Health Visiting and the challenges it is facing today

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Health Visiting in 2021

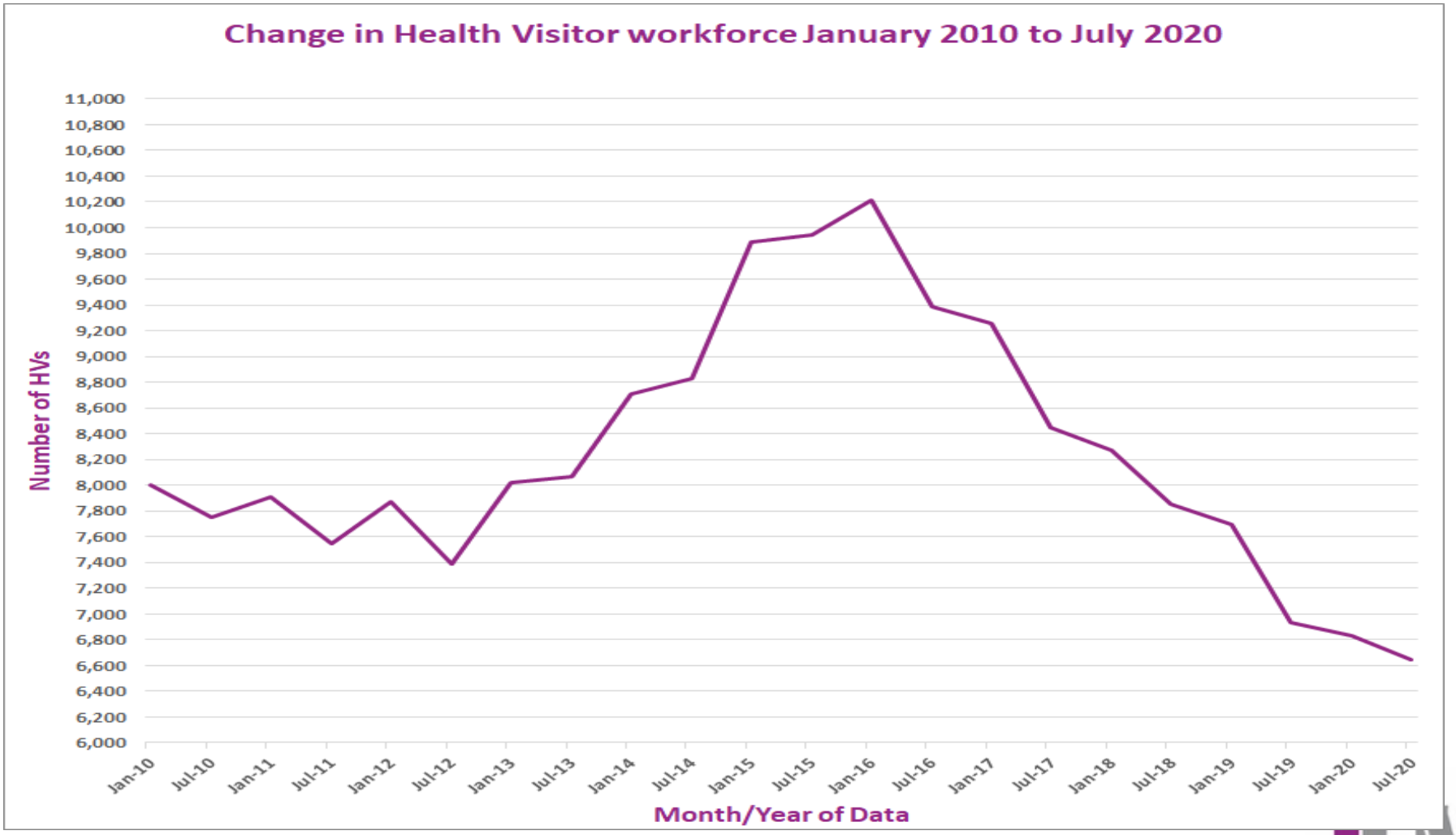
- Registered nurses or midwives with specialist public health training – many are masters level practitioners – all will be in the future
- Regulated by the Nursing and Midwifery Council
- New standards are expected this year demonstrating their enhanced role in public health leadership
- The services has been commissioned by local authorities since 2015 and provided by the NHS (circa 80%), private, CICs and others. Increasingly non-NHS HVs are employed by local authorities

Health visiting numbers in 2021

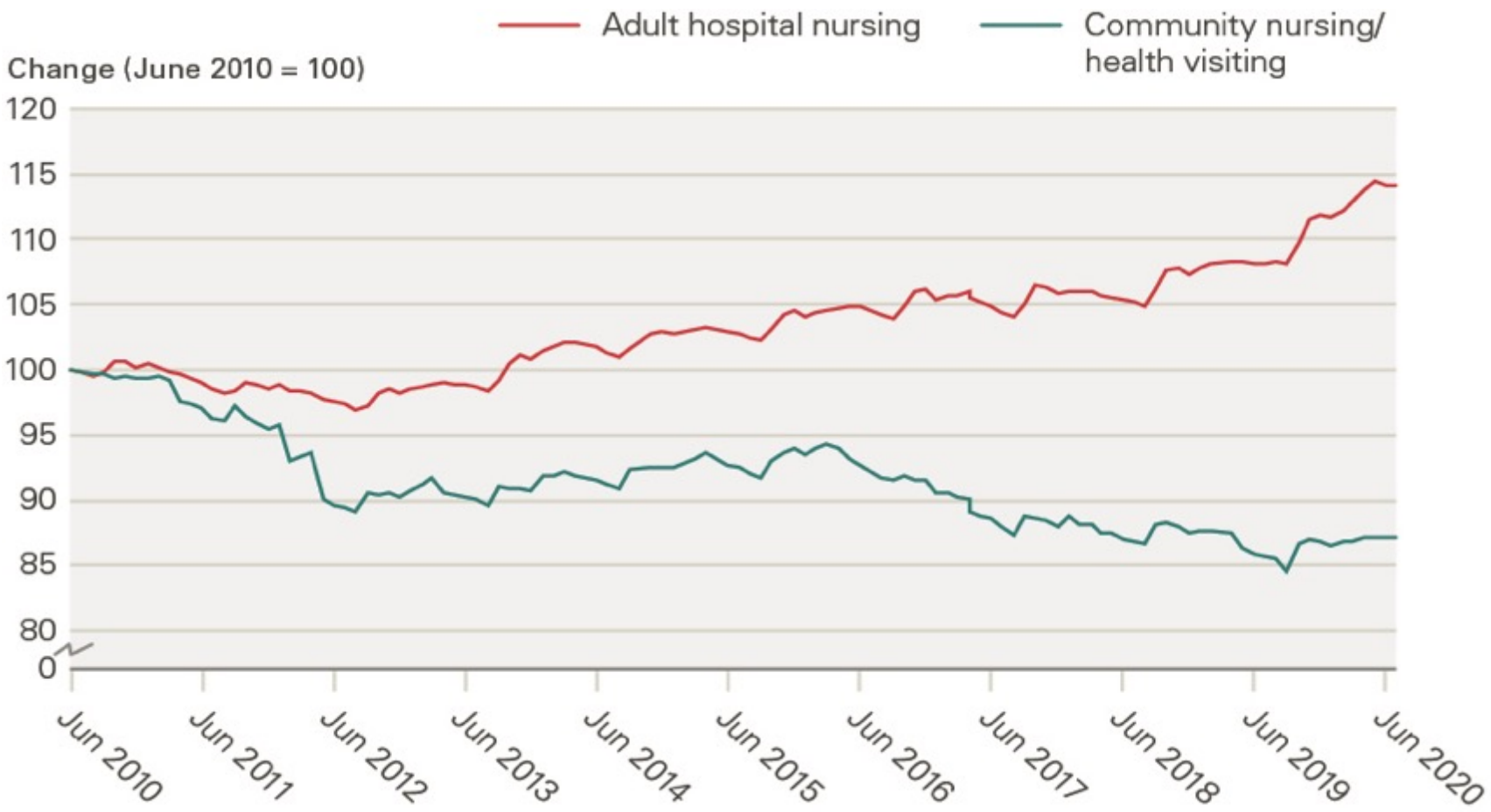
- As moved health visiting to LA commissioning government also cut public health budgets – leading to immediate and ongoing decommissioning of health visitors in many area – **BUT** not all - some like Blackpool invested in health visiting.

- Numbers very depleted from aspiration by David Cameron's government (2011) of 12,292 full time equivalent health visitors in England by 2015, workforce is now 7,805 WTE
- (Data source: 6,672 WTE latest NHS workforce data Nov 2020, published Feb 2021; 1,133 WTE Independent HealthCare Provider workforce statistics, published Feb 2021)

Dramatic disinvestment in health visiting 2015-2020 (NHS Workforce Data)



Growth in hospital nursing at the expense of community nursing and health visiting workforce growth.Buchanon et al 2020 · https://doi.org/10.37829/HF-2020-RC14



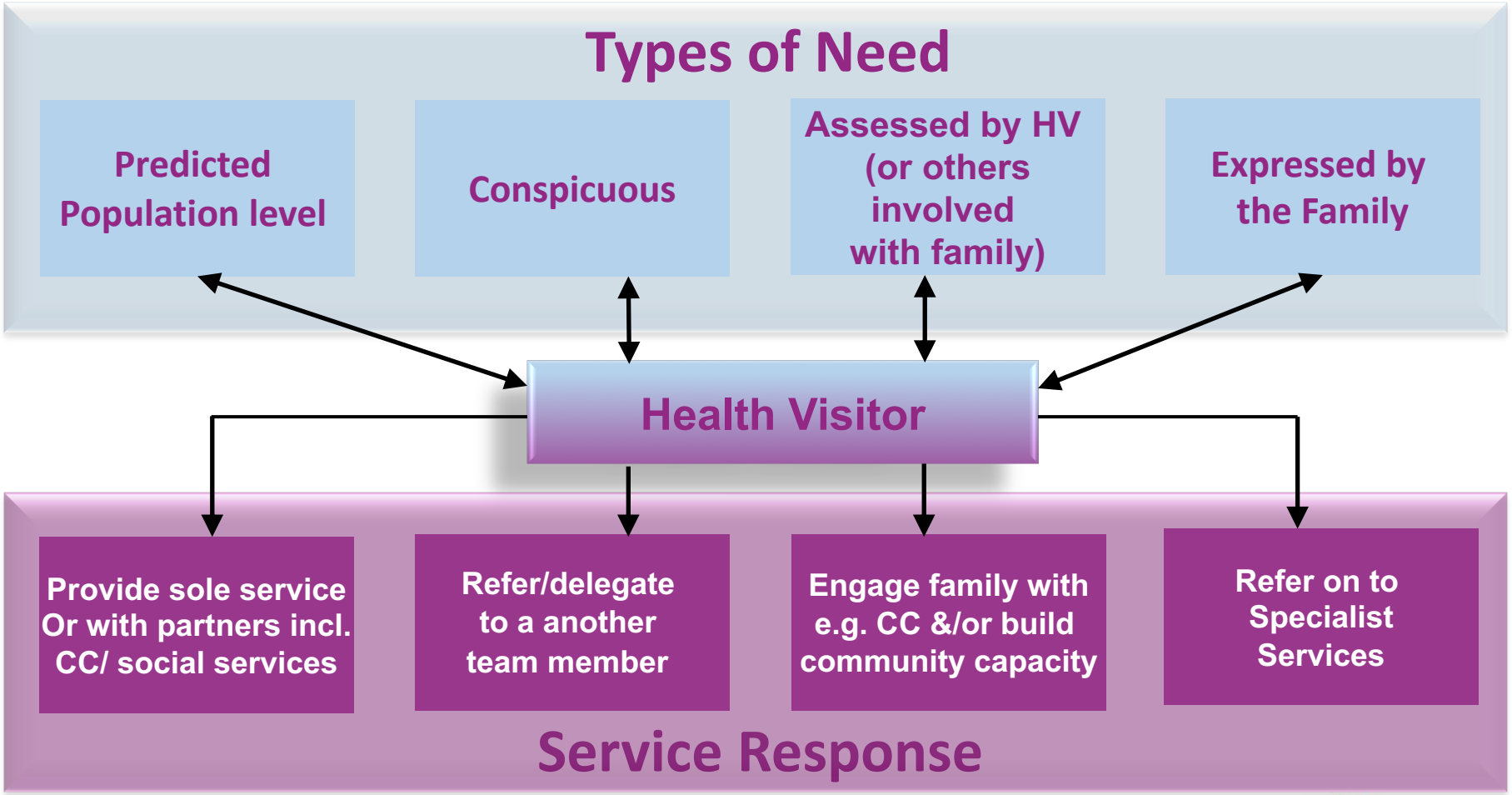
UK research evidence – health visiting characteristics

- Health visiting practice is:
  - Salutogenic (health-creating)
  - Demonstrates a positive regard for others (human valuing)
  - Recognises the person-in-situation (human ecology)
- This orientation underpins the delivery of the service through three (*four*) core practices:
  - Health visitor-parent relationships;
  - health visitor home visiting;
  - health visitor needs assessment; and
  - (*Health visitor access at community venues*)

  Research report: http://bit.ly/19r4Jz8

Cowley, Whittaker, Malone *et al.* (2015) Why health visiting. *IJNS;* 52(1):465-80. DOI: 10.1016/j.ijnurstu.2014.07.013

Key is recognition of need and universality - working with all pre-school children so that it provides a crucial safety net for all children



Groups of vulnerable children data

What do we know? (NB groups are not mutually exclusive and there are many groups for which estimates are not available)

1

Clinically Vulnerable

Data sources and estimates in development

- Revised Shielding list
- Those that have been negatively impacted from **delayed presentation**
- Those that may have been impacted by **delay for planned / elective treatment** or reduced uptake of immunisation and early year support
- CYP with **mental health needs** will require specific support. Mental health needs may increase with the duration of the response

2

Higher risk and have statutory entitlement for care and support

CYP who are at **increased risk due to family and socially circumstances** where there is a statutory entitlement for care and support. In England:

- 399,510 children in need; 52,260 children the subject of a child protection plan
- 78,150 children in care
- 1.3m pupils with SEN; of these, 271,165 with EHCP/SEN statements
- 132,345 pupils with Autistic Spectrum Disorder as primary need

Characteristics of children in need: 2018 to 2019;. Children looked after in England (including adoption), year ending 31 March 2019; Special educational needs in England: 2019. Department for Education.

3

Higher risk due to wider determinants of health / other factors leading to poor outcomes

CYP who may be at **higher risk due to family and social circumstances** and may not be known to services. In England:

- 2m children living in absolute low income
- 40,990 homeless family households
- 27,265 parents* newly presented to specialist drug or alcohol treatment services
- 11,887 first time entrants to the youth justice system

'Stat-Xplore' tool, Department for Work and Pensions; Child Health Profiles, PHE; Adult substance misuse statistics from the National Drug Treatment Monitoring System, PHE; Child Health Profiles, PHE

** Also includes unrelated adults living in a household with children*

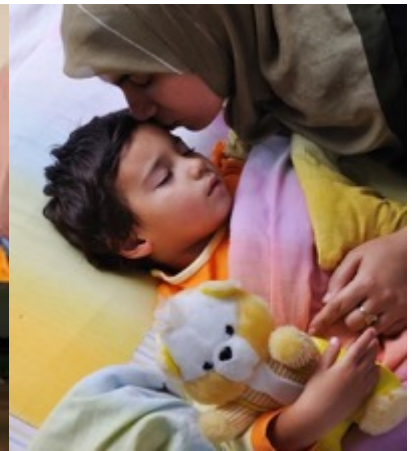
There is a high return on investment eg in case of perinatal mental health

Prevention: economic analysis (PoNDER trial)

- 'Highly cost-effective'
- 6-month adjusted costs were £82 lower in intervention than control groups, with 0.002 additional QALY gained.
- Costs of additional training recouped within 6 months – ROI
- Trained health visitors gave best returns

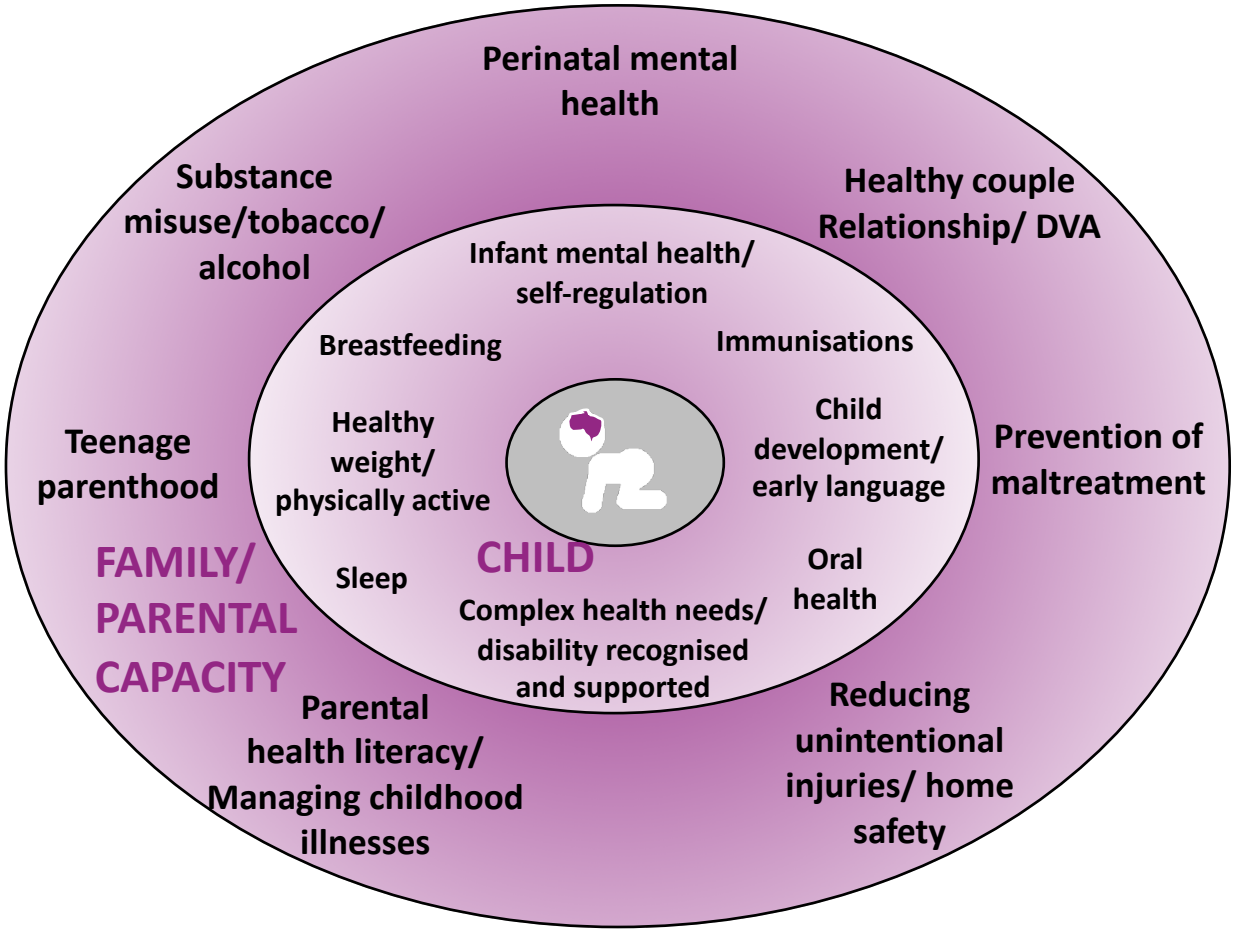
	Control (mean) N=417	Intervention (mean) N=1042
HV total contacts	8.0	6.4
Total HV minutes	172.7	116.8
GP contacts	2.5	2.3

Henderson et al 2018



An ecological approach to improving physical and mental health: improving early life experiences

Pre-conception → Pregnancy → 0-2 years → School preparedness



Population AND individual approach

Based on Bronfenbrenner's Ecological Systems Theory

IHV

Opportunities

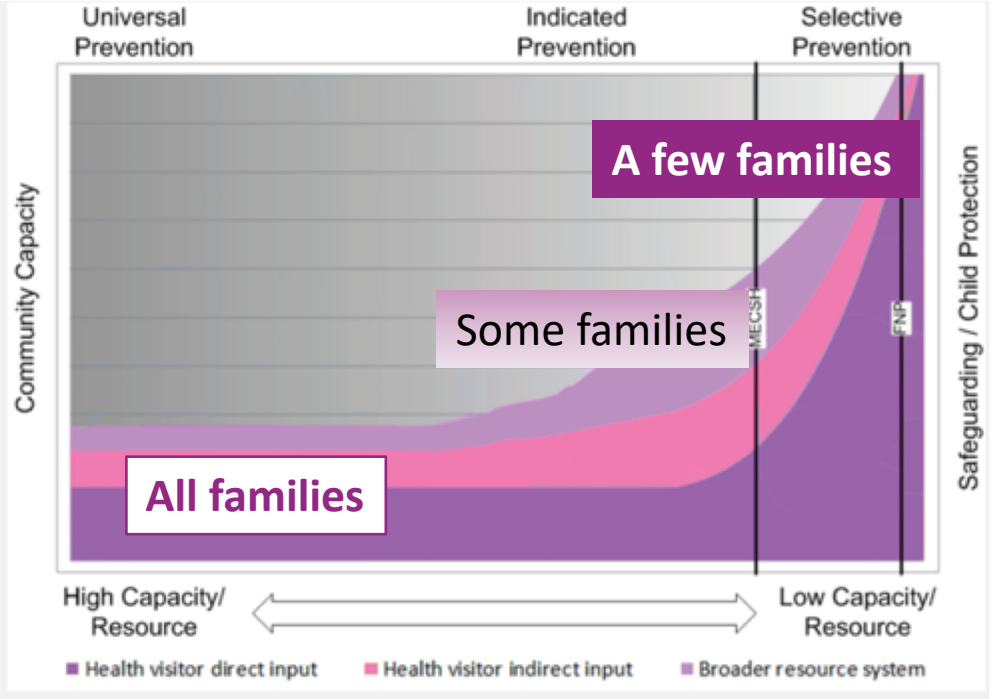
Health visitors are a highly skilled workforce equipped to address numerous government priorities for children and families

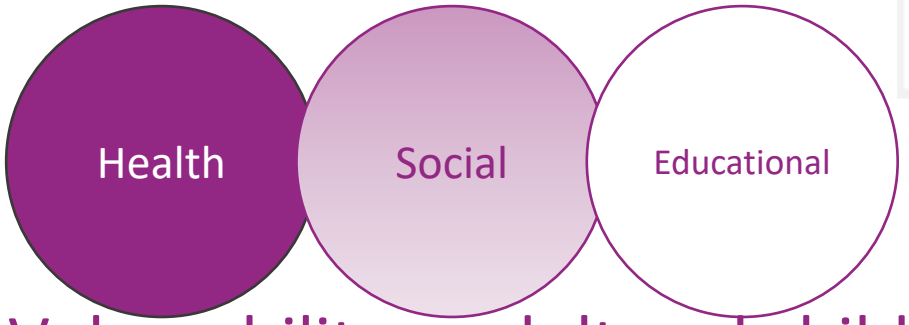
Early years lay the foundation for lifelong health and wellbeing

Investment in early childhood is a smart investment – the greater the investment, the greater the return

Inequalities are not inevitable. Early interventions make a difference

Half full or half empty?





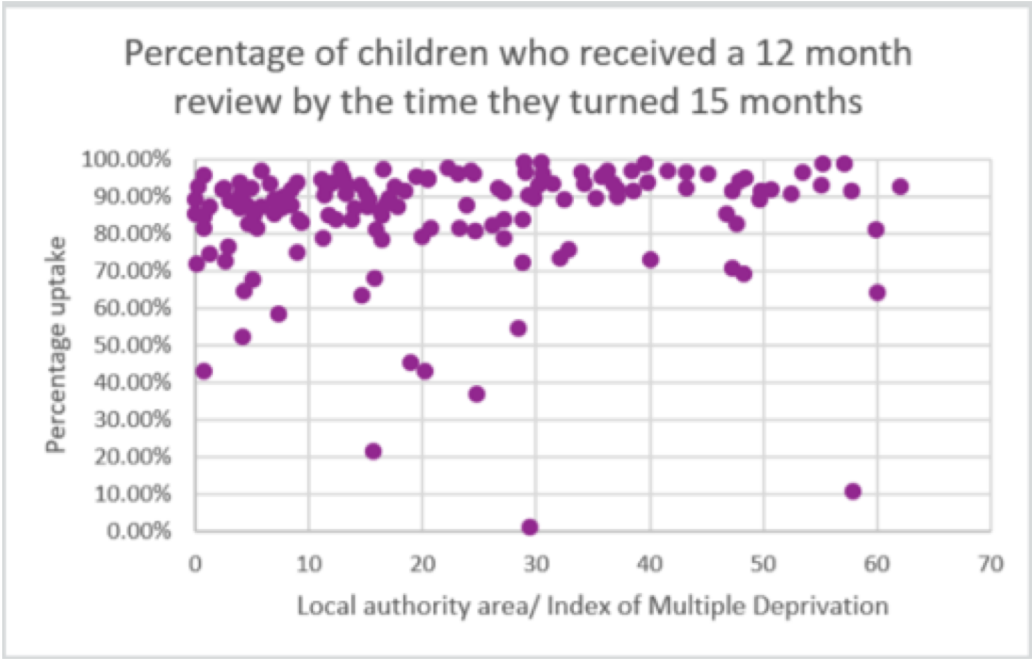
Vulnerability – adult and child

Opportunities for improvement

Challenges

- Widening inequalities and poor state of child health and wellbeing
- Unidentified need – "invisible children"
- Public health grant cuts
- Workforce challenges – training, recruitment, retention
- Unwarranted variation in quality of health visiting services
- Role drift from preventative public health
- Perverse system incentives to "tick the box, but miss the point"
- The cost of failing to intervene early is enormous

Variation in HV service, based on where families live, rather than their level of need



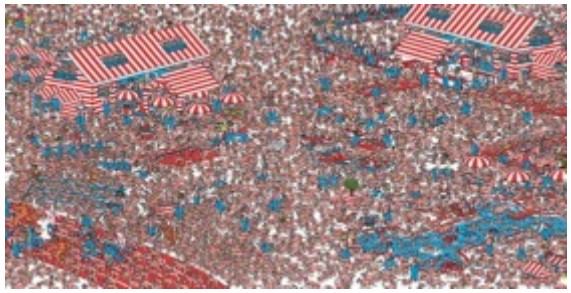
The Prevention Green Paper

"we can prevent problems from arising in the first place, rather than dealing with the consequences"

We need - Integrated systems so no children are unseen: key elements

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

"Invisible children":
Finding the individual in an undifferentiated population

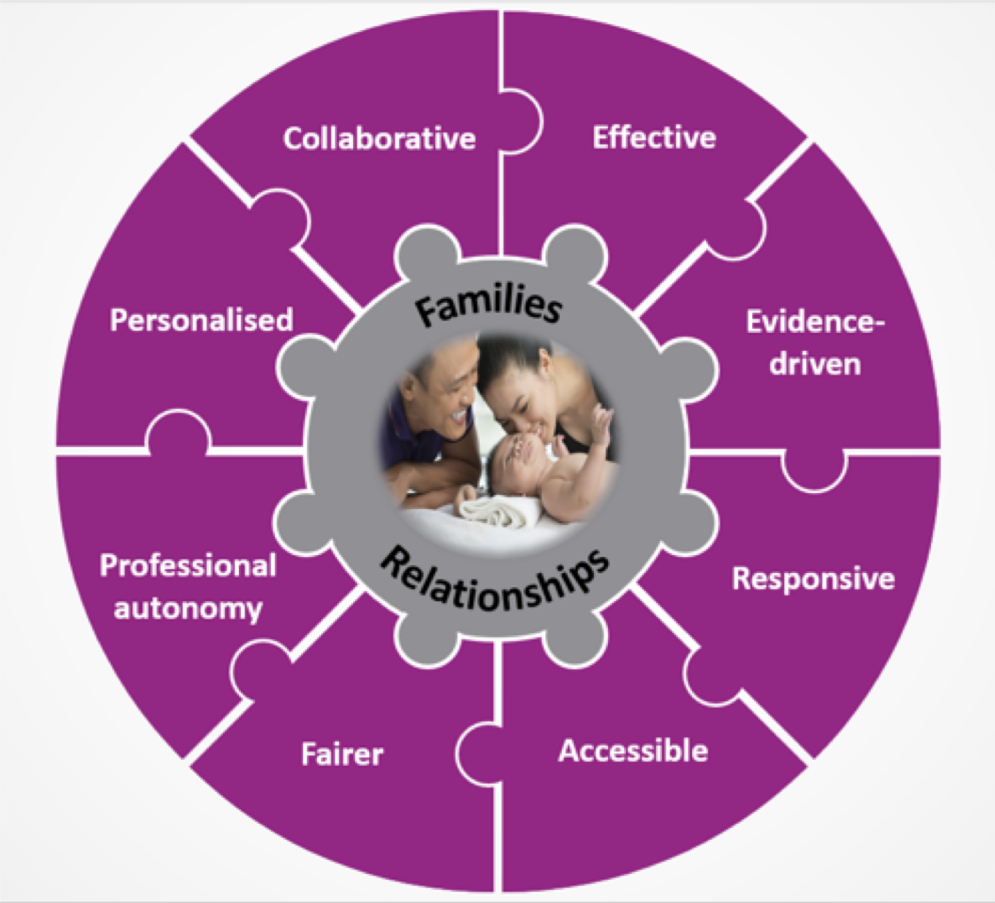


- **Integrated system with clear pathways and roles**
- **Leadership** - Accountability
- **Proportionate universalism** – *Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently; indeed, it may stigmatise those most affected while missing the opportunity to reduce the social gradient across the whole population*
- **Targeted approach only works if we have good universal services** – *safeguards all children*
- **Practitioner skills and autonomy**:
  - Supporting the whole family – (child and adult – range of needs)
  - Expertise closest to the child – parent's expert skills

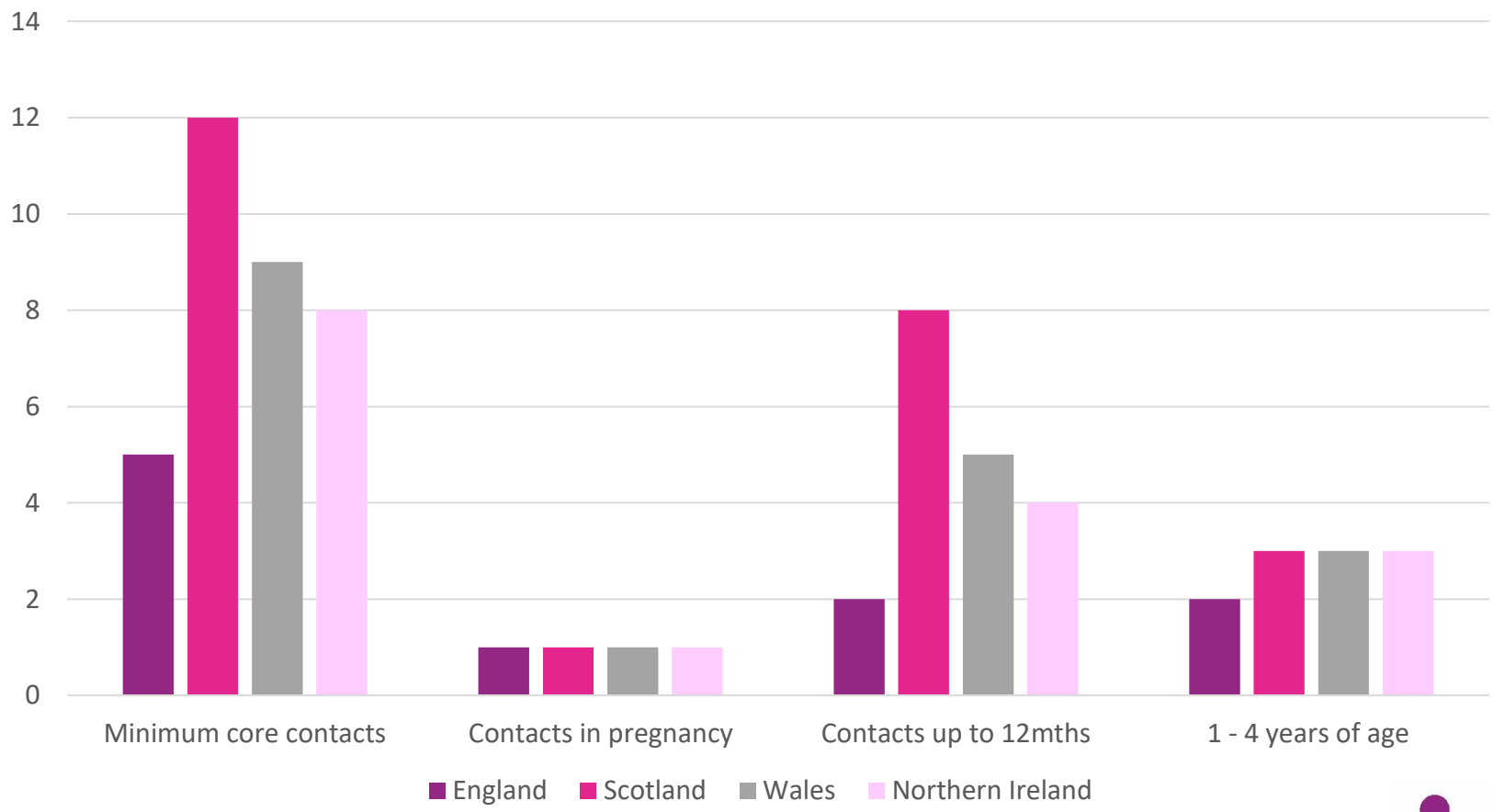
  vs. "refer-on" culture and reductionist/ fragmented services linked to risks in SCRs

What does a good health visiting service look like?

Key Elements



Huge disparity in services across the UK - Number of Minimum Universal Contacts



State of Health Visiting Survey

Findings from State of Health Visiting England survey December 2020

https://ihv.org.uk/wp-content/uploads/2020/12/State-of-Health-Visiting-survey-2020-FINAL-VERSION-18.12.20.pdf

Headlines from State of Health Visiting Survey, December 2020

- **Widening inequalities with increased safeguarding risks and need** - disadvantaged families have been disproportionately impacted by COVID-19
  - 82% of health visitors reported an increase in DVA
  - 81% an increase in perinatal mental illness and poverty
  - 76% an increase in the use of food banks and speech/communication delay
  - 61% an increase in neglect
  - 45% an increase in substance abuse.

- **A reduction in the capacity of the service to support families.**
  - Service cuts prior to COVID-19
  - redeployment of over 50% of health visitors in some areas
  - NHS categorisation of the health visiting service as a “partial-stop” service
  - shift to “virtual contacts”. Some benefits, but 89% of HVs felt that video contacts were not as effective as face-to-face contacts for identifying needs/ enabling disclosure of risk factors. Further research is urgently needed.
  - 65% of health visitors said that, “Focusing solely on those most at risk (safeguarding) leaves limited capacity to deliver prevention/ early intervention”

Need has increased during the pandemic.

- Perinatal mental illness – 81%
- Poverty affecting families – 82%
- Domestic violence and abuse – 82%
- Use of food banks – 76%
- Speech/Language delay- 77%
- Child behaviour problems- 75%
- Neglect – 61%
- Sleep problems -58%
- Excessive weight/obesity – 52%
- Breastfeeding problems – 46%
- Substance abuse – 45%

Continuity of care and quality of relationships

- Only 3.1% of health visitors told us they are able to offer continuity of health visitor to families all the time.
- 45% of health visitors said they could offer continuity of health visitor “most of the time”, a fall from 65% in 2015.
- 44% of health visitors were only able to offer continuity of their input to vulnerable families or those on child protection plans.
- 32% say they feel so stretched that there may be a tragedy at some point
- 29% had caseloads of over 500 children (optimum maximum is 250 less in areas of high vulnerability)
- 56% were concerned that they were only reaching the “tip of the iceberg”

Secondary impact of COVID-19 on children

Support scaled back

Whilst all families are impacted by COVID-19, the most detrimental effects are being felt by those who are already disadvantaged – in particular, our most vulnerable infants and children whose needs are often hidden from sight.

Increased need/ impact:

- Mental health – stress and anxiety
- Loneliness
- Couple conflict
- Domestic Violence and Abuse
- Alcohol consumption for some groups
- Food poverty
- Increased unemployment
- Child Protection/ Child in Need – “pressure cooker homes” – safeguarding referrals increased
- Falling immunisation rates – uptake fell by 20% in early weeks – returned to baseline but catch up still needed

How are health visitors feeling about their service?

"It's no good talking about infant mental health and 1001 critical days if we can't provide antenatal visits because of lack of HV numbers."

"I'm exhausted and have had enough. I love the good bits but I'm seeing less and less good bits. We're failing the families we should be supporting and it's a serious case review waiting to happen."

"I have left HV due to the stress of trying to meet unrealistic expectations. It is a very sad time of increased poverty and very limited resources. Families are frustrated and angry at the lack of support we can give."

Sadly, in England the capacity of the HV service to respond is very challenged

- 66% of respondents experienced some redeployment of practitioners in their team - 13% said a third were redeployed and 20% reporting that 50%+ were redeployed.
- 28% -have caseloads of over 500 children (optimum is 250)
- 26% of health visitors report that they can provide a good or excellent service
- 33% reported that they feel their service is inadequate or poor

Barriers to making a difference:

- 77% - reported lack of time/ resources to set up support groups (e.g. for teen mums) or develop the "community/ place-based" role of the heath visitor
- 65% - focusing solely on those most at risk (safeguarding) leaves limited capacity to deliver prevention/ early intervention
- 49% - lack of continuity/chance to get to know the family

COVID-19 restrictions

Are there any green shoots for health visiting??

- Covid has highlighted what new families need and the lack of access to health visiting services – parents have been very vocal
- **Leadsom review** – reporting March – most hopeful
- Interest of the **Duchess of Cambridge** in the early years is shining a light
- Update of the **Healthy Child Programme**
- New **NMC Standards** highlighting the complexity of the work of the HV
- **Building back better** – surely you start with childhood where you can have the greatest impact???? We all need to be lobbying for this

How do we get there? Three priorities

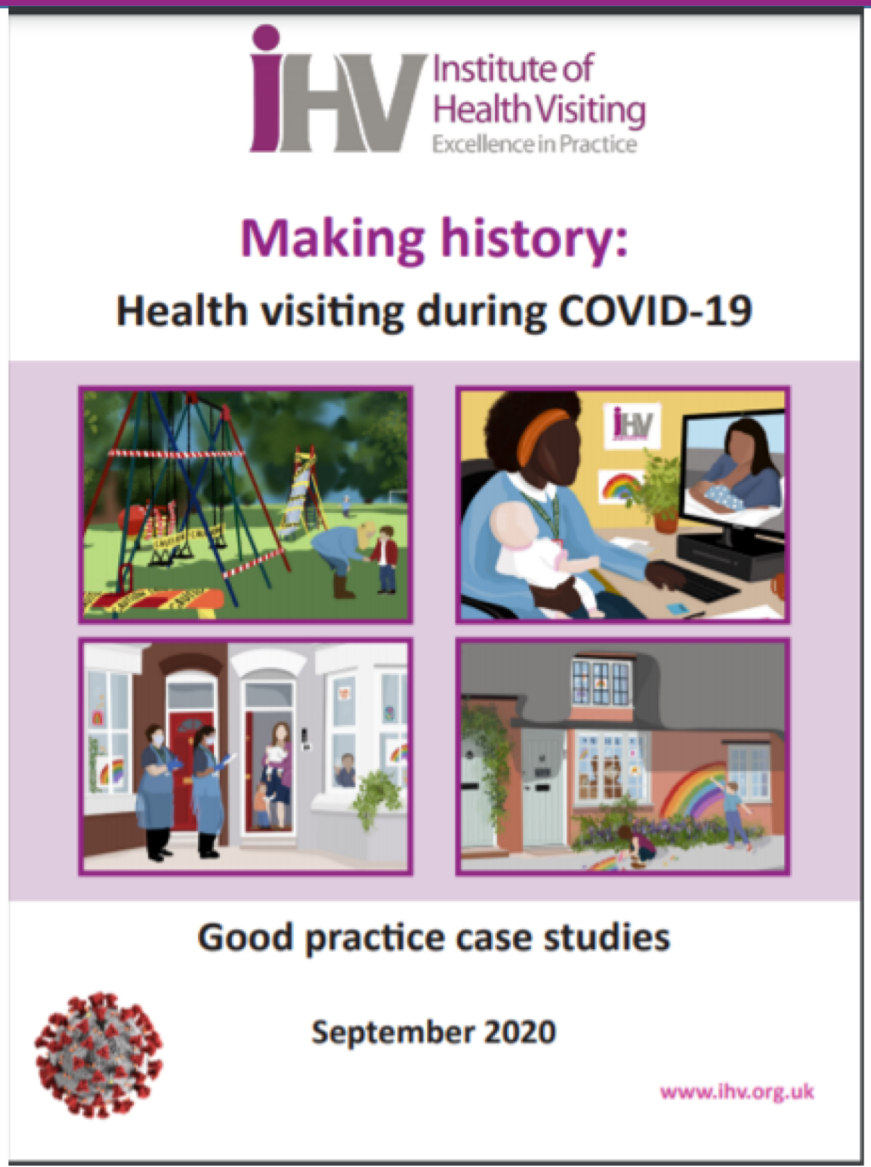
Workforce

Quality

Sustainable funding

The evidence is clear, the solutions are there. If not now…. when?

Good models remain – visit www.ihv.org.uk to read our case studies



Thank you

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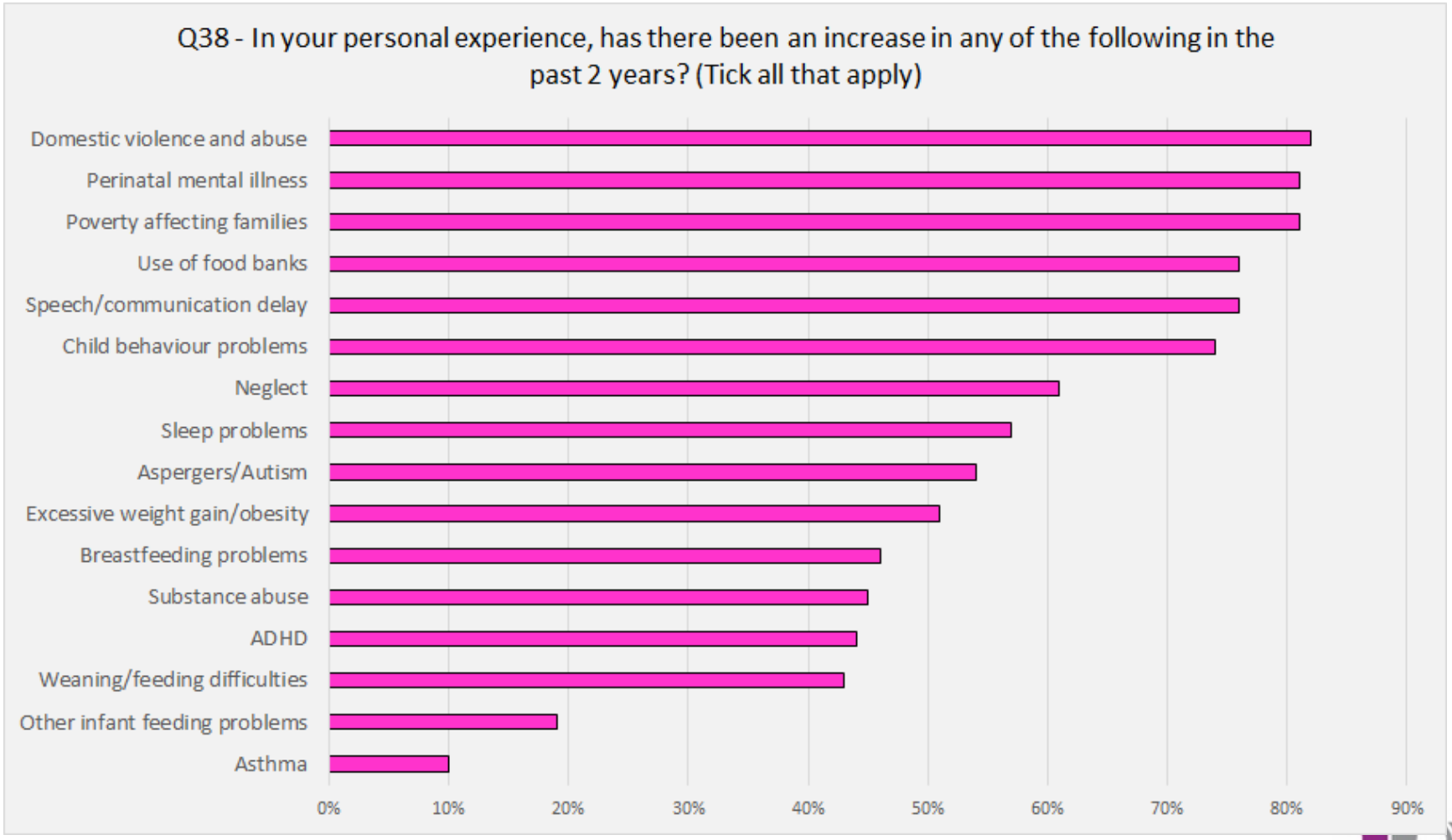
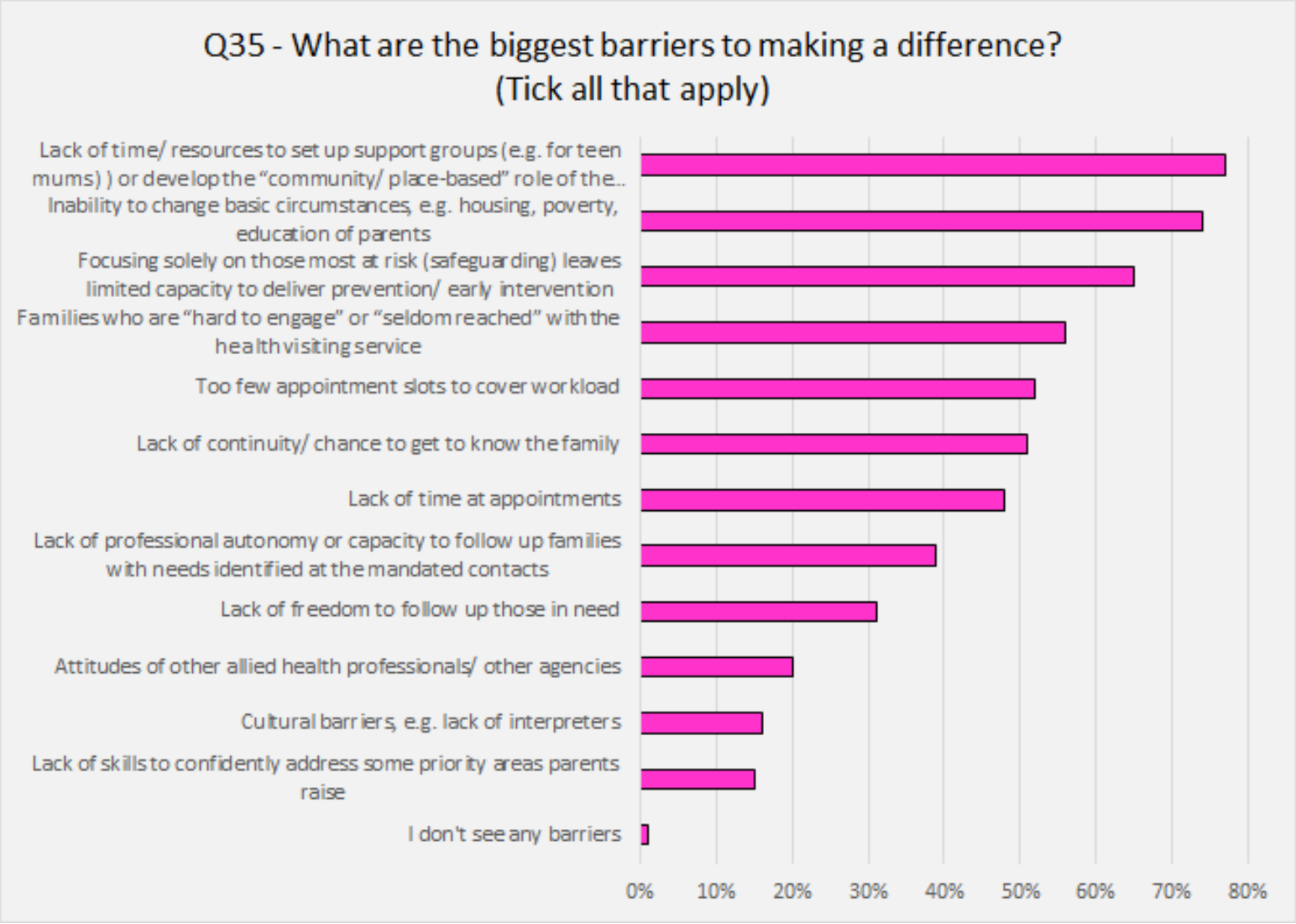
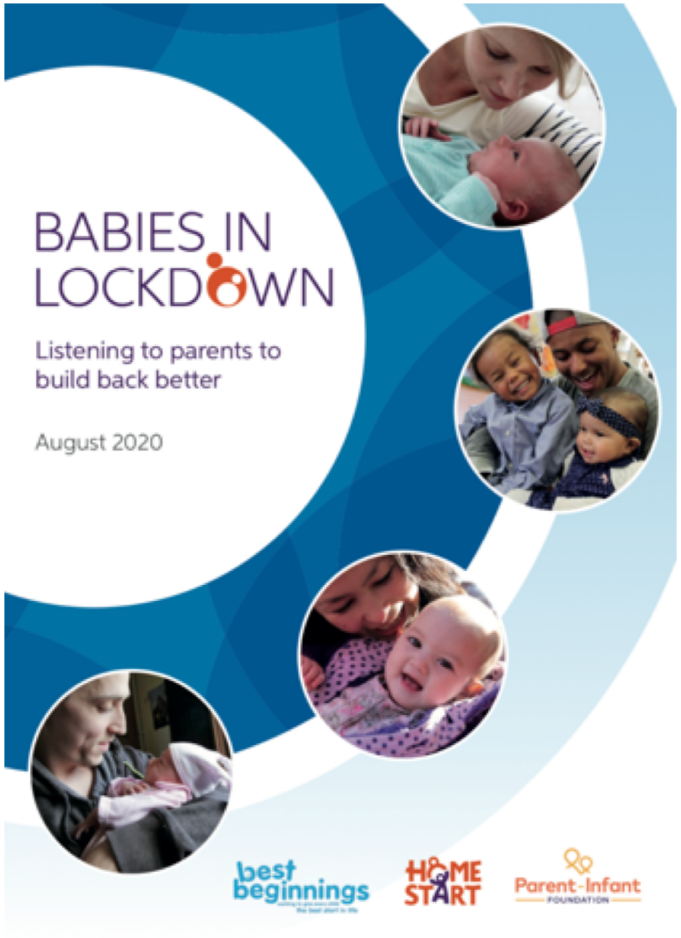
Annual ‘State of Health Visiting’ survey December 2020



Annual 'State of Health Visiting' survey December 2020 – Biggest barriers to making a difference



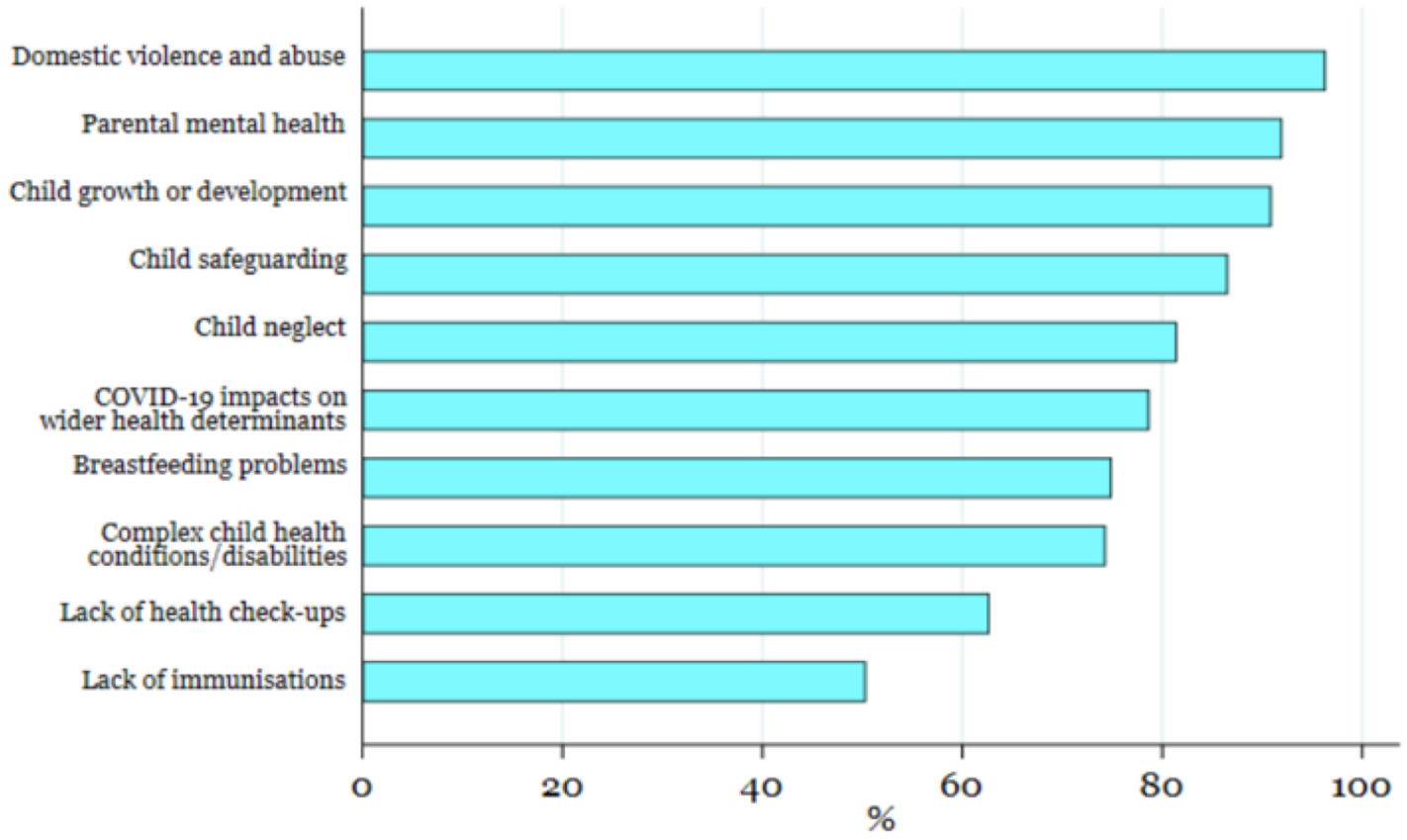
Babies in Lockdown – Build back better



- The report tells us that:
- COVID-19 has affected parents, babies and the services that support them in diverse ways.
- Families already at risk of poor outcomes have suffered the most.
- Without action, the pandemic could cast a long shadow on the lives of some babies.

https://babiesinlockdown.files.wordpress.com/2020/08/babies-in-lockdown-main-report-final-version.pdf

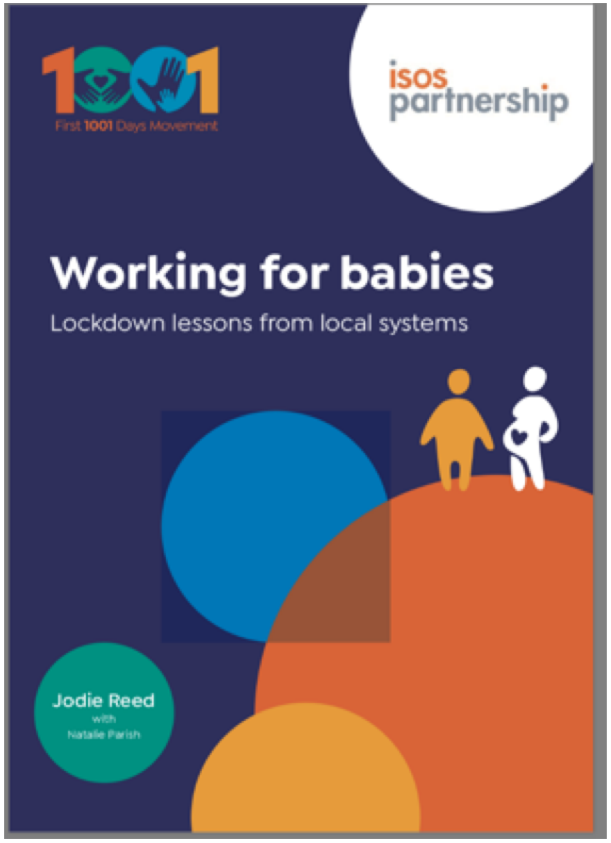
Risks to children during lockdown graph showing staff concerns



The impacts of COVID-19 on Health Visiting in England Conti and Dow July 2020
https://ihv.org.uk/wp-content/uploads/2020/07/Conti_Dow_The-impacts-of-COVID-19-on-Health-Visiting-in-the-UK-POSTED.pdf

Working for babies – Lockdown lessons from local systems Jan 2021

- This research shows, yet again, that babies' needs are often not prioritised by decision makers, despite increased vulnerability of infancy & the enormous importance of early childhood development. There continues to be a 'baby blind-spot'.
- The pandemic tested systems in ways they haven't been tested before & shone spotlight on strengths & weaknesses. In areas it has catalysed cooperation & innovation & removed longstanding barriers to change.
- **"If there is one additional message that cuts across the findings it is the value of human connection across a system."**



https://parentinfantfoundation.org.uk/wp-content/uploads/2021/01/210115-F1001D-Working-for-Babies-Report-FINAL-v1.0-compressed.pdf