

# When plans need to change

*Even the most carefully laid aims and plans sometimes need to change at short notice, says Dame Sarah. Right now, health visitors may need to prioritise supporting those affected by the outbreak of hate crime since the EU referendum.*

I had planned to write this month about the health visitor 4-5-6 model, which, I was going to say, should be the 5-6-7 model. The levels of service provision should include the cross-cutting theme of safeguarding. Best practice indicates there should be six mandated contacts, including a 3-4-month health review, and at least one of six high impact areas should be divided into two. Reducing unintended injuries (childhood accidents) and hospital attendances should each be listed separately. Assessing children at the 2-year review is different to supporting those with disabilities, who require special attention once children begin school. And, wonderful though the model is for explaining the complexity of health visiting services in an easily understood format, it does not cover everything by any means. It was all planned in my head, if not down on paper.

Then, an MP, the mother of two young children, was gunned down in a suburban street and it felt as if the

world had changed. This was personal. Yes, as a nation we were badly shaken by the mass shooting in Orlando, but this was England, a country where guns are tightly controlled and where our representatives expect to go about their daily business in safety. Where health visitors, too, expect to go about their business in safety, and where they are available to support busy mothers like Jo Cox, whose bereft children are 3 and 5 years old. How many visits to home and clinic included supporting young women distressed by this event, I wonder? How many conversations and planned topics for discussions had to be dropped and rescheduled because this event touched the hearts of so many?

Health visitors are good at that—following the topics that parents need to discuss, shifting the conversation to deal with more pressing concerns than those listed as KPIs and recognising when things have changed. They are skilled at identifying where the line is between a new parent being upset, expressing a collective shock and grief, and one whose already fragile mental health has been stretched so far that further help is required. Such flexibility may not show on an audit—but it makes a difference. Wise managers will have contacted their staff and carefully reviewed the clinical supervision agendas to ensure that health visitors were getting the support they needed through this difficult time. At least, we hoped, if nothing else, that widespread distress would lead to a kinder time—candlelit vigils repeated that there is ‘more that unites us’ or even ‘migrants welcome’.

However, we were in the midst of the most divisive, mendacious and rancorous campaign for the

EU referendum and divisions now look set to widen, rather than be settled, by the result. The vote to leave released a veritable maelstrom, simultaneously uprooting former certainties about our economy, politics and basically tolerant culture. Amid massive uncertainty, those who are now most certain are the minority who finally feel their voices have been heard—those who blame the EU and migration for their own unhappy situations. Emboldened by that infamous poster of refugees from war zones and the leave result, they have driven a dramatic rise in racism and hate across our towns and cities.

Anti-Islamic attacks (particularly against women) and anti-Semitism were already on the rise, but now we are hearing daily reports of Europeans, children and adults, and people of colour whatever their nationality, all being subject to abuse of a sort not seen in England for decades. Health visitors around the country will be hearing personal stories and may even be experiencing such attacks themselves.

Racist abuse and inciting hatred are crimes. Health visitors have a role in supporting those affected and possibly even helping to reduce tensions by providing safe spaces for families; but the first principle is always to stay safe yourselves, and then support any affected person and gather evidence if possible, to use in a report to the police. Most NHS managers have already assured European staff that they are valued and that their jobs are unaffected by the referendum result. Next on the job list, please, is to review policies on keeping staff safe, especially when they are working alone out in fractured communities.



**Professor Dame Sarah Cowley**  
Emeritus professor,  
King's College London  
sarah.cowley@kcl.ac.uk