

Evaluation of the home visiting service

Sure Start Wallasey
Evaluation Report No. 3

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Executive Summary

This report aims to evaluate Sure Start Wallasey's home visiting service. It looks at the internal management and organisation of the service, its links with other agencies and its impact on local families. It draws from material gathered from interviews with Sure Start Wallasey staff members, interviews with other professionals such as midwives, health visitors and social workers, programme monitoring data, a survey of a sample of 20 families who have received the service, and in-depth interviews with six of these families.

The service commenced in May 2004. A team of home visitors visits families in their own homes and offers a range of practical and emotional support as well as providing information about Sure Start activities. There are two key elements to the service: (a) outreach – making contact with families in the area, telling them about Sure Start and encouraging them to register with the programme, and (b) the provision of time-limited support to those families who need it.

Key findings

1. In the 10 month period from May 2004 to February 2005, the home visiting service has undertaken almost 900 home visits and has visited 258 families with children under 5 living in the original Sure Start Wallasey area. This represents 55 per cent of families currently registered with the programme and approximately 36 per cent of the estimated total of 725 families with children under 5 living in the area.
2. One half of families visited received only a single visit. More intensive support was provided to a much smaller proportion of families with, for example, 76 families (29 per cent) receiving four or more home visits.
3. The evaluation identified a number of key strengths of the Sure Start Wallasey home visiting service as well as advantages that it enjoyed over mainstream statutory agencies:
 - By visiting families in their homes, the Sure Start Wallasey home visiting service engages with people who will not go to other venues for support
 - It nevertheless can help to link such families in with other activities over time
 - Sure Start Wallasey home visitors often can devote more time to families than mainstream statutory services
 - Sure Start Wallasey offers a universal service and engages (or continues to engage) with families that other statutory services would not consider a priority for ongoing support.
 - It offers a more preventative service than social services and is less likely to be seen as being for families with problems. As a result there is clearly less stigma attached to the Sure Start Wallasey home visiting service than to social services.
 - There is often a relationship of trust developed between families and Sure Start Wallasey home visitors that does not always exist with mainstream statutory agencies
4. All of the parents surveyed said they were satisfied with the home visiting service. 90 per cent said they were very satisfied. Among the features of the home visiting service that were most liked were:
 - the attitude and manner of the home visiting staff, with home visitors often being described as 'helpful', 'friendly', 'dependable' and 'someone you can trust'

- the fact that the contact takes place in the family home, rather than families being required to attend a centre or a clinic
 - the accessibility of the home visiting service
5. Of the 76 families who received four or more home visits, based on the respective perceptions of a sample of parents receiving the service and their home visitors, it is estimated that somewhere between all 76 of these families (100 per cent) and 55 (72 per cent) have been ‘helped a lot’ by the service in one or more ways.
6. Again, based on the respective assessments of parents and home visitors who received four or more home visits, it is also estimated that the service has attained the following specific outcomes:

	Number of families helped			
	Parents’ assessment		Home visitors’ assessment	
	No.	%	No.	%
Aided children’s development *	30	39%	25	33%
Improved children’s health	38	50%	21	28%
Improved parenting skills/behaviour management	25	33%	33	44%
Improved home safety	30	39%	30	39%
Helped family to adopt a healthier lifestyle	43	56%	25	33%
Increased parents’ self confidence	43	56%	46	61%
Improved parents’ mental well-being	51	67%	43	56%
Enabled family to access other activities or services	68	89%	38	50%
Helped to sort out problem with other organisation**	21	28%	30	39%
Total	76	100%	76	100%

Notes:

The information in the table is based on a sample of 18 families who received four or more home visits.

The table estimates the total of families helped ‘a lot’ in each of the ways mentioned.

Families could be helped in several ways, so totals do not add up to 76.

** Children’s development includes social, emotional, personal and language development.*

*** Problem with other organisation includes benefits problems.*

7. It should be stressed that these figures are a conservative estimate of the number of families helped by the home visiting service. They focus on those families that the service has worked with more intensively and where the service is likely to have had a significant impact on families’ lives. They exclude instances where families have only been ‘helped a little’. They do not take account of the impact of the service on the many families who had contact with the home visiting service but were visited fewer than four times. They do not include families

supported by the home visiting service that live outside the original Sure Start Wallasey programme area.

8. There are considerable similarities between the types of support provided by the Sure Start home visiting team and that provided by health and social services, particularly the Community Nursery Nurses, Rapid Response Nursery Nurses, and the Family Support Team. Particularly, in relation to health services, there is also a significant overlap in terms of the families being served. Representatives of these other services generally had a favourable impression of the home visiting service and the support it had offered their clients. They tended to regard the home visiting service as complementing their work rather than being an unnecessary duplication of it.
9. Nevertheless, the available evidence suggested that the service was currently being underutilised by these other organisations and that there was a general lack of integrated working between the Sure Start home visiting service and them.
10. A key demonstration of the lack of integrated working is the fact that currently between 25 per cent and 39 per cent of new births in the area are not being notified to the Sure Start programme by midwives or health visitors.
11. One of the biggest reasons for the relatively small number of referrals from other agencies is the lack of awareness from other professionals about what the Sure Start home visiting service does.
12. Lack of personal contact had been a major factor in hindering joint working between the Sure Start home visiting service and other professionals and in limiting the number of referrals to the home visiting service.
13. Midwives and health visitors were not always entirely confident that the Sure Start home visiting team had the necessary qualifications, experience and professionalism to be providing advice and support, particularly on health and child development issues, to their clients. Such concerns appeared to stem partly from a lack of knowledge of the home visiting team's procedures and about the backgrounds of the home visitors.
14. Disputes had arisen between Sure Start Wallasey and social services as to when it was appropriate to make a referral to social services.
15. There was generally found to be a lack of information sharing between the Sure Start home visiting service and other agencies. At a basic level the different support services were not routinely informing one another if they were working with a family. The pilot of the Child Concern Model in the Seacombe area may help to improve information sharing and inter-agency working.
16. The role of the Health Coordinator as the programme's main point of contact with health providers may have inadvertently inhibited the Family Support Coordinator from communicating directly with the midwifery and health visiting services. This may in turn have hindered the development of closer working relationships with those other services.
17. The envisaged division of responsibilities within the home visiting team between outreach and family workers had not materialised in practice. In reality, outreach workers and family workers tended to have similar roles, with both taking cases on and seeing them through to the end.
18. There were perceived to be inconsistencies between home visitors in terms of the support being offered to families. The sorts of support provided to a family and whether the main focus of the support was adult or child focussed, sometimes depended on the skills, training and

interests of the home visitor involved in the case rather than on the needs of the family. A standard assessment and action-planning framework had recently been introduced to address this issue.

19. In the initial absence of proper action plans, in some cases home visitors may have been doing too much on families' behalf rather than empowering the family to do things for themselves.

Recommendations

1. The Sure Start Wallasey home visiting service needs to have a clearly defined role that is understood by home visiting staff and professionals in other services.
2. It is recommended that there are three key elements to this role:
 - A basic level of service should be offered to all families with young children living in the area. The value of having a universal element to the service is that (a) it is preventative and helps to identify problems before they reach crisis point; and (b) it acts as a safety net for identifying 'hard to reach' cases that may lose contact with other services.
 - Additional support should be provided to children and families with higher needs, but with thresholds for intervention set at a lower level than for social services so that more intensive support is not solely confined to child protection cases
 - The role of the home visitor should be to build up a relationship of trust with individual families and to offer families support across a wide range of areas including health, child behaviour and 'adult' social issues. In any of these areas the home visitor should only be expected to provide a basic level of advice or support and should seek to involve the appropriate professionals where more expert input is required.
3. In order to provide a genuinely universal service and reach all the families living in the Sure Start catchment area, it is preferable to establish systems that can identify and engage with families at the ante-natal stage and then maintain contact with them over the period of their children's development, rather than devoting a lot of resources to one-off registration drives.
4. It is recommended that the priority for the Sure Start Wallasey home visiting service in the coming year is the development of closer working relationships with midwifery, health visiting and social services. Closer links with midwifery and health visiting services, as universal service providers, are vital if the home visiting service is to access the vast majority of local families. The development of closer working relationships with social services is recommended in anticipation of the likely integration of the Sure Start home visiting team and the social services Family Support Team into the Seacombe Children's Centre.
5. The pilot of the Child Concern Model in the Seacombe area can be used as a stimulus for the development of closer working arrangements with midwifery, health visiting and social services. It can also be used as a template for addressing such practical issues as information sharing and confidentiality, streamlining the assessment of needs, and deciding which agency takes the lead in given situations.
6. In seeking to establish better working relationships with other agencies, it is recommended that Sure Start Wallasey adopts the following approach:
 - Rather than demand closer cooperation from other agencies on the grounds that this is required to meet Sure Start targets and objectives, the approach should be made on the

basis that closer links with the Sure Start home visiting service can benefit them and their clients

- Steps need to be taken to ensure that other agencies (and health professionals in particular) have an adequate knowledge of and confidence in the Sure Start Wallasey home visiting team and its procedures, in order to persuade them that the team has the skills and experience needed to support their clients
 - Emphasis should be given to developing closer 'one to one' working relationships with professionals in the other agencies. In particular, it is recommended that specified home visitors are allocated to work with certain midwives or health visitors or, at least, specific midwifery and health visiting teams.
7. It is recommended that Sure Start Wallasey explores with the midwifery and health visiting services practical ways in which the home visiting service can work more closely with these other services. In particular, Sure Start Wallasey home visitors could:
- play a supporting role in local midwifery and health visiting clinics. This would allow more time to be allocated to each family, would enable a fuller picture of families' needs to be obtained and, over time, would enable Sure Start Wallasey to make face to face contact with the vast majority of pregnant women and families with young children living in the area. Some reorganisation of the clinics and clinic appointments would be needed to facilitate such joint working. It is recommended that the initiative is first piloted in a couple of clinics to enable the practical details of the arrangement to be worked out and any teething problems to be addressed.
 - carry out extra visits to midwifery or health visiting clients where additional needs have been identified.
 - assist midwives and health visitors to re-establish contact with families who do not attend clinics. This is likely to be most appropriate in situations where Sure Start Wallasey is already working with the family.
 - accompany the health visitor to the birth visit (or perhaps more appropriately the follow-up visit) in those cases where a mother has not been attending ante-natal clinics or accessing Sure Start services. These visits represent an opportunity to engage or re-engage with hard to reach families and offer them support.
8. The Sure Start Family Support Coordinator and Health Coordinator both have a role to play in developing closer links between the home visiting service and the midwifery and health visiting services.
9. In anticipation of the move to the Children's Centre, the Sure Start Wallasey home visiting service should also look at ways of working more closely with social services, especially the Family Support Team. In particular, Sure Start home visitors could potentially have a role in:
- providing practical support to families who are undergoing core assessments or parenting assessments
 - supporting families where children have been taken off the Child Protection Register or returned home to families, and social services have closed the case
10. It is recommended that the issue of disagreement over thresholds for referring families to social services is addressed by means of joint-training of home visitors and social workers on the

interpretation of the ACPC guidelines. The training that is being provided to various agencies on the implementation of the Child Concern model may help in this respect.

11. Despite priority being given to working more closely with midwifery, health visiting and social services, the Sure Start Wallasey home visiting service should continue to accept referrals from a wide range of statutory and voluntary sources. Other agencies may be aware of issues with particular families that have not come to the attention of health visitors, midwives or social workers.
12. Where any agency makes a referral to the home visiting service, it should be made a condition of accepting that referral that the agency accompanies the Sure Start home visitor on a joint visit in order to introduce them to the family. This will increase the home visitors' chances of being accepted by the family and the likelihood of the family accepting their support.
13. Training (including joint training), working lunches and guidance (regularly updated) should be provided to Sure Start Wallasey home visitors and front line staff in health and other agencies to ensure they are aware of their respective roles and understand any agreed joint working arrangements. Health visitors, midwives and social workers should be asked to provide some of the training, as this will help instil confidence that the advice given by Sure Start home visitors to families is consistent with that given by other professionals.
14. In terms of fulfilling the universal element of the home visiting service, it is recommended that the emphasis moves away from providing routine home visits to everyone and towards using health visiting and midwifery clinics to make contact with the vast majority of families. The staff resources needed to cover the various clinics could be made available by the home visiting services discontinuing some of its current activities.
 - Particularly in light of the high number of failed visits, it is recommended that a routine home visit is no longer offered to every newly registered family. Routine face to face contact with most families can be made at clinics. Special arrangements may need to apply for families moving into the area, particularly if there is some time before the next health visitor developmental check is due.
 - The home visiting service should no longer offer its own routine birth or pregnancy visits. There is a government requirement that Sure Start programmes visit all families with new born babies within the first two months of a child's life. However, recent guidance from the Sure Start Unit indicates that this responsibility could be discharged by health visitors through the birth visit they already undertake. Provided that through involvement in clinics Sure Start home visitors had other opportunities to make contact with families in the ante-natal and post-natal period, they would not need to rely on health visitors using the birth visit to sign-up families to the programme.
15. If Sure Start Wallasey is to continue to offer routine home visits at all, (and there are advantages to seeing families and children in their home environment) it may be preferable to offer a visit at around three months after the birth when mothers may be more interested in hearing about other activities and support available. This visit should preferably have a distinct purpose, such as carrying out a home safety check, rather than being just about promoting Sure Start. However, Community Nursery Nurses are also visiting first time mothers at this stage, and thought would need to be given as to how prevent duplication and visit overload.
16. The Sure Start Wallasey home visiting team is comprised of people with good interpersonal and communication skills who can provide basic advice and support on a wide range of issues. As long as the arrangements are in place for referring to more specialist services when necessary, this model is an appropriate one given that what many service users appear to need most is hand-holding and emotional support from someone they can trust.

17. It is recommended that Sure Start Wallasey reviews the distinction between family workers and outreach workers as their roles in relation to the home visiting service seem to be very similar in practice. Having one type of home visitor who generally stays with a case from start to finish is a more practical arrangement, not to mention less confusing for families receiving the service.
18. It is recommended that in future all Sure Start home visitors are required to have a certain level of qualifications and/or experience of working in a relevant field. This will help build confidence in the service among other professionals in general and health professionals in particular, and is likely to encourage them to work more closely with the Sure Start Wallasey home visiting service.
19. Efforts should be made to ensure that families receiving the home visiting service are given a more standard level and type of service that is less influenced by the particular skills, experience and interests of the staff member they are allocated. The attainment of this goal has already been furthered by the introduction of a standard assessment form. In addition, training should be provided to ensure that all members of the home visiting team are competent to provide support in a number of identified areas. To this end it is recommended that all potential forms of support are classified into three categories:
 - Core subject areas, where all home visiting team members should possess the knowledge and skills to be able to support a family directly
 - Subject areas where it is appropriate for a home visitor working with a family to involve another member of the home visiting team who has developed a more detailed knowledge of this subject area
 - Subject areas where it is always appropriate to refer on to a professional (either within Sure Start Wallasey or in another agency) with a specialist remit or expertise
20. Given that the target client groups for Sure Start programmes are pregnant women and families with children under 5, the designation of the core support areas should heavily emphasise those forms of support that are most specific to the needs of those groups. Core support areas could include subjects such as parenting skills, behaviour management, sleep management, weaning, potty training, home safety and ante-natal and post-natal health promotion.
21. It should be clearly understood by home visitors that their goal should be to empower families to help themselves rather than to encourage dependence by always doing things on families' behalf.

Recommendations relating directly to the Children's Centre

While this evaluation has concentrated on assessing the Sure Start Wallasey programme, inevitably it has also covered issues that are directly relevant to the Seacombe Children's Centre. A number of recommendations can be made arising from consideration of these issues:

1. It is recommended that the Sure Start Wallasey home visiting service, some or all of the social services Family Support Team, and some or all of the Community and Rapid Response Nursery Nurses are brought together within one family support team that is located and managed within the Seacombe Children's centre. This will help pool existing resources, allow them to be deployed more rationally and make them available to clients referred from a range of statutory and voluntary agencies.

2. Depending on the size of the team, it may be possible that some family support workers could specialise on particular issues such as housing or debt. These team members could be called on to support colleagues who had a more generic support role and acted as the primary point of contact with families.
3. Criteria for accessing the service would need to be clearly defined, partly to protect the interests of social services and the PCT who would be giving up exclusive access to certain members of the team. These criteria could also be used to safeguard against the perhaps inevitable pressures to raise thresholds over time, so that the family support service would retain a vital universal and preventative element.
4. Other agencies are more likely to agree to the integration of the different family support services and such arrangements are more likely to operate successfully, if the agencies concerned have already acquired practical experience of effective joint working prior to the Children's Centre being established.

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1. Introduction

1.1 Aims of the evaluation

This report aims to evaluate Sure Start Wallasey's home visiting service. It addresses such questions as:

1. How well is the service being used by local families?
2. What do service users think about the service and how satisfied are they with the service they are receiving?
3. How satisfactory is the internal management and organisation of the service?
4. How effectively is the home visiting service linking with other key services that provide home visiting and/or family support to local families, such as midwifery, health visiting and social services?
5. To what extent is the service contributing to the attainment of Sure Start objectives and targets on social and emotional development, health, children's ability to learn and strengthening families and communities?

From April 2006 Sure Start Wallasey will be integrated into the Seacombe Children's Centre. This evaluation considers the likely implications of this development for the home visiting service.

It is important to keep in mind that Sure Start Wallasey, as a sixth wave programme, is still in its infancy. The home visiting service has only been functioning since May 2004. As with any new programme or service, it will inevitably take time to put all the appropriate structures and working arrangements in place.

1.2 Research methods

The evaluation has used the following methods:

- One to one interviews with the Sure Start Wallasey Programme Manager and with the Family Support and Health Coordinators
- Two focus groups with the outreach workers and family workers delivering the service
- One to one interviews with professionals from other local agencies providing home visiting and/or family support including midwives and midwifery managers, health visitors, Community and Rapid Response nursery nurses, social services and social services Family Support Team managers.
- A one to one interview with the manager of one of the other Wirral Sure Start programmes
- Six in-depth face to face interviews with families using the home visiting service
- A questionnaire survey of 20 service users that gathered data on users' satisfaction with the home visiting service and their perception of the impact of the service on the health and welfare of their family. In six cases the survey was conducted by the evaluator as part of the in-depth interviews. The remaining 14 interviews were conducted as telephone interviews by the Family Support Coordinator and members of the home visiting team. To encourage interviewees to be frank and open in their responses, none of the families were interviewed by their own home visitor.

- For the 20 cases included in the survey, an assessment of the perceived outcomes for the families made by the home visitors involved in these cases.
- An analysis Sure Start monitoring data on service provision and take-up
- An analysis of relevant documentation including job descriptions, service specifications and background information on relevant national and local initiatives such as the Every Child Matters agenda and the Child Concern Model

2. Background information

2.1 Description of the home visiting service

The service commenced in May 2004. A team of home visitors visits families in their own homes and offers a range of practical and emotional support as well as providing information about Sure Start activities. There are two key elements to the service: (a) outreach – making contact with families in the area, telling them about Sure Start and encouraging them to register with the programme, and (b) support provision. The following are examples of the wide range of support that can be provided:

- listening, emotional support and confidence building
- support and information around parenting and children's behaviour and development
- support around early learning and play
- home safety checks and the provision of safety equipment
- advice on healthy eating and lifestyles and the provision of fruit and vegetable vouchers
- support during pregnancy on issues such as smoking, healthy eating, taking folic acid and breastfeeding
- signposting and advocacy on benefits, debt and housing issues
- helping parents and carers to access other services provided by Sure Start Wallasey or other agencies such as respite sessions, adult and child mental health services, or education, employment and training opportunities
- working in partnership with other agencies to support the family

Complementing the health visitor and midwife visits, the Sure Start team aims to visit all families with a newborn baby. All pregnant women identified by the programme are offered a home visit and given a free gift. In addition, all new families registering with Sure Start Wallasey are offered a home visit. Families can also be referred to the home visiting service by any statutory, voluntary or private organisation.

At the initial contact visit the home visitor provides the family with information about the programme and its activities, completes a joining form if this has not already been done and discusses with the family what their needs are. For many families this visit will be the only visit that is undertaken at their home as they do not require home visiting support. In other cases a series of follow-up visits will be agreed with the family to assess their support needs, agree an action plan and put in place a package of support. Home visiting support is intended to be time limited although the number and intensity of visits provided depends on the needs of the particular family.

The home visiting service is managed by the Family Support Coordinator. Home visits are undertaken by the team of four full-time outreach workers and one full-time and two part-time family workers. In addition to undertaking home visits, outreach and family workers are also required to run group activities.

Outreach workers are paid on a higher salary scale than family workers. Outreach workers are required to possess a qualification in childcare, social work, community work or a similar field and have a minimum of two years experience of working with families and/or children in a community setting. In order to make it easier for local community members to apply for family worker posts,

this role requires no formal qualifications or direct experience working in a relevant field. In practice, five out of the seven home visitors currently employed by Sure Start Wallasey possess an NNEB diploma in nursery nursing or an NVQ3 in early years care and education.

In relation to the home visiting service, it was anticipated that outreach workers would generally undertake the initial assessments of families with family workers being brought in subsequently to deliver the support in the home. (As Chapter 4 shows, this division of responsibilities rarely happens in practice).

Cases are allocated and discussed at a weekly referrals meeting supervised by the Family Support Coordinator.

All home visitors are expected to have a basic understanding of the issues affecting families with young children and the interpersonal and communication skills required to work with these families. All home visitors have been provided with training on key areas such as:

- team building
- child protection
- home visiting
- the Solihull Approach (family support training)
- record keeping
- needs assessment

Beyond the basic skills and areas of knowledge, individual team members have been required to develop their knowledge in specific areas such housing, special needs and breastfeeding and baby massage and, in some cases, have been given extra training in these areas.

2.2 Other services providing home visiting and family support

When evaluating the Sure Start Wallasey home visiting service it is important to understand how the services fits into the wider context of home visiting and family support in the local area. This section of the report provides a brief overview of some of the key services that the Sure Start Wallasey home visiting service might be expected to link in with.

2.2.1 Midwifery

The midwifery service is provided by Wirral Hospital NHS Trust and is based at Arrowse Park hospital. There are three local midwifery teams - Ferry, Park and, to a lesser extent, Rake, that cover the Sure Start Wallasey catchment area. In total these teams contain five midwives each with a further two posts vacant. Midwives' caseloads are linked to GP practices. However, many of these caseloads are likely to contain clients who live outside the Sure Start area also. Some of the 15 caseloads, especially in Rake team may have relatively few clients from the Sure Start Wallasey area. Each pregnant woman has an allocated midwife who stays with the case throughout the term of the pregnancy.

In the first instance pregnant women tend to visit their GP and then are referred on to the midwifery service. A booking visit at Arrowse Park hospital takes place at between 8-12 weeks of pregnancy. Most of the subsequent contacts between community midwives and their clients take place at monthly clinics held at GP's surgeries. A pregnant woman will normally attend between five and nine clinics over the term of the pregnancy. Appointments last around fifteen minutes. The midwife

will carry out checks on the baby's and mother's health but will also use the time to provide general pregnancy advice and to try to obtain a picture of the social and emotional issues affecting the mother. Midwives do not normally undertake home visits unless there is a special reason, such as where a woman fails to attend the clinics.

The vast majority of pregnant women in the area are known to the midwifery service. There are a few women who don't attend for ante-natal care. These tend to be women with particular issues such as substance misuse and are often people who are quite mobile, moving in and out of the area. Where a woman is not attending the clinics, and is known to the service, the midwife will make a sustained effort to contact them.

In the post-natal period midwives normally keep in contact with their clients for up to 28 days.

Midwives are expected to tell women about Sure Start at the booking visit. Where a woman wishes to register with the programme the midwife notifies Sure Start using a special ante-natal referral form. Sure Start Wallasey also receives a copy of the post-natal discharge form. Midwives can also make a referral to the home visiting service at any time using the Sure Start referral form.

2.2.2 Health visiting

The health visiting service is provided by Birkenhead and Wallasey PCT. There are three locality health visiting teams - Water Street, Field Road and Victoria Central - that in part cover the Sure Start Wallasey area. The teams operate from their own clinics but their caseloads are drawn from specific GPs surgeries. There are 11 health visitors working from the three clinics. Most, if not all, of the health visitors' caseloads will contain families living outside of the Sure Start Wallasey catchment area. Some health visitors at Field Road and Victoria Central may have relatively few Sure Start Wallasey families on their caseloads.

Field Road and Victoria Central teams operate a caseload system whereby every family is allocated a specific health visitor. Water Street, by contrast, operates a team system of working. This means that when a case is not active it goes back into a general file and if it becomes active again it can be allocated to any health visitor within the team.

The health visitor provides support to families through home visits or in clinics. The following are among the main kinds of support provided:

- child development checks (for example, on height, weight, head circumference, motor skills, hand-eye coordination, speech and language, social development and autism)
- checks for signs of post natal depression
- support on parenting and behaviour management
- home safety checks and the provision of vouchers for safety equipment

It is not generally regarded as being the health visitor's role directly to provide support on wider 'social issues' such as housing or benefits issues. On such issues they tend to signpost families to other agencies.

Family support and home visiting is also provided by Community Nursery Nurses who are linked to each locality health visiting team. In total there are five Community Nursery Nurses serving the three teams. As well as providing occasional respite support to families in the home, the Community Nursery Nurses undertake home visits to provide advice and support to families on issues such as:

- weaning
- sleep management
- behaviour management
- nutrition

In addition, the Community Nursery Nurses help to run drop-in clinics and parenting groups. Some assist health visitors to run their developmental clinics.

There are also two Rapid Response Nursery Nurse posts based at Water Street (one is currently vacant) that serve the entire Wallasey area. The Rapid Response Nursery Nurse's role is to provide support to families in crisis, often where there is a mental health issue. Much of the support is provided in the family's home and includes:

- respite childcare (this can also be provided outside of the home)
- talking and listening
- advice on weaning, potty training, behaviour management and bonding

The health visiting service provides support to families with children under school age. Routine checks and/or visits take place at the following stages of a child's development:

- 10-14 days – Birth visit (with a follow-up visit for most first time mothers)
- 6 weeks – A visit by the health visitor to identify Post Natal Depression (Water Street only)
- 3 months – A visit by the Community Nursery Nurse to first time mothers
- 8 months – Health visitor clinic for developmental checks
- 2.5 years – Health visitor clinic for developmental checks

Families with young children also attend for routine health checks and immunisations at GP surgeries. Beyond these routine contacts, families are encouraged to contact their health visitor when the need arises and to visit drop-in clinics. Additional visits by the health visitor or nursery nurses will be undertaken to families where there are particular needs.

The time taken on visits and clinics will vary from team to team. As a guide, birth visits take an hour or more and developmental checks around 45 minutes. All families are seen at the birth visit and recent statistics for one of the local teams showed that 75 per cent – 80 per cent of families attended the clinic for developmental checks. Efforts are made to contact families who don't attend clinics, particularly families that are perceived to be a cause for concern.

2.2.3 Social services

Front line social work is carried out by the Assessment Team (the duty team) and the Plan of Work Team (the allocated social work team). These teams serve the Wallasey Locality which is much wider than the Sure Start Wallasey Area, and social workers can be allocated cases from any part of the area. The social workers' role is to undertake the assessment of cases, including child protection investigations, convene case conferences and other meetings involving professionals and the family, and to undertake case management and monitoring.

The social worker's role tends to be one of case coordination rather than the direct provision of support to families. They will often involve other agencies in the provision of the support. In these instances social workers often remain involved in the case in a coordination capacity. The length of time that they remain involved depends on the severity of the case. Most of social workers' ongoing involvement is with child protection cases. Lower threshold Section 17 'child in need' cases tend to be signposted to other agencies.

Social services also has its own Family Support Team. The Sure Start Wallasey area falls within the much wider area served by the Wirral North Team, which is partly based at Seacombe Family Centre. The team contains 11 family support workers, three of whom are based at Seacombe Family Centre. In addition there are 10 or 11 nursery officers who are currently working as family support workers.

The Family Support Team deals solely with referrals from social services. Currently 95 per cent of its cases involve children on the Child Protection Register or children in legal proceedings. Its caseload covers families with junior school age children and teenagers as well families with children under the age of five. The role of the team includes:

- undertaking supervised contact
- assisting in core social work assessments to define the needs of the family. A lot of the assessment work is done as part of supervised contact.
- undertaking parenting assessments. These look at issues such as home conditions and home safety, parenting and behaviour management, and interaction between parents and children. Parenting assessments are often carried out in conjunction with the provision of family support.
- providing support to families in the home or to a lesser extent at the Centre.

The intensity of family support varies depending on the case, but on average it is more than once a week which is generally a more intensive level of involvement than that offered by the Sure Start Wallasey home visiting service. The following are among the kinds of support provided:

- help attaining benefits, grants and loans
- home safety
- provision of furniture
- parenting skills/managing children's behaviour
- budgeting/shopping
- health promotion, including healthy eating and anti-smoking advice
- weaning/breastfeeding
- supporting mothers with Post Natal Depression PND (in liaison with Community Psychiatric Nurses)

The types of support offered by the Family Support Team are very similar to those provided by the Sure Start Wallasey home visiting service. However, the Family Support Team works almost entirely with child protection cases (see Chapter 5), while the Sure Start home visiting service is

able to do more preventative work and support families at a lower threshold of need (including Section 17 'child in need' cases).

2.2.4 Home-Start

Sure Start Wallasey has previously commissioned Home-Start North Wirral to provide longer term home visiting support to a small number of vulnerable families with children under five. The support was provided by trained parent volunteers who themselves received support and supervision from Home Start staff. It was intended that families receiving the service should be supported for a period of up to 12 months. The following are examples of the types of support provided:

- friendly support and encouragement aimed at increasing parents' confidence and self-esteem
- encouragement of parents' involvement in their children's activities
- sharing parenting experience
- supporting parents to access and implement the advice of health and professional workers
- talking, listening and reading to children
- encouraging and supporting parents to become involved with Sure Start and other local activities

Sure Start funding of the Home-Start home visiting service has not been renewed for the current financial year as the service had experienced problems meeting its targets for the number of families it worked with.

3. Statistics on home visits undertaken and families reached

3.1 Number of home visits undertaken

Table 3.1 provides details of the number of home visits undertaken in the 10 month period from May 2004 to February 2005, broken down by the different types of visit. The table reveals that since the home visiting service started running in May 2004, almost 900 visits to families with children under 5 had been carried out in the period to the end of February 2005. Over 300 visits are being undertaken in each full quarter.

Table 3.1 – Number of home visits undertaken (May 2004 – February 2005)

	Preg- nancy visits	Birth visits	Other home visits	All home visits
	No.	No.	No.	No.
May – June 2004	4	19	88	111
July – September 2004	21	19	266	306
October – December 2004	16	24	285	325
January – February 2005	5	14	138	157
Total (May 2004 – February 2005)	46	76	777	899

Notes:

The table only includes home visits where contact was made with the family.

The table only records visits to families living in the original Sure Start Wallasey programme area.

3.2 'Failed' visits

The above table does not include failed appointments. Detailed monitoring of failed visits started in December 2004. A special analysis of the period December 2004 to February 2005 is provided in Table 3.2.

Table 3.2 – Analysis of home visits where no contact made (December 2004 – February 2005)

	Preg- nancy visits	Birth visits	Other home visits	All home visits
	No.	No.	No.	No.
Visits where contact made	8	21	204	233
Visits where no contact made	2	5	64	71
Total visits	10	26	268	304
No-contact visits as percentage of total visits	20%	19%	24%	23%

Note:

The table only records visits to families living in the original Sure Start Wallasey programme area.

The table only records 'no-contact' visits to families already registered with the programme.

The table reveals that in almost one in four home visits, the home visitor is not successful in making contact with the family. The data only record 'no-contact' visits to families already registered with the programme. The actual overall number of failed visits may be significantly higher.

Home visiting staff members reported that the incidence of failed visits was particularly high among families who self-requested a home visit when registering for the programme. The incidence of 'no contacts' was believed to be lower among referrals of families from other agencies when it was a child protection case, as in these cases more pressure could be brought to bear on the family to accept Sure Start support. Failed visits could be very wasteful of home visitors' time, particularly for the small number of home visitors that did not drive.

3.3. Families reached

Table 3.3 provides information on the total number of families in the Sure Start Wallasey area receiving home visits in the period from May 2004 – February 2005. It shows that in a ten month period 258 families with children under 5 received home visits. This represents 55 per cent of the 471 families with children under 5 currently registered with the programme and approximately 36 per cent of the estimated 725 families with children under 5 living in the Sure Start Wallasey area.

Table 3.3 – Number of families receiving home visits (May 2004 – February 2005)

	No.
Pregnancy visits	32
Birth visits	53
Other home visits	173
Total	258

Notes:

Families are counted once only. Families who received a pregnancy or birth visit as well as home visits have been recorded under the pregnancy or birth visit totals.

The table only includes home visits where contact was made with the family.

The table only records visits to families living in the original Sure Start Wallasey programme area.

In some cases families received only one visit, whereas as other families received a number of visits through which a package of support was provided. Table 3.4 on the next page provides data on the number of visits received by different families.

The figures show that 49 per cent of families visited received only a single visit and that prolonged support was provided to a relatively small number of families. For example, 76 families (29 per cent) had received four visits or more.

Table 3.4 – Number of families receiving different numbers of home visits (May 2004 – February 2005)

Number of visits received	Families	
	No.	%
1	128	49%
2	36	14%
3	20	8%
4	16	6%
5	10	4%
6 - 10	32	12%
11 - 20	16	6%
Over 20	2	1%
Total	260	100%

Notes:

The table only includes cases where contact was made with the family.

The table only records visits to families living in the original Sure Start Wallasey programme area.

There is a slight unexplained discrepancy (of 2 families and 4 visits) with the data contained in Tables 3.1 and 3.3.

3.4 Cost-effectiveness

The service provision statistics can also be used to derive estimates of the cost effectiveness of the service. Cost-effectiveness calculations will be provided at a later date when all the necessary information on staff salaries and programme overheads has been made available to the evaluator.

4. Evaluation of internal organisation of the service

4.1 Management and supervision

1. The supervision arrangements for the home visiting service, whereby several of those delivering the service received supervision from the Health and Early Years Coordinators rather than the Family Support Coordinator, were causing some confusion (see Evaluation Report No. 2 on Decision-Making and Staff Team Structures)
2. The role of the Health Coordinator as the programme's main point of contact with health providers may have inadvertently inhibited the Family Support Coordinator from communicating directly with the midwifery and health visiting services. This may in turn have hindered the development of closer working relationships between the Sure Start Wallasey home visiting service and those other services.

4.2 Roles and responsibilities of team members

1. The division of responsibilities between outreach and family workers was not working as was originally envisaged. The initial idea was for outreach workers to undertake initial visit(s) and assessments and then pass cases on to family workers. In practice, outreach workers and family workers tended to have similar roles, with both taking cases on and seeing them through to the end. The main reasons for this were the 2-1 ratio of outreach workers to family worker posts and the fact that having established contact with one home visitor, families often did not want to be passed on to another.
2. Outreach workers were in some instances being allocated the more difficult cases, but most of the team members interviewed felt that family workers could, perhaps in some cases with a bit more experience, deal with the same cases. A number of staff members (including some outreach workers) wondered whether the salary difference between the two sets of workers was justified.
3. Some home visitors felt that the requirement that they also be involved in group activities was taking too much time away from their home visiting role.
4. It was felt that different home visitors were interpreting the role in different ways depending on (a) team members' individual preferences, (b) what previous jobs they had and (c) what they felt comfortable with in terms of their existing knowledge and skills base. The sorts of support provided and whether the main focus of the support was the adult or the child sometimes depended on what home visitor was involved in the case rather than on the needs of the family. This perceived inconsistency was a cause for concern.

What support you get from the home visiting service should not be dependent on who is the member of staff. (Coordinator)

5. Staff members were generally positive about the system under which certain members of the team had developed their knowledge in certain areas. It was argued that it was impractical to develop knowledge of all the areas that the home visiting service could be expected to deal with.
6. Communication between team members was good. Often if a home visitor did not know how to deal with a particular issue, she would take it back to the office and discuss it with another home visitor who was more knowledgeable in that area. Other members of the team, most notably the Family Mental Health Worker and the Health Coordinator were also used as sources of expert advice on particular queries.

4.3 Record keeping

1. Some concerns were expressed about the home visiting team's record keeping practices. In some cases there had been a lack of basic contact details for the family held on file or there was a lack of information on safety issues when contacting the family. In other cases there was no written information on the action plan that had been agreed with the family. These failures to record information properly had sometimes caused problems when a particular staff member was off work and other members of the team had to access the case file, perhaps in response to an enquiry from another agency. To address these problems all members of the home visiting team had recently received record keeping training.

We are aiming for the Gold Standard. Our practices have got to stand up to scrutiny in a court of law. (Coordinator)

4.4 Assessing needs and action planning

1. It was stressed that conducting a detailed assessment of a family's needs was not something that could be carried out in one go. Rather, it often required several visits in order to gain the trust of the family and build up a fuller picture of their needs.
2. Until recently, home visitors were not using a standard form to help them carry out their assessment. It was felt that this was contributing to inconsistencies between home visitors in the support being offered to families. The lack of a form may have encouraged individuals to do the job in the way they preferred.
3. The lack of a standard assessment form also meant that in some cases there was no coherent action plan setting out what support was to be given to a family and what that support was intended to achieve. It was believed that this in turn could lead to home visitors doing too much on families' behalf rather than empowering the family to do things themselves. Home visitors acknowledged that this had sometimes happened, particularly in the early days of the service.
4. It was acknowledged that in some cases home visitors faced the dilemma that if they did not do the work on the family's behalf, the family would not do it itself. The point was also made that getting an early result by sorting something out for a family was often a way of gaining that family's trust.
5. A standard assessment framework has now been introduced and all members of the home visiting team are being trained in its implementation. A standard assessment form is used and action plans and the setting of objectives now form an integral part of the assessment process.

5. Evaluation of links with other organisations

5.1 Other organisations' view of the home visiting service

1. Representatives of other organisations working with the Sure Start Wallasey home visiting service generally had a favourable impression of the service and the support it had offered their clients.

Currently they are supporting us on child protection cases and in general their work, I've found, is excellent. (Social services manager)

They are a fantastic complement to us. It has opened up opportunities for our clients. (Health visitor)

2. One particular perceived advantage of the home visiting service was that the home visitors often could devote more time and attention to families than the statutory services could.

They see families more than we do. We shouldn't be doing weekly visits. That's not our role. (Health visitor)

3. Sure Start also had the advantage that it was not viewed by local people as a statutory organisation and did not come with the stigma that is associated with agencies such as social services. This could be helpful in getting access to certain families who were suspicious of 'authority'. Service users could also sometimes be more receptive to advice provided by a Sure Start home visitor than from a professional from a statutory agency.

They can offer a non-statutory friendly face in the family home, whereas social services have a reputation for taking people's children away.....Sure Start have a toe in the door. The mother won't entertain us, but she will let them in. This can be a way in for us. (Social services manager)

With some young mums in particular, they'll say that the health visitor is always preaching at them. If someone is going in and they're seen as a lay person, even though they're saying the same thing as us, the mums are more likely to listen. This is a great advantage. (Health visitor)

4. Another perceived strength of the Sure Start home visiting service was that it was able to do preventative work with clients and work with clients at a lower threshold of need (including Section 17 'child in need' cases), whereas social services and social services Family Support in particular, had to concentrate almost all their resources on child protection cases.

5.2 Referrals to the home visiting service

1. Table 5.1 (on the next page) shows the incidence of referrals to the Sure Start Wallasey home visiting service. The table reveals that 60 per cent of all referrals are self referrals and suggests that the home visiting service is being underutilised by other agencies.
2. Between 80 and 90 per cent of the midwifery referrals shown are in fact notifications of births received on a duplicate copy of the post-natal discharge form. Sure Start receives very few ante-natal notifications from midwifery. Proactive service requests from midwives actively seeking support for their clients are reportedly very rare indeed.

**Table 5.1 – Families referred to home visiting service from different sources
(May 2004 – February 2005)**

Source of referral	Families	
	No.	%
Self-referrals	325	59%
Self-referral via GP surgeries	5	1%
Midwifery*	135	24%
Health visiting	29	5%
Nursery nurses	2	0%
Social services	12	2%
Catholic Children's Society	3	1%
Other Sure Start programmes	4	1%
Other statutory and voluntary agencies	39	7%
Total	554	100%

Notes:

This data in this table come from a different source to that used for the tables in Chapter 3.

Unlike the tables in Chapter 3, this table includes families living in the expanded Sure Start Wallasey area.

The table includes cases where no contact was made with the family on the subsequent home visit.

**Between 80 and 90 per cent of the midwifery referrals shown are in fact notifications of births received on a duplicate copy of the post-natal discharge form picked up from Arrowe Park Hospital by the Sure Start Wallasey Health*

Co-ordinator. Sure Start Wallasey receives very few ante-natal notifications or proactive service requests from midwives.

The figures also imply that, with there being approximately 220 new births per year in the expanded Sure Start Wallasey area, between 25 per cent and 39 per cent of new births are not being referred to the programme at all by midwives or health visitors.

5.3 Obstacles to closer working with other organisations

The following section explores some of the issues and difficulties in Sure Start Wallasey's home visiting service's relationship with other organisations. In doing this it sets out some of the possible reasons why the home visiting service was not linking in with other services as closely as it might have done.

1. One of the biggest reasons for the relatively small number of referrals from other agencies is the lack of awareness from other professionals about what the Sure Start home visiting service does. Midwives, in particular, appeared very unclear about what services were provided by the home visiting service. Relationships with the health visiting service were reported to be patchy with good working relationships developed with some health visitors but not others. Sure Start Wallasey had made a number of attempts to promote the service to health and other professionals including making presentations at team meetings or holding information giving events. These events often coincided with a temporary rise in the number of referrals, but the

lack of awareness among other professionals often persisted. This had proved very frustrating to Sure Start staff.

2. Some of the Sure Start team were of the view that other professionals were not 'presenting' the Sure Start home visiting service correctly to their clients and that this was sometimes affecting clients' willingness to be referred to Sure Start. On the other hand, some Sure Start home visitors believed that some other professionals were presenting the home visiting service as a 'panacea' for their problems and were giving clients unrealistic expectations of what the service could do for them.
3. Health visitors and midwives, for their part, argued that with all the other responsibilities and pressures they faced, referring clients to Sure Start necessarily took a low priority. At the maternity booking clinic or the birth visit, for instance, they had too many other tasks to perform to devote much time to telling clients about Sure Start.

We don't submit a list to Sure Start. It's about what we tell the women if we get round to telling them. (Midwife)

4. Lack of personal contact had clearly been a major factor in hindering joint working between the Sure Start home visiting service and other professionals and in limiting the number of referrals to the home visiting service.

I wouldn't know these Sure Start workers if I fell over them in the street. You need a relationship with them so that you know they are the right person to hand your mums over to. (Midwife)

5. As was mentioned previously, the Sure Start Health Coordinator's role, may have served to minimise the amount of direct contact that the Family Support Coordinator, as manager of the home visiting service, had with the midwifery and health visiting services. Also, because the Health Coordinator is a midwife who was seconded to Sure Start Wallasey, other midwives seem to have used her as their sole means of contact with the programme. Midwives had also initially made referrals to her in the mistaken belief that she would continue to perform a midwifery role within the programme.

When she got the job with Sure Start we thought that she could visit the hard to reach cases. Then we were told that wasn't her role, so we don't ask her to go in on our behalf now. (Midwife)

6. Some health professionals also expressed the view that, especially in the early stages of the programme, Sure Start home visitors had sometimes been too focused on signing clients up for Sure Start activities and that this had not always been appropriate for the families concerned.
7. Midwives and health visitors were not always entirely confident that the Sure Start home visiting team had the necessary qualifications, experience and professionalism to be providing advice and support, particularly on health and child development issues, to their clients. Their concerns appeared to stem partly from a lack of knowledge of the home visiting team's procedures and about the backgrounds of the home visitors.

We'd like to know what their training is and what their areas of expertise are. We'd like to know about record keeping arrangements and protocols on confidentiality. (Health visitor)

8. Social services expressed the concern that the Sure Start Wallasey home visiting team had sometimes inappropriately referred cases to social services, owing to a lack of understanding of social services' thresholds for intervention. The Programme said it made referrals to social services in accordance with Area Child Protection Committee (ACPC) guidelines and that, to

prevent inconsistency in interpreting these guidelines, all such referrals were made or directly supervised by either the Programme Manager or the Family Support Coordinator. Staff members felt that in some cases social services had declined to accept responsibility for cases where there was a clear child protection issue.

9. Members of the home visiting team also felt that when social services had referred families to the Sure Start home visiting service, in some cases social workers had not remained actively involved in the case for as long as was necessary. Staff shortages within the Assessment and Plan of Work teams may have limited social services' capacity for remaining involved in cases.

It feels like we are a dumping ground. (Home visitor)

5.4 Other issues concerning working with other organisations

1. As was demonstrated in Chapter 2 there are considerable similarities between the types of support provided by the Sure Start home visiting team and that provided by health and social services, particularly the Community Nursery Nurses, Rapid Response Nursery Nurses, and the Family Support Team. Particularly in the case of health services, there is also a significant overlap in terms of the families being served. Generally, other professionals interviewed were not concerned if the Sure Start home visiting service was to some extent duplicating their role. Rather, they saw advantages in that.

Duplication is not a problem as long as we are giving the same messages. I see that as a back-up. (Health visitor)

2. There was generally found to be a lack of information sharing between the Sure Start home visiting service and other agencies. At a basic level the different support services were not routinely informing one another if they were working with a family, but were relying on the family to inform them where this was happening. For example, Sure Start joining forms asked all families registering with the programme to identify their health visitor. The problem was that many families did not know.
3. While the Sure Start Wallasey home visiting service did use a referral form to collect case details from other agencies referring families to the service, by and large the different support services were all conducting their own assessments. This could result in families being asked to tell the same 'story' several times to different agencies. There was an acceptance among professionals and some families interviewed that this was to some extent unavoidable, but it nevertheless could be frustrating for the family and represent a duplication of effort for the professionals.

I did find a lot of people were asking me the same thing and I did have to sign my name a lot. (Parent)

The client can have the same conversation with me and the outreach workers. This can be a negative in terms of our time. For some vulnerable women it might be frustrating to be asked the same questions. (Health visitor)

4. Data protection concerns clearly played a part in limiting information sharing between the Sure Start Wallasey home visiting service and other agencies. Generally speaking agencies would only share information with a family's consent, unless there was a child protection concern. None of the organisations interviewed appeared to ask clients to sign a form giving blanket consent to share information with other agencies. Rather, consent to share information was sought as and when the need arose and was very rarely refused. (The interviews conducted for this evaluation suggested that the sharing of confidential information was much less of a concern for parents than it was for professionals). Professionals were clearly grappling with a

perceived change in culture away from the family's confidentiality being paramount to a post Victoria Climbié Inquiry emphasis on the need for agencies to share information.

At the moment health visitors are trying to get to grips with sharing information you need to share. It has got to be on a need to know basis. (Health visitor)

5. The Sure Start Wallasey home visiting service did on occasion convene or participate in joint meetings of professionals and families to discuss individual cases. They also undertook joint home visits from time to time. When other agencies referred a family to the home visiting service they were encouraged to accompany the Sure Start home visitor on the initial visit. It was acknowledged that joint visits and meetings represented a significant demand on professionals' time. Sure Start home visiting staff also said it could be difficult to coordinate diaries and to get other professionals to attend. Nevertheless, a number of those interviewed stressed the advantages of joint visits particularly in introducing a family to a new professional or service. The parents interviewed for this evaluation had no problems with professionals doing joint visits to their homes. A number said they would have been 'very happy' for a Sure Start worker to accompany a health visitor on a visit, even a birth visit.

5.5 Future joint working

5.5.1 Current initiatives to improve joint working

1. Sure Start Wallasey has undertaken a number of initiatives aimed at promoting the work of the home visiting service to other professionals and developing a mutual understanding of different professionals' roles. These initiatives have included mailshots, setting up a Providers' Forum that meets quarterly, presentations by the Health Coordinator to health visitors and midwives and hosting networking lunches involving social workers and health visitors.
2. These initiatives have generally been found to be useful. The networking lunches in particular were well received by other professionals. However, the impact of such group events was said to be limited by the fact that not all of the appropriate professionals attended.
3. Sure Start Wallasey is participating in a pilot of the Child Concern Model which is taking place in the Seacombe area. The Child Concern Model is a set of protocols aimed at improving the way that statutory and voluntary sector organisations work together to meet the needs of children and young people. It contains the following key elements:
 - the use of a common assessment form and framework (based on the draft Common Assessment Framework guidance)
 - guidance on the appropriate agency and multi-agency responses for children with different levels of need
 - protocols on information sharing, consent and confidentiality. These include the provision that professionals can share information without a family's consent (but not without the family's knowledge) where it is in the child or young person's interest to do so.

5.5.2 Support for joint-working

1. Other professionals interviewed were generally in favour of developing closer links with the Sure Start Wallasey home visiting service, particularly if joint working had demonstrative benefits for their service and would contribute towards their service's objectives.

2. Midwives and health visitors believed that Sure Start home visitors could assist them by reinforcing health messages as well as dealing with the wider social issues that did not strictly fall within the health remit.

*They can reiterate what we are saying on things like sleep management and feeding.
(Health visitor)*

Sometimes women bring up housing as an issue or say they have bad living conditions. Sometimes we can get bogged down in these issues... It would be more of a relief that someone is there to pick up the other issues... It would also be quite useful to have them providing pregnancy advice, advice on healthy eating and stopping smoking and advising women to attend clinics regularly. (Midwife)

3. The health visiting service expressed interest in Sure Start home visitors taking on some of the home visiting responsibilities of the Community and Rapid Response Nursery Nurses, thereby freeing up more of the nursery nurses' time to work with families from outside of the Sure Start Wallasey area.
4. Social services said that home visitors could play a greater role in supporting families where children had been taken off the Child Protection Register or returned home to families, and social services had closed the case. This could potentially help to reduce the number of re-registrations. Social services also argued that Sure Start home visitors could work more closely with family support workers by providing support around practical issues while the family support worker undertook an assessment of the family.
5. Generally professionals were very much in favour of more joint training and information-giving and networking sessions.
6. The evaluation also identified a number of potential impediments to joint working that would need to be addressed if better links were to be forged between the home visiting service and other local services. These included staffing and resource constraints, lack of awareness of each other's roles and responsibilities, different organisational priorities and agendas, different organisational structures and catchment areas, issues of data protection and confidentiality, and different organisational and professional cultures.
7. Sure Start Wallasey was concerned that in working more closely with other agencies the home visiting service did not get drawn into doing work that was rightly the responsibility of another organisation.

*We are wary about getting sucked into areas we don't have the capacity to deal with.
(Coordinator)*

5.5.3 Implications of the Children's Centre for joint working

1. Although no firm decisions had been made, the general expectation was that the Sure Start Wallasey home visiting service and at least part of the social service's Family Support Team would be located in the new Seacombe Children's Centre and integrated within the Children's Centre management structure. The picture was less clear concerning the midwifery and health visiting services and the social services Assessment and Plan of Work Teams.
2. There were felt to be some difficulties about front-line social workers going into the Children's Centre particularly in relation to the security and design implications for the building. There could also be management and supervision issues, especially if social workers were integrated within the Children's Centre staffing structure.

3. The midwifery service did not object in principle to having some midwives seconded to the Children's Centre and managed within the Children's Centre structure, given that a similar arrangement exists with Sure Start Wallasey and other local Sure Start programmes. However, there was a resource issue about the viability of supporting 11 children's centres in this way, given that the midwifery service is already short-staffed. It was also pointed out that if clinics are moved from GP surgeries to children's centres there could be contractual and financial implications for the GPs.
4. Interviewees from the health visiting service had mixed views about being located in the Children's Centre. Health visitors based in Water Street, the main clinic serving the Sure Start and Children's Centre catchment areas, were most in favour. However, health visitors appeared more in favour of being located within the building and holding clinics there, rather than being fully integrated within the Children's Centre management structure.

My gut feeling is that we should stay as Health because we have a health and child development remit. (Health visitor)

5. Some interviewees expressed concerns about the possibility of a 'halfway house' solution whereby some local midwives or health visitors were managed or located within the Children's Centre structure and others remained within a health setting. What the former group of midwives and health visitors might gain from stronger links with agencies such as Sure Start and social services, might be offset by a deterioration in their relationships with fellow health professionals.
6. There was also perceived to be a danger of overlap and confusion if some clinics were held at the Children's Centre while others continued to take place at GP's surgeries and health visitor clinics as at present. It was also feared that mothers who preferred to continue to access services at GP's surgeries or health visiting clinics might effectively be excluded or marginalised from other services such as Sure Start.
7. The main perceived advantages of having the different services located together within the Children's Centre were that it would provide a 'one stop shop' which made it easier for local families to access different services and it would aid communication and information-sharing between the different professionals involved in home visiting and family support.
8. Some of those interviewed were in favour of the creation a new family support team within the Children's Centre structure. This team would incorporate the Sure Start home visiting service, at least some of the existing social services Family Support Team and those Community Nursery Nurses and Rapid Response Nursery Nurses who served the Children's Centre catchment area. The main perceived advantages this arrangement were that:
 - the team would be a pooled resource that was available to support the work of health, education and social services rather than, as at present, certain support workers only taking referrals from their own organisations
 - the creation of a larger team would make it possible to achieve a more rational distribution of roles and responsibilities between different support workers
9. This idea of a new family support team received most support from Sure Start Wallasey and social services interviewees. Health visitors were less in favour. They were concerned that should the nursery nurses become part of a Children's Centre family support team, health visitors would lose control of a valuable resource that is currently dedicated to addressing health targets and objectives.

10. A perceived danger of integrating the Sure Start home visiting service with other support services, particularly the social services Family Support Team, is that, over time, pressures on the service will raise the thresholds at which families can access the service. The fear is that, as a result, home visiting will only be available to families where there is a child protection issue. This is effectively what has happened with the social services Family Support Team, which ten years ago did solely preventative work but now focuses almost exclusively on child protection.

Laming has put more responsibilities on senior managers. This has raised anxiety levels. Managers' response will be to pass these anxieties down the line. This will raise thresholds. (Social services manager)

6. Service users' feedback

6.1 Introduction

As was pointed out in Chapter 3, 258 families within the original Sure Start Wallasey area have received home visits. The evaluation obtained feedback on what families thought of the service they received by surveying a sample of 20 service users and interviewing six of these service users in depth. The sample sizes are small so some caution has to be exercised in interpreting the survey results.

6.2 Satisfaction with the service

6.2.1 Overall satisfaction

1. Table 6.1 shows that all the families in the sample were satisfied with the service they had received from the Sure Start Wallasey home visiting service. 90 per cent said they were very satisfied.

Table 6.1 – Service users' overall satisfaction with the home visiting service

	No.	%
Very satisfied	18	90%
Fairly satisfied	2	10%
Fairly dissatisfied	0	0%
Very dissatisfied	0	0%
Total	20	100%

6.2.2 Satisfaction with home visiting staff

1. Service users in the sample also rated their home visitors highly. All said that they were satisfied with their home visitor. 93 per cent professed themselves to be very satisfied.
2. All service users interviewed characterised their home visitor as being friendly, helpful, well informed and reliable.
3. A number of the parents interviewed stated how friendly their home visitor was. Home visitors' ability to relate to their clients in a non-judgemental way had clearly been a major factor in developing a relationship of trust.

I feel she's on my level. I'm at ease with her. I feel completely comfortable with her. I feel I'm under the microscope with most other people. (Carer)

When I came down with Post Natal Depression, I thought 'who can I talk to?' The first person I thought of was my home visitor. (Parent)

They remember you when you go to the Centre. To be remembered is nice. (Parent)

4. The parents interviewed provided a whole range of examples of how their home visitor had helped them, including listening and talking, providing fruit and vegetable vouchers, carrying

out home safety checks, giving advice on sleep routines, and providing advice and acting as an advocate on debt and housing problems.

I asked the home visitor to help with a housing problem I had. Two weeks later it was sorted. (Parent)

5. The fact that home visitors are less qualified than health visitors or midwives and may have a more basic level of knowledge of certain subject areas did not appear to be a problem for most of those surveyed. In some cases it was reported that the home visitor was able to draw on their own experience as a parent. When a home visitor did not know the answer to a question they would often check with a colleague or a professional from another agency and then report back to the parent. Parents appeared satisfied with this approach.

She will find out the answers to questions and get back to you quickly. (Parent)

6. On reliability, those interviewed stated that their home visitor turned up when she said she would or, if not, always rang to cancel or rearrange the appointment.

The home visitor has never let me down. She does a fabulous job and I depend on her. (Parent)

6.2.3 Likes about the service

1. The attitude and manner of the home visitors was one of the most attractive features of the home visiting service for parents in the survey. As was mentioned above, home visitors were often described as 'helpful', 'friendly', 'dependable' and 'someone you can trust.'

It's like talking with a friend. It is very different to the health visiting service. You can be yourself, be relaxed. (Parent)

I liked the worker. Her personality made her very suitable for the job. (Parent)

2. The fact that the contact took place in the family home was also an important factor for many parents. Some were too depressed or lacking in confidence to go along to a centre or a clinic. Even with parents who were accessing other groups and activities, they often preferred to be visited in their own home as this was more comfortable or private or they appreciated the one to one attention. Some interviewees also stated that by seeing them in their home environment the home visitor was able to obtain a better idea of their child's problems than they would have done in a clinic or group setting.

The visits have been invaluable to me as I was so isolated. (Parent)

It is reassuring that they will come to see you, rather than me going to them. (Parent)

3. The accessibility of the home visiting service was also a plus factor for a number of the parents interviewed.

When I need the home visitor I phone up and she comes out straight away. I don't always need to make an appointment. There is always someone at the end of the phone to help. (Parent)

The worker is always there when I need her. She always makes the time to meet with me. (Parent)

6.2.4 Dislikes about the service

Very few of the parents surveyed said that they had any dislikes about the service.

I can honestly say there is nothing I dislike about it at all. (Carer)

The only thing I don't like about the home visiting service is that it didn't come earlier. I'd been struggling for years. (Parent)

6.3 Comparisons with other services

1. Those parents who were interviewed in depth were asked to compare the Sure Start Wallasey home visiting service with other services that dealt with families with young children. Sure Start home visitors were compared very favourably indeed to other services notably, health visiting and social services.
2. Sure Start home visitors were often seen as having a friendlier manner than other professionals.

When you go to the practice to see health visitors they make you feel very small. (Parent)

Home visitors don't judge. Social workers do. (Parent)

3. The Sure Start Wallasey home visitors did not have the same image problem as social workers, which made many parents reluctant to have any involvement with social services.

I would never get involved with social workers over my son. They would probably take him off me. (Parent)

4. The ability of the Sure Start home visiting service to offer more support than health visitors was seen as a big advantage as was the fact that home visitors were more ready to come out to the family home.

It can be murder trying to see the health visitor. It's like you have to drag them here kicking and screaming. (Parent)

If you ring the health visitor you have to wait two weeks and then they send the nursery nurse. (Parent)

5. Perhaps surprisingly, Sure Start home visitors were generally viewed by parents to be as knowledgeable as other professionals. They were also perceived to have a wider range of knowledge, which was seen as an advantage.

Other services are there for one specific reason whereas the Sure Start home visitor spreads her wings. She's an all rounder. (Carer)

6.4 Views on how the service could be improved

1. Parents surveyed made a number of suggestions as to how the home visiting service could be improved. These included:
 - advertising the service more widely
 - midwives and health visitors doing more to tell parents about the service

- more information being provided on depression and breastfeeding
 - a follow-up visit being undertaken a few months after the birth visit
 - expanding the support available for adults with mental health issues
 - more respite childcare being offered in conjunction with the service, either in the home or in a sessional crèche, to let mums go out or take a bath, for example
 - the continuation of the service when children reach the age of 5
2. Many parents were quite happy with the service as it was.

*There is nothing at all to be improved as Sure Start Wallasey is so helpful and friendly.
(Parent)*

I don't think they could do any more for me than they are already doing. (Carer)

My only worry is about the service stopping. (Parent)

7. Impact of the service on local families

7.1 Introduction

While the evidence reveals service users to be extremely satisfied with the Sure Start Wallasey home visiting service, the question remains as to whether the service is having a positive impact on the lives of the families and children it is supporting. In particular, to what extent is the service contributing to the attainment of Sure Start objectives and targets on social and emotional development, health, children's ability to learn, and strengthening families and communities?

Sure Start Wallasey is still a relatively new programme. It is going to take a number of years in order to be able fully to assess whether the programme has brought lasting benefits to local children and families. Such an assessment is beyond the scope of this evaluation.

What of the short term benefits of the home visiting service? In theory it should be possible to use programme monitoring data to measure the impact of the Sure Start Wallasey home visiting service against Public Service Agreement (PSA) and Service Delivery Agreement (SDA) targets. However, as Evaluation Report Number 1 pointed out, there are currently problems with both the availability and quality of such data. Even if the data were available, for most of the service indicators, it would be difficult to establish the extent to which any positive changes were down to the home visiting service as opposed to other Sure Start Wallasey services or indeed other local factors.

For the above reasons this evaluation has chosen to estimate the impact of the home visiting service by using the questionnaire survey of families who have received the service, to obtain their feedback as to how the service has helped them. For example, parents were asked if the service had helped to improve their mental well-being, helped improve their parenting skills or aided their children's development. For each family surveyed, the relevant home visitor was also asked to give their assessment of the ways in which they believed the family to have benefited from the service.

For each potential impact of the home visiting service, families and home visitors were also asked whether they believed that the service had helped a little or a lot. This was done in order to identify those cases where the home visiting service was likely to have had a more significant impact on families' lives.

This chapter of the report presents the results of this exercise. Information is provided for 18 families in the survey who had received four or more home visits. This is on the basis that it is families who have received a number of visits who are most likely to have derived significant benefits from the service. It is recognised that the sample size is small and that, in consequence, the results need to be treated with some caution. Nevertheless, the survey results can be used to provide a general indication of the size and nature of the impact of the home visiting service on local families.

In some cases the home visitor may have been instrumental in helping a family to access other sources of support such as the Family Mental Health Worker or in introducing the family to other activities. Therefore, some of the benefits attributed to the home visiting service may in part have been derived from other services and activities.

7.2 Evidence of impact

1. Table 7.1 on the next page lists a number of potential ways that the home visiting service can benefit local families. It then gives the number of families in the sample survey of 18 that have been helped (either a little or a lot) in each of the ways listed, according to the respective perceptions of parents and their home visitors. The table suggests that the home visiting

service has achieved positive outcomes for many of those receiving the service, in a whole range of different ways. In respect of each of the ways listed, many families in the sample had benefited from the service. In some cases where the service had not helped a family with an issue, this was because that issue was not relevant to that particular family.

Table 7.1 – Assessment of ways in which the home visiting service has helped families

	Number of families helped			
	Parents' assessment		Home visitors' assessment	
	No.	%	No.	%
Aided children's development *	10	56%	14	78%
Improved children's health	14	78%	8	44%
Improved parenting skills/behaviour management	12	67%	17	94%
Improved home safety	8	44%	9	50%
Helped family to adopt a healthier lifestyle	12	67%	12	67%
Increased parents' self confidence	16	89%	17	94%
Improved parents' mental well-being	16	89%	15	83%
Enabled family to access other activities or services	18	100%	17	94%
Helped to sort out problem with other organisation**	8	44%	9	50%
Total	18	100%	18	100%

Notes:

The information in the table is based on a sample of 18 families who received four or more home visits.

The table gives the number of families helped in each of the ways listed on the basis of (a) parents' own assessment and (b) the assessment of the home visitor.

The table shows the combined totals of families helped 'a little' or 'a lot' in each of the ways mentioned.

Families could be helped in several ways, so percentages do not add up to 100 per cent.

* Children's development includes social, emotional, personal and language development.

** Problem with other organisation includes benefits problems.

2. The most widely experienced benefits of the service have been the help families have received to access other activities and services and the positive impact on parents' self-confidence and mental well-being.
3. There was broad agreement between parents and home visitors in terms of the number of families in the sample who had benefited from the service in each of the ways listed. However, parents in the survey were more likely to have perceived the home visiting service to have benefited their children's health, while home visitors were more likely to have assessed the service as having made a positive impact on child development and parenting skills and behaviour management.

4. Table 7.2 on the next page looks at the number of instances in the survey sample where the home visiting service was deemed to have helped families a lot. This perhaps provides a more realistic estimate of the extent to which the home visiting service has made a significant impact on the lives of families receiving the service. Even using this more conservative measure of impact, the indications are that the home visiting service has helped a significant proportion of families in each of the ways stated.

Table 7.2 – Assessment of ways in which the home visiting service has helped families a lot

	Number of families helped			
	Parents' assessment		Home visitors' assessment	
	No.	%	No.	%
Aided children's development *	7	39%	6	33%
Improved children's health	9	50%	5	28%
Improved parenting skills/behaviour management	6	33%	8	44%
Improved home safety	7	39%	7	39%
Helped family to adopt a healthier lifestyle	10	56%	6	33%
Increased parents' self confidence	10	56%	11	61%
Improved parents' mental well-being	12	67%	10	56%
Enabled family to access other activities or services	16	89%	9	50%
Helped to sort out problem with other organisation**	5	28%	7	39%
Total	18	100%	18	100%

Notes:

The information in the table is based on a sample of 18 families who received four or more home visits.

The table gives the number of families helped in each of the ways listed on the basis of (a) parents' own assessment and (b) the assessment of the home visitor.

The table shows the total of families helped 'a lot' in each of the ways mentioned.

Families could be helped in several ways, so percentages do not add up to 100 per cent.

* Children's development includes social, emotional, personal and language development.

** Problem with other organisation includes benefits problems.

5. Where the service was perceived to have helped families, parents were more likely than home visitors to state that the service had helped them a lot. This was particularly the case in relation to aiding child development and helping the family to live a healthier lifestyle and to access other activities and services.

6. On the assumption that the survey sample is broadly representative of the 76 families who have received four or more visits, Table 7.3 (on the next page) uses the survey results to produce estimates of the actual number of families who have been 'helped a lot' by the home

visiting service in each of the potential ways listed. Two sets of estimates are given based on the respective perceptions of parents' and home visitors' on the impact of the service.

Table 7.3 – Estimate of the number of families that the home visiting service has ‘helped a lot’ in each of the ways listed

	Number of families helped	
	Based on parents' assessment	Based on home visitors' assessment
	No.	No.
Aided children's development *	30	25
Improved children's health	38	21
Improved parenting skills/behaviour management	25	33
Improved home safety	30	30
Helped family to adopt a healthier lifestyle	43	25
Increased parents' self confidence	43	46
Improved parents' mental well-being	51	43
Enabled family to access other activities or services	68	38
Helped to sort out problem with other organisation**	21	30
Total of families receiving 4 or more home visits	76	76

Notes:

The information in the table is based on a sample of 18 families who received four or more home visits.

The estimates are derived by applying the sample percentages in Table 7.2 to the population of 76 families receiving four or more visits.

The table gives the estimated number of families helped in each of the ways listed on the basis of (a) parents' own assessment and (b) the assessment of the home visitor.

The table estimates the total of families helped 'a lot' in each of the ways mentioned.

Families could be helped in several ways, so totals do not add up to 76.

* Children's development includes social, emotional, personal and language development.

** Problem with other organisation includes benefits problems.

- 100 per cent of parents in the sample stated that the home visiting service had helped them a lot in one or more ways. Home visitors believed they had helped families a lot in one or more ways in 13 of the 18 cases (72 per cent). Applying these percentages to the 76 families visited four times or more indicates that between 55 and all 76 of these families have been helped a lot in one or more ways by the home visiting service.
- It should be stressed that the above figures are a conservative estimate of the number of families helped by the home visiting service. They focus on those families that the service has worked with more intensively and where the service is likely to have had a significant impact on families' lives. They exclude instances where families have only been 'helped a little'. They do not take account of the impact of the service on the many families who had contact with the home visiting service but who were visited fewer than four times. They do not include families

supported by the home visiting service that live outside the original Sure Start Wallasey programme area.