Health Visitor Implementation Plan

Liz Plastow
Independent Public Health Nurse Consultant
Why?

• Policy context
• Children’s Centres and FNP
• School Readiness
• Growing evidence neuro-science
• Parenting effectively despite
• Marmot – health inequalities
• Frank Field; Claire Tickell; Ian Duncan-Smith
Early Intervention and Prevention

• Reactive
• Safeguarding Service
• Address public health priorities – inability to measure
• ‘Turn the Curve’
• Increased numbers – deliver different service
Health Visitor Implementation Plan

- Building Community Capacity
- Universal - HCP
- Universal Plus – Short term need – skill mix
- Partnership Plus – Complex and challenging - Focus
Progress to date

- Engagement frontline staff
- Up-skilling whole workforce
- Single model of delivery
- Trajectory delivery HCP
- Preceptorship and BCC
- Psychologist Support – Maudsley
- Research – Kings College and UNSW
Early Implementer Site

- Essex 2nd round of EIS
- Delivering range of Evidence Based programs including FNP and MESCH
- Additional training and support
- Kudos
- Eyes are on us!
Evidence Based Program

- MESCH is an Intervention and a System
- Delivered within Universal Services
- It is adaptable to a UK Model - not prescriptive
- Works alongside FNP (where delivered)
- Requires minimal resource
- Based on Core Health Visiting Principles
Background and history
2168 History 1997-2005

- Long term disadvantage
- Fire bombing
- Abandonment
- One C&FHN to 650 children aged under 5 (cf 2170, one C&FHN to 2500)
MECSH program goals

- Improve transition to parenting by supporting mothers through pregnancy
- Improve maternal health and wellbeing by helping mothers to care for themselves
- Improve child health and development by helping parents to interact with their child in developmentally supportive ways
- Develop and promote parents’ aspirations for themselves and their children
- Improve family and social relationships and networks by helping parents to foster relationships within the family and with other families and services
• Community visibility

• Home visiting

• Group activities

• Other services and supports
Anticipatory guidance
Promotion of aspirations
Enabling relationships
MECSH program outcomes

• Children
  – More engaged
  – Improved development

• Mothers
  – Less intrapartum intervention
  – Improved health
  – Improved confidence

• Families
  – Improved home environment
Theory of change

MECSH as a targeted intervention (for some of the people all of the time)

“Parenting effectively despite”
Keys to “parenting effectively despite”

❌ Can not prevent the changes, instability and difficulties families face

✅ Can intercept detrimental parenting processes that may be triggered by these difficulties (protection, buffering (Shonkoff))
Where it fits – access and equity

MECSH as a service system

• Embedded in universal child and family service system

• Equity
  – Changing the gradient

• Proportionate universalism
Composition AND context

Individual intervention necessary but not sufficient for change – need both individual intervention and system development

UNSW Research Centre for Primary Health Care & Equity
### MECSH Four Tier Strategic Framework

<table>
<thead>
<tr>
<th>Tier</th>
<th>Key Program provider</th>
<th>Other providers</th>
<th>Function</th>
</tr>
</thead>
</table>
| Tier 1 | Primary level of care | Child and family health nurse | - Midwives  
- General practitioners  
- School teachers | - Provide primary level of care  
- Identify problems early in their development  
- Offer general advice  
- Health promotion and prevention |
| Tier 2 | A service provided by professionals relating to workers in primary care | Social Care Practitioner* | - Cultural health workers  
- Paediatricians (especially community)  
- Perinatal psychiatrist/psychologist  
- Allied health workers  
- Mental health workers  
- Drug and alcohol health workers  
- Housing workers  
- Community Service workers | - Training and support of professionals within Tier 1  
- Consultation with Tier 1 professionals to support their delivery of prevention and early intervention programs with families  
- The Social Care Practitioner can provide psychosocial support and brief intervention for families |
| Tier 3 | A specialised service for more severe, complex or persistent issues | | - Paediatricians  
- Perinatal psychiatrist  
- Allied health teams  
- Mental health teams  
- Drug health teams  
- Psychologist  
- Housing (including refuges)  
- Child Protection Services  
- Family support workers | - Assessment and treatment  
- Assessment for referrals to Tier 4 |
| Tier 4 | Tertiary level services such as day units, highly specialised out-patient teams and in-patient units | | - Inpatient and residential care  
- Specialist teams (eg. for developmental delay, child abuse)  
- Specialist provision of treatment services |

*Social Care Practitioner in this context is defined as a professional who works to provide direction for individual development and control over life situations and to alleviate personal pain and distress. For example, assistance with housing, child care and community service issues, and brief counselling sessions.*
<table>
<thead>
<tr>
<th>Intervention structure</th>
<th>MECSH</th>
<th>NFP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition of vulnerability to ‘shift the curve’</td>
<td>Wide</td>
<td>Narrow</td>
</tr>
<tr>
<td>Population based intake to ensure equity</td>
<td>✔️</td>
<td>✗</td>
</tr>
<tr>
<td>Embedded in universal health services</td>
<td>✔️</td>
<td>✗</td>
</tr>
<tr>
<td>Managed and delivered by universal child health service</td>
<td>✔️</td>
<td>✗</td>
</tr>
<tr>
<td>Utilises local resources and services</td>
<td>✔️</td>
<td>✔️</td>
</tr>
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How MECSH fits in proportionate universalism

- **Health visitor direct input**
- **Health visitor indirect input**
- **Broader resource system**
- **Safeguarding/child protection**
- **Universal prevention**
- **Indicated prevention**
- **Selective prevention**

- **Community capacity**
  - High capacity/resource
  - Low capacity/resource

- **All families**
  - Some families some of the time
  - Some families all of the time

- **How MECSH fits in proportionate universalism**

- **NFP**

- **Universal prevention**
- **Indicated prevention**
- **Selective prevention**

- **Safeguarding/child protection**

- **Health visitor direct input**
- **Health visitor indirect input**
- **Broader resource system**
- **Personal resource**
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<th>Program element</th>
<th>MECSH (Kemp, 2011)</th>
<th>NFP (Olds, 2007)</th>
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<tr>
<td>Target group</td>
<td>Mothers at risk of poorer maternal and/or child health and development outcomes (~20% of mothers)</td>
<td>First-time teenaged mothers who present for antenatal care early in pregnancy (~3% of mothers)</td>
</tr>
<tr>
<td>Intervention</td>
<td>Minimum 25 home visits plus group activities plus engagement with broader service system beginning in pregnancy to child-age 2 years.</td>
<td>Up to 60 home visits beginning in pregnancy to child-age 2 years (average 30 visits completed).</td>
</tr>
<tr>
<td>Service system</td>
<td>Embedded in comprehensive universal child, family and community service system</td>
<td>Service delivery separate from universal service system</td>
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<td>Primary outcomes</td>
<td>Improved duration of breastfeeding, home environment for child development, child cognitive development (for children of mothers with psychosocial distress in pregnancy)</td>
<td>Improved perinatal health, home environment for child development, child cognitive development (for children of mothers with lower psychological resources in pregnancy)</td>
</tr>
</tbody>
</table>
Summary

• Shifts practice to evidence based and outcome focused model
• Commissioners can see outcomes
• Enables families rather than empowers
• Fits with Four Levels of ‘A Call to Action’
• Requires theoretical model of engagement with families and ‘Learning to Communicate’
• Based on ‘every day activities’
• Research Trials for MESCH UK
Thank You
Any questions?