

Virtual delivery of the Healthy Child Programme during Covid-19

0-5 examples:

Issues	Summary	Impact
New Birth visits	<p>Undertaking face-to-face new birth contacts is important and is outlined with NHS Community Prioritisation. This has meant a change in the way health visitors deliver this mandated element of the Healthy Child Programme (HCP); the change required utilising new approaches including adaptive technology. Within the health visiting team, we are using our skill and clinical judgement to determine when face-to-face contacts are required, for example child protection visits and visits for vulnerable families.</p> <p>The NBV and all contacts are by phone (except safeguarding), the HVs rotate into hubs to provide HV telephone support daily and offer one clinic a week which is risk assessed by HV</p>	<p>Health visitors are using their professional skill to stratify their caseload and to prioritise the most vulnerable families</p> <p>There is a continued priority on vulnerable families, parents have a central point of contact who can signpost and fast track to additional support</p> <p>The feedback from parents is very positive</p>
Safeguarding	<p>A parent whose child is subject to a child protection plan is contacted by their health visitor to provide an additional assessment of need during the Covid-19 outbreak. The health visitor asks about emerging health needs of the children knowing that the stay home advice may be difficult for the family. The family say they are managing although it is a particularly challenging time and the children are being difficult. The HV asks the team nursery nurse to provide behaviour support to the parent over the telephone especially around activities for young children and coping with challenging behaviour.</p> <p>The HV contacts the other professionals who are involved with the family to discuss the plan to support the family. Good</p>	<p>Reduction in face-to-face contacts</p> <p>Coordination of service provision</p> <p>Information sharing complete and virtual</p>

	<p>communication reduces the need for each professional to attend the home for social support as a single face-to-face assessment can be done.</p> <p>The needs of the family can be assessed in partnership with the family and allocated between the multi-agency team. The health visitor would respond to any health need identified and would consider if a face to face may be necessary.</p>	
Homeless families: Health visitors working with asylum seeking families	<p>Health visitors working with asylum seeking families, identified a number of needs including supply of nappies, concern regarding breastfeeding and transmission of Covid-19 given the close proximity of contacts whilst living in refuge; the HV escalated the issues with colleagues and was able to secure virtual peer to peer support for breastfeeding and additional nappies through the Fairshare scheme.</p> <p>The health visitor worked with the local refuge to ensure adequate hand sanitisers and PPE as they had people self-isolating having to share toilets and bathrooms. The HV team circulated posters to the refuge regarding the risk of transmission of the virus and infection and what to do to minimise the risks.</p>	<p>The families were better informed about Covid-19 transmission and this allayed fears regarding their child's safety</p> <p>Through peer support mum was able to continue to breastfeed her baby</p> <p>Families were protected through improving health literacy</p>
Homeless families	<p>A refugee family who were living in temporary accommodation became known to the health visitor services due to an emergency department attendance which had been received. The family were triaged as in need of further contact and a public health nurse contacted them by phone to ask if there was any additional health needs or ways which the team could support. The address they had given was a local hotel.</p>	<p>Housing officer involved and LA services</p> <p>Virtual contact by HV is supportive to family</p>

	<p>The HV decided to contact them by phone to ask the family if the address was correct and if there were any help the service could offer if they were living in temporary accommodation. The father explained the accommodation was temporary and he was also concerned about a lack of resources such as toys and books for the children. The health visitor was able to signpost the family to the children's centre and the other LA services who could support with more information and contact details. The family really appreciated the help received and the LA teams were able to supply books and basic equipment for the children.</p>	
Additional Health Need	<p>A baby is discharged home from hospital and at 10 days is due a New Birth Visit. The baby has not gained the expected weight and parents have little family support. The Health Visitor contacts the midwife to get a current hand over of information and to check if they have plans to visit again. The HV also speaks to the parents to ascertain their views on the contact. This information is used to support the decision as to whether to offer a home visit or a virtual contact.</p> <p>As there are identified health needs – the baby has not gained weight and feeding is not well established – the family are assessed as having a compelling need and offered a face to face contact using PPE. The baby can be weighed using a social distancing technique and as much information as possible is given over the telephone to reduce contact time. The service websites will be signposted to and the duty phone number given for other immediate worries or if the family would like further support. Follow up would be arranged using the same procedure.</p>	<p>Minimise face-to-face contacts</p> <p>Social distancing rules followed</p> <p>Family needs are still met</p> <p>Contact numbers and follow up support made clear</p>
Additional health needs	<p>The health visiting service offer to families changed from face to face to virtual, the team reviewed their caseloads identifying</p>	<p>Children with SEND and additional health needs were</p>

	<p>children with additional health needs and disabilities. Health visitors contacted the identified families to determine needs and concerns. Many of the children were in nurseries, with some children receiving additional support, in some cases the support was reduced, similarly nursery provision was paused. Parents reported concerns about their child's continuing development, the reduced support and an increase in their own anxiety and ability to cope. For some families where nursery continued to operate, parents were concerned for their child's safety and potential transmission of coronavirus.</p> <p>Health visitors worked with the families, individually assessing needs and developing a supportive package of support. They sign posted to online resources to support development and learning needs, provided parents with advice to address their anxiety and information relating to Covid-19. The HV team flagged concerned with the child's GP and key worker (where there was an identified underlying health need or disability).</p> <p>Parents were offered fortnightly contacts or opportunity to call into a virtual drop in to share concerns. The health visiting linked parents into local support groups or national helplines.</p> <p>Some areas also offered a closed moderated parent Facebook group, where they could speak with other parents.</p>	clearly identified with a package of support tailored to their needs
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5-19 examples:

Issues	Summary	Impact
Safeguarding - Contributing to ICPC	<p>Parents contacted via the telephone by school nurses, who was able to complete a comprehensive Holistic Health Assessment with the 2-young people. The young people engaged very well, and the SN was also able to share with the Year 7 pupil the ChatHealth number if they needed support while school was closed, the Parentline number shared with the parent.</p> <p>Following reading the Single Assessment, The SN completed a comprehensive Initial Case Conference report including a chronology of WSHWBS's input with the family. This report along with Holistic Health Assessments, was forwarded to both the Independent Reviewing Officer (IRO) and the Social Worker.</p>	<p>The health contribution was timely</p> <p>CYP and family actively engaged in discussion and compilation of the report</p>
Looked Child health review	<p>Notification that an annual looked after child health review was due to be completed. Due to the current Covid-9 restrictions on service delivery, a risk assessment was undertaken and a decision to hold the review by telephone was agreed to enable the health review to be completed within the required timescale.</p> <p>The foster carer agreed and said that she would gather information in preparation for the call. Foster carer also said that she would speak to the child and explain to her what had been arranged so that she was prepared. Further communication via letter and email containing appointment details, contact details of school nurse and strengths and difficulties questionnaires sent through the post with a stamped addressed envelope for their return. Foster carer said that she would be happy to complete</p>	<p>The statutory requirements for LAC were met</p> <p>If the health assessments were postponed until restrictions were lifted, rather than doing over the telephone, this child would not have had the opportunity to share her worries and concerns at this time. This may have had an impact on her emotional health and wellbeing</p>

	<p>these and return to me. The foster carer was fully engaged with this approach.</p> <p>The assessment highlighted new emotional health issues which the school nurse was able to offer support to both the child and foster carer.</p>	
Mental Health	<p>School nurses engage with young people through a confidential text messaging service called Chat Health. The young person can text in anything they are worried about and their concerns will be answered and either signposted to support or followed up as appropriate to need. Mental health has been rising in young people so access to professional support is incredibly important as young people are not able to use the coping mechanisms of peer support and face to face interaction.</p>	<p>Virtual support forum</p> <p>Accessible by a simple text</p>
Supporting vulnerable young people	<p>Carrying out a risk stratification on the school nurses case load led to identifying children, young people and families where there were concerns to maintain contact throughout the pandemic. This process led to children being identified as vulnerable were. For example, a young person where there concerns of neglect, the mother had a history of substance misuse and the father passed away in 2018.</p> <p>The school nurse completed a holistic health assessment with the young person to assess whether his health needs were being met and explore any support the family may benefit from.</p> <p>A decision was made to carry out the health assessment via telephone rather than face to face during Covid-19. The health assessment was completed with the young person, his mother</p>	<p>Identifying risk and providing support to meet needs, through continuing support by a trusted professional</p>

	<p>and grandmother. Maternal grandmother was living with the family due to Mother's misuse of alcohol.</p> <p>Key issues were identified and addressed, offering both support to the young person and his mother. School health offered support and advice for the whole family. Due to the Covid-19 the young person is not attending school; the school nurse has agreed to maintain regular contact.</p>	
Mental health and safeguarding	<p>Prior to Government directive to close schools during the Covid-19 outbreak a young person was made subject to a Child Protection Plan due to concerns around them being a victim of Child Sexual Exploitation and County Lines. The young person expressed suicidal thoughts, she had previously self-harmed and made an attempt on their life. In addition, she disclosed being a victim of a number of gang rapes but reluctant to work with Police or other key professionals.</p> <p>As the school nurse it was imperative that maintained contact with the young person throughout the pandemic. Her parents had chosen for her not to attend school. We agreed ways of accessing the School Health service while the school is closed.</p> <p>The school nurse is making regular telephone calls to the young person and liaising with the school who are carrying out virtual visits and reporting any self-harm or concerns to the SN service. The SN service is able to escalate concerns to the appropriate services, all key services to ensure immediate support is available for the young person if crisis point is reached.</p>	<p>Supporting the emotional health and wellbeing of the young person</p> <p>Without continued support the young person may have further suicidal tendencies. The trust/rapport established between the young person and school nurse enables the young person to feel listened to, supported, values and confident to share any issues or concerns that they may have. The intervention was timely and responsive</p>
Virtual Contacts	The impact of Covid-19 restrictions on young people emotional and mental health were highlighted through a self-referral via	Despite the consultation being virtual rather than face to face,

	<p>ChatHealth to the school nursing service. The school nurse received a referral for a 15-year-old girl who was experiencing a high level of anxiety.</p> <p>The young person was a young carer, caring for her mum and younger sibling. Face-to-face contact visits were restricted due to Covid-19, so the school nurse offered to meet the young person in the local school or to facilitate a telephone conversation. The young girl agreed to a phone call as she was too anxious to leave her home in case she came into contact with coronavirus and passed it to her mum.</p> <p>During the telephone consultation with the school nurse there were a number of issues that the young girl shared. As her mum was house bound, the young girl routinely shopped for the family and due to Covid-19 restrictions in the supermarket, accessing food was becoming difficult as was access to medicines for her mum. The young girl was also trying to support her sibling who was now at home as her school had closed and needed help with homework. The additional stress and responsibilities were the cause of her anxiety.</p> <p>During the call the young girl agreed for the school nurse to arrange support from the local young carers group who would be able to help by arranging a local volunteer to help with shopping and collecting medicines for her mum. Linking the young girl with other young carers offered her support. She could share her concerns with others in a similar situation. Contact details were shared between the young girl and the school nurse who arranged to call weekly to offer support and advice.</p>	<p>the school nurse built a picture of the young girls lived experience and her feelings/struggles during this difficult time, offering timely support and advice.</p>
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