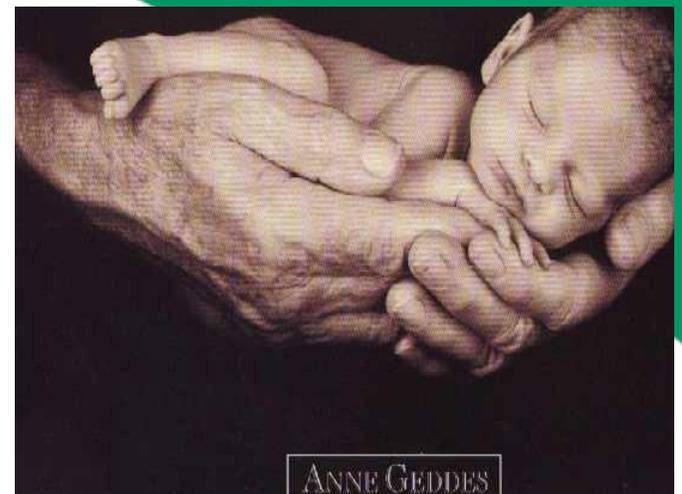


Lessons Learned from Health Visiting Services in the UK

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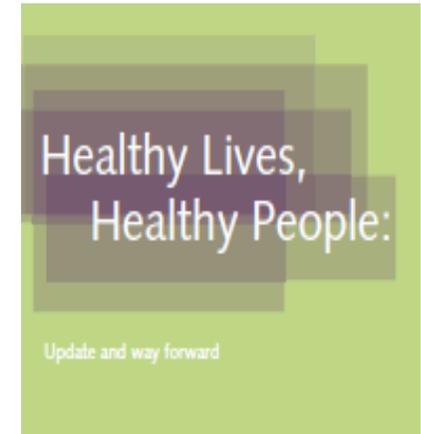
ANNE GEDDES

Policy Context

- Improving Public Health
- Building a Big (strong) Society
- Strengthening and supporting families and parenting
- Cross Government inc.
 - Foundation Years
 - Safeguarding
- Cross Government Reviews
 - Frank Field MP (Poverty and life chances)
 - Graham Allen MP (Early Intervention)
 - Claire Tickell (Early Years Foundation Stage)
 - Eileen Munroe (Safeguarding/child protection)Importance of prevention early help and early intervention

Key messages

- Importance of prevention
- Importance of early help and early intervention



Coalition agreement health visiting commitment 4200

Services for children 0-5: new model health visiting services

Your community

has a range of services Sure Start services and the services Families and communities provide for themselves.
Health visitors work to develop these and make sure you know about them.

Universal services

your health visitor and team provide the healthy child programme to ensure a healthy start for your baby/children and family (for example immunisations, health and development checks), support for parents and access to a range of community services/resources.

Universal plus

gives you a rapid response from your HV team when you need specific expert help,
For example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting.

Universal partnership plus

provides ongoing support from your HV team plus a range of local services working together and with you, to deal with more complex issues over a period of time.
These include services from Sure Start Children's Centres, other community services including charities and, where appropriate, the family nurse partnership.

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Healthy Child Programme : the best start for all children

Universal

- Health and development reviews
- Screening and physical examinations
- Immunisations
- Promotion of health and wellbeing, e.g.:
 - smoking
 - diet and physical activity
 - breastfeeding and healthy weaning
 - keeping safe
 - prevention of sudden infant death
 - maintaining infant health
 - dental health

• Promotion of sensitive parenting and child development

• Involvement of fathers

- Mental health needs assessed

• Preparation and support with transition to parenthood and family relationships

• Signposting to information and services

Universal plus

- Emotional and psychological problems addressed
- Promotion and extra support with breastfeeding
- Support with behaviour change (smoking, diet, keeping safe, SIDS, dental health)
- **Parenting support programmes, including assessment and promotion of parent– baby interaction**
- **Promoting child development, including language**
 - Additional support and monitoring for infants with health or developmental problems
 - Common Assessment Framework completed

Higher risk

- High-intensity-based intervention
- **Intensive structured home visiting programmes by skilled practitioners**
- Referral for specialist input
- Action to safeguard the child
- Contribution to care package led by specialist service



SAFEGUARDING

Social / Economic case for early intervention and the UK new HV service model

- Early parenting matters – some children don't have good early parenting experiences and this impacts on the whole life course development
- Pressure on intervention services such as health and social care is growing and is costly therefore focus on avoiding child maltreatment is essential and the need to work with vulnerable families paramount
- Evidence based preventative interventions in early life can make a difference-to life long health and wellbeing, educational achievement, economic productivity and responsible citizenship throughout life and achieve significant cost savings

Evidence base to support focus on pregnancy and birth as well as early months and years

- Advances in neuroscience and our understanding of pregnancy show just how important early life is for the emotional and cognitive development of children
- Children's physical, emotional, language and cognitive development from pregnancy are the foundations of the rest of their lives, influencing what and how they learn, their physical and mental health, friendships and relationships, and later vocations and careers
- Pregnancy and early life is a sensitive period when adversities become biologically embedded – fetal programming
- Pregnancy and birth is a key time – mothers have an instinctive drive to protect their young and first time parents in particular want their child to be healthy and happy and do well in life

Evidence base to support focus on pregnancy and birth as well as early months and years

- Increasing evidence that effective health promotion and disease prevention interventions in early life can produce measurable benefits in health, later educational achievement, economic productivity and responsible citizenship
- There is scientific consensus that origins of adult disease are often found in pregnancy and infancy –linked to disadvantage
- It is never too early to bond for example during pregnancy - regularly talking, reading and singing to your bump while you are pregnant will help you to bond with your baby before birth
- Immediate skin to skin contact of mothers and babies after birth promotes bonding and breastfeeding. It is a good idea for the baby to be lifted on to the mother before the cord is cut.

Babies / Children more likely to be taken into care or suffer harm

Toxic trio – Identifying child maltreatment



- Previous or current offending
- Teenage parent/carer who have been children in need
- Parental physical ill health or disability
- Young carers

Key areas of work - Bonding and attachment

- Attachment theory describes the dynamics of long term relationships, especially in families
- It assumes that infant's social and emotional development is strongly influenced by their attachment to their main care giver
- The pattern of these attachment relationships influences development and subsequent relationships
- Mothers and fathers and other carers develop affectional bonds with babies during pregnancy, from birth and subsequent weeks –bonding
- Bonding helps parents and others offer their baby love, care and nurture they need for protection, development and survival
- From the age of about 6 months to two years, infants develop attachment relationships with familiar carers and these help them to feel safe secure and protected

When bonding fails

Common factors in the history of abused children

- ✘ “Abnormal” pregnancy
- ✘ Difficult or traumatic delivery
- ✘ Separation after birth
- ✘ Other separations during the first 6 months

Key areas of work - Antenatal involvement and preparation for birth and beyond

- Visiting during pregnancy
- Working with Midwives
- Changing attitudes toward the baby
- Early identification of risk and concerns
- Bonding immediately after the birth
- Avoiding separation between mother and baby after birth
- Antenatal preparation



Key areas of work - Parenting

- Work on a package of care with the parent that is addressing the need
- Identifying the problem
- Work on strategies that will address the problem
- Adapting it to the needs of the family, understanding cultural and religious preferences
- Facilitate the family in their learning process and parenting journey
- Reflect on the work to recognise when the objectives have been met
- Time and ongoing support

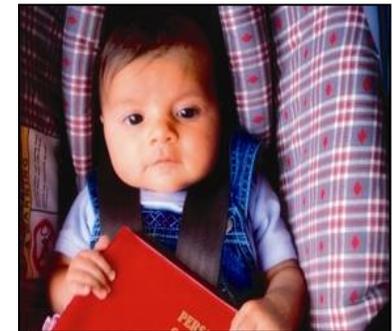
Lessons learned from the Health Visiting Programme - Workforce

- Right personal and professional attributes
- Right education, knowledge, skills and competence
- Consistency of message and continuity of relationship with family
- Supervision and support
- Motivated Professionals



Lessons learned – Working with families during pregnancy and birth and beyond

- Start the relationship in the ante-natal period
- Early identification of risks / need
- Early support plans based on aspirations – readiness for change
- Recognising the baby as a person during pregnancy
- Breast feeding
- Baby to stay with mother
- Ongoing support – responsive to need



Lessons learned from the Health Visiting Programme – Professional Mobilisation

- Clear evidence base / rationale
- Communication strategy
- Clear aims and objectives
- Clear roles and responsibilities
- Partnership working
- Valuing and sharing success
- Autonomy

Lessons learned from the Health Visiting Programme – Aligning the Delivery Systems

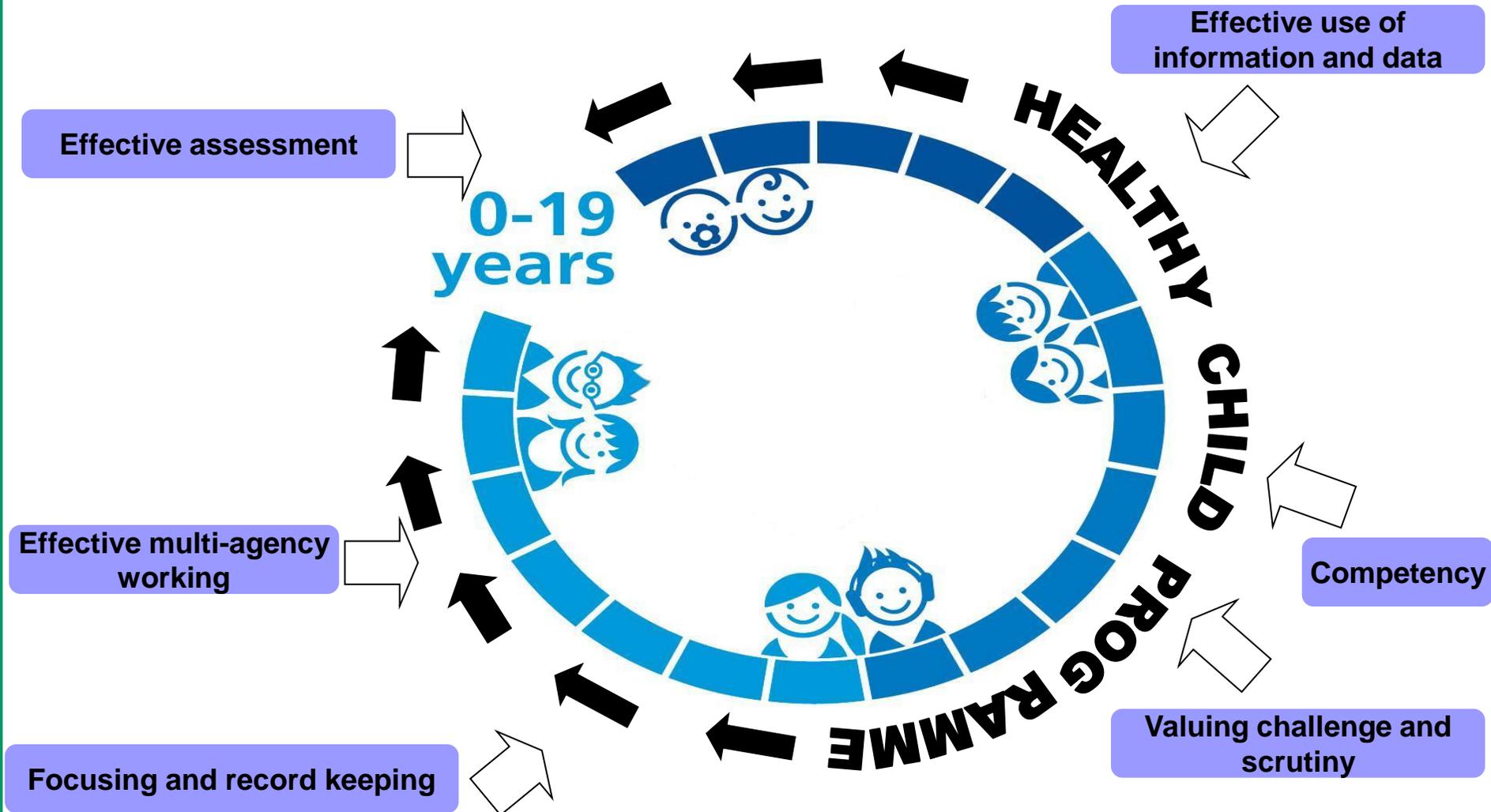
- Link policy areas
- Backed by Government
- Good commissioning and service specification
- Development of outcome measures
- Performance monitoring and assurance frameworks
- Effective collaboration and information sharing amongst all the relevant services and professional organisations

Lessons learned from the Health Visiting Programme – General

- Pilot / start small
- Share the learning – success and failures
- Adapt, sustain and spread
- Use the media to promote work and success



Learning from UK experience and evaluation of serious case reviews - Key components of effective practice



Lessons learned -Preventing child abandonment in the UK

- Primary Prevention Services – Universal Services to play a significant role in positive parenting
- Secondary Prevention Services – Targeted Services working with vulnerable families through the first two years of the child's life
- Tertiary Intervention Services – Therapeutic Services to rehabilitate and repair the parent child bond once harm has occurred towards the child

Lessons learned - Services that help prevent child abandonment in the UK

- Counselling for parents who want to put their child up for adoption
- Support services available for mothers and fathers
- Residential facilities to help with acute mental illness, outreach, mother and baby units
- Mother and baby provision in prison
- Fostering arrangements

Anticipated benefits of programme

- Improved ante-natal health and behaviour – less smoking, better nutrition, fewer infections
- Improved children's cognitive development, school readiness and academic achievement
- Improved children's emotional and behavioural development
- Reductions in children's injuries, child abuse and neglect
- Reduced involvement of child crime and anti social behaviour later in life
- Fewer formal safeguarding cases
- Improved maternal mental health
- Less hospital admissions
- Improved attachment and parenting skills
- Babies / children remaining with their natural families



***“It is....also a
parent's
willingness to
nurture a child,
that finally
decides our fate”
(Obama 2009)***