

Maltby Sure Start

Spotlight Project Evaluation
Health visiting

April 2003

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Introduction

Four services were ‘spotlighted’ by the Sure Start Maltby partnership for individual evaluation, as part of the wider Sure Start evaluation. These services are health visiting, health visiting, the family workers and Home-start services.

This report focuses on the service evaluation of the community based health visiting service, as it relates to the provision of services to Sure Start Maltby families. Specifically, the evaluation explores:

- ❑ service quality
- ❑ cost issues
- ❑ how well the service works with other agencies
- ❑ how the service promotes the role of, and involvement of local parents and
- ❑ whether these support the achievement of Sure Start objectives and key principles

What this evaluation report concludes is that the health visiting service is experiencing some stresses in terms of delivery, as a result of issues such as:

- ❑ staff recruitment and retention
- ❑ the extent to which they are dealing with child protection cases; and
- ❑ a need to improve broader understanding of the context in which the health visiting team operates.

Despite this, the health visiting team provides a service that is much appreciated amongst local families and in the view of providers and partners is also making a difference. However, there is a need to resolve issues of strategic and operational synergy between the health visiting service and the rest of the Sure Start Maltby programme, both as a mechanism for responding to some of the stresses on delivery and for ensuring that Sure Start Maltby is delivering an innovative service that addresses the continuum of needs of local families in an integrated way.

Methodology

The evaluation of the health visiting service was conducted on a number of dimensions:

- 1) Degree of integration into the wider Sure Start partnership
- 2) Efficacy of partnership working with other agencies
- 3) Success in involving the community and parents in design and delivery of services
- 4) Overall quality of services and the extent to which services meet user needs and expectations
- 5) Cost indicators for services

To gain an understanding of the service on these dimensions, the evaluation involved various levels of analysis.

In terms of 1-4, we undertook background and desk-top research, qualitative and quantitative analysis of data and a focus group with health visitors, and questionnaire analysis and interviews with agencies that make referrals to the health visiting service.

A variety of evaluation methodologies have been employed and include:

- Focus group with health visitors (14th February 2003) A 2 hour focus group was held with the health visitors
- Client aspect (December- February 2003) 55 past and present clients provided satisfaction ratings about the health visiting service through the peer based evaluation methodology employed as part of the wider evaluation of Sure Start Maltby.
- External Agencies (January and March 2003) External agencies were asked to provide details about their sense of the quality of the service provided by the health visiting service to Sure Start Maltby families, with this approach augmented through interviews with the family workers and the speech and language therapist as part of their spotlighted evaluations.

In terms of 5, some conclusions have been drawn on the basis of:

- ❑ Activity information provided
- ❑ The Sure Start Maltby contribution and
- ❑ Consideration of the costs of health visitors studied as part of *Unit Costs of Health and Social Care 2001*¹ (albeit with an inflation uplift assumption of 4% year on year in the costs of health visitors).

¹ PSRRU, *Unit Costs of Health and Social Care 2001*

An overall picture

The Sure Start Maltby health visiting service builds on the existing health visiting team and incorporates £99,000 revenue funding in 2002/03 which is funding for at least 2.4 health visitors, 50% clerical assistance and a two day per week nursery nurse.

Unlike many Sure Start health visiting programmes, such as those at Sure Start Aylesbury Plus, Sure Start Gravesham, Sure Start Dartford and Sure Start St Matthews that have reconfigured health visiting teams from a GP-attached basis to a patch basis, the Sure Start Maltby health visiting team is a GP-attached service. This has presented some difficulties for the health visitors as GPs have not always understood the Sure Start programme.

The health visiting service provides a range of services, incorporating home visits or clinic based services ante-natally, a visit at 10-14 days after the birth of the child, another visit by at least 6 weeks, and then three additional visits, with visits at 7-9 months, 18-24 months, and then at 25- 36 months. There are also baby clinics, health visitor involvement in child protection cases, and for women that are identified as having post-natal depression, between 4-6 listening visits per week in the home.

In addition, through involvement with the Sure Start Maltby programme, health visitors are also involved in groups, including breast feeding workshops, weaning parties and jointly run the *Early Start* and *Baby Talk* programmes with the family workers and the speech and language therapist.

The average contacts per day prior to Sure Start Maltby's funding was about 70 children per day. As a result of Sure Start Maltby funding, the contact level reduced to about 45 children per day for all health visitors (ie. across 4 full time and 2 part time). Health visitors identified that the Maltby area is characterised by significantly higher levels of need and the needs of local parents tend to be significantly more intense with issues such as child protection, drugs and teenage parenting.

However, as a result of staff retention difficulties, the average contact level rose to 60-70 per day. Health visitors identified that causing the retention difficulties were the extent to which child protection work was dominating their attention and also the immediate needs of families making for less time than had been hoped, in one case, for running

groups. These retention difficulties impacted on existing health visitors and the ease of involvement with the Sure Start Maltby programme.

As a consequence, it was determined that two full time health visitors would become dedicated Sure Start Maltby health visitors and operate smaller caseloads and undertake specific activities with the Sure Start Maltby programme on three days, including greater involvement with groups.

Service Evaluation

Cost of service

In the case of the health visiting service, this is very difficult to determine because the additional funding built onto an existing service rather than enabled the creation of a new service. This occurred at the same time as there were considerable staff recruitment and retention difficulties impacting on, and being absorbed by the team.

The average costs of health visiting *generally* are about £22.71 per hour, £64.90 per hour for client contact and £54.08 per hour for clinic contact, as per *Unit Costs of Health and Social Care 2001* (p.99) with a 4% uplift year-on-year since 2000/01.

While it is clear that Sure Start Maltby funding enabled some additional delivery, for example with some of the group work, the extent to which it enabled at least 4,359 hours, 581 days (on the basis of £22.71/hour), of additional delivery is unclear at best. It would certainly seem that, in the current year, Sure Start Maltby was funding health visiting to some extent to provide core health visiting services.

Integration into Sure Start Partnership

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

Strategically

Strategically, there is representation of health visiting at a Management Board level within Sure Start Maltby. Given the centrality of health visiting services within the Maltby programme and on the delivery of programme targets, this is most welcome.

Management Board members identified that they felt that the involvement of the Primary Care Trust is absolutely pivotal to the success of the programme and the Management Board, and while changes in the personnel representing health visiting at a Board level had been problematic, this was getting better. 5 of 6 Board members, not incorporating the two health professionals, also identified amongst some of the key benefits of the Sure Start Maltby programme was the extent to which work was being undertaken to further local health improvement goals for parents, parents to be and their very young children.

There have been concerns raised about the extent to which there is strategic synergy between the health visiting service and the rest of the Sure Start Maltby programme, albeit that there is a service level agreement between Sure Start Maltby and the health visiting service that defines the nature of the relationship. One Board member and some programme staff indicated uncertainty about the extent to which health visiting recognised that Sure Start Maltby offers the opportunity to work in a different way, rather than about providing top-up monies to existing work.

Conversely, representatives from health visiting indicate that there is:

- ❑ little awareness amongst the broader health economy, such as GPs particularly, about what Sure Start Maltby is and
- ❑ that there is a need to improve understanding about what health visitors do and the context in which they operate (for example, dealing with increasing levels of child protection cases) within the Sure Start Maltby partnership

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

Equally, Sure Start Maltby should also explore the scope to improve the understanding of GPs about the work of Sure Start and what this offers GPs in terms of services that they can refer families to.

Operational partnerships

Ensuring co-ordinated packages of care for local families

Sure Start has successfully established more effective partnership working between agencies in the Maltby area. This is highlighted in the wider evaluation report. Standardised procedures have been implemented (such as referral forms and providers' forum) and informal networks of communication have been established.

Health visitors attend the providers' forum and also receive copies of all the standardised referral forms to enable better co-ordinated and more informed approaches to the delivery of services for families. Health visitors identified that there had been teething problems with the creation of the referral form, such as not including the name of the child or the GP, but acknowledge that this is getting better.

Health visitors have also been willing to undertake joint visits with other service providers as a mechanism for improving the co-ordination of service delivery to local families. This has incorporated the speech and language therapist, family workers and physiotherapists. Health visitors have identified that this approach has been *'brilliant'*.

Moreover, on a six-weekly basis, the family team has started in quarter four 2002/03 a drop in session for discussions about the types of assistance provided to local families in a relatively informal way. Health visitors attend for about half an hour. Health visitors feel that these have the potential to be quite useful and that it is very important that they understand what services families receive. Family workers noted, however, that they would like to get more feedback from health visitors about the families' needs from the health visitor perspective.

Some Sure Start programmes, such as Sure Start Ore Valley, have relatively formal 'case conference' type approaches for dealing with multi-agency provision to local families, as a mechanism for ensuring

that there is appropriate co-ordination and that families receive the appropriate package of care that meets the continuum of their needs. Other programmes have a Community Team Leader, such as Sure Start Copenhagen and Sure Start Holloway, that act as single points of co-ordination across the range of agencies that might deliver services to a single family. Sure Start Maltby and the health visiting team could explore the appropriateness of such mechanisms for their area.

Working within the partnership

The health visitors are one of the most active sources of referral for local service providers. Not surprising, given the degree of connection they have with all families with children under four.

The health visitors agree that the degree to which new services have been provided locally and where this has helped reduce waiting times for services has been *'the best thing about Sure Start Maltby'* and that *'referrals are definitely quicker' 'because you know the person you can talk to them'*.

Specifically, the health visitors have identified speech and language therapy, physiotherapy and the dietician as services where the waiting times for services and the ease with which referrals can place, as the most improved. On the broader issue of working within the partnership, the health visitors identify some key strengths and areas for improvement

Area	Comments
Strengths	<ul style="list-style-type: none"> <li data-bbox="651 1224 1325 1308">❑ More resources in the area enabling services <i>'that were too hard to access before'</i> such as physiotherapy, Home-start and speech and language therapy <li data-bbox="651 1339 1325 1392">❑ Support for home visiting within the programme, such as the family workers <li data-bbox="651 1423 1325 1507">❑ More training around communication, such as the Baby Talk course in Bristol where health visitor with 12 local women, which <i>'was wonderful'</i>. <li data-bbox="651 1539 1325 1591">❑ Parents having more services, without needing to get GP referral <li data-bbox="651 1623 1325 1654">❑ Getting to do joint visits <li data-bbox="651 1686 1325 1738">❑ The willingness of the family team to change practice where suggested.

<p>Areas for improvement</p>	<ul style="list-style-type: none"> <li data-bbox="651 310 1325 394"> <input type="checkbox"/> While communication amongst providers is improving, there is a need to improve communication from providers to health visitors. <p data-bbox="691 426 1333 510"><i>For example, 'lots of groups are being set up and we are then told we are doing this, when can you come' and then 'dates and venues get changed without us being told.'</i></p> <li data-bbox="651 541 1289 653"> <input type="checkbox"/> Providers need to understand more about what health visitors provide and the context in which they operate. Need greater clarity about roles and responsibilities between providers. <p data-bbox="691 684 1317 827"><i>For example, health visitors stated 'we were told that we were late for a group because we were only five minutes early' and that 'we were asked to come one afternoon a week for 12 weeks, but with 2 people down, doesn't feel appropriate to commit to this.'</i></p> <p data-bbox="691 858 1313 942"><i>Another example is 'I went to a group where only three people came and a clinic was cancelled because of this. This is not a good use of my time.'</i></p> <li data-bbox="651 974 1328 1142"> <input type="checkbox"/> Need to increase the focus of the programme on children, as there have been instances where health visitors have felt that a parent has been receiving services and there have been '<i>real issues about whether the child is being properly looked after</i>'. This is acknowledged as an area that is improving. <li data-bbox="651 1173 1230 1199"> <input type="checkbox"/> Monitoring, as this tends to all be done at home. <li data-bbox="651 1230 1321 1346"> <input type="checkbox"/> A need to improve venues locally. The Coleman Centre, for example, was described as '<i>dire</i>', '<i>vile</i>', '<i>horrible</i>', '<i>dirty</i>', '<i>dangerous</i>' and representing '<i>a risk to occupational health, safety and hygiene</i>.'
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In many respects the comments provided by health visitors are symptomatic of the broader issue identified about the extent to which there is strategic synergy between the health visiting service and the rest of the Sure Start Maltby programme. This is an issue for other Sure Start programmes as well, and some of the ways that this has been addressed include:

- Having team building activities between core staff and health visitors to enable improved understanding and awareness of each others' roles, such as at Sure Start Gravesham

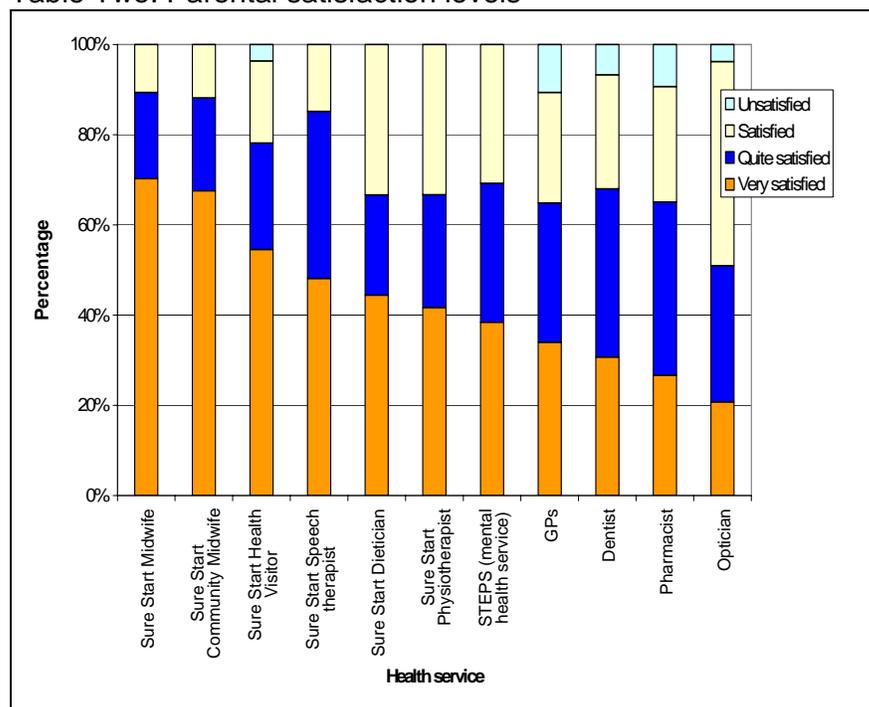
- ❑ Undertaking joint planning activities with core programme staff and health visitors, such as at Sure Start North Canning Town
- ❑ Moving to a patch based health visiting service, such as at Sure Start Aylesbury Plus, Sure Start Gravesham, Sure Start Dartford and Sure Start St Matthews
- ❑ Involving more nursery nurses in delivery to augment the work of the health visitors and deal with issues of staff vacancies. In some areas, this has enabled development check visits to be transferred to nursery nurses. This has occurred at Sure Start Aylesbury Plus.
- ❑ Involving midwifery more in delivery, with some areas having one to one midwifery (the 'village midwife' concept) where the midwife provides 1:1 ante-natal and post-natal support to a mother up to 28 days after the birth of her baby. This model, while significantly more intensive, reduces, amongst other things, the likelihood of post natal depression. This model is in operation at Sure Start Holloway.
- ❑ Co-location and/or integrated service models where health visitors are based in the same team as other health and non-health Sure Start workers, such as Sure Start St Matthews and at Sure Start North Canning Town.

Service Quality

Satisfaction with services

Within the parent-led survey of local parents, 55 local parents provided their view of the degree of satisfaction with the health visiting service, with close to four in five parents identifying that they were 'Very Satisfied' or 'Quite Satisfied'. The remainder were satisfied, bar two in 55 parents that were not satisfied.

Table Two: Parental satisfaction levels



On a subsequent question about 'favourite' health service, health visiting was the second most favourite health service of local parents.

Parents provided the following thoughts about health visiting:

- Health visitor because she gives me advice and help with youngest baby.*
- My health visitor is fab, if she doesn't have the answers to your questions she will find it out for you.*
- All health workers as part of your child development.*

- Mostly use health visitor for advice etc. and she puts me onto groups like new mums etc.*
- Health visitor- very helpful and friendly.*
- My health visitor is very helpful and supportive.*
- Sure start health visitor. Because they are always on hand for any worries and concerns, and give very useful information.*
- Health visitor. Had a lot of help through bad periods.*
- Sure start midwife, health visitor and GP give great advice*
- Sure start health visitor, because was very helpful when I needed her.*
- My health visitor is kind and considerate.*
- Health visitor as she is very helpful and informative.*
- Health visitors, they talk to you like humans.*
- Health visitor, gives most information.*

The comments indicating areas for improvement for health visiting are:

- Health visitor. She was good with the children but spoke down to me rather than to me.*
- I don't like my doctor's health visitor as she wasn't very nice when she did my son's last assessment.*

Local service providers also identified that, on the basis of their professional judgement and feedback from their clients, that the Sure Start Maltby health visiting service is a service of 'very good' quality on a scale of 'very good', 'good' or 'requiring improvement.'

Impact

While, the health visiting team feels that they are making some impact, they also believe that the needs of many Maltby families are particularly acute and require a much higher degree of assistance than is currently provided.

In part, this is the result of the extent to which the health visitors feel that are dealing with issues that are the result of much deeper socio-economic problems within the community. This also includes the extent

particularly to which they are dealing with child protection issues, very much a result of insufficient social workers locally to deliver child protection issues. One health visitor observed that '*we have many child protection cases dumped on us and with no one else there, of course we have to deal with it.*' The time associated with dealing with child protection cases (which have been increasing locally) is ultimately absorbed within the health visitors day to day work.

The frustrations associated with dealing with child protection issues, resulted in the departure of one health visitor. As a consequence, the remaining health visitors had to pick up health visiting caseloads, together with the child protection cases. The degree of staff turnover within the team has impacted both on job satisfaction for team members, as well as had the consequence of increasing workloads.

For these reasons, health visitors have felt that their level of impact has been less than they would like.

Partners and providers were also asked to identify the extent to which they, in their professional judgement and experience, believe that Sure Start Maltby is making a positive impact on the development, health and well being of local babies, children and parents. They were also asked about how, in their professional judgement and experience, they believe that this compares to non-Sure Start ways of service delivery.

The impact of health visiting is an area that providers and partners feel is delivering positive outcomes to baby, child and parental development and health and well being.

I have bolded several areas that are certainly predominantly areas of focus for health visitors, as compared with other providers, and in all three cases, the outcomes identified are excellent. (of course other outcome areas health visitors will also impact on and the outcome areas highlighted, other providers will also impact on)

Table Three: Provider and partner perspectives on programme impact for children

Outcome	Much better (>5%)	Little better (<5%)	About same	Lower	Don't have a view
Baby development	15	2	0	0	1
Child development	14	3	0	0	1
Child accident prevention	5	8	3	0	1
Child speech and language	17	0	0	0	1
Meeting needs of children with special needs	6	4	8	0	0
Children's teeth	2	3	4	0	9
Child socialisation skills/behaviour	12	2	0	0	4

Table Four: Provider and partner perspectives on programme impact for parents

Outcome/ opportunity	Much better (>5%)	Little better (<5%)	About same	Lower	Don't have a view
Parents having a better relationship with their child	14	3	0	0	1
Parents have more self-confidence	14	3	0	0	1
Increased breastfeeding	7	4	3	0	4
Reduced post natal depression	6	4	3	0	5
Parenting skills	13	3	0	0	2
Parents smoke less	8	4	3	0	3
Mothers smoking less during pregnancy	6	7	1	0	4
Parents attending appointments	5	5	5	0	3
Lower drug/ alcohol misuse	7	1	3	0	7
Parents accessing more services	12	5	0	0	1
Parents taking up training	9	1	3	0	5
Parents taking up benefits	5	8	2	0	3