



**HEALTH VISITING CONTRIBUTION TO YOUTH & FAMILY EARLY  
INTERVENTION TEAMS TAMESIDE  
Youth and Family Multiagency team**

**March 2012**

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## **Purpose of Document**

This case study focuses on an improvement in service quality, innovation or a new way of family offer

**Community  
Universal  
Universal Plus and  
Universal Partnership Plus**

## **Background**

Tameside Youth & Family Team is a multi-agency team of professionals working to an early intervention agenda for families and children and young people aged 0-19 years. The service is based across the four localities in Tameside and aims to meet the needs of families on Level2/3 of Tameside Children's Needs Framework before issues become entrenched and at crisis level. We take referrals from all agencies and families themselves and also through the Family Information Service without use of a form. We will work with any children or young people who meet our criteria, using a solution-focused model, working on strengths of the family and working on the problems they identify for themselves through the common assessment processes.

We typically work with a family for 12-16 weeks. All our workers come from either a children's centre workforce, a youth service workforce or we have a number of secondments into the service, including health visitors, education welfare staff, CAMHS workers, youth offending team prevention workers and behaviour for learning workers. We also have a Common Assessment Framework (CAF) administrative worker per locality.

The outcomes for the service are wide ranging and include:

- improving health outcomes for families through reducing smoking and alcohol use
- and improving mental health
- reduced offending by young people, and
- reduced school exclusions/school absences.

## **Vision**

The vision for the youth & family service is a think family approach, no wrong door, and a seamless service for our customers. It relies on referrals into the service at an early stage when issues are starting to appear for families. It has helped our health visiting service to refocus on early intervention at a time when health visitors spend a lot of time with child protection or child in need issues, and it has demonstrated the effectiveness of working with families in pregnancy.

## **Challenges and how we are meeting them**

The challenge for the service is that in times when the council and NHS has huge savings to make, the teams have an annual review which then reshapes the service again. This means that the clarity of direction for the service is not always there and causes all agencies involved to have to reaffirm their commitment to a changing project. The Y&F team are now looking at building capacity in communities so that some services can be run by communities

themselves, freeing up scarce resources to be able to utilise skills where they are most needed.

To meet this challenge, a Health Locality Manager was seconded into the service. This helped to bridge the gap between the council and Tameside and Glossop Community Health Care, and helped each organisation to understand one another's wider aims and how to best align themselves. It also helped us to demonstrate outcomes for families.

### **Lessons learnt**

Lessons learnt were that change will happen, and that this can be successfully facilitated through good, open communication with partners. If we keep the family, young people and children as the focus then the changes can be successfully implemented.

### **Achievements**

Health visitors within youth & family hold a full caseload (20 clients full time). They have demonstrated through work with families that they are invaluable workers to the team. Their accountability and professionalism, and their ability to work successfully with many families has helped other team members to learn from their approach. It has also increased the awareness of health visiting to teams who had little understanding of the role. Their ability to use the CAF process successfully has had a positive effect on team members and on generic health visitors who have seen the benefits that the CAF process brings to families, reducing the amount of workers going into the family, and focusing on each family's needs.

Health visitors have widened their remit to work with older children and have demonstrated that with support they can successfully engage with young people. The Think Family approach has meant that families can successfully work with one key worker, and build up a positive relationship with them, rather than having to engage with numerous workers. The multi-agency nature of the team means that there is always advice and support from specialisms within the team as required. For example if the health visitor is working with a family and there are criminality issues with an older child, then YOT prevention can assist the health visitor in more specialist work.

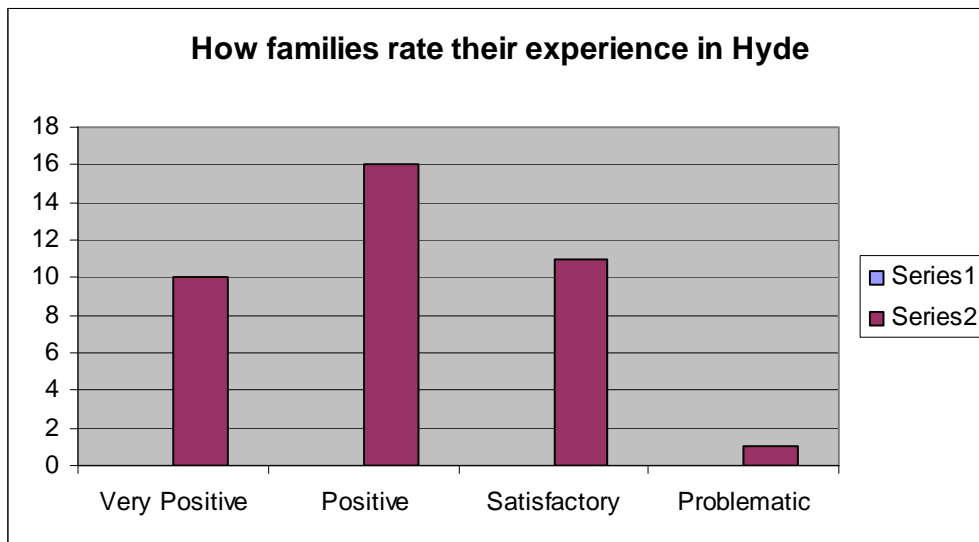
### **Impact**

In one locality in Tameside where a health visitor is working, there have been 250 referrals in a six month period, 90 percent of which were allocated to a youth & family worker. The health visitor has taken 50 of those cases.

Most families have a mixture of needs and are dealt with through the CAF process. On average the health visitor carries out 120 visits per month, another 80 or so phone calls, and a further 40 contacts for liaison with other professions, such as GPs, schools, social care or nursery provision. In a given month 30 percent of contacts are around parenting, 16 percent mental health support for either parent or child, 10 percent domestic abuse, 6 percent around pregnancy related issues, and further small percentages in healthy eating, brief advice for health related conditions i.e. smoking or alcohol, housing and debt management, and school attendance.

Health visitor referrals into the service are consistently high and are the second largest referral agency into youth & family teams. Other health professionals are now starting to refer in, including GPs, hospital referrals and specialist services such as CAMHS.

Outcomes achieved by the health visitor are collected via exit data. The figure below demonstrates how families have rated their experience.



In addition, families are contacted on a random basis a few weeks following closure of a case and asked for their views about their experience of the services. Examples of comments we have received are:

- The support and time offered is welcome because you can feel that you are going out of your mind sometimes
- Kept updated, listened, gave good advice and let me talk
- Our health visitor listened to me, everything was a 'big mess', everything was upside down and the police and court were involved. Our health visitor also gave me two information booklets to keep, to help me in the future
- At first, I didn't know where to turn and felt that my husband and I were failing as parents. Our health visitor offered support and alternatives where things weren't working. I was amazed at how quickly the service managed to turn things around
- Whole service professional - felt comfortable in our health visitor's company - good listener
- Our health visitor listened and tried to sort out problems as best as she can
- Support and advice helpful
- Whole service good and convenient appointment times

- Referrals are received more quickly into the service
- I appreciated that the health visitor listened

The Health visitors within youth & family have written up three case studies which have been included, they demonstrate the impact they have had on family lives.

More recently, we have been asked to contribute to the CQUINS for health visiting including alcohol screens and smoking referrals.

### **Benefits**

- Working in this way enables far greater understanding of all services available across multi-agency teams, and much better co-ordination of such services, resulting in less duplication and families receiving timely help. We see very few Did Not Attend (DNA) rates for the service
- As families are approached using solution focused techniques, they feel more engaged and part of the process
- The skills of health visiting shine through and there are regular comments made from other team members about how much the health visitors in the team have helped to educate and mentor other workers. They are great role models, and their work ethic is fantastic
- Sustainability can be achieved because resources are pooled and there is not one service with responsibility, but rather a collective that means that the sum of the whole is worth far more than the individual parts
- Team working across the localities is resulting in families having the best expertise to hand. Embedding the CAF process both within the team and outside it has been a challenge, but we are seeing real benefits to a successful CAF process.

### **Innovations**

The project is embedded, but the changing nature of services has made all the teams adaptable and resilient to change. A number of team members within the service are from different backgrounds and cultures, and have come together to work successfully for families. We use an electronic recording system and database that is successful.

It is achieving a service for families that is easy to access, has no waiting list, and assists families to improve their lives.

**Personal Narrative Story-**

The case studies attached will give a flavour of the work of the teams. As locality manager with a lead for health, this work has been challenging and continues to be. It is difficult to remain an early intervention service when the needs of the most vulnerable and complex families are challenging to meet, and we are being expected more and more to take on more complex cases. However, I believe that the early intervention agenda will remain, and we have demonstrated some positive outcomes for families.

I believe that health visitors are invaluable as part of a multiagency team, and that their skills lie in early intervention and prevention. This is where I know they can be their most effective.

**Additional Information**

Our service relies on referrals in, and rather than producing a brochure, our success stories are our advertisement. Word of mouth in communities has helped us achieve a high rate of relevant referrals. Meeting with schools, surgeries, clinics and voluntary groups has helped us to market ourselves quite effectively.

## **Cases that have achieved good outcomes**

### **Case One**

This case involved a pregnant single woman with a history of three attempted suicides, each attempt becoming more extreme. The local children's centre midwife referred her to the health visiting team, who could not get involved yet due to her being below 32 weeks gestation, but she still had suicidal thoughts. She came through to our service via midwife referral, to provide support with her housing, health and mental health issues.

We liaised with other health professionals, and the lead professional managed the regular 'child in need' meetings to support her. She became homeless, and work with the housing and midwife was instrumental in securing her a home, following a supportive letter and constant telephone calls to the housing authority to plead her case. All her health needs were met, she received pre-natal care from the midwife and health visiting team at an early stage to enable her transition to parenthood to run as well as can be expected. To allow continuity of care, we delivered her health visiting package of care. We provided extra support and time to a vulnerable woman who had no other form of support as she was originally from the south of England.

Once baby was born, the lead professional liaised with staff before hand and arranged extra days on the ward in time for the health visitor and midwife to offer support soon after discharge. This had a positive impact on her mental health, as she identified her weaknesses and support measures were put in place. To end on an even more positive note, she has now secured a tenancy in her home town. With her family close by, she has become a confident, well-adjusted and loving parent.

She scored 8 on her EPDS, more specifically not scored on the first three questions. She felt the support offered pre and post-natally was instrumental in turning her life around, with the addition of continuity of care from the health visiting team.

### **Case Two**

The second case was a young parent, pregnant with her second child, born to an absent father. She has a history of low mood, cannabis use, non-attender to appointments and has lived at multiple addresses as she struggled to manage her three year old. She is currently living with her mum, but tensions are strained and she needs to settle in her own residence with her two children.

Due to her lack of engagement, she was an ideal candidate for social care referral. A referral was completed via the midwife to the health visitor in youth and family. Appointments were made and she was supported to attend, care of the unborn child was paramount. The mother began to receive antenatal care at 32 weeks. She was supported right through to her delivery and post-natally, she is managing well, and with support she is no longer taking cannabis. She has completed applications for housing, and awaits options available to her. She is enjoying being a parent again, and feels she that the support she has had has made her able to cope better this time round.

### **Case Three**

This case involved a family that needed extensive support. They had three children who are all now going through the ISCAN team, as each of their needs were not being met by school. They needed support in attending appointments with the education system, as they do not have the confidence or knowledge in this arena, and struggle to communicate their needs.

Each child has needed to be assessed and referred to relevant agencies to help meet their needs. They have been previously known to social care in the past, and this has always been an issue as parents struggled to understand what was required by themselves to meet their children's needs.

With support from the health visiting service, their children now have the right agencies offering support with their development and each child is in the right educational setting. The youngest is currently under ISCAN with close monitoring, and the eldest is now being assessed for an educational statement. The family continue to need support for the mother's future health needs. The father has now stopped smoking with support and is doing well.

With this support, the family's quality of life has been much improved, and has resulted in the mother and father becoming better parents themselves.