The Role of the Sure Start Health Visitor

Service Review for Sure Start Pinehurst and Penhill, Swindon

Report

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THE REPORT AND ACKNOWLEDGEMENTS

This is a report of a service review commissioned by Sure Start Pinehurst and Penhill, Swindon, to a team at the University of Bath into the role of the Sure Start Health Visitor. The review focussed upon what the Sure Start Health Visitors are currently doing, in order to identify the Sure Start Health Visitor model.

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Executive Summary

The service review of the role of the Sure Start health visitor for Pinehurst and Penhill (Swindon) was undertaken between January and May 2003.

The review aimed to identify what activities the Sure Start health visitor service involved, and explored perceptions and views of parents and Sure Start health visitors, on the value and effectiveness of the Sure Start health visiting service.

Outcomes of the study were intended to provide a base line model of the Sure Start health visitor service, from which different models could be compared and contrasted.

Telephone interviews were conducted with a sample of parent users and two face-to-face interviews (in pairs) were conducted with the Sure Start health visitors. The results that were yielded did not provide data about the negative experiences from the user perspective. This may be in recognition of the fact that the Sure Start health visitors recruited the sample of users. Therefore, some degree of caution needs to be maintained when examining the results of the data.

The overall findings of the review revealed that the Sure Start health visitor’s role had many positive features. In particular, parent respondents were keen to emphasise the particular and supportive relationships that they had with the Sure Start health visitors. There was clear evidence to show that they were able to be flexible and responsive to users’ needs.

Sure Start health visitors provided multiple forms of delivery (outreach, individual help at home and groups) of activities. The activities placed emphasis on health promotion, prevention and intervention for medical or social reasons. Their work also involved providing support with child management and its affect on children’s behaviour.

Sure Start health visitors developed networks with other support agencies and professions in the provision of activities, and help for both individual families and groups.

This cross discipline or ‘joined-up’ thinking and working, and the ability to give time to individuals within families, were key characteristics of how Sure Start health visitors approached their role. Indeed the way that the Sure Start health visitors worked, was interwoven with the kinds of service that they provided ('what' they did, was as important as 'how' they did it). One of the consequences of this approach to their work, was that it resulted in an ‘enhanced’ health visiting service to users. In turn, this had a positive impact on individual families and group members, particularly in the area of social and emotional difficulties.
1. **BACKGROUND**

This review was commissioned by Sure Start (for Swindon – Pinehurst and Penhill) to evaluate the role of the Sure Start Health Visitor. The focus was to explore perceptions about what the Sure Start Health Visitors are currently doing, in order to identify a Sure Start Health Visitor model.

Analysis of data sought to highlight issues concerning the Sure Start health visitors’ and parents’ experiences and perceptions of the value and effectiveness of the service.

Prior to the employment of the Sure Start Health Visitors, the existing health visiting service was GP attached, with a pilot project of a health visitor being GP attached with a remit for a geographical area. The existing health visiting service provided health advice and information, developmental screening, identification of abnormalities, health promotion and family support (Pinehurst and Penhill Round 3 Plan 18.1.2001; p.41)

The new activities for Sure Start therefore aimed to ‘employ additional health visiting staff as core staff to work from the Sure Start centre, to undertake outreach services and run groups with other workers where appropriate on health issues (ibid.).

At the time of the review, there were two part-time Sure Start health visitors making up just over one full time post, with an allocated time of twenty two hours each (the equivalent of a 1.2 post). They had taken up their posts in October 2001, at the outset of Sure Start’s operational delivery of their services. Seventeen health visitors worked within the Sure Start areas, who were attached to GP surgeries.

2. **RESEARCH DESIGN AND DATA COLLECTION METHODS**

The review began with a scrutiny of three pieces of relevant documentation, in order to identify the aims and objectives of the review. The relevant documentation were:
First – the employment brief, listing the duties and responsibilities of the Sure Start Health Visitor;
Second – The Pinehurst and Penhill Round 3 Plan;
And third, the Supplement Plan for the new service agreement 2001-2004.

Subsequently, the aims of this service review were elicited as follows:
1. To identify what activities the Sure Start Health Visitor service involves, how it is initiated and identified, planned, delivered, maintained, works in conjunction with other agencies and responds to local needs.
2. To explore perceptions and views of parents and Sure Start health Visitors, on the value and effectiveness of the Sure Start health Visiting service.

More specifically, the objectives of the review were:

a) To explore with whom and how the Sure Start health visitors work to identify, plan and deliver services and how this takes account of local needs, and the kinds of support and activities offered to those families.

b) To explore what activities the Sure Start health visitors provide and the extent to which the activities are innovative and integrated, and their relationship to the exiting GP health visitors.

c) To identify the Sure Start health visiting role as a member of a team for individuals, families and groups, and the areas in which they act in those roles.

d) To identify the ways in which the Sure Start health visitor service is perceived by parents and the Sure Start health visitors, as an enhanced health visiting service, and the comparisons that are used to identify it as an ‘enhanced’ service.

e) To identify the ways in which activities that the Sure Start health visitors provide are evaluated to identify the reasons for non-take up.

The above objectives were examined in relation to two of the Sure Start national objectives.

1. Improving social and emotional development: by agreeing/ implementing ways and caring for and supporting mothers with post-natal depression; enabling the early identification and support of children with emotional and behavioural difficulties; supporting early bonding between parent and children, helping families to function.

2. Improving health by supporting parents in caring for their children to promote healthy development before and after birth: a reduction of mothers who smoke in pregnancy; by providing parenting support and information; guidance on breast feeding; hygiene and safety; a reduction in children aged 0-3 admitted to hospital with gastro-enteritis, a respiratory infection or severe injury through the provision of home visits/new parent groups/anti-natal classes).

Following discussion with health visitor managers to finalise the review’s aims and objectives, a brief discussion with the Sure Start health visitors was held, in order to establish whom the population were for the parent sample.

The parent sample

Since the Sure Start health visitors did not carry a ‘case load’, in the sense of a traditional health visitor, there was no available data base which was specific to the health visitors and which provided information about the number of families that they worked with. The health visitors were therefore asked to recruit a sample, obtaining permission for the University researcher to contact the parents. They obtained the consent of seventeen individuals (mothers) who agreed to be interviewed. Eleven of the parents were successfully contacted (65% of the sample). The parent sample covered the experiences of a range of Sure Start health visitor provision, from individual to group sessions.
The results that were yielded did not provide data about the negative experiences from the user perspective. This may be in recognition of the fact that the Sure Start health visitors recruited the sample of users. Therefore, some degree of caution needs to be maintained when examining the results of the data.

*Interviews*

Telephone interviews were conducted with parents and the interview schedule focussed upon issues concerned with objectives a, b and d.

Two face-to-face interviews (in pairs) were conducted with the Sure Start health visitors. The interview schedule was informed by the job description for the Sure Start health visitor and the objectives of the review. In addition, documentation listing activities conducted by the Sure Start health visitor, which was produced at a Sure Start ‘away day’, was used to prompt further discussion during interview.

The findings of the face-to-face and telephone interviews were analysed in order to identify perceptions of the Sure Start health visitor role and the Sure Start health-visiting model.

Findings are presented and discussed under the following headings:
- Overview of Sure Start Health Visitor Activities
- Referring, Signposting and Liaising
- Group Sessions
- Individual Contact
3. SURE START HEALTH VISITOR PERCEPTIONS OF THEIR ROLE – FINDINGS FROM INTERVIEWS

3.1. Overview of the Sure Start Health Visitor Activities

The Sure Start health visitors have been involved in a range of activities since taking up their post in October 2001. During their first year, they were part of a small number of members of the Sure Start team, which has expanded over time. As the team have expanded, so the kinds of activities and the roles they play in the activities have also changed. Figure 1 summarises the activities that Sure Start health visitors had been involved in since taking up their posts.

Figure 1 – Sure Start health Visitor Activities

- Referring, Signposting and Liaising
  
  Weekly referral meeting
  Referrals for child care places
  Referring, signposting and liaising to meet family needs

- Group sessions
  
  Working with Sure Start and non-Sure Start Professionals
  Smoking cessation
  Breast feeding peer support group
  Co-running Postnatal depression support
  Co-running stress management
  Young parents Group
  Parent Skills group
  Presentations on existing groups

- Individual Contact
  
  Direct and Indirect contact (general health advice for adults and children; ‘family walking’ – accompanying parents or children to activities)
  Behaviour management: toilet training, sleep, eating, and behaviour

- Other Sure Start Activities
  
  ‘Talk and toys’ – drop in parent/child group
  Administrative Tasks
  Planning and conducting New Birth Visits
  Transfer in/Initial Visits
  Networking and Promoting Sure Start
  Staff Training - smoking cessation and breast feeding
  Supervisors for other team members
3.2. Referring, Signposting and Liaising

One way that Sure Start health visitors built up case loads was through referrals, which were both self-referrals and those from professionals. GP health visitors referred families to Sure Start health visitors for additional support, or advised families to contact Sure Start, which sometimes led to self-referrals.

Sure Start health visitors produced a general referral form for Sure Start at the outset of their post. The forms were sent to a range of organisations that might access Sure Start, for example, GP surgeries, educational organisations, play groups, social services and the Swindon walk in centre.

Initially, the referrals received by the Sure Start health visitors were from GP health visitors within Swindon who had families on their caseload, who resided within the Sure Start area. There were also self-referrals from families. According to the Sure Start health visitors, referrals from GP health visitors were often for ‘additional support for the family’ for example, in terms of support for the mother with post-natal depression, or a mother whose child was experiencing language problems. Records of referral data (see Appendix 3) suggested that most referrals for post-natal depression support, to date, had been provided by the community health visitor. In contrast, most referrals for stress management and smoking cessation, were provided by the family themselves (self-referrals).

Weekly referral meeting and the Sure Start health visitors’ knowledge base
Sure Start health visitors used their knowledge base to either provide advice about health related issues or signpost individuals and families to other professionals who could help them.

Following initial referrals, the Sure Start team decided that a weekly referral meeting would be held in order to allocate families to Sure Start workers. The referrals tended to be either health related or speech related. If families were requiring help that was not specific to speech and language, the Sure Start health visitors would follow up those referrals, as one of them explained:

> The speech and language expert found for example, the family visited wasn’t appropriate for her skills…so it came back it was more appropriate for us, because as health visitors, we have a broad knowledge base; who to access. It’s about signposting. And even if we don’t know it directly ourselves, we would know how to find the appropriate service for the family (Sure Start Health visitor 1)

Sure Start health visitors would decide whether families needed specific health related advice or ‘signposting’ on the basis of their visit. This was not always clear-cut, as there occurred cases in which social factors were affecting health, and so health related advice would be given alongside signposting and support to access other organisations. In such situations, the Sure Start health visitor would assess what the
family had done; the contacts made, and support the family to be able to change circumstances or act on
their behalf. One of the Sure Start health visitors explained:

On the surface it could be a health issue. A parent could say a child is getting lots of respiratory
tract infections. …But as you go into the home, and the home is in a very poor state, damp;
then it’s going to have a huge contribution to that child’s health problems…. (Sure Start health
visitor 1)

Placed in that situation, the Sure Start health visitor might contact the housing department, as she
explained:

As a traditional health visitor, it is very much about empowering families; but I think the
difference here is that we haven’t said ‘this is what you need to do’, we've been able to help
them along the way; we’ve got the time; we may be able to provide the transport to get there
(Sure Start health visitor 1).

Referrals for child care places:
Having constructed the application form for childcare, the Sure Start health visitors had given criteria (from
the board) for offering funded childcare places to families. They received referrals, which were requests
for day care nursery places; which they would follow up, in order to gather more information, which would
then be used to present a case to decide whether it was appropriate to fund a childcare place for the family.

Referrals, signposting, support and liaising to meet family needs:
The referral process was sometimes an on-going process, with individual families, in order to provide
ongoing support and meet the family’s needs.

In this instance, an initial referral would be made to the Sure Start health visitor, who would subsequently
involve other members of the team through a further process of referral. One of the Sure Start health
visitors explained a situation of a mother with drug related problems:

SShv2: I got involved via her health visitor, a referral to get her child a nursery place. From
there, we’re doing lots of other things and trying to make her a bit more acceptable of her
health.
RC-D: How did she get involved with other team members?
SShv2: By me referring her
RC-D: How did you decide?
SShv2: By talking to mum and finding out what were her problems and where her concerns
were and thinking to myself, who else would be best able to help in that situation….I know
where to signpost, where people can access help, but I’m not skilled to help her move forward.

In this situation, the Sure Start health visitor had referred the mother to a family worker within the team,
whom she had liaised with, in order for her child to be walked to nursery. She had also liaised through
referral, with an outside agency, drug link, who had become involved with the family; and she was
considering referring the mother to the Sure Start social worker.
Indeed, both Sure Start health visitors expressed how their knowledge of available services had expanded since working at Sure Start, because of the need to signpost and refer families for different needs. One of them explained:

I think you look at them more…you’re always going into a family and thinking ‘who else can we involve in the family to meet the family’s needs’ (SSHV 2)

Another example cited by one of the Sure Start health visitors, further illustrated the idea of referrals as an on-going process in order to meet the needs of the family:

I had a phone call from a GP health visitor. She had sent a referral in from a family. There were behavioural issues with the children; the older child at the school, and the younger one’s three. I picked up the referral and spoke to the health visitor to discuss ‘what are you doing’, so we’re not duplicating. And on discussion with her, she talked about the behavioural management issue, and I said ‘if I go in re-iterating what you’re saying but also looking at other things that we could offer the family, immediately thinking (to myself) who else could we get involved in this family. And I said well perhaps if mum has lots of anger, we may be able to offer stress management course for mother and maybe able to talk about Play Start and she said yes, so I said fine, I’d discuss it with the family. (SSHV 1)

The range of professionals that the Sure Start health visitors have referred to, signposted and liaised with, in response to different needs, have been located in the areas of education, health, voluntary and statutory agencies for example,

- Nurseries, school staff, Marlborough House (for behavioural issues), New College (for adult education)
- Health visitors, school nurses, midwives, community dieticians, psychologists
- Social services, housing, community development workers, youth workers
- NSPCC, Home Start, Focus (for carers of family with mental health problems)

3.3. Group sessions

Working with other Sure Start Health Professionals
When two midwives came into post, the Sure Start health visitors worked in conjunction with them to provide initiatives on the smoking cessation and breast-feeding provision.

Smoking cessation
Initiatives in the smoking cessation programme:
The health visitors expressed the view that despite a number of initiatives, the smoking cessation programme has yet to show any successful impact. To date there have been three initiatives that one of the Sure Start health visitors has planned, each with an on-going evaluation to inform follow up initiatives.

- Open access advice and support group

The first initiative was to set up an open access time where a Swindon and Wiltshire smoking cessation adviser would be available at Sure Start, to advise and support anyone within the sure Start area to stop
smoking. All residents of the sure Start area were sent fliers. A group was run every week, for six months and three people arrived on different occasions for one session.

- Outreach support and advice session

The second initiative was an outreach initiative, which involved working with a Sure Start midwife to plan and target pregnant women (during the anti-natal period), who smoked, rather than the entire Sure Start population. One of the Sure Start health visitors explained how the initiative was planned and delivered:

The Sure Start midwife and I then decided to go into the local Penhill surgery every week on a Thursday morning, during the antenatal period – to be able to talk about, gain from them where they were at with smoking, and what they would accept (SSHV 2)

The Sure Start health visitor and midwife co-delivered this support individually, alternating (on a weekly basis) between them (for a period between 4-6 months). During the session they would complete a questionnaire with the mother to elicit the kinds of delivery that the mother would like, in order to increase the likelihood of accessing the smoking cessation support. One of the problems with the second initiative, was that they were seeing the same mothers-to-be, because those women would be attending their thirty-six week anti-natal appointment and return for weekly visits to see their community midwife. Therefore the numbers of women accessed through the outreach group were limited.

The questionnaire revealed that women would prefer individual support if they were to stop smoking. The difficulties of limited numbers and user preferences that were highlighted in the questionnaires, informed the third smoking cessation initiative - individual help at home -, which was on-going at the time of the review.

- Individual help at home

Individual help at home for smoking, was accessed through the Sure Start antenatal visits at home. Two Sure Start midwives (one of whom was trained in the smoking cessation provision), conducted the antenatal visits at sixteen and thirty two weeks; . If during the visit (after the midwife had asked whether the mother smoked) a mother expressed a desire to stop or reduce her smoking, and the midwife trained in smoking cessation was conducting the visit, then she would provide provision. If the midwife who was untrained in smoking provision, was conducting the visit, she would pass on the need for provision to the Sure Start health visitor, who would in turn, provide individual help at home.

The individual help at home involved an assessment of the ‘readiness’ for giving up smoking (based on a wheel of change), and subsequent practical strategies to help them achieve change. Given that the Sure Start health visitors claimed they had not received referrals, there was a limited amount of support that the Sure Start health visitor had been able to offer for smoking cessation.

Breast feeding peer support group

The most recent arrangement (at the time of the review) with midwives was that a Sure Start midwife
delivered the breast-feeding support group. A group of breast-feeding mothers were being trained to support future breast-feeding mothers, with the long-term view of providing support in the home. One of the Sure Start health visitors explained:

They are mothers who have breast fed in the past and/or, are still breast feeding, who come to find out more to be able to develop a group to support other women who are breast feeding, but with a view that they would be able to go in as in a volunteer capacity, to offer additional support, to help women continue to breast feed; because there’s lots of research to show that there are key times when women give up breast feeding and its often down to a lack of social support. (SSHV 1)

The idea of a training group was initiated because other groups in other parts of the country had successfully run peer groups (rather than professionals) for breast-feeding.

To generate the group, the Sure Start health visitor and the Sure Start midwife used two strategies. They contacted mothers who had been in contact with them and who breast-fed. They also liaised with the community health visitor to find out of anyone who had successfully breast-fed.

The difficulty in generating a group was the availability of breast-feeding mothers in the Sure Start area. GP health visitors were able to cite breast-feeding mothers who would be interested in joining the group, but who resided outside of the geographical boundaries of the Sure Start area. Given this situation, the breast-feeding support group was opened out to a wider geographical area. The support group, at the time of the review, was composed of two mothers who were from the Sure Start area and three who were from surrounding areas.

The Sure Start health visitors and Sure Start midwives had delivered a six-week course in autumn 2002, for breast-feeding mothers to become peer supporters. This has evolved, and, at the time of the review, existed as an open access support group for anyone new to breast-feeding. The group would meet at the Pinehurst Peoples’ Centre once a week. Although in the long term, it is hoped that the mothers would provide support in the home; at the time of the review, the mothers were ‘linking up’ with mothers in a maternity hospital, so that there was a base into which they could be directed.

With respect to the breast-feeding initiative, the Sure Start health visitor’s role, as a member of a team, had evolved from initiator, to health awareness promoter, trainer and facilitator. As part of that role, she had conducted the following activities:

- Setting up / planning of the group with the Sure Start midwife
- Identifying the information that was needed in order to deliver the service
- Self –training – which also involved a day’s training with someone who had set up a similar idea in another part of the country
- Sharing knowledge with other health professionals and midwives in the wider Swindon breast feeding
groups. (There exists a working party across Swindon to increase the rate of breast feeding)

- Compiling a training package for the breast-feeding support group with the Sure Start midwife.

The Sure Start health visitor’s role has also involved course delivery during group meetings, where she has supported the group and shared knowledge; for example, she has talked about breast feeding problems, and elicited opinions as to how the parents wished to take the group forward.

The training package that the Sure Start health visitor had compiled with the midwife included identifying the following areas for the course:

- Physiology of how breast feeding operates
- Common breast feeding problems
- Successful breast feeding (position and attachment)
- Relevant issues
- The boundaries between peer support and the need to speak to a professional

Both the representative of the ‘National Childbirth Trust’ and the lead health visitor for breast feeding in Swindon, were also invited to present particular sessions, for the group; therefore, utilising the skills and knowledge of professionals from other support agencies.

**Further initiatives of the breast-feeding support group**

The breast-feeding support group initiative is part of a seven-step UNICEF Baby Friendly initiative. The Sure Start health visitor and the Sure Start midwives were planning to continue on the seven-step programme in order for Sure Start to achieve ‘the baby friendly unit’ award.

**Post-natal Depression Group**

At the time of the review, there had been four courses provided by the Sure Start health visitors. They were co-delivered with a psychology assistant and a Sure Start health visitor.

The first course was initiated and delivered by a previous member of Sure Start staff who had a health-related background. She began planning with members of the psychology department at a local hospital along with a community psychiatric nurse. The service was initiated, as it is part of the Sure Start national targets, to support women with post-natal depression. One of the Sure Start health visitors observed the course.

The second course was planned in Summer 2002. Two people attended the course, and as a result, the course was discontinued.
The third course was planned for autumn 2002, where the Sure Start health visitor co-worked with a member of the psychology department. As referrals arrived, the Sure Start health visitor spoke to mothers individually, conducted home visits to introduce herself, and provided information about the course. Four mothers attended the course to its completion.

During March 2003, the fourth course was in its final week, which was co-delivered by the Sure Start health visitor and the psychology assistant. Sure Start health visitors followed up referrals with home visits. Six mothers attended the course. The planning, delivery and review of the fourth course was conducted with the psychology assistant and in relation to the principles of the Mental Health Foundation paper (March 2002) for supporting women with post-natal depression. The delivery involved a sharing of skills. The psychology assistant’s input was with respect to her specialist knowledge, and the Sure Start health visitor’s input was in terms of practical strategies for example, in the daily experience of having baby.

One of the strengths of the post-natal depression group has been the increase in numbers of referrals. The Sure Start health visitor felt that this was due to an increased awareness that the group was part of a package on offer that was on going, in terms of support. Evaluation and feedback indicated that the group was happy with the course, as the Sure Start health visitor explained:

One mum who completed the last group has come along as a volunteer every week and in the first week she said to them, she stuck it out, and she shared her experience…..At the group the mothers are supportive of each other. (One discussion was about relationships and partnerships)…. I sat back…that’s really what we’re looking for, because it meant that the mothers were offering advice, were actively being able to move on, to see things differently and to be able to offer that to each other. (SSHV 1)

\textit{Stress Management}

The stress management provision was another joint service offered in conjunction with the psychology department (from Victoria hospital), and initiated by a previous member of Sure Start. Discussions with members of the department and Sure Start revealed that there were gaps in daytime provision (with childcare) in the Sure Start area. The stress management course fulfilled that need.

The first course was delivered on October 2002 for a period of six weeks. It was a structured taught course that was delivered by the psychology department. One of the Sure Start health visitors organised the arrangements for the first course (for example, the venue and child care arrangements). She also liaised with parents, in order to increase the rate of attendance. A further course was to be co-delivered in May 2003 and at the time of the review; the Sure Start health visitor was co-planning with the psychology department in order to co-deliver the forthcoming course.

One of the strengths of the course has been the high number of attendees. A high proportion of males
attended the last course. The Sure Start health visitor felt that the main reason for the success of the course was that it fulfilled a need. She explained:

Its plugs a gap. And people are recognising the fact that they can get stressed with children, workload and family situation. So it's meeting a need. (SSHV2)

She believed that the high proportion of male attendees during the third course was due to fact that they could ‘identify’ with the problem of stress.

The Sure Start health visitors evaluated the stress management and the postnatal depression group, with questionnaires and feedback forms, in order to elicit both numerical and descriptive information about the courses.

Young Parents Group

The ‘Young Parents Group’ was initiated in order to help fulfil a Sure Start national target, ‘to provide support for young families’. There have been two initiatives to date. During the first initiative, a time lag between identifying and delivering activities prevented success, as one of the Sure Start health visitors explained:

The young mums whom we initially set it up with identified things they wanted, and we couldn’t move forward with it quickly enough. Because of that, when we did set it up, the girls had moved on…for example, they wanted to do aerobics, but when it came up it was just before the schools broke up (which would have been the venue). Whoever we tried to contact was on holiday (SSHV2)

The follow-up strategy, at the time of the review, involved working with other organisations such as the housing department (given that new housing for 16-29 year olds had recently been constructed in the Sure Start area) NSPCC and the community health visitor; alongside working with the youth service for its delivery. The Sure Start information officer had identified ‘what parents wanted’ through a questionnaire compiled with a member of the youth service. Suggestions included ‘cooking’ and ‘keep fit’. At the time of the review, the health visitors were liaising with organisations to plan guest presenters for each activity.

Parenting skills

As a result of an increased need for practical support strategies for behaviour management, which was usually provided to individual families, the Sure Start health visitors were, at the time of the review, initiating ways in which a structured course may be provided to help parents prevent difficulties with children’s behaviour. A Sure Start health visitor explained:

All the behaviour management things are all ways of giving parenting skills, we’ve said well, that’s dealing with part of the situation, can we stand back and help parents in a preventative way so parents have those skills, knowledge base, to prevent these issues becoming a crisis (Sure Start health visitor 1).
To this end, the Sure Start health visitors were developing further links with the GP health visitors, with a long-term view to arranging structured provision in the area.

**Presentations on Existing Groups**

One of the Sure Start health visitors had presented individual sessions on a group entitled ‘Talkmore’. The Sure Start speech therapist delivered this activity, and the parents within the group had expressed a need for help with children’s behaviour. In response to this demand, the Sure Start health visitor had worked with the speech therapist to elicit particular topic areas to be presented, for example, temper tantrums.
3.4. Individual Contact

Although the Sure Start health visitors did not hold a caseload as such, their work involved working with individual families based on initial referrals, or initial visits. This is how their caseload or workload would develop. The kinds of service they provided depended on the family’s need (a decision made through professional judgement).

Direct and indirect contact

Sure Start health visitors’ involvement with individual families was both direct and indirect at different times, depending on the family’s needs.

The Sure Start health visitors explained that they saw some families regularly, perhaps once a week; others perhaps, once a month and a few, at different times, depending on their needs. In such cases their involvement would be direct (through an initial visit), following which, they may make a referral, to another professional, at which point they would have indirect contact with the family by liaising with the professional, in order to monitor the family’s help. At another point in time, their involvement with the family may become direct again, depending on the needs of the family, which they would identify through conversation with them. One of the Sure Start health visitors described this process of ‘dipping’:

I think that’s what we do an awful lot of here- direct and indirect, dipping in and dipping out; booking somebody else in, then going back out; then doing something else; then coming back out of family involvement (SSHV 2)

Within the process of indirect and direct contact with individual families, the Sure Start health visitors took on a number of roles at different points in time. They were being advisers, supporters, facilitators and signposters, and they monitored the family situation. The following example illustrated this approach. In the example cited, the Sure Start health visitor explained how her involvement had been both direct and indirect. Her initial involvement occurred as the Mother was attending ‘Talk and Toys’ and had made a request for help with managing her child’s behaviour. The Sure Start health visitor explained how direct and indirect involvement developed:

Then things started to deteriorate with the husband’s mental health quite dramatically, and led to issues of domestic violence; and there had been several relapses in his mental health. So its also been co-ordinating and referring for support for her as carer for someone with mental health issues; because he’s now getting medical help and social help from mental health services, but they will deal with the patient, not the carer of the patient. This is where we got her in touch with a charity who do that. …I’ve actually stepped back….because I went to the home, I hadn’t been able to get her on the phone…and she updated me on the current situation; that she has got all this support; so I said ‘fine, you get back to me if you feel you need me’…but some of the issues, she’s got to deal with herself…she’s said ‘I’ve got to make my decisions myself, but I know where you are, if I need you’. Which is fine, because she’s got the appropriate help, the specialist counselling to develop her own confidence, to
make her long-term decision (SSHV 1)

Other illustrations cited by the Sure Start health visitors suggested that the range of role in individual contact, and the variation of involvement at different point in time with individual families, reflected a fluidity of the Sure Start health visitor role which was responsive to the needs of the family, whilst ensuring that individuals did not get ‘lost in the system’. In addition, despite the initial involvement being based on specific purpose, for example a childcare request or help with behaviour management, there was multiple impact (and benefits) of their involvement, on a variety of needs, that were encountered in their relationship with the family.

Time and Relationships

One of the most important issues raised by Sure Start health visitors in their role, was that of ‘time’, which in turn influenced the kind of relationship that developed between the Sure Start health visitor and the individual families. Indirect and direct involvement and associated referrals that were made for individual family needs took time, as one of the Sure Start health visitors explained:

It takes up a lot time. You’re having to liaise…with everybody, trying to find out how we’re going to work with the family to move them forward (SSHV 2)

In the example cited earlier, the mother would telephone the Sure Start health visitor if circumstances were deteriorating; the Sure Start health visitor would then contact the Mother’s GP health visitor, in order to inform her of the situation, and to ensure that she was happy to allow her to continue work with the mother. In that situation, the Sure Start health visitor claimed to have a greater amount of time to make the further contacts and provide the amount of support that was need as she explained:

With this particular family was time, because her health visitor had two case loads, and because I had a relationship with the family to be able to give that support (SSHV 1)

Individual work and behaviour management

Over the preceding year, the Sure Start health visitors have found that their individual work with families has involved practical help with behavioural management, alongside health issues. For example, behavioural issues triggered by sleep disorders have in some cases, revealed other issues within the family, such as relationships between parents, which in turn, has affected how the parents manage the children’s sleep.

3.5 Other Sure Start Health Visitor Activities

Talk and Toys

An initial consultation exercise was conducted with parents at the time of the submission of the Sure Start proposal for Pinehurst and Penhill. It had identified the services parents deemed important. When the Sure Start health visitors came into post, they conducted a second consultation exercise as part of the Sure Start
team. An issue that arose in both consultations was a parental need for parent toddler groups and play opportunities in the area. Therefore, one of the first Sure Start services that was initiated, planned and delivered by the Sure Start health visitors was the ‘talk and toys drop in sessions’, held at Pinehurst and Penhill respectively for two mornings of the week. Each of the Sure Start health visitors took responsibility for one of the sites. Prior to the delivery of the service, they also arranged resources (for example, buying toys) that were required in order to deliver the sessions.

During the first six months in post, the Sure Start health visitors also carried out the following activities:  

**Administrative tasks:** for example, devising general referral forms and new birth contact sheets  

**Planning and conducting new birth visits:** The purpose of the new birth visits was to provide additional support to new parents (usually mothers) in the home, at the time when they would be visiting their GP attached health visitor at the clinic. New birth visits were therefore carefully planned, so that they did not duplicate the work of the community health visitors, and also provided an ‘enhanced service’, as the Sure Start health visitors explained:  

> We spent quite a lot of time before doing any new birth visits, actually thinking through how we could make them different from the community health visitor service. Discussing it amongst ourselves; first, how we could keep to the remit that Sure Start is about ‘additionality’. Yes, we would have to go in and do the initial ‘how are you and the baby’ but that there would be an element that was different, so as not to create that confusion (Sure Start Health visitor 1)

Decisions revolved around discussions of ‘timing’ of visits and ‘liaising with GP attached health visitors’:  

> So timing of the new birth visits; contacting every individual health visitor so we could have a chat with them and say we were going to have a chat with them (the mothers)….setting up letters of communication about a family (for the community health visitor), so that they are fully aware of what we’re doing with the family (Sure Start health visitor 2)

The element that was ‘different’ was the promotion of Sure Start services to the family.  

**Transfer-in and initial visits:**  
In a similar vein to the new-birth visits, if a family had relocated into the Sure Start geographical area, the Sure Start health visitor conducted a visit to the family’s home to discuss what Sure Start is and the services they offered. Similarly, initial visits were also made to families in the Sure Start area. Sure Start health visitors described themselves as ‘Sure Start workers with a health visiting background’ when visiting families.

**Networking and Promoting Sure Start:**  
Networking involved visits to, for example, pre-schools and nurseries, to inform staff of the presence of Sure Start and the services that were available for families in the area.
As the first year progressed, the Sure Start health visitors received actual referrals for Sure Start services, and began the initiatives for breast-feeding, and smoking cessation groups. They also began the assessment procedures for speech and language measures and set up childcare service provision.

Training - - smoking cessation and breast-feeding:
The first step in planning for smoking cessation and breast-feeding support provision, (both of which are national Sure Start delivery targets), was to access specialist training in those areas. Each of the Sure Start health visitors took responsibility for one of the areas. One of the Sure Start health visitors therefore accessed a local NHS programme for smoking cessation; whilst training for the breast feeding support programme involved attending a three day ‘UNICEF Baby-Friendly Breast Feeding programme in London, which included information about groups and peer support, and subsequently informed the UNICEF seven step programme which Sure Start have been working towards. The smoking cessation programme has involved a series of initiatives, forming an on-going evaluation of the provision to date.

During the second year in post and in the subsequent period to date, provision of earlier activities continued, but in some cases the role of the Sure Start health visitor also changed. Responsibility for planning and delivery of ‘talk and toys’ and ‘new birth visits’ was transferred to the nursery nurses and the Sure Start health visitors' role became one of a supervisory capacity to the nursery nurses.

Supervisors
The Sure Start health visitors have undertaken a supervisory role for the Sure Start nursery nurses. It has involved an induction programme, one to one supervision and record keeping. One of the Sure Start health visitors supervises one nursery nurse, whilst the other holds responsibility for two of the nursery nurses. Time has been a constraint in fulfilling this role, as the Sure Start health visitors are employed on a part-time basis, whilst the nursery nurses are employed on a full time basis, as one of the Sure Start health visitors explained:

One of the difficulties is we’re part-time and they’re full time. It’s a completely new role for them, because it’s different from the community nursery nurses. It's taken us a lot of time with professional development. (SSHV 1)

As supervisors, the Sure Start health visitors were expected to observe the nursery nurses, hold one to one discussions with them, assessing the extent to which they were meeting numerical Sure Start targets (for example, numbers of new birth visits).

At the time of the service review, the Sure Start health visitors were looking at the idea of providing ‘topics’ for mothers at ‘talk and toys’ and advising the nursery nurses on its planning and delivery. One of the examples cited was ‘gastro enteritis’. The idea would involve ensuring children washed their hands before a snack, a general conversation about the topic, and perhaps a display and activity based around the
To conclude, the main findings with respect to the Sure Start health visitors’ perceptions of their role were:

- Sure Start health visitors provided multiple forms of delivery of activities. They included outreach activities and individual help at home and in groups.
- The activities emphasised Sure Start promotion, health promotion, prevention and intervention for medical and social reasons.
- Sure Start health visitors have initiated, promoted, trained, facilitated and co-delivered group initiatives.
- Ongoing evaluations of group programs have informed subsequent initiatives.
- Workloads and case loads for Sure Start health visitors developed through home visits and referrals. GP health visitors referred individual families for additional support and sometimes the referral process was ongoing, in order to meet families’ needs.
- Sure Start health visitor involvement with individual families was both direct and indirect, depending on the family’s needs.
- The Sure Start health visitors developed networks with other support agencies and professionals in order to initiate, plan and deliver activities to groups and to support individual families.
4. PARENTAL PERCEPTIONS OF THE SURE START HEALTH VISITOR ROLE – FINDINGS FROM INTERVIEWS

4.1. Overview of the Sure Start Health Visitor Activities
Parents who were interviewed represented users of a range of Sure Start health visitor activities. Parent interviews indicated that they used groups provided by the Sure Start health visitors. Such groups included the post-natal depression group and stress management group. The remaining parents were involved with the Sure Start health visitors on an individual basis. The purposes for individual contact were related to helping adults and children. In particular, parents identified a need for help with their children’s behaviour, a need for a nursery place, and a need for help with a child with physical disabilities. In terms of adult needs, parents stated that they used the Sure Start health visitors because they needed help to cope with current circumstances. In some cases, the Sure Start health visitor was contacted to elicit help for both adult and child – for example, in the need for help with post-natal depression, along with a request for funded nursery provision for their child.

4.2. Referring, Sign posting and Liaising
In most of the cases, the GP health visitor made initial referrals. After parents had either, spoken to them about their concerns, or the GP health visitor had identified a need based on her knowledge of the family’s situation.

In one case, ‘a friend’ was a parent representative for Sure Start and had recommended the Sure Start health visitor as a contact point for requesting a nursery place. Self referrals were also made through accessing other Sure Start activities, such as ‘talk and toys’ drop in sessions, where Sure Start health visitors had informed parents of forthcoming groups such as stress management and post-natal depression, that were available to them.

In some case, the Sure Start health visitor also liaised with other professionals and team members in order to provide the support required and to respond to immediate needs. The following example, illustrated how the Sure Start health visitor had helped a mother through such liaising:

I have a disabled daughter, who was one at the time. I was having problems with social services and the health visitor said get in touch with Sure Start and the Sure Start health visitor (1) came out. She got my child into a private nursery; she advised us on things; she put us through to a company called ‘Family Trust Fund’, a trust fund for people who have children that are disabled…My child also got physiotherapist …at Sure Start, and she got her a moulded shoe to help her walk.

If GP health visitors referred mothers to Sure Start, the Sure Start health visitors would then contact the mothers in order to discover any existing professional contacts and, thereby identify appropriate provision. In one case, the GP health visitor accompanied the mother to Sure Start in order to initiate attendance at
various groups. In another case, the GP health visitor conducted a home visit accompanied by the Sure Start health visitor and suggested to the mother, that the Sure Start health visitor might be able to help the mother.

One mother expressed the view that the Sure Start health visitor had liaised and accessed different people in order to provide help to both the mother and child. The mother suffered from post-natal depression, hoped to secure a nursery place for her three-year-old son and felt that she could no longer cope with her younger child. She explained how the Sure Start health visitor had accessed different people in order to help her with her difficulties:

My health visitor came round with the sure Start health visitor one day and said maybe she could help out with the three-year-old. The Sure Start health visitor found me a nanny who came out once a week, and it gave me a break so I could get washed and changed in the morning and have a break…she’s trying to get him into another nursery, because the local one only offers a set number of sessions, and she spoke to them and they offered more. Any problem and I just ring her up. She’ll say ‘I’ll go and speak to the head of the nursery and get him another session. I want to go back to work and my three-year-old’s not at nursery on a Wednesday afternoon, so she’s suggested a childminder and she’ll try to find one. She helped me with potty training. She does everything for me, because having two kids is difficult.

4.3. Group Sessions

Aside from contact with Sure Start health visitors on an individual basis, parents that were interviewed attended the post-natal and stress management groups.

Parents who attended the post-natal depression and stress management groups, felt that they had been helped by being given support through practical strategies, that were suggested at groups, in order to try to overcome difficulties, as well as health awareness through an understanding of the condition. For example, one parent stated:

In the sessions, they talk about stress, how to handle it; panic attacks - don't breathe in too deeply because it produces more. She (the Sure Start health visitor) sat behind writing things down as the things were done. There were two young women from a college. It helped because I get adrenalin; how to control breathing. We were made to feel welcome. They didn't judge you. I spoke up, but some parents didn't.

The issue of support was strongly highlighted by parents attending the post-natal depression group. For example, one Mother stated:

She was a supportive role- for example, if we were in the group and we had a concern that was causing us grief and if it was a practical problem. One lady couldn't get to sleep, because she couldn't get her baby to sleep after feeding. The Sure Start health visitor would offer advice. Me in particular, as a whole, it was the support and the fact that she would give me reasons not to feel the way I was feeling. She made me list the things I was doing - to show it wasn't that. She explained its like a cast on a broken leg, you can see it; with post-natal depression you can't. That was useful to understand.
Another parent expressed the value of the group situation, which allowed an exchange of ideas as a form of support.

4.4. Individual Contact

Fluidity of role and multiple impacts

A common issue raised by parents who had had individual contact with the Sure Start health visitor, was the extent to which a range of needs were responded to, and the multiple benefits that parents experienced from that help. The Sure Start health visitors were flexible enough to help with different and a number of concerns, at different times. For example, one parent explained how she initially required help to cope generally. Subsequently the Sure Start health visitor had helped her in a number of areas - adult education, children's sleep disorders, potty training - her role had been to give health advice, and social and emotional support. The parent commented:

The Sure Start health visitor (2) has been coming round every two weeks and giving me advice. Because I've been struggling…. She’s given me advice, and I've been interested in going back to school and doing some courses. And she contacted the Sure Start training officer; and she (the health visitor) walks over there with me and stays one hour. I've got my son and daughter and I feel I can't really help them. So I'm doing maths to re-open my mind. So she's given me lots of confidence. One problem I had was my child sleeping. She gave me ideas I wouldn't have thought of. And helping me with a star chart, because of lots of bed wetting…. she's advised me now to put the potty upstairs….she's there for whatever I want to do. If I need to give her an earache for something, she'll sit and listen.

The issue of multiple benefits and the Sure Start health visitor's role was apparent in a number of interviews with parents. Parents would refer or be referred to the Sure Start health visitor for specific reasons for example, behavioural problems of the child, but would find that the mother would be helped as much as the child. One Mother explained;

She comes weekly to me. She's really good support. She's like someone I can talk to and outside the family, about my boys. I find its another support for me. I'm not stressing out. She sits and listens to everything I moan about, with my two-year-old. He's swearing all the time, and she advises me to ignore it and distract him, so that's coming along…..She said it would go good one week and bad another, and not to pin my hopes in them being good every week. So she's helped the children in behavioural problems.

Time and relationships

Parents were asked to identify the reasons why their experience with the sure Start health visitor differed from their GP health visitor. By far the most prevalent issue raised during parent interviews were that of the perceived availability of additional time given to parents. This may be as a result of the fact that the Sure Start health visitor has no remit that has to be completed for each visit. The following comment was illustrative of the perceived value of time given by Sure Start health visitors:

Because the GP health visitors are busy, they can seem rigid. The Sure Start health visitor didn't seem rushed. You had time to articulate what you wanted to say. Its an add on (to the GP health visitor). It feels like its more personal attention; and when you're feeling low, just that extra few minutes re affirms that feeling that you're a person in your own right.
Other parents commented:

I don't feel like I have to rush with the Sure Start health visitor
I didn't feel like she's always watching her watch
Sometimes the GP health visitor's a bit clinical - weigh baby, health issues, see you, then bye;
and you think 'hello, what about me'.

Parents perceived the subsequent relationships that developed as a result of more time given to parents, as 'friendship'. A number of parents used the phrase 'she's like my friend' and found that their relationship with the Sure Start health visitor was therefor more personal in approach.

In most cases then, parents perceived that the Sure Start health visitors provided an 'addition' to the GP health visitors' service that they received. The 'additional' element presented itself in terms of extra time developing into a ‘friend’ relationship. It was someone who could help them, and someone that parents felt that they could open up to. In some cases, they were therefore not regarded as health visitors; although parents were aware that the Sure Start health visitors held a health visiting background.

In other cases, the Sure Start health visitors were seen as providing different, rather than additional help. This was for example, in the area of immediate access to resources. The GP health visitor could access medical resources immediately; the Sure Start health visitor was able to access other resources that were able to help the family.

To conclude, the main findings of the parental perceptions of the Sure Start health visitors’ role were:

- Individual contact with the Sure Start health visitors served a range of parental needs, which were for health related and social and emotional reasons. In turn, there were multiple benefits for both parents (mothers) and children.
- Parents claimed that Sure Start health visitors accessed other professions to help parents (mothers) and children in individual families.
- Parents who attended the post-natal depression and stress management groups were given support through practical strategies, and understanding of the condition and a co-operative group context in which to exchange ideas.
- Parents perceived that the Sure Start health visitors provided an 'addition' to the GP health visitors' service that they received. The 'additional' element presented itself in terms of extra time developing into a ‘friend’ relationship.
- Parents perceived the Sure Start health visitors to have helped them with social and emotional difficulties.
5. IMPLICATIONS AND CONCLUSIONS

5.1. Overall Findings

• The review revealed that the Sure Start health visitor's role had many positive features. In particular, parent respondents were keen to emphasise the particular and supportive relationships that they had with the Sure Start health visitors. There was clear evidence that the Sure Start health visitors were seen as approachable and responsive to the needs of individuals.

• Sure start national objectives were being worked towards as a process by the Sure start health visitors. Those objectives were:

To improve social and emotional development: by agreeing/ implementing ways and caring for and supporting mothers with post-natal depression; enabling the early identification and support of children with emotional and behavioural difficulties; supporting early bonding between parent and children, helping families to function
And
To improve health by supporting parents in caring for their children to promote healthy development before and after birth: a reduction of mothers who smoke in pregnancy; by providing parenting support and information; guidance on breast feeding; hygiene and safety

• Parents highlighted a positive impact on their social and emotional development through the support that they received from the Sure Start health visitors.

• Sure Start health visitor responses indicated that there was a range (outreach activities and groups and work with individual families) of activities that the service provided. The most substantive groups have been the smoking cessation, post-natal and stress management. Smoking cessation continues to be a difficult target to fulfil. The activities and provision (including work with individual families) were initiated through discussions with other agencies or within the Sure start team. They were identified on the basis of needs.

• Sure Start health visitors elicited users' needs in a number of ways. First, through consultation exercises with parents mainly identified through large and small scale surveys distributed to target groups; second, through initial visits to families in the Sure Start area and visits that followed referrals (which were in the main from community health visitors); third, through identifying existing gaps in
provision when planning joint service provision with agencies such as the psychology department at a local hospital; and fourth, through evaluation exercises of the various group activities. Evaluations of smoking cessation groups for example, provided information, which informed follow up courses, such as the need for individual help at home.

- There was a degree of fluidity in family involvement, when Sure Start health visitors were responding to individual needs. This demonstrated itself in the fact that the Sure Start health visitors maintained both direct and/or indirect contact with individuals in families, during the course of their relationship with them.

- The Sure Start health visitors used a number of resources and provided different kinds of support, in order to respond to parental needs, and fulfil the requirements of national targets for Sure Start.
  - They would use their own substantive knowledge of health and social factors affecting health to develop parental understanding and health awareness.
  - They would provide the emotional and social support to help the families move out of those difficulties.
  - They would access and liaise with other professionals as a knowledge resource (both within and outside of Sure Start) and organisations to provide appropriate support to individual families, and to co-plan, and/ or co-deliver group activities for promoting health awareness.

- The Sure Start health visitors undertook a number of different roles for different areas of their work.
  - Their role involved Sure Start promotion, health promotion with individuals in the home and in group sessions for different programmes.
  - Their role involved initiating, planning (or co-planning), delivering or co-delivering and evaluating various group programmes (including out reach programmes such as smoking cessation) that they offered as part of Sure Start’s health related targets.
  - They offered a supportive role to parents, both to individuals in families and in the delivery of sessions withing group programmes. They gave that support by providing help for parents to receive a free nursery place for their child, by providing advice about who to contact, or contacting the organisation for the parent, by providing health advice and practical help, with ideas to resolve children’s behavioural problems, and by providing time to listen to parental concerns and anxieties.
  - They undertook the role of supervisor offering advice to nursery nurses and monitoring the extent to which they were achieving numerical targets (such as number of new birth visits).

- The review revealed some findings into the relationship between the existing GP health visitors and the Sure Start health visitors.
  - The Sure Start health visitors had placed a premium upon ensuring that their service was about
'additionality' to existing GP health visitor related service. The had therefore ensured that there were channels of communications created, in order to liaise with community health visitors and to provide an additional service.

- Community health visitors also liaised with Sure Start health visitors by providing referrals to them after they had identified needs and through discussion with parents. Sure Start health visitors would liaise with community health visitors in order to respond to needs and provide appropriate physical, social and emotional support to parents.

- Both the Sure Start health visitors and the parent sample saw the Sure Start health visitor service as an enhanced service. The comparison made by the sure Start health visitors and the parent sample, was with the community health visitor service. The service aimed to provide ‘additionality’ to the existing health visiting service. For example, the post-natal depression group or the timing of the new birth visits were all examples of additions to existing advice that was given by health visitors.

- ‘Additionality’ was also about promoting Sure Start services in addition to specific health advice. One of the impacts of this additivity, was that parents felt that it enhanced the existing health visiting service because it provided additional ‘time’ and ‘personal attention’, which in turn helped to improve social and emotional difficulties that they were experiencing.

5.2 Discussion and Implications

The Sure Start health visitor model is very much a mixture of content and process that are interwoven. 'What' they do, is as important as 'how' they do it.

Two issues that were strongly identified in the review were ‘time’ given to parents and the use and promotion of Sure Start identity. Parents perceived the Sure Start health visitors as 'friends', with a background of health visiting. In this respect, the Sure Start identity seemed to be greater than the health visitor identity.

Because Sure Start is multidisciplinary in its identity, the Sure Start health visitors were ‘freed-up’ to be able to work in a different way than a traditional health visitor. The Sure Start health visitors' approach was cross disciplinary (a form of joined-up thinking and joined-up work). This approach in itself enhances the existing health visiting service, because the Sure Start identity 'frees' the Sure Start health visitors from a particular remit that has to be fulfilled in a time limit; that community health visitors are required to fulfil.

Furthermore, as a consequence of Sure Start health visitors being part of a cross-disciplinary team, they were freed up from a ‘medical model’ (cause and effect) way of looking at the world. One of the consequences of that 'freeing' was that it allowed the Sure Start health visitors to give time to their families, and they were able to pay attention to 'the system' that parents and children were a part of. That is, as part
of a family and a neighbouring community. Their networking with relevant professionals for families (for example, nursery managers) ensured that the ‘cogs and wheels were oiled’ so that parent or child could function as part of their family and community. In principle, this process enables individuals in families to begin to help themselves. In one respect, this is resultant of the Sure Start identity; because Sure Start is about empowering the self, and therefore helping individuals and families towards that goal.

If the Sure Start health-visiting model were to be replicated, its key elements would be as follows:

- Multiple forms of delivery -- for example, outreach, individual help at home and groups
- In order to undertake roles within forms of delivery, they are able to give ‘time’ to users.
- They are able to be flexible and responsive because they are unhindered by boundaries.
- The joined-up (cross discipline) thinking approach has a multiple impact on users. It impacts on various aspects of their lives that they are part of (selves, family, community)
- The process involves the empowering of users
- The activities provided by Sure Start health-visiting model place emphasis on health promotion, prevention and intervention for medical or social reasons.
- It invests in the development of networking with other support agencies and professionals in the provision of activities, and help for both individual families and groups.

In addition, the Sure Start health-visiting model has incorporated into its service, the insights about how appropriate child management can affect behaviour. In this respect, the issues raised in the most recent edition of the 'Hall Report' (4th Edition 2003), with a greater emphasis on health promotion, prevention and intervention for children at risk, which (for medical or social reasons) have been recognised in the Sure Start health visitor model. The Sure Start health visitor model as examined in this review, was co-ordinated by the Sure Start health visitors, who managed the service, trained appropriate staff and evaluated and monitored initiatives in relation to national Sure Start targets and future initiatives.

How effective was the existing model?
One cannot assume that the Sure Start health visitor model that is demonstrated is the only Sure Start health visitor model, or indeed the best one. What one can state is that it was ‘effective’, in that it is a model that worked, because it achieved what it set out to do. It set out not to be autocratic in its approach, and this was manifest in both the perspectives that were examined in this review. An interesting third perspective would be to explore the model that the GP health visitor service operates within.

A further question that could therefore be examined would be:
What model does the GP health visitor service operate within, and how does that affect the way in which they work?
REFERENCES

http://www.health-for-all-children.co.uk/pdf/HFAC4%20draft%20pdfs

   London: OUP (in press)
Appendix 1

The Sure Start Health Visitor Interview Schedule

Themes to be explored:

Activities
What activities are provided (and are they involved in) and how?
Individual/group activities – reflective evaluation

Needs
How do they identify ‘needs’?

Relationship with other professionals
Whom do they work with? how do they decide who to work with/how to work with them?

Relationship with GP health visitor activities
How do you liaise/decide your role with the GP health visitor?
Appendix 2

The Parent Interview Schedule

Themes to be explored:

Activities/ use of Sure Start health visitors
How have you used them/ how did you decide?

Activities/ use of GP health visitors
How have you used them? / Relationship to S/S health visitor

Value and effectiveness
How well has the Sure Start health visitor helped? In what ways? How would you like to use them?
## Appendix 3

### Referral Data : May 2003

#### Stress Management Group

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