National evaluation summary

Outreach and Home Visiting Services in Sure Start Local Programmes

by Mog Ball and Lisa Niven[1]

Sure Start Local Programmes (SSLPs) support children under 4 and their families by integrating services like early education, childcare, health and family support in specified geographic areas.

This study looks at Outreach and Home Visiting services, an aspect of core work which SSLPs are expected to deliver. These services are included to ensure that all support is accessible to all families, particularly those who are most isolated, geographically or socially.

Key findings

- SSLPs interpreted outreach and home visiting in four distinct ways:
  - to inform families about what was available to help them;
  - to make services easier to reach and use;
  - to provide a gateway to persuade parents to access services;
  - to deliver services through home visits.
- Working in partnership with families, SSLPs have developed a wide range of written materials, which have provided an opportunity for interaction with parents. Gifts and one-off events have been used to make contact with parents and to raise awareness of Sure Start services.
- The number of sites from which services are delivered has increased. They can now be found in new, purpose-built venues, in familiar, tried and tested settings and in innovative places, for example, shops, leisure centres and mobile bases like play buses.
- The prime aim of outreach services in most SSLPs has been to gain the confidence of families, to assess with them what they would find most helpful, and to get them to participate regularly in the relevant Sure Start services.
- Families are not obliged to use SSLP services. Outreach and home visiting staff found that, with sensitivity and persistence, families did get involved, but they often needed to be accompanied to services and to have continued individual support.
- SSLPs rarely delivered structured, standardised interventions in the home, either alongside centre-based intervention or as a home-delivered service. There were some examples of services being delivered in the home, but this was not common. Most SSLPs saw such activities as a limited, intermediary stage for 'hard-to-reach' families. They aimed to offer the remainder of the support through group work.
- Patterns of outreach and home visiting services, and their levels of integration into the local SSLP programme varied and depended on the balance of power in the managing partnership and the lead agency.

[1] National Evaluation of Sure Start, Institute for the Study of Children, Families and Social Issues, Birkbeck College, University of London

SureStart

November 2006

Evidence & research

- It was essential that health services – midwifery and health visiting - were integrated into outreach and had accommodated themselves to the Sure Start approaches.
- Where outreach and home-visiting were offered by professional staff, families would be referred by them for extra support to para-professionals and other practitioners. Where outreach and home visiting were carried out by para-professionals, families were referred for specialist support to professional staff.
- Good practice was evident in these services when they:
  - were coordinated by a designated member of the SSLP management staff;
  - had effective working communication with organisations sub-contracted to do the work;
  - were time limited, with regular reviews of the programme of visits to families;
  - had a key worker system;
  - had a referral system;
  - co-located staff where possible;
  - had a programme of joint training; and
  - had protocols covering all interactions with families and children.
- Outreach and home visiting services were mainly used as a means of delivering family support services, rather than direct services for children.
- Services need to focus on the child, particularly on his or her learning capacity and potential. The invitation 'do you want your children to do well?' can be effective in engaging families who are known as 'hard-to-reach'. The evidence from SSLP experience, however, was that this required persistence and continuing intensive support.

Aims of the Research Study

The study aimed to find out how far outreach and home visiting were contributing to the aim of Sure Start "*to work with parents-to-be, parents and children to promote the intellectual and social development of babies and young children – particularly those who are disadvantaged – so that they flourish at home and when they get to school, and thereby break the cycle of disadvantage for the current generation of young children.*"

Background

SSLPS were based in areas with between 400 and 800 children under four. In total, 524 programmes were commissioned in six stages or 'rounds'. The National Evaluation of Sure Start (NESS) is assessing the impact, implementation, community characteristics and cost effectiveness of the initiative by examining the programmes in the first four rounds. There are 260 of these and the earliest began operating in 2000.

SSLPs were required to provide core services including: Outreach and Home Visiting; Support for Families; Good Quality Play, Learning and Childcare; Primary and Community Health Care; and Support for Children and Families with Specialised Needs. Thus outreach and home visiting was a service in its own right but also the means through which the other four core services were delivered.

Studies of public services have suggested that they are less likely to be available and more difficult to access by disadvantaged families. A way to reach these families is to deliver services to them directly in their homes. One reason for including outreach and home visiting services in the design of Sure Start was an acknowledgement that reaching families could be difficult.

SSLPs were asked to re-configure the services that already existed for families and to develop new services where they were needed. Among the existing services operating in all communities were

midwifery and health visiting, these offered SSLPs a platform in terms of information and access from which to develop their outreach and home visiting. In some areas statutory or voluntary family support, play and early learning services were also already using outreach and home visiting as a mechanism for service delivery.

Research Evidence

Considerable research on stand-alone home visiting services has found them to be an effective way to reach children and most effective when they are part of a broad set of services for families and children. Longitudinal studies of interventions with a home visiting component have shown significant outcomes for the children who have experienced it.

Such evidence informed the integrated service design used by Sure Start, but there were remaining questions about outreach services, which SSLP experience has been able to explore. These were addressed in this research and included:

- what is the distinction between 'outreach' and 'home visiting', and where do they overlap?
- what part do these approaches play in an integrated programme of services, and how far do they need to be modified in the light of different purposes for services?
- what operational choices are available to organisations like SSLPs and Children's Centres in designing services to achieve both reach and effective outcomes for children and families?
- what works in outreach and home visiting?

Methodology

The study drew on SSLP data collected by all NESS modules including: the Local Context Analysis, the Cost Effectiveness study, the Themed studies and the National Survey of SSLPs. Information was also available from local programme evaluations, which addressed the range and effectiveness of services at local level. Using information from these sources, a set of 'models' of approaches to outreach and home visiting services was created, covering the various approaches that were being used.

Twenty-two SSLPs were selected for case study investigation. The choice of SSLPs was based on the operational models combined with geographic and demographic variables. SSLP documents and records were examined where these were available and semi-structured interviews were conducted with staff, focus groups and individual users.

From the findings, it was possible to define outreach and home visiting services, to outline their role and assess their impact on families, staff and organisations. Good practice examples were identified and illustrated using descriptions of services, incorporating the views of staff and users.

Findings

Scope of Outreach and Home Visiting Services

• **All SSLPs were required to ensure that all households with children under four in the area knew about the programme and its services.** They did this by providing:

- Written information in the form of leaflets, diaries, timetables and newsletters. Where families were consulted about design, they were more pictorial and less wordy. Translations were available in areas with large mono-lingual populations.
- Gift packs for new parents which 'marked' contact with families and often contained written information about SSLP activities.

- Fun days and other events, mainly on an occasional basis. Their purpose was to publicise SSLP activities, engage and consult with families.

• Moving Services Closer to Users

SSLPs overcame traditional problems of accessibility, making services more convenient and easier to use by:

- building centrally located and satellite buildings;
- using play buses and providing transport; and
- commissioning existing local voluntary organisations to provide services including home visiting.

• Using Outreach as a Gateway to Services

Outreach services were often the means by which families were introduced, in a gradual way, to other Sure Start services. It was essential that a sensitive and culturally appropriate relationship was established with the family.

"Some women will not step outside their door and the only way to make progress is to go to them over and over again. Some are not allowed out, or their emotional well-being is so low they are unable to go out. Of course, our goal is to help them feel better, but it is also important to their children that they see the outside world." (Manager, outreach programme delivered by a community organisation for an SSLP)

Helping parents out of the home was a key role of home visitors. They would find the most helpful services for the family and often accompany them in their first few ventures to unfamiliar venues.

Home Visitors Providing Encouragement to Families

A team of three home visitors in an SSLP go to the family home, usually after a referral from a health visitor. They discuss with the parent what opportunities are available through Sure Start or in the wider community, to enable the parent to identify activities which will benefit them or their family. The visitor explores ways to encourage participation in activities, including offering practical assistance. For example, the home visitor may offer to give the family a lift to an activity, arrange to meet them at the door of the venue, or meet them at home and walk there together. 'We follow the parents' lead'. There are follow-up visits and calls, and a once-yearly visit to check on how the family is doing and remind them that SSLP is still available.

• 'Hard-to-reach'

Groups identified as needing more intensive and consistent effort to reach included:

- Parents/carers with drug and/or alcohol problems
- Families experiencing domestic violence
- Families with children who have special needs
- Asylum seekers and refugees
- Mothers experiencing post-natal depression
- Fathers/male carers
- Families with special cultural requirements
- Teenage parents

Intense home visiting with 'hard-to-reach' families was used sparingly due to the time such services take, along with, the high input required from trained staff and dangers of developing dependency among families.

Delivering Services in the Home

Where home visits were used to deliver services, most SSLPs saw this as an intermediate stage, offered to the most 'hard-to-reach' families for a limited time period. For some SSLPs the majority of outreach time is spent with hard-to-reach families. The exception is where children or a family member are disabled or have special needs – in these cases home visits were often sustained until the children started school.

SSLPs found that it was important to be clear about why a service was being delivered in the home. Among the reasons might be:

- because it is easier to assess how a child is doing in his or her environment;
- because it is easier to demonstrate activities, conversation and other interaction to a parent in the home;
- because it is necessary to see home circumstances in order to organise suitable support;
- because it may make the parent more confident in disclosing worries or concerns;
- because for some families this is the only means by which services can be regularly delivered.

Role of Outreach and Home Visiting in an Integrated Programme

Spending on outreach and home visiting Services was approximately one sixth of SSLP expenditure but tended to be higher in areas where a proportion of the population were of Asian origin or were ethnically diverse. Where there was a strong health representation on the local programme management board, midwifery and health visiting services were the central structure on which outreach and home visiting were built. Where programmes had a community development ethos, this work was led by community workers and often involved local parents.

The design of these services varies greatly in terms of who delivers them and how, and in the ways they relate to the whole range of SSLP services. Some of the more common arrangements are listed below:

Common Structures of Outreach and Home Visiting systems:

Whole System Model
Outreach and Home Visiting work leans strongly towards family support, most likely to be found in SSLPs led by local authorities.

Generic Team Model
This team is designed to reach families in a very diverse area, where there are communication and cultural issues which require a sensitive service.

A Holistic Multi-Team Model
A single team containing a wide range of specialist skills, used across local authority areas where there is more than one SSLP.

Community Development Model
A grass roots approach, where services are not targeted at particular groups and the aim is to be inclusive, universal and non-stigmatising.

Focused Intervention Model
This outreach team carries out an early assessment of children's progress in order to screen for delays in key areas, especially speech and language, followed by an intervention if necessary, delivered by home visits.

Health Team Model
This approach, or elements of it, is the most widespread in use, probably because they

build on the services that already exist in the area. The team comprise midwives and health visitors with back-up from nursery nurses. It is common in SSLPs that are led by PCTs.

Voluntary Sector Model
In this approach, services may be commissioned from one or more voluntary organisations and delivered by them through their existing infrastructure (Home-Start, for example, may be funded to recruit and train an enlarged volunteer workforce and place volunteers with families from the Sure Start area).

Specialist Home Assistance Model
Here the help that is provided to families is very practical – on the lines of the home help service – and is designed to offer relief and respite for a limited period.

Minimal Outreach and Home Visiting Services
Some SSLPs do not emphasise these services or have begun to emphasise them less as the SSLP has become established. In the areas where this decision had been taken, the reasons given are: costs, time, disempowerment of families, and a preference for group based services.

Key differences which affect the way outreach and home visiting Services are structured include:

- size of the team;
- combination of skills in the team;
- understanding of the family and its relationship to SSLP services, for example, parents as partners;
- relation of the outreach and home visiting team to the rest of the SSLP programme;
- local variations in what is acceptable in the way services are delivered.

Coordination

All SSLPs had a member of staff who was responsible for outreach and home visiting and for the allocation of work.

Allocating work to an Outreach Team
In many SSLPs the outreach team respond to referral requests. Typically this works in the following way: the SSLP has a formal request form and a process by which requests for services are addressed. Staff can request that a family is visited, or a family or extended family member may request a visit. All first time requests for services go through the coordinator to ensure appropriate allocation of services. Workers are based in the same building, which makes joined-up working easier and enables mutual support between them. There are consequently good lines of communication, "It's easy to have informal discussions with other workers." (Play-worker in Outreach Team, who will make family home visits if there is a concern about a child's development)

In SSLPs where outreach had been commissioned from voluntary organisations, and where staff were line-managed by these organisations, there was still a coordinator in the SSLP to meet with line managers and home visitors. They ensure that they are in touch with developments in the community. "*Anything might pop up with home visits and workers need to be in touch with what is available to help families.*" (Family Support Coordinator)

Training for Outreach

While experience and reflective practice are valuable assets in outreach, staff need to be prepared to respond to a great variety of questions from families and are trained in diverse topics, for example, from domestic violence to

baby yoga. Home-Start gives 40 hours of training to its volunteer home visitors, but training offered by SSLPs varied from none at all to courses lasting one year. Essential elements of the courses were the avoidance of risk; confidentiality procedures; recording of visits and back-up arrangements; courses on specific subjects and specific community issues. Programmes using volunteer or para-professional home visitors offered them longer and more intensive training than that required for qualified practitioners. Mixed teams of professionals and volunteers could successfully train one another.

Confidentiality

Policies, procedures and consent forms had been developed and were in place in all SSLP services, but were particularly important in outreach and home visiting services. This is a significant issue in work with minority ethnic populations, because some communities could be suspicious that workers from their own community would not preserve confidentiality. Information sharing should be on a need-to-know-basis and families should be kept informed of who has been given details of any situation. SSLPs were aware of the sensitivity surrounding home visits and took action to reduce this where possible.

Impact of Outreach and Home Visiting Services

On parents:
It was recognised by some SSLPs that services were being most used by the families who needed them the least. In an attempt to redress the balance, services were developed for specific groups in the community and through outreach and home visiting specific types of users were recruited. For example, a parenting course aimed at Muslim women.

Parents comments on their engagement with Sure Start suggests they need a lot of support in leaving their homes and joining groups and other services. Several parents commented positively on the persistence of staff who followed-up periods of non-attendance and enabled families to re-access services.

Parents expressed high levels of satisfaction with outreach and home visiting services. *"I saw the support worker for five or six months, she was more like a friend."* (mother of four)

On staff:
Staff involved in outreach and home visiting services before Sure Start gave it strong approval in terms of increasing available resources through joined-up working. *"We try to link in with groups run by other organisations as well. I've worked with people I wouldn't have thought of, like the Job Centre. It's about tailor-made care, we refer the family to the appropriate people."* (Midwife)

Staff noted **difficulties** in working in family homes. They felt:

- it could be time consuming
- there was a lack of space
- it could be noisy with distractions
- it could blur the boundaries of a relationship.

But there were **benefits**. They felt:

- it provided an opportunity to see the child's home environment
- parents felt more comfortable in confiding problems

On Voluntary Organisations:
Good practice involved integration of the voluntary service into the SSLP with voluntary coordinators based directly in the SSLP, or support volunteers visiting families in the SSLP area.

Conclusion

- According to monitoring records from SSLPs, on average 30% of families in SSLP areas use Sure Start services. Children encounter Sure Start through the agency of their parents and the advertising, marketing and selling of SSLPs is directed at them. Nevertheless, parents all say they attend events or go to Sure Start buildings "Because it's nice for the kiddies" (Mother at SSLP stay and play). **A direct association between Sure Start activities and young children is the best vehicle for outreach to families.**

- There is a tightrope to be walked between general, desirable services and targeted, stigmatised services. **Programmes which aim to reach the most disadvantaged families need time to establish their profile with these families and to build trust: outreach is a way to do this.**

- Area-based programmes need to prevent the colonisation of services by those in least need. **Home visiting can be used to ensure that services get to the people who need them most.**

- The focus of much home visiting is on Family Support. There should be a shift in focus towards the child as a direct beneficiary of the service. **There should be an increase in services delivered directly to the child at home as part of an integrated package of stimulation/education which is also delivered elsewhere (in an early education setting, for example).**

- SSLPs have become **adept at getting parents to participate in services outside of the home, some have also developed a chain of services** to move parents along a route towards self-reliance, further education and training and employability.

- An effective outreach and home visiting model is where the SSLP **contacts with the whole community of local families by visiting them all at regular and frequent intervals.**

- **SSLPs had a wide range of operational choices available to them** dependent on variations in:
  - where the services came from (delivered directly or through contracted or partner organisations);
  - what sort of people delivered them (professionals, para-professionals, volunteers);
  - how these people related to one another; and
  - the teams into which they were organised.

- **All operational options could work provided that:**
  - there was coordination and a clear understanding of what they were trying to achieve;
  - no one service felt that they were in the ascendancy or had more claim to expertise in what families wanted or in the community;
  - the SSLP management (Partnership Board and Programme) understood the structure of the voluntary sector and the management and resource constraints under which voluntary organisations work and grasped the benefits which the good reputation of local and national voluntary organisations with local communities could bring to the SSLP;
  - there was a centralised database, a key-worker system, and written protocols on matters like confidentiality and child protection;

- there were regular meetings and good communications between workers and services, and, ideally, that they were co-located (say in a Sure Start building); and
- there was regular professional supervision for all workers going into family homes.

- It is **essential that health services are integrated into the outreach and home visiting programme.** Where health services were semi-detached from SSLPs , it took longer for the programme to get going and it was less likely that the programme of services would reach families.

The Core of Good Outreach and Home Visiting

Persistence

The persistence of particular individuals – community workers, teachers, interpreters, nurses, volunteers – who listen, make relationships and persuade parents to try something new can make small but significant improvements in family well-being.

Potential of the Children

Outreach services need to enthuse parents about their own children's potential and help them see beyond their own difficulties
The usual motivation for families to respond is that their children will benefit: the usual invitation that works is: "Do you want your child to do well?"

National evaluation summary

Outreach and Home Visiting Services in Sure Start Local Programmes

Further information

Further copies of this summary are available from:

DfES Publications, PO Box 5050, Sherwood Park, Annesley, Nottingham, NG15 0DJ;

Tel 0845 6022260;
Email: dfes@prolog.uk.com

Quote reference NESS/2005/SF/017

Copies of the full report 'Outreach and Home Visiting Services in Sure Start Local Programmes' are available from the above address.

Quote reference NESS/2005/FR/017
www.surestart.gov.uk

Further information about National Evaluation of Sure Start (NESS) can be found at www.ness.bbk.ac.uk

Further information about Sure Start local programmes can be found at www.surestart.gov.uk

ISBN 978 1 84478 848 4