

Fife Cares: Measuring What Matters Case Study

Scottish Community Safety Network (SCSN) and Evaluation Support Scotland (ESS) brought together practitioners from across the sector to develop **Measuring What Matters** - a toolkit to help those working in the field to have a better understanding about their outcomes and how to measure what matters in their work to prevent unintentional harm. This case study shows what **Fife Cares** learnt when testing out the toolkit.



About Fife Cares

'Fife Cares' is a Fife Council Safer Communities Team initiative. It offers a range

of free safety and security visits which can be arranged directly or made on behalf of a client or relative. Fife Cares Advisers:

- Carry out home safety to visits to vulnerable adults, and parents of children and provide advice on how to minimise the risk of accidents in the home.
- Deliver awareness raising sessions to client groups, to raise awareness of key home and child safety issue

During the Covid-19 pandemic much of this work was carried out on the phone.

Background

Liz Watson from Fife Cares explains why they wanted to test the toolkit:

The Fife Cares service has been in place for several years and while there have been various measures put in place to try and capture impact, it has proven difficult to establish something

meaningful and sustainable. In the main performance is measured by counting numbers of visits and hospital admission data.

Neither of these provide an accurate measure of the impact of a visit on the individuals or families we visit. Through using this toolkit we hoped to have the opportunity to test different ways of evaluating.

We also hoped to get some support to evaluate remote service delivery, as much of our work changed during the Covid-19 pandemic.

The service we decided to pilot is targeted at parents looking for advice and equipment to keep their children safe at home. Parents are often referred to us from health visitors. Our advisors have an initial call with parents about equipment and safety, and then carry out follow up calls 4 weeks later.

What we did

We used the framework and the learning session with ESS to develop an **evaluation plan** for our **phone service** with parents of children under 5.

We set a **short-term outcome** for this pilot project: **Parents/carers have a better understanding of risks for children within the home.**

The first call is about chatting through what equipment parents want for their home and what they actually need. Will the equipment meet their needs? Even at the first contact we often help raise awareness of other child safety issues in the home, such as medicine cabinets and cleaning products.



Fife Cares staff member on a phone call to parents discussing child safety issues.

In the longer term we hoped that this would mean parents/carers would make changes around the home to keep their children safer.

Our successes

Our Advisors spoke to 89 parents during this pilot phase. We recorded comments and phrases from parents during our phone conversations to show they got something out of that call. Parents told us:

"I hadn't thought about that."

"I plan to use this when..."

"I'll think about moving my cleaning products to a higher cupboard, I hadn't thought about that."

During follow up calls 4 weeks later to check how things are going and has the equipment been useful. Some parents said:

"I didn't ask for the cupboard locks, but they have come in handy".

We are definitely achieving our short-term outcome.

Challenges we faced

Very few parents responded to our follow up texts and calls 4 weeks later, so it was very difficult to know if we were achieving longer term change. We felt quite disappointed that the response rate was so low. From 59 texts we had 6 responses – although they were all very positive about the service. People might only respond if something isn't right.

Our learning

The process and **approach** has been valid and we are definitely in a better position than we were. This has given us a sense that we are helping raise parents' awareness of child safety.

We didn't get the responses that we really wanted, but we are going to keep trying. It's enough now to know we are **achieving short-term outcomes**. Without that contact with people, it is very difficult to know if longer term change is happening.

We have learnt how important that face to face contact is for our service and our evaluation. When you go into people's home, even just for half an hour, they remember who you are. In person we can ask people to show us where they plan to use the stairgate and where their cleaning products are. This means we can gather observations which we can't over the phone.

Our next steps

We have agreed this is a worthwhile thing to do and plan to use a similar evaluation approach when we return to in person visits.

We think that it will be a lot easier to gather evidence of longer-term change when we can see people in their homes again. I'd like to know more about our long-term impact. What are parents doing differently 12 weeks later?

We are also thinking whether other partners (such as health visitors) might see the longer-term change happen too. We

may ask health visitors to gather evidence too.

An ongoing challenge is not just about whether we want to gather qualitative or quantitative evidence but **who is asking for this information** and what do they want to see. We really want to be able to say to our local elected members, we made a sustained change.

Resources

[Measuring what Matters toolkit](#)

[Evaluating at a distance](#)

Contact details

If you would like ESS's support please contact us at info@evaluationsupportscotland.org.uk.

If you would like to find out more about SCSN please visit: <https://www.safercommunitiesscotland.org/>

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