

Evaluation of Safer Healthier Homes Programme (Final Report)

For Kirklees Council

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This research has been carried out in compliance with the International standard ISO 20252

I. Executive Summary

Introduction

Kirklees Council commissioned Qa Research to carry out an evaluation of the Safer Healthier Homes Programme which began in October 2012. The Programme is for families with complex and multiple needs (primarily those meeting the criteria for inclusion in the Stronger Families Programme). It combines traditional family support with an accredited adult learning programme focussing on health and safety, food hygiene, and home management skills. In addition those families who have shown commitment to the learning programme and have engaged with family support may be offered a professional deep clean of their home.

This report follows on from the interim report produced in August 2013 and evaluates the impact of the programme on the first two cohorts of families taking part in the programme between January and July 2013. At the time of writing, three cohorts have completed the programme, cohort four is underway and a waiting list for cohort five is being compiled.

This final report includes feedback from cohort one and cohort two families (six families), seven key workers, and four programme delivery staff. The report also includes some consideration of costs vs. benefits, an assessment of the potential for the approach to be applied to other client groups, and recommendations for embedding continuing evaluation into the programme delivery.

Family context

From cohorts one and two, a total of 18 individuals (15 families) completed the programme and 14 achieved accreditation. At the time of writing, some participants are still working towards accreditation. Of the 15 families, seven met the Stronger Families criteria. Most cases (10) were CIN or CPP cases referred via Duty & Assessment or Care Management with a smaller number of CAF/other case types being referred via Health and/or Education. Of the 14/15 cases 10 are still defined as 'open'.

Of the families interviewed, the complexity/severity of cases varied; for some, poor home conditions were the primary concern and for others this was another issue amongst wider concerns. Presenting issues included poor parenting skills, lack of routines/boundaries for children's behaviour, anti-social behaviour, poor school attendance and the impact of poor home hygiene on the child's physical health and safety. Some of the families had a long history of sustained contact with a range of agencies, whereas for others contact had been more sporadic.

Success factors

Overall, findings from the evaluation of cohorts one and two show that the Safer Healthier Homes programme has had a positive impact on the families concerned.

Based upon the results of the pre and post self-assessment questionnaires, programme participants were most likely to have reported improvements in the following aspects of their lives:

- Feeling confident as a parent
- Feeling that they have control of their lives

- Implementing routines and boundaries
- Understanding the impact that poor home conditions can have on the physical/emotional health of children
- The impact of poor home conditions on their child's education

The nature of the initial contact between professional and family appears to be important to the success of the programme. The non-judgemental approach adopted by family support workers has been instrumental in engaging families with the programme, particularly given the fact that for some families their attendance was mandatory as part of a broader package of support.

Elements of the course that seemed to be most appreciated by families were the practical tips on alternative cleaning products (e.g. bicarbonate of soda and white vinegar). These tips were well received by families both in terms of their effectiveness and affordability.

Feedback from participants suggests that gaining a certificate is a motivating factor and several commented on how much they had enjoyed the programme graduation event. For some, this was the first time they had been formally recognised for an achievement

It is clear that the success of the programme relies heavily on the support and involvement of the key workers whilst the participants are attending the programme. Families were generally very positive about the support that they had received from their key worker during the course. There is certainly a common approach being taken in terms of doing any de-cluttering 'with' rather than 'for' the family and positive reinforcement from the key worker was important in maintaining motivation.

Sustaining progress

Although they were positive about the progress that had been made, some key workers felt it was difficult to say at this point in time whether improvements would be maintained in the long term or whether old habits would return once agencies had ceased to be involved. More follow up in the long term will be necessary to assess if progress has been maintained and re-referral avoided.

Applying the approach to other client groups

Key workers seem fairly confident that this type of approach would work with other client groups, e.g. care leavers, young parents, and adults with mild learning difficulties. The informal delivery style seems to work well and the groups have developed strong peer relationships and learnt from each other.

Consideration of costs vs. benefits

Evidence from the interviews with key workers suggests that the approach adopted by the Safer Healthier Homes Programme has some clear benefits over and above a traditional family support or social work intervention. Key workers felt that they would not have had the time to go into as much detail on health and hygiene in the home as has been made possible by delivering the information in a course format and as such this level of detail has resulted in a quicker change in

behaviour. As a result key workers have been able to scale down the frequency of their home visits.

The social benefits of the group environment have also been mentioned frequently. Regular attendance on the course (with the provision of transport) has broken the cycle of social isolation for some participants who had previously been suffering with depression.

Although the number of participants benefitting from the programme in year one is lower than anticipated at the outset, demand is growing and the savings generated through prevention are likely to increase year on year.

Recommendations

The following recommendations reflect the factors that have been key to the success of the programme in its first year and as such will need to be built upon for subsequent cohorts.

1. Ensure that group sizes remain small as this is something that has been appreciated by participants. Larger groups may pose a barrier to engagement.
2. Continue to develop course materials to suit individual needs/abilities and to allow for as much practical work as possible.
3. Continue the regular communication between the programme delivery staff and key workers to ensure that key workers can support families in the most effective way in the home.
4. Explore the possibility for cohort one and cohort two participants to share their experiences with new cohorts to help alleviate any doubts/nervousness about taking part in the programme.
5. Ensure momentum is maintained by getting those interested swiftly onto another course following completion of the SHH programme.
6. Maximise the potential of bonds/friendships made on the course by exploring a 'buddy scheme' to support each other with de-cluttering, spring cleans etc.
7. If funding is available, consider enhancing the programme to those who sustain progress by enabling funds/access to community furniture stores or Freecycle to replace worn out items and to buy decorating supplies.
8. Continue to develop the profile of the programme and explain what is involved via SHH co-ordinator visits to key worker staff meetings.
9. Consider developing a longer course (e.g. 30-40 hours) for those with particularly entrenched patterns of behaviour and some 'light touch' information sessions/workshops (delivered via Children's Centres) to raise awareness of the importance of the home environment amongst a wider group of families.
10. Explore ways of keeping in touch with former participants by offering refresher sessions e.g. flyers, promotions and goody-bags for spring cleaning.

The following recommendations relate specifically to embedding continuing evaluation into the programme delivery.

11. Consider simplifying the pre and post assessments to encourage more key workers to complete (correctly) and return. The 'traffic light' system currently in development may provide a useful basis for this.
12. Longer term follow up is needed to examine whether change is sustained and to record any re-referrals.

2. Introduction

Kirklees Council commissioned Qa Research to carry out an evaluation of the Safer Healthier Homes Programme which began in October 2012. This report follows on from the interim report produced in August 2013 and evaluates the impact of the programme on the first two cohorts of families taking part in the programme between January and July 2013. At the time of writing, three cohorts have completed the programme, cohort four is underway and a waiting list for cohort five is being compiled.

This final report includes feedback from cohort one and cohort two families and their key workers, some cost benefit analysis, an assessment of the potential for the approach to be applied to other client groups and recommendations for embedding continuing evaluation into the programme delivery.

About the Safer Healthier Homes Programme

The Programme is for families with complex and multiple needs (primarily those meeting the criteria for inclusion in the Stronger Families Programme). It combines traditional family support with an accredited adult learning programme focussing on health and safety, food hygiene, and home management skills. In addition those families who have shown commitment to the learning programme and have engaged with family support may be offered a professional deep clean of their home. The programme encourages families to take responsibility for their home conditions and the safety, health and hygiene of themselves and their children.

Figure 1 Safer Healthier Homes Programme Logic Model

Activities	Outputs	Short term outcomes	Medium term outcomes	Long term outcomes
Delivery of 10 week learning programme	No. of learners completing course and receiving certificate	Learners understand more about how to keep their homes safe and healthy	Improvement in children's physical health & wellbeing	Increase in parents participating in Adult Learning
Ongoing key worker support	No. of deep cleans provided	Learners benefit from interaction in a group setting	De-escalation of CIN CPP	Decrease in re-referrals to family support service
Pre and post course learner/key worker evaluation forms		Learners gain increased confidence	Closure of CAF episodes	Improved work readiness
Delivery of deep cleaning service		Parents & children living in a safer healthier home	Savings to LA from reduction in child placements due to home conditions	Long-term generational change re home safety & hygiene
		Learners aspire to further learning	Increase in referrals to Interserve	

3. Aims and objectives

The overall aim of the evaluation is to “undertake research and provide evidence on a range of aspects relating to the Safer Healthier Homes Programme”.

In particular, the evaluation will address the following requirements:

- Identify the nature and extent of the difficulties facing families referred to the programme and the extent to which these reflect the national and local priorities for the Stronger Families Programme
- The level of risk and professional concern recorded about the welfare of children in the household prior to the learning programme being offered
- The length of time that poor home conditions had been a concern, prior to engagement with the learning programme
- What impact each element of SHH programme had on the family members
- What impact did the intervention(s) have on:
 - Standard of home conditions
 - Level of concern about child welfare
 - Raising aspirations for participants leading to increased take up of lifelong learning opportunities
 - Removing barriers for adults gaining employment
- Provide an analysis of the potential for this approach to be applied to other client groups such as: care leavers; young single homeless people; adults with learning difficulty and more
- Include in the report the testimonies of parents; children and professionals about the impact of the programme
- Consider the potential cost benefit of this approach over and above a traditional family support or social work intervention
- Make recommendations for embedding continuing evaluation into the programme delivery

4. Methodology

The evaluation fieldwork took place during the period June-October 2013 and included the following activities:

- Face to face & telephone interviews with four programme management and training delivery staff
- Telephone interviews with seven key workers who were involved in supporting and/or referring families to the programme
- Face to face interviews with six families (three from cohort one and three from cohort two)
- Analysis of evaluation/assessment questionnaires completed by the families and key workers prior to, and following, completion of the programme

All of the families were sent a detailed information sheet about the evaluation and returned their completed consent form to Qa Research. Qa Research then contacted consenting families to arrange either a face to face interview in their home or at another location of their choice. Five families consented to in-home interviews and one chose to be interviewed at an alternative location. Semi-structured interview guides for each of the family and key worker interviews were agreed in advance with Kirklees Council.

5. Analysis of management information

From cohorts one and two, a total of 18 individuals (15 families) completed the programme and 14 achieved accreditation. At the time of writing, some participants are still working towards accreditation. Of the 15 families, seven met the Stronger Families criteria. Most cases (10) were CIN or CPP cases referred via Duty & Assessment or Care Management with a smaller number of CAF/other case types being referred via Health and/or Education. Of the 14/15 cases 10 are still defined as 'open'.

5.1 Pre and post programme self-assessments

Before starting the programme, participants were asked to complete a self-assessment of their knowledge covering the following areas:

- Cooking skills
- Using the correct cleaning materials and methods
- Pet care
- Health and hygiene in the home

A copy of the self-assessment forms can be found in the Appendices.

A total of nine completed pre-assessments (from cohorts one and two) were available for inclusion in the evaluation. It was not possible to obtain some pre-assessments due to key workers having changed jobs.

Of the nine participants, six stated that they were satisfied with their knowledge in all of these areas. Only three participants acknowledged that they lacked knowledge in the following areas:

- Meal planning, and the nutritional value and costs of meals
- Correct temperature for washing clothes and how much detergent to use
- How often to go to the dentist, and what cleaning materials to use for different surfaces
- Routines for washing and dental hygiene

The fact that only three of the nine participants acknowledged any gaps in their knowledge prior to beginning the programme could be a reflection of a number of factors, such as lack of a benchmark or standard against which to measure themselves, a genuine belief that they have the knowledge, or a reluctance to admit a lack of knowledge.

A total of six completed post-assessments (from cohorts one and two) were available for inclusion in the evaluation. Again, it was not possible to obtain some post-assessments due to key workers having changed jobs.

Following completion of the programme, two participants felt that they still could improve their knowledge in certain areas:

- Meal planning and nutritional value and costs of meals – interestingly this participant reported these knowledge gaps pre and post programme
- Nutritional value and costs of meals and how often to go to the dentist – this participant only reported these knowledge gaps post programme. This may be an acknowledgement that knowledge was lacking in the first place and taking part in the course has raised awareness of these issues or the participant has misunderstood how to complete the self-assessment.

Participants were also asked to complete pre and post self-assessments about different aspects of their lives by agreeing/disagreeing with the following statements/questions (a copy of the form can be found in the Appendices):

- I feel confident as a parent
- I feel in control of my life
- I would like to consider some further learning
- I am in work but have thought about changing my job
- I am not in work but I would like to be
- It is easy for you to put routines and boundaries in place at home?
- Do you feel the poor conditions in your home affect the physical or emotional health your children?
- Are you overwhelmed or depressed about the condition of your home?

- Is your children’s education being affected poor home conditions?
- Are your children bullied at school or in the community because poor hygiene or lack of clean clothes?

Again, it was not possible to obtain completed pre and post assessments for all cohort one and two participants.

The following table illustrates the number of participants and their response to each question before and after the programme. This is based on nine pre self-assessments and six post self-assessments. The shaded text indicates the areas where improvements were most noticeable.

Figure 2 Analysis of pre and post parent self-assessment forms

	Pre-programme			Post-programme		
	Yes	Don't know/na	No	Yes	Don't know/na	No
I feel confident as a parent	5	2	2	6	0	0
I feel in control of my life	2	1	6	5	0	1
I would like to consider some further learning	8	1	0	4	1	1
I am in work but have thought about changing my job	1	6	2	0	4	2
I am not in work but I would like to be	6	1	2	4	1	1
It is easy for you to put routines and boundaries in place at home?	5	1	3	6	0	0
Do you feel the poor conditions in your home affect the physical or emotional health your children?	6	0	3	3	0	3
Are you overwhelmed or depressed about the condition of your home?	6	2	1	4	0	2
Is your children’s education being affected poor home conditions?	6	1	2	0	0	6
Are your children bullied at school or in the community because poor hygiene or lack of clean clothes?	3	2	4	2	0	4

As illustrated above, following completion of the programme participants were most likely to have reported improvements in the following aspects of their lives:

- Feeling confident as a parent
- Feeling that they have control of their lives
- Implementing routines and boundaries
- Understanding the impact that poor home conditions can have on the physical/emotional health of children
- The impact of poor home conditions on their child’s education

Therefore, based on the pre and post assessments available it appears that broadly the situation for participants has improved. However, when two individual cases are examined in more detail (by comparing the pre and post assessments) it appears that the situation has got worse. For

example, one participant, pre-programme, reported that she was never overwhelmed or depressed about the condition of her home, however in her post-assessment she stated that she was. A similar pattern was apparent for 'is your children's education being affected by poor home conditions?' It is important though not to take this at face value as this could be a reflection of the fact that the programme has raised awareness and drawn attention to issues that were never previously perceived as problems. What this does illustrate though is the importance of not relying solely on pre and post self-assessments in assessing the impact of the programme and also paying careful attention to the way in which the assessment questions are phrased.

This pattern was also apparent in another case whereby the participant had indicated, pre programme, that she did not feel poor home conditions were affecting the physical/emotional health of the children, however post programme she indicated that this was an issue.

6. Interviews with families, key workers and programme staff

6.1 Family context

Six of the families from cohorts one and two were interviewed as part of the evaluation – four of these families met the Stronger Families criteria. Seven key workers were also interviewed along with four members of staff from the programme delivery team.

Of the families interviewed, the complexity/severity of cases varied; for some, poor home conditions were the primary concern and for others this was another issue amongst wider concerns.

Key workers explained that poor home conditions were fairly prevalent amongst the families that they worked with. The reasons behind this were varied but several key workers felt that there was a generational element involved whereby the families had been brought up in similar conditions themselves and as such did not perceive poor home conditions to be a form of child neglect. Other issues mentioned by programme staff included depression, other mental health issues, low self-esteem, lack of motivation, and (in the case of some couples) a lack of collective responsibility regarding household hygiene.

"Poor home conditions are very common, and very, very, varied, I work across the board with lots and lots of different families and their needs are completely different. There isn't really a general pattern. I suppose we seem to be seeing a few more people with mild learning difficulties, if they've got mild learning difficulties they rarely keep their house clean, if there's mental health problems its either immaculate or it's the opposite". (Key worker)

"One of the main things we focus on with families is the effect of neglect on the children, they don't have any awareness, they don't see it as neglect - they are feeding and clothing them - and they don't see how it will affect them as they grow into adolescents." (Key worker)

"[The issue] was not particularly cyclical in this case and there are no mental health issues. Mum has a very close bond with these children she loves being with her children and vice versa. Over the years she has prioritised having the children with her over doing things like this [housework]". (Key worker)

Of the families interviewed, presenting issues included poor parenting skills, lack of routines/boundaries for children's behaviour, anti-social behaviour, poor school attendance and the impact of poor home hygiene on the child's physical health and safety. Some of the families

had a long history of sustained contact with a range of agencies, whereas for others contact had been more sporadic and they had only recently come into contact with agencies again following health visitor home visits after the birth of a baby or due to the escalation of long-standing problems.

It is evident that, for some, the issue of poor home conditions may not have come to light if professionals had not picked up on these issues during a routine home visit.

“If professionals aren’t in the family home then you are not going to know – the children weren’t presenting that grubby at school - if you see them in the street you wouldn’t know...” (Key worker)

6.2 Initial contact

The nature of the initial contact between professional and family appears to be important to the success of the programme. The non-judgemental approach adopted by family support workers has been instrumental in engaging families with the programme, particularly given the fact that for some families their attendance was mandatory as part of a broader package of support.

Families acknowledged that it was difficult hearing criticism about home conditions and the way in which this was delivered was crucial, particularly if families had previously experienced a more negative way of addressing the issues:

“The health visitor went out to see the new baby and read the riot act, the relationship between the health visitor and mum broke down and they had to get a new health visitor in.” (Key worker)

“I was pretty annoyed because I was being made to do something I didn’t want to do.” (Cohort One parent)

Those who were generally receptive to the idea were still very anxious about what the programme would involve:

“She just mentioned it and I thought it would be a good idea. I was bit worried at first... if someone comes into your home and tells you that you need to improve you’ve got your back up a little bit and that’s kind of how I felt but once I got onto it I enjoyed it.” (Cohort One parent)

“[key worker] said that the course was available and that the course would do me good. I felt alright, I were a bit nervous at first because I didn’t know the people that were on the course but it were really good, I enjoyed it.” (Cohort Two parent)

“At first I kind of went in thinking ‘I don’t need to be here’ then after the first one I went to I thought ‘this is actually quite good and quite interesting’ and then every Friday I was looking forward to going to the point where we almost cried when it ended, we’d made a friendship and it was good for us.” (Cohort Two parent)

“I was welcome to try anything to prove to them that I was working for the best for my son ...I was a bit wary, I’d got to the stage where I wouldn’t go out anywhere...I was worried about how big a group would be and as it happened it was only a small group and we all became good friends.” (Cohort Two parent)

However, key workers also acknowledged the importance of being up-front and honest with families, but emphasised that this could only be achieved once a good relationship had been developed.

“Mum was receptive but a lot of nurturing work was done, she had low mood, and I worked with engaging mum and recognising the difficult time she was having... I had to have what we call the ‘courageous conversations’ – I had to be very, very honest with her.” (Key worker)

“She was quite willing to go on it – she is willing to try and improve her life, it wasn’t difficult to sell it to her. Attendance wasn’t conditional although there may have been problems if she hadn’t have agreed...” (Key worker)

Along with the non-judgemental, relationship-focussed approach it was apparent that agency withdrawal was also an incentive for some families to complete the programme. Particularly for the less complex cases there was a recognition that once they had completed the programme their contact with the relevant agencies would cease. Those who were perhaps more familiar with ‘the system’ appeared to be quite accepting of their referral as they had in some cases attended other (parenting) courses.

“Mum was fine on referral to the course, she had attended so many other groups she thought it would be similar and the deep clean at the end was something that she was really keen on.” (Key worker)

“The family said yes straight away, they are quite an engaging family, I don’t know whether its disguised compliance or they are really eager - it’s not clear as to why”. (Key worker)

6.3 Course content and delivery

In general, families and key workers were happy with the content of the course although some areas for improvement were identified. In the earlier stages of the programme some key workers felt that there was a need for the facilitator/s to be a bit more directive (or corrective) and to emphasise specific issues tailored to individuals’ needs.

“They skipped over the animals a bit - should have been pushed more with her – it was just touched on. The content is good, it is a well written package but they sort of tickled around it.” (Key worker)

However, the delivery of the course appears to have been improved on an on-going basis with every new cohort.

“It’s pitched very well, in a very non-judgemental way, [with this group] their biggest fear is that we judge and convincing them that this is not the case is quite difficult – they can be quite hung up on this issue. The course is delivered in a very low key friendly way with lots of discussions – a very open approach. The content was just right – it gives them the chance to consolidate without being overwhelmed.” (Key worker)

“I went to one session – it was very good, simple, practical, brilliant facilitator.” (Key worker)

It is apparent that there is a difficult balance to maintain for the course facilitators between engaging the families in a non-judgemental way whilst at the same time ‘correcting’ behaviour. This tension was perhaps more pronounced during the early stages of the programme when key workers often attended alongside families.

“They are receptive but have very low confidence and self-esteem - they come across as very defensive – you have to break through that and I have had to explain a lot about what my role is, I’m not there to judge. They have constantly got their backs up but slowly they are relaxing a bit more and seem to be enjoying themselves.” (Programme delivery staff)

“Lead workers used to attend in Cohort One but we found this can have a negative effect – we found that lead workers were very much thinking of the effect on the kids but we try to focus on the parents needs and then work towards that. Although the programme is targeted to the wider family they [the parents] have got to make those changes too.” (Programme delivery staff)

In the early stages of delivery some key workers would have liked more communication and information about what would be covered in the next session so that they could focus on this with families or follow up on what had been learnt.

“I wasn’t sent as much information about all of the sessions – teething problems – although I was informed if she hadn’t attended and I would chase that up. It would have been nice to know what had been covered in the sessions and this is what she has to do etc.” (Key worker)

Families from Cohort One mentioned a couple of areas for improvement. There was a feeling that the sessions could sometimes lack focus; there were a few references to logistical teething problems, and comments that elements of the course were not relevant.

“The tutor was very nice but when people were talking she would get into conversations with them - there was one person in the group who constantly talked about his life and it was a bit off-putting.” (Cohort One parent)

“We started off in a big room then we were shoved into a smaller room, it was cramped with three families plus support workers - like sardines.” (Cohort One parent)

As with any course, it is often difficult to pitch the course at the right level for all abilities. However, it is evident that the course materials have been developed on an on-going basis with adaptations being made to suit lower levels of literacy/preference for less text and to tailor the course to individual requirements as much as possible within a group setting.

“It was boring - half the stuff you already knew, the other half of stuff wasn’t relevant to us - pets and stuff.” (Cohort One parent)

“The tutor would help if you didn’t understand the leaflets - she wouldn’t give you the answer which is good - but she had you thinking.” (Cohort One parent)

“We are being flexible and adapting [course content] to their lifestyles, like adapting the two course meal exercise to a healthy barbecue for example.” (Programme delivery staff)

Criticism from participants appears to have diminished by the second cohort with a feeling amongst some that they would have liked the course to be longer and to have covered more activities that they enjoyed:

“To do a bit more cooking would have been good - I wished it were longer.” (Cohort Two parent)

Elements of the course that seemed to be most appreciated by families were the practical tips on alternative cleaning products (e.g. bicarbonate of soda and white vinegar). These tips were well received by families both in terms of their effectiveness and affordability.

“I was very surprised - I didn’t know what we were going to go through in the first couple of weeks - learning what you could do with bicarbonate of soda and white vinegar was really useful.” (Cohort Two parent)

“Different cleaning products I was really surprised at what you can do with your baking soda. Before I’ve always been one for my bleach – instead of bleach I now use baking soda – and it’s amazing how it works especially on your cooker – and it’s better for me because I’ve got asthma –and its non-toxic so it’s not harming my pets.” (Cohort Two parent)

Feedback from participants suggests that gaining a certificate is a motivating factor and several commented on how much they had enjoyed the programme graduation event. For some, this was the first time they had been formally recognised for an achievement

“Having a certificate encouraged me to do well in the work, it was something to look forward to at the end of it.” (Cohort Two parent)

“I really loved the ceremony, it was something to finalise that we had done the course – we were proud. When we were looking back we were all shocked at how much we had actually done. It was amazing – looking back through all the old work we had done.” (Cohort Two parent)

“I liked the graduation, it was nice for them all to be together and receive a certificate. A lot have not had much reward in their lives – they were quite proud of themselves.” (Key worker)

“I started something and I actually finished it - I were proud of myself about that.” (Cohort One parent)

The benefits of a (small) group environment were mentioned by families and key workers. It appears that families were supportive of each other and appreciated the fact that they had similar problems. The social benefits of the group setting were frequently mentioned by participants.

“It was good for this family to be with others with similar issues; they all seemed to get on well.” (Key worker)

“It brings other people together who may be in a similar situation or have similar traits to get support from other people. It is a good way of building networks - some aspects can be done on a one to one basis – but this gets them out of the house and I think you can learn more in a group setting.” (Key worker)

“The first time I was a bit quiet but once I got into it and talking to another girl in the same boat as me it was good. It was different stuff every week; I think if it was the same I’d have got bored. You meet friends as well. I didn’t know anyone on that course at the beginning - it used to be highlight of my week.” (Cohort One parent)

“It was nice to meet different people and in the same situation as me, so that were good.” (Cohort Two parent)

“I have a partner but I spend most of my week indoors on my own. We were getting out – like a mothers meeting – drink coffee have biscuits and get on with the work.”(Cohort Two parent)

The group setting appears to have been particularly beneficial for those who were suffering from depression prior to starting the programme and as a result had become withdrawn and socially isolated. The provision of taxis was also crucial for these individuals who were depressed and reluctant to leave their homes.

“It was good that transport was provided otherwise I would not have been able to get there.” (Cohort Two parent)

“If she had had to get there herself she would never have gone – she just needed a starting point. She has some mental health issues so the taxi and me going with her to the first session really helped.” (Key worker)

6.3.1 Key worker support

It is clear that the success of the programme relies heavily on the support and involvement of the key workers whilst the participants are attending the programme. Families were generally very positive about the support that they had received from their key worker during the course, for example with assessment exercises and assistance to de-clutter their homes and it appears that some have been very hands-on in their approach. There is certainly a common approach being taken in terms of doing any de-cluttering ‘with’ rather than ‘for’ the family and positive reinforcement from the key worker was important in maintaining motivation.

“The praise I got from [key worker] it boosted me, I think what I needed was my confidence and self-esteem back.” (Cohort Two parent)

Key workers also seem to appreciate the detail/depth that the course goes into which is something that they may not have the time to do if they were offering only one-to-one support.

“I had previously worked with the family before, setting routines etc. and providing practical support. I probably wouldn’t have gone into all the detail that they did on the course but it was good that they did.” (Key worker)

“If she hadn’t done it the improvements would have been of a lesser scale and our work would have been more intensive. The course has helped her by having an understanding that she is not the only one who has struggled with household tasks. So [the course has] resulted in sustained change – and quicker – we have reduced our visits from 3 or 4 to once a fortnight.” (Key worker)

Key workers seem fairly confident that this type of approach would work with other client groups, such as care leavers, young parents, and adults with mild learning difficulties.

“Yes this could work with other client groups ...especially parents...a lot of them find it difficult to express themselves but they are encouraged to do this because of how the course is set up. They are at ease with that - the natural openness and reassurance would be very encouraging.” (Key worker)

Some key workers did acknowledge that the programme may not work for everyone, but in spite of this they felt that the approach was still very successful and the programme staff worked hard to encourage and motivate.

“Another family I know of have struggled to engage – whatever courses you run you are not going to be able to tap into everybody - but even with this family the encouragement and support have been very consistent.” (Key worker)

6.3.2 Deep clean

The deep clean has been well received by families involved, and has been perceived by some as their ‘reward’ for completing the course. At the outset some families were unsure whether to take up the offer due to their own sense of pride or feeling that it wasn’t necessary but they have since indicated that they would like it. Others have decided not to take it either because they had already made the improvements themselves or would prefer to do so without help.

“I’m very independent, I like to do things myself that’s why I wasn’t keen on the deep clean at first but I threw my hands up and said do it!” (Cohort One parent)

“I’m doing it bit by bit. I want to do it myself... it might take me a bit of time. I didn’t want to rely on anyone else but I will get there. It’s an achievement I want to achieve myself. I’m going to get myself sorted out get some paint and some wallpaper...” (Cohort Two parent)

The cleaning company were also praised for their friendly manner by key workers and families. The organisation and operation of this element of the programme appears to have run fairly smoothly with only a couple of problems. One family did mention that one of the arranged appointment times was not kept, and one key worker (and family) were not satisfied that the clean was thorough enough. However, these issues were quickly resolved by programme staff.

Key workers commented that for some families the deep clean would hopefully be a ‘turning point’ and would mean that they stood a better chance of maintaining standards in the longer term. However, others felt that more needed to be done to improve the home environment in the long term:

“She didn’t opt for the deep clean – the house needed more of a de-clutter really – although the house needs redecorating top to bottom but she can’t afford to do it. It does come down to money; the furniture is old and dirty. Things need replacing and redecorating, that’s what it needs [deep clean] would be pointless really.” (Key worker)

6.4 Impact of the programme

Families and key workers were asked to rate the impact of the programme on the family overall on a scale of one to ten (where one is ‘no impact’). Of the key workers interviewed, four felt able to offer a rating - the others had moved jobs/were no longer seeing the families. Generally, workers were positive about the impact although some had concerns about whether progress would be sustained:

“6 - Very early days though...I have to tell you I went to the child protection case review and it hasn’t made a massive difference, but that doesn’t mean that it won’t do, very early days.” (Key worker)

“9 – yes a significant improvement. She is much more motivated and we were bordering on CPP at one point – she’s doing fine, there are days which are better than others but she is receptive - we are not as worried as we used to be.” (Key worker)

“Whilst she was doing it, a 7/8 - she cleared 12 bags of rubbish and cleaned the bathroom, kitchen, sitting room. She decided not to go for the deep cleanse because it’s too much effort. I can see it going back really rapidly.” (Key worker)

“7 – I am not saying it has made a drastic improvement but she has made some changes she is taking more pride in herself and the house is looking cleaner - not 100% by any means but I would say there has been a 50%-60% improvement. It is getting better all the time and she is talking about de-cluttering - which she is doing.” (Key worker)

Of the six families interviewed (including one couple), ratings of 1/2, 5, 8 (x2), 10 (x2) were given.

“10 – I think it would help other people if they are on their own. [Partner] used to do the cooking, cleaning and I used to deal with the kids, when he left I had to do everything and I struggled – but at least I admit it.” (Cohort One parent)

“8 – it has been good just the whole cleaning with different things took me by surprise it doesn’t cost as much... Things are better now but it has given me a kick up the bum to keep things clutter free I came round to the idea, I feel happier now things are neat and tidy I don’t have to get up in the morning and think I’ve got to do this I’m continuing with it now...” (Cohort One parent)

“5 – bicarb is cheaper than bleach and works a lot better.” (Cohort One parent)

“About an 8 – [if I hadn’t done the programme] I don’t think I’d have learnt the things I needed to do for my home.” (Cohort Two parent)

“10, definitely 10. My kids have gone from leaving a crisp packet on the floor – to loving helping mummy now - before they wouldn’t have done that. Now on a weekend when I do the house from top to bottom, my son will get involved and tidy up and make his bed in a morning. Little things he wouldn’t have done prior to the course.” (Cohort Two parent)

“10 – it gave me more confidence. I’m still climbing if you know what I mean but I’m nearly halfway up the ladder now.” (Cohort Two parent)

Some specific examples of impact were mentioned by key workers, although in some cases families were receiving a package of support so any impact cannot solely be attributed to Safer Healthier Homes.

“She has found it difficult having to parent the children on her own but their attendance at school has improved – this programme was part of a package of work but their attendance was 86% now it’s around 90%” (Key worker)

“The house is always tidy now, it’s just the other things that go with it. There is definite improvement in the house. The main issues are referring to personal presentation which of course is all part of it because the washing and things come into that, but it’s definitely, definitely much, much better. They are very aware of the healthy eating which has come directly from that, so that’s really positive isn’t it?” (Key worker)

Some parents gave further examples of the changes that they have made to their household routines and lives in general:

“I have been keeping on top of it; before I used to leave it - washing was a major issue in my house but as soon as the basket is full I bring it down and wash it.” (Cohort One parent)

“I’d say from experience, knowing how proud I am, having someone coming in and saying this is not how it should be, it’s horrible, but I’d still definitely go on the course. You could be the cleanest person but you’d still learn something from it.” (Cohort One parent)

“It was a big wakeup call for me, especially when social services got involved... I thought what am I doing? I was slapping myself in the face saying ‘get motivated’, I just learnt so much while I was there it was best thing. I wish I could go and do it all over again now.” (Cohort Two parent)

“I’ve never had a routine before until going on this course – I would just tidy it when it gets dirty – [key worker] said if you tidy on a morning then you’ve got the afternoon to yourself so I do it now.” (Cohort Two parent)

“If you’re umming and aahing whether or not to go on I’d tell them to do it it’s the best thing ever, and you make friendships you learn a lot and it could well change their life around like it changed mine.” (Cohort Two parent)

“It is a good course for anybody to go on not because of any reason or because they are put on it for something else.” (Cohort Two parent)

A couple of parents indicated that they would be interested in doing more courses in the future but they were not sure what type of course to do. A couple of parents were also exploring volunteering opportunities. Parents from Cohort Two seemed to have developed a particularly strong bond and mentioned wanting to do further courses together as a group. Programme delivery staff could also see the potential of the course in raising aspirations.

“These learners would not have accessed community learning – they would have had to travel, sort out childcare – they are being taken there and everything is provided, a crèche, door to door taxis. This might spur them on to do more.” (Programme delivery staff)

“Ah yeah, well I’m actually wanting to look for work between 10am and 2pm, I’m also learning to drive I’ve got a car out there, it’s all about getting my independence back now.” (Cohort Two parent)

However, for others with more complex/severe problems returning to work was a more long-term aim that would require on-going and more specific help.

6.5 Sustaining progress

Cohort One completed the programme in March 2013 and Cohort Two in July 2013 and it is clear that for some families considerable progress has been made and that this is currently being maintained. For a couple of families, their case had been closed or support was coming to an end. Although they were positive about the progress that had been made, some key workers felt it was difficult to say at this point in time whether improvements would be maintained in the long term or whether old habits would return once agencies had ceased to be involved.

“It has been something she has done to tick a box, but there has been a difference.” (Key worker)

“We’ve been totally cleared and everyone’s off our back.” (Cohort One parent)

Key workers commented that progress made could take a backwards step if other problems began to escalate, although there was evidence to suggest that one family was using the cleaning/sorting as a welcome distraction from other current difficulties and for others the course had clearly had a positive, lasting, impact on the whole family:

“Yes you can see an impact on the children – their attendance is excellent now and she attends the meetings and is vocal. She used to get upset as everything was negative, and we also had issues on gaining access on unannounced visits, but that’s ok now and she is much more positive about engaging and cooperating. The course has been pivotal in giving her the confidence to think, ‘yes I can sustain this’” (Key worker)

6.6 Suggestions for improvement

Key workers and families offered some general suggestions for the future development of the programme. These suggestions mainly focused on general organisation and adjustments that could be made to the course content and delivery.

“More practical tasks – some in session and a toolkit to take home. The course content is good, I have used it with other families – I liked how it was written and the safety aspect is very good.” (Key worker)

“For some families it might be a bit patronising - it depends on the family, I could see some feeling patronised, naming an iron and knife and fork.” (Key worker)

“Be more organised - we were guinea pigs and the tutor was a guinea pig it was the first time she’d done it. There were some lessons we were just twiddling our thumbs when we finished earlier, should have started on next week’s work.” (Cohort One parent)

“Crèche didn’t open till ten and course started at 10 by the time we’d got them booked in we were late for the course. It was the same at the end - it would be nice if crèche opened earlier to allow time.” (Cohort One parent)

“Roles weren’t very clear at the start; there was nothing to suggest that we had to do pre assessments and evaluations.” (Key worker)

It is important to stress that these early logistical difficulties and lapses in communication between programme staff and key workers have been resolved. Key workers have acknowledged that the programme runs more smoothly now that a dedicated co-ordinator is in place and that the input required from key workers is clearer.

“The programme is being promoted well, someone came to see us and explained about it and also stressed how much we would need to be involved as well.” (Key worker)

One key worker commented that it would be useful if the remit of the programme could be extended to providing some help with redecorating and replacing furniture.

“It is rather pointless going in and cleaning up when things need replacing and redecorating – it would be good if there was a budget for second hand furnishings - simply because [family] can’t afford to replace it. If there was a budget we could tap into it would be good – it wouldn’t take much – a budget for decorating wallpaper and paint?” (Key worker)

7. Consideration of costs vs. benefits

Evidence from the interviews with key workers suggests that the approach adopted by the Safer Healthier Homes Programme has some clear benefits over and above a traditional family support or social work intervention. Key workers felt that they would not have had the time to go into as much detail on health and hygiene in the home as has been made possible by delivering the information in a course format and as such this level of detail has resulted in a quicker change in behaviour, and as a result key workers have been able to scale down the frequency of their home visits.

The social benefits of the group environment have also been mentioned frequently. Participants have been able to identify with each other as individuals who have experienced similar problems in maintaining their home environment and this has been a valuable source of peer support. Regular attendance on the course (with the provision of transport) has broken the cycle of social isolation for some participants who had previously been suffering with depression.

The option of accredited learning with a certificate and graduation ceremony has been valued by participants as a confidence booster and there is evidence from the interviews with participants that some are keen to pursue further learning.

The following tables illustrate the estimated cost of delivering cohorts one and two and the overall cost for the first year of the programme (x4 cohorts).

Figure 3 Estimated costs (cohorts one and two)

Item	Cost for cohorts 1 & 2	Notes
Training	£11,696	Paddock annual cost (divided by two/half year)
Cleaning	£2,250	avg. £150 per family (15 families)
FSW cost	£11,700	based on avg. 3 hours per family per week over 13 week period @ £20 per hour (15 families)
Creche	£4,690	
Taxis	£3,174	
Total cost	£33,510	
Cost per family	£2,234	total cost divided by number of families (15)

Figure 4 Estimated costs (full year x4 cohorts)

Item	Annual cost (x4 cohorts)	Notes
Training	£23,392	Paddock annual cost
Cleaning	£4,800	avg. £150 per family (32 families)
FSW cost	£24,960	based on avg. 3 hours per family per week over 13 week period @ £20 per hour (32 families)
Creche	£9,379	based on an avg cost per cohort of £2345 (inc. VAT)
Taxis	£6,349	based on an avg cost per cohort of £1587 (inc. VAT)
Total cost	£68,880	
Cost per family	£2,153	total cost divided by number of families (32)

Therefore, as illustrated above, the estimated cost per family for delivering the programme in its first year is £2,153.

It is also useful to set this in the context of potential savings made. For example, in cases where poor home conditions related to neglect were the sole or primary concern, preventing the case escalating to CIN/CP would result in a potential saving of the initial cost of £6,011 (+ £370 per month for each subsequent month) as indicated by the DfE Family Savings Calculator¹

Similarly, for those children already subject to a CPP, the prevention of placing the child in foster care represents a potential cost saving of £5,865 + £1,844/month and in residential care £6,011 + £14,624/month according to the Family Savings Calculator.

¹ <http://www.c4eo.org.uk/costeffectiveness/edgeofcare/costcalculator.aspx>

8. Conclusions and recommendations

Overall, findings from the evaluation of cohorts one and two show that the Safer Healthier Homes programme has had a positive impact on the families concerned. The non-judgemental/partnership approach taken by key workers has been an important factor in the success of the programme to date along with the open/supportive approach adopted by the course delivery staff.

Adopting a group approach has had some clear benefits by enabling participants to develop a strong peer support bond and to learn from each other in the group setting. Social/health benefits are also apparent particularly for those participants experiencing depression who have been socially isolated prior to attending the course. Linked to this, the provision of transport has removed a key barrier to engagement for this group in particular.

There is evidence that the course has stimulated an interest in learning and increased aspirations for some. Cohort two participants have expressed an interest in pursuing further learning together as a group. There is also evidence from participants' self-evaluations that the programme has helped them to establish routines within the home which is likely to aid any planned return to work.

From the perspective of key workers, delivery of a course within a group setting has resulted in participants receiving much more detailed information on household safety and hygiene than they would have been able to convey themselves in their home visits and has perhaps resulted in quicker behaviour change thereby enabling key workers to reduce the frequency of their home visits. Feedback from key workers suggests that adopting this approach with other client groups would be appropriate, such as care leavers, adults with learning difficulties, young parents.

The overall operation and promotion of the programme and the communication between the programme and key workers has improved over the course of the first year with the co-ordinator playing a key role in this.

The following recommendations reflect the factors that have been key to the success of the programme in its first year and as such will need to be built upon for subsequent cohorts.

1. Ensure that group sizes remain small as this is something that has been appreciated by participants. Larger groups may pose a barrier to engagement.
2. Continue to develop course materials to suit individual needs/abilities and to allow for as much practical work as possible.
3. Continue the regular communication between the programme delivery staff and key workers to ensure that key workers can support families in the most effective way in the home.
4. Explore the possibility for cohort one and two participants to share their experiences with new cohorts to help alleviate any doubts/nervousness about taking part in the programme.
5. Ensure momentum is maintained by getting those interested swiftly onto another course following completion of the SHH programme.

6. Maximise the potential of bonds/friendships made on the course by exploring a 'buddy scheme' to support each other with de-cluttering, spring cleans etc.
7. If funding is available, consider enhancing the programme to those who sustain progress by enabling funds/access to community furniture stores or Freecycle to replace worn out items and to buy decorating supplies.
8. Continue to develop the profile of the programme and explain what is involved via SHH co-ordinator visits to key worker staff meetings.
9. Consider developing a longer course (e.g. 30-40 hours) for those with particularly entrenched patterns of behaviour and some 'light touch' information sessions/workshops (delivered via Children's Centres) to raise awareness of the importance of the home environment amongst a wider group of families.
10. Explore ways of keeping in touch with former participants by offering refresher sessions e.g. flyers, promotions and goody-bags for spring-cleaning.

The following recommendations relate specifically to embedding continuing evaluation into the programme delivery.

11. Consider simplifying the pre and post assessments to encourage more key workers to complete (correctly) and return. The 'traffic light' system currently in development may provide a useful basis for this.
12. Longer-term follow up is needed to examine whether change is sustained and to record any re-referrals.
13. Collecting data on the number of hours Family Support Worker's spend supporting each family throughout the duration of the programme will enable more accurate figures on cost per family to be calculated.

9. Appendices

The pre and post self-assessment questionnaire appears overleaf.

Safer Healthier Homes Programme

Pre programme questionnaire

Family Name			
Address			
Referrer Name		Care First ID	
		FSCG ID	

The Safer Healthier Homes Programme aims to offer you and your family support in making some positive changes in your home conditions. This unique programme offers you the opportunity to access ten 2 hour learning sessions. These are focussed on providing you with the skills and knowledge needed to maintain a healthier home for you and your family. To support you further once completed we will offer you practical support and hands on help to clean your home.

To enable you to get the most from the programme we have written this agreement so that we all have clear understanding of each others roles and responsibilities.

.....
What we expect you to do:

- Be prepared to attend all the relevant learning modules and complete a learner journey booklet prior to the practical help and hands on support to clean your home.
- Attend the learning modules prior to the practical support and hands on help to clean your home.
- Work together with your family support worker on the practical tasks required from the learning modules
- Be prepared to work with your Family Support Worker to de-clutter any unwanted items from your home in preparation for the practical support to clean your home.

What you can expect us to do:

- Offer you the option to accredit your learning (up to Level 1) with the National Open College Network
- Work closely with you and your Family Support Worker to help you complete the learning modules and your learning journey
- Support you with the removal of unwanted items from your home
- Assess your home and provide practical help and hands on support to clean your home.

.....
By completing this programme you are doing something positive for your children; they deserve to receive the right sort of help to keep them healthy and happy.

	Date
Parent Signature	
Lead Professional/Family Support Worker	
SSH Project Co-ordinator	

Please note that if you cannot attend the learning modules we may not be able to offer you the practical support to clean your home.

Safer Healthier Homes Programme

Pre programme questionnaire

Please tell us about yourself (circle)	Yes	Sometimes	Don't know	No	Never
	(Strongly agree)	(Agree)	(Neither)	(Disagree)	(Strongly Disagree)
I feel confident as a parent	1	2	3	4	5
I feel in control of my life	1	2	3	4	5
I would like to consider some further learning	1	2	3	4	5
I am in work but have thought about changing my job	1	2	3	4	5
I am not in work but I would like to be	1	2	3	4	5
It is easy for you to put routines and boundaries in place at home?	1	2	3	4	5
Score					
Do you feel the poor conditions in your home affect the physical or emotional health your children?	1	2	3	4	5
Are you overwhelmed or depressed about the condition of your home?	1	2	3	4	5
Is your children's education being affected poor home conditions?	1	2	3	4	5
Are your children bullied at school or in the community because poor hygiene or lack of clean clothes?	1	2	3	4	5
Score					

Safer Healthier Homes Programme

Pre programme questionnaire

The following are to be assessed by the family and the family support worker.

Key: Child – C. Parent/Carer - P. Kitchen – K. Bedrooms – BR. Bathroom – BthR. Hall, Stairs and Landing – HSL. Lounge Areas – LA.

Hazards and or poor physical conditions in the home may lead to incidents of neglect or harm.		Indicate level of concern/risk 1=Low 2=Medium 3=High						
Home Conditions	Indicators:	C	P	K	BthR	B R	HSL	L A
	overpowering smell of animals							
	rotting waste							
	dirty floors/carpets/sofa							
	dirty walls/surfaces							
	mould/damp							
	exposure to hazardous substances (cleaning products etc)							
	broken windows/doors etc							
	extreme heat or cold							
Personal care /Hygiene								
	smell of urine or faeces, dirty or decaying teeth.							
	wears soiled clothing or clothing that is significantly too small or large or is often in need of repair.							
	lack of bath time routines							
	appears unkempt/washed							
	persistent head lice							
	lack of towels/soaps/toothpaste/toothbrush/hairbrush							
Lacking modern facilities (inc basic bedding)		Indicate Yes or No Y N						
	Washing machine							
	Iron							
	Washing line							
	Beds/cupboards							
	Quilts/sheets							
	Fridge							
	Cooker							
Any other areas of concern								

Return to: Danielle Wilson, Co-location Centre, Fieldhead Crescent, Birstall, WF17 9BP

Email: Danielle.wilson@kirklees.gov.uk

Tel 01924 326258

Safer Healthier Homes Programme

Pre programme questionnaire

To help us support you through the programme and get the best outcomes possible, we would appreciate you completing the questionnaire below.

As part of the Safer Healthier Homes programme you will be required to attend the following learning modules:

- Using cooking skills in a domestic kitchen
- Health and hygiene in the home
- Introduction to animal care for pet owners (if applicable)
- Household skills

I am satisfied with how much I know about the following:	Strongly agree	agree	Neither	Disagree	Strongly Disagree
	1	2	3	4	5
Using different cooking skills such as: <ul style="list-style-type: none"> • Boiling, frying and grilling • Meal planning • Nutritional value and costs of meals • Using fresh ingredients 					
Using the correct cleaning materials and methods: <ul style="list-style-type: none"> • Correct temperature for washing clothes • How much detergent to use per wash • Dangerous cleaning materials 					
Caring for your pet: <ul style="list-style-type: none"> • Grooming • Correct food and exercise • Vaccines and worming 					
Health and hygiene in the home: <ul style="list-style-type: none"> • How often to go to the dentist • What cleaning materials to use for different surfaces • Routines for personal care /washing and dental hygiene 					

Please discuss each area using the bullet points it may be that you know a lot about one area but not much about another, this will help us to measure you progress through the programme.