



Synopsis

Health visiting in the UK in light of the COVID-19 pandemic experience (RReHOPE): study synopsis

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Plain language summary

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Plain language summary

Health visiting services provide checks and support for every child in the United Kingdom up to 5-year-olds. These services are organised and delivered differently across the United Kingdom, and there were further changes during the COVID-19 pandemic. We wanted to learn what happened and how health visiting services might be improved in the future.

We carried out a review of published research and information from organisations about what has happened in health visiting services since March 2020. We also involved 28 professional stakeholders in our study, and 6 people with lived experience of caring for babies during the pandemic. They helped us make sense of the findings.

Of the 118 documents in our review, most came from charities, professional organisations or health visitors. Most documents focused on England rather than other parts of the United Kingdom. Findings showed concerns from parents and health visitors about how the pandemic affected children's health and development. Health visitors worked hard to adapt with new ways to support families. But, not all these changes were evaluated or were sustainable in the long run. Trusting relationships between families and health visitors were key, and early checks on a child's well-being remained essential. However, there was little information on how big decisions were made at a management or policy level during the pandemic.

The pandemic underlined the vital role of health visitors in protecting young children and their families. While video calls and online services helped maintain some level of support, they could not replace face-to-face visits, which are crucial for identifying concerns early. The pandemic also revealed existing problems, such as staff shortages and uneven service delivery across the United Kingdom. To ensure families get the support they need, health visiting services need adequate funding, integration into broader child health policies and strengthened collaboration between different services.

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