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# **Thanet Early Intervention Scheme Pilot Project**

## **NEST Evaluation Report**



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**August 2006**

# Thanet Early Intervention Pilot Project

## Evaluation Report June 2006

### 1 Introduction

This report describes the process and findings of an evaluation of the work of the Newington Early Support Team (NEST). Based at the Newington Road GP Surgery in Ramsgate, NEST was one of two Early Intervention Pilot Projects established in East Kent in 2004.

Early intervention targeted at families who are vulnerable due to health and social inequalities can facilitate positive long-term outcomes, especially when this intervention is initiated during the antenatal or natal stages (Warr-Leeper 2001). Based on such an understanding, NEST fused health and social care teams to share in preventative work. The project was created with five key aims (Billings 2005):

- establishing an antenatal and pre-school family intervention service through home visiting
- developing appropriate referral pathways
- promoting health development
- prevention of referrals to social services
- supporting families to meet the needs of their children.

Since its inception, independent researchers from the University of Kent have been commissioned to monitor, assess and feedback on the progress and effectiveness of the scheme. Following an interim appraisal and report in November 2005 (*ibid*), an evaluation was carried out during May/June 2006. This latter study focused exclusively on the experiences and views of the service-users, which are vital to the development of quality service provision (Every Child Matters 2003).

The report will:

- explain the **methodological** approach in terms of the considerations and practicalities of gaining consent, accessing service-users and developing the questionnaire/interview format
- outline the **results** of the evaluation through both quantitative and qualitative components
- set out a **commentary** in response to these findings and offer a number of **recommendations**
- include an **appendix** of the information/consent letter and questionnaire schedule.

## 2 Method

A descriptive survey design was employed in order to achieve a thorough understanding of the type of help and advice that the service-users received, their views on the usefulness and appropriateness of this help, as well as a more general indication of their level of satisfaction with the service. Thus the format of the questionnaire (see Appendix 1) combined closed questions, using simple satisfaction scales and lists of possible services, with much more open ended questions, in order to prompt descriptions of effectiveness and outcomes. Interviews were carried out by telephone to maximise resources and aid convenience for respondents.

The questionnaire design was both staff- and client-informed. Initial design and drafting was based on two focus groups held with the NEST professionals in order to gain insights into the nature of typical services provided and to ascertain the particular areas of feedback which would be most constructive to the development of the quality of services provided. A questionnaire was then designed and piloted with three service-users.

Efforts were made, drawing on information provided by the focus groups, to make the language as clear and straightforward as possible. The format also needed to balance sufficient breadth and depth to offer a worthwhile understanding of service-users' experiences with the time constraints of busy mothers who would lack the time to answer a lengthy questionnaire. Hence interviews were designed to last approximately ten minutes. Piloting suggested that the length and language of the schedules were appropriate.

The demands of looking after a young family, combined with the vulnerability of these service-users, meant that a low response rate was expected and consequently the total population sample was targeted.

All service-users were sent an information letter that balanced informed consent with concise, plain language (see appendix 2). The letter explained the nature of the interviews and gave clients a clear time period in which they could telephone if they did not want to take part. The names and phone numbers of those who did not opt out were then passed to the researcher. Each call began by briefly describing the research, its confidentiality, and making sure the person did indeed want to take part. It was also made it possible for the respondent to suggest another more convenient time for the interview if this was helpful.

The interviewer recorded responses by hand, ticking appropriate boxes and noting any comments. A large majority of the comments, both prompted and otherwise, were recorded verbatim.

Analysis of quantitative responses was carried out using descriptive statistics. Particular attention was given to the recorded qualitative comments, which were grouped into themes and reported using anonymised quotes. Some comments were amenable to quantification, such as lists of additional forms of advice received.

### 3 Results

#### Sample characteristics

Of 99 recorded service-users, 35 interviews were carried out, based on a valid sample of 68 (response rate = 51.5%). This valid sample was limited by a lack of up-to-date contact information for 29 service-users, which was to be expected given the vulnerability and circumstances of many of the clients. Furthermore, 2 mothers were not contacted due to sensitive circumstances surrounding their children.

No one who was actually spoken to by the researcher refused to take part, although 9 people could not remember having had contact with NEST or said that it was too long ago for them to remember any useful information. A further 2 had been referred to NEST but had not been in need of any services. One had been referred but was awaiting their first meeting.

A larger factor in the diminished response rate was service-users never answering their telephone. This was in spite of all such clients being rung at least 10 times across a four week period at differing times of the day and evening.

It is possible to infer that those who were unable to be contacted were potentially the most vulnerable of the total sample. This should be noted as a weakness of the study, albeit unavoidable.

**Table 1: Explanation of sample size**

	<b>n</b>
<b>Total sample</b>	<b>99</b>
Not contacted for compassionate reasons	2
No contact details	11
Disconnected or changed telephone number	18
<b>Valid sample</b>	<b>68</b>
Unavailable or not answering telephone	20
Referred to NEST but not in need of help or still waiting	3
Little or no recollection of being in contact with NEST	9
Could not reply due to language difficulties	1
<b>Respondents</b>	<b>35</b>

## Distribution

The age range of the sample (n=35) was uniformly distributed around the mean (age=25) which, along with ethnicity (3% non-‘white/British’), exactly matched the characteristics of the total sample as indicated in the 2005 Interim Report (age = 24 as of 2005, 3% non-‘white/British’).

Two (6%) of the sample lived in Broadstairs, with the other 33 split between western parts of Ramsgate such as Newington itself (CT12 = 69%) and more central Ramsgate (CT11 = 26%). Though regardless of address, all were registered with the Newington Road General Practice.

Sixteen (46%) had one child under 5 and 17 (49%) had two. Two (6%) were pregnant for the first time and another 3 were expecting another child.

**Table 2: Sample characteristics**

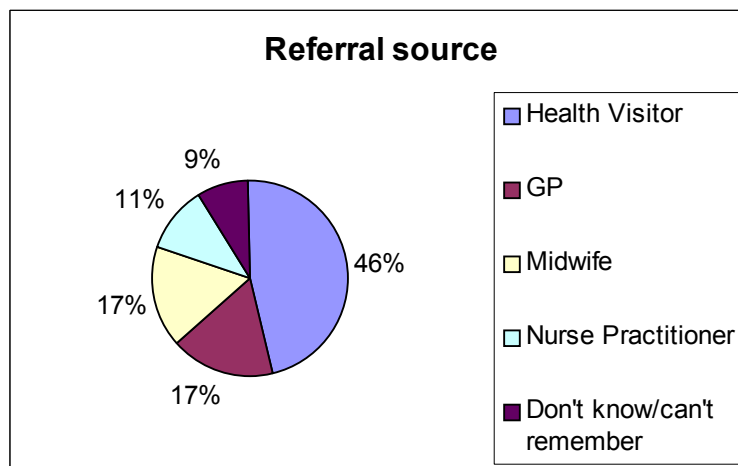
	n (%)					
<b>Sample</b>	<b>35 (100)</b>					
Age	<16	16-19	20-24	25-29	30-34	35+
	0	6 (17)	12 (34)	8 (23)	5 (14)	4 (11)
Postcode	CT10		CT11		CT12	
	2 (6)		9 (26)		24 (69)	
Number of children under 5	0	1	2	3+		
	2* (6)	16 (46)	17 (49)	0		
Expecting * (including 2 first time pregnancies)	5 (14)					
Ethnic minorities (number of non-‘white/British’)	1 (3)					

## First contact/visit

### Referral

Almost half (16 or 46%) of the sample had been referred by their health visitor, 6 (17%) each by their GP or midwife, and 3 (9%) by the nurse practitioner at the Newington Road surgery. Although the questionnaire sought to allow for differences between how the respondent heard about NEST and the actual referrer, every respondent held these two to be synonymous. Four (9%) were unable to remember who had told them about NEST or referred them. Often this was due to the fact that the respondents' main contact with NEST had been almost two years previous. Such difficulties in recollection should be noted in qualifying the rest of the results.

**Chart 1: Sources of referral**



### Means of contact

In order to arrange a first meeting, 13 (37%) were contacted by phone, 11 (31%) by letter, 2 (6%) were visited directly, 1 (3%) was contacted face-to-face at the surgery and 8 (23%) could not remember.

### Length of wait between referral and being contacted

After referral, 23 (66%) were contacted within a week to arrange a meeting, 5 (14%) were contacted within two weeks; the other 7 (20%) could not remember. Of those who could remember, everyone thought this waiting time was 'just right' - not too long or too short.

### Length of wait from contact to visit

From this point of contact until the first visit, 12 (34%) were seen within four days and 28 (80%) were seen within a week. Two more (6%) were seen within two weeks though this longer duration was more for their convenience than any delay on the part of NEST personnel. Four (11%) could not remember the length of time. Again, every person asked said the waiting time was 'just right', apart from one person who was never seen:

*"I had an appointment, and someone was supposed to come around. But about an hour before, she rang to say she'd got caught up in a meeting and could we rearrange. I said sure and she was supposed to ring me back but no one ever did. [PB: Would you have liked to have seen someone?] Yeah, at first it would have been really helpful but you move on don't you. [PB: And you're ok now?] I'm doing fine now, yeah". R6*

#### *Location of visit*

Of the 34 who were visited, 33 of these visits took place at the respondents' homes and one at the respondent's grand-parents. All said that these were their preferred location and many placed particular importance on the usefulness of the home visits. Partly this was due to convenience:

*"It was good [having it at home] as it worked out with the kids" R24,*

But the familiar environment also helped put others at their ease:

*"Part of me being referred was cos if insecurities, so someone coming in your home, you're in control..." R4*

*"...I was more comfortable that way" R35.*

#### *Duration of first visit*

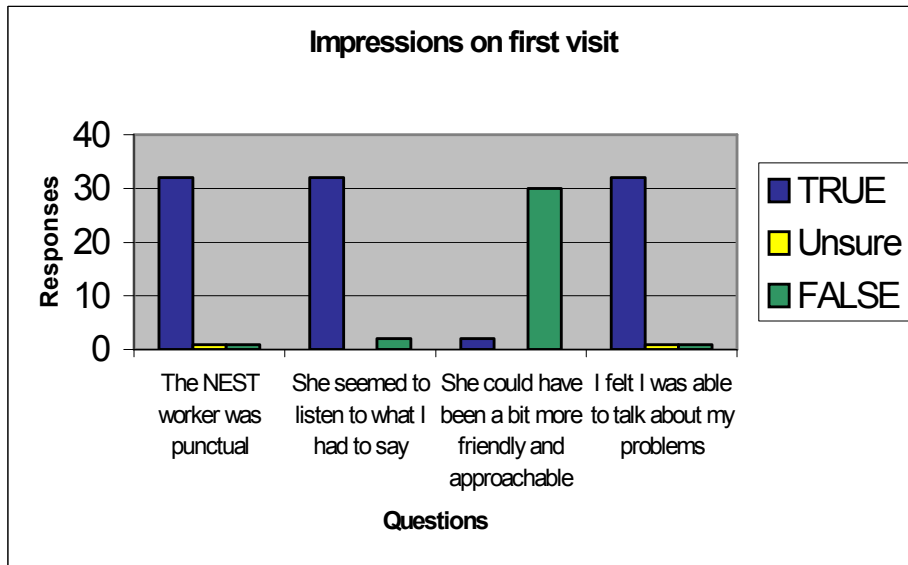
Twenty-seven (79%) thought the length of the visit was 'just right', 3 (9%) thought it was too long, and 4 (12%) too short.

#### *Impressions of first visit*

As is evident in chart 2 (below), the impressions from the first visit were highly positive, with 32 of the 34 visited (94%) being very happy with the NEST workers' punctuality, attentiveness and feeling able to discuss their problems. Slightly fewer, 30 (88%), were sure of the approachability and friendliness of the NEST-workers.



**Chart 2: Impressions of first visit**



Comments made, either prompted or otherwise, about the first visits of the NEST workers help illuminate the reasons behind the above responses.

Positive comments ranged from general appreciation:

*“She was excellent, brilliant. Basically she helped me with all my kids, she was brilliant”* R20,

*“It was very useful”* R22;

through those which emphasised approachability and friendliness:

*“She was really good, she listened, I felt really comfortable”* R5

*“She was very easy to talk to. We sat down and had a good chat really”* R12

*“I was a bit nervous obviously but I found she was quite approachable”* R17

*“She always listens to my point”* R29.

Some referred more to short- and longer-term outcomes:

*“Really good... she boosted my confidence a lot”* R15

*“I loved her. She was always here for as long as I needed to talk. I don’t think I said much. The difference between my first visit and the last - there was a massive difference. She was like a friend, I really miss her now”* R7.

Others, particularly those with housing issues or needing help in claiming benefits, were only visited once yet benefited from the support, even where their situation was not ameliorable:

*“It was fine, she was very approachable and she helped me as much as she could” R9*

*“She wrote a letter to help with my property...I’m stuck on the fourth floor. She wrote everything down, put it all in a letter to the council, it was all exactly as I told her, it was a really good letter she wrote for me” R12.*

Negative responses held the NEST workers to be over-bearing:

*“The way she was talking, it was as though I needed help when I didn’t, I was just a bit down, that was it. I didn’t want to see her again but she came anyway” R30*

*“She was alright, she could have been a bit more careful about what she said” R18*

*“They came in threatening to take my kids of me, that’s why I stopped the programme. They could have listened to me first” R16.*

### Help received

As is evident from tables 3 and 4, respondents received help with a wide range of problems. Table 3 shows that general parenting (12 or 35% of visited respondents), issues surrounding self-confidence/esteem (8 or 24%), setting boundaries for children (7 or 21%) and managing money (6 or 18%) were the areas where respondents were most likely to be helped by NEST workers.

**Table 3: Type of help received, usefulness and effectiveness**

	Received help	Help Useful	Not Useful	Problem improved	Problem the same	Problem deteriorated
Housing	2	2	0	1	1	0
Financial	6	6	0	3	3	0
Boundaries for Children	7	7	0	7	0	0
Self-confidence	8	8	0	6**	0	0
Relationships	1	1	0	1	0	0
Parenting	12	12	0	11	1	0
Child-care	3	3	0	2	1	0
Family difficulties	1	1	0	1	0	0
Domestic violence	1	1	0	1	0	0
Other*	19	18	1	18	1	0

\*See table 4 for breakdown

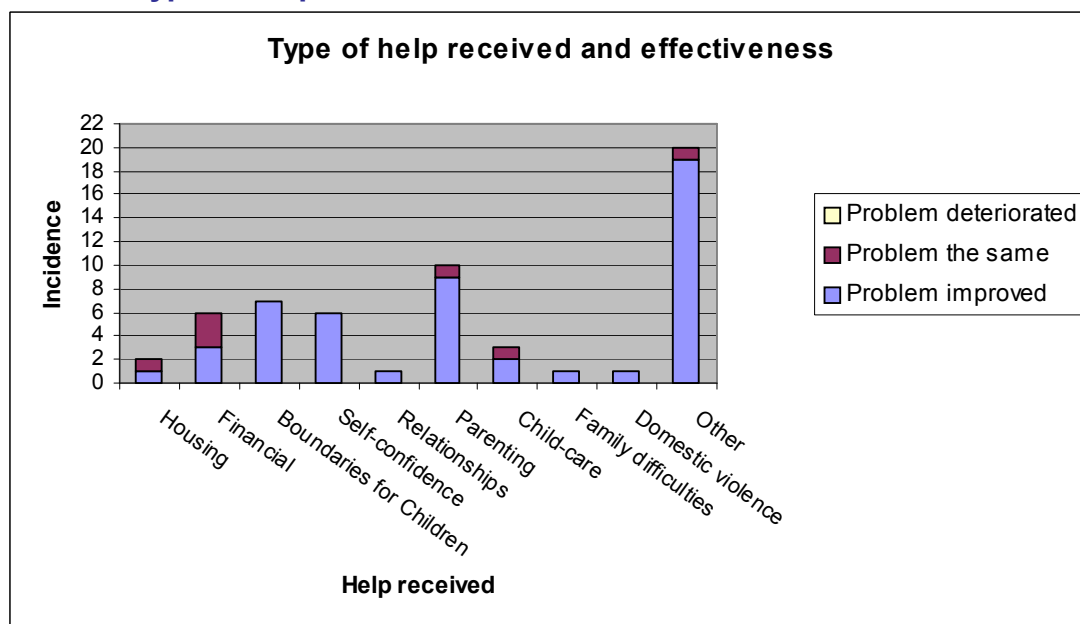
\*\* 2 said their situation was too complex to be able to say whether things had improved or not

Help with problems/issues was multifarious to the extent that the ‘other’ category warranted the highest incidence of help. As is more clearly visible in chart 3, the help provided seems to have been highly effective in that in no scenarios did the given situation deteriorate. Indeed of 59 separate problems mentioned, improvement was seen in 52 cases (87%). Housing and financial

problems were the least likely to be helped due to the dependence on the co-operation and/or rules of external agencies (local council or benefits agencies). In qualifying the validity of the findings, it is important to note that certain respondents had difficulty in assessing how effective the help had been:

*“I don’t really know what to say, my situation completely changed when I got pregnant again. [All the advice] went to the back of my head...it threw me in off the deep end” R34.*

**Chart 3: Type of help received and effectiveness**



A break-down of the other types of help is presented in table 4 (below). Some of the categories labelled here come under more general categories listed in table 3. For example help with advice on providing healthy food and cooked meals for children was recorded under parenting, but nonetheless is included in this list to provide a more detailed description of the help and advice offered by NEST.

**Table 4: Other types of help received**

Type of help	N
Mother and toddler group (PALS)	7
Dealing with stress/panic attacks	5
Filling in forms	5
Depression	5
Healthy food/cooking for children	3
Dealing with shock of being pregnant	3
Encouragement to leave the house	3
Dealing with grief	2
Breast-feeding	2
Teaching children English	1
Securing guardianship of children	1
Dealing with neighbours	1

Qualitative comments inform a more nuanced understanding of the precise nature of the problems and the corresponding help and advice. Often this illustrates the complex nature of problems and equally, the interdependency of the solutions:

*"I was having problems with breast-feeding and I was depressed because of that" R1.*

The same woman describes therefore that the most useful thing about the NEST-worker's visits was:

*"giving me the advice that none of the other health care professionals had given me...just the help and reassurance about breast-feeding".*

Such a mixture of practical help, emotional reassurance and the positive interaction of both with self-esteem was a recurring feature of the responses.

*"On the face of things it seemed as though I was OK [after loosing my sister], but she saw the real me - what was going on... She made me feel really comfortable and put things in perspective... She turned me around, from someone with no self-esteem, she brought me back. If it hadn't been for her, I'd have lost the plot" R21.*

Others saw the practical help as secondary to the basic reassurance they felt from the knowledge of having a service there should they require help:

*"Just knowing there is someone there so if things do get tough, you can call them up just to have someone to talk to" R4*

*"When you've had a baby you can feel alone; to know that there was someone there was very comforting" R19.*

However the effectiveness of the practical advice received was still apparent:

*"Basically I now take a step back and take a breath, and I keep on saying no and meaning it, and keeping the boundaries, like in shops and stuff" R17*

*"Getting my son into routine, how long to ignore, what to do when he kicks off - it was fantastic. She was incredibly helpful, about panics going into labour, and on breast-feeding, and she got me information on that" R7.*

## Written information received

Twenty-five (74%) of the respondents received one or more pieces of written information. The types of written information received are listed in table 5 below, with parenting, information on PALS and advice to do with money being the most common.

**Table 5: Types of written information, clarity and usefulness**

	Received	Understand-able	Useful	Clear	Hard to read	Not looked at since
Housing	2	2	2	2	0	0
Financial	5	5	5	5	0	0
Boundaries for Children	4	4	4	4	0	0
Self-confidence	3	3	3	3	0	0
Relationships	1	1	1	1	0	0
Parenting	8	8	8	8	0	0
Child-care	5	5	5	5	0	0
Family difficulties	1	1	1	1	0	0
Domestic violence	0	0	0	0	0	0
PALS	7	7	7	7	0	0
Other	6	6	6	6	0	0

Table 5 makes evident that all the written information distributed by NEST was understandable, clearly set out and proved useful to the clients.

The other forms of written information were to do with relaxation (n=1), depression (n=1) and recipes/nutrition (n=3).

Some information seems to have been more of short-term benefit:

*“[The recipes helped] me with what to feed my daughter... what healthy things to feed her. I found my feet after that and made loads of things” R5.*

Other written materials provided longer-term help:

*“[The most useful thing was] a piece of paper with a poem about relationships, about someone keeping falling in a hole and not going around. I used to look at it a lot...[Before] I used to cry all the time. Now, I can say [to my ex-boyfriend when he’s being difficult] go home. I wouldn’t say boo to him before. After seeing [name of nest-worker], I don’t care anymore.” R7*

## Referrals

Twenty-three (68%) respondents had been referred to other agencies or groups by NEST workers. The term referral is used here to describe where it was suggested to clients that they attend/contact a particular group/agency and where help was offered to facilitate this.

**Table 6: Referrals and usefulness**

Referred to...	Referred	Helpful	Not helpful
PALS	15	6	9
Self-esteem group	6	3	3
Social services	1	0	1
Council housing department	1	0	1
Mother and toddler group (not PALS)	1	1	0
Play-school	1	1	0

Many who found PALS or the self-esteem group 'not helpful' did not actually go or only went once. Reasons for this included being too busy, feeling as though their child was too young for them to attend or to do with the other people in the group:

*"The other mums weren't very chatty and my daughter was a bit young" R5,*

*"I don't like being round strangers" R18*

*"I hated it, I was there for an hour and no one spoke to me, it was really cliquey" R32*

*"I didn't find [the self-esteem group] that helpful as I had different problems from the other people. The other people's problems seemed much bigger than mine, so I didn't feel comfortable with sharing mine" R5.*

Others had a rather different, more positive view:

*"...even to the point that when I went back to work, the people who looked after my son carried on bringing him. At PALS everyone talks to everyone" R4.*

*"She took me to the self-esteem group [and to PALS] group...I had a problem with going out...things have improved since then" R32*

*"...the kids enjoyed themselves" R33.*

### **Future contingencies**

Respondents were asked about likely responses to future problems. Originally this question was designed to elicit just one course of action, but it became evident during piloting that respondents envisaged various alternatives depending on the precise nature of the problem. Hence multiple responses were recorded.

Table 7 shows that 20 (59%) respondents felt better able to cope with problems after their contact with NEST. 27 (79%) would contact NEST again if needed. Of the 7 who would said they would not contact NEST again, 4 felt sufficiently able to cope on their own that they could not see themselves needing help again, 1 would contact their health visitor instead, 1 would seek

help from their 'ADHD support group' and 1 would try and struggle through on their own.

**Table 7: Future contingencies**

<b>If you had similar problems again, would you...</b>	<b>Yes</b>
contact NEST again for support	27
be confident that you would be better able to cope	20
contact your health visitor	5
get help from friends	4
try and struggle through on your own	1
seek help through the ADHD support group	1
contact my social worker	1

There was a high correlation between general experience of NEST (see next section) and willingness to contact them again if necessary. As one respondent observed:

*"[My experience of NEST] must have been all good, otherwise I don't think I'd be going back to them again..." R34.*

### **General Experience/Impression**

As well as being asked specific questions about first contact, the visits, help received, written information and referrals to other groups, the interviews asked for more general views on the NEST service overall – the best and worst aspects of the respondent's contact with NEST and any other comments.

#### *Negative impressions*

Six (18%) of the visited respondents had something negative to say about the service overall:

*"Asking the wrong type of questions... She asked 'if I felt a particular connection with the baby', which if it hadn't been me, would have made some young people walk away...cos if you say no, they're going to get social services in..." R10*

*"I definitely wouldn't contact them in the future... there was no help whatsoever" R16 (see also comments on page 8 for context)*

*"Just the criticism really... She started saying things like 'if you don't dress your kids they'll feel unwanted'. And that's not the case, so that's why I stopped seeing her... I might contact NEST again, but I wouldn't necessarily want the same person" R18*

*"At the end, I didn't feel like I needed more advice but she was still making appointments" R22*

*“Only cos I've got too many kids to me [the duration of the visits] seemed like a long time” R23.*

*“It was like the way she was talking, I needed social services, but there was no need” R30*

### *Positive impressions*

Of these 6 negative descriptions, 4 of these were also complemented by positive comments, with 2 having a wholly negative view of their contact with NEST.

Twenty-three (79%) of the visited respondents had only positive things to say about their contact with NEST. Typical examples of these responses, along with other un-prompted general comments aired during the interviews, are listed below under recurring themes:

#### *Friendly support*

*“...just that it was a really good thing to have people there if you had problems or are unsure about yourself, they really help get things sorted out” R17*

*“The support you get. Just knowing there is someone there so if things do get tough, you can call them up just to have someone to talk to. Through NEST I got introduced to PALS and others in the same position, it was good to know I wasn't going mad and I wasn't the only one in that position” R4*

*“It was nice that they came to your house and was all personal and stuff” R34*

*“I was always able to contact her. And if she wasn't there she'd get straight back as soon as she could. And she'd come straight round if I needed her”. R7*

*“She was just really easy to talk to, really approachable and friendly. I felt as though she was there for me” R27*

*“Just the support basically, knowing that the support's there, its quite unusual and really nice” R19*

*“I could talk to her about anything” R31*

*“Basically, its knowing that if I do have any problems, I could contact someone. It was nice to know someone's there”. R12*

*“My general impression was she was very, very friendly, and very, very approachable. I didn't have any problems but I knew she was there if I did” R25*

*“If I had any problems again she'd be there first person I'd go to” R21*



## Approachability

*"None of them appeared to be judgemental, they've all just been there without judging, which is nice, and unusual, cos you often feel judged when you're a single mum" R29*

*"She was really down to earth...relaxed. She wasn't official in anyway" R22*

*"I was quite embarrassed at first. I think it was much better than I expected, really good. I've been telling other people about it too!" R23*

## Useful information/referrals

*"Telling me about going to PALS" R5*

*"She gave me advice and stuff and put me in touch with the [mother and toddler] group. I'm still going there now, its really good." R14*

## Personal change and ability to cope

*"The change in me, I got everything done finally". R7*

*"I've been a bit happier" R8*

*"The confidence boost, she made me feel good about myself as a parent" R15*

*"I'm so much better [able to cope] now I've had the advice" R11*

*"I'd definitely [be better able to cope], just remembering what she said" R18*

[PB: Did she help you with your English?] *"Yes, really a lot! To speak English, she explains for me, and she speaks slowly for me, and makes it easy for me" R13.*

## Summary of key points

The following provides a summary of the main findings:

- The total number of interviews carried out was 35. This was based on a valid sample of 68, giving a response rate of 51.5%. The valid sample was noticeably lower than the total sample of 99, mainly due to the unavailability of up-to-date contact details. No one who was actually spoken to by the researcher refused to take part.
- The age range of the sample was uniformly distributed around the mean (age=25) which, along with ethnicity (3% non-'white/British'), exactly matched the characteristics of the total sample. 16 (46%) of the respondents had one child under 5 and 17 (49%) had two. Two (6%) were pregnant for the first time and another 3 were expecting another child.

- Almost half (16 or 46%) of the sample had been referred by their health visitor, 6 (17%) each by their GP or midwife, and 3 (9%) by the nurse practitioner at the Newington Road surgery.
- After referral, 23 (66%) were contacted within a week to arrange a meeting, 5 (14%) were contacted within two weeks. Of those who could remember, everyone thought this waiting time was 'just right' - not too long or too short. From this point of contact until the first visit, 12 (34%) were seen within four days and 28 (80%) were seen within a week. 1 person was contacted but never visited.
- Twenty-seven (79%) thought the length of the visit was 'just right', 3 (9%) thought it was too long, and 4 (12%) too short.
- The impressions from the first visit were highly positive, with 32 of the 34 visited (94%) being very happy with the NEST workers' punctuality, attentiveness and feeling able to discuss their problems. Slightly fewer, 30 (88%), were sure of the approachability and friendliness of the NEST-workers. Two respondents were particularly unhappy with the service they received from NEST. Mainly this seemed due to a first impression that the NEST workers were over-bearing.
- Respondents were helped by NEST on a wide-range of issues. This help was useful in 98% of cases and lead to an improvement in 87%.
- Twenty-five (74%) of the respondents received one or more pieces of written information. All of this was said to be understandable, clearly set out and proved useful to the clients.
- Twenty-three (68%) respondents had been referred to other agencies or groups by NEST workers. There was a split between those who found these referrals very useful, and a slight majority who found them of very limited use
- Twenty (59%) respondents felt better able to cope with problems after their contact with NEST. 27 (79%) would contact NEST again if needed. Of the 7 who would said they would not contact NEST again, 4 felt sufficiently able to cope on their own that they could not see themselves needing help again, 1 would contact their health visitor instead, 1 would seek help from their 'ADHD support group' and 1 would try and struggle through on their own.
- A rich body of qualitative responses provided a more nuanced understanding of service-users experiences. These were generally very positive reflections. They emphasised both the multi-faceted nature of the problems faced by clients and the approachable and effective help offered by NEST workers. Recurrent themes included approachability, the comfort and reassurance that there was someone there, and the usefulness of the help, advice and information offered. 2 respondents had highly negative views. These stemmed from the first

contact where NEST workers were perceived as overbearing, critical and threatening.

## 4 Commentary

The most statistically compelling feature of the results listed above was that of the usefulness of the help, advice and information offered by NEST workers, and the ability of these to facilitate positive outcomes in the day-to-day lives of clients. The qualitative responses add further weight to this assertion and furthermore suggest that in spite of the complex, multi-pathological problems and difficulties encountered by service-users, the wide-ranging abilities of NEST workers were sufficient to offer effective solutions in almost all cases. This was in spite of a huge diversity in problem types which ranged from accessing benefits, through parenting problems, on to grief counselling and agoraphobia.

One issue which became apparent from many of the responses was the correlation between the success of the first visit and the overall effectiveness of the help offered. As has been noted above, the two clients holding highly negative views repeatedly referred to negative impressions at the beginning of the first visit which would seem to have encouraged their rather defensive and critical responses and consequently, their contact with NEST was limited, antipathetic and ineffectual.

Equally, those who conferred highly positive reflections of NEST workers based on their first encounter tended to develop close, trusting and highly beneficial relationships. Whilst there is a methodological issue here regarding the conflation of first impressions with more general views, the results nonetheless seem to suggest that the successful establishment of a positive approachability from the outset is the key determinant of beneficial long-term outcomes in a client's interaction with NEST. Trust would appear to be the critical component. Familiarity, through friendliness, approachability and inofficiousness, is a key basis on which trust is built (Luhmann, 1988) and an establishment of trust in the professional can greatly facilitate the development of a co-operative relationship with the client (Dibben and Lean, 2003). Though such co-operation would seem to have been fostered in the large majority of cases, a greater focus on cultivating trust from the outset may help avert a small number of clients with negative experiences.

Similarly, whilst there was only one case where it occurred, the failure of a NEST worker to re-schedule an appointment and for this client to drop out of the system should be viewed as a serious failing and warded against in future.

The appropriateness of referrals, both into and out from NEST, is another key area on which successful outcomes were contingent. There were at least 2 clients who seemed distinctly unsure as to why they were referred, their need for any help and who derived limited benefit from the service. In an environment where resources are very much limited, these marginal referrals ought to be minimised insofar as this does not mean that genuine potential needs are overlooked. Furthermore, the success of referrals on from NEST was one of the less successful aspects of the service. Whilst in some cases this lack of success was due to the client not attending, there were many cases where the client found the group/agency inappropriate and/or alienating. Inappropriateness may indeed only become apparent after the first visit,

however alienation or none-attendance may be made less likely by accompanying shy or nervous clients. This course of action proved very beneficial when it was employed.

## 5 Recommendations

Based on the above findings, three main recommendations can be made which could aid the effectiveness of future client interactions, should resources be sufficient to facilitate them:

- i) The importance of the initial encounter and assessment was clear, and the report highlights the success with which NEST were creating a sense of trust. It is recommended that negotiating the initial relationship should continue to be a high priority, particularly with clients who may be more sensitive with agency contact.
- ii) Referrals from NEST onto other agencies/groups should be carefully assessed and co-ordinated to ensure the 'goodness of fit' between the referral source and the needs of the client.
- iii) A system should be in place to ensure that visits take place once the client has been initially contacted.

## 6 References

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Luhmann, N. (1988) Familiarity, Confidence, Trust: Problems and Alternatives. in: D. Gambetta (ed.) *Trust: making and breaking cooperative relations*. Oxford: Basil Blackwell. pp. 94 – 108

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## Appendix 1: NEST Evaluation Questionnaire

### About you...

1.) Are you: under 16  16 - 19  20 - 24  25 - 29  30-34

35 and over

2.) Please could I ask your postcode \_\_\_\_\_

3.) How many children under 5 do you have?

1  2  3  4  5  more than 5

If none, are you expecting? Yes

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### First contact...

4.a) How did you first hear about the service?

4.b) Who suggested it would be helpful for you?

a.) heard about

b.) [referred]

Health Visitor

GP

Midwife

Friends

By myself

Nurse practitioner - Sue Bone

Don't know/Can't remember

Other (please specify) .....

.....

5a.) How long did you wait until you were contacted by phone  or letter  to arrange a visit?

..... days

..... weeks

can't remember

5b.) How did you feel about this waiting time?

too soon

just right

too late

6a.) Roughly how long did you wait to see someone after NEST got in touch?

..... days

..... weeks

can't remember

6b.) How did you feel about this waiting time?

too soon

just right

too late



**Location of visit**

- 7.) a.) Where did the visit take place?
- b.) Where would you have most preferred?

	a.) actual	b.) preferred
Home visit	<input type="checkbox"/>	<input type="checkbox"/>
GP surgery	<input type="checkbox"/>	<input type="checkbox"/>
Other location (specify)	.....	.....

**First visit...**

8.) I want to ask you about your first visit. With the following sentences, I would like you to tell me if they are true, false or you're not sure.

	True	Unsure	False
a.) The nest worker was punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.) She seemed to listen to what I had to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.) She could have been a bit more friendly and approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.) I felt I was able to talk about my problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.) Was the length of the visit...     too long     just right     too short

10.) Is there anything else you want to tell me about the first visit?

## Help received...

11.) Tell me about the help you got...

	a.) Advice		b.) Problem		
	Useful	Not useful	Improved	Same	Worse
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boundaries for kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family difficulties /disputes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c.) How did the help you received make things better/worse?

d.) What do you remember being most helpful?

e.) What was not helpful?

12 a.) Did you receive any written information?  Yes  No

b.) Was it...

	Understandable	Useful	Clear	Hard to read	Not looked at since
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boundaries for kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family difficulties/ disputes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13.) After your time with NEST...**

a.) ...were you put in touch with another service?  Yes  No

b.) If yes, where were you referred and was it helpful?

	Referred	Helpful	Not helpful
Home start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsellor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) .....		<input type="checkbox"/>	<input type="checkbox"/>

15.) If you had similar problems again, would you...

- be confident that you would be able to cope
- contact NEST again for support
- try and struggle along on your own
- contact your health visitor
- get help from friends
- other (please specify) .....

16.) Overall, please tell me... a.) ...the best thing about your contact with NEST

b.) ...the thing you were not happy with

c.) Do you have any other comments?

**Thank you.**

## Appendix 2: Information/Consent Letter



Dear Parent,

I would like to invite you to take part in a research project about the Newington Early Support Team (NEST).

The NEST workers are: Nickie Middleton, Lynne Howard-Field, Jill Taylor, Karen Dewing, Karen Boarder and Tina Wells. The NEST team has sent this letter out to you on my behalf.

Before you decide if you want to take part, it is important that you understand what the research is about and what it will involve. Please take time to read the following information carefully.

### ***What is the research study about?***

Because you have recently been in contact with NEST, I want to find out about your experiences and how helpful you found it. NEST is a fairly new service, and it's important to get your views so that we can find out what works best, and make improvements to things that are not working so well.

In particular, I want to find out about your first contact with NEST, the sorts of things NEST helped you with, and whether the support was useful or not.

### ***If I want to take part, what do I have to do?***

If you want to take part, you don't have to do anything. NEST will pass on your telephone details to me, Patrick Brown. I am a researcher from the University of Kent. I will contact you after a week or two to make an appointment to ask you a few questions about NEST on the telephone, at a time that suits you. The interview will last about 10 minutes.

**I would like to reassure you that any information collected about you will be strictly confidential, and no one will be able to identify you from your replies.**

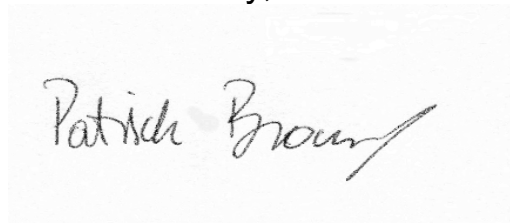
***Do I have to take part?***

No, it's entirely up to you. If you do **not** want to take part, please telephone my office within the next week on **01227 823878** and leave a message. Doing this will mean that your details are not passed on to me and you will not be contacted.

If you do not want to take part, this will not affect you in any way. If you decide to take part but change your mind, you are free to withdraw at any time, and this will also not affect you.

If you would like some more information about the project or there is anything that is not clear, please do not hesitate to contact someone at NEST on 01843 594 542 or myself on 01227 823 878.

Yours sincerely,

A handwritten signature in black ink that reads "Patrick Brown". The signature is written in a cursive style with a long, sweeping tail on the letter "n".

Patrick Brown, Researcher, University of Kent