

Health Visiting and Family Nurse Partnership Review Consultation

Introduction

As part of the review of the Health Visiting (HV) service and the Family Nurse Partnership (FNP,) the Public Health Department of Bradford Metropolitan District Council sought the opinions of a variety of people and organisations with experience of the two services in the Bradford District.

The aim of the consultation was to understand how people feel the system is working currently, and what their future expectations are of the services.

There were two main methods used to obtain these opinions, which were questionnaires which were available both online and on paper and through organised group discussions.

Questionnaires

There were three questionnaires designed to obtain views from;

- **Families in receipt of Health Visiting Services;**
 - 227 respondents
 - Majority female
 - 77% aged 20-39
 - 60% of respondents described themselves as White or White British, 15% as Asian or Asian British, 4% as Central or East European remaining 21% from other minority ethnic groups. There is an over representation from the White British population.
- **Families in receipt of the services of the Family Nurse Partnership;**
 - 62 respondents
 - Majority female
 - 56% aged 19 and under, 32% aged 20-25 years which is expected with the nature of the service.
 - 84% of respondents described themselves as White or White British and 6% as Asian or Asian British; 10% of respondents did not complete the question. This is consistent with the ethnic groups within the service population.
- **Stakeholders with an interest in Health Visiting Services and the Family Nurse Partnership;**
 - 129 Responses
 - Respondents were asked to identify which organisation they were responding on behalf of 49 selected 'other,' those who selected 'Other' included a number of people from the Bradford District Care Trust, including health professionals and commissioners, and from Family Centres, Nurseries and Social Services. 44 of which were GPs, 19 childrens centres, 11 voluntary and community sector, 5 from education.

Organised Group Discussions

Health Visitors

For Health visitors there were seven events set up to get the views of HV staff and key stakeholders, the attendees at each event consisted of;

- **Event 1- Strategic Management team;** 13 attendees

- **Event 2 (Bradford) and 3 (Keighley) – Health visiting teams;** 28 attendees in Bradford and 26 in Keighley
- **Event 4 and 6 - Stakeholders (Allied Professionals);** 31 attendees in total
- **Event 5 and 7 – GPs and Practice managers;** 104 attendees in total
- **Families in receipt of HV service;**
 - In total there were 115 participants of which, 105 were female and 10 were male.
 - 27% identified themselves as White or White British and 51% Asian or Asian British 10% did not disclose their ethnicity, the groups were diverse and gave views of people who may not necessarily complete the questionnaire.

Family Nurse Partnership

There were four events to obtain views of FNP staff members, key stakeholders and families in receipt of FNP. The attendees at each event consisted of;

- **Event One - FNP Staff Members;** 12 attendees
- **Event 2 – Stakeholders (Allied Professionals);** 9 Attendees
- **Event 3 (Keighley) and 4 (Bradford) – Families in receipt of FNP;** 11 attendees in Keighley and 3 in Bradford

This paper provides a report on the consultation in five separate sections:

- Summary of key findings
- Consultation methodology
- Summary of participation
- Results of the consultation split into two parts;
 - Part 1 Health Visiting Service
 - Part 2 Family Nurse Partnership
- Strengths and weaknesses of the consultation exercise

Summary of Key Findings for Health Visiting Services:

The key findings from the consultation exercise can be categorised as follows:

Access

- 1. There is concern around the difficulties that service users experience when trying to contact their Health Visitor (HV); the most challenging aspect for families, HVs and allied professionals alike is the single point of access hub. Families also see the requirement to disclose their problems to an unknown intermediary as challenging.**

See pages:27,29, 33, 37, 41 & 44

- 2. There is concern about the equity of access and the consistency of care given to service users and their families by HVs, both in terms of the amount and quality of support provided, and the clarity and consistency of the health messages offered.**

Pages: 27,28, 34, 37 &39

- 3. Participants feel that the location of services, and the environment in which they are delivered, are crucial to determining whether services are used efficiently and effectively; the key point made was that services should be delivered in locations that families already access routinely.**

See pages:26, 32 &39

People's experience of the service

- 4. Experiences of health visiting services reported by participating families have tended to be positive, but this positive view is not necessarily matched by the views of other stakeholders (Allied professionals.)**

See pages:25, 28, 30, 31 & 36

- 5. The experiences of support received by mothers have tended to be positive; however, the amount and quality of support provided has not always been sufficient. eg Breastfeeding and support around postnatal depression.**

See pages:28 & 37

- 6. Participants feel that greater attention needs to be paid to continuity of care because service users get more out of the service, and say that they feel safer, when they are able to rely on a HV with whom they have established a trust based relationship.**

See pages:37

- 7. Participants report that the willingness of families to disclose personal issues is influenced by the environment in which the conversations with their HV take place; participants feel that services, whether these are delivered in a community setting or in the family home, need to afford greater privacy than is currently available.**

See pages:37 & 39

Organisational concerns

- 8. Participants expressed concerns about whether current IT systems will support integrated**

Section One: Summary of Key Findings - Health Visiting

working and data sharing between HVs and all of the other organisations involved in delivering services to children aged 0-5 years and their families.

See pages:41,42 &45

- 9. Participants are aware of the pressures under which HVs operate and feel that this has a negative impact on the quality of services; concerns were expressed about the capacity of HVs to meet the demands of their increasing workloads and continue to perform their role to required standards.**

See pages:28, 33 &42

- 10. The current “flat” structures of HV teams, and the consequent lack of leadership, were perceived as a problem by participants.**

See pages:41, 44 & 45

- 11. Amongst participants a range of views were expressed about the organisation and alignment of HV teams; the majority of HV staff and stakeholders from partner organisations were in favour of geographical alignment and GPs expressed views that they wanted GP alignment to remain.**

See pages:33, 42 & 45

- 12. Whilst many participants regard partnership working as a strength of the current HV service, it was suggested that the service may function better through closer working and better integration with other services; the examples given included better integration with midwifery services, school nurses, general practitioners and Children’s Centres.**

See pages:34, 38, 39, 42 & 45

Needs

- 13. Participants understand that Bradford has a particularly diverse population and that needs vary from community to community; they feel that particular attention needs to be paid to the availability and quality of interpretation services and how these services are used in practice.**

See pages: 39, 40, 42, 43 &45

- 14. There is acknowledgement of the prevailing economic environment of austerity across all services amongst participants, and a recognition that this will impact upon the HV service in the future.**

See pages: 38, 42 & 46

Summary of Key Findings for the Family Nurse Partnership:

The key findings from the consultation exercise can be summarised as follows:

Access

- 1. The Family Nurse Partnership (FNP) service is seen as providing very good support for a very small number of mothers and children. However, families in receipt of HV and FNP services reported that they feel care is not delivered equitably across the district or across the population.**

See pages: 60 & 62

- 2. Participants report that the service provided by their Family Nurse is accessible and fits around the needs of the family; it is seen as providing them with “valued continuity of care” and “robust support from very early on in pregnancy until (the) child is 2” to “break the cycle of deprivation”.**

See pages: 53, 56, 59 & 62

People’s experience of the service

- 3. Families in contact with FNP services value the continuity of care provided by their Family Nurse and the consistency of their advice and support. FNP clients welcome the structured support provided by their Family Nurse and feel that “it prepares us properly for parenthood”.**

See pages: 54 & 56

- 4. Knowledge and understanding the role of the HV is poor amongst clients of the FNP. The step from intensive support to the lower level of support provided through the general service is a challenge for clients who do not have the same trust-based, well established relationship with their HV as they do with their Family Nurse. Participants report finding the transition abrupt and also challenging because they are not sure that continuity of care will be maintained with the HV.**

See pages: 62

Organisational concerns

- 5. Concerns were expressed about whether the FNP service will continue in Bradford in the face of continuing funding restrictions, the organisational changes currently underway and the negative findings of the recent national evaluation of the FNP.**

See pages: 62 & 63

- 6. Participants see the possibility of losing the FNP service, or it becoming ‘watered down’, as a significant threat to the children and families that the service supports who, because of the nature of FNP, are some of the most vulnerable families living the most deprived areas of the district.**

See pages: 62

Opportunities for the future

- 7. Participants expressed concern about the results of the national evaluation of FNP services, which showed no significant improvement in some short term outcomes for participants. Locally in Bradford, there is a strong belief that the programme has made a difference.**

See pages: 62

Summary of Participation

Questionnaires

Who: Families in receipt of Health Visiting services		Gender: 210 Female 9 Male
How many: 227 Responses		Age: 77% aged 20-39
Where:		
Postcode area	Wards	No of respondents
BD5	Bowling and Barkerend, City, Great Horton, Little Horton, Tong, Wibsey, Wyke	28
BD10	Baildon, City, Eccleshill, Idle and Thackley, Manningham, Windhill and Wrose	26
BD6	Great Horton, Little Horton, Queensbury, Royds, Wibsey, Wyke	22
BD2	Bolton and Undercliffe, Bowling and Barkerend, Bradford Moor, City, Eccleshill, Heaton, Manningham, Windhill and Wrose	20
Not completed/ incomplete	Unknown	19
BD4	Bowling and Barkerend, Bradford Moor, City, Little Horton, Manningham, Tong, Wyke	16
BD13	Bingley Rural, Clayton and Fairweather Green, Manningham, Queensbury, Thornton and Allerton	14
BD18	Heaton, Idle and Thackley, Manningham, Shipley, Windhill and Wrose	12
BD22	Bingley Rural, Keighley Central, Keighley West, Worth Valley	10
Ethnicity: 60% of respondents described themselves as White or White British, 15% as Asian or Asian British, 4% as Central or East European.		

Who: Families in receipt of Family Nurse Partnership services		Gender: 60 Female 2 Male
How many: 62 Responses		Age: 56% aged 19 and under, 32% aged 20- 25 years
Where:		
Postcode area	Wards	Number of respondents
BD21	Bingley Rural, Keighley Central, Keighley East, Keighley West, Worth Valley	13
BD22	Bingley Rural, Keighley Central, Keighley West, Worth Valley	9
BD5	Bowling and Barkerend, City, Great Horton, Little Horton, Tong, Wibsey, Wyke	7
BD4	Bowling and Barkerend, Bradford Moor, City, Little Horton, Manningham, Tong, Wyke	5
Ethnicity: 84% of respondents described themselves as White or White British and 6% as Asian or Asian British; 10% of respondents did not complete the question.		

Section Two: Summary of Participation – Questionnaires

Who: Stakeholders; Allied Professionals

How many: 129 Responses

Which organisation type:

Please select the type of organisation you represent:	Number of respondents
GP practice	44
Children Centre	19
Voluntary and community sector organisation	11
Education	5
Not completed	1
Other (Please specify)	49

Those who selected 'Other' included a number of people from the Bradford District Care Trust, including health professionals and commissioners, and from Family Centres, Nurseries and Social Services.

Section Two: Summary of Consultation – Organised group discussion
Organised Group Discussion - Heath Visiting Services

Date	Who Attended	Number of attendees
10th November 2015	Health Visiting Strategic Management Group: <ul style="list-style-type: none"> • Head of Service • Business Support Manager • Service Managers • Health Visitors 	13
25th November 2015	Health Visiting Teams (Bradford): <ul style="list-style-type: none"> • Health Visitors • Health Visiting Service Manager • Head of Service • Breastfeeding Co-ordinator • Named nurse for Looked after Children • Safeguarding Practitioner 	28
1st December 2015	Health Visiting Teams (Keighley): <ul style="list-style-type: none"> • Health Visitors • Specialist Practitioner, Safeguarding Team • Named nurse for Looked after Children • Head of Service • Community Nursery Nurse • Speech Therapist • Specialist Service Manager • Family Nurse Supervisor 	26
2nd December 2015	Allied Professionals: <ul style="list-style-type: none"> • Children’s Centre Managers • Head of Service • Service Managers • Specialist Midwives • Early Years Specialists 	19
2nd December 2015	GPs <ul style="list-style-type: none"> • GPs • Advanced Nurse Practitioners • Practice Managers 	59
3rd December 2015	Allied Professionals: <ul style="list-style-type: none"> • Child Health Specialists • Service Managers • Specialist practitioners 	12
16th December 2015	GPs <ul style="list-style-type: none"> • 22 GPs 	45

Section Two: Summary of Consultation – Organised group discussion

Who: Families in receipt of Health Visiting services

Events: 16

Residents:

How many: 115 participants

Gender: 105 Female 10 Male

Postcode	Number of respondents
BD5	21
BD21	16
BD8	15
BD17	9
BD7	8
BD3	7
BD20	3
BD22	3
BD2	1
BD4	1
BD15	1
BD23	1
Unknown	29

Age Group	Number of respondents
20-29	36
30-39	46
40-49	18
50-59	4
60+	11

Relationship to child	Number of respondents
Mother	100
Father	11
Other	4

Ethnicity: 27% of participants described themselves as White or White British and 51% as Asian or Asian British; 10% of respondents did not complete the question.

Organised Group Discussion - Family Nurse Partnership

Date	Who Attended	Number of Attendees
16 th November 2015	FNP Staff: <ul style="list-style-type: none"> Family Nurses Family Nurse Supervisors 	12
10 th December 2015	Allied Professionals: <ul style="list-style-type: none"> Head of Service Safeguarding Nurses FNP Supervisor Childrens Centre Head of Midwifery Children’s Services practitioner Former client 	9
11 th December 2015	FNP Clients (Keighley)	11
30 th December 2015	FNP Clients (Bradford)	3

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Consultation Methodology

As part of the review of Health Visiting Services and the Family Nurse Partnership, the views of stakeholders were sought conducted using two methods:

- Questionnaires
- Organised group discussions

Questionnaires

Three different questionnaires were used, to collect the opinions of three groups of consultees:

- Families in receipt of Health Visiting Services
- Families in receipt of the services of the Family Nurse Partnership
- Stakeholders with an interest in Health Visiting Services and the Family Nurse Partnership

Table 1 below summarises how each of the questionnaires was designed, promoted, administered and analysed.

Organised discussion groups

Stakeholders in the Health Visiting Service Review were mapped as part of the project initiation process for the Review; these were:

- Families with experience of Health Visiting Services and / or the Family Nurse Partnership
- Health Visitors
- Family Nurse Partnership staff
- Health Visitor Service Strategic Management Group
- Maternity Partnership
- Children's Centres
- Early Years Services
- Education
- Children's Transformation and Integration Group
- Children's Social Care
- Clinical Commissioning Groups
- General Practitioners

Representatives from the above groups were invited to contribute their views through a series of facilitated group discussions.

Table 2 below, and the notes that accompany it, summarise the methods by which this element of the consultation was organised.

Section Three: Consultation Methodology

Table 1: Questionnaires

Questionnaire respondents	Questionnaire Design	Promotion	Administration	Information collected / analysis performed
Families in receipt of the Health Visiting Service	<ul style="list-style-type: none"> Initial Design by Health Visiting review team 	Sent by email	Online and paper copies	Quantitative and Qualitative
Families in receipt of the Family Nurse Partnership Service	<ul style="list-style-type: none"> Initial Design by Health Visiting review team 	Sent by email	Online and paper copies	Quantitative and Qualitative
Key stakeholders for Health Visiting and Family Nurse Partnership including; <ul style="list-style-type: none"> GPs Education Local NHS Children’s Centres Voluntary and Community Sector 	<ul style="list-style-type: none"> Initial Design by Health Visiting review team 	Sent by email	Online and paper copies	Quantitative and Qualitative

Section Three: Consultation Methodology

Table 2: Organised Group Discussions

Membership of Group	Date:	Time:	Venue:	Topic:	Administration/ Promotion	Information collected / analysis performed
HV Strategic Management Group Event	10/11/15	11.30-14.30	Douglas Mill, Bradford	HV	Invitation by email	Qualitative
FNP Staff Event	16/11/15	14.30-16.00	Woodroyd centre, Bradford	FNP	Invitation by email	Qualitative
Health Visitors Event	25/11/15	13.00-16.00	The Bradford Hotel, Bradford	HV	Invitation by email	Qualitative
HV Event Keighley	01/12/15	10.00-13.00	Victoria Hall, Keighley	HV	Invitation by email	Qualitative
Stakeholder Event	02/12/15	13.30-16.30	City Hall, Bradford	HV	Invitation by email	Qualitative
GPs, Bradford District CCG	02/12/15	12.30-13.00	Carlisle Business centre, Bradford	HV/ FNP	Invitation by email	Qualitative
Stakeholder Event	03/12/15	12.30-15.30	Millennium Business Park, Keighley	HV	Invitation by email	Qualitative
FNP stakeholder event:	10/12/15	10.00-12.30	Woodroyd Centre, Bradford	FNP	Invitation by email	Qualitative
FNP service users Keighley	11/12/15	13.30-15.30	Rainbow Children's centre, Keighley	FNP	Invitation by email	Qualitative
GPs, Bradford City, CCG	16/12/15	12.30-14.30	Dubrovnik Hotel, Bradford	HV/FNP	Invitation by email	Qualitative
FNP service users Bradford	30/12/15	13.30-16.00	City Hall, Bradford	FNP	Invitation by email	Qualitative
Parents	20/01/16	09.30-11.30	Girlington Community Centre	HV	Organised by Centre representative/ Manager	Qualitative
Parents	21/01/16	09.30-11.30	Canterbury Children's Centre	HV	Organised by Centre representative/ Manager	Qualitative
Parents	22/01/16	09.30-11.30	Woodroyd Children Centre	HV	Organised by Centre representative/ Manager	Qualitative
Parents	25/01/16	11.00-12.30	Keighley Women & Children's Centre	HV	Organised by Centre representative/ Manager	Qualitative
Parents	26/01/16	13.00-15.00	Farnham Children Centre	HV	Organised by Centre representative/ Manager	Qualitative
Parents	28/01/15	09.30-11.30	Burnett Fields Children's Centre	HV	Organised by Centre representative/ Manager	Qualitative

Section Three: Consultation Methodology

Parents	28/01/15	13.30-15.30	Tyersal The Barn	HV	Organised by Centre representative/ Manager	Qualitative
Parents	29/01/16	09.30-11.30	Rainbow Children's Centre, Keighley	HV	Organised by Centre representative/ Manager	Qualitative
Parents	29/01/16	13.30- 15.30	Hirstwood Children's Centre	HV	Organised by Centre representative/ Manager	Qualitative
Parents	01/02/16	09.30-11.30	Kirkgate Community Centre	HV	Organised by Centre representative/ Manager	Qualitative
Parents	02/02/16	09.30-11.30	Barkerend Children's Centre	HV	Organised by Centre representative/ Manager	Qualitative
Parents	02/02/16	13.30-15.30	Baildon Children's Centre	HV	Organised by Centre representative/ Manager	Qualitative
Parents	03/02/16	13.30-15.30	Cottingley Cornerstones Community Centre	HV	Organised by Centre representative/ Manager	Qualitative
East European Parents	19/02/16	13.00-15.00	St Edmunds Nursery and Children's Centre	HV	Organised by Centre representative/ Manager	Qualitative
Traveller Parents	22/02/16	11.00-12.30	Margaret Macmillan Towers	HV	Organised by Centre representative/ Manager	Qualitative
Fathers Group	22/02/16	13.00-15.00	Midland Road Nursery School	HV	Organised by Centre representative/ Manager	Qualitative

Section Three: Consultation Methodology

Questions and Format

At each of consultation event attendees were divided into groups of approximately eight to ten participants. The discussions, led by experienced facilitators, took place in two parts, both conducted in the form of SWOT (Strengths, Weaknesses, Opportunities and Threats) analyses.

The first part of each discussion looked at Health Visiting services. Consultees were asked to describe what they felt the strengths and weaknesses of the current Service were, and what threats and opportunities they felt were present in the course of this review and by the recommissioning of the Service. The second part of each discussion collected the same information about the current Family Nurse Partnership.

Recording Responses

Responses were recorded by the facilitator and transcribed following the session. The key themes emerging from the discussions with each group of consultees were identified and the results reported.

Results of the Consultation

The results of the consultation are presented in two sections:

- Consultations focussing on current Health Visiting Services
- Consultations focussing on the Family Nurse Partnership

In each section, the results for the questionnaires and the organised group sessions are presented sequentially.

Questionnaires

The results of the questionnaires are presented below for:

- Families in receipt of the Health Visiting service
- Stakeholders with an interest in Health Visiting

Families in Receipt of Health Visiting Services

Response rates and coverage

A total of 227 responses were received.

The questionnaire for families in receipt of Health Visiting Services collected the following factual information about respondents:

- Relationship to the child
- Gender
- Marital Status
- Age
- Disability
- Postcode area
- Sexual Orientation
- Religion
- Ethnicity

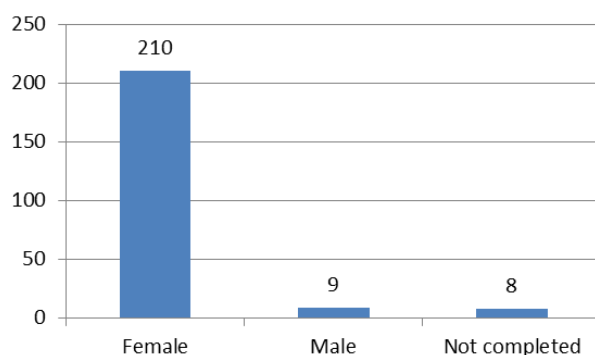
Relationship to the child

94% of respondents identified themselves as the mother of the child; the individual who selected “Other” did not specify their relationship.

Relationship to the child	Number of respondents
Mother	212
Father	7
Not Completed	4
Carer	1
Grandparent	1
Guardian	1
Other (please specify)	1

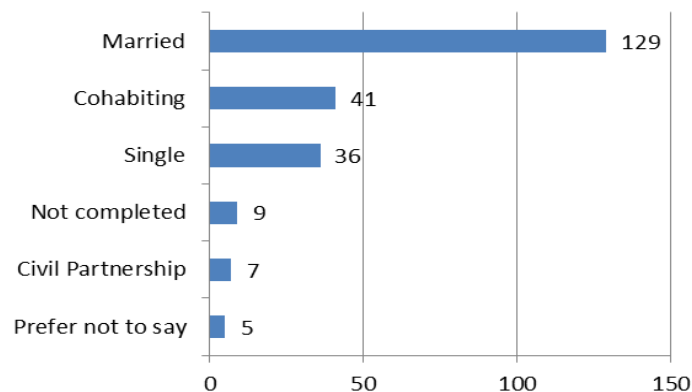
Gender:

As expected the majority of respondents identified as female. There were however, fewer females than there were mothers in the group; this is due to a combination of some mothers not recording their gender and others identifying as male.



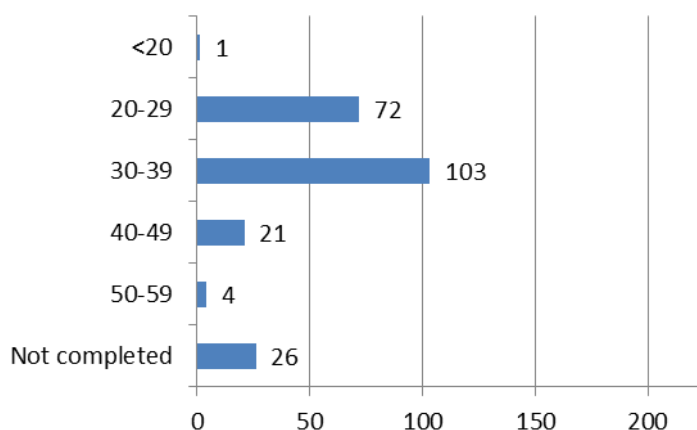
Marital Status

The majority of respondents, 57%, identified themselves as married; 21% of respondents reported that they were cohabiting or in a civil partnership and 16% reported that they were single. The remaining 6% either preferred not to disclose their status or did not complete the question.



Age

Respondents aged 30-39 years made up the largest proportion at 45%; respondents aged 20-29 years made up 32% of the group, those aged 40-49 years made up 95 and those ages 50-59 years made up just 2%. 11% of respondents did not complete this question,



Disability

12% of respondents reported that they had a disability, whilst 6% preferred not to say; 85% of respondents did not complete this question.

Do you have any of the following disabilities?	Number of respondents
Not completed	194
Prefer not to say	13
Mental ill Health	10
Learning difficulties	5
Other substantial and long term condition	5
Mobility	3
Physical Disability	2
Visual impairment	1
Hearing impairment	1

Section Four: Full report on the results of the consultation

PART ONE – HEALTH VISITING - QUESTIONNAIRES (FAMILIES IN RECEIPT OF HV SERVICE)

Postcode area

The following table shows the results where there were 10 or more responses from each postcode area.

Postcode area	Wards	No of respondents
BD5	Bowling and Barkerend, City, Great Horton, Little Horton, Tong, Wibsey, Wyke	28
BD10	Baildon, City, Eccleshill, Idle and Thackley, Manningham, Windhill and Wrose	26
BD6	Great Horton, Little Horton, Queensbury, Royds, Wibsey, Wyke	22
BD2	Bolton and Undercliffe, Bowling and Barkerend, Bradford Moor, City, Eccleshill, Heaton, Manningham, Windhill and Wrose	20
BD4	Bowling and Barkerend, Bradford Moor, City, Little Horton, Manningham, Tong, Wyke	16
BD13	Bingley Rural, Clayton and Fairweather Green, Manningham, Queensbury, Thornton and Allerton	14
BD18	Heaton, Idle and Thackley, Manningham, Shipley, Windhill and Wrose	12
BD22	Bingley Rural, Keighley Central, Keighley West, Worth Valley	10
Not completed/ incomplete	Unknown	19

Sexual Orientation

90% of respondents identified themselves as heterosexual/ straight, less than 1% described themselves as bi-sexual and the remaining 9% either did not complete or preferred not to say.

Which of the following options best describes your sexual orientation	Number of respondents
Heterosexual / Straight	205
Not completed	17
Prefer not to say	3
Bi-sexual	2

Religion

34% of respondents described themselves as Christian, 19% as Muslim and 8% as “Other”; 6% described themselves atheist, whilst 23% described themselves as having no religion. 10% of respondents either did not complete this question or preferred not to say.

Religion/ Belief	Number of respondents
Christian	77
No Religion	53
Muslim	42
Other	19
Atheist	14
Not completed	14
Prefer not to say	8

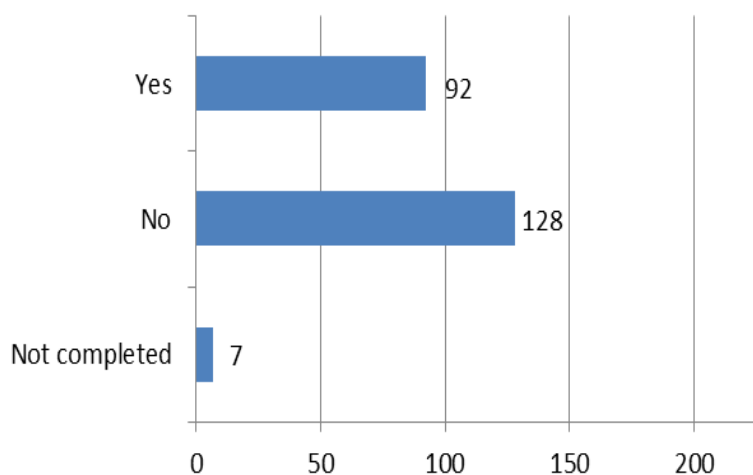
Ethnicity

60% of respondents described themselves as White or White British, 15% as Asian or Asian British, 4% as Central or Eastern European, 4% as White Other and 12% as 'Other'. 5% of respondents did not complete this question.

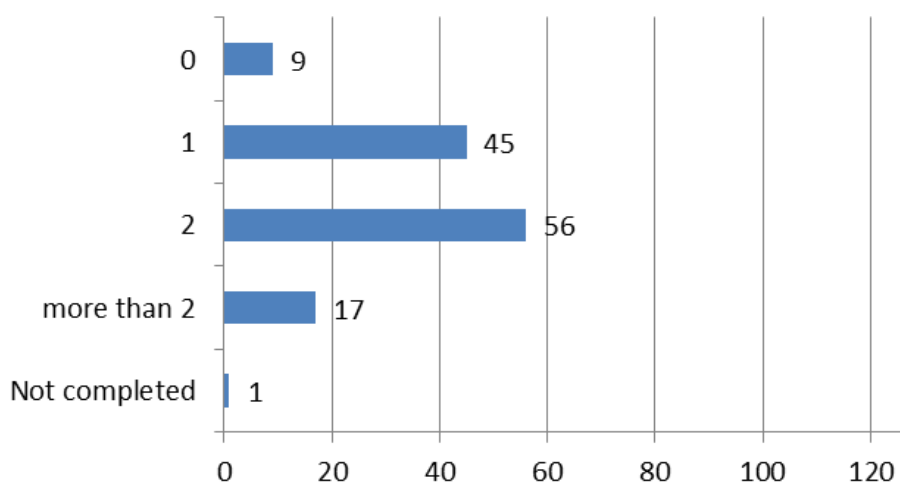
Ethnicity	Number of respondents
White English / Welsh / Scottish / Northern Irish / British	137
Asian or Asian British Pakistani	35
Not completed	11
White East / Central European	8
White Other	8
Other (including 11 other defined ethnicities)	28

Responses by question

Is this your first child?

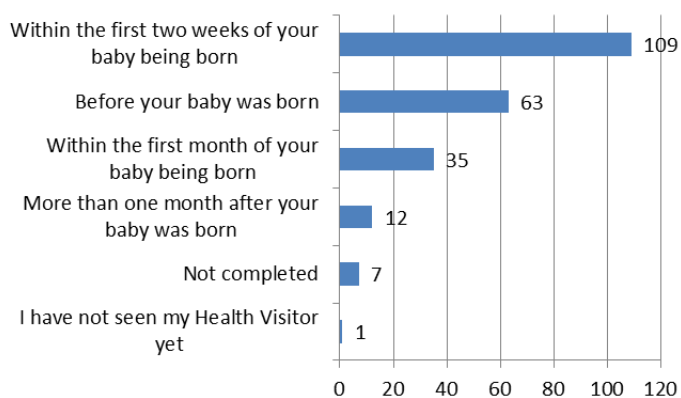


If this is not your first child, how many children do you have aged 5 and under?

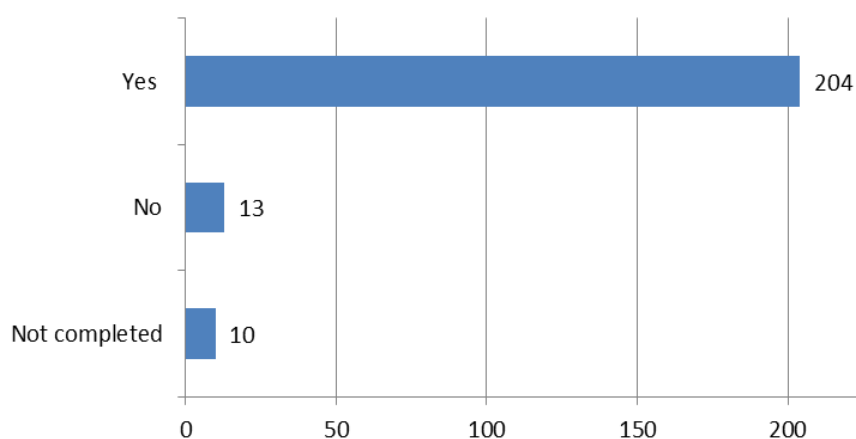


Section Four: Full report on the results of the consultation
PART ONE – HEALTH VISITING - QUESTIONNAIRES (FAMILIES IN RECEIPT OF HV SERVICE)

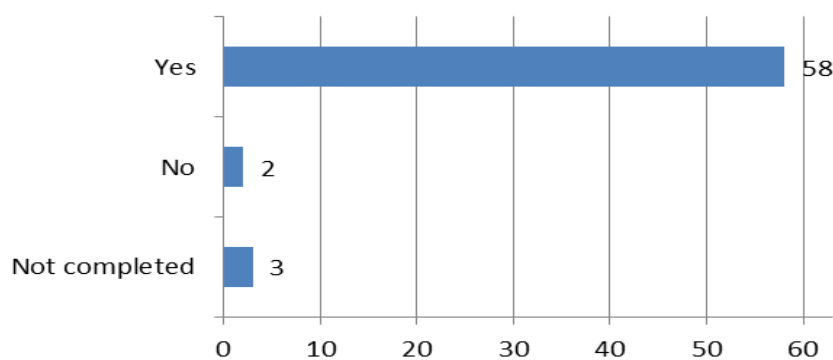
When did you first meet your Health Visitor?



Did your Health Visitor come and see you at home after your baby was born (usually within the first two weeks)?

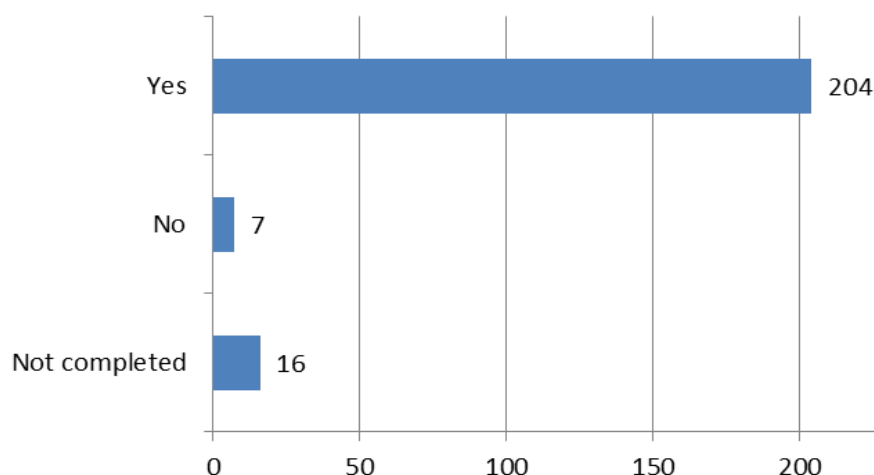


***If answered 'Before your baby was born' to 'When did you first meet your Health Visitor?'
Did your Health Visitor ask how you were feeling before birth?***



Section Four: Full report on the results of the consultation
 PART ONE – HEALTH VISITING - QUESTIONNAIRES (FAMILIES IN RECEIPT OF HV SERVICE)

Did your Health Visitor ask how you were feeling after birth?



Did your Health Visitor offer you advice on: (please tick all that apply)

Support topic	Number of respondents
Your baby's immunisations	179
Breastfeeding your baby	175
Weaning your baby	159
Postnatal depression	157
Accessing services (i.e. children centres)	146
Healthy eating for you and your baby	144
Your baby's physical and emotional development	140
Coping with your baby crying	135
Bonding with your baby	129
Family planning/contraception	128
Accident prevention	119
Mental health	117
Helping your baby learn good sleep habits	115
Domestic Violence	103
Oral health	99
Coping with minor illnesses	98
Stopping smoking	68
Other (Please specify)	31

Those who selected 'Other' were asked to specify what they meant by 'other,' answers included; advice around benefits and behavioural issues. Not all respondents who selected 'Other' specified a topic; amongst those who did specify a topic, a large proportion did not provide sufficient information to allow the responses to be analysed.

What would you like your Health Visitor to offer you advice on? (Please tick all that apply)

Support Topic	Number of respondents
Helping your baby learn good sleep habits	102
Your baby's physical and emotional development	101
Weaning your baby	96
Accessing services (i.e. children centres)	96
Healthy eating for you and your baby	93
Coping with minor illnesses	93
Breastfeeding your baby	92
Coping with your baby crying	90
Your baby's immunisations	89
Postnatal depression	88
Bonding with your baby	88
Accident prevention	82
Mental health	76
Oral health	69
Family planning/contraception	69
Domestic Violence	54
Stopping smoking	51
Other (Please specify)	37

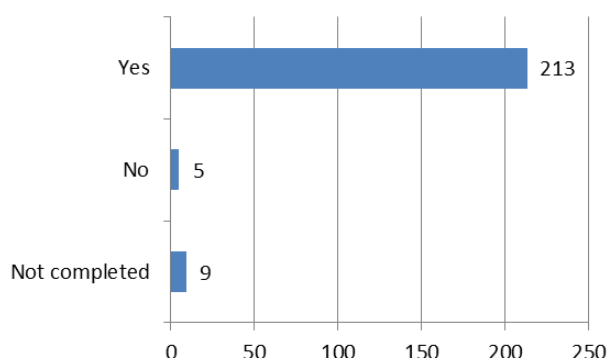
Where 'Other' was selected, topics which people would like their health Visitor to offer advice on included exercise, child development and mental health support for both Mothers and Fathers.

Did you find your Health Visitor: (please tick all that apply)

Description	Number of respondents
Polite	186
Helpful	179
A good listener	161
Supportive	153
Punctual	148
Reassuring	134
Kind	131
Thoughtful	125
Knowledgeable	124
Flexible (could see them when it suited you)	122
Unsupportive	19
Not flexible	17
Not helpful	16
Impolite	7

➤ **The chart above shows evidence of key finding 4**

Did you understand the information provided by the Health Visitor?

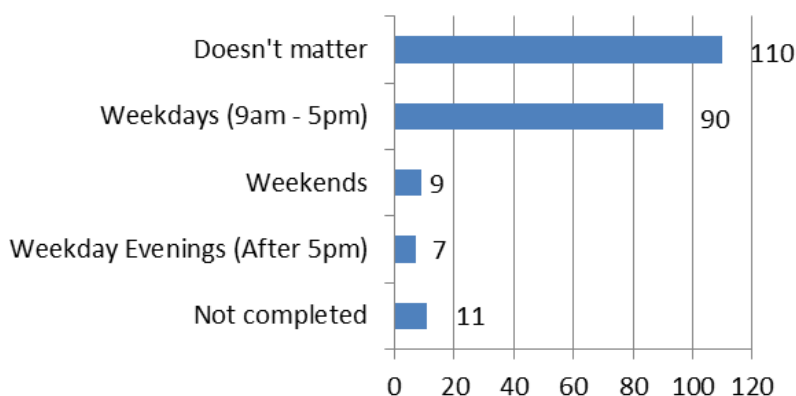


If 'No' to 'Did you understand the information provided by the Health Visitor?'

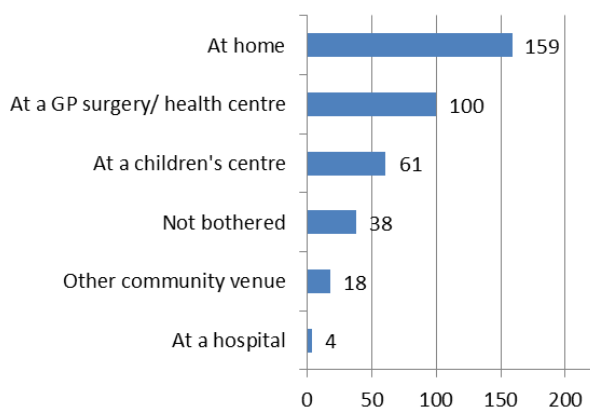
What would make the information easier to understand? (Please tick all that apply)

What would make the information easier to understand?	Number of respondents
Easy to read	3
Make it available in a different language	2

When would you prefer to see the Health Visitor?

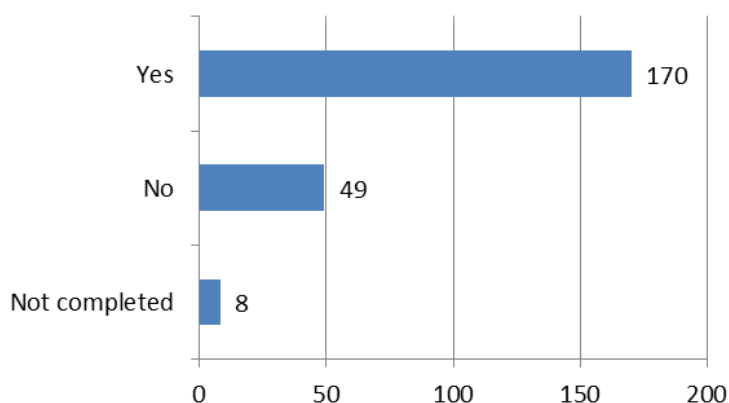


Where would you prefer to see the Health Visitor?



➤ **The chart above shows evidence of key finding 3**

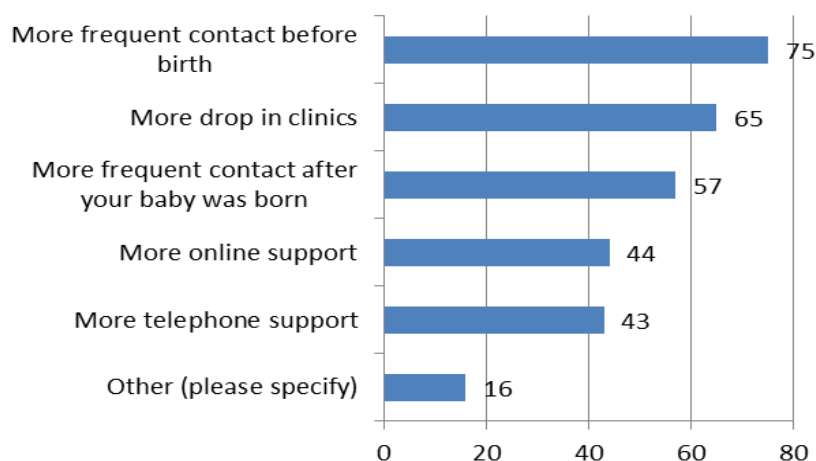
Do you feel you can easily contact your Health Visitor if you need advice or information?



KEY NOTE: over a fifth (22%) of respondents did not feel they could contact their Health Visitor easily.

➤ **The chart above shows evidence of key finding 1**

What additional support do you feel you need/needed?



➤ **The chart above shows evidence of key finding 1**

Other (please Specify)

Some respondents felt that HV staff needed more training, in particular around breastfeeding advice and support, because the information provided was conflicting at times; continuity was an issue for some families when the same Health Visitor was not seen at each contact, which meant that they had to explain things more than once.

➤ **The chart above shows evidence of key finding 2**

Please use this space for any other comments you would like to make about the Health Visiting Service:

This was an ‘open’ question which allowed respondents to express themselves freely, rather than to select from a number of options. 78 out of the 227 respondents provided a response to this question. The responses received were coded into themes. Many responses could be categorised into more than one theme; for instance, a comment such as “my HV is very supportive and has given me lots of advice on breastfeeding” would be coded as both a ‘Positive personal experience’ and ‘Breastfeeding’. The following table illustrates the most common themes, in descending order of recurrence.

Theme	Number of occurrence
Positive personal experience	30
Negative personal experience	10
Breastfeeding	6
Single Point of Access Hub	6
Accessible	2
Antenatal support	2
Overworked	2
Training	2
Website	1

Positive Personal Experience

“...listen and offer sensible advice...”

“...invaluable...support...good relationship...”

“...fantastic...support...offer advice whenever needed it...”

➤ **The table above shows evidence of key finding 4**

Negative Personal Experience

“...abrupt...just wanting to tick boxes...”

“...overstretched...did not support as well as should...very disappointing service...”

“...inconsistencies in support...lack in basic knowledge...”

➤ **The table above shows evidence of key finding 2,5,9**

Breastfeeding

“...require proper training regarding breastfeeding...advice is often detrimental to breastfeeding...”

“...did not support...breastfeeding attempts...”

“...was supportive of...breastfeeding for as long as they were comfortable...”

➤ **The table above shows evidence of key finding 5**

The Single Point of Access Hub

“...don't like that you have to phone a call centre...”

“...telephone number should be direct...don't want to tell anyone else ...just my Health Visitor...”

“...unable to get through to the Health Visiting team due to having to ring ... the hub...”

➤ **The chart above shows evidence of key finding 1**

Stakeholders with an interest in Health Visiting Services

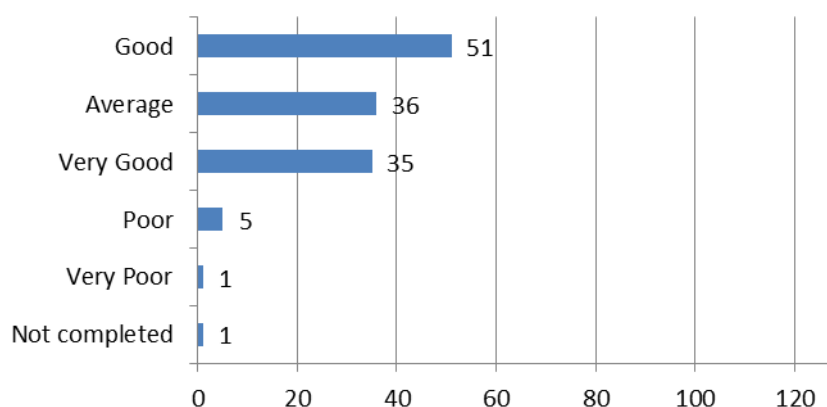
Response rates and coverage

A total of 127 responses were received.

Please select the type of organisation you represent:	Number of respondents
GP practice	44
Children’s Centre	19
Voluntary and community sector organisation	11
Education	5
Not completed	1
Other (Please specify)	49

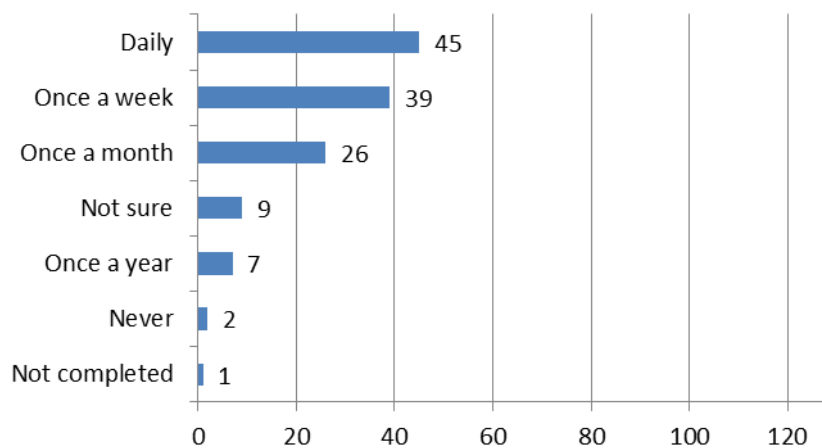
Those who selected ‘Other’ included a number of people from the Bradford District Care Trust, both health professionals and commissioners, and from Family Centres, Nurseries and Social Services.

How would you rate the quality of the Health Visiting service?

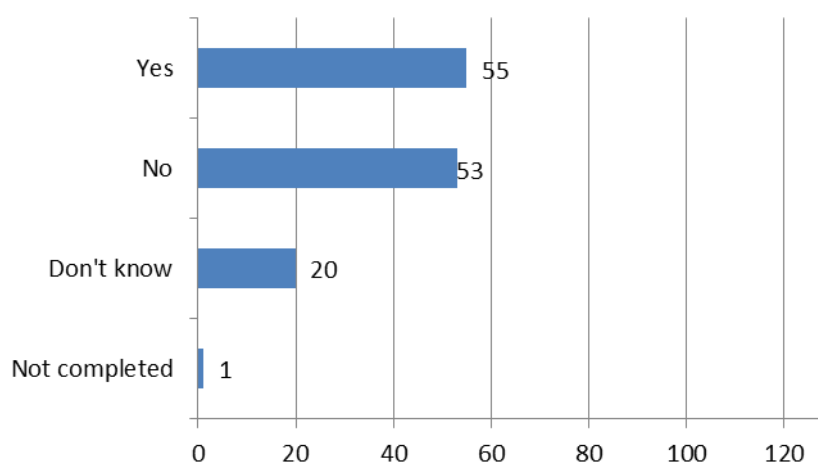


➤ The chart above shows evidence of key finding 4

How often does your service come into contact with the Health Visiting service?



Do you think the current Health Visiting service fully addresses the needs of children under the age of 5, mothers and their families?



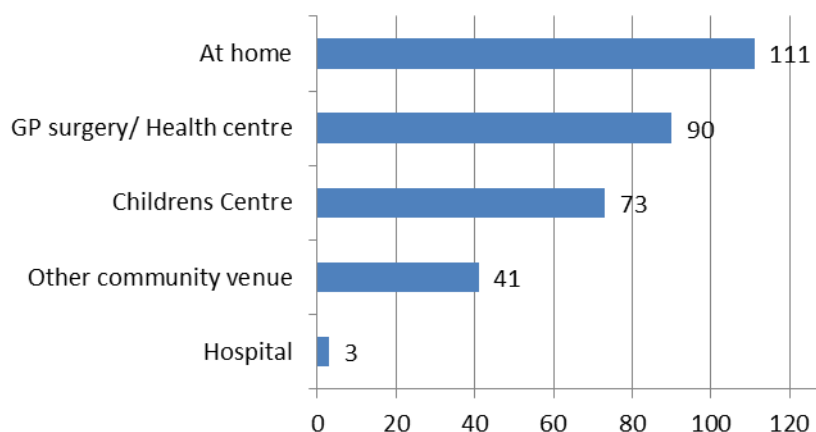
➤ **The chart above shows evidence of key finding 4**

Which of the following support do you think would benefit children aged under 5 and their families?

Which of the following support do you think would benefit children aged under 5 and their families?	Number of respondents
Postnatal depression	116
Mental health	116
Your baby's physical and emotional development	116
Healthy eating for you and your baby	112
Breastfeeding your baby	111
Weaning your baby	110
Coping with your baby crying	109
Your baby's immunisations	109
Accessing services (i.e. children centres)	109
Domestic Violence	109
Helping your baby learn good sleep habits	108
Coping with minor illnesses	108
Accident prevention	106
Oral health	105
Bonding with your baby	104
Family planning/contraception	102
Stopping smoking	98
Other (Please specify)	36

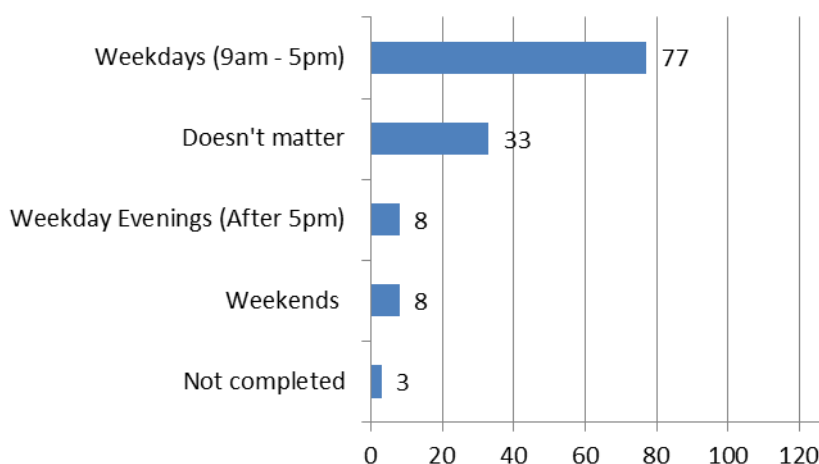
Amongst those who selected 'Other', suggestions were referrals to other services and closer links with Children's Centres, rather than anything new in terms of support to families.

Where do you think families of babies and young children would prefer to see the Health Visitor?

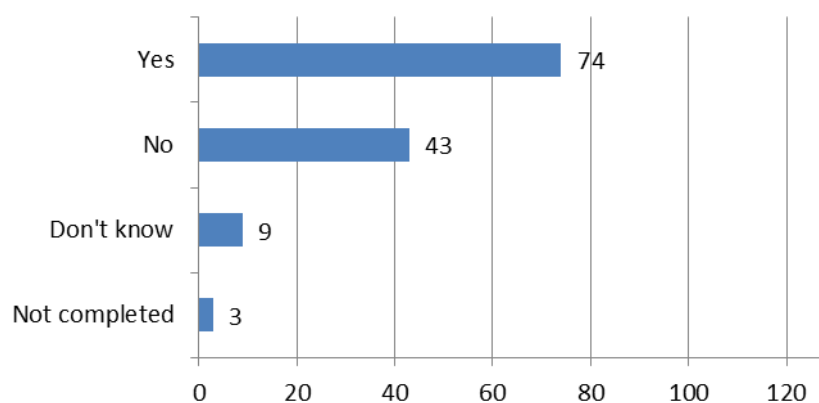


➤ **The chart above shows evidence of key finding 3**

When do you think mothers and families of children aged under 5 would prefer to see the Health Visitor?



Do you feel you can easily contact the Health Visiting service if you need advice or information?



Please use this space for any other comments you would like to make about the Health Visiting service:

This was an ‘open’ question which allowed respondents to express themselves freely, rather than to select from a number of options. 99 out of the 127 respondents provided a response to this question. The responses received were coded into themes. Many responses could be categorised into more than one theme; for instance, a comment such as “I find the Health Visiting service to be variable across the district and contacting via the hub is very difficult” would be coded as both ‘Inconsistencies and ‘The Hub’. The following table illustrates the most common themes, in descending order of recurrence.

Theme	Number of Respondents
The Single Point of Access Hub	25
Capacity	24
Evidence of good partnership working	16
Practice based	14
Links with other organisations	13
Inconsistencies	12
Safeguarding	7
Accessibility	3
Training	3

The Single Point of Access Hub

“...contacting the service is difficult via the hub...”

“...more difficult to contact them since the hub system was introduced...”

“...The central call system is frustrating...”

➤ The table above shows evidence of key finding 1

Capacity

“...having ... staff to be able to cope with the total demand of the case load...”

“...health visitors ... appear very stretched at present...”

“...health visitors ... are often burdened with caseloads and paperwork...”

➤ The table above shows evidence of key finding 9

Evidence of good partnership working

“...we have some excellent links with some local health visiting team...”

“...we work closely with ... HV team including doing joint visits...”

“...established excellent working relationships and improved communication and access to clinicians for advice ...”

Practice based

“...health visitors used to be co-located with GPs ... I never see them anymore...”

“...it is vital that health visitors and GPs continue to work closely together... health visiting teams must be aligned with GP surgeries and ideally co-located...”

“...very keen to retain practice based provision ... working relationship so much easier as co-located...”

➤ The table above shows evidence of key finding 11

Links with other organisations

“...HV Service should ... work more closely with other agencies or charities...”

“...it is extremely important that the existing links that exist between health visiting teams and GP practices are maintained and strengthened...”

“...HV's have poor links with Midwives and which make integrated working challenging....”

➤ **The table above shows evidence of key finding 12**

Inconsistencies

“...variable across the district from excellent to poor...”

“...service seems to be quite varied among different health visiting teams...”

“...the HV's vary in their knowledge and experience ... the service delivery is not equitable for ... families...”

➤ **The chart above shows evidence of key finding 2**

Organised Discussion Group Findings – Health Visiting Service

The findings of the consultation events are reported in three subsections, each summarising the information collected from one of the following groups of stakeholders:

- Families in receipt of Health Visiting services
- Health Visitors and their Strategic Management Team
- Allied Professionals, including; GPs, FNP staff, the Maternity Partnership, Children’s Centres, Early Years Services, the Children’s TIG, Education and Social Care

Consultations with Families in Receipt of Health Visiting Services

Attendees

A total of 14 focus groups were held in Children’s Centres across the Bradford District; three of these were for service users from minority interest groups, one for single fathers, one for Eastern Europeans and one for Gypsy and Traveller families. The events were attended by 115 parents plus a small number of staff from the Children’s Centres and Nurseries.

Questions and format

At each event the discussions were led by experienced facilitators, who asked participants what they felt worked well about the current health visiting service and what did not work so well. Participants were also asked what concerns they had about changes to the current service and what they would like to see changed. Where necessary, the discussions were supported by interpreters able to converse in the languages appropriate to the participants present.

Results and Findings

Responses were recorded by the facilitators and transcribed following each event. The key themes emerging from the discussions were then identified and the results are as follows.

What works well?

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
<i>Contact with the Health Visitor</i>	HVs were seen as approachable and non-judgemental and participants felt that they were less time-pressured than midwives and went out of their way to help. The support and guidance provided for new mothers was seen as a strength of the current service and contact with the HV, particularly at home visits, and was highly valued by all.
<i>Support for disabled children</i>	This was described as “good” or “excellent” by the majority of consultees. Participants described their relationship with the HV as trust-based, with the HV provided reassurance and empowerment, enabling the families and facilitated their choices in relation to the care of their disabled child.
<i>Diet, nutrition and weaning</i>	Advice provided by HVs was described as “very, very good” and as covering “everything”; this included advice on diet and nutrition for older children also. This support was particularly valued amongst families with infants who were lactose intolerant.
<i>Child development</i>	The developmental assessments undertaken by HVs were valued by participants; HVs were regarded as a good source of advice and reassurance on child development.
<i>Oral Health</i>	Good support and advice was provided by HVs around oral health and hygiene. The availability of free toothbrushes/packs was valued by participants because these were felt to be essential items, not just more freebies.

➤ **The table above shows evidence of key finding 4**

What doesn't work as well?

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
<i>Lack of continuity of care</i>	Continuity of care was seen as important, not only for the mother and father, but also the child. Participants felt when they saw the same HV every time, the HV knew their children and knew them, and this made them feel more relaxed and confident. Participants also felt that familiarity with the child and the wider family enabled the HVs to more easily recognise symptoms and problems. The lack of continuity of care in the current system was seen as a significant barrier to establishing a good, trust-based relationship between the family and the HV. Participants felt that seeing a HV who was not familiar was a barrier that stopped mothers revealing their concerns, particularly in relation to topics such as postnatal depression and domestic abuse. Participants also felt that the lack of continuity of care led to conflicting advice as a consequence of having to see different practitioners.
<i>Lack of privacy</i>	HV clinics were not well regarded, regardless of where they were situated. A key issue for participants was the lack of privacy, which they felt inhibited disclosure of information, both in relation to the infant, the mother and the wider family. The examples of topics participants would prefer to discuss in private included breast feeding problems, bed wetting, postnatal depression and domestic abuse.
<i>The single point of access Hub</i>	Experience of contacting HVs via the single point of access Hub was overwhelmingly negative. The problems described included long waits on the line, messages left and no response received, and long delays in receiving a call back. Participants reported that they often could not speak to their own HV when they rang for help, but had to speak to a stranger; this they found difficult to do because there was no established relationship or trust which inhibited disclosure of problems. Participants did not like the fact that they have to tell the person answering the phone what their call was about and why they want to speak to their HV.
<i>Breast feeding support</i>	Although some mothers reported receiving good support from their HV for breast feeding, the majority felt that they received plenty of information but very little practical support. Participants felt that HVs were also not very knowledgeable about locally available peer support networks for breast feeding.
<i>Interpretation services</i>	Participants reported a number of problems associated with interpretation services including the use of interpreter at first and some second home visits only, concerns over the accuracy of interpretation, the lack of privacy and the potential for misrepresentation that existed when family members were used as interpreters. The lack of interpretation services was of particular concern to families with disabled or unwell children, who were unable to obtain understandable information about their child. Google Translate is being used with variable success to access literature provided by HVs. Written material in appropriate languages would be greatly welcomed.

➤ **The table above shows evidence of key finding 1,2,5,6 & 7**

What are their concerns?

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
<i>Loss or reduction in the universal service for monitoring child development</i>	Infant weight and height monitoring by the HV were seen as very important and were highly valued by the participants, as were the developmental checks and monitoring of milestones. Concerns were expressed about the potential for losing these services as local authorities face their budget cuts.
<i>Reliance on peer support</i>	Concerns were also expressed about the reliance on volunteer support for what were seen as essential services, and in particular for breast feeding support.
<i>Communication</i>	Examples of poor communications between professionals were seen as common and were a source of frustration to participants because it led to them having to “repeat the story” many times when they moved between professionals or were referred to specialist services. Participants expressed particular concerns about what the potential consequences of this on the accuracies of information recorded about the health of their children.

➤ **The table above shows evidence of key finding 12 & 14**

What opportunities do they see for change?

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
<i>Direct contact</i>	Participants saw opportunities for improvement in the transfer of responsibility for the commissioning of HV services to the local authority. In particular, they expressed a hope that a system that enabled them to contact their HV directly might be established. The ability to telephone or send a text message direct to their HV would be very much welcomed.
<i>Use of technology</i>	Better communication through the application of currently available technology would be welcomed as a means of improving access to information; examples given included text messaging for contact with HVs, Facebook for support groups and the use of free applications such as WhatsApp and social media for the dissemination of information and the provision of support.
<i>Improve clinics</i>	More convenient times and locations for HV clinics would be seen as an improvement. For some participants this meant clinics running in their local Children’s Centres, for others it meant a move back to clinics run at GP surgeries or local community venues. The key point made by participants was that clinics need to be local and close to home for families, they need to be easy to access and open for longer, and should not run over lunch times or in the early mornings which are challenging periods for many families. The message is that clinics need to run where people already go in their communities even though this may mean

	using different premises at different locations across the district.
<i>More contact with the HV</i>	There was a desire amongst participants for more contact with their HVs. The gap between the first visit and the second at 6-8 weeks after delivery was seen as too long, particularly for mothers who develop postnatal depression. Participants felt the shorter gaps between contacts would also provide better support to vulnerable mothers and children. Although home visits were the preferred option, there was recognition of the potential impact of this on already stretched resources; participants hoped that more flexibility about the location might be possible so that choice could be driven by the needs of the child and family, rather than the availability of resources.
<i>More work with fathers</i>	An opportunity exists for HVs to do more to facilitate the involvement of fathers with the care of their children through education about child care and development. Participants identified a particular need amongst what they report are increasing numbers of single fathers in the district. Participants felt that education for fathers and the wider family about postnatal depression in particular, would be invaluable.

➤ **The table above shows evidence of key finding 3 & 7**

Future challenges

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
<i>Financial challenges</i>	Participants were aware of the challenges facing local authorities in the light of current budget cuts and expressed concerns about the potential for further reductions in where are seen as already decreasing services.
<i>Increasing inequalities and inequity of access to Health Visiting services</i>	Participants highlighted what they perceived were inequalities in the amount of support received by families and inequity of access to HV services across the District. Some, but not all, participants had met their HVs before their child was born. Some, but not all, were visited at home after their initial contact postnatal with the HV; however, many had no option but to attend clinics after their first postnatal visit, where they experienced long queues and might not get seen within the session. Support for breast feeding varied greatly across the groups. Not all HVs provided vitamin supplements. Not all children had had their mandated developmental checks. Participants felt that inequalities might increase as local authority funding is cut.

➤ **The table above shows evidence of key finding 2, 12 & 13**

Consultations with Allied Professionals

Attendees

The events were attended by a total of 88 professionals with an interest in Health Visiting services. These includes representatives from general practices, Children’s Centres, Nurseries, the FNP, the Maternity Partnership, Early Years Services, Education, Social Care and the Children’s TIG.

Questions and format

At each of the consultation events attendees were divided into groups of approximately eight to ten participants. The discussions were led by experienced facilitators who asked participants what they felt worked well about the current service and what did not work so well. They also asked participants what concerns they had about the move from NHS to local authority commissioning and what opportunities they saw for change and improvement.

Results and Findings

Responses were recorded by the facilitators and transcribed following each event. The key themes emerging from the discussions were then identified and the results are as follows.

What works well?

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
<i>Safeguarding</i>	HVs were seen by professional colleagues as having expertise in this area. They were described as good at identifying vulnerable, at risk children. HVs were regarded as central to the integrated partnership working around safeguarding. Communication with GP practices and other key stakeholders around safeguarding issues was described as excellent.
<i>Partnership working</i>	HVs enjoy a high profile in the district and are well regarded for their joint working, for example with education services. They were described as having a multi-disciplinary approach that facilitates better engagement with families by other services.
<i>Universal service</i>	The universal service provided by HVs was valued highly amongst participants. HVs were seen as unique because they are the only professionals that visit healthy families in their own homes, a position that enables them to provide a holistic assessment of health and unmet need for each family in a way that was seen as non-threatening and without stigma.
<i>Highly skilled and professional service</i>	Health Visitors were seen as committed and passionate professionals who were highly trained and highly skilled. Their excellent working knowledge of complex and extended families and focus on the wider determinants of health supports family and child welfare.

➤ **The table above shows evidence of key finding 13**

What are their concerns?

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
<i>The single point of access Hub</i>	The difficulties and frustrations of contacting HVs via the single point of access were clearly articulated and closely similar to those described by families in receipt of HV services. These challenges were seen as a barrier to effective collaboration.
<i>Reducing visibility in the community</i>	HVs were described as becoming increasingly remote, with less contact or engagement with GP practices in recent. Awareness of when clinics were running and where is decreasing. HVs response to emails was described as “slow, if at all”.
<i>Data and information sharing</i>	The lack of shared access to data and information was seen as inhibiting good communication and effective joint working. The organisational changes currently underway impact negatively on data sharing arrangements, as do current information governance constricts. Communication across professions and organisations was seen as challenging because IT systems are not compatible or interconnected.
<i>Team structures</i>	HVs were described as a very transient population; staff turnover means staying up to date can be a challenge due to the constant influx of new staff. The absence of team leaders in the current HV teams makes it hard for other professions to get anyone to act as a representative for their HV colleagues. It also leaves teams without effective leadership and fewer options for professional development. Specialisation and the lack of skill mix make absences due to sickness and leave difficult to cover, impacting on their ability to provide continuity of care.

➤ **The table above shows evidence of key finding 1,8 & 10**

What does not work well?

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
<i>Safeguarding</i>	Participants felt taking HVs out of their GP attachment would pose significant risks for safeguarding and that these risks would increase while the changes were being implemented. Participants noted that the greatest risks would be for missing children and the children of Roma and Traveller families, both of which may not be registered with a GP or routinely in contact with HV services.
<i>IT infrastructure</i>	Effective IT systems were seen as underpinning efficient and effective working. Participants questioned whether IT systems across health visiting services and Children’s Centres were compatible and whether they would support data and information sharing between the services. HVs are also dependent on connectivity to support agile working and participants questioned whether this would be adequately supported going forward.
<i>Local authority commissioning of HV Services</i>	Moving the commissioning of HV service from the NHS to the local authority was described as challenging. Participants questioned whether the local authority has the experience, knowledge, capacity and resources to effectively commission, manage or monitor the new service. The local authority was viewed as having a strong political agenda that leads to the development of short term 4 year priorities. Participants also questioned whether the local authority would, as

<i>Capacity and workloads</i>	commissioners, will keep the necessary funding in the health budget. Population change and the increasing number of 0-5 year olds in the district were highlighted as a concern in relation to the workload of HVs and their capacity to manage their caseload. Participants noted this in the context of what they felt were increasing numbers of children in the district with complex health needs and increasing numbers of children from hard to reach groups, such as transient communities and families seeking asylum.
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➤ **The table above shows evidence of key finding 8& 9**

What opportunities do they see for change?

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
<i>Equity and equality</i>	Participants felt that opportunities exist for standardisation of services across the district so that access is equal and quality is consistent and high. Services should be flexible so that they can respond to the needs, and special needs, of the population.
<i>Integration</i>	Participants highlighted the opportunity that now exists to develop a seamless, fully integrated service for 0-19 year olds, bringing together health visiting, school nursing, social care and education services, and other council-led services such as planning and housing. The possibility exists for a fully integrated service across all services and pathways that safeguards children and families, improves health and well-being and supports child development and children’s outcomes.

➤ **The table above shows evidence of key finding 11, 12 & 13**

Future challenges

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
<i>Financial challenges</i>	Participants expressed significant concerns about the threat of further cuts because these would increase the workloads of HVs and the pressures under which they are operating, and in turn increase the risks for children.
<i>Recruitment and retention</i>	Participants were of the opinion that, “here in Bradford, we regularly undersell ourselves”, making it less likely that HV services locally will be able to attract or retain a good workforce and making it more difficult for the existing workforce remain motivated. Participants also highlighted the loss of skills that may result where HVs choose to leave or take early retirement because of current uncertainties.

➤ **The table above shows evidence of key finding 14**

Consultations with Heath Visitors

Attendees

The events were attended by a total of 61 health visitors, members of their Strategic Management Team and specialist practitioners covering breastfeeding, safeguarding, looked after children, coping with crying and speech therapy.

Questions and format

At each of the consultation events attendees were divided into groups of approximately eight to ten participants. The discussions were led by experienced facilitators who asked participants what they felt worked well about the current service and what did not work so well. Participants were also asked what concerns they had about the move from NHS to local authority commissioning and what opportunities they saw for change or improvement.

Results and Findings

Responses were recorded by the facilitators and transcribed following each event. The key themes emerging from the discussions were then identified and the results are as follows.

What works well?

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
<i>Local knowledge and awareness of needs</i>	HVs know their communities; they know what is happening in the community and how it affects its families. Positive flexibility within Bradford with services more sensitivity to different cultures across the district. HVs understand the area and become part of the community, building up trust which encourages individuals to access the HV services. They know the needs of the community and deliver services to meet those needs, They know a lot about how to secure resources for their families at low cost
<i>Local knowledge and awareness of needs – Relationships with families</i>	HVs are a committed service which deals with very difficult and complex issues. They build strong trust-based relationships with their clients; they are accepted by everyone and are seen as a “safe pair of hands” and a trusted conduit to other services. They see their fundamental strength as engagement with children and families.
<i>Breast feeding support</i>	HV services are one of the few organisations locally to have achieved full Baby Friendly accreditation. HVs see the provision of breast feeding support and the development of breastfeeding champions and breastfeeding buddies as an area of strength.

➤ **The table above shows evidence of key finding 13**

What does not work well?

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
<i>The single point of access Hub</i>	The single point of access if no more popular with HVs than it is with their clients. HVs report that since phone calls from clients have been routed through the hub, fewer calls are being received by HVs and more clients are not returning calls when messages are left for them. HVs feel the hub may therefore also be having a negative impact on attendance, affecting both attendances at

Section Four: Full report on the results of the consultation

PART ONE – HEALTH VISITING – ORGANISED GROUP DISCUSSIONS (HV STAFF)

	clinics and the number of unsuccessful home visits where the family are not in when the HV calls.
<i>Data sharing</i>	Participants raised a number of concerns related to the sharing of data and information across partners in the integrated care pathway, including health visitors, midwives, GPs, Children’s Centres, social care and the school nursing service. The number of different IT systems involved across services has an impact on effective data sharing and also inhibits communication across services. There were concerns also about referrals where it is proving impossible to get any feedback on the outcome.
<i>Team structures</i>	The current team structures were felt by some of those present to be a weakness where the team dynamics were not working well; the HVs felt that negative environments were persisting because of a lack of leadership that is inherent to the current “flat” team structure. The “flat” team structure also means that achieving change within these teams is a challenge in the absence of leadership. Participants felt that this situation was unlikely to change in the current climate where the ability to financially reward staff for taking on a leadership role has been removed.
<i>Duplication</i>	Participants highlighted concerns about duplication of effort and confusion about respective roles of GPs, HVs and Children’s Centres, particularly where this leads to confusion and inconvenience for clients. An example was given of the 3-4 month safety check which is carried out by both HVs and Children’s Centres.

➤ **The table above shows evidence of key finding 1 & 10**

What are their concerns?

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
<i>Loss of local services and resources</i>	Concerns about the loss of local services and resources were wide ranging. The HVs reported that Third Sector organisations with which they have had long standing relationships are being lost and that they therefore have fewer resources to draw on to support their clients. Loss of the Mother and Pregnancy Support Service workers was regarded as a threat to their ability to support their clients housing needs. Reductions in other services such as the contraception and sexual health services are affecting families because services are less local and therefore less accessible. Access to interpretation services is essential for many clients in this district. Participants expressed concerns about the potential loss of interpreters under the current organisational changes and financial cuts.
<i>Increasingly target, rather than needs, driven</i>	HVs feel their work is becoming more target driven rather than led by the needs of clients and they saw this as a threat to their ability to deliver quality of care. The outcomes for health visiting are very long-term, requiring activities that change behaviours at generational levels. HVS feel that this is very difficult to achieve and even more difficult to measure. HVs saw the requirement to deliver on key performance indicators as removing the flexibility from the HVs working practices that enabled them to address the needs of their clients rather than hit a target.
<i>Loss of professional identity</i>	Participants questioned whether their role will be perceived differently as they become local authority employees. HVs have a multifaceted role; this

has the potential to leave them to be overstretched in all areas. They felt there was a risk of the HV role becoming diluted as parts of the role are passed to volunteers or other services in the course of the organisational changes currently underway, possibly leaving them more involved in social care than health visiting. Concerns were expressed about the potential for their role to become de-professionalised and ceasing to be a ‘specialist’ role on the NMC register.

➤ **The table above shows evidence of key finding 13**

What opportunities do they see for change?

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
<i>A seamless, integrated service</i>	A strong desire exists for a fully integrated service, offering ‘one assessment, one journey’ for children and families. The vision is to have all the relevant professionals, including midwives, HVs, nursery nurses, social care, Children’s Centre workers and early childhood services under one roof, with alignment of HV services and Children’s Centre clusters.
<i>Better use of technology</i>	Participants felt that a review of IT systems would be timely. Better use of IT systems to bring together people, processes and technology to find the most appropriate and effective way of working to carry out a particular task, working within guidelines for the task but without boundaries on how that task can be achieved. Opportunities exist to utilise modern technology, such as Facetime, Skype, WhatsApp, SMS and Baby Buddy apps in innovative ways to better support their clients. An example was given of a way in which a website providing information on early years services in multiple languages, together with an explanation of the role of the HV, could be used to support the non-English speaking communities in the district
<i>Data and information sharing</i>	Participants felt that the current organisational changes presented an opportunity to establish joint records to overcome the problems associated with sharing data and information and to support the provision of a seamless service to their clients.
<i>Better team structures and administration</i>	Participants felt there was an opportunity to build more resilient teams with embedded leadership and better caseload management in the course of the current organisational changes. Opportunity to pool knowledge and experience across teams, bringing together ideas from others to find answers and address specific health needs. The opportunity of coming under the responsibility of the local authority should be used to enable HVs to work more closely with other organisations and to develop the role of the HV to deliver services to groups that are traditionally hard-to-reach.

➤ **The table above shows evidence of key finding 8, 10, 11, 12**

Future challenges

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
<i>Financial challenges</i>	HVs were particularly concerned about the impact of financial cuts on training opportunities for new health visitors and on opportunities for on-going professional development for existing health visitors.

➤ **The table above shows evidence of key finding 14**

Families in Receipt of Family Nurse Partnership

As part of the review of Health Visiting services the views of stakeholders were sought on the Family Nurse Partnership using two methods:

- Questionnaires
- Organised group discussions

Questionnaires

A questionnaire was used to collect the views of:

- Families in receipt of the services of the Family Nurse Partnership
- Stakeholders with an interest in the Family Nurse Partnership

Response rates and coverage

A total of 62 responses were received to this questionnaire.

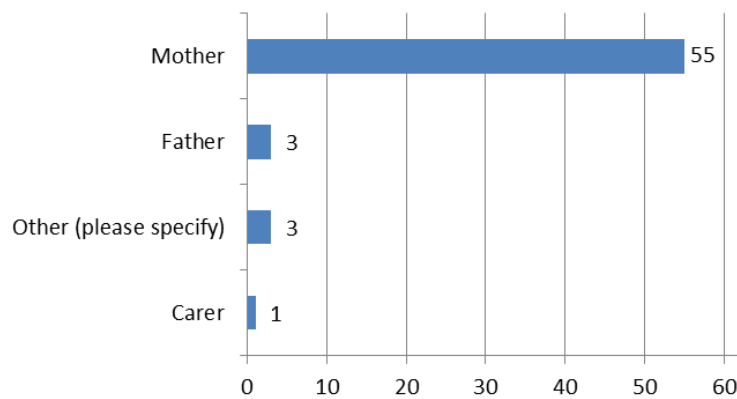
The questionnaire for families in receipt of services from the Family Nurse Partnership collected the following factual information about the respondents:

- Relationship to the child
- Gender
- Marital Status
- Age
- Disability
- Postcode area
- Sexual Orientation
- Religion
- Ethnicity

Relationship to the child

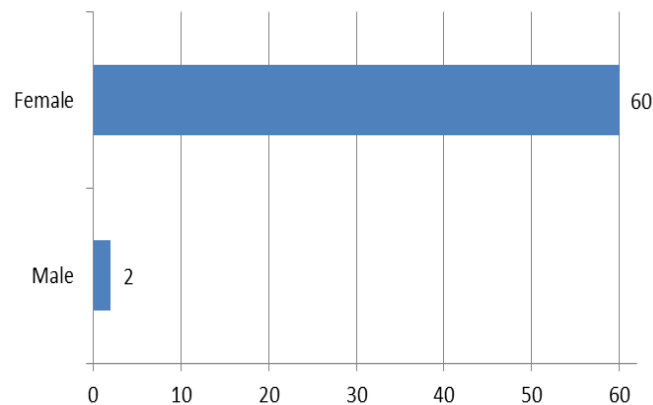
89% of respondents identified themselves as the mother of the child, 5% as the father and 2% as the carer; the individuals who selected “Other” did not specify their relationship.

PART TWO – FAMILY NURSE PARTNERSHIP – QUESTIONNAIRES (FAMILIES IN RECEIPT OF FNP)



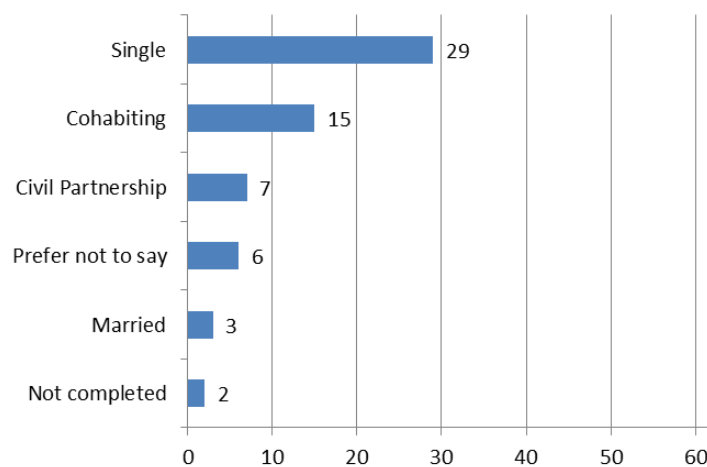
Gender

97% of respondents described themselves as female and 3% as male.



Marital Status

16% of respondents described themselves as married or in a civil partnership and 24% as cohabiting; 47% of respondents described themselves as single and 13% either preferred not to say or did not complete this question.

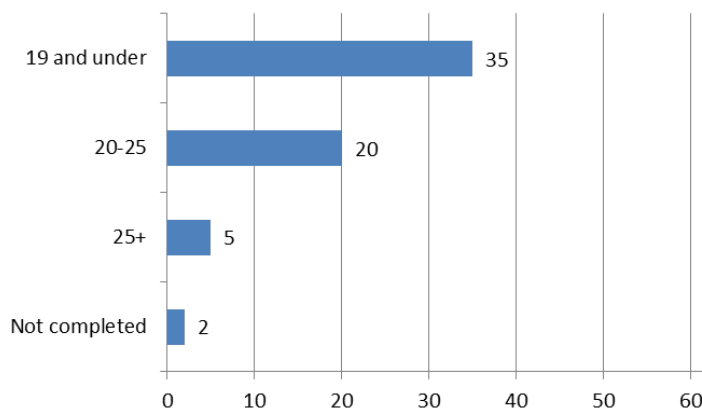


Section Four: Full report on the results of the consultation

PART TWO – FAMILY NURSE PARTNERSHIP – QUESTIONNAIRES (FAMILIES IN RECEIPT OF FNP)

Age

56% of respondents were aged 19 and under, 32% were aged 20- 25 years and 8% were over 25. 3% of respondents did not complete the question.



Disability

Do you have any of the following disabilities?	Number of respondents
Not completed	47
Mental ill Health	9
Learning difficulties	3
Prefer not to say	2
Other substantial and long term condition	1
Visual impairment	1

Postcode area

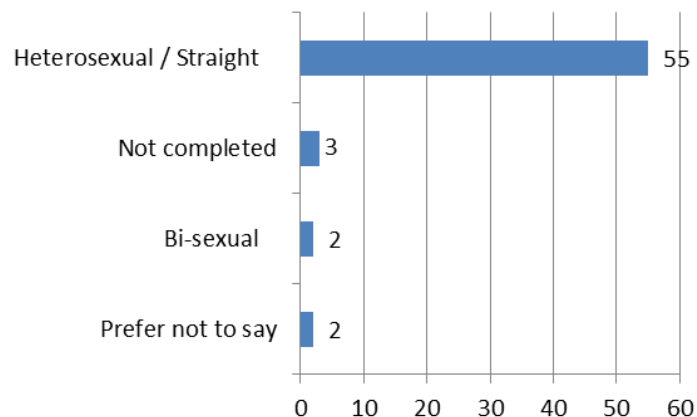
The following table shows the geographical distribution of respondents.

Postcode area	Wards	Number of respondents
BD21	Bingley Rural, Keighley Central, Keighley East, Keighley West, Worth Valley	13
BD22	Bingley Rural, Keighley Central, Keighley West, Worth Valley	9
BD5	Bowling and Barkerend, City, Great Horton, Little Horton, Tong, Wibsey, Wyke	7
BD4	Bowling and Barkerend, Bradford Moor, City, Little Horton, Manningham, Tong, Wyke	5

PART TWO – FAMILY NURSE PARTNERSHIP – QUESTIONNAIRES (FAMILIES IN RECEIPT OF FNP)

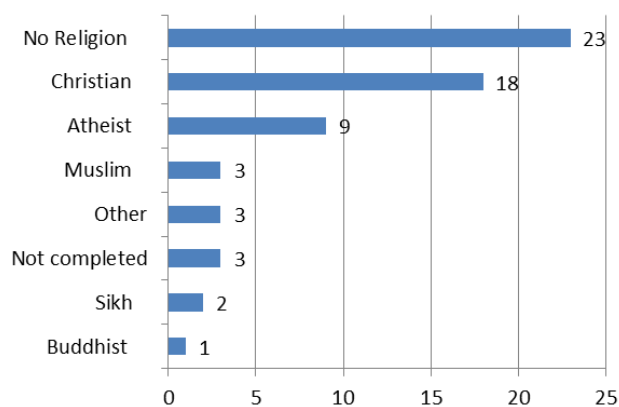
Sexual Orientation

89% of respondents described their sexual orientation as heterosexual/straight and 3% as bisexual; 35% of respondents preferred not to say and 5% did not complete the question.

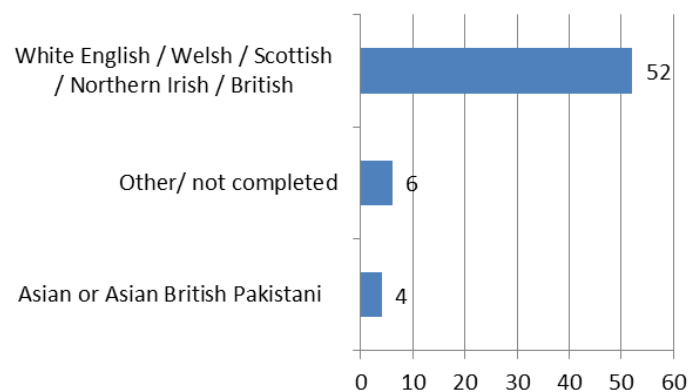


Religion

29% of respondents described themselves as Christian, 5% as Muslim and 10% as belonging to a small number of other religions; 15% described themselves as atheist and 37% as having no religion. 5% of respondents did not complete the question.



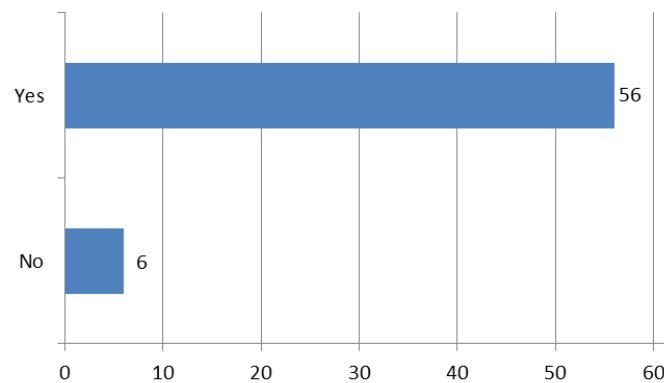
Ethnicity



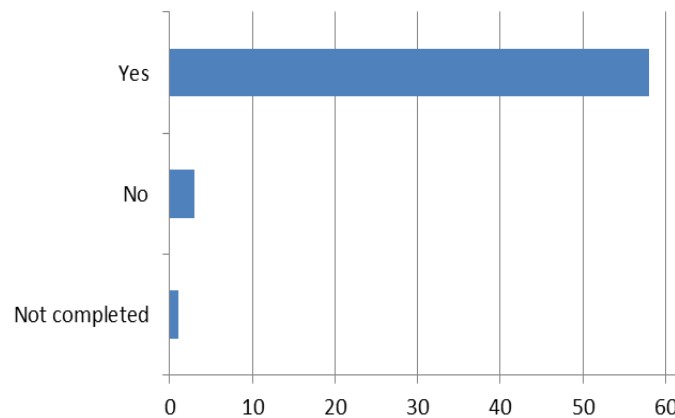
PART TWO – FAMILY NURSE PARTNERSHIP – QUESTIONNAIRES (FAMILIES IN RECEIPT OF FNP)

Responses by question

Is this your first child?



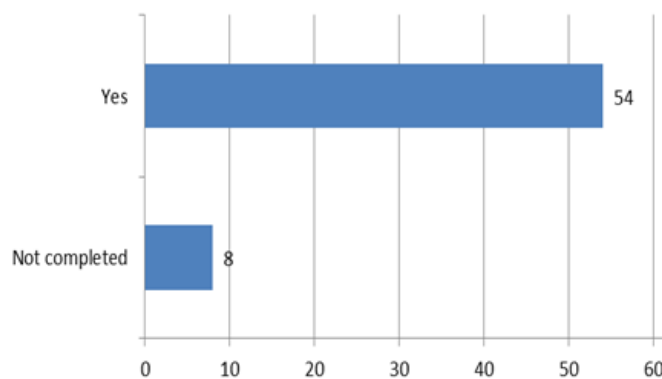
Did you first meet your Family Nurse before your baby was born?



Did your Family Nurse ask how you were feeling before birth?

All respondents confirmed that their Family Nurse asked about how they were feeling before the birth.

Did your Family Nurse ask how you were feeling after birth?



PART TWO – FAMILY NURSE PARTNERSHIP – QUESTIONNAIRES (FAMILIES IN RECEIPT OF FNP)

Which of these did your Family Nurse offer you advice on?

<i>Topic</i>	<i>Number of responses</i>
Bonding with your baby	57
Breastfeeding your baby	55
Healthy eating for you and your baby	55
Coping with your baby crying	54
Weaning your baby	53
Family planning/contraception	53
Benefits	53
Your baby's immunisations	52
Your baby's physical and emotional development	51
Helping your baby learn good sleep habits	51
Accessing services (i.e. children centres)	50
Accident prevention	49
Education of parents	48
Housing support	48
Oral health	47
Coping with minor illnesses	47
Relationships	46
Mental health	45
Postnatal depression	44
Stopping smoking	44
Domestic violence	37
Employment	36
Other (Please specify)	21

What would you like your Family Nurse to offer you advice on?

<i>Topic</i>	<i>Number of responses</i>
Healthy eating for you and your baby	24
Housing support	24
Weaning your baby	23
Helping your baby learn good sleep habits	23
Your baby's immunisations	23
Coping with your baby crying	22
Accident prevention	22
Your baby's physical and emotional development	22
Stopping smoking	22
Family planning/ Contraception	22
Bonding with your baby	21
Coping with minor illnesses	21
Accessing services (i.e. Children Centres)	21
Domestic violence	21
Benefits	21

Section Four: Full report on the results of the consultation

PART TWO – FAMILY NURSE PARTNERSHIP – QUESTIONNAIRES (FAMILIES IN RECEIPT OF FNP)

Relationships	21
Education (of parents)	20
Employment	20
Breastfeeding your baby	19
Oral health	19
Postnatal depression	18
Mental health	18
Other (Please specify)	10

Did you find your Family Nurse...?

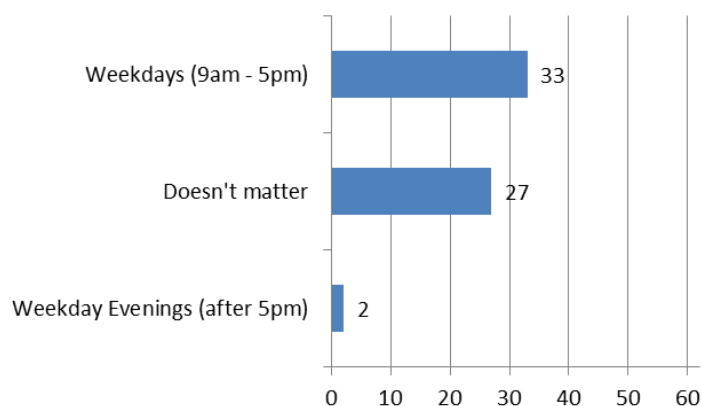
<i>Characteristic</i>	<i>Number of respondents</i>
Polite	62
Kind	60
Helpful	59
A good listener	59
Thoughtful	58
Supportive	57
Punctual	56
Flexible (could see them when it suited you)	55
Knowledgeable	53
Reassuring	53
Impolite	4
Not helpful	4
Unsupportive	3
Not flexible	0

➤ The table above shows evidence of key finding 2

Did you understand the information provided by the Family Nurse?

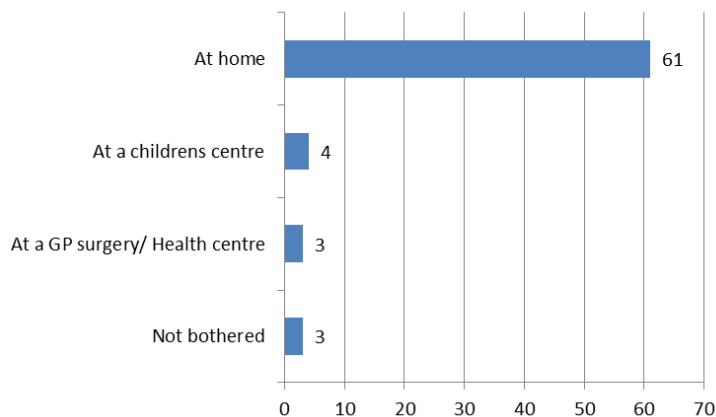
All respondents reported that they were able to understand the information provided by their Family Nurse.

When would you prefer to see the Family Nurse?



PART TWO – FAMILY NURSE PARTNERSHIP – QUESTIONNAIRES (FAMILIES IN RECEIPT OF FNP)

Where would you prefer to see the Family Nurse?



Do you feel you can easily contact your Family Nurse if you need advice or information?

All respondents reported that they felt they could easily contact their Family Nurse if they needed advice or information.

What additional support do you feel you need/ needed?

<i>Additional Support</i>	<i>Number of respondents</i>
Not completed	35
More frequent contact after baby was born	6
More online support	6
Other (please specify)	6
More drop in clinics	5
More frequent contact before birth	5
More frequent contact after baby was born	3

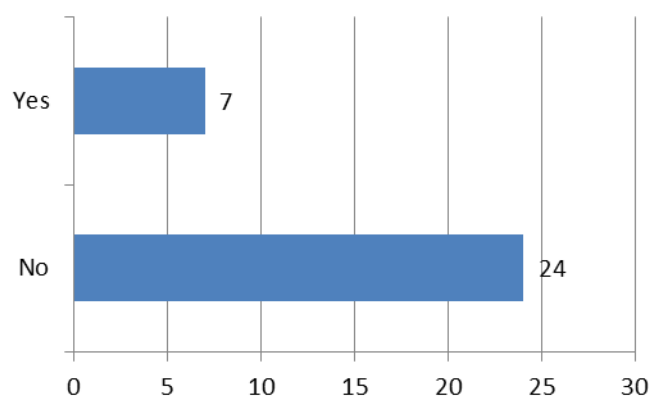
‘Other (please specify)’

Respondents who chose other said they felt that they did not require any additional support as they already received all the help they needed.

➤ **The statement above shows evidence of key finding 3**

PART TWO – FAMILY NURSE PARTNERSHIP – QUESTIONNAIRES (FAMILIES IN RECEIPT OF FNP)

If your child is now 2 or over, have you had a handover to the Health Visitor?



It is unclear how many respondents this would refer to as age of child was not obtained, there may have been individuals who selected ‘No’ simply because their child was not yet 2 years old.

If your child is now 2 or over and you have had a handover to the Health Visitor, what was your experience of this?

6 respondents provided a response to this question, of those who answered all had a positive experience, nobody identified any issues with the process however this was small numbers, 2 respondents identified that their child was not yet two and this could be a limitation in how the question was asked.

Please use this space for any other comments you would like to make about the Family Nurse Partnership:

This was an ‘open’ question which allowed respondents to express themselves freely, rather than to select from a number of options. 37 respondents provided responses for this question. The responses received were coded into themes. Many responses could be categorised into more than one theme; for instance, a comment such as “...really helpful experience felt supported through pregnancy...” would be coded as both ‘Positive personal experience’ and as ‘Supportive’. The following table illustrates the most common themes, in descending order of recurrence.

<i>Theme</i>	<i>Number of occurrence</i>
Positive personal experience	23
Supportive	11
Accessible	5
Antenatal	5
Post Natal Depression	2
Bonding with your baby	1
Breastfeeding	1
Consistency	1
Domestic Violence	1
Flexible	1
Reassuring	1

Positive Personal Experience

“...happy with the help [Family Nurse] have gave me...been so helpful...”

“...would recommend to anyone before and after birth...”

“...wouldn't have a clue about how to look after a baby if it wasn't for the service...”

➤ **The table above shows evidence of key finding 3**

Supportive

“...amazing support...helped me through problems...”

“...enjoyed having the support of my family nurse...”

“...felt more at ease with the support I have been given...”

➤ **The table above shows evidence of key finding 3**

Accessible

“...if there is a problem day or night she is there...”

“...felt always have someone to talk to when I have needed to...”

“...can easily give them a call or a text...”

➤ **The table above shows evidence of key finding 2**

Stakeholders with an interest in the Family Nurse partnership

Response rates and coverage

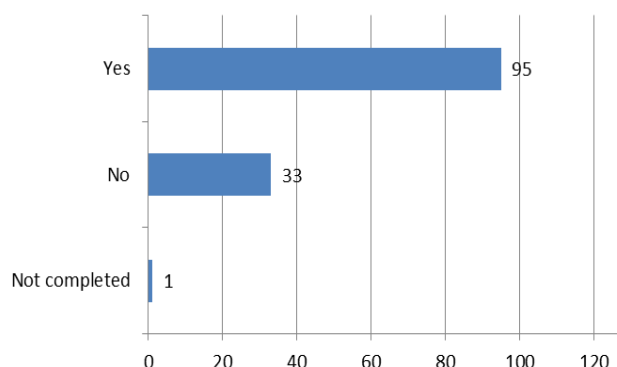
A total of 127 responses were received.

<i>Please select the type of organisation you represent:</i>	<i>Number of respondents</i>
GP practice	44
Children’s Centre	19
Voluntary and community sector organisation	11
Education	5
Not completed	1
Other (Please specify)	49

Those who selected ‘Other’ included a number of people from the Bradford District Care Trust, including health professionals and commissioners, and from Family Centres, Nurseries and Social Services.

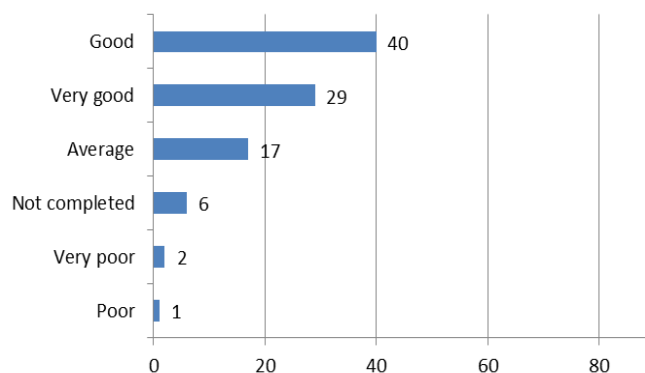
Responses by question

Are you aware of the Family Nurse Partnership?



If yes, to ‘Are you aware of the Family Nurse Partnership?’

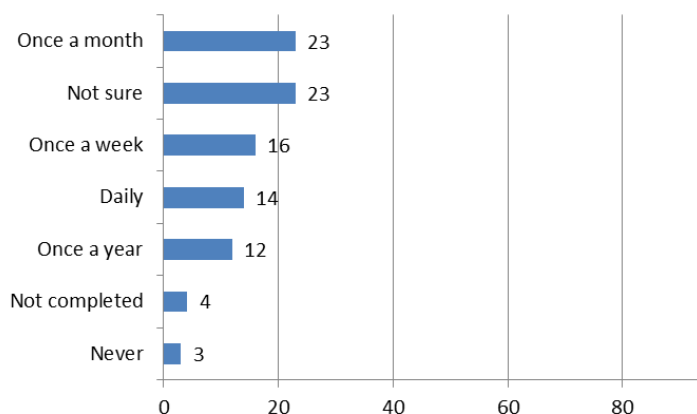
How would you rate the quality of the current FNP service?



If yes, to ‘Are you aware of the Family Nurse Partnership?’

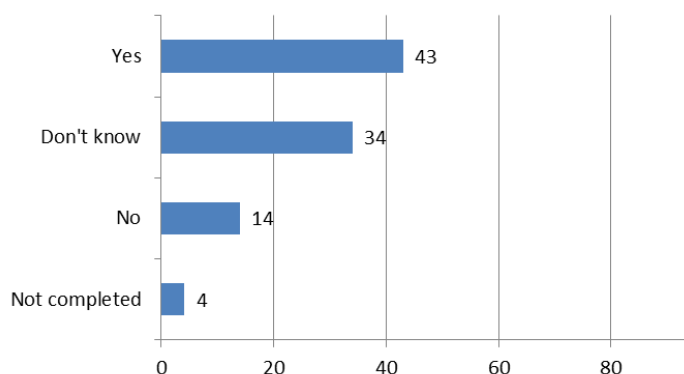
PART TWO – FAMILY NURSE PARTNERSHIP – QUESTIONNAIRES (STAKEHOLDERS)

How often does your service come into contact with the FNP?



If yes, to ‘Are you aware of the Family Nurse Partnership?’

Do you think the current FNP service fully addresses the needs of families?



Which of the following do you feel would benefit families in receipt of support from the Family Nurse Partnership?

Which of the following do you feel would benefit families in receipt of Family Nurse Partnership support?	Number of respondents
Mental health	93
Postnatal depression	91
Healthy eating for you and your baby	87
Bonding with your baby	86
Accessing services (i.e. Children’s Centres)	86
Your baby's physical and emotional development	85
Family planning/ Contraception	85
Oral health	84
Coping with your baby crying	84
Weaning your baby	83
Helping your baby learn good sleep habits	83
Accident prevention	82
Education (of parents)	82
Domestic violence	82

PART TWO – FAMILY NURSE PARTNERSHIP – QUESTIONNAIRES (STAKEHOLDERS)

Coping with minor illnesses	81
Stopping smoking	81
Breastfeeding your baby	80
Relationships	80
Your baby's immunisations	79
Benefits	72
Housing support	71
Employment	69
Other (Please Specify)	37

Those who selected 'Other' were given the opportunity to specify what they meant by other. A number of respondents used the opportunity to say that they didn't know enough about the service to comment, others included that the service is designed to build resilience and independence.

Please use this space for any other comments you would like to make about the FNP service?

This was an 'open' question which allowed respondents to express themselves freely, rather than to select from a number of options. 59 respondents provided responses for this question. The responses which were received were coded into themes. Many responses could be categorised into more than one theme. For instance a comment such as "...I am really pleased with the support provided by the Family Nurse partnership..." would be coded as both 'praise' and 'support'. The following table illustrates the most common themes, in descending order of recurrence.

Theme	Number of Respondents
Lack of awareness	14
Praise	14
Restrictions	7
Support	4
Expensive	2
Link with other organisations	2

Lack of awareness

"...need to know more about the FNP service..."

"...please raise awareness in practices regarding their role..."

"...not familiar with this service..."

Praise

"...the Family Nurse Partnership makes such a difference to young mums because they are able to give more time..."

"... the intensive input ... is really valuable..."

"... valued and needed service..."

➤ The table above shows evidence of key finding 2

Restrictions

“...limited in ... area...”

“...need to consider the needs of teen late presenters...”

“...good if it could be extended to include vulnerable groups in any age group...”

➤ **The table above shows evidence of key finding 1**

Organised Discussion Group Findings – Family Nurse Partnership

Attendees

A wide variety of stakeholders attended the consultation events focussed on the Family Nurse Partnership; these included clients receiving support from the FNP and professionals from:

- Children’s Centres
- Education
- Child and Adolescent Mental Health Service
- Public Health
- Voluntary and community sector
- School Nursing
- Children’s Services

Questions and format

At each of the consultation events focussing on the Family Nurse Partnership, participants were divided into groups of eight to ten. The discussion were led by experience facilitators who asked participants what they felt worked well about the current service and what did not work so well. Participants were also asked about what concerns they had about the move from the NHS to local authority commissioning and what opportunities they saw for change and improvement.

Results and Findings

Responses were recorded by the facilitators and transcribed following each event. The key themes emerging from the discussions were then identified and the results are as follows.

What works well?

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
<i>Approach</i>	Participants pointed out that the FNP works with most vulnerable in the District and makes a difference in the areas of highest deprivation. It works with the whole family, with the needs of the child being central. FNP staff build strong, trust-based relationships with parents and work with them to build self-efficacy and self-esteem, the aim being to break cycle of deprivation so that outcomes for child are improved.
<i>Flexibility</i>	The FNP was seen as a flexible service that fits around the needs of the family. Participants reported that families found it easy to contact their Family Nurses and that this could be done direct without involving the Hub. Family Nurses made frequent home visits and provided clients with robust support and reassurance for their complex issues from the antenatal period through until their child is 2 years old. Participants noted that the support provided ranged from simple advice and information, through to education for parenting and practical assistance with obtaining furniture and benefits.
<i>Continuity and consistency of care</i>	Participants reported that families in contact with FNP services valued the continuity of care and friendship provided by their Family Nurse. Because clients always see the same Family Nurse, repetition is eliminated, meaning that they only have to tell their story once, and the advice they receive is consistent. FNP clients welcomed the structured support provided by their Family Nurse; for example, clients of the service reported that they feel it “prepares us properly for parenthood”.

➤ The table above shows evidence of key finding 2

What does not work well?

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
Access	Participants saw the FNP as providing very good support for a very small number of mothers and children in some areas of the District. They noted that it was not a universal service and therefore care was not equitable. Participants felt that the fact that the FNP was an opt-in service might add to this, since mothers might decline the service without understanding what it was or how helpful it might be.

➤ The table above shows evidence of key finding 1

What are their concerns?

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
Losing the FNP service or important elements of it	The possibility of losing the FNP was seen by participants as a threat to the vulnerable families in the District currently supported by the service. Participants expressed concerns about the possibility that the service might be “watered down” and important elements of it lost as a result of the findings of the recent national evaluation.
Knowledge of HV Services	Participants felt that knowledge and understanding the role of the HV was poor amongst FNP clients. The abrupt step from intensive support to what was seen as the much lower level of support provided through the universal service was seen as a challenge for these clients who did not have the same well established, trust-based relationship with their HV as with their Family Nurse. Participants reported that as a consequence, FNP clients frequently continued to contact their Family Nurse even after their care has been transferred to the HV.

➤ The table above shows evidence of key finding 4, 5 & 6

What opportunities do they see for change?

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
Outcomes	Participants were aware that the recent national evaluation of FNP services has shown no significant improvement in some short term outcomes for participants. There was a strong belief amongst participants that locally, the programme has made a difference to outcomes for the children of some of the most deprived families in the District. They felt that an opportunity now exists to undertake a local evaluation to determine whether this difference is significant in Bradford.

➤ The table above shows evidence of key finding 7

Future challenges

<i>Theme</i>	<i>Summary of the views of the discussion groups</i>
Retaining the FNP	In the face of continuing funding restrictions, the organisational changes currently underway and the negative findings of the national evaluation, there were concerns expressed amongst participants about whether the FNP service would continue in Bradford.

➤ **The table above shows evidence of key finding 5**

Strengths and Weaknesses of the Consultation Exercise

Strengths

- Consulted with a wide range of stakeholders to ensure that a large number of individuals had the opportunity to give their views. Furthermore, the contributions have been received from individuals from different backgrounds, whose opinions and expectations of the service will have been formed by very different experiences and perspectives.
- Good representation of families in receipt of HV and FNP services- organised group discussions were set up across the district to enable more families to have their say, which gave an opportunity for groups who would not necessarily complete a questionnaire to give their views. Feedback received from service users who have participated in the consultations is that they have very much welcomed the opportunity to express their views and are pleased to have had the opportunity to be heard.
- Attended established clinical commissioning group meetings to ensure a good response from GPs. At the meetings a short organised discussion was carried out to obtain views and GPs were also made aware of the questionnaire which would enable them to give their views and this was reflected in an encouraging number of responses from GPs.

Weaknesses

- The majority of the organised group discussions with families took place at a Children's Centres; this means that those who do not attend a Children's Centre will have had less opportunity to attend. There is also a possibility that the findings of the consultation may have been positively-skewed in as much as those who attend Children's Centres are more likely to have had a positive experience of the services, and, equally, those who have had a positive experience of the services are more likely to attend Children's Centres.
- There was limited coverage in some Children's Centre cluster areas with an over representation in the BD5 area. This was also reflected in the questionnaire responses.
- Although efforts were made to obtain the views of minority groups, some groups – such as asylum seekers and LGBT families - were not represented in the consultation.
- The presence of senior management at organised group discussions designed to get the views of HV and FNP staff members may have had a detrimental impact on enabling attendees to give their views open and honestly and may therefore have resulted in the service being portrayed in a positive light.