

Closure of Home-Start Service will be a major loss to Milton Keynes

We are a volunteer-based service currently receiving core funding from Milton Keynes Council (MKC).

We have operated in Milton Keynes for the last 15 years supporting families with at least one child under the age of five who are experiencing problems. We do this by providing a trained volunteer who is an experienced parent as a friend and mentor. They visit the family in their home at least once a week for 3 hours. The families we help experience a wide range of problems including loneliness/isolation, depression, bereavement, medical and emotional issues.

MKC have decided that from April 2012 the service will not be required as "Early Help" resources will be directed towards families with children aged 5-18 ignores the Allen Report (amongst many others). These state that it is the 0-3 age group where support to vulnerable families is most effective and necessary.

Children's Centres, your choice of future support, fulfil an important role in supporting families; we have successfully run family groups at Centres for over six years. However, we do not believe the strategy provides a viable approach to helping families which are unable or unwilling to access the formal sector and who need support within a home setting. MKC's own social workers have often confirmed this in review meetings.

MKC's decision will mean that the service will have to close in March 2012 resulting in:-

- Lost value to the community. We receive funding of £68,601 to support 37 families per annum. We leverage that so that in 2011/12 we raised over £205,000 in total allowing us to support 179 vulnerable families. We have helped 681 families in the last four and a half years of our contract.
- 10% of families are in reviews within the Common Assessment Framework
- Our costs per family supported are £30 per week total (direct costs to MKC are £10 per week) against a published figure of £140 for local authority run services
- 62 volunteers lose volunteering opportunities and a valuable way to make a contribution to the community; typically 10 of them per annum use volunteering with us to facilitate a return to the workplace. The hours given at minimum wage would cost an additional £45,000 per annum.
- Eight staff redundancies

Milton Keynes is turning its back on vulnerable families who do not fit their strategy which we consider to be flawed. We are seeking a rethink of this to ensure a valuable and valued service is not lost to the community.

The following provides more details of who we are and what we do and contribute to the community.

Scheme Structure

Current staffing is 8 part timers with effect from 1st October 2011 (112 coordinator hours) a reduction from 9 staff (2 full and 7 part timers with 149 coordinator hours) due to the ending of a contract with Sure Start at the end of March 2011. Core funding has been provided since 1996 by

Milton Keynes Council (MKC). This funding of £68,601 provides for 37 coordinator hours and key overheads (such as admin hours and rent).

The Big Lottery and The Henry Smith Charity also fund coordinators and some administration time. Funders have traditionally been reluctant to fund any overheads or infrastructure costs, preferring to fund direct costs relating to specific projects. The loss of Council support is almost impossible to replace and the scheme cannot currently identify any means of doing so despite proactive efforts to do so.

Whilst the scheme has been successful in developing these additional funding streams (total income received in 2011/12 is £208,681) without the support of the administrative and infrastructure base that the Council funding facilitate the scheme cannot operate.

Service Specification

Early intervention is critical and often prevents crisis point being reached. "I use the term Early Intervention to refer to the general approaches, and the specific policies and programmes, which help to give children aged 0–3 the social and emotional bedrock they need to reach their full potential"¹

Our core service meets the Allen definition of early intervention as it is the support of families with a least one child under the age of five who are experiencing problems by the provision of a trained volunteer as a friend and mentor who visits the family in their home at least once a week for about 2-3 hours. This model provides essential support to families dealing with issues such as isolation, mental health, long term illness and disability for which the centralised Children's Centre model does not work. The support needs to be brought into the home or it will not be accessed.

Families will experience a wide range of problems but most referrals come from Health Visitors, children's Centres and Child Social Care who recognise that unless the family receives help they may eventually have bigger problems and need support from the formal sector.

Examples of intervention include risk of suicide, un-stimulated children and parents being shell-shocked with the news of physical and mental disability in their children as well as coming to terms with life limiting illness.

Recent sources of referrals have been

Source	Full year 2009/10	Full Year 2010/11	Six months March-Sept 2011
Health Visitor	76	80	32
Other Health	6	7	6
C&F-EEP worker	14	11	8
Children's Centres/Sure Start	15	21	16
Self	46	46	8
Other	7	14	13
Total	164	179	83

¹ Graham Allen Early Intervention: The Next Steps Final Report page xiii

The types of issue that were identified at initial interview in 2010/11 were (more than one issue may be identified so percentages will sum to more than 100):-

Issue	Number	Percentage of total families
Disabled-Main Carer	13	7.4
Disabled-Child Under 5	16	9.1
Disabled- Child Over 5	7	4
Smoker	8	4.6
Emotional support needed	119	68
Parents Health-Physical	36	21
Parents Health –Mental	44	25
Parents Health –Learning Difficulties	8	4.6
Depression	50	29
Post Natal Depression	25	14
Exhaustion/Stress	74	42
Past Traumas	20	11
Nutrition	6	3.4
Alcohol	8	4.6
Drugs	5	2.8
Loneliness/Isolation	102	58
Child's Health	8	4.6
Total Families	175	N/A

We run two family groups, currently funded by Children's Centres (down from five groups up to April 2011 and four until 30th September). These are part of an integrated range of Home-start services designed to address isolation and engage people who often have few relatives and friends. Often families are new to Milton Keynes and need to make friends and discover the facilities and services available to help them as they integrate. In the groups we run activities which involve third party speakers on a range of issues such as stress, drug and alcohol abuse, smoking and healthy life styles.

The families who use the groups are usually ones that the Children's Centres find to be hard to reach. These families often are those in the 31% of families with 3-4 year olds not taking up nursery services.² Our approach of using parent volunteers to befriend them and draw them into the centres is highly effective and we find that many families continue to use their services after our support ceases. Funding for one group ceases at the end of April 2012, the other at the end of September 2012. Without replacement core funding both will cease at the end of March 2012.

HSMK has frequently adjusted its service to meet needs identified within the community and the focus of funders who like the basic model but wish particular focus. We have six monthly reviews with MK Council and annual ones with other funders that allow us to demonstrate our achievements and take feedback.

² 2011 Social Atlas

Approach & Outcomes

Coordinators follow up all referrals and at the first interview, assuming the co-ordinator feels the families' needs can be met by Home-Start and the family wish to continue, desired outcomes are agreed with the family. These are further discussed when a suitable volunteer is matched with the family and details are recorded in the family file. All reviews (carried out by their allocated coordinator at six weeks, three months and three monthly intervals thereafter) are focused on these outcomes. New objectives may be added or agreed ones adjusted as we learn more about the family. This may be via the volunteer (who is monitored and mentored by a coordinator) or the coordinator.

All families are given an expected timescale of nine months for their time with us. Whilst this can be extended (slow development, further children/pregnancies, new issues) we have found that agreeing the issues to be tackled and setting a timescale within which to move on and cope, is valuable for the families themselves (as well as for the volunteers).

This focused approach has also been necessary to meet demand and avoid turning people away. At the start of the financial crisis the level of referrals increased significantly so the approach adopted was essential to ensure we could help the most needy at all times. Our national organisation (an independent charity from whom we receive no funding, we pay an annual levy to them) has expectations of capacity to help families based upon coordinator hours. We exceed these expectations.

We have helped 1255 families since 1999. The current cost per family is approximately £1145 per annum. Our achievement in numbers of families helped in the last few years are:-

	2008/09	2009/10	2010/11	2011/12 (six months)
Theoretical Capacity	117	149	149	75
Core capacity sponsored by MKC	37	37	37	37 (full year)
Families helped	136	164	179	102
Families helped above baseline	+19	+15	+30	+27
Families helped above core funding	+99	+112	+112	+84
Cost per family (£ per annum)	1309	1272	1145	N/A

The report by Curtis³ gave a figure of £140 for Social services costs per child per week in unitary authorities for children supported in families or independently. Based upon the expected duration of nine months support this compares with HSUK costs of less than £30 per week. The core funding provided by MKC works out at £10 per family per week.

³ Unit Costs of Health and Social Care 2010 <http://www.pssru.ac.uk/pdf/uc/uc2010/uc2010.pdf> page 109 accessed 23rd November 2010

We review the views of all families when they cease to use our services and in spite of the volume of families helped these reviews show that we have been successful in helping them meet their main goal in seeking our help. The figures against agreed outcome for the last two years are given in the table on the next page.

Needs Expressed by Families	Number of families expressing this need	At end of support 2009/10			Number of families expressing this need	At end of support 2010/11		
		No longer a need	Things are better	Things are no better		No longer a need	Things are better	Things are no better
Feeling isolated	18	9	9	0	13	6	7	0
Using other services/facilities in the area	8	4	3	1	8	2	6	0
Parents' emotional health/well-being	17	8	7	0	12	4	8	0
Parents' self esteem	6	2	4	0	6	3	3	0
Parents' physical health/well-being	9	5	3	0	5	2	3	0
Children's physical health/well-being	2	2	0	0	7	1	6	0
Children's emotional health/well-being	3	1	2	0	4	3	1	0
Managing the child(ren)'s behaviour	4	1	2	0	3	2	1	0
Being involved in the child(ren)'s development	5	1	4	0	5	3	2	0
Stress caused by conflict in the family	4	3	1	0	6	1	5	0
The day to day running of the house	10	3	7	0	13	2	11	0
Managing the household budget	0	0	0	0	0	0	0	0
Coping with the extra work caused by multiple births or multiple children under 5	10	4	6	0	3	2	1	0
Totals	96	43	48	1	85	31	54	0

Appendixed to this paper is a selection (there are many more) of the views of those who use our services and some case studies from our staff. These provide compelling qualitative evidence of the difference that we make to people's lives.

We have successfully bid for charitable funding to extend our work. Within the work funded by other than MK Council, part of the Henry Smith Charity supported 'Healthy Lifestyle' project is around pregnancy and antenatal health. We were previously supported by The Big Lottery to work with pregnant mothers, including teenagers. Many mothers come to us with post natal issues such as depression, isolation, contraception and future pre-conception health. We positively support and encourage mothers to breastfeed with one of our coordinators having this as a specific area for focus. The Big Lottery funding is within the Reaching Communities programme.

Our families tend towards the more deprived areas of the community. Of the 139 Lower Super Output Areas in Milton Keynes there are six in the 10% most deprived in England and mappings of the families supported consistently show a correlation with these.

Of the 102 families supported in the first six months of this year 14 have been supported in conjunction with the Common Assessment Framework and Team Around the Child. Home-Start is often the way in which families involved with the formal sector, or on the brink of it, can be helped away from the need of more intensive and expensive support.

We measure families' views on benefits from HSMK's service using a survey called 'How are we doing?' This asks 12 questions regarding a family's views in four areas namely themselves, their children, their family/partner and their community/neighbourhood. We measure progress against a scale of 1 (very poor) to 6 (very good) and track a family's progress from first referral to latest state. We have measured a cumulative increase for 76 families so far surveyed that show an overall percentage increase in perceived well-being of 9% with 88% of families reporting an improvement in at least one area.

Supporting Families with Specific Difficulties

The above data indicates some of the specific issues that families who come to Home-Start are often facing. These are:-

- **Mental Health Issues:** Although Home-Start supports families with a myriad of issues, a large proportion of parents (in particular mothers) report having mental health issues; in particular stress, depression and post natal depression. Many of these parents respond extremely well to the 'low key' friendship, support and encouragement offered by Home-Start volunteers and staff. Many parents state that 'they don't know what they would have done without Home-Start'. The work Home-Start is carrying out with these families helps prevent mental health issues worsening and assists parents to find strategies to cope during the difficult first years of their children's lives. Without this support many more parents would need the assistance of specialist health and mental health services, and more children would be vulnerable to potential risk of harm.
- **Hard to Reach Families:** Home-Start occupies a unique position of being able to engage some of the hardest to reach families. Social workers and health visitors are often the first to acknowledge the important role that Home-Start plays in reaching families who 'fear or distrust' statutory services. Home-Start acts as a bridge between services and families, advocating for both sides and often providing the first step to families engaging with vital health, social and education services for their children. Without Home-Start this bridge can potentially disappear, leaving the most vulnerable families to fall through the net.
- **Supporting Families to Enjoy and Achieve:** A large part of Home-Start's work is around helping parents to feel confident and enjoy their children thereby helping children to achieve their potential. By modelling positive parenting, encouraging parents to engage with their children and providing opportunities for social interaction with other Home-Start families and the wider community, Home-Start volunteers are contributing to the social and cognitive development and welfare of children. Without this input during a child's first years, some families will fail to receive the advice and support needed to build positive relationships with their children.

Parents are encouraged to value their own skills and many go on to become volunteers themselves or enter further education or employment. Volunteers, likewise often use Home-Start as a first step towards paid work or education. The added value that volunteers bring to Home-Start can be measured not only by the voluntary hours they give to supporting families but also in terms of the investment into the local community and economy, through the development of skills and training and through the community cohesion engendered by local people supporting others in their community.

Volunteer Training & Support

HSMK volunteers undertake 40 hours of training over 9 sessions which include lengthy sessions with a Health Visitor, a midwife and social workers. This exceeds the intensity of any volunteer training we are aware of. All volunteers (including the trustees) are CRB and Council checked and need to have two acceptable references. We currently have 62 experienced volunteers on our books with 12 more recently completing training. This training is delivered by staff who are Continuing to Teach in the Lifelong Learning Sector certified. We have trained 122 volunteers in the last four years, many of

whom use their experience to allow them to re-enter the workforce including careers in social work. This year 10 out of 30 retiring volunteers have returned to work.

HSMK is one of the larger providers of volunteering opportunities in Milton Keynes.

Summary of Impacts

Loss of core funding and the cessation of all services will result in

- Closure of the home-visiting services that have helped 102 families in the first six months of this financial year alone.
- Poor outcomes for local children for whom many problems are deep set by the age of 5.
- Removal of opportunities for children in MK not attending preschool or nursery to socialise with other children.
- Disadvantaged children: from poor social skills, language and play development before school age
- Disadvantaged children: from poor physical development – some children are never taken outside their front door – placing them at a disadvantage by the time they reach school age
- Closure of two more family groups that draw hard to reach families into Children's Centres and provide a means for parents and children to socialise.
- 62 volunteers losing volunteering opportunities and a valuable way to make a contribution to the community
- Typically 10 volunteers per annum use volunteering with Home-Start to facilitate a return to the workplace.
- Eight staff will be made redundant.

The community will lose a proven early intervention service that consistently receives high praise from families, volunteers and referrers.

Conclusions

HSMK believe they have provided valuable service to the community and are confident that MKC would support this view. Regrettably the changes in focus by C&F-EEP puts at risk our core funding and hence our ability to ensure our future. We trust that this paper illustrates the benefits our service provides to the vulnerable families of Milton Keynes and demonstrates the continuing need for the maintenance of the infrastructure needed to keep the service running.

John Nicolson
Chair of Trustees
Home-Start Milton Keynes
375 Acorn House
Midsummer Boulevard
Central Milton Keynes
MK9 3HP
Tel: 01908 230030
E-mail office@home-startmk.org.uk
Web www.home-startmk.org.uk