

A mixed-methods exploration of health visiting service provision and innovations in England during COVID-19

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Background

Health services in England were significantly impacted by Covid-19. Early evidence show that the health visiting (HV) community experienced increased service demands, unmanageable workloads and elevated work-related stress. How health visitors adapted their role and services during Covid-19 is less well-understood.

Aim of the study

To explore the provision of, and innovations in HV services in the North East and North Cumbria, England during Covid-19.

Methods

We undertook an online cross-sectional survey and interviews with HV professionals (March 2021). Descriptive statistics were used to analyse survey data. Interviews were analysed using framework analysis using Normalisation Process Theory, a four-concept framework (i.e., coherence; cognitive participation; collective action; reflexive monitoring) for understanding how professionals incorporate innovations into everyday practice.

Results

Our survey (n= 199; 26% response rate) revealed most mandated HV contacts (i.e., six contacts between pregnancy-child's 2-2.5 years) were conducted face-to-face during Covid-19; especially for New Birth Visits (NBV) and 6-8-week checks. Service innovations included appointment-only face-to-face clinics, telephone support, and virtual infant feeding clinics. Key informants (n= 19) found virtual contacts for interprofessional communication and connecting with families (coherence) were useful but stressed that maintaining in-person contact is key to addressing families' needs adequately (cognitive participation). Strong leadership and system-level support (collective action) facilitated innovative HV. There were mixed views on innovations implemented because of Covid-19, emphasising the need for formal evaluation.

Conclusions and implications

Benefits of HV service innovations included timesaving, reduced fuel consumption/costs and increased flexibility. However, the impact of these innovations on families and health visitors needs to be robustly evaluated to inform service commissioning models.