



Supporting parents and carers to manage common childhood illness and navigate services

Dr Sanjay Patel,

Paediatric ID Consultant, HT Project Lead and Clinical Lead, Children's Programme, HIOW STP

Sanjay.patel@uhs.nhs.uk

Dr Amanda Lees,

Senior Researcher, Faculty of Health and Wellbeing, University of Winchester

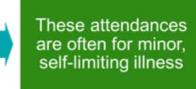
amanda.lees@winchester.ac.uk

Healthier Together programme

- Whole system approach
- Consistent management and healthcare messages across the healthcare pathway
 - Health promotion / illness prevention:
 - Midwives, health visitors, early years staff and schools
 - Illness management:
 - Pharmacists, NHS 111 staff, GPs, practice nurses, hospital staff

• Initial focus on minor illness management:

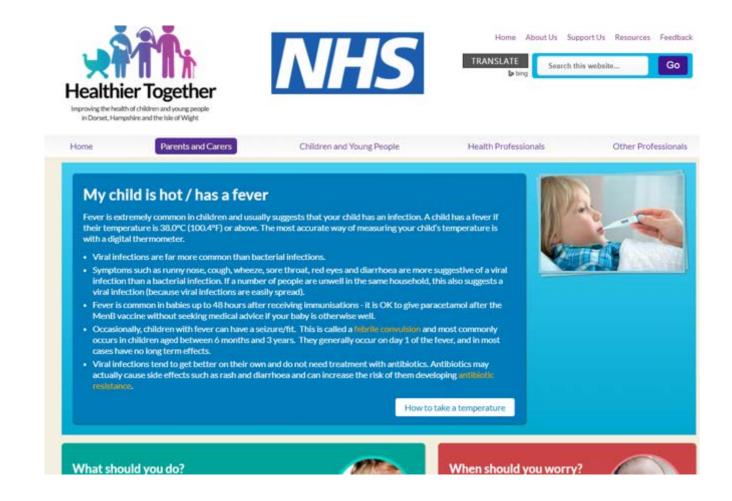
Increasing attendances to 1° care and ED for children, particularly 0-4 years



Parents may be unsure what to do and where to seek help when their child is unwell

Resources developed

- Healthier Together <u>website</u> www.what0-18.nhs.uk
- Paper-based handouts which were made available to parents in the context of parental health literacy classes delivered in children's centres (these are also available as links from the website).
- Paper-based <u>safety netting sheets</u> given to parents by GPs or health professionals.
- All including facts and advice on what to do when, and how to help child at home if appropriate/selfcare







Qualitative Evaluation

Aims

- To explore parents' experiences of, and reactions to, accessing information about common childhood conditions (including when and where to seek help)
- To identify perceived changes to parental understandings and help seeking behaviours following interaction with this information
- To explore the effects on parents' feelings about seeking help and making decisions regarding their children's health

Methods

- Naturalistic design including in home semi-structured interviews including 'think aloud' section with an element of participant observation
- Recruited via GP surgery plus attendance at children's centres and soft play sessions

Key messages



Overall, parents appreciated the advice on what to do when, felt that it would reassure them over their help seeking choices and give them confidence over how to help their child at home and promote behaviour change.

"It's like a mini doctor for you at home, that's how I see it"



High anxiety about child illness can be a driver for 'unnecessary attendances', but 'push and pull' factors at work.

"People panic and that's why they then rush up to A&E and the doctors".

"I was really worried about taking her to the doctors with a cough and getting a doctor who was...'don't bring your child here with a cough!'



Parents more responsive/receptive to health information when their child actually ill (GP versus children's centre)



Anxiety affects information needs

"There's too much stuff there...If you're panicking, your child's got a fever and unwell, you just want information quick. What should I do...?"



15/18 accessed information via smartphone

Changes made as a result



Fever / High Temperature

Fever is extremely common in children and usually suggests that your child has an infection. A child has a fever if their temperature is 38.0°C (100.4°F) or above. The most accurate way of measuring your child's temperature is with a dignal thermometer.

- . Viral infections are far more common than bacterial infections.
- Symptoms such as runny nase, cough, wheeze, sore throat, red eyes and diarrhoea are more suggestive of a viral infection than a bacterial infection. If a number of people are unwell in the same household, this also suggests a viral infection (because viral infections are easily special).
- Fever is common in babies up to 48 hours after receiving immunisations it is OK to give paracetomal after the MenB vaccine without seeking medical advice if your baby is otherwise well.
- Occasionally, children with fever can have a seizure/fit. This is called a febrile convulsion and
 most commonly accurs in children aged between 6 months and 3 years. They generally occur
 on day 1 of the fever, and in most cases have no long term effects.
- Viral infections tend to get better on their own and do not need treatment with antibiotics.
 Antibiotics may actually cause side effects such as rash and diarrhoed and can increase the risk of them developing antibiotic resistance.

How to take a temperature

When should you worry?



If your child has any of the following:

- . Becomes pale, mottled and feels abnormally cold to touch
- Is going blue around the lips
- . Has a fit/ seizure
- Becomes extremely agitated (crying inconsolably despite distraction), confused or very lethorgic (difficult to wake)
- Develops a risch that does not disappear with pressure (the 'Glass Test')



If your child has any of the following:

- + Is finding it hard to breath
- Seems dehydrated (dry mouth, sunker eyes, no tears, drowsy or passing less urme than usual)
- Is becoming drawing texcessively sleepy) or irritable curable to settle them with toys. TV. food or picking up0 – especially if they remain draway or imbable despite their fever corning down
- Hos extreme shivering or complains of muscle pain
- Is under 3 months of age with a temperature above 38°C / 100.4°F or 3-6 months of age with a temperature above 39°C / 102.2°F (but fever is common in babies up to 2 days after they receive vaccinations)
- Continues to have a fever above 38.0°C for more than 5 days.
- . Is getting worse or if you are worsed

You need to contact a doctor or

You need urgent help.

Go to the nearest Hospital Emergency

(A&E) Department or phone 999

Please ring your GP surgery or call NHS . 111 - dial 111

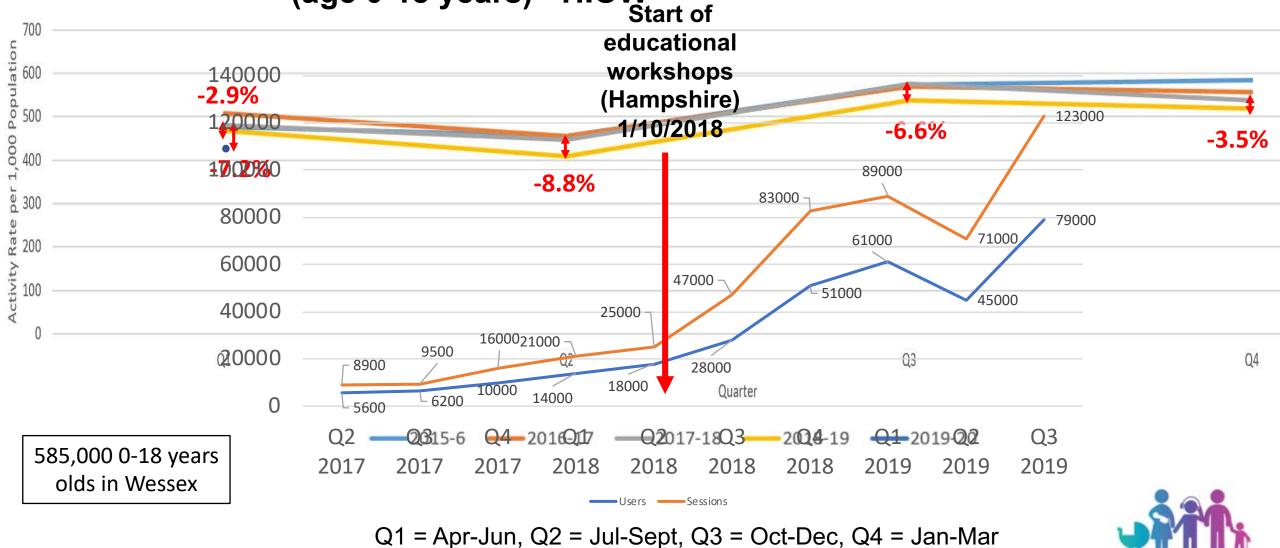


If none of the above features are present

Self care

Continue providing your child's care of home. If you are still concerned about your child, call NHS 111 - dial 111

GP presentation rates per 1,000 population (age 0-18 years) - HIOW



Healthier Together

Key 'unanticipated' messages



A subsection of parents struggled to engage with resources/and or the evaluation.



These parents exhibited characteristics of low health literacy linked to social deprivation*.



These parents faced several barriers including anxiety/lack of confidence in their ability to use IT, language difficulties (reading/using search terms/being interviewed), unease about researcher's purpose, often resulting in refusal to participate/no shows.



Sensitive research process mitigated to some extent but accessing vulnerable groups requires more tailored/coproduced research designs.



To avoid reinforcing existing health inequalities, it is important to consider how the needs of more vulnerable parents at risk of low health literacy, can be responded to.



This is important because health literacy is a social determinant of health and low parental health literacy can impact on dependents' health and health service use.

^{*}Health literacy is defined as 'the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health"

Opportunities for research and service evaluation in Wessex

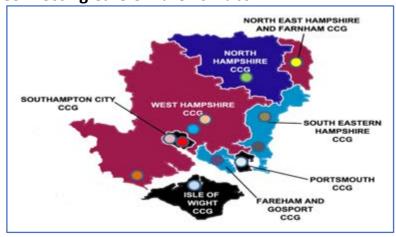
Parent workshop pilot- parental health literacy

Health literacy as a social determinant of health

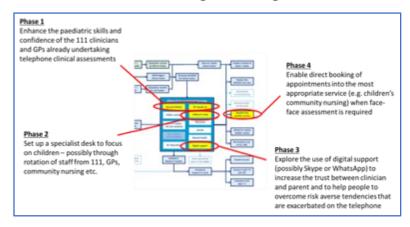




Connecting Care Children's Hubs



NHS 111 and Integrated Urgent Care





Channel shift app pilot (funded by NHSE)