

Tinsley SureStart

An Evaluation of Tinsley Sure Start's Home Visiting Service

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Introduction

This report looks at Tinsley Sure Start (TSS)'s Home Visiting Service, an innovative service developed since the implementation of Sure Start in Tinsley. It evolved from responses by local families to surveys conducted in Tinsley during the spring and summer of 2001. These surveys helped to inform the TSS Delivery Plan (July 2001), upon which the funding for TSS's service provision has been based.

A short history of the Home Visiting service, its development and contacts with families are summarised. The methodology used for evaluating the service is then summarised, followed by a description of the findings, and recommendations. More detailed information is included in Appendices at the end.

History

The Home Visiting service was seen as an innovative way of supporting families with young children in Tinsley in the Delivery Plan (July 2001). It was envisaged that 4-5 full-time workers would be recruited in April 2002 who would offer a range of services, including:

- A period of home visiting.
- Accompanying families who wish to use other Sure Start services.
- Representing families when they have to contact other services.
- Linking to the befriending/buddying scheme and the family support workers.

They would be trained local workers, the majority with a community language, who would be supervised by a Family Support Worker. They would receive training in home visiting, basic counselling, inter-personal skills, family support, child protection, family health issues, Sure Start aims and objectives. The training would be sourced from a number of agencies such as Home Start, Sheffield Counselling Services, Social Services Family Support Team and the Domestic Violence Forum.

The Home Visiting Co-ordinator started in January 2002, the third person (after the Programme Manager and the Office Manager) to be employed by TSS. She worked 30 hours/week and started to build up a caseload. Early in September 2002, 6 Home Visitors were recruited. 2 worked part-time (2-3 days/week) and 4 full-time (30 hours/week). 2 of the full-timers were recruited from outside the local area, but the other 4 were all local women. They undertook an intensive period of training for the first 6-8 weeks, and started to build up their community work. During the period July-August 2003, both the non-local Home Visitors left, one to alternative employment, the other to a full-time training course. Over the following 6 months, there were some changes, both in terms of hours and ways of working, for the remaining 4 Home Visitors. One increased her hours to 37 per week and was promoted to Deputy Co-ordinator, and another increased her hours from 3 to 4 days/week. The other 2 remained at 30 hours/week. The buddying/befriending volunteers scheme has not yet been implemented.

Although Tinsley is a very compact geographical area, TSS has had to make the best of a variety of buildings to house its workers and activities. The Roundabout Centre on Bawtry Road, run by Tinsley Parents and Children Consortium (TPCC) was initially the only available space for childcare. The conversion of a shop unit into the TSS office on Highgate made it possible for some workers (Midwife, Community Development, Health Activities, Research Worker, Capital Project Officer, Programme Manager and Office Manager) to work under one roof. A meeting room in the office was made available for the Home Visitors to start a Parents and Toddlers Group. This then moved to the St Lawrence Church Hall after its refurbishment in summer 2003. However, the Home Visitors themselves were forced to relocate to a room in the newly opened Tinsley One Stop Shop

on Bawtry Road in spring 2003, due to lack of space for them anywhere else. In addition, the Health Visitors are located in the Highgate doctor's surgery. The fragmented nature of TSS's staff makes it harder to work co-operatively as a team, and makes communication more difficult between the various team members.

Contacts with families

The Home Visitors offer the following services to Tinsley families:

- Practical support – picking children up from school, help with appointments, escorting to hospital, etc.
- Accessing information – training courses etc. available locally.
- Childcare – information about what's available in Tinsley (childminders, playgroup, nursery, etc.)
- Advocacy – support with solicitors, benefits, housing, etc.
- Providing toys that can be left with a family and changed to suit the child's needs.
- Safety in the home – working with Cot-tage, a Sheffield charity, to provide cots, prams, safety gates, cupboard locks, etc.
- Someone to talk to.
- Parent and Toddler Group on Monday and Thursday afternoons at St Lawrence Church Hall.

During the summer holidays 2003, the Parent and Toddler Group ran a series of short trips to local parks and attractions. This was in response to feedback from families who had been on full day trips but who found them too long for very young children. The short trips lasted about 4 hours. They hired a minibus or coaches (depending on the number of people going) and visited:

- Norfolk Park, with 2 new play areas, one for under-8s, the other for over-8s.
- Clifton Park, with a paddling pool and play facilities.
- Graves Park, with its animal centre and play areas.
- Wentworth Garden Centre, adventure playground and family farm.
- Flamingoland zoo and theme park (2 coaches taking 98 people)

An evaluation of the trips is included in the TSS Annual Evaluation Report.

Summary of Home Visiting contacts from monitoring data

Description	2002-03	2003-04	Q1-2003-04	Q2-2003-04	Q3-2003-04	Q4-2003-04
Family support	233	299	92	71	56	80
Parent and Toddler/Baby Group	25	371	82	105	50	124
Shopping	5	14	2	1	0	11
Speech & language therapy	7	19	2	0	4	13
Support with outside agency	60	51	9	23	3	16
Totals (including other activities)	343	942	210	281	154	287

The numbers shown are numbers of contacts – this could include multiple contacts with any one individual, whether in a home or group setting.

Methodology

TSS's Evaluation Officer and Home Visiting Supervisor jointly drew up a strategy for the evaluation of the Home Visiting service (see Appendix 1). This was to consist of an initial questionnaire, to be completed by the Home Visitors before they started their work, whilst they were training, to find out what their expectations were. It was proposed that they would keep a field work diary 2-3 times during their first 12 months work, to see how the job developed. After 6 months, they would complete a second questionnaire, which would compare how the job had developed to their initial expectations. The interview schedule which was initially proposed for use with families as the Home Visitor withdrew was later changed to a questionnaire (see Appendix 2), to make it easier to use. This general strategy was discussed and agreed at a Home Visitors team meeting, when most Home Visitors were present (not everyone could be there, as they did not all work full time, or on the same days).

In practise, only 4 Home Visitors completed the first questionnaire, and 3 of those also completed the second questionnaire. The field work diaries were only completed for one week, with no follow-up 6 months later. And only 15 questionnaires were completed by families using the service during April-June 2003, after which time no families seem to have been asked to evaluate the service.

Findings

Appendices 3a, b and c summarise the completed questionnaires from the Home Visitors and Families in more detail.

4 out of 6 Home Visitors completed the first questionnaire in October 2002. They expected their role to be a supporting, listening role, befriending families and giving advice where necessary. They expected to be using skills such as listening, problem solving, advocacy, parenting, form filling, knowledge of the area and courses, signposting to other agencies. They identified training needs such as understanding post natal depression, asylum seekers, training in first aid, counselling, breast feeding and child protection. They felt they would need support from other members of their team, and their line manager. One person identified the need for a mobile phone to keep in touch with other team members. The worries they identified were possibly being overwhelmed by clients' needs, making people dependent, managing their workload, being sure they were giving the right information, and their first visit to a new family. They thought families would want them to provide them with a breathing space, someone to talk to, practical help, confidence building, self esteem, and advice on courses and what was available in the area. In order to meet those needs, they felt they would draw on their own life experiences, talk to the families and to team members and other agencies. One person identified the lack of places in Tinsley where they would be able to take mothers and children for time out and mutual support. One person felt there might not be enough time to spend with families, and another identified the complex and varied problems that families may present as possible problems.

3 of those 4 Home Visitors completed the second questionnaire in April and May 2003, when they had been in post 6-7 months. 2 said that the job had developed as they had anticipated; one said that it had been slow to start but then had developed well. Thinking about how the families had benefited, one said they had built on their parenting skills, gained esteem, found out what was available through Sure Start, and benefited from play therapy. Another emphasised the benefits that a break from the child could bring to the parents, giving them time to relax. Positive experiences of working with families included setting up the asylum seekers support group, advocacy and general information work,

providing breathing spaces, accompanying people on hospital visits, thank you cards and gifts from families, people wanting to chat in the street; the only negative experience was the feeling of being on call all the time. All 3 found working with other agencies in the area a positive experience, with the exception of Housing, which was slow and not very supportive. Health visitors, hospitals and refugee centres were all said to be supportive. More training was identified as being needed in mental health, child protection, domestic abuse and drug misuse. One person thought visits to other Sure Starts might be useful. Generally speaking, they had not found the job stressful, although one person said sometimes time management could be a problem, and the lack of clear boundaries about what support to give families. 2 of the people who completed the questionnaires did not live in Tinsley. The advantages for them were that people felt their business would be kept more confidential, that they wouldn't be judged as a family, and that you would not be called upon outside work. For the person who lived in Tinsley, she had not encountered any particular problems or benefits. To make the job better, the need for more childcare places where mothers could leave their babies for a break, or to have driving lessons, etc, was important. Also the need for clearer guidelines, and examples of best practice.

Between the first and second questionnaires, all 6 Home Visitors completed a field work diary for a week, detailing what they did hour-by-hour, along with comments where they wanted to add more information. These diaries highlight the varied nature of the developing role, with visits to families at home, accompanying families to toddler groups, the library, nursery, hospital visits, taking children to and from playgroup, staff meetings, team meetings, supervision meetings, paperwork and phone calls in the office, working with asylum seekers, arranging courses for mothers, arranging appointments, liaising with other agencies, filling in forms, etc. The 4 main areas of activity which emerged from these diaries were:

- Office, paperwork, staff meetings, supervision and training.
- Home Visits.
- Visits to local facilities (Roundabout, toddler group, nursery, crèche, baby clinic, library, etc.) and to other Sure Start staff, either with children, or concerning families and children.
- Liaison with other agencies (housing, course providers, etc.).

The table below shows how many hours were spent doing each of these tasks during the week:

Task	No. hours	% of total time
Office, paperwork, staff meetings, supervision and training	49.5	42
Home visits	31	27
Visits to local facilities and to other Sure Start staff	34.5	29
Liaison with other agencies	2.5	2

Appendix 3c summarises the 15 questionnaires completed by families who used the Home Visiting service between February and July 2003. This probably represents about 40% of families who used the service (e.g. during April-June 2003, 38 families received home support visits). It was left to the Home Visitors themselves to decide which families to ask to complete the questionnaire as they withdrew from intensive support. In some cases, the Home Visitor had to complete the questionnaire with the family, due to literacy and language difficulties.

Most (8) families came into contact with the Home Visiting service by being referred by a Health Visitor. One was advised by the Midwife, one was recommended by a friend, one was contacted by a home visitor, one was referred by a social worker, one came into

contact with the service through the mother and toddler group, and one met them in the baby clinic.

The summary in Appendix 3c lists all the ways families felt they had been helped, but mostly people felt they had someone to explain things to them, to give them confidence and go out with them, show them how to get around, re-assure them and advise them or interpret for them on specific issues. Appendix 3c also gives peoples' views of the Home Visiting service in their own words where possible, what was particularly helpful and how the service could be improved. They mainly underline the importance of having someone to turn to at a stressful time, perhaps when they were ill or when a new baby was born; the help and advice they were given, particularly with other agencies such as housing; and very practical help such as ironing or childcare in an emergency. Their comments about what would make the service better are mainly to have more than one visit a week, more intensive support when needed, and having more childcare or crèche places in Tinsley. One person identified the need for an advice service in Tinsley, and several mentioned more information on courses and activities should be available.

14 women and 1 man completed the questionnaires. They ranged in age from 24-41. 10 were Pakistani, 1 Bangladeshi, 1 White British, 1 White/Asian Mixed, and 2 African. The families had a total of 28 children aged 0-5, 7 aged 6-10, and 1 aged 11-15.

Recommendations

The following recommendations emerge from the evaluation work undertaken so far:

- Clearer policies are needed about the Home Visitor's role, building on 18 months experience of working with families, e.g.
 - To what extent should Home Visitors undertake household tasks or childminding, and in what circumstances?
 - How should they support and guide parents towards better parenting skills?
 - What are the criteria for families to receive the Home Visiting service? How long and how intensive should that service be? Are the terms made explicit to the families from the start?
- Clearer roles of staff within TSS, e.g. between Home Visitors, Health Visitors, Childcare, Community Development and Health Activities Workers. Where these roles appear to overlap (e.g. with organising trips) there should be clear guidelines about who organises what, and why.
- More commitment from TSS staff to evaluate their work, because:
 - they benefit by knowing they are answering families' needs, and can adapt the service they deliver to better answer those needs based on what those families tell them.
 - TSS benefits by knowing what services and activities are working well, and what are not, ensuring resources are directed more effectively, and avoiding duplication of effort.
 - Other Sure Starts can benefit from the experiences of Tinsley, if the information is collected and written up, for sharing on the Sure Start web site, or through regional and national workshops.
- Improved communications between the fragmented sites, perhaps through increased use of email, as there can be difficulties contacting people who work part-time (more training may be needed to enable staff to benefit from increasing use of computers and email).
- Home Visitors identified the need for further training (mental health, child protection, domestic abuse, drug misuse).

- There is scope for joint work with other local Sure Starts (in Sheffield and Rotherham), particularly in similar areas, to share ideas and good working practice.
- Revision of issues on a regular basis (for the whole staff team, not specifically Home Visitors), such as confidentiality, registration of families, quality and timeliness of monitoring data, risk assessments, team working

Appendix 1: Evaluation Strategy for Home Visiting Service

As a Sure Start programme, we are required to evaluate what we do in order to:

- understand how well our services are performing
- keep track of progress in meeting the objectives and targets for Sure Start
- make changes to our programme as a result of evaluation findings.

We are therefore incorporating an evaluation of the Home Visiting Service right from the start.

We are asking you to complete a questionnaire before you really get started on the work. This is to find out what your expectations are, in terms of the job itself and what you hope to achieve. We also want to find out if you have any worries or anxieties, so that we can try and address those.

Every now and then (probably every 3 months), we will ask you to complete a fieldwork diary. This will mean recording all your activities (visits, meetings, training, etc) in more detail than normal.

After 6 months, we will ask you to complete another questionnaire. This will give us useful feedback on how you feel the job is developing, if there are any problems you need help with, if the support you are receiving is right for you, if you feel there are any gaps in your training, etc.

We will also interview a random sample of the families who have received support from our Home Visitors, to see if we have met their needs, and how the service might be improved. This will not be to check if you have done your job right - we don't anticipate that there will be a "right" or "wrong" way to do the job. We just want to make sure that we are providing the best service we can for our Sure Start families.

If you want to talk over the evaluation process further, or if you have ideas about other ways of evaluating your work, please talk to your Co-ordinator, the Researcher, or the Programme Manager about it.

**Appendix 1: Evaluation Strategy for Home Visiting Service
Questionnaire 1 for Sure Start Home Visitors**

What do you expect to be your main role as a Home Visitor?

What skills do you think you will be using in your work?

What training and support do you think you will need?

Have you got any worries or anxieties about the job? If so, what are they?

What do you think might be the needs of the families that you will be visiting?

How do you think you will be able to meet those needs?

What problems (if any) can you foresee in doing your job, and how do you think you might cope with them?

Date Name

Appendix 1: Evaluation Strategy for Home Visiting Service

Field Work Diary

Name :

Date :

Time	Activity Undertaken	Comments
1		
2		
3		
4		
5		
6		
7		
8		

Signature :

Appendix 1: Evaluation Strategy for Home Visiting Service

Questionnaire 2 for Sure Start Home Visitors

Has your role as a Home Visitor developed as you expected it would?
If there have been any unexpected benefits or difficulties, please give examples.

How do you feel the families you have visited have benefited from the service?

Please give examples of any particularly positive or negative reactions you have had when working with families.

How have you found working with other agencies in the area? Please give details of any particularly positive or negative reactions you have encountered. *(do we need to give a list of agencies - social workers, mental health, GPs, hospitals, housing, refugees ...?)*

Has the training you have received been adequate? *(we might need to list the training they're received and ask them to rate each course on content/effectiveness etc)*

How might the training have been improved?

Do you feel you need further training, either in anything that has already been covered, or in any further areas?

Have you found the job particularly stressful on a personal level? If so, how did you cope, or how can we help you to cope with it better?

Have you found there are any particular problems or benefits because you live / do not live in Tinsley? (please delete as appropriate) Please give details.

Overall, what do we need to do to make the job better for you as a Home Visitor and answer the needs of our Sure Start families better?

DateName

Appendix 1: Evaluation Strategy for Home Visiting Service

Interview schedule for use with families using the Home Visiting service

(We need some introductory chat here, to explain why we want to talk to them)

How did the Home Visitor help you?

Can you give an example of something that went really well?

Was there anything that you needed help with that they couldn't help with?

Can you give an example of something that didn't really work out, or that could have gone better?

Did you feel you got enough visits from the Home Visitor?

Ideally, how often would you like to see them?

Have you made contact with other parents or groups in Tinsley?

If so, how have they made a difference for you? (e.g. helped you cope with your children/problems, got to know people, given you a break)

Have you joined any courses? If so, what? How are they helping?

What other services (e.g. library, dentist, ???) are you using?

If you haven't used any other services, why not (e.g. don't know where they are, when they're open, have tried them but not appropriate, too scared to go alone, etc)

How do you feel you've benefited from the Home Visiting service?

Do you feel more confident? less isolated? more independent? able to cope?

What was particularly helpful?

Overall, what do you think would improve the Home Visiting service?

Appendix 2: Questionnaire for families using Home Visiting Service

What was particularly helpful?

What do you think would help to improve the service?

How old are you?

years

Are you

Which ethnic group do you consider yourself to be part of?

(please tick only one box)

(A) White	(B) Mixed	(C) Asian or Asian British	(D) Black or Black British	(E) Other Ethnic Group
A1 British	B1 White/Black Caribbean	C1 Indian	D1 Caribbean	E1 Chinese
A2 Irish	B2 White/Black African	C2 Pakistani	D2 African	E2 Any other ethnic group
A3 Other White	B3 White/Asian	C3 Bangladeshi	D3 Any other black background	
	B4 Any other mixed background	C4 Any other Asian background		

How many children do you have, and how old are they?

No.	Age
	0-5
	6-10
	11-15
	16+

Appendix 3: Summaries of completed questionnaires

Appendix 3a: Summary of Home Visitors First Questionnaire

4 (out of a possible 6) questionnaires were returned in October 2002.

What do you expect to be your main role as a Home Visitor?
My main role as a Home Visitor is being friend, being supportive to the family, ask them what I can do for them, confidentiality, making them feel good about themselves, giving a breathing space, be a good listener.
Unpredictable and evolving.
To support families with children 0-4, in supporting families in their role and provide advice if necessary.
To help families with young children, support, listen to them and give good feedback, build up confidence in families and praise them in what they're doing.

What skills do you think you will be using in your work?
I'll be using my listening skills, communication skills, caring and being understanding and supportive.
Patience, understanding, endurance, hope, problem solving, idea generation.
Listening skills, advocacy skills, parenting skills, solving problems, form filling.
Listening skill, knowledge of the area and courses that are going on in the area. Giving family names and addresses of advice centre and other organisations if needed.

What training and support do you think you will need?
I will need more post natal depression skills, how to know how one is feeling about themselves, being more positive feedback, about first aid.
Loads. Line manager support and team support. Plus? buddy? support.
Team support, line manager support, asylum seeker training.
I would like to do the next counselling course as I found the first one really useful. Breast feeding training and child protection which we are supposed to be doing. Support from team when needed. Mobile phone to get in touch with each other.

Have you got any worries or anxieties about the job? If so, what are they?
I have got no worries about the job. I wish I could be more helpful, when the family don't want me to except that it is not me they want but the services.
Being overwhelmed by the needs of clients. Making people dependant.
Being sure of information given is right and appropriate. Managing workload.
Just visiting families for the first time on my own, not knowing what to expect when you get there, and trying to give them the right advice if needed. Mobile phone would be handy to get in touch with each other, when people go on visit, and we don't know where they are and can't get in touch.

What do you think might be the needs of the families that you will be visiting?
Breathing space, with their child, company to talk, just to get them back in the community.
Problem solving, support, practical help, advocacy.
Varied, Postnatal for mothers, self assurance, confidence building, self esteem, support and contact with children.
Breathing space, time out for themselves, advice on courses and what's going on in the area.

How do you think you will be able to meet those needs?
I will meet up with each of the family once a week and ask them what they want me to do, or how I can help them, to phone up if they need an early appointment, or if they need help.
By planning help. Dealing with specific task at a time.
Networking, group support, own life experiences if appropriate.
Hopefully when everything is up and running (building-wise) there will be plenty of places to take mums and children to. At the moment it is a little difficult.

Appendix 3: Summaries of completed questionnaires

What problems (if any) can you foresee in doing your job, and how do you think you might cope with them?
I can't see any problems yet, but if the family don't want to see me, I will just go and see another family.
Don't know.
Not enough time.
Problems that different families might have, but hopefully with the training I have had, and help from Elaine, I will be able to cope.

Appendix 3: Summaries of completed questionnaires

Appendix 3b: Summary of Home Visitors Second Questionnaire

3 (out of possible 6) questionnaires were returned in April/May 2003. All 3 had previously completed the first questionnaire.

Has your role as a Home Visitor developed as you expected it would? If there have been any unexpected benefits or difficulties, please give examples.
Bit of a slow start but yes, being able to develop groups, and this was how I foresaw Sure Start home visitors developing. Asylum group working really well, but short of speakers, we are working on this, also mother/baby group working well.
Yes, I feel more confident in myself, I want to give more support to the mother with a small child and toddler, I feel that there not much I can do with a baby when I need to take out.
No

How do you feel the families you have visited have benefited from the service?
Families have benefited from home visiting in the following areas:- build on parenting skills; knowledge of what's available in Sure Start, activities; build esteem, play therapy; advocacy work.
I feel a break from a child to do want the parent wants, gives them to themselves, a breathing space does a world of good, someone to relay on. It gives time to themselves, are do bit of relaxing.
Yes, yes, yes.

Please give examples of any particularly positive or negative reactions you have had when working with families.
Positive feedback from asylum seeker families by providing a support group so they can meet with each other and befriend. This has been beneficial for using time more efficiently. Also this has been beneficial in providing advocacy work and general info.
When they ask if we can help them with breathing space. If I could take them to hospital appointments. If when we are available next time. Negative when they can they will call us if want us.
Thank you cards and Christmas presents. People wanting to chat when they see you out and about.

How have you found working with other agencies in the area? Please give details of any particularly positive or negative reactions you have encountered.
Refugee centres being great support when we needed them most. Housing not very supportive and slow on progressing with families' needs. Hospitals generally working really well.
I've found alright working with health visitors, they've been very supportive with families.
Been really good. Knowing who to go to with a client's problems, gets them dealt with faster. Being able to put faces to names has benefited our clients. I can give you a list of agencies I have worked with.

Has the training you have received been adequate? How might the training have been improved? Do you feel you need further training, either in anything that has already been covered, or in any further areas?
Further training - mental health and child protection, also drug misuse would be beneficial. Training received been very good, but would expect we will need more training in future. Maybe visit other Sure Starts to see what they have to offer.
I've found training very useful, to help me develop more in the areas that we work.
Child protection, domestic abuse (best practice issues etc)

Have you found the job particularly stressful on a personal level? If so, how did you cope, or how can we help you to cope with it better?
Sometimes stressful because of lack of time, also sometimes unclear on boundaries regarding how much support to give in relations to extra support or needs of families.
No, I've not find the job stressful, I've got nice families what need breathing space, or childminding.
Actual case load - no.

Appendix 3: Summaries of completed questionnaires

Have you found there are any particular problems or benefits because you live / do not live in Tinsley? (please delete as appropriate) Please give details.

Benefits of living outside Tinsley are families feel more comfortable with someone they don't know, because they feel discussions will be kept confidential, and they won't be judged.

No, I've got no problem yet (lives in Tinsley)

People often want someone from outside of the community because it is such a small community. Not living in Tinsley means that you leave work behind when you go home.

Overall, what do we need to do to make the job better for you as a Home Visitor and answer the needs of our Sure Start families better?

We need to have facilities for babies, mothers want driving lessons, they want us to look after the baby but I've got nowhere to take the baby, some supervision so there's group of babies at one time if we are to help our families.

Clearer guidelines. Explanations about best practice.

Appendix 3: Summaries of completed questionnaires

Appendix 3c: Summary of questionnaires from families using Home Visiting Service given to families when Home Visiting Service withdrawing. 15 questionnaires were completed between February-July 2003. Total number of responses are shown where box ticked by family.

How did you originally come to see the Home Visitor? (tick as many as apply)

8	advised by Health Visitor
0	advised by GP
0	advised by Practice Nurse
1	advised by Midwife
1	recommended by a friend
4	other (specified below):
<ul style="list-style-type: none"> • Contacted by home visitor • Social worker • By attending mother and toddler group • Met in baby clinic 	

How did the Home Visitor help you? (tick as many as apply)

0	helped me with breast feeding
1	advised me with diet and nutrition
3	advised me about safety in the home
0	helped me get safety equipment fitted
0	helped me stop smoking
6	helped me organise child care
8	went out with me (e.g. to library, child care, etc)
8	gave me confidence
8	helped me through a difficult time
4	re-assured me about my baby's development
9	explained things to me
0	made sure I/my baby followed our treatment
6	other (specified below):
<ul style="list-style-type: none"> • Came to my home and my two 3 year old and 4 year old boys to encourage playing, eg recognizing colour, shapes, objects, counting numbers, getting to know the children, helping with their weakness. • Discussed health issues and women's issues, also about Sure Start activities. • kept me company • Helped me keep appointments for hospital through going with me and speaking for me • 1) By giving me the feeling that I am not alone, especially during difficult time in my life. 2) Show me the town and its facilities means I will never being lost in Sheffield • Assurance, self confidence, and building positive attitude about the future. 	

How did you benefit from the Home Visiting service?

<ul style="list-style-type: none"> • Had a rest while the children played with home visitor. I could discuss any problem or worries I had, sometimes it is nice to let off steam to a stranger who isn't connected to the family. The children benefit with learning and understanding, getting to know the home visitor and looking forward to her visits, gaining confidence and self esteem. • It helps me to understand English, helps me to understand paperwork, form filling, helps me to understand M's development, helps with telephone calls. • She feels happy, with help with every day work. She feels a bit isolated, not able to mix. Feels confident when she has someone to talk to. • I received help looking after children, taking part in activities my daughter likes to do but I don't have the time to help her, so the home visitors help her do her activities like eg reading, baking, painting, jigsaw, etc. I get help with ironing and cooking. They look after my children while I cook or do other household things. They do my ironing which is a great help. I would be struggling without them. • Having had a new born baby and a toddler, it sometimes becomes too much to handle, therefore my toddler would be taken to ie toddler group, nursery, so I could have some breathing space. • Gave me confidence, home visitor playing with A. Helped me through a difficult time, eg talking to me. Re-assured me about my baby's development, eg speech and language, and about child health. • [The Home Visitor] helped me change hospital appointments and make phone calls for me. She took my
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Appendix 3: Summaries of completed questionnaires

two children to the Roundabout centre, whilst I was ill and waiting for an operation. She has helped me lots of times to fill forms in, to receive benefits and to send letters to people.

- She helped me keep calm when I am stressed. She talks through problems with me and helps me to work things out. She helps me to see that sometimes problems can be smaller if I talk about them instead of keep them to myself. She has helped me build relationships with my children and how to communicate with them, also to see the importance on getting my children to school. [The Home Visitor] has introduced me to community activities.
- Home visiting service helps me to communicate with my new environment by giving me the chance to be in groups of people in my situation. New friends. Also gives my girls a lot of fun time when we have day out.
 - 1) They looked after my family in general, eg - she spent a lot of time with us talking about problems and the best way to solve it; - she looked after my kids in all ways; - she helped my wife through the difficult time we have been through.
 - 2) All of the above is just a little from so many things she did for us.
 - 3) All of the above has been approached through different means, eg by going out, through consultant, through the community, etc.
- Was given information and advice, on domestic violence, support groups, local classes to get my confidence back.
- I found the home visitor very helpful and reassuring. It gave me great breathing space when my toddler was taken for creche, as I also had a little baby. This gave me confidence and the space that I needed.
- S went to English classes, which left two children with grandma, who is diabetic, who is too ill herself to look after them in nursery, or toy library. Saw that grandma could rest, she is not so good with her feet.
- I found the information very useful about local activities, trips and other programmes.

What was particularly helpful?

- To know what services were available to you and under four, and mother to be would be entitled to. For a new baby what services would be available if needed by mother.
- Helped me to get an NI number; being a friend and supportive; help me to get home tutor for English.
- Reading letters, bills, because she cannot read. Living away from home has been difficult. Changing appointments, helping with childcare, helping with shopping.
- Baby sitting, ironing, taking me and children to appointments.
- Breathing space I got. Able to go somewhere without taking both of my children. Makes life that slightest easier. And that my child would mix with other children.
- One to one basis, build confidence, self esteem, setting goals, someone to listen to my problems.
- [The Home Visitor] helped me with the children when I was ill, when I had no family to back me up.
- A friendly face to talk to and keep my eldest child occupied
- To help me to recognise my problems and been able to be able to talk without been judged, she has given me confidence and built my self esteem. She has made me feel important, and that I can cope.
- Help with solving problem, emotion support with my kids and my husband, communicating with community, finding my opportunity, eg activities, health
- Her advice and willingness to help
- Referred letters for my housing transfer. Visiting to give me support and help.
- Breathing space. My child enjoyed his visits out. I got a chance to do things and go out, it made my life a bit easier.
- Taking the children out was very useful, because she is too old to look after the children, because of her illness, she has lot of illness.
- Taking A to nursery

What do you think would help to improve the service?

- More place for under 4 to take to, creche place. More than one visit per week would be helpful
- Very happy at service provided, can't think of anything else.
- Having more support from home visitor, having more than one day to visit.
- If they could spend more time with families like us.
- More sessions. A creche facility where you could maybe drop your child off while you had to go somewhere.
- To get out more. To offer more childcare. To offer more courses.
- Only more visits a week, but I know she has lots of other families to look after as well, we need lots more childcare in Tinsley.
- More visits
- More information on jobs and training.

Appendix 3: Summaries of completed questionnaires

- Not waiting for the people to come to Sure Start but finding new ways to get in their houses
- More budget and facilities as it's the backbone of a successful work, since the human potential is available
- An advice centre to get more information and activities
- Sure Start to have more creche places and sessions.
- More help if she could have longer visiting times.

How old are you?

24 - 41

years

Are you

Male - 1

Female - 14

Which ethnic group do you consider yourself to be part of? (please tick only one box)

(A) White	(B) Mixed	(C) Asian or Asian British	(D) Black or Black British	(E) Other Ethnic Group
A1 British 1	B1 White/Black Caribbean	C1 Indian	D1 Caribbean	E1 Chinese
A2 Irish	B2 White/Black African	C2 Pakistani 10	D2 African 2	E2 Any other ethnic group
A3 Other White	B3 White/Asian 1	C3 Bangladeshi 1	D3 Any other black background	
	B4 Any other mixed background	C4 Any other Asian background		

How many children do you have, and how old are they? (totals for all families)

No.	Age
28	0-5
7	6-10
1	11-15
0	16+