

## Follow up evidence from Institute of Health Visiting (GRC0037) September 2020

### Relating to Second Special Report - The impact of COVID-19 on maternity and parental leave: Government Response to the Committee's First Report (HC770)

1. The Institute of Health Visiting (iHV) was established as an independent charity and centre of excellence for health visiting in 2012, with the support of the Cabinet Office and Department of Health, to strengthen the quality and consistency of health visiting services for the benefit of all children, families and communities. Our ambition requires health visiting to play its fullest part within an integrated system to reduce health inequalities that arise in childhood and for our children to achieve health outcomes on a par with the best in the world.
2. We provided written and verbal evidence to the Petition's Committee Inquiry in May and have now been asked to provide additional written comments on the Government's response. Due to time constraints we are just commenting on those aspects of the Government's response which are particularly pertinent to our work and expertise.
3. **Overarching comments:** The COVID-19 pandemic has laid bare the challenges being faced by the new parents of our youngest citizens, and these challenges will, in turn, be reflecting on their children – we fully anticipate that children born since March 2020 will later come to be labelled “the COVID generation” as many will soon be making a much greater demand on public services due to the long term consequences of the secondary impact of the pandemic. For this reason, it is hugely disappointing that the Government's response to the Petitions Committee's very carefully orchestrated work was so weak and failed to address the concerns raised. Indeed, the Government's short-sighted view has failed to grasp the importance of what happens to all of us in our earliest days. The evidence is clear that our early experiences lay the foundation for our health and wellbeing, providing a blueprint for our futures. If not addressed, the negative consequences of early adversity are evident from the earliest years of a child's life, with the cumulative effect driving inequalities in physical and mental health, employment prospects and economic prosperity throughout life, bringing an enormous fiscal burden to the Treasury. Prevention is better than cure and the Government stands to gain significantly later from such investment.
4. **The impact of the pandemic on babies and their families.**

The impact of the pandemic on babies and their families has been significant and cannot be overlooked. Whilst this was made clear by the original investigation by the Petitions Committee as previously reported, other work since has amplified the Committee's findings. In particular, the *'Babies in Lockdown'* report recently published by the Parent Infant Foundation, Home Start and Best Beginnings.

It found that:

- Almost 7 in 10 (68%) parents felt the changes brought about by COVID-19 were affecting their unborn baby, baby or young child.

- Over two-thirds (68%) of respondents said that, overall, their ability to cope with pregnancy or caring for their baby had been affected by the COVID-19 restrictions.
- Many families with lower incomes, from Black, Asian and minority ethnic communities and young parents, have been hit harder by the COVID-19 pandemic. This is likely to have widened the already deep inequalities in the early experiences and life chances of children across the UK.

Some parents living in comfortable homes, and where both parents were present during the early months of their baby's life due to furloughing or home working, did report to health visitors an initial benefit from this mutual support but they later found that they still missed other sources of support from families and statutory services. Very many more parents though have spoken out about the difficulties they have faced – some, such as the parents of premature babies, have particularly sad stories to tell. All these parents could have coped much better if more support had been available to them. Those parents facing a return to work shortly in late summer were particularly concerned about being able to look for, and confirm, suitable day care for their infants.

Issues of loneliness can expect to have been faced by most in the population during lockdown, but in the case of young families an absence of feeling emotionally strong enough to nurture their new infant has the potential for profound long-term consequences. It is so important that the Government strives to understand this point and takes all relevant action such as reinvesting into the health visiting service to buffer these consequences, so that we can make sure help is available when it's first needed – not later down the line when the situation has reached crisis point.

## 5. Recommendation 9: Health visiting services during the pandemic

According to the Government:

*“Community health services have continued to provide support during the pandemic with greater use of digital and remote technologies giving support to higher needs families. Health visitors have also prioritised families not already in contact with services and families where there this is a risk. Guidance published on 3 June sets out the approach to restoration of community health services for children and young people: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0552-Restoration-ofCommunity-Health-Services-Guidance-CYP-version-3-June-2020-1.pdf>. The allocation of health-visitor resources is a matter for local authorities as the commissioner best placed to understand the needs of their local population and make decisions on funding priorities. Public Health England is also working with partners and professional bodies to support local implementation.” Government response, page 11 and 12*

The Government continues to put responsibility for England having a robust health visiting service at the door of local authorities and Public Health England, despite the Treasury making the decision to cut public health budgets year on year over the past five years.

The Government's response to the Petitions Committee has failed to address the concerns raised about the widespread variation in the quality of health visiting service that some parents have received, both before and since the onset of the pandemic. Health visiting services went into the pandemic with a **30% loss of health visitors since 2015** due to these cuts. Local

decisions were then taken to redeploy many health visitors into nursing roles on the COVID frontline, reducing the numbers still further. One health visitor on a recent BBC File on 4 programme which investigated the impact of redeployments, reported that as a result her caseload had risen to 2,400 children, almost ten times the recommended maximum number of 250 children for each health visitor. (<https://www.bbc.co.uk/programmes/m000mt1l>)

The response to the Petitions Committee states that the remaining service was prioritised to those not already in contact with the service and families where there was a risk. As we now know, the incidence of perinatal mental illness increased very significantly during the lockdown, as did domestic violence and abuse and safeguarding, and this highlights that it is impossible to know which families are at risk if you don't have a robust universal service which can look for those at risk. What was needed was an enhanced service to support families, not further depletion of one already on a cliff edge due to government underfunding. Recent survey research, reported on, but as yet unpublished, by Professor Gabriella Conti at UCL has laid bare the impact of this depleted health visiting service both on families and on the health visitors themselves, with a further third (37%) now saying that they want to leave the profession. 96% of the health visitors surveyed reported concern about children in homes at risk of domestic violence and abuse, 86% about child safeguarding, and 82% about child neglect. The impact of missed needs on the child's growth (84%) and development (79%) was also cited by the majority of respondents surveyed.

Yes, health visitors have found many innovative solutions to reach their clients including digital consultations, but the effectiveness of this method of delivery is currently unknown and needs to be evaluated as a matter of urgency – particularly their impact on the most vulnerable families and the Government's ambition to "level up" society. Some parents have reported that virtual contacts are useful in some situations, but we need to understand more about when and how they can be used safely and effectively. It is likely that they have limited use for eliciting vulnerability and managing sensitive issues and can only ever be second best to face-to-face consultations. It's very difficult to ascertain what else might be going on in a home from a video consultation or to assess a baby adequately. Health visitors told us that sometimes these consultations took longer than face-to-face visits for this reason as they had a hunch that something was wrong, but it took all their professional skill and a lot of time to find out exactly what was wrong.

Much of the existing research on the implementation of video-consultations in healthcare has been conducted with purposefully designed GP or hospital services and evaluated with patients who have the economic and technological capacity to choose to use this approach. Some of the most vulnerable families may not have had access to phone credit or Wifi, making calls or video contacts impossible and putting their children at enhanced risk and greater disadvantage. As poverty has increased this year, it seems likely that more families will find themselves in this situation.

Many employers were also not able to provide their health visitors with iPads or laptops for video conferencing, so they were not a feature of the service everywhere – the findings from Professor Jane Barlow's research in the early months of the pandemic suggests that only 25% of non-face-to-face contacts were delivered using video-consultation methods and overall, at the time, only 10% of health visiting contacts were delivered face-to-face. This will have led to poorer remote access and assessment to determine which families were most vulnerable.

We call on the **Government to invest in health visiting as a matter of urgency and reverse the cuts that have significantly depleted this vital universal service in recent years.** We need to learn from COVID-19 and the experiences of families and health visitors to ensure that the health visiting service is strengthened and fit to face the challenges that lie ahead as we adapt to living with the virus for the foreseeable future. The challenges that we face are not insurmountable. Individually and collectively, we have the ability to put things right. But this requires bold action to make the difference – there is no time to waste, the time to act is now.

Please see also our evidence to the [Spending Review 2020](#)

- 6. Recommendation 13: *The Government should fund and provide additional professional and mental health support especially targeted at this cohort of parents, and their children, in addition to its wider plans to significantly expand mental health services provided by the NHS.*** (Paragraph 72)

Whilst the Government has responded to this, in relation to older children and women at the severe end of perinatal mental illness, it has ignored the needs of the majority of the women who suffer with a range of mild to moderate perinatal mental illness (PMI). Health visitors tell us that the incidence of this has increased alarmingly. Their concern is that the impact of unresolved PMI will be on the infant and family, as well as the woman herself. Suicide rates in the perinatal period are also of great concern (MBRRACE-UK reports). Once again, additional resourcing via investing into the health visiting would be the best solution as these highly trained professionals can not only identify PMI quickly but have a range of strategies to provide the mother with prompt and effective support. Furthermore, to identify secondary effects of the illness on the family unit, or the mother's relationship with her baby and to take action to contain or resolve this.

## References

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- MBRRACE-UK (2020) <https://www.npeu.ox.ac.uk/mbrance-uk> MBRRACE-UK Perinatal Mortality Surveillance report for births in 2017 NPEU. Oxford.