

Health visiting during COVID-19:

Unpacking redeployment decisions and support for health visitors' wellbeing

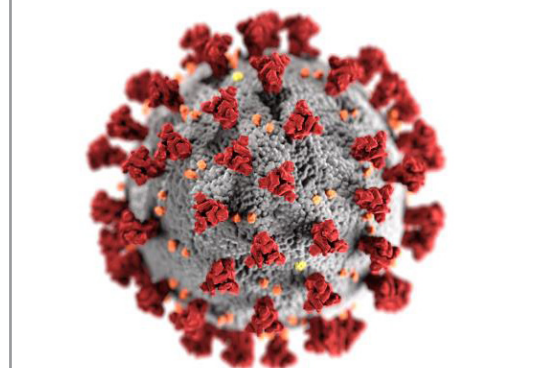


Illustration of the ultrastructure of the Covid-19 virus -
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Unpacking redeployment decisions and support for health visitors' wellbeing

We have been very grateful to all the many health visitors who have shared their 'working under COVID-19' experience with us. We salute you for the fantastic work that you are doing under incredibly difficult circumstances. You have many admirers amongst those who really understand how challenging it must be to support vulnerable families right now.

From this review of practice during COVID-19, the results have caused concern about the high level of redeployment of health visitors in some areas. It is essential that community services, specialist nursing roles and health visitors that keep children safe and well at home should continue, especially for families where the impact of COVID-19 has increased their vulnerability at home. Evidence suggests that child and family safeguarding concerns will be increasing. This is as a result of the huge risks to the emotional wellbeing of many families as their usual supports are lost. Many families are also having to manage the added pressure of job losses, and the significant challenges of a lockdown with babies and small children.

In areas where large numbers of health visitors are being redeployed, it is inevitably causing distress and stress to individual health visitors who are concerned about who will now support their families at this very vulnerable time. As many of the health visitors have worked in the community with children and families for many years, they will find any change to a role in hospital or an adult community setting to be challenging and very different to when they did their training.

We have sought advice from NHS England and NHS Improvement about the national direction when considering the redeployment of health visitors. We have also explored what resources are available to provide emotional support to help relieve the emotional impact of recent changes to health visiting working practices as a result of the COVID-19 pandemic, when sufficient support is not available from employers.

Support for the professionals

The Department of Health and Social Care (DHSC) has invested significantly in support services for all NHS hospital and community staff during the COVID-19 pandemic, recognising the emotional toll it will be taking on many staff. A large range of help is available, from self-help to one-to-one counselling and supervision and this will be available for staff in the short and longer term. Many experts are supplying services and the iHV is also looking into whether we could set up restorative supervision on-line.

In the short term, if you are needing support, please do explore the opportunities here: <https://bit.ly/3bhldxP> and for personal support here: <https://bit.ly/3co4bil>

Challenging redeployment decisions

In terms of redeployment decisions, these should be made using robust workforce modelling to ensure that sufficient workforce remains to deliver the prioritised elements of the service set out in the Community Prioritisation Plan for health visiting and the NHS Standard Operating Procedure. This includes risk management to ensure that children with health and/or safeguarding vulnerabilities still have their needs prioritised. Major reductions in workforce numbers can be expected to cause the most significant risks to children and the remaining health visiting team's viability. If you believe that your local decisions have been made without a thorough risk assessment and are unsafe, you should raise this with your manager. If you feel that they haven't responded adequately, it should be escalated to your Director of Nursing in writing. If you are still unhappy about the risks to families resulting from these decisions, it should be raised with your local resilience forum (these are set up at times of emergency) or Local Safeguarding Partnership. Nationally, there is absolute clarity that no redeployments should happen which cause unacceptable risks to children and families.

We have also been advised that health visitor leads can make contact with their designated professional to establish a digitally-enabled space for a multi-professional group huddle to share your anxieties and best practice examples of integrated partnerships. This can be really helpful in allowing those participating to not feel alone in their concerns for families. You will have full access to Microsoft Teams via your IT leads to set one of these up.

If there was a national enquiry, as there is likely to be after the pandemic settles, those making redeployment decisions should be confident that they were safe decisions for children and families and for the health visitors involved. This is a helpful benchmark when considering your local decisions. We are particularly concerned, as were NHSEI, to hear about health visitors being redeployed into clerical roles leaving behind their previous vulnerable caseloads. So another consideration is where are health visitors being deployed to, could another less-well trained worker pick up the work they are being asked to do?

More information on managing risk from the NHSE Safeguarding team:

The [Community Services Prioritisation Plan](#), [The Coronavirus Act 2020](#), [Coronavirus \(COVID-19\): changes to the Care Act 2014](#) and the variety of [Coronavirus \(COVID-19\) Guidance](#) are all indicating that safeguarding children and adults is as critical during COVID-19 response as it is statutory at other times. During the COVID-19 pandemic, it is critical that all community and public health services work together to understand and prioritise the most vulnerable children and families. It has already become evident that pregnant women, children and families in house isolation are increasingly vulnerable to all forms of neglect, abuse, exploitation and violence.

For Health Visitors, the listing below indicates the most important cohorts of babies, children and young people who will need support and protection during the COVID-19 public health emergency.

We have offered health visitors some suggested sources of support and local data so they might prioritise integrated caseloads for safeguarding:

Prioritised caseload cohort for Health Visitors	Local contact for Health Visitors	Who else might support Health Visitors locally?
Early antenatal contact	Make joint contact via digitally-enabled contact with midwife	Community midwives Kicks Count, attached
Antenatal vaccines (NB neonatal HepB) and screening	Midwifery services Women's hepatology service	Newborn hearing screening and blood spot service CHIService for data
New births and early days	Community midwife to undertake a joint digitally-enabled handover contact Newborn babies leaflet: https://bit.ly/3cm34jq	Maternity unit FNP CHIService for data Newborn baby illness leaflet: https://bit.ly/3cm38Qc
Routine child immunisations	GP	Named LAC Nurses FNP
Premature babies after discharge	SCBU	GP
Children on a protection plan	Designated Professional	School nurses FNP
Looked after children	Named LAC Nurses	School nurses
Children with complex needs	Children's community nursing teams Acute Outpatient Departments Clinical Designated Officers for SEND	GPs CAMHS
Vulnerable families	GP registers, voluntary sector, faith organisations, food/baby banks	Multi-agency safeguarding hubs, voluntary sector
"Pressure cooker" families	MARAC for domestic violence Drug & Alcohol Services A&E for accidental and non-accidental injuries	Multi-agency safeguarding hubs Mental health services
Young carers	Local young carer networks GP and community pharmacies CAMHS Adult / District nursing services	Social media

Prioritised caseload cohort for Health Visitors	Local contact for Health Visitors	Who else might support Health Visitors locally?
Food poverty families	Food bank services School free meals co-ordinator Faith groups	School nurses, GPs Good SAM App and NHS Volunteers

Under the COVID Act, Section 259 (H&SCA 2015) data sharing is a must-do since we are subject to a public health emergency.

Staff across the health and care sector are advised to:

1. Download the free NHS Safeguarding App (<https://bit.ly/3agKtUH>), which has local safeguarding contacts
2. Follow **#COVIDSafeguarding** via **@NHSsafeguarding** on Twitter who will be posting daily updates and key messages
3. Join the COVID Safeguarding digital community of practice via: <https://bit.ly/3bjwU86>

Key questions for professionally curious staff:

- What would you do if COVID-19 wasn't here?
- Who do you need to connect with to make good practice happen during COVID-19?
- Trigger questions for "pressure-cooker" homes:
 - » How are things at home?
 - » Is everything really okay at home?
 - » Do you feel safe at home?
 - » Do you know that (various services and trusted peer groups) are contactable?



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