

**SURVEY OF HEALTH VISITORS
REPORT PREPARED FOR
SEACROFT SURE START**

7TH FEBRUARY 2002

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1 INTRODUCTION

McCallum Layton began working with Seacroft Sure Start as their local evaluators in April 2001, very shortly after the first Sure Start Health Visitor left. Other local health visitors did not apply for the vacancy and it was a health visitor who had done some of her training in the area, then worked elsewhere, who was seconded to the programme on a full-time basis.

In Seacroft, the lead partner for Sure Start is Education. The first Sure Start Health Visitor had been part of the implementation team who started work in Spring 2000. By the end of May, and following some consultation with parents and with health visitors, she had completed a report that concerned the contribution the health visiting service could make to Seacroft Sure Start. The report refers to Sure Start aims and objectives, current perceptions and possibilities, and contains a proposed action plan. The report fits well with Sure Start national guidance on working together and re-focusing services. Quite clearly however, for these ideas to have been successfully implemented there would have to be close collaboration between the Sure Start team and the health visiting service at practitioner and management level, a situation that does not appear to have come about. It was in an effort to tease out some of the issues that may be interfering with productive working relationships that this survey of health visitors was carried out.

The first Sure Start Health Visitor, Helen Rowlands, left the programme in March 2001. The second, Kirsty Hill, took up post in August, and interviews with health visitors began a few weeks after this. Fieldwork was conducted by means of one to one personal interviews, and took place between mid September and mid December 2001, at a time and place convenient for the health visitors. Interviews were taped and lasted about an hour. The final interview had to be re-arranged twice, once by the interviewer and once by the health visitor; in the end, to avoid any further delay, this particular interview was carried out over the telephone. The interviews were largely unstructured although a list of broad topics was used to cover with each respondent.

Whilst maintaining respondent confidentiality, verbal feedback concerning key issues was passed to the Sure Start Co-ordinator during our regular fortnightly meetings with him. The new Health Visitor was also informed that the links she was forging with health visitors appeared to be having a very positive impact and should be maintained. A summary report was passed to the Sure Start Co-ordinator on 22 January 2002 before he was due to meet with Health Visitors. Respondents will be sent a summary report.

There were 18 health visitors working with families in Seacroft. Interviews were conducted with 9 of these, selected on the basis of having the most cases within the Sure Start area. A Nursery Nurse working alongside health visitors in a key practice was also asked to participate.

2 SURE START EVENTS AND/OR TRAINING PARTICIPATED IN

Respondents were asked about any training they had received or events they had participated in concerning Sure Start, both in the initial stages of the programme and since. Everyone could remember attending some event or other about Sure Start once funding had been confirmed, and three health visitors mentioned that they had attended events before the bid went in. Few could recall the exact details in terms of when and where any meetings or workshops were held, who facilitated, and who else attended.

The earliest meetings mentioned were an open meeting for residents and professionals in Seacroft where some parents had been critical of the health visiting service; the other was a meeting of community nurse professionals at a community centre in an area nearby, to which the Sure Start Co-ordinator, Bernard McMahon, had been invited. The only workshops perceived as training were two put on for health visitors, at the end of 2000, by the then Sure Start Speech and Language Therapist, which most had attended and found very useful. A few also mentioned a workshop held by the Sure Start Dietician, which had also been useful.

In general, however, respondents clearly did not feel that they had participated in training to prepare them for their contribution to Sure Start. The majority referred to information they had received from the first Sure Start Health Visitor, and a few used the term consultation, but her activities were not perceived as training.

"I went to one or two of the very early meetings along with Sue Stead [Community Services Manager for the region]... One was a meeting with families in the area and other interested professionals to see how Sure Start might go ahead in the area, so I was quite aware and quite enthusiastic in the beginning"

"I can't remember clearly. I remember going to an Open Day at East Leeds Family Learning Centre about 2 years ago, and we invited Bernard to the Harehills Community Centre when the bid was being put together"

"I attended all of them. The first was in summer '99 before the bid went in. Bernard came to a group of community nurse professionals to tell us that they were putting this bid together, and how it might go, and what they might need from us. I remember thinking how excited I was about it, though I was a bit disappointed that the lead had come from Education and not Health - I thought we should be doing more"

Two health visitors referred to some negative feedback from parents about the health visiting service, during the consultation stage. One said she had heard parents criticise the service herself during the open meeting - for residents and professionals - referred to above:

"None of us put forward that we wanted to work specifically for Sure Start and I think that is unfortunate. This is why we have Kirsty, the new Sure Start Health Visitor, who has not even been in this area before as a health visitor. Certainly I think there was a lot of feeling in the beginning about, well if parents don't want us, do we get involved in this, maybe we're not the people to promote itthis came from meetings I went to very early on, before the bid went in, it didn't bother me so much, because I could see that if that's what they're saying, then we've got to change what we're offering - if they're saying 'look this isn't the service we want', then you have to look at that, but I think for some health visitors who had been here for a long time it was quite threatening, it was quite demoralising"

The other health visitor expressed doubts about whether the parents who had been critical of the service were representative of the community as a whole:

"There had been some consultation with parents about what they thought of health visiting and we were given quite a bit of negative feedback about the service we were providing, and I think it was thought that Sure Start could provide some changes that parents had expressed were a problem. But I think we felt that maybe those people who'd been asked were not necessarily representative of everybody - those that offer an opinion are often those that are fed up with you, often people who are happy with something don't say anything. But we did recognise that there were issues certainly for us, it made us look at our patch and what we were doing, it was about access to clinics and having to wait for clinics, that sort of thing, they didn't have a problem with individual health visitors but they were unhappy with the service"

Another health visitor thought that Health had not been involved in the planning stages, and that this may have been why health visitors had not felt part of the programme:

"No, there wasn't any training to do with Sure Start. We were told that Sure Start was coming into the area, then we had to find out what it was, so we started getting information, but there was no training or anything. I don't think Health was involved in Sure Start at all in the beginning, in the initial planning stages - well we feel, anyway, that we were an afterthought really; who was involved in the beginning we don't know - we thought it was more Social Services and Education than Health - I think because we weren't involved in the beginning you probably feel that you're an afterthought"

The Sure Start Co-ordinator was appointed in August 1999, and the implementation team, which included the first Health Visitor subsequently seconded to the programme, began work in Spring 2000; thereafter she acted as the link between the Sure Start team and health visitors. With the exception of a workshop with the then Sure Start Speech and Language Therapist, and one with the Dietician, most health visitors had very little, if any, contact with any other Sure Start personnel.

"I remember when they were first putting in the bid for it, Sue Stead talking to us about it and after that it was Helen, who was the health visitor involved in Sure Start, and we did have ... I can't remember how many workshops we had with her really, but we were encouraged to participate with suggestions of how we would be involved. We were told that the programme was to do with supporting families with children under 4, and that there would be different groups, like Baby Massage and Antenatal."

"Yes, I think it was even before Helen was in post, we all met to discuss the health visitors' input, what it should be, the objectives, the boundary etc. She did a lot of work, did Helen, so there was quite a lot of contact. At that point we were not sure how involved health visitors would be, there have been lots of initiatives over the years that we're expected to get involved with without neglecting our caseload, but Sure Start did seem a very good idea"

"Yes, there were some meetings in the beginning. I suppose they gave an overview of what they were hoping to do, like door to door knocking and those sorts of things and said they would need our permission in terms of contacting people who'd had new babies"

"I would not use the word training, but we got some information, I think it was at Seacroft Clinic. I can't remember who facilitated but as far as I can recall most of the information we've had about Sure Start has been through Helen, but it could have been Sue Stead because I know that she was on the [Sure Start] Board when Bernard got into post"

This last health visitor was the only respondent to mention that she knew that her line manager had been on the Sure Start Management Board, which is not to say that others did not know, just that they did not mention it.

Only one respondent mentioned that one of the meetings had provided an opportunity to meet with Sure Start workers; she found it a somewhat strained occasion.

"There was a meeting probably in September or October 2000 at Seacroft Clinic, there were a lot of Sure Start workers there and health visitors. For me it was an opportunity to swap phone numbers. We were all sat in a room and I found it a bit difficult. I can't remember if Helen was there; I know Sue Stead was"

Seven respondents mentioned that they had been invited to two training sessions with the first Sure Start Speech and Language Therapist in late 2000. These were seen as very useful, as were some very recent meetings with the current Speech and Language Therapists. Three respondents also mentioned attending a meeting with the Sure Start Dietician, which was also felt to be very useful.

"We did have some Speech and Language training in December last year which was very useful, we had two separate sessions, and we did have one on nutrition as well which Helen Rowlands and Helen Zambas [then Sure Start Dietician] did together"

"I have been invited to Speech and Language training events. I could not get to the most recent one but I've seen feedback from this meeting and the people that did go felt it was a useful point of contact really"

"I missed some training from the Speech and Language Therapist which a lot of health visitors went to and found very useful"

"I attended some sessions with the Speech and Language Therapists and the Dietician. I thought they were very well organised, they were very useful"

3 WHEN AND HOW SURE START IS PROMOTED BY HEALTH VISITORS

Sure Start is not provided directly with the names and addresses of babies born in the area; only the Sure Start Health Visitor, being employed by Health, may have access to this information from Child Health. Therefore, in order for Sure Start to meet the national target to contact every family with a newborn before the child is two months old, it was decided that health visitors would inform such families about Sure Start, and seek their consent for Sure Start to visit them or send them information. The following comment suggests that it may have been practitioners themselves, rather than management, who made this decision.

"Initially we were told that Helen was just going to pass information to Sure Start workers about women who had delivered, but we flagged up that there's a confidentiality issue here, that you couldn't actually do that; the information is given to Helen as a health visitor, and it's not for anyone else; so we had to think of a way you could obtain consent for that information to be passed on, so we needed a consent form and then they decided that they could boost it, add something to it, a little pack with a bib. So the idea was that we'd get consent and give information and the pack out"

All the health visitors interviewed appeared to be aware that they should promote Sure Start and seek parental consent to contact from the team within the first two months of a child's life, but very few were aware that this was the only way that Sure Start could hope to meet the national target. Moreover, the following comments indicate that respondents perceive Sure Start as a separate agency, not involved in the provision of primary health care.

"No, I didn't know we were acting as the contact for Sure Start, I didn't know there was a window of two months. I think it is unrealistic to expect Sure Start to contact within two months, because for the first two weeks or more the midwife is going in on a regular basis, then the health visitor starts going in as well, then they're coming up to baby clinic and if Sure Start started to get involved as well, it's a lot of people all at once to be going in, in the first two months, and they're the most important two months as well, you just try to get yourself together - families need time to adjust to new baby"

"I think families would be more receptive when babies are older. It might be several months, or even a year down the road, that parents are thinking, 'now this baby is a toddler what am I going to do', and that would be the ideal time to promote Sure Start - but we are not as involved at that time"

Most health visitors referred to occasions when they did not promote Sure Start. Two main reasons were given: those with more families outside the area than within it found it difficult to remember who was in the area and therefore were more likely to forget, whereas those with most families in the area were more likely to choose not to promote Sure Start when they did not have any packs or consent forms, or were unsure how Sure Start was functioning, in the absence of a health visitor on the team to inform them.

A few were not keen on the wording of the consent form, and one wanted to mention that she felt the packs were poor.

"Initially I used to do it either at the antenatal or birth visit, but when Helen wasn't there I didn't do it at all, because there didn't seem to be any continuity, but I have started again now Kirsty is here"

"Mostly at birth visit but I also mention it at antenatal visit, especially if they're young girls, I do mention that there is this support. At the birth visit, if they're in that area, I discuss the permission slip with them and nearly all of mine have agreed to have information at least, I say 'please let me put that you want the information sent to you, because there might be a time later on you'll meet a friend down the road and she'll go with you'. I do push it because I'm conscious that a lot of my mums are isolated"

"There has been a gap hasn't there, when the packs were not available. We were supposed to take this out at the birth visit but I must confess I would sometimes forget and give it to them at the subsequent visit. I thought the packs were poor - I understand the reason for promoting language but this pack does go out soon after birth and I think something else would catch their eye a little bit more. Something has to catch their eye for it to be worthwhile for them, for them to value it. The consent forms are now coming through so there will be a large number to send in ... feelings are that when we were sending the consent forms the families were not getting the visits, then there are mothers who haven't been asked because there weren't any forms, so we're starting on that one all over again really"

"I do try and discuss Sure Start with families, sometimes at the antenatal visit but this visit is mostly for getting information from the parents to be, so I don't think I would be truthful if I said I did it every time. It is more likely to be the birth visit but even then I sometimes forget, because I got out of the habit"

"It could be antenatal or birth visit but I don't like the consent forms at all and parents don't like them, it's the 'I am willing/ I am not willing' bit. It's not just a case of being willing or unwilling, it's whether they want it or not"

"I give the pack out at the birth visit; after I have covered the things I need to talk about and the mother has asked her questions, I then say 'there is this Sure Start which is something to support families in the Seacroft area and if you want to get involved there is this permission slip that if you sign means that someone from Sure Start will make an appointment to come and see you'"

"If they live in the boundary we get, or we're supposed to get, a folder with a bib and an acceptance form in it, but since Helen's left, that's been a bit ad hoc in getting here, it sometimes arrives after the birth visit and sometimes after the subsequent visit. Some of my mums already know about it. I'm not brilliant at doing it antenatally or at birth - I'm sure we should do, but you get a birth visit and then you've got to think, 'is it in the area?', and it's just one of a dozen things. I'm sure I'm not alone in my team, it's remembering everything"

4 PARENTAL INTEREST IN SURE START

Respondents were asked about the level of interest they were encountering when they were promoting Sure Start. About half said that parents were not keen on the idea of a visit from Sure Start. Some felt that there may be a stigma associated with receiving callers:

"I think it is a community that is quite divided really, I don't think you can say that Seacroft will or won't accept Sure Start. Some of my clients have said, when I've mentioned it, 'oh, I don't want someone else coming round', I think they may be families that have had other problems and other people involved before. And then there are others that will say that they are OK and will access other services if they want to, others say, 'yes, I would like someone to come and see me', or, 'I'd like information', it just depends"

"Parents are not keen on people coming. Most of them are used to me, but a lot don't want more people coming. It's strange, people in this area can tend to be suspicious - mainly through lack of education really - no matter how much you reassure them, they worry where information is going, who else might call to see them etc. I did an antenatal visit to someone who'd just moved in and she said 'I don't want it like her next door, they're always coming knocking on her door'. She thought they were all health visitors but I presume she meant social workers as well, so I said, 'whatever you agree to, we'll come and do the birth visit and if you're happy with that', and since she's had her baby she's been on the phone a dozen times. Some of them are a bit frightened to start with"

"I do try to promote it, but a lot of the young mums are not very interested, I don't know why, they don't fully understand what it's about...and you see they've got to sign a form in the first place to say they will have a visit, so if we can't persuade them to say they will, then they don't get the opportunity to have somebody in. I tell them Sure Start is not to do with Health, it's not to do with Education, it's purely to let you know what's happening in the area, but the young girls feel very threatened and it's bad enough one person going in, they don't want to let anyone else in. They feel as though they have to let me in, well some do, some of them just don't answer the door"

Two Health Visitors said that they thought some parents were put off because other parents were involved in the delivery of Sure Start. The first comment below is from a health visitor who thought that most home visits were done by other local parents, the second comes from a health visitor who had had concerns about a parent involved in the running of a group.

"I find that parents are not really interested in receiving a visit from Sure Start, they don't want a visit from another parent"

"I think Sure Start needs to remember that there can be animosity in groups. We've tried it before and you get, 'I'm not going if she's going'. I think it's important that professionals keep the upper hand - if they think another parent's running it, that's when it can be a problem, for some"

A difficulty raised by most respondents concerned Seacroft Sure Start's weighting towards groupwork. The one respondent who was involved in running a group that benefits from Sure Start funding, explained how much easier it was to recruit to this particular group - which is very well attended - because of the relationship she has established with families.

"I feel that I'm in a privileged position because I go into homes and they know you, and then they'll come to your groups. I know some groups haven't had many attending and I think it's probably because parents don't know who Sure Start are"

"I had someone who went to the post-natal group and didn't like it very much, some people really don't like groups do they"

This last health visitor also wanted to point out that she felt there was a greater need for individual work:

"One thing I'd like to raise is the lack of individual work. I had a mum who wanted a visit and someone did come round, but there was no follow-up from that, and she felt a bit let down by it"

The comments below give an insight into the sorts of issues that might make it more difficult to get local people involved in groups.

"I'll explain about a group, and they'll go along with it, and they're quite happy but then they'll say, 'are you going?'. Well I can take them, but I can't stay with them. I think they like the familiar link, if they've never been to groups and they're not sure about groups, because it is quite daunting walking in, at least the first time. You've probably got a lot of difficulties within your personal life and to go into a group situation can be quite hard. There is a lot of child protection work in Seacroft and these families tend to be particularly reluctant to attend groups, they worry what other parents might think or say to them"

"The families that I have had, which is not that many, have not seemed interested in groups. The thing is with groupwork, some are comfortable with it, and some are not, at least until they've heard from someone who has been to the group and given them positive feedback, that word of mouth of someone having had a good experience. I've run a breastfeeding group and know how long it has taken to build up. Some people are not comfortable in groups, just like the antenatal classes tend to be attended by a certain - sad as it is - middle class parent who will go to NCT [National Childbirth Trust] groups, and afterwards will be interested in finding out what else is available, because they are people who in their working life have always had contact with other people and want to maintain it. I don't know how well attended Sure Start groups are, but as I've said, I've only had one mother who actually signed the permission slip and let me send it off - the others have said that they would sign it and send it in, and I doubt they have returned it"

"If you spoke to my colleague [working in another area] she would tell you that all her mums would love to access what goes on in Seacroft. One of the early initiatives was Baby Massage and there weren't many coming from this area and my colleague's families really wanted baby massage, they would have loved to come. In this area you have to drag people out and yet others would go 10 miles to get Baby Massage ... you get people in this area saying, 'well I'm not going to do that because I don't feel I need that', and they don't necessarily want to feel that they're targeted"

The only health visitor to say that in her experience the majority of families have agreed to have a visit from Sure Start, also mentioned that she had had contact with a couple of Outreach workers as a result of their subsequent involvement with families:

"Interest varies. I've got a mother who goes to every group that's going, and she's a very enthusiastic attendee, but other people express some interest but never then actually seem to get to the groups. I think most of mine have said they are happy to receive a visit, I can only think of a couple who've said no, but they were happy to have information. I think it's just that people initially don't really understand what it's about, and I think sometimes people are a bit wary of agreeing to have someone to visit when they're not sure what it's all about"

When asked what she thought local families valued, this same health visitor said:

"I think it's being able to provide not just something for the children, but something for parents and this is the way that you get parents to become involved, so that there is some reward for them, not just having their kids occupied for an hour or so, that's why I think the swimming has really taken off"

Another commented that she thought it was unrealistic to expect most families to want to participate in any initiative:

"You can't impose on people as the Government seem to imagine"

5 **WHETHER HEALTH VISITORS FEEL THEY HAVE BEEN KEPT WELL INFORMED ABOUT SURE START**

Health Visitors have a key role to play in promoting Sure Start and we wanted to know whether they felt that they had been kept well informed about the programme in Seacroft. The majority did not. This was of more concern to those with most families in the area than to those with fewer families. One of the latter made the point that she felt she could have got more information had she wanted it.

"Not at all in the initial planning stages and I don't think Helen was involved then. Once she was established, she came round to talk to us ... yes, she consulted with us about the consent form"

"I really don't know what the management structures are, I really don't know how anything works, so I think that's another thing...and it changes so often, because it's dynamic isn't it, and it's responding to dynamic need isn't it, so therefore it has to be dynamic and changing, but it is unsettling when it's changing and you can't really get a handle on it"

"No, I feel it's been one way communication really. I think generally health visitors are very good about sharing and liaising and giving information, but when you don't receive anything back you sometimes want to withdraw. I think that if there was better communication, if we were kept better informed and knew why things were happening, what was going to be happening, we would be more flexible, we wouldn't get cross when something goes wrong because we would maybe know how it had happened, or we might have a meeting in a couple of weeks and we could talk it over then"

"I've found out from clients really what's been happening. I don't really know anything about the politics of Sure Start but I've got the idea that it wasn't working out as they thought. I know one family that was very involved and in charge of something but it didn't seem to make any difference to their behaviour - they still don't come to clinic"

"No, not really. It was very vague in the beginning where people were based which didn't aid communication particularly, and Helen is a good communicator so it was really important to know about these bases initially"

"Yes, in the beginning, from Helen, but when she left there was no information, not until Kirsty came round to introduce herself"

"Well, probably, there was a big gap when Helen left and before Kirsty came, when things were a bit of a secret for us"

"I think it's an open thing really, we could have turned up to find out more about it if we wanted to. I've not had an invitation, but I've never felt that I couldn't"

We realised that it was not necessarily essential to feel well informed about Sure Start generally, to able to promote its activities, therefore respondents were then asked if they felt they had sufficient information to promote Sure Start with confidence.

People had received information about Sure Start activities from the first health visitor before she left - at a time when the programme was still in its infancy - and they've received updated information since the current one arrived. In the interim period there was a vacuum when some negative impressions were formed, sometimes based on comments from families and/or colleagues largely concerning visits requested, but not made, and poor attendance at some groups. The first comment comes from a health visitor who works mainly outside the area.

"I think so. To some extent, it's very difficult because when you're in a busy clinic it's hard to think, oh yes, you live in that area, or do you have a car, can you access these services, and so it becomes fairly divisive. It's in the back of my mind as one of the things you can go to for help, and you've a fairly good idea of what's going on, but some things like alternative health that a mother mentioned today - I'm thinking because she lives here, is she able to access it or not, and then can you just go along, or do you need an appointment? Because all we've literally got is this list, and you can't quite follow it through properly, you say 'I think you'll be able to access this and I think you'll ring for an appointment', and I suppose because there's so much going on you can't be expected to know all the time"

"The reason it's been difficult has been because of the progression, it took a long time to get people into post, it took a long time to get up and running, so we were all ready to go, 'here you go', but it wasn't started. There was a long gap between when they said this is the Sure Start area, to now, when we have a piece of paper with 15 or so groups on it ... so although we were willing to promote it, nothing much was coming out at the beginning and I think that's probably why it's been difficult. And now I think, yes we can promote it, there's loads going on. It does take time whenever there's a new project, you can't get it up and running overnight. It was for 3 years initially so I hope in another year it won't be a case of, 'well we've done that project now, let's move on', because there has been an awful lot in Seacroft over the years"

“One mother went to the baby massage group and she was the only person there. That met one of her needs, but she didn't get to meet other mums. You're inclined then to tell them about groups elsewhere. I'm not sure how the groups at Parklands Centre of Excellence fit in - if they have a group there, do we really need the same group at Seacroft Clinic?”

“We've not always had up to date information about the groups and things, so I couldn't really say, 'well you could go along to this or that', because I didn't know enough about what was being offered. This is why I've told families that it's better for them to receive a visit from a Sure Start worker, because they can sell it better than I can”

“I'm not certain how good the uptake is on any of the things that are going on, I don't know if everything's a hit, or whether there's big waiting lists or whether people can just turn up”

“At the moment I'm still not quite sure which groups are still going and which are not. If a mother had heard about a group and asked me about it I would need to ring Sure Start to check if it was still going on....it's so easy to forget about it when you're not receiving information”

“One of the things I've found really quite useful and I give it to all my mothers, is the timetable of Sure Start groups, because I think that's something they need to have; but you don't know whether it's up to date, whether it's relevant or not, you just keep photocopying the one you've got because you've run out”

Whilst the interviews were taking place, information was starting to flow again. Timetables and lists of activities, sufficiently detailed but can be easily read, are particularly useful, especially when people feel confident that they will be promptly informed about any changes there may be to the list.

“Yes, I think I'm quite confident. I don't have an issue with Sure Start, and because I know there are different things that people can access, I try to plug it. Now that Kirsty is here she's actually given us a list of groups that are going on, and she meets with us and keeps us updated with different things and changes, and she will actually contact you and let you know about things”

Meeting the Sure Start workers who run groups and being impressed by their abilities, has a very positive impact, as do positive comments from families. When nothing is known about a group, however, quite a few were reluctant to promote it.

"I think I would not say that I am 100% confident in promoting it, because I don't know if all the groups are functioning well. So if you're saying to somebody a group is happening here - unless I've been to it myself and seen it, I don't know what I'm sending them into. So if I could put a week aside to just go along and have a look at all the groups, that would, I think, make me more confident about promoting it. Although with things like the Speech and Language Group that they have set up on Fridays, because they invited us to have a session with them, I feel happy telling parents about it, and we said at that session that we need to have regular get-togethers so that we can feel confident about what's going on. It was the same with the Dietician, we had a workshop with her that was very good, so you felt the groups she would run would be very good"

"If parents are confident in themselves, I don't have an issue with saying 'go to Bernard's Friday Group' or 'go to Jill's Wednesday Group', but encouraging them to go to groups I know nothing about, I'm not so sure about that"

"I do promote some groups, the ones I know are going on. It's easier when I know who's running it and what it's about, parents also find it easier to go when they know who's running it"

"Well, I am starting. I haven't had any feedback [from families] until the last month, but recently I've heard some good reports about the pre-school. And I met a couple of young mums who were involved in Sure Start when I was doing a visit - they were enthusiastic so I've asked them if they'll take this other parent along with them the next time they go"

The last respondent here already has some good links with Sure Start, and is the only one to say that, whilst she didn't know about all Sure Start groups and activities, she tried not to let this affect the way she promoted it.

"I think I'm getting better at it, but I think I probably need to know more about it but I don't think it affects the way I promote it, I do try and give a good overall view"

6 ISSUES WHEN THERE IS NO HEALTH VISITOR ON THE TEAM

There were about 4 months between the first Sure Start Health Visitor leaving and the current one starting. We understand it was mutually agreed that the first health visitor could leave at short notice, and then no health visitors in the area expressed an interest in the job so inevitably the vacancy to longer to fill than first envisaged. During this period, communication appears to have broken down completely, a situation that did a lot of damage to some health visitors' perceptions of the programme.

"There was a blank really, it was just if we wanted to know anything we should phone the Sure Start office. We didn't have any consent forms, so they weren't going in for while"

"After Helen left nothing happened, we received nothing. There was confusion as to where the consent forms should be sent. When Helen was in post she was good at liaising, and since Kirsty's been in post we've had more feedback than we had during the whole intervening period"

"We just had to ring the freephone number - I don't even know where we were sending our slips at that point to be honest, I think Helen just said, because I'm still here, send things through me"

"There was no link ... I rang the office and said there appears to be a problem, you're not visiting. She said I should not send the consent form to Helen, I should send them all to her. I said, 'well will you send me a formal letter from Sure Start telling me what you want us to do and I will pass it on to my team' - no letter came, so what were we supposed to do with these consent forms? It's frustrating"

"I stopped telling new mums about Sure Start because there didn't seem to be anybody following through. I'd contact the main office and speak to somebody there and put a referral in and they'd tell me who the designated person was and pass on the message, but I know some messages were not passed on, or at least some families were not followed up. I know that from the families, because going back to families they would say 'no, nobody came' "

7 IDEAS FOR IMPROVING THE PROMOTION OF SURE START

The opportunity was taken to ask respondents if they could think of any ways to improve the promotion of Sure Start. Most said that they thought it was a difficult task, and could not think of anything new. A number mentioned that they were still coming across families who had not heard about Sure Start, and this surprised them, although two then remembered occasions when parents had told them that they had never heard of Sure Start, even though there was Sure Start literature in the house.

The respondents with fewer families in the area said that it would help them to remember to promote Sure Start if the Sure Start Health Visitor, who has access to information on which of their cases are in area and whether consent forms have been obtained from them, could remind them - the first health visitor had sent such a list around that was helpful.

Three thought it would be a good idea to contact more families before birth, one being very keen on the idea of a Sure Start midwife.

"I think it would be wonderful if there was a Sure Start midwife, if you could reach mums antenatally and give them an opportunity to meet each other, especially first time mums, then they would have a friend - this would be brilliant"

"It's this business of making yourself there for the people to see you and get to know you. Leaflets are all right but it's just a leaflet and do they look at them, or do they throw them away. It needs more face to face contact; I think clinic waiting areas are a good place - I know Sure Start workers have come and sat in waiting areas and I think that's been quite useful, well, parents say it has. Linking up with midwives could be useful - could Sure Start do antenatal type groups?"

"There are still people in this area who have not heard of Sure Start, I wonder if when they knock on a door and nobody answers, do they leave anything, apart from leaflets?"

"The list of new births that Helen used to send was very helpful because then it wasn't just left to me to remember who was in the area"

"Well if it's getting in touch with new mums, getting a list of new births in the area would help because that does jog your memory. What about something to take out on antenatal visits, something to give mums to be? If you want them thinking about it before they've started, that's quite a good time"

8 FEEDBACK FROM SURE START

Respondents were asked whether they received feedback from Sure Start in any form. One health visitor said that she had received feedback from two of the Outreach workers that she had made contact with, but the majority said that their only source of feedback was the Sure Start Health Visitor, therefore when there was not one in post, their main source of information about Sure Start was families themselves.

Everyone valued feedback, and it was the lack of it that had made a number of health visitors feel quite frustrated, some to the extent that they came to resent passing information to Sure Start. Without feedback, health visitors would not know whether families had received visits as requested, or whether families had another source of support, unless told by families themselves. It was suggested by one health visitor that Sure Start's policy on confidentiality prevented any feedback at one stage. The two respondents with very few families in the area did not see this as an issue but thought, rightly, that their colleagues would.

"Well there's no 'system' for getting feedback, because yes, when Helen was here we would get feedback, and now Kirsty is there we are definitely getting feedback, but in the intervening period that wasn't any. I think it is important, because at least then I know what they are doing, and they know what I am doing, but also there is continuity all the time and you're not worrying whether this thing has been done and having to wait another month until you see the family again, maybe to find that it hasn't been done"

"Although I have encouraged parents to get involved, I have not had any feedback from Sure Start staff as I might do, say, from nursery staff"

"Sure Start has its own confidentiality boundaries and I wouldn't want them to breach those, but I feel that if I ring up and speak to a Sure Start worker and ask them to visit a family the least I can expect is a note back letting me know what the outcome was, in terms of whether they are working with the family, or whether they have been unable to contact the family. I don't think that is in any way a breach of confidentiality. You don't know who Sure Start is working with unless families tell you. I think Kirsty will make a difference, a colleague of mine has already received some feedback from her"

"I think a lot of health visitors have felt quite alienated from the project and this, I think, is partly because we felt we were putting work their way and we weren't getting any feedback. We'd fill out the form and say, yes they're interested in a visit and then they weren't being. We think that those who had been a bit 'iffy' about getting involved might have done if they'd had a follow-up visit"

"I haven't received any feedback but then I have had very few families. I would ring up if I wanted it. I think this would be more of an issue for other health visitors"

9 **WORKING TOGETHER**

Working together is central to the Sure Start initiative, and national guidance suggests that any health visitors working in a Sure Start area should be regarded as members of the Sure Start team. This was clearly not the case in Seacroft, therefore the question, 'Do you feel part of the Sure Start team?' was usually inappropriate in the context. All respondents were, however, asked about their role in Sure Start.

This was a contentious issue for most, although nearly everyone felt that they were beginning now to work together. Most respondents referred back to when the bid was being put together and the consultation period. There was widespread awareness that the service had been criticised by parents, but they were not sure who had been consulted or how, and some suspected bias. Some of the health visitors who do most work in the area gained the impression that Sure Start did not want their contribution in the planning stages because what they could provide was perceived not to be valued by parents. It was against this background that the first Sure Start Health Visitor had responsibility for planning the health visiting contribution.

"No, I'm in the Sure Start area, but I certainly don't think of myself as part of the team. I think we're starting to work better together now, maybe, because initially there were issues, I don't know why or what, but basically, now with Kirsty as the new Health Visitor, who actually wants to project herself more and is enthusiastic about what she is doing ... In the beginning we were getting information and things were happening and then things broke down, there was no information, so it's been up and down really. Now Kirsty is attending our meetings, she can pass things to us, or get feedback from us, so she's using the resources that are there, and gets involved with that. I think for us, Kirsty is seen as a health visitor rather than a Sure Start worker and she is seen as the link; it's good having somebody in the system who has got face to face contact and is not just a telephone voice, and that makes a difference"

"In the beginning we didn't know how involved we were expected to be because every so often you get these new things and you've to take them on board but not neglect your caseload, but this [Sure Start] did seem a good idea, but I haven't felt part of it"

"I think I did always feel that it was them and us really, that they were going to provide a better thing than we were and it's a bit threatening. But we're all working in the same place with the same people, with similar goals really, and I think it is about working together and maybe sharing some of that, but I don't think I felt that was happening. I don't think I feel like that as much now that Kirsty is here - but it didn't need to be a health visitor, it's about having confidence in that person, that professional. Thinking about it, we're going back to the beginning now; it started with, 'well we've consulted with people and they find it's not individual health visitors they don't like but it's the service they don't like, the service isn't good enough'; it wasn't, 'well you've got lots of experience working in this area, share some of your ideas', it was more like, 'you've been doing it badly, we'll have a go here, you can help us do it but we're going to do it much better than you can', and certainly for people who've been working here for years, knocking on the same doors for years, it would make you feel a bit down having this all singing all dancing Sure start coming in to solve all your problems. It would be good to contribute on a level with other workers in the area, to communicate difficulties and celebrate successes, I think that would make me feel that I had a contribution to make, that people could see that I had expertise in that area, that would make me feel better, that we were working together"

"We've had the impression that we were not considered to be important, that they could do things on their own, they didn't need to get us on board. We need to feel more involved. It's like there's this wonderful thing called Sure Start and we health visitors who, I think to be fair to us, do a lot of the hard work, the hard graft, and when a Sure Start worker goes off sick long term, the good old health visitors ... it survives on good will doesn't it. I don't think that I'm precious about my families, if they want to go to a Sure Start group then I think that's brilliant, the more that go the better, and I don't want to think it's them and us, it's not that we're competing for the same families, we're supposed to be supporting the same people"

"When I think back to the beginning, to the introductions with Sure Start, I think maybe that meeting was quite fragmented, and I think that could have been better done, perhaps have more than one meeting. I think right at the beginning to have got health visitors on board and find out how they felt, because they weren't sure"

"I think it's unusual to have such a lot of health visitors working in the area, it's crazy, I mean I know other areas of the country where the Sure Start area have certain health visitors to do all the work in that patch and then they're involved in what goes on in Sure Start; that hasn't happened here and I think that's why health visitors feel sidelined. I think partly they don't want to, I think it's two ways, I don't think by any means that Sure Start has come along and we've said, 'oh, we're not involved, they haven't invited us', I think a lot of us have said that we don't want to get involved, to some extent. As I've said, I don't know how it's come about, but from the beginning there was this feeling that parents were saying 'this is not what we want'. I think, had the Child Development Programme been in the area before, I think parents would have had a different attitude towards health visitors"

"Again in my case, because of the low numbers of families involved, your involvement is, I think, very much governed by the number of families you have. I think Helen tried to be inclusive, she used to say to the health visitors in the Sure Start area, 'you are Sure Start Health Visitors', but although she was co-ordinating, she did not actually have a caseload and the rest of us were having our baby clinics, and our visits, so it was something extra for us"

"I've got very few families in the area. It's such a small part of what I do, it's hard to feel part of it"

10 IMPROVING COMMUNICATION

Sure Start Team created three mini teams within the whole team shortly before this survey began. These mini teams meet every fortnight at a base in the North, Middle and South of Seacroft. One idea to forge closer links with other professionals was to invite them to these meetings, and the survey provided a timely means to gauge health visitors' views about this possibility.

The majority were in favour of attending Sure Start meetings, at least occasionally, or having some other form of get-together, most pointing out benefits they could think of, such as keeping better informed, being able to discuss problems, and feeling more a part of Sure Start in general. Very few felt that they would be able to attend on a fortnightly basis, although those who do most work in the area felt that at least one person from their teams would be able to attend. Just one of the health visitors with very few families in the area said she could not attend meetings at present because of the pressure of work.

"It might be difficult because health visitors themselves cover a wide area because we're all GP attached, but if they were having meetings that health visitors could attend at least then that would be one avenue whereby we'll feel part of the Sure Start team rather than Sure Start there and Health here and our link is Kirsty in the middle"

"I could not attend fortnightly because I've already put my name forward for something else but I would welcome getting together occasionally, any kind of meeting or get-together would be good, perhaps an opportunity to meet informally, say at lunchtime, where anyone working in the area could attend, it would be a way to keep in touch"

"Well we're all busy and I think you'll find that health visitors might say that to attend a meeting once a fortnight ... well it would have to be a clear agenda, I find it difficult to pop in anywhere without knowing exactly how my time is going to be spent. I can see the benefits, because if you are attending a meeting monthly or bi-monthly, you have an opportunity to discuss any problems and sort them out there and then, instead of this Chinese whispering with people not wanting to do it, an attitude that is just not going to benefit the people that we want to try and help, and provide a service for"

"I think every other week might be a problem because of the caseloads we carry, but I think in essence it would be a good idea. At least you do know what's happening then, because communication has been a problem, but I think it's getting better"

"That would be a good idea, I met Tony [Outreach worker] not so long ago and we were saying that we must organise some get-togethers, just to get to know each other really. I think it's up to us as well, to get out and meet Sure Start workers and find out what's going on too"

"Yes, if I get invitations to meetings it also reminds me about it [Sure Start] and I'm more likely to remember to bring it up"

"I've too much on to attend. The training days with the Speech and Language Therapists and Dietician were really good, really well organised, and your practice changes because of it - but something like that, getting to meetings ... we're down on health visitor hours and some things have just got to give"

Respondents were asked if Sure Start was ever an agenda item at their own meetings. With the exception of two occasions when the Sure Start Health Visitor and Education Psychologist went to introduce themselves to one team, and one when another programme was discussed, nobody could remember Sure Start coming up.

One health visitor thought that it would be a good idea to have Sure Start as a regular agenda item. The Sure Start Health Visitor is now attending the self-led meetings of the health visitor team that is based in the Sure Start area, and this was thought to be very useful by those in that particular team. Those in other teams felt that it could be useful to have a representative of Sure Start attend their meetings occasionally, especially their professional or cascade meetings which take place monthly.

"No ... I don't get the impression that it's been a priority for Health"

"Not that I can remember. I can remember Sue Stead [Community Service Manager] discussing Sure Start when they were putting the bid in, but after that anything about Sure Start came from Helen"

"Kirsty attends our self-led meetings now, mostly because we see her as part of our team because she is seconded from the Trust ... she does give us information about Sure Start but she's attending as a member of our team really, rather than a representative of Sure Start"

"I don't think so, but maybe it would be a good idea to have it as an ongoing agenda item and perhaps for Kirsty to make an appearance and update people"

"I think Sure Start in general has come up occasionally. I remember discussing Harehills, but not Seacroft specifically. That could be helpful, and they do have outside speakers at our cascade meetings sometimes"

11 NATIONAL SURE START INFORMATION NEEDS

All respondents were asked if they used the Early Health and Development Monitor that had been suggested by their general manager as a possible source of some of the information that all programmes have to supply to the Sure Start Unit on an annual basis. Everyone interviewed was either using the monitor form or about to start using it. Two mentioned that they found it difficult to keep it fully up to date.

12 **BOUNDARY ISSUES**

Health visitors in this area are GP attached, therefore there are 18 or so who may be working with families within Seacroft Sure Start's boundary. Our sample included all the health visitors who do the bulk of the work within the boundary. Of the 10 respondents, at one end of the scale two had very few families outside the area and at the other end of the scale two had few families within the area.

Regardless of the numbers concerned, boundaries were raised as a problem by all but one respondent. The main difficulty was that they could not provide the same service for all the families on their caseload, although many living outside the boundary were thought to be just as much in need as those within it. Comments made suggest that very few, if any, respondents are aware of government guidance on boundaries.

"I have one mum, just out of the boundary, who needs information on vegetarian weaning - Helen [Dietician] was very good and sent lots of information, but she couldn't do a visit, so this mum has to be referred to the clinic and go through the whole palaver. The whole thing about open access for these families doesn't seem to ring true"

"I've seen a mum today who lives outside the boundary, and she's asked for some counselling, and I'm really quite concerned about her so I'm going to ring up the Sure Start Counsellor to see what she can suggest. This is a problem because this same girl wants to come to the group tomorrow"

"It should be available city wide. A lot of my families outside the area could do with Sure Start and that includes home visits"

"Well I'd like to be able to offer it to all my families because I have so many in other areas ... although the message has come from Sure Start workers that if we have got people who are isolated and would go to groups, they could attend. This was particularly the case, I think, when groups were small"

A few respondents mentioned occasions when families living outside the boundary had made comments about not being able to access the same services that Seacroft residents could. Sometimes they could be working with two friends, one of whom could access and the other could not, and this could be particularly difficult to explain.

"A couple of families I know have said 'well Sure Start's all going on there and we want to come'. I know it's an even bigger issue for some of our colleagues, because they have even more families outside who would like to come, they mention it nearly every time I see them, which I can understand, because we're in the same team but we have much more access, and it is very helpful to have it".

"The boundary sometimes creates problems, I might have someone in this area who can access a service but her friend nearby cannot, and it's a case of 'well why can she and I can't' and that can be very difficult. Or the GPs might describe a situation and ask me who they can refer to, and I will say Sure Start, but then find that they live outside the boundary, so I have to say they can't access it then. It's like a two tier service"

Two respondents said that there was more interest in Sure Start groups among families living outside the area than within it, and although families outside the area have been able to attend groups if they can get themselves there, health visitors were not clear whether this was just when attendance was low or whether it was an ongoing situation. The health visitor quoted below felt that Sure Start should be available to all young children. She thought that there was a sense of resentment surfacing in neighbouring communities due to the number of initiatives funded in Seacroft over the years, and in Seacroft she gained the impression that some people would not participate in Sure Start because they did not like the idea of being targeted.

"There has been an awful lot for Seacroft over the years. A colleague of mine would tell you that all her families would love to access what goes on in Seacroft, and I think the Government should take note of that, because although we're trying to promote this area, it disadvantages people who don't live in it and you get the scenario where people are saying, 'yeah, if you live on the dole and don't have a job then you get everything given to you'. It's a long time since I've heard that sort of comment but we're hearing it again now. And then you have people here saying 'well I'm not going to do that because I don't think I need it', and they don't necessarily want to feel that they're being targeted. It shouldn't be a special thing for the deprived or whatever - if this is what we believe children under 4 need to stimulate them, to help them in their education, it should be available for everybody"

"It's such a shame Sure Start is not available in other areas where there are big housing problems. I also know some mums that are really struggling to make ends meet because they're buying their own houses, they feel really isolated, and these can be mums in [somewhat more affluent areas] - they're stuck on their own, and these are the ones that would probably enjoy these groups and maybe bring out those who aren't used to socialising"

In addition to the sorts of issues already mentioned, health visitors with the fewest families in the area had difficulty remembering 'off the top of their heads' who was in and who was outside the boundary, which could lead to someone who cannot access services, thinking they can and then being disappointed, particularly perhaps when money is involved.

"It's hard in practice remembering the roads. The trouble with this is that our practice is here and it covers a large area of which Sure Start is just a bit of it. I'm having to think 'because she lives here, is she able to access it or not?' I feel it's too divisive, and you sort of feel that there's pots of money being sloshed around there, and then there's so many people living around here that also have needs. In fact I've just spoken to someone today who's been going to the Good Health Centre and paying £30 for osteopathy and I saw that Sure Start offers it free, so I gave her the information but then I'm thinking to myself because she lives here, is she able to access it or not."

"Part of what is frustrating is having to remember where the boundaries are because although, again, Helen used to say if they don't fall in the Sure Start area but can get themselves into groups it's OK, but I don't know whether this was partly because the attendance was not very good"

13 ANY OTHER ISSUES

At the end of the interview, respondents were asked if there were any other comments they wanted to make. Responses were quite varied and to a large extent reflect each person's experience of Sure Start. Most were hoping to become more involved in Sure Start, although the first health visitor quoted below did not see this as an issue if the programme was running the way that families wanted it to. This respondent did, however, see a difficulty facing Sure Start, in that whilst they have the task of engaging families who may not want traditional health services, the targets they have to meet are nonetheless traditional ones, reflecting 'middle-class values'.

"I don't find it a problem that this programme is not as involved with health visiting as some are, because I think that if with what is happening, the clients are being listened to as to what they want, maybe for this area that's what they want. But to some extent these [the national Sure Start health measures] are still very much about middle class values, and I think that's part of the problem. We're wanting goals that we feel are the ideal situation, I mean how many girls in their teens have had children - and the majority of my mothers are 18 and over - they have births easily, they recover well, you know it's an ideal physiological time to be having children. Just because we believe that children should continue in their education and not get married until they're 25, that's not to say what health should be, is it?"

There is no doubt that a few health visitors have been very unhappy with the way things have been handled in the last couple of years, starting with the consultation process. Some have felt, as has the respondent below, frustrated by certain aspects of the programme, not least because they don't have a good understanding of how the programme is working or how decisions are made. This respondent feels that some of the tension there has been in the past may have been based on misunderstandings on both sides and she is in favour of closer working relationships.

"I've been quite disappointed in it. Initially you were thinking this was something that was going to threaten your practice, because they're going to take all your women away and they're going to be doing this, and that, and you're going to be left with the child protection or just doing what nobody else wants, but the reality of it, I'd probably say that I don't think it has been like that. It's suited some families really, really well, but in terms of my practice I don't think it's altered, not in terms of taking work off me. May I make a comment about groups: I suppose there are two separate points really, and I know that Sure Start from the outset were very much wanting to find out what the needs of the families were, and they were going to match this need with their services, two things that I, two years down the line, would ask is, is it appropriate for a group in an area to have three professionals and one mother? Not that the mother will not value it, I'm sure that she does ... but that, to me, doesn't seem to be a good use of time and when they've got groups elsewhere that are overloaded, shouldn't they be looking at evaluating attendance and shifting group-work to the area where there is a need already? We were not able to get the Dietician to talk to a group of mothers because she was going swimming - does it take two professionals to go swimming? I don't know, there may well be a very good reason why that's happening. And it's isolated incidents like this, that if there was better communication and more sharing of information, then I think things like that would not happen - there can be misunderstandings on both sides. There are some positives though: the safety equipment has been a real, real boost, and where Sure Start has worked I think it's worked really, really well"

Both of the respondents below feel more optimistic about the future now that the new Health Visitor is on board.

"There are areas that can be improved but I suppose the fact that they now have someone in post and she's enthusiastic about what she is doing, then hopefully a lot of the areas will be addressed; communication has definitely improved. I know that they're looking at opening more projects and I honestly don't know how that's going to go because sometimes they start projects up and then they close through lack of attendance. At least over the past couple of months, those people who are being referred, I would say that things are going all right, yes, I think things are going OK"

"I have a real positive feel for it now, I almost see it as a re-birth, but I'm an optimistic person anyway and I'll keep picking things up and running with them till they get it right, because I think they will get it right. The only way you can do that is by working together and I think finding innovative ways to do that, I think that's the challenge, but I feel positive about it"

The following health visitor feels that Sure Start has been a big help to her; she has already made some links with Sure Start workers and is clearly in favour of more joint working.

"Well I think it's just a wonderful possibility to provide families who've not had a lot of support in the past, very few facilities have been available ... and I think that despite teething difficulties I hope it's going to work, and I hope it's going to be able to be inclusive of all the agencies who work in the area - I'm sure we'll get there"

14 OBSERVATIONS AND RECOMMENDATIONS

Working in partnership is central to Sure Start. National guidance states that where there are problems with the partnership, the programme tends to have difficulties too. We know that the Sure Start Board has been grappling with partnership issues at management level; here we have concerned ourselves with practitioners. We feel that even small changes at this level could have a speedy positive impact for families and for working relationships.

Respondents were very open with us and the survey provides a good insight into the factors that have impeded progress in terms of working together. We see that there was a sense of disappointment for some when Education took the lead rather than Health - understandable given that health visitors work exclusively with the target audience therefore Sure Start funding could make a very real difference to them and their clients and, of course, they would have liked to take the lead. The next blow came when the health visiting service was criticised by families during the consultation process, very hard for those who did most work in the area, and they were not convinced that views expressed were representative of the whole community. Thereafter, most gained the impression that Sure Start did not want their contribution, at least in the planning stages, when the programme was being designed.

Health do have a place on the Sure Start Board and there is a Sure Start Seacroft Health Group, which is attended by health visitors' managers, so it is somewhat surprising that health visitors see Health as having so little involvement.

It was the health visitors who do most work in the area that were most affected by the criticisms, and most concerned about the future, some of them fearing that Sure Start was going to take the more rewarding elements of their work away, leaving them with the heavier child protection work and more mundane jobs that nobody else wanted.

When you set it against this backdrop, it is not really surprising that some health visitors did not feel too enthusiastic about working in partnership when the first Sure Start Health Visitor was trying to establish what the health visiting contribution would be. Her role must have been a difficult one, especially as she seems to have had the sole responsibility for bringing health visitors on board, and the prime responsibility for working out how Sure Start was going to access information about new births. When she left in March 2001, any small steps that had been made to encourage health visitors to feel a part of Sure Start ground to a halt, as communication all but ceased. For the next few months it seems the main source of information for health visitors about Sure Start came from families and colleagues, and much of it hearsay.

If there had been a system for providing feedback routinely, even very basic information such as whether a family had been contacted or not, it could have avoided much of the ill will that accrued during that period and culminated in some health visitors actually stopping promoting Sure Start. We can only assume that there was some misunderstanding between, say, the Sure Start Co-ordinator and the Community Service Manager, perhaps both thinking the other was keeping things ticking over. Given that health visitors were the only means Sure Start had of meeting the national target to contact every family within two months of their child's birth, it seems inconceivable that somebody had not thought to take, or delegate, the responsibility for ensuring this system ran smoothly while there was no health visitor in post.

Fortunately when the current Health Visitor took up post in August 2001 she quickly re-established links and disseminated information, and within a few weeks, had made a very real difference to the way health visitors perceived the programme in terms of its organisation.

We began this survey wondering why there seemed to be such tension between Health and Sure Start, and have ended it being quite surprised at the amount of optimism that now exists. The few respondents who have forged links with Sure Start workers have the most favourable impression of Sure Start's impact in the community. This bodes well for the future in terms of working together, but it will need to be worked at and practitioners will need both encouragement and support from their various managers.

Recommendations

- At least two Sure Start workers should know what the information needs of health visitors are, and have all the necessary details in term of names, bases etc to be able to maintain communication in the absence of any specific worker.
- Allocate each health visitor an Outreach Worker to be another point of contact within the team, provide details of base and contact number, arrange introduction.
- Introduce more Sure Start workers to health visitors - perhaps by accompanying the Sure Start Health Visitor?
- Provide feedback routinely after referrals eg whether contact made or not, preferably in writing.
- Invite health visitor from each base in Seacroft, and each self-led team elsewhere, to mini-team meetings, or other meeting where they can meet up with key Sure Start staff and get a better feel for the programme.
- Hold occasional workshops for health visitors, such as those organised by Speech and Language Therapists and the Dietician.

- Consider inviting health visitors to speak at Sure Start groups occasionally.
- Consider co-working more groups with staff from health visiting service and other agencies.
- Consider sending regular newsletter to health visitors and other agencies.
- Sure Start Co-ordinator to request invitation to health visitors' cascade meetings (in each area) - keep Sure Start on the agenda.
- Sure Start Seacroft Health Group to invite a key health visitor to join the group.