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# Understanding the Impact of COVID-19 on Health Visiting and School Nursing services during the first wave of lockdown in London

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# Contributors

## COVID-19 Impact Project Task and Finish Group

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# Introduction

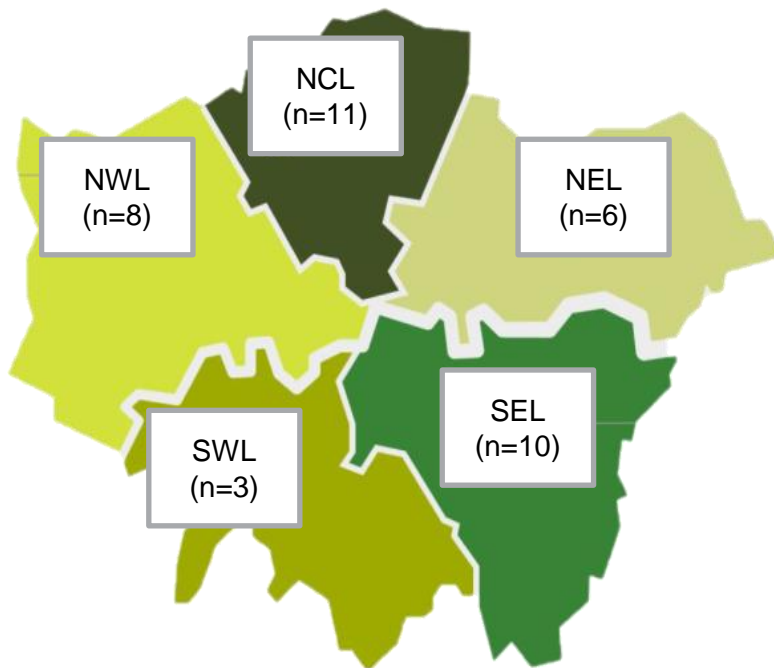
## Aims and Objectives:

To understand:

- Geographical variations in provision including any innovations, adaptations and remote services
- Variations in implementing redeployment and its impact on the service
- Wider impact on vulnerable groups and health inequalities
- Local plans for recovery
- Lessons learned



# Survey responses (38 responses)



Respondent Organisation	Number
Health Visiting and School Nursing Service	28
Local Authority (Commissioner)	10
<b>TOTAL</b>	<b>38</b>

Roles	Number
Operational/Area lead	7
Service Manager/CBU Manager	15
Local Authority (Commissioner)	12
Other	4
<b>TOTAL</b>	<b>38</b>



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# Key Insights

## Redeployment

76% of those who responded said members of their Health Visiting and/or School Nursing teams were redeployed during the national lockdown period  
(n=38)

- Variations around:
  - Processes and patterns varied across London
  - Communication and decision-making
- Evidence that it was a difficult time for staff (emotional and mental wellbeing)
- Responses also suggest staff were generally well-supported during this period (e.g. risk assessments, PPE, support for staff wellbeing).



## Adaptations

97% of those who responded said they continued to undertake health reviews and assessments during the lockdown period. (n=38)

- Much of the provision within the Health Visiting service was adapted to be delivered remotely with limited face to face offered only where risk assessment deemed it necessary or based on vulnerability.
- Most of the School Health assessments undertaken by School Nursing service were paused during the national lockdown. Some delivered health promotion sessions and health care plans remotely.
- When asked whether they are confident that the assessments (e.g. breastfeeding, maternal mood, ASQ, school health) that they carried out remotely were robust, 81% agreed and strongly agreed.



# Delivering a remote service

Service Area	Prior to Lockdown	Since Lockdown	Not Available
Virtual school nursing drop in service	3%	41%	56%
Support groups for parents of school-aged CYP (e.g. Group Health promotion sessions via webinars such as Sleep hygiene, Return back school post-covid advice)	7%	40%	53%
Support groups for school-aged children	16%	22%	63%
Other digital service provided for school-aged children	18%	30%	52%
Electronic evaluation/feedback forms	21%	28%	52%
Assessments carried out using an online tool (e.g. ASQ School health assessments electronic health questionnaires)	24%	52%	24%
Links to partner agencies (e.g. Local authority resources) to support child development/entertainment and home learning/schooling	27%	64%	9%
Support groups for new mums (e.g. breastfeeding)	39%	36%	24%
Online referral processes and/or system	47%	18%	35%
Contact point for families outside health reviews (e.g. text messaging Chathealth telephone advice service for non-urgent/low risk contacts)	56%	41%	3%
Resources and content made available online	62%	29%	9%



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# Digital Access

## Service users

- When respondents were asked whether they think that families can easily find sufficient information on how to contact the service, 91% said 'Yes' (n=32).
- Most offered contacts via telephone, post and text messaging and offline information made available
- Lack of digital skill was not a significant issue but digital poverty was

## Staff

- Most staff had access to tools and technologies required to deliver a remote service
- 69% of those who responded said they have been trained in the new processes and systems and they feel confident in using these





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# Examples of new ways of working

- 7-day week helplines or duty lines or single point of contact for professionals and service users
- Use of social media to disseminate information
- Producing local resources (e.g. leaflets, videos)
- Distributing wellbeing packs to families and school-aged children. These wellbeing packs covered topics such as healthy eating, exercise, looking after mental health, etc.
- A 'walkercise' model or a socially distanced walk with clients.



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# Examples of what worked well

- In terms of group sessions (most commonly cited was breastfeeding/infant feeding support), people highlighted an increase in reach enabling a bigger group to attend and uptake via videoconferencing.
- People also reported improved communication with external stakeholders such as maternity and social care as well as an increase in productivity (e.g. admin)



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# Challenges

- Practical challenges such as the rapid change, PPE availability, IT and connectivity
- Many highlighted difficulties in undertaking holistic assessments adequately
- Staff wellbeing and issues such as isolation and exhaustion from being in front of a laptop or computer all day along with IT literacy and reluctance to move to new ways of working were also commonly cited



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# Safeguarding

- Redeployment reduced Health Visiting and School Nursing teams and have put significant pressure on the work capacity of remaining staff.
- Services have had to prioritise supporting the most vulnerable and areas with greatest need.
- Many respondents also reported difficulty in undertaking safeguarding assessments adequately via remote or virtual methods.
- Where safeguarding cases were known, many respondents noted the enhanced and improved information sharing and collaboration between partners (e.g. social care) to ensure these families' needs are met.



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# Supporting families from Black, Asian and minority ethnic communities

- Some services highlighted the provision of evidence-based advice and support including offering emotional support and signposting to local support mechanisms.
- Some areas reported working on a wider and strategic level from analysing service access against borough demographic profiles, needs assessment, engagement work with Black, Asian and minority ethnic communities and working with partners with regards to sharing demographic information of families.
- Many respondents mentioned undertaking individual risk assessments for their staff to ensure that vulnerabilities and health needs are considered.



# Recovery plans and preparing for a 'second wave'

- Services are looking into gradually increasing face-to-face contacts
- Some identified addressing the backlog of health assessments and reviews as a key priority in the recovery plan. Many also highlighted the need to follow up maternal mood assessments and concerns.
- School Nursing services will be working with schools to understand provision and reviewing the restoration of vision screening, NCMP and immunisations. Many indicated that training for school staff, health promotion and drop-in sessions will be maintained remotely.
- Insights suggest that services are more protective of their staff regarding being redeployed should there be a second wave. Services would also be more prepared to move to remote or digital delivery if needed with limited face-to-face offered based on vulnerability.



# Proposed Recommendations

- PHE to support a more considered redeployment of Health Visitors and School Nurses considering the vital role that HV and SN's have in supporting vulnerable families and safeguarding children and young people.
- To consider the establishment of clearer definitions and understanding of vulnerabilities across local agencies and organisations during recovery and resilience planning.
- Consider commissioning work to scope and understand digital poverty in families and CYP in London and contribute to the London Recovery Board's agenda on 'Digital Access for All' from families and CYP perspective.



# Recommendations cont'd

- With social distancing and remote working staying as the 'norm' for the coming months, there is a need to work with London commissioners and providers to:
  - upskilling staff on providing high quality remote consultation/management and remote group sessions
  - Improve robustness and quality of assessment tools for remote/digital use
  - Consider supporting areas to establish a stronger digital offer e.g. where respondents a particular service offer is not available digitally
- Consider and further explore:
  - Insights into breastfeeding during the pandemic
  - Impact on perinatal mental health
  - London-wide work on health inequalities with a focus on CYP and families from Black, Asian and minority ethnic communities