

# Health Visiting and Family Nurse Partnership Consultation Summary Report 2018

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# Background to the Consultation

Southend-on-Sea Borough Council is required to re-commission a Health Visiting Service for Southend as a result of the current contract ending. The existing service includes Health Visiting and Family Nurse Partnership Services. As part of the commissioning process, the Council is also exploring the options for developing a more integrated framework of children's services, including Health Visiting (0-5 years), School Nursing (5-19 years) and other children's services.

The vision for this Framework is to deliver better outcomes for children, young people and families through the commissioning of an integrated children's service, with the provision of more effective core and support services with improved pathways.

As part of the commissioning process, the Council has sought views from those potentially affected by a change to the service and those who may wish to share their view as part of the formal consultation process.

The outcome will help to shape the options for both the Health Visiting and Family Nurse Partnership Service specification and with a long term aim of developing a framework across 0-19 years the Consultation has been developed to be the first stage in a larger consultation and co- production project to ensure the work has been shaped by local parents and professionals.

A consultation was launched to ask Parents, Carers, Practitioners and wider stakeholders for their views on:

- Their experience of the current Health Visiting and/or Family Nurse Partnership service and what could be improved, done differently and how any gaps might be filled
- How the delivery of the 5 universal visits could be different and what the barriers are to improved outcomes for children
- How safeguarding, integration and the use of technology can be improved
- What community assets currently exist to support parents to raise their children in Southend
- Proposals for a 0-19 years integrated vision in the future

The 0-5's Health Visiting and Family Nurse Partnership Consultation ran from 29th June to 3rd August 2018 and was open to Parents, Carers, Practitioners, Professionals and Commissioners within Early Years and across the 0-19 service area and wider stakeholders who had an interest or view they wished to share.

## Response to the Consultation

- **5 Parent Focus Groups and drop in sessions** facilitated and supported by staff from the Public Health Team Southend, A Better Start Southend and Southend Borough Council Consultation and Engagement Officers

- **1 Co-production workshop** with Parent Champions facilitated by A Better Start Southend
- **289 Online Surveys** developed in conjunction with Public Health, Early Years and A Better Start Southend staff and finalised and approved by local Parent Champions
- **Subject Matter Expert engagement** with representatives from Southend Children's Social Care, Early Help, Early Years, A Better Start Southend and Integrated Commissioning (SBC and CCG) for Children's Services and Paediatrics
- **Member Briefing** planned for September 2018

Due to the immediate need for input into the decision making process the consultation highlighted the areas in which more engagement is required in order for decision makers to have a representative view of what the new service should look like. This further consultation and engagement will be carried out as the mobilisation of the new service begins and the development of a wider vision begins to take place. Groups that have not yet participated in the consultation but will be engaged with during the next stage of the process include:

- Teenage and Vulnerable Parents consultation which launched in September 2018
- Early Years and Early Help
- School nurses, SEN Teachers, Nursery Nurses and Childminders and those working in transition services

- Speech, language, development, mental health and Paediatric services and Midwives
- Public services including Police, Ambulance and fire services as well as Children's and Adult's social work teams
- Service providers of Health Visiting and Family Nurse Partnership Services who can inform the development of a future service including A Better Start Southend

Areas for further exploration through wider engagement include:

- The practical changes to improving the partnership working in Safeguarding children and young people
- How teenage parents can continue to be supported after being discharged from the Family Nurse Partnership Service
- How the Health Visiting Service can promote the offer to parents and improve the relationship and communication
- What community assets currently exist for parents and how this information can be publicised
- The use of technology to support practitioners and parents in terms of information and advice, communication and continued help
- What are the gaps to help children be 'school ready' and where that support can come from
- What opportunities exist for integration of services

An online ideas forum hosted on Stickyworld will support the continued co-production of the service and vision for Children and Young People's services in future and will be

published after the formal consultation process has closed and analysis has been completed. The decision making process to decide what the service model and delivery will look like will include, but is not limited to, the findings in this report as well as information from the Equality Assessment, service and resource mapping as well as HR consultation with affected staff. Members of the Integrated Commissioning Team, Public Health and the Children, Young People and Families Framework Steering Group will consider all the relevant information and consultation findings to help them make their final proposal and decisions.

## Key response themes

### Summary of responses from the Parents and Carers Survey

**Q Do you support the Council's vision for an integrated 0-19 children's and young peoples' service?**

**77.54%** of Parents and Carers **agreed** with the integrated service vision compared to **22.44%** who **disagreed**.

**84.21%** of Practitioners and Professionals **gave their support** for the vision and **15.79%** **didn't**. **Both** responses received through the commissioners survey **agreed** with the vision.

Concerns including fears around integration leading to cost cutting and cuts to the existing service, a 'jack of all trades, master of none' situation, that the service could become 'too generic', that input from the service may reduce and many people wanted to know what integration would look like before they felt they could agree with or answer the question.

One concern was raised around safeguarding stated, 'the key to safeguarding is to have some distance from multi-agency colleagues and the safest option is a degree of separation'.

Overall, **69.62%** of Parents and carers who responded said they rated the Health Visiting Service as either 'Excellent' or 'Good' compared to **9.49%** who rated it negatively. **20.89%** said it was 'neither good nor poor' but the following questions prompted a response as to what improvements could be made.

**"A good health visitor can make all the difference. Mine recognised a speech issue and my child has now been discharged. Early intervention was the key"**

**"Without them I would have been lost. Brilliant support"**

**Q Which of the 5 universal checks have been most valuable to you?**

- Antenatal visit – **84.4%** Very or quite valuable
- New Baby visit – **90.2%** Very or quite valuable
- 6 week visit – **84.1%** Very or quite valuable
- 1 year visit – **71.3%** Very or quite valuable
- 2 – 2 ½ year visit – **58.9%** Very or quite valuable

Suggested improvements to the service included:

- Additional regular checks between the Universal visits especially for those whose children are in Neonatal Units or SCBU and those who have had difficult or traumatic births and extended hospital stays
- More access, more visibility of the service and more Health Visitors, more information about what the role of a Health Visitor is and what support they do and can offer
- Increased support on the priority areas especially breastfeeding and bottle feeding, mental health, developmental milestones and school readiness
- Improved communication methods e.g. online, electronic appointment booking processes and information sharing, more flexibility around appointments to involve partners and other children
- Consistency of staff and appointments
- More parenting or baby classes, courses and groups e.g. weaning, potty training and more post-natal peer groups
- Online support and advice to bridge the gap between visits

- Earlier intervention and monitoring for speech and language, additional needs and support for those families
- Additional post-natal mental health visits from the service

### **Q Which elements of the Health Visiting Service are the more important to support you to care for your children?**

- Maternal/ Perinatal Mental Health – **91% Very or quite important**
- Transition to Parenthood/ early weeks – **89% Very or quite important**
- Breastfeeding – **83% Very or quite important**
- Health, wellbeing and development of child aged 2 and support to be ‘ready for school’ – **79% Very or quite important**
- Managing minor illnesses and reducing incidents – **76% Very or quite important**
- Healthy weight – **74% Very or quite important**

**70%** of parents said they ‘**Get what they need**’ from the service and those that didn’t said this could be improved through:

**“...help/ advice on introducing baby in to the world with other children involved”**

- More information about other support available to parents locally e.g. services, groups and events
- Additional, consistent visits to build a relationship with both parents, including partners in the discussion and flexible

visits so both parents can attend or to accommodate working parents

- Additional support on first aid, formula feeding, constipation, behavioural development
- Additional support after the 2 ½ year check
- Support for parents of premature babies, those with additional needs and support around speech therapy
- A routine visit before starting school

**63%** of Parents and Carers found the service 'Very easy' or 'Quite easy' to access and those that didn't identified the following as improvements:

- Practical support for those attending clinics with additional or multiple children
- Publicise service contact details utilising online methods— many parents didn't know how or when they could contact the service and some thought that support ended after the last universal check
- Use of technology both ways e.g. Parents also being able to contact their Health Visitor via text, online booking, online information and advice, links to approved website resources, a greater online presence
- More time for visits, drop in clinics at Children's Centres and topical drop in sessions including advice for older children
- An admin or triage service to direct questions or queries and clearer information in the red book about what support is on offer

**"Improved online presence, checklists for parents, online tutorials and the possibility to be connected to a HV"**

**65%** of Parents said they felt there were gaps in the service:

- Additional and more frequent checks during the first 18 months to cover weaning, behaviour management, potty training, social interaction, developing speech and language and an integrated check at 3 ½ and 5 years old to discuss immunisations and adapting to school
- Information about bringing baby home, the cord, checks specifically for baby boys, restoring your pelvic floor and information for partners and fathers
- Support for those who have had an extended hospital stay or who have babies in SCBU or Neonatal Units
- A separate support programme for parents of children with additional needs, parents dealing with mental health issues, adjusting to parenthood, traumatic births and school readiness

**"In my experience the Family Nurse Partnership was invaluable as it offered continuity and constant contact with the same professional I think that there is a gap as there should be a service like this for parents who do not necessarily fit the criteria"**

- Bring back groups like Delta and peer support groups

- More information about gentle, attachment, responsive and attunement parenting
- New Mum programme delivered antenatally to include CPR, baby massage and baby yoga

Parents said the **benefits to their child/children** included a good, safe, happy start to life where parents had been supported and given confidence to raise them. That continued monitoring, early detection of developmental or behaviour issues and additional needs were all important and allowed children to thrive.

“(The) concerns about vision were picked up and referred quickly; the support I had meant that I was a happier, more confident mother and I think this helped my children thrive”

Parents also said that the **benefits to them** included support to parent confidently, in a calmer and happier household where they could feel more prepared and had increased parenting skills. That there was a reduction in stress and feeling less alone and the service offered emotional support and reassurance about decision making. The service meant parents were less like to go straight to the GP for minor issues but that the benefits stopped or reduced after the last universal visit.

“My Health Visitor was my biggest source of support (and a shoulder to cry on) in the first six months of both of my children's lives. Long term, she helped me to become a happy, confident mother!”

### Q Is there any part of the Health Visiting Service that could be changed or made better?

- Additional checks throughout the 5 years
- More resources
- A centralised and multi-skilled service delivered in Children's Centres
- Improved communication e.g. appointments, advice and how to access support out of hours
- Increased mental health support
- Staff trained on the latest information and advice that can be shared with Parents e.g. local groups and health dangers
- More group work e.g. breastfeeding support
- Consistency of an allocated Health Visitor
- Earlier intervention for speech therapy and development issues
- Routine assessments carried out earlier and Parents to support their children to develop the required skills before being assessed
- Information and support for all feeding choices

### Identifying local Community assets







“Have personally found the drop in health clinics very valuable and know others who have utilised support with breastfeeding issues at these sessions and this has enabled and encouraged them to continue breastfeeding”

“I feel all children should have a health visitor for support, as my second child needed more input and support; all mothers need support regardless of how many children they have”

## Summary of responses from Practitioner and Professionals Survey

### Q What challenges might impede your ability to provide the services and information needed by service users?

- Time, budgets, staff, resources and equipment to provide the service staff wish to provide to clients – e.g. sharing up to date local knowledge or accessing systems
- Capacity to be able to offer group work or parenting classes
- Staff identified a lack of parking in the borough when visiting client’s homes
- A need for improved integrated communication between services
- Uncertainty over future changes
- More integration is wanted between the service, early years, education and

school nursing – not just at a senior management level

### Q What role do Health Visiting and Family Nurse Practitioners have in influencing/ supporting wider public services?

- Early support and intervention makes a big difference and can prevent specialist referral and as the only under 5’s universal service it can identify early trends and needs in the local community
- Working in an integrated way with partners and the wider community the service can influence and progress a wide range of health promotions
- The service influences, monitors and supports a wide range of families and regularly works with other local organisations e.g. social care, the police, and community organisations
- Liaising and referring to wider public services can support and encourage clients to engage with other services
- The Family Nurse Partnership has links with a number of other services to signpost and recruit clients

“Health Visiting have an important role in families life from before birth, they have a true insight into the families in our area and the challenges they face. They should have the voice to shape services around what families need”

## Q Which of the five mandated Health Visiting Checks do you find are most useful and valued by Parents?

Almost all the comments received confirmed that **all the universal checks and the visits from the FNP programme were important** for varied reasons including:

- The new birth visit and 6 week visit are at a crucial time within a changing family. New parents are receptive to public health and healthy choices information and they're able to make informed choices about their own and their family's health and early difficulties can be identified
- Vulnerable, disadvantaged, homeless families as well as parents dealing with addiction, mental health issues, domestic violence or financial difficulties benefit greatly and all visits allow practitioners to meet the family and understand the individual challenges that they face
- Staff highlighted that the service is one of the only consistent contacts families have to raise concerns or get support and mothers may be more likely to talk about their mental health face to face with someone in their home environment
- Poverty and lack of social resources adds to the risk for children in areas like central Southend
- The FNP service assesses a wide range of areas for support including emotional attachment, child development and play strategies as well as relationship challenges with becoming parents also assessing emotional wellbeing of parents. They are key opportunities to assess for any safeguarding concerns if

there is not regular contact with the family

**“We ensure they receive an excellent service from highly trained and experienced staff. The service we give is of a very high quality”**

## Q How could we deliver any of the 5 mandatory checks differently to deliver better outcomes?

- Home visits are a successful way of implementing them and 'Face to face' was seen as the most successful method
- More could be done to suit the needs of working parents who may need these checks completed in more varied locations / evenings and weekends etc.
- The same person to complete the early checks (antenatal, New birth, 6 week and under 1 if possible), for continuity and relationship building as well as a clearer idea of the child's progression
- Having a wider range of skills/activities to assess development as the ASQ ones are very specific and don't suit all children
- For families where there are no concerns the 1 year and 2 year interventions can be and currently are undertaken by the wider skill mixed health visiting team
- Financial cuts to the service could risk the quality and Professionals indicated that they support better outcomes without a reduction in the service already being provided

## **Q What do you feel are the most important parts of the Health Visiting and Family Nurse Partnership Service and why?**

**“Providing an advisory service to families and the community to improve health, promote wellbeing and through early intervention provide timely support. To ensure that the voice of the child is heard and that their needs are met”**

- The relationship set up during face to face contacts means that clients contact the service when they need support but also know where else to go if another service is needed; it's a holistic approach
- Adjustment to parenthood, perinatal mental health, minor medical queries (preventing GP and other service impact), supporting healthy eating from an early age, picking-up infant-early childhood emotional and development issues quickly and support these and referring them for support
- Ability to see families at key stages and gain their trust - Health visitors are often the link between a number of services in the community
- For FNP, the actual delivered programme that is intensive, evidenced based and looks at the 6 identified domains which influence healthy outcomes for the child and family is the

most important. To have a universal service that is not stigmatising but is able to identify vulnerabilities and children at risk. To have a flexible service that meets the different needs of families. A robust safeguarding element is essential

- The safeguarding role 'cannot be over-emphasised' - The unique access the service has into families homes and as such their lives is so important, to ensuring children's safety

## **Q What opportunities are there to further integrate the 0-5's and 5-19's services and/or pathways?**

- Currently the HV/FNP services are integrated with other paediatric services. The 5-19 services are delivered within a different organisation but processes have been put in place to ensure continuity of care.
- MASH+ and MARAT have succeeded in closer working with Early Help and Social Care
- Training days or away days together and co-location to improve communication
- Improving the liaison with the School Nurses and emotional wellbeing services
- Within the homeless caseload there would be a great opportunity for a practitioner to work with the 0-19 to support older children who are experiencing challenges
- In terms of child protection and safeguarding work, at times these roles

have provided 'cover' for each other at child protection meetings; this is something which needs to be carefully handled

- Ongoing care with one practitioner or team across both pathways, where complex concerns, or safeguarding concerns have been identified could be beneficial to the family, in regard to continuity of care

### **Q What do you feel are the gaps or blockages in the current Health Visiting/ Family Nurse Partnership service provision?**

- For FNP, continuous relationship building with other services and maintaining these contacts are crucial and the most challenging and for FNP to be rolled out over a larger area
- Being based in different parts of the borough
- More timely communication and information sharing with other services
- Lack of capacity to offer more topical group work sessions e.g. Delta
- Families would benefit from a more comprehensive service provision in the first year, it would also give the Health Visitor a better opportunity to form a more comprehensive assessment on the family and ensure that opportunities to refer to other services are not missed

### **Q How could they be solved?**

- 6-8 week contact until the child is one year old
- A more rounded service that looks at the whole picture not just a child's development, offering focused group or 1-1 sessions/workshops for a variety of issues (weaning, breastfeeding, behaviour, potty training)
- Multiagency training, meetings, forums. More co-location and regular meetings with staff across 0-19 services and integrated health and social care teams.
- Increased communication with midwifery services
- Increased resources within the service and staff to play a more active role in planning and development
- Offering Health Visiting mixed skilled group work, one to one behaviour/ child health clinics / drop in sessions especially in hubs in busy areas such as the town centre. Having clinics located in the place where they are needed so that they are accessible to all families

**“A more rounded service that looks at the whole picture not just a child's development, offering focused group or 1-1 sessions/workshops for a variety of issues (weaning, breastfeeding, behaviour, potty training)”**

**Q What do you see as the outcomes that Health Visiting and Family Nursing have on other public services? How could changes be made to maximise the benefits of these outcomes?**

- A Family Nurse is usually the main professional with the greatest access to families where other services possibly struggle to engage. Joint visits are often successful and aid other engagement and Social Care has less involvement with clients who have a Family Nurse
- FNP has an impact on reducing referrals into mental health services and is proven to provide positive outcomes on things like school readiness, prevention of accidents and much more
- The safeguarding work must impact on these services favourably as issues are picked up early. FNP's whole ethos is to improve parenting outcomes and avoid the need to involve Social Care involvement where possible, due to intensive input
- Reduction in referrals to social care as often HVs will work with a family at a threshold that prevent referral for safeguarding issues. by providing lots of support in the home for our most vulnerable families we do lots of work around behaviour and sleep management reducing referrals to other
- Providing support services to ensure future health benefits for both mum and baby

“The early detection and intervention on parenting issues and social and developmental problems impacts on education hugely, as children are assessed and work has begun on any additional needs before they

**Q What works well in the current referral pathways? Please provide relevant examples**

Many good practice examples were given including but not limited to the following:

- Liaison and updates from HLOs  
Notification of DIRs, birth notifications, maternity notification for FNP clients, Health Visitor transfer of UP and UPP, Perinatal complex referral to perinatal mental health team, faster perinatal referrals to Perinatal and postnatal emotional support services, development referrals to the Lighthouse Centre, early eye problems to eye clinic
- Some referrals are easy and quick to complete, some can be quite time consuming
- Good relationship with Children's Centres, sexual health services etc. Referrals and signposting to these services is well established

**Q How could improvements be made?**

- Educating professionals about different roles and systems as there needs to be more opportunities to learn together –to learn about each other’s roles
- More contact \ joint working with social services longer term teams
- Timeliness of responses and feedback by other agencies
- Unified forms/processes for all services

**Q How do you see the role of Health Visitor/ Family Nurse contributing to the safeguarding of children and what is the impact of safeguarding on the overall workload?**

- A Family Nurse consistently visits a child and Parent often and gets to know the client and family which enables them to pick up safeguarding concerns earlier and address them and/or refer to services where needed
- Safeguarding greatly increases the workload due to report writing, time spent contacting other agencies & attending conferences, however FNP has a huge contribution to safeguarding due to the nature of visiting people in their homes & being allowed access to the child's life
- Health Visiting have a pivotal role in safeguarding, and it is a large part of the caseload, which would be aided by increased resources

**“There is no possibility to over-emphasise this role. Health Visitors are often the professionals that identify and refer in concerns”**

- The opinions and expertise of the staff within the service have a great impact.
- Staff are often relied upon to carry the risk on their caseload if there are no other professionals or services working with the family at that time
- If there is not a health need Health Visitors cannot keep visiting in the long term for concerns which are not seen by other services
- The vulnerability of the unborn, neonate and infant is key, and the input of the midwife has in recent years lessened, making the FN or HV even more vital
- The impact of safeguarding is considerable on the workload, as it is fundamental to the role(s) and is always treated as a priority

**Q Are there any opportunities or improvements you could see within the safeguarding process?**

- All cases under care of Social Care to have an allocated Social Worker improved information shared to and from Social Care



- Increased feedback from MASH+/FCT about the decisions and outcomes from referrals
- Social Workers sitting within Health Visiting teams to make it a more seamless service
- More multi-agency learning, more education of health in terms of decision making in Social Care
- Improved system Safeguarding templates
- To have allocated support for over 5's within the homeless caseload

**Q Is there any technology or innovations that you feel could be incorporated into the service that would help you to be more effective and efficient? If so, what is it?**

- Mobile phones with internet access for information sharing and iPads or tablets with internet access for inputting information directly onto the system and receiving emails
- Parking permits to allow parking near to clients homes and to support lone working
- Access to efficient lone working devices
- Information sharing, especially between Health Visiting Teams to support Child protection, out of area clients moving to the Borough and enabling access to records sooner after they arrive

- System improvements to allow all services to access the same systems and records when required

## **Summary of the Responses from the Commissioners Survey**

**Q Does the availability and configuration of Health Visiting and Family Nurse Partnership Services have an impact on access to other related services?**

- The universal services contribute to the statutory requirement of Looked After Children which includes health assessments and the Family Nurse Partnership can support young parents who may also be looked after children and families as needs increase for vulnerable families living in poor conditions
- The services interface with a range of services including school nursing, A Better Start Southend, Children's Social Care, Early Help, Early Years and Children's Centres, Children's Specialist Community Services and Community Paediatrics
- The services have an important role and a significant favourable impact on screening and identifying medical problems, identifying vulnerable children and key workers doing health promotion

**Q What Role do Health Visitors and Family Nurse Practitioners have in influencing/supporting wider public services?**

- Looked After Children and the Public Health Agenda
- Children's Social Care, Early Help, Early Years and Children's Centres, Children's Specialist Community Services and Community Paediatrics, Safeguarding through a range of health based knowledge providing important insights for other teams (MASH+ and MARAT) and can also support other services by bringing Children's Centres and Community Hubs to life
- Promotes the health and welfare of Children to have a fulfilling childhood and improve their long term life chances.
- Safeguarding is a key element

**Q How could we deliver the five mandated Health Checks differently?**

- The current checks need to happen during the crucial time periods with increased staff to deliver this
- Integrating checks and using innovative technology with staff working alongside Early Help to improve the level of health input and improve holistic outcomes for families

**Q What do you feel are the most important parts of the Health**

**Visiting/ Family Nurse Partnership service and why?**

- All aspects are important across the 5 mandatory checks and the 6 high priority areas with safeguarding running throughout
- Safeguarding and screening for growth and development problems as well as identifying concerns with vision and hearing. Health promotion is also important.

**Q Have opportunities between 0-5's and 0-19's services been identified and captured in strategic planning and policy decisions?**

- Conversations are ongoing for developing interfaces of the 0-5/0-19 service with other services

**Q Has the performance and quality of the Health Visiting/ Family Nurse Partnership Service provision indicated any gaps or blockages? If so, is there a plan to resolve these? Are there any other influencing factors on the measurement of definition of service outcomes?**

- Locally the services have good practice in some areas but needs to be improved in other areas
- 'HV/FNP Provision is generally at a high standard'

**Q Have outcomes and impacts within Health Visiting and Family nursing been aligned with other public sector services? And are these reflected in the strategies and policies?**

- In part, however more could be done to align and integrate outcomes with other public sector services

**Q Has a review of the current referral pathways been considered or conducted? What learning came from this, and has the learning been embedded? If changes to current pathways are made what do you think the impact on the wider system might be?**

- A service mapping exercise was recently conducted and mapped the current 0-5 pathway
- There is regular and close involvement with the Health Visiting service and educational and learning events are also regularly undertaken

**Q How do you see the role of the Health Visitor/ Family Nurse contributing to the safeguarding of children and what is the impact of safeguarding on the overall workload?**

- Child protection (especially in identifying physical abuse and neglect and the most difficult of all - fabricated and induced

illness). They help in identifying vulnerable children because they work closely with families. Health promotion and ensuring welfare of children

- HVs have an important role in safeguarding across the 4 levels of service. Including: - working in partnership with other key stakeholders (e.g. CCG's safeguarding services & referrals to SBC's MASH+) to help promote the welfare and safety of children and young people. - being aware of children with an early help assessment, child in need, child protection or Looked After Child plan.

**Q Are there any opportunities or improvements you could see within the safeguarding process?**

- Increased resource and capacity in the service to help in protecting and promoting welfare of children and especially identifying vulnerable children

**Q Has increased use of technological opportunities been considered for the Health Visiting and Family Nurse Partnership Services? Has this been incorporated into organisational technology/digital strategies?**

- Not all HVs have their own laptops and it's been identified that the use of tablets may support HVs on their visits to deliver better outcomes

## Pop-up Parent Co-production and Group session findings

The main points taken from the Parent pop-up groups held are summarised below:

- Many Parents didn't know how to contact the service, what support was available or that they could access the service outside of the universal visits up to the age of 5
- The focus of responses was around wanting more support from the service in addition to the current mandatory visits, consistency of an allocated Health Visitor as well as improved communication about arrival times and the ability to respond or be flexible around visits and for visits to take place at home in a comfortable environment where other children and partners were present
- Partners had not been as involved in visits as much as parents would like and felt that partners had been excluded from the post-natal experience when they felt they would like to actively participate
- Many of the Mothers spoken to said they had wanted more information about the Edinburgh questionnaire and the reason it was being done, what the score meant or who the results would be shared with and that they felt Mothers would answer more honestly if they had been able to build a relationship with their allocated Health Visitor
- Parents said that they felt that information and support was targeted at first time parents but things move so fast that experienced parents also wanted basic information and advice repeated so they had the most current guidelines and support to deal with their older children and new arrival
- Many parents spoke positively about the potential for online support, information, advice and communication with the service. Many Parents said they looked to social media and websites to find out about local support and events and to link with other parents for immediate advice
- Parents of children with additional needs, speech and language or developmental delays or allergies had mixed experiences of referrals or getting early help and signposting and some felt that they would have benefitted from more targeted group sessions
- Many parents didn't feel that they had been able to build a relationship because they had seen a different person at the next visit and that had impacted on getting what they needed or wanted from the service
- Parents who had built good relationships with the service had a very positive experience and found they had been able to contact for support when they felt they needed it outside of the 5 visits. They said that seeing the same Visitor had contributed to this and feeling confident that changes in them or their child would be noticed and explored

## Next steps

### **Results of the consultation**

This report will be shared on the Southend Borough Council website showing the feedback received from the Consultation.

### **Co-production to further develop the service**

Following the analysis of the Consultation an online ideas forum will be launched on Stickyworld to gather ideas from Parents, Carers and Professionals on the additional areas identified in section 2.1. The online forum will be an ongoing co-production tool which will help to shape the vision and ensure Parents, Staff and stakeholders are participating in the development of a 0-19 integrated service and offer opportunities for more focussed offline discussion.