



An Evaluation of the *Sure Steps* Family Visiting Scheme  
Sure Start Scarborough

Final Report

February 2005

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# Executive Summary

## 1. Introduction and Approach

This report summarises the external evaluation of *Sure Steps*, the universal home visiting scheme of Sure Start Scarborough which began as a pilot scheme in January 2004. The scheme seeks to reach all families in the Sure Start Scarborough through a programme of seven scheduled visits, starting antenatally and completing when a child is 3 years 6 months old. Four visits are carried out before the child's first birthday. The aims of *Sure Steps* are to identify each family's needs and provide support to ensure that children are in good health, happy, enjoy mixing with others and get the best start in school, and to foster a stronger and closer family and community.

The evaluation was undertaken by an independent consultancy, Acton Shapiro, and incorporated both a quantitative and qualitative approach. Quantitative data were analysed from the 190 visits carried out from May to October 2004 inclusive. Qualitative data were sought via individual interviews from 26 parents, 6 key staff and 7 local partner agencies, who gave us their views on the scheme. The interviews with parents were carried out by six local parents, after receiving training from Acton Shapiro.

## 2. Findings from *Sure Steps* Visit Data

The evaluation provided an early opportunity to interrogate the visit data in its computerised format. The analysis was able to quantify much of the work being done in *Sure Steps*, such as the number of visits during the evaluation period (190 from a planned total of 836); issues discussed during visits (advice on Sure Start sessions was discussed most often, followed by courses and housing) and referrals, both external (a wide range, of which benefits, Health Visitor and housing were the most common) and internal (primarily to Sure Start sessions).

At the time of the evaluation, the usefulness of the quantitative data for measuring the success of *Sure Steps* was limited. In part this was due to unreliability caused by coding errors, which should reduce over time, as staff become more accustomed to coding and any inconsistencies are identified and tackled. Some categories of data (for example, internal referrals) had recently been created and so were yet to yield much information. There was also a need for clearer links between the aims of *Sure Steps* (including their fit with Sure Start's objectives and targets) and information in the visits database, so that the data can be stored and interrogated most appropriately.

### **3. Findings from Parents**

Parents felt very positive about *Sure Steps*. The purpose of the visits was seen as helping to support and reassure them about their child's development and their parenting, and offering advice about wider family problems. Visits were thought particularly useful for parents who were new to the area and/or felt isolated and lacking in confidence. Aspects of the visits which parents valued the most were the free gifts, being put in touch with other Sure Start activities, advice on specific topics and a chance to talk about how their child was developing. The impact of the visits mentioned most often by parents was feeling that someone cared about their family. Also important were social impacts (meeting other parents of young children and getting more involved in Sure Start), finding out about services and feeling more confident as a parent. Parents suggested a number of improvements to the scheme, focusing on ensuring that all parents were offered visits, with follow-up checks as appropriate, and ideas for written information to leave with parents.

### **4. Findings from Key Staff**

Staff were very positive about *Sure Steps*. The visit programme was seen as a useful part of the Family Visitor role as a non-stigmatising way to get to know families and their needs. Staff thought it fitted well with the overall work of Sure Start and complemented other local services for families with young children, with whom referrals were generally working well. Staff made a number of suggestions for improvement, to both the organisation of visits and the visits themselves. A key underlying issue for Family Visitors was their struggle to keep up with the schedule of *Sure Steps* visits alongside the rest of their role, in which they needed to prioritise more intensive support for a smaller caseload of families. At the time of the evaluation, the possibility was being considered of having separate staff to carry out the *Sure Steps* visit programme, referring on to Family Visitors where more intensive support was required.

### **5. Findings from Partner Agencies**

Partners were also very positive about *Sure Steps*, valuing the work and their relationships with Family Visitors. However, partners were not always certain whether their comments referred to *Sure Steps* in particular or the work of Family Visitors more generally.

It was difficult for partners to gauge the impact of *Sure Steps*, whether on families or their own work. Although partners generated several ideas about long-term measures of the scheme's success, there were just a few suggestions about data which their agency might contribute. Looking to the future, the suggestion was made that health visiting and family visiting might be better delivered as a merged service.

## 6. Conclusions and Recommendations

The findings of the evaluation show that those affected by *Sure Steps* - parents, staff and partners - feel positive about its contribution to date in addressing child development and other family issues, initiating referrals to the local network of partner agencies and reducing social isolation through encouraging parents to engage with Sure Start. During the course of the evaluation, the visit data were in the process of being computerised. Findings from these data, while providing some useful information, are currently somewhat limited for judging in quantitative terms the success of the scheme in meeting its aims.

During the evaluation a number of suggestions emerged for further development of *Sure Steps*. These are collated here as recommendations under two broad headings: improvements to the organisation and delivery of the scheme and improvements to the evidence collected.

### Improvements to the Organisation and Delivery of Sure Steps

#### ***Family Visitor workload pressures***

- Consider separate staff carrying out the *Sure Steps* visit programme, to enable the number of programmed visits to be achieved and free up Family Visitor time for more intensive family support.

#### ***Identifying Visits Due and Managing the Visit Programme***

- Use the computer system to flag up visits due.
- Use this information to compare with actual visits carried out as a monitoring tool.
- Where there is pressure on workload, develop guidance for Family Visitors to prioritise visits.
- Keep increasing awareness among midwives to achieve maximum notifications, while also considering how the capacity to carry out the additional visits will be achieved.

#### ***Timing of Visits***

- Consider the case for replacing the 8-10 month visit with a visit between 6-8 months (it was suggested that more weaning and play advice should be given before a child reaches 8 months).

#### ***Ineffective Visits***

- Develop a policy on how to proceed in the case of 'refusals' (including when the family is not at home at the time of the visit).

#### ***Computer Equipment***

- Consider acquiring additional computer equipment to improve access by Family Visitors to family notes and for writing up visits.

### ***Improvements to Visits***

- Review the policy on gifts and the types of gift offered, making a link between any gifts offered and the content of the visit.
- Consider providing more leaflets to (a) leave with families to help them and (b) for Family Visitors to know they are being consistent (for example with weaning advice).
- Consider a regular newsletter for families based on advice-giving.
- Consider how families can obtain information in leaflets and/or newsletters who find reading English difficult.
- Consider mapping local services available so that parents could be asked what they want.
- Consider more follow-up visits/phone calls to check on progress.

### ***Relationship with Health Visiting***

- In the short term, consider sharing with health visitors (a) a list of families recently visited; (b) information about the issues discussed; and (c) any personal safety issues for visiting individual homes (for example a violent partner).
- In the longer term, consider the case for merging health visiting and family visiting services.

### ***Improvements to the Evidence Collected about Sure Steps***

- Review the data currently collected against the aims of *Sure Steps* and the objectives/targets of Sure Start to ensure that progress towards these milestones can be measured. One way forward could be to work with partners to agree data which could be collected reciprocally to support each others' aims, objectives and targets.
- Identify the different ways in which the data set will need to be analysed (for example, in what ways will individual cases be tracked over time? How and when will data be aggregated for monitoring purposes?) and ensure that the data can be interrogated in ways which will enable valid and reliable analysis.
- Check the consistency between staff at the points of (a) data collection on the visit forms and (b) data entry to the computer system.

# Chapter 1

# Background and Approach

## 1.1 History and Development of *Sure Steps*

During the first year of Sure Start Scarborough it was identified that, although many families had initially registered with the programme, session attendance was low and families were not receiving regular support from Sure Start. In addition, 'hard to reach' families were not accessing the services. Sure Start decided to tackle this problem by developing a regular and universal programme of visits, initially named the 'Developmental Timeline'.

This decision was taken after looking at existing research and in consultation with Sure Start workers, external partners, and professional agencies including GPs, paediatricians, midwifery and health visiting services. The consultation process involved identifying significant stages in the child's development when a family were not being visited by other agencies (to avoid duplication) but where they might need additional support from a worker. The visits also needed to fit with Sure Start objectives and targets. Through the consultation, equipment and toys were identified which would support the achievement of Sure Start targets by providing safety, sterilisation and play equipment which could be presented to families at the appropriate stages of the child's development.

Initially the aims of the visit programme were to:

- reach out to and engage 'hard to reach' families
- reach families registered with Sure Start but reluctant to engage with its services
- have an opportunity to identify additional needs
- have an opportunity to inform and promote attendance at courses, sessions and activities.

Once the initial programme ideas had been developed, all agencies working in Scarborough were invited to attend an open day at the Sure Start Centre, where they were introduced to the concept of the 'Developmental Timeline'. In addition the concept was explained at a PCT-wide health visitor meeting.

Upon its launch, the scheme's name was changed to *Sure Steps*. Piloting began in January 2004, with the scheme having widened its approach from a focus on assessing the child's development to incorporate the needs of the family. The aims of *Sure Steps* are to identify each family's needs and provide support to achieve the following for the child:

- good health
- the best start at school
- being happy
- enjoying mixing with others

and for the family:

- a stronger and closer family and community.

## 1.2 The *Sure Steps* home Visiting Scheme

The scheme aims to reach all families in the Sure Start Scarborough area through a programme of seven scheduled visits:

**Table 1: *Sure Steps* Visit Programme**

Visit	Timing
1	Antenatal
2	0-2 months
3	3-4 months
4	8-10 months
5	18 months
6	2 years 6 months
7	3 years 6 months

Four of the seven visits take place before the child reaches one year old. Prospective births are initially referred by local midwives and visits are pre-arranged by telephone. The scheme is delivered by the four Sure Start Family Visitors and the Sure Start Midwife as part of their role and is managed by the Community and Family Support Team Leader (Barbara Merrygold). One Family Visitor (Trish Shaw) and the Sure Start Midwife (Jo Monty) focus on visits 1 and 2 across the whole Sure Start area. The other three Family Visitors are patch-based, taking over from Trish and Jo to focus on the remaining *Sure Steps* visits in the following areas:

- Falsgrave/ Edgehill (Kelly Hampson – in post from the end of May 2004)
- Barrowcliff (Sarah Hatton)
- Castle/ Town Centre/ Central Ward (Lorraine Hill).

The holistic nature of *Sure Steps* means that the scheme has relevance for a number of Sure Start objectives, particularly Objective 3 (Improving Social and Emotional Development), Objective 4 (Improving Children's Health) and Objective 5 (Strengthening Families and Communities).

At each visit, Family Visitors use prompt sheets to help them take a consistent approach. Gifts are given to families as part of the visiting programme, for example play bricks. Following a visit, families requiring further information, advice and support may receive this as appropriate from the Family Visitor, an internal referral to other colleagues in Sure Start and/or referral to another agency. Families who have not been engaging with Sure Start are encouraged to come to the Sure Start Centre to see what is available. Family Visitors capture key information from the visits on a pro-forma visit form. During 2004 Sure Start staff were developing a system to computerise family records and the information on visit forms.

### 1.3 Aim of the Evaluation

Guidance from NESS issued in July 2002 ([www.ness.bbk.ac.uk/guidance.asp](http://www.ness.bbk.ac.uk/guidance.asp)) states that the overall purpose of evaluating local programmes is to enable them to:

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

Other key benefits of evaluation include:

- motivating staff (by feeding back on their achievements)
- encouraging the ownership of parents (by involving them)
- enthusing partners and other stakeholders
- providing firm evidence for future funding and mainstreaming.

Against this background, in Spring 2004 Sure Start Scarborough sought proposals from external evaluators to evaluate *Sure Steps* as a pilot scheme, in particular to elicit the views of staff, parents and partner agencies on the scheme to date and to train and work alongside parent researchers. We also proposed analysing the quantitative monitoring data collected by staff about *Sure Steps* visits, with a view to establishing the numbers of visits being achieved, acceptance and refusal rates, advice given and referrals and success in accessing hard-to-reach families. We were advised that data on costs would not need to be collected as part of the evaluation, owing to good progress with support for Sure Start Scarborough from a dedicated Budget Officer from North Yorkshire County Council.

### 1.4 Approach

The evaluation incorporated both a quantitative and qualitative approach, so as to include both 'hard' evidence about *Sure Steps* - from the visit data - and 'soft' evidence from the views of stakeholders (parents, staff and partner agencies). The work took place between May and December 2004. Throughout we sought to liaise closely with Barbara and with Sure Start Scarborough's Evaluation Officer, Jane Pepper.

With regard to the quantitative visit data, we discussed at the outset how this was currently recorded and the impending shift to computerisation. We also discussed how records of Family Visitor activity on *Sure Steps* would be separated from the other part of their role, which involves more intensive support with a smaller caseload of families. During the summer of 2004, when visit forms were revised by Sure Start staff and new categories added, we were given an opportunity to comment on the drafts. It was agreed that Sure Start staff would make available for analysis the visit data for the six-month period from May to October inclusive. More details about the data are given in Chapter 2, along with the findings.

The other aspects of the evaluation – views of parents, staff and partner agencies - required a qualitative approach. With regard to parents, our aim was to obtain the views of a sample of parents who had recently received a *Sure Steps* visit. A small number of parent researchers would be trained to administer the interview topic guide face-to-face with parents. More details of this process are given in Chapter 3,

along with the findings from parents. With regard to staff, we planned to interview individually all the Family Visitors and the Community and Family Support Team Leader. Sure Start staff gave us details of their key contacts in partner agencies, who we contacted with a view to arranging telephone interviews. More details of the work with staff and partner agencies are given in Chapters 4 and 5 respectively, along with the findings.

## **1.5 Evaluation Report Structure**

This report has seven chapters, including this one. Chapters 2 to 5 report the findings, respectively, from the quantitative visit data, the views of parents, staff and partner agencies. Chapter 6 sets out our conclusions and Chapter 7 makes recommendations based on the results of the evaluation.

## Chapter 2 *Sure Steps* Visit Data

### 2.1 Introduction and Methodology

The data used for the evaluation was in the form of a spreadsheet compiled by Sure Start staff from the visit forms completed by Family Visitors between 6 May and 19 November 2004. Following discussion with Barbara, we sought to establish the following from the analysis:

- the number of visits achieved
- key characteristics of the families visited
- families' contact with professionals
- issues discussed at visits
- referrals from visits (both external and internal to Sure Start).

*Sure Steps* is a new service and the period covered by the evaluation coincided with the development of thinking by Sure Start staff about the data they wished to record from visits and how this might best be collated and interrogated using a computer database. At the time of writing, work on these issues is still in progress and Sure Start has not as yet been extracting computerised data routinely. The spreadsheet we received contained a number of obvious recording errors and so some 'cleaning' of the data was required before any analysis could be undertaken. These errors may have occurred when the original visit forms were filled in and/or later at the point of data entry into the computer system. Virtually all our queries were resolved through liaison with Barbara, who checked the paper family files. A few remaining miscodings are mentioned in the relevant sections of the following analysis, as are cases where the data need to be interpreted with caution.

The data analysed here do not tell the whole 'story' of the extent to which *Sure Steps* is meeting its aims. Some information was not available in the spreadsheet, for example, type of family accommodation, which would be useful for demonstrating contact with some 'hard to reach' families. Also, some data is only available through other agencies, for example any change in the number of hospital admissions.

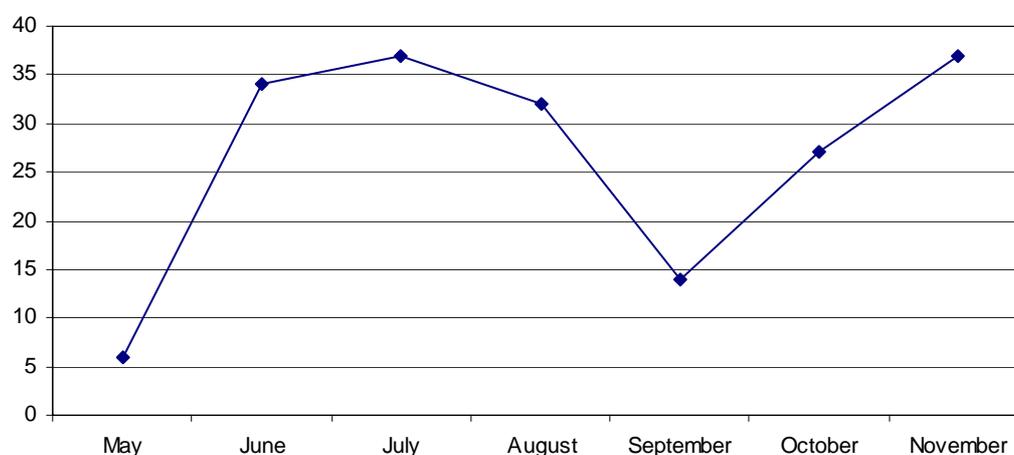
### 2.2 Number of Visits Achieved

There were 186 records on the spreadsheet for the 28-week period between 6 May and 19 November 2004. Four entries were in fact 'double entries', that is cases in which two children in the same family had been seen during the same visit. The adjusted spreadsheet therefore totalled 190 records, representing an average of just under seven visits per week. The total number of *Sure Steps* visits planned for the evaluation period was 836.

The figure of 190 is the total number of visits to individual children. This does not necessarily represent the actual number of children visited, since some children may have been visited more than once during the six-month period. Nor does the total necessarily represent the number of visits to families, since more than one child may have been seen at the same visit and their records separated before entry into the spreadsheet.

Figure 1 shows the variation in the number of visits over the period of the evaluation.

**Figure 1: Number of visits per month**



The graph excludes five visits for which the date was either not entered (three visits) or incorrectly entered (as 29 March 2003 and 2 November 2005), although the data from these visits are included in the following analysis.

Table 2 shows the breakdown of visits according to the child's age. This shows that almost half of all visits were for antenatal purposes and new-born children.

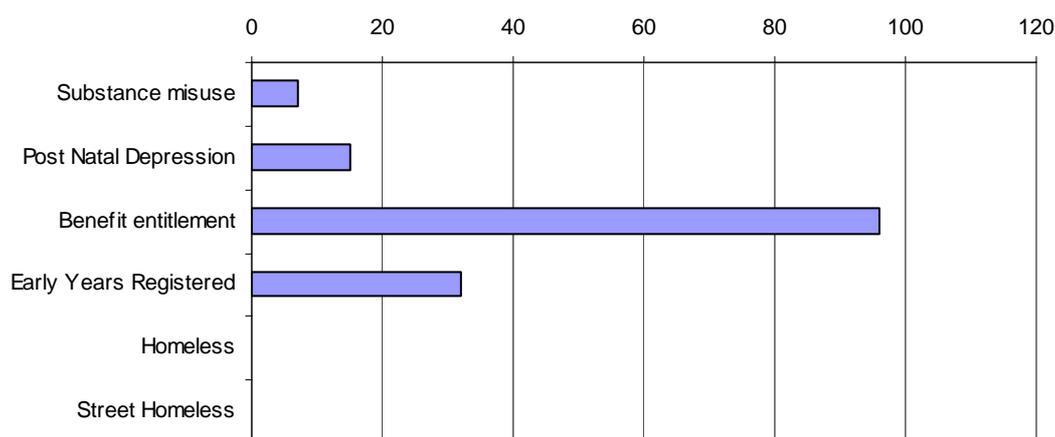
**Table 2: Number of visits by age of child**

	<b>Totals</b>
Antenatal	44
0-2 months	49
3-4 months	18
8-10 months	27
18 months	18
2 years 6 months	12
3 years 6 months	22
<b>Total</b>	<b>190</b>

## 2.3 Key Characteristics of Families Visited

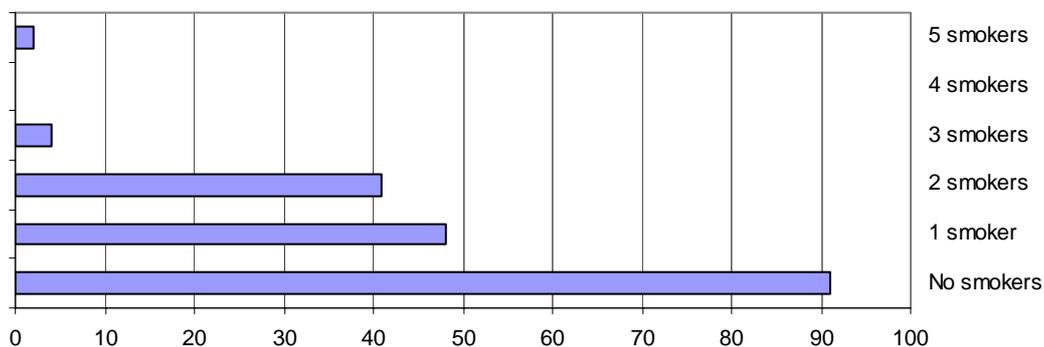
The spreadsheet recorded a variety of family characteristics. Figure 2 shows the prevalence of a set of these, agreed with Barbara as appropriate for analysis. The data show that just over half the visits were to families with a benefit entitlement, although care is needed in interpreting this figure, since some families may have been visited more than once during the six-month period. None of the families visited were either homeless or street homeless - presumably it was hoped that some of these 'hard to reach' families would have been seen.

**Figure 2: Prevalence of some key family characteristics**



Another key characteristic of interest to Sure Start staff was smoking. Only one visit recorded 'smoke during pregnancy' and one other recorded 'smoke following delivery'. There were no records showing 'gave up smoking after pregnancy'. Figure 3 shows the number of smokers in each family visited. Just under half of the families had no smokers. Two further quarters had one and two smokers respectively. Very few families had more than two smokers.

**Figure 3: Number of smokers in the family**



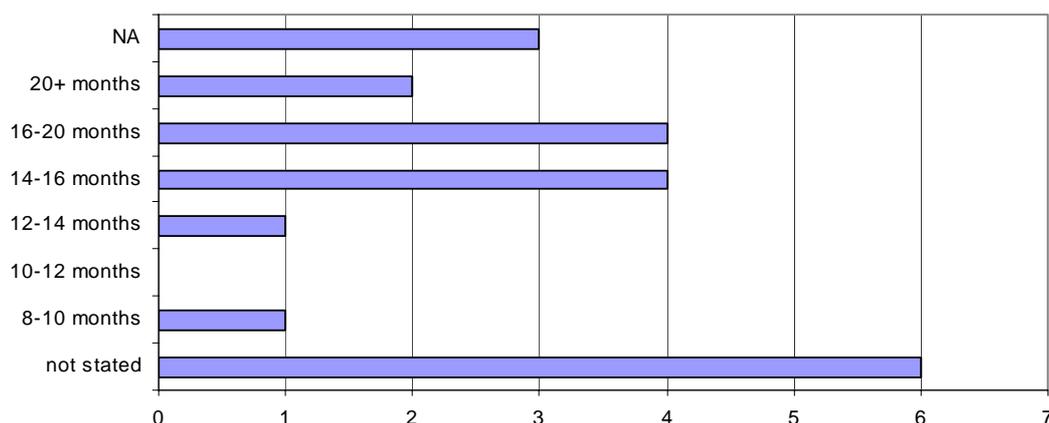
*Sure Steps* visits pay attention to feeding and weaning. Table 3 shows the pattern of breast and bottle feeding for each age group. The numbers in the antenatal category refer to parents' intended preferences once the baby is born. The numbers in the 'not applicable' category include both visits to children who have been weaned and visits where the data was not collected. The table shows that bottle feeding was used more than breast feeding for all age groups.

**Table 3: Feeding**

Age	No Data Entry	Breast	Bottle	NA	Grand Total
Antenatal	7	13	11	13	44
0-2 months		19	27	3	49
3-4 months	1	5	11	1	18
8-10 months	4	5	15	3	27
18 months	4	1	2	11	18
2 years 6 months	3		3	6	12
3 years 6 months	13		2	7	22
<b>Grand Total</b>	32	43	71	44	190

Data were also collected on when weaning began. Figure 4 shows the number of children for whom weaning had commenced across a set of age bands recorded by Family Visitors. These data have begun to be collected recently and so apply only to the 21 latest visits.

**Figure 4: Date when weaning started**



One of the original aims of *Sure Steps* was to access 'hard to reach' families. The associated coding of data started only recently and, during the evaluation period, two visits had been coded to a 'hard to reach' category (owing to substance misuse).

## 2.4 Family Contact with Professionals

Table 4 shows the number of professionals with whom visited families were in contact. This shows that contact with a GP and Health Visitor were by far the most frequent. The three entries in the 'other' category included an Occupational Therapist and Probation (the third entry did not record the professional).

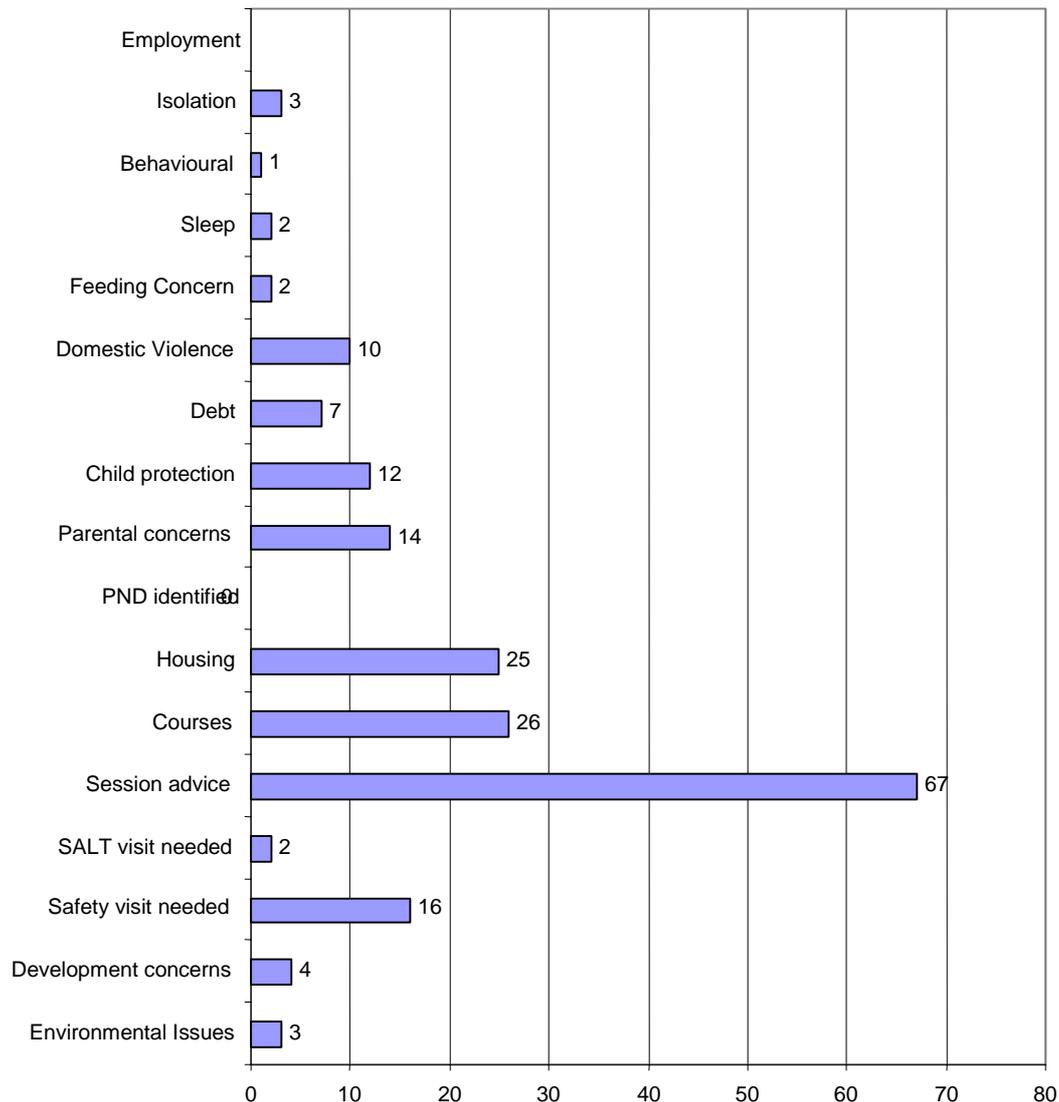
**Table 4: Families' Professional Contacts**

Age	GP	Health Visitor	Dentist	Midwife	Social Services	Mental Health	Other
Antenatal	41	26	14	38	3	2	0
0-2 months	48	46	16	28	3	1	0
3-4 months	17	17	6	3	3	0	0
8-10 months	26	27	13	0	3	0	2
18 months	18	16	13	2	0	1	1
30 months	11	10	3	3	2	0	0
42 months	22	22	12	1	4	1	0
<b>Total</b>	183	164	77	75	18	5	3

## 2.5 Issues/Concerns Discussed During Visits

Figure 5 shows the number and range of issues/concerns discussed during visits. 'Session advice' (that is, advice on Sure Start sessions) was cited by far the most often, followed by courses and housing. No visits were coded as having discussed employment, or identifying postnatal depression.

**Figure 5: Issues/Concerns Discussed During Visits**



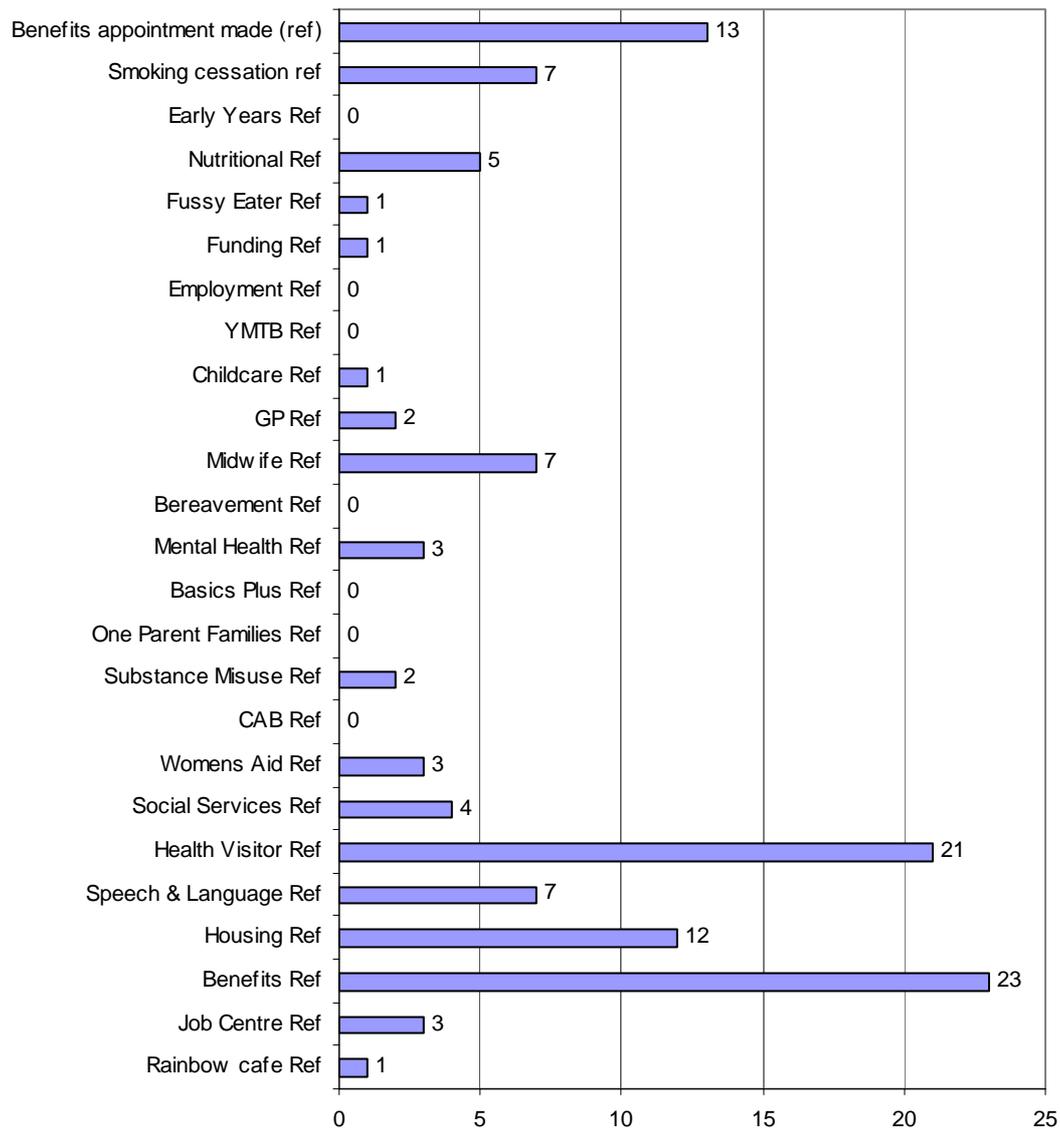
## 2.6 Referrals

*Sure Steps* aims to identify a range of family needs and enable families to obtain support to meet these. It follows that referrals, where appropriate, are an important output from the visits. The visit forms enable Family Visitors to record a wide range of referrals, both to external agencies and, internally, to Sure Start colleagues and/or for more in-depth support from Family Visiting.

### 2.6.1 External Referrals

Figure 6 shows the number of referrals made to external agencies. The main referrals were to 'Benefits', 'Health Visitor', 'Benefits appointment made' and 'Housing'.

**Figure 6: Number of referrals made to external agencies**



### 2.6.2 Internal (Sure Start) referrals

Table 5 shows the number of internal referrals. By a very large margin, the majority of referrals to Sure Start were coded to a general Sure Start category, which is used to capture referrals to sessions. The other categories have been set up more recently, hence the few codings to these over the period covered by the evaluation.

**Table 5: Number of internal Sure Start referrals**

Sure Start	38
SS Health Visitor	4
SS Family Visitor	2
SS PPW	1
SS Volunteer Coordinator	1
SS Session/Course	1
SS Midwife	0

Table 6 shows a breakdown of the 38 Sure Start session referrals by the child's age.

**Table 6: Referrals to Sure Start sessions by child's age**

Age	Total
Antenatal	3
0-2 months	4
3-4 months	3
8-10 months	10
18 months	5
2 years 6 months	3
3 years 6 months	10
<b>Total</b>	<b>38</b>

## 2.7 Summary

The evaluation provided an early opportunity to interrogate the visit data in its computerised format. The analysis was able to quantify much of the work being done in *Sure Steps*, such as the number of visits during the evaluation period and the range and frequency of issues discussed during visits, along with any subsequent referrals. Some data from this pilot phase point to areas where more attention in the visiting programme may be needed, for example accessing 'hard to reach' families. The shortfall in the total number of visits (190 carried out compared with the planned total of 836) draws attention to potential difficulty with workload, which is explored in Chapter 4 through analysis of qualitative data from key staff.

The usefulness of the quantitative data for measuring the success of *Sure Steps* in achieving its aims is currently limited. In part this is due to unreliability caused by coding errors, which should reduce over time, as staff become more accustomed to coding and any inconsistencies are identified and tackled. Some categories of data (for example, internal referrals) have just recently been created and so as yet have yielded little information.

Looking to the longer term, it is important for staff to be clear about the links between the aims of *Sure Steps* (including their fit with Sure Start's objectives and targets) and the associated requirements for analysis, so that data with different attributes can be stored and interrogated in the most appropriate ways. Currently, spreadsheet entries comprises a mix of attributes, some of which relate to the child (for example, age or feeding), some to the family (for example, the number of smokers) and some to the visit (for example, issues discussed during the visit; referrals). Such a mix can pose problems for analysis, for example in the case of a

persistent family concern (say, domestic violence) which is logged at successive visits. Depending on how the data are held, there is a risk of over-stating the number of cases in the population, since some families will be counted more than once if they have more than one visit. While the effect of errors such as these is likely to be small for the period covered by the evaluation, it will increase with the growing volume of *Sure Steps* activity over time.

## Chapter 3 Views of Parents

### 3.1 Introduction and methodology

In order to access the views of parents on *Sure Steps*, it was agreed that staff would draw a sample of families from those who had most recently received a visit and for whom the visit would be relatively fresh in parents' minds.

With data collection scheduled for September, and to achieve the desired sample size of between 20 and 24 parents, we recommended that a sample of about 50 families visited in July or August should be drawn. The sample would include:

- families from each of the three geographical parts of the Sure Start area (since each is covered by a different Family Visitor)
- a spread of children's ages (since these are covered by different Family Visitors and include different topics at each age); and
- if possible, some 'hard-to-reach' families and fathers.

To keep the sampling process transparent and avoid any suggestion of bias, staff agreed to note reasons for any non-inclusion of families in the sample.

Sure Start staff advised that, for personal safety reasons, interviewers should not visit parents in their own homes. It was therefore decided that the parents would be invited into the Sure Start Centre to complete a questionnaire with a parent interviewer (see below). There was some discussion about possible incentives to encourage parents to take part. An initial plan to hold a 'pampering event' was discounted on the grounds that it was unlikely to appeal to fathers. A second idea – to organise a set of presentations and a display to promote Sure Start activities – was discussed among the staff, but in the end it was decided to offer a more informal arrangement, through which parents would be invited to call into the Sure Start Centre on 27 September to spend twenty 20 minutes talking to a parent interviewer. A crèche and refreshments would be made available. By way of an incentive, parents taking part would be offered a free session at the crèche at a future date of their choice, plus a family ticket for the local pantomime in December.

A questionnaire was drafted in consultation with Sure Start staff. Six local parents volunteered to be trained to administer the questionnaire to parents (one of these worked part-time for Sure Start as a Parent Participation Worker). Two two-hour training sessions were held in the first half of September, in preparation for the interviewing work later in the month. The parent interviewers suggested some helpful amendments to the questionnaire, which were implemented. They were given certificates in recognition of their contribution, as well as a free crèche session and pantomime tickets.

Sure Start staff subsequently wrote to 32 families, with a follow-up telephone call to encourage participation. Nine parents agreed to take part. One parent subsequently telephoned on the day to withdraw, owing to her child being ill. Two other parents did not attend. However, two parents who had not confirmed their attendance did come, making a total of eight interviews achieved from the original mailing.

On the day, there was discussion with the parent interviewers and Jane Pepper about how to increase the number of respondents. It was agreed that two of the six parent interviewers would transfer for the morning to another venue (the Falsgrave Centre) to invite parents attending a session there to discuss their experience of *Sure Steps* 'there and then'. In the afternoon, three parent interviewers approached parents attending sessions at the Talbot Centre and at the Library in the same way. Parent interviewers found parents generally happy to take part when approached in this way. As parents themselves, they thought that this was probably because parents were already at a venue with their child(ren) occupied. For this reason, taking part 'on the spot' was perhaps more convenient than making a separate trip to the Centre specifically to discuss their experience of *Sure Steps*. A further five interviews were achieved in this way, making a total of 13 for the day. The only 'refusals' were from a number of parents who had not received any *Sure Steps* visits and so were unable to comment. While acknowledging that these additional interviews were necessarily undertaken only with parents already engaged with Sure Start activities, the 'on-the-day' recruitment was judged to be a reasonable and pragmatic solution to the dilemma of having recruited fewer participants than expected through the initial sampling process.

Each of the six parent interviewers carried out at least one interview on the day. At the end of the day, five offered to approach more parents at other Sure Start sessions they attended, in the hope of reaching the original target of between 20 and 24 respondents. The sixth parent interviewer did not attend Sure Start sessions and so it would have been difficult for her to find more respondents. A cut-off date of two weeks was agreed and the parents were supplied with further copies of the questionnaire and pre-paid envelopes for returning them to us. Since the interview data were to remain anonymous, parent interviewers were asked to keep a separate note of the contact details of parents interviewed, so that Sure Start staff could forward their pantomime tickets and information about their entitlement to a free crèche session. An additional 13 parents were interviewed in this way, giving a total of 26 interviews.

The topics covered with parents were as follows:

- the respondents and their visits (where they were living, how many visits they had received and where the visits had taken place)
- feelings about *Sure Steps* visits (before and after first being visited)
- perceptions of the purpose and value of visits and any suggestions for improvement
- coverage of and specific benefits from visits
- the impact of visits on the family.

The findings are reported in the following sections. A copy of the questionnaire is at Appendix A.

## 3.2 The respondents

The majority (14) of the parents lived in Castle ward, eight lived in the Falsgrave/Edgill Road/Seamer area and four in Barrowcliff. Nine parents had received one visit, ten had received two, four had received three visits and two had been visited five times. One parent could not remember their number of visits. Most (20) of the parents had been visited at home but eight had been seen at the Centre and one at the Toy Library. One who had been seen both at home and at the Centre commented that the visit had been better when carried out at home.

## 3.3 Feelings about visits

Most (22) parents recalled having felt 'pleased or interested' in advance of their first *Sure Steps* visit. One of these parents commented that she felt relieved, as she had been 'really depressed' and needed a chat. Three of the parents said they had felt 'a bit worried or nervous', with one of these parents having felt anxious as to what to expect. One parent described having felt 'not really bothered'.

Having experienced *Sure Steps*, nearly all (25) the parents now felt 'pleased or interested'. The remaining parent was 'not really bothered'. Comments included:

*"Now I know what to expect because of information received".*

*"Once you've had one visit you know what to expect".*

*"It shows care. They're helpful and supportive".*

In 15 cases the parent thought their child(ren) had enjoyed the visit(s); some had been given things to play with and/or had enjoyed playing in the crèche. Eight parents thought their child(ren) had been 'not really bothered' – in some cases they were shy or nervous, but most seemed to enjoy the visits "once the toys came out". In some cases, the child had been too young to know a visit was taking place. In no case had the child not liked the visit.

Fourteen parents said their partner had been positive about the visits, even if they had not been present. None said their partner had been worried about or wary of the visits. Comments about partners included:

*"He loves them and is enthralled by Sure Start".*

*"He wasn't present, although he was pleased to hear I was getting a visit".*

## 3.4 Perceptions of the purpose and value of visits

All 26 parents saw the purpose of the visits in a very positive light.

*"A brilliant idea. Helpful with bringing up children and getting involved with other parents and activities".*

Most perceived the purpose of visits as helping, supporting and reassuring parents, and to promote *Sure Start's* services to them. A few saw their purpose more as

*“monitoring the child’s development”, “checking to see if we are good parents” or “keeping an eye on the family to see if Mum is coping OK” - but none described this in a negative sense.*

Several parents thought the visits were particularly valuable for those new in the area or for others who knew few people and perhaps lacked confidence:

*“[It’s good for] people new to the area, to meet new people and make friends. [It] makes you aware of activities in Scarborough”.*

*“Because I am alone in Scarborough, it has helped me and my child meet more people”.*

*“It helps you to make a link. I wouldn’t have come to Sure Start without the first visit”.*

*“[It was helpful] because I was introduced to Sure Start facilities. I know if I have any problems, help is always there”.*

*“Because some people haven’t got the confidence to attend courses and things and need a visit to assure them. It’s convenient that visits can be in your own home. I feel a lot more confident now I know that help is at the end of the phone and I’m not alone”.*

For others, visits offered the opportunity to take stock of how their child is developing:

*“It gives you the chance to have a one-to-one chat about your child and discuss any concerns with a professional, who is very caring and not judging”.*

*“It shows that you’re doing a great job as a parent and the gifts very useful. The advice and information are very useful”.*

*“It’s good timing to have someone to talk to after the midwife stops visiting”.*

*“There are a lot of young single mothers in this town and I’m sure they appreciate the support and advice of people that know about child development without always having to wait for set clinic days to see their health visitor”.*

*“You don’t have to go looking for information - it’s all covered on the visit if you need it”.*

*“It helps you realise how the children are developing and what stage they’re at or should be at”.*

Parents also valued the Family Visitor's attention to any wider family problems:

*"They pick up problems and give you advice"*

*"I hope if there was a problem within the family...Sure Start would tactfully help put things right and make me aware of it".*

While most parents could not think of any improvements to the visits, four people did make suggestions:

- Information leaflets in minority languages
- More follow-up visits/phone calls to check on progress
- More visits and more parity: one person commented *"the visits seem to be hit and miss whether you get one"*
- A newsletter for parents with advice etc.

### 3.5 Coverage and specific benefits from visits

Parents were asked about what happened at their most recent visit and how helpful different aspects of the visit had been. The broad categories of what would be covered in a typical visit were drawn up in liaison with Barbara. During the interview, parents were invited to tick a response which matched how helpful this aspect of the visit had been. The results are shown in Table 7. Where a parent said a particular aspect had not been covered in the visit (see the shaded columns in the table), they were asked to indicate whether or not they wished it had been covered.

**Table 7: Visit coverage and benefits**

	Helped me a lot	Helped me a bit	Didn't help me	Offered but I didn't need it	Not offered (and that's OK)	Not offered (wish it had)	Can't remember	Total
Did you have a chance to talk about how your child is developing?	13	8	0	5	0	0	0	26
Did you have a chance to talk about how the whole family is managing?	9	9	1	4	2	0	1	26
Were you given information leaflets?	11	7	1	3	1	2	1	26
Were you given a gift?	22	2	0	0	0	2	0	26
Were you offered safety equipment?	8	3	0	6	6	2	1	26
Were you given advice on specific topics?	17	4	0	1	2	1	1	26

	Helped me a lot	Helped me a bit	Didn't help me	Offered, but I didn't need it	Not offered (and that's OK)	Not offered (wish it had)	Can't remember	Total
Were you put in touch with other Sure Start activities?	18	3	0	5	0	0	0	26
Did you receive follow-up support from Sure Start?	15	1	0	4	2	2	2	26

The table shows that parents were benefiting from all aspects covered in the visits. In terms of what had helped parents a lot, gifts were mentioned most often, followed by being put in touch with other Sure Start activities and advice on specific topics. When the categories 'helped me a lot' and 'helped me a bit' are combined, then these same three aspects of help emerge as most valued, along with the chance to 'talk about how my child is developing'. Safety equipment was the area which scored least highly (11) in terms of its overall helpfulness because some parents already had the equipment they needed. In this way, Family Visitors were still offering a check on the availability of equipment. One parent did say that it would be helpful if safety equipment could be offered earlier – even during pregnancy – to save parents purchasing items that could be obtained through Sure Start. The table shows that there were only two instances in which a parent did not find some aspect of the visit helpful – in the case of information leaflets, this parent explained that she could not understand the leaflets because her first language was not English.

### 3.6 The impact of visits on the family

Although *Sure Steps* is a relatively new service, we wanted to capture parents' assessments so far of its impact on them. We again devised a table, liaising with Barbara, to record the different impacts which Sure Start hoped might be achieved. The results are shown in Table 8.

**Table 8: The impact of visits**

	Helped me a lot	Helped me a bit/ not sure	Did not help me at all	I didn't need any help with this/ not relevant	Total
Feel more confident as a parent	15	4	0	7	26
Feel that someone cares about your family	20	4	0	2	26
Understand the importance of play for your child	12	5	0	9	26
Understand the importance of talking/reading with your child	10	5	1	10	26
Cope with your child's behaviour/sleep problems	10	2	5	9	26
Keep your child safe and healthy	12	3	0	11	26
Feed/wean your child confidently	5	6	1	14	26
Get back into work or education	7	3	3	13	26

	Helped me a lot	Helped me a bit/ not sure	Did not help me at all	I didn't need any help with this/ not relevant	Total
Find out about services which can help you	16	6	0	4	26
Be more involved with Sure Start	18	4	0	4	26
Meet other parents of young children	18	5	0	3	26

The table shows that each of the desired impacts from *Sure Steps* was being experienced by at least some of the parents interviewed. The impact mentioned most often was feeling that someone cared about their family. Social impacts also scored highly (meeting other parents of young children and getting more involved in Sure Start), as did finding out about services and feeling more confident as a parent.

### 3.7 Summary

Parents clearly felt very positive about *Sure Steps* and were directly benefiting from the visits in a variety of ways. The scheme appears to be succeeding in supporting families with a range of issues and linking them into the wider community.

Possible areas for improvement suggested by parents would be to:

- ensure that *all* parents are offered visits, avoiding “*hit and miss*” judgements
- offer information leaflets in minority languages
- consider more follow-up visits/phone calls to check on progress
- consider an advice-based newsletter for parents.

## Chapter 4 Views of Key Staff

### 4.1 Introduction and methodology

Key staff comprised the six people involved in managing and delivering *Sure Steps* – the Community and Family Support Team Leader (Barbara), the four Family Visitors (Trish, Sarah, Lorraine and Kelly) and the Sure Start Midwife (Jo). Although Jo is not a Family Visitor, when referring to ‘Family Visitors’ here, we are including the part of her role which is devoted to *Sure Steps* visits. The views of staff were sought on:

- what staff see as the main purpose of *Sure Steps*
- how *Sure Steps* fits within the broader Family Visitor role
- how *Sure Steps* fits into the overall work of Sure Start Scarborough
- how *Sure Steps* fits into the overall pattern of local services for the 0-4s in Scarborough
- how the scheme is organised (what works well and any areas for improvement)
- the visits themselves (what works well and any areas for improvement)
- internal and external referrals (what works well and any areas for improvement)
- perception of the impact of *Sure Steps* on families.

In terms of data collection, while convening a focus group may have yielded some useful discussion, it was decided on balance to interview the staff individually, to help ensure that they could give frank opinions. The interview topic guide was agreed with Barbara, and Acton Shapiro staff carried out five face-to-face individual interviews in mid-August. The sixth person was ill and so her interview was completed by telephone in early September. The interview topic guides for the Team Leader is at Appendix B, with the Family Visitor topic guide at Appendix C.

### 4.2 The purpose of *Sure Steps*

Between them, staff identified the purpose of *Sure Steps* as:

- to check on the child’s development
- to help families to identify their needs and offer appropriate support (information, advice, advocacy, signposting or referral to local services) on issues affecting the family - for example benefits, debt, housing, basic skills
- to encourage more involvement of families with Sure Start
- to help meet specific Sure Start targets - for example in respect of speech and language development, home safety, smoking cessation.

The Team Leader explained that a health focus (checking on child development) had been the original aim of *Sure Steps*. Over time the remit had become much more holistic, seeking to identify family needs and refer to an increasing number of agencies who can help.

### 4.3 How *Sure Steps* fits within the broader Family Visitor role

The broad role of the Family Visitor was described by staff as offering information, advice and support for families and signposting them to existing services. Where parents were not making use of Sure Start services, they were encouraged to do so. Family Visitors drew attention to the importance of their style of working. One person described family visiting as “*a friendly service, not telling parents what to do*” and another mentioned the importance of being sensitive to the priorities of individual families - for example in very poor families, getting food on the table may from time to time be more important than playing with their children. The Family Visitors had a variety of professional backgrounds, including experience in the voluntary sector, education, social services and health. This variety was seen by staff as a valuable resource for sharing specialist knowledge.

Against this background, *Sure Steps* work was seen by staff as a useful tool for Family Visitors to structure focused family visits which could identify families needing support:

*‘Sure Steps is a brilliant tool for finding out families’ needs in a structured way’.*

*‘Sure Steps is a holistic tool to unravel families’ needs’.*

Offering *Sure Steps* as a universal service was seen as beneficial in a variety of ways:

- non-stigmatising for families
- a safety net to ensure everyone is picked up
- enabling contact with registered families who may not have engaged with Sure Start.

Three of the seven *Sure Steps* visits take place before a child is four months old and this was thought very useful for some shy young Mums to get to know their Family Visitor and then feel able to call into the Sure Start Centre, where they could make new friends and take part in sessions. In this way, one Family Visitor described *Sure Steps* as “*putting it all together*” for parents.

The Team Leader thought that around 25% of a Family Visitor’s time would usually be spent on *Sure Steps*, with the remainder spent on intensive support for a smaller number of families. She noted that the latter work needed to take priority – for example, when dealing with child protection issues – and so time for the *Sure Steps* scheme sometimes needed to be curtailed.

One Family Visitor said that most of her time was spent on *Sure Steps* and two others gave an estimate of 50%. One of these staff added that the proportion of time varied from week to week and this was reinforced by the other Family Visitors who felt unable to give an overall estimate. Reasons given for this variation were:

- how much child protection work a Family Visitor had on their patch
- whether they had needed to provide drop-in cover at the Centre during times of holidays and sickness

- how long the person had been in post (and so built up relationships with a caseload of families).

#### **4.4 How *Sure Steps* fits into the overall work of Sure Start**

Staff identified the 'fit' as follows:

- part of giving children a better start, spotting problems earlier and in a structured way
- a way of addressing many Sure Start targets
- part of building and strengthening the community - for instance, through helping parents identify learning and development opportunities
- a two-way process through which Sure Start gets to understand families' needs and parents can check how they are doing and get advice and support.

#### **4.5 How *Sure Steps* fits into the overall pattern of local services for the 0-4s in Scarborough**

Staff felt strongly that in general their work complemented other provision and that liaison with other professionals was working well. A multi-agency approach was valued – as one Family Visitor commented, “*we can't be precious, we can't do it all*”. Specific comments were made about links with Health Visiting, Midwifery and Social Services.

##### **4.5.1 Health Visiting**

The timing of *Sure Steps* visits had been planned to avoid clashes with Health Visitor home visits. Two Family Visitors had initially felt anxious that Health Visitors might react against the scheme, perhaps seeing Family Visitors as “*stepping on their toes*” with no health training and, unlike Health Visitors, with funding to offer gifts. In practice, however, relationships were thought to be working well, with Health Visitors appreciating that “*we are good at different things*”. Health Visitors were referring families to Family Visitors, for example when they thought a Mum would benefit from getting out of the house and coming to Sure Start sessions. Family Visitors were able to refer child development issues to the Sure Start Health Visitor.

##### **4.5.2 Midwifery**

One Family Visitor spoke about “shared” cases with midwives, by which she meant cases which had been passed to her by a midwife for extra support, for example where the parents were drug users.

##### **4.5.3 Social Services**

Relationships with social services staff were described by one Family Visitor as “*very good - social workers say they don't know how they managed [before]*.” New social workers were invited to visit the Sure Start Centre to gain an understanding of Sure Start and the work of family visitors.

Other examples given of *Sure Steps* visits complementing other services were:

- Family Visitors can check on nursery and school places
- The 18-month visit enables early referral to Speech and Language Therapy (children would not otherwise be checked until 2 years of age).

## **4.6 The organisation of *Sure Steps* – what is working well**

Three staff made comments. One person said that generally things work well and a second said that the visit book worked well as a way of seeing which visits had been done and which were outstanding. The third person to comment said that she was getting through the workload and added that arrangements for personal safety with regard to home visits were good. One Family Visitor talked about the benefits of her practice to group together visits for children of the same age, which made getting the paperwork and gifts together easier and made more apparent the differences in development between children.

## **4.7 The organisation of *Sure Steps* – areas for improvement**

A number of areas for improvement were identified.

### **4.7.1 Identifying visits due**

The two Family Visitors working antenatally received notifications of pregnancy from local midwives. Around 85% of notifications were coming through. Causes of the shortfall were thought to be midwives being too busy or only passing on information when they thought the family was likely to benefit from *Sure Start*. Some of the 'missing' women were found in other ways, for example if they attended *Sure Start* activities, and through the hospital-based work of the *Sure Start* midwife one day each week. Recent attempts by Family Visitors to raise awareness among midwives had proved successful, with 20 notifications received in June and 60 in August. One Family Visitor was, however, concerned about the capacity to carry out the visit programme should all pregnancies be notified.

Family Visitors working postnatally started with the child's date of birth recorded in the Birth Book. This manual system was thought a cumbersome way of identifying visits. One Family Visitor suggested that, ideally, the computer system would flag up visits due on a weekly basis, since this would avoid a trawl through the Birth Book to pull out the visits to write in her diary.

The current system also had a number of other difficulties. While the date of birth was in the Birth Book, the address and telephone number of the family were held in a separate record. In addition, where the family name did not tally with the child's, the process of contacting the family was slowed further. Also, when a family had moved house or changed their telephone number, *Sure Start* may not necessarily have been informed. It was thought that Health Visitors would have this information, but that data protection rules prevented them from sharing the details.

#### **4.7.2 Timing of visits**

One Family Visitor suggested bringing forward the 8-10 month visit to 6-8 months, on the grounds that more weaning and play advice should be given before a child reaches 8 months.

#### **4.7.3 Ineffective visits**

The Sure Start midwife commented that a high proportion of planned visits (20-30%) were unable to be carried out owing to no-one being in the house. It was thought that these families might be disorganised and/or suspicious of Sure Start. She thought antenatal visits could be the hardest to achieve since a family may not have had prior contact with Sure Start. It was difficult for Family Visitors to know what to do when a family was not at home. While a rule limiting the number of attempted visits (say, three attempts) would be fair in terms of time for other families, it risked missing families who most needed help.

#### **4.7.4 Capturing visit data**

Staff reported that using a manual system meant that some visit data remained "buried". Family Visitors were positive about moves towards computerisation, since holding computerised family files and Family Visitor notes would be more convenient. However two people commented that sharing one computer among all the Family Visitors was problematic for accessing records and writing up notes.

One Family Visitor spoke about having met with the IT Development Officer (Simon) to discuss adding more information to the early visit records on premature babies, postnatal depression, smoking cessation, parents with mental health problems, drug-users, breast-feeding and weaning information. She thought this information could be useful for budgeting, thinking about how best to use the visits, collecting evidence to pass to others (for example, weaning information for the dietician) and, in the longer term, to look at trends (such as geographical variation) which would help when thinking about future goals and targets.

#### **4.7.5 Workload**

It was proving difficult for some Family Visitors to balance their workload between *Sure Steps* visits and more intensive support for a smaller caseload. As a result of needing to prioritise intensive support, staff were tempted to 'compromise' with *Sure Steps* work, for example by rushing through some visits, or carrying out visits *ad hoc* in the Centre (and so being unable to absorb the context of the home) or to delay the visit. Since the visits were timed for specific points in child development, any delay inevitably made the visit less useful for families.

The Team Leader was concerned about a possible build-up of stress on Family Visitors as a result of difficulties in balancing their workload and, at the time of the evaluation, she was considering the possibility of having separate staff to carry out the *Sure Steps* visit programme. The potential benefits from such a change would be to:

- free up Family Visitor time for intensive support work (and so also reduce stress among staff)
- carry out the full programme as scheduled and without rushing visits
- enable career progression (from a generalist *Sure Steps* Visitor to a Family Visitor)
- remove the link with Family Visitor specialist expertise, so helping with the potential for mainstreaming and creating a model which could be used elsewhere.

#### **4.8 *Sure Steps* visits – what is working well**

Staff thought that the following was working well:

- Getting to know families through the visits, especially the opportunity to see them in their own homes, since it tells staff more about the family.
- Families accepting the visits, shown by there having been no direct refusals (although sometimes families were not at home). New Mums were thought especially pleased to have visits for information and gifts.
- More families attending *Sure Start* sessions following the visits, which is satisfying for staff. All registered families do receive information about sessions in the post, but Family Visitors can explain more.
- Checking child development and spotting problems, since a lot could be picked up in a visit.
- Visit forms helped when asking potentially difficult questions (for example whether the family has a social worker) since every family was asked the same questions.
- Gifts were an effective incentive, families were now asking for visits.
- *Sure Start* colleagues were able to offer information to Family Visitors to support visits - one Family Visitor commented that she had been unsure about the purpose of the gifts but, having spoken to early years colleagues, was now much clearer about the importance of play equipment and how this fitted into child development. As a result, she felt better able to introduce gifts to the family. The same Family Visitor also gave the example of the value of the new nutritional assistant in *Sure Start* for obtaining advice on weaning, since a Family Visitor otherwise relied on her own limited personal experience when offering advice to other parents.

#### **4.9 *Sure Steps* Visits – areas for improvement**

Staff thought that some aspects of visits could be improved:

- *Sure Steps* work could be linked more closely with *Sure Start* targets.
- The gifts needed more thought. While the safety and weaning equipment were of value, some gifts were illogical – for example there were two sets of play bricks, and there was a pampering kit for Mums but nothing for Dads. Options other than gifts might be better – for instance, where there was little play, rather than giving the family a set of play bricks, a home visit from a member of the play and learning team might be preferable. Also, perhaps not all families actually need gifts. Gifts might suggest that the Family Visitor was trying to ‘buy’ people. It might be possible to use simpler, less costly gifts,

which could be important for mainstreaming *Sure Steps*. It was thought that parents could perhaps be consulted about what they would like.

- There was a danger of raising awareness of needs in families and not being able to meet them.
- There was insufficient written information (a) to leave with families to help them and (b) for Family Visitors to know they are being consistent (for example with weaning advice).
- The visit forms were in a tick-box style, which made it impossible to capture the range and depth of the discussion. For instance, a two-hour discussion could result in a tick in the box 'domestic violence referral'. However staff acknowledged that it was not easy to know how these more qualitative data could be recorded.
- Supplementary visit forms could be developed to capture more detailed information (for example about parents' health).
- Some mapping of services available in the community would be useful so that parents could be asked what they want.

## **4.10 Referrals after *Sure Steps* visits – what is working well**

We asked staff about both internal referrals (that is, within Sure Start) and external referrals to other agencies.

### **4.10.1 Internal referrals**

Internal referrals were said to be working well - for instance, colleagues might identify sessions parents could attend. Take-up by parents was generally good, although less so at Barrowcliff, possibly because this Centre had been established more recently.

### **4.10.2 External referrals**

Family Visitors were referring to a wide range of agencies and, in general, these referrals were working well, although time-consuming to set up. Referrals were thought to work particularly well where relationships had been built up and two factors helped here. First, most Sure Start staff were local and so were generally well 'networked' with other local professionals. Secondly, visits by Family Visitors to other agencies (set up by the Team Leader) to exchange information about roles were thought valuable for identifying potential referral opportunities, such as helping parents get back to work.

## **4.11 Referrals after *Sure Steps* visits – areas for improvement**

### **4.11.1 Internal referrals**

Family Visitors felt that setting up group sessions in response to identified needs had been a little slow – for example, on weaning, sleep, play and behaviour management – but was now being looked at.

### 4.11.2 External referrals

Getting hold of people in other agencies could be time-consuming, although it was difficult to know what to do about that. Some services were thought more difficult to link into, for example housing and acute mental health services. One Family Visitor found most difficulty with social services, feeling that workload pressures made them reluctant to accept a referral if the family was in touch with Sure Start (and therefore getting some support). The Family Visitor felt that this approach was potentially storing up bigger child protection problems in the long run and that social services would be wise to adopt a more preventive approach.

## 4.12 Staff perception of the impact of *Sure Steps* on families

Staff felt that *Sure Steps* was having a positive impact on families, gauged by the following indicators:

- more families were engaging with Sure Start as a result of the visits, both in group activities and using the drop-in facility.
- visits were thought to be improving parents' confidence, whether through reassurance about parenting, and/or giving isolated families someone to talk to.
- visits enabled Family Visitors to build up a relationship with families, so improving the likelihood of more effective intervention if the family subsequently experienced difficulties.

It was acknowledged that some evidence of impact would not be felt until the longer term and may be seen in the data of other agencies, rather than in Sure Start.

The Team Leader commented that it was difficult to say whether specific targets were being met, but would expect to see, for example (a) a fall in accidents as a result of the safety equipment being given out; and (b) a reduction in visits to a GP or hospital with gastroenteritis as a result of work with families on cleanliness, including sterilising bottles.

External referrals should have an impact, for example speech and language therapy, social services and health visiting, for which these other agencies might have the relevant data.

The Team Leader felt that it was difficult to differentiate the impact of the *Sure Steps* visit programme from the rest of Family Visiting work, which was a further argument for separating these functions (and the staff who fulfil them).

## 4.13 Summary

Staff were very positive about *Sure Steps*. It was seen as a useful part of the Family Visitor role, visits were working well, perceived as having a positive impact on families and, on the whole, referrals were smooth.

Embodying *Sure Steps* as part of the Family Visitor role did mean, however, that Family Visitors were struggling to get through their visit workload. At the time of the

evaluation, for workload and other reasons, Sure Start was considering separating out *Sure Steps* work to be run by different staff.

Staff identified a range of areas for improvement in respect of the organisation of visits and the visits themselves, which Sure Start may wish to consider.

## Chapter 5 Views of Partner Agencies

### 5.1 Introduction and methodology

Given the holistic nature of *Sure Steps* in seeking to identify and meet the wide variety of needs among local families, Sure Start wished to obtain feedback from local partner agencies as part of the evaluation. In consultation with Barbara it was decided to collect information and views of partner agencies on:

- their perception of the purpose of *Sure Steps*
- their familiarity with the scheme and involvement in its development
- how *Sure Steps* fits with the overall Sure Start programme
- how *Sure Steps* relates to the objectives of their own organisation
- sharing information with *Sure Steps* staff
- their perception of the impact so far of *Sure Steps* on families
- the impact (or potential impact) of *Sure Steps* on their organisation
- how the long-term impact of *Sure Steps* might be measured.

Sure Start staff identified contacts in eight partner agencies with whom we sought a telephone interview to collect the data. Seven interviews were carried out: with a health visitor, community paediatrician, community midwifery team leader, early years support teacher, speech and therapy manager, childcare partnership manager from Jobcentre plus and a housing officer from Yorkshire Coast Homes. The eighth agency was social services, where Sure Start staff had identified two potential contacts. However, despite repeated attempts to secure an interview with either of these (including agreement from one person to complete the topic guide via email), we were unable to collect any data. The partner agency interview topic guide is at Appendix D. The partners interviewed were expressing their views from their own experiences and so not necessarily the view of their agency as a whole.

### 5.2 The purpose of *Sure Steps*

Two partners spoke about their understanding in general terms:

*“To see what each family needs in terms of support”.*

*“To ensure all the needs of children are met and the well-being of parents is catered for. They also signpost to other organisations”.*

Between them, other partners described the purposes of *Sure Steps* in more specific terms:

- Health promotion, education, information, advice and support at key developmental stages on child care, parenting skills and practical issues in bringing up children.
- Early intervention aimed at (a) spotting emerging problems and dealing with them before they escalate and require referral; (b) offering help to families who need extra support/guidance – including access to other services- and tracking them through.

- Promote early parent/child interaction.
- Gain access to families who might not otherwise engage with services.

### **5.3 Familiarity with the scheme and involvement in its development**

Partners were all aware that the scheme involved a programme of home visits. Four respondents felt particularly familiar with the scheme, having had an explanation directly from Sure Start staff, although in one case this had been a chance conversation. One respondent mentioned being unsure about the timing of the visits and another queried whether the service was universal across the Sure Start catchment area.

None of the partners interviewed had been directly involved in the development of *Sure Steps*. One respondent thought their manager had probably been involved in planning work, but hadn't communicated back to the staff. Despite their lack of personal involvement, six partners stressed that they had been kept well informed by Sure Start.

### **5.4 How *Sure Steps* fits with the overall Sure Start programme**

Partners thought the fit very good, between them citing the following evidence:

- The value of building relationships to encourage parents to join other Sure Start activities, which is an important 'way in' for families who could benefit but might not otherwise engage.
- Early intervention.
- A home visiting scheme is valuable to see the home's appropriateness for children and to advise parents on any equipment they may need.
- An innovative scheme.

### **5.5 How *Sure Steps* relates to the objectives of partner organisations**

Respondents felt that the work of *Sure Steps* was in harmony with that of their own organisations. In some cases this was because the objectives were similar, for example, early years work and midwifery. The community midwife felt very positive about the Sure Start midwife's role in home visiting and about liaison between the two services.

In other cases, *Sure Steps* was thought to complement the work of the partner agency, for example preventative work in respect of speech and language development and, in the case of housing, supporting young parents with the responsibilities of running a home (so helping them maintain a tenancy). In the case of Jobcentre plus, Family Visitors helped to raise awareness of the organisation's role and encouraged parents to use the service who might otherwise be reticent. This partner commented "*we have a robust partnership and long may it continue.*"

However respondents did mention that they were not always sure whether these benefits arose from the *Sure Steps* programme of visits or the more general support work of Family Visitors.

## **5.6 Sharing information between partners and *Sure Steps* staff**

Typically, communication was working well and described as informal, based on strong individual relationships of trust. Time spent getting to know staff and understanding common aims was regarded as having been important and one respondent described local professionals as generally “*very well networked*”.

Several partners drew attention to the importance of having an open approach with families, for example:

*“The main thing is to be very up front with families and tell them that we will liaise about visits but won’t share any information that the family wishes to discuss in confidence.”*

*“We are very open with families about who we are communicating with in terms of other professionals and *Sure Start* staff.”*

A desire to develop a protocol for sharing information was mentioned by only one agency to clarify the issue of confidentiality, although no problems in practice had been experienced. Another respondent felt that working on the basis of trust and common purpose meant that protocols had not been needed to regulate sharing information:

*“Some things are confidential and you do have to be careful, but because good relationships of trust have been formed through getting to know *Sure Start* staff and sharing aims, everyone tries to be flexible in passing on information.”*

The Health Visitor did have some unmet needs for information. Since both her service and *Sure Steps* offered home visiting, she would find it useful as a minimum to have a list of families recently visited through *Sure Steps*. Ideally, some information about the issues discussed would also be passed on to Health Visitors, along with any personal safety issues to take into account when visiting particular homes (for example a violent partner or drug abuse).

## **5.7 Perception of the impact so far of *Sure Steps* on families**

Partners found it difficult to gauge the impact of *Sure Steps* on families, for a variety of reasons. Some said it was too early to say and/or they did not know which families had been visited. Some respondents did not themselves have face-to-face contact with families. Two partners assumed that the impact was positive, in one case because they had heard no concerns from parents. In the other case (early years) an absence of referrals from health visiting or paediatrics in the *Sure Start* area had led the respondent to presume that these needs were being met by *Sure Start* via identification from the visits.

## 5.8 The impact (or potential impact) of *Sure Steps* on partner organisations

Partners were asked whether they thought *Sure Steps* would enhance/complement their service, or whether there might be risk of overlap/duplication. There was a heavy emphasis in the responses on the complementary nature of the work. Where the services provided were most similar – health visiting, community midwifery, early years – *Sure Steps* was valued as an additional resource which allowed the mainstream service to focus on families who need complex support.

The danger of overlap was acknowledged. In midwifery this was being dealt with by carving out different roles, and in early years work respective staff had agreed to inform each other of children about whom they become aware. The early years support teacher recommended that “*Sure Start should make more agencies aware of the Sure Steps scheme, so that they have a close picture of how Sure Steps and the Early Years support service works, to avoid duplication of referrals.*”

In the case of health visiting, the respondent argued for the health visiting and family visitor functions to be merged, so that:

- the full range of visits and support could be offered from one source
- Health Visitor knowledge and experience of home visiting could be shared with Family Visitors
- resources and facilities could be pooled
- families with the most complex problems who may not be engaging with *Sure Start* and may have taken a long time to accept a Health Visitor could be helped to engage with *Sure Start*.

*Sure Steps* was thought complementary to community paediatrics for either avoiding referrals (through early identification of problems and intervention) and/or referring earlier, when the problem might be more amenable to treatment.

In the cases of Jobcentre plus and housing, respondents were very clear that there was no risk of duplication of work, since the services were different from *Sure Start*. The Jobcentre plus respondent noted that her organisation did not have the resources to go out into the community and so felt fortunate to be able to ‘piggyback’ on *Sure Steps*.

Partners were also asked about the impact of *Sure Steps* on their organisations’ workload. Five partners reported no effect, although two of these respondents (community paediatrician and speech and language therapy manager) anticipated a reduction in referrals to their service in the future. One of the remaining respondents (early years) thought that referrals into her service might be reduced a little, but since they covered a much larger patch (Scarborough, Whitby and Ryedale) it was difficult to tell. The other respondent (Jobcentre plus) noted that, over the last two years, referrals from *Sure Start* had risen from very few to around 15 each week. However she did not know how much of this increase could be attributed directly to *Sure Steps* visits, as opposed to other Family Visitor work.

## 5.9 How the long-term impact of *Sure Steps* could be measured

Partners suggested the following possible measures:

### 5.9.1 Quantitative measures

- How many families went on to take up other Sure Start services.
- Whether A&E attendance has changed (this respondent suggested that rates may *increase* if families have become more aware of potential injuries).
- Earlier referrals, for example to speech and language therapy and community paediatrics.
- Referrals to community paediatrics.
- Reduction in children referred for early years support.
- Decrease in number of children with language delay, behaviour problems, problems with social interaction.
- Speech and language therapy service runs clinics in the four schools in the Sure Start catchment area. Could look at the number of referrals (and the reason for referral, especially language) on school entry year by year.
- Measure reduction in workless households in particular wards.

### 5.9.2 Qualitative measures

- Whether parents feel supported (a) in their parenting; (b) over time.

### 5.9.3 Quantitative and/or qualitative measures

- Social services and schools would be well placed to measure impact, since they are in regular contact with families.
- Sure Start could organise a survey.

Partners were asked whether their organisations held data which could be used to enable *Sure Steps* to be assessed against Sure Start targets. Four partners felt unable to make any suggestions. The community midwife thought that a questionnaire to mothers at the end of the midwife's 28 days of service provision could include questions about whether, and if so how, they felt supported by *Sure Steps*. Such a questionnaire is not, however, in use at the moment. Speech and language therapy staff could provide referral data, but again this system would need to be set up. The Jobcentre plus manager suggested that, on a six monthly basis, if Sure Start could give her the names of all the parents referred to Jobcentre plus for (a) employment advice or (b) benefits advice, she could look at the outcomes for these people and compare the results with the rest of the caseload.

## 5.10 Summary

Partners were very positive about *Sure Steps*, valuing the work and their relationships with Family Visitors. Importantly for the evaluation, however, respondents said that they were not always certain whether their comments referred to *Sure Steps* in particular or the work of Family Visitors more generally.

In terms of 'hard' evidence, it was difficult for partners to gauge the impact of *Sure Steps*, whether on families or their own work. Although partners generated several

ideas about long-term measures of the scheme's success, there were just a few suggestions about data which their agency might contribute. Looking to the future, the suggestion was made that health visiting and family visiting might be better delivered as a merged service.

## Chapter 6 Conclusions

In this evaluation Sure Start was seeking information on *Sure Steps* as a pilot scheme. The views of parents, staff and partner agencies on the scheme to date were sought and quantitative visit data collected by staff over a period of six months were analysed.

Findings from parents, staff and partners reveal very positive feelings about *Sure Steps* and its contribution to date in addressing child development and other family issues, initiating referrals to the local network of partner agencies and reducing social isolation through encouraging parents to engage with Sure Start.

Respondents identified a number of areas for possible improvement to *Sure Steps* which are detailed in the preceding chapters and summarised in Chapter 7 for consideration by Sure Start staff in continuing to develop the scheme. A key area under consideration is the impact of the heavy workload on Family Visitors, who clearly struggle to balance their dual role of delivering *Sure Steps* visits and more intensive caseload work. Reports from staff suggest that the visit programme is slipping, and the only refusals we encountered from parents asked to take part in the evaluation were from families who had not received any visits. A related factor important for the evaluation is that partner agencies were not always able to distinguish between the two roles of the Family Visitor when making their comments and so we cannot be absolutely sure that all of their feedback relates directly to *Sure Steps*.

Findings from the visit data provided some useful quantitative information about the scheme to date, for instance, the number of visits, the range and frequency of issues discussed and referrals. However the current usefulness of these data for measuring the performance of *Sure Steps* was limited by a number of factors, in particular coding errors, some information only recently having started to be coded (for example, internal referrals) and the lack of a link between the aims for *Sure Steps* and clear decisions about how to hold and interrogate the data to check progress against these aims and Sure Start's objectives and targets.

Overall, while the findings from the evaluation were encouraging in terms of people's perception of the value of *Sure Steps*, it has not been possible to measure quantitative progress in terms of meeting aims, objectives or targets. In developing *Sure Steps*, this area needs attention, along with the suggestions from respondents for improving the scheme.

## Chapter 7 Recommendations

### 7.1 Introduction

A number of recommendations arise from this evaluation of the pilot stage of *Sure Steps*. These fall into two broad types:

- improvements to the organisation and delivery of *Sure Steps*
- improvements to the evidence collected about *Sure Steps*.

### 7.2 Improvements to the organisation and delivery of *Sure Steps*

We suggest that Sure Start staff give consideration to the following issues in developing the scheme further:

#### 7.2.1 Family Visitor workload pressures

- consider separate staff carrying out the *Sure Steps* visit programme, to enable the number of programmed visits to be achieved and free up Family Visitor time for more intensive family support.

#### 7.2.2 Identifying visits due and managing the visit programme

- use the computer system to flag up visits due and
- use this information to compare with actual visits carried out as a monitoring tool.
- where there is pressure on workload, develop guidance for Family Visitors to prioritise visits.
- keep increasing awareness among midwives to achieve maximum notifications, while also considering how the capacity to carry out the additional visits will be achieved.

#### 7.2.3 Timing of visits

- consider the case for replacing the 8-10 month visit with a visit between 6-8 months (it was suggested that more weaning and play advice should be given before a child reaches 8 months).

#### 7.2.4 Ineffective visits

- develop a policy on how to proceed in the case of 'refusals' (including when the family is not at home at the time of the visit).

#### 7.2.5 Computer equipment

- consider acquiring additional computer equipment to improve access by Family Visitors to family notes and for writing up visits.

### 7.2.6 Improvements to visits

- review the policy on gifts and the types of gift offered, making a link between any gifts offered and the content of the visit.
- consider providing more leaflets to (a) leave with families to help them and (b) for Family Visitors to know they are being consistent (for example with weaning advice)
- consider a regular newsletter for families based on advice-giving
- consider how families can obtain information in leaflets and/or newsletters who find reading English difficult.
- consider mapping local services available so that parents could be asked what they want.
- consider more follow-up visits/phone calls to check on progress.

### 7.2.7 Relationship with Health Visiting

- in the short term, consider sharing with health visitors (a) list of families recently visited; (b) information about the issues discussed; and (c) any personal safety issues for visiting individual homes (for example a violent partner; drug abuse).
- in the longer term, consider the case for merging health visiting and family visiting services.

## 7.3 Improvements to the evidence collected about *Sure Steps*

Good quantitative data about *Sure Steps* is essential for providing evidence of the value of *Sure Steps*, especially with a view to mainstreaming. Suggested areas for investigation are to:

- review the data currently collected against the aims of *Sure Steps* and the objectives/ targets of *Sure Start*, to ensure that progress towards these milestones can be measured. One way forward could be to work with partners to agree data which could be collected reciprocally to support each others' aims, objectives and targets.
- identify the different ways in which the data set will need to be analysed (for example, in what ways will individual cases be tracked over time? How and when will data be aggregated for monitoring purposes?) and ensure that the data can be interrogated in ways which will enable valid and reliable analysis.
- check the consistency between staff at the points of (a) data collection on the visit forms and (b) data entry to the computer system.

**Sure Start Scarborough**  
**Evaluation of the Sure Steps Scheme**  
**Interviews with parents – topic guide**

<b><i>Date of interview:</i></b>
<b><i>Name of interviewer:</i></b>

*Thanks very much for agreeing to help us. My name is...*

*We are talking to about twenty parents to find out what they think of the home visits from Sure Start. This should only take about 20 minutes – is that ok?*

*There are no right or wrong answers, so please be honest. Your views about the service will be treated in confidence, and only the evaluators will see these notes. When we have talked to everyone, a report will be written – this will help the staff to know what parents find useful and what if anything needs changing.*

**Which area do you live in?**

- Castle
- Barrowcliff
- Falsgrave/ Edgehill/ Seamer Rd

**1. How old are your children?**

**2. How many Sure Steps visits have you had (roughly)?**

**3. Where did the visits take place? (Read the choices and tick all that apply)**

- At home
- At the Centre
- Other  .....

*Comments...*

**4. How did you feel when you were contacted about the first visit?**

**Were you...? (Read the choices and tick all that apply)**

- A bit worried/nervous
- Pleased/interested
- Not really bothered
- Other  .....

**Comments...**

**5. How do you feel now about future visits?**

**Are you...?** (*Read the choices and tick all that apply*)

- A bit worried/nervous
- Pleased/interested
- Not really bothered
- Other                                     .....

*(If feelings have changed, ask why...)*

**6. How has your child (have your children) reacted to the visits (if present)?**

- Enjoyed them
- Didn't like them
- Not really bothered
- Parent not sure
- Other

*Any comments.....*

**7. I don't know if you have a partner – but if you do, what did they think about the visits?**

**8. What do you see as the purpose of Sure Steps visits?**

9. Thinking about the most recent visit, we'd like to ask you about what happened and how much it helped you.

	Yes, this happened			No, this didn't happen			Any comments made
Activity	Helped me a lot	Helped me a bit	Didn't help me	Offered, but I didn't need it	Not offered (and that's OK)	Not offered (wish it had)	
Did you have a chance to talk about how your child is developing?							
Did you have a chance to talk about how the whole family is managing?							
Were you given information leaflets?							
Were you given a gift?							
Were you offered safety equipment?							
Were you given advice on specific topics?							
Were you put in touch with other Sure Start activities?							
Did you receive follow-up support from Sure Start?							

10. I'd now like to ask about any changes for you and your family that have come out of the visits.

So, if we look at the left-hand column of this table, for each row, can you say how much the visits have helped you with this aspect of your life?

Have the Sure Steps visits helped you to...?	Helped me a lot	Helped me a bit/ not sure	Did not help me at all	I didn't need any help with this/ not relevant	Any comments
Feel more confident as a parent					
Feel that someone cares about your family					
Understand the importance of play for your child					
Understand the importance of talking/reading with your child					
Cope with your child's behaviour/sleep problems					
Keep your child safe and healthy					
Feed/wean your child confidently					
Get back into work or education					
Find out about services which can help you					
Be more involved with Sure Start					
Meet other parents of young children					

**11. Do you think that Sure Steps visits are a good idea?**

**Yes/no/not sure**

***Why do you say that?***

**12. Could the visits be improved in any way?**

**Yes/no/not sure**

***If yes, How?***

*That's all my questions. Would you like to check through to make sure I got everything down?*

*Thanks very much for helping us.*

*Have you got any questions?*

*When the report has been written, we will make sure you get a summary of the findings so you can see what has come out of it.*

Evaluation of the *Sure Steps* Family Visitor Scheme

Topic guide  
for interview with Community and Family Support Team Leader

Staff name:

Interviewer:

Date:

---

1. What is the role of the Community and Family Support Team Leader?

*Check:*

Estimated proportion of workload comprised of *Sure Steps*?

2. How does *Sure Steps* link with the rest of your role?

3. What do you see as the main purpose of the *Sure Steps* scheme?

4. How does *Sure Steps* fit into the overall work of Sure Start Scarborough and its objectives?

5. How does *Sure Steps* fit into the overall pattern of local services for the 0-4s in Scarborough? (degree of overlap/ complementary services?)

6. Thinking about how the *Sure Steps* scheme is organised (eg identifying visits, managing workload, paperwork):

- a) what is working well?
- b) any areas for improvement?

7. Thinking now about the visits themselves:

- a) what is working well?
- b) any areas for improvement?

8. **Thinking about action taken after visits – external referrals and internal follow-up through Family Visiting:**
- a) what is working well?
  - b) any areas for improvement?
9. **What is your perception so far of the impact of *Sure Steps* on families?**
- a) what type(s) of impact?
  - b) how is the impact made?
  - c) how do you think impact could be measured in the short and/or longer term?
10. **With your experience, if you were now asked to design a brand new *Sure Steps* scheme with no constraints, would you make any changes to the current scheme? What would a new scheme look like?**

Evaluation of the *Sure Steps* Family Visitor SchemeTopic guide  
for interviews with Family Visitors

Staff name:

Interviewer:

Date:

---

1. **What is your work background?**
2. **What is your role as a Family Visitor?**

*Check:*  
Any specific geographical area covered?  
Any special responsibilities/ areas of work?  
Estimated proportion of workload comprised of *Sure Steps* visits?  
Have you received any training to be a Family Visitor?
3. **How does your *Sure Steps* work link with your role as a Family Visitor?**
4. **What do you see as the main purpose of the *Sure Steps* scheme?**
5. **How does *Sure Steps* fit into the overall work of Sure Start Scarborough and its objectives?**
6. **How does *Sure Steps* fit into the overall pattern of local services for the 0-4s in Scarborough?** (degree of overlap/ complementary services?)
7. **Thinking about how the *Sure Steps* scheme is organised** (eg identifying visits, managing workload, paperwork):
  - a) what is working well?
  - b) any areas for improvement?

- 8. Thinking now about the visits themselves:**
- a) what is working well?
  - b) any areas for improvement?
- 9. Thinking about action taken after visits – internal follow-up through Family Visiting; referral to other Sure Start colleagues; referrals to other agencies:**
- a) what is working well?
  - b) any areas for improvement?
- 10. What is your perception so far of the impact of *Sure Steps* on families?**
- a) what type(s) of impact?
  - b) how is the impact made?
  - c) how do you think impact could be measured in the short and/or longer term?
- 11. With your experience, if you were now asked to design a brand new *Sure Steps* scheme with no constraints, would you make any changes to the current scheme? What would a new scheme look like?**

Evaluation of the *Sure Steps* Family Visitor Scheme

Topic guide  
for interviews with staff from partner agencies

Staff name:

Organisation:

Interviewer:

Date:

---

1. How familiar are you with the *Sure Steps* scheme?

- What is your understanding of its purpose?
  
  
  
  
  
  
  
  
  
  
- Have you or your colleagues been involved at all in its planning – or have you worked with *Sure Steps* staff at an operational level?

2. How do you think *Sure Steps* fits within the overall *Sure Start* programme?

3. How does it relate to the objectives of your organisation?

4. **What are your views on the impact of the scheme so far on the families in this area?**
  
5. **How do you expect the scheme to effect your own service – for example, do you think it will enhance or complement what you do, or might there be a risk of overlap or duplication? (any examples?)**
  
6. **What impact is the scheme likely to have on your workload – will it generate more referrals to you, or will it reduce your work? (any information on referrals received to date?)**
  
7. **How do you share information with Sure Steps staff?**
  - **Have there been – or do you envisage - any issues around confidentiality and sharing of information between your organisation and the Sure Steps staff? (have any protocols been drawn up?)**
  
8. **How do you think the longer-term impact of the scheme could be measured?**

