

**Families NSW
Universal Health Home Visiting
Evaluation Project
2008**

Project Funded by

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supporting families to raise children

Acknowledgement

We would like to thank all the Southern Hospital Network Child & Family Nursing staff and clients who contributed their time and comments to assist with this evaluation and members of the working group who assisted during the development of the surveys.

Comments received by all clients who returned the evaluation surveys are available as an appendix to this report.

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Summary

Families NSW (formerly known as Families First) is a whole of government approach aimed at assisting families to raise healthy well adjusted children. Assistance is provided to families through an increase in the effectiveness of early intervention and prevention services. These interventions aim to address the social, emotional and environmental determinants of effective parenting and childhood health as well both prevention of problems and early intervention to existing problems.

Each Families NSW (FNSW) region was required to implement a service delivery plan reflective of the community served, for the Illawarra Region (formerly Illawarra Area Health Service, IAHS) of South Eastern Sydney Illawarra Area Health Service (SESIAHS) it was decided for health the priority of service delivery would be Universal Health Home Visiting (UHHV). In order to implement UHHV, a framework would need to be developed and planning for the change and the new service model began in October 2002.

A review of the existing practice was conducted and it was identified that there was no consistent model of service delivery and NH&MRC guidelines were not being consistently followed. The new service delivery model would need to deliver enhanced services to families, these services would need to reflect to growing research in the area of early intervention, reflect best practice and address the strategic directions as outlined in the NSW Health document, "A new direction for NSW, State Plan towards 2010".

The re-aligned service delivery model was rolled out and UHHV commenced in July 2004 since this time the service has developed to include the following:

Universal Health Home Visiting – involves the offer of a postnatal home visit to every family with a new baby (except where there is an identified OH&S risk), within two weeks of birth. During the home visit Child & Family Health Nurses carry out psychosocial assessment for both the mother and baby and examine the baby.

Referral to Secondary and Interagency Services – Families identified as Vulnerable are referred to secondary services or other government agencies, ie. DoCs, Housing, community sector.

Parenting Groups – Child and Family Health staff facilitate parenting groups to encourage effective parenting skills, offer support, social networking opportunities and provide information to mothers/carers in the area.

Case Planning / Review Meetings – Clinical review of client's case and its management by clinicians. These meetings assist with management and support of service delivery to families identified as vulnerable.

Child & Family Services – Clinic and home visits are provided to offer support and follow up developmental checks and visits for families. The service provides support in a partnership model that reflects NH&MRC guidelines and is based on prioritisation of families needs and works towards strengthening the links between families and community network structures.

The service has, through the introduction of the UHHV service delivery model, developed an effective mechanism for early intervention. The UHHV service delivery model broadly addresses all seven aspects of "A New Direction for NSW Health Plan Towards 2010" and has particular relevance and measurable success for

No 1, Make Prevention Everybody's Business and

No 3, Strengthening Primary Health and Continuing Care in the Community.

This has been achieved by follow up support, psychosocial assessment, an interagency approach and C&F Health Nurse facilitated parenting groups.

As staff have been working within this model of service delivery for a number of years and are familiar with the program, an evaluation of the implementation process, the service provided and clients' satisfaction was conducted to identify areas for future focus and improvement.

The evaluation was conducted in two separate stages. Initially staff were asked to evaluate the implementation period including the change process, the Universal Health Home Visiting model of care and the impact the change has had on their clinical practice. By conducting the staff evaluation we wanted to learn how to improve future implementations, gain an understanding of the difficulties staff face and identify areas for future focus and improvement.

The majority of staff expressed the introduction of Universal Health Home Visiting has resulted in positive changes to their clinical practice. Staff identified the positive aspects of the program as:

- an ability to gain greater understanding of the client's circumstances and environment
- ability to offer a service that is convenient for their clients
- improved access to their clients through the UHHV service delivery model

Challenges identified by the staff included:

- limited access to cars
- the greater emphasis placed on home visiting has resulted in less emphasis and opportunities for follow up care
- greater emphasis on meeting benchmarks
- increased OHS risk for staff carrying out UHHV

Of the one hundred and forty seven (147) client surveys returned, eighty nine (89%) of clients accepted the offer of the UHHV and expressed their appreciation for the following aspects of the service:

- convenience
- information provided by clinician
- reassurance and expertise of the clinician
- friendly nature of the clinician

Similarly clients who had attended the clinic for their initial visit expressed very similar sentiments towards the service and the clinicians.

Responses received indicate that the C&F Health Nurse facilitated parenting groups are well supported by clients and reported positively in terms of the information given by both clinicians and peers, the social networking opportunities experienced and general satisfaction with the process.

The client surveys returned indicated high levels of client satisfaction and appreciation for both the service delivery model and the clinicians involved. The staff survey revealed that on the whole staff are supportive of the UHHV model however concerns are still expressed regarding some aspects of the UHHV, in particular staff's inability to provide what they feel is an adequate level of follow up care.

Both managers and staff have together worked well to introduce a service delivery model based on growing research and best practice. Staff have in the face of significant challenges and changes supported the service delivery model and this has combined to deliver a service that is valued by staff and greatly praised and appreciated by clients.

Recommendations:

- 1. Future implementations should include a similar level of staff involvement, support and consultation.**
- 2. Reassure staff that management are aware of transport difficulties and are working towards a resolution to car availability.**
- 3. Reassure staff that although they are working towards meeting NSW Health benchmarks the responsibility for ensuring they are met is the responsibility of managers and FNSW Coordinator.**
- 4. Further investigate with Case Planning and Review meeting areas where staff feel they are not able to provide follow up care. Workshop areas for improvement if necessary.**
- 5. Present data to staff indicating that subsequent visits and follow up care is taking place, investigate if it is a data reporting error.**
- 6. Further investigate with staff to determine areas where improvements can be made with communication and working relationships between antenatal / postnatal service.**
- 7. Information received from mothers indicates that some mothers prefer to attend a clinic rather than their home, as such NSW Health data should be adapted to reflect Home Visit declines.**
- 8. Ensure information regarding groups is given to clients and flyers advertising groups are current.**
- 9. Explore possibility of varying group times and holding more age specific groups.**
- 10. Maintain the choice provided to the mother of either a home visit or a clinic visit for their initial contact with the service.**

Introduction

Families NSW (FNSW) strategy was developed in an attempt to address increased awareness regarding the effect a child's environment and experiences during the first few years of life has on their physical and emotional health across their entire lifespan. FNSW strategy is a whole of government approach which aims to provide support to parents and carers by increasing the effectiveness of early intervention services assisting parents to raise healthy well adjusted children (*Families First – an initiative of the NSW Government, 1999*).

For the Illawarra Area of South Eastern Sydney Illawarra Area Health Service (formerly known as Illawarra Area Health Service) this meant translating the 'early years' knowledge and government directive into an appropriate service delivery model that would be effective and sustainable whilst retaining a local perspective and direction for existing services. For health it was determined that the priority would be the introduction of the Universal Health Home Visiting (UHHV) model and planning for the strategy began in October 2002 with UHHV commencing July 2004.

Prior to the introduction of UHHV the Child and Family Health Nursing Service (C&FHNS) was divided into three sectors (Northern, Southern & Shoalhaven). Each team had a Child and Family (C&F) Nurse Unit Manager (NUM) and each sector delivered services within a different model with a team comprising of different expertise. July 1999 saw the introduction of a sustained home visiting model called BabyCon in the Northern Region with the Southern Region commencing BabyCon in 2002 and the Shoalhaven region followed with a different model of targeted home visits and extended follow up visits.

In 2000 with the creation of a Senior Nurse Manager position for C&F, planning to develop a united service across the entire FNSW region commenced. As no enhancement was received to support the sustained home visiting model a decision was made to discontinue BabyCon and move towards a model of UHHV and subsequent home visits.

The cessation of BabyCon and other models of sustained home visiting presented a challenge to staff concerned that vulnerable families would no longer receive adequate follow up care. Studies have shown however there are specific groups amongst those identified as vulnerable where significant gains can be achieved for example David Olds' Elmira project highlighted that young single mothers who had adequate housing and/or no immediate threat of domestic violence were more likely to receive benefits from early intervention. These mothers were more likely to have higher rates of child immunisation, likely to delay the time between subsequent pregnancies, re-engage with the workforce and reduced incidents of childhood neglect.

Evidence strongly supports where there is a pre-existing safe environment and low or no levels of D.V significant positive gains for both mother and child can be achieved. Eckrenrode et al (2000) found that as the incidents of domestic violence experienced by new mothers increased the efficacy of home visiting interventions decreased, concluding the presence of domestic violence may limit the effectiveness of early interventions aimed at reducing the incidents and effects of child abuse and neglect.

In view of research and in order to deliver a population based intervention the service delivery model developed to include the offer of a voluntary home visit to every family with a newborn (except where there is an identified OH&S risk) and the provision of targeted subsequent home visits for vulnerable families as well as staff training, psychosocial assessment, case review, referral pathways and Child & Family nursing staff facilitated parenting groups.

During the period of January 2007 – December 2007 C&F Health provided the following services to their clients.

Service	Clients
UHHV	3036
Subsequent Home Visits	1108
Centre/Clinic Visits	11004
Groups Conducted	1009
Group Participants	7188

During the same period seventy nine percent (79%) of all clients accepted the offer of the UHHV, three percent (3%) of all clients were not offered a UHHV due to an identified OH&S risk and one percent (1%) of all clients refused the service completely. C&F are accessing their target community extremely well and providing subsequent home visits to thirty six (36%) of their clients.

Elements of Program

Universal Health Home Visit

The Universal Health Home Visit involves the offer of a post natal home visit to every family with a newborn (except where there is an identified OH&S risk).

The home visit aims to provide child and family health nursing services in the most convenient location for new parents within two weeks of their child's birth, provide an entry point for families to utilise support services available to them after the birth of their child and act as the primary mechanism for the delivery of postnatal psychosocial assessment. Decisions regarding a family's needs are made in partnership with the family by using psychosocial assessment tools, identifying the family's strengths and discussion with the family. When vulnerabilities are detected the clinician will refer the family to the appropriate service and/or provide subsequent home / clinic visits.

Case Planning / Review

The Case Planning and Review involves the clinical review of a client's case and its management by clinicians. The Child & Family Health Case Planning/Review process is designed to enhance services to clients and support clinicians, and assist with case management and referral.

Parenting Groups

Child and Family Health Nurses facilitate parenting groups, these groups provide parents and carers with information, social networking opportunities and parenting skills.

Data Collection

Data is collected by C&F Health Nurses for each client as a routine function of their role. The data is collated and used for NSW Health reporting. The data is also fed back to local staff and managers to assist with local level strategic planning.

Evaluation

Universal Health Home Visiting model of service delivery was introduced in July 2004 and resulted in significant changes and challenges to the clinical practice of C&F Health Nursing staff. As it is now several years since the implementation began an evaluation and review of the service from both the clinicians and the client's perspective was facilitated to identify areas for future focus and improvement.

Drawing on the experience of Greater Southern Area Health Service (*Families First Integrated Perinatal and Infant Care Program 2002-2005*) a two stage evaluation process was undertaken. Initially a survey was distributed to C&F Health Nursing staff involved with the introduction of UHHV. The survey asked staff to take a reflective view of the implementation process, the challenges and the changes that occurred to their own clinical practice and the challenges they still face to date.

The second phase of the evaluation was directed at clients. The aim of this phase was to evaluate their experiences within the service delivery model, in particular their initial contact with C&F Health, the psychosocial assessment and their experiences attending parenting groups. Clients were asked to complete the survey in order for C&F to explore any suggestions for service improvement.

Staff Evaluation Survey

Using the experience of Greater Southern Area Health Service a draft survey was developed to evaluate staff experiences with the implementation of UHHV and the changes that have occurred to their clinical practice, challenges they still experience and areas of focus for the future. The draft survey was presented to a working group consisting of Clinical Nurse Consultants, Registered Nurses and Nurse Unit Managers all part of Families NSW. The finalised version of the survey (Attachment 1) was distributed to staff during December 2007 / January 2008.

Of the forty (40) surveys distributed to staff twenty seven (27) responses were received, a response rate of 67.5%.

Method of Analysis

Questionnaires were received anonymously from Child and Family Health, both qualitative and quantitative data was collected with staff answering some questions on a 5 point scale while other questions were responded to by providing comments.

To analyse the quantitative data percentages were calculated to determine the most frequent answer and when analysing the qualitative data information provided by the staff was categorised into recurring themes.

Staff Evaluation Survey Results

UHHV Implementation

Staff were asked questions regarding what they found helpful during the implementation stage of UHHV model. Responses indicated amongst the things most helpful were feeling supported by their manager, Family Partnership Training, case planning and review meetings and the introduction of the psychosocial screening tools.

Staff were also asked if they felt they were adequately consulted during the implementation stage. Eighty percent (80%) of staff agreed they had been adequately consulted (12% strongly agree; 67% agree) and twenty percent (20%) of staff felt they mildly agreed with the comment.

The level of staff satisfaction with the process indicates that in any future implementations a similar level of staff involvement, support and consultation should be given. Staff felt positive about the process of implementation and the resultant changes that UHHV has had on their clinical practice. Feeling consulted and supported by management during the period of change may assist staff to adapt and increases their confidence in to work within the new model (Figure 1).

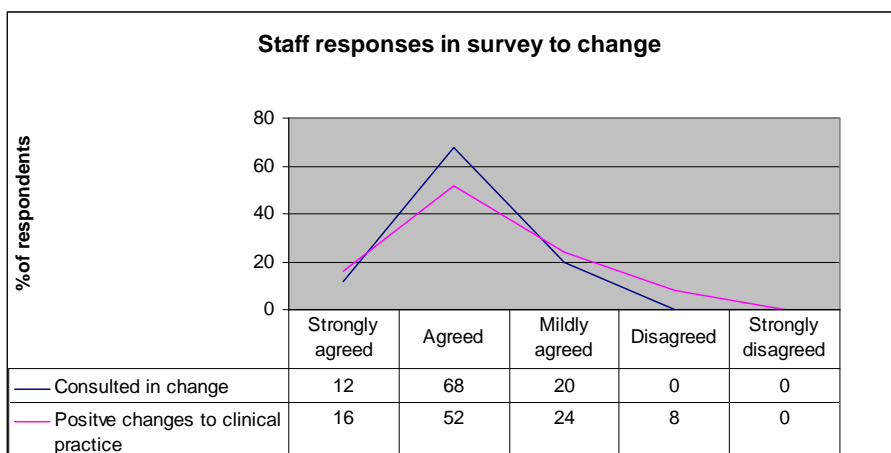


Figure 1

Best aspects of the implementation of UHHV

The overwhelming majority of staff responses indicate staff felt the best aspect of the implementation of UHHV has been their ability to visit new mothers in their own home.

Amongst the reasons provided as beneficial staff feel they are able to gain greater insight into the family's dynamic by visiting in the home, which in turn enables them to provide a personalised service and offer appropriate referrals as needed.

Staff also expressed satisfaction that the UHHV model provides a convenient service delivery model for mothers and greater access for mothers with transport difficulties or who have had a caesarean section.

Improvements in working relationship between the hospitals and Child & Family nurses was also mentioned positively with staff feeling this has helped C&F Nurses reach more clients and provide a consistent service to the community.

Staff results indicate that they can see the benefits to the UHHV service model and feel they are providing an improved service to the majority of their clients.

Most difficult aspects of implementation of UHHV

When asked what staff felt the most difficult aspects of the implementation of UHHV the main concerns staff raised were:

- access to cars in order to carry out home visits.
- extra time taken to complete the home visit making it very hard to meet NSW Health benchmarks.
- emphasis placed on achieving NSW Health benchmarks has a detrimental effect on clinicians ability to provide follow up care to clients, particularly those classified as high risk or complex.

Other factors that contributed to the difficult aspects of the home visiting, to a lesser degree than those mentioned above were OH&S issues arising from carrying the equipment to the homes and how to deal with a family who refuses to accept any assistance/referrals when they are needed.

Staff expressed concern regarding resource allocation and the effect this has on achieving benchmarks. Staff need to be reassured that management are aware of and understand the difficulties and frustrations that arise through a lack of resources and are currently involved at a strategic level in addressing this issue.

Concerns expressed regarding the inability to provide appropriate follow up care to high needs families will be considered in more detail in the following sections of the report.

Clinical Practice

Staff were asked a series of questions regarding the changes that have occurred to their own clinical practice since the implementation of the UHHV model.

UHHV has resulting in a positive change to my clinical practice

Sixty eight percent (68%) of responses indicate staff agreed the implementation of UHHV had resulted in a positive change to their clinical practice (16% strongly agree; 52% agree), reasons provided include:

- improvement in the referral pathways

- improvement in overall job confidence
- greater insight gained into the family environment from the home visit enabling an improvement in the delivery of services.

Twenty four percent (24%) of responses indicated staff mildly agreed with the statement, unfortunately no comments were offered from this group to indicate the areas they have / have not noticed greatest positive change. Eight percent (8%) of responses stated they did not feel there had been any gains to their clinical practice commenting they felt they were not able to dedicate the necessary time to “more needy or complex families” (Figure 1).

I work more effectively with complex families since the introduction of the UHHV program

Thirteen percent (13%) of staff responses indicate they ‘strongly agree’ they now work more effectively with complex families. One respondent expressed:

“working in a strengths based model and attending case review meetings has assisted when working with complex families”.

Forty eight percent (48%) of responses indicate staff “agree” they work more effectively and twenty two percent (22%) of responses indicate staff “mildly agree” and seventeen percent (17%) of responses stated they “disagree”. Reasons provided for not working more effectively with complex families were as follows:

“Genuinely complex families with Drug and Alcohol, Mental Health of Domestic Violence are not given UHHV due to OH&S”

“UHHV is not long term therefore complex families fall away over time”

“Prior to UHHV complex families had many more home visits and follow ups”

Overall it would appear that the majority of staff feel the current UHHV model of service delivery has resulted in positive gains for their clinical practice however, concern is expressed by staff that complex families are either not given a UHHV or there is an inability to provide what they feel is an appropriate level of follow up care.

C&F data collected during Jan – Dec 2007 indicates that of the 3036 UHHV carried out during the year, 1108 subsequent home visits were undertaken (36%), only three percent (3%) clients were not offered a UHHV due to identified OH&S risks and only one (1%) of all clients refused the service completely (reasons for refusal not known).

The data above indicates that C&F Health is doing really well accessing clients initially in their homes and providing follow up care via subsequent home visits in recognition of research indicating where the gains can be achieved with vulnerable families.

The inability to provide what is felt by some staff as an effective level of follow up care is impacting negatively on the job satisfaction and further exploration should take place at the Case Planning and Review meetings to identify specific areas where staff feel improvements to the provision of follow up care can be made.

Communication and Working Relationships

Staff were asked if they felt that the UHHV program has improved communication and working relations between staff working with children and families in the antenatal / postnatal period. Twelve percent (12%) of staff responded they “strongly agree”; communication and working relationships had improved in the antenatal / postnatal period. Thirty six (36%) “agree” twenty eight (28%) “mildly agree” commenting:

“Written communication has improved but the verbal communication has not”

“It is improving but still some way to go”

Twenty four (24%) of staff responses indicated they “disagree” that the working relationships and communication relationships had improved commenting:

“Still poor communication with private hospitals, lactation issues are still poorly communicated to use both private and public”

“I would like to have better contact with clients antenataly such as mother with breastfeeding – education”.

Although the majority of staff did not choose to include comments on where the perceived strengths or weaknesses of communication / working relationships occurred from the comments received and the percentages scored staff have a spread of opinions on the whether the UHHV model has improved communication and working relationships. Further exploration with C&F to detail particular areas where improvements can be made and investigate strategies for future improvements should take place. If practicable, C&F should consider working with antenatal services to improve the current status.

Assessment Tools

Staff were asked if they felt their assessment of clients has improved since the introduction of the Psychosocial Assessment Tools. Twenty percent (20%) of responses indicated they “strongly agree” with the statement. Sixty four (64%) of responses “agree” and sixteen percent (16%) “mildly agree”.

Overall responses suggest that staff find the assessment tools useful in assessing client’s needs, although not many additional comments were received the comments received suggested staff find it gives them a greater understanding of the family and provides the visit with direction.

Staff were further asked to rate the effectiveness of the Screening Tools as part of the assessment of clients needs. Results for the screening tools are as follows:

Post Natal Risk Questionnaire (PNRQ)

- 50% found it extremely or very helpful
- 50% found it quite helpful

Edinburgh Depression Scale (EDS)

- 49.9% found it extremely or very helpful
- 34.6% found it quite helpful
- 3.8% found it helpful

The above results indicate that C&F staff feel that the PNRQ and the EDS are effective tools. However, it is interesting to note that the comments received as a secondary part of this question reveal staff assign value to above screening tools not because they gain insight by means of the client’s score but rather they value the tool as a mechanism for engaging the client in a discussion about their needs providing either a starting point for discussion or an aid to discussion.

Family Assessment Mother

- 12.5% found it extremely helpful
- 62.6% found it very helpful
- 25% found it quite helpful

Baby Assessment Mother

- 70.8% found it extremely helpful or very helpful
- 29.2% found it quite helpful

The above results indicate that staff find the Family Assessment of mother and baby an effective screening tool. Unfortunately no further comments were received from staff to reveal what it is that they specifically find useful about these tools.

Case Planning / Review Meetings

Staff were asked to rate the effectiveness of the Case Planning and Review meetings in assisting them to develop appropriate case management plans and work effectively with their clients.

The overwhelming majority of staff feel that participation in the case planning and review meetings are worthwhile to develop case management plans and work effectively with the clients.

- 4% strongly agree
- 85% agree
- 11% mildly agree

Staff commented they find the Case Planning and Review meetings valuable for brain storming with their peers, provided and receiving support from their peers and the opportunity to discuss their clients needs.

Staff were further asked if they felt their participation as a member of the Case Planning and Review meeting has allowed them to offer early support and consultation to local clinicians.

- 7% strongly agree
- 81% agree
- 11% mildly agree

The majority of staff indicated they agree that through the Case Planning and Review meetings they are able to offer early support and consultation with local clinicians expressing some of the positive aspects as:

“Peer opinion and experience is invaluable and allows for informal flow of information.

“Helps provide support for the clinician. Usually improves case management through consultation”

“Our team works very well supporting each other”.

Results indicate staff are pleased with the way the Case Planning and Review meetings are working and find the peer support, planning and consultation available at these meetings enable them to work effectively with their clients.

Suggested Improvements & Additional Comments

Comments regarding improvements tended to reiterate concerns raised previously in relations to achieving benchmarks, lack of opportunities for follow up care with complex clients, access to cars and additional comments were made by staff that extra staff should be employed during peak times.

In addition to specific questions in the survey space was provided for staff to add any additional comments, comments in this section of the survey revealed the following issues as important for staff.

“Study days, in-service days”

“Joint planning days providing staff with information and also an opportunity to join in the planning and evaluation process”.

“Group support for post natal depression and anxiety run by psychosocial people”.

Recommendations

The returned evaluation surveys staff expressed positively the process of implementation; they felt supported and consulted by their managers and peers, staff comments reveal they value the opportunity that home visiting affords them in terms of offering a convenient and personalised service to their clients and the opportunity to gain a rapport with the client which in turn creates a feeling of trust and openness. However staff expressed concern that they are not accessing or providing complex families with adequate follow up care and support and feel that this is due to the cessation of the sustained home visiting model and the emphasis placed on meeting the NSW Health benchmarks for the initial home visit.

Therefore it is recommended that:

1. Future implementations should include a similar level of staff involvement, support and consultation.
2. Reassure staff that management are aware and are working towards a resolution to car availability.
3. Reassure staff that although they are working towards meeting NSW Health benchmarks the responsibility for ensuring they are met is the responsibility of managers and FNSW Coordinator.
4. Further investigate with Case Planning and Review meeting areas where staff feel they are not able to provide follow up care. Workshop areas for improvement if necessary.
5. Present data to staff indicating that subsequent visits and follow up care is taking place, investigate if it is a data reporting error.
6. Further investigate with staff to determine areas where improvements can be made with communication and working relationships between antenatal / postnatal service.

Client Satisfaction Evaluation

Using Greater Southern Area Health Service experience a draft client evaluation survey was developed. The aim of the survey was to evaluate the client's initial contact with Child and Family Health the service provided and the parenting group process. It was also hoped that the Child & Family service would obtain insight into why some women would choose to attend a clinic for their initial visit rather than receive a UHHV what factors influence group attendance.

A draft of the survey was presented to the working party and also opportunistically presented to a group of Child & Family nurses involved in a breastfeeding working group. In addition to this a focus group was conducted with mothers with previous experience with the services provided by Child & Family, the focus group was asked to primarily make comment on the content and comprehension of the survey, however some comments on their experiences with the service will be considered in addition to comments received via the survey.

During February 2008, women who received a home visit or attended a clinic were asked to complete and return the survey (Appendix 2). The surveys were distributed by C&F Nurses for a period of 5 working days and clients were encouraged to send the survey back via the reply paid envelope supplied or submit it to their clinic. It was hoped that distributing the survey in this manner a 'snapshot' of clients accessing the service at anytime would be surveyed.

The client survey was divided into three sections according to various themes initially clients were asked to comment on whether they choose to have home visit or clinic visit and any factors that influenced their choice. The next section had a series of 5 questions regarding their first contact with Child and Family Health and the use of the psychosocial assessment tools and the final section was interested in the parenting group component of Child & Family Health services.

Method of Analysis

Questionnaires were received anonymously from Child and Family clients, both qualitative and quantitative data was collected with clients answering some questions by selecting a response and other questions were responded to by providing comments.

To analyse the quantitative data percentages were calculated to determine the most frequent answer, when analysing the qualitative data information provided by the clients was categorised into themes as they arose. Two hundred and sixty three (263) surveys were distributed with one hundred and forty six (146) being returned (a response rate of 55.5%).

The results of the survey should be considered within the context of the evaluations limitations. Mothers who returned the survey were enthusiastic and expressed their overall satisfaction with the service, it could be that some mothers who were less satisfied with the service did not respond, the survey was conducted for a period of five (5) working days therefore only surveying clients accessing the service during this period and as such did not specifically include CALD or ATSI identified clients.

Client Evaluation Survey Results

The majority of surveys were returned via the postal system, suggesting that mothers took their own time to complete the surveys and did so without the presence of a clinician. Surveys were received from mothers with varying involvement with Child & Family Health. Mothers who had just received their initial home/clinic visits, those attending follow-up appointments and mothers participating in the groups were amongst the respondents.

Home Visit / Clinic Visit

C&F Health data indicates that the majority of clients accessing the service initially accept the offer of the home visit, therefore it was not surprising to find that of the surveys returned eighty nine percent (89%) were from mothers who had received a home visit. Eleven percent (11%) of surveys were received from mothers who had clinic visit as their initial contact with the service (Figure 2).

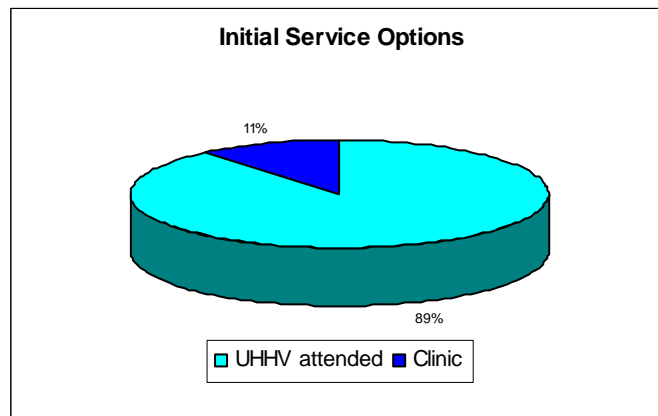


Figure 2. Initial service contact as chosen by client

Mothers who received a UHHV were appreciative of the service, many expressing gratitude to the nursing staff for carrying out the service. Comments indicated the mothers appreciated the nurses coming to their home as many felt they did not have the confidence to take their baby out in the early stages, they felt relaxed in their own environment, mothers who had undergone a C-section expressed their appreciation of having access to the service during the early stages and have a nurse visit them in their own home. Other comments received indicated that mothers appreciated the opportunity a for a nurse to view their home setup.

"It is so much more convenient than having to take a newborn out. Its great for the nurse to see the environment is safe and happy for the child and mother and you feel more comfortable to ask questions in your own home as it isn't so clinical"

"It is very hard to leave the house with a new baby as you are tired and still adjusting to the life change. Plus I had a c-section and couldn't drive for 6 weeks. Plus I needed to know if the set up I had a home and the routine I was doing was correct and this could not have been confirmed in the clinic".

Responses received from mothers who attended a clinic rather than UHHV initially tended to appreciate the choice they were given, the comments received indicate there are a number of varied and individual reasons why a mother would choose to attend a clinic rather than accept a home visit for their initial contact. Some of the reasons provided:

- Second child and they felt more confident about leaving home with their baby.
-

- The clinic visit was a good opportunity to build the mothers confidence in taking their baby out.
- Immediate assistance was required which the clinic was able to provide.
- Wanting to attend a specific clinic, which was out of area, so they choose a clinic visit.

An interesting comment was received from a mother attended the clinic because “Laws on safety. AVO on father”, in this instance she would not have been given the choice of either home visit or clinic visit but she appeared to understand the process and had positive comments regarding the clinic visit, the parenting groups and the service as a whole and most importantly was still accessing the service and receiving support.

Of the eleven percent (11%) of respondents who indicated they attended a clinic visit with the exception of the above example all mothers appeared to appreciate the choice they were given, each mother indicated a different reason for attending the clinic instead of receiving a UHHV highlighting the importance of giving the mother a choice.

Currently NSW Health data does not allow for home visiting declines to be included in their statistics, however, it would appear that some mothers prefer attending a clinic rather than receiving a home visit and the reasons for this are varied therefore NSW Health should consider adapting data to reflect UHHV decline rates also.

Irrespective of the location of the initial visit mothers who responded appreciated the support, information, reassurance and assistance nursing staff provided to them, comment was made regarding the friendly nature and helpfulness of the staff the ability the nursing staff have to make the mothers feel at ease, build confidence in their parenting skills and provide support and encouragement as required and specific to their needs.

The comments received from mothers confirmed that they feel the C&F Health staff do an excellent job. The early intervention provided in the homes and lives of mothers and their newborns help to address mild anxieties, offer reassurance and actively engage mothers in parenting.

Initial experience with Child & Family Health

Clients were asked to comment on their initial appointment with Child & Family Health via a series of questions regarding the use of the psychosocial assessment tools, feedback provided by the nurse at the conclusion of the psychosocial assessment and what they found helpful about their home visit / clinic visit.

The overwhelming majority of women rated the explanation of the questionnaires as extremely clear or quite clear. Ninety seven percent (97%) of women stated they received helpful feedback at the conclusion of the psychosocial assessment, with two percent (2%) reporting they did not receive any feedback and less than one percent (>1%) reporting the feedback received was not clear.

Ninety eight percent (98%) of women felt they had been greatly respected and listened to during their appointment either at home or at the clinic with two percent (2%) commenting they felt only a little respected or a little listened to during the visit and no comments received indicated the mothers felt neither respected nor listened to.

The vast majority of women found the explanation given and the feedback received from the psychosocial assessments helpful and clear, and the overwhelming majority of women felt the nurse was extremely respectful and listened carefully to their concerns and questions.

Of the comments received from mothers who rated only feeling a little respected or listened they still provided positive comments on the overall experience with only two mothers expressing a

little dissatisfaction commenting they felt “the nurse was judgemental” or that they “felt a little hassled by the nurse”.

These comments although worth noting are not the consistent with the majority of comments received and these mothers also noted that the information they received was useful and their overall comments about the service were positive.

Clinicians within the Southern Hospital Network have shown they consistently listen well and respect their clients, clients receiving home visits typically commented on the convenience and familiar settings of their home visit, mothers in this group also commented they appreciated the opportunity for the nurse to be able to view the environment and give specific advice on this aspect.

Looking at the group as a whole, irrespective of home visit or a clinic visit mothers the following comments were typical:

“The nurse was able to answer my questions I had about my baby, she was patient and reassuring and listened carefully. She made me feel like I was a good mum which made me more confident”

“Good to be reassured about baby’s health and progress”.

“Knowledge there was someone available to help”

“Advice on breastfeeding. General information about support for mums”

“One on one attention and plenty of time”.

“Friendly nature of the nurse”.

Similarly mothers involved in the focus group who had received a home visit made the comment that they valued the service, finding it convenient feeling more comfortable in their own homes and valued the reassurance offered by the nurse, however at the conclusion of the home visit they felt they had received too much information and the session was “a little too long”. This concern was further raised by a few mothers who received a home visit, the comments were typically reflected by the comment below:

The sheer volume of topics and information covered might be difficult to take in for a sleep deprived 1st time new mother in a single session”.

However these comments contrasted with an equal amount of mothers stating that more information is always good and that the visit could be longer and funding should be sought for the provision of more home visits to every mother. Suggesting that perhaps the clinician could modify the length of the visit where possible to suit cues received from the mother.

Other comments received indicated changes that could be made to the physical environment of the clinics to make them easily accessible and convenient for the mothers.

The vast majority of women who responded indicate they were happy with their experiences as a client of C&F Health. It is possible that some women who did not return a survey were less satisfied; however, the information received has shown a high level of positive responses. C&F Health nurses do an excellent job and are highly valued by the women who responded to the survey. One area of concern is the feeling that some mothers have with regards the length of the home visit and the amount of information provided. Although the comments to this effect were by no means the majority and conversely some clients commented they would have liked

more information and time, clinicians may need to be more aware of cues from the client and gauge their visit accordingly.

Child & Family Health Facilitated Parenting Groups

Fifty eight percent (58%) of mothers who returned the survey were accessing the groups, thirty four percent (34%) did not access the groups and eight percent (8%) of women had either made definite plans to attend a group(s), were planning to attend when they got into a routine or were happy to know they were available if they decided to utilise them in the future (Figure 3).

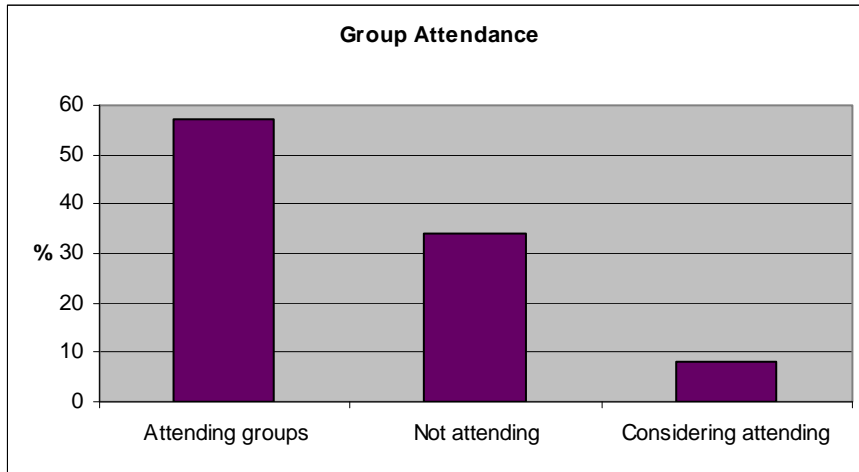


Figure 3

Women who indicated they weren't accessing the groups typically had an existing strong support network of family and friends or were mothers with older children. Many of the clients in this category commented they had attended group(s) with their first child but felt more confident, had less time and had a strong social network many from friendships formed in previously attended groups.

Other comments were received from new mothers that hadn't attended any groups as yet but may access them in the future expressed they were still adapting to motherhood. Some comments indicated time as a factor and others indicated they would consider attending the groups if they felt a need arise in the future.

Mothers attending the groups were asked to comment on their experiences and indicated they enjoyed the group experience, felt the group is valuable in terms of information and support provided by the C&F Health Nurses, sharing experiences with their peers, learning from their peers and social networking.

All mothers who indicated they had attended groups have found them useful for social networking, information giving and receiving and support. The comments below typify the sentiments of the mothers attending the groups.

"The group has been instrumental in maintaining my self esteem and confidence at this difficult time. The nurse was welcoming and supportive. Meeting with the nurse and other mothers has been a great experience I have learnt how to be a better parent".

"I found them very helpful with information and also great to socialise with other mothers. I ended up looking forward to our weekly meetings".

"Loads of support and friendly faces when most other friends are at work".

Mothers attending the groups appreciate the opportunity to socialise with other mothers this is particularly important for mothers who did not have family or friends close by or able to assist.

The value in terms of social networking and peer support is evidenced by the experiences shared by mothers who attended groups with their first child but are not attending with subsequent children. Many of these mothers commented positively about their experience in the group setting, the lasting friendships made with members of their group and comments indicate they still value the information they received in the group setting.

A few comments received from mothers indicated they were not aware of the parenting groups, it could be that the mother missed the information given by the nurse or there were other factors more important during the initial visit that took precedence. However, given the value that mothers assign to the groups every attempt should be made by the clinician to ensure information is given to clients.

Clients were asked to provide any suggestions to improve to the groups. Suggestions in this section of the survey typically reflected comments on the physical environment of the room. Other comments received suggested varying the times of the groups and holding more age specific groups.

In addition to specific questions in the survey clients were encouraged to provide any additional comments they felt needed to be included. Comments received in this section of the survey praised the work the C&F nurses.

Recommendations

Child and Family Health Nurses have worked well to provide and deliver a service that effectively offers early intervention to mothers. The service is valued by clients and meets the needs of the communities served. Mothers have commented positively about their experiences with C&F Health and further highlighted the excellent job C&F Health do at offering early intervention, assisting to address mild anxieties, offer reassurance and actively engage mothers in parenting.

Therefore the following recommendations are suggested:

1. Information received from mothers indicates that some mothers prefer to attend a clinic rather than their home, as such NSW Health data should be adapted to reflect Home Visit declines.
2. Ensure information regarding groups is given to clients and flyers advertising groups are current.
3. Explore possibility of varying group times and holding more age specific groups.
4. Maintain the choice provided to the mother of either a home visit or a clinic visit for their initial contact with the service.

Conclusion

The introduction of UHHV represented a significant change in clinical practice for staff working within Child and Family Health. Managers and staff have worked well together to implement the changes. They have introduced a service delivery model based on growing research, best practice with measurable success in line with the strategic directions as stated in the NSW state health plan. These elements have combined to deliver a service that is valued by staff and greatly praised and appreciated by clients.

Staff commented that they value the service as it is convenient for the client, it is a personalised service and by visiting mothers at home they feel they are able to gain a greater insight into the family dynamic. These comments correspond with those of the clients who also expressed the value of the home visit for convenience, personalised approach and being in the comfort of their own environment they feel they could “open up” and discuss things that they perhaps wouldn’t in the clinic environment.

Staff expressed concern that due to OH&S risk they are not able to access families that perhaps need more attention. It was interesting to note that the client survey identified two families that due to OH&S risk were not offered a home visit, both of these women attended a clinic visit, one mother commenting on the clinic visit and expressing positively the information and advice she was given and both women had linked into the parenting group arrangement speaking positively of the experience. C&F Health data also indicates that thirty six (36%) of clients receive follow up care and only three percent (3%) of clients are not offered a UHHV due to an identified OH&S risk with one percent (1%) of clients refusing the service completely.

Data also indicates that C&F Health Nursing staff are doing an excellent job accessing the majority of their clientele and the client surveys reveal that they are providing a valued service to their clients. They are offering a convenient and effective early intervention service to mothers assisting them emotionally and offering a practical service to their clients.

The evaluation of UHHV in the Southern sector of SESIAHS demonstrates the programs success, and the extent to which it is valued by the majority of staff and clients.

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Appendix 1

Staff Survey – Evaluation of the Universal Health Home Visit Model

Please take a few minutes to complete the survey below regarding your experiences with the UHHV implementation process and the resultant changes to your clinical practice. Your comments will enable us to identify areas of improvement for both future implementation process and improvements to the service as a whole.

1. During the implementation stage of the Universal Health Home Visiting (UHHV) model, which components did you find most useful? **Please tick. (You may tick more than one.)**

- Collaboration with other teams within the Health Service ¹ _____ 1
- Support from Managers ² _____ 2
- Psychosocial Training ³ _____ 3
- Family Partnership Training ⁴ _____ 4
- UHHV Case Planning & Review meetings ⁵ _____ 5
- Psychosocial Assessment Tools ⁶ _____ 6
- Support from your project worker ⁷ _____ 7

2. During the implementation of UHHV model, adequate consultation with staff was provided. **Please circle your answer**

- 1
Strongly Agree
- 2
Agree
- 3
Mildly Agree
- 4
Disagree
- 5
Strongly Disagree

Please comment:

3. During the implementation of the UHHV model, adequate training was provided to staff for effective delivery of UHHV. **Please circle your answer**

- 1
Strongly Agree
- 2
Agree
- 3
Mildly Agree
- 4
Disagree
- 5
Strongly Disagree

Please comment:

4. What have been the best aspects of the implementation of UHHV?

5. What have been the most difficult aspects of the implementation of UHHV?

6. The UUHV Program has resulted in a positive change to my clinical practice. **Please circle your answer**

1 <i>Strongly Agree</i>	2 <i>Agree</i>	3 <i>Mildly Agree</i>	4 <i>Disagree</i>	5 <i>Strongly Disagree</i>
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Please comment:

7. My assessment of clients has improved as a result of using the Psychosocial Assessment Tools. **Please circle your answer**

1 <i>Strongly Agree</i>	2 <i>Agree</i>	3 <i>Mildly Agree</i>	4 <i>Disagree</i>	5 <i>Strongly Disagree</i>
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Please comment:

8. The UHHV program has improved the communication processes and working relationships between staff working with children and families in the antenatal /postnatal period. **Please circle your answer**

1 <i>Strongly Agree</i>	2 <i>Agree</i>	3 <i>Mildly Agree</i>	4 <i>Disagree</i>	5 <i>Strongly Disagree</i>
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Please comment:

9. I work more effectively with complex families since the introduction of the UHHV program. **Please circle your answer**

1 <i>Strongly Agree</i>	2 <i>Agree</i>	3 <i>Mildly Agree</i>	4 <i>Disagree</i>	5 <i>Strongly Disagree</i>
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Please comment:

10. Rate the helpfulness of the Screening Tools as part of your assessment of client's needs. **Please circle your answer**

Post Natal Risk Questionnaire

1 <i>Extremely Helpful</i>	2 <i>Very Helpful</i>	3 <i>Quite Helpful</i>	4 <i>Not Helpful</i>	5 <i>Unhelpful</i>
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Edinburgh Depression Scale

1 <i>Extremely</i>	2 <i>Very</i>	3 <i>Quite</i>	4 <i>Not</i>	5 <i>Unhelpful</i>
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Helpful

Helpful

Helpful

Helpful

Please comment:

11. Rate the helpfulness of the First Postnatal Assessment – Mother and infant as part of your assessment. **Please circle your answer**

Family Assessment Mother

1	2	3	4	5
<i>Extremely Helpful</i>	<i>Very Helpful</i>	<i>Quite Helpful</i>	<i>Not Helpful</i>	<i>Unhelpful</i>

Family Assessment Baby

1	2	3	4	5
<i>Extremely Helpful</i>	<i>Very Helpful</i>	<i>Quite Helpful</i>	<i>Not Helpful</i>	<i>Unhelpful</i>

Please comment:

12. Presentation of clients to the Case Planning and Review meetings has helped me develop appropriate case management plans and work more effectively with my clients. **Please circle your answer**

1	2	3	4	5
<i>Strongly Agree</i>	<i>Agree</i>	<i>Mildly Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>

Please comment:

13. Participation as a member of the Case Planning and Review meetings has allowed me to offer early support and consultation to local clinicians. **Please circle your answer**

1	2	3	4	5
<i>Strongly Agree</i>	<i>Agree</i>	<i>Mildly Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>

Please comment:

14. What changes, if any, do you think need to be made to the UHHV program?

Any other comments:

Thank you for taking the time to complete this evaluation

Appendix 2

Client Satisfaction Survey

Child & Family Nurses provide families with new babies support & information in a variety of settings which can include your own home, the clinic or a group. We are keen to hear from you about your experience(s) with our service. Your answers will be used to help us improve the service we provide.

Please take a few minutes to fill in the survey & be assured that your responses will remain anonymous.

Please answer the questions below by circling a response and adding any additional comments you would like.

1. After your baby was born a Child and Family Health Nurse would have offered you a home visit or a clinic visit. What did you choose?

Home Clinic Neither

Could you please tell us what influenced your choice?

The following questions relate to your first contact with Child & Family Health either in your home or at a clinic.

2. At the time of the home visit / clinic visit, you may have been asked questions on your baby's health, your personal, social history and current emotional wellbeing.

If so, how clear was the explanation of the questionnaires by the C&F nurse?

Extremely Clear Quite Clear Not at all clear Did not happen

How helpful was the information provided by the Child & Family Health Nurse regarding questionnaires after completion?

Extremely Clear Quite Clear Not at all clear Did not happen

3. Did you feel respected during the home visit / clinic visit?

Very much so A lot A little Not at all

4. Did you feel listened to during the home visit / clinic visit?

Very much so A lot A little Not at all

5. What did you find helpful about your home visit / clinic visit?

6. Are there any changes you could suggest to the home visit / clinic visit?

As part of the services offered by Child & Family Health we facilitate parenting groups, these groups can provide you with information, social networking, parenting skills etc. If you have been involved with any of these groups, we are interested to hear your experience.

7. Have you attended group(s) facilitated by a Child & Family Nurse?

Yes No

If you are not accessing the groups, could you please tell us why?

If you are accessing the group, please comment on your experience with the group(s)

Are there any changes you would like to suggest to the groups?

Any other comments:

Thank you for taking the time to complete this survey.