Local Authority Child Public Health Briefing (5): The Health Visiting contribution to family stability

The Public Health Challenge

According to the Centre for Social Justice (CSJ) 'Unstable relationships have serious consequences for both the adults and the children involved. The link between family instability and poor child outcomes, and between family instability and family structure, is significant' (CSJ, 2013: 26). Family instability can be understood as 'whether or not the parent(s), with whom a child lives, changes over time' (*ibid*: 26). Kiernan and Mensah (2010) report that such changes give rise to stresses (such as financial hardship, change of residence, and competition for attention within the family) that manifest in child behaviour problems if the family is unable to adapt effectively.

The Tavistock Centre for Couple Relationships (TCCR) describes couple relationships in the UK as a public health emergency. The transition to parenthood is one of the six high impact areas for health visiting (DH, 2014). Evidence demonstrates that the quality of the couple and family relationship is linked to areas of public health concerns including cardiovascular disease (Eaker, 2007; King & Reis, 2012) child poverty (Stock, *et al*, 2014) alcohol and substance misuse and other health damaging behaviours (Reynolds, *et al*, 2014; Coleman & Glenn, 2009; Hewison, 2013) mental health, childhood obesity, children's mental health, cognitive development and infant attachment (Hewison, 2013; Reynolds et al, 2014). Relationship distress is the strongest predictor of maternal psychological distress (Spier, 2015) and increased rates of depression (Cox, *et al*, 2008). All of the above are linked to indicators in the public health outcomes framework against which local authorities and others are accountable.

It is within the family environment that an individual's physical, emotional, and mental development occurs; where we learn to love... [The] qualities we learn as children enable us to develop and flourish at school, engage positively in work, fulfil our potential, and grow into adults who are fully integrated into society. A secure, nurturing, loving, stable family environment is therefore crucial and its absence has a profoundly damaging effect on children, families and wider society. (CSJ, 2013: 21)

Shifting the curve

Famously, Leo Tolstoy said: *All happy families are alike; each unhappy family is unhappy in its own way*. The social changes affecting family structure and stability are prevalent throughout society. The 'prevention paradox' (Rose, 2008) means that the greatest volume of need is at levels that precede families being defined as 'troubled' or children being at risk of 'significant harm' warranting child protective or early help strategies. Hence health visiting is based upon 'proportionate universalism' (Marmot, 2010) along the continuum from universal primary prevention, through 'early help', 'early intervention', safeguarding and child protection. In fact, 'early' help from children's services is often 'late' help in the context of the universal preventative health visiting service. Health visiting has universal reach from before birth by initiating unsolicited home visits from before birth as well as open-access clinics, thus including those families who do not access other services. This is required to 'shift the curve' in respect of outcomes for children rather than 'addressing the tail' of the most 'troubled families' (National Children's Bureau, 2012). Health visitors' adoption of proportionate universalism means that they identify, engage and support 'pre-troubled' families.

The evidence base

According to the TCCR, evidence relating to health visiting and allied frontline professionals, strongly supports the contention that incorporating a 'couple dimension' into health visiting practice has the potential to help intervene effectively where there is relationship distress. bit.ly/2bAEcHu

It is well established that new parents are more likely to 'turn to' someone like a health visitor when they first experience some kind of relationship problem (Houlston *et al*, 2013). Coleman and Mitcheson (2013) concur that, 'There is clear evidence to show that where it is possible to strengthen couple relationships there are profound benefits for adult and child wellbeing, as well as improved parenting. Health Visitors are in a prime position to discuss relationship issues and offer support to parents.' Two randomised control trials found using a Brief Encounters framework developed by OnePlusOne to be highly effective in helping health visitors to identify relationship distress and develop their skills to respond and refer appropriately (Simons et al, 2003; Coleman *et al*, 2013a).

Interventions

The Healthy Child Programme (PHE, 2015) is a suite of evidence-based interventions led by health visitors that has a major focus on parenting support (including 'supporting strong couple relationships and stable positive relationships within families'). In particular, health visitors are proactive in providing unsolicited home visiting and other contacts with all families around the transition to parenthood (pregnancy and early weeks). This transition to parenthood is recognised as a High Impact Area for health outcomes in the early years.

New parents' skills and confidence may be affected by factors such as:

- Economic/social issues (social capital).
- Own experience of being parented/adverse childhood experience.
- Cycle of poor aspiration.
- Exposure to domestic violence.
- Alcohol and substance misuse, mental health problems.
- Poor couples relationship.

Early Years High Impact Area 1 – Transition to Parenthood and the early weeks

Health visitors build trusting relationships that are highly valued, especially by the most vulnerable families that are least likely to access formal, group or centre-based activities (Scottish Government, 2015). These relationships of trust enable them to use their highly developed knowledge and skills to identify such issues and provide a tiered level of support or help, where appropriate with other professionals/agencies. Where children are at risk of significant harm it is recommended that services focus on improving family functioning and building the family's own capability to solve problems; this should be done within a structured, evidence-based framework involving regular review to ensure that real progress is being made [and] to demonstrate the impact… on the outcomes for the child. Department for Education (2015: 13).

Success factors

A preventative approach takes place along a continuum with a universal preventative service. Normalising access by health visitors to all families at transition to parenthood and beyond is essential to the family being supported to (re)establish stability at times of change and stress in family structure and circumstances.

Health visitors, working together with Children's Centre services and others, can help families of children who are most vulnerable and least likely to access group or centre-based activities to benefit from the continuum of preventative responses proportionate to changing needs. (National Children's Bureau, 2012; Scottish Government, 2015).

The quality of relationships between health visitors and parents is key to public acceptability of health visitors as a resource at times of family instability. It is well established that parents are more likely to 'turn to' someone like health visitors when they first experience some kind of relationship problem (Houlston *et al*, 2013). Health visiting services should be staffed and organised in order to facilitate and support such relationship-based interventions (Scottish Government, 2015; Cowley *et al*, 2013).

Success factors must not be limited to a basket of separate interventions, but encompass an integrated evidence-based programme applied within a framework of proportionate universalism. The Healthy Child Programme (PHE, 2015) provides the backbone for such interventions. The four levels of the transformed health visiting service offer (community, universal, universal partnership and partnership plus) is evidence based (Harvard Centre on the Developing Child) and supports proportionate universalism.

The capacity to attend and be responsive to the needs and lived-experiences of families, including fathers as well as mothers and their young children, requires health visitors to maintain personal and professional resilience to remain courageous and compassionate as well as proficient in unpredictable and uncontrolled environments. The support and supervision of health visitors, including a restorative function, is key to the quality of professional relationships, judgement and decision making to safeguard and protect children.

The role of the Institute of Health Visiting

Institute of Health Visiting experts have produced training packages for national networks of Champions for issues associated with family instability:

- Infant Mental Health.
- Perinatal Mental Health.
- Domestic Violence and Abuse.
- Safeguarding and Child Protection.

iHV expertise has contributed to 'Supporting Couples Relationships: Guidance for Health Visitors. (OnePlusOne, 2015).

The iHV has established National Standards for the knowledge, skills and attitudes required for effective practice to realise the 6 high impact areas for public health in the early years including 'Transition to Parenthood and the Early Weeks' and 'Maternal Mental Health (Perinatal Depression)'.

The iHV website provides a resource on working with fathers.

The iHV has developed resources and training to support practitioners and managers/employers to maintain resilience with compassion needed to engage with families at times of instability.

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