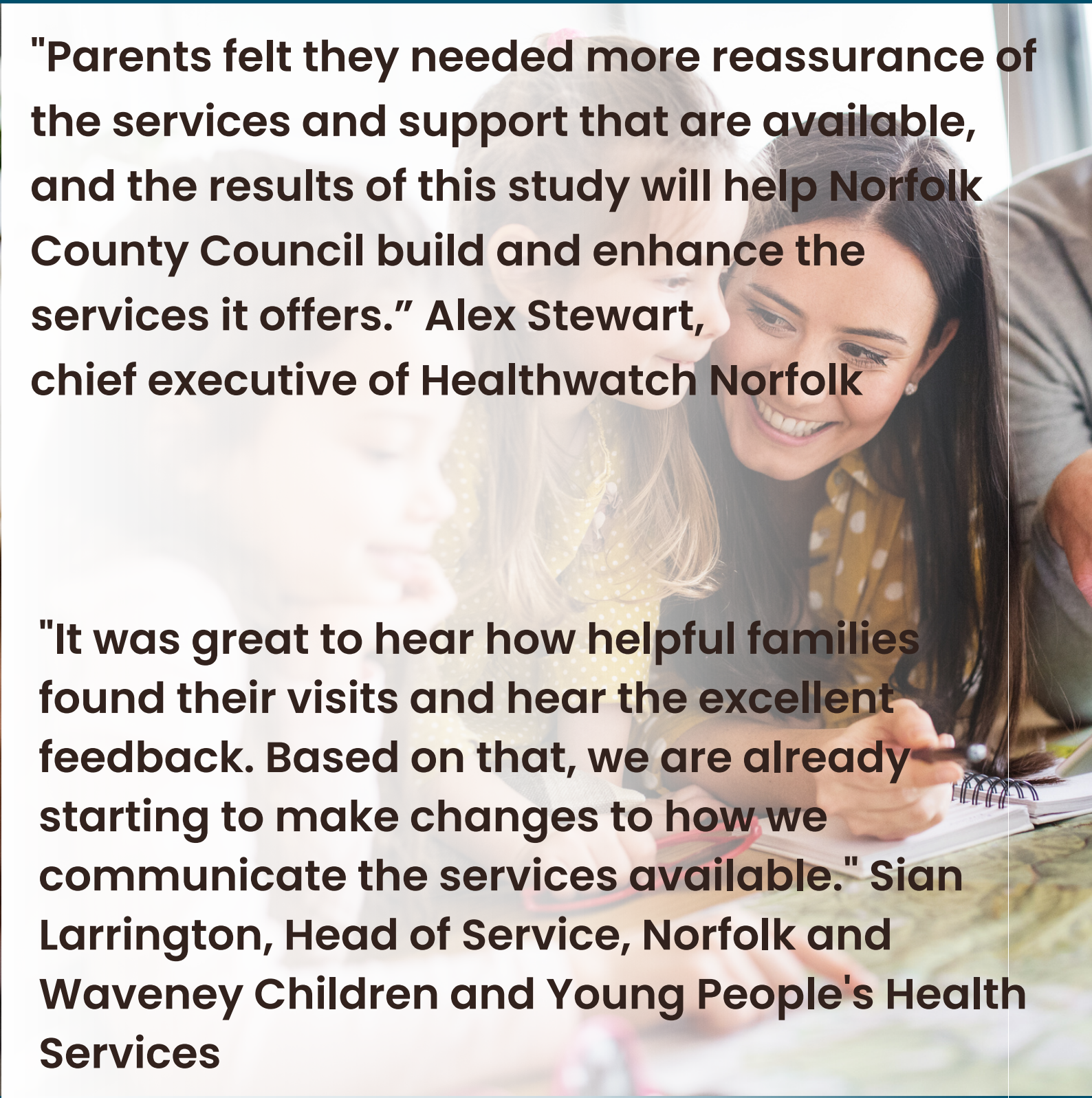


Parent and carer experiences with health visitor services in Norfolk

February 2023

healthwatch

Norfolk



"Parents felt they needed more reassurance of the services and support that are available, and the results of this study will help Norfolk County Council build and enhance the services it offers." Alex Stewart, chief executive of Healthwatch Norfolk

"It was great to hear how helpful families found their visits and hear the excellent feedback. Based on that, we are already starting to make changes to how we communicate the services available." Sian Larrington, Head of Service, Norfolk and Waveney Children and Young People's Health Services

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Please contact Healthwatch Norfolk if you require an easy read; large print or a translated copy of this report.

Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Summary

From conversations with families who have young children we heard some concerns about support offered to them during their children's early years. In particular changes to services due to the COVID-19 pandemic with more remote support being offered and fewer home visits from the health visitor service. Therefore, we wanted to find out more from parents and carers about their experiences in the last 12 months to find out what support they had received from the health visitor service, what was good, and what could be improved.

We created a survey to capture these experiences which we handed out at community groups and every library in Norfolk. We also shared the survey online, through social media, and to schools and nurseries through email. We received 277 complete responses to our survey.

Parents and carers with babies under six months old were more likely to have used the health visitor service in the past year and were more likely to have received a home visit in the past year than those with older children. We heard that 97% of those with babies under six months old had received a new birth appointment and 93% told us they had received a home visit. These families were also more likely to tell us that they felt completely supported by the health visitor service.

Families we heard from wanted more regular support from the health visitor service. In particular families told us they would like more support between the six to eight week review and the one year review.

Home visits from the service were seen as preferred for future support by 93% of people who answered our survey. Questionnaires were seen by some families as impersonal particularly if there was a lack of follow up communication. Difficulties with phone and video support was discussed such as connection issues or that families felt their

baby or toddler needed to be seen to check development. Checking development of the baby was seen as the most useful support offered by the health visitor service, with 91% of respondents telling us they found it useful.

Those who had positive experiences with the health visitor service often told us that they felt supported and reassured. They told us that they felt listened to and that their questions were answered. They appreciated when the health visitor was knowledgeable and when advice was tailored to their individual situation such as for infant feeding.

Based on our findings we made recommendations around:

- Improving communication with families around the options available for health visitor services
- The need for home visits for babies to continue
- More regular contact with families
- Attending baby and toddler groups or drop-in sessions
- Improving communication and experiences of milestone questionnaires offered
- Exploring the current resourcing of the health visitor service.

For the full detailed recommendations please see page 33 of our report.

Why we looked at this

Measuring people's experiences with the Health and Social Care service in Norfolk allows Healthwatch Norfolk to support continuous improvements in the way services are delivered.

Background

Healthwatch Norfolk understands that the months and years after having a baby are a really important time in people's lives and a unique healthcare experience when new parents and carers can be feeling vulnerable.

The role of the Engagement Team is to get out and about in Norfolk and hear what people have to say about their experiences with Health and Social Care.

After hearing feedback from parents in our general engagement, we decided to look closer at the journey into the health visitor Service in Norfolk. We had spoken to parents and carers in libraries, surgeries across Norfolk and specialised events, such as Norfolk Bump and Beyond.

We were hearing that parents and carers felt the early years were a time when support is needed.

We wanted to hear from parents and carers who have used, or should have used, the health visitor services in the last 12 months to find out what they wanted, what they received and what they thought was working and not working with the service.

What is the health visitor service?

The health visiting service leads on the delivery of the Healthy Child Programme which was set up to improve the health and wellbeing of children aged 0 to 19 years.

Taken from the Government website (Public Health England, 2021), the Health Visiting and School Nursing Service Delivery Model (last updated May 2021) states that:

“There are five mandated reviews for early years, which are offered to all families. These should be face to face, delivered by a health visitor, or under their supervision. Health visitors should use their clinical judgement to identify whether virtual, other digital or blended approaches can be used to support the needs of a child or family.”

Health visiting services in Norfolk are offered by Cambridgeshire Community Services. The variety of services which they offer can be found on their website here: www.justonenorfolk.nhs.uk/our-services/ (Cambridgeshire Community Services NHS Trust, 2023).

For this piece of targeted engagement we focused on the following support and contact in the Healthy Child Programme Services 0-5:

- Antenatal appointment
- New Birth appointment
- 6-8 week review
- 1 year review
- 2.5 year review
- School readiness
- Targeted and additional support

The service can support with advice and information about caring for the new baby, advice on feeding and safe sleeping, crying, immunisations and any other health issues relating to the family.

Aims and Objectives

Our aim for this report was to hear from as many Parents and Carers of children aged 0-5 in Norfolk who have used the health visitor service in the last 12 months or who have not used the service but could have done.

We wanted to find out how the service is being delivered, whether face to face or online and how new parents/carers wanted the contact to be made. We asked if partners had been made to feel involved in the visits/calls and wanted to know at what time in the journey were the visits most important to parents/carers.

Our objective was to find out if the service is working for parents and carers and if they were happy with the service and interactions they have had.

This report will be shared with Norfolk County Council, Cambridgeshire Community Services, NHS trusts and clinical commissioners as well as being available on our website and through our social media channels.

It is hoped this report can give recommendations for change to improve the service for parents and carers as well as the service providers.

How we did this

All information gathered in this investigation took place through the format of a survey. This allowed us to standardise the questions asked of the public so that we could easily track trends in responses. Participants of the survey were given the option of entering into a prize draw to win one of four supermarket vouchers worth £50 each. This was to provide an additional incentive for participation to increase uptake in survey responses.

Survey design

We spoke with Norfolk County Council and Cambridgeshire Community Services who run the Norfolk Healthy Child Programme prior to beginning our targeted engagement.

The survey we distributed was split in to two parts, one for those who had used the health visitor service and one for those who had not. Initially we had intended on filtering out responses from anyone who had not used the service, assuming they would not be able to provide us relevant information. However, it then occurred to us that there may be those who either wanted to access the service and weren't able to, or those that weren't aware of the service at all. We realised it was just as important to hear from those who cared for children of an appropriate age group who had not used the health visitor service.

The portion addressing those who had used the service was made up of 13 questions, covering child's age, types of service accessed, and views on their experiences (full survey can be viewed in appendix 1). Those that selected that they had not accessed the health visitor service were asked why this was the case.

All respondents were also asked to complete optional diversity questions, which enabled us to understand which demographics we were reaching. For example, during the engagement phase of our investigation we observed that none of the respondents at that point were male. While not an especially surprising finding, given that mothers and female carers tend to be the primary care giver in the earliest years of a child's life, we felt that it was important to try and increase responses from men.

Survey distribution

During December 2022 and January 2023 the survey was circulated via several channels. Digitally, the survey was circulated to an extensive number of nurseries, pre-schools, and primary schools via email. It was also shared widely in social media groups and via Healthwatch Norfolk social media accounts, including via paid advertising on social media.

The primary means of promoting and distributing the survey, however, was through outreach into the community. This was largely via the attendance of baby and toddler groups at Norfolk Libraries. During our targeted engagement we were very pleased to be able to visit every library in Norfolk at least once, as well as one of the mobile libraries to speak to the public at Baby Bounce and Rhyme and Stay and Play Sessions, thank you to Norfolk Libraries for welcoming us.

Community Development Officers introduced the project to parents and carers via group and individual conversations, and distributed the survey. We ensured that respondents were able to participate in the survey digitally or through a physical copy by offering both QR codes or printed surveys in pre-paid envelopes. Posters promoting the project, and including a QR link to the survey, were also placed in libraries near child weighing areas.

As mentioned above, we observed during the engagement phase of this work that we had little to no response from men initially. To try and increase uptake from fathers and male carers we sought to attend father and baby groups, and also made it a priority to engage with men at other events we were attending. This resulted in a slight increase in responses.

Survey analysis

Anonymised survey data was analysed using the qualitative data analysis software NVivo for themes in open ended questions and Microsoft Excel for statistics and graphs.

Please note:

- The number of responses per question varied as questions were not compulsory.
- Percentages in this report are rounded to the nearest whole number.

- Comments in this report are direct quotes from survey respondents. These have been left unchanged to ensure originality. Any major spelling or grammar errors are noted with “[sic.]”.

Limitations

The main limitation of note was the challenge of reaching parents and carers who did not frequent community groups. Our primary means of reaching those outside of these spaces was through the use of social media and targeted advertising online.

As with any piece of work, there is a limit to the time and resources that can be put into that work. Limits to this meant that there was only so much outreach we were able to undertake, and attending as many Parent and Baby groups was prioritised. If there were greater time and resources to dedicate to this investigation, we would likely have sought additional means of reaching those that did not attend organised parent groups, such as engagement in supermarkets or local shop parades.

We also note that our number of respondents may not represent all of those eligible for health visitor services. In Census 2021 there were 51,971 children aged five or under in Norfolk (Norfolk Insight, 2021), it is unlikely that our sample size of 277 reflect the experiences of all these eligible families and caution should be taken when drawing conclusions or generalising findings.

What we found out

Who we heard from

When the survey closed we had 369 responses of which 92 were incomplete or removed in data cleaning, for example removing responses from people who had filled in the survey multiple times. This means 277 full complete responses make up the following analysis.

Respondents were distributed across the county as displayed in Figure 1.

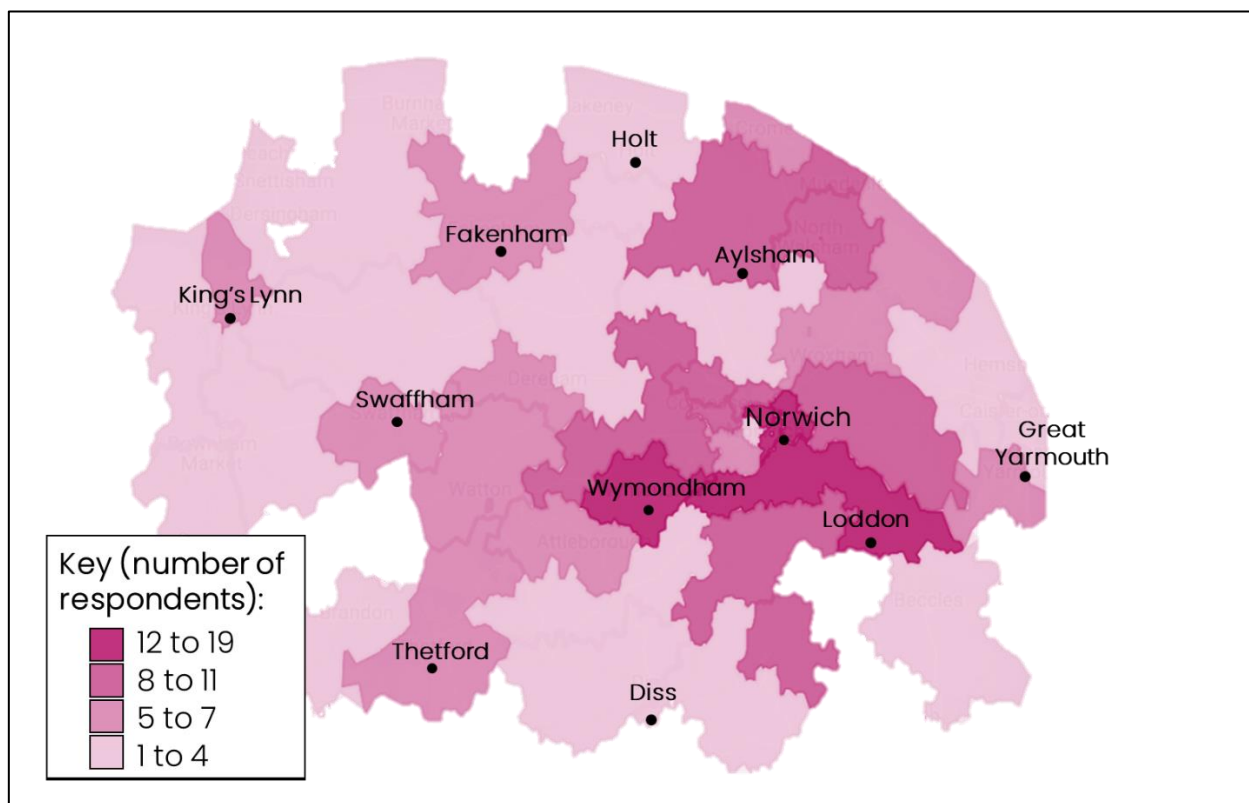


Figure 1. A heat map of Norfolk displaying where we received responses from based on the first half of postcodes of respondents. The darker the colour, the more responses we received in that postcode area.

We received responses from people aged between 18 and 58, the most common age group were respondents aged between 31 to 35 (48%, 130 respondents).

Most responses received for this survey told us that they were female (97%, 262) and were White British / English / Northern Irish / Scottish / Welsh (91%, 248).

In addition to this 5% (13) told us they had a disability, 5% (12) were a carer, and 5% (11) had a long term condition.

Finally, the most common age of children that respondents told us they had was one year old with 30% (83) of respondents. The age of the children is displayed in Figure 2.

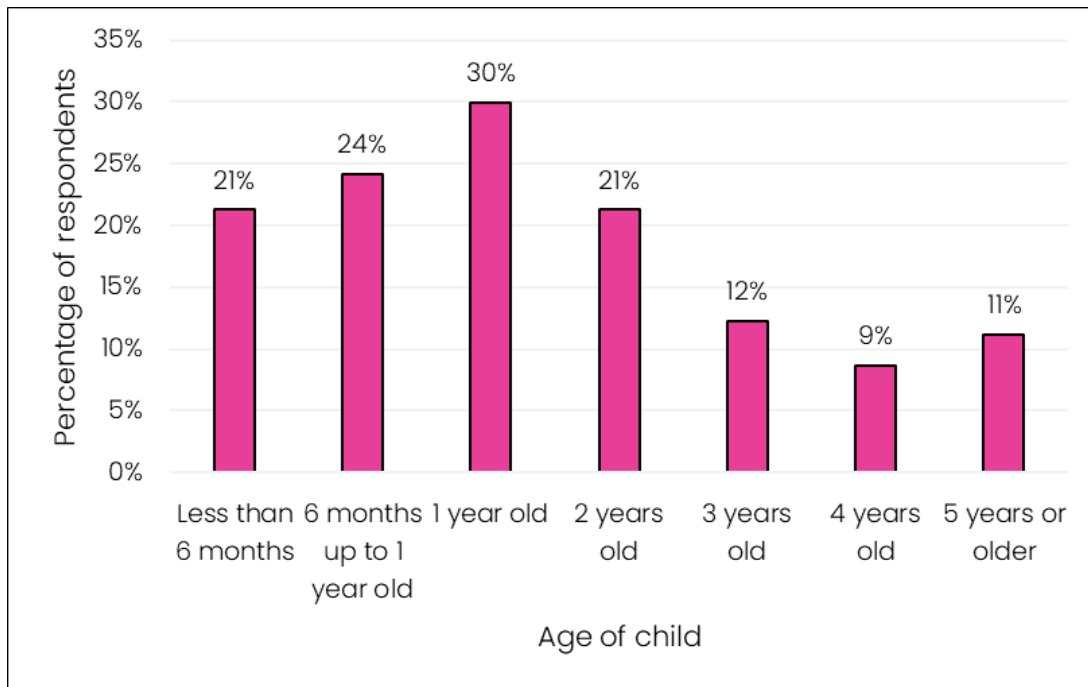


Figure 2. Responses from 277 respondents to 'how old is your child or children'. Respondents could select more than one answer.

For more detailed information on the demographics of who we heard from please see appendix 2.

Use of health visitor service

Most respondents (86%, 237) told us that they have used the health visitor service in the last year.

It is worth noting that of those who told us they have not used the service in the last year (14%, 40), some indicated in their answers that they had received recent contact from the health visitor service but they did not consider it as them using the service. For example, one parent of a two year old told us *"I've not used them [the health visitor service]"* but this parent also shared they had received a questionnaire from the service: *"I was sent a questionnaire to do myself for a 2year check"*.

Most respondents who had not used the service told us that they had not been offered health visitor services (75%, 30). Only one respondent (3%) told us that they had chosen not to use the health visitor service. Other reasons for not using the service included the impact of COVID-19, not needing to use the service, currently waiting for the next review, and not having face to face contact but have received information and questionnaires.

For those who had used the health visitor service in the last year, the most common services used were six to eight week reviews (56%, 135) and new birth appointments (54%, 130) as displayed in Figure 3. This is unsurprising due to the majority of respondents having children one year old or younger. 'Other' responses included asking the service directly for advice and support, using the Just One Number, additional appointments for a premature baby, new address support, and Looked After Children support.

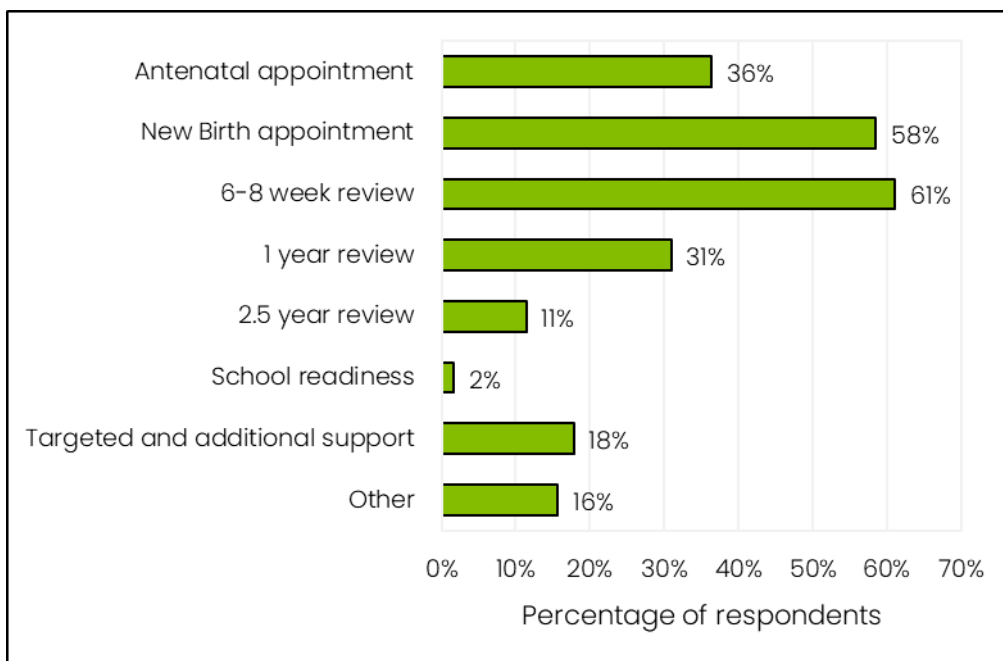


Figure 3. Responses from 236 respondents to the question 'what health visitor services have you used within the past year?'. Respondents could select more than one option.

Age of children and use of service

It is worth highlighting the following:

- For those with babies under six months old, nearly all respondents had received their new birth appointment (97%, 57), while only 69% (41) told us they had had an antenatal appointment from the health visitor service in the last year.
- For families with babies between six months up to one year old nearly all had received their six to eight week review appointment (93%, 62).
- More than three-quarters of those with one year olds had received their one year review (76%, 54).
- Only 45% (18) with children aged two, and 32% (9) with children aged three told us that they had had a two and a half year review in the last year. It is worth noting that for some of these families they may still be waiting for this review or received it over a year ago.
- Very few families with children aged 4 told us that they had used school readiness support (17%, 3 respondents).

97% of respondents with babies under six months old had received a new birth appointment.



As well as differences in the support area used, there were differences in the age of children between those who had used the health visitor service in the last year at all and those who told us they had not. As Figure 4 shows all of those who told us they had children under a year old also told us that they had used the health visitor service in the last year. The most common age group for those who had not used the service in the last year were aged two (48%, 19). It is worth noting that families should expect contact from the health visitor service when their child is around one year old and not again until two to two and a half years old. Therefore, this might explain the lack of contact for some of these families.

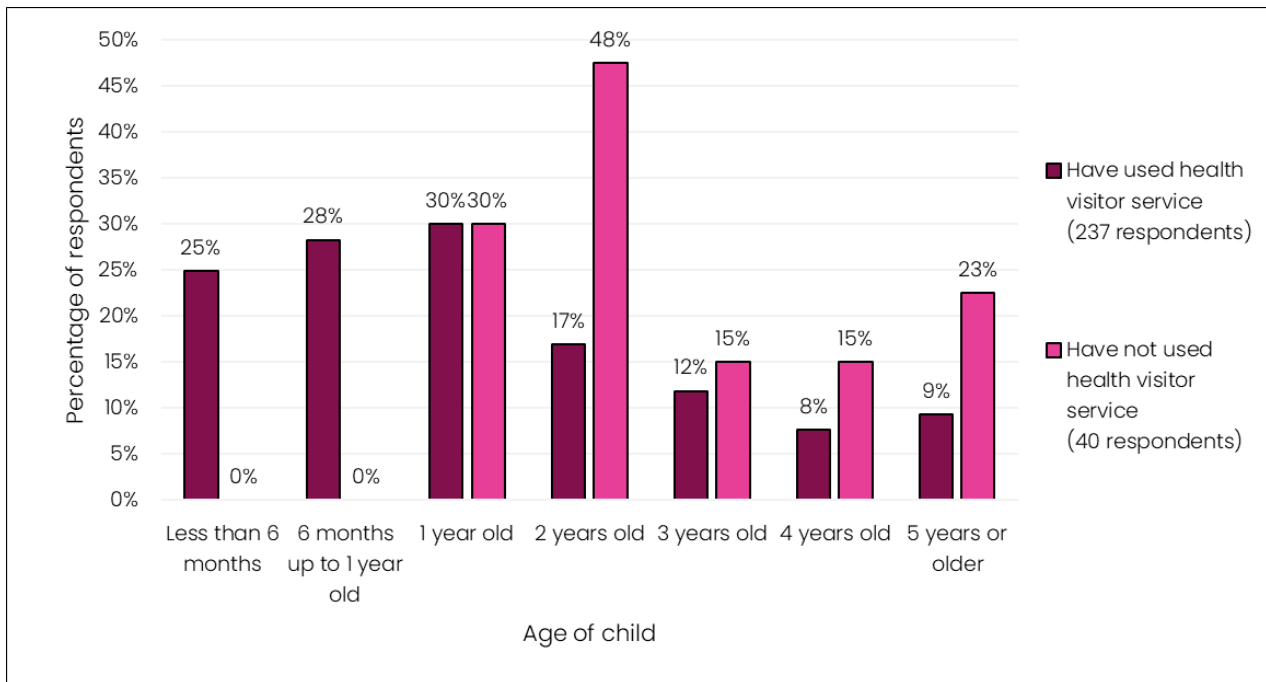


Figure 4. A graph displaying responses to the question ‘How old is your child or children?’ and ‘Have you used the health visitor service in the last year?’. Respondents could choose more than one option for the age of their children.

Timing of support

We asked respondents at what time health visitor support is most important to them. As displayed in Figure 5 the most common responses to this question were when the baby is first born (78%, 176) and six to eight weeks after birth (78%, 178). These were the most popular choice for families with all ages of children. However, support at one year old was slightly more popular with respondents who had children one year or older and was selected by 55% (94) of these respondents. Similarly support at two years old was more popular for those with children two or older, selected by 54% (55) of these respondents.

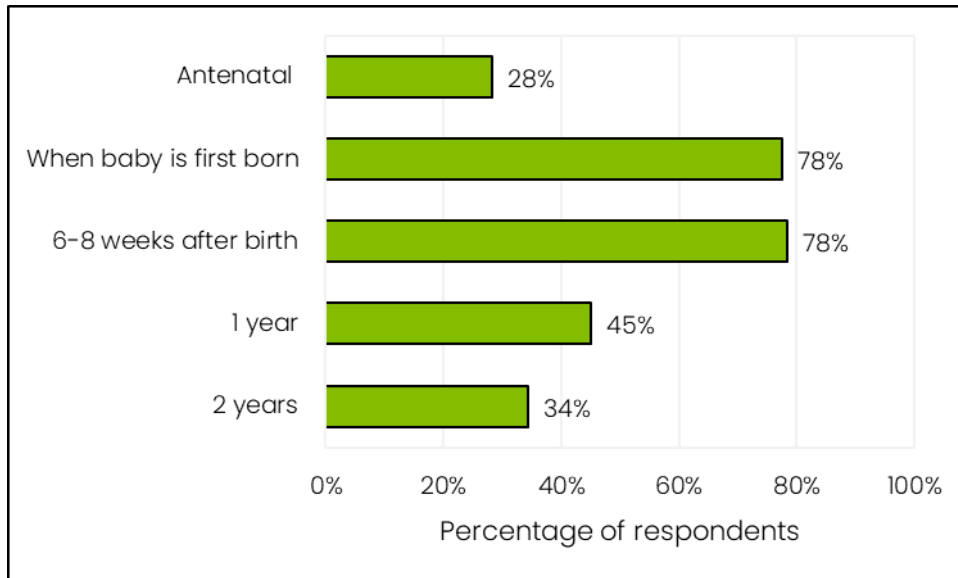


Figure 5. Responses from 227 respondents to the question 'at what time is health visitor support most important to you?'. Respondents could select more than one answer.

More regular contact

A frequent theme in survey responses was that “contact with someone at regular intervals” and “checking in more regularly” was wanted from the health visitor service. Respondents told us that they wanted to have “more frequent visits. As a first time parent it would be nice to know that your baby is hitting milestones and growing well”.



“More visits and or telephone check ins. Some people don't want to be a hassle when seeking advice/information”



The gap between six to eight week review and a year

In particular respondents raised concerns about a gap in support between the six to eight week review and the next contact not happening until their baby is a year old and that “it would be nice to have an appointment between 8 weeks and 1 year”. Respondents reported feeling that it was a “long lonely first year”,

and how “so many questions pop up between then and 1 years old, it’s a very long while to go”.

Format of contact

We asked respondents how the health visitor service was delivered, they were able to select more than one option. The most common method was ‘in person – the person came to my home’ with 82% (186) of respondents having had this form of contact. Alongside this, nearly half of respondents (49%, 112) had video contact, 37% (84) had phone contact, and 12% (27) had text/online support.

It is worth highlighting that nearly all families with children under a year old told us that they had some support delivered in person (94%, 118). Figure 6 displays the format of contact and the age of children. Please note that some respondents would have had children of different ages. The graph suggests that respondents with children aged two or above were more likely to have received support from the health visitor service through the phone. It could be that this was during COVID-19 restrictions when their children were younger.

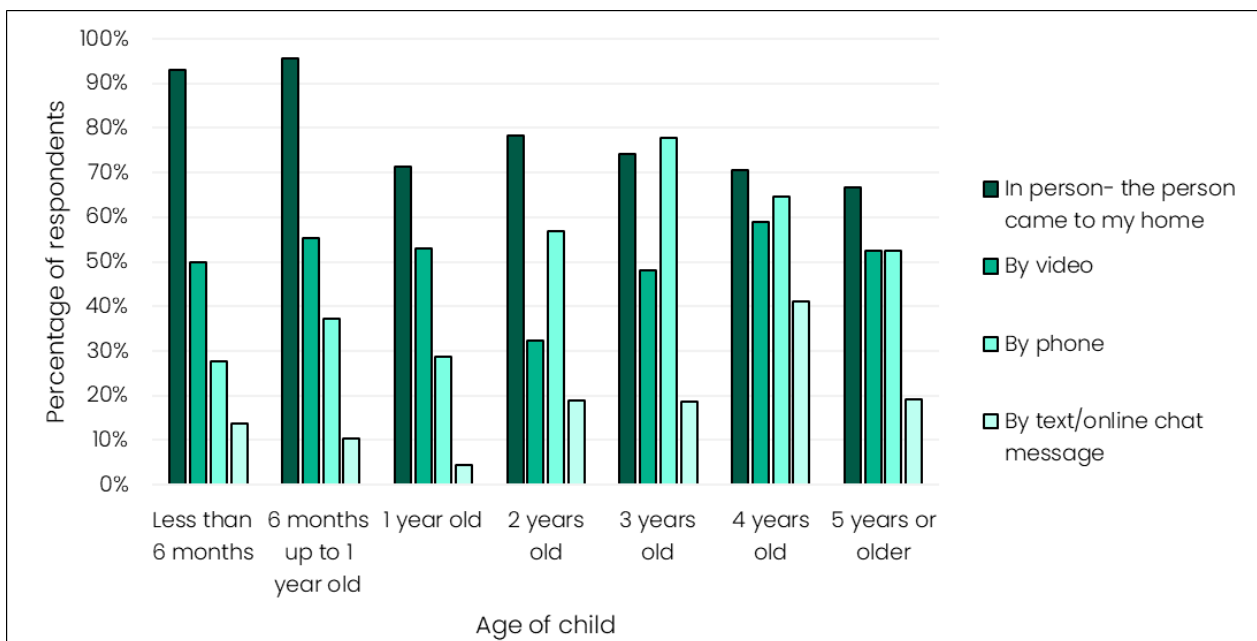



Figure 6. Responses to the questions 'how old is your child or children?' and 'how was the health visitor service delivered?'. Respondents could choose more than one option for both questions.

We also asked respondents which methods of contact they would prefer in the future. We asked both people who had used the service in the last year and

those who had not. They were able to choose more than one method of contact if they wanted to.

Respondents overwhelmingly chose home visits (93%, 249), while phone contact (22%, 59), video (16%, 43), and text/online (14%, 37) were much less popular.



93% of respondents told us they would prefer to receive home visits from the health visitor service in the future.

Those with younger children were slightly more likely to choose home visits than older children. Respondents with children two or under chose home visits 95% (248) of the time versus those with children three years or older only choosing this 79% (73) of the time. Consequently, contact by phone was slightly more popular with those who had older children. This was only chosen by 17% (34) of respondents with children one year old or younger but chosen by 30% (44) of those with children two years old or above.

What could have been improved about the support you have been offered by the health visitor service?

The parents who completed our survey and were disappointed with the health visitor service often stated that they wished they'd had more in-person and regular contact with a health visitor from birth up until 12 months. One parent commented that they'd like to have "regular contact from newborn stage to 1 year old. Zoom or phone calls aren't enough - people need to feel like they can have a chat with a health visitor in person. You are relying on new parents to contact you for help when we believe the health visitor should be checking in in-person with each new parent to ensure everything is ok." Quite a few parents told us that they didn't like being sent questionnaires to complete about their child's development. One parent said, "a questionnaire was sent in the post, to fill in and only contact if concerned. It went straight in the bin as I found it so impersonal." Also when asked what improvements

could be made to the service, multiple parents told us they'd like *"to be able to see a health visitor within the community, to have face to face clinics and support groups again"*. These themes are discussed further below.

More in-person support

A particularly large theme across many responses to our survey was that families wanted more in-person and face to face support from the health visitor service. For example, one parent of a three year old and a baby under six months told us that *"at both of the new baby checks that took place [in] my home, I felt supported and listened to"* they told us that *"I was so disappointed that when my second baby was born, the 6-8 week check was carried out via video call"*.

Alongside this, some respondents who had received home visits told us *"the home visit was positive and appreciated"*. We heard that they *"really appreciated the phonecalls and visit I had with them when they were younger"* and that this provided *"dedicated time"* to talk about their child's development *"in a non-hurried environment and at home where they were comfortable"*.

Some respondents also told us they are *"unhappy that there are no face to face clinics anymore"*; others suggested that they *"think baby weigh in clinics should come back so you can monitor your baby's weight and have a health visitor present should you have any queries"*. This suggestion for health visitor presence in the community is also presented in the below extract:

"If home visits are time consuming, it might be worth while arranging some check up's at local community centres (e.g. 1/2 year checks) This way parents can see someone and arrange an appointment rather than waiting at home all morning/afternoon."

Limitations of video and phone support

Respondents shared difficulties with video and phone support. This included that the *"technology wasn't great"* and difficulties with *"connection issues"*. Alongside this, concerns were raised that things could be missed through this sort of contact *"as they didn't even see my baby so how can you know that they are developing fine?"* or *"there is no way a health visitor can check in a baby's*

welfare through a video call .there will be so many babies that slip through the net this way". One respondent who had reached out for support with breast feeding told us that "contact was via the phone which was unhelpful as my child couldn't latch on. I eventually gave up on breastfeeding which compounded my post natal depression".

Respondents also told us that it can be "hard to take in information on a video call when trying to look after a new born".

Finally, some respondents simply told us that "I don't mind video calls, but they feel more tick box like the person wants to get off the phone. So in theory good idea but was very short".

It is worth noting that phone and video calls were not always seen in a negative light, in particular, when they were used for additional support such as the Just One Norfolk number or when there was a combination of phone and video support with home visits for example: "home visits at birth and 6-8 weeks were useful. Support over phone when needed has been good".

Frustration with questionnaires

Questionnaires received by respondents for one year and two year reviews were criticised by some respondents how they were "so disappointed that my first born did not have a 1 year or 2.5 year review and all I received was a questionnaire to complete which was for my own use only and did not have to be returned". We heard that they "don't think just being sent a survey at 1 year is adequate" and that the health visitor service "never followed up or anything". This is similarly illustrated in the following comment from a parent of a two-year-old:

"Also when I received details for my oldest 2.5 year check I was told to fill the survey out but was given no advice on what to do with it, so I just didn't bother. It seemed absolutely pointless to fill something out just in case someone might care what it says at some point."

Areas of support

The most popular type of support offered by the health visitor service as being most useful to respondents was 'checking babies development' (91%, 206). This was followed by 'support for parents wellbeing and mental health' (69%, 155) and 'infant feeding' (65%, 148). Other responses are displayed in Figure 7.

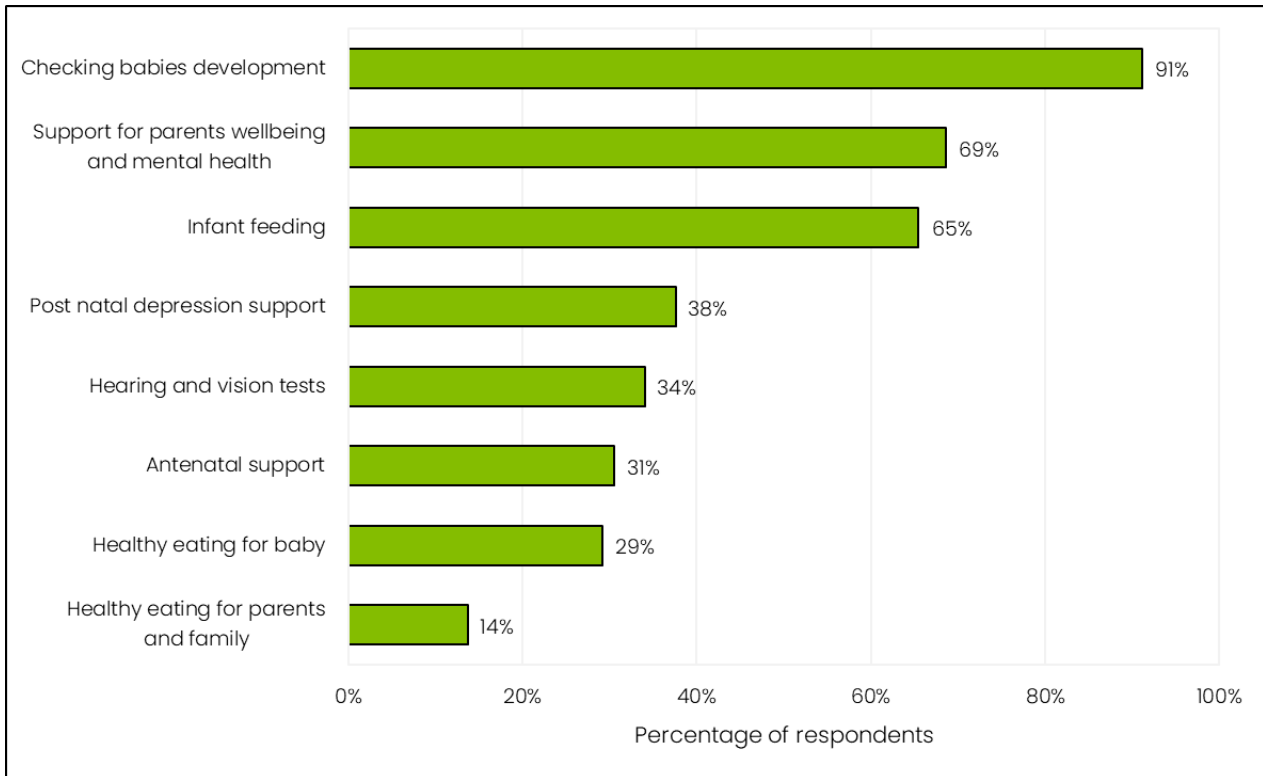


Figure 7. Responses from 226 respondents to the question 'what areas of support is most useful?'. Respondents could select more than one option.

Experience with the health visitor service

Figure 8 displays how supported respondents felt by the service. While most told us that they felt completely (33%, 78) or somewhat (48%, 112) supported, 19% (45) told us they felt not at all supported.

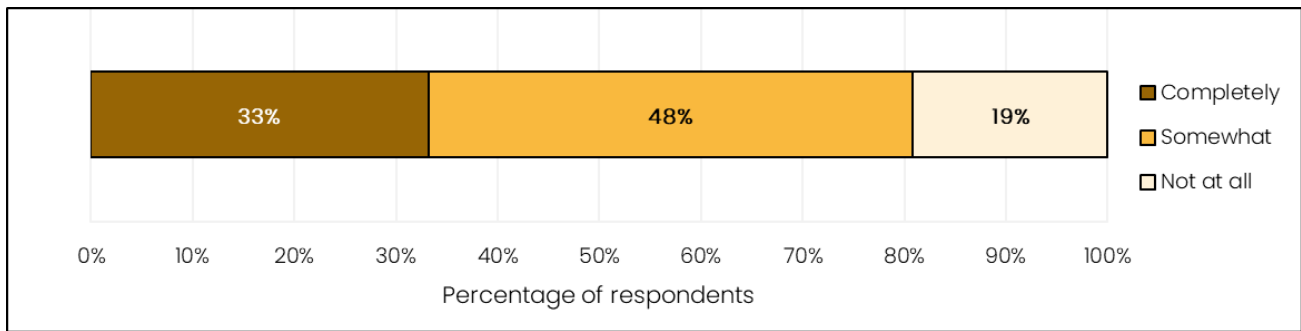


Figure 8. Responses from 235 respondents to the question 'do you feel you have been supported by the health visitor service?'.

Those with babies under six months old were more likely to say they were 'completely' supported by the health visitor service (49%, 29) than other respondents, only 5% (3) of respondents in this group told us they felt 'not at all' supported. As discussed earlier in this report, this was reflected in some of the comments we received from respondents about the limited support they felt they received after their six to eight week appointment, for example one person told us that *"for my newborn/premature baby the support has been good but for my 3year old no one has seen her in person since 12weeks old"*

What has been good about the support you have been offered by the health visitor service?

The parents who responded to our survey after having positive interactions with the health visitor service were very pleased with the quality of the visits. One parent told us, *"having met with the same health visitor for all 3 appointments I think that in itself has been excellent for continuity and feeling more like they "know" you. I felt advice given was tailored to my own circumstances not generic one size fits all."* Parents who had regular contact with a health visitor felt like they'd been well cared for and well supported, *"have had help with referrals for autism/speech and language. Nothing has been too much trouble. We've been listened to with our concerns and taken seriously. I can't fault them."*

How valuable is the service to families

Some respondents used our survey as an opportunity to praise the health visitor service and express their gratitude for the support they were given. We heard that for some it is an *“invaluable service that has helped me so much”*.

 **“I just really want to commend the Health Visitor [...] He is so good with our little one and really listens to us. I have felt fully at ease with him and he always follows up when necessary.”** 

We heard from some families with adopted and foster children and the support they were offered, for example: *“our daughter is adopted, so we were grateful for the support and we were never made to feel silly for not knowing something as we jumped in the deep end with a 10m old”*. Similarly, a foster parent told us that *“the health visitor is important at all times as they are not my children as I foster them, so they have to be checked regular”*.

Some respondents told us about the impact that post-natal depression or anxiety had on them and the support the health visitor service was able to give them. One of these respondents told us that *“I would have struggled to take my baby out into the world without her [health visitor]. They made me feel it was ok to feel the way I was feeling.”*. Another told us their health visitor *“encouraged me to speak to the doctors about my post-natal depression and checked in on me a lot, encouraging me to go out and talk to other mums”*.

On the other hand, it is worth noting that this appreciation of the service was not shared by all respondents, for example one respondent who had been disappointed with the support offered to them by the service told us that *“in my experience, they have not added value”* and that they are *“not really sure of the benefits of having Health Visitors”*. They noted that *“it would’ve been easier for me to go to GP with concerns but everything has to go through them. Unless child goes to nursery, as they now say referrals for speech have to go through them”*.

The service feels stretched

One of the reasons that some respondents told us they did not feel fully supported was because they *“feel that the service is extremely stretched”* and that *“I assume it's all funding related but it's a shame to feel like the personal touch of health visitors has been lost”*. One respondent told us that they *“understand that there are new pressures post covid but the service you offer has gone rapidly downhill”*; this parent told us that *“I was forced to go private because I just didn't feel heard or recognised”*.

This feeling that the service is under resourced and the impact this has on the support offered is also illustrated in the below extract:

“I think the health visitor service is wildly under resourced. The good they do for families is clearly evidenced and the cost of the service helps save money for the NHS and other services in the future by improving outcomes for children and families. I think the service should be expanded to help all families. It makes me feel really sad that first time parents especially are being left to cope by themselves when times are so tough. I haven't had any ongoing support for the past nearly 10-11 months despite the issue being identified with my babies weight gain. It scares me that families facing issues and being abandoned because of the reduction in services. I think health visitors do an incredibly important job and it should be celebrated, valued and duplicated to give all families the best start in life.”

Partner involvement

We asked respondents whether their partner had been made to feel involved in their health visitor visits/calls. Nearly a third of respondents (32%, 70) told us that their partner had 'not at all' been made to feel involved, Figure 9 displays responses to this question. Those with babies under six months old were more likely to say that their partner had been made to feel involved with 37% (20) saying 'completely' and 41% (22) choosing 'somewhat'.

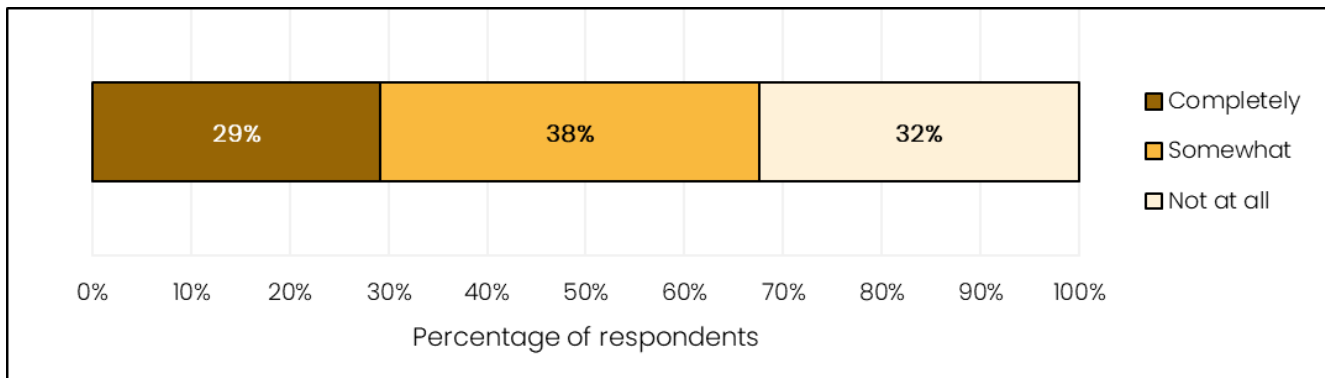


Figure 9. Responses from 216 respondents to the question ‘has your partner been made to feel involved in your health visitor visits/calls?’.



“My husband suggested it might be useful for him to have a part of the appt tailored to him and his well-being.”



Information and advice

Most respondents told us that they were either ‘completely’ (44%, 101) or ‘somewhat’ (43%, 99) happy with the information and advice they were given by the health visitor service, responses are displayed in Figure 10. Those with babies under six months old were more likely to be satisfied with information and advice, with 58% (33) of respondents telling us they were ‘completely’ happy with this.

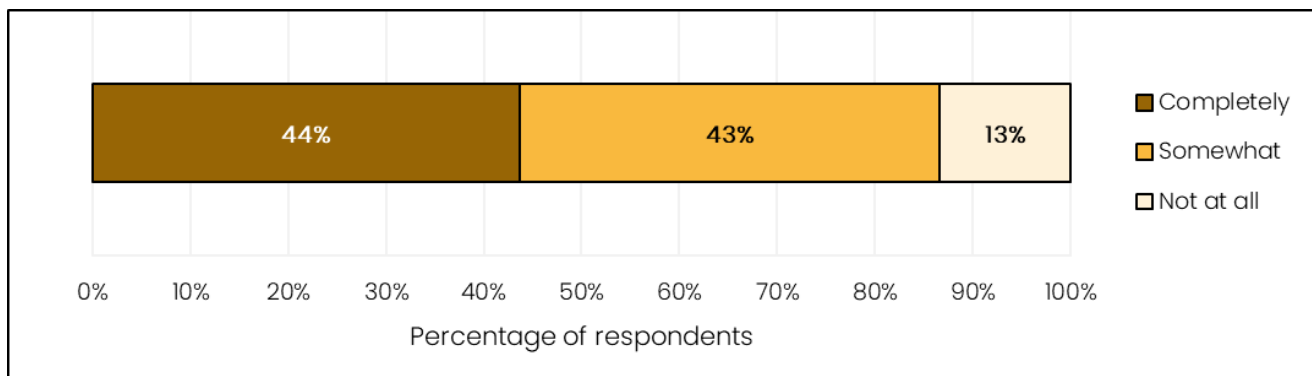


Figure 10. Responses from 231 respondents to the question 'are you happy with the information and advice you have been given by the health visitor service?'.

We asked respondents to explain their experiences with information and advice from the health visitor service. In these responses there were three main themes: 'knowledge and expertise', 'reassurance', and 'signposting'. These themes and relevant comments are presented below.

Knowledge and expertise

Within the theme of knowledge and expertise were both positive and negative experiences. Some families told us that their health visitor *"answered all my questions"* and that *"the advice is knowledgeable and they find out if don't know"*. While on the other hand we heard for some respondents that they had *"very limited support/advice given, only when absolutely desperate"*.

Tailored advice

Some respondents told us how *"advice was tailored to my specific issues"* and how their health visitor *"understood me and my situation, she also let me raise any concerns and answered all my questions"*.

On the other hand, some families told us how their health visitor *"don't always give me specific answers"* and they were given *"some vague responses to questions had"*. For example, one new mum told us that their *"health visitor seemed clueless with how to help with twins. No specific twin information or help offered"* they added that they were *"constantly made to feel not good enough and like I wasn't coping as a new mum"*.

Inconsistent advice

We also heard that advice could sometimes be *"not consistent advice"*, that it *"sometimes differed depending on the person"*, or they were *"given incorrect*

advice". For example, one parent told us that the advice they were given on keeping their baby warm at night "goes against lullaby trust and increases risk of sids".



"I asked about starting solids and was told completely different advice to the just ONE Norfolk online website. As a first time Mum this left me anxious and confused."



Infant feeding

One of the frequently mentioned services offered by the health visitor service which was discussed by respondents was around breast feeding and weaning. Some respondents shared positive experiences with us around health visitor knowledge of infant feeding, for example:

"Prior to seeing lactation champion [name] I thought that I was going to have to stop breastfeed as I had experienced so many issues. Now at 5 months I am still breastfeeding and this is completely thanks to your service and the knowledge of [lactation champion]."

On the other hand some respondents had less positive experiences, and that they had received "poor advice on feeding". This appeared to be more common with babies with allergies and intolerances, one mother reported that their baby had a "cows milk protein allergy" and the health visitor "offered no helpful solutions and just said some [sic.] babies are unsettled". Another respondent told us that "as a first time mum weaning is completely new and with a baby that has intolerance it's been hard I have been given the information and that's it".

Reassurance

Those who reported positive experiences with information and advice often spoke about how they "made us feel supported", were "given lots of

reassurance" and the health visitor *"always listens to my needs"*. This appreciation of reassurance is also illustrated in the following extract:

"I was concerned about the amount my baby cried at the 6-8 week check. I was reassured that this was normal and that it eased around 12 weeks - this was correct and made me feel a lot better."

This was contrasted by some who had more negative experiences telling us that they wanted more reassurance, for example one new parent told us that *"I said at my 8 week check that I felt really low (I was reaching out for help!)"* and that they were *"told it's normal and that was the end"*. Similarly another parent who was *"suffering from post natal depression"* told us that *"just being given websites and numbers to phone isn't great"* and that they *"need someone to help and give support, counselling etc."*.

Another respondent shared that they *"obtained a lot of information myself using the NHS website"*, we heard that they had *"contacted the health visitor service a few times [...] I never came off the phone feeling very supported and ended up having to research online"*.

Signposting

Respondents told us about the information and advice they were given for help after their appointments or after contacting the health visitor service. This included being offered follow up support and being signposted or referred to other services which could offer them support. We heard that some respondents received further information after their appointments such as *"she printed out support information and post [sic.] me"* or *"they've followed up after appointments with messages containing website links"*. Similarly, some respondents told us that *"made sure I felt I could contact them whenever needed"*.

However, this was not consistent for all families and we heard from another respondent that it *"could have been helpful to have numbers/emails I was given electronically"* and another noted that it was difficult because *"all information given at once"*. Others told us they were unsure how to contact the service: *"I felt outside the visit I had questions but I didn't know I could ask or how to contact [the health visitor]"*.

Linked to this, we asked respondents how confident they are that they know where to go if they are worried about their child's development. As displayed in Figure 11, over half of respondents told us that they were 'completely' confident (54%, 125) they would know where to go.

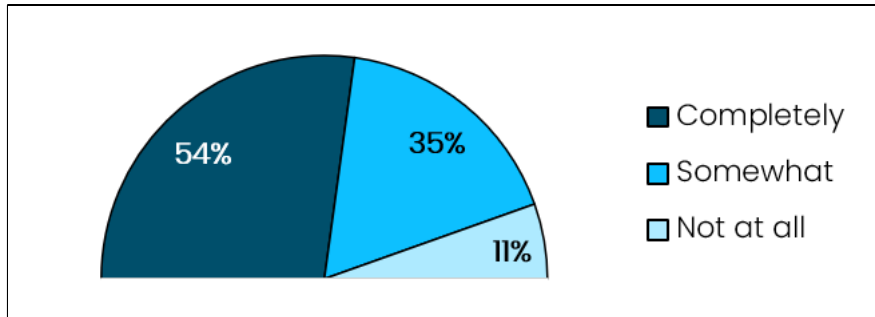


Figure 11. Responses from 230 respondents to the question 'how confident are you that you know where to go if you are worried about your child's development?'.
development?'

Where to go for information and advice

Just One Number: A few of the parents we spoke to said that they would have liked to be able to contact their health visitor directly via phone or email, rather than having to go through the Just One Number. One parent commented *"I would have found it easier to get in touch with my lovely health visitor if I could just have her number rather than "Just one Norfolk" number."* Parents thought that having a more personal way to communicate with their health visitor would have been very beneficial, *"I don't want to ring a generic number and talk to a call centre. I want to be able to contact my health visitor directly, by phone or email. I want to ask casual questions and get information about health, development and feeding more than once a year."*

Just One Norfolk: The availability of support through Just One Norfolk was praised by other families, for example one respondent told us that *"it has been good using Just One Norfolk and knowing the information on there I can trust and me and my partner being able to look for answers to our questions."* They told us that this was a recent improvement as *"when I had my first baby 6 years ago we weren't given any information to use ourselves except leaflets that went in the bin."*

What this means

Our targeted engagement exploring experiences of health visitor services in Norfolk in the last year has resulted in varied responses. We have heard from many families who are grateful for the service offered to them and also heard from others who have not felt very supported by the service due to a lack of contact with them or because advice was limited. As discussed in our limitations section, we acknowledge that our conclusions might be limited as there will be some groups of people who we did not hear from in this targeted engagement due to time and capacity constraints. For example, we did not hear from many young parents, men, non-binary, Black, or Asian parents who may have different experiences with the health visitor service. Future work should explore the experiences of other groups, however we hope that our findings from this survey begin to indicate what support is valued by families and where some improvements to the health visitor service could be made.

The largest improvement suggested by respondents to our survey was that they would like more support from the health visitor service than what is mandated nationally. This included more contact in general which they felt would allow them to raise concerns and also feel more reassured during their children's early years. In particular, additional contact in the first year of a baby's life was seen as important. We heard how a lot of information and support is offered in the first weeks from different health services, but some families felt left alone for the following months. Additional support at six months old was suggested by some respondents, however further exploration may be needed to find out at which points in early years contact would be most beneficial to families. As this is nationally mandated contact, we acknowledge this would also need to be explored nationally rather than only in Norfolk.

In addition to this, respondents overwhelmingly told us that they wanted home visits from the health visitor service rather than telephone, video, or questionnaires. Home visits were appreciated as they felt they can be more personal, more thorough and any concerns with their baby's development were less likely to be missed; in particular physical development such as weighing their baby. This was also reflected in the finding that checking the development of their baby was also seen as the most useful support offered by the health visitor service. They also sometimes struggled with video calls due to

technological or connection issues or because they found it hard to concentrate while caring for a newborn baby. There was an understanding from some respondents of the pressures on the system due to funding or resource, and clinics or drop-in sessions were suggested if more regular home visits were difficult to facilitate. It would be helpful to explore where clinics would be most useful, for example some respondents highlighted that they felt more isolated as a new parent as they did not live in a big city.

It is worth noting that some people who shared experiences with us might have used the service when it was subjected to COVID-19 restrictions and was limited for some families, particularly those with slightly older children who may have been unable to have initial home visits. This may have impacted on how supported they felt by the service as a whole even in more recent months. It is therefore positive to see that nearly all respondents to our survey with a baby under six months told us they had received their new baby review, most had also received at least one home visit in the last year, and that they currently feel more supported by the service. However, we do also note that those who have not had contact with the health visitor service in the past year might have felt less motivated to complete our survey. Further exploration could look at targeting and finding out more from families who have had no contact with the service and the reasons for this in greater detail.

Finally, the value of the health visitor service was praised by many respondents; very few respondents who reported a less positive experience told us they did not see the value of the service. Frustrations were largely with the limits and gaps in the service. It was appreciated how health visitors were able to help families feel reassured and share relevant information and advice and the important role they played in their children's early years. We also heard about the variety of support offered by the health visitor service and how they were able to offer support with referrals to other services or community groups and the longer term positive impact and outcomes this had on some families.

Recommendations

1. Norfolk & Waveney Children & Young People's Services to clearly communicate with service users about the options available for receiving health visitor services. If a home visit is an option they should know that they have this choice.
2. Home visits for newborn and six to eight week check need to continue as are seen as most important service provided by health visitors.
3. Norfolk & Waveney Children & Young People's Services to consider more regular contact with families, for example monthly or quarterly texts or phone calls. This would remind them of the services available to them and ensure they have the opportunity to ask any questions or raise concerns. These contacts could either be opt-in or opt-out as appropriate for each family.
4. Norfolk & Waveney Children & Young People's Services to consider attending baby and toddler groups or offer drop-in sessions in local community places, for example libraries, to increase health visitor availability and allow families to ask for advice or give reassurance.
5. When the only option of a milestone check is a questionnaire, Norfolk & Waveney Children & Young People's Services to clearly communicate the purpose of the questionnaire, encourage their return, and ensure that families receive follow up communication or support after a questionnaire is completed and returned.
6. Norfolk County Council and Cambridgeshire Community Services NHS Trust to further explore the current resourcing of the health visitor service, including staffing levels and funding in this area.

References

Cambridgeshire Community Services NHS Trust (2023). *Services To Support You & Your Family*. Available at: <https://www.justonenorfolk.nhs.uk/our-services/>

Norfolk Insight (2021). *Population Report for Norfolk*. Available at: https://www.norfolkinsight.org.uk/population/#/view-report/63aeddf1d7fc44b8b4dffcd868e84eac/___iaFirstFeature/G3

Public Health England (2021). *Health visiting and school nursing service delivery model*. Available at: <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model>

Appendix

Appendix 1: Survey questions



Experiences with Health Visitor Services in Norfolk

About this survey

Who is Healthwatch Norfolk?

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure they are heard by the people in charge.

What is this survey about?

We want to know about your experience after having a child. We understand this is a really important time in peoples lives and a unique healthcare experience at a time when people can feel vulnerable. We are keen to hear about best practice and what can be improved.

If you have used the health visitor service within the last year we want to hear your story.

The health visitor service/Healthy Child Programme is offered by Norfolk & Waveney Children & Young People's Health Services. More information about this service can be found on the Just One Norfolk website here: www.justonenorfolk.nhs.uk/our-services/healthy-child-programme-services-0-5/

How the survey results will be used

The anonymised survey results will also be used by Healthwatch Norfolk to make recommendations to service providers as part of our evaluation report. The report will also be publicly available on our website and may be used in other Healthwatch Norfolk communications.

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our full privacy policy at: www.healthwatchnorfolk.co.uk/about-us/privacy-statement

If you would prefer to do this survey with us over the phone, please call Healthwatch Norfolk on 01953 856029 and we will arrange a time to ring you back to complete the survey.

Alternatively, please email: enquiries@healthwatchnorfolk.co.uk for further support.

Please note: questions marked with an asterisk (*) require a response.

Completed survey entries will be entered into a prize draw for a chance to win one of four £50 vouchers for a supermarket of their choice.

Survey Closing date: 31st January 2023

Please tick to confirm *

I have read and understood the above statement

What is the first half of your postcode? *

Have you used the health visitor service within the last year? *

- Yes
- No (please go to question 15)

1. How old is your child or children? Select all that apply.

- Less than 6 months
- 6 months up to 1 year old
- 1 year old
- 2 years old
- 3 years old
- 4 years old
- 5 years or older

2. What health visitor services have you used within the past year? Tick all that apply

- Antenatal appointment
- New Birth appointment
- 6-8 week review
- 1 year review
- 2.5 year review
- School readiness

Targeted and additional support

Other (please specify):

3. At what time is health visitor support most important to you? Tick all that apply

Antenatal (Before baby is born)

When baby is first born

6-8 weeks after birth

1 year

2 years

4. How was the health visitor service delivered? Tick all that apply

In person- the person came to my home

By video

By phone

By text/online chat message

5. What areas of support is most useful? Tick all that apply

Antenatal support

Infant feeding

Healthy eating for baby

Healthy eating for parents and family

Checking babies development

Hearing and vision tests

Support for parents wellbeing and mental health

Post natal depression support

6. Do you feel you have been supported by the health visitor service?

Completely

Somewhat

Not at all

7. Has your partner been made to feel involved in your health visitor visits/calls?

- Completely
- Somewhat
- Not at all
- Not applicable / I don't have a partner

8. Are you happy with the information and advice you have been given by the health visitor service?

- Completely
- Somewhat
- Not at all

Please explain your answer:

9. What could have been improved about the support you have been offered by the health visitor service?

10. What has been good about the support you have been offered by the health visitor service?

11. How confident are you that you know where to go if you are worried about your child's development?

- Completely
- Somewhat
- Not at all

12. Which way would you prefer to receive services in the future?

- Home visits
- Video Call
- Phone call
- Text/online chat message

13. Is there anything else you would like to tell us about your experiences with the health visitor service and support for you and your child?

14. If you would be happy for us to contact you to speak about your experiences in more detail, please provide your name and preferred contact information below:

Please only answer questions 15 - 17 if you answered 'no' to using the health visitor service within the last year.

15. Do you have children that require health visitor services?

- Yes, how old is your child/children?
- No

16. Why have you not accessed health visitor services?

- I have chosen not to
- I have not been offered health visitor services

Other (Please tell us more):

17. If you were to receive health visitor services, how would you prefer to receive these?

- Home visit
- Video call
- Phone Call
- Text/online chat message

18. Is there anything else that you would like to share with us regarding health visitor services?

6. Demographic Questions

In this next section we will be asking you some questions about yourself and your life. Your answers help us make sure that we engage with people from different backgrounds and that we understand the needs of different groups in our community. Remember: all your answers are strictly confidential and the survey is anonymous.

19. How old are you?

20. What is your gender?

- Male
- Female
- Non-binary
- Genderfluid
- Genderqueer

- Intersex
- Prefer not to say
- Prefer to self-describe:

21. Please select your ethnicity:

- Arab

Asian / Asian British:

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Any other Asian / Asian British background

Black / Black British:

- African
- Caribbean
- Any other Black / Black British background

Mixed / Multiple ethnic groups:

- Asian and White
- Black African and White
- Black Caribbean and White
- Any other Mixed / Multiple ethnic groups background

White:

- British / English / Northern Irish / Scottish / Welsh
- Irish
- Gypsy, Traveller or Irish Traveller
- Roma
- Any other White background

Other:

- Any other Ethnic Group
- Prefer not to say
- If other, please specify

22. Please select any of the following that apply to you:

- I have a disability
- I have a long-term condition
- I am a carer
- None of the above
- I prefer not to say

23. Where did you hear about this survey?

- GP website
- Healthwatch Norfolk Event
- Healthwatch Norfolk Newsletter
- Healthwatch Norfolk Website
- News (website / radio / local newspaper)
- Search Engine (e.g. Google)
- Social Media (e.g. Facebook / Instagram / Twitter)
- Through a friend or co-worker
- YouTube
- Other (please specify):

**If you would like to be entered into the draw for a £50 shopping voucher for completed surveys and also receive our newsletter please provide us with contact details below
Please include a phone number, name and email address.**

Phone Number

Name

Email Address

Appendix 2: Demographics of respondents

Category		Percentage of respondents	Number of respondents
Age (269 respondents)	20 or under	1%	3
	21 to 25	4%	11
	26 to 30	18%	48
	31 to 35	48%	130
	36 to 40	22%	58
	41 to 45	6%	16
	46 or over	1%	3
Gender (271 respondents)	Female	97%	262
	Male	3%	7
	Non-binary	0%	1
	Prefer not to say	0%	1
Ethnicity (272 respondents)	White: British / English / Northern Irish / Scottish / Welsh	91%	248
	White: Any other White background	3%	9
	Mixed / Multiple ethnic groups background: Asian and White	1%	3
	Mixed / Multiple ethnic groups background: Any other Mixed / Multiple ethnic groups background	1%	3

	Asian / Asian British: Any other Asian / Asian British background	1%	2
	Mixed / Multiple ethnic groups background: Black Caribbean and White	1%	2
	White: Irish	1%	2
	Prefer not to say	1%	2
	Arab	0%	1
Disability / Long term condition / carer (243 respondents)	I have a disability	5%	11
	I have a long term condition	5%	13
	I am a carer	5%	12
	None of the above	85%	206
	I prefer not to say	4%	9
Age of children (277 respondents)	Less than 6 months	21%	59
	6 months up to 1 year old	24%	67
	1 year old	30%	83
	2 years old	21%	59
	3 years old	12%	34
	4 years old	9%	24
	5 years or older	11%	31



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