Health visiting – a universal service for the future?

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Why is a GP giving this talk?

Why health visiting is important – the power of early intervention

- David Olds – 3 randomised controlled trials in US with long-term follow-up
- 1998 – 15-year follow up of 400 “high-risk” children in New York
- Nurse-Family Partnership (NFP)
- Intervention was 9 antenatal and 23 postnatal nurse visits before age 2 *Vs* control – addressing:
  - General health promotion
  - Maternal personal development
  - “Competent care of their children”

The power of early intervention.

- Compared with controls, adolescents born to women who received nurse visits during pregnancy and postnatally displayed fewer:
  - instances of running away (0.24 *Vs* 0.60; P=.003),
  - arrests (0.20 *Vs* 0.45; P =.03),
  - convictions and violations of probation (0.09 *Vs* 0.47; P<.001),
  - lifetime sex partners (0.92 *Vs* 2.48; P=.003),
  - cigarettes smoked per day (1.50 *Vs* 2.50; P=.10),
  - days having consumed alcohol in the last 6 months (1.09 *Vs* 2.49; P =.03).
  - reported behavioural problems related to use of alcohol and other drugs (0.15 *Vs* 0.34; P=.08).

The power of early intervention

- Key messages from Olds' trials:
  - Long term outcomes were generally better than short term ones
  - Highly cost effective
  - Nurses more effective and acceptable than "paraprofessionals"
  - Interventions produce lasting effects on the mother's life course as well as the child's
  - Some lack of clarity about which elements of the intervention are important
  - Gains might be lower in low risk groups
  - Continuity of care really matters (unpublished data)

Would we get the same results if we transplanted NFP to the UK?

- Probably not!
  - We already have a HV service
  - UK studies comparing standard HV service with enhanced HV input (eg Wiggins 2005, Starting Well) have produced little evidence of substantial gain
    - but some work in progress – eg Family Nurse Partnership pilots

So what are the key elements of UK health visiting?

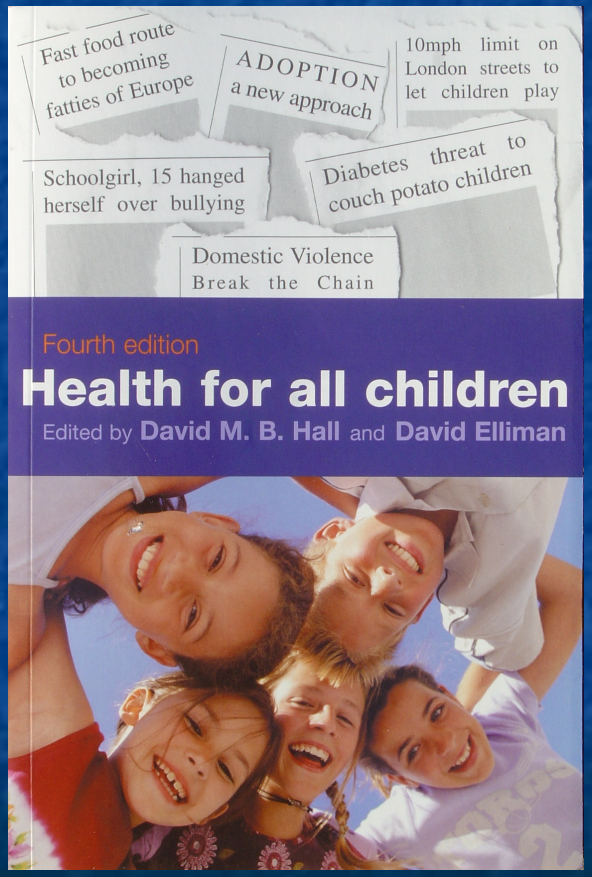
- In common with NFP:
  - Health led (Sure Start evaluation)
  - Delivered by nurses
  - Continuity of care
- The UK contribution:
  - Professional judgement about level and type of input
  - Universal service

Policy responses

- Hall 4
- Review of Nursing in the Community (RONIC)
- The Glasgow Health Visiting Review

Hall 4

- "PCOs should plan how to discharge their responsibility for the health care of all the children and young people living within their boundaries"
- "Screening, surveillance, parent support and health promotion activities should, where possible, be prioritized on the basis of evidence of effectiveness"



Hall 4

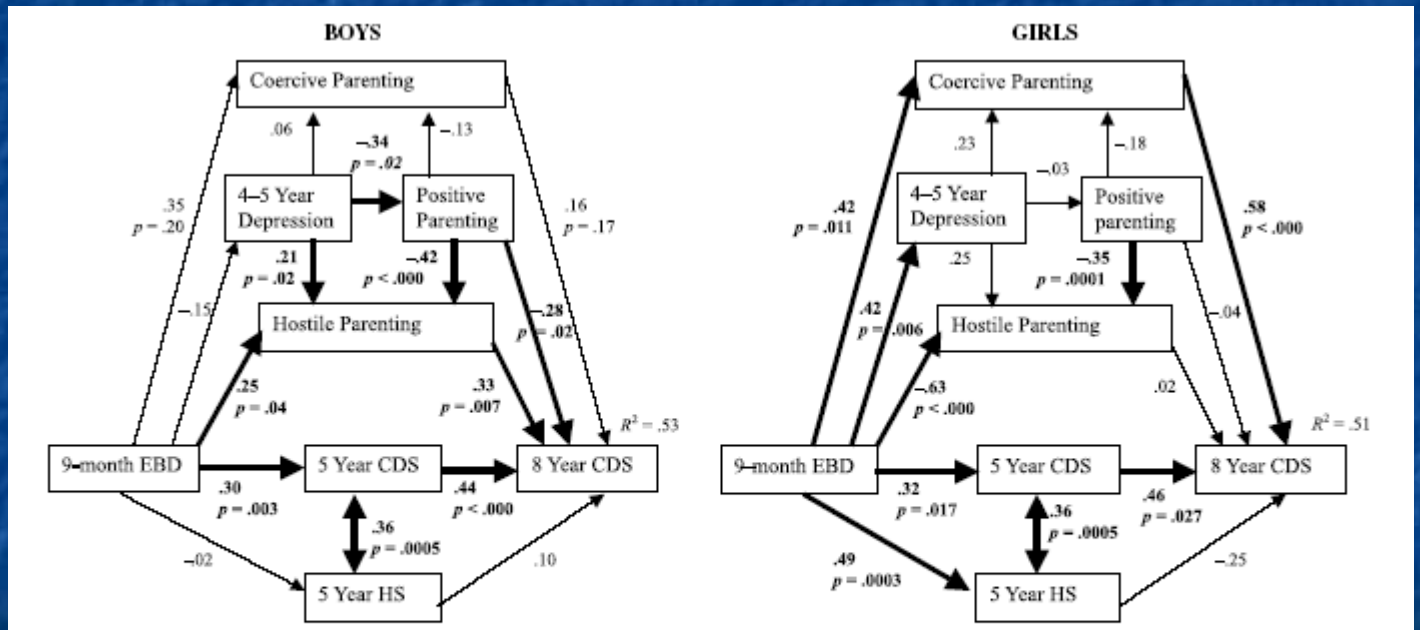
- Key recommendations in relation to HV:
  - Reduction in screening activity
  - Allocation of families to Core / Additional / Intensive status
  - End of universal face-to-face screening contacts after 8 weeks (though some contact kept with children through immunisation, nursery visits, phone calls etc)

Hall 4

- Many of Hall 4 recommendations are now out of date:
  - New research on early social development and developmental trajectories
  - New research on identifying problems
  - New research on screening
  - New research on effective early parenting support interventions

Hall 4 update: New research on early social development and developmental trajectories

Many examples, eg Morrell and Murray 2003:

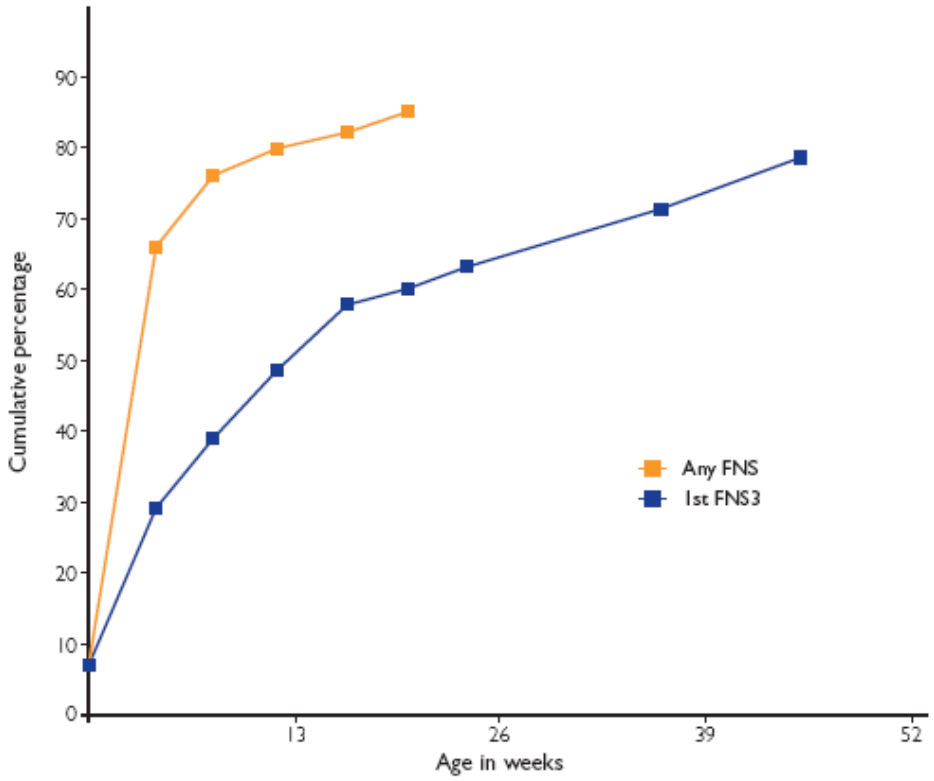


Model Fit Indices: $Chi^2 = 14.64$, DF 14, $p = .40$; RMSEA = .043; CFI = .979; NNFI = .969

Figure 1 Path analysis showing the mediating effects of maternal depression and parenting in the continuity of 9-month emotional and behavioural dysregulation and subsequent conduct disorder symptoms for boys and girls. Standardised coefficients are shown adjacent to pathways and R^2 values adjacent to variables. Significant pathways ($p < .05$) are shown in bold

Hall 4 update: New research on identifying problems

Figure 5: Percentage who had FNS recorded by each age and of those rated FNS3 for first time



Hall 4 update: new research on screening

- Miniscalco et al 2006:
  - Simple screen for language delay at 2.5 years
    - 2% already known to have developmental delay so excluded
    - 4% (25/625) of the rest had <50 words or no 2 word utterances
  - Follow up examinations at 6 and 7 years
  - 70% who failed the screen had major neuropsychiatric disorders (ADHD, ASD or other learning difficulties). All of these required additional educational, health or SW services

Hall 4 update: New research on effective early parenting support approaches

- Triple-P
- Webster-Stratton Incredible Years
- Mellow Parenting and Mellow Babies

Hall 4 implementation

- Variable in Scotland, but local implementation strategies generally based on:
  - Early risk stratification
  - Geographical team working with team leaders making decisions about core/additional/intensive status
  - Skill-mix team working
  - End of universal contacts at 8-16 weeks
- *This has contributed to major de-motivation of HV workforce and falling numbers of HVs*

Review of Nursing in the Community

- "Visible, Accessible and Integrated care" 2006 (draft)
  - Based on problems of the aging population
  - Creation of Community Nurse role
  - Abolition of health visiting, district nursing and school nursing
  - No widely available community nursing workforce with a focus on children
  - Geographically based teams with no clear links to general practices

RONIC

- Children barely mentioned
- No evidence base presented
- Likely to fragment the primary care team and holistic family care
- Likely to cause confusion amongst the most vulnerable
- No clarity about communication and record keeping
- Little clarity on accountability and inter-agency working

RONIC

- 4 pilot sites
- End of HV training in some areas, replacement with generic community nurse training
- Evaluation approach not clear
- “Staff remain confused and concerned about the pilot plans” (Linda Pollock)
- Recommendations to Scottish Government by April 2009

The Glasgow Health Visiting Review

- Conceived
  - out of concern at the RONIC model's disregard for children
  - because of health-social work joint working in CHCPs
  - because of failures and understaffing in child protection services in Glasgow:
    - "Focus on the most vulnerable"
    - Lack of understanding that generalist services prevent many families needing intensive or specialist services
    - Lack of acknowledgement of the risk of a stigmatised service

The Glasgow Health Visiting Review

- Meetings held in secret – no minutes kept
- No input from professionals
- No input from parents
- Poor quality literature review
- Implementation before report published
- Token consultation exercise

The Glasgow Health Visiting Review

- Recommendations:
  - End of universal contact at 4 months
  - End of HV attachment to general practices
  - Multi-professional, social work-led geographical teams
  - Corporate caseloads
  - “Skill mix”
  - End of administration of immunisations by HVs

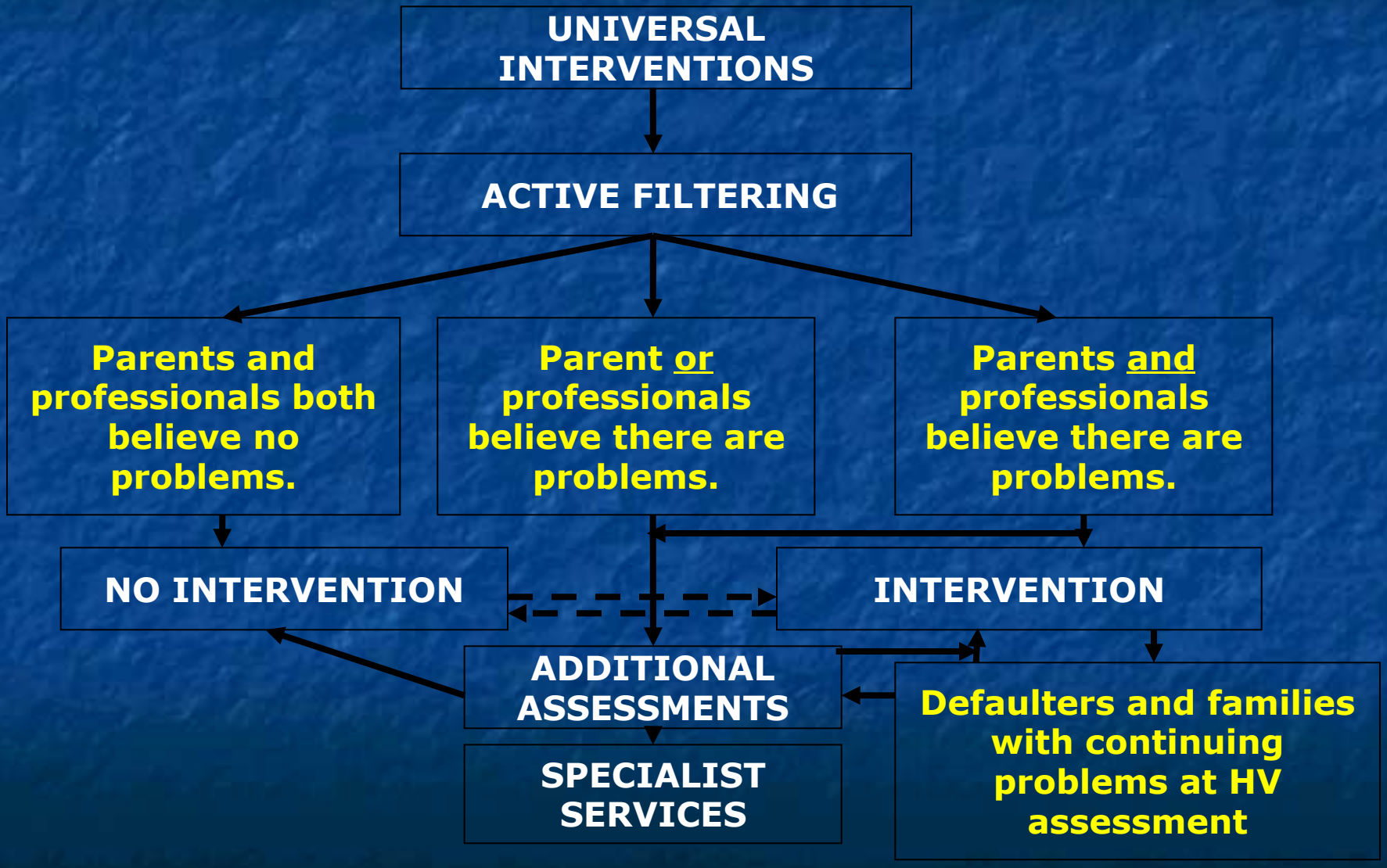
The Glasgow Health Visiting Review

- Massive opposition from parents and professionals
  - 5000+ individual protest letters to Health Board
  - 21,000+ signatures on Holyrood petitions
  - HB negotiations with GP and HV representatives
  - Review is defunct in all but name

Where to now in Glasgow?

- Things do need to change:
  - We need a HV service based on evidence
  - We need to be able to show that the HV service works
  - We need a service that responds to the needs of both parents and children

The Glasgow Parenting Support Framework



Active filtering by HVs

- Partnership between parents/carers and professionals.
- Parents:
  - Generally “know when something is wrong”
    - With the child
    - With themselves
    - With the relationship
  - Early identification of neurodevelopmental problems is important
    - Because it’ s good for parents
    - Because early intervention works best
- Professionals…

Active filtering by HVs

- HVs' decision-making about families is already complex:
  - Depend on personal background, demographics of practice, inter- and intra-professional relationships
  - Crucially dependent on development and continuity of relationship with families
  - Major weakness lies in lack of training to evaluate the ***relationship*** between parent and child ***formally***
    - Evaluation of the relationship important because its quality predicts outcome for children independently of problems in parent or child
    - Formal evaluation important for effective inter-agency communication

Proposed universal HV contacts

- Brazelton NBAS at 1st visit
- 6-8 week postnatal examination
- 13 month assessment evaluating parental wellbeing and parenting difficulties
- Contact at 2½-3 years for language and motor screening, and assessment of child psychological wellbeing
  - *Possibly by phone or postal questionnaire*
  - *Possibly in collaboration with nurseries on entry*
- And an "open door" to families

Operating, monitoring and evaluating the Framework

- Use of structured tools by HVs in collaboration with families:
  - Edinburgh postnatal depression scale (8-12 weeks)
  - Parenting daily hassles (13 and 30 months)
  - Adult wellbeing scale (13 months)
  - Language screen (30 months)
  - Eyberg Child Behavior Inventory (30 months)
  - Strengths and Difficulties Questionnaire (36 months?)
- And satisfaction data from families and professionals etc

What do you think?

- Does collection of structured data on parenting and child wellbeing:
  - Focus service priorities in the right way?
  - Increase access to services for those who need it most?
  - Help make the case for investment in early years support?
  - Or does it risk alienating families and professionals?