



Department
of Health

High Impact Area 1: Transition to parenthood and the early weeks

Health visitor programme

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High Impact Area 1: Transition to parenthood and the early weeks

Health visitor programme

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London: The impact of Specialist Health Visitors for Homeless and Vulnerable Families

HIA 1: Transition to parenthood and the early weeks

Crystal Oldman, Queen's Nursing Institute

When I was a student Health Visitor, my placement throughout the year was in a borough of London that was mainly residential, with a mix of social classes living in a wide range of housing. It was an excellent way to learn the knowledge, skills and attributes required to serve a population in all its variety and with many health and well-being challenges.

Supported by my Practice Teacher, I learned to develop my skills in order to provide a Health Visiting service to some of the wealthiest in our society and to some of the most deprived, in the respective environments in which they lived. As a Health Visitor, you learn to adapt to your approach to be the most appropriate for the family and their circumstances – offering a truly person-centred way of working.

In another part of the borough, a new Health Visitor service had been set up to offer the Health Visiting service to families who were homeless. This was, at the time, an innovation which today has become part of a mainstream commissioned service in many areas.

Part way through the year, I was invited to spend some time with Shirley Goodwin, a truly inspirational Health Visitor who had set up the first homeless Health Visitor service in London in the early 1980s. Shirley provided me with an insight into supporting families who are homeless, which demonstrated the remarkable impact the Health Visitors can have on the lives of children and their parents when they are in the most desperate of situations.

Shirley taught me about the importance of supporting families how to navigate a social and health system which as professionals we may understand well, but which is completely alien to many parents who need to engage with it on a daily basis. I learned the importance of developing relationships with the housing department and understanding housing law, so that the Health Visiting service can accurately and most effectively advocate for the family.

At the time, local authority housing departments were not well adapted to accommodate families with young children who were homeless. I saw many situations where the family was housed in bed and breakfast accommodation, living and sleeping in one room, where the conditions were hazardous for young children and completely inadequate for a family to thrive.

Accidents in the 'home' were commonplace and it was impossible to prepare and cook a meal in a kitchen located away from the room down a long corridor and shared with ten other families. The young families were often placed a long distance from their extended family, so they missed the day-to-day support that may have been available from grandparents and other close relatives in their communities.

Families were placed under tremendous pressure when living under these conditions. I learned how the Health Visitor was ideally placed to support the health and wellbeing of the whole family living in temporary accommodation – and to provide evidence of the impact such conditions have on them, to build a case for them to be housed in permanent accommodation.

This profound learning with Shirley has never left me. The families I later supported throughout my Health Visiting career benefited from these early experiences I had as a very young Health Visitor. Mostly, in the spirit of public health, what we do as Health Visitors is to support families and communities to build capacity and capability so that they no longer need the service.

As a Health Visitor in practice, I often used to be mindful of this saying by Chinese philosopher Lao Tzu, founder of Taoism in ancient China:

Go to the people. Learn from them. Live with them. Start with what they know. Build with what they have. The best of leaders when the job is done, when the task is accomplished, the people will say, "We have done it ourselves".

As Health Visitors, we don't always see families once they have been securely rehoused back in the communities they came from. It was therefore an unexpected joy for me to see recently the mother of a family I had worked with more than 15 years previously – at a time that she described to me as the lowest point in her life. She stood before me, 15 years later, the embodiment of all we hope for in the homeless families we work with: she had accessed education and training, found a job she enjoyed, supported her children as a single parent, found secure accommodation and was actively involved in her local community. She was thrilled that her eldest child was going to start university the following year – the first to do so in her family.

As we shared a moment to reflect on the change in her circumstances, she declared that it was the HV service that provided her with the support and courage she needed to believe in herself and her potential as a parent – and to take the actions needed which led to her success.

We both cried tears of joy at what she had been able to achieve for herself and her children. The power of Health Visiting service to be the catalyst that can change lives must never be underestimated.

Crystal Oldman is the Chief Executive of the Queen's Nursing Institute

Cheshire: Using local data to improve outcomes – Happy Tots

Cheshire

Penny Swift and Rachel Frampton

Published: Viv Bennett, 5 March 2015

Penny Swift and Rachel Frampton, Health Visitors, with support from the Health Visiting team in Winsford, Cheshire have initiated a new group called 'Happy Tots', which was launched on 2nd February, 2015 at the Library in Winsford Town Centre and runs weekly.

The aim is to attract the hard to reach clients and deliver public health information in a relaxed and fun way. The concept for the project emerged following a Building Community Capacity workshop facilitated by Deborah Haydock, Senior Lecturer at the University of Chester.

The team have engaged with other agencies including Children Centre staff, FNP, Bookstart as well as voluntary organisations, who were all involved in the launch. One of the team also dressed up as the 'Bookstart bear!'

We are aiming to empower local families to eventually take the lead in Happy Tots and will continue to work with other agencies to encourage their ongoing support in the delivery of public health topics, with a focus on the six high impact areas and the four principles of health visiting published in 1977.

We hope that by referring to the six high impact areas we will improve the outcomes in the local area by aiming to achieve the following:

Maternal Mental health: The long term aim of Happy Tots for parents and carers is to branch out to vulnerable families in the local area. By talking about mental health we hope that people will gain confidence and feel empowered by creating a relaxed environment where they can feel they can share their experiences, share parenting tips and increase their support network. We aim to give families up to date information about mental health and promoting campaigns such as 'Change' so that people can recognise mental health and reduce the stigma that can be attached to mental health. By improving parent's confidence, this in turn will improve the other high impact areas.

Healthy Weight and Nutrition: Happy Tots launched the theme 'Healthy Lifestyle' in the New Year to promote health and wellbeing. This was achieved by ensuring the change for life campaigns were utilised following evidence based practice so that people could make informed decisions regarding their family's health.

Breast Feeding: The breastfeeding rate in the area is below the national average for England. We aim to increase rates by promoting Happy Tots at antenatal and postnatal visits and providing family's with evidence based information so they are aware of the long term benefits of breastfeeding to theirs and their baby's health.

Minor illness/accidents: Within our area we have a higher than National average rate of unintentional accidents. Happy Tots will focus on safety in the home and outside, so that families are more aware of potential risks to help families create safer environments for their

children. This will be a topic that will run over a period of a month which will be revisited at future sessions.

Health, Wellbeing and Development: This is a core value in health visiting and will be covered continuously throughout Happy Tots. We are specialised in child development and have a duty to promote public health and assessing developmental milestones. During the sessions we 'model' educational play in a fun way.

We looked at the epidemiological data and are also focusing on areas where we are below the national average eg dental decay, mental health, school readiness. We are utilising seasonal topics and Public Health Days eg In March we are promoting World Book month and have invited both the Speech and Language Team and Bookstart to contribute. Bookstart are providing us with resources for us to distribute to the families attending.

Health Visitor Rachel Frampton said: "The information delivered by the Health Visiting team is evidence-based and current so families can be reassured that the information being shared with families is appropriate. If families took the time to come to Happy Tots, it would enable families and the community to take ownership of what information is delivered in their local area. It also gives families the opportunity to support each other and share parenting tips."

The Health Visitors are already receiving input from families to decide on the topics to cover in the future months and feedback on ways to improve the sessions. In responding to the community's needs we hope to improve the outcome measures for our clients.

Warwickshire: 'Baby steps' antenatal programme

Warwickshire

HIA 1: transition to parenthood

Contact details: Helen Efstathiades

Baby Steps is an NSPCC ante-natal programme run by health visitors to help vulnerable parents cope with the pressures of having a baby. A midwife in South Warwickshire identified three pregnant women early in pregnancy with specific vulnerabilities. When the midwife and health visitor met, the health visitor recommended the Baby Steps programme. It was agreed that the midwife would discuss Baby Steps and refer the mums to the nearest group, and the midwife and health visitor also decided to offer suitable home visiting support.

All the women had a range of vulnerabilities, from mental health problems, low mood, anxiety, drug and alcohol issues or social isolation. All three were keen to attend the six antenatal and three postnatal sessions offered as part of Baby Steps. The women's partners were also invited along.

Baby steps meant different things to each of the women and their partners, but all of them said they felt more confident as parents and praised the nurturing environment of the group saying "they didn't want it to end". The local health visitor and midwife also provided regular support. Regular communication between all was the key to making this matter for the families.

During the home visits it was clear that the families had really positive relationships with the health visitor. Thanks to the regular home visits, the health visitor also had the opportunity to develop a strong relationship with these families during the antenatal period.

This kind of therapeutic approach proved incredibly effective at identifying and dealing with problems. The postnatal period started to seem less stressful and the families said that because of their health visitor, they felt "cared for, well supported and more confident".

Identifying vulnerable women who need extra support and referring them to the right evidence-based programmes, like Baby Steps, is crucial. Health visitor contact and support in the antenatal period can be life-changing, and can help prevent problems in the postnatal period. And health visitors don't go it alone – through a team approach, every family can get a bespoke service which meets their need and gives them access to the right services.

Helen Efstathiades Experienced Health Visitor and practice teacher. Fellow of the Institute of Health Visiting and Baby Steps Facilitator

Barnsley: Having a Baby programme – antenatal programme

HIA 1: transition to parenthood

Contact details: Alison Addy

The 'transformed' health visiting service now has a four-level service model. The four levels of service model, from universal to more targeted, enables health visitors to give individualised support to families depending on the situation they are in, ultimately improving outcomes and tackling inequalities.

Health visitors in Barnsley have provided an antenatal and postnatal education programme for mothers. The programme has an integrated approach with other services including children's centres, midwives and breastfeeding link workers. This started as a targeted programme, but has now been mainstreamed to be universally available.

Barnsley is the 43rd most deprived local authority in England out of 354, and is the 4th most deprived in Yorkshire and the Humber out of 21. Over half the population lives in areas that are in the 30% most deprived areas in the country. This impacts negatively on their life chances, putting them at greater risk of poor outcomes.

Evidence indicates that a focus on improving the life chances of more deprived children is required to tackle both the intergenerational impact of child poverty – increased ill health, unemployment and criminal activity – and the subsequent public service cost, which is estimated to be between £10-20 billion.

The 'Having a Baby' (HAB) programme aims to reduce inequality through a strengths-based approach to enhance and build upon skills and knowledge, increasing parenting capacity and boosting self-esteem and confidence.

Families are engaged with this programme at the earliest opportunity. This means that their needs are identified sooner and interventions can be brokered earlier, thereby hopefully preventing a later reliance on more specialist support. The programme is underpinned and validated by the best evidence (Preparation for Birth and Beyond (2011)) resource which embeds the learnings and positive outcomes from the local and national Family Nurse Partnership programme, including:

- Child development and neurosciences;
- Attachment theory;
- Understanding infant/baby cues;
- Using a strengths-focused approach;
- A focus on early intervention; and
- Developing realistic expectations about parenthood and promoting healthy lifestyles from the start.

The programme has been rolled out through children's centres in Barnsley. During 2013, 54 HAB programmes were run with 360 pregnant women attended.

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The percentage of pregnant women attending parenting classes in 2013 increased to 29.5% compared to attendance of 20.1% in 2011/12. And 310 support partners attended the HAB programmes with pregnant women, with 292 (94.2%) of these being expectant fathers. Take-up was high in more deprived areas, with 43.6% of women accessing the programme from the lower 30% deprived areas of the borough. This is a significant amount of families that are from the borough's most disadvantaged areas.

The programme also had a significant impact on outcome measures.

Breastfeeding rates with 290 (80.6%) of the 360 women who accessed HAB initiated breastfeeding (compared to the Barnsley average of 61.6% in 2012/13).

Only 16 of the 360 women (4.4%) were reported to be smoking at delivery compared to the borough average of 21.9% for 2012/13. Only 17 women who accessed HAB were recorded as having a high Edinburgh Postnatal Depression Scale (EPDS) of 12 or above.

Alongside tracking and monitoring of each individual accessing the programme, qualitative evaluation was also undertaken at the end of each programme. The combined qualitative and quantitative data indicated that this multi-agency approach has demonstrated significant improvement in the health outcomes for families and their children in Barnsley. As a result, the Having a Baby programme has been mainstreamed as part of universal provision, with a targeted approach currently being undertaken with more vulnerable groups.

The programme has been rolled out through children's centres in Barnsley. During 2014, 52 HAB programmes were run with 397 pregnant women attending: 370 women were from the Barnsley Borough and 27 were from outside the Borough but had booked to give birth at Barnsley hospital.

356 support partners attended the HAB programmes with pregnant women, with 339 (95.2%) of these being expectant fathers and same sex partners. Take-up was high in the more deprived areas of the Borough, with 170 (45.9%) of women coming from the lower 30% deprived areas. This is a significant amount of families that are from the borough's most disadvantaged areas. This data excludes the 27 women who came from outside the Borough.

The programme also had a significant impact on outcome measures in 2014.

347 (87.4%) of the 397 women who accessed HAB initiated breastfeeding (compared to the Barnsley average of 68% in 2014).

6-8 week sustained breastfeeding for the 370 women who were from Barnsley (27 were from outside the Borough) showed that 177 (47.8%) women were still breastfeeding (compared to the Barnsley average of 30.1%)

Only 17 of the 397 women (4.3%) were reported to be smoking at delivery compared to the borough average of 20% for 2014.



