West Midlands, Sandwell, Sure Start Citywide evaluation report

Experiences of ‘ante- and post-natal visiting’ in Sandwell

Early intervention in the earliest year – the support SureStart is providing to families during pregnancy & the first 6 months of a child’s life

The aim of this report is to document:

- how SureStart Local Programmes are expected to support families during pregnancy and the first 6 months of a child’s life,

- what services and activities programmes have put into place,

- the evidence base relating to home visiting (given that this is a key tool programmes are using to contact families during pregnancy & the first 6 months of a child's life),

- the experiences of Sandwell SureStart programmes with regard to visiting families ante & postnatally,

- plans for future evaluation work.

Overview

- Amongst other things, SureStart Local Programmes are expected to offer support to families antenatally and postnatally that complements and adds to the support provided by mainstream health services.

- In Sandwell, the key mainstream health services that support families in the ante and postnatal period are Midwifery, Health Visiting and the mainstream Family Support Worker service.

- SureStart programmes in Sandwell offer a variety of services in order to enhance ante/postnatal support, including aqua-natal classes, baby clubs and baby massage sessions. Services differ across programmes, dependent on the stage of the programme and the requirements of the local community. However all programmes offer some form of ante/postnatal home visiting service.
• Research shows that ante/postnatal home visiting can have a number of positive outcomes, such as reducing rates of childhood injury, encouraging breastfeeding and promoting children's intellectual development (see main body of report for detail). It is unfortunately not possible to define what makes a successful home visiting programme, but evidence suggests that programmes are more successful when they aim to address multiple needs rather than a narrow range of outcomes and that more intense programmes have a greater impact.

• The approach to ante and postnatal home visiting undertaken by SureStart programmes certainly aims to address multiple needs by putting the family at the centre of the service and aiming to customise the support provided to meet their individual needs.

• SureStart programmes have worked to make the service they offer available to a wide range of families and to provide those in most need an intense service. Data shows that much progress has been made, but that there remains significant scope to reach a wider number of families and to visit individual families more frequently, assuming that the families would welcome this. Given that resources are obviously finite, it may be necessary to make a choice between these two aims.

• 7 of the 8 Sandwell SureStart programmes are/are planning to work in partnership with the mainstream Family Support Worker service to deliver their ante/postnatal home visiting programme. This is a mainstream service that has been operational in Sandwell since 1989 in which paraprofessionals trained in health promotion work visit families ante/postnatally to provide practical and emotional support.

• Where this partnership is operational it generally seems to be working well, although there are some issues to resolve surrounding the tension that can arise from dual management and dual recording systems.

• The main things SureStart programmes are hoping to achieve through the home visiting programme are: establishing contact with families, making them aware of the services and support available to them, undertaking health promotion work and providing practical and emotional support.

• They feel they are adding the following things to mainstream services: more time to listen, closer interagency working, practical support for parents.

• They feel the following things have helped facilitate visits: the individuals in post, that they are Health employees, working with mainstream services, language skills, flexibility and 'goody bags' (a collection of low cost gifts such as toiletries for antenatal mums, or a book, small toy, safety equipment provided postnatally).

• They feel the following things have acted as barriers: access to data (now mainly resolved), missed appointments, language barriers and recruitment problems. They
have also found it difficult to contact women working during their pregnancy as services are mainly provided in standard working hours.

- Programmes feel that ante/postnatal home visits are a key service that is working well. They feel it has encouraged moms who would otherwise have stayed at home to access services, given them additional practical skills and provided much needed support. They have received positive feedback and thank you cards from families keen to show their appreciation of the service. The local research ethics committee is currently considering an application to conduct an annual tracking survey to collect feedback from families about the quality of ante and postnatal care they received.

**Recommendations**

- Whilst it can prove difficult to make contact in the antenatal period, efforts to do so appear to be beneficial in terms of: giving the opportunity to address the target to reduce smoking in pregnancy, to encourage a positive view of breastfeeding and to facilitate postnatal visiting.

- Consider additional ways of contacting pregnant women who work.

- Continue to look for ways of working more closely with the mainstream Midwifery & Health Visiting services & of encouraging them to refer families to SureStart services.

- Record information about the needs/support provided to families to help shape the service (nb a system has been established by the Family Support Worker team & the database being developed will allow this information to be analysed and used effectively).

- Regularly monitor the depth of support being provided ante/postnatally.

- Continue to look for ways of reducing the number of missed appointments.
Contents:

What is expected of SureStart Local Programmes? ................................................................. 5
   Objectives............................................................................................................................ 5

What SureStart Programmes have put into place ................................................................. 7
   Services currently available .............................................................................................. 7

Does home visiting work? .................................................................................................... 9
   Why the interest in home visiting? ...................................................................................... 9
   What outcomes is home visiting associated with? ............................................................ 9
   How are home visiting programmes best delivered? .......................................................... 10
   Conclusion .......................................................................................................................... 10

SureStart experiences of ante and postnatal visiting in Sandwell ..................................... 11
   Who is undertaking the visits? ......................................................................................... 11
      Family Support Team ..................................................................................................... 11
      Other Staff ..................................................................................................................... 12
      Joint Working ............................................................................................................... 12
   Antenatal visits .................................................................................................................. 12
      How are programmes approaching the visits? .............................................................. 12
      What is the aim of visiting? ............................................................................................ 13
      What are programmes adding to mainstream provision? ............................................ 14
      How widespread are visits? ......................................................................................... 15
      How often are families visited? ...................................................................................... 16
      What has facilitated visiting .......................................................................................... 17
      What barriers have there been? ..................................................................................... 18
   Postnatal visits .................................................................................................................... 20
      How are programmes approaching the visits? .............................................................. 20
      What is the aim of visiting? ............................................................................................ 20
      What are programmes adding to mainstream provision? ............................................ 21
      How widespread are visits? ......................................................................................... 22
      How often are families visited? ...................................................................................... 22
      How do programmes view the target to visit 100% of children? .............................. 23
      What has facilitated visiting? .......................................................................................... 24
      What barriers have there been? ..................................................................................... 24
      What difference are visits making? ............................................................................... 25
      Working in partnership ................................................................................................... 25

Future evaluation plans ......................................................................................................... 27
   New parents ....................................................................................................................... 27
   Midwives/ Health Visitors ................................................................................................. 27
What is expected of SureStart Local Programmes?

The aim of SureStart is to work with parents to be, parents and children to promote the physical, intellectual and social development of babies & young children - particularly those who are disadvantaged - so that they can flourish at home and when they get to school and thereby break the cycle of disadvantage.

Local programmes operate within specific geographical boundaries. Within Sandwell there are 8 local programmes, between them covering approximately 1/3 of the 15,000 0-4 year olds in the Borough. The fact that SureStart Programmes only cover certain areas and that as a result, only certain children and families can benefit, is a source of frustration for many - families and practitioners alike. However it is important to remember that the reason for this is that, in essence, SureStart is an experiment - there is no way of knowing whether or not the additional services and resources provided by a SureStart programme will make a real difference or not. Which is why the approach is being trialled and carefully monitored/evaluated in selected areas in order to identify what works. When this is known, it will be possible to make a reasoned argument to mainstream service providers to alter/extend their service for the benefit of the wider population.

Objectives

SureStart programmes have specific objectives to achieve, driven by government priorities and a wealth of research about what really makes a difference to children’s lives\(^1\). In relation to pregnancy and the first 6 months of a child’s life, programmes are expected to offer antenatal & postnatal support that complements and adds to the support provided by mainstream health services. There is no specific target in relation to the proportion of pregnant women seen, but programmes are expected to see 100% of families with young children within 2 months of a new baby being born. Other, specific objectives they are required to work toward within this timeframe are to:

- Achieve a 6 percentage-point reduction in the number of mothers who continue to smoke in pregnancy by 2006.
- Ensure information & guidance on breastfeeding, nutrition, hygiene and safety is available to all parents. Progress being measured by the percentage of women breastfeeding at birth, 6 weeks and 4 months.

In addition, work toward many of the other SureStart targets starts in the very earliest year, things such as increasing the proportion of children with normal social and

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\(^1\) Additional information about SureStart targets and some of the research that supports the importance of each target can be obtained from the SureStart Research Officer, contact details at the end of this report.
emotional development, reducing emergency admissions to hospital as a result of injury, respiratory infection or gastroenteritis and facilitating speech & language development and children's ability to learn.

SureStart is obviously not working in a vacuum. It cannot, and should not try to address its targets in isolation. As mentioned above, the aim of SureStart programmes is to add to and complement the services already available rather than to replace them - something it aims to do by working in partnership with other organisations/ agencies.
What SureStart programmes have put into place

All SureStart programmes have the same objectives. However each is free to determine how to work toward these targets. It is important to understand that SureStart programmes are not organisations or agencies in their own right, they are partnerships - partnerships between local parents, health, social services, education and local organisations involved in child/ family support. Each is led by a partnership board, comprising of representatives from each of these groups. The partnership board ultimately determines what services the programme will offer on the basis of the experience and views of its members and through consultation with the local community and local practitioners.

As a result, all 8 SureStart programmes in Sandwell are different. The services they offer are similar in many ways but they are not identical. This is both a strength and a drawback. A strength in that it enables services to be shaped in relation to the specific needs of a specific community, but a drawback in that it can appear to further fragment the service provided to Sandwell families. The strength hopefully overshadows the drawback & will ultimately give us scope to try out a variety of approaches and identify the most promising/ effective interventions.

Services currently available

The table below summarises the services different programmes offer to families during pregnancy & the first 6 months of a child's life.

The aim of the grid is not to compare the programmes, because as mentioned, there are a variety of factors that determine the services each provides, including the community need and other mainstream and voluntary services in the area. Rather the aim is to demonstrate the variety activities available.
<table>
<thead>
<tr>
<th>Services provided by/ supported by SureStart</th>
<th>Rowley</th>
<th>Smethwick</th>
<th>Friar Park</th>
<th>Tipton</th>
<th>Road End</th>
<th>Burnt Tree</th>
<th>Cradley Heath</th>
<th>Uplands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal home visits</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Antenatal Classes</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aqua-natal Sessions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Postnatal home visits</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Parentcraft Sessions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Baby Club</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Baby Clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>Breastfeeding Support Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Baby Massage</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Safety Equipment Loan Scheme</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Welfare Rights Advice</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>PND Support Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Psychological Support</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ ✓ ✓</td>
</tr>
</tbody>
</table>

Nb: this list may not be entirely up to date as programmes regularly introduce new services.

It can be seen that programmes are adopting a range of ways of supporting families during pregnancy and the first 6 months of a child's life. The only services that exist across all programmes are ante and postnatal home visits.
Does home visiting work?

Given that home visiting is the key way SureStart programmes are addressing their objective to support families in the ante- and post-natal periods, it is sensible to review the evidence base as to whether or not home visiting has been shown to work.

In February 2004, the Health Development Agency published an evidence briefing relating the efficacy of ante- and post-natal home visiting programmes. The information that follows is a summary of the review. The full document can be accessed at www.hda.nhs.uk/evidence.

Why the interest in home visiting?

Home visiting is a method of delivery rather than an intervention in and of itself. It seems to be favoured when:

- social support is the central or a key component of the intervention
- where there is a belief that individuals would be unable to/ choose not to/ or be less comfortable receiving similar support in a venue other than their own home
- where the home visitor/ client relationship is a key element of the intervention.

What outcomes is home visiting associated with?

Evidence suggests that ante/ postnatal home visiting:

- can have an impact in reducing rates of childhood injury
- has the potential to encourage & support breastfeeding, but more research is needed
- can have a positive effect of home visiting on children's diets, but more research is needed
- has a beneficial impact on measures of intellectual development, particularly amongst children with identified problems associated with low birth weight or failure to thrive
- can have a positive impact on various dimensions of parenting/ mother child interaction, but more research is needed to identify how it does this
- can improve detection & management of postnatal depression
However it also suggests that there are a number of outcomes that home visiting might be expected to achieve that, on the basis of evidence currently available, it is not clear whether or not it does. These include birth weight & other pregnancy outcomes, reducing child abuse, influencing immunisation or hospital admission rates, long-term access to social support, long term maternal life course such as participation in education/ employment or the spacing of subsequent pregnancies.

How are home visiting programmes best delivered?

Insufficient information is available to answer this question, but evidence suggests that:

- Programmes are more successful when they take a comprehensive approach and attempt to address multiple needs rather than a narrow range of outcomes

- More intensive programmes have a greater impact, although it is not possible to prescribe the ideal intensity or duration

It is not clear if home visiting is more effective when provided by professionals rather than lay people.

Conclusion

It is possible to conclude that home visiting potentially has a very important contribution toward tackling child health inequalities and as such, SureStart programmes are right to be investing resources into home visiting. However not enough is known about which components of a home visiting programme make a difference to be able to make definite recommendations about what constitutes evidence based practice. This means that local practice should be carefully monitored & evaluated. In addition, it is important that evaluation considers the cost effectiveness of such interventions.
SureStart experiences of ante- and post-natal visiting in Sandwell

The information in this section of the report is based on interviews with the programme manager, or deputy, of the 8 Sandwell SureStart programmes, a group discussion with Family Support Workers from SureStart and the mainstream service and an interview with the Family Support Worker team manager.

It predominantly relates to the experiences of programmes other than SureStart Friar Park. Their approach is quite distinct to that of other programmes because they are trialling a new way of working in Health Visiting. By working closely with the local PCT, the mainstream Health Visiting system has been reshaped so that the 2 Health Visitors who work for SureStart Friar Park carry the caseload for the geographical area, rather than families being allocated to Health Visitors according to the GP practice they are registered with. The programme is currently planning a comprehensive evaluation of this approach.

Who is undertaking the home visits?

Family Support Worker team

7 of the 8 programmes have, or are currently recruiting Family Support Workers. All of these workers are employed through a mainstream Family Support Worker service based at Sandwell Hospital. The mainstream service has been operational since 1989 offering a support service to ante and postnatal women across the Borough on either on a self or professional referral basis. In principle the mainstream service is open to all women in Sandwell who wish to access it, although presently, resources dictate that it is primarily used by women with acute needs.

The key differences between the mainstream and SureStart services are that:

- The mainstream service can only support women up until 6-8 weeks postnatally, whereas the SureStart service will offer support up until 6 months

- SureStart aims to visit all women rather than only those who request or are referred for support

A Family Support Worker is essentially a paraprofessional trained in health promotion and how to provide practical and emotional support during the ante and postnatal period.

Each programme has specific workers attached to it and to some extent each programme utilises the workers in slightly different ways.
Other staff

Prior to Family Support Workers coming into post within SureStart Programmes, visits were undertaken by other programme staff, including Midwives, Health Visitors & Outreach Workers. Programmes generally feel that it is beneficial to have workers who focus on ante and postnatal visiting, in part because this facilitates access to data and in part because having particular staff focussing on a particular group of families reduces conflict in priorities which can occur when a group of staff share responsibility for visiting all local families with children under 4.

Joint working

In some programmes ante and postnatal visiting is the sole responsibility of the Family Support Worker team, in others it is a joint responsibility between Family Support & Health Visitors, Midwives or the wider Outreach Team. The programmes in which it is a joint responsibility have found this to be beneficial because:

- It allows more flexibility & helps to ensure target reach figures are achieved
- It encourages interagency working

However it is important to bear in mind that it is more cost effective for more routine visits to be undertaken by paraprofessionals than professionals such as Health Visitors and Midwives.

Antenatal visits

How are programmes approaching the visits?

Programmes differ in the emphasis they are putting on antenatal visiting. At one end of the spectrum there are programmes that are not yet focussing much on antenatal visits, given that the SureStart Unit’s main concern appears to be visiting children between birth and 2 months. At the other end are programmes who feel that antenatal visiting is far more valuable than early postnatal visiting as a means of providing information to and building a relationship with new parents. The key reasons given for this are that:

- Families generally receive far less contact during pregnancy than the 2 months after birth, when they receive regular visits by midwives, health visitors & friends/ family.

- The majority of antenatal contact is through visiting midwives at clinic. Resources dictate that appointments tend to be short, and women are aware
that there are others waiting to be seen. As a result, they may feel less able to talk about any concerns they may have – something which an antenatal home visit invites.

- It is only possible to work toward the target of reducing smoking in pregnancy if you are in contact with mums antenatally

- To effectively promote breastfeeding, it is important that women have information and support antenatally as well as postnatally.

- There appears to be a low take up of antenatal services in some of the SureStart areas. For example anecdotal evidence suggests that many women choose to not attend antenatal classes and many asylum seekers/ refugees do not know what to expect in antenatal care.

- Families seem more prepared to accept support from SureStart postnatally if they have been in contact with the programme antenatally.

Some programmes are working closely with mainstream midwives and have invited them to refer mothers who they feel would benefit from additional support. In this way they are aiming to target their resources toward those women who will benefit most. Others are simply looking to contact as many pregnant women as possible.

**What is the aim of visiting?**

Programmes feel the aim of visiting women antenatally is to:

- Establish contact with families at an early stage

- Make them aware of services, including SureStart, within the local area and encourage them to access these

- Assess individuals needs and to offer appropriate advice and support

- Undertake health promotion work, in particular relating to smoking and breastfeeding

- Help families to feel more secure/ that support is available

There is no formal assessment of individuals needs, although Family Support Workers estimate that 60% of families have simple needs in the antenatal period & really just need information, 25% have moderate needs and need information and some support/ reassurance and that 15% have acute needs and need a significant amount of support
and assistance (estimates differ across programmes and between workers). It might be useful to track this more formally, to ensure the service is able to respond appropriate to families needs.

What do programmes hope they are adding to mainstream service provision?

The comments below were made by programme managers:

Naturally the programmes are looking to enhance the level of support provided to expectant parents. The main thing they feel they can offer, which mainstream services often cannot, is time. Time to listen to parents concerns and time to undertake health promotion work, in particular relating to smoking and breastfeeding.

In addition, they hope to add an element of continuity to service provision. Anecdotal feedback suggests that some women find it confusing to be passed from midwifery to health visiting. Seeing a SureStart worker both ante and postnatally could help.

They also feel that visiting parents in their own home is beneficial, because it changes the dynamics of the interaction - at home the family has more power/ control than they do when they see a professional in a clinic setting. In addition they feel it makes it easier for a worker to assess an individuals needs, due to the environmental cues about what else is going on in the parents lives other than the pregnancy.

Programmes feel they can offer additional support as a result of close interagency working amongst the SureStart team. For example, Maternity Support Workers at Rood End aim to refer all pregnant women to the programmes Welfare Rights Worker for a benefit check. Whilst mainstream Midwives and Health Visitors are able to make referrals in to SureStart, referrals are not commonplace at the moment. This is probably in part due to mainstream workers not being as aware of the additional support available and in part because they don't have a strong personal relationship with the workers who provide other services, something which SureStart evaluations suggest influences referral rates.

The final way programmes feel they are adding to mainstream service is by making additional resources available, resources that focus on a specific geographical area. They feel this benefits local families by them having someone else to turn to for support and advice and by providing them with additional information about the range of services available in the area, including detailed information about what SureStart has to offer. In addition, because SureStart staff have the scope and flexibility to offer practical support to help parents access services, for example, accompanying a mum to an antenatal group if she feels nervous but has no-one to go with her.
As mentioned, these comments were made by programme managers, who appear to be thinking mainly of Health Visitors and Midwives when thinking of mainstream agencies. However it is important to note that a number of these things are also provided by the mainstream Family Support Worker service.

The Family Support Worker team feel that SureStart is adding the following things to mainstream provision: access to an interdisciplinary team, a universal service which ensures children don’t ‘fall through the net’, detailed knowledge and information about services in the local area and a more family centred approach as they can draw on colleagues to offer support for older children.

How widespread are visits?

The table below shows the number of pregnant women seen by each programme as a percentage of all women giving birth in the periods April 03 to March 04 and April 04 to September 04.

Table 1: % of pregnant women seen by each programme

<table>
<thead>
<tr>
<th>Programme</th>
<th>April 03 to March 04</th>
<th>April 04 to Sept 04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rowley</td>
<td>24%</td>
<td>32%</td>
</tr>
<tr>
<td>Smethwick</td>
<td>6%</td>
<td>53%</td>
</tr>
<tr>
<td>Friar Park</td>
<td>18%</td>
<td>Data not available</td>
</tr>
<tr>
<td>Tipton</td>
<td>16%</td>
<td>Data not available</td>
</tr>
<tr>
<td>Rood End</td>
<td>16%</td>
<td>56%</td>
</tr>
<tr>
<td>Cradley Heath</td>
<td>8%</td>
<td>36%</td>
</tr>
<tr>
<td>Burnt Tree</td>
<td>14%</td>
<td>75%</td>
</tr>
<tr>
<td>Uplands &amp; Londonderry</td>
<td>5%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Nb: data on the number of women giving birth between April 03 and March 04 has been provided by Child Health Surveillance, the number giving birth between April 04 and September 04 has been estimated on the basis of the previous years’ data.

When comparing data across programmes it is important to remember that programmes were established and recruited staff at different points in time, and are working in quite different communities.

It can be seen that programmes able to submit data have had more success with their antenatal contact in April to Sept 2004 than in the previous financial year. They attribute this to experience and resolving most of the initial barriers faced - in particular access to data.
Burnt Tree are seeing a very high proportion of women during pregnancy in comparison to other programmes, through their general antenatal services and home visits undertaken by the programme’s Health Visitor. They cannot pinpoint anything specific that is leading to their success; although the figures are presumably influenced the strong focus the programme places on antenatal contact in comparison to other programmes. They are planning to evaluate their work in this area in 2005.

**How often are families visited?**

Looking at the number of families visited only tells half a story. It is important to consider the depth of support provided in addition to the breadth.

The data needed to assess this would be the average number of times a programme is in contact with a woman during her pregnancy. However, this information is not easy to access.

To give an indication, programmes were asked to identify mothers registered with the programme who gave birth in September 2004 & to check how many times each woman was in contact with SureStart during her pregnancy. Not all programmes were able to provide this information, but data for those that could is shown below.

**Table 2: average number of times women giving birth in September 2004 who are registered with each programme were seen during pregnancy**

<table>
<thead>
<tr>
<th>Programme</th>
<th>No of women giving birth</th>
<th>Average no of home visits per woman</th>
<th>Average no of other contacts per woman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rowley</td>
<td>4</td>
<td>0.25</td>
<td>0.25</td>
</tr>
<tr>
<td>Smethwick</td>
<td>16</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Friar Park</td>
<td>Data not available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tipton</td>
<td>Data not available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rood End</td>
<td>3</td>
<td>1.6</td>
<td>0</td>
</tr>
<tr>
<td>Cradley Heath</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Burnt Tree</td>
<td>2</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Uplands</td>
<td>7</td>
<td>0</td>
<td>0.4</td>
</tr>
</tbody>
</table>

This information suggests that whilst programmes have established contact with a wider pool of pregnant women this financial year than last, the level of support provided
remains limited - although it is acknowledged that the data presented only relates to a very small number of women.

This suggests that for the majority of families the main benefit the service is providing is information and signposting, rather than support. This is in line with what Family Support Workers feel that approximately 85% of the women they see antenatally need. However it is important that programmes continue to monitor contact to ensure those who would benefit from more in depth support are identified and given appropriate assistance.

As another way of obtaining information about the depth of support being provided, Family Support Workers were asked to indicate how many times, on average they would expect to visit families antenatally. Estimates varied, but averaged at 2-3 times. This suggests that families are not being contacted as frequently as programmes would like - something that should be looked at.

SureStart is in the process of helping the Family Support Worker team establish a database to manage information about their work - this should make it easier to access information about the outputs of the service for future evaluation work. Programmes should aim to track this data to help it assess the likely impact of the service.

What has facilitated visiting?

SureStart programme managers and Family Support Workers feel that the following things facilitate visiting during the antenatal period:

**Workers being employed through the NHS** - Family Support Workers feel that their NHS badge helps them to gain access as this tends to generate trust and because families expect health workers to visit ante and postnatally. They note that many families are not yet familiar with SureStart and that they can be suspicious of it, associating it with Social Services. However, they feel that familiarity with SureStart is growing and that suspicion lessening as a result. One of the steps taken to help address this is that all pregnant women are given a letter at their 'booking in' (first antenatal visit) which explains that if they live within a SureStart area they will receive a visit from a Family Support Worker.

**The individuals in post** - Programmes agree that the personality and approach of the individual members of staff is key - to gain access to a family, be seen as a trustworthy source of support and to work within the appropriate boundaries, drawing on specialist or mainstream support as appropriate. Workers agree that a smile and a friendly face is crucial!
**Working closely with mainstream midwifery services** - programmes work with midwives on different levels, some directly employ a midwife for a few hours a week, others deliver services jointly. For example, Rowley staff contribute to hospital antenatal classes, in Tipton baby clinics are held at the SureStart building and Burnt Tree are looking at a similar arrangement. They are also planning to develop a booklet to explain the local services and support available in the ante/ postnatal period. This will include information about SureStart Family Support Workers, to position them as a core service.

Many programmes would like to secure closer working relationships between SureStart and Midwifery.

In the past there have been some issues around professional boundaries, but the Family Support Worker team have worked hard to ensure other professionals understand what they offer and to be conscious of their limitations as paraprofessionals, being sure to refer on where appropriate.

**Language** - Sandwell is a diverse area and has a number of residents who do not speak English, or whose English is limited. As a result, many programmes have sought to employ workers with specific community language skills.

**Ability to offer evening visits** - Cradley Heath has found that being able to offer evening visits has made their antenatal visits more accessible to working mums & allows the programme to reach people who they would probably otherwise have missed. It's also proved a good time to reach dads as well.

**Goody bags** - A number of programmes offer goody bags specifically for pregnant women. Some have found this facilitates access as the first visit as the worker is not just calling, she is calling to bring a gift. Naturally the sustainability of this approach will need to be considered in due course.

**What barriers have their been?**

**Data** - information about who is pregnant has been a major barrier. The Data Protection Act (1998) restricts the extent to which data can be shared between health and SureStart and it has taken time to put appropriate mechanisms in place to allow SureStart access to information about who to visit whilst working within the confines of the Act. These issues seem to have been resolved and programmes are aiming to see a higher proportion of pregnant women in the future. In the main, resolution has been due to the Maternity Support Workers being employed through health and having direct access to data, or by employing a Midwife - although a shortage of midwives means that this has been difficult to do.
**Working mothers** - one of the principles of SureStart is that services are 'flexible at the point of delivery' meaning that they should be designed to encourage access. Opening hours are a key component of this. At the moment, logistical factors means that the majority of services are delivered 9-5 Monday to Friday. This means that it can be difficult to reach women who work during their pregnancy. Programmes are currently looking for ways to tackle this & some are undertaking evening visits.

**Young mothers** - some Family Support Workers have found the young mothers are reluctant to access the service, possible feeling that it is not really geared toward them. However there is a SureStart Plus programme within Sandwell (which focuses on young parents), so young mothers can be referred to this service. The main difficulty is that there service covers the whole of the Borough, meaning young moms need to travel much further to access this support.

**Missed appointments** - There is currently no data available to show the number of missed appointments, but workers report that this is an issue and estimate that about 1 in 3 antenatal visits fail to result in contact. It is possibly exacerbated by the fact that women are often not familiar with SureStart before their pregnancy and so don't know what to expect from a visit or feel obliged to keep an appointment. Programmes are trying to rectify this by general awareness raising, working closer with mainstream midwifery services and by trying to arrange appointments by phone, with written confirmation.

It is interesting to note that the mainstream Family Support Worker service does not have such an issue with missed appointments - because the families they see have either asked to use the service or been referred in and accepted the offer of additional support.

When SureStart staff are unable to make contact they forward literature about SureStart and the local services available to the family.

**Language barriers** - Many families within Sandwell do not speak English. Whilst many Family Support Workers speak other languages it has proved impossible to keep up with the range of languages being spoken amongst the growing refugee and asylum seeker population. Interpreters are used where possible although this is not without issues, because it changes the dynamics of the interaction and workers sometimes get the impression that whilst words are being translated, meaning is being lost. It appears that a large proportion of interpreters in Sandwell are male which can bring additional issues in some cultures.

**Part time staff** - All of the SureStart Maternity Support Worker posts are part time, which, if there is only one worker within the programme, can reduce the flexibility of the service. Programmes aim to reduce the impact of this by ensuring the team works closely with other members of the SureStart team able to offer home visiting in order to offer a service throughout the week.
Recruitment - it has proved difficult to recruit Family Support Workers, particularly when there is a need for them to speak particular community languages.

Postnatal visits

How are programmes approaching the visits?

The approach is naturally influenced by the fact that programmes are targeted with reaching 100% of families in the first 2 months of a child’s life. Whilst programmes have technically achieved this target if mainstream Health Visitors inform new parents about SureStart, they all aim to establish separate contact, recognising that Health Visitors have a large number of things to discuss with families and so can’t be expected to provide detailed information about SureStart.

The majority of programmes view the postnatal stage as being from 0-6 months & Maternity Support Workers tend to be the primary source of contact during this period. Exceptions are when parents have other, older children under 4 or specific needs requiring input from other SureStart staff. Programmes recognise that different families require different levels of support and Programme Managers report that they generally aim to offer families with ‘low level’ needs 2 or 3 contacts in the first 6 months and families with higher level needs more frequent contact in line with their requirements. Family Support workers have somewhat different views about the appropriate level of contact - a number would only expect to see a family once, unless they need ongoing support whilst one would expect to see most families once or twice a week. It might be worth programmes/ Family Support Workers having a discussion to clarify this.

Burnt Tree takes a slightly different approach. It views 0-18 months as the postnatal period and has structured its staff team in response to this classification. Its aspiration is to visit all pregnant women at approximately 4 months gestation & throughout pregnancy to 18 months. That is not to say that other programmes abandon parents at 6 months! They simply don’t provide routine visits from 6-18 months, instead focusing support in this period on families where there is a specific need.

What is the aim of visiting?

Programmes feel the aim of visiting families postnatally is to:

- Establish contact with families not visited antenatally and make them aware of local services and encourage them to access these
• Re-assess a families needs (given that some don’t appreciate how much difference a baby will make to their lives) and offer appropriate advice and support

• Undertake health promotion work, in particular supporting breastfeeding, promoting child safety

• Providing practical and emotional support to parents

Programmes don’t formally classify families according to their level of need, but were asked to estimate the percentage who have higher level needs, that is the percentage who need support from SureStart rather than just information. Estimates from Programme Managers ranged from 20 to 80%. However they feel they don’t have a true feel for the level of need, recognising that they need to build more trust within the community before this will be revealed.

Family Support Workers estimate that 55% of families have simple needs in the antenatal period & really just need information, 30% have moderate needs and need information and some support/ reassurance and that 15% have acute needs and need a significant amount of support and assistance (estimates differ across programmes and between workers). As with antenatal needs, this is something to track in the future to understand what is needed from the service. The monitoring database being developed by the Family Support Worker team should facilitate this.

**What do programmes hope they are adding to mainstream service provision?**

The answer to this question is very similar to the things they hope they are adding to mainstream antenatal support: time, continuity of service, an interagency approach and additional resource.

In addition they are able to offer practical support. At one level this covers things such as minding baby whilst mum takes a bath, sterilising bottles or running an errand. At another it can cover things such as providing respite nursery care for an older child if a mum is struggling with a newborn, or providing resources such as safety equipment or a buggy if a mum is in real need and unable to afford these things.

Family Support Workers feel that some families may find them easier to talk to than Health Visitors because their role is more about befriending than offering professional guidance. They report that a big part of their role is reassuring moms that they are doing OK and that everyone finds a new baby difficult at times and that it is OK to ask what might seem to be silly questions.

The mainstream Family Support Worker service only has the capacity to visit families up to 8 weeks after the birth, so SureStart is helping families in need to receive support for a longer period of time.
How widespread are visits?

The table below shows the number of children seen (by a home visit or another SureStart service) before reaching 2 months of age as a percentage of all live births in the periods April 03 to March 04 and April 03 to September 04.

Table 3: % of children seen before reaching 2 months of age

<table>
<thead>
<tr>
<th>Area</th>
<th>April 03 to March 04</th>
<th>April 04 to Sept 04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rowley</td>
<td>42%</td>
<td>60%</td>
</tr>
<tr>
<td>Smethwick</td>
<td>35%</td>
<td>63%</td>
</tr>
<tr>
<td>Friar Park</td>
<td>56%</td>
<td>Data not available</td>
</tr>
<tr>
<td>Tipton</td>
<td>37%</td>
<td>Data not available</td>
</tr>
<tr>
<td>Rood End</td>
<td>24%</td>
<td>Data not available</td>
</tr>
<tr>
<td>Cradley Heath</td>
<td>46%</td>
<td>49%</td>
</tr>
<tr>
<td>Burnt Tree</td>
<td>14%</td>
<td>53%</td>
</tr>
<tr>
<td>Uplands &amp; Londonderry</td>
<td>11%</td>
<td>66%</td>
</tr>
</tbody>
</table>

* Nb: data on the number of children reaching the age of 2 months between April 03 and March 04 has been provided by Child Health Surveillance, the number between April 04 and September 04 has been estimated on the basis of the previous years’ data.

As with the antenatal visits, it can be seen that programmes have reached a wider number of children this financial year than last. However most still have quite a way to go to be close to their target of seeing 100% of children in this period.

How often are families visited?

As with antenatal visits, looking at the number of families visited only tells half a story. It is important to consider the depth of support provided in addition to the breadth.

The data needed to assess this would be the average number of times a programme is in contact with a child before the age of 6 months. To give an indication of this, programmes were asked to identify all children registered with the programme who reached 6 months of age in September 2004 & look at the number of times each was seen in the first 6 months of life.
Table 4: average number of times children born in March 2004 were seen by each programme before reaching 6 months of age

<table>
<thead>
<tr>
<th>Programme</th>
<th>No of children</th>
<th>Average no of home visits per child</th>
<th>Average no of other contacts per child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rowley</td>
<td>14</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>Smethwick</td>
<td>16</td>
<td>1</td>
<td>3.75</td>
</tr>
<tr>
<td>Friar Park</td>
<td>Data not available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tipton</td>
<td>Data not available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rood End</td>
<td>Data not available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cradley Heath</td>
<td>1</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Burnt Tree</td>
<td>10</td>
<td>0.6</td>
<td>3.2</td>
</tr>
<tr>
<td>Uplands</td>
<td>14</td>
<td>0.7</td>
<td>2</td>
</tr>
</tbody>
</table>

As mentioned above, programmes would generally expect to see families with 'low level needs' 2-3 times in the first 6 months of life & it appears that they are broadly achieving this. However a lot of the contact has been through general services rather than home visiting. This suggests that as with the antenatal visits, the main benefit most families will be receiving from postnatal visits is information and signposting. In addition, the average number of visits might be expected to be slightly higher, given that some of the families seen will have had more complex needs.

How do programmes view the target of seeing 100% of children within 2 months of birth?

On the whole, programmes feel this is viable, given the appropriate resources (staff) and access to timely data about new births.

However some question whether or not such an early visit is in the best interest of all families, given that the 2 months following the birth of a child is a time when there is a lot going on for a family & so a visit from SureStart might be a distraction rather than a help.

If they had the scope to amend the target 2 would not change it, 2 would aim to visit 100% within 3 months, 3 to visit 100% in 6 months & 1 would move the target for first contact to the antenatal period.
What has facilitated visiting?

SureStart programme managers and Family Support Workers feel that the following things facilitate visiting during the postnatal period:

The individuals in post/ the NHS badge - as with antenatal visiting, programmes feel that the personal style of workers and being employed through the NHS is key.

Language - Community language skills are obviously as important postnatally as antenatally.

Goody bags - again, programmes feel that goody packs can help them to gain access to families.

Antenatal contact - programmes feel that it is easier to make early postnatal contact with a family if they have been in contact antenatally, as a relationship and trust already exists.

Endorsement from Midwives and Health Visitors - programmes feel that Family Support Workers are more readily accepted by families if they have the support of Midwives and Health Visitors. As mentioned, there were some tensions in the early days of the service, but this seems to have been removed now that the other Health Professionals have a better understanding of the role and how it operates.

What barriers have their been?

Staying with family - in some cultures it is customary for new moms to stay with family for 6 weeks or so after giving birth - this can naturally make it difficult to make contact in the first 2 months.

Data - as with antenatal visits, access to data has been a barrier and given that SureStart is expected to visit families within 2 months after birth, access to timely data about new births is crucial. Issues appear to have been resolved, which should make it easier for programmes to meet the 2 month visit target in the future.

Missed appointments - There is no data available to show the number of missed appointments but Family Support Workers estimate that about 1 in 3 appointments fail to result in contact.

As with antenatal visits, Language barriers, staff working part time and recruitment difficulties have all acted as barriers to successful visiting.
What difference are visits making?

The focus of this evaluation is on the process behind the service and its outputs rather than outcomes - these are being tracked by annual collection of data about issues such as smoking and breastfeeding rates. In addition, there are plans to introduce a tracking survey to explore families experiences of ante and postnatal care (see section on future evaluation plans).

However, Family Support Workers report that the following are the things that show them the service is having a beneficial impact:

- Individuals accessing services rather than staying at home
- Positive feedback from individuals/ thank you cards showing the value the visits have bought, such as reduced isolation
- Individuals putting practical information into practice, such as sterilising bottles effectively
- An increased sense of community/ individuals developing links with others as a result of accessing group based services
- Individuals getting involved in the community, by volunteering or joining SureStart parent forums

Working in partnership

The evaluation didn’t set out to explicitly explore partnership working, however given that a number of programmes are delivering their ante/ postnatal home visiting programme in partnership with the Family Support Worker team it is worth noting the points that were raised about this partnership.

Dual management - in many cases receiving professional supervision and SureStart programme based supervision is beneficial, however it can create tension in some circumstances, particularly if each line of management has slightly different views about the responsibilities and accountabilities of the role. This is true of most if not all SureStart roles, rather than being unique to the Family Support Worker service, and is perhaps the key challenge of working in partnership. For a partnership to be effective it is important to develop a strong working relationship, with clear and open communication. Service providers need to be asked to understand that those working in SureStart will have somewhat more blurred roles than those with similar mainstream jobs. However for their part, SureStart programmes need to be conscious of the fact that Service Providers have responsibilities as employers, need to have a coherent
approach to managing their team and need to actively manage their staff rather than
giving programmes sole responsibility for this.

**Paperwork** - SureStart programmes need to monitor each of their services, although
naturally service providers also need to monitor outputs and outcomes. In some
programmes this has created a dual system rather than an integrated one that places
additional administrative burden on staff. It is important to meet the needs of
SureStart and the FSW team, but where possible efforts should be made to integrate
systems to ensure an efficient approach.

**Training** - Being part of SureStart opens up developmental opportunities for Family
Support Workers and those working in SureStart have received training above and
beyond that provided to mainstream workers. Whilst beneficial to add to the skill base
of individuals, it is important that programmes consult the FSW team manager/ that
she is informed of the content of training being provided to the SureStart staff. In
addition, it would be good if SureStart programmes could consider if mainstream Family
Support Workers could be included on training provided to the SureStart staff, in part
because they too work with SureStart families, and in part to share expertise.

A further issue is that to make best use of resources and to work in line with good
practice such as the Investors in People initiative, training should be provided in a
proactive way, based on the needs of the service/ individuals, rather than a reactive
way whereby training is undertaken because there is space available on a course.
Future evaluation plans

To gain a better understanding of the impact of its efforts to provide additional antenatal and postnatal support to local families, the Sandwell SureStart programmes are planning to research the views of new parents and of midwives & health visitors.

New parents

Programmes are planning to conduct a survey of parents with 6-month old babies. The aim is to find out how they view the support they received during pregnancy & in the first 6 months of their child's life. From this, we hope to identify any gaps in the support and set a baseline against which to monitor progress.

Midwives/ Health Visitors

Programmes are planning to conduct a survey of mainstream midwives and health visitors who work across the SureStart areas to find out how they view SureStart and the services the programmes provide. The aim is to assess how well SureStart is working in partnership with mainstream midwives and health visitors and understand if they feel SureStart is having a positive impact on the local area.

A detailed plan for this research is due to be presented to the research ethics committee for approval.

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