Attended by over 15 members, the forum provided an opportunity for members to share their experience and learnings on dealing with Coronavirus.

The Forum kicked-off with a discussion led by Eileen O´Sullivan, Specialist Health Visitor – Parent and Infant Mental Health, South Warwickshire NHS Foundation Trust.

As an experienced Health Visitor, Eileen shared her experience of the impact of COVID-19 on the health visiting service generally, and on infants, children and families more specifically.

Key insights

Health visitors have been on a steep learning curve in terms of adopting digital. Digitally enabled communication has supported and indeed enhanced their role, although there has been, and remain, some challenges. These are considered below:

Support and enhancement

- Provides a means to maintain engagement with families during social isolation and some face-to-face meetings have continued albeit with distancing

- Supported adoption of video interaction guidance and training*

- In partnership with local charities, video has enabled mothers to experience a more positive 'new baby' experience e.g. through virtual coffee mornings and interactive play sessions attended by other mothers and health and care providers

Challenges

- Health visiting is a home visiting service. This is its strength. Digital cannot completely replace the in-home face-to-face assessment and interaction for many families although it could play a significant role going forward

- Some of community don't have the equipment, money, broadband connection or the skills to use digital
  - phone and text are being used instead, as are through window and door stop interaction

- Reduces ability to assess family environment

- Time previously spent travelling between appointments reallocated to face-to-face client work

- Enables better collaboration and interaction with colleagues through digital meetings

- Enabled setting up of virtual lunch club to provide support to colleagues
- Supports workforce training e.g. dealing with trauma

- Furthered social media activities to ensure that clients know that there is support

- Supported co-creation of content across different sectors to support consistency of message

- Speaking in a known private place; unable to identify if anyone is listening to, or directing digital discussion so there are safeguarding concerns

- Worried about voice of child as can't fully assess the interaction with the parent

- Every person and family's needs are unique and digital may not help identify and fully address these

- Competing for broadband width with family

- While timesaving, it can be very intense with rolling digital meetings

Key challenges for Mums and their families

- The ability of health visitors to **identify all needs** in the absence of a formal face to face assessment
- Lack of friends, family and services **support network** for new Mums
- Mourning **lost maternity leave** – not taking part in new baby activities such as socialising, baby groups, showing off new baby to family and friends
- Home schooling while **managing young children**
- **Increased pressure** on some relationships
- **Toxic** family environments
- Health **anxieties and bereavement**

Key learnings

- COVID-19 has **broken down barriers** and traditional ways of working, often with power being shifted to those at the front line. The new ways and new relationships forged need to be sustained.
- Digital has supported **new and agile ways of working** between teams and with families, although **digital exclusion** is an issue and will remain one
- As move into new norm need to consider learning and insights and take best learnings forward. However, must work with families to understand **what worked for them** and what they would like to see taken forward
- While social isolation rules are to be followed, there have been some exceptions:

- for the most vulnerable and at risk there is still a need to do doorstep or through the window visits
- some mums haven't shut self away 24/7 and have been taking careful steps to maintain their mental health e.g. speaking in garden.
- **Peer support** has been invaluable and the community, often at the street level, has built its own capacity in this pandemic
- Now is the time to start to look at exit plan, what are we going to take forward, what have we valued, what our **client's value**, what are we mandated to do.

Summary of 19 May Forum

Engaging and reaching isolated people

- The community has a critical role in building and maintaining connections, and in meaningfully engaging with vulnerable and isolated communities to understand needs, views, opinions and experience
- Community-based assets add significant value
- Continue community mobilisation and work with volunteers coming through the Mutual Aid Groups
- Sustaining volunteering needs funding

Partnerships

- Collaboration, planning and good co-ordination are critical
- Those in private accommodation should not be neglected
- Social prescribing link workers are uniquely placed

Emerging issues and future planning

- Domestic violence, mental health, digital inclusion, loneliness, new referral pathways, data and insight, retaining volunteers, safeguarding