

THE JOURNAL OF THE COMMUNITY PRACTITIONERS' AND HEALTH VISITORS' ASSOCIATION

# COMMUNITY PRACTITIONER

JAN / FEB 2023

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Exploring the impact of  
the cost of living crisis  
on the professional and  
personal lives of CPs



# Midwifery at North Bristol Trust



North Bristol  
NHS Trust

- Our maternity department is one of the largest in the country, supporting more than 6,000 births a year, offering women the choice of four places on birth.
- Our services are renowned nationally and internationally, having developed PROMPT and with a wide research portfolio.
- We are one of the first Trusts to achieve and maintain CNST level 3 and have achieved full compliance with the recent NHS Resolution 10 Maternity Safety Actions.

Our Maternity Services at North Bristol NHS Trust include:

- an Alongside Midwifery Unit with 800 births per year
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- Home Births
- our Community Midwifery Service which covers South Gloucestershire, North Bristol and North Somerset.
- our dynamic Gynaecology Service with a clear vision to develop and take the service into the future with increased ambulatory care, supported by our Nurse Consultant for Gynaecology.



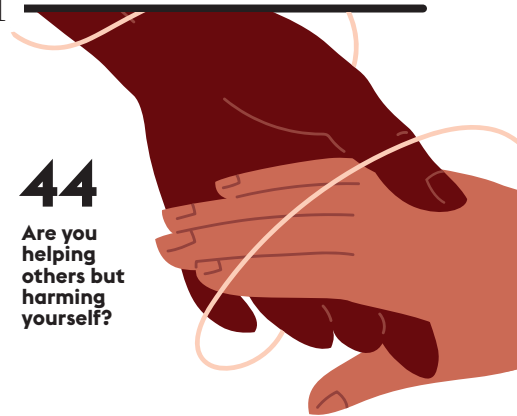
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**Scotland A NEW APPROACH TO 'RAMP UP' SUICIDE PREVENTION**  
 Strategy: Creating ' safer Together' suicide prevention strategy 2023 to 2028

**England CONCERN OVER LOW VACCINATION RATES FOR CHILDREN**  
 Publication: Childhood vaccination coverage statistics - England, 2021-22, NHS Digital

**Scotland A DRUG PROGRAMME TO HELP REDUCE HARM AND SAVE LIVES**  
 Publication: Rapid Action Drug Alerts and Response (RADAR) quarterly report (October 2022), Public Health Scotland

**EXPERT THOUGHT DR TARA SHIVAJI**  
 Consultant at Public Health Scotland  
**Drug-related deaths in Scotland are the highest in Europe. The RADAR programme takes a whole-system approach to gather and disseminate intelligence nationally on harms, which is critical to informing rapid action to reduce harm and save lives.**

**EXPERT THOUGHT KEVIN STEWART**  
 Mental wellbeing advisor  
**'Every' death by suicide is a tragedy, and, in recent years, I want to see every lever at our disposal to drive that down further. That's why we are taking a new approach to suicide prevention.**

**UK MILLIONS INVITED TO JOIN MAJOR RESEARCH PROGRAMME ON HEALTH OF THE NATION**  
 Campaign: Our Future Health

**EXPERT THOUGHT DR ENGLIS AB-ONE**  
 Chief medical officer of Our Future Health is collaboration between the public, private and charity sectors. Today, millions of people spend many years of their life in poor health and too often we are only able to treat disease when our patients start showing symptoms. Volunteering to join Our Future Health is an opportunity to change that. The aim is to also find ways to more accurately predict who is at higher risk of developing common diseases such as cancer and stroke.

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**KEYWORD SEARCH**

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Psychologist Jess Baker explores why some people are susceptible to 'super-helper syndrome' – the compulsive urge to help others, even to the detriment of their own wellbeing

# WELCOME

from your editor, Aviva

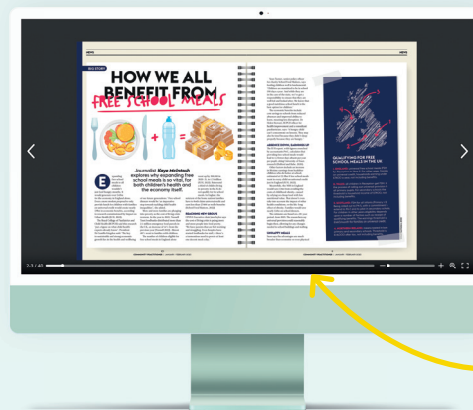
Wishing you a Happy New Year, although recognising it is far from that for many in the UK right now. While the needs of clients during the ongoing cost of living crisis were the focus last issue, the attention turns firmly to you in our cover feature this issue. How are you doing? That is the simple but vital question we ask and explore on [page 16](#). How have your workloads changed as poverty grows, but also how are you on a personal level? Plus, how you can find valuable support.

Our Professional pause ([page 44](#)) focuses on the concept of 'super-helper syndrome'. Could you be helping too much? And how can you set boundaries?

Being in a stronger position to help clients of course serves everyone. And one area of health people may be suffering from at this time is lack of sleep. On [page 30](#) members detail how they used their MacQueen bursary (applications now open!) to help young people and families improve both their sleep and quality of life.

Yet as a new term starts, it's unthinkable that a school meal may be the only nutritious one of the day for some children. And not all are even getting that. We look at the huge benefits of extending free school meals ([page 10](#)).

Finally, catch up on the Unite-CPHVA Annual Professional Conference ([page 24](#)).



## JOIN THE CONVERSATION



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# COMMUNITY PRACTITIONER

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# Public health

A look at recent programmes or campaigns launched, and reports published.

KEY



Campaign



Report



Video



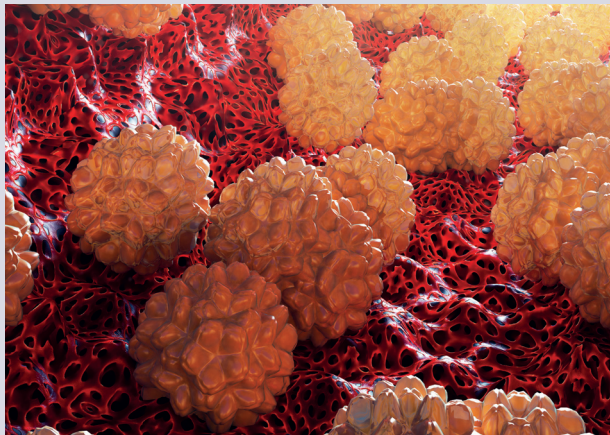
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Health programme



## Northern Ireland STIs ON THE RISE, WITH MORE AWARENESS NEEDED

**Publication:** *STI surveillance in Northern Ireland 2022*, HSC Public Health Agency

### What are the main findings?

- ▶ There are growing diagnoses in chlamydia (**35%**), gonorrhoea (**43%**) and syphilis compared with pre-pandemic levels
- ▶ Some increases in diagnoses may be because of better access to testing at home, with a **47%** increase in STI tests carried out in **2021**. However, the positivity rate is still high
- ▶ There was also an increase in diagnoses made in genitourinary medicine clinics across all STI groupings.

### EXPERT THOUGHT

Professor **Sir Michael McBride**, chief medical officer, said: ‘There are indicators of increased transmission, including increased positivity rates among online testers and similar trends in increasing STI diagnosis in Ireland and other parts of the UK... the Public Health Agency is working on the development of a mass media campaign to raise awareness.’



[bit.ly/NI\\_STIs\\_increase](https://bit.ly/NI_STIs_increase)

## Wales THE COST OF LIVING CRISIS – AN URGENT PUBLIC HEALTH ISSUE

**Publication:** *Cost of living crisis in Wales: a public health lens*, Public Health Wales

While the cost of living crisis affects all the UK, almost a quarter of the Welsh population has been living in poverty for the last decade, so are likely to be worse affected.

### What are the main findings?

- ▶ A **69%** rise in the number of people experiencing food insecurity
- ▶ A **50%** rise in people falling behind paying a bill
- ▶ A **47%** rise in people who borrowed money

- ▶ A **25%** rise in people in temporary accommodation
- ▶ A **38%** rise in people sleeping rough
- ▶ **30%** reported their finances were having a negative impact on their physical health, while more than **43%** reported a negative effect on their mental health.



[bit.ly/WAL\\_cost\\_of\\_living\\_crisis](https://bit.ly/WAL_cost_of_living_crisis)



### EXPERT THOUGHT SUMINA AZAM

Public health consultant at Public Health Wales

**A system-wide public health response is urgently needed, both to mitigate the immediate effects of the cost of living crisis and to tackle the underlying causes of health inequalities caused by poverty to create a healthier and more equal Wales in the long term.**



## EXPERT THOUGHT

DR NICK PHIN

Director of Public Health Science and medical director at Public Health Scotland

“These findings highlight the urgent need for action to address health-related behaviours that may influence health outcomes later in life. A focus on prevention and the underlying issues that can impact on health, such as poverty and deprivation, is essential to help mitigate the challenges in caring for such large numbers of people with these serious and disabling conditions.”

## Scotland

### ANNUAL DISEASE BURDENS COULD INCREASE, STUDY FINDS

**Publication:** *Scottish burden of disease study, Public Health Scotland*

This study was set up to monitor health by measuring differences in harm caused by disease, injury and death across the entire life course.

Disability-adjusted life years (DALYs) were used in the research, which combines years of life lost due to early death and years of life lost due to

living with ill-health.

#### What are the main findings?

- ▶ Despite an overall projected decline in population by 2043, annual disease burdens could increase by **21%**
- ▶ This would impact on the need for, and provision of, health and social care

- ▶ The report assumes no substantial change to current dietary, exercise and other lifestyle habits in that time period
- ▶ Leading causes of death are expected to be cardiovascular diseases, cancers and neurological diseases.



[bit.ly/SCT\\_disease\\_burden](https://bit.ly/SCT_disease_burden)



## England and Wales

### TWO PEOPLE DIE HOMELESS EVERY DAY

**Publication:** *Deaths of homeless people in England and Wales: 2021 registrations, ONS*



#### What are the main findings?

- ▶ **741** homeless people are estimated to have died in England and Wales in 2021 – **54%** higher than when records began in 2013
- ▶ The average age at death was **45** for men and **43** for women – more than 30 years lower than the average age in the general population
- ▶ London (**154**), the North West (**114**) and the South East (**90**) had the highest number of estimated homeless deaths
- ▶ Almost two in five deaths were related to drug poisoning in **2021**, consistent with previous years
- ▶ There were an estimated **99** suicide deaths and **71** alcohol-specific deaths – **13.4%** and **9.6%** of deaths respectively

- ▶ Most deaths in **2021** were among men (**647** estimated deaths or **87.3%** of the total), consistent with previous years.

#### EXPERT THOUGHT

**Polly Neate**, chief executive of Shelter, said: ‘It is utterly awful and unacceptable that two people die every day without anywhere safe to live – and this number is rising. This is going to be one of the toughest winters yet as so many people battle rising rents while housing benefit stays frozen. The government promised to end rough sleeping, but things are getting worse not better.’



[bit.ly/ENG\\_WAL\\_homeless\\_deaths](https://bit.ly/ENG_WAL_homeless_deaths)

# Professional update

## Northern Ireland HEALTH AND SOCIAL CARE SYSTEM FACES SEVERE PRESSURES

Fundamental questions need to be addressed surrounding the future of the health service in Northern Ireland, according to the Department of Health permanent secretary Peter May.

'Ultimately, we get the health service we pay for,' he said at the conference of the Northern Ireland branch of the Healthcare Financial Management Association in Belfast.

He added that without sustained investment and funding, society will need to 'recalibrate' its expectations of what the health and social care system can deliver.

Mr May said that while there are many actions that can be taken to make health and

social care more efficient and effective, we must not pretend that these efficiencies alone will close the gap between demand and capacity. He specifically highlighted the issue of the ageing population and advances in medical science and how the gap between demand and capacity continues to grow.

He also stressed that despite the current challenges, 'amazing things still happen every day in health and social care in Northern Ireland' and that the 'overwhelming majority of the most sick patients receive very high-quality care'.



[bit.ly/Nl\\_healthcare\\_conference\\_22](https://bit.ly/Nl_healthcare_conference_22)



## UK NMC REGISTER SHOWS RECORD GROWTH AND MORE DIVERSITY

The number of nurses, midwives and nursing associates on the NMC register has grown by **13,144** (nearly **2%**) to **771,445**.

The latest reported growth (observed April to September 2022) was largely driven by the number of internationally educated joiners (an increase of nearly **5%**), the NMC said.

The number of UK-educated professionals had dropped by around **1000** compared to the same period in 2021.

Of the UK joiners, **23.6%** were from Black, Asian and minority ethnic backgrounds, compared with **18.9%** in the six months to September 2018.

Yet prior research by the NMC (reported in the September/October issue of *Community Practitioner*) found that professionals' diversity characteristics were playing a part in referrals to the NMC, with an 'insider/outsider' culture leaving people feeling unsupported.

NMC chief executive and registrar Andrea Sutcliffe said: 'At a time of great pressure across health and social care in the UK, we welcome the growth of our register.'

She added: 'It's vital for the increasingly diverse professionals joining the nursing and midwifery workforce to be welcomed into an inclusive culture that supports them to thrive'.



[bit.ly/UK\\_NMC\\_register\\_data\\_22](https://bit.ly/UK_NMC_register_data_22)



## UK NHS PAY: POSITIVE SIGNS IN SCOTLAND BUT STRIKE WARNINGS FOR REST OF UK

A 'best and final offer' was made to NHS Agenda for Change (AfC) workers in Scotland at the end of November following pay negotiations with trade unions and employers.

The pay offer would see AfC frontline workers receive pay rises from **£2205** to **£2751**.

The offer also includes a review into reducing the working week to **36 hours**, a commitment to review the job descriptions of Band 5 roles and protecting learning time for specific groups.

Unite confirmed at the end of November that it would be balloting NHS members on the improved pay offer.

James O'Connell, Unite's lead negotiator for NHS Scotland

**'THE NHS IS ON LIFE SUPPORT AND WITHOUT PROPER PAY AND FUNDING IT MAY NOT SURVIVE. THAT'S WHY NHS WORKERS ARE STANDING UP'**

welcomed the offer and the commitment made by the health secretary. He also recognised 'the direct involvement of the first minister' although ultimately said it would be up to members 'to decide if the offer meets their expectations'.

Scottish health secretary Humza Yousaf said he 'would urge the UK Government to get back to the negotiating table with the unions'.

Meanwhile, in England and Wales, Unite began balloting nearly **10,000 members** across the NHS (including community practitioners) for strike action last November, having started around October.

Unite has warned that without serious investment in the NHS and a fair pay rise, 2023 will see a wave of strike action.

Unite general secretary Sharon Graham said: 'The NHS is on life support and without proper pay and funding it may not survive. That's why NHS workers are standing up: They know that decent pay is essential to the service's future.'



[bit.ly/UK\\_NHS\\_pay\\_updates](https://bit.ly/UK_NHS_pay_updates)

## UK ANTIMICROBIAL RESISTANCE TOOLKITS FOR HEALTH PROFESSIONALS

Toolkits to help health professionals raise awareness of and educate the public on antimicrobial resistance (AMR) have been developed by the UK Health Security Agency (UKHSA), Health Education England and partners.

Available in numerous resources and materials, the toolkits aim to encourage best practices for using antimicrobials responsibly among the general public, health workers and policy-makers to avoid further development and spread of drug-resistant infections.

A recent global review of AMR and its future impact estimates that there would be **10 million** global AMR deaths annually from the year 2050 if nothing is done to preserve the current effective antibiotics or if nothing is done to develop new ones.

The UKHSA has created a blog collating the various toolkits.

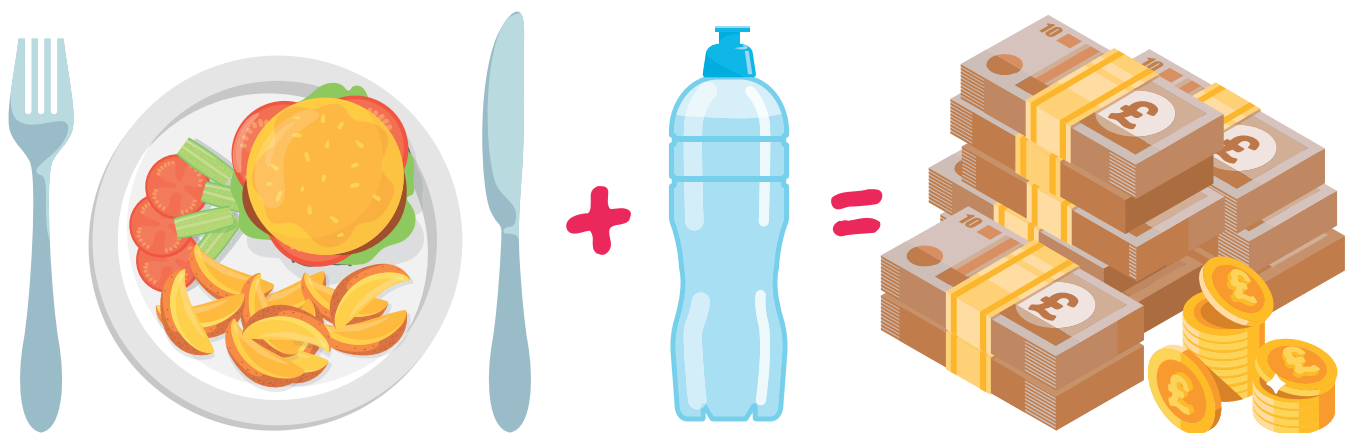


[bit.ly/UK\\_AMR\\_toolkits](https://bit.ly/UK_AMR_toolkits)



## BIG STORY

# HOW WE ALL BENEFIT FROM FREE SCHOOL MEALS



Journalist **Kaye McIntosh** explores why expanding free school meals is so vital, for both children's health and the economy itself.

**E**xpanding free school meals to all children wouldn't

just feed hungry mouths. It would generate over £41bn for the economy in England alone. Even a more modest proposal to only provide lunch for children with families on universal credit would create nearly £9bn in economic benefits, according to research commissioned by Impact on Urban Health (IUH, 2022).

The Royal College of Paediatrics and Child Health (RCPCH) said this research 'put a figure on what child health experts already know'. President Dr Camilla Kingdon said: 'The key to sustainable and strong economic growth lies in the health and wellbeing

of our future generations.' Free school dinners would be 'an imperative step towards tackling child health inequalities', she added.

More and more families are plunging into poverty as the cost of living crisis worsens. In the year to 2022, Trussell Trust foodbanks distributed more than 2.1 million emergency food parcels in the UK, an increase of 14% from the previous year (Trussell 2022). Almost 40% went to families with children.

The number of children eligible for free school meals in England alone

went up by 300,000 in 2020-21, to 1.74 million (IUH, 2022). But around a third of children living in poverty in the UK do not qualify for free school meals. In England, the

strictest of the home nations, families have to both claim universal credit and earn less than £7400 as well as benefits (School Food Matters, 2022).

## REACHING NEW GROUPS

CPHVA Executive chair Janet Taylor says the cost of living crisis is pulling more and more people into food poverty. 'We have parents that are both working and struggling. Even hospitals have started foodbanks for staff, so there's a tremendous need to provide at least one decent meal a day.'

Sean Turner, senior policy officer for charity School Food Matters, says feeding children well is fundamental. 'Children are mandated to be in school 190 days a year. And while they are in the care of the state, we've got a responsibility to ensure that they are well fed and looked after. We know that a good nutritious school lunch is the best option for children.'

The economic benefits include cost savings to schools from reduced absences and improved ability to learn, meaning less disruption. Dr Helen Stewart, RCPCH officer for health improvement and a consultant paediatrician, says: 'A hungry child can't concentrate on lessons. They may also be tired because they didn't sleep properly because they are hungry.'

### ABSENCE DOWN, EARNINGS UP

The IUH report, with figures crunched by accountants PwC, calculates that providing free school meals would lead to 1.2 fewer days absent per year per pupil, citing University of Essex research (Holford and Rabe, 2020).

Other factors include an increase in lifetime earnings from healthier children who do better at school, estimated at £2.9bn if free school meals went to every child on universal credit just in England (IUH, 2022).

Meanwhile, the NHS in England would save £3m from avoiding the costs of childhood obesity, caused by relying on cheap food with low nutritional value. That doesn't even take into account the impact of other health conditions, or the life-long effect of obesity. Families would save nearly £6bn on school dinners.

The estimates are based on a 20-year period, from 2025. The researchers say universal provision could reasonably begin then, allowing for any changes needed to school buildings and staffing.

### UNHAPPY MEALS

Sean says the advantages are much broader than economic or even physical



## QUALIFYING FOR FREE SCHOOL MEALS IN THE UK

- 1. ENGLAND:** universal free school meals (FSM) for Reception to Year 2. For other ages, families on universal credit, households earning under £7400 a year, not including benefits.
- 2. WALES:** all children in Reception get FSM. In the process of rolling out universal provision to all primary pupils. For secondary schools the threshold is household income of £7400, not including benefits.
- 3. SCOTLAND:** FSM for all infants (Primary 1-3). Being rolled out to P4-5, with a commitment to extend to P6-7, and to pilot in secondary schools. For children in other years eligibility depends upon a number of factors such as receipt of qualifying benefits. The earnings threshold is £660/month for families on universal credit.
- 4. NORTHERN IRELAND:** means-tested in both primary and secondary schools. Threshold is £14,000 after tax, not including benefits.

School Food Matters, 2022

## FEELING FULL

Universal free school meals would generate an estimated

**£41.6bn**

for the economy in England alone



In England, over

**1.74m**

children were eligible for free school meals in 2020-21, **300,000** more than in the previous academic year

Increased NHS savings (on childhood obesity):

**£12m**



Increased savings on food costs for families:

**£22.5bn**

Healthy foods are nearly

**3X**

more expensive than less healthy foods per calorie, which means families may be more likely to eat food that is cheap but nutritionally poor, leading to obesity and malnutrition in children



health. ‘There are mental health benefits as well from children being able to sit down and eat together.’

A lack of good food harms children’s emotional wellbeing. ‘A headteacher was telling me about one girl, aged seven. She was always alone at lunchtime. He realised she was sitting in the corner because she was ashamed by how little food she had in her lunchbox; she was hiding.’

Parents who are struggling with the cost of living might have to resort to food that isn’t nutritious. ‘Cheap food is unhealthy food,’ says Helen. ‘You can get a McDonald’s Happy Meal for £2. It’s a lot more expensive to go and get fresh fruit and veg from a supermarket.’

Sean agrees parents aren’t to blame. In fact, when they can, they do invest in good food. In council areas where there is universal provision ‘rather than saving the money they would have spent on school dinners, families spend it on higher value, better-quality food.’

### MAKING IT HAPPEN

It might be important, but how practical is the idea of expanding free school meals? The IUH report estimates extending school dinners to all children on universal credit would cost nearly £8m for primary schools and £1.6m for secondary schools in England. That’s a big ask under current conditions.

The authors say funding should be ring-fenced for free school meals. Schools must have the support and resources they need, including the space, facilities and staffing.

Although the government may be focusing on spending cuts, Sean says: ‘The practicalities of not extending school meals are an undernourished generation who cannot fulfil their potential.’

‘If the government wants to boost the economy and create growth, the analysis by PwC predicts a £100bn boost to the economy over 20 years by investing in universal free school meals.’

It has already been done in some local authorities – and shown results.

Essex University reported that in London, where councils in Newham, Islington, Southwark and Tower Hamlets provide universal free school meals in primary schools, obesity reduced by 9% among Reception children and 6% among Year 6 on average (Holford and Rabe, 2022).

The study shows a cumulative effect, suggesting that starting free meal provision early and maintaining it throughout the primary years would maximise the impact on cutting obesity rates, helping to address the long-term healthcare and productivity costs of obesity.

### ACTION YOU CAN TAKE

In the meantime, what can community practitioners (CPs) do? Sean says to encourage families to sign up for free school meals. Not everyone does: the government doesn't routinely collect data, but in 2020 junior education minister Vicky Ford told Parliament an estimated 11% of families weren't claiming their entitlement.

Sean highlights that signing up is complicated. In England, 'you have to first work out that you are eligible, you have to go to the school and inform them that your household income is below £7400, and they have to inform the local authority to get in touch with the government and check with the benefits system to then release the funding.'

Janet adds: 'There may be a stigma - parents worry their children will be singled out.' She suggests signposting families to help from organisations such as Citizen's Advice.

There are also barriers around technology and how to access the system. That's why School Food Matters wants auto-enrolment. Sean says: 'It is silly that the government holds data on everyone's incomes and benefits and won't share that data from the Department for Work and Pensions to the Department for Education.'

Then there's raising awareness. 'Take case studies to local politicians,' advises Sean. 'Tell them what you are seeing on the ground, the reality in schools in your constituency. That really helps, because I think there's a lack of awareness.'

Helen says CPs can use a RCPCH toolkit (see *Resources*) to support 'difficult conversations' with families about food stress. 'Healthcare professionals have a really respected voice locally, so speaking up for those children will be hugely beneficial.'

### WHAT'S ON THE PLATE?

Janet highlights that school meals are a great way to encourage a healthy diet. 'It's a good way to promote at least one healthy meal a day, including different types of fruit and veg.'

Unlike packed lunches, school dinners have to meet nutritional standards, covering all the dietary requirements for children, Sean points out. But updated standards are long overdue. For instance, 'the standards recommend three portions of meat a week. That is not in line with contemporary eating habits or sustainability objectives'. The revised standards were ready to pilot before the pandemic hit. 'We know they're in the Department for Education on a desk somewhere.'

It is clearly time the government made expanding free school meals a priority. As Rebecca Sunter, IUH programme director, says: 'The significant social and economic benefits, including the savings to the NHS and schools outlined in this new analysis, strongly set out the case for government to invest in our children's present and future health and unlock the huge potential of school food to better support families.' 🍴

**'TAKE CASE STUDIES TO LOCAL POLITICIANS. TELL THEM WHAT YOU ARE SEEING ON THE GROUND, THE REALITY IN SCHOOLS IN YOUR CONSTITUENCY. THAT REALLY HELPS, BECAUSE I THINK THERE'S A LACK OF AWARENESS'**

### RESOURCES

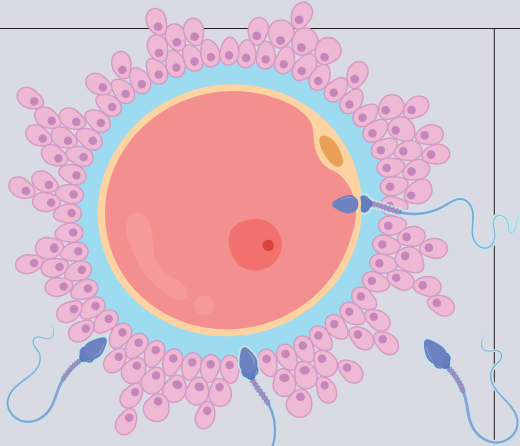
- ▶ The Royal College of Paediatrics and Child Health has a toolkit for professionals tackling health inequalities, including food poverty [rcpch.ac.uk/key-topics/child-health-inequalities](https://rcpch.ac.uk/key-topics/child-health-inequalities)
- ▶ A School Food Matters programme encouraging healthy zones for food [bit.ly/SFM\\_healthy\\_zones](https://bit.ly/SFM_healthy_zones)
- ▶ Impact on Urban Health 2022 report, Expanding free school meals: a cost benefit analysis [bit.ly/IUH\\_free\\_school\\_meals](https://bit.ly/IUH_free_school_meals)



For references, visit [bit.ly/CP\\_news\\_big\\_story](https://bit.ly/CP_news_big_story)

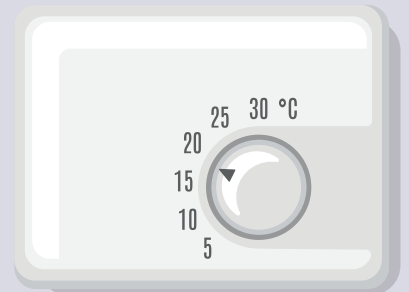
# News in numbers

A study analysing **72,000** conceptions suggests that getting **pregnant** within a **few months** of an **abortion** or **miscarriage** is **no riskier** than waiting the WHO recommended **six months**. The research from Norway spanned **8 years** from **2008** to **2016**



**18°C**  
 Maintaining **home temperatures** of **18°C** or **above** should help to **avoid** many of the **health risks** associated with cold homes, says Public Health Wales. Household temperatures of **18°C** or **below** are associated with **negative effects**, including those related to **heart and lung health** and sleep, although these can **vary** with **vulnerability** and age.

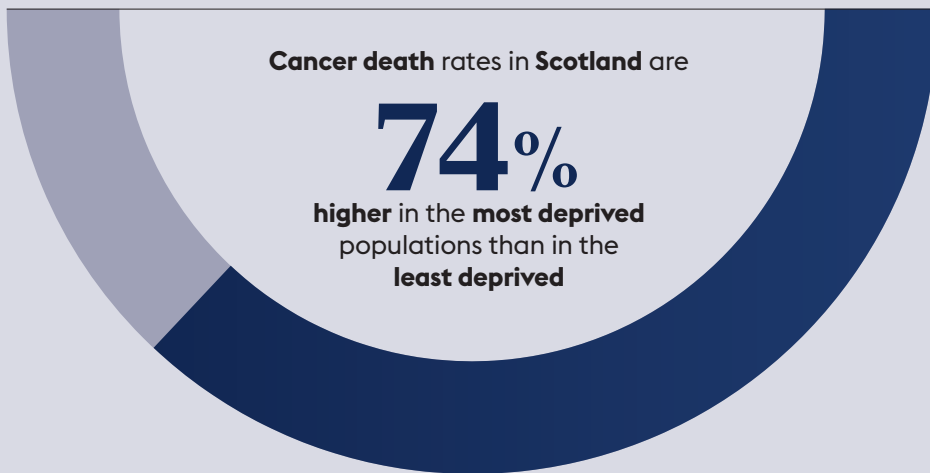
Their **current advice** is to set temperatures to **21°C** in the **living room** (**23°C** for **vulnerable** people) and **18°C** in **other rooms** for **9 hours** (**16** for the **vulnerable**) in every **24-hour period** on weekdays



**CLICK HERE OR VIEW ONLINE FOR MORE NEWS IN NUMBERS**



**3 in 10** **single-parent** households are **missing meals** because of **rising food prices**, compared with **1 in 7** of parents in **couples** and **1 in 7** of **all** those surveyed by Which?



There are around **4900 extra** cancer **cases** due to deprivation, a study estimates: **13 extra new diagnoses** a day that could be **avoided**



Find links to relevant reports and surveys highlighted in the news stories at [bit.ly/CP\\_news\\_in\\_numbers](https://bit.ly/CP_news_in_numbers)



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A single yellow sticky note is centered on a white background. The note is slightly tilted and has a soft shadow beneath it. The text on the note is written in a black, cursive, handwritten font. The words are arranged in three lines: 'How' on the top line, 'are you' on the middle line, and 'doing?' on the bottom line.

How  
are you  
doing?

## The cost of living crisis is affecting healthcare professionals just as it is their clients. Journalist **Anna Scott** investigates the impact on the work and personal lives of CPs.



In August and September 2022, NHS Providers surveyed chairs, chief executives, finance, HR, medical and nursing directors

of NHS trusts across England for their collective views on the impact of the cost of living crisis on trusts and the health and care sector. What emerged was a damning indictment of how healthcare practitioners have been affected by high inflation and low wage growth.

A majority of NHS executives were 'extremely concerned' about employees' financial wellbeing (95%) and mental wellbeing (78%), and 33% felt the same about the workforce's physical wellbeing. The knock-on effect on the NHS is clear, with 61% of executives reporting a rise in staff sickness absence due to mental health, and 71% of trusts saying that staff struggling to afford to come to work has a 'significant' or 'severe' impact (NHS Providers, 2022).

The crisis is causing staff to look for roles elsewhere, with two-thirds (68%) of trusts reporting a 'significant' or 'severe' impact from staff leaving trusts for other sectors, such as hospitality or retail, where they can earn more. So significant is the problem that more than a quarter (27%) of trusts surveyed in England offer foodbanks for staff and 19% plan to do so. Three-quarters (72%) offer financial advice and education for staff and 10% plan to do so (NHS Providers, 2022).

The picture is similar across the rest of the UK. In November 2022, Scottish health secretary Humza Yousaf and Welsh health minister Eluned Morgan wrote to UK health secretary Steve Barclay calling for an increase in the amount of funding for NHS pay (Welsh Government, 2022). 'We are experiencing a cost of living crisis and the anger of NHS staff is entirely understandable,' they wrote.

Janet Taylor, chair of the CPHVA Executive and nurse manager, children's services, South Eastern Health and Social Care Trust in Belfast, points out that nurses and community practitioners (CPs) are using foodbanks. 'I have a friend who volunteers at a foodbank and she sees nurses with their coats on calling in on the way home after a shift,' she says. 'Everybody is affected – staff, members, clients. People who previously have been comfortable – say, both parents working, one a nurse – I tell you they are affected. There are

health visitors visiting people who are not far off the same situation themselves.'

It was noted in the November/December 2022 issue of *Community Practitioner* that the cost of living crisis had

'stepped up several gears' over the course of just one year for clients and their families. It's now increasingly clear that the problem is having a profound impact on CPs themselves, in their work and personal lives. 'All our members that work in this space are human beings; they have these worries and anxieties in exactly the same way the people they are caring for do,' says Dave Munday, lead professional officer (mental health) at Unite.

### *Making ends meet*

Janet believes the situation is worsening. 'We absolutely have CPs who are using foodbanks,' she says. 'They may be the only working parent in the house and they need that bit of a boost.' Struggling to make ends meet means difficulty in getting fresh food too. 'You can still make a healthy meal on a low budget of course, but sometimes people don't necessarily have the energy, especially after a long shift,' Janet adds.

The Healthcare Workers' Foundation provides support for the physical, mental and day-to-day needs of all healthcare workers (including CPs) and their families. CEO Julie Child points to the fact that some CPs are on temporary or zero-hour contracts, which can result in an irregular salary. 'Recently we have heard that many healthcare workers are having to rely on payday loans to put food on the table,' she says. 'With our hardship fund we have seen many applications for financial support to cover the cost of rent arrears, household repairs and white goods such as washing machines, so that they can wash their uniform and their children's clothes.'

Even for CPs on permanent contracts, the pay rise equating to 4.5% awarded in 2022 (Department of Health and Social Care, 2022) when the inflation rate at year end was 10.7% (Office for National Statistics, 2022) will not make it easy to pay the bills. 'There is widespread dissatisfaction with the pay award and a real desire to take action and support improved pay that is paced with the rise in inflation and the cost of living pressures we're currently facing and will

continue to face in the months and years to come,' Unite's regional officer South West Nick Bailey told the Unite-CPHVA Annual Professional Conference last October.

Fuel is also an issue. 'With the cost of living crisis, many are finding that as they need their vehicle for work, that their fuel expenses don't cover enough of the wear and tear or repairs on the vehicle,' Julie adds. Janet says that although petrol prices have come down a little, she has had Unite-CPHVA members on the phone explaining the impact of fuel rises on them.

'One man who works in community primary healthcare, a Band 3, said his petrol cost him more than his mortgage,' Janet says. 'I know some trusts have maybe bought a few electric cars but people aren't sure. Members are thinking, "That's a car I don't know, how do I book a car, go and get the car and start the car when I have to be out of the house at half eight." I know trusts are making an attempt to help, but it hasn't quite gelled yet.'

### Changing workloads

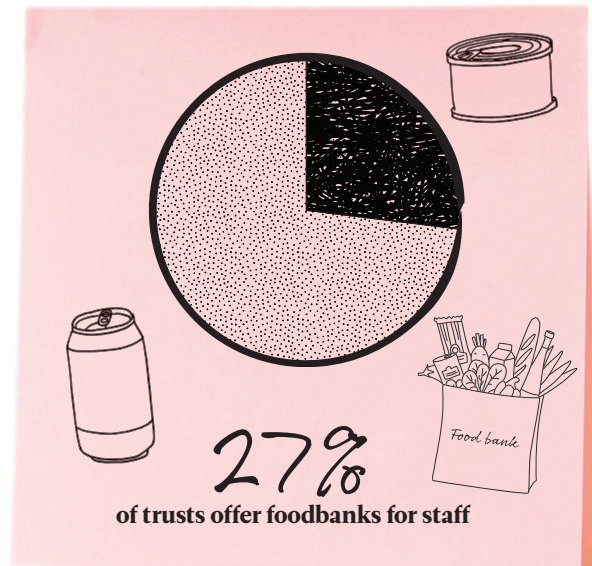
As well as the effect on their own finances, the cost of living crisis is having an impact on the everyday, practical side of CPs' work. 'Low staffing levels, inability to retain and recruit staff, low pay and rewards and zero-hour contracts means CPs are using personal vehicles to travel through community and rural areas which can cover substantial boundaries within health boards and councils,' Julie says.

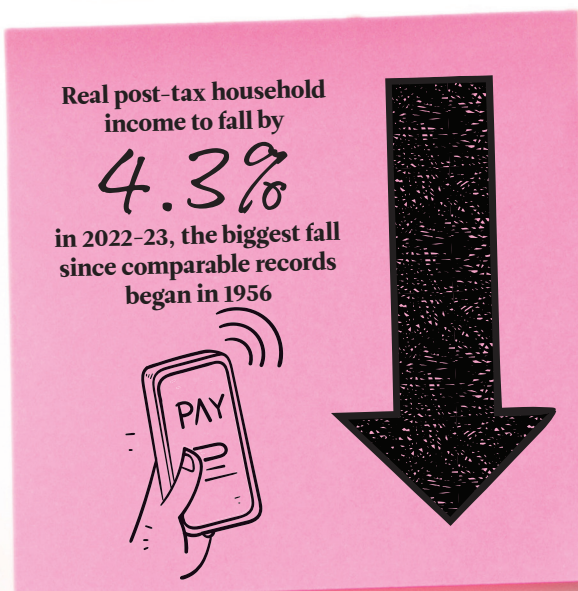
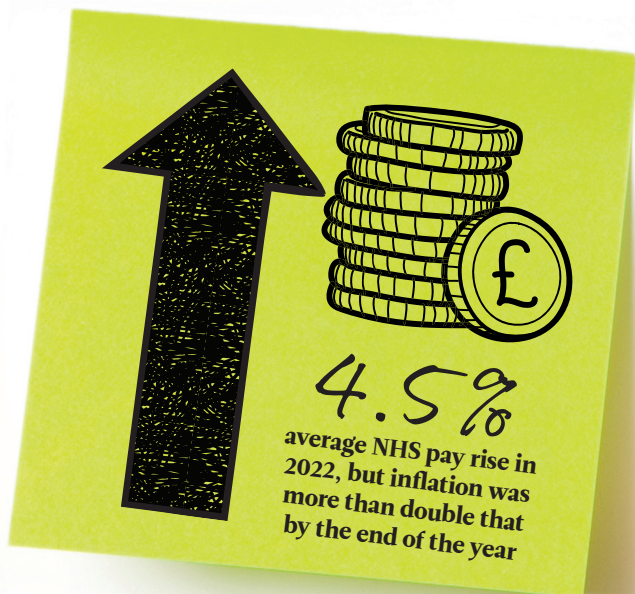
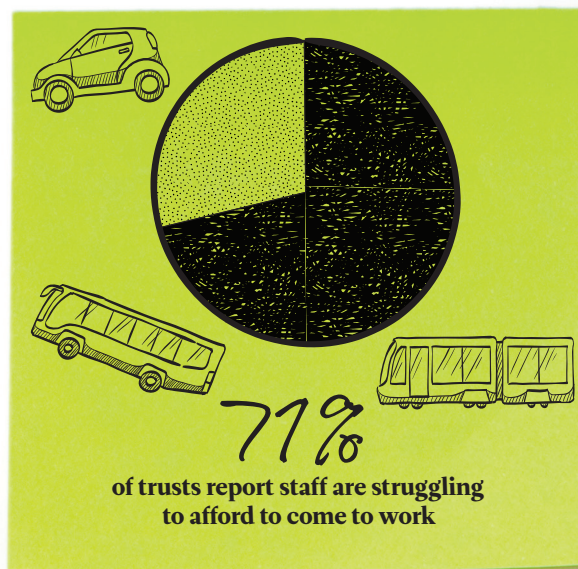
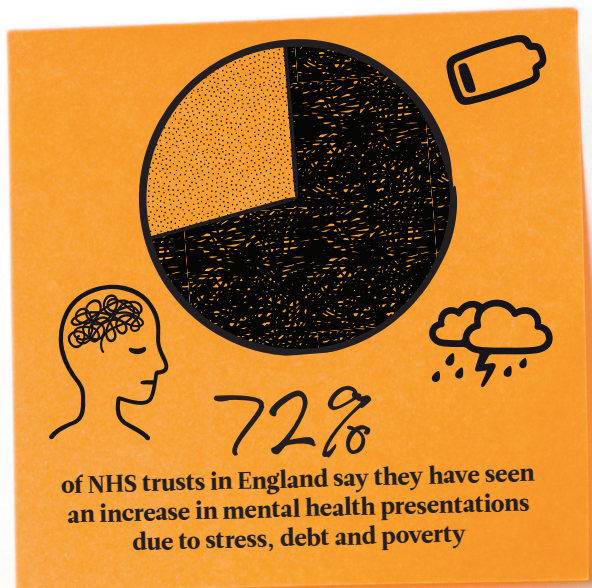
The shortfall of HVs across England (estimated at around 5000, as Janet highlighted at conference) increases the pressures on CPs in some areas. 'Workers in general are having their workloads increased, especially in the community,' Julie says. 'Some are expected to administer meds as part of their role. There is also a delay in support packages so some CPs are supporting people midway through approval for care plans, meaning their needs have increased but their package of care is sometimes behind their needs.'

As clients' needs change during the cost of living crisis, CPs' roles begin to change too. Client needs are complex and roles can become reactive, rather than preventative. Dave says the immense pressure CPs have been put under during the past two and a half years has changed how they work.

'If you are able to take a really preventative public health approach, you will be thinking about ways to support families when it comes to money, not just in terms of accessing appropriate support when things are going wrong, but in

**'WE HAVE SEEN MANY APPLICATIONS FOR FINANCIAL SUPPORT TO COVER THE COST OF RENT ARREARS, HOUSEHOLD REPAIRS AND WHITE GOODS'**





DHSC, 2022; NHS Employers, 2022; OBR, 2022; ONS, 2022.

SHUTTERSTOCK

*'You're always conscious about balancing cost'*

One health visitor works in Scotland, covering a town and sometimes visiting clients in rural areas. Tracy\* doesn't drive enough miles a year for work to qualify for a leased car so uses her own car, and receives 54p per mile of fuel. 'Our fuel bill is ridiculous. It has definitely increased, which is a worry because you think, "Can you afford to do your job, going out and about all the time?,"' she says.

'I suppose we are lucky now because all our meetings are over Microsoft Teams and occasionally you can work from home, but then I am putting the heating on at home and the electricity bill is going up. If I go into work there is heating and tea and coffee there too. All those little things. You're just always conscious about balancing the cost of going to work or working from home,' she adds.

Tracy hasn't had to use food or heat banks but a colleague has. 'It's sad because you're used to this with your families on your caseload,

not your colleagues. We're definitely referring clients to foodbanks more. We have a service here called Tweed Togs where we can refer for children's clothing - families just can't afford to clothe their kids. We're encouraging parents to send their kids to nursery as much as they can so that they are getting food and snacks. We're noticing the shift across the board.'

Like many others in the profession, Tracy has considered leaving, given the possibility of receiving at least equal pay in retail, for example, and she has put her name forward for extra nursing night shifts. 'It's pretty crazy how with your weekly shopping going up, your weekly fuel costs going up - but your wage hasn't gone up, so you need to do something to make ends meet.'

One positive is that Tracy's caseload has not gone up as her health board has recruited quite well over the last few years to cover retirement and long-term sickness. 'But with the ageing health visitor population, I think over the next three or four years we'll become short-staffed again,' she says.

\* Name has been changed

developing healthy processes,' he says. 'But if CPs are in a situation where there is one person doing the job of four people then obviously that kind of innovative, preventative public health work is really difficult.'

'If we had one school nurse in every secondary school, imagine the work they could be doing with young people in terms of their health, making sure they have got a home that is supportive and safe for them,' he adds. 'But the reality is that they have got a load of child protection work that they have to get on with.'

The knock-on effect of these pressures on professionals is on their physical and mental health. 'Levels of anxiety, levels

**'KEEP TALKING, DON'T ISOLATE YOURSELF - NO ONE WILL BE JUDGING YOU AS MANY ARE EXPERIENCING SIMILAR DIFFICULTIES'**

of depression, people are having physical manifestations because they're so stressed. We've just come out of the Covid-19 pandemic,' Janet says.

*Accessing help*

So what support is out there for CPs to try to mitigate some of the impacts?

Unite lead professional officer (health) Gavin Fergie says that the same advice CPs have been sharing with their clients for many months may now be applicable to

them. 'Simply, it is about seeking support from wherever it can be found in your area,' he adds. 'Provision for those in need differs, depending on where you live and work. It is

very much a case of local solutions for local needs.’

CPs should ensure they are accessing all state assistance they can draw on. ‘If you find that paying for housing costs, fuel bills and other fixed items is becoming difficult, initiate discussions with the providers, banks and council to see what support they can provide,’ says Gavin. ‘Keep talking, don’t isolate yourself – no one will be judging you as many are experiencing similar difficulties.’

The Queen’s Nursing Institute (QNI) has been gathering examples of how community NHS organisations have improved processes and reimbursement rates for nurses who rely on cars to reach patients. Some NHS organisations have increased temporarily what people can claim for work-related travel, or paid forward money directly to staff who need to drive their cars for work (see *Resources*).

‘We would encourage anyone who is struggling to reach out for help, and also talk to your employer in confidence to make them aware as they may also be able to offer additional support,’ says Matthew Bradby, head of communications at the QNI. ‘All employers have a duty of care towards employees and they will be aware that some people are struggling with rising living costs at this time.’

Unite is leading the campaign to ensure health sector members are paid a salary that can offset the increasing demands on a members income. ‘This is a longer term solution, but in the shorter term if you are having difficulties in meeting your costs, contact your local Unite office to discuss your membership,’ adds Gavin. ‘Your local office may also have local connections that they can advise you of, places and organisations that may be able to help. Although it is a difficult time for many, Unite can offer an empathetic ear, especially in such straightened times.’ 📞

## Practical tips

- ▶ Take a look at what help is available to NHS staff from the NHS itself. Your trust might have changed its fuel policy, for example. Ask your manager or HR for advice on policy changes.
- ▶ Various charities have funds to assist NHS employees who are struggling. The Queen’s Nursing Institute and the Healthcare Workers’ Foundation are two examples (see *Resources*).
- ▶ Find out what financial wellbeing benefits and education your trust offers. There may be discounts with retailers or vouchers available.
- ▶ Contact your local Unite office to see how they can assist.

## RESOURCES

- ▶ Your local Unite office – find details at [unitetheunion.org/contact-us](https://unitetheunion.org/contact-us) and keep up to date with the latest issues on Twitter [@UniteInHealth](https://twitter.com/UniteInHealth) [@Unite\\_CPHVA](https://twitter.com/Unite_CPHVA)
- ▶ Counselling and financial support of up to £1000 to people working in healthcare in the UK from the Healthcare Workers Foundation [healthcareworkersfoundation.org/financial-support](https://healthcareworkersfoundation.org/financial-support)
- ▶ Financial assistance to community nurses in need from the Queen’s Nursing Institute [qni.org.uk/support-for-nurses/financial-help](https://qni.org.uk/support-for-nurses/financial-help)
- ▶ Phone listening service from the QNI that can signpost to other services [qni.org.uk/support-for-nurses/talktous](https://qni.org.uk/support-for-nurses/talktous)
- ▶ How NHS organisations are helping community nurses with the cost of fuel [qni.org.uk/support-for-nurses/fuel-support](https://qni.org.uk/support-for-nurses/fuel-support)
- ▶ An NHS Employers’ guide on how to support staff with the rising cost of living [bit.ly/NHS\\_Employers\\_rising\\_costs](https://bit.ly/NHS_Employers_rising_costs)
- ▶ NHS England guidance on supporting staff to help money go further [bit.ly/NHSE\\_financial\\_support](https://bit.ly/NHSE_financial_support)
- ▶ How some NHS trusts in the UK are helping staff with food poverty and fuel insecurity [nhsconfed.org/topic/cost-living](https://nhsconfed.org/topic/cost-living)
- ▶ Tips from NHS Eileanan Siar Western Isles for helping employees [bit.ly/NHS\\_cost\\_of\\_living\\_advice](https://bit.ly/NHS_cost_of_living_advice)



For references, visit [bit.ly/CP\\_features](https://bit.ly/CP_features)



# SUPPORTING YOUR WORK

The CPHVA Education and Development Trust is delighted to announce that applications for a MacQueen bursary are open for 2023. Plus hear from last year's winners.

**W**inning a bursary can progress your professional development and further the work you do. Successful awardees are supported in attending the Unite-CPHVA Annual Professional Conference through provision of a full conference ticket. Awardees are encouraged and supported to submit a paper for presentation or an academic poster at the conference. Support is also given for publishing work required at the completion of the project or study activity.

## WINNING INSIGHT

Some of last year's winners reveal how the MacQueen bursary has helped them progress...



**EMMA FERNANDEZ**  
Health visitor, Sussex  
Community NHS  
Foundation Trust

Winning a MacQueen award has given me the opportunity to access advanced breastfeeding training that I otherwise wouldn't have been able to. This will help me to support my aim to improve breastfeeding journeys for the families I work with as a health visitor, through enhancing my knowledge and skills.



## MacQueen Bursary 2023

Several bursaries are awarded annually and applications are invited for the following purposes of practice...



- ▶ Enhancing professional and personal development through academic study activities
- ▶ Developing practice through conducting research
- ▶ Project-supporting initiatives that enhance practice to facilitate the health and wellbeing of individuals, groups or communities.

In addition, awards can be made to support examination of public health overseas through travel bursaries. This award category will support participation in a public health activity overseas and explore its relevance to UK practice.

Individual bursaries are awarded for up to **£5000** (travel bursaries up to **£3000**) with all shortlisted applicants subject to an online interview via Zoom.

All applicants must be members of Unite-CPHVA; however, if a project is for a team, then the lead applicant must be a member.

Priority will be given to the shortlisted applications that demonstrate the greatest potential to enhance practice. In addition, applications will need to state the total amount of funding that is sought and should include a detailed costing for the project or study activity.

Submit completed applications to Sarah Forester [s.forester@cphvaeddevtrust.org.uk](mailto:s.forester@cphvaeddevtrust.org.uk) and/or Angela Lewis [a.lewis@cphvaeddevtrust.org.uk](mailto:a.lewis@cphvaeddevtrust.org.uk) Either can be contacted with questions, including those on further information on applying and the selection process.

▶ **The closing date for the receipt of applications is 5pm on 31 March 2023.**



## HEATHER POINTER AND ANN MARIE BUSH Health visitors and O to 19 mental health practitioner, Wirral Community NHS Trust



'We were delighted to win a MacQueen bursary, enabling us to develop our practice and skillset through training in Neonatal Behavioural Assessment Scale (NBAS) and

Antenatal PEEP. These will be used within our project initiative to implement NBAS and care pathway within the O to 19 service following NNU/ NICU inpatient care to support parent/infant mental health in Cheshire East.'



'The knowledge and skills obtained through training will be used to strengthen support for families transitioning from the NICU/NU environment and promote early, sensitive

caregiving. We have also recently benefited from the opportunity to design an academic poster to share the project update at the recent Unite-CPHVA Annual Professional Conference.'



## EILEEN O'SULLIVAN Specialist HV parent and infant mental health practitioner, South Warwickshire NHS Foundation Trust

I feel so fortunate to have been awarded a MacQueen bursary. This opened the door for me to continue my education and in September 2022 and I started my master's studies in perinatal

mental health at Sheffield Hallam University.

I currently work as a specialist HV and feel so fortunate that the new knowledge and learning I gain from my studies can be shared with colleagues and as a result enhance and improve the care we deliver for the families we support.

Without the bursary, this opportunity would not have been possible, so I hold this in mind and remain very grateful as I embark on this exciting journey... and with my first deadline looming, I will keep this update short and sweet so I can get back to my assignment plan!

## GET IN TOUCH

Find the CPHVA Education and Development Trust at:



@cphvaeddevtrust



@cphvaeddevtrust

The trustees and non-voting trustees (professional advisers) are:

**Kitty Lamb**  
Chair

**Sarah Forester**  
Honorary secretary

**Angela Lewis**  
Awards lead

**Lorraine Fox**  
Honorary treasurer

**Margaret Warner**  
Vice-chair

**Malcolm Rigler**  
Trustee

**Michelle Moseley**  
Professional adviser

**Asha Day**  
Professional adviser

**Amanda Holland**  
Professional adviser

**Gavin Fergie**  
Unite professional officer supporting the trust



## NEW WEBSITE ALERT!

The trust is launching a new website. This will be the location of the application form, terms and conditions, and guidance on applying for a MacQueen bursary.

[cphvaeddevtrust.org.uk](http://cphvaeddevtrust.org.uk)

Turn to **page 30** to discover how a MacQueen bursary helped towards a successful sleep initiative

CONFERENCE  
SPECIAL | 2022

# Thriving through challenging times

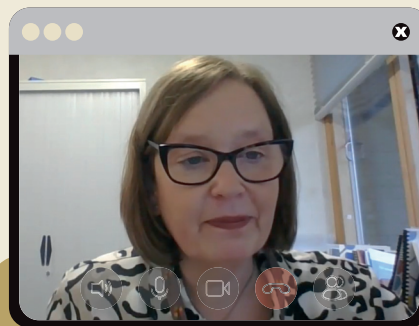
Opening the two-day event at the end of last October, **Janet Taylor**, chair of the CPHVA Executive and public health nurse manager in Northern Ireland, cited NHS England figures that show there are currently 7030 health visitors in England, down 37% from 2015, and an estimated shortfall of 5000.

The shortage of HVs in England has ‘huge implications’ for workforce management, caseloads and managing sick leave, delegates heard.

The withdrawal of funding from the Scottish Government for the SCPHN school nurse course from 2023 will also have an impact on school nursing services’ ability to deliver on existing pathways.

In Wales, there are still challenges resulting from a depleted workforce due to high sickness levels and retirement. However, the creation of the Band 7 clinical practice educator and new specialist HV roles, including specialists in perinatal mental health and refugees, is ‘all very positive’, Janet added.

And in Northern Ireland, an encouraging picture is emerging too, with HVs hugely excited to contribute to the review of the Healthy Child, Healthy Future Programme, and a great deal of interest in students choosing HV placements. ‘With 60 students per cohort, we find we are oversubscribed,’ and that is really positive,’ Janet added.



## WALES AND NI PRIORITISE WORKFORCE PLANNING

Numbers of health visitors and school nurses have increased in Northern Ireland following a £25m Department of Health investment, deputy chief nursing officer **Mary Frances McManus** revealed. The funding follows the Nursing and Midwifery Task Group report in 2020, which focused on achieving a service with the right skills and knowledge for the next 10 years.

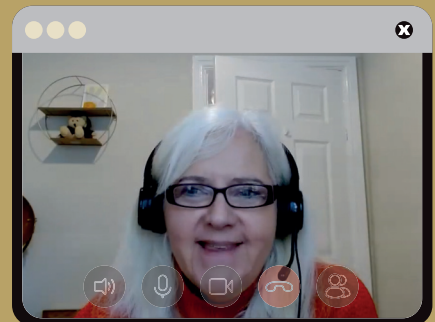
There is also an all-time high of pre-registration student nurses and midwives: 1335 started their training in September, delegates were told. ‘This helps us to balance inequalities within the workforce and for our services to the clients,’ said Mary.

Workforce levels are a priority for the sector in Wales too. The government has agreed to enhance its 10-year-old

For the first time in three years, delegates gathered in person in Bristol to attend the hybrid Unite-CPHVA Annual Professional Conference 2022.

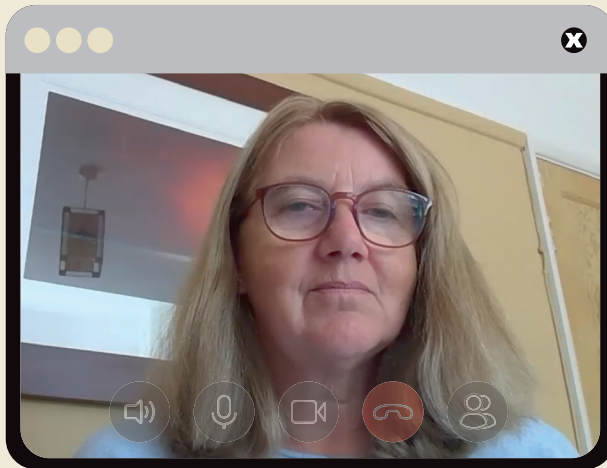
Flying Start programme for children in deprived areas, so that it becomes a universal provision, explained **Karen Jewell**, chief midwifery officer for the Welsh Government.

‘It looks at having more HVs and more skills mix,’ Karen told delegates. ‘We’re working with our stakeholders and service providers to look at what that could mean in terms of workforce modelling for the future.’



WORDS: ANNA SCOTT

# SCPHN STANDARDS ARE AN OPPORTUNITY FOR PRACTITIONERS TO CONSIDER REPRESENTATION



Community practitioners should consider how they want the new specialist community public health nursing (SCPHN) standards to reflect the communities they serve and specific challenges they face, said

**Anne Trotter**, assistant director at the NMC.

Anne also said the profession should consider how to address under-representation. 'The vast majority of people on our register with the SCPHN

qualification are white,' she said. 'Does that reflect the populations that these professions serve? Is there more that we

can be doing? Is there anything that you can do locally as well?'

The standards were published early this year following a two-and-a-half-year revision process. Universities will be expected to work in conjunction with their practice partners, students undertaking SCPHN qualifications now or who might want to in the future, those already with SCPHN qualifications, members of the public

and users of the service to update their curricula to apply to the new standards by 31 August 2024.

**'THE VAST MAJORITY OF PEOPLE WITH THE SCPHN QUALIFICATION ARE WHITE. IS THERE MORE WE CAN BE DOING?'**



Thank you for an inspirational day @Unite\_CPHVA Great to meet so many amazing CPs & share how we build self-care through #Restorativesupervision #cphva22

POSITIVE STEPS UK @POSITIVESTEPSCO

## SCHOOL NURSES EMBRACED INNOVATION DURING PANDEMIC

Seventy-four per cent of UK school nurses faced an increase in their workload during the pandemic, despite the majority seeing a reduction in their contact with children and families, research has found.

In the survey of 78 school nurses, 86% said they had difficulty identifying safeguarding leads, and 80% reported difficulty working with children and other vulnerable service users, study co-author **Dr Georgia Cook** revealed.

'School nurses had shifted to using telephone calls and a range of different online platforms,' said Georgia, postdoctoral research assistant and associate lecturer at Oxford Brookes University.

The researchers may develop a toolkit that captures the range of practices school nurses utilised during the pandemic to connect with children and families. 'We'd love to give back some best practice that was shared with us in the hope that we can benefit the school nurses who, along with health visitors and other healthcare professionals, did an amazing job in such challenging times,' Georgia concluded.





An incredible, inspirational and quite thought-provoking day. A huge thank you to Janet, Angela and @unitetheunion #cphva22 @HolyCrossBoys

KEVIN MCAREVEY @BigmacTheKing

As #vicechair @CPHYA delighted to hear of work/research in #public #health @Unite\_CPHYA #cphva22 #schoolnursing #healthvisiting during & post #covid #innovations #leadership

ASHA DAY BEM @Thercal

Great day at #CPHYA22 networking, learning from others and sharing findings from School Nursing in the Time of Covid-19 study with @DanaSammut & @GeorgiaC\_sleep. Wearing my QN badge with pride and waving the #schoolnursing flag high!

VIKI @viki98015881



## PHILOSOPHY LESSONS AIM TO HELP CHILDREN IN SOCIALLY DEPRIVED AREAS

Delegates heard from a primary school headteacher about the pastoral learning that helps children living in a socially deprived area. **Kevin McAreyvee**, headteacher of Holy Cross Boys' Primary School in Belfast, explained why he is embedding philosophy into the curriculum. The school encourages children to think, read and write about philosophical themes including loneliness, racism, religion, aliens and happiness. 'All the philosophical themes you can think of - children have questions about them,' Kevin said.

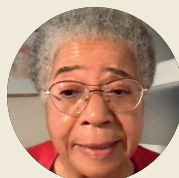
Among more than 800 schools in Northern Ireland, Holy Cross is the 10th most socially deprived. 'I have been principal at the school for 26 years and in that time I have seen 27 people die as a result of suicide,' Kevin said.

As well as teaching philosophy lessons, the

school arranges trips to the local old people's home where the boys discuss philosophy with the residents. 'I aim to challenge the belief systems that operate in a highly socially deprived area, by making children start thinking about philosophy at the age of four,' Kevin added.



## AUTONOMY MISSING FROM HEALTH VISITING



'I am sad to see that there is what I would call a melancholy among health visitors,' Professor **Dame Elizabeth Nneka**

**Anionwu**, CPHVA honorary vice-president, said in conversation with Obi Amadi, director of the CPHVA.

Dame Elizabeth qualified as a health visitor in the early 1970s and ultimately ended up specialising in sickle cell, helping to establish the UK's first nurse-led sickle and thalassaemia screening and counselling centre.

She said that the joy of health visiting for her was being out in the community, home-visiting and having autonomy. 'I really felt free to link up with anyone I saw fit and I didn't have to ask permission,' she said. 'I get the impression that autonomy is not always there now.'

## VACCINE UPDATE FOR PRACTITIONERS

The HPV vaccine for adolescents, Gardasil 9, has been phased in for use from next year and will provide protection against seven strains that cause cancer, five more than the previous Gardasil, **Helen Bedford**, professor of children's health at the Great Ormond Street Institute of Child Health, told delegates.

Another change is that the 12-month dose of Hib/MenC vaccine is likely to be dropped and replaced with an 18-month vaccine visit when the 6-in-1 and the second dose of MMR will be given. In addition, the pre-school vaccines given at three years, four months, may be dropped, and the preschool booster dose may be given at six years of age.

'We don't know about [these changes] yet - they haven't been confirmed,' Helen said.



## MDTs A 'FABULOUS OPPORTUNITY' FOR HEALTH VISITING



The roll-out of multidisciplinary teams (MDTs) across Northern Ireland has resulted in improved relationships between GPs and health visitors, the conference heard.

Piloted in the South Eastern Health and Social Care Trust (SEHSCT), the programme means each GP practice across the region has a 'key link' HV that GPs can refer to directly through their referral system.

HVs are invited to practice meetings and surgeries publicise the presence of an MDT to patients.

HVs now have a higher profile among GPs and other healthcare professionals including mental health workers, physiotherapists and social workers. Smaller caseloads mean they have more time to bond with clients and run parenting programmes.

'We were trying to get rid of barriers to GPs referring to HVs,' said **Helen Leigh**, health visitor MDT lead across the SEHSCT and Belfast Health and Social Care Trust. 'Now HVs are expected to feedback to GPs about what's happened with referrals too.'

**Andrea Barr** from the Public Health Agency cited a case study of a 32-year-old woman, who at 30 weeks pregnant

with her second child told her GP that her mental health was poor and was referred to the team. '[This mother] was impressed and felt very well supported by all the services she received. The baby is now six months old and they are both doing great,' Andrea said. 'This really demonstrates how positive outcomes can be achieved when everyone is working well to provide that wraparound care.'

**Siobhan Slavin**, regional lead for school nursing in Northern Ireland, said the programme is about HV services being 'timely, accessible and transforming the way we are working. This has been a fabulous opportunity for health visiting.'

**'WE WERE TRYING TO GET RID OF BARRIERS TO GPs REFERRING TO HVs. NOW HVs ARE EXPECTED TO FEEDBACK TO GPs ABOUT WHAT'S HAPPENED WITH REFERRALS TOO'**

## NEW PATHWAYS FOR PERINATAL MENTAL HEALTH

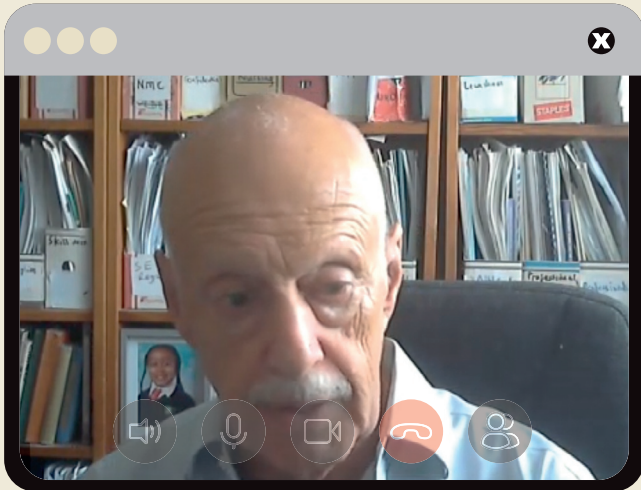
A widescale review of perinatal mental health across Wales has led to the creation of 10 pathways for patients and families that will be introduced from 2023. The Wales Perinatal Mental Health Clinical Network takes a whole-system approach to providing care for mothers, babies and their families across the country.

'It's about assessing mums' mental health and getting the right services for them, but also getting the right services for partners and dads in the family as well,' said **Martha Sercombe**, a specialist health visitor for perinatal mental health in Wales.

A clinical network was set up in 2019 to review services. 'Colleagues wanted to work in a service that was seamless,' said **Kim Jones**, specialist HV in Wales. 'They wanted clarity of their roles and responsibilities for themselves and for others and they wanted to make sure that everyone was very clear about the part that they were expected to play in the system.'

The pathways are based on five levels of a client's need, and cover signposting; watchful waiting and later review; a set of structured contacts that offer emotional wellbeing support; referral to a GP or mental health professional; and routine or urgent assessment with admission to a mother and baby unit.





## PRACTITIONERS ‘UNDER GREATEST PRESSURE’

How community practitioners (CPs) are treated has a direct impact on their ability to provide safely the services they are trained to provide to children and families. So **Roger Kline**, research fellow at Middlesex University Business School, told the conference during the 2022 Nick Robin Memorial Lecture.

‘The government is in breach of its duty of care to its citizens,’ he said. ‘Health visiting and school nurse services are under the greatest pressure they have ever been under.’

Roger advised CPs to keep their knowledge and skills up to date and provide a service of ‘no less quality than to be expected based on the skills, responsibilities and range of activities within your profession’.



Great conference, great company & great to be able to reconnect / share learning ‘in person’ following Covid. Thank you again **@cphvaeddevtrust** for my MacQueen award bursary enabling me to complete my MSc studies this past year & to **@abiphpps** for your support **#CPHVA22**

BONNIE HARLEY @BonnieHarley8

### FINAL WORDS

Closing the conference, chair of the CPHVA Executive Janet Taylor reminded members ‘Truly, you are valued.’ She continued: ‘Never undervalue or underestimate yourself, regardless of whatever you are doing. Against the odds, we are getting back to business.’

## TELL PEOPLE THE VALUE OF WHAT YOU DO, UNION URGES

**Colenzo Jarrett-Thorpe**, Unite national officer for health, gave a rousing speech in support of community practitioners, reminding delegates of the battles the union is fighting on their behalf.

‘Whether it’s the lack of staff, the morale, the integrated services, the running down of your services, we’ve got to stand up for your profession[s] because I believe it delivers every single day for our children and young people throughout the UK,’ he said.

Unite is campaigning on the practice teacher debates, third-party register and the new profiles that are being planned for nurses and midwives. ‘We think all health



visitors should be Band 7 across the UK. That’s going to take a lot of work and it’s going to take all of us to make the case.’

He added: ‘I want to see more interactions between HVs, community nursery nurses, school nurses and politicians, whether local or national, to tell them the value of what we do.’

## YOUR WINNING WORK

The following Unite-CPHVA award winners were announced at an awards ceremony during conference. Congratulations to all...

- ★ **Health visitor of the year**  
**SINEAD TONER**
- ★ **School nurse of the year**  
**MARIE THOMAS**
- ★ **Community nursery nurse of the year**  
**MICHELLE BROADY**
- ★ **Covid champion of the year**  
**ASHA DAY**
- ★ **Advocate of the year**  
**ANNIE HAIR**
- ★ **Team of the year**  
**CORNWALL COUNCIL - BEST START**  
**COMMUNITY HEALTH AND WELLBEING TEAM**

# Share your work

PRACTICE

## BUILDING BRIDGES WITH YOUNG MUMS

Due to its inflexibility delivering help to first-time young mothers, the Family Nurse Partnership in Wolverhampton was replaced with a new tailored service. **Jane Lawrence** describes the process.

**T**he *Protecting Families Team* (PFT) has replaced the previous Family Nurse Partnership (FNP), a nationally licensed programme for first-time young mothers aged 19 and under. In Wolverhampton, FNP proved to be too rigid in its eligibility criteria for the clients and did not meet levels of need in the population.

In the new 0 to 19 Healthy Child Programme reconfiguration, it was decided to end the licence with FNP and develop our own service. Thus PFT an intensive service for first-time young mothers aged 25 and under with vulnerabilities, was born

in January 2018, created by the author and the 0 to 19 team. The service also works with mothers of all ages who have had a previous child removed and are now pregnant again. PFT is exclusive to Wolverhampton although there are similar services across the country.

### EXPERTISE AND EXPERIENCE

The service comprises staff with backgrounds in general nursing, children's nursing, midwifery, health visiting and school nursing. This skill-mix enables the service to build up a therapeutic relationship with the client, looking at their health and wellbeing, their environment, relationships,

parenting and life-course development. This means the service does not judge or dictate to the client but goes on their journey with them, with a clear focus on building on their strengths. As former family nurses, we very much wanted to use those skills we had learnt in FNP but adapt them to meet the needs of the young women in Wolverhampton. Clients do not have a health visitor as PFT delivers the whole of the Healthy Child Programme.

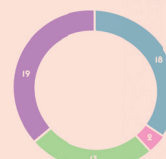
### THE SERVICE WE PROVIDE

PFT is tailored to meet the individual needs of the clients. The service works with them from early pregnancy, ideally from around 24 to 28 weeks' gestation until their child is one or two years old before transferring to the health visiting service. We have 'selection boxes' where families can pick certain topics that they would like to cover, but our aim is to cover all relevant topics that are pertinent to the individual (see figure 1). The team works closely and collaboratively with other agencies involved with the client, enabling a seamless approach to providing the best possible care. In particular, some strong relationships with colleagues in social care have been developed, and the service has received lots of positive feedback from them.

### SERVICE SPECIFICATION AND DIFFERENCES FROM FNP

PFT has been commissioned to work with approximately 120 women a year. The service regularly reports on cases that have been 'de-escalated' for example, from 'child protection' to 'child in need', or 'child in need' to 'early help'. The service specification estimates a de-escalation rate of 10%. Additionally, the service reports on when cases have escalated, for

PREVIOUS REMOVALS (n=52)



### KEY

- Foster care
- Kept
- Adopted
- Birth father

example from social care involvement to 'child in need' or 'child protection'. While this may result in additional demand on social care services, it is regarded as positive because it is only through the relationship developed with the client that they feel safe enough to disclose what is happening in their lives.

PFT allows for a lot more flexibility than FNP. With FNP, all clients had to be recruited by 28 weeks' gestation at the very latest. There was a strict visiting schedule, and it was only open to first-time mothers aged 19 and under.

Although PFT ideally likes to take on clients at around 28 weeks, the service will also take on clients much later and there

have been several concealed pregnancies. The service tailors its offer to meet the needs of the individual client and this can be for a shorter time period than the two and a half years prescribed by FNP. As a result, the service can see many more mothers requiring intensive support. A key difference is that the service works with mothers who have had previous removals, which at the time FNP did not allow.

### CURRENT STATUS

At the time of writing, the service has 103 clients. Although the service endeavours to work with a mix of need, the demands on the service and increasing numbers of referrals mean the service finds itself working with only complex or highly complex cases.

- Of the current caseload:
  - 9 are children or young people in care
  - 19 are on a child protection plan
  - 17 are on a child in need plan
  - 4 are on an early help assessment

### CLIENT FEEDBACK

- Thank you for everything you have done for me
- You have made my life everything I wanted it to be with my daughter
- You have seen the light at the end of the tunnel
- I have gained so much confidence in myself because of you
- Nice to know you are there
- I thought couldn't be a mother and you helped me
- You've helped me make the right decisions
- Changed my view on things
- You have been the only professional that has never given up on me.



Would you like to inform readers of projects you've been working on, specific clinical issues, new innovations or an area of practice development? Simply email your article, synopsis of your idea or any questions to editor **Aviva Attias** at [aviva@communitypractitioner.co.uk](mailto:aviva@communitypractitioner.co.uk) and see [communitypractitioner.co.uk/author-guidelines](http://communitypractitioner.co.uk/author-guidelines)

MACQUEEN BURSARY



# LEARNING TO LOVE SLEEP

**Kath Kearns** and her SCPHN colleagues used the bursary to help young people and families improve and better value their sleep.



If you are a health practitioner who identifies a health need in your area of practice and you have the desire to make a meaningful improvement to the care you or your team provide, the MacQueen bursary could make it happen.

This was the case for one school nurse (one of the authors, Kath Kearns) who was passionate about sleep and wanted to better equip the wider school nurse

team to meet the growing problem of sleep difficulty.

During the autumn term of 2020, following the first Covid-19 lockdown, school nurses from the 0 to 19 team within Derbyshire Community Health Services NHS Foundation Trust resumed targeted face-to-face appointments. As a service it was overwhelmed by the number of young people and parents of primary-age children requesting support for sleep difficulties, which were having

an impact on the whole family's wellbeing. In addition, it became evident from the holistic assessments completed within these contacts that those who were regularly having both insufficient and poor-quality sleep were also experiencing difficulties with their emotional wellbeing. This is a common picture that is evidenced in other parts of the world (Top and Cam, 2021).

It appeared that the loss of routine in lockdown, when face-to-face lessons were replaced with recorded lessons and planned work had to be completed *ad hoc*, resulted in young people's body clocks shifting significantly, with many spending most of the night awake and sleeping or having naps during the day.

Covid-19 had highlighted the vital importance of school nurses' public health role – especially, it seemed, in supporting healthy sleep, which is now a significant and growing public health issue for our children and young people and their families.

## THE IMPLICATIONS OF POOR SLEEP

Allan Rechstaffen, a pioneer in the field of sleep research, once said: 'If sleep doesn't serve some vital function, then it is the biggest mistake evolution ever made.'

Four things are vital for life; oxygen, water, nutrition and sleep (Mental Health Foundation, 2020). We should value sleep because it is essential for the body's growth, development and repair, metabolism, ability to fight infection, learning and memory, and the ability to regulate emotions. Policy-makers are now acknowledging the importance of sleep. The recent green paper *Advancing our health: prevention in the 2020s* recognised that a lack of attention has been given to sleep difficulties and their subsequent detrimental effects on health (Dorries, 2020). A review of current evidence has been requested.

NHS Digital (2021) reports that over a quarter of six- to 10-year-olds had had difficulties with their sleep

on three or more nights out of the previous seven. These difficulties increase as children get older, with over a third (38.4%) of 11- to 16-year-olds and over half (57.1%) of 17- to 23-year-olds reporting sleep problems.

Across these three age groups, the sleep problems were significantly higher in those who had a probable mental health disorder (59.5%, 74.2% and 86.7% respectively). In addition, a large study (Brooks et al, 2020) involving 3398 young people in England found that over a quarter (27%) were not getting enough sleep to feel awake and concentrate on their schoolwork.

Older adolescents were significantly less likely to get sufficient quality sleep, with 42% of 15-year-olds reporting not having had enough sleep to be able to concentrate (Brooks et al, 2020). It could therefore be argued that the implication of poor sleep for young people is huge, with profound impacts on their academic outcomes and future employment possibilities, as well as their physical and mental health across their life span.

## HOW DID WE RESPOND TO THE CHALLENGE?

Initially, a sleep special interest group of Derbyshire school nurses was established, with members sharing a core belief that health promotion and early intervention in the area of sleep would make a significant impact on the whole family's health and wellbeing. This created the driving force to look at opportunities that would enable the service to be better equipped to meet this growing public health need. One inspired school nurse, Kath Kearns, made a successful application to the individual MacQueen bursary. The bursary funded six places on the Sleep Charity's sleep practitioner behavioural approach course in May 2021, resulting in significant improvements to the service we are now able to provide.

The qualified sleep practitioners are now able to educate the whole family on achieving optimal sleep, thereby bringing about changes to their quality of life and health going forward. However, we recognise that parents don't always access support due to fear of being judged: they are concerned that any difficulties may be perceived as being due to poor parenting. We are mindful that parents' own mental and physical health concerns or socioeconomic worries may also result in them failing to access help, which can lead to poor sleep habits becoming embedded. Overcoming these barriers by actively enquiring about the family or young person's sleep at routine contacts, thus normalising these issues, reassures them that simple changes can be made to improve their overall health, both now and for the future.

## SLEEP EDUCATION

The special interest group has grown and as a team we have developed in-house sleep training that is specific to our role as school nurses. This has been delivered to all school nurses in Derbyshire. The training initially focuses on sleep education, including the circadian rhythm and sleep cycles, and the causes of sleep difficulties, including understanding the impact of sensory difficulties. Second, it looks at the practical issues of completing sleep assessments: the use of sleep diaries for the child or young person, suggesting appropriate strategies to implement, and how to measure the outcomes of sleep support. Finally, our training supports school nurses to educate parents and young people about the stages of sleep, sleep cycles and the development of a sleep plan. Working in partnership with parents

## THE SLEEP PRACTITIONERS ARE NOW ABLE TO EDUCATE THE WHOLE FAMILY ON ACHIEVING OPTIMAL SLEEP, THEREBY BRINGING ABOUT CHANGES TO THEIR QUALITY OF LIFE

SHUTTERSTOCK

and young people towards developing a sleep programme that they are willing to consistently put into practice enables them to realise the holistic health value of behavioural change.

In conjunction with the training, two pathways were developed: primary-aged child sleep process and teen sleep process. These pathways provide a clear process for all nurses to follow when a referral for sleep support is accepted, ensuring an equitable service is delivered across the county. It was acknowledged that these contacts with young people and parents, which include the recording of assessments, writing sleep programmes and recording outcomes, would place a greater demand on practitioners' time. This prompted changes to our electronic recording system, making documentation less onerous and allowing data on outcome measures to be easily accessed, evidencing the value of our interventions for commissioners.

As the need for sleep support grew, the service found that there were often cases where we were supporting the whole family, including parents and pre-school children. We are therefore now strengthening our partnership with our health visitor sleep practitioner colleagues to develop the training and pathways across the 0 to 19 service, strengthening the sleep support that can be given across the life span.

The Mental Health Foundation (2020) acknowledges that

sleep education for young people and adults is essential. Findings from a survey completed by Year 7 pupils across Derbyshire in 2021, which highlighted sleep as a health need for this cohort of children, enabled us to evidence this need across Derbyshire. As a result, we are delivering health promotion sessions to a cohort of Year 6 pupils on a rolling programme over the next three years. These sessions have given us the opportunity to raise awareness at an early age around the importance of sleep, and the effect poor sleep has on children's functioning in class, their relationships in the playground and at home, and the potential long-term impacts on their physical health. These interactive sessions enable the Year 6 pupils to examine their current sleep habits and explore changes they can make to their bedroom environment, as well as their daytime and night-time routines.

A further sleep session aimed at young people in secondary schools has also been developed. This uses a variety of approaches to explore the importance of sleep, circadian rhythm and the changes that happen during puberty that can impact on sleep. The young people get the opportunity to explore what can disrupt their sleep, and reflect on their own sleep with the use of the Sleep Charity's 'sleep survey' (Sleep Charity, 2020a). Finally, they look at simple changes they can make to their daytime and night-time

routine and bedroom environment, and set themselves their own 'sleep challenge' to put into action (Sleep Charity, 2020b).

The Mental Health Foundation (2020) identifies the need for research on the effectiveness of sleep education in schools and suggests working jointly with young people to come up with a 'practical sleep toolkit'. Therefore, by using local data from previous cohorts, the service can be assured that we are developing programmes that are bespoke to current health needs.

### CHALLENGES AHEAD

There are significant challenges in meeting the needs of children and

young people with neurodivergence where sleep difficulties are more complex, as they will require a closer and longer programme of support. As a service, we are committed to better equipping ourselves to meet these demands by working in partnership with a multi-agency team

that includes the Sleep Charity and allied health professionals.

Recent global economic challenges leading to a cost of living crisis for the nation not only results in families having to decide whether to prioritise eating or heating, but also leaves them facing the challenge of sleep poverty. Eighty-nine per cent of adults say that their cost of living has increased, with more than a third cutting back spending on food and other essentials (Office for

### RECENT GLOBAL ECONOMIC CHALLENGES LEADING TO A COST OF LIVING CRISIS LEAVES FAMILIES FACING THE CHALLENGE OF SLEEP POVERTY

National Statistics, 2022). It is widely accepted that adults worrying about the family's finances experience poor sleep and, as a consequence, the goal of 'good sleep' will be increasingly out of reach for some families (Mental Health Foundation, 2020).

In addition, The Sleep Charity (2021) identifies hunger as a possible reason for sleep difficulties in children – something that could become a reality for an increasing number of families. Additional challenges are brought about by overcrowding as families aim to reduce the areas of heating in the home: teenagers share bedrooms with much younger siblings, and parents share beds with children or use blow-up mattresses rather than beds. For families on low incomes, there are increasing concerns around deteriorating housing conditions and not being able to afford the basics to support their children's sleep, such as curtains, blinds, mattresses and adequate bedclothes, or being unable to include a regular bath time in bedtime routines. As school nurses, we will need to use our knowledge of organisations that can help support families to provide the basic resources they need to address these wider issues that impact on sleep.

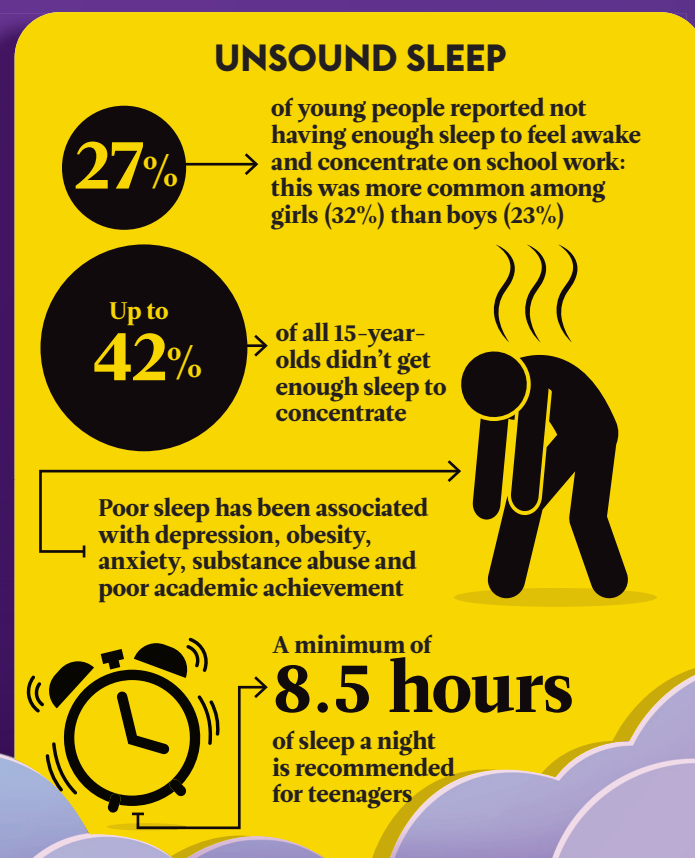
The funding received from the MacQueen bursary has enabled an evidence-based response to this significant public health need by increasing the number of trained sleep practitioners in the school nurse service. Providing this public health response to the sleep needs identified in our communities has been an enriching opportunity for us all as practitioners, but in particular for the lead, Kath, who has been able to realise her vision to improve sleep education across the workforce. We

envisage that through our health promotion work we can continue to normalise sleep conversations and further increase the value that families place on sleep. This will enable them to make positive changes. Without the financial support, we would not have been able to facilitate change with the momentum that we have, and we are excited about our future work in this area. 🥰

**Emma Heath, Laura Macauley and Amanda Trute are specialist community public health nurses (SCPHNs); Kath Kearns and Anna Mee are practice educators and SCPHNs, all at O to 19 Children's Community Services, Derbyshire Community Health Services NHS Foundation Trust.**



For references, visit [bit.ly/CP\\_P\\_features](https://bit.ly/CP_P_features)



Brooks et al, 2020

The realities  
of addiction

# A DYING HABIT?

Cigarettes carry a notorious health risk. Numbers of smokers are dwindling, but is vaping a genuinely safer alternative? Journalist **John Windell** reports, in the final addiction piece in the series.



**I**n 1974, the proportion of cigarette smokers among the population aged over 16 in the UK was 45.6%: 51.4% of men and 40.7% of women. Fast forward to 2020 and the rate has fallen dramatically to 14.5%: 15.3% for men and 13.7% for women (Office for National Statistics, 2021).

While decades of health education and regulatory control have clearly had a positive effect, the burden of disease caused by smoking remains considerable. In England in 2019/20, an estimated 506,100 hospital admissions were attributed to smoking, and 77,800 deaths were attributed to it in 2019 (NHS Digital, 2020).

The problem with smoking is twofold. The first issue is nicotine, a natural alkaloid found in the leaves of the tobacco plant. It is highly addictive: the body absorbs

GETTY

nicotine so quickly, it provides a more or less instant hit. Reaching the brain in seconds, it stimulates the central nervous system and causes the heart rate and blood pressure to rise. Repeated use quickly leads to tolerance, craving, compulsive use and, if suddenly stopped, withdrawal symptoms. Despite their simple appearance, cigarettes have been carefully engineered to deliver nicotine in the most efficient way possible.

Nicotine's effect is so powerful, says Julia Robson, tobacco control programme manager at the Office for Health Improvement and Disparities (OHID), that the signs of withdrawal are never far away. 'As nicotine levels fall, smokers start to experience irritability, restlessness, lack of concentration, anxiety and craving for a cigarette. Other triggers for "I need a cigarette" include associations of smoking with the time of day, being with other smokers, alcohol or stress. As that next cigarette is smoked and the nicotine hits the brain and causes all those synapses to fire off and release dopamine, which relieves the withdrawal symptoms, the overriding feeling is "Oh, that feels better." Smokers then mistakenly associate smoking with feeling calmer, more focused and less anxious.'

### CHEMICAL STEW

Unless taken in huge quantities, nicotine is, in itself, not especially dangerous to human health. But its addictive properties keep people lighting up the next cigarette and the next, which is where the second, much bigger problem lies: the act of burning tobacco and drawing the smoke into the lungs delivers not just the nicotine but also a thick stew of hundreds of dangerous chemicals in the form of gases and particulates.

## SMOKING IS LINKED TO CARDIOVASCULAR DISEASE AND LUNG DISEASE, AND IS A MAJOR RISK FACTOR FOR NUMEROUS TYPES OF CANCER

Just a few of these chemicals are ammonia, arsenic, benzene, beryllium, butadiene, cadmium, formaldehyde, hydrogen cyanide, and even the radioactive element polonium-210. Also among them is carbon monoxide, which depletes the ability of the blood to carry oxygen.

Many of these chemicals are deposited in the thick, sticky brown substance called tar, which stains the fingers and teeth and collects in the lungs. Collectively, the tar and other toxins delivered by cigarettes threaten the health of the whole body: smoking is linked to cardiovascular disease and lung disease such as emphysema and chronic obstructive pulmonary disease, and is a major risk factor for numerous types of cancer.

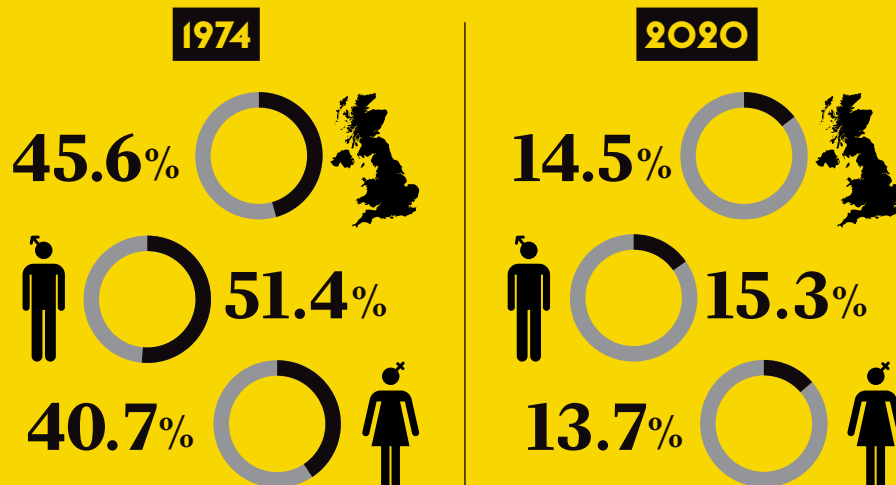
The smoke that goes directly into the smoker's lungs – the mainstream smoke – is not the only threat. The sidestream smoke, which is the smoke from the burning tip of the cigarette, actually has higher concentrations of toxins. Most of the smoke in a room will consist of this sidestream smoke, which is why secondhand smoke is such a threat to anybody who finds themselves in an enclosed area with smokers.

### SMOKING RITUAL

An addiction to smoking is more than a matter of just nicotine, says Julia. 'Most smokers pick up their first cigarette as teenagers and are in a smoking community. Their parents and friends are more likely to be smokers. Even today, with all the decreases we've had in prevalence, they are still likely to be in a household where it is the social norm.' Another factor is the physical ritual of smoking, the tactile sensation of the hand-to-mouth motion to the long exhalation of smoke, along with the associated paraphernalia of lighters, rolling papers, ashtrays and so on.

Vaping lends itself easily to these factors, which might be one reason it has become such a popular alternative to cigarettes. Of course, the big appeal of the e-cigarette is that it delivers the nicotine hit without the health risk of the traditional tobacco cigarette. For Hazel Cheeseman, deputy chief executive of the charity Action on Smoking and Health (ASH), the benefits of vaping are evident: 'They are plainly popular, they are plainly effective, they're helping people stop smoking and they are

## CIGARETTE SMOKERS AGED OVER 16 IN THE UK



Office for National Statistics, 2021

### A HEAVY PRICE

The total estimated cost of smoking-related illness to the NHS is

**£2.4bn**

**710,000**

prescription items to help people stop smoking were dispensed in 2019/20

The total annual societal cost of smoking for England alone is

**£17bn**

Smokers in Britain spend an average

**£1900**

on cigarettes every year

Vapers in Britain spend an average

**£720**

on their habit every year, more than 2 ½ times less

much less harmful than continuing to smoke.'

For some, vaping is more than an alternative to smoking – it's a way of quitting nicotine for good. 'Many people absolutely do wean themselves off nicotine, tobacco and then the vaping device, but its key role is harm reduction,' says Julia. 'Within the first 24 hours of vaping, a smoker is going to feel the health benefits to their health because of the far lower exposure to the toxins found in cigarettes.'

Even so, vaping is just one potential route out of smoking, says Hazel. 'The typical smoking cessation programme tends to last 12 weeks, and medication such as nicotine replacement therapy might be part of that. Some services also provide access to e-cigarettes alongside or instead of medication. Some people will just use medication or an e-cigarette for a short, intensive period. Other people may well use e-cigarettes or indeed nicotine replacement therapy for the rest of their lives.' The crucial point is that they don't go back to smoking tobacco.

### YOUNG VAPERS

The World Health Organization is less convinced about vaping and e-cigarettes, saying: 'It is too early to provide a clear answer on the long-term impact of using them or being exposed to them' (WHO, 2022). The main concern is that young people in particular are vulnerable to the addictive effects of vaping nicotine, and that it still carries some risk of heart disease and lung disorders. But evidence is mostly limited to short- and medium-term effects and studies assessing longer-term use are needed (OHID, 2022).

In September, OHID published its latest research on the health harm of vaping. Its headline findings were that 'in the short and medium term, vaping poses a small fraction of the risks of smoking', but that 'vaping is not risk-free, particularly

for people who have never smoked' (OHID, 2022).

ASH has found that while 15.8% of 11- to 17-year-olds in Britain had tried vaping in 2022 (up from 13.9% in 2020) and 7% were current users (up from 4.1% in 2020), a substantial majority (83.8%) had either never tried or were unaware of e-cigarettes. 'Use among never smokers remains low and mostly experimental,' it says (ASH, 2022a).

It is suggested that much of the increase in experimental vaping among the young is explained by the availability of disposable vaping products, which are cheaper, easier to try, and highly visible on social media. While vaping is a valid route out of smoking, nobody wants it to become a route in for young people, says Hazel. 'We don't have a great deal of evidence to suggest that it is a gateway into smoking. While we are seeing an increased use of vaping products, there is a declining use in cigarettes. That's got to be good. But we do need to keep a lid on those vaping products.'

ASH insists that the government needs to use existing retail laws and commit resources to enforce them. How vaping products are packaged and promoted may also need further regulation.

### SIMPLE ADVICE

What key actions can community practitioners take to help smokers who might want to quit?

The first step, says Julia, is to have the right training. 'That means accessing the NCSCT [National Centre for Smoking Cessation and Training] website and training resources, such as the Very Brief Advice [VBA] module, which focuses on the technique of Ask, Advise, Act.'

The aim of this 'three As' approach is to get the message across in an empowering way and to open the door to support and treatment. 'Then the task is to link that person into a quit smoking pathway, which means you need to know the services in your local area. Talk to your local

ASH, 2022b; Cancer Research UK, 2022; NHS, 2022.

smoking cessation leadership. Also be mindful that smoking is often a very social experience or a lifestyle choice for many smokers, and that it may have become a learned coping mechanism for stress or mental ill health. But if we don't start by always asking the questions "Are you a smoker?" and "Do you know that the best way to quit is with support?", we're never going to get any further in helping people access effective support to quit smoking for good.'

Hazel agrees that the VBA training is crucial: 'It's written specially for primary care.' She adds that the proven method to help people quit is a combination of behavioural support

and medication or an e-cigarette. 'For this, stop smoking services are the gold standard. But they are not available in every community in the way that they used to be. However, they are especially good for people who are highly addicted and face barriers to stopping, which tends to be the more disadvantaged groups,

### **'BE MINDFUL THAT SMOKING IS OFTEN A VERY SOCIAL EXPERIENCE OR A LIFESTYLE CHOICE, AND MAY HAVE BECOME A LEARNED COPING MECHANISM'**

such as those on low incomes or with mental health conditions. If you can help them get into those services, that's their best chance of success.'

For Hazel, signposting people to the appropriate support and offering to refer them is a vital step towards encouraging them to stop. 'But if that support is not widely available in your area, direct people to other effective ways of stopping, such as nicotine replacement therapy that is available over the counter, or visiting the local vape shop, or downloading the Smoke Free app to a smartphone. It is always better to tell people how to quit, not just that they should.'

## RESOURCES

- ▶ The online quit smoking information from the NHS includes links to services in Scotland, Wales and Northern Ireland [nhs.uk/live-well/quit-smoking/](https://www.nhs.uk/live-well/quit-smoking/) **NHS stop smoking**
- ▶ The ASH website has a wealth of detail, including factsheets, webinars, local data and information on law and policy [ash.org.uk](https://www.ash.org.uk)
- ▶ The charity Quit also offer resources via its website [quit.org.uk](https://www.quit.org.uk), and operates the Quitline on **0800 00 22 00**
- ▶ The full range of NCSCT training and other resources can be found at [ncsct.co.uk](https://www.ncsct.co.uk)
- ▶ The Smoke Free app can be downloaded from the Apple App Store or Google Play. For more on how it works, see [smokefreeapp.com](https://smokefreeapp.com)



For references, visit [bit.ly/CP\\_P\\_features](https://bit.ly/CP_P_features)

# Research digest

A round-up of research news from around the globe.

## MEXICO DIGITAL MARKETING OF FORMULA MILK

Unhealthy parental feeding practices can be linked to the digital marketing of formula milk and commercial baby foods, research suggests.

A total of 1074 parents were surveyed about the brands, products and digital platforms where they reported seeing ads for formula milk and baby foods between December 2020 and January 2021.

Overall, parents who reported seeing a higher number of ads were 62% less likely to exclusively breastfeed their children during the first six months than those who reported a lower number, and more than twice as likely to feed them breast and other milks.

They were also 84% more likely to give their children formula, more than twice as likely to give them processed foods and 66% more likely to give them sugary drinks. Researchers note that while the study was observational, so it can't establish cause, the participants were relatively affluent and well educated, so the findings may not be more widely applicable. However, they point out that marketing regulations are needed in digital media to protect young children's nutrition and health.

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**BMJ Global Health**  
 [bit.ly/BMJGH\\_formula\\_marketing](https://bit.ly/BMJGH_formula_marketing)

## BRAZIL ULTRA-PROCESSED FOODS AND PREMATURE DEATHS

The consumption of ultra-processed foods (UPFs) containing little or no whole foods in their ingredients contributed to 57,000 premature deaths in Brazil in 2019, a study reports.

The research reveals that increased consumption of UPFs, such as ready-to-eat meals, sodas and ice cream, was associated with 10.5% of all premature deaths and 21.8% of all deaths from preventable noncommunicable diseases in adults aged 30 to 69 in Brazil in 2019.

The research modelled data from nationally representative dietary surveys to estimate baseline intakes of UPFs by sex and age group. Across all groups, consumption of UPFs ranged from 13% to 21% of total food during the period studied. A total of 541,260 adults aged 30 to 69 died prematurely in 2019; of these 261,061 deaths were from preventable noncommunicable diseases.

The findings suggest that reducing consumption of UPFs by 10% to 50% could potentially prevent approximately 5900 to 29,300 premature deaths in Brazil each year.

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**American Journal of Preventive Medicine**  
 [bit.ly/AJPM\\_premature\\_death](https://bit.ly/AJPM_premature_death)

## USA E-CIGARETTE ADDICTION

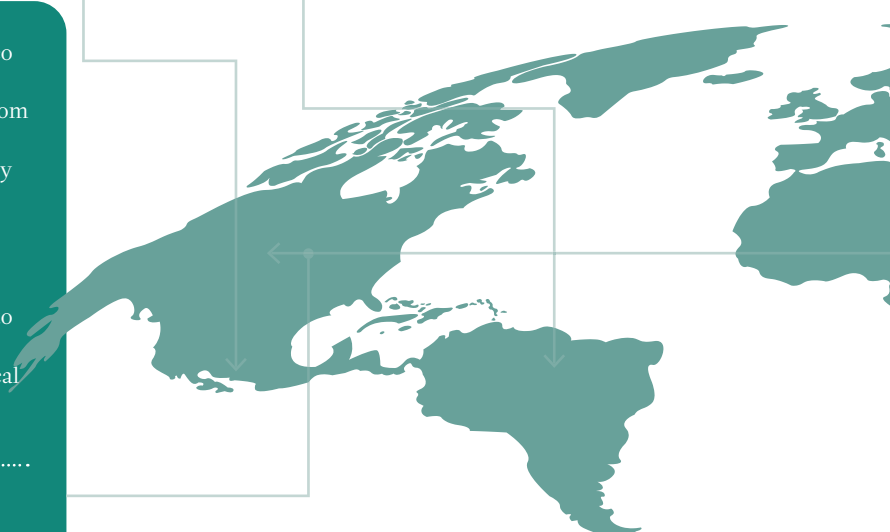
Recent data analysis has revealed worsening e-cigarette addiction in US adolescents.

Youngsters' e-cigarette use peaked in 2019 and then declined, but initiation age dropped between 2014 and 2021, and intensity of use and addiction rose after the introduction of protonated nicotine products. This last point was shown in the finding that by 2019, more e-cigarette users were using their first product within five minutes of

waking than all other tobacco product users combined. Data analysis was taken from the annual National Youth Tobacco Survey - a nationally representative survey of 151,000 school students in grades 6 to 12.

The findings suggest that clinicians need to be ready to address youth addiction to these products during clinical meetings, and stronger regulation is needed.

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**JAMA Network Open**  
 [bit.ly/JNO\\_nicotine\\_addiction](https://bit.ly/JNO_nicotine_addiction)



**NORWAY**  
**VERY PRETERM BIRTH AND SKIN-TO-SKIN CONTACT**

The importance of early skin-to-skin contact between mothers and very premature babies has been highlighted by researchers.

The qualitative study looked at births that occur from week 28 to 32 of pregnancy, with the infants having a mean birth weight of 1486g. The births were split into two groups, with one group receiving traditional care (the babies were separated from their mothers to be stabilised in incubators from two to 30 hours after birth) and the other group was offered skin-to-skin contact with their babies within an hour after birth. After the births, the mothers were interviewed about their experiences.

The interviews show the mothers' strong need for affirmation of vitality immediately after a very preterm delivery, and affirmation was best obtained through skin-to-skin contact, according to the researchers. The mothers felt that early skin-to-skin contact promoted bonding and a feeling of wellbeing, the lead author said.

Since this research was published, WHO has said that skin-to-skin contact is key to improving the survival of premature and small babies – a major overhaul of policy, which previously called for the use of incubators. Its new guidelines for how to treat babies born before 37 weeks of pregnancy or weighing under 2.5kg applies in all settings.

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**Global Qualitative Nursing Research**  
 [bit.ly/GQNR\\_premature\\_contact](https://bit.ly/GQNR_premature_contact)

**USA**  
**AGGRESSIVE BREAST CANCER: GENETICS**

Researchers have uncovered definitive genetic links between African ancestry and an aggressive cancer type called triple-negative breast cancer (TNBC).

Their analysis of TNBC tumours from a diverse patient population revealed a large set of genes whose expression differed in patients with African ancestry compared with patients with European ancestry.

In the study, scientists performed ancestry estimation on breast tissue samples from 132 patients and DNA sequencing on a subset of 26 cases provided

by different institutes. They identified the expression of 613 genes associated with African ancestry and more than 2000 genes associated with regional African ancestry in patients with TNBC. They also describe distinct patterns of immune responses in patients of African descent that may explain patterns of disease progression and outcomes.

The authors said that these findings provide a foundation for future research into better treatment options for this cancer, which has the worst survival outcomes of all breast cancer types.

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**Cancer Discovery**  
 [bit.ly/CD\\_cancer\\_genetics](https://bit.ly/CD_cancer_genetics)


**AUSTRALIA**  
**FLU VACCINE AND SEVERE EPILEPSY**

The flu vaccine should be given to children with a severe form of epilepsy due to the high risk of seizures being triggered by an influenza infection, a study suggests.

The research involved children with SCN1A-positive Dravet syndrome who had a confirmed influenza infection. Researchers found that 21 children caught influenza 24 times, with brain complications reported in 88% of cases.

All presented to hospital, with 75% recovering quickly, but death or long-term brain complications occurred in one in five infections. Between them they received 60 influenza vaccinations, with most tolerating the vaccine well.

Lead author Dr Katherine Howell conceded that concerns about giving the flu vaccine and incomplete routine immunisations are common in this patient group, but said that despite the risk of seizures after vaccination, the benefits of flu vaccines for these children far outweighs the risks of seizures being triggered following vaccination.

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**Neurology**  
 [bit.ly/N\\_flu\\_epilepsy](https://bit.ly/N_flu_epilepsy)

## RESEARCH: ABRIDGED VERSION

# FIT FOR PURPOSE: SAFEGUARDING CHILDREN SUPERVISION IN NORTHERN IRELAND

**Collette Scullion** and **Steve Robertson** examine the experience of supervision and its effect on practice from both the supervisee's and the supervisor's perspectives.

## RESEARCH SUMMARY

- ▶ Fourteen semi-structured interviews were conducted with health visitors and school nurses from a Trust in Northern Ireland on the subject of supervision.
- ▶ The value of safeguarding supervision experiences was positively highlighted by all HVs and the two safeguarding children supervisor participants.
- ▶ Preparation for supervision using the risk analysis tool was recognised as imperative by all participants.
- ▶ Recommendations include the following: consideration should be given regarding aligning the regional nursing safeguarding children supervision documentation to the Signs of Safety approach.
- ▶ Consideration should be given to the regional interpretation of the protected time element of three hours by individual organisations for both the supervisee and supervisor.
- ▶ Promoting the uptake of peer support mechanisms for both the supervisee and supervisor is required.
- ▶ Further exploratory work is required on the current quality assurance process, which is open to individual supervisor interpretation.

The need for structures and systems that support effective safeguarding practice for children has been repeatedly emphasised in UK child death inquiry reports (Munro, 2010; Laming, 2003), and in case management reviews and inspection reports in Northern Ireland (Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI), 2011a). Such reports highlight the need for robust supervision arrangements and systems to be in place for practitioners who hold specific and ongoing responsibility for safeguarding children. Furthermore, Laming (2003) and Munro (2010) emphasise that high-quality supervision should be constructive, challenging and held within an open and supportive relationship.

Safeguarding children nursing supervision is separate from, but complementary to, other forms of managerial and clinical supervision (DHSSPSNI, 2011a). It offers a specialist professional service from safeguarding children supervisors, which involves providing specialist case management supervision, advice and support to all registered practitioners in their roles of safeguarding children (DHSSPSNI, 2011a).

The process of safeguarding children supervision is underpinned by the principle that every member of staff is accountable for his or her own practice (Health and Social Care Board (HSCB), 2018; NMC, 2015). The supervisor is accountable for the advice they provide and the supervisee is accountable for the actions they take (HSCB, 2018). Effective safeguarding supervision reduces risk to children and young people while identifying their needs (Warren, 2018). Little et al (2018) recommended that safeguarding supervision should be child-focused, include children of concern rather than just those on a child protection plan, and be able to assess risk through challenge and critical reflection (Jarrett and Barlow, 2014).

In Northern Ireland, health visitor and school nurse (SN) practices are shaped and directed by Healthy Child, Healthy Future guidance

(DHSSPSNI, 2010) and, where there are identified unmet health needs, enable practitioners to deliver a universal or targeted service to families with babies, pre-school children, school-aged children or adolescents. HVs and SNs, therefore, play a key role in safeguarding children (Littler, 2019). Yet, to date, little research has considered safeguarding children supervision experiences for these professional groups.

**STUDY AIMS**

- ▶ To understand the experiences of safeguarding children supervision from both the supervisees’ (HV and SN) and safeguarding children supervisor’s perspectives.
- ▶ To consider how the regional risk analysis tool is used within safeguarding children supervision.
- ▶ To consider how the regional risk analysis tool influences the supervisee’s practice.

**METHODS**

The study used a qualitative design as an appropriate way to ascertain information on people’s understanding and experiences (Meadows, 2003). The aim was to understand more about the HV, SN and safeguarding supervisor experiences of safeguarding children supervision; qualitative approaches are best placed to facilitate this understanding, as they seek to study a phenomenon through people’s own perspective, paying attention to the context within which they emerge (Denzin and Lincoln, 2005). Fourteen semi-structured interviews, lasting from 30 to 45 minutes, were conducted, and recorded in November 2019 (see Table 1).

**TABLE 1: INTERVIEW TOPIC AREAS**

Characteristics
1. Can you tell me why as an HV you have safeguarding children supervision?
2. How does safeguarding children supervision make a difference to your practice?
3. What works well in safeguarding children supervision?
4. What does not work in safeguarding children supervision?
5. Can you tell me how you use the risk analysis tool in preparation for safeguarding children supervision?
6. Safeguarding children supervision can evoke positive and negative emotions in staff. What is your experience of safeguarding children supervision?
7. Do current arrangements for safeguarding children supervision need to change/ If ‘yes’, how? If ‘no’, why?

**RESULTS**

The thematic content analysis (Braun and Clarke, 2006) identified three themes and several sub-themes (see Table 2 overleaf). Direct quotes are used to illustrate the themes [in the unabridged, online version of this article].

**THEME 1. THE NEED FOR SUPERVISION**

Most participants identified that safeguarding children supervision was fundamental in delivering high-quality health visiting practice to children and families. Responses from all participants showed that supervision was crucial in safeguarding the child and placed the child in the centre of supervision sessions.

The need for practitioners to discuss worries and concerns in safeguarding children supervision was identified by five participants as a key reason for supervision, with three participants identifying supervision as an opportunity to discuss and progress actions with the supervisor.

**THEME 2. THE SUPERVISION PROCESSES**

All participants reported that planned four-monthly supervisions were highly effective for supporting safeguarding practice. In addition, three participants made positive comments regarding their experiences of the more intensive induction and then planned four-monthly supervision mechanisms.

A two-hour window of protected time is permitted to allow HVs to attend supervision. Half of the participants noted that protected time provided an opportunity to reflect on families that practitioners were working with, and to review interventions that were in progress or required for the future. However, seven participants highlighted that there was not sufficient protected time available to complete the required paperwork that forms part of the supervision tool.

Gaining regular feedback on cases and debriefing sessions was reported as beneficial to the delivery of safe and effective care. It was also reported to be invaluable for participants, especially after they had been involved in a case management review or where a child had been harmed. The need to debrief with the safeguarding children supervisor was described as essential. The importance of receiving feedback was present in nine of the interviews.

**THEME 3. THE VALUE OF SUPERVISION EXPERIENCES**

The safeguarding supervision experience was positively evaluated by all participants, with many participants connecting it with a positive state of mind.

The supervisors’ ability to provide a safe space, a different office space, confidentiality and emotional support was key to these positive experiences. A platform to express and contain emotions was highlighted by all participants, with five highlighting the importance of personal support.

**TABLE 2: THEMES AND SUB-THEMES**

The need for supervision	<ul style="list-style-type: none"> <li>● Promoting safety and a quality service</li> <li>● Providing guidance and reassurance</li> <li>● Support system mechanisms</li> </ul>
The supervision processes	<ul style="list-style-type: none"> <li>● Delivering the policy</li> <li>● Preparation for supervision</li> <li>● Supervisor skills for supervision</li> </ul>
The value of supervision experiences	<ul style="list-style-type: none"> <li>● Providing a safe place</li> <li>● Managing stresses of the roles</li> <li>● Positive and helpful experiences of supervision</li> <li>● Providing a safe place</li> </ul>

**DISCUSSION**

**The need for supervision**

The literature outlines the role safeguarding supervision has in promoting child and practitioner safety (Austin and Holt, 2017; Rooke, 2015; Botham, 2013; Hall, 2007). The findings indicate that all safeguarding children supervisors and HVs were focused on the safety and wellbeing of the child in safeguarding supervision. It was not only seen as critical in safeguarding the child, but also the HV and safeguarding children supervisor participants’ perceived safeguarding supervision as a staff protection, and this ultimately protected the child.

Smikle (2017) reinforced the need to support practitioners in order to ensure they have the confidence to undertake safeguarding work. In this study, safeguarding supervision was recognised as a vehicle to reduce HV stress and provide practitioners with a sense of confidence in their roles.

**The supervision processes**

Although there is no national guidance on how often safeguarding supervision should be carried out (Hall, 2007), findings indicate that Northern Ireland regional and local policy timings and frequency are well received. Formal planned supervision was identified as a valuable component of safeguarding children, and was reported to be highly effective for supporting HV practices.

While the open-door method was perceived as an imperative aspect of safeguarding supervision by most, a few HV participants expressed some hesitancy regarding a perceived lack of this method. The findings suggest that the regional procedure (DHSSPSNI, 2011b) method of open-door advice and support is working well with those interviewed either face-to-face or by telephone call.

Little et al (2018) and Wallbank and Wonnacott (2015) found that safeguarding supervision helps develop practice by improving practitioners’ reflective skills to achieve

greater clarity. Preparation of the regional risk analysis tool (which covers four main areas: child’s developmental needs, parenting capacity, family and environment, and partnership working with parents) was recognised as significant by all participants in this study. The tool was deemed to be advantageous in assisting practitioners to reflect and maintain focus. The findings further suggest that practitioner preparation and supervision sessions are being used as constructive learning opportunities (DHSSPSNI, 2011b).

Existing literature outlines the challenges posed by safeguarding documentation (Guindi and Hassett, 2019; Littler, 2019; Little et al, 2018; Hackett, 2013). Within this trust, safeguarding supervision is booked for a protected timeframe of two hours. While half the HV participants welcomed the two-hour window as an opportunity for reflection, other HVs and one safeguarding children supervisor were concerned about the lack of protected time for completion of the paperwork. This reinforces the need to raise awareness regarding the functions of the three-hour protected time, and for the documentation to be reviewed in alignment with the Signs of Safety approach.

The findings also suggest that supervisors are creating safe climate conditions for HVs to examine their practices as they are given opportunities to discuss the personal impact of child protection work.

Receiving feedback was considered to be important for reassuring staff and for benefiting the delivery of safe and effective care. Findings indicate that safeguarding supervision not only supports HV learning and developmental needs but also improves HV practices.

The benefits of one-to-one, peer and group supervision used in combination to provide maximum support to practitioners were identified throughout the literature (Taylor et al, 2017; Rooke, 2015; White, 2008; Hall, 2007). However, only a few participants in the current study mentioned informal peer supervision as a supportive mechanism and as a forum to share feelings. The informal peer supervision challenges cited by this small number of HV participants were associated with the potential for stress levels to be heightened by colleagues. Group supervision in this study was perceived to be of little value, a tick-box exercise, or as not being routinely prioritised. Findings therefore indicate the need for raising the profile of group supervision and the possible benefits of peer support.

**The value of supervision experiences**

Existing literature suggests a variation in experiences among nurses and managers as to what constituted child protection clinical supervision (Botham, 2013; White, 2008; Lister and Crisp, 2005; Crisp and Lister, 2004). However, the value of the safeguarding supervision experience in this study was positively evaluated by all HV participants.

The ability of supervisors to provide a safe place was positively evaluated by some HV participants. This safe

space not only included the provision of a private room and avoidance of interruption, but was also seen as a place to emotionally download. Over half of HV participants perceived safeguarding supervision as a safe place to share complex emotions.

The focus on the child, and capturing their views, has been reinforced throughout serious case reviews where children and young people have died or experienced significant harm and, at the time of their deaths or injury, opportunities to safeguard had been missed (NSPCC, 2015; Ofsted, 2010). In this study, supervision was considered as a vehicle to reduce stress by almost half of the HV participants.

All HV participants felt well supported in their roles regarding safeguarding supervision modes and frequencies. Because of Covid-19 local protocols, safeguarding supervision has recently been conducted virtually via Zoom, which was acknowledged by two HV participants as positive. Further research will be required within this area to evaluate if supervision via Zoom works as well as face-to-face meetings for practitioners.

## CONCLUSION

The value of safeguarding supervision experiences was positively highlighted by all HVs and the two safeguarding children supervisor participants. Preparation for supervision using the risk analysis tool was recognised as imperative by all participants. It was deemed to be advantageous in helping practitioners reflect and maintain focus, and in positively influencing practice. However, this tool was also perceived to be time-consuming, not aligned to the Signs of Safety Approach, and challenging because of the competing demands of the HV role. Overall, findings demonstrate that formal planned supervision was identified as a valuable component of safeguarding children and as highly effective for supporting HV practices. 📌

**Collette Scullion is a safeguarding children nurse specialist at the South Eastern Health and Social Care Trust in Northern Ireland, and is based in Lisburn; Steve Robertson is research programme director at the University of Sheffield's Division of Nursing and Midwifery.**

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To view the full paper, including excerpts from interviews with study participants, *Fit for purpose: An evaluation of safeguarding children supervision in Northern Ireland*, visit [bit.ly/Scullion\\_safeguarding\\_Northern\\_Ireland](http://bit.ly/Scullion_safeguarding_Northern_Ireland)

# AM I HELPING TOO MUCH?



Psychologist **Jess Baker** explores why some people are susceptible to ‘super-helper syndrome’.

**D**id you choose your job because you care about the welfare of others? Have you ever gone beyond your remit to help someone? Have you ever felt guilty when you couldn’t help someone as much as you’d wanted to? Do you put others’ needs before your own?

Ever since I was 13 I had wanted to become a psychologist, so that I could help others feel better about themselves. I’ve heard similar sentiments from nurses, dentists, care home staff and other professional helpers. While wanting to help is a wonderful thing, it seems that those who do so tend to ignore their own needs. I call this ‘super-helper syndrome’ – where people feel compelled to help, even to the detriment of their own wellbeing.

Perhaps those who work in the community setting are at a higher risk of super-helper syndrome because their work brings them into close contact with the whole lives of the people they are trying to help.

## YOU FEEL LIKE YOU SHOULD BE DOING MORE

My first job in the NHS was in a day hospital for older adults more than 20 years ago. I became good friends with the social worker who supported some of my patients. When we met for coffee, every conversation would turn to our patients, discussing what could be done to give them a better quality of life at home. We were on a mission to resolve all their problems, even the ones beyond our remit.

For community practitioners there is also the risk of over-helping. While I was researching for a book I wrote with fellow psychologist Rod Vincent, one district nurse recalled an early moment in her career where she drove a young boy and his mother to the nearby park. It was her day off and she wanted to show them that by making small lifestyle changes they could be healthier. The nurse, now horrified at her naive younger self, acknowledged she’d breached professional and personal boundaries. She said: ‘I knew I shouldn’t have done it, but I couldn’t help myself.’

Another manager in an outpatient wound-care facility told me that she keeps an eye on certain nurses

who are prone to getting ‘too involved’ with their patients. ‘I know they just want to help, and that’s admirable, but it can and does create a dependency on

them as the problem-solver, which is just not sustainable,’ she said. She explained that because every patient has compounding problems, such as mobility or medical needs, the nurses often feel like they should be doing more.

## WHY DO SOME OF US BECOME COMPULSIVE HELPERS?

The answer lies in exploring your motives for helping in the first place. Our qualitative research, involving 50 people who had experienced super-helper syndrome, highlighted four irrational beliefs that helpers tend to hold. The most common of those, the ‘good person belief’, is where you help in order to prove that you are good. This can happen if you were heavily socialised to help as a child.

Others feel an obligation to help because they had an acute awareness of the suffering all around them (the ‘help everyone belief’). Again, childhood messages often play a part, but there is also evidence that some people are highly empathic for hereditary reasons (Davis et al, 1994).

Some people hold the ‘they-couldn’t-survive-without me’ belief, where the helper feels indispensable to someone who depends on them.

All of these beliefs are often accompanied by one other – the idea that the helper shouldn’t have any needs themselves. The ‘no needs belief’ is possibly the most insidious of the four as it leads directly to exhaustion, exploitation and other harmful effects of the super-helper syndrome.

## HOW TO LOOK AFTER YOURSELF WHILE YOU HELP OTHERS

1. Deconstruct any of the irrational beliefs you hold about helping. By doing this, you can be more realistic about your capacity and your responsibility to help.
2. Acknowledge your full duty of

**WHILE WANTING TO HELP IS A WONDERFUL THING, IT SEEMS THAT THOSE WHO DO SO TEND TO IGNORE THEIR OWN NEEDS**

care. As well as a responsibility towards your clients, your ultimate duty of care is to yourself – to looking after your own needs, protecting your boundaries and asserting your human rights. If you don't, who will?

3. Find support. If you see yourself as a provider, you are unlikely to seek help for yourself, especially if you hold the 'no needs belief'. But you deserve compassion, too. Your family, friends and colleagues don't want you to suffer. Be brave and call for the help you need.

## HOW TO SET BOUNDARIES

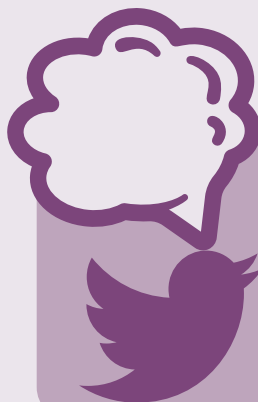
By protecting your boundaries, you can help without falling into exhaustion, feeling resentful or being exploited. Start by choosing who you are going to help (are some people relying on you unnecessarily or exploiting your friendship, for example?), how you are going to help (for example, limiting most of your helping to your professional role), and when you are going to help (for example, you might decide to listen to your mother's problems at Sunday lunches, but not spend time on the phone with her when you are at work). You can't help everyone. As a professional carer, you don't have to be helping in all other aspects of your life too.

Stay within the limits of your responsibility to help. For example, rather than trying to solve all of someone's problems, simply referring them to other specialists might be all you can do.

Defending your new boundaries requires assertiveness. Here are some tactics for pushing back:

- ▶ People might not know they are asking too much of you. Explain: 'I'd like to help but I have too much going on at the moment.'
- ▶ Avoid being overly apologetic – it can lead to you breaking your own boundaries.
- ▶ Buy time: 'I'll have to check my diary/work schedule first, then get back to you.'
- ▶ Believe it yourself: If you believe what you are saying without feeling guilty, you will sound more authentic and others will take you more seriously.

There's plenty of scientific evidence to show that healthy helping can actually be good for your health (McGonigal, 2015), releasing beneficial neurochemicals such as oxytocin and dopamine – but only when it comes from a place of compassion rather than from compulsion. 🧠



**Jess Baker is a chartered psychologist who specialises in working with people in the healthcare industry who are at risk of exhaustion due to their compulsion to help and care. With Rod Vincent, she is the co-author of *The Super-Helper Syndrome: A Survival Guide for Compassionate People* (Flint Books).**

## RESOURCES

- ▶ For more on how to be a more compassionate leader, see [jessbaker.co.uk/compassionate-leader](http://jessbaker.co.uk/compassionate-leader)
- ▶ For details of the book *The Super-Helper Syndrome*, see [jessbaker.co.uk/shsbookclub](http://jessbaker.co.uk/shsbookclub)
- ▶ Find 24/7 mental health support at [mentalhealthatwork.org.uk/ourfrontline](http://mentalhealthatwork.org.uk/ourfrontline)
- ▶ To follow the book's co-authors on all social media platforms, see [@jessbakerpsych](https://twitter.com/jessbakerpsych) and [@rodericvincent](https://twitter.com/rodericvincent)



For references, visit [bit.ly/CP\\_features](https://bit.ly/CP_features)

## TIME TO REFLECT

**Stop to think:** when was the last time you helped beyond the remit of your job, or out of a compulsion to help? Practise setting boundaries with people you trust, before building up your courage to assert yourself. Join the conversation on Twitter via [#superhelper](https://twitter.com/CommPrac)

# Featuring next issue...

# YOU!



Share your know-how in the award-winning *Community Practitioner*.

## CAN YOU OFFER EXPERTISE ON ANY OF THE FOLLOWING?

- ▶ The truth about Strep A
- ▶ How school nursing is changing
- ▶ The benefits of creativity in practice
- ▶ SCPHN student life

We're looking to cover these areas in upcoming issues of *Community Practitioner*. And we want to include

members' voices, experiences and know-how in your award-winning journal's coverage.

You can share your expertise in any of these ways:

- ▶ Offer to provide **quotes** via phone or email interview
- ▶ Tell us about relevant **projects, reports or events**
- ▶ Encourage **colleagues** or

associates to get in touch  
▶ **Share any insight** you think may be helpful.





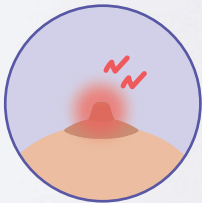
## CLINICAL RESEARCH

# HPA® Lanolin\* and its ability to protect the nipple when breastfeeding: evidence from a novel clinical model for breastfeeding.

Latest research by Lansinoh Laboratories UK Ltd demonstrated that HPA® Lanolin replenished the essential lipids of the skin, repairing the skin's natural barrier function, whilst simultaneously moisturising, protecting and conditioning the skin.

Whilst positioning and attachment are paramount to enable, pain-free effective breastfeeding, mothers may find it helpful to use HPA® Lanolin to prepare and protect their nipples, immediately prior to, or during breastfeeding.

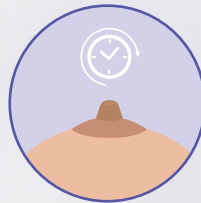
### How it works:



Mother may experience sore, cracked nipples due to friction and repeated suction



Keeping sore, cracked nipples moisturised can soothe and protect the skin



Mothers can continue to feed while the cause of soreness is addressed



\*Lansinoh HPA® Lanolin Research poster presented at: **RCOG World Congress 2022**  
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