Practitioner Recommendations

- Evaluation frameworks should be developed in a collaborative manner with project staff, in order to stimulate reflection on practice and service development. Using a collaborative approach puts the emphasis on learning through evaluation, rather than external judgement.
- Training and ongoing support in the contribution analysis approach are very important. It is also important to consider who has ‘ownership’ of the evaluation initiative, as a loss of key stakeholders can threaten the ongoing use of evaluation.
- Data collection for evaluation should be built into existing systems of work as much as possible.
- It is important to provide multiple routes for service users to give feedback, including finding ways of taking into account the informal feedback that may arise within the relationships between service users and practitioners.

References


Author and acknowledgements

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Young Mothers’ Service results chain

What resources will be invested, and what activities will take place?
Keyworkers: 2 full-time and 1 part-time.
Primary activity is needs-led keyworking, with support tailored to each young mother’s specific circumstances.
Keyworkers foster strong interagency links to help young mothers access support, for example, to take part in education or employment.

Which young mothers are eligible, and how will young mothers find out about the service?
All pregnant and/or parenting women under 20 are eligible for the service. Young mothers under 25 are eligible if they meet certain criteria, such as experiencing mental ill health.
Young mothers will mainly be referred to the service by health visitors, Family Nurse Partnership and Social Work. They may also be referred if they attend Sure Start or other local parenting groups.

How do we hope young mothers will react to the service?
Young mothers will find their relationship with keyworkers positive and supportive.
Young mothers will feel included in deciding how keyworkers will support them.

What knowledge, capacities and understanding will change as a result of engaging with the service?
Young mothers will feel more confident about coping with the variety of ways, as well as how to access more focused support in a crisis.
Young mothers will feel hopeful about the future.

What changes in behaviour and practices are expected as a result of using the service?
Young mothers create a stable and healthy home environment for themselves and their children.
As appropriate, young mothers remain in or seek further education/employment.

What overarching outcomes do we hope this service will contribute to?
Improved wellbeing for mother and child.
Decrease in statutory Social Work involvement with the family.

During the process of creating the results chain, the team also thought about the assumptions being made in moving from one stage to the next. This helped them identify the associated risks to the project’s success. For example:

Young mothers will find their relationship with keyworkers positive and supportive.

Assumption: Keyworkers are trusted and seen as useful and needed
Risk: Young mothers may be suspicious of keyworkers, or engage tokenically to avoid statutory contact with Social Work—meaning that they may not get much out of the service.

Once the outcomes, indicators, and evidence at each level of the results chain had been agreed, the team began to populate the results chain with data. This created an initial ‘contribution story’ about the service that could be examined for patterns and gaps in the evidence being collected. Over the course of the evaluation project, this contribution story was challenged, and strengthened as more data was collected.

What did we learn about using contribution analysis for evaluation?

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The researchers and staff team worked together to create indicators that corresponded to the goals expressed at each level of the chain. They also considered what evidence would be required to measure the indicators, and a plan for collecting data was created. For example:

Goal: Health visitors, Family Nurse Partnership and Social Work make appropriate referrals to the service
Indicators: Total number of referrals made % of referrals that meet criteria Breakdown of referent type (e.g. health visitor, social work)
Evidence: data is collected monthly by service manager

Training and ongoing support were important: CRFR provided training, information and informal support about evaluation and contribution analysis to the council’s Early Intervention team. They also had a team meeting, run in hand development and training days for project staff. As the evaluation progressed, the research officer provided ongoing support and worked closely with the Young Mothers’ Service keyworkers and service manager. Both the research officer and the service manager noted how important these layers of support had been during the initiative.

High workloads and loss of key stakeholders created complications: Workloads were an issue for everyone involved: the keyworker, service manager, and council research officer. There was an ongoing conversation about how to embed data collection for evaluation without creating a significant increase in workload. One useful tactic was for the research officer to develop standardized templates and spreadsheets for the service manager to use. A research assistant from CRFR was employed for one day per week, to support the research officer with data analysis and report writing.

The contribution analysis initiative was driven by key stakeholders in the Early Intervention team at the council. Over the course of the initiative, two of these key stakeholders left the council for other employment, meaning that the project ended as expected. While, hopefully, the Young Mothers’ Service manager and keyworkers felt comfortable about their own skills in evaluation, it was not clear whether the specific contribution analysis approach would be sustained without champions within the local authority.

It was relatively easy to gather quantitative data: The data that was needed for the early stages of the results chain was mainly numerical. This included the number of young mothers and children involved with the service, the keyworkers’ caseloads, and the number of referrals coming in. Some of the higher level outcomes could also be partially evidenced with quantitative data. For example, keyworkers used a standardized questionnaire to assess mothers’ wellbeing. However, this form of measurement could not be translated into evidence for evaluation.

The women who felt positively about the service were most likely to be mothers involved with the service, or wanted less contact—for example, by not answering the phone or avoiding them. The project ended before a method could be developed to translate these less formal ways of communicating into evidence for evaluation.

The issue of collecting feedback from the young mothers, therefore, raised complex issues that were never tidily resolved. While collecting formal feedback was important, especially in terms of having concrete evidence about young mothers’ experiences, it was equally important for keyworkers to be sensitive to more informal ways of communicating. However, these informal and relational ways of understanding feedback were not easily incorporated into an evaluative framework, and the service manager and keyworker acknowledged that it was difficult to collect formal feedback from women who felt more negatively about the service.