

Vulnerable Families

Survey

Wiltshire 2010

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Public Health Department
NHS Wiltshire

Version Control

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We'd like to thank all of the health visitors who completed the surveys without which this project would not have been possible.

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1. Introduction to the Vulnerable Families Survey 2010

1.1 Introduction

NHS Wiltshire requires information to monitor the health and wellbeing of children and families within their area in order to manage and allocate resources suitably. *This is why the Vulnerable Families Survey was carried out in Wiltshire.*

1.1.1 Background

Health visitors provide an integral part of the NHS Community Health Service. The main focus of their work is relating to pre-school children registered with a Wiltshire General Practitioner (GP). Every family with a pre-school child(ren) has a named health visitor, in Wiltshire there has been a move for this workforce to deliver The Healthy Child Programme, which is divided into a Universal and Progressive Programme of interventions.

As of November 2010 there were 61.4 Full Time Equivalent (FTE) Health Visitors working in Wiltshire. There are 9 Health Visitor Team bases located across the county with the largest team based jointly in Chippenham/Corsham.

1.1.2 The Survey

In the early 1990s South Bristol Health Authority completed an assessment of caseloads of Health Visitors to assist them in service delivery and the allocation of resources. Since then many health organisations within the South West have undertaken a similar assessment. In areas such as Plymouth, the survey is used to ensure that the geographical distribution of health visiting resources relates to the distribution of health factors across the city. This will also be the case in Wiltshire, as well as informing delivery of allied services such as drugs, alcohol and mental health support services.

A health visitor assesses each family on their caseload against a set of factors (in this case 34) using standard definitions and a standard survey form (see Appendix 1 and 2). These cover a variety of aspects of the family including health, social and lifestyle factors. Due to the nature of this survey the judgement is based on the health visitor's professional opinion in each case, it is possible that factors exist within a family, but are not always known to the Health Visitor. This is a weakness in this methodology.

1.2 Analysis and Reports

The data collected from the survey can be analysed in two main ways. The first involves linking the GP code of the family to a Health Visitor Team. The second links the postcode of the family to Community Area and LSOA (Lower Super Output Area) which can be used to determine MOSAIC classifications and the deprivation score (IMD 2007).

This is the first report to be produced from the data collected in Wiltshire in 2010 as part of the vulnerable families audit. Subsequent reports will include:

- Health Visiting Teams / GPs (based on GP Code)
- Community Areas / LSOA (small area analysis based on postcode)
- Themed reports

These reports will have factor by factor analysis including maps and/or charts to summarise the data.

1.3 Number of families surveyed

Surveys were completed for 19,979 families on the caseloads of Wiltshire based health visitors.

19,848 were identified as having a Wiltshire GP and hence could be allocated to a health visiting team. 131 families that were surveyed could not be assigned to a Health Visiting Team as the GP code provided on the survey form was either missing or invalid.

19,271 were identified as having a community area (due to missing or invalid postcodes not all families could be assigned to a community area).

There were a number of families not resident within Wiltshire that were included in the survey. Many of them lived in bordering areas of Hampshire and Gloucestershire but are registered with Wiltshire based GPs. These families have been excluded from the LSOA and Community Area analysis.

(For further detail on assigning community areas and GPs please see Appendix 3 – Data Quality)

1.4 Definition of a vulnerable family

For the purposes of this report, cases (families) that experienced 4 or more of the surveyed factors, or where there was a child(ren) at risk of significant harm (Question 9) are classed as being vulnerable. This is a proxy measure for level of need which is described by the Healthy Child Programme as 'Progressive' support.

1.5 Deprivation and Geodemographics (MOSAIC)

Deprivation indicators are used to describe the level of poverty or disadvantage in an area. The Index of Multiple Deprivation 2007 is a national indicator based on multiple factors that impact on deprivation including income, education and the environment. Deprivation is useful to analyse in terms of health outcomes as many of the variables link to the wider determinants of health.

Mosaic is a geodemographic segmentation tool developed by the company Experian. It is used to provide an insight into lifestyle characteristics of people using their postcode. It aims to segment the population into a number of distinct groups where the members share similar characteristics.

For more information regarding the MOSAIC classifications please see the following document: http://publicsector.experian.co.uk/Products/~media/Brochures/MosaicPublicSector_Brochure_final.ashx

2 Demographics

2.1 Population of Wiltshire

The description of Wiltshire's population below is taken from the Wiltshire Joint Strategic Needs Assessment 2010, section 'Demographics'¹, supplemented with additional detail from the Joint Strategic Assessment for Wiltshire 2010-11², section 'Demographics and Census'.

Wiltshire is a large, predominantly rural and generally prosperous county with a population of 456,100³. Almost half of the population resides in towns and villages with less than 5,000 people and a quarter live in villages of fewer than 1,000 people.

2.2 Population in context

At 456,100 the population of Wiltshire accounts for 8.72% of the total South West population. With 140 people per sq km, Wiltshire has a lower population density than the South West or England overall. Approximately 90% of the county is classified as rural which has implications for the planning and provision of health and social care services, particularly with a shift towards more provision of services in the community.

The 2009 mid-year estimates show that compared to averages in the South West, England, and the United Kingdom, Wiltshire has a higher percentage (19.6%) of its total population under the age of 16 years (South West: 17.6%, England and the UK: 18.7%).

2.3 Military Population

Wiltshire as a whole is characterised by its 'rurality' and is notable for the scale of its military presence, which is one of the largest in any county in the UK. Military personnel constitute around 3.3% of the total population, and the total number of military personnel and their dependants is estimated to be around 30,000 (6.6%).

Due to the distinct demographic nature of the military population – its 'forever young' age profile with relatively high proportions of young children, high population volatility in large army garrisons, and a current high level of deployments – specific demands are placed on a number of services, especially when the military population accounts for a significant proportion of the community areas' total population.

2.4 The Future

Wiltshire's population is projected to increase to 524,000 persons in 2030. The under 16 years of age population is projected to increase from 82,700 to 85,200 persons, whilst the working age population, aged 16 to 64 for males and 16 to 59 for females, is projected to decrease slightly from 275,700 persons to 275,400 persons.

2.5 Fertility rates

Fertility rates reflect the reproductive behaviours of a population. The fertility rate in England has been rising since 2001. There had previously been a general trend of decreasing fertility rates since the 1960s⁴.

The total period fertility rate represents the average number of children a woman has in her lifetime. In 2008, the total fertility rate in Wiltshire (at 2.26) was significantly higher than the total fertility rate in both the South West (1.94) and England as a whole (1.97)⁵.

¹ Wiltshire Joint Strategic Needs Assessment 2010-2011 <http://www.intelligencenetwork.org.uk/health/jsna/>

² Wiltshire Joint Strategic Assessment 2010-2011 <http://www.intelligencenetwork.org.uk/joint-strategic-assessment/>

³ ONS – Mid-year estimates 2009 <http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15106>

⁴ ONS (2008) Population: Live Births www.statistics.gov.uk

This relatively high fertility rate in recent years in Wiltshire has implications for maternity services, Health Visitor services, early years provision, child health and wellbeing issues, and for the longer-term schooling and education needs of the population.

⁵ Total Fertility Rates, 2007 (2008) NCHOD www.nchod.nhs.uk

3. Health Visitor Survey 2010 – Results, Tables and Figures

3.1 Overall Results

Table 1 -Vulnerable Families Survey, Overall results. Wiltshire, 2010

Descriptor	Number
Number of Health Visitors (name count)	79
Number of Full Time Equivalent Health Visitors	61.4
Number of Health Visitor Teams	9
Total number of families surveyed	19,979
Number allocated to a Health Visitors Team (Wiltshire GP)	19,848
Number allocated to a Community Area (Wiltshire postcode)	19,271
Number of families deemed to be vulnerable (all families)	2,323 (11.6% of all cases)
Number of families deemed to be vulnerable (with Wiltshire GP)	2,311 (11.6% of Wiltshire GP)
Number of families deemed to be vulnerable (Wiltshire postcode)	2,261 (11.7% of Wiltshire cases)
Average case load per health visitor (all families)	325 (per FTE Health Visitor)
Average case load per health visitor (with Wiltshire GP)	323 (per FTE Health Visitor)
Largest number of families in a community area	2,018 (Chippenham)
Lowest number of families in a community area	125 (Mere)
Highest number of vulnerable families in a community area	343 (Salisbury)
Lowest number of vulnerable families in a community area	9 (Marlborough)
Average number of vulnerable families by community area	113 (per Community Area)

Source: NHS Wiltshire Vulnerable Families Survey, 2010

Analysis: There is considerable variation in the number of families in each Community Area. Mere has only 125 families whereas Chippenham has 2,018. Readers are encouraged to use all the information in this report to obtain an accurate assessment of local circumstances.

Table 2- Frequency of health factors in All Families

Rank order of variable	Count of families	Rank	% of families
Low income, dependant on benefits	2,405	1	12.04
Parent(s) smoke	2,395	2	11.99
Parent has depression or other mental health illness	2,224	3	11.13
Parent away regularly for long periods of time	2,082	4	10.42
One parent family	1,800	5	9.01
Family affected by social isolation	1,769	6	8.85
Children with special educational or medical needs	1,541	7	7.71
Behavioural problems	1,415	8	7.08
Parenting difficulties	1,296	9	6.49
Developmental delay	952	10	4.77
Major wage earner is unemployed	924	11	4.62
Difficulties with spoken English	746	12	3.73
Poor housing having detrimental effect	678	13	3.39
Violence within the family	669	14	3.35
Separation and/or divorce in last year	634	15	3.17
Disabled or chronically sick adult within the household or close family	573	16	2.87
Centiles indicate the need for extra monitoring	527	17	2.64
Has named social worker, probation officer or other equivalent professional support	475	18	2.38
A bereavement which is significant to the family	358	19	1.79
In temporary accommodation	346	20	1.73
Parent(s) 'in care' or abused as a child	342	21	1.71
Parent(s) have literacy problems	321	22	1.61
Failed to follow up professional recommendation to seek medical opinion	258	23	1.29
Three or more children within the household aged under five years	253	24	1.27
Parent(s) abuse alcohol	251	25	1.26
Low birthweight (only children born in the last year)	213	26	1.07
Children at risk of significant harm (including those subject to a child protection plan)	207	27	1.04
Parent(s) have learning difficulties	191	28	0.96
Parent(s) abuse drugs	179	29	0.90
Child in family with active Common Assessment Framework (CAF)	162	30	0.81
Parent(s) are under 18 now	136	31	0.68
Three or more changes of address in last year	136	32	0.68
Gypsy or Traveller family	108	33	0.54
Previous sudden infant death (SID) in the family	78	34	0.39

Source: NHS Wiltshire Vulnerable Families Survey, 2010

The shading shows the quartiles of the factors

Dark blue - Upper Quartile = factors ranked 1-9,
 Upper middle quartile = factors ranked 10-17,
 Lower middle quartile= factors ranked 19-25,
 Very light blue - Lower Quartile = factors ranked 26-34.

Analysis: count of cases (families) where the health visitor has noted the appropriate factor. Please note that families may experience more than one factor, whilst some families do not experience any of those surveyed. Therefore the total number of factors will not equal the total number of families.

Table 3- Vulnerable families, health factors experienced

The table below relates to families that have been classed as vulnerable. Families are classed as vulnerable if they are experiencing four or more factors or if there is a child(ren) assessed as being at risk of significant harm (Question 9). There are only 11 cases in Wiltshire classed as vulnerable with a score of less than 4.

Number of health factors experienced	Number of families	Percentage of vulnerable families (%)
3 or fewer*	11	0.47
4	827	35.60
5	472	20.32
6	297	12.79
7	210	9.04
8	146	6.28
9	101	4.35
10	80	3.44
11	62	2.67
12	33	1.42
13	23	0.99
14	25	1.08
15	19	0.82
16	7	0.30
17	5	0.22
18 and over	5	0.22
Grand Total	2,323	100.00

Source: NHS Wiltshire Vulnerable Families Survey, 2010

* (Vulnerable due to question 9 – Child(ren) at risk of significant harm)

Analysis: As previously stated, the definition of a vulnerable family in this report is:

A family that is experiencing four or more health factors or a family who have a child(ren) at risk of significant harm (question 9). The majority of families (56%) that are classed as vulnerable had 4 or 5 health factors. 11% of those classed as vulnerable had 10 or more health factors, and five families had a score of 18 or over.

The most common factors are shown below:

- Low income/dependent on benefits (62%)
- Parent(s) who smoke (45%)
- Parent(s) with depression or other mental health illness (45%)
- One parent families (40%)
- Parenting difficulties (37%)

3.2 Health Visitor Analysis

Table 4- Health Visitor Teams, families and vulnerable families. Wiltshire, 2010

Health Visitor Team	Number of FTE health visitors	Number of families	Caseload per FTE HV	Number of vulnerable families	Caseload of vulnerable families per FTE Health Visitor	% of families that are vulnerable
Marlborough Calne	6.3	2,025	321	112	18	5.5
Melksham Devizes	6.76	2,334	345	184	27	7.9
Trowbridge Bradford on Avon	7.55	2,752	365	275	36	10.0
Corsham Chippenham	8.87	2,980	336	309	35	10.4
Wootton Bassett Malmesbury	5.84	1,871	320	195	33	10.4
Westbury Warminster	5.5	1,772	322	244	44	13.8
Solstice [^]	8.71	2,839	326	398	46	14.0
Southwest ^{^^}	4.23	1,132	268	190	45	16.8
City (Salisbury)	7.6	2,143	282	404	53	18.9
TOTAL	61.4	19,848*	323	2,311	38	11.6

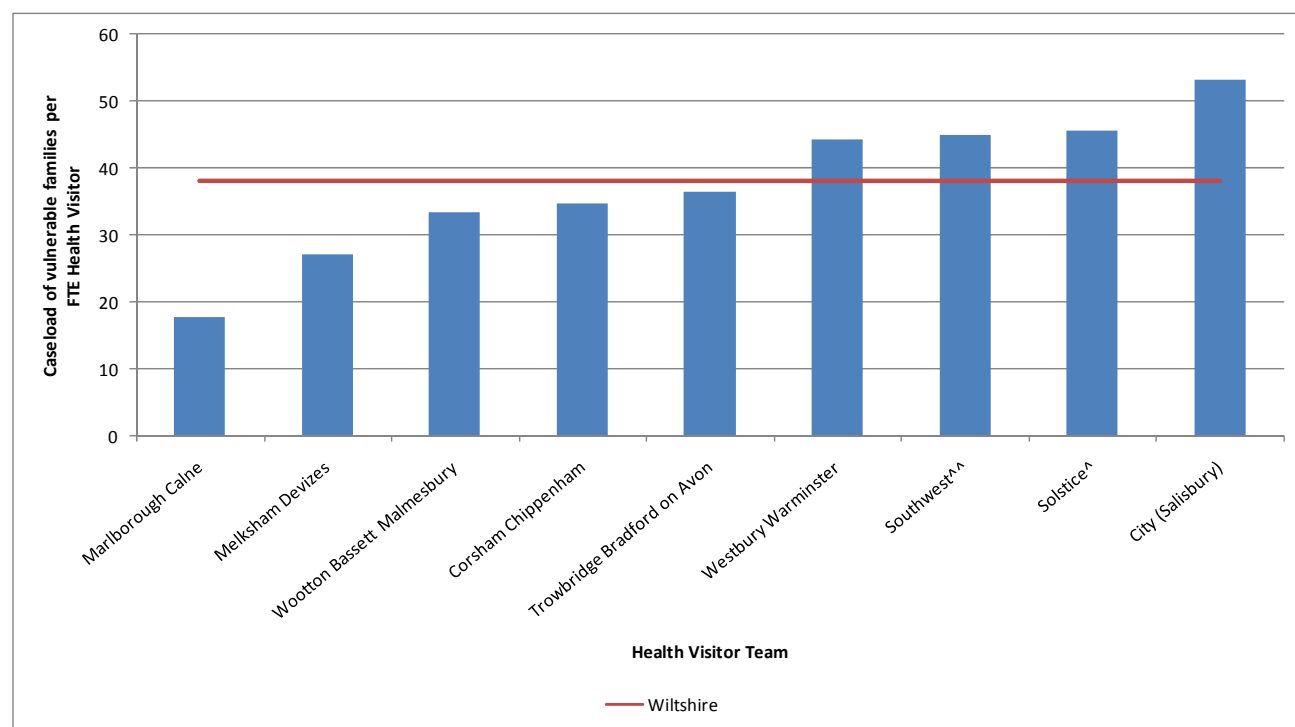
Source: NHS Wiltshire Vulnerable Families Survey, 2010

* 131 families could not be assigned to a HVT due to a missing or incorrect GP code. 12 vulnerable families could not be assigned a HVT for the same reason

[^] Solstice - the main towns within the Solstice teams area are: Larkhill, Bulford, Amesbury, Durrington, Tidworth, Ludgershall

^{^^}South West - the main towns within the South West team area are: Wilton, Codford, Whiteparish, Tisbury, Mere and Downton.

Figure 1 – Caseload of vulnerable families per FTE Health visitor by Health Visiting Team



Source: NHS Wiltshire Vulnerable Families Survey, 2010

3.3 Community Area Analysis

Table 5- Community Areas by average score of family

Community Area	Rank	Average number of factors experienced by families
Salisbury	1	2.04
Tidworth	2	2.01
Amesbury	3	1.83
Southern Wiltshire	4	1.77
Westbury	5	1.72
Wilton	6	1.60
Mere	7	1.54
Malmesbury	8	1.46
Trowbridge	9	1.46
Warminster	10	1.32
Tisbury	11	1.30
Chippenham	12	1.29
Wootton Bassett & Cricklade	13	1.17
Corsham	14	0.97
Melksham	15	0.91
Devizes	16	0.90
Calne	17	0.84
Pewsey	18	0.56
Bradford on Avon	19	0.46
Marlborough	20	0.36
Average for Wiltshire		1.34

Source: NHS Wiltshire Vulnerable Families Survey, 2010

Analysis: This table shows that families in Salisbury are experiencing a higher average number of factors than families in the other areas of Wiltshire as reported by the Vulnerable Families Survey. This means that families in Salisbury are likely to have a higher level of need of advice and help from the Health Visiting Team than families in Marlborough or Bradford-On-Avon where the average score is less than 0.5 per family.

Table 6– Families and vulnerable families by community area

Community Area	Number of families	% of total families per Community Area	Number of vulnerable families	% of families that are vulnerable	Rank by % of vulnerable families
Amesbury	1,600	8.30	255	15.9	5
Bradford On Avon	754	3.91	34	4.5	19
Calne	939	4.87	78	8.3	14
Chippenham	2,018	10.47	236	11.7	11
Corsham	1,016	5.27	91	9.0	13
Devizes	1,266	6.57	101	8.0	15
Malmesbury	737	3.82	100	13.6	7
Marlborough	540	2.80	9	1.7	20
Melksham	1,143	5.93	87	7.6	16
Mere	125	0.65	20	16.0	4
Pewsey	491	2.55	23	4.7	18
Salisbury	1,640	8.51	343	20.9	1
Southern Wiltshire	622	3.23	108	17.4	2
Tidworth	1,173	6.09	146	12.4	8
Tisbury	162	0.84	20	12.3	9
Trowbridge	1,930	10.02	234	12.1	10
Warminster	962	4.99	109	11.3	12
Westbury	897	4.65	151	16.8	3
Wilton	309	1.60	45	14.6	6
Wootton Bassett & Cricklade	947	4.91	71	7.5	17
Total caseload (with Wiltshire postcode)	19,271*	100	2,261	11.7	

Source: NHS Wiltshire Vulnerable Families Survey, 2010

* 708 families could not be allocated a community area because they were either out of county or had a missing or incomplete postcode

Analysis: There is considerable variation in the number of families in each Community Area. Mere has only 125 families whereas Chippenham has 2,018. The Community Areas have been ranked according to the percentage of vulnerable families in the area in the final column of the table. However, because of the variation in number of families the ranking should not be considered in isolation. Readers are encouraged to use all the information in the table to obtain an accurate assessment of local circumstances.

This table shows that Chippenham and Trowbridge have the highest number of families on the health visiting team's caseloads with 2,018 and 1,930 respectively. This does not however take into account vulnerability or level of need.

Salisbury has the highest percentage of vulnerable families within Wiltshire with 20.9% (343) of all families surveyed being assessed as vulnerable. Chippenham has the largest number of families (2,018) but is ranked 11th when comparing the percentage of families identified as vulnerable (11.7%). Marlborough has the lowest number (9) and percentage (1.7%) of vulnerable families in Wiltshire.

Figure 2 - Map of number of families by community area. Wiltshire, 2010

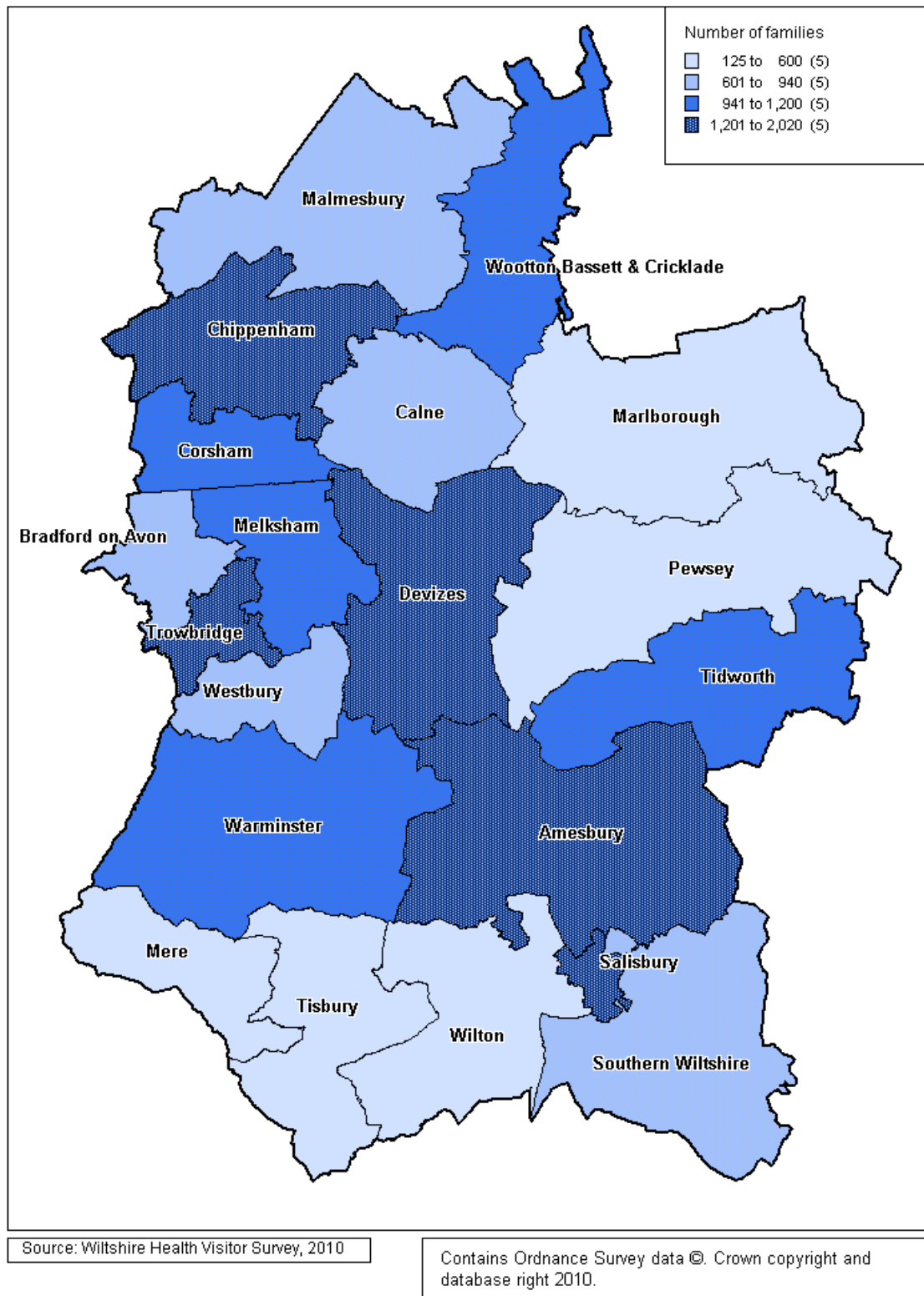
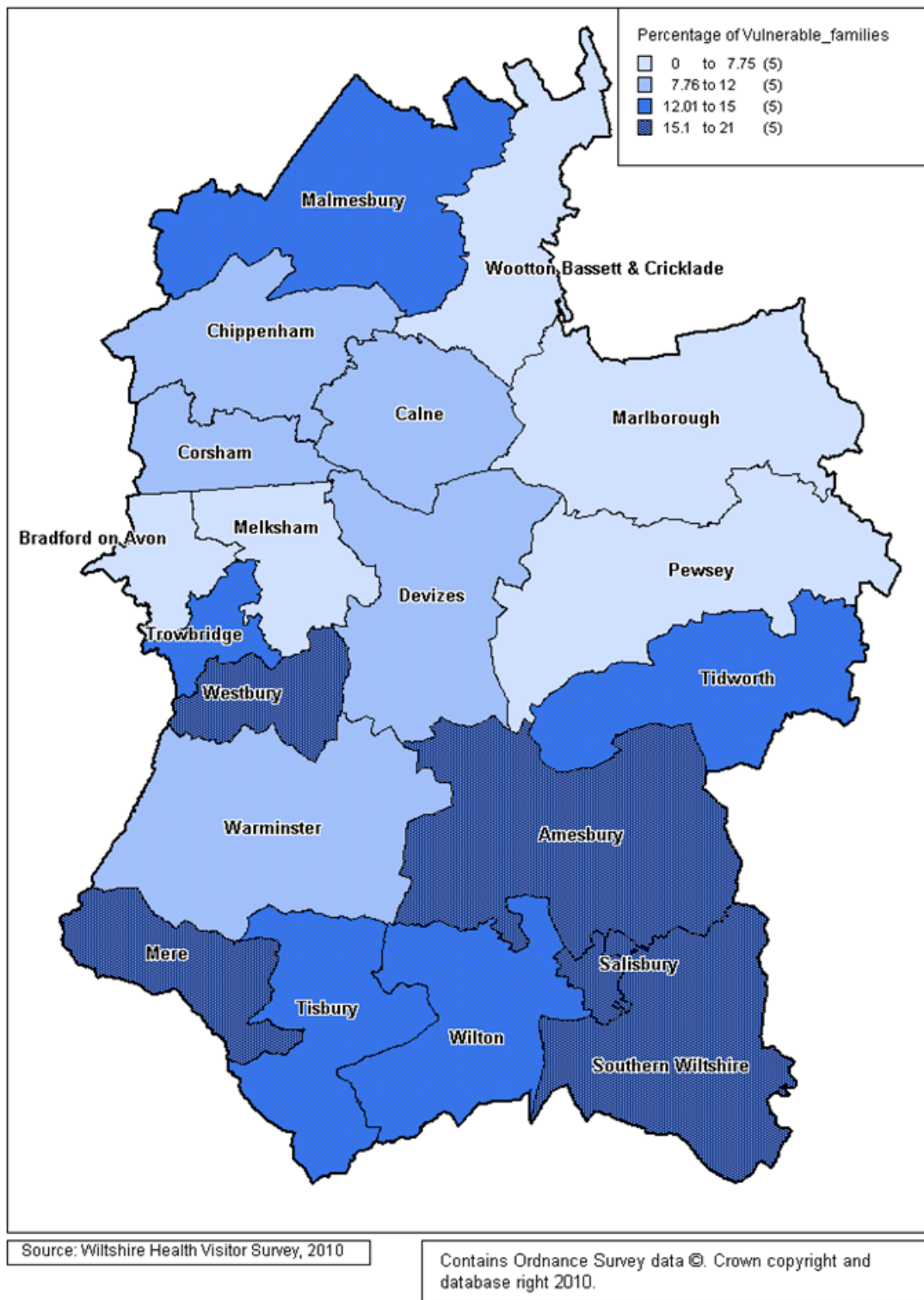


Figure 3 - Map showing Percentage of families within each community area classed as vulnerable. Wiltshire, 2010.



3. 4 Deprivation and Geodemographics (MOSAIC)

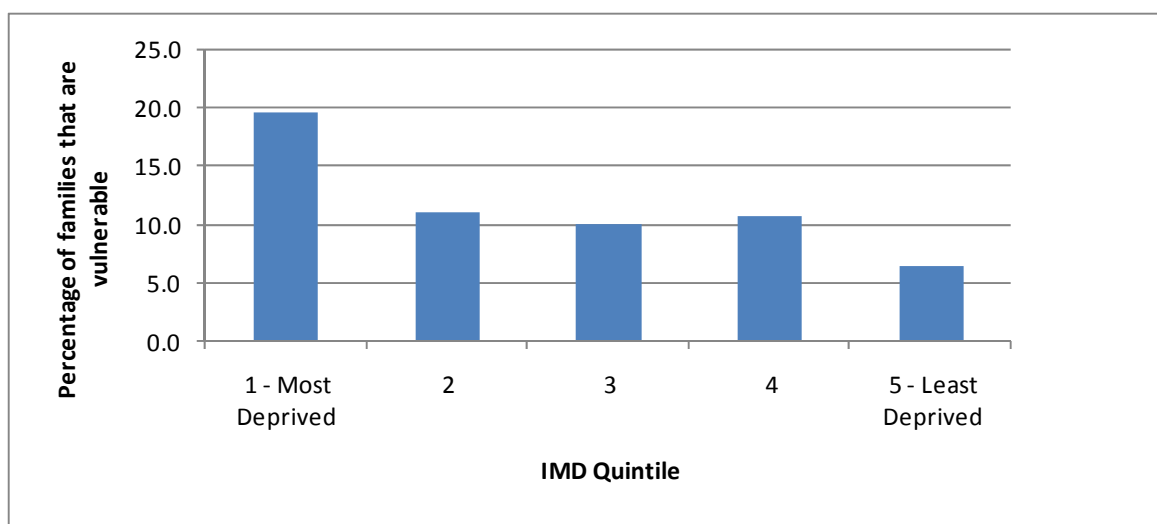
Table 7- Index of Multiple Deprivation (IMD 2007) and Vulnerability

IMD quintile for Wiltshire	Number of vulnerable families	All families	% of families that are vulnerable
1 - Most Deprived	803	4,113	19.5
2	373	3,390	11.0
3	347	3,511	9.9
4	412	3,890	10.6
5 - Least Deprived	239	3,763	6.4
Not Available*	87	604	14.4
Grand Total	2,261	19,271	11.7

Source: NHS Wiltshire Vulnerable Families Survey, 2010

*The IMD Quintiles is linked to each family using the postcode to link to LSOA and then to IMD. Not all postcodes were complete and therefore could not be linked to IMD 2007.

Figure 4 – Index of Multiple Deprivation (IMD 2007) and Vulnerability



Source: NHS Wiltshire Vulnerable Families Survey, 2010

Analysis: Almost one in five families (19.5%) living in the most deprived areas are vulnerable, however in the least deprived areas only 6% of families are classed as vulnerable (one in approximately 17 families).

Table 8- Vulnerable families by MOSAIC classification

Mosaic Groups	Number of Vulnerable families	Number of families in Wiltshire	Percentage of vulnerable families within groups (%)
A Residents of isolated rural communities	86	1,221	7.0
B Residents of small and mid-sized towns with strong local roots	180	1,778	10.1
C Wealthy people living in the most sought after neighbourhoods	5*	110	4.5*
D Successful professionals living in suburban or semi-rural homes	101	2,287	4.4
E Middle income families living in moderate suburban semis	101	1,552	6.5
F Couples with young children in comfortable modern housing	434	4,326	10.0
G Young, well-educated city dwellers	59	335	17.6
H Couples and young singles in small modern starter homes	191	1,813	10.5
I Lower income workers in urban terraces in often diverse areas	96	509	18.9
J Owner occupiers in older-style housing in ex-industrial areas	137	1,344	10.2
K Residents with sufficient incomes in right-to-buy social houses	384	1,862	20.6
L Active elderly people living in pleasant retirement locations	15*	184	8.2*
M Elderly people reliant on state support	70	329	21.3
N Young people renting flats in high density social housing	83	221	37.6
O Families in low-rise social housing with high levels of benefit need	159	494	32.2
N/A Classification not available/Unclassified	159	906	17.5
Grand Total**	2,261	19,271	11.7

Source: NHS Wiltshire Vulnerable Families Survey, 2010

** Families with allocated Community Area only

* Numbers rounded to the nearest 5

* There are 906 families (159 vulnerable families) within Wiltshire that have not been classified into groups. This could be due to two possible reasons.

1) Some families were allocated to a Community Area without having a full postcode. A full postcode is needed to link to MOSAIC.

2) The MOSAIC file does not have a complete list of postcodes and therefore some cannot be linked.

Analysis: The group with the highest percentage of vulnerable families is Group N (Young people renting flats in high density social housing), 1 in 3 families in this group are vulnerable. Group O (Families in low rise social housing) also have a high percentage of vulnerable families, again with approximately 1 in 3 families being classed as vulnerable. The group with the lowest percentage of vulnerable families is Group C (Wealthy people living in the most sought after neighbourhoods) with just 3.6% of families in this group being vulnerable.

4 Summary and conclusions:

4.1 Data Summary

4.1.1 Overall Results

Table 9 – Summary of families and vulnerable families

	Number of families	Number of vulnerable families
Total number of families surveyed	19,979	2,323
Number allocated to a Health Visitors Team	19,848	2,311
Number allocated to a Community Area	19,271	2,261

Source: NHS Wiltshire Vulnerable Families Survey, 2010
Please see Appendix 3 for further details.

The most common surveyed factors that affected **all** families are:

- Low income/dependent on benefits (12%)
- Parent(s) who smoke (12%)
- Parent(s) with depression or other mental health illness (11%)
- Parent away regularly for long periods of time (10%)
- One parent families (9%)

Of the families that were classed as **vulnerable**, over two-thirds (68%) had between 4 and 6 of the factors discussed on the survey. The most common factors are shown below:

- Low income/dependent on benefits (62%)
- Parent(s) who smoke (45%)
- Parent(s) with depression or other mental health illness (45%)
- One parent families (40%)
- Parenting difficulties (37%)

Over 250 families exhibiting 10 or more factors and in the extreme there were five families that exhibited 18 or more factors. There were a total of 11 families across Wiltshire who have been defined as vulnerable because of question 9 – Child(ren) at risk from significant harm.

4.1.2 Health Visitor Analysis

- Largest caseload is Corsham/Chippenham with 2,980 families.
- Smallest caseload is the Southwest with 1,132 families.
- Largest caseload per Health Visitor is Trowbridge/Bradford on Avon with 365 per FTE Health Visitor.
- Largest caseload of vulnerable families per Health visitor is City (Salisbury) with 53 per FTE Health Visitor followed by Solstice (46), Southwest (45) and Westbury/Warminster (44) and Trowbridge/Bradford on Avon (36).
- Salisbury Team has the highest percentage of their caseload classed as vulnerable (18.9%).

4.1.3 Community Area Analysis

- Chippenham had the largest number of families in the survey (2,018)
- The Community Areas with the highest percentage of vulnerable families are: Salisbury (21%), Southern Wiltshire (17%), Westbury (17%), Mere (16%) and Wilton (15%).
- Mere has the smallest number of families in the survey (125).
- Marlborough has the smallest number of vulnerable families in the survey (9) and the smallest percentage of vulnerable families (1.7%).

4.1.4 Deprivation and Geodemographics

There is a relationship between the Index of Multiple Deprivation 2007 (IMD 2007) and the location of vulnerable families across the county. 19.5% of families living in the most deprived (IMD Quintile 1) areas of Wiltshire are vulnerable, whereas only 6% of families in the least deprived are vulnerable.

When analysing the families within Wiltshire, 38% of families classified as group N (Young people renting flats in high density social housing) and over 30% of families in group O (Families in low-rise social housing with high levels of benefit need) are vulnerable. 11.7% of families in the whole of Wiltshire are classed as vulnerable.

4.2 Data Quality

The survey has managed to collect data on almost 20,000 families across Wiltshire which is a great achievement. Like any survey there are of course some data quality issues. The main challenges faced with this piece of work were missing/incomplete postcodes and GP practice codes. These codes were used to link the families to Community Areas (postcode) and Health Visitor Team (GP code). Unfortunately invalid codes meant that some families had to be excluded from the analysis. (Table 1 and 9 show the numbers of families included in the Health Visitor and the Community Area analysis).

4.3 Conclusions

- Out of the 19,979 families surveyed, 2,323 have been classed as vulnerable (11.6%).
- Two-thirds of families that were identified as being vulnerable are affected by low income and are reliant on benefits.
- There is noticeable variability between Health Visitor Teams and Community Areas regarding the sizes of health visitor caseloads and the percentage of families who are vulnerable. The City team have the largest number of vulnerable families per health visitor (Full Time Equivalent) (53).
- Wiltshire has a higher percentage of its total population aged under 16 years when compared to the South West and England.
- The link between vulnerability and the Index of Multiple Deprivation (2007) found in this report was as expected with the highest percentage of vulnerable families being in the most deprived quintile.
- The three most common factors identified as affecting families are low income (dependent on benefits), smoking and mental ill health. These are known to have effective public health interventions and can have a large impact on children in the home.
- This report suggests that there needs to be some further investigation into the differences across Wiltshire, and a retargeting of resources within Wiltshire to take into account the distribution of vulnerable families with enhanced needs.
- This report will be shared with specialist and targeted services to inform their service delivery and commissioning.

Appendix 1- Form Wiltshire Family Health Needs Profile 2010/11

Number of children in the family:	
Less than 2 years	
2-4 years (inclusive)	
5-15 years (inclusive)	

Family postcode:

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GP Practice

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1. One parent family	(<input type="checkbox"/> =no, 1=yes)	
2. Violence within the family	(<input type="checkbox"/> =no, 1=yes)	
3. Difficulties with spoken English	(<input type="checkbox"/> =no, 1=yes)	
4. Separation and/or divorce in last year	(<input type="checkbox"/> =no, 1=yes)	
5. Parent(s) have learning difficulties	(1 point per parent)	
6. Parent(s) have literacy problems	(1 point per parent)	
7. Parent(s) are under 18 now	(1 point per parent)	
8. Parent(s) 'in care' or abused as a child	(1 point per parent)	
9. Children at risk of significant harm (including those subject to a child protection plan)	(1 point per child)	
10. Three or more children within the household aged under five years	(<input type="checkbox"/> =no, 1=yes)	
11. Has named social worker, probation officer or other equivalent professional support	(<input type="checkbox"/> =no, 1=yes)	
12. A bereavement which is significant to the family	(<input type="checkbox"/> =no, 1=yes)	
13. Major wage earner is unemployed	(<input type="checkbox"/> =no, 1=yes)	
14. Low income, dependant on benefits	(<input type="checkbox"/> =no, 1=yes)	
15. Poor housing having detrimental effect	(<input type="checkbox"/> =no, 1=yes)	
16. In temporary accommodation	(<input type="checkbox"/> =no, 1=yes)	
17. Three or more changes of address in last year	(<input type="checkbox"/> =no, 1=yes)	
18. Parent(s) abuse alcohol	(1 point per parent)	
19. Parent(s) smoke	(1 point per parent)	
20. Parent(s) abuse drugs	(1 point per parent)	
21. Disabled or chronically sick adult within the household or close family	(1 point per adult)	
22. Parent has depression or other mental health illness	(1 point per adult)	
23. Low birthweight (only children born in the last year)	(<input type="checkbox"/> =no, 1=yes)	
24. Previous sudden infant death (S.I.D.) in the family	(<input type="checkbox"/> =no, 1=yes)	
25. Centiles indicate the need for extra monitoring	(1 point per child)	
26. Children with special educational or medical needs	(1 point per child)	
27. Developmental delay	(1 point per child)	
28. Behavioural problems	(1 point per child)	
29. Family affected by social isolation	(<input type="checkbox"/> =no, 1=yes)	
30. Gypsy or Traveller family	(<input type="checkbox"/> =no, 1=yes)	
31. Parenting difficulties	(<input type="checkbox"/> =no, 1=yes)	
32. Failed to follow up professional recommendation to seek medical opinion	(<input type="checkbox"/> =no, 1=yes)	
33. Parent away regularly for long periods of time	(<input type="checkbox"/> =no, 1=yes)	
34. Child in family with active Common Assessment Framework (CAF)	(<input type="checkbox"/> =no, 1=yes)	

Appendix 2 - Indicator Definitions

Indicator definitions

1. **One parent family.**
Single parent living alone without a permanent partner. This does not include a parent whose partner is working away from home, but does include a parent whose partner is in prison.
2. **Violence within the family.**
This includes physical and verbal violence, either reported by a parent or shared with the health visitor on a 'need to know' basis by another agency.
3. **Difficulties with spoken English.**
Families where an interpreter would be useful.
4. **Separation and/or divorce in last year.**
Separation applies to married and unmarried couples.
5. **Parent(s) have learning difficulties.**
Recognised learning difficulties that required or still require additional educational support (one point per parent).
6. **Parent(s) have literacy problems.**
Either reported by a parent or shared with the health visitor on a 'need to know' basis by another agency (one point per parent).
7. **Parent(s) are under 18 now.**
Parent(s) who are under 18 at the time of completion (one point per parent).
8. **Parent(s) 'in care'/abused as a child.**
Either reported by a parent or shared with the health visitor on a 'need to know' basis by another agency (one point per parent).
9. **Children at risk of significant harm including those with a child protection plan.**
Children at risk of significant harm as defined by the Children's Act, such as those discussed with a senior line manager or named nurse, together with those subject to a child protection plan (one point per child).
10. **Three or more children in the household aged under five years.**
Self explanatory.
11. **Has named social worker, probation officer or other equivalent professional support.**
Self-explanatory.
12. **Bereavement significant to the family.**
Self-explanatory.
13. **Major wage earner is unemployed.**
Self-explanatory.
14. **Low income, dependent on benefits.**

This includes families who are dependent on benefits such as Income Support, Job Seekers Allowance and Working Family Tax Credit. It does not include those who receive Disability Living Allowance as their only benefit.

- 15. Poor housing having a detrimental effect.**
Families where the health visitor has involved another agency, as the housing situation is detrimental to health.
- 16. In temporary accommodation.**
Self-explanatory.
- 17. Three or more changes of address in last year.**
Self-explanatory.
- 18. Parent(s) abuse alcohol.**
Either reported by a parent or shared with the health visitor on a 'need to know' basis by another agency (one point per parent).
- 19. Parent(s) smoke.**
Either reported by a parent or shared with the health visitor on a 'need to know' basis by another agency (one point per parent).
- 20. Parent(s) abuse drugs.**
Either reported by a parent or shared with the health visitor on a 'need to know' basis by another agency (one point per parent).
- 21. Disabled or chronically sick adult within the household/close family.**
Adult household member(s) or close relative(s) that the family is supporting due to their disability or chronic sickness (one point per adult).
- 22. Parent has depression or other mentally health illness.**
Either reported by a parent or shared with the health visitor on a 'need to know' basis by another agency (one point per adult).
- 23. Low birthweight.**
Birthweight under 2.5 kg. Only for children born in the last year.
- 24. Previous sudden infant death (S.I.D.) in the family.**
Self explanatory.
- 25. Centiles indicate need for extra monitoring.**
Children who have been monitored during the last year (one point per child).
- 26. Children with special educational/medical needs.**
Children with special educational or medical needs that require ongoing assessment and care by a paediatrician or other multi-disciplinary team, including CAMHs (one point per child).
- 27. Developmental delay.**
Children who require extra monitoring but are not yet recognised as having special needs (one point per child).
- 28. Behavioural problems.**

Children where a planned programme of intervention has been required during the last year to address issues such as; feeding difficulties, sleep difficulties, toilet training issues, negative or disruptive behaviour, etc (one point per child).

29. Family affected by social isolation.

The separation of individuals or families resulting in the lack of social contact and/or communication. This separation may be due to physical, social or psychological factors. There may be interaction but no real communication.

30. Gypsy or Traveller family.

Includes families living at registered or informal sites.

31. Parenting difficulties.

Requiring regular input from a band 6 nurse.

32. Failed to follow up professional recommendation to seek medical opinion.

Including failure at to attend an appointment with another health professional.

33. Parent away regularly for long periods of time.

One parent away for more than 6 months in a 12 month period.

34. Child in family with active Common Assessment Framework (CAF).

Self explanatory.

Appendix 3 - Data Quality

There were a number of factors that caused data quality challenges. The most significant challenges are in the table below:

Challenge	Example	Resolution
Large numbers of children	Some families had large numbers of children within an age bracket, e.g. 13 families had 11 children in the 2-4 age group	All large numbers have been changed to 1
Missing/Incomplete postcodes	Blank field or SP5 or SN10 - missing or incomplete postcodes. 1,300 cases where the postcode could not be linked to a Community Area	<p>Postcodes were looked up against the whole of the South West and South East. 300 postcodes were found to be out of county (Swindon, Hampshire and Gloucester were most common).</p> <p>Where there was an incomplete postcode, but enough to match to a community area (e.g. SP9 7) then this was matched to the area.</p> <p>In the final data 708 families could not be assigned to a community area.</p>
Missing/incorrect GP codes	Blank field or 1	Unfortunately due to the nature of GP practices not having defined geographical boundaries there were no options to try and match families with GPs - this meant that cases could not be assigned to a Health Visiting Team.