

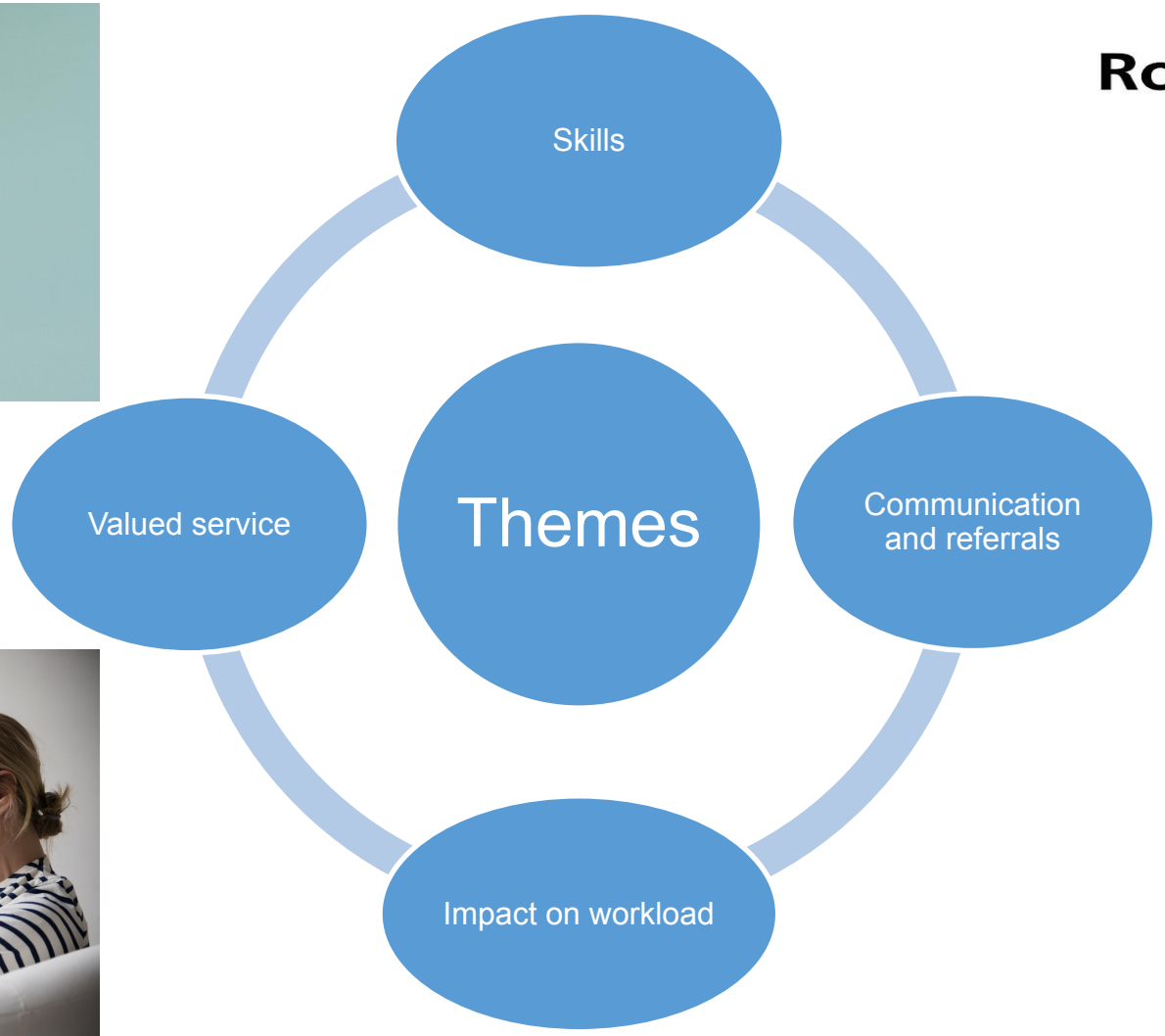
Rotherham Doncaster and South Humber NHS Foundation Trust

# What are Health Visitors opinions of the Perinatal Wellbeing Health Visitor service: Findings from a service evaluation undertaken for master's study.

**Nicola Dyke**
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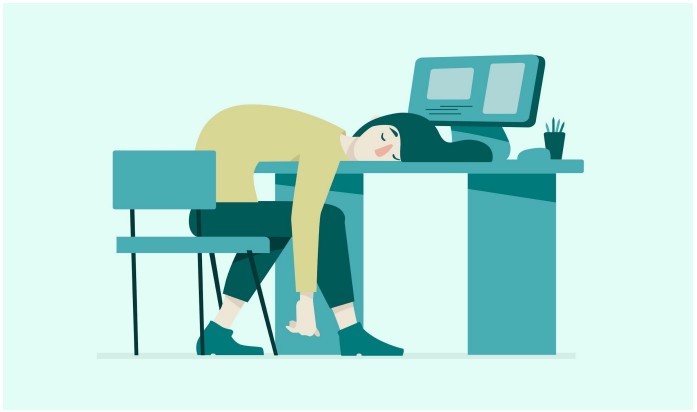





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# What can we take from this?

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Health Visitor workforce



Changes to service delivery



Support for future Health Visitors

Further research is needed





PRACTICE

# HVs AND PERINATAL WELLBEING



***Nicola Dyke*** describes her service evaluation on health visitor's views of a perinatal wellbeing HV service in order to best support them, their vital work, and families.

Health visitors play a critical role in supporting the mental wellbeing of vulnerable groups, such as perinatal women. There is, however, a consistent gap between universal and specialist services, with many women falling through the gap. Many trusts use the skills of specialist perinatal wellbeing health visitors (SPWHVs), who can play a vital role in supporting these families. This service evaluation was undertaken as part of my master of science degree in perinatal mental health.

My evaluation aimed to:

- Identify how the support from the SPWHV is valued in the universal service
- Identify if the perinatal wellbeing support offered reduces the pressure and workload within the universal HV service
- Evaluate how the role of SPWHV complements universal services
- Identify if the universal HVs feel equipped to offer perinatal wellbeing support.

## VITAL ROLE

Research suggests that 20% of women will experience a mental health condition during pregnancy or in the year after birth (World Health Organisation, 2022). Due to their contact with every family, HVs are best placed to assess and support perinatal mental health. Many researchers have examined the opinions of families they support. But they have not investigated the opinions of universal HVs and how the targeted support they offer affects their roles and their own emotional wellbeing. Recognising and acknowledging HVs' opinions is vital when decisions are being made on the services they offer.

The recognition, management and treatment of perinatal mental illness is crucial. The condition affects the individual and family, but also impacts on collective outcomes for society (Hanley, 2015). *The Marmot Strategic Review of Health Inequalities in England post- 2010* (Marmot Review, 2010) stated that inequalities in health arise because of inequalities in society. However, the benefits of reducing health inequalities are economic as well as social. This finding justifies the role of the SPWHV in the universal HV service. However, due to funding issues in some NHS trusts, this role is not guaranteed to continue. It is vital that specialist support is offered to women facing perinatal mental health challenges.

Researchers found that 25% of fathers have mild depression by the time baby is six months old, which can remain undiagnosed (Noorullah et al, 2020). Additionally, it is known that the occurrence of paternal depression is greater if a partner is also depressed. SPWHVs support fathers and partners alongside mothers when this is required and appropriate.



**IT IS VITAL TO LISTEN TO HVs AND ACT ON THEIR OPINIONS IN ORDER TO SUPPORT THEIR WORK, AND POTENTIALLY REDUCE BURNOUT**

## LISTEN TO HVs

As HV caseloads and the expectations placed on them increase, so too does the need to support practitioners in their role. The aim is to ensure people deliver the best possible care to the families with whom they work. In order to maintain a reasonable caseload, due to capacity issues, some HVs make perinatal wellbeing a secondary concern (Goodman -Brown and Appleton, 2004). SPWHVs can receive requests from HVs to provide additional support for some families, but it is not widely known what the opinions of universal HVs are in relation to the support that SPWHVs can provide and how this can affect their workloads.

Morton (2024) states that HVs are the backbone of early years services across the UK and offer a safety net around every family. According to Duku et al (2022), despite this recognition, there is a lack of understanding about how HVs make sense of their experiences when supporting perinatal mental health problems and whether this leaves them feeling overwhelmed and burned out. It is vital that research fills the gaps with HVs opinions as they are the practitioners commissioned to offer this service.

Current research suggests that HVs are facing increased demands and that the expectations placed on some have risen to an almost unmanageable level. For example, Sprinks (2013) found that HVs need support as burnout is increasing. It is vital to help practitioners promote their own emotional wellbeing. HVs have been identified as a vulnerable group of professionals due to the complex and challenging frontline nature of their work. It is vital to listen to HVs and to act on their opinions in order to support their work and caseload management, thus potentially reducing burnout.

## EVALUATION METHODS

A qualitative evaluation of the opinions of eight universal HVs who all work in one 0–5 years service was undertaken. This study focused on an evaluative question, so it appraised the success of what already exists, and within this it must be recognised that people's opinions are paramount. As suggested by Cresswell et al (2018), any ethical challenges were identified prior to the evaluation and permissions were gained from the relevant parties.

The data for the evaluation was collected through holding a focus group from which the opinions of the HVs about the perinatal wellbeing service in one NHS trust were gathered. The focus group participants were selected using purposeful sampling which requires stratification – described by Cresswell et al (2018) as being the precise attributes of individuals. Universal qualified HVs who work for the same trust and hold their own caseload were included. Staff who do not hold caseloads in the trust and staff who are not universal HVs, were not.

It was considered that I was qualified to conduct the evaluation. Full informed consent was gained from all participants in order to protect their anonymity in line with the NMC's The Code (NMC, 2024). In line with the trust safeguarding policy, safeguarding and confidentiality was discussed and agreed prior to the focus group. No external budget was required as the service evaluation was conducted as part of my role, and indemnity insurance was provided by the trust. The participants were aware that there was no incentive for taking part. The focus group was recorded with consent from the participants and the data was collected and transcribed.

The collected data was analysed using a six- phased approach considering the established 10 core assumptions (Braun and Clarke, 2022), so that themes could be identified and refined. Campbell et al (2021) states that what ultimately counts as a theme is determined by the sound judgement of the researcher (Vaismoradi et al, 2013). Braun and Clarke (2022) liken thematic analysis to being involved in a journey, and that good reflexive thematic analysis will always depend on the choices and practices of the person carrying it out.



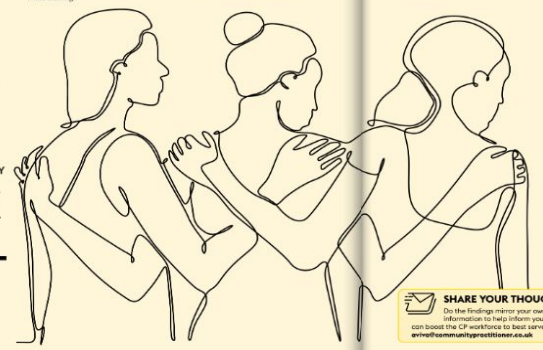


## KEY FINDINGS

The service evaluation identified four themes: skills; valued service; communication and referrals; impact on workload. These covered a wide range of findings including:

- Participants said they did not feel well equipped to carry out meaningful and effective parenting skills to families once low mood or raised anxieties had been identified.
- Universal HVs do not feel that the skills to support perinatal wellbeing are available during training. Due to the sensitive nature of the contacts, there was understandably little opportunity for them to experience support visits while training.
- Participants described the seamless communication from referral to transfer back to universal services.
- Participants felt relieved when they had referred women for additional support services. The importance of baby brain development was discussed, and it was felt that passing the family on to a SPWHV who was equipped to offer targeted support had a positive effect on the long-term outcomes.
- The role of the SPWHV is vital within the service and has a positive impact on the workload of universal HVs.
- All the participants felt that the role should be embedded into 0–5 services across the country to promote equity for all families and to reduce the long-term costs to both the NHS and to society. However, the reality is that embedding this specialist HV role in the NHS proves to be an ongoing challenge due to funding.
- All participants believed strongly that the SPWHV role is a specialise one that meets the needs of the families who engaged with perinatal wellbeing support. This, in turn, allows universal HVs to deliver the core programme and meet the commissioners' requirements for the service in a timely way.
- The focus group findings established that the SPWHV service is valued within and by the workforce. The HVs felt that skills mix is a vital part of any service and that there was a clear place for the SPWHV within this.

**PARTICIPANTS UNANIMOUSLY FELT THAT THE SPECIALIST PWHV ROLE IS PARAMOUNT IN SUPPORTING UNIVERSAL HVs AND THE FAMILIES THAT ENGAGE WITH PERINATAL WELLBEING SUPPORT**



## ALL-ROUND SUPPORT

The findings demonstrated the value of the role of the SPWHV in supporting not only universal HVs but the families that engage with perinatal wellbeing support. While participants believed that they should be able to offer a basic level of support, there was consensus among the universal HVs that they valued the opportunity to refer to a SPWHV. The reflections offered in the focus group were rich and informative and highlighted how vital the role of the SPWHV is in the 0–5 HV service.

The themes that evolved from reflexive thematic analysis highlighted the opinions shared, and the theme of skills notably prompted much debate. It was agreed that there is a lack of training available to provide the skills to support emotional wellbeing. Some participants had accessed the perinatal mental health update that was available to the trust, saying this was the only training programme on perinatal and infant mental health that they had followed.

It was considered that the HVs themselves found that the words 'mental health' formed a barrier to them offering support, due to them doubting their abilities. Brook (2015) explains that focusing on wellbeing, rather than mental illness, will ensure health visiting interventions and approaches are in keeping with the profession's principles of health promotion, prevention and early intervention.

Both universal HVs and SPWHVs should be accessing supervision in their roles. This aspect was touched on in the focus group and the need for supervision was acknowledged. Effective supervision is vital. Gilmore (2008) states that clinical supervision supports practice, thus enabling practitioners to maintain and promote good standards of care. However, it is important to note that supervision has to be effective to be beneficial.

## NEXT STEPS

The opinions expressed are not necessarily representative of all HVs. The results could have been different if more participants had taken part, thus highlighting the need for further research on this topic.

If the service is to run effectively, the opinions of universal HVs should not be dismissed. The aim is to meet not only the practitioners' needs but those of local communities in a bid to reduce long-term health and social inequalities for families. The results of the evaluation gave a clear summary of the participants' feelings, highlighting how valued the SPWHV role is in the universal service. The participants unanimously felt that the role is paramount in supporting not only the universal HVs but the families that engage with perinatal wellbeing support.

The government's Start for Life initiative has successfully funded many roles to support early intervention and to promote the best possible outcomes for families (Department of Health and Social Care, 2022). While this is a positive step, it has yet to address gaps in service provision and provide a sustainable answer to challenges in the workforce across services.

I hope that community practitioners will assess how my evaluation findings could be transferred and applied in their own area of practice, which could, in turn, inform clinical practice and decision making.

***Nicola Dyke is a specialist perinatal wellbeing health visitor, Rotherham Doncaster and South Humber NHS Foundation Trust.***

**SHARE YOUR THOUGHTS**

Do the findings mirror your own experience? How might you use the information to help inform your practice? How do you think government can boost the CP workforce to best serve families? Email editor Anna Attlas anna@communitypractitioner.co.uk

For references CLICK HERE






**Acknowledgements:**

**I would like to thank Christina Harrison, Zoe Parker, Tracey Long and RDaSH for believing in me.**

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