXIS are robust and effective at measuring the impact of their early intervention model.
- whether the tools achieve an ongoing quality and efficacy control of said model, and what more, if anything, can be done to improve these.

However, recognising the challenges to Home-Start Norfolk's future we have expanded our report to look more broadly at the impact and value of Home-Start Norfolk within the Norfolk health and social care system.

# How we did this

We first focused on Theory of Change (ToC) as an impact methodology. We undertook four weeks of desk-based research with the resulting literature review (Appendix 2) including:

- an analysis of how ToC is used to measure impact.
- case studies of how other organisations have measured the impact of their early intervention work.
- evidence of the cost benefit of early intervention in general.

We then looked at Community Praxis' impact review itself to examine how objectives 2-4 were met (*review of current systems for capturing impact information, analysis of database requirements for maintaining this information, and identifying key reporting functionality*). We were provided with Community Praxis' report and appendices, a spreadsheet of external stakeholders and the results of these meetings, a separate Theory of Change document, Home-Start Norfolk's annual report and AGM minutes, the impact project plans, and support from Home-Start Norfolk in organising interviews with staff, volunteers, and other stakeholders. We also attended Home-Start Norfolk's 2023 AGM and a volunteer coffee morning.

After this we focused on objectives 5 and 6 (*upskilling staff to have a greater shared understanding of Home-Start Norfolk's impact and developing a platform to engage a wider support network and contribute towards long term sustainability*). To do this we examined the materials used with stakeholders, including families, volunteers, Home-Start Norfolk staff, and external stakeholders such as commissioners, as well as the numbers consulted and whether these could be considered representative.

We spoke to the project lead from Community Praxis, Home-Start Norfolk staff, volunteers, and ICS stakeholders (especially commissioners) through semi-structured one-to-one interviews, informal discussions, and focus groups. We asked them about

their perception of Home-Start Norfolk's impact over the past year and Community Praxis' impact review process, comparing these to the recommendations in Community Praxis' report. We also focused on understanding the role of volunteers and their outcomes as a potential workforce to show the impact of the loss of Home-Start Norfolk on Norfolk's health and social care system.

Because of the time constraints and ethical considerations relating to this project, we didn't attempt to contact any service users. However, we were provided with email feedback through the FS Coordinators.

Finally, we contacted other Home-Starts to find out about different models of working and how they saw their future service provision and sustainability.

# What we found out

## Community Praxis Report

As discussed in the section 'How we did this', Home-Start Norfolk's initial impact project plan (Appendix 1) stated that the overall aim of the internal evaluation was to **improve** Home-Start Norfolk's understanding, capturing, and reporting of impact through six objectives:

- 1) Develop a Theory of Change involving consultation with internal and external stakeholders.
- 2) Review Home-Start Norfolk's current systems for capturing key impact information.
- 3) Analyse database requirements for maintaining key information.
- 4) Identify key reporting functionality.
- 5) Upskill staff to have a greater shared understanding of Home-Start Norfolk's impact.
- 6) Develop a platform to engage a wider supporter network and contribute towards long-term financial sustainability.

Relating these objectives to the Praxis report's stated goal (*"all stakeholders to have clear understanding of the impact and outcomes of Home-Start work/ activities. This*

*will inform Home-Start's sustainability*), we concluded that the report intended this goal to occur in the long-term, following the implementation of the newly developed impact tools, the description of which is the report's focus. These tools would have to be used for a period and data from these collected and analysed before Home-Start Norfolk are in a position to provide a body of evidence of impact to present to commissioners in future funding bids. Indeed, the report ends by outlining the steps for a year-long Implementation Plan.

Given the immediacy of the funding deficit facing Home-Start Norfolk, which threatens their ability to survive to the next financial year, we have to say here that the objectives of the report were flawed from the outset. It is our belief that the work would have been of far more value to Home-Start Norfolk if existing data and interviews with families, volunteers and staff had been used to provide an independent evaluation of the impact of Home-Start Norfolk.

However, we have attempted to undertake an independent assessment of Community Praxis' final impact report and appendices to see if the six objectives have been met. Upon examination of the materials provided and discussions with stakeholders we found that Home-Start Norfolk's impact project focused on addressing objectives 1, 5 and 6, as listed above.

This came at the expense of objectives 2, 3 and 4. This omission is a problem in terms of the long-term aim of the impact project, which was to demonstrate Home-Start Norfolk's value to commissioners and become locally sustainable. This presents two key issues:

- 1) Rather than reviewing/ analysing Home-Start Norfolk's current ways of measuring impact and recording and report data, the Community Praxis report instead focused on developing an

*"additional measure that we can develop and map to existing ladder outcomes" (Praxis Report 2023:19).*

This additional measure, Transformative Evaluation (TE), is a well-regarded model within social work and can be considered as an appropriate response to objectives 5 and 6 (*upskilling staff understanding of their impact and developing a supporter network*). However, in terms of demonstrating impact, we felt that the use of Transformative Evaluation in the Praxis report proposed an overly complex methodology for advocating the value of Home-Start Norfolk's service model using their existing data.

- 2) This is because none of the volunteers, coordinators, or external stakeholders we spoke to appeared to understand Transformative Evaluation in terms of a new impact measurement tool. From the description of the four-stage process (Praxis Report 2023: 22), which runs in three/four-month cycles (Praxis Report 2023: 20), and from conversations with volunteers and volunteer coordinators, it is our opinion that this process is impractical in the long-term.

We will discuss these points further in the next section.

## **Community Praxis report focus- objectives 1, 5 and 6: the use of Theory of Change, Upskilling Staff, and the New Platform (Transformative Evaluation)**

A Theory of Change (ToC) is a framework to develop strategy in policy research, social programmes, or campaigns. It is both a process and a product, in that it forms the basis for planning, ongoing decision-making and evaluation. ToCs describe:

- why change is needed
- how it will happen

The terms 'Theory of Change' and 'Logic Model' are sometimes used interchangeably (Asmussen et al 2019). Both terms refer to processes that create a theoretical link between an intervention's activities and its intended short and long-term outcomes. Both are useful for identifying what an intervention is trying to achieve.

The most important difference is comprehensiveness. Logic models are primarily concerned with *how* an intervention will achieve its stated primary outcomes, whilst ToCs also show *why* these outcomes are important in the first place.

Ideally ToCs should be presented as a diagram. This helps stakeholders visualise how long-term aims/ goals will happen through each step of a change process, from initial activities and outputs, to short, medium and long-term outcomes. Additional elements in a ToC can include:

- details of local stakeholders
- beneficiaries, the local context
- details of stakeholder involvement in evidence-gathering.

Home-Start Norfolk's impact evaluation project contains two ToCs. The first refers to Home-Start Norfolk's *current* service model and is included in the Praxis report as a diagram on page 14. We will discuss this ToC in the next section. The second ToC describes the use of the Transformative Evaluation methodology as an *additional* impact-measuring toolkit for Home-Start Norfolk staff and volunteers. This ToC can be found in a stand-alone document entitled *Praxis and Home-Start Norfolk Theory of Change* (Appendix 2), as well as in the Praxis report on pages 13, 15-17, 19-23, 24-26. We will discuss this ToC on page 21.

### **ToC #1: the current peer-support model**

Although most available project resources appear to have been dedicated to the new toolkit, a diagram of what is referred to as Home-Start Norfolk's current peer support model is included on page 14 of the Praxis report (figure 3, below). This is a positive

outcome of the impact evaluation project, as Home-Start Norfolk’s senior leadership team refer to this as the ToC they are happy to use to develop their practice following the impact review and to explain their model of working. This ToC is the one the whole team are familiar with and has since been developed further.

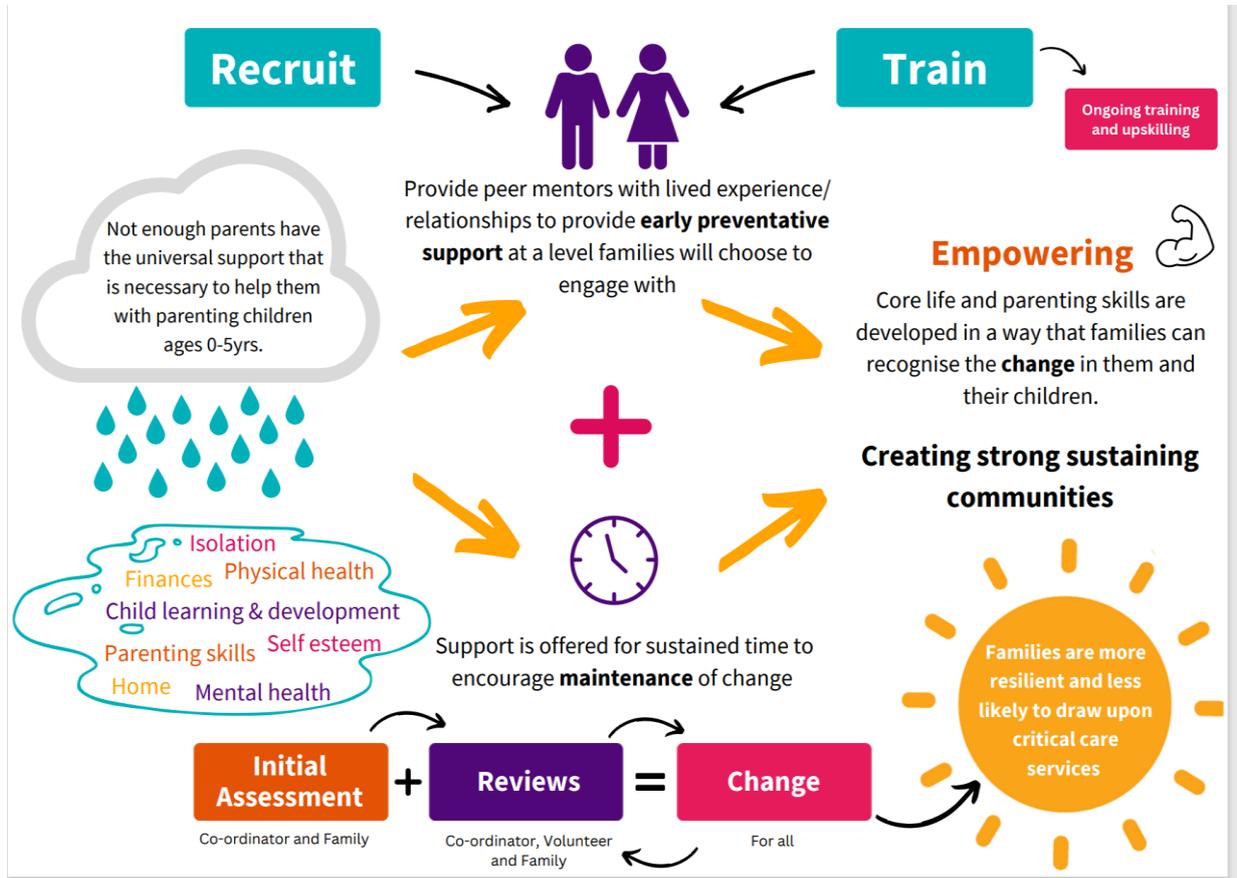


Figure 3. Diagram from Community PRAXIS Report illustrating Home-Start Norfolk’s present peer support model (page 14)

This ToC is described as:

*"our opportunity to dig deeper into what we do, how this can empower the families that we work with, ensure sustainability, and develop a shared understanding of our practice."*

Following the introduction of this ToC via a diagram, we expected to then be presented with a strong case for *why* a Home-Start Norfolk intervention might be necessary, evidence to support the reasoning for developing shared understanding, as well as detail on who it is targeted at and how and what it will achieve. As discussed more fully in our literature review (appendix 2), impact evaluations take root in a programme's Theory of Change. By bringing together stakeholders to establish a common vision, goals, and path for a programme, such a model should also be able to serve as a technical blueprint of how services are carried out and measured during an impact evaluation.

Unfortunately, no further / signposting is provided at this stage on *why* and *how* this ToC's stated outcome of more resilient families is built using the current peer support model, nor how the model relates to the current impact measurement tools (ladder outcomes and family outcome plans). Indeed, whilst the current impact measurement tools of ladder outcomes are listed on page 9 and 10 of the Praxis report, there is no explanation anywhere in the report or appendices of how they work in terms of the ToC in figure 3, nor any further information on the family outcome plans they relate to.

Through our conversations with internal stakeholders, we obtained useful information on ladder outcomes and family outcome plans, which we will present on page 62. We will also discuss how these can be developed as Home-Start Norfolk build on the positive aspects of their impact project in the *Recommendations* section.

Instead, the whole section including ToC #1 consists of the infographic in figure 3, and a statement that:

*"Our ToC outlines our present Peer support model but uncharacteristically emphasises a recipe for change through initial assessments and reviews...[via]...the recommendations listed below [which] aim to create strong communities of practice prioritising reflective practice (reviews) to build resilient families who are less likely to draw upon critical early help services."*

These recommendations are, confusingly, laid out in a separate section, *4.2 Projected Logic model for implementation regarding HSV voice and participation*, immediately below the ToC infographic (figure 3). This was not immediately clear due to a lack of signposting.

The recommendations consist of a logic model which lays out six steps to “*creating a shared sense of impact across the ICS system*” (Praxis Report 2023: 15) by including the voice of volunteers. The six steps are colour coded and divided into three categories. The original logic model wasn’t labelled, so we have reformatted these as figure 4:

| Category                                         | Outcome 1                                                                                         | Outcome 2                                                                                   |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 1. Why are the interventions needed?             | So that we create a shared language to better understand the impact and value of HS interventions | So that the voices of HSV are heard clearer from our Home Visiting model and throughout HSN |
| 2. What is the intervention and what does it do? | Strengthen impact and evaluation methods through TE – stages of change.                           | HSV involved in impact and evaluation models and frameworks                                 |
| 3. What will it achieve?                         | Shared understand of impact and value of HS intervention                                          | HSV are embedded throughout HSN, and their voices are heard throughout the system.          |

Figure 4. A graph showing the proposed logic model justifying volunteer involvement in the Praxis Report 2023 (page 15)

Whilst this logic model includes the *why* and *how* of an intervention, as required by best practice ToC methodology, the ToC it refers to is not the ToC in figure 3 but an additional impact measurement model, which we will discuss in the next section.

## ToC #2: the Transformative Evaluation Toolkit/ Stages of Change model

Two documents, Community Praxis' final report and a stand-alone document (Praxis and Home-Start Norfolk Theory of Change v1, Appendix 3), lay out an **additional** ToC for measuring impact. This additional ToC is variously and interchangeably referred to as *Stages of Change*, *Change Stories*, the *Process of Change*, and *Transformative Evaluation*, and is described as emerging from, and complementary to, Home-Start Norfolk's **current** ways of measuring impact (Ladder Outcomes and the Family Outcome Plan).

The rationale for developing additional ways of measuring impact is that *"we have not utilised the full value of volunteer-led practice due to our over cautious approach to volunteers being volunteers, do we ask too much of them...it appears that perhaps we have not been asking enough"* (Praxis Report 2023: 16) and that:



By engaging our volunteers, the practitioners who are spending considerable time with families, with the stages of change model we aim to stimulate greater shared awareness of the changes that are taking place. Not only will this complement our own ladder outcome measurement, but it will also further complement the more transactional intervention measurements and metrics being used by our systems partners.



Praxis Report 2023: 20

The stand-alone document (Appendix 3) lays out the alternative ToC toolkit over nine pages in a variety of different formats. There is a good use of diagrams to show anticipated short, medium, and long-term outcomes of the year-long impact

evaluation project, as well as the processes of change Home-Start Norfolk staff and volunteers will be equipped to use as a means of measuring impact.

This additional toolkit is expanded on in pages 19–23 of Community Praxis’ report, where it is referred to as Transformative Evaluation (Praxis Report 2023: 19) and described as “more than just a new approach to evaluation” (Praxis Report, 2023: 20) but also:

*“a participatory methodology that could generate evidence of impact and redistribute the power inherent in the evaluation process in such a way that practitioners / volunteers could re-engage with what is an essential aspect of their “professional” practice. Transformative Evaluation synthesises aspects of appreciative inquiry, participatory evaluation, and transformative learning to create a methodology that engages the whole organisation in evaluating impact.”*

**Praxis Report 2023: 20**

The methodology is divided into four stages of implementation, which the Praxis Report summarises on page 22 as:

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*Stage 1 This stage involves HSC / HSV (sic) generating significant change stories with parents. A Significant Change story is the response to the open question: Looking back, what do you think has been the most significant change that occurred for you as a result of me coming here? Home-Start Norfolk utilise their therapeutic use of self in conversation, ask this question and record the responses. The parent is encouraged to explain why the change was significant to them. This promotes reflective dialogue between the parent and the HSC / HSV.*

***Stage 2** This involves the analysis and selection of the parents' Significant Change stories. This stage has three steps: Step 1 involves the sorting of stories into groups or themes. Sorting the stories and assigning themes leads to in-depth analysis and reflection and can be a challenging part of the process. Step 2 begins the process of co-construction. Each HSC / HSV adds context and professional commentary / data verbalisation to the parents' story. Engagement in reflective dialogue with peers about their understanding of the parents' story and their intervention supports the HSC / HSV in the co-construction of the story. Step 3 requires the group to reach consensus on the Most Significant Change story for each theme. This promotes shared visioning and teamwork. The reason for selection is added to each story and these contextualised stories are then presented to the Stakeholders Group 3.*

***Stage 3** The Stakeholders Group receive the contextualised Most Significant Change (MSC) story from each theme and it their task to discuss, review and select the MSC story for that impact / story cycle. The cycle is completed by the return of the MSC story to the HSC / HSV group together with their collective reason for selecting a particular story.*

***Stage 4** The concluding stage involves a process of meta-evaluation. At the end of each cycle the HSC / HSV (Impact and Measurement group) review their experience of using the evaluation methodology with the purpose of developing skills and understanding to inform the next cycle.*

#### Praxis Report 2023: 22

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Whilst upskilling volunteers is a constructive proposal, we felt that the story production cycles above, especially Stages 2-4, are not only confusing to read, but also logistically overly complicated and time-consuming. This means they would be very challenging to implement and maintain. Indeed, feedback we received from Home-Start Norfolk staff and volunteers, indicates that volunteers' enthusiasm for the administrative part of their role is already underwhelming.



In terms of the process and whether the volunteers would be willing... well, some would but we're already struggling to have them fill in the diary sheets. They can post them or fill them in during supervision with their coordinator. But they prefer the practical element, they're less conscientious about the admin. I'd say only about a third of volunteers send them in.



Home-Start Norfolk staff member

Further inquiries about the diary sheets revealed that they can either be completed on paper and sent in or on a laptop with Word installed. However, some internal stakeholders told us that completion on alternative digital platforms (such as Mac computers or smartphones) is almost impossible because of formatting issues. Rather than introducing an additional recording system through the proposed Stages of Change methodology, it appears that Home-Start need to simplify their existing systems for recording impact from volunteers. Indeed, the burden of administration is felt at staff level too:

### Feedback from Home-Start Norfolk staff members on data inputting

- *"Previously most of my job was face to face, now mostly data inputting. Well over half our time is spent on inputting this data [into Charitylog]. So one day a week at least and my hours have been reduced to 2.5 days a week."*

- *“It would be amazing to have an IT person in, Charitylog is so unwieldy and time consuming, to take the pressure off so we can concentrate on what we’re good at. We’re people-people but sometimes feel like data inputters.”*

The proposal for a new, volunteer-based data gathering system is especially problematic when, despite the report stating that the new toolkit’s creation emerged from volunteer involvement, the evidence of volunteers’ opinions, capacities and skills being at the heart of the proposed model is unconvincing (see next section).

Apart from practical considerations, it was quite difficult to follow the line of thinking regarding the proposed toolkit throughout the Praxis report in general (from page 14 onwards). There is a general lack of signposting, analysis, referencing and evidence for the arguments made. This means that, regardless of its content, the report’s inaccessibility hindered its original purpose, which was to convince commissioners/potential funders of Home-Start Norfolk’s important impact.

*“Having read the report several times I am still confused as to what the purpose of the report is and therefore the link between what the intention was and what it actually does. My understanding was that it was a report to evaluate evidence around the impact of Home-Start Norfolk’s work, but I think it strays into a number of different focuses [which] makes it confusing about what the report was about.”*

### **External stakeholder**

This is an issue that was reflected in our conversations with both internal and external stakeholders, with the majority unfamiliar with the proposed Stages of Change model.

- *“We were a bit overwhelmed, we’ve done our best to input as much as we can and contribute from our knowledge base but some terms were quite hard.”*
- *“I was hoping it would give us actual tools rather than ideas. We know these ideas are good, I guess I would like direction of how to achieve these impacts.”*
- *“I found the report quite difficult to understand in places and I do the job every day.”*
- *“I did read the report, but I’m not sure I picked up on [Transformative Evaluation], I don’t know if I read that bit. The language was a bit complicated.”*

Overall, we felt that the report’s Stages of Change/ Transformative Evaluation model did not address the main issue faced by Home-Start Norfolk. According to staff, volunteers, and external stakeholders that we spoke to, this is the need to demonstrate evidence of their impact to funders *now* to survive.

Furthermore, from our own interviews it is apparent that, despite its time-consuming element, the Charitylog portal already contains extensive evidence to show impact.

 The other day I put something in, really positive feedback from a family, it meant a lot to me, but then I wondered if anyone ever looked at it, I don’t know what happens to it.

Home-Start Norfolk staff member



As already stated, the time and space invested in a new toolkit came at the expense of any evaluation of impact using Home-Start Norfolk's current evaluation mechanisms and existing data, to which extensive time and resources are already dedicated. We will discuss possible opportunities for developing the existing Charitylog and Family Outcome plan frameworks to demonstrate impact in the *Recommendations* section.

## **Internal stakeholder involvement in the impact project: volunteers**

The two ToCs described in the Praxis report are described as being:

*“developed from our findings, observations, surveys, and conversations with both internal stakeholders (staff, trustees, families, volunteers) and external systems stakeholders”*

Praxis Report 2023: 13

The Praxis report does emphasise the need to highlight the volunteer role in a Home-Start Norfolk intervention and proposes that:

*“Our strength is our volunteer led practice, the value and benefits that come from the peer-to-peer support, the therapeutic use of self, the commitment to the parent and the building of a culturally informed relationships.”*

Praxis Report 2023: 16

This position is the basis of the proposal for broadening:

*“the remit of the volunteer as it is clear we are in a unique position to inform wider statutory partners about family needs, patterns, and trends. We are the first line of early intervention and prevention services.”*

We felt the focus on volunteers was the most constructive aspect of the report, an opinion reflected through our interviews with Home-Start Norfolk staff and volunteers:



We're so involved in business, we don't actually have time to reflect on the amazing outcomes volunteers have, that we're a springboard as a route back into work, giving people confidence.



Home-Start Norfolk staff member

However, a lack of evidence of exactly what was said limits the impact of this positive aspect of the Praxis report. Although it is stated that 41 different Home-Start volunteers were consulted during the project, there is insufficient detail of what the volunteers said. Given that the argument that:

*"we have not utilised the full value of volunteer led practice due to our over cautious approach to volunteers being volunteers, do we ask too much of them....it appears that perhaps we are not asking enough"*

is the basis for introducing the stages of change model (Praxis Report 2023: 16) as an additional impact measurement tool, we were concerned that evidence from volunteers was limited. It consisted of two statements:

*“Three quarters of all volunteers who were surveyed expressed a wish to be more involved in the formal ending or closure of the family involvement with HSN.”*

**Praxis report 2023: 16**

and

*“All volunteers want to be involved in capturing and measuring the impact of our work.”*

**Praxis report 2023: 16**

along with a list of bullet points to illustrate the survey results on page 18 of the Praxis report:

### Volunteer survey results from Praxis report

- Volunteering has a positive impact for both volunteers, as well as the direct beneficiaries – the families.
- There was improvement in the volunteers’ personal development, skills development, health and well-being, inclusion in social networks and local communities, and their engagement with the labour market.
- While the main motivational driver was altruistic, volunteering as a route into work / training (education) was important. This is becoming really evident as many volunteers are younger people wanting to find work experience to undertake a career in social work and or health / care related professions.
- Volunteers significantly improved their work ready skills.

- Volunteers' personal experiences were highly relevant for a family support volunteering role, utilising lived experience.
- The matching process is integral to positive experiences by both parents and volunteers, as of Feb 2023 we have matched 233 families over the last year.
- Recently retired volunteers benefit enormously from this experience whilst using lived experience and other key skills – reducing isolation and loneliness.
- Builds social, community and cultural capital.

The strength of this list as evidence is underwhelming, especially when not amplified with further context/ case study. Whilst there is signposting to the appendices document for further "*detailed evidence*" (Praxis Report 2023: 12). This evidence consists of:

1) A **paragraph** saying that:

*"Volunteers also informed us of the benefits of volunteering for them, how it has built confidence, improved mental wellbeing, build (sic) transferable skills and above all informed friendships. We discussed the 'professional' dilemmas of friendships and befriending as has been pointed out on page 7."*

Praxis Report Appendices 2023: 4

We were unable to find the reference referred to, although page 7 did include signposting to "*appendix 3 for a full transcript of the survey*". However, it was unclear which survey this was, and there was nothing labelled appendix 3 anywhere in the document.

2) A **section** entitled *Volunteer Survey Data* (we weren't sure whether this was the appendix 3 in question).

Beginning with a word cloud, this section explains that the complete survey “*is listed below for reference*”, followed by a statement that “*within the survey the volunteers recognised and were witness to their own emotional growth and skill development outlining the benefits of volunteering not just for the family but for themselves*”.

Praxis Report Appendices 2023: 11

A section entitled *Findings* which included survey questions follows, although, confusingly, it starts with Question 10, *What changes have you seen in yourself (as a Home-Start Volunteer) since starting your work with your family?* Percentage answers are given for each statement selected, followed by a selection of answers. There is no mention of how many volunteers completed the survey, nor how it was distributed.

3) A final **paragraph** stating that:

*“it is clear from the above that volunteers do not just offer an invaluable service to vulnerable parents and families but also learn and develop new skills, strengthening social and community capital. Alongside this wider social value of volunteering is the increase that volunteers feel in their own health and wellbeing.”*

Praxis Report Appendices 2023: 12

4) A **list** of bullet point quotes on page 12 of the appendices introduced as “*impact in the words of the volunteers are below*”. These quotes are very positive of Home-Start Norfolk’s impact, but there was no context of families’ backgrounds or any further details regarding any of these quotes to flesh them out. Two or three case study profiles, interviewing both volunteers and families, would have been much more meaningful here.

The whole section is summed up by saying:



What has become clear and has been echoed through the wider stakeholder meetings has been the idea that Home-Start volunteers have become our little secret and all our internal and external stakeholders want to see more of them, engage with them and upskill them ensuring that their voices and subsequent roles are felt and heard throughout the system, to become our main dish.



Praxis Report Appendices 2023: 14

We feel that the report did capture that Home-Start Norfolk see the volunteer-family relationship as key to the success of their service model, a position that was backed up by our conversations with internal and external stakeholders (see pages 40-46). In fact, our interviews revealed that Home-Start staff felt that the Praxis impact project's main benefit was how internal stakeholders were engaged.

### Home-Start Norfolk staff members' view of Community Praxis' engagement skills

- *"Engaging with families and volunteers spot on, the way he interacted with them spot on."*
- *"He has come along and been excellent at involving the team and involving our stakeholders as much as he could, recognising that we need to hear voice of families and volunteers, recognise clearly that our strength is in our volunteers, they do so much, it's not just about impact on families, we weren't recording what impact our work has on volunteers."*

It is a pity these positive experiences did not come across in the Praxis report as evidence rather than conjecture. A greater focus on volunteers' future outcomes, backgrounds, and motivation could have been shared through case studies and in-depth interviews, which would have allowed the report itself to have greater impact to potential funders.

Finally, we felt that the potential of volunteer involvement in terms of diversifying Home-Start Norfolk's service offer, future income generation, and financial sustainability could have been developed more. There is a single paragraph of information on Home-Start Norfolk's volunteer training and management expertise:

*"Matching is an integral part of Home-Start practice and the management of volunteers and is essential to the success of the project, 65% of volunteers said this process was excellent whilst 35% said this was good. 50% said they were thoroughly prepared for their peer-to-peer support whilst 45% said very prepared, this affirms that our training and process' around it are equipping volunteers with a realistic and accurate picture of the role that they are engaging with."*

Praxis Report 2023: 17

We felt that there was a missed opportunity here to also record the outcomes for volunteers in terms of career trajectory. Throughout our conversations with internal stakeholders, we noted that many former volunteers went on to paid roles in the local health and social care sector, but that Home-Start see no benefit on their training investment for themselves long-term:

*"We now identify that we help volunteers massively on their personal journeys but we're still in a constant state of needing to recruit volunteers then they leave. We do a fantastic job at nurturing them...but how do we keep volunteers when they're ready to go and apply for a job? It's a constant hamster wheel. We're still asking that question even now and we don't know the answer. How do we have that balance of doing a good job*

*and helping volunteers with confidence and learning but retain enough to offer service? Or do we become at training service and look for funding?"*

### **Home-Start Norfolk staff member**

Another staff member added that:



In terms of potentially merging with somebody with whom we could deliver training... it feels like we're doing that already but not getting any funding for it.



In our opinion, developing the available evidence on Home-Start Norfolk's volunteer training and management expertise into a funding bid for a workforce training offer should have been a key recommendation of the Praxis report. We have received anecdotal feedback throughout the sector on how many people in health and social care started out at Home-Start, which shows the quality of the training and support that volunteers get in terms of working with the families. Therefore, highlighting their existing impact on the local health and social care landscape as a basis for diversifying their service would be a positive long-term income generation strategy for Home-Start Norfolk. This is especially true at a time of chronic and dangerous understaffing throughout the sector. We discuss how other Home-Starts have undertaken similar approaches to sustainability in the section *Diversification of Service*.

### **Internal stakeholder involvement in the impact project: families**

Community Praxis employed a commendable range of methodologies to gather data, including surveys, interviews, focus groups and coffee mornings. These methods were said to be “*part of our ongoing commitment to hear the voices of families together with the co-production of our theory of change*” Praxis Report Appendices 2023: 5.

However, actual evidence for families’ perspectives in the Praxis report is limited to a paragraph on page 11 (*Section 3.1: Our Families*), in which a series of positive quotes from parents are presented running together:

*“Across all of the questions the parents surveyed expressed intense satisfaction and benefit from the HSN intervention. **‘It has been life changing’**, many of the parents expressed that they would have been **‘totally lost’** if the intervention had not been available, **‘my mental health would have deteriorated fast.’** **‘I honestly do not think I would have survived without the support from HSN.’** Feeling human came up time and time again, the joy of being involved in a healthy relationship, born out of equity and kindness. Parents commented on this, that HSN go the extra mile because they care. **‘I am not a statistic’**, **‘they come with practical solutions’**, **‘they enabled me to get closer to my children and that has saved my relationship with my husband.’**”*

Praxis report 2023:11

Along with a paragraph consisting of a single sentence on page 17:

*“Rich dialogue was engaged in as change can be seen as **‘...quite scary, as it is hard to let people in and when you do they have to leave...’**”*

Praxis report 2023: 17

There is no further information or context on these quotes in the Praxis report or appendices. This is a real shame as some of the family stories which were shared anonymously at the AGM and in Home-Start Norfolk annual report were very impactful. These stories were collected through internal feedback emails to FS Coordinators.

Home-Start Norfolk have given us permission to share a recent example of family feedback which was emailed to a FS Coordinator and discussed at a focus group we attended:



I'm so grateful (sic) to have found you guys! I was extremely hesitant at first but it didn't even feel like I was working with you guys. I actually began looking forwards (sic) to home visits. So informal and just felt like I was talking to a friend rather than a professional. I joined you guys in a very challenging fase (sic) of my life. Hopeless and lacking motivation and confidence I wasn't even sure if anyone could help. I'm glad I stuck with you lot because the support I got was more than I could've imagined. The tears, the chats, the laughter. All the cheering me on with never a drop of judgment. I remember when I got my job, my volunteer was so excited for me and made me feel so whole. To know there's still people who care about us and our wellbeing. Another moment was when [the FS coordinator] came around and surprised us all with Christmas presents for the babies. It was the best Christmas we've had so far! They even helped when I was struggling to get out with both babies. Getting the funding to get me a brand new stroller and Lord what a huge help that was. Both me and the babies are so grateful (sic) for you beautiful people. Thank you so much for the difference you make in people's lives 🙏❤️



**Home-Start Norfolk service user**

This feedback was complemented by a response from the family's volunteer:



When I first met my Homestart family, Mum lacked confidence in herself. She was and is a great Mum, but being a young Mum, she was left feeling as though she was an inadequate parent, due to some of the negative experiences she had faced when her babies were born. Having two young children is far from easy, then topped with personal struggles... it is hard work! However, as our journey progressed, I watched this wonderful family flourish. Gaining confidence in every way. I am so proud to have been a part of this families lives, I have memories that I will treasure forever. To have been able to support them and watch them all succeed – both individually and as a whole family, has been an absolute joy! I see a bright future ahead of them and wish them all the happiness in the world!



Although the Praxis report signposts us to further detailed evidence in the report appendices, these are limited to some observations as to the benefits of a Home-Start Norfolk intervention:

*"it was clear that families were appreciative beyond words, been matched with a volunteer who could walk alongside them in a very non-judgmental way to build*

*a meaningful relationship that would become a catalyst for change in behaviours and moreover emotional and physical wellbeing”.*

Praxis Report Appendices 2023: 4

*“it is clear from the analysis that parents who were both surveyed and within the focus groups saw enormous value in the peer-to-peer volunteering model.”*

Praxis Report Appendices 2023: 5

And to the interactions between volunteers and families:

*“Equally as clear was the relationships (sic) that the volunteers had with the children, the children were noticeable (sic) comfortable, at ease and were genuinely happy to be around the HSV (sic).”*

Praxis Report Appendices 2023: 5

Whilst these observations are valuable, they lack impact without further evidence, such as explicit detail, analysis, demographic data about those reached, and case studies.

The sample size of families accessed for the 12-month Praxis project was very small (data from 20 parents, ten of whom completed the survey). No mention was made of what the sample size meant in terms of representation overall. We know from Home-Start Norfolk’s Annual Report that 235 families with 497 children were supported via a volunteer match or intensive coordinator support in 2021-2022. In terms of demographics, the only information provided in both the Praxis report and its appendices was that the survey participants were all women. There was no data on age or ethnicity. There was also no indication whether there had been any negative feedback, or of anything the families would have wanted to change. The report did not

identify what, if any, attempts were made to get information from families who did not engage.

The Appendices states that the sample size reflects the:

*“challenges and barriers that our families face, powerlessness and lack of voice was reflected in our sample size. 9 families agreed to talk to us for the survey, an additional 5 families spoke to us at our focus group and a further 7 families at a baby weigh in at RAF Marham, in total 20 different parents.”*

Praxis Report 2023: 11

This is a valid explanation, and Home-Start Norfolk staff confirmed that an outside evaluator would have found it challenging to speak to families due to time constraints and ethical considerations. However, at this point we wondered why alternative methods to gather feedback from families were not explored over the course of the year, perhaps through volunteers going through the Praxis survey with the family during a visit.

Our conversations with Home-Start Norfolk staff also revealed the possibility of using data from the Family Outcome Scale templates, which FS Coordinators regularly input into Charitylog, Home-Start Norfolk’s client service management system. Charitylog was especially developed in 2005 for use in the charity sector, using a technology originally designed to help organisations build customer relationships and streamline processes so they can increase sales, improve customer service, and increase profitability. Nearly 1000 third sector service providers around the UK use Charitylog to account for their services.

Home-Start Norfolk were early adopters of the Charitylog system within the Home-Start federation, implementing it in 2018, even before Home-Start UK rolled it out across their whole network later that year. However, there was no mention of Charitylog anywhere in the Praxis Report, and we felt this was another missed

opportunity in terms of its potential as an evidence-gathering system for family data (see our *Charitylog* section for further discussion).

In terms of analysis, the Family Survey Data section in the Praxis report appendices is dedicated to graphs and word clouds, with no accompanying analysis other than:

*“Our word cloud recognises the voice albeit through the parent of the baby / child. Parents unanimously felt that HSV (sic) engaged productively with their children, Volunteers played and brought activities for the children to engage with. In all instances the children built attachments with the volunteer and even older siblings developed relationships. Our role is to give the children back to their parents.”*

Praxis Report Appendices 2023: 7

Following the accompanying word cloud to the quote above, we move directly onto the section on Volunteer Survey Data (which we discussed in the previous section). There is then a jump of several pages, at which point a final reference is made to families in the section entitled *Impact Case Study From Gt Yarmouth*, which can be found on page 15 of the Praxis report appendices.

We were happy to see a case study included and expected to see a contextual analysis of a family’s story, perhaps interwoven with quotes to illustrate. However, the page-long case study was a series of stand-alone quotes, with no analysis, context, or input from the family’s volunteer. This was another missed opportunity, as the quotes are memorable and extremely impactful. We were not sure why they did not appear in the main report, as the human detail would have made it much more meaningful. There was no further information as to how and where this data was obtained.

The section on family involvement includes a caveat that the paper:

*“...is not intended to offer an assessment of the financial and social return on investment in Home-Start Norfolk through prevention and support of families with*

*children under school age, but it needs to be said that this evidence would support our position as a viable, informed and cost effective frontline prevention service.”*

Praxis Report Appendices 2023: 7

This statement is contrary to our expectations that the overall aim of the impact report would be an assessment of the financial and social return on investment in Home-Start Norfolk.

### **Internal stakeholder involvement in the impact project: Home-Start Norfolk staff and trustees**

A section entitled *Staff & Trustee Engagement* runs over two pages of the Praxis report appendices document. It is divided into descriptions of three separate engagement sessions, each of which includes an overview of what was discussed.

Whilst there was evidence of the work done through the inclusion of photographs of materials used, there was no mention of how many staff attended each session, little evidence to back up the statements of conclusions of what was discussed, and little signposting to survey results. The photographs of the material produced were largely unclear or illegible and inserted throughout the document with little labelling, context, or analysis.

As mentioned in the previous sections, it is a shame that the Praxis report documents we were provided with did not reflect the positive aspects of Community Praxis' engagement with internal stakeholders. This came out in our interviews and was especially the case in terms of reflecting on their practice.

- *"I think it helped us, answered a lot of questions didn't know we had... are we family led or volunteer led... we'd never thought about that, never considered the ins and outs."*
- *"It helped us to have conversations about some of key things that are important- motivation, how do we see the service evolving."*
- *"I think he has listened, engaged, really understood who we are, who volunteers are, who our families are, understood challenges with who we engage with, particularly vulnerable families. Worked very hard."*

We were told that lack of communication and continuity due to internal staffing issues, as well as challenges to time and resources throughout the organisation, impacted the efficiency and organisation of the project overall.

*"No doubt about it, the management and understanding of project in early days was - not difficult- but was elongated too much, we needed to engage quicker. A lot of work carried out beforehand behind scenes and we needed engagement quicker and we would have had opportunity to develop and realise what tools we needed for best."*

**Home-Start Norfolk staff member**

*"What has happened here is that whole leadership team...there should have been more involvement. But I do understand that we are even tighter on the ground in terms of hours and capacity. I'm on 2.5 days a week and supposed to be supporting families and engaging volunteers...that challenge is huge. To introduce a big piece of work is very challenging."*

**Home-Start Norfolk staff member**

An opinion reflected throughout our conversations with internal stakeholders was that the impact project was not about a final report, but a process of vision and growth, a *"building block to the future"* as one staff member put it, in terms of thinking about how Home-Start Norfolk's service should evolve.



The idea was to learn from the process, think about the future. One aspect of [the] project was...identifying gaps in our internal process, how we implement changes and how we record them. So, it wasn't just a report, it was a process of demonstrating our impact more strongly. But yes, the commissioners did want to see a report of impact, but we haven't had much feedback from different sectors on it.



**Home-Start Norfolk staff member**

As our own conversations with commissioners revealed (see next section), a report based on process and reflections may not translate into a long-term sustainability strategy at this critical time. Nevertheless, we have tried to integrate the positive processual focus of the impact project into our recommendations, along with some practical suggestions for how the service can continue.

## **External stakeholder involvement in the impact project and objective 6: Develop a platform to engage a wider supporter network and contribute towards long-term financial sustainability.**

The Praxis report says on page 12 that:

*“a key aim of this review was to develop a shared language and understanding across our ICS systems partners as to the impact of a Home-Start intervention.”*

The report is significant in its lack of detail on statutory stakeholder (ICS partners/ commissioner) opinion on Home-Start Norfolk’s current service provision. The section on systems partners (Section 3.3, page 12) only gives a list of people spoken to, with little here or anywhere else in the report or appendices detailing the results of these conversations. References to external stakeholder feedback is limited to page 19 of the Praxis Report, which says that:

*“It is clear from our wider stakeholders that Home-Start Norfolk needs to apply changes to the way in which we tell our story and measure our impact to better communicate the impact that our support has for families.”*

Praxis Report 2023: 19

As well as a further statement that:

*“surveying both internal and external stakeholders has unanimously expressed satisfaction and value of the Home-Start Norfolk relational peer support model”*

Praxis Report 2023: 30

We could not find any further information about the conversations that took place, the results of those conversations, or any other evidence that supports this statement.

Upon request, the Home-Start Norfolk senior leadership team provided us with a further impact tracking sheet with details of conversations with fifteen stakeholders, although we were warned that:

*“the information... was duplicated and then a bit corrupted within our organisational online hub. [Community Praxis] has added to from his notes etc but I’m afraid that there was no way to retrieve further anything lost.”*

Member of Senior Leadership Team, Home-Start Norfolk

There is some evidence within this document which links to the report recommendations but is not included in the report itself (for example, a meeting with a fathers’ advocacy group). The positive view of Home-Start Norfolk’s peer-support model is also noted. However, there was little detail on who carried out the conversations, nor any extensive notes or recordings available.

Home-Start Norfolk staff told us they were not given any constructive feedback on their service from stakeholders:



Every time we asked for critical recommendations, we were told we were brilliant. Everyone said we know what you do, don’t change. We weren’t getting anything critical re: what needs to change, that has been my observation. That’s been a real challenge as an organisation.



Home-Start Norfolk staff member

However, this opinion is not exactly reflected in our own conversations with external stakeholders. Whilst all did indeed agree that Home-Start Norfolk do great work and are a key provider of lower tier social care in the county, we frequently heard feedback on the need to diversify the service offer to fit in with the existing landscape.

*“Whilst HSN are excellent at their peer model and recruiting, training and managing volunteers, the 1-2-1 service provision could benefit from being expanded in order to maximise investment.”*

### **Key external stakeholder**

This stakeholder also told us that Home-Start Norfolk are not eligible for the funding streams on offer through the Family Hub programme, so their best option to gain funding would be by increasing their peer support offer and being more creative with how they deploy their workforce, perhaps through an empowering communities/empowering parents programme, which has been successfully used by other Home-Starts (see page next section).

Indeed, within the spreadsheet we were provided there is a reference to a meeting in May 2022 where a key external stakeholder recommended that Home-Start Norfolk diversify their core service offer. There was no follow-up or reference to who this was said to, nor was this point referred to in the report.

We spoke to several key external stakeholders to ask for their feedback on the Praxis report itself, including representatives from Norfolk Children’s Services, Health, and Public Health. They asked not to be identified in this report but were all keen to express their support for Home Start Norfolk. However, they were concerned that the report was inaccessible and did not achieve what it had set out to do. One stakeholder told us:



It is badged as an impact report, an evaluative impact report, but I don't believe that it is, if I am honest.



Another stakeholder gave us their written feedback on the report stating that:

- *“The report reads as an internal reflection on how to demonstrate impact. It does not seem to be written for a wider audience.*
- *There is a significant emphasis on methodology and more on how the service was evaluated than the evaluation itself.*
- *The voices of service users and impact of activities seem lost under the weight of reflections and methodology narratives which are extensive.*
- *I don't know why the stages for change were included as different to other behaviour change models used by the statutory sector, it's used by services we commission all the time.*
- *Opinion is at times stated as fact.”*

From our conversations with external stakeholders, it was apparent that they do understand Home-Start Norfolk's approach and the intrinsic value of relationship-based support.

*"You don't need to convince me about the value of Home Start and you don't need to convince me about the value of volunteer support for families – I absolutely understand the importance of that."*

We talked with one commissioner about the realities of the diminishing resources and limited local government funding and how this impacts the voluntary and community sectors. The message is stark – both the statutory sector and voluntary and community sector are under huge financial pressure to meet rising costs and increasing needs.



It is not the responsibility of the statutory sector to grant fund organisations to exist. If we were to take on that responsibility, we would be broke overnight. For every Home-Start Norfolk that is struggling, there are dozens of other charities and organisations that are equally struggling, all of whom are playing a really positive contribution in terms of making a difference to children's and families' lives."



This commissioner explained that their role is not simply to have a pot of money to fund organisations to deliver specific services, but to understand what the needs of the

population are, the outcomes that they need to meet, the range of services available and to try to support and steer those services to meet the needs.

The stakeholders we talked to identified that the challenge for Home-Start Norfolk is to maintain their core offer whilst being flexible to meet the needs of potential commissioners and think creatively about how they do this. It is important to understand where commissioner's strategic priorities lie and how these might be best met.

One external stakeholder spoke to us about a local need for parenting support through group work and the opportunity this could offer Home Start Norfolk. They specifically referred to the [Empowering Parents, Empowering Communities \(EPEC\)](#) volunteer parenting programme project, which was developed at South London and Maudsley NHS Foundation Trust. EPEC includes a programme for parents of children with autism as well as a parenting programme for parents of children up to the age of 10. A new EPEC programme for parents of children with ADHD is also in development. We will discuss this further in the next section.

## **Diversification of service**

Our conversations with other Home Starts (Appendix 4) show how they have diversified their offer, whilst maintaining their core 1:1 home visiting model of service provision. We particularly felt that Home-Start Central Bedfordshire, who use the EPEC programme, and Home-Start Suffolk would be valuable models for Home-Start Norfolk in terms of moving forward to long-term sustainability.

Examples of diversification from other Home-Starts that we spoke to include:

## Home-Start Central Bedfordshire

- Empowering Parents, Empowering Communities (EPEC) volunteer parenting programme
- Mentoring for parents of children who have special educational needs and disabilities (short term mentoring for parents with children or young people up to the age of 25 years),
- “Own My Life”- a programme for female survivors of domestic abuse.
- A project in primary schools “Helping Hands” that looks at protective behaviours.
- Focus groups to support coproduction with trained volunteers. This has included recent consultation around the development of the Family Hubs, which they were asked to undertake by the Local Authority. This work has put Home Start Central Bedfordshire at the heart of the development of the Family Hubs.

Home Start Central Bedfordshire’s income for the financial year 2021-22 was £207,050 and their expenditure £176,383. Their core work, SEND, and parenting support are funded by the Local Authority. Linda Johnson, CEO, believes that seeking opportunities for small projects can sometimes lead into larger opportunities. She has also completed a cost comparison of the cost of support from a Home Start volunteer to a Family Support Worker and used this to show the value of early help.

Central Bedfordshire’s average unit cost per family is £459.

## Home Start North-West Kent

- Two weekly drop-in groups
- Specialist groups including a multi-birth group, support for children with special needs, an Autistic Spectrum Disorder group and online support for those with post-natal depression.
- Work around Hoarding Disorders is in development and all the team are provided with awareness training on this including the possible safeguarding implications.

Home Start North-West Kent is operating in an area of high deprivation and need. Their organisation's income for the financial year ending March 2022 was £142,217 and their expenditure £126,809. Their income has been increasing each year since 2018. The organisation has been funded by the National Lottery for the last four years, they are now in the final year of this grant and are reapplying for another.

Until the cuts in local government funding, Home Start NWK had previously received 50% of their funding from Kent County Council. They have never been funded by health, but Scheme Manager Debbie Bowler is hopeful that there may be potential funding streams with the introduction of the Integrated Care System.

North-West Kent's average unit cost per family is £1342.

## Home-Start Suffolk

- Services are delivered to 1600-1800 families per year with children aged 0-12 (to families with SEND it's currently 0-14) through home visiting and projects.

- 26 groups around the county, which are delivered by coordinators. Some groups are contracted to be delivered within Suffolk's Family Hub structure on behalf of the LA.
- They also have their own groups, including targeted support, military support, SEND provision groups, infant massage, maternity.
- The home visiting service is at Tier 3-4, the majority of whom have complex needs. These cases sit in a child protection space. Undertaken by both volunteers and staff, families have a high level of need, so volunteers and staff need a great deal of training.
- Much of the service is offered from 0700-2100, outside of the core hours of 0900-1700. Core staff also offer school wraparound safeguarding support.

Home-Start Suffolk's income and expenditure is currently at £850,000. About 40% of services are commissioned, £30,000 comes through national funding and short-term local funding, and £10,000 from localised funding. The rest is from fundraising income.

Their average unit cost per family is £700 (with 50% cases being complex).

## **Costs**

To further explore service diversification, it would have been important for Home-Start Norfolk's impact evaluation project to review costs via an in-depth cost-benefit analysis, in collaboration with the Business Development team. However, Community Praxis advised that they did not have this expertise.

At this point, we were surprised that no alternative way of assessing costs was explored, as not only was this a key objective in the initial project plan (Appendix 1), but was also an identified need amongst key internal stakeholders:

*"In terms of council partners, I would say we needed to demonstrate how much they would save by using us. We're not part of a statutory service, social services etc, but we're supporting them and the people we met this morning, they want to help, they recognise our value, but it needs to be better articulated."*

**Home-Start Norfolk staff member**

Unfortunately, the report's lack of consideration of available finances immediately following the end of the project indicates a further missed opportunity in terms of long-term sustainability. Had objectives 2-4 been addressed (see next section), Home-Start Norfolk may have had a body of evidence ready to submit imminently for a longer-term grant.



I think it's good he focused on volunteers, but yes, I would have like to see facts and figures, we could have looked at the cost-benefits to what we're doing. There's another charity in Norfolk that is doing something very similar to [Community Praxis'] work, a cost benefit analysis of impact, so we're trying to meet with them to discuss how they've done it.

**Home-Start Norfolk staff member**



At the time of writing, Norfolk County Council (NCC) have agreed to provide Home-Start Norfolk with a grant for £90,000, recognising they have just come to the end of the contract with Action for Children and the Lottery funding. This is a welcome reprieve, and we have been told that this award can be credited to Home-Start Norfolk staff's engagement and awareness-raising activities over the last few months. However, the grant is a short-term respite.



We have this £90k from NCC now which is great, it will come in a month or so and we've told them we can last until then. But it's only going to tide us over for 3 months or so. The funding balance sheet needs to be kept within the margin.

We overspent last year, and we've managed that by removing the CEO salary and having everyone cut their hours. When it's gone, we're going to need to focus on smaller foundations for funding but that's not sustainable.



Home-Start Norfolk staff member

Given the short-term nature of this reprieve, we feel a cost-benefit analysis of the current service model is urgently needed. One of the Home-Starts we spoke to shared data with us from HSUK's unit cost client, which indicated that Home-Start Norfolk's unit cost per family is £1200-£1303 compared with Central Bedfordshire (£459), Suffolk (£700) and NW Kent (£1342). Home-Start Norfolk's amount is on the higher end, suggesting that either coordinators are getting too involved or too long is being spent on each case. We will discuss this point further in the *What This Means* section.

## Missing objectives 2–4: reviewing Home–Start Norfolk’s current systems for capturing key impact information, analysing database requirements for maintaining key information, identifying key reporting functionality: what happened?

The disparity between information reported by different Home–Starts and a lack of common dataset from HSUK was identified as evidence of need for objectives 2–4 within Home–Start Norfolk’s initial project plan (Appendix 1).

However, as discussed in the previous section, Community Praxis did not have the expertise to undertake a detailed systems analysis, and therefore there was no evidence in their final report that objectives 2 (*review Home–Start Norfolk’s current systems for capturing key impact information*), 3 (*analyse database requirements for maintaining key information*) or 4 (*identify key reporting functionality*) had been addressed.

Our conversations and meetings with Home–Start Norfolk internal stakeholders have since revealed that Community Praxis did seek an understanding of how data was reported (objective 2 *review Home–Start Norfolk’s current systems for capturing key impact information*).

*[Community Praxis] looked very much at how we recalled information and worked with families right from the beginning and into our ladder outcomes to see how that worked as far as producing and evidencing goal-based outcomes. He wanted to understand what Charitylog looked like and how the coordinators worked within it. But I don't think he delved much further into it. He was quite clear when he was originally interviewed that he wasn't there to develop a database. It was more to evidence us telling our story to funders and commissioners and how we do it.*

## Home-Start Norfolk senior leadership team member

We also found out that, whilst again not stated in the Praxis report, Community Praxis, along with a member of the Home-Start Norfolk senior leadership team, have been engaging in Data Smart. This is a Home-Start UK project which focuses on a new way to gather information from Charitylog and other systems used by the network.

These attempts to engage on Objectives 2-4 were commendable. We feel that had Community Praxis included even a basic explanation of the Data Smart project and how it relates to how the current service is measured in their final report, this would have gone some way to mitigating its lack of evidence of impact.

Instead, the total section on impact on page 9 of the Praxis report (*2.4: Current Impact Measurement*) is two pages long and is limited to listing the eleven ladder outcomes (the current service measurement tools) and a paragraph on the family outcome plan. There is no explanation of what a ladder outcome is, how it relates to impact, or any signposting to where we might find an example of a family outcome plan.

Instead, there is a statement on page 10 that Home-Start Norfolk are measuring the same information as more standardised metrics used by commissioners, such as the RCADS (Revised Children Anxiety/Depression Scale) and WEMWBS (Warwick Edinburgh Mental Wellbeing Scale). The report acknowledges that the family outcome plan and ladder outcome framework could be better explained and disseminated. However, rather than doing this, the Praxis report goes on to say that the proposed change story toolkit would achieve this and signposts us to section 5.3. As discussed throughout this review, the implementation of this new toolkit remains at the speculative rather than evidential stage and would need further evaluation to test its viability. This is a whole new project and forms part of the Praxis report's recommendations for future funding (see next section).

We found that there is substantial data on Home-Start Norfolk's impact already inputted into their existing Charitylog system by the FS Coordinators, none of which was developed for inclusion into the Praxis report. We asked members of the senior leadership team at Home-Start Norfolk staff about this. We were told that as so many staff members, including the CEO, had left the organisation or reduced their hours over the course of the year, that incomplete pieces of work were picked up by others unfamiliar with them and several lines of communication crossed regarding the objectives of the impact project.

In terms of central database requirements and collaboration with Home-Start UK, we were told that these were still in development and had needed to stay in-house, rather than contracting a specialist, until the final reporting requirements had been agreed:



We have not engaged technical support to date until we know from HSUK what they require and whether we are able to pull from our current Charitylog database and have implemented the changes required from our paperwork/systems.

Member of the Home-Start Norfolk senior leadership team



Following a conversation with the lottery grant team in May 2023, at the time of writing Home-Start Norfolk have since invested some additional hours into their business support team to develop their reporting internally over the next month. We will give an overview of how Charitylog has been developed recently in our *Charitylog* section.

## Community Praxis impact project recommendations

It is important to state that the section in the Praxis report entitled ‘Recommendations’ does not read as a series of recommendations for external partners/ potential funders based on a detailed evaluation and evidencing of Home-Start Norfolk’s service impact. Instead, it reads as a series of next steps for Home-Start Norfolk themselves. These steps lay out how Home-Start Norfolk should implement the methodology discussed in the report around a proposed ‘stages of change’ modelling. We think perhaps the title ‘Recommendations’ was chosen as external partner funding is needed to carry out the steps, as laid out below.

There are ten recommendations in all. As these are presented in the Praxis report in list form, we have reformatted them into a table and labelled the sub-recommendations for ease of viewing and reference.

| Recommendations |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1               | <ul style="list-style-type: none"> <li>a) Trauma informed training</li> <li>b) To fully implement and understand change and behaviours staff and volunteers need to build their understanding of historical trauma as a barrier to change. The ability to have discussions and deliver trauma informed practice should run through initial assessment, volunteer supervision and review, building reflective practice to get a deeper understanding of the support needs of the parent.</li> </ul>                                                                                                                                            |
| 2               | <ul style="list-style-type: none"> <li>a) Changes to Quality Assurance (QA) processes, paperwork – referral form, secondary care givers, fathers, volunteer(s) supervision, ending / evaluation forms with families.</li> <li>b) Develop charity log data capturing alongside changes in our QA process’.</li> <li>c) Changes to supervision process with volunteer and FSC to demonstrate the TE process, supervision needs to be reflective of Stages of Change, evaluation methods, practice and needs to be Trauma informed. There needs to be a deeper understanding of the work. This needs to be co-produced with the team.</li> </ul> |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | <p>d) Developing the capture of the impact on volunteers through the supervision process / mini appraisal for vols / data capturing, streamlining systems and process.</p> <p>e) Create an Impact and Measurement Group to develop this.</p>                                                                                                                                                                           |
| 3  | <p>a) Clear commitment to engaging with fathers and or partner organisation(s) across the sector.</p>                                                                                                                                                                                                                                                                                                                  |
| 4  | <p>a) Capturing the voice of the child... This needs to be developed further as a process orientated though parent / volunteer if child is non-verbal.</p>                                                                                                                                                                                                                                                             |
| 5  | <p>a) Committing to recognizing maintenance.</p> <p>b) This will need to be a longitudinal work of evaluation, post HSN support and at regular intervals 6, months, 1 year.</p>                                                                                                                                                                                                                                        |
| 6  | <p>a) Development of sharing learning internally / locally</p> <p>b) Creating communities for families to thrive through TE has evolved out of HSN understanding of storytelling and data verbalisation. Concentrating upon the data create your stories to build a narrative that is clear, that demonstrates build learning from data collected in partnership and to share with all stakeholders.</p>               |
| 7  | <p>a) To develop a ToC to diversifying all volunteers / Trustees (professional backgrounds) and the full volunteer offer.</p> <p>b) The ToC should be inclusive of all volunteer roles e.g., marketing, funding, partnerships.</p>                                                                                                                                                                                     |
| 8  | <p>a) Working through partnerships to ensure every family is offered appropriate support</p> <p>b) Outcomes should reflect impact of Signposting and access to services internal &amp; external referrals etc leading to earlier access to wider interventions for families in: Health, Education, Employment, Training, Social, Care and Community. Charity Log should be enveloped to capture and evidence this.</p> |
| 9  | <p>a) Strengthen the presence of volunteers.</p> <p>b) The voice of volunteers should be heard at board meetings, staff meeting, AGM, at stakeholder meetings and throughout the whole organisation. This should be strongly evidenced.</p>                                                                                                                                                                            |
| 10 | <p>a) Peep, Solihull training investigated and invested in further to keep abreast of ongoing frameworks and measurement tools and to complement the evolving Family Hub model across Norfolk.</p>                                                                                                                                                                                                                     |

Figure 5. A table showing Home-Start Norfolk/ Community Praxis Impact Report recommendations

Our first observation was that the ten recommendations (which cover 20 sub-recommendations) seem like a lot. It soon became apparent that there was nothing explicit in the report to justify the inclusion of some of them, including recommendation 1 (trauma informed training), recommendation 3 (engaging with fathers), or recommendation 4 (capturing the voice of the child).

This is not to say that these recommendations are not worthwhile endeavours or relevant to Home-Start Norfolk's work. Indeed, internal stakeholders reported back to us that reflecting on the inclusion of fathers as part of their practice as an outcome of the impact evaluation was something they found worthwhile. However, these recommendations would have been more convincing had they been explicitly evidenced as areas of need in the impact review.

This lack of consistency is further amplified by the fact that recommendations 2a and 2b, which involve developing the Quality Assurance framework and developing Charitylog, cover objectives 2-4 that were not included in the Praxis report from the initial project plan. Objectives 2c-e refer to a complete redesign of the supervision and appraisal process to integrate the Transformative Evaluation framework. Again, there is no justification for these latter two, as the existing ladder outcome process was neither evaluated nor evidenced in the report to be found wanting, nor is there any evidence that the Transformative Evaluation process has been effectively developed for use at the present time. As we have argued throughout this review, we found quite the contrary to be true.

Recommendations 5 and 6 specify a commitment to maintaining a culture of evaluation through sharing, with recommendation 6b stating that this should be through the new Transformative Evaluation model. At the same time, recommendation 10 recommends investigating and investing in Peep and

Solihull training. This seems like an unachievable goal, given the precarious nature of Home-Start Norfolk's current finances, and again seems little justified, given that there was no evidence in the report that the current ladder outcome toolkit was not working. Indeed, there is no mention of the ladder outcomes in the recommendations, so we should assume that these are to be kept in place, alongside the newly implemented TE framework and future Peep and Solihull tools.

Recommendations 7 and 9 refer to volunteers. Firstly, to develop a ToC specifically around volunteers, and then to strengthen their presence at meetings with different stakeholders. These recommendations probably best reflect the conclusions of the impact review, and Home-Start Norfolk staff tell us that this is the area which they have been working on most in recent months. We discuss this further in the next section, where we outline how Home-Start Norfolk have responded to the recommendations.

Finally, recommendation 8 touches on what we consider to be the main diversification strategy that might assist Home-Start Norfolk out of their current crisis, i.e., partnership working and evidencing the impact of signposting. However, there is no previous mention in the report of these strategies, no indication as to how these would be done, nor any further recommendations for doing so.

A final section in the Appendices, entitled *Community development approaches to engagement* (page 26) refers to ongoing service development:

*"There is evidence that our successful method for empowering parents is to help them develop from dependent service users into volunteers and / or paid workers at Home-Start Norfolk. These methods are congruent with the philosophy of the HS intervention and are also integral for our ongoing service development."*

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There is no explicit reference to the evidence in question, just a diagram of a ladder with text in the rungs, and a paragraph next to it, entitled *Arnstein's ladder of participation*, which states that:

*"Our findings provide perhaps the first robust empirical evidence that empowerment and participation of parents in HS interventions lead to improved outcomes for families (see ToC and survey data below)."*

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We were pleased to see some signposting to the data here, however, as this is the last page and section of the document, unfortunately the signposting is inaccurate. Inserting page numbers and reviewing the document would have helped here.

What appears to be a further recommendation then appears:

*"Investing in HS culture and community development methods Home-Start Norfolk will create platforms that build degrees of citizen power, strengthening voices of parents, volunteers, ongoing co-production, consultation, involving them in service planning and management and / or the employment of staff that are demographically matched to users."*

Praxis Report Appendices 2023: 27

We were not sure whether *HS culture and community development methods* refers to a central Homestart UK policy for all local HS to follow, or an outcome of this project. The statement of intent is commendable but there is no further information on what exactly these platforms to build citizen power are. A final comment is included here saying that:

*"According to our view, service users have a right to have their views represented in our service planning and development. Volunteer steering group (sic) needs to be created to inform decision making across Home-Start Norfolk. Representation needs to be evident at all levels of Home-Start Norfolk."*

A volunteer steering group is a good idea, but once again there is no signposting to further discussion or proposals on how this might be implemented.

The section (and whole document) then ends with a quote on the benefits of the non-professional, voluntary relationship and its importance to families. We weren't sure where this quote comes from and how it relates to the paragraph just discussed, nor the reasoning for including the *Arnstein's Ladder* diagram (which was never explained).

## **How Home-Start Norfolk have responded to the recommendations**

Regardless of our findings on how well the Praxis report fulfilled its initial objectives and how well these were communicated through the report and

appendices themselves, Home-Start Norfolk have undertaken significant follow-up work since its completion. These steps are extremely impressive, given the great strain on resources over the last few months.

For some staff, the process of reflecting on their impact has been positive in terms of forging connections with external stakeholders and preparing for the commissioning process:



We have had meetings now with three different commissioners and one attended our AGM and fed back about how empowering our service is. We have also had the offer to meet regularly with commissioners. This is a very significant change to where we were a year ago. In addition, the work we are doing on our recommendations is in response to what all our stakeholders have fed back in conversations and workshops. As a result of this, I feel we have and continue to move to a more positive place in terms of our development as an organisation and to becoming more sustainable.”



**Member of Home-Start Norfolk’s senior leadership team**

The senior leadership team see this engagement as leading to the recent awarding of £90,000, which will “enable us to remain viable until the Family Hub commissioning opportunities arise”. In the meantime, since the departure of their CEO in February 2023 and a further cut to everyone’s hours in April 2023 (which will save £100,000), Home-Start Norfolk have undertaken a series of activities related to the recommendations from the impact project’s final report, which are

described as allowing the team to *“improve our ability to tell our story to potential commissioners and the general public”*.

Home-Start are recording their progress on these activities on a live spreadsheet, with the objective of evolving practice to:

*“position ourselves best for potential commissioning opportunities within the Family Hubs and future opportunities but they all link to supporting us to demonstrate our impact more powerfully and in response to the conversations and meetings over the last year.”*

### **Member of Home-Start Norfolk’s senior leadership team**

We were provided with a draft copy of this spreadsheet for this review. One key set of activities relate to Recommendation 7, where a volunteer ToC model is being co-produced with staff and volunteers to demonstrate Home-Start’s service offer to funders in terms of the long-term value for volunteers. Further activities include upskilling volunteers through training to deliver PEEP groups/home support.

Home-Start Norfolk staff told us that the only change to their practice and recording with families that they are planning to make is for the final visit to take place with the volunteer present. This is so that when the last ladder outcome sheet which measures families’ progress is completed, the volunteer can help to “prompt” the family to remember what they have achieved during the period of support (see page 67 for further discussion). A member of the senior leadership team told us that they will continue to use the ladder outcomes to report impact and try to improve on their case studies to tell a better story, and that there is no new “tool” or approach developed because of the Community Praxis report.



I don't think that [Community Praxis] are suggesting we have any new process. I think he's, well when speaking to me, he's quite clear that we have a transformative evaluation process and I think that diagram is trying to reflect where we do that already.



This does not match our interpretation of what the report was trying to say, as described throughout this review. We must echo various external and internal stakeholders, including Home-Start's senior leadership team itself, in stating that we are certain this is down to the report's inaccessibility. At the same time, we believe that the actual impact evaluation processes, i.e., the workshops and team-building events, were the real outcomes and benefits of Community Praxis' impact evaluation contribution.



We're on a steep learning curve at the moment, but we've learned a lot over the last year about how to show that impact. Just small things. I think a lot of the time these were things that we are already doing, but just not recording in the right place or at the right time to show that journey.



**Member of Home-Start Norfolk's senior leadership team**

Home-Start Norfolk held their AGM in early May, which we were invited to along with various key external stakeholders. The format of the AGM, which included videos of their work, feedback from families, an opportunity to hear from

volunteers, as well as an excellent Annual Report, was incredibly impactful and really highlighted the need for Home-Start Norfolk. We can only commend the work of the Senior Leadership Team in pulling this together when they are all on reduced hours.

It is of no surprise that following the AGM Home-Start Norfolk received additional funding to buy them the time to secure the future of the organisation. A copy of the annual report can be found on the organisation's website under "Reports and Accounts": <https://homestartnorfolk.org/latest/#downloads>

## Charitylog

### How Home-Start Norfolk currently use Charitylog

Home-Start Norfolk adopted their Charitylog system in 2018, and it was rolled out to staff in 2019. Over the last year (2022-2023), the original member of staff who set up the system for both recording and reporting has left as part of the changes organisation wide. The remaining two (part-time) members of the finance and admin team have been managing Charitylog since then. These members of staff have been praised by the senior leadership team for maintaining the system, despite everyone's reduction in hours.

*"The administrator] is doing a fantastic job, but with the changeover in personnel, she's only been pulling reports for two months now. So [the previous administrator] built it from the ground up and now we've lost her. A lot of it is trial and error to start with."*

Currently, ladder outcomes are established and measured throughout the following process:

## How Home-Start Norfolk currently use ladder outcomes

- Families have an initial needs assessment meeting with a FS Coordinator during which they choose two or three 'ladder outcomes' as most important to them.
- The initial planned outcomes in their referral form are also discussed during this meeting, and families sometimes choose to change the focus of their support.
- Examples of ladder outcomes include Children's emotional wellbeing, Children's learning and development, Children's physical wellbeing, and Coping with stress.
- We have taken an example outcome from the Children's emotional wellbeing ladder outcome- this is "My children have a good relationship with their caregivers and feel secure and loved. We are able to spend quality time together."
- Coordinators measure families' progress by completing a form called the Family Outcome Scale with them at review meetings at the end of weeks 4/12/24/final week of intervention.
- There is a Family Outcome Scale template for each of the eleven 'ladder outcomes', so a coordinator will fill out one form for each of a family's two or three 'ladder outcomes' after each review.
- During these review meetings families are asked to scale their response to each of their 'ladder outcomes'. Scales start at 1: I am stuck and/ or don't want to think about it, to 3: I am receiving help, there are some significant changes to

make but I'm trying, to 6: I am confident and can do this on my own.

- The template also asks families what is working well/ less well and for any other relevant information at each stage, including how much improvement the family feel has been made for each outcome.
- Data can be supplemented by the diary sheets submitted by volunteers and the regular volunteer-coordinator supervisions.
- After each review meeting FS Coordinators input updates into CharityLog, creating evidence of impact from which reports can be generated.
- In addition, at reviews families sometimes identify new outcomes to work on.

When we asked the admin team how often they accessed data and what they did with it we were told that:



If it's gone in, we can pull it out. It's just there are many different types of reporting, so it's finding the right reports to pull the right data and liaising with everybody. The funding perspective, that's what we're developing at the moment. But it's all in there and it's fairly straightforward.



Examples of reports being produced include:

- A monthly report for the leadership team: this report gives an overview of current families in terms of what they are being supported with, stages of referrals etc.
- Reports on funder-specific information: families are allocated to funding streams according to their referral forms. For example, the number of families currently being supported with mental health issues have been identified to pass onto the business development team for a mental-health specific funding bid.
- Reports on where families waiting to be allocated a volunteer are located: these can be coordinated with equivalent reports on available volunteers as part of the matching process.
- Reports on coordinator caseloads: these reports show how many families they're working with in each area and at what stage of the support process they are.
- Services reports: these show where Home-Start Norfolk are on each of their projects in terms of the number of families per funder. For example, the National Lottery funded 60 families per year, so the team can see where they are with that target at any time. This function helps with funders who request a mid-project report.

The admin team are happy with using Charitylog, explaining that it can be adapted to report on any new data required by funders. This means it is frequently updated and, as such, is an ever-evolving system.

*"We're still fine tuning it. The family support side of things has been worked on a lot over the last couple of years, so we are now moving over to the volunteer side of things and making sure that we are adjusting and improving that data as well. All our volunteers contact details and data are stored on Charitylog and the reports around volunteers are pulled from there"*

We were told that the volunteer data currently being recorded consists of notes from volunteers' time with their families and personal supervisions. Meetings with families are also recorded on each family's file, which they can access on request. This means that inputters have to be careful about how they manage conversations and how these are recorded.

We also asked about whether data is currently collected on where volunteers go after their time at Home-Start Norfolk. We were told that a system for recording this information was still in development but existed in a simple form. We suggested that using this data as evidence for further funding for a possible training offer could have a big impact on Home-Start Norfolk's sustainability plan (see our suggestions around developing this in the *Recommendations* section). In response to this suggestion, a member of the senior leadership team told us that:



[Community Praxis] has actually spoken to us as a team quite a lot about that. The feedback from some of the stakeholders was that our volunteers are a secret and we should be shouting about them more, talking about the impact we have on local opportunities. Like getting experience in employment, keeping community support local, and evidencing that. We are trying to develop that a bit more.



This awareness is a positive takeaway from the impact project in terms of becoming an independently sustainable service. We have already mentioned how the process of reflecting on their practice has been the most constructive outcome of the Praxis intervention (although this could have been better expressed throughout the Praxis report).

In the next section we will discuss how Home-Start Norfolk plan to draw on Charitylog as their existing database to integrate their learning from the impact project into their future practice. From our conversations with Home-Start Norfolk, we feel that their Charitylog system has been designed well and should be able to do everything they want it to in terms of pulling out existing data according to different framework specifications.

### **How Home-Start Norfolk plan to develop Charitylog in the future**

We asked what resources the two part-time administrative team members most needed to develop the Charitylog system in the future. We were told that that extra time to get to grips with the system and integrate new data requirements was both team members' top priority:

*“There are lots of extension databases that you can add on to Charitylog, so it's quite a beast. We have to think about where to record that data, when would we record it, and make sure that we slot it in the right place...obviously as we update it and make changes, that all has to be filtered down to training, or as instructional sheets for people to make sure that those changes are implemented.”*

These plans for expanding data recording processes are an ongoing point of discussion during recent staff meetings. A senior leadership team member told us that:



Our team meetings have morphed into the impact project development. Various members of the team need to take on different parts of it. We've got our volunteer training development work going on, we've got the hubs work going on,



changes in paperwork and processes, and the development of the work with volunteers to demonstrate impact as well. So, we've got those ten recommendations and we have a spreadsheet on our hub that we are updating continuously as to where we've got to on each one.

At the time of writing, these discussions remain at the early stages. This is something the admin team are working on, now that they feel more confident in creating reports.

*"We've got every faith that we should be able to pop something in there and the sooner we can start recording it, then obviously the sooner we can start pulling that data. Obviously, it's only as good as the information that's actually put in. And that information needs to be put in, in a timely manner, whether it's around volunteers or whether it's around the family support work going on."*

Home-Start Norfolk senior leadership team member

We felt that a more substantial plan for going forward would be beneficial, given the precarious nature that Home-Start Norfolk remain in financially, and we make some suggestions in the *Recommendations* section.

We also asked the senior leadership team how, within this climate, Home-Start Norfolk envisioned integrating the impact report's storytelling methodology into Charitylog. First, they explained that the main change coming out of the report would be maintaining the ladder outcome framework to talk about families, but that this would be complemented by including volunteers in the family's final visit, with the eventual aim of integrating their voice into a final case study:



So, the tweak that will happen in terms of the families is we'll still be using the same goal-based, ladder outcomes, but as a way of bringing it together when you do the final visit, it'll be the coordinator, the volunteer and the family. As partners there'll be a bit of a conversation that says, look at where you've come from when we first started., look at where you are now, what do you think about that...the coordinator is recording it effectively and at the end of it you have a case study that sort of says, look, isn't it brilliant because you started here and we got to here.



The coordinators will then review families separately *"to give that time to the family without the volunteer to see how the family see it from their perspective"*, and the outcome of this meeting will be recorded as ladder outcomes.

At this point, we wanted to know how this increased volunteer involvement, as well as their development in general, could be translated into data for Charitylog. The Home-Start team agreed that commissioners would always want to see relevant data, which they already have on families through ladder outcomes. To develop volunteer stories and outcomes into data, as per the Praxis report's recommendations, they would need to be:

*"A little bit more targeted. We need the extension databases to be built to record relevant information, quantitative stuff to actually see how a volunteer develops and where they go. We need some statements. We need things to mark that journey against, rather than just a conversational piece that doesn't really mean much. We need that start point and that finish point and be able to monitor their progress as a volunteer and where that takes them to in the future."*

Identifying a system to extract quantitative data on volunteers is a positive step, and this data could then be expanded upon via qualitative data, i.e., case studies. The case studies included in Home-Start Norfolk's recent AGM and Annual Report were very well received and have already led to extra funding. When asked about their case study methodology, the team commented that they'd worked hard *"to try and develop the case studies to be powerful. We want to say what the message we are sending about this family's case study or this volunteer's journey."*

We asked the admin and senior leadership teams what their plans were for producing more case studies to complement their increasing capacity in quantitative data reporting. We were told that in its current capacity, Charitylog can identify relevant families for a qualitative case study but cannot hold the information because of data protection issues.

- *"Charitylog we use for recording, but there are certain bits like the case study that we probably wouldn't put on because of having to anonymize the records after a certain amount of time as well."*
- *"For us to be able to identify which families had been used for case studies would be really tricky to do, so there are certain things that we will still use alternative systems for, like recording things on spreadsheets and in confidential files, et cetera."*

Nevertheless, the team are satisfied with the current system of FS Coordinators recording the relevant information on a separate document which is:

*“shared with our marketing officer who can then record it under any funding stream that we need to deliver back to. But we also then have it on our Hub<sup>2</sup> and we can use it at any time to demonstrate the type of impact.”*

The team are also happy with the way their marketing officer puts together the case studies. These case studies currently only focus on families, but Home-Start Norfolk are planning to use Charitylog and their Hub together to create further case studies for volunteers and children as well as part of the impact plan.

## **Charitylog and Home-Start UK**

Apart from financial challenges and lack of capacity over the past year, Home-Start Norfolk have been limited in how much they can develop their reporting system because of delays to Home-Start UK’s pilot project, Data Smart (which Home-Start Norfolk are involved in). This has been an additional problem for Home-Start Norfolk in terms of demonstrating impact.

 It's not all about Charitylog...the other challenge we've had as well is that Home-Start UK have been looking at their national data requirements from each of the, the Home-Starts as well. So, we can't go down a road of developing a whole different way of doing Charitylog and then suddenly realise that we're out a step with them. The timing of 

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<sup>2</sup> The hub is Home-Start Norfolk’s online storage system/ virtual office that is secure from anyone outside the organisation accessing. It contains templates for paperwork and documents they might need, including minutes, financial information, HR folders etc.

everything's not been brilliant as you've probably gathered!

As well as waiting for HSUK, staff also told us they have been having to manage additional training needs in-house due to the departure of the original staff member who developed Charitylog. They are waiting on some last-minute accommodations from Home-Start UK, after which they will receive assistance to set up their own system from a central template, from which Home-Start UK can access certain information, and local Home-Starts can in turn report back on specific data.

## What this means

Like many charitable and voluntary organisations, the future of Home-Start Norfolk is precarious unless they can secure sustainable sources of income. The immediate need for Home-Start Norfolk to provide an evaluation showing their impact in supporting families to effect positive change was missed. Instead, Praxis was tasked to develop new tools that could be used to show future impact. This appears foolhardy at a time when financial resources have run so low that key posts have been cut and staff have needed to reduce their hours.

The report from Praxis did not meet all the objectives it hoped to address and there was a lack of clarity about the scope, aim and overall purpose of the project. The report is also missing formatting, referencing, evidence, analysis, and context. This means it was difficult to follow. We can see the commitment to, and belief in, the value of the service to families from Community Praxis.

The staff and volunteers have little to no understanding of the Transformative Evaluation Impact tool that was developed by the project. The proposed tool appears to be time-consuming and impractical, and it is doubtful that it could

be successfully adopted by the organisation. However, the process of producing this tool, especially the workshops and conversations with staff and volunteers, has had real value in helping them to recognise the impact of what they do and reflect on their practice.

The Theory of Change diagram (figure 3) on Home-Start Norfolk's current practice produced by Community Praxis has provided them with a useful model for their staff to understand and evidence how they and their volunteers work and how this leads to change.

Home-Start Norfolk already systematically gathers data to evidence their impact. The Ladder Outcomes and Family Outcomes tools help with this but could be slightly adapted to enhance the evidence. The suggestion that volunteers have wider involvement, particularly in being a part of the final visit, will help to support families in recognising the progress they have made.

Home-Start Norfolk has great expertise in their recruitment, training, support, and management of volunteers. Volunteers who have undertaken the training and supported families have gained valuable skills and experience, which for some has provided a stepping-stone into the health and social care sector. Home-Start Norfolk do not currently provide data on where their volunteers move on to, or how the organisation is contributing to the health and social care workforce. Additional reporting mechanisms to do so are in development, and admirable progress has been made in developing Charitylog for this purpose, although more work remains.

External partners do recognise the importance of service provided by Home-Start Norfolk as part of early help to families. They also understand the importance of relationship-based practice. With reducing public sector funding, it is important for the service to adapt to the needs of potential commissioners, whilst maintaining their core offer.

Other Home-Starts have given examples of how they have diversified their offer, whilst ensuring that the one-to-one home-visiting work remains at the heart of what they do. Thinking differently about how they can contribute to the work of partners has allowed them to access alternative funding streams.

Home-Start Norfolk's unit cost per family is £1200-£1303 compared with Central Bedfordshire (£459), Suffolk (£700) and NW Kent (£1342). Home-Start Norfolk's amount is on the higher end, suggesting a need for a closer look at their caseload management system and data support. Such a system could monitor how long the average visit is, what the average support needs are, where outcomes are, where they need to be, and initial assessment outcomes.

The recommendations from the Community Praxis report are quite task focused and do not address the current strategic needs of the organisation. The recommendations have given members of the Senior Management Team a focus and they have been conscientious in working to complete the recommendations, which will lead to some improvements. The recent AGM and Annual Report were excellent means of showing the positive impact that Home-Start Norfolk can have and show the ability of the current Senior Management Team to tell the story of Home-Start Norfolk in an engaging and impactful way.

Charitylog, the web-based system for recording data, supports the organisation to meet the demands of reporting including outcomes. It is flexible and additional elements can be added relatively easily. As Home-Start UK is currently developing its database on Charitylog, there may be some delays on the development of the local database.

Since we started working on our report Home-Start Norfolk have been offered extra funding by external commissioning bodies which will give them a brief period of respite. But this funding is very unlikely to be repeated. Time is running out fast and the Trustees and Senior Leadership Team must work together to act quickly and formulate a clear plan for bringing the quickest results to boost the income of the organisation, before considering the longer-term options.



# Recommendations

The immediate priority of Home-Start Norfolk is to secure the future of the organisation. Unless this is achieved, the other recommendations are meaningless.

We have divided our recommendations into short and long-term.

## Short-term

### **1. Secure the immediate future of Home-Start Norfolk**

There cannot be a reliance that either Norfolk Children's Services or the Integrated Care Board will fund the organisation to deliver services and so alternative sources of income and fundraising must be identified – focusing first on those possible sources of income that will give a quick return.

The Trustees and Patrons of the organisation can play a role in making contacts and identifying future donors and grant-making bodies that could be of benefit to Home Start Norfolk.

Data from the annual report shows that Home-Start Norfolk has over-spent every year and this is unsustainable. Therefore, consideration should be given to how to maintain the core offer whilst reducing costs.

Failing these, the Board of Trustees may need to consider a merger with a body that would respect their current outcomes.

## 2. Diversify the service offer and opportunities for funding

There is potential to identify different income streams through diversifying the services Home-Start Norfolk offer, whilst remaining faithful to their core service, such as running parenting groups, SEND, perinatal mental health, parenting support in groups, and online support. There needs to be flexibility to meet commissioning opportunities, adapting to what commissioners are asking for.

The work that Home-Start Norfolk does to train, support and develop volunteers is excellent, which means that Home-Start volunteers are valuable additions to the health and social care sector. By recognising the contribution that Home-Start Norfolk makes to the development of their volunteers and by recording where they go to when leaving Home-Start Norfolk, a case could be made for funding for volunteer or workforce growth and development, such as through the LEPs ([local enterprise partnerships](#)). There is also potential for Home-Start Norfolk to capitalise on their experience by providing consultancy or training to other volunteer programmes.

Home-Start Norfolk also has experience in engaging with families whose voices are less often heard. There could be opportunities for the organisation to support participation and voice activities on behalf of other organisations and statutory partners, which could be funded.

## 3. Support the existing Executive Leadership Structure.

Since the departure of their CEO, the leadership structure is still developing with responsibilities shared out amongst the Executive Leadership team, which includes an Executive Lead. This team will need support to grow into their new roles and responsibilities. Key to this is having a strong board who are working with the Executive Lead and the Leadership team to support decision-making

and providing coaching and mentoring. The recent AGM showed that the existing team can provide excellent evidence of impact.

At this critical time the trustees need to fully understand how best they can support the efforts of the Executive Leadership Team to secure the sustainability of the organisation, whilst continuing to provide the strategic vision for the organisation. Consideration should be given to recruiting additional trustees that have experience and knowledge of delivering voluntary and community sector health and social care services. There could be opportunities for the Trustee Board to consult with local high functioning VCSE sector boards to gain new ideas for development and support.

#### **4. Build on the positives from the Community Praxis Report**

There has been some useful learning from the Impact Report. The use of the Theory of Change diagram is a practical tool in understanding impact and how change occurs. We believe that the organisation is developing a second one to show the impact on volunteers and we would support this as a useful tool to support funding applications.

The use of volunteers during the final visit to help families recognise the outcomes they have achieved is positive along with the development of case studies as qualitative data.

We would not recommend trying to implement the Transformative Evaluation tool for measuring impact as we believe the current systems for this are good and the proposed tool would be difficult and resource heavy to implement.

### **5. Work with Healthwatch Norfolk to provide ways for families to feedback anonymously**

Healthwatch Norfolk has existing systems for the public to give their feedback on health and social care. We could include Home-Start Norfolk in our services for the public to feedback on. This potentially could provide feedback from those families that have not engaged with Home-Start Norfolk and their reasons why. It would also give externally validated data, which Home-Start Norfolk could use. Home Start Norfolk could be added to our feedback centre for free and the data can be shared when requested. Home Start Norfolk will need to contact Healthwatch Norfolk to arrange this.

### **6. Develop existing Charitylog and Family Outcome plan frameworks to create a strong evidence base which can demonstrate impact for diverse funding bids**

Home-Start Norfolk have already set up Charitylog as a reporting (as well as recording) system for their ladder outcome reporting of families. They can continue to do this in-house but the existing team may need additional training in setting up the new extension databases, aligning them with current client and data capture, and training staff.

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