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#ADPHWorkshop21

Health visiting during a pandemic: lessons for levelling up

ADPH Annual Workshop

Levelling Up: Creating the Conditions for a Good Childhood for All

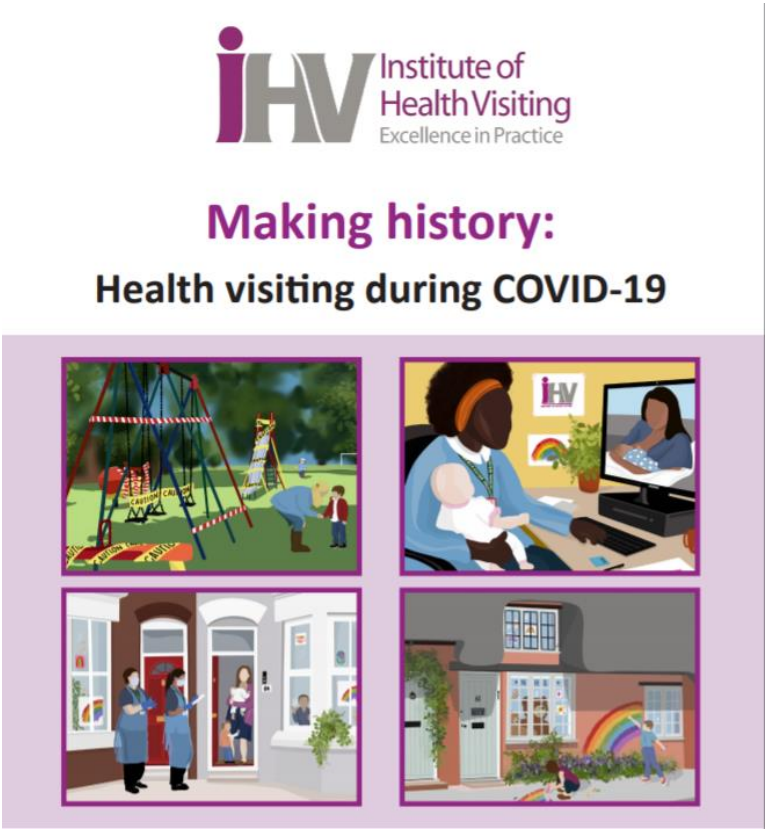
19th May 2021

Alison Morton, Executive Director,
Institute of Health Visiting

Key messages from the Institute of Health Visiting

Presentation key messages:

- Perspective of HVs and the way services have changed throughout the pandemic.
- Reflections on the Leadsom Early Years Development Review
- Priorities going forward – how can we build back better and fairer? What are the ingredients for success?



Key lesson learnt:

Babies and young children are invisible without an effective universal service

Impact of COVID-19 on children

Support scaled back:

Prioritisation has a "human cost"

It is an absolute scandal. Other medical professionals are getting on with their jobs, why are HV different? There must be vast undetected child neglect (intentional and otherwise) and abuse that it is their job to spot and I don't know why they've been allowed to bow out.

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Increased need:

- Negative impact of "lockdown" on all families

3 types of vulnerability

- **Child safeguarding/ statutory -**

"Parental and family stressors were a strong factor in escalating risk, particularly in incidents involving babies under 12 months old"

Child Safeguarding Practice Review Panel, 2021

- **Clinical vulnerability** - Undetected childhood conditions. Parents turning to A&E for support for conditions previously managed by HV.
- **Wider determinants** – poverty, poor housing, access to food/ storage/ cooking

" [this] is not the failure of a single health visitor, or manager or commissioner, but rather the predicted consequence of years of cuts to the health visiting service"

Headlines from State of Health Visiting Survey, Dec 2020 and other evidence

- **"Shadow pandemic" (WHO, 2021)**
  - 82% of HVs reported an increase in domestic abuse (DA helpline calls ↑ by 77%)
  - 81% an increase in perinatal mental illness
  - 76% an increase in use of food banks & speech/communication delay
  - Increase in Serious Incidents (Jan- Dec 2020) predominance of infants under 1 (35%)

- **A reduction in the capacity of the HV service to support families.**
  - Service cuts prior to COVID-19 (31% reduction in HVs since 2015 and falling)
  - NHS categorisation of HV service as a "partial-stop" service. Up to 63% of HVs redeployed
  - HVs went "above and beyond" to support vulnerable families ++innovation
  - Service prioritisation inevitable
  - Shift to "virtual contacts". Some benefits
  - 89% of HVs felt that video contacts were not as effective as face-to-face
  - MBBRACE – women with perinatal mental health problems unable to access support
  - 76% of parents of children with disabled children reported "all support stopped" – 50% still struggling to access support

Survey findings (2)

- **Unmanageable caseloads – HVs set up to fail**
  - 65% of HVs had caseloads with 300+ under 5s
  - 29% had 500+ children.
  - 12% report caseloads of over 700
  - Further exacerbated by redeployment
  - Comparison with FNP (20-25 children); optimum HV caseload =250

- **Unwarranted variation**
  - Role drift away from preventative public health to “firefighting”/ filling gaps in social care
  - HVs only reaching the *“tip of the iceberg”* of unmet need – vulnerable babies are invisible
  - Need to be transparent about “Work as imagined vs. work as done”

- **Workforce wellbeing:**
  - 75% of health visitors report increased levels of work-related stress.

The Best Start for Life: A Vision for the 1,001 Critical Days – iHV reflections

Six action areas:

- **Seamless support for families**:
  - Local authorities ***Start for Life offer*** for parents in their area
- **A welcoming hub for families**:
  - Builds on the Government's commitment to champion Family Hubs
  - A place for families to access Start for Life services
- **The information families need when they need it:**
  - Designing digital, virtual and telephone services around the needs of the family
  - Digitising the Personal Child Health Record

Welcomed policy intent

"a better start in life" to ***"improve health and development outcomes and reduce inequalities for babies in England"***

Prioritise, **"the recovery of health visiting and the Healthy Child Programme."**

Now need a strategy, plan and action with investment to make the difference.

➢ ***Family Hubs alone are only buildings*** – success hinges on the expertise of the people that work within them

➢ **HVs were integral to success of "Surestart":**
- Identification of need/ brokering engagement
- Providing support across a breadth of needs for child/ parents
- "joining the dots" between the families who need additional support and other agencies.

➢ We need to **maximise digital/ virtual offer** – currently research on effectiveness is lacking.

Does it achieve the ambitions of the HCP?

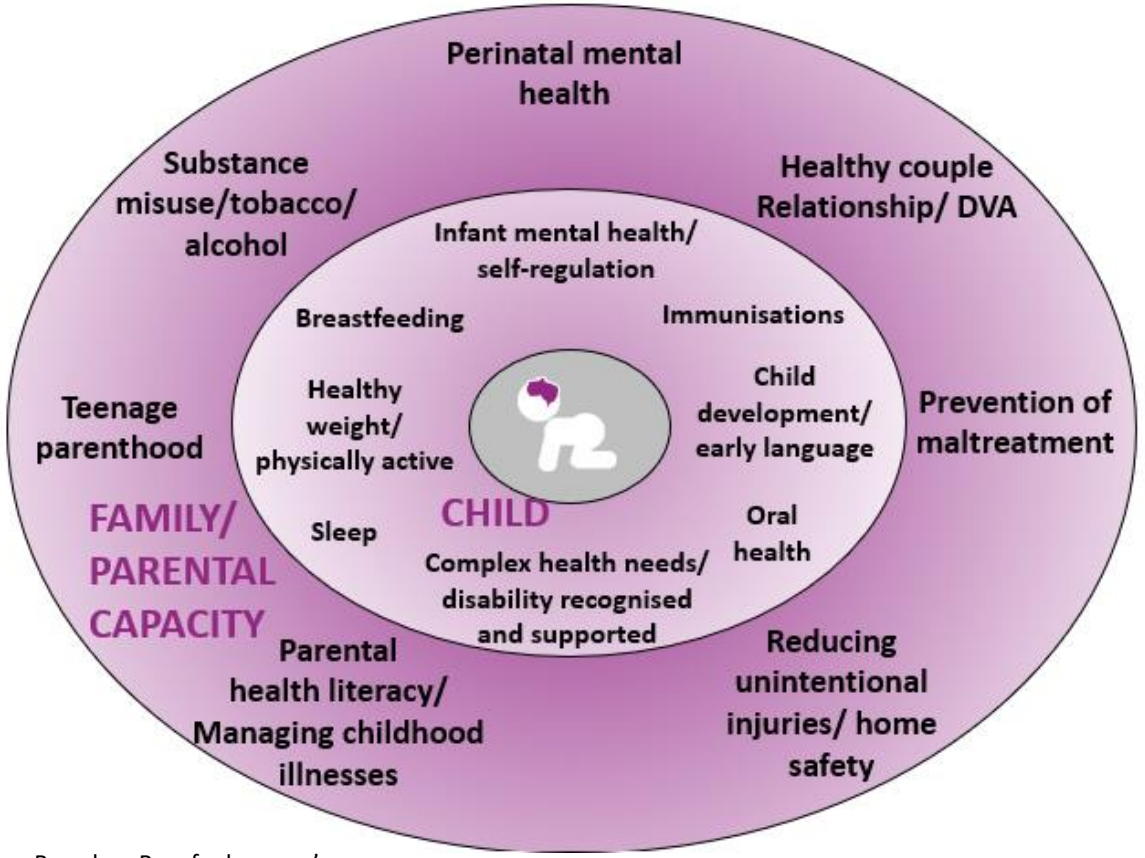
Maximising the potential of EY Review

- **An empowered Start for Life workforce**:
  - A modern skilled workforce
  - Attract people into HV and ensure that HVs are developed and supported
- **Continually improving the Start for Life offer**:
  - Improve data, evaluation, and outcomes to ensure it is meeting a family's needs.
  - Hold local services to account.
- **Leadership for change**:
  - Encourage local areas to nominate a leader
  - Ensure delivery of the review is overseen at a national level.

- **Address both workforce capacity and capability**
- **Value the USP** of all (HVs, SALT, psychologists, EY, volunteers etc…)
  - A homogenous workforce might appear collegiate/ "integrated" – risk it will drive a "lowest common denominator" of skills and specialist skills dilution.
  - **Implementation science** - success relies on *people working, individually and collectively, to implement the complex changes needed – with shared priorities/vision.*
  - **Need clear differentiation of roles -** understanding of how each member of the collective complements each other.
- **Continually improving:** Measure of success must be reaching the most disadvantaged/ reducing inequalities.
- **Prioritise the most deprived families:** not "either, or" but both - Proportionate universalism
- **Levers to reduce unwarranted variation**

Priorities going forward for HCP:
keeping the end goal in sight - taking a whole system approach

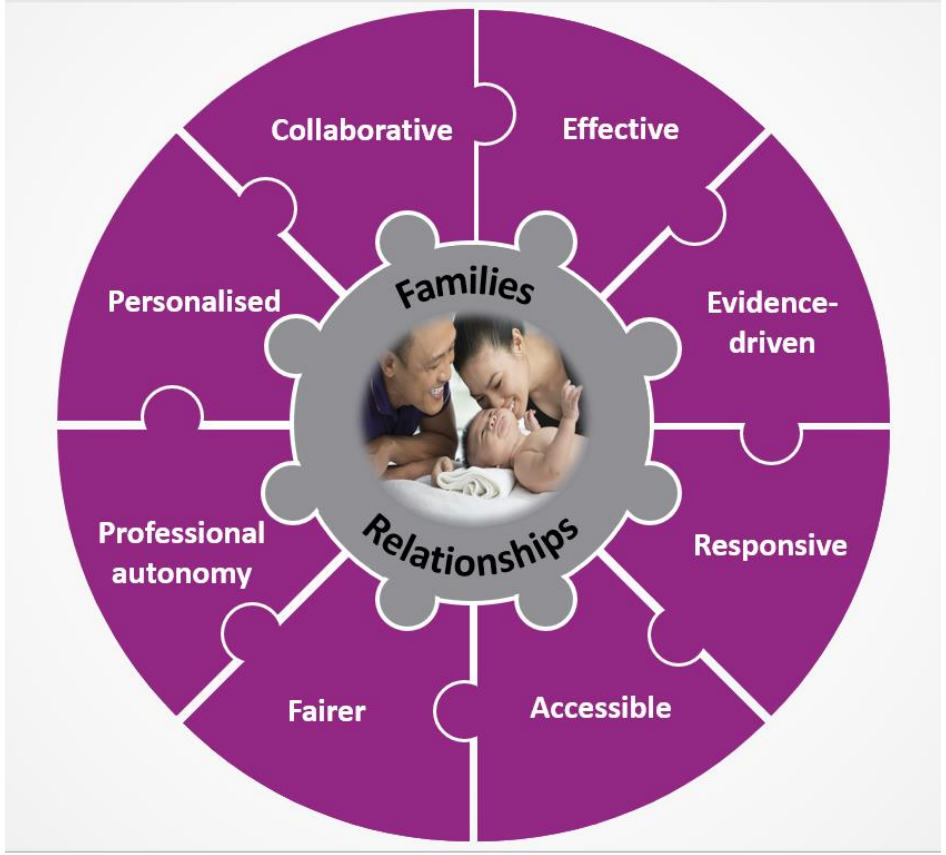
Prevention → Early identification → Engaging families- recruitment/ retention → Intervention → Safety net for all children → Improved outcomes



Based on Bronfenbrenner's Ecological Systems Theory

- **What workforce skills do we need to deliver the HCP effectively?**
- Undifferentiated universal population
- Opportunities for improved integrated pathways in Health and Care reforms
- Will depend on flow of resources
- Workforce skills will determine scope of "work as done"

Evidence driven key elements for success



- Keeping the **"whole" child** at the centre vs. reductionist approach
- Weigh all change on its impact on the most **vulnerable**
- **Relationships are central to success**: identification of need/ behaviour change
- **Relationships are built over time** and through continuity of practitioner
- **Fragmented** services increase risk
- **Investing in the earliest years of** life is a smart investment – relative lack of investment in 0-2s
- **Highly skilled "safety critical"** staff save money across the "whole system" in the long-run
- Beware of **"ticking the box but missing the point"**

How do we get there? Three priorities

Workforce

Quality

Sustainable funding

Because the Government is facing a tight fiscal settlement, this "investment to save" is needed now, more than ever