

Delivered by **Bradford District Care NHS Foundation Trust**  
From **April 2021 – March 2023**



All Health Visitors involved in the pilot completed the MECSH foundation training

**71%**

of Health Visitors involved in the pilot completed HABIL training

**91%**

of Staff Nurses and Nursery Nurses completed HABIL training

**100%**

of Staff Nurses were fully MECSH qualified

**ALMOST 100%**

of Health Visitors, Staff Nurses and Nursery Nurses accessed specialist supervision sessions

**MECSH (Maternal Early Childhood Sustained Home-visiting) is a programme of regular home visits with the same Health Visitor, commencing antenatally or very soon postnatally, and continuing until the child is two years old.**

Health Visitors use a strength-based approach to work in partnership with families whilst also developing therapeutic relationships. Anticipatory and preventative guidance is provided to support and enhance the skills and capacities of vulnerable families. The emphasis is on integrated working and enabling parents to engage (or 'mesh') with local services.

The project was piloted in the Better Start Bradford area and subsequently adopted district-wide.

**Key modules covered in MECSH are:**

**1. Promoting First Relationships**

Helping families to develop a strong attachment and positive relationship with their child.

**2. Healthy Beginnings**

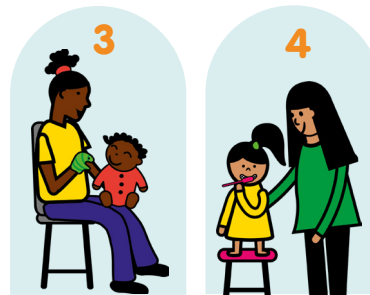
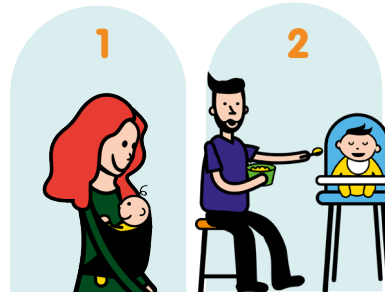
Promoting a healthy lifestyle including infant feeding, nutrition, physical activity and social support.

**3. Learning to Communicate**

Enhancing the understanding of and ability of parents/carers to provide stimulation for their babies, which will facilitate baby's communication development.

**4. HABIL (oral health)**

Improving parents'/carers' knowledge of oral hygiene and understanding and commitment to active oral and dental care in their children.



**Why this project was developed**

A large proportion of families who are expecting/have a child under the age of two who live in the Better Start Bradford area are vulnerable and are at a high risk of poor outcomes in terms of:

- Parental and child emotional health
- Child physical health
- Parental ability to adapt and self-manage
- Language and cognitive development in children

**Expected outcomes:**

- Parents/carers are responsive and sensitive to their children with good attachment and warmth of relationship
- Parents/carers provide a safe environment for their child
- Improved child development, including communication
- Parents/carers provide an appropriate variety of cognitive stimulation to the child, and also have ability to access other services
- Children are breastfed for six months and start solids at 6 months
- Parents/carers commence regular and supervised tooth brushing for the child
- Parents/carers feel enabled to parent effectively and adapt and self-manage

**Impact and findings\***

- After completion of the pilot phase, MECSH was successfully incorporated into the Bradford 0-19 contract and became district-wide.
- Families recruited to MECSH received an average of 1 visit per month, as anticipated, and data suggests a good level of continuity in the care they received.
- MECSH is highly valued by Health Visitors who see it as an opportunity to deliver health visiting as it 'should be delivered'.
- Practitioners have stated the therapeutic relationship they have developed has enabled the families to open-up more about their life/issues and how they want outcomes to be different for their children.
- The tiered model of health visiting - which seemed to be incompatible with the delivery of MECSH - was reverted to a universal service. This change enabled the continuity of care required for the MECSH programme.
- 'Spillover,' where key module material can be delivered by any of the practitioners to any family where required, was particularly successful with the HABIL module, with 281 HABIL questionnaires completed for non-MECSH families.

\*This section includes information from both the evaluation report/s and project