A day in the life of a health visitor

By lead practice teacher and health visitor, Liz

“After a busy morning of visits, my student health visitor and I arrived at a GP surgery to carry out a routine two year¹ child development clinic. Unfortunately, due to room shortages, we had been given a clinical room. Cue quick ‘makeover challenge’ to transform it into a family-friendly and welcoming environment so that we were ready for the session. That meant hiding medical equipment, moving syringe bins out of reach, rearranging furniture, borrowing toys from the waiting area, putting down a play mat on the floor and grabbing some books and crayons.

“The first child we saw literally skipped into the room, promptly built a tower with the bricks and then drew us a picture, chattering happily all the while. We were able to complete the responses to the ‘ages and stages’ questionnaires and fill in the red book, as well as offer relevant health promotion advice for both mother and child.

“Our second contact was a complete contrast. This child was carried, crying, into the room by his maternal grandmother, followed closely by his mum. Having reviewed the records in advance of the session, I remembered doing the new birth visit, follow up visit and six week check for this family. They had then moved away for a while before returning to the area and re-registering with our health visiting team. I recalled that the grandmother had seemed wary at the time and did not appear to have a lot of faith in the health visiting service. The mother had had self esteem and confidence issues and had had relationship difficulties with the child’s father. However, today she seemed

¹ Health visitors carry out a developmental check on all children around the age of 2 ¾ years old.
really pleased to see me, recognising me from our previous contacts two years before.

“It quickly became clear that the little boy was not going to participate willingly in his assessment, and sat with grandmother at the toy table throwing the crayons and bricks, whilst sucking on his dummy. Looking through the responses to the questionnaire that his mother had completed, nothing untoward was highlighted apart from speech and sleep. Exploration of diet and lifestyle prompted us to supply some healthy start multivitamins and provide advice on strategies to reduce the amount of sugar in his diet, wean him off his dummy and introduce drinking from a cup. We also talked to mum about dental care and encouraged her to take him for regular dental checks. At this point we realised that a follow up home visit would be needed so that we could see the little boy in a place where he felt at ease, and at a time when he was less tired. Mum responded positively to this suggestion.

“We were now able to focus on the adults. I explored general health advice with them, and directed the conversation at the grandmother as I thought she looked unwell and tired, and had clearly lost a lot of weight since I had seen her previously. She looked surprised and then burst into tears, saying she had recently lost a close relative to cancer. We explored how she felt and after a few minutes accepted a leaflet for self-referral for counselling, bereavement support and for her own mental health needs. She also promised that she would start self-examining her breasts, and thought that our advice on using an ‘app’ would help her remember to do this. By this point, the mum was also in tears, so we were able to explore how she was feeling, the student keeping the little boy busy playing with some toy cars. It emerged that the mum’s unhappiness mainly stemmed from a physical discomfort which required investigation from the GP, so we were able to ensure that an appointment was made for her. We then explored her mental health, and agreed that a follow up contact would be beneficial to explore coping mechanisms and available resources to support her.

“Throughout the contact, both mum and grandmother were in tune with the little boy, comforting him and explaining to him that everything was ok, despite their tears. This was really lovely to observe and very reassuring for us as health professionals. The family left, each with their own package of care and both women thanked us, acknowledging that the support we had provided had far exceeded their expectations.”