

TRUST BOARD

Title:	A story around the effective protective and supportive work offered through one particular Health Visitor as part of the Universal Plus - Health Child Programme (HCP) within Norfolk
Action:	FOR DISCUSSION
Meeting:	11th July 2018

Purpose:

The purpose of bringing patient stories to Board members is:

- To set a patient-focused context for the meeting.
- For Board members to understand the impact of the lived experience for the patient, family and friends.
- For Board members to reflect on what this experience reveals about our staff, morale and organisational culture, quality of care and the context in which our clinicians work.
- To review and recognise any shared learning and recommendations relevant to this story.

Recommendation:

To receive the patient story and note the context from which it was generated.

	Name	Title
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Executive sponsor:	Julia Sirett	Chief Nurse

Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	The Health Visitor within the paper has continued to provide support to the family in a supportive and protective way over the last three years within the packages of care offered, thus aspiring to providing outstanding care.
Collaborate with other organisations	The Health Visitor collaborated/worked to engage with Early Help, Social Care and Education with continuous communication, referral pathways and liaisons to gain further support for the children, mother and their health and housing needs.
Be an excellent employer	Not covered in this paper.
Be a sustainable organisation	Not covered in this paper.

Trust risk register

N/A

Legal and Regulatory requirements:

N/A

Equality and Diversity implications:

Objective	How the report supports achievement of objectives:							
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require	This paper is an example of how a professional Health Visitor who was trusted by the family was able to fully engage with a service users to support the full access for the family/mother to gain the services offered through the Universal and Universal Plus pathways							
Enhance our approach to involving and capturing the experience of hard to reach / seldom heard / varied community groups	This paper provides an example of excellent working with hard to reach families in a difficult domestic situation.							
Using the national 'A Call to Action on Bullying and Aggression', internally take action to promote our Zero tolerance policy and address bullying and aggression when it occurs.	Not covered in this paper							
Ensure that the Workforce Race Equality Standard is embedded and undertake proactive work around any areas of under-representation identified. In particular, we will seek innovative methods to have co-opted representation on the Trust Board from more diverse backgrounds.	Not covered in this paper							
Are any of the following protected characteristics impacted by items covered in the paper – NO								
Age	Disability	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
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1. Introduction

- 1.1 This patient story focuses on the effective on-going package of care offered to a mother and her three young children through several years from one particular Health Visitor. The constant support of the same Health Visitor- Alison Utting has provided the mother with a reliable supportive, protective health professional that can be relied upon and trusted through the mother's difficult relationships and aided the mother to make protective choices for her and her children.
- 1.2 The mother of the family will be attending the Board in person to discuss how the support offered through the Universal Plus pathway has been invaluable with her three young children around their health needs and the support the mother gained during time of need. The mother has asked that the full background in this paper should be shared in order to understand the story of what happened and what a difference Alison within her Health Visitor role made.

2. The Universal Plus Pathway Journey

- 2.1 The patient, herein known as MH had initially been part of Alison's caseload in 2015, as MH had moved from one area of the City to another. MH engaged with the Health Visiting service and indeed Alison and she was offered universal plus support as required. MH had resided in a refuge previous to the move due to her ex-partner being abusive (the ex-partner was the father of her two older children). MH stated *'that in the refuge she had one visit from a Health Visitor in 7 months and felt more would have been useful'*.
- 2.2 MH become pregnant with a new partner in 2016 and gave birth to a new baby in March 2017. The baby (third child) was born 7 weeks premature and had to have an NGT for feeding and a stay in hospital. The baby also had to have a routine operation soon after birth adding to the hospital stay. There had been concerns raised prior to MH giving birth with regards to her partner and his hostility to professionals and referral were completed to children's services, however these were not accepted.
- 2.3 After the discharge of the new baby, Health Visitors and the Community Children's Nursing team were involved to support MH with the medical care of the NG tube. Alison once again became involved with the family after there had been several changes in the allocated Health Visitor. There were 4 different Health Visitors allocated to the family from March to May 2017. The changes in Health Visitors were down to staff changes (AL/sickness) and that MH had requested changes due to difficult relationships with the professionals. MH consented to working with Alison as at the time the parents would not work with any other Health Visitor. MH explained that *'Alison was a trusted face'* and *'they had a previous relationship from their work together in 2015'*.
- 2.4 There were still on-going concerns about the partner, so Alison and a colleague would visit in two's, there was no lone working due to the ex-partners nature. The partner was known to be volatile. MH explained that *'Alison was not scared of the partner, never left things'*. An example of this AH said was *'her partner used to prop feed the baby and AH had said this was wrong, but he would not listen. Then when Alison visited one day she saw the prop feeding and said 'this is not right' and explained why and this gave MH confidence to make positive choices and changes with Alison support.*
- 2.4 Alison has continued to be involved from May 2017 and the work is on-going and as part of the care plan for all three children the following support and interventions have been offered:
 - All mandated health visits were completed as per Healthy Child Pathway offer.
 - Alison has visited on a frequent basis to support advice around the new baby's poor weight gain.

- Alison involved the Nursery nurse to complete a course baby massage and support with MH and her new baby to help with bonding and attachment.
- Supportive visits were also completed due to the concerns arising around the parental relationship, within these visits there was limited opportunity to discuss relationship issues as the partner to the new baby often presented as controlling and would be verbally challenging towards professionals.
- Parenting support and advice around all three children
- Alison liaised with the school/School nursing team with reference to the older child during this time period.

3. Safeguarding

- 3.1 It is to be noted that there was never a child protection conference.
- 3.2 The family were managed under the universal plus pathway, though Alison did put in a referral to Early Help for support, however this was rejected.
- 3.3 The family were registered with the local Children's Centre but did not engage due to partner being controlling. MH explained that Alison was one of the only professional she trusted and this was because Alison *'didn't give up' and 'never left'*.
- 3.4 The middle child at one point had been assessed by Alison as becoming a child who was watchful or could be describe as a child with a frozen stare. Furthermore, the child had gone back to bed wetting. It was thought that the partner behaviour and the arguments that would occur in the home could be contributing factors to the child's behaviours.
- 3.5 In October 2017 a police report was received by the Health Visitor team and it was noted that MH had evicted the now ex-partner out of the home. A Domestic Abuse, Stalking an honour based violence (DASH) referral was completed as part of the police report but it did not go to a Multi Agency Risk Assessment Conference (MARAC) as the perpetrator was out of the family home.

4. Moving on

- 4.1 Since the departure of ex-partner, MH has continued to act protectively with the children and kept them safe. The ex-partner has contact with his child however this is only once a week and is not at the family home.
- 4.2 MH has continued to trust health professionals and has kept all medical appointments and engages with the GP/Hospital for all three children.
- 4.3 MH has suffered with low mood and anxiety in the past, which Alison and her GP have supported throughout the visits and this is currently stable and well managed by MH.
- 4.4 The family have moved and are now in a bigger property, they had previously been in a ground floor flat (rented via the council), it was cramped and in MH word *'a small box with no garden'*, not well maintained and at one point the family were at risk of being made homeless. To support this move Alison worked with MH and wrote housing letters and made several phone calls to housing on behalf of MH. Further to this Alison made a referral to local support independent charity providing support to adults, young people and children. With this support a new house was allocated and this MH said *'this is much bigger and spacious for the children and they have a garden'*.
- 4.5 MH relationship with her three children continues to build and Alison has observed that MH has continued to provide a loving and protective home for the children who are now 7yrs, 4yrs and 15 months and ensured her three children have clean clothes and toys to play with at all times. MH explained that the difference was that Alison helped her *'believe in herself and that she could parent her children'*.

5. Patient's Voice

- 5.1 The Mother (MH) will be attending in person and is happy to talk about how the constant support of Alison the allocated Health Visitor has provided MH with the support that was needed to make the choice to leave her partner to protect her three children. MH feels the main things that made a difference was that Alison 'never gave up', 'never left things that were wrong' and made MH 'believe in myself'. MH has feed this back to Alison what a difference she has made and MH said *'this made Alison cry and she could not believe that people do not feedback more what a difference Alison in particular makes to families'*.

6. Learning for Wider Trust

- 6.1 It should be recognised that the Health Visitor role and where possible the continued support of a regular health professional can aid the support and protective decisions parents can make for their children and for themselves.

7. Recommendations

- 7.1 When asked what could be improved upon and what should go forward as a recommendation for the Norfolk team and MH stated:
- Refuge workers need to know who the Health Visitors are and the Health Visitor teams and refuge workers need to encourage regular contact with a Health Visitors as this MH would have made a difference and the journey could have started then to make a change.
 - Applying for school placements for her child was really difficult i.e. the forms, process and more help would have been useful for this. Either the Health Visitors knowing about it or sign posting on who can help with this. Did not know about school nurses.
 - The final recommendation was that having a constant same Health Visitor really helps to build that Trust and relationship' that is needed to help understand what can be changed and to 'believe in yourself to make a change'.

Lead Author

Louise Palmer – Head of Clinical Quality

Content and story provided by

Alison Utting - Health Visitor

MH mother of three young children