Institute of Health Visiting
Excellence in Practice

Health visiting: what works? How?

Sarah Cowley

Some information about the iHV

- The Institute of Health Visiting (iHV) is a charity and academic body
- The iHV's charitable objectives are to improve outcomes for children and families and reduce health inequalities through strengthened and more consistent health visiting services
- Much in common with the philosophy of medical royal colleges

A centre of excellence for health visiting: www.ihv.org.uk

- Library of resources in the areas of health visitors' work
- Good practice points
- E-Community of Practice
- Parent tips
- Educational resources
- E-learning
- Daily news updates via social media
- Extensive opportunities for continuing professional development

Do join us: Associates, Corporate Packages, Friends

Directions

- Foundation Years
- Programme of research
  - Key findings: what works
- Service principles: how
  - Universality
    - Home visiting
  - Relationships
  - Continuity & co-ordination
  - Professional autonomy

Why 'Foundation Years'?

- Strong, expanding evidence showing the period from pregnancy to two years old sets the scene for later mental and physical health, social and economic well-being
- Direct links to cognitive functioning, obesity, heart disease, mental health, health inequalities and more
- Social gradient demonstrates need for universal service, delivered proportionately

- Foundations of health:
  - Stable, responsive relationships
  - Safe, supportive environments
  - Appropriate nutrition

www.developingchild.harvard.edu 2010

‘Nurturing care’

- Defined as an overarching concept incorporating a stable environment that is sensitive to a child’s:
  - health
  - nutrition
  - security and safety
  - responsive caregiving
  - early learning
- It is supported by a large array of social contexts including home, childcare, schooling, community, work and policy

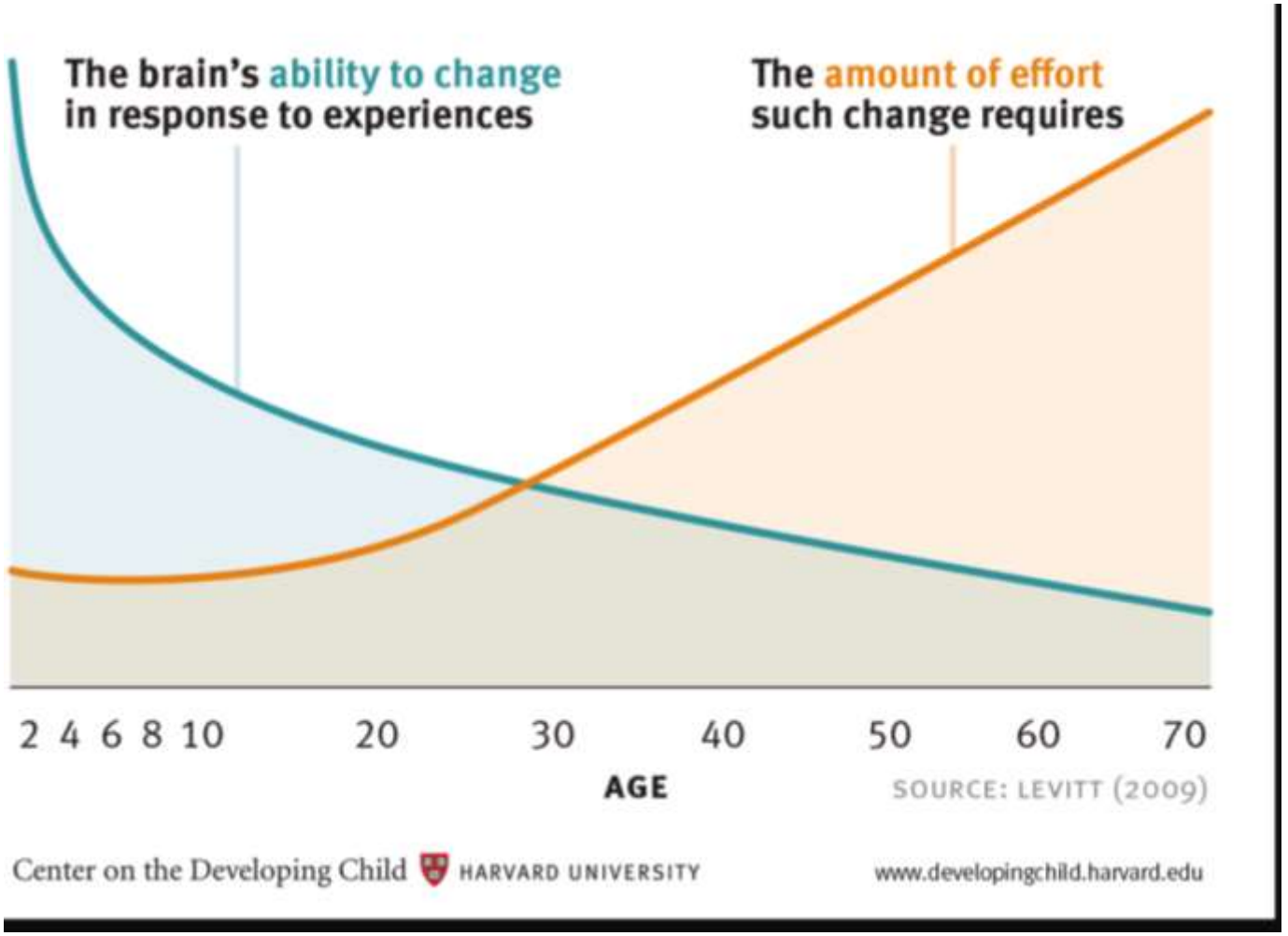
Britto et al (2017) Lancet Child Development series

Inequalities in early childhood: proportionate universalism

- "Giving every child the best start in life is crucial to reducing health inequalities across the life course. . . .
- "(We need) to increase the proportion of overall expenditure allocated (to early years, and it) should be focused proportionately across the social gradient to ensure effective support to parents, starting in pregnancy and continuing through the transition of the child into primary school. . . . ."

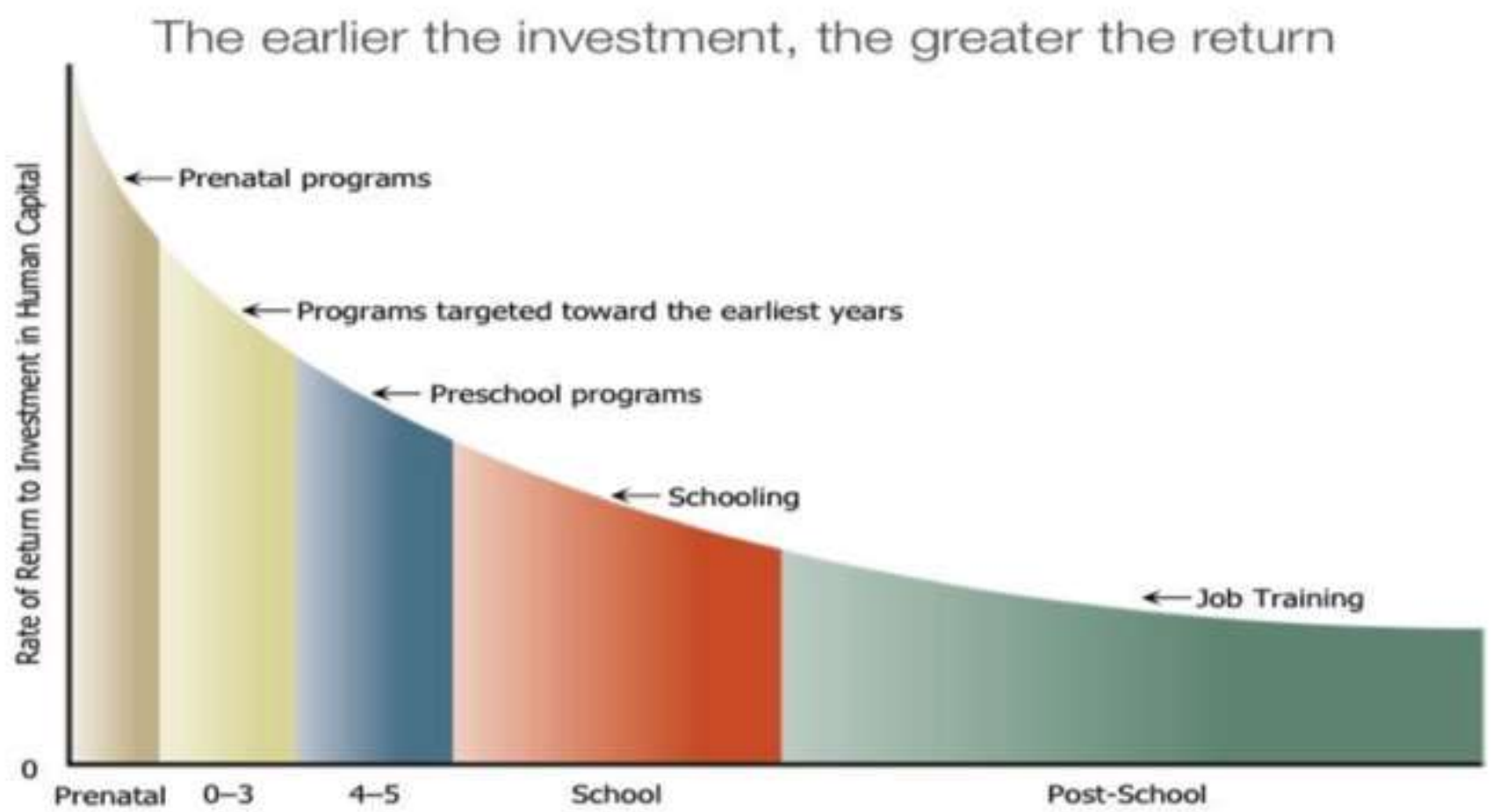
Marmot (2010 p 23) Fair Society, Healthy Lives

Early Childhood: best investment



www.developingchild.harvard.edu 2016

EARLY CHILDHOOD DEVELOPMENT IS A SMART INVESTMENT



Source: James Heckman, Nobel Laureate in Economics

Acknowledgements

Literature review
Narrative synthesis of health visiting practice

Empirical study
Recruitment and retention for health visiting

AIMS

Empirical study
Voice of service users

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Orientation to practice

- *Literature review (Cowley et al 2013)*
- Older and more recent research papers were consistent in the way practice was described as:
  - Salutogenic (health-creating),
  - Demonstrating a positive regard for others (human valuing),
  - Recognising the person-in-situation (human ecology)
- This orientation underpinned delivery of the service through three core practices

Core forms of health visiting practice

•*Literature review (Cowley et al 2013)*

- The health visiting orientation to practice is given expression through three interlinked forms of practice:
  - Home visiting
    (key researchers, e.g.: Bryans, Plews)
  - Needs assessments
    (key researchers, e.g.: Appleton, Cowley)
  - Relationships
    (key researchers, e.g: Bidmead, Pound)
- Which all operate together as a single process

•*Voice of service users (Donetto et al 2013)*

- Qualitative research led to descriptions of a **fourth core practice**:
  - Health visiting outside the home

A single, purposeful process

- The orientation to practice underpinned delivery of the service through (three) four core practices
- Together they describe a way of working that enables:
  - universal access, prevention and promotion
  - early identification of need → early intervention
  - effective delivery of proven interventions and programmes
- Core principles to underpin service organisation identified from across the three studies

Four principles for service organisation (1)

- Universality is the fundamental basis for all health visiting services.
- Relationships are at the core of all health visiting provision.
- Continuity and co-ordination are essential elements of team working.
- Professional autonomy is essential for enabling health visitors to provide a flexible service, tailored to individual need.

Universal home visiting is the basis of public health practice in health visiting

- Universality:
  - Mandation varies in different countries
    - 'Visit' does not always mean 'home visit'
  - Contact with every new mother and baby enables an intimate knowledge of the whole local community
- 'Knocking on doors' = fieldwork
- Health visiting practice [represents] "in effect, the systematic ethnographic study of a community by an expert in public health"

Dingwall and Robinson 1990: 268

Post-natal health visiting

- Cluster RCT of ‘low risk’ first time mothers in Northern Ireland
- Intervention 136 women = six weekly visits from 2-8 weeks post-natally
- Control 159 women = usual care; mean of two home visits

- Intervention group
  - Higher EPDS score at 8 weeks, but not at 7 months (‘varies between health visitors’)
  - Higher service satisfaction
  - Significantly less likely to have used emergency services
  - ‘Baby nurture’ and maternal self-efficacy – no difference

Christie, J., and Bunting, B. (2011)

European Early Promotion Project

- Non-randomised comparison study of 824 families in five European countries, one arm in London
- The programme consisted of one promotional interview ante-natally and one post-natally, resulting in an assessment of need.
- Home visiting or sessions at well baby clinic offered to those families judged to be in need.
- The London health visitors all received Family Partnership Model (FPM) training.
- 705 (85.6%) families were retained for the outcome assessment.

- Outcomes
  - significantly improved interaction between mothers and their children
  - improvements in the home environment

Davis, H., Dusoir, T., Papadopoulou, K. et al. (2005)

Social support and family health

- 731 first-time mothers randomised to one of 3 arms:
  - Control = usual care health visiting (one home visit)
  - Support health visitor (SHV) monthly home visit; HV trained to respond to queries, but not to raise issues herself
  - Community group support (CGS): group + telephone and home visits available

- Primary outcomes:
  - No significant difference in child injury, maternal smoking or depression.
- Secondary outcomes
  - Mothers less anxious about their children; more relaxed mothering experience
  - Less use of GP services, but more (appropriate) use of health visitor and social work
  - Fewer subsequent pregnancies at 18 months
  - SHV popular: low attrition – 94% stayed full year
  - CGS: low uptake; 19%

Wiggins, M., Oakley, A., Roberts, I. et al. (2005)

Oxford Intensive Home Visiting

- Multicentre RCT in 40 GP practices:
  - Eligible primiparous women randomised:
    n=67 - received programme of weekly, structured home visits; 6 months pregnant to 1 year
    n=64 - standard service
  - Health visitors trained in Family Partnership Model and
    - baby massage,
    - baby dance;
    - songs and music;
    - elements of Brazelton technique.

- Outcomes:
  - Improved maternal sensitivity and infant cooperativeness
  - Increased identification of families with vulnerable infants that needed removal.
  - Non-significant increase breast feeding at six months
  - No difference in maternal mental health or home environment

Barlow, J., Davis, H. et al. (2007).

RCT of universal home visiting

- Randomised - 4777 'resident births' in Durham, N. Carolina
- Intervention: 3-7 contacts
  - nurse 'triages and concentrates resources to families with assessed higher needs'.
  - 1-3 home visits between 3-8 weeks of infant age
- Result: 50% less total emergency medical care
- *"The most likely mechanism through which this preventive impact occurs is through the nurse home visitor's*
  - *success in identifying individual family needs,*
  - *intervening briefly to address those needs when risk was moderate, and*
  - *connecting the family with targeted community resources to meet those needs for families having higher risk."*

Dodge KA et al (2013)

Four principles for service organisation (2)

- Universality is the fundamental basis for all health visiting services.
- Relationships are at the core of all health visiting provision.
- Continuity and co-ordination are essential elements of team working.
- Professional autonomy is essential for enabling health visitors to provide a flexible service, tailored to individual need.

Relationships

- Parent – health visitor relationship
  - Purposeful
  - Therapeutic
  - Measurable
- Parent- infant relationships
- Mental health
- Relationships across the workforce

Particulars of parent-health visitor relationships

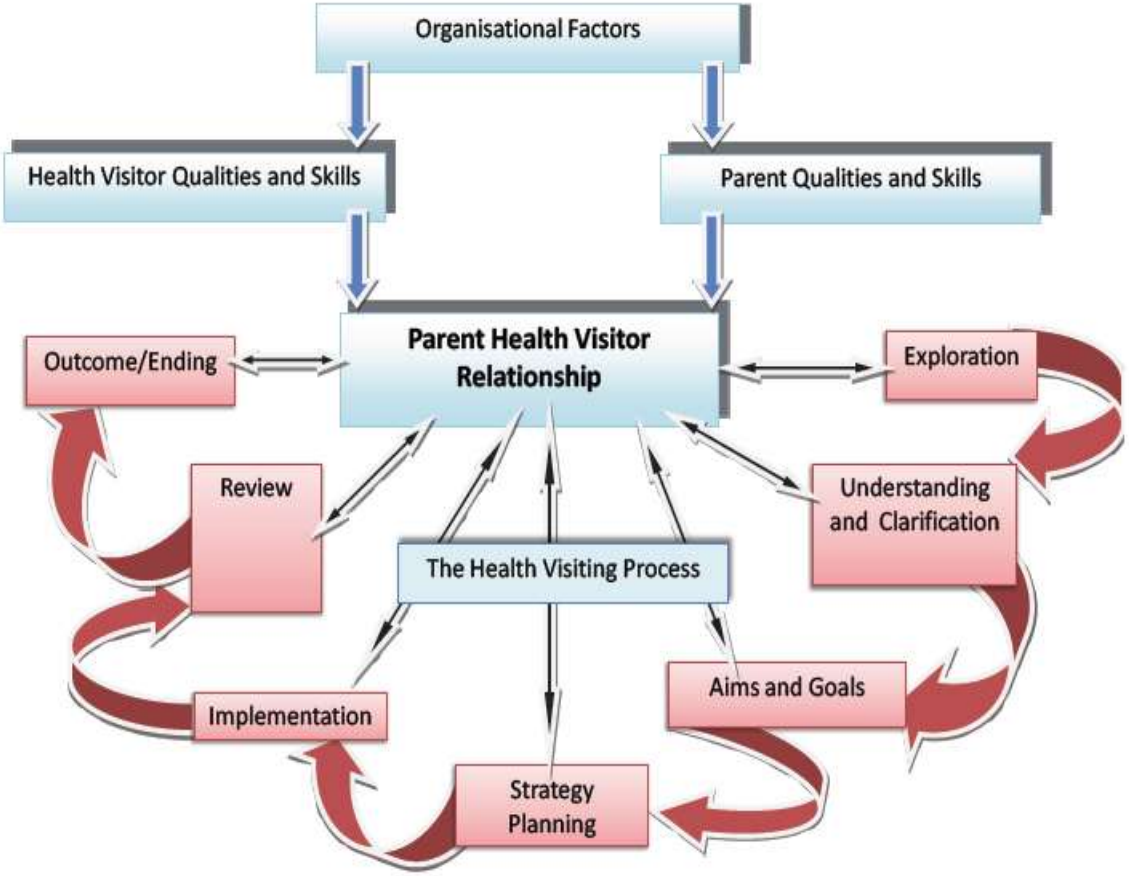
- *A 'respectful, negotiated way of working that enables choice, participation and equity, within an honest, trusting relationship that is based in empathy, support and reciprocity.*
- *It is best established within a model of health visiting that recognises partnership as a central notion.*
- *It requires a high level of interpersonal qualities and communication skills in staff who are, themselves, supported through a system of clinical supervision that operates within the same framework of partnership.'*

Bidmead and Cowley (2005)

- Need to establish and develop relationship quickly – perhaps in one visit only
- Need to account for presence of others (child, relative, friend etc) during encounter
- Relationship may be therapeutic or preventive-promotional
- Relationship is central to health visiting process, which is purposeful for:
  - identification of need
  - delivery of evidence-based interventions

Bidmead et al (2015)

Relational process; focused practice



Salutogenic (health creation)
Person-centred
Person-in-context

Bidmead et al (2016)

Prevention + therapy for post-natal depression (PND) – cluster trial

Treatment trial:

- Of 4084 eligible women,
  - 595 women had a six week EPDS score ≥12; follow up data to six months on 418
  - 34% of intervention group (IG) and 46% of controls had EPDS score ≥12 at six months (P=0.003), scores maintained to 12 months
  - **31** (11.4%) of 271 EPDS positive women benefited from intervention

Morrell et al 2009

Prevention analysis:

- IG health visitors trained to recognise PND and deliver intervention
- Two groups of women
  - 'sub-threshold' with a 6-week EPDS score of 6–11 (n-999),
  - 'lowest severity' with 6-week EPDS score of 0–5 (n=1242).
- *No intervention* for these women in either IG or control clusters
- IG less likely (p=0.031) to have EPDS score ≥12 at 6 months
- **46** (3.1%) of 1474 EPDS-negative IG women benefited.

Brugha et al 2010

Nurse Family Partnership (NFP/FNP)

- Three trials in USA, including long term follow-up
- Intensive nurse home visiting: up to 64 visits to young mothers, from early pregnancy to infant aged 2
- Improvements:
  - Reduced smoking in pregnancy
  - Reduced child abuse
  - Improved home environment and child development
  - Improved school readiness
  - Long term benefits – few mental health problems (aged 12) delinquency (aged 15 – 19)
  - Parents – child spacing, life choices

Olds et al 2007

- Trial in England: 18 sites, teenage first-time mothers
  - 823 FNP; 822 usual care
- Primary outcomes – no significant improvement:
  - Smoking late pregnancy; Birth weight; Subsequent pregnancy Emergency/hospital care
- Secondary outcomes
  - Fewer development concerns, including language delay
  - Higher breastfeeding intention, not initiating or continuing
  - FNP group – more A/E attendance for injuries/ingestion
  - Social care + safeguarding events – higher in intervention group

Robling et al 2016

Relationships seen as central to programme delivery

Four principles for service organisation (3)

- Universality is the fundamental basis for all health visiting services.
- Relationships are at the core of all health visiting provision.
- **Continuity and co-ordination are essential elements of team working.**
- Professional autonomy is essential for enabling health visitors to provide a flexible service, tailored to individual need.

Literature review: skillmix and team working

- A few significant, but one-off, projects
- Most literature only describes staff attitudes and views about change
- *Practice of team / corporate working and skillmix is running well ahead of the evidence*

- Some conceptualisation
  Carr & Pearson (2005)
- Peer educators
  Carr (2005)
- Community projects
  Stutely (2002)
- 'Starting Well' demonstration project
  Mackenzie et al (2006)

Service user views
Continuity and co-ordination

- Antenatal contact important
- Team working: yes, but needs:
  - Relational continuity
  - Clear co-ordination by health visitor
  - Good communication
  - ‘Knowing’ and ‘being known’
- Collaboration with children’s centres welcomed
- ‘Service journey’ important

Donetto et al 2013

Four principles for service organisation (4)

- Universality is the fundamental basis for all health visiting services.
- Relationships are at the core of all health visiting provision.
- Continuity and co-ordination are essential elements of team working.
- Professional autonomy is essential for enabling health visitors to provide a flexible service, tailored to individual need.

Autonomy and flexibility

- Autonomy for health visitor enables flexibility for service user
- Key Performance Indicators (KPIs) - wording and cut-off points need to allow variation
- Dealing with tensions and competing expectations (e.g., parent, commissioner)
- Sensitive issues, e.g., immunisation, smoking, breast feeding and more

Professional capabilities

Service user interview (mother)

- *'I should actually mention this, it actually was a health visitor who had come round, it was only about four days after we'd been home, [my daughter] had been discharged from the hospital, that came round actually to check my daughter's weight primarily*
- *and she looked at me and you know when someone says to you, 'Are you okay?' and the natural response as anyone who's busy is to go, 'Oh yeah, I'm fine.' [...] And I went, 'Oh yeah, I'm fine,' and she looked at me with that kind of look as, 'Are you really?' And it was her that made me realise that actually I wasn't. I feel quite emotional thinking about it now. . .'*

Health visitors in focus group

- *HV4 'Being able to address as many of their needs as they need addressing, without constraints being put on them ... like bureaucracy.'*
- *HV6 'For me, I could be doing a developmental check, and from that check I could see vulnerability, some targeted work that needs doing, carrying it forward, and it might go to the fourth level of universal services depending on my assessment and the needs'...* (4-HV-grpB)

Varied social contexts = need for flexible approaches

Quality assurance in a preventive service: required concepts:

- Time
- Knowledge
- Communication
- Environment
- Orientation

Hanafin & Cowley (2006)

Maternal and Early Childhood Sustained Home Visiting (MECSH)

- Australian RCT (111 intervention vs. 97 controls); deprived area – all pregnant women eligible
- Intervention:
  - Programmed home visiting from ante-natal to two years (25 visits)
  - Community visibility
  - Group activities
- Embedded within universal services

Manualised programme::

- Social need - psycho-social distress in pregnancy as marker of vulnerability
- Strengths based practice through partnership working
- Programme to promote and encourage (parent and child) development – aspirational; 'parenting despite'

Kemp et al (2011, 2013, 2017).

MECSH Outcomes

- Key Outcomes
  - Mothers:
    - more emotionally and verbally responsive
    - Could name 2+ measure to reduce cot death
  - Children:
    - Improved cognitive development,
    - Breast-fed longer (mean 7.9 wks)
    - Improved HOME environment

- Best results:
  - Where mothers experienced psycho-social distress in pregnancy (EPDS >10)
- Mothers experienced:
  - Higher rate of unassisted vaginal births/better perinatal health
  - Improved maternal health
  - Enabled mums to care for their baby and themselves
  - Improved engagement with services

Longer term

- Able to deal with things
- Continued to use programme learning

Conclusions

Health visiting services based on

- proportionate universalism, with
- relationships at their heart,

have the potential for effectiveness.

- Continuity, co-ordination and
- Professional autonomy

enable health visitors to provide a flexible service, tailored to individual need.

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