

Supporting parental awareness of respiratory illness in babies and children through health visiting leadership and delivery of the Healthy Child Programme

End of project report



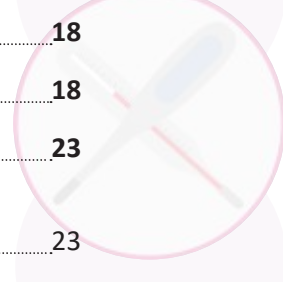
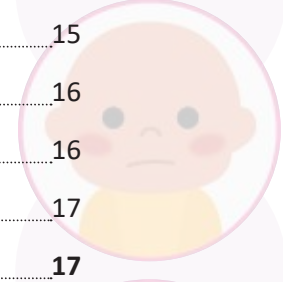
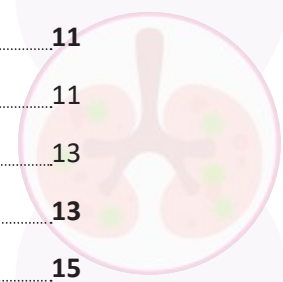
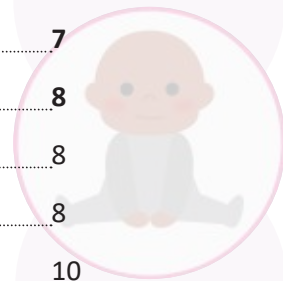
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- The Expert Advisory Group
- Dr Ranj Singh
- Lamora Pictures
- Pathway Associates
- The iHV design and communications teams

And, most importantly, the health visitors and parents who helped review and co-design the resources that were developed as part of the project.

EXECUTIVE SUMMARY

This project was funded by the VCSE Health and Wellbeing Fund to raise awareness of respiratory illness in babies and children under 3-years old. It was anticipated that there would be a surge in unseasonal respiratory infections and possible increase of Bronchiolitis in the winter, due to the social distancing and lockdown guidance for COVID-19 meaning that young children and babies had not been mixing as normal. Building on current iHV and Healthier Together resources, the project aimed to co-design a suite of resources for families and health visitors, with a focus on respiratory illness.

Through a review of current resources available to families and health visitors, it was noted that resources were available for those who read English and had good educational levels. However, there was limited information in accessible formats to meet the wider needs of families where English was an additional language or where parents may have learning difficulties. From this review, it was clear that this inequality needed to be addressed. The aim of the project was to address this gap and to upskill the health visitor workforce on how to support families with babies and young children who have respiratory illnesses, as well as increasing their knowledge in understanding the surge in unseasonal respiratory infections and the possible increase of Bronchiolitis in the winter. Health visitors are ideally placed to reach families through their universal reach and leadership of the Healthy Child Programme, and, by providing them with accessible resources and training, we hoped to support families.

Project deliverables	Achievement
Establish Expert Advisory Group (EAG) to ensure the project met its objectives	<ul style="list-style-type: none"> ✓ EAG established with membership including: <ul style="list-style-type: none"> • NHS Hospital Trusts • Department of Health & Social Care • Office for Health Improvement & Disparities • Healthier Together • iHV project team

Project deliverables	Achievement
Development of health visitor resources and accessible resources for families on respiratory illness and safe management	<ul style="list-style-type: none"> ✓ Developed a webpage to host resources accessed by 374 professionals ✓ Created an A-Z of useful organisations and background reading ✓ Signposted to additional resources from: <ul style="list-style-type: none"> • Asthma + Lung UK • Bardardo's Boloh helpline • Bliss • Contact ✓ Identified resources (on Healthier Together) website to be translated: <ul style="list-style-type: none"> • Babies under 3-months old <ul style="list-style-type: none"> » My baby has a fever/high temperature » My baby is finding it hard to breathe » Bronchiolitis and RSV • Babies and young children over 3-months old <ul style="list-style-type: none"> » Bronchiolitis and RSV » Croup » Difficulty breathing and wheeze » Fever/High Temperature ✓ Scoped most spoken languages in the UK after English according to ONS: <ul style="list-style-type: none"> • Bengali • Gujarati • Polish • Punjabi • Urdu ✓ Created resources in a range of formats: <ul style="list-style-type: none"> • Written translated resources • Written Easy Read resources • Short videos presented by consultant Paediatricians in different languages
Regular sharing of information and learning	<ul style="list-style-type: none"> ✓ Update articles were published in a monthly newsletter to over 4200 health visitors a month ✓ A series of four 1-hour monthly webinars were produced - increasing knowledge of respiratory illnesses and raising awareness of resources and other organisations working in this area ✓ Webinars attended by over 230 health visitors
Evaluation and impact	<ul style="list-style-type: none"> ✓ Pre-evaluation survey sent to attendees before the first webinar ✓ Post-evaluation surveys sent following each webinar to review confidence and what further information attendees would like ✓ 100% of attendees would recommend the webinars to a colleague ✓ Attendees reported an increased confidence in supporting parents and carers with evidence-based advice to recognise and manage respiratory illnesses at home, including bronchiolitis/RSV, wheeze and croup - with half of the attendees having little or no confidence pre-webinar and 93% being somewhat to very confident in supporting families after attending ✓ Attendees reported a shift in confidence in supporting families on discharge home from hospital - with 89% reporting that they felt somewhat/very confident following the webinars ✓ 91% of attendees understood the importance of the health visitor's role in leading respiratory illness support in children under 3-years

Project deliverables	Achievement
Gather insights from health visitors and EAG group	<ul style="list-style-type: none"> ✔ Webinar attendees and EAG members invited to submit case studies or reflections on learning ✔ 3 case studies received demonstrating positive learning

Next steps and recommendations

The following table provides a summary of the recommendations and potential next steps:

Recommendation	Next Steps
Ongoing maintenance and development of resources	<ul style="list-style-type: none"> ✔ Investigate funding to allow for maintenance and update of resources to ensure they remain current ✔ Investigate funding to enable new resources to be developed to support evidence-based practice and accessible information
This evaluation focuses on the immediate delivery. However, it would be beneficial to consider the impact of the resources over time	<ul style="list-style-type: none"> ✔ Investigate opportunities for further funding to complete an impact evaluation of the resources
Continued promotion of the resources through the iHV and Healthier Together networks	<ul style="list-style-type: none"> ✔ Continue to signpost to the resources when discussing the needs of the early years ✔ Share learning at the iHV conference ✔ Signpost to resources in newsletter during the next surge in respiratory illnesses or the next winter period
Consider the development of further training resources for health visitors to support their roles	<ul style="list-style-type: none"> ✔ Investigate funding to enable further webinars on topics requested in the evaluations
iHV to consider learning from the project and review current iHV resources to understand how to ensure they are more accessible in the future to meet families' needs	<ul style="list-style-type: none"> ✔ iHV to develop a translation/accessibility pathway for all resources, including peer review processes

1. Introduction and Background

This project was funded by the VCSE Health and Wellbeing Fund to raise awareness of respiratory illness in babies and children under 3-years old. It was anticipated that there would be a surge in unseasonal respiratory infections and possible increase of Bronchiolitis in the winter, due to the social distancing and lockdown guidance for COVID-19 meaning that young children and babies had not been mixing as normal. Building on current iHV and Healthier Together resources, the project aimed to co-design a suite of resources for families and health visitors, with a focus on respiratory illness.

On review of current resources available to families and health visitors, it was noted that the majority were aimed at those who read English and had good educational levels. However, there was limited formation in accessible formats and, from this, it was clear that this inequality needed to be addressed. The aim of the project was to address this gap and to upskill the health visitor workforce on how to support families with babies and young children who have respiratory illnesses, as well as increasing their knowledge in understanding the surge in unseasonal respiratory infections and the possible increase of Bronchiolitis in the winter.

To steer the development of the resources and to ensure that the project remained in scope and within budget, an Expert Advisory Group (EAG) was established with the following members:

- Vicky Gilroy, Head of Projects and Evaluations, iHV
- Victoria Jackson, Senior Programme Manager – Projects and Evaluation, iHV
- Jenny Gilmour, iHV Consultant and 0-19 Service Development Lead, Tower Hamlets GP Care Group
- Rachel Stephen, Project Development Officer, iHV
- Francesca Wright, Practice Development Lead Nurse, Cambridge University Hospitals NHS Trust
- Gillian Turner, Lead Nurse for Children, Young People & Families, Department of Health and Social Care (OHID)
- Matthew Mathai, Consultant Paediatrician - Bradford Teaching Hospitals NHS Foundation Trust
- Penny Greenwood - Associate Lead Nurse Children, Young People & Families (OHID) and WHO Collaborating Centre Nurse Advisor
- Sanjay Patel, Consultant Paediatrician, Consultant in Paediatric Infectious Diseases and Immunology, Project lead - Healthier Together: Improving the quality of care for children and young people in Wessex, Clinical lead, Children's programme, Hampshire & IOW ICS, Officer for Antimicrobial Stewardship and Surveillance, British Society for Antimicrobial Chemotherapy and Chair of UK OPAT initiative (BSAC), Visiting Research Fellow, Faculty of Health and Wellbeing - Southampton Children's Hospital

2. Resource development

The project aimed to ensure current resources were more accessible to all families. It was agreed that the focus of these resources would be to support families in understanding what medical support they may need if their baby or young child is unwell and where to seek support. We agreed to build on the “When to worry” respiratory resources already found on The Healthier Together website which provide red, amber and green advice to parents. These resources had been co-produced and peer-reviewed by parents and subject experts, and therefore provide a good starting point to develop accessible formats. We agreed to focus on the following topics which related to respiratory illness:

- Babies under 3-months old
 - » My baby has a fever/high temperature
 - » My baby is finding it hard to breathe
 - » Bronchiolitis and RSV
- Babies and young children over 3-months old
 - » Bronchiolitis and RSV
 - » Croup
 - » Difficulty breathing and wheeze
 - » Fever/High Temperature

Table 1 - Development of resources

Objective	Activity	Action	Outcome
To create written versions of the "When to worry" resources that could be accessed in different languages	<ul style="list-style-type: none"> Scoped most spoken languages in the UK after English 	<ul style="list-style-type: none"> Used the ONS to determine the most spoken languages 	<ul style="list-style-type: none"> Polish Punjabi Urdu Bengali Gujarati
	<ul style="list-style-type: none"> Translated the resources into 5 languages 	<ul style="list-style-type: none"> Considered automated translation systems such as Google Translate 	<ul style="list-style-type: none"> This gave a literal translation which changed the meaning or made the information incorrect
	<ul style="list-style-type: none"> Sourced professional translators to translate the resources 	<ul style="list-style-type: none"> Due to short timeframe, sourced translators from existing EAG relationships 	<ul style="list-style-type: none"> This allowed for nuances of language to be contextualised for individual population groups
	<ul style="list-style-type: none"> Peer-reviewed by professionals and families 	<ul style="list-style-type: none"> Sourced and used a mix of parents and professionals to review the translated resources 	<ul style="list-style-type: none"> This ensured that they matched the English version and that they made sense to the intended audience
	<ul style="list-style-type: none"> Formatted the resources 	<ul style="list-style-type: none"> Translated resources formatted in the current Healthier Together format, including adding the title in English as well as the language, to allow easy access 	<ul style="list-style-type: none"> This ensures health visitors know what they are signposting families to With the suite of resources all looking the same, they are recognised as part of a group of reliable resources and the reader knows they are getting the same information
The "When to worry" resources needed to be accessible to those with difficulty in reading	<ul style="list-style-type: none"> Created resources in an Easy Read format 	<ul style="list-style-type: none"> Worked with Pathway Associates, experts in accessible documents 	<ul style="list-style-type: none"> This ensured that they meet the accessibility criteria
	<ul style="list-style-type: none"> Peer-reviewed by families 	<ul style="list-style-type: none"> Pathway Associates work with people with lived experience 	<ul style="list-style-type: none"> This ensured that they meet the needs of those they are intended for
	<ul style="list-style-type: none"> Formatted the resources 	<ul style="list-style-type: none"> Used the same format as the new resources for those where English is an additional language 	<ul style="list-style-type: none"> With the suite of resources all looking the same, they are recognised as part of a group and the reader knows they are getting the same information
The "When to worry" resources need to be accessible to those who cannot, or do not wish to, read	<ul style="list-style-type: none"> Created 4 short videos, one in each language, based on the "When to worry" resources 	<ul style="list-style-type: none"> Sourced Paediatricians who speak the languages to be filmed 	<ul style="list-style-type: none"> This ensured that the information within the film was factual and delivered in the correct context
	<ul style="list-style-type: none"> Peer-reviewed by professionals and families 	<ul style="list-style-type: none"> Sourced and used a mix of parents and professionals to review the translated resources 	<ul style="list-style-type: none"> This ensured that they matched the English version and that they made sense to the intended audience

3. Dissemination

As part of the project plan, we agreed a range of communication channels to ensure that we reached as many health visitors and families as possible. This was achieved through the following approaches:

Newsletter

Articles were published in the iHV monthly newsletter. This included a regular piece from the EAG giving an update on the respiratory surge and an update from the iHV Projects and Evaluation team about the resource development and webinars. This was also an opportunity to share the resources from our project partners and wider work about supporting families during the winter.

Webinars

A series of monthly webinars were produced - this was to enable maximum reach and to keep respiratory illness at the forefront of practitioner's minds throughout the winter. The webinars were produced in collaboration with other national organisations working on VCSE Health and Wellbeing Funded Respiratory illness project to enable a wide dissemination of these useful resources and raise awareness of other work in this area. The structure of the webinars can be found in table 2.

Resources that were launched at the webinars included website content, animations, short films and telephone helplines/other group activity. Each webinar built on the previous webinar, thereby increasing the audience's knowledge and awareness of different respiratory illnesses with an emphasis on Bronchiolitis and respiratory illness. Feedback was collected through a formal evaluation at the start of the series and then after each webinar to allow us to tailor the following session to the needs of the audience.



Table 2: Webinar structure

A series of 4 online 1-hour webinars were delivered as open access sessions, between November 2021 and February 2022, which focused on Respiratory illness in under 3s				
	November	December	January	February
	Attendance: 70	Attendance: 29	Attendance: 34	Attendance: 102
Topic	Bronchiolitis		Croup	Professional development
Expert Speaker	Sanjay Patel Consultant in Paediatric Infectious Diseases		Mat Mathai Consultant Paediatrician	Vicky Gilroy Head of Projects and Evaluation
Guest organisation	Health Education England - NHS	Bliss and Barnardo's	OHID and Contact	Asthma + Lung UK and EPNS4Surge
New resources launched	Respiratory Surge in Children programme e-learning available on elfh	Bliss animation of bronchiolitis in preterm babies Barnardo's Boloh Helpline, which provides culturally informed advice in a range of languages	Contact's resources and helplines providing support for families of children with disabilities	Asthma + Lung UK shared video and written resources and a new helpline to advise families about RSV and children's wheeze Accredited EPNS4Surge e-learning to support acute and community paediatric nurses to support discharge into the community To showcase the resources available on the iHV website
Aim of session	To explain the aim of the funding, give a background of Bronchiolitis and the surge, and increase awareness of the e-learning to support practice	To discuss the signs and symptoms of Bronchiolitis and when to advise families to seek help, and highlight resources to support families with complex needs	To understand the role of the Public Health Nurse and Leadership To improve knowledge and understanding of croup, how it is managed, and highlight support for families with additional needs	To increase awareness of resources available to upskill health visitors and training available for professional development To provide an overview of the whole project and launch the newly developed resources

Website

An open access webpage was created on the iHV website to house the resources. As well as the new resources, it also houses information and links to resources for each of the organisations that presented at the webinars - see table 3 for full list of resources. The translated and filmed resources are also housed on the Healthier Together website to increase reach.

Table 3: webpage structure

Webpage section	Resource
Webinars	<ul style="list-style-type: none"> Recordings of all 4 webinars FAQs from the Respiratory Illness webinars Certificate of attendance
Resources to support practitioners	<ul style="list-style-type: none"> A-Z of useful organisations and background reading on respiratory illness
Parent Tips (PT)	<ul style="list-style-type: none"> PT Wheeze and breathing difficulties PT Fever/high temperature
E-Learning	<ul style="list-style-type: none"> elfh Respiratory Surge in Children elfh The Enhanced Paediatric Nursing Skills for Surge (EPNS4Surge) Course Introductory YouTube film about the course
Healthier Together Website	<ul style="list-style-type: none"> Link to homepage Link to Bronchiolitis and RSV Link to Fever/High temperature
When to Worry <ul style="list-style-type: none"> » Bronchiolitis and RSV » Croup » Difficulty breathing and wheeze » Fever » Fever under 3-months » My baby is finding it hard to breathe under 3-months 	<ul style="list-style-type: none"> Link to Healthier Together webpage Translated versions Easy Read versions Film versions
Bliss Website	<ul style="list-style-type: none"> Respiratory Syncytial Virus (RSV) – Animation Bliss and Black Mums Upfront raise awareness of RSV – Animation
Barnardo's Helpline Website	<ul style="list-style-type: none"> Link to the Boloh helpline
Asthma + Lung UK	<ul style="list-style-type: none"> Link to the bronchiolitis and RSV information
Contact	<ul style="list-style-type: none"> Protecting your child from RSV and other winter viruses – Animation Q&A with consultant respiratory paediatrician Dr Martin Samuels (GOSH and Staffordshire Children's Hospital) - Recording RSV frequently asked questions Helpline for families of disabled children

4. Evaluation

Webinars

This first section will summarise the evaluation of the webinars, full evaluation results can be found in appendix 1. The aim of the evaluation was to consider the impact of the webinar on participants' learning pre and post the webinars and also to inform the topic precedence for future webinars. The evaluation surveys were designed, distributed and collated using an online survey system – JISC online surveys. The attendees of the webinars were asked to rate their confidence according to:

1. Not confident at all 2. Not so confident 3. Somewhat confident 4. Very confident

A baseline pre-evaluation was sent to those registered for the first webinar, this asked questions about all aspects of respiratory illnesses and RSV, looking at health visitor confidence. The responses to this were used to shape the 4 webinars. Then, after each webinar, perceived increase in confidence was collected as well as asking about future training needs to help further the development of the webinars and resources.

At the end of each webinar, a quick poll was launched to gain immediate reactions to the webinars. It can be seen from graph 1 that **100%** of attendees would recommend the webinars to a colleague and **90%** would book on to the next webinar.

Graph 1: Combined quick poll from the 4 webinars

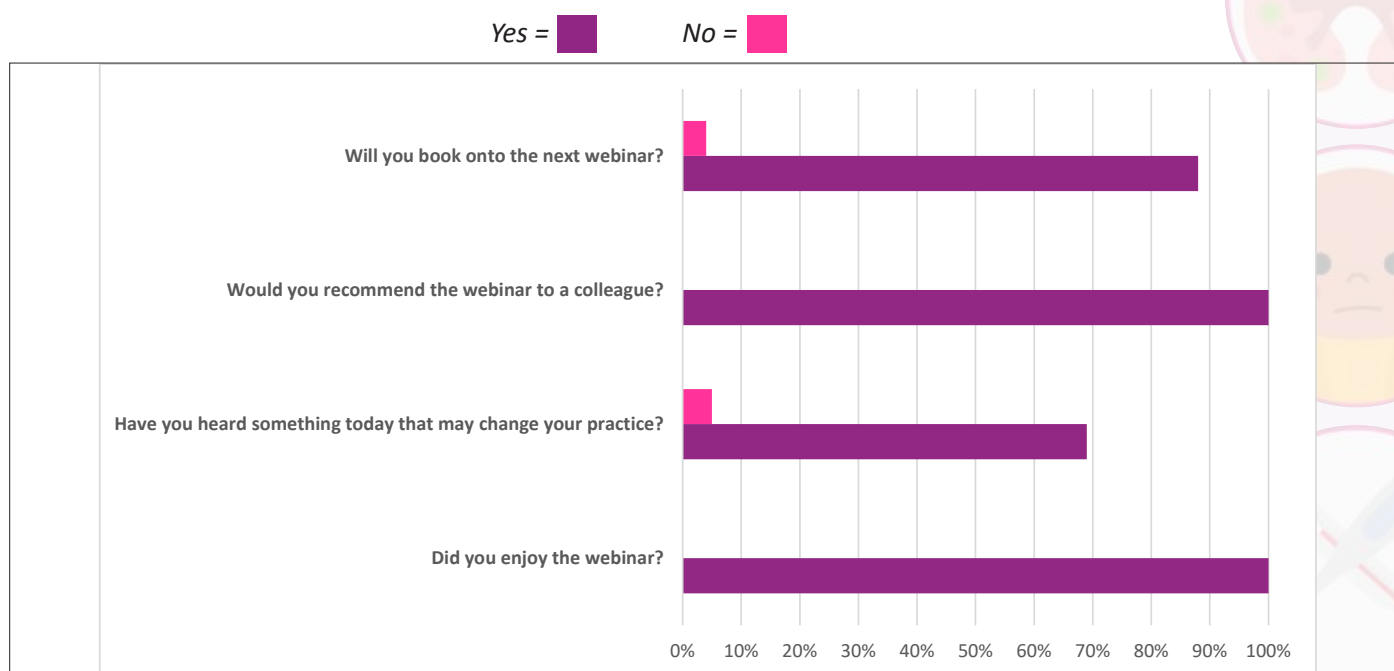


Table 4: Reported increases in health visitor confidence

	% somewhat/very confident Pre-webinar	% somewhat/very confident Post-webinar
Supporting parents and carers to recognise and manage respiratory illnesses at home	65%	92%
Supporting parents and carers to recognise and manage the symptoms of bronchiolitis/RSV	55%	88%
Supporting parents and carers to recognise and manage croup	67%	100%
Supporting parents and carers to recognise and manage the symptoms of a cough and wheeze	63%	91%
Supporting families on discharge home	46%	89%

We were encouraged to see reported increases in health visitor confidence across a range of areas (table 4). We can see an increase in the reported ability of health visitors to understand the evidence-based advice to recognise and manage respiratory illnesses, including bronchiolitis/RSV, wheeze and croup, at home.

There was also an increase in reported confidence for supporting families with additional and complex needs, which can be seen in table 5, when comparing somewhat/very confident responses both pre- and post-webinar. As one of the main focuses of the project was to increase support and awareness of the needs of families with additional and complex needs, we feel the feedback from the webinars demonstrates that this aim has been achieved.

Table 5: Reported increase confidence in working with families with additional and complex needs

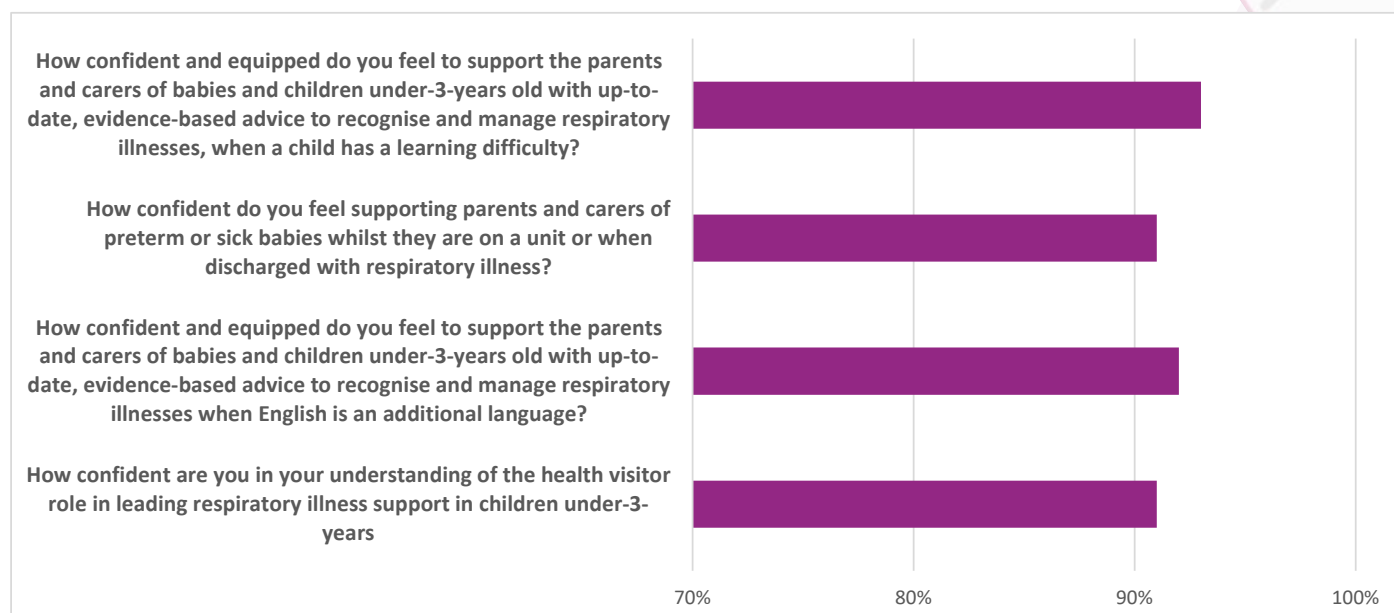
	% somewhat/very confident Pre-webinar	% somewhat/very confident post-webinar
Following the talk from Bliss, how confident do you feel supporting parents and carers of pre-term or sick babies with bronchiolitis/RSV?	34%	92%
Following the talk from Barnardo's, how confident do you feel supporting parents and carers when English is an additional language about bronchiolitis/RSV?	25%	88%
Following the talk from Contact how confident do you feel supporting parents and carers when they have a learning difficulty with bronchiolitis/RSV?	34%	92%

There was also a good shift in confidence of supporting families on discharge home from hospital with **89%** reporting that they felt somewhat/very confident following the webinars compared with **46%** pre-webinar.

We had initially considered including in the webinars information and guidance on management of the child with fever and also smoking and its impact on respiratory illness. However, in the pre-survey **87%** of health visitors reported that they were somewhat/very confident in these areas and therefore we did not include them specifically. We have, however, included resources on the website that cover these topics.

Each webinar had a range of guest speaker presentations. Graph 2 shows the reported confidence levels of practitioners, when supporting families with additional or complex needs, following attending the webinar that focused on these topics. In relation to the presentations from partner organisations, **100%** of attendees stated they would signpost families to the resources, **100%** stated they would access the iHV and Healthier Together resources, and **88%** stated they would access the EPNS4Surge e-learning and Respiratory Surge in Children programme e-learning available on elfh.

Graph 2: Reported confidence levels of supporting families with additional or complex needs



Overall feedback on the webinars

There was opportunity for attendees to provide free text feedback, this was all extremely positive. There were also requests to lengthen the webinars which is encouraging and suggests an appetite for further learning. Below are some quotes from those who left feedback:

“It was brilliant to have a respiratory consultant delivering information to us.”

“Really enjoyed the webinar. The professionals were knowledgeable about their subject. Very easy to follow and understand. Thank you.”

“Excellent as has a direct impact on practice”

“The information is research based and written in easy to read and understandable format.”

“The training was very informative, I think all health visitors should access this training so they are aware of the importance of creating awareness to parents, especially at new birth visits. All parents need to be aware of the issues of respiratory problems and understand, when and how to access help. I will be advising all the health visitors that I manage to access this training and start using it straight away to educate parents.”

5. Impact of the project

It is important to consider the impact of the projects aims.

The impact of the project can be measured in a number of ways, which are detailed below:

- **Impact on health visitors**

The primary audience for the project were health visitors and the positive impact of the project can be clearly seen by the increased confidence of those who completed the evaluation and that **100%** of the attendees said that they would recommend the webinars to their colleagues. This is further evidenced by the number of people who have accessed the resources on the website, which at time of publication is **374**, and the iHV monthly newsletter.

- **Impact of networking and collaboration**

By collaborating and networking with other VCSE organisations funded as part of the VCSE Health and Wellbeing Fund and alongside field experts, we have been able to build strong partnerships to build upon in the future. This supported us to have a greater reach and impact on the families we are working with. We were able to collate this collective impact as part of our shared presentation to the funders in the lessons learnt session in March 2022 outlining the benefits of working together and sharing information and outputs. As can be seen from images 1-3, there were significant collective benefits.

Image 1: The combined reach of each organisation

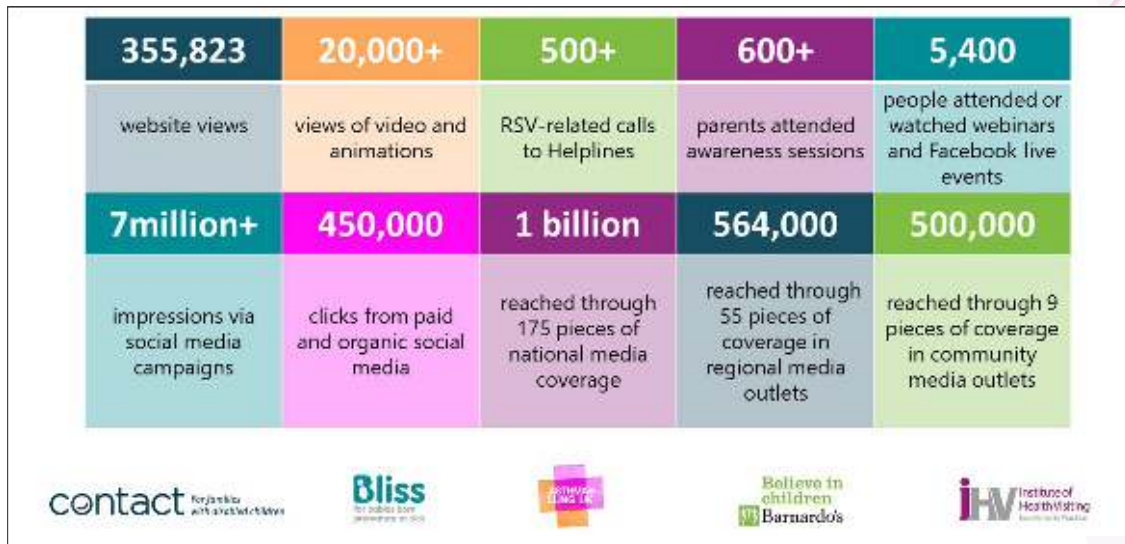
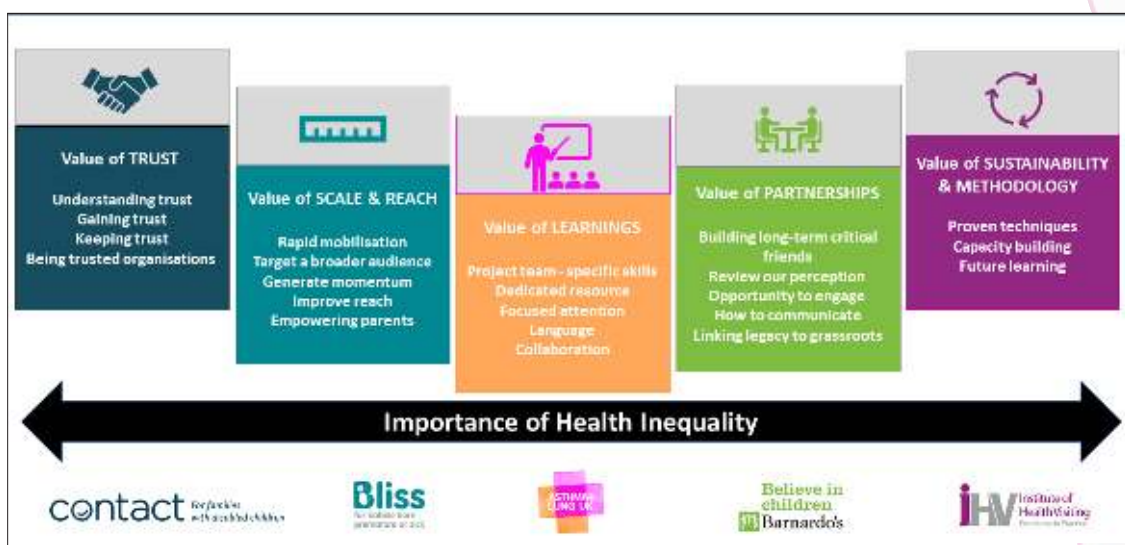


Image 2: Feedback about the different resources produced



Image 3: The added value the organisations brought to the VCSE Health and Wellbeing Fund Respiratory Illness project



- **Impact of developing new resources**

Feedback on the website and resources presented during the webinars has been extremely positive. As some of the family-facing resources have only just been completed, their impact on practice and advice to families has yet to be fully realised, and a formal evaluation of their impact was not within the scope of this project. It is important to recognise that the resources will be available for future use and, as such, the legacy from the project to produce a range of accessible and translated resources and films will benefit both practitioners and families in the future to promote awareness and safe management of respiratory illness.

- **Impact on the Expert Advisory Group**

A short questionnaire was sent to the EAG members to provide feedback on our engagement, co-production approach and role in the project, and understand the impact it had. This asked 5 questions:

1. Did you feel you were able to influence the development of the project?
2. Were you able to be involved in the creation of the resources?
3. Did you feel that your views were listened to?
4. Were you kept up to date with the development of the project?
5. Did the final resources meet your expectations of what the project was about?

(1 = Did not meet your expectations, 5 = Exceeded your expectations)



100% of respondents answered yes for questions 1-4 and rated us as 4.8 out of 5 for question 5 on their expectations of the project. All respondents also stated that they would work with the iHV again on another project.

The EAG members were also invited to provide evidence of impact in the form of case studies which are available in appendix 2.



“Great collaborative project and great colleagues to work with. Really good outcomes from the project that will support families for years to come. And learning from the project will facilitate collaboration in the near future I hope.”



“Thanks for the opportunity, good project management ... well done! Appreciated all the support and help. Learnt lots!”



The ongoing impact will be ensuring that health visitors are prepared for the unseasonal peaks and have the most up-to-date evidence-based resources to support and advise parents on respiratory illness, prevention and public health, whilst also identifying the most vulnerable and at-risk families to ensure they are vaccinated or supported with additional advice.

6. Lessons learned

Achievements

1. Working to tight deadlines

As detailed previously in the report, there have been a number of achievements throughout the project. Given the tight timeline of this project, the number of resources that have been developed is a significant achievement. We were able to co-produce and re-develop existing Healthier Together “When to worry resources” in 5 languages, easy-read format, as well as 4 short films in 6 languages to complement the resources. This could not have been achieved without the generosity of the time and expertise given by the Expert Advisory Group, Dr Ranj Singh, the translators, and the parent/carers who peer reviewed the resources in the very tight timelines.

2. Development of an approach to co-produce accessible resources

Working with translation experts and also co-production with families with learning difficulties was an area where the iHV had limited experience. Therefore, this was a learning experience which we will be able to draw upon to inform future development of accessible resources. Specifically, the importance of allowing time for engagement and meaningful co-production.

Challenges

1. Short Project Timeline

The project needed to be delivered in 6 months, which was an extremely tight timeframe given the ask. Through the use of Prince2 project management, we were able to tightly manage all the project milestones alongside mitigating risks and issues as they arose. This was supported by guidance from the Expert Advisory Group.

2. COVID-19

The ongoing COVID-19 pandemic was a continuing issue which needed to be considered throughout the project. Through the course of the project, a number of the project team were affected leading to unavoidable delays in the production of resources. Due to many of the health visiting services, who were the target audience for the project, working towards service restoration and recovery and holiday periods, this also impacted on engagement in the webinars in December and January with lower attendance than those held earlier and later in the year. Service restoration and recovery may also have impacted on the post-webinar engagement, with limited numbers completing evaluation forms and providing case studies. It will be important to consider future timing of events and, where possible, avoid holiday periods to support greater engagement.

3. Accurate Translations

When first considering the translation of the resources, the plan was to use a computer programme or online translation service, such as Google Translate, to complete the translations. However, once these were peer-reviewed, it was evident that the resources had been translated literally and the context/meaning was lost. Consequently, through EAG contacts, formal translation companies were sourced to manually translate. However, this approach still had problems as, in some languages, there are no specific words that cover the English medical meaning. As the resources were not translated by medical professionals, this also created some challenges as the meaning was changed, thus making the resources factually incorrect. We then had to have the resources reviewed and retranslated which took additional time and resources. The key learning from this was the need to ensure that medical resources and information are translated and peer-reviewed by healthcare professionals in the future.

In addition, it was difficult to recruit parents/carers/families, who read and spoke the languages, to peer review the resources. A £75 Love2Shop voucher was offered as a thank you for their time and work - despite this, it was difficult to get the number of peer-reviewers we would have liked, and more consideration is needed to improve the process of recruiting peer reviewers of resources.

4. Twitter Chats

Early on it was suggested that the iHV and OHID host Twitter chats to help understand the learning need of health visitors and raise the profile of the webinars. Unfortunately, due to a number of issues outside the control of the project team, we were not able to progress this. Despite this, we were able to advertise the webinars on @WECommunityChildrensNurses and chats, as well as on the iHV social media accounts. In the future, the use of Twitter Chats could be considered to increase the reach of the resources.

Key Learning

Translation of resources

The complexity of translating resources and how easily the meaning can be lost or changed was a key learning from the project. This has helped us to understand the complexity and ensure that in future projects the time needed, and resources required, are factored in.

We have also been able to share this learning with other project partners within this funding, helping them to make their resources more robust and avoid mistakes in automated translation.

- **A model for future co-production of accessible resources**

Working with experts to co-produce resources is essential and supports the development of high-quality robust resources that are accessible to families. We have now developed a key partnership with a learning disability specialist to support us to develop easy read and accessible resources in the future.

- **Provision of learning opportunities for health visitors**

The evaluation of the webinars has also demonstrated that the provision of short learning opportunities can support learning. The evaluations also show that there is an interest in this topic and requests for further information which can be considered for future projects and work.

What we would have changed

Overall, we would feel the project has been successful. However, in an ideal situation, we would have welcomed more time to develop the resources and embed the learning.

7. Recommendations and next steps

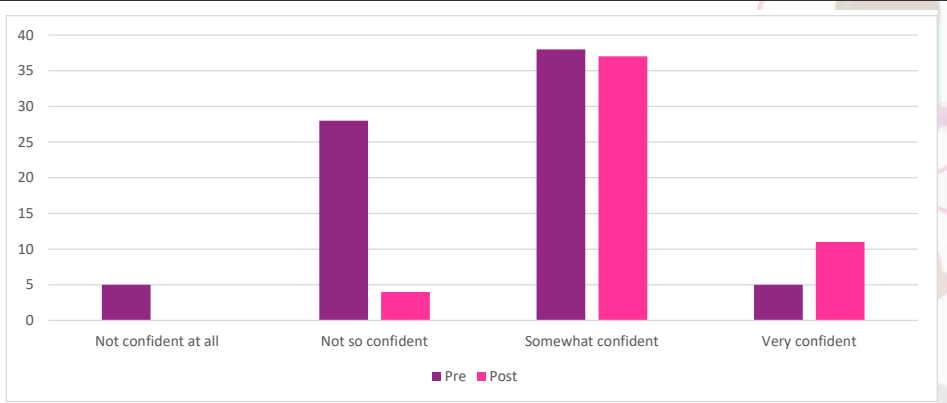
The following table provides a summary of the recommendations and potential next steps.

Recommendation	Next Steps
Ongoing maintenance and development of resources	<ul style="list-style-type: none"> • Investigate funding to allow for maintenance and update of resources to ensure they remain current • Investigate funding to enable new resources to be developed to support evidence-based practice and accessible information
This evaluation focuses on immediate delivery. However, it would be beneficial to consider the impact of the resources over time	<ul style="list-style-type: none"> • Investigate opportunities for further funding to complete an impact evaluation of the resources
Continued promotion of the resources through the iHV and Healthier Together networks	<ul style="list-style-type: none"> • Continue to signpost to the resources when discussing the needs of the early years • Share learning at the iHV conference • Signpost to resources in the iHV newsletter during the next surge in respiratory illnesses or the next winter period
Consider the development of further training resources for health visiting to support their roles	<ul style="list-style-type: none"> • Investigate funding to enable further webinars on topics requested in the evaluations
iHV to consider learning from the project and review current iHV resources to understand how to ensure they are more accessible in the future to meet families' needs	<ul style="list-style-type: none"> • iHV to develop a translation/accessibility pathway for all resources, including peer review processes

APPENDIX 1 - Pre and Post Evaluations

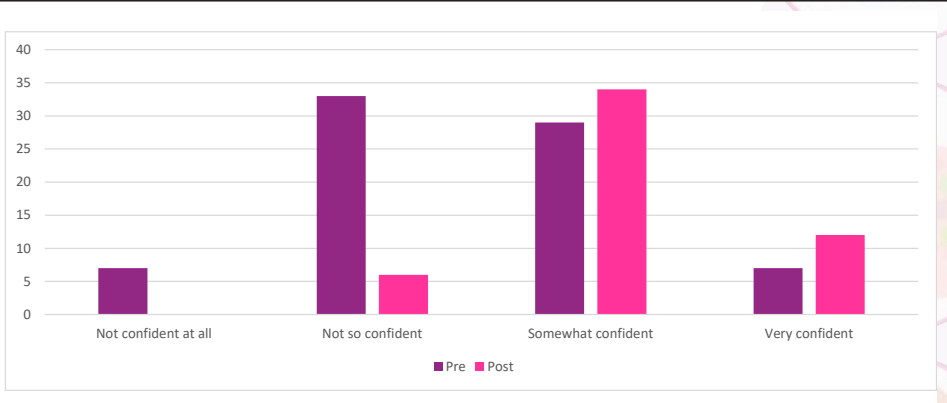
Question 1.

How confident do you feel to support the parents and carers of babies and children under 3-years-old with up-to-date, evidence-based advice to recognise and manage respiratory illnesses at home?



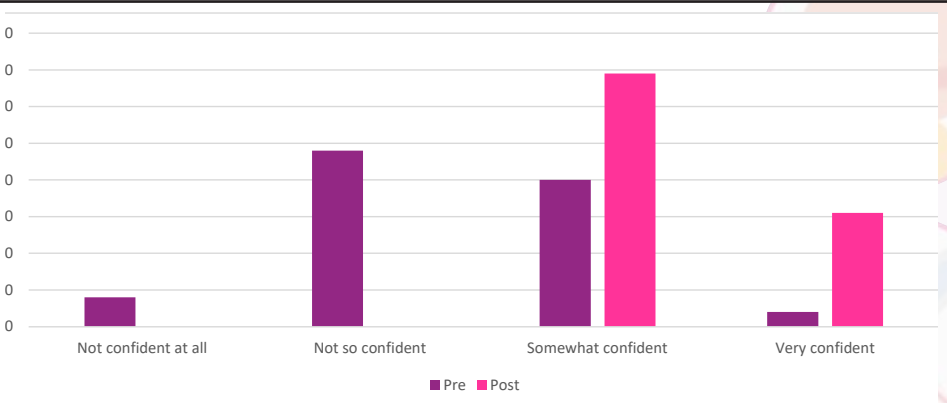
Question 2.

How confident do you feel to support the parents and carers of babies and children under 3-years-old with up-to-date, evidence-based advice and support to recognise and manage the symptoms of a child with bronchiolitis/RSV?



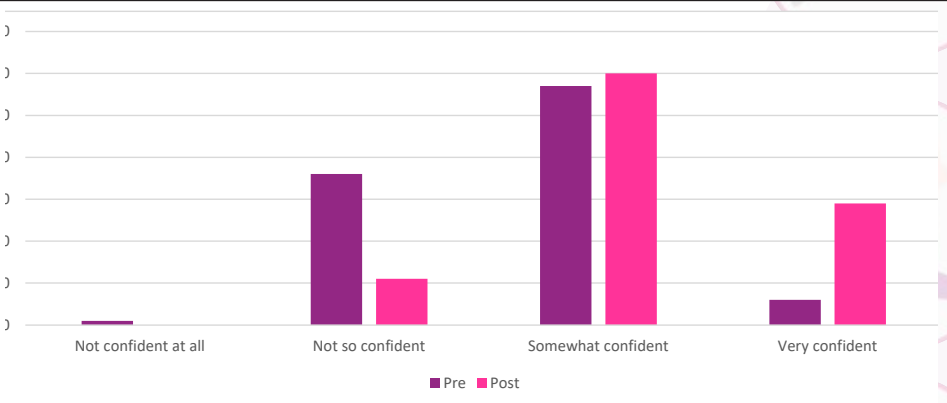
Question 3.

How confident do you feel to support the parents and carers of babies and children under 3-years-old with up-to-date, evidence-based advice and support to recognise and manage the symptoms of a child with croup?



Question 4.

How confident do you feel to support the parents and carers of babies and children under 3-years-old up-to-date, evidence-based advice and support to recognise and manage the symptoms of a child with cough and wheeze?



<p>Question 5.</p> <p>How confident do you feel to support the parents and carers of babies and children under 3-years-old with up-to-date, evidence-based advice and support to recognise and manage the symptoms of a child with fever?</p>	<p>Not covered in a webinar due to 87% having good confidence</p> <table border="1"> <thead> <tr> <th>Confidence Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Not confident at all</td> <td>0%</td> </tr> <tr> <td>Not so confident</td> <td>~0.05%</td> </tr> <tr> <td>Somewhat confident</td> <td>87%</td> </tr> <tr> <td>Very confident</td> <td>~0.08%</td> </tr> </tbody> </table>	Confidence Level	Percentage	Not confident at all	0%	Not so confident	~0.05%	Somewhat confident	87%	Very confident	~0.08%					
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<p>Question 6.</p> <p>How confident do you feel to support the parents and carers of babies and children under 3-years-old with up-to-date, evidence-based advice and support on when to access other sources of support and care such as GP/NHS 111/ED/A&E to manage respiratory illness and keep their baby safe?</p>	<table border="1"> <thead> <tr> <th>Confidence Level</th> <th>Pre (%)</th> <th>Post (%)</th> </tr> </thead> <tbody> <tr> <td>Not confident at all</td> <td>0</td> <td>0</td> </tr> <tr> <td>Not so confident</td> <td>20</td> <td>5</td> </tr> <tr> <td>Somewhat confident</td> <td>55</td> <td>58</td> </tr> <tr> <td>Very confident</td> <td>25</td> <td>38</td> </tr> </tbody> </table>	Confidence Level	Pre (%)	Post (%)	Not confident at all	0	0	Not so confident	20	5	Somewhat confident	55	58	Very confident	25	38
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Somewhat confident	55	58														
Very confident	25	38														
<p>Question 7.</p> <p>How confident are you in explaining to parents and carers of babies and children under 3-years-old about what to expect if their child is admitted to hospital with bronchiolitis or respiratory illness?</p>	<p>Not covered in a webinar due to time constraints but additional resources were signposted to, including e-learning.</p> <table border="1"> <thead> <tr> <th>Confidence Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Not confident at all</td> <td>~12%</td> </tr> <tr> <td>Not so confident</td> <td>41%</td> </tr> <tr> <td>Somewhat confident</td> <td>40%</td> </tr> <tr> <td>Very confident</td> <td>~7%</td> </tr> </tbody> </table>	Confidence Level	Percentage	Not confident at all	~12%	Not so confident	41%	Somewhat confident	40%	Very confident	~7%					
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<p>Question 8.</p> <p>How confident are you in supporting parents and carers of babies and children under 3-years-old once they have been discharged home following hospital admittance for bronchiolitis or respiratory illness?</p>	<table border="1"> <thead> <tr> <th>Confidence Level</th> <th>Pre (%)</th> <th>Post (%)</th> </tr> </thead> <tbody> <tr> <td>Not confident at all</td> <td>~5</td> <td>~4</td> </tr> <tr> <td>Not so confident</td> <td>48</td> <td>~6</td> </tr> <tr> <td>Somewhat confident</td> <td>43</td> <td>81</td> </tr> <tr> <td>Very confident</td> <td>~2</td> <td>~6</td> </tr> </tbody> </table>	Confidence Level	Pre (%)	Post (%)	Not confident at all	~5	~4	Not so confident	48	~6	Somewhat confident	43	81	Very confident	~2	~6
Confidence Level	Pre (%)	Post (%)														
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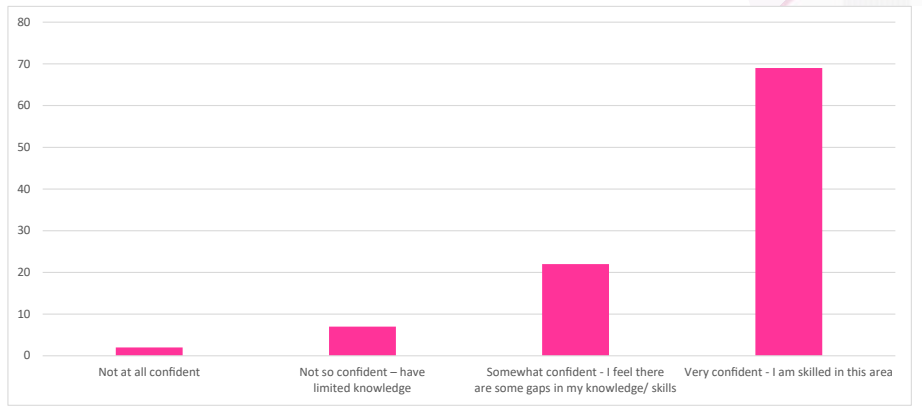
<p>Question 9.</p> <p>How confident do you feel supporting parents and carers of preterm or sick babies whilst they are on a unit or when discharged home with respiratory illness?</p>	<table border="1"> <thead> <tr> <th>Confidence Level</th> <th>Pre</th> <th>Post</th> </tr> </thead> <tbody> <tr> <td>Not confident at all</td> <td>12</td> <td>0</td> </tr> <tr> <td>Not so confident</td> <td>54</td> <td>8</td> </tr> <tr> <td>Somewhat confident</td> <td>31</td> <td>58</td> </tr> <tr> <td>Very confident</td> <td>3</td> <td>34</td> </tr> </tbody> </table>	Confidence Level	Pre	Post	Not confident at all	12	0	Not so confident	54	8	Somewhat confident	31	58	Very confident	3	34
Confidence Level	Pre	Post														
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Somewhat confident	31	58														
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<p>Question 10.</p> <p>How confident and equipped do you feel to support the parents and carers of babies and children under 3-years-old with up-to-date, evidence-based advice to recognise and manage respiratory illnesses, when English is an additional language?</p>	<table border="1"> <thead> <tr> <th>Confidence Level</th> <th>Pre</th> <th>Post</th> </tr> </thead> <tbody> <tr> <td>Not confident at all</td> <td>15</td> <td>2</td> </tr> <tr> <td>Not so confident</td> <td>60</td> <td>10</td> </tr> <tr> <td>Somewhat confident</td> <td>22</td> <td>63</td> </tr> <tr> <td>Very confident</td> <td>3</td> <td>25</td> </tr> </tbody> </table>	Confidence Level	Pre	Post	Not confident at all	15	2	Not so confident	60	10	Somewhat confident	22	63	Very confident	3	25
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<p>Question 11.</p> <p>How confident and equipped do you feel to support the parents and carers of babies and children under 3-years-old with up-to-date, evidence-based advice to recognise and manage respiratory illnesses, when the parent carer has a learning difficulty?</p>	<table border="1"> <thead> <tr> <th>Confidence Level</th> <th>Pre</th> <th>Post</th> </tr> </thead> <tbody> <tr> <td>Not confident at all</td> <td>12</td> <td>0</td> </tr> <tr> <td>Not so confident</td> <td>57</td> <td>8</td> </tr> <tr> <td>Somewhat confident</td> <td>30</td> <td>84</td> </tr> <tr> <td>Very confident</td> <td>1</td> <td>8</td> </tr> </tbody> </table>	Confidence Level	Pre	Post	Not confident at all	12	0	Not so confident	57	8	Somewhat confident	30	84	Very confident	1	8
Confidence Level	Pre	Post														
Not confident at all	12	0														
Not so confident	57	8														
Somewhat confident	30	84														
Very confident	1	8														
<p>Question 12.</p> <p>How confident are you in explaining the rationale of why parents/carers should not smoke in the home of babies and children under 3-years-old, especially if they had breathing problems such as asthma or a respiratory illness?</p>	<p>Not covered in a webinar due to 74% having good confidence</p> <table border="1"> <thead> <tr> <th>Confidence Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Not confident at all</td> <td>2</td> </tr> <tr> <td>Not so confident</td> <td>24</td> </tr> <tr> <td>Somewhat confident</td> <td>50</td> </tr> <tr> <td>Very confident</td> <td>24</td> </tr> </tbody> </table>	Confidence Level	Percentage	Not confident at all	2	Not so confident	24	Somewhat confident	50	Very confident	24					
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Not so confident	24															
Somewhat confident	50															
Very confident	24															



Post-evaluation questions only

Question 13.

How confident are you in understanding the importance of the health visitor's role in leading respiratory illness support in children under 3-years?



Question 14.

Will you access the resources shared during the webinar?



Question 15.

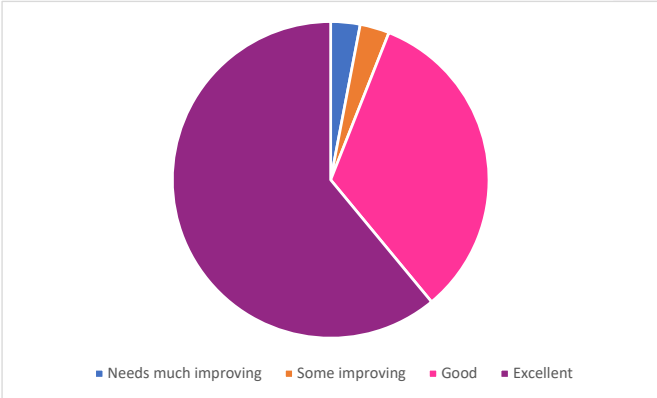
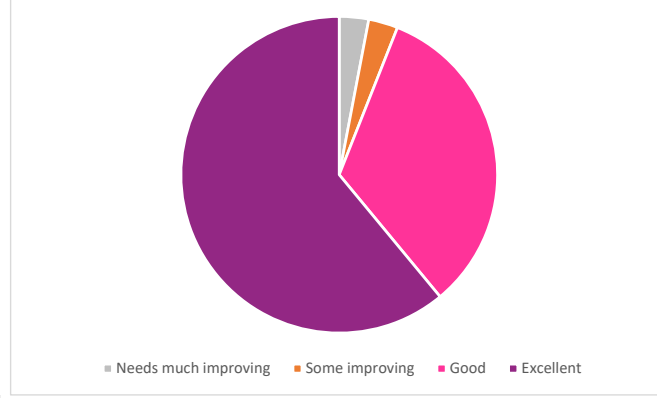
Will you book onto the next webinar?



Question 16.

Would you recommend the webinar to a colleague?



<p>Question 17. Please offer us an overall rating out of 4 for this webinar.</p>	 <p>■ Needs much improving ■ Some improving ■ Good ■ Excellent</p>
<p>Question 18. The information and resources presented in the webinar were appropriate and useful.</p>	 <p>■ Needs much improving ■ Some improving ■ Good ■ Excellent</p>



APPENDIX 2 - Case Studies

Case study 1: Respiratory illness in under 3s: Increasing knowledge, networking and developing resources with the iHV and partners

Background:

I am working as a iHV consultant on the Respiratory Illness Project and I am a HV by clinical background.

This case study is about the collaboration and cooperative joint working which developed beyond the initial expert advisory group to include others on the #HWFunded Respiratory Illness project.

Who was involved?

A range of colleagues were brought together, through the Expert Advisory Group (EAG), to collaborate and work to advise and steer the project on aims and objectives, and working to develop resources agreed as funded outputs.

This Group included: iHV project staff, Southampton/Wessex (representing Healthier Together) and Bradford Consultant Paediatricians, OHID Lead Nurse for CYP and the EoE Paediatric Critical Care Practice Development Lead Nurse. We met monthly to discuss, steer, contribute/create/signpost and work together to develop new resources and review products/outputs.

As we worked through our outlined and agreed list of resources to develop and refine as our products (translated, accessible resources based on RAG rated 'when to worry/what to do' advice and documents already provided by Healthier Together and a series of webinars to promote and signpost health visitors to the available/updated and newly developed resources), we were also aware of other projects, including other National Charities, as #HWFunded organisations who were also producing resources - and so we started to network with them. This also turned into a successful partnership working development.

Evidencing your practice has made a difference to children, young people and families:

What data supported this?

My contributions have been in making and developing contacts and supporting the development of the resources and showcasing them to others. Data reports on webinar attendance, website hits, and feedback comments from webinar attendees are reported elsewhere (final iHV report).

My own knowledge has increased, and I have shared the Respiratory Illness information with colleagues in my own workplace and across North East London through presentations, email, newsletters and tweets - it is difficult to count the numbers.

What difference was made?

We agreed to share and showcase our own outputs through a series of four 1-hour open access Respiratory Illness Webinars through the iHV platform, and offered guest slots to our peer National Charity Colleagues so they too could showcase their work to the audiences we had and increase their reach. We hosted presentations from Bliss, Contact, Barnardo's BOLOH Helpline, Asthma + Lung UK, and also Respiratory Surge for Children and EPNS4Surge as open access e-learning programmes available on the elfh platform.

Attendees rated these additional resources highly and 100% said they would be accessing and using the websites/resources. There was a marked increase in health visitor confidence in using the information and resources articulating the health visitor role in managing respiratory illness in under 3s. The accessible and translated resources were also highly rated. In addition, short films delivered by a trusted professional on the same topics are in production and would appear to be highly rated by the families in recent research. These too will be translated into the top 5 languages chosen from the ONS survey.

What was the feedback from colleagues?

Colleagues have been grateful to have access to the information through the open access iHV website pages and highly value the opportunity to update/refresh/learn new information and be signposted to the other new information from National Charities as reported in the final report.

Learning from what works:**What have you learnt from the experience and what were the challenges?**

I have enjoyed working with clinical and professional colleagues through the various opportunities provided by the Expert Advisory Group, the production of resources and the webinars.

My own knowledge has increased on the topics, and I am more aware of what resources are out there and available, including some provided by National Charities for this project that I would not have expected or been aware of otherwise - it has been good to be able to share those with others in the way described. This includes the comprehensive e-learning programmes outlined. It has been fascinating to see the accessible resources developed with pictures to help deliver the information and concepts to support the simplified writing and information/advice.

Working with colleagues to develop translated resources proved more challenging than anticipated - this included finding trusted reliable resources to deliver the ask and sourcing peer review to quality assure the translations. It is useful to reflect on how this might feel for families for whom English is not their first language or if they just cannot read the written text! This is what it feels like for us to try and read Polish or Urdu for example, useful experience!

We also tried to deliver Twitterchats to promote interest in the webinars and discuss content but these were unsuccessful mainly because the Twitter channel/account we wanted to use (@WEHealthVisitors) was blocked, so the timing didn't work and this was a little frustrating. However, I did manage to get the iHV webinar information out on another Twitter chat on @CommunityChildrensNurses #Bronchiolitis Twitterchats which I was pleased about!

What will you do in the future?

Continue to work in partnership and take up opportunities where offered to co-produce and collaborate on projects to deliver new resources and share the learning in accessible formats.



Case study 2: Respiratory Surge

Background:

I work as a paediatric practice development nurse and I am acutely aware of the overlap between primary and acute services, but also of the challenges that these different spheres experience in trying to align. My (seconded) role, to the LTLC Education Team, involves creating and collating resources into a free open access education package on elearning for healthcare. I was keen to ensure that the primary care 'voice' was listened to and that there were resources to support those staff.

Who was involved?

I represented the respiratory surge team in a partnership with the iHV project team. We worked together developing resources and spreading awareness of each of our separate programmes. Despite the different key aims of each team, we were able to include the expertise of each other to ensure that both projects achieved their key goals

Evidencing your practice has made a difference to children, young people and families or team members you work with:

What data supported this?

- The respiratory surge team spoke at the first of a series of webinars organised for iHV members.
- The iHV team recorded a short presentation for health visitors for the respiratory surge programme.
- I sat on the Expert Advisory Group for the iHV project and was able to comment on development of their resources.
- I contributed a 'Voices Piece' to the iHV website at the start of the programme.
- I wrote a monthly entry for the iHV newsletter, to provide an update on the respiratory surge programme.
- iHV developed an A-Z of resources for their members, and included the Respiratory Surge within that, I was able to provide the 'blurb' and comment on the overall design/ structure/content.
- Of 435 resources live on our Respiratory Surge Hub, 175 have been mapped to the primary care/community level of care. Meaning they are appropriate for staff working in primary care/community to access to extend/ revise their knowledge and skills.

What difference was made?

Despite having two roles within LTLC and the ODN, I continued to work clinically throughout the time and have been using the resources within that role, to signpost parents and staff. The translation facility has been particularly useful on a number of occasions when safety-netting discharges from the paediatric assessment unit.

Learning from what works:

What have you learnt from the experience and what were the challenges?

Despite the different key aims of each team, we were able to include the expertise of each other to ensure that both projects achieved their key goals - appreciating the approach that each were taking and respecting the differences.

It was occasionally difficult to attend meetings due to my two roles and existing and competing demands. However, excellent communication and circulation of minutes/notes and task lists ensured efficient management.

What will you do in the future?

Working in this partnership has given me the confidence to consider future projects that may sit outside my 'traditional' skill set or remit. I have enjoyed seeing the processes that the iHV project team have engaged in with driving their project forward and how they have had to adapt to overcome challenges along the way. I have enjoyed being 'creative' with the newsletter pieces and have found it liberating to utilise a more relaxed writing style for these, something I will use in my own role going forward where appropriate.

I am grateful for the partnership with iHV and for having the opportunity to work together.

Case study 3: Reflections from the project

This funding has enabled us to focus on providing equitable access to information on respiratory illnesses to parents from minoritised ethnic backgrounds and parents with learning difficulties.

Collaboration between the iHV and Healthier Together programme has not only enabled translated content and videos to be produced, but has also allowed them to be efficiently disseminated to parents and carers via the Healthier Together website. These resources will be invaluable this autumn/winter.

The legacy of this funding is likely to be the further translation of the rest of the parent-facing content on the Healthier Together website, alongside the production of videos and infographics to effectively convey information to these families when faced with the unwell child.

A hugely rewarding project to be involved in.





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