

**Rotherham District  
Sure Start Rawmarsh**

**Spotlight Project Evaluation  
Health visiting**

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# Introduction

Three services were ‘spotlighted’ by the Sure Start Rawmarsh partnership for individual evaluation, as part of the wider Sure Start evaluation. These services are CHAT (Confidential Health Advice for Teenagers), the family support team and the health visiting team.

This report focuses on the service evaluation of the health visiting team as it relates to the provision of its services to families in the Sure Start Rawmarsh area.

The purposes of the evaluation are assessing the effectiveness of health visiting services as it relates to:

- service quality
- cost effectiveness
- how well these work with other agencies and within the context of the wider partnership, and
- whether these support the achievement of Sure Start objectives and key principles

The spotlight report concludes that the health visiting team have enjoyed considerable successes, notably as it concerns making a substantial difference in referrals and waiting times for health visiting services and that local families have very high levels of satisfaction with the quality of services being provided by the Rawmarsh health visiting team.

# Methodology

The evaluation of the health visiting service utilised a number of methodologies intended to develop a comprehensive picture incorporating each of the services provided by the team.

The methodologies adopted sought to assess the health visiting team in relation to a number of factors:

- 1) Degree of integration into the wider Sure Start partnership; including the extent to which they support the achievement of Sure Start objectives and key principles
- 2) Efficacy of partnership working with external agencies, such as associated voluntary and community bodies
- 3) Success in involving clients in design and delivery of services.
- 4) Overall quality of services looking in particular at levels of satisfaction with services, in relation to various criteria about what constitutes a 'quality' service and the degree to which local families feel that a difference is being made in their own health and well being.
- 5) Cost indicators for services

In terms of exploring the issues around point 1-4, we undertook background and desk-top research, qualitative and quantitative analysis of data and interviews with the health visiting team and service users.

A variety of evaluation methodologies have been employed and include:

- Health visiting team focus group (5<sup>th</sup> September 2003) 2 hour semi-structured interview was conducted with the health visiting team
- A community survey of local parents that captured the views of 159 parents of young children living in the Rawmarsh area about the health visiting service.
- Provider questionnaire. An evaluation questionnaire was completed by 11 Sure Start service providers asking them to assess the service being provided by a number of Sure Start services, including the health visiting team.

In terms of 5, a comparison of unit costs for the purposes of assessing cost effectiveness was undertaken using the alternative models of health visiting service delivery studied as part of *Unit Costs of Health and Social Care 2002*<sup>1</sup>, albeit with an inflation uplift assumption of 4% year on year in the costs of such a nurse.

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<sup>1</sup> PSRRU, *Unit Costs of Health and Social Care 2002*

## An overall picture

Following the creation of Sure Start Rawmarsh, health visiting in the area shifted from a GP based service to a geographically based service, with health visitors allocated areas of Rawmarsh to cover.

The health visiting team provides a range of services, incorporating home visits, clinic based services and group activities. Home visits include a new birth visit, weekly visits up to 6 weeks, a 3 month visit (focusing on weaning), a 7 to 9 month check (looking at physical and social development and incorporating a hearing test), an 18 to 24 month assessment and a 36 to 42 month check (both again looking at physical and social development). Baby clinics are held at GP surgeries in the area, with health visitors also involved in health promotion, child protection cases and medical advice and support for parents. In addition to these duties health visitors also provide:

- CALM (Cholic Alleviation through Learning Massage techniques) sessions
- Brazelton Neonatal Behaviour Assessments
- Sleep Clinic (following a request from parents)
- Skin Clinic
- Webster-Stratton Parenting Course (in partnership with Family Workers)
- Infant Massage
- Behaviour Management Course

# Service Evaluation

## Cost of service

In the case of the health visiting service, this is very difficult to determine because the additional funding built onto an existing service rather than enabled the creation of a new service.

The average costs of health visiting *generally* are about £27.04 per hour, £76.96 per hour for client contact, £92.56 per hour spent on home visits and £64.48 per hour for clinic contact, as per *Unit Costs of Health and Social Care 2002 (p.99)* with a 4% uplift year-on-year since 2001/02.

While it is clear that Sure Start Rawmarsh funding enabled some additional delivery, for example with some of the group work and home visiting, the extent to which it enabled at least 917 home visits, for example (using the £84,841 allocation divided by £92.56) is unclear. That said, an average of 18 home visits (or about 3 per health visitor within the team) per week seriously under-estimates the amount of home visiting that is undertaken by the health visiting team.

Given data from the health visiting team which estimates the total number of home visits as averaging 338 per month, the cost per home visit comes out at some £20.91 (using the £84,841 allocation divided over a projected 4,056 visits per year).

Given this, it is fair to say that the additional monies offered by Sure Start Rawmarsh to enable more home visiting and group work has certainly taken place.

## Integration into Sure Start Partnership

The extent to which the Rawmarsh health visiting service is integrated into the Sure Start Partnership had been determined by reference to strategic and operational dimensions.

### Strategically

Strategically, there is representation of health visiting at a Management Board level within Sure Start Rawmarsh, albeit that attendance at Board meetings can be patchy.

Given the centrality of health visiting services within the Rawmarsh programme and on delivery of programme targets, ensuring Board level involvement is welcome. Board members observed that a key benefit of the Sure Start Rawmarsh programme, for example, was the extent to which work was being undertaken to further local health improvement goals for parents, parents to be and their very young children.

To this end, Management Board members identified that they felt that the involvement of the Primary Care Trust (PCT) is crucial to the success of the programme, but that they did feel that the health visiting service operated somewhat independently of the rest of the programme and that it was unclear the extent to which the PCT had bought into the Sure Start Rawmarsh Partnership. There were concerns, for example, about:

- ❑ Health visitors finding participation in activities difficult due to time constraints, when from the perspective of other Board members there is an investment of £84, 841.
- ❑ Changes being made to the way health visitors worked, without consultation and/or ratification with the programme management or the Board. This related, for example, to changes to the CHAT School Health Advisor.
- ❑ Health visiting not being so effective at promoting initiatives that relate to the wider work of the Sure Start Rawmarsh partnership. For example, one Board member observed *'health visitors are very good at promoting their own initiatives, but not so good at promoting other initiatives like the Play and Learn Bus'*.

Conversely, representatives from health visiting indicate that there is a need to improve understanding about what health visitors do and the

context in which they operate, such as the time involved in dealing with child protection cases, providing more intensive support to mothers with post-natal depression, the additional monitoring and administrative demands of Sure Start programmes and the determination to provide more groups within the Sure Start Rawmarsh partnership.

Furthermore, members of the health team felt that perceptions regarding the independence of the health visiting team should be balanced against the large number of referrals made by the team to other Sure Start services. Health visitors noted that they provide the majority of referrals – around 90 per quarter – along with supportive information at most contacts. The health visitors noted that, ultimately, take-up of services is a client choice and does not necessarily reflect the amount of promotional work being undertaken.

Moreover, given a service level agreement between the programme and the Primary Care Trust, concerns about how changes to delivery happen and who needs to be involved in the decision making about such changes reflect different perspectives about how relationships are managed where there are service level agreements. Are specific health visitors paid for? Is it specific functions that are paid for?

The extent to which the upcoming review of service level agreements provides an avenue for exploring ways to improve mutual understanding strategically and ensure that Sure Start Rawmarsh families receive the type of service from health visiting that they need, should be encouraged.

## Operational partnerships

### Working within the partnership

The results from the community survey indicate that health visitors were the most active source of referrals among local service providers and indeed made more referrals than the all other services combined, as evidenced at Table One. This suggests that concerns about whether health visitors focus largely on health initiatives might require some work to address perceptions.

Table 1: Services making referrals

Service referred on to	Number of citations	Percentage of survey population
Health visitor	21	10.6
Midwife	3	1.5
Toy library	2	1.0
Sure Start worker (non-specified)	2	1.0
Play and learning bus	2	1.0
Physiotherapist	1	0.5
Chatterbox	1	0.5
Family Support Worker	1	0.5
Stay and play	1	0.5
Speech and language therapist	1	0.5

As Table One demonstrates, 10% of the survey population indicated having been referred on by their health visitor to another service.

Health visitors made it clear that they considered onward referral an integral part of their roles and noted that they make onward referrals all the time. One health visitor anecdotally stated that she had made six onward referrals from one home visit. Figures for the period January to March 2003 indicate that the health visiting team made 74 referrals.

Health visitors indicated that they made referrals to all services and that their referrals were wholly dictated by client needs and are undertaken in partnership with the client. They did, however, indicate that a large proportion of their referrals are to:

- PATCH (safety equipment loan service)
- Speech and language therapy
- Physiotherapy
- Family support

Health visitors felt that onward referral times were faster because of Sure Start Rawmarsh. In particular, they noted that referrals to, and response from speech and language therapy had increased dramatically and was significantly better than it had been prior to Sure Start.

Health visitors also identified a number of improvements to the referral process as a result of the establishment of Sure Start:

- ❑ Referrals are now more direct and avoid the need to go through centralised systems
- ❑ Referrals can be made straight to sure start and so can be done in a day
- ❑ The referral system has significantly reduced the amount of bureaucracy and red tape which previously used to delay referrals
- ❑ Health visitors can talk to relevant staff in an informal capacity prior to making a referral
- ❑ The services referred on to provide feedback about the outcome of referrals

In terms of their receipt of referrals from other sources, health visitors stated that waiting times were extremely short. After a referral has been received, health visitors try and make a phone call to the client the same day and will try and make an appointment with the client in the next available space in their diary. Therefore they are normally able to see families in about 2 weeks from the time of the phone call. Health visitors stressed that child protection cases were necessarily a priority, in which case, action is taken immediately.

On the broader issues of partnership working, the health visiting team noted a range of strengths and areas for improvement.

Table 2: Strengths and areas for improvement

Area	Comments
Strengths	<ul style="list-style-type: none"> <li>❑ More services are available to families in the area which health visitors are able to refer directly on to</li> <li>❑ The health visiting team work as part of a bigger team rather than in isolation – makes a more joined up service for parents and their very young children</li> <li>❑ Provides the opportunity for innovative new ways of working that draw upon the strengths and experiences of other services</li> </ul>
Improvements	<ul style="list-style-type: none"> <li>❑ Information could be better between health visiting team and other services such as family support work.               <ul style="list-style-type: none"> <li>○ Health visitors cited as examples, times where family support has been withdrawn from a family or their case has been closed but the health visitors have not been informed.</li> </ul> </li> <li>❑ Sure Start is accompanied by a lot of attendant paperwork and onerous monitoring data. It is not made clear what the purpose of the monitoring data is and the results of the monitoring data is not passed back to the team for their own usage/interest               <ul style="list-style-type: none"> <li>○ health visitors indicated that they felt some of the monitoring data to be <i>meaningless</i> since it did not capture the quality of their visits but only quantity which was felt to be an illusory output.</li> </ul> </li> </ul>

## Recommendations

1. To ensure the effective coordination of work, especially with regard to those clients who are in receipt of a multi-disciplinary package and avoid situations where agencies are unaware of changes in service packages, Sure Start Rawmarsh could look at models that co-ordinate multi-disciplinary work such as:
  - The format of the coordination of case work could take the form adopted in Sure Start Ore Valley whereby joint meetings are held between three agencies,
  - or could adopt the model of Sure Start Holloway which utilises a multi-disciplinary coordinator to ensure the effective provision of services and efficient joint working.

# Service Quality

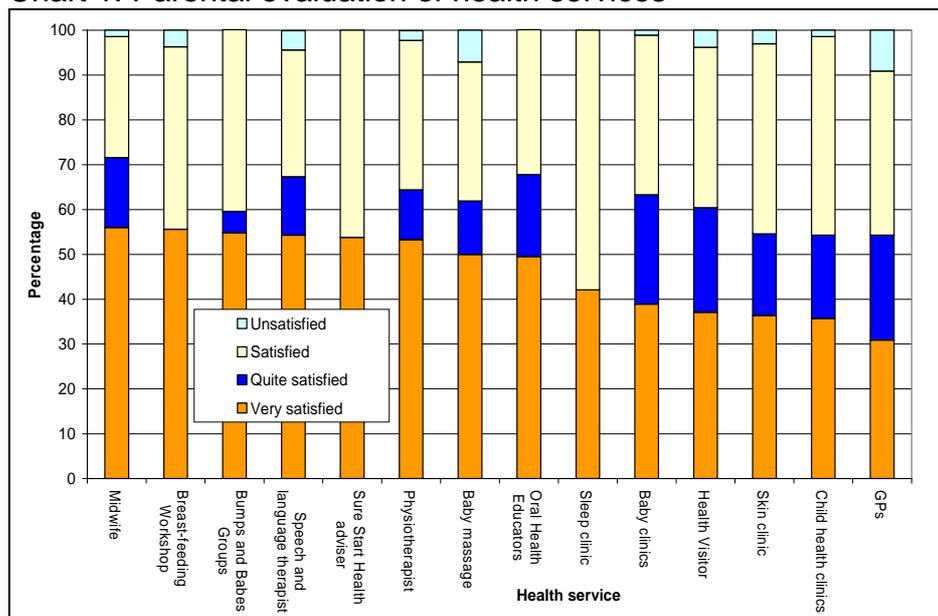
## Satisfaction with services

In the community survey of parents of young children (aged 0 to 4) in the Sure Start Rawmarsh catchment area, 159 parents gave an assessment of health visiting services.

The results are extremely positive for the health visiting team with 96% of parents stating that they are Satisfied to Very Satisfied with the service being provided to them and their young children. Furthermore, the majority of parents (60%) who evaluated the health visiting team were Quite Satisfied to Very Satisfied with the service.

The results for health visitors are set against those for other Sure Start health services at Chart 1.

Chart 1: Parental evaluation of health services



The results at Chart 1 further demonstrate that those services delivered by health visitors, or with a health visitor component (such as the sleep clinic and baby clinics) are well considered by parents in the area with, once again, the majority of parents Satisfied to Very Satisfied.

When parents were asked in the community survey to indicate what their favourite health service was, the single most commonly cited

service was health visitors, cited by 10% of the survey population. The results are given in full at Table 3.

Table 3: Favourite health service of local parents

Health service	Number of citations	Percentage of survey population
Health Visitor	19	9.6
GPs	17	8.6
Midwife	11	5.6
Bumps and babes group	5	2.5
Oral Health Promoter	3	1.5
Physiotherapist	3	1.5
Baby massage	2	1.0
Baby clinic	2	1.0
Health clinics	1	0.5
Skin clinic	1	0.5
Speech and language therapist	1	0.5

Parents provided a range of comments indicating why they appreciated the health visiting service:

- *Health visitors are supportive.*
- *Health visitors are great and helpful.*
- *I like the health visitor – I care for a 6 and a 3 year old permanently and, as I am 55, it's been a while since I brought up my children. I like to keep up with modern trends, and it's nice to have someone to turn to if I'm not sure about health concerns.*
- *Health visitor is very friendly and informal.*
- *Health visitor has always been quick to give advice and visit.*
- *Health visitors were brilliant when my son was born.*
- *Health visitor deals with problems.*
- *The health visitor is helpful.*
- *My health visitor - she's always good for advice.*
- *My health visitor has time for you, offers additional services and also makes you feel like a real person.*

- *Health visitor – I have just moved here and she has given me information about the area.*
- *Health visitors are really helpful.*
- *Health visitor very supportive and informative of Sure Start.*
- *Health visitor supported me and accepted my evaluation of the situation.*

About 5% of respondents did indicate that they felt that the health visiting service was the health service most needing improvement in the area. Health visitors were the second most cited service after GPs. The results are given in full at Table 4.

Table 4: Health services needing improvement

Health service	Number of citations	Percentage of survey population
GP	15	7.6
Health Visitor	10	5.1
Midwife	2	1.0
Child Health Clinic	1	0.5
Baby clinic	1	0.5

The results from Table 4 demonstrate that twice as many respondents indicated the health visiting service as their favourite service as felt it needed improving.

Some comments from parents who felt the service needed improving are given by way of indication of those factors that they felt needed to be changed:

- *Health visitor – bossy, patronising and unable to keep appointments.*
- *Health visitor made me feel very silly. Very orientated to women rather than lone dads.*
- *Health visitors are intrusive and rude.*
- *Health visitor was rude, bossy, inviting herself to my home. Made mistakes and refused to accept responsibility.*
- *Health visitor very patronising.*
- *Health visitor unapproachable.*

- *Health visitors don't take enough notice. Had to ask her for referral about my son's walking.*
- *Health visitor – try to interfere with your child's upbringing.*

Whilst some concerns were raised by some respondents regarding the relationship shared with their health visitor, such comments were raised by eight parents, thereby constituting 4% of the survey population.

Given the universal nature of health visiting, like GPs, and their statutory responsibility to visit *all* households, it would be unrealistic to expect 100% satisfaction with the service and so the results remain, largely, a glowing endorsement of the service.

## Impact

The health visitors felt that they were positively impacting families in Sure Start Rawmarsh area, but felt that more could still be achieved.

Some concern was expressed by the health visiting team that not all families in the area who would benefit from Sure Start services were being involved in the programme and that hard to reach families were not as fully engaged as other families. As such, they felt that successes were being enjoyed amongst some parents, whilst some (potentially more needy) were not being provided with assistance.

Health visitors felt that the programme could make a very positive impact upon the lives of some parents in the area by offering a range of more practical support. Parents often need help with everyday chores including cleaning, washing, ironing and shopping. Since they have no support in these day to day domestic matters, they are unable to spend time playing with their children. By offering a service to help out with simple everyday activities, parents would be freed up to spend time with their children and to engage in a wider range of activities. It was felt that this could be offered through the creation of additional family support posts.

Staff interviewed felt that one indicator of the impact of the new model of health visiting on parents was the slight improvement that staff had witnessed in relation to appointment attendance. Health visitors anecdotally reported that non-attendances of appointments had improved and were not as high as had been the case before Sure Start. Thus one health visitors was able to report only 7 DNAs<sup>2</sup> in the period July to August 2003 out of 42 appointments made.

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<sup>2</sup> Did Not Attend

Staff felt that this improvement was a result of the more intense home visiting programme that Sure Start has allowed. Health visitors are able to get to know their clients well and develop a rapport. The staff felt that their faces are now well known among parents in the area and this has translated into better working with local parents.

Partners and providers were also asked to identify the extent to which they, in their professional judgement and experience, believe that Sure Start Rawmarsh is making a positive impact on the development, health and well being of local babies, children and parents and the quality of the service being provided for local parents and their very young children. The results of their assessment is given at Table 5.

Table 5: Service providers assessment of health visiting service

Outcome	Rating of health visitor services			
	Very Good	Good	OK	Poor
Client friendly times for service	3	4	0	0
Easy for client to get to service	3	4	0	0
Friendly service	3	3	2	0
Professional service	4	3	0	0
Improves child development	5	2	1	0
Improves parent skills	4	2	2	0
Health visitors provide feedback about clients to other relevant service providers	4	2	0	0
Health visitors make referrals to other relevant service providers	6	2	0	0

The results are a very positive endorsement of the Sure Start health visiting service with the majority of service providers assessing the service as being Good or Very Good in relation to each factor cited. In particular, service providers felt that onward referrals by health visitors to other providers and the impact that the service had had on child development were areas of considerable success.

In addition to the assessment of services at Chart 1, comments provided by parents in the community survey further demonstrated the impact that health visiting services are having on the lives of parents and their very young children in the Rawmarsh area.

The comments provided indicate the range of assistance offered, and the positive benefits that parents feel that they have obtained through contact with health visiting services:

- *Sure Start is brilliant. They have helped my confidence. Shown me how to cope with my new little boy. I shout less, almost never smack anymore.*
- *Sure Start has definitely made a very big difference for the better for myself and my child. I hope the service continues in the future - Thank you.*
- *Sure Start has made a big difference to myself and my youngest son. I wish it had been around when I had my eldest child. Everyone involved should be very pleased with the differences they have made to all who use the service.*
- *I think Sure Start assists children with their social / emotional and intellectual development giving them an excellent start in life.*
- *Because of sure start my son's problem was identified really quickly. Still under hospital but really pleased with service.*
- *Very satisfied! It has made a big difference in my life. I was a zombie for the first 10months of my child's life.*