



Evaluating the role for volunteers in public service reform and commissioning services:

Case study of a volunteer home visiting service comprising the innovative combination of Randomised Controlled Trial and Social Return on Investment methodologies

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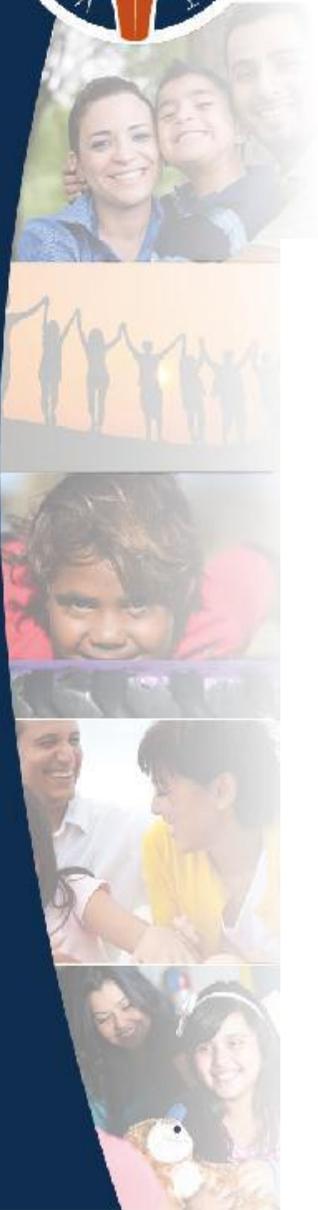




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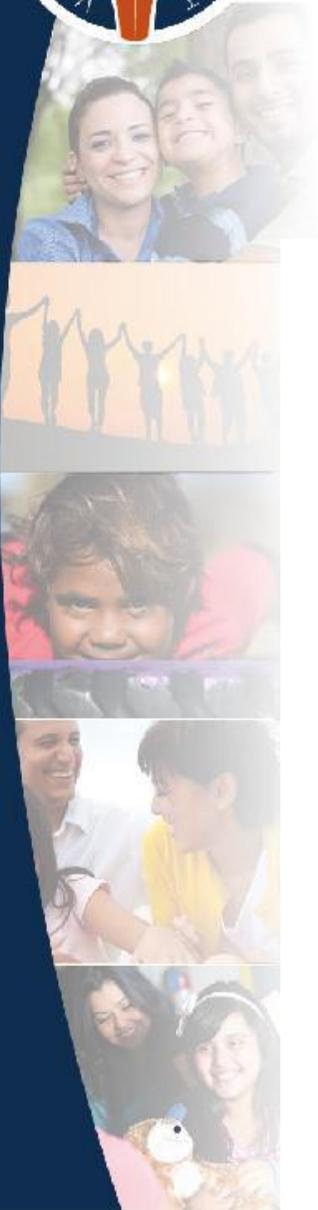
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The role of Volunteer Home Visiting in the service landscape for families of young children

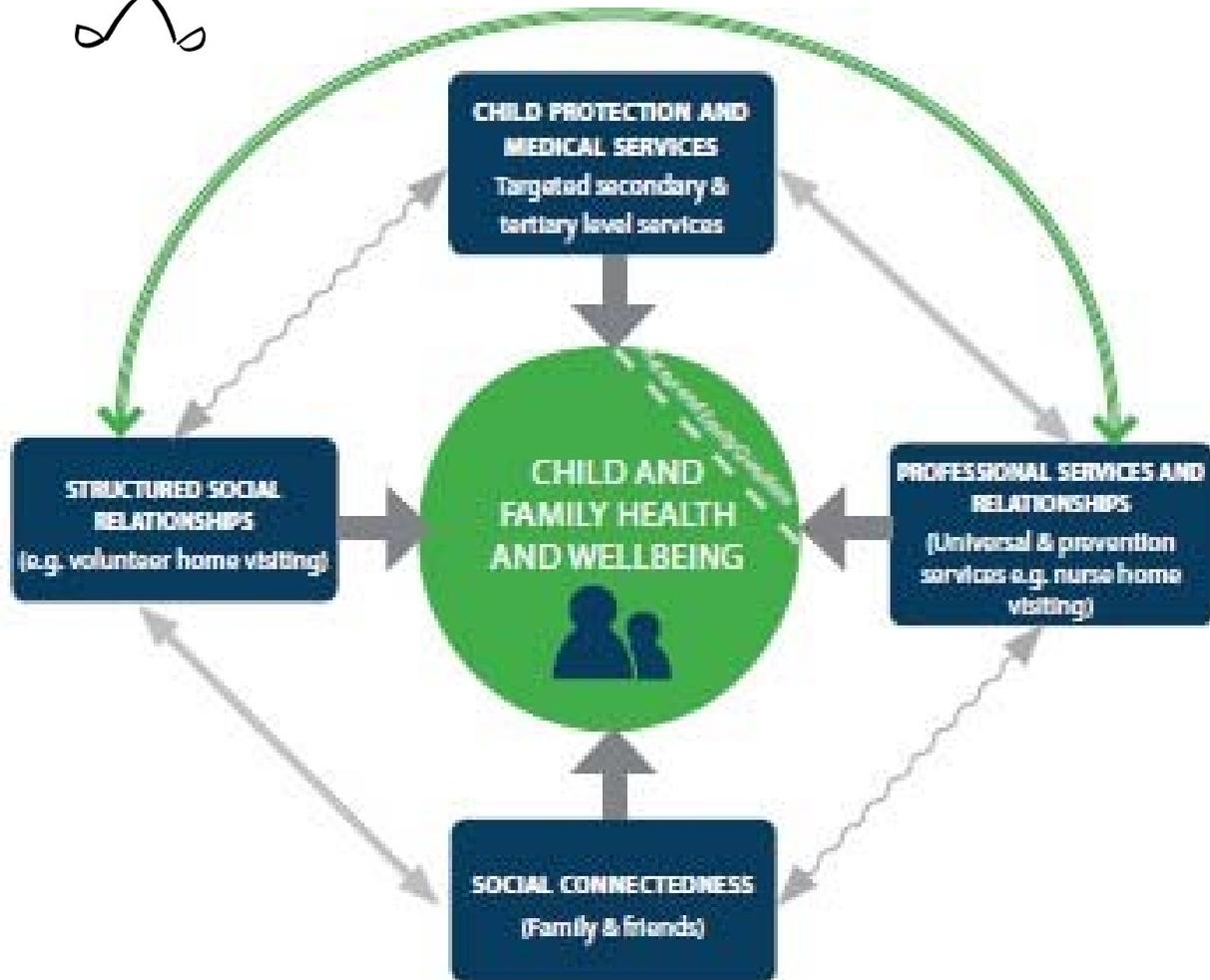




The role of Volunteer Home Visiting in the service landscape for families of young children



2016 6.1 million Australian adults formally volunteer (36%)





Working together to build a best practice program

RESPECT

RECIPROCITY

Research evidence

Champion

**Practice
Wisdom**

**Best elements of
existing programs**

**Involvement across
the organisations**

**Joint
ownership**



What has been produced?

- ✓ A comprehensive program manual for service organisations / program coordinators
- ✓ A program manual for volunteers
- ✓ A volunteer training program (30 hours of core units + optional modules)
- ✓ Practitioner tools
- ✓ Visit record sheet
- ✓ Orientation program to minimise the impact of staff turnover





Volunteer Family Connect (VFC)

Six program sites are involved:

- **Save the Children Australia**
 - Inner West (Sydney), NSW
 - Bairnsdale, VIC
 - Hobart, TAS
- **Karitane**
 - South West Sydney area, NSW
- **The Benevolent Society**
 - Rosebery (Sydney), NSW
 - Gold Coast, QLD





The VFC Program of Research

This research will provide evidence of:

Families (RCT)

- The impact of VFC on outcomes for families, including the health and wellbeing of parents and children;
- The support needs of families who most benefit from volunteer home visiting and how these families are best identified;

Volunteers (matched comparison study)

- The benefits of volunteering in a volunteer home visiting program;
- Issues arising from implementation, including volunteer development, training, support and supervision;

Implementation and service linkages

- Inter-sectorial relationships between volunteer home visiting services and other early childhood services, including early childhood education and care services;

SROI

- The social and economic return gained by investment in volunteer home visiting.





Organisation Cultural Change

Service organisations →

Increased “research mindedness” across all levels of the organisation (passion for making a positive difference for families rather than passion for programs)

Research organisations →

Increased awareness of the importance of meaningful partnership (evidence-based practice, and practice-based research).





Randomised Controlled Trial

A “pragmatic” randomised controlled trial, answering the question “Does this intervention work under usual conditions?” (Thorpe KE, et al. 2009).

Primary Research Question

- To what extent is a volunteer home visiting service intervention effective in improving the community connectedness and parenting competence of vulnerable families with young children, when compared with families who receive usual care services in the community?

Secondary Research Questions

- Are there differences in the patterns of parent health and wellbeing over time for parents who receive the VFC program compared to those in the services as usual control group?
- Does volunteer home visiting lead to differing outcomes for children aged 0 – 5 years in intervention families compared to control group families on measures of immunisation, breastfeeding duration, nutrition, and accidental injury?
- Are there different patterns of outcomes for intervention families dependent on location (i.e. availability and accessibility of health, welfare and early childhood services in the local area) and the duration of the program (ranging from 3 to 15 months)?



Pilot Study findings suggest VFC is making a difference to families

Families supported by VFC experienced significant changes in:

- Parent wellbeing
- Social support
- Parenting satisfaction
- Parent-child relationship
- Optimism about the future

In addition ...

- There was a clear trend of improvement in the mental health of VFC parents
- VFC families were generally more satisfied with the services they were receiving
- Families demonstrated increased community connectedness



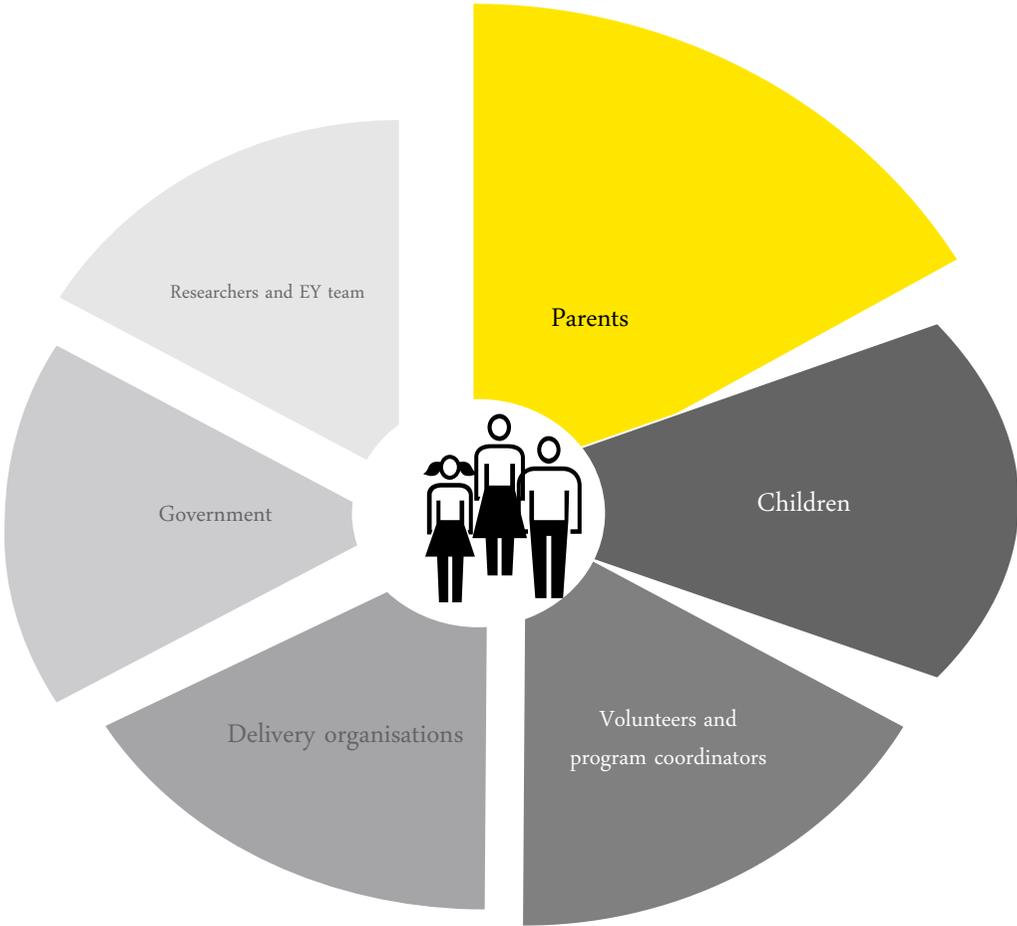


Predictive / Forecast SROI

- ▶ EY has completed a predictive (or forecast) Social Return on Investment (SROI) based on the operation of Volunteer Family Connect in 2015 and 2016 and utilising the research for piloting the Randomised Control Trial (RCT) which included some comparative analysis (with playgroups).
- ▶ An SROI comprises a stakeholder informed Theory of Change for each material stakeholder, a benefit-cost analysis, and monetisation of the social value
- ▶ A predictive SROI can be used as evidence for the development of strategy especially with regards to investing in and scaling up / replicating programs.
- ▶ On completion of the RCT a retrospective or evaluative SROI will be undertaken using this methodology (2018).

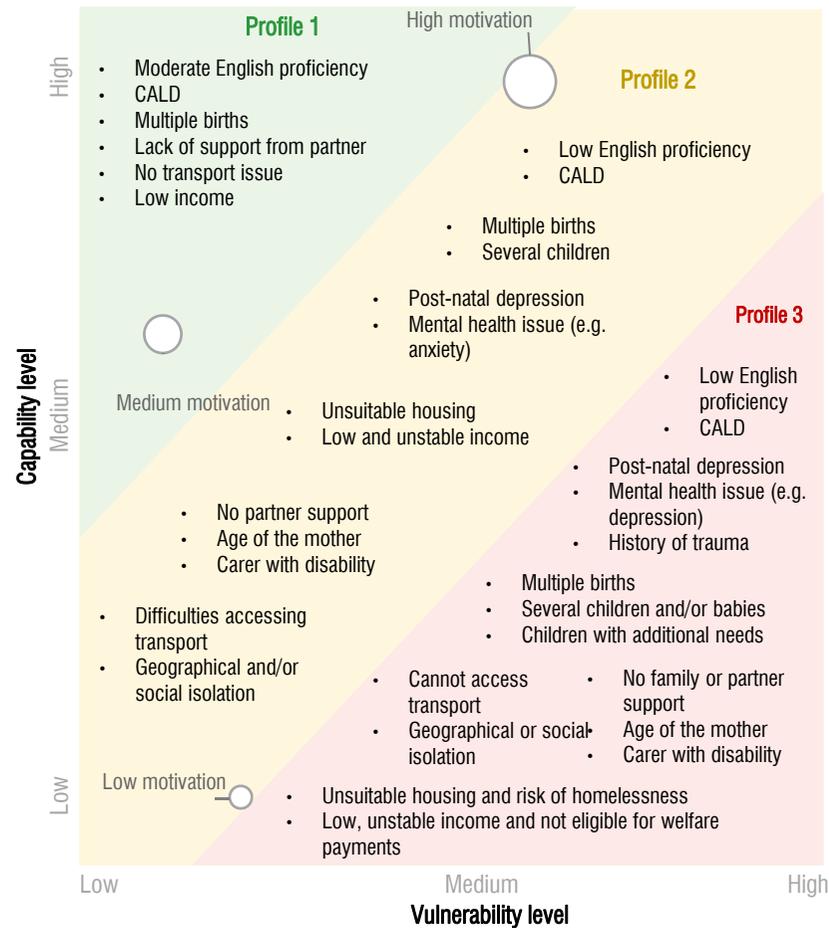


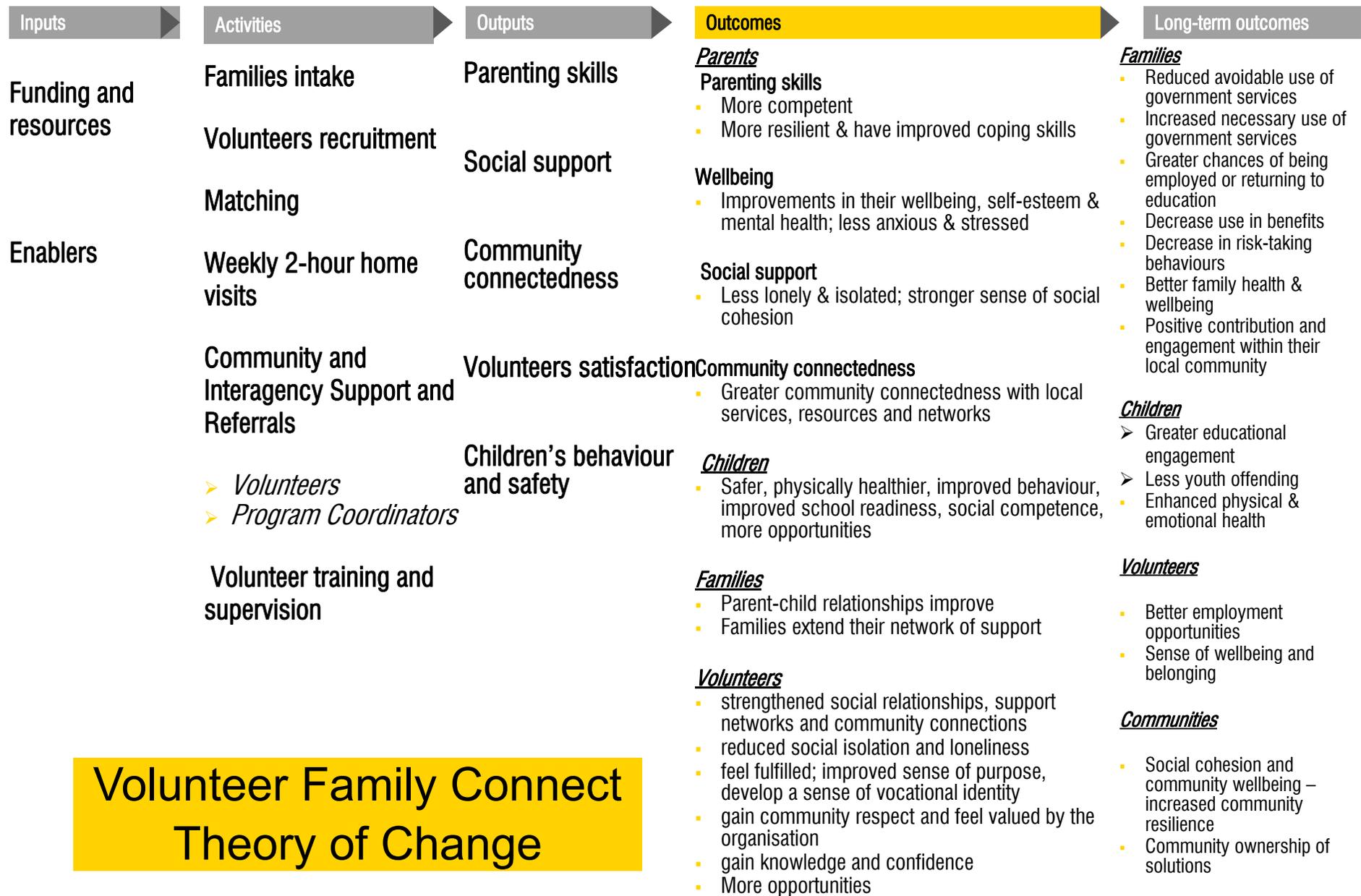
Who are the stakeholders of VFC?



Family segmentation: Capability & Vulnerability

Use of discriminant analysis on data from Pilot RCT to segment families





Volunteer Family Connect Theory of Change

Principal Components Analysis to identify small number of key metrics

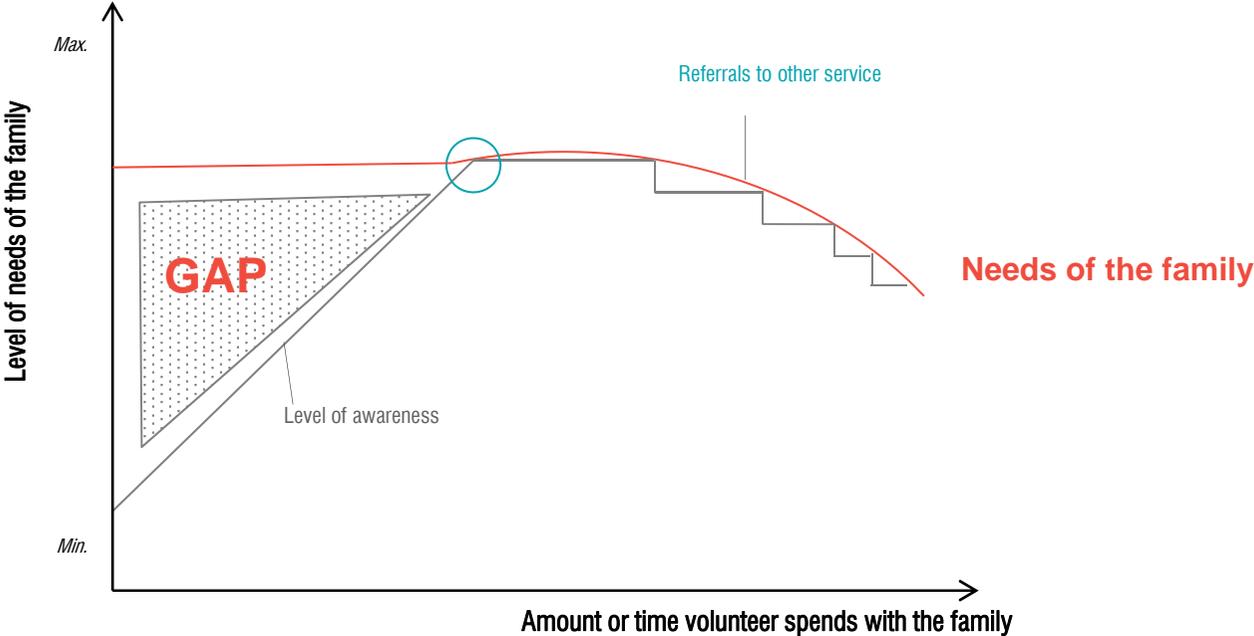
Predictive (or Forecast) SROI: Key findings

- ▶ VFC creates value for the primary stakeholders – families (parents and children)
- ▶ VFC engages families with a range of vulnerabilities, capabilities and levels of motivation.
- ▶ Outcomes for families include:
 - ▶ Parents feeling more confident, less lonely and better connected
 - ▶ Perception of overall wellbeing increases
 - ▶ Children improve their school readiness and social competences
 - ▶ Children are safer and benefit from more opportunities
- ▶ VFC creates value not only for families but also volunteers, service providers, and government
- ▶ VFC volunteers have high levels of human capital – experience and qualifications. Volunteers feel more fulfilled, have access to opportunities, and benefit from greater social status.

Predictive (or Forecast) SROI: Key Findings continued

- ▶ VFC fills a gap and plays a key role in the continuum of family support service that ranges from playgroups through to intensive support services
- ▶ VFC can fulfil a “step up and step down” role for families needing support
- ▶ VFC leverages the strengths of a volunteer led services - building trust with families to identify their real needs, vulnerabilities and capabilities. The relationship between volunteer and families can facilitate referrals in to other services (e.g. relationships), early intervention (e.g. developmental delay) and prevention (e.g. risk of serious harm).
- ▶ VFC’s role in the service continuum creates value for Government in terms of cost savings, cost avoidance and improved value for money.

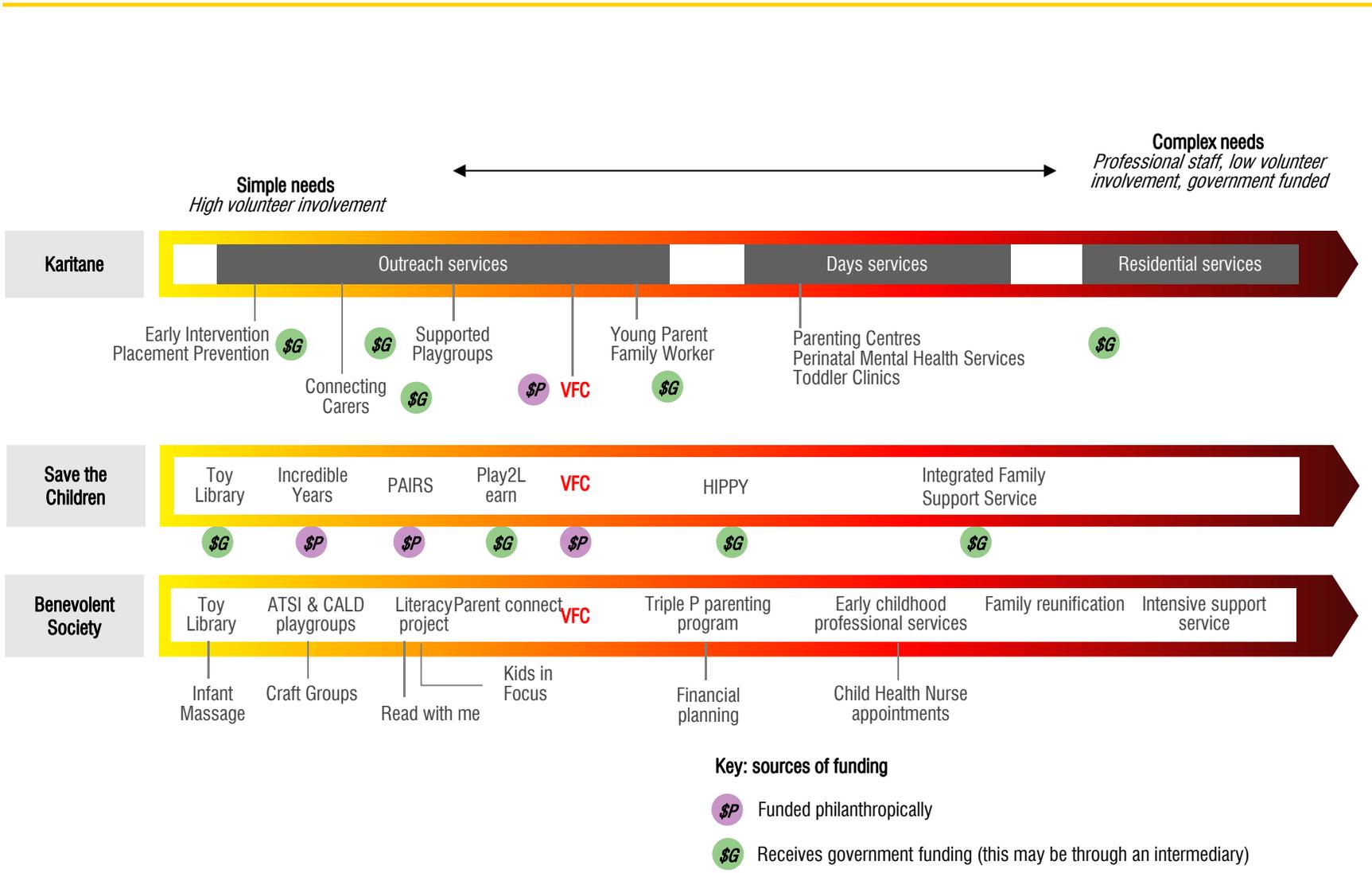
Trusted relationship between volunteers and families



Volunteers build trust and positive relationships with families allowing volunteers into their homes and to identify and share their needs which may lead to further support including referrals to other services.

STEP UP AND STEP DOWN

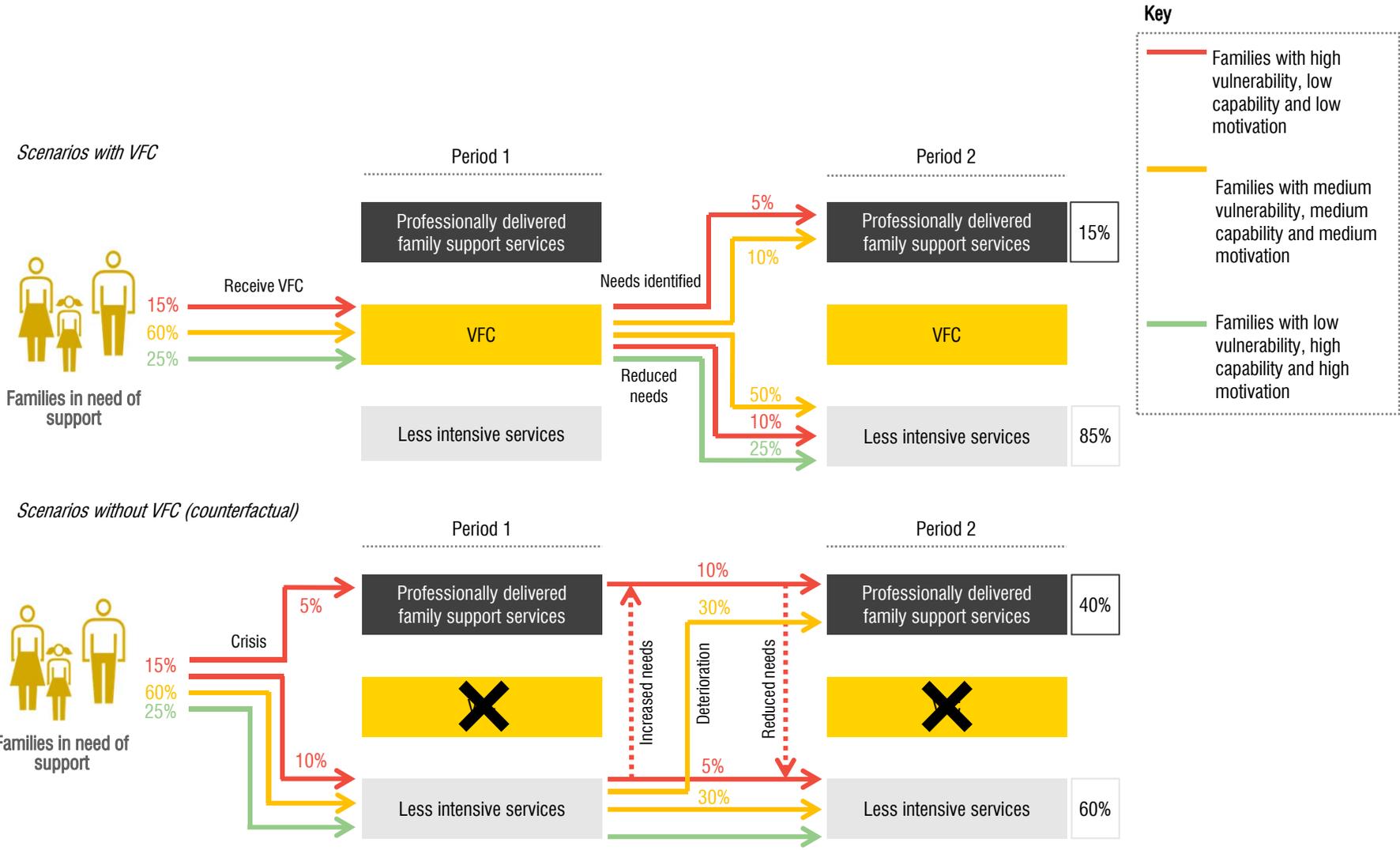
About VFC – Fit amongst other family services



Volunteer Family Connect: the missing link in the family support service system

*VFC enables vulnerable families to access services earlier and at a lower level of intensity. VFC fills a gap in the delivery organisations' family service continuum, creating better outcomes for families, **a rewarding volunteer engagement**, and generating cost savings to the Government*

Scenarios of proportion of Government cost savings



SROI calculations

	Share of monetised benefits	Contribution to costs (overall)	Contribution to real costs	Contribution to in-kind costs			
Parents	22.9%	0%	0%	0%			
Children	0.4%	0%	0%	0%			
Volunteers	2.2%	44%	0%	84%			
Organisations	0.0%	56%	100%	16%			
Government	74.4%	0%	0%	0%			

- ▶ Pilot phase: Benefits to real cost ratio is 1.16:1
- ▶ Operational phase BCR range from 3.23: 1 to 5.13:1
 - ▶ reduced real costs (50%), scale up (10x) and focus on higher vulnerability families (increase from 25% to 45%)



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