



# Facing the future

A review of the role  
of health visitors

Chair: Rosalynde Lowe

# Facing the future

A review of the role  
of health visitors

Chair: Rosalynde Lowe,  
Queen's Nursing Institute

Published June 2007  
© Crown Copyright 2007

The text of this document may be  
reproduced without formal permission or  
charge for personal or in-house use.

Available at [www.dh.gov.uk/cno](http://www.dh.gov.uk/cno)

# Contents

<b>Foreword</b>	4
<b>Executive summary</b>	5
<b>1. Introduction</b>	9
<b>2. Health visiting today</b>	11
<b>3. Review findings</b>	13
<b>4. Recommendations</b>	17
Recommendation 1: <b>Core elements of health visiting</b>	17
Recommendation 2: <b>Focus</b>	18
Recommendation 3: <b>Priorities</b>	19
Recommendation 4: <b>Commissioning</b>	21
Recommendation 5: <b>Level of practice</b>	22
Recommendation 6: <b>The primary role of the health visitor</b>	23
Recommendation 7: <b>Additional areas of practice</b>	27
Recommendation 8: <b>Organisational options</b>	28
Getting from here to there	29
Recommendation 9: <b>National policy</b>	30
<b>5. Conclusion</b>	31
References	32
Annex A:	
Health Visitor Review Working Group: Terms of reference	33
Annex B:	
Membership of the Health Visitor Review Working Group	34

# Foreword

Many years ago, health visiting was my chosen profession and it has always remained very close to my heart. I was therefore delighted and honoured to be asked to chair this review.

For some time now, there have been concerns that health visiting had lost its focus, or rather, there seemed to be too many foci for anyone, even health visitors themselves, to be able to define what health visiting was about and what health visitors should be doing. This is more than a pity; it has meant that the important, and often unseen, work that health visitors are doing has gone unrecognised and therefore undervalued.

To say we now live in a rapidly changing world is a truism, but certainly the changes in the way we expect to use technology, communication and health services have been massive. Put alongside the equally massive changes in the way health services are organised, it is perhaps unsurprising that the health visiting profession and those charged with commissioning their services and education have, in many areas, appeared to have lost their focus.

This review into the future role of health visitors will give the health visiting profession and the health service as a whole, a real opportunity to sharpen, clarify and revitalise the health visitor's role. It is not about more health visitors doing the same job they have always done but rather focussing their skills and expertise on where they can make the greatest impact: in early intervention with children and families, and in tackling the 'difficult' issues in vulnerable families and communities within a public health context.

Health visitors have never worked in isolation, and the wide range of people contributing to this review reflects that broad reach. I would like to thank everyone who sent in comments and references, attended workshops, held discussions with their colleagues over coffee or the internet, or who worked so hard in the review group. While I have tried to cite as much supporting evidence as possible, it is beyond the scope of this report to produce a comprehensive literature review of all relevant research.

If ever proof were needed that health visiting is a valued profession and health visitors valued colleagues, then the response we have had in undertaking this review is definitely proof positive. It is now up to all of us to put it to good use.



Rosalynde Lowe  
Chair, Health Visitor Review Group

# Executive summary

- The review was asked to describe a renewed role for health visitors that:
  - Delivers measurable health outcomes for individuals and communities and provides a rewarding and enjoyable job for nurses
  - Has the support of families and communities
  - PCTs and practice based commissioners will commission
  - Delivers government policies for children and families, improving health and reducing inequalities and social exclusion
  - Fits the new system of providing choice and contestability through new providers, that promotes self-care, service integration, improved productivity and local decision making
  - Can adapt and respond to changing needs and aspirations
  - Attracts a new generation to the profession.
- In so doing, the need has been identified to reform the existing health visiting service into a fully integrated preventive service for children and families within a public health context.
- Two primary roles have been identified for which the skills and knowledge of the health visitor are an essential requirement. This will provide the opportunity to improve the health and wellbeing of children, families and communities, and address some of the key public health issues facing society today.
- The review has identified that the range and complexity of children and families today means that it is not simply a question of having more health visitors doing the same work. The formation of well trained and competent teams led by a health visitor will ensure that a universal preventive health service can be effectively and efficiently delivered to all families with young children.
- The final recommendation on national policy is key to ensuring the support and successful implementation of this report.

**RECOMMENDATION 1:**

## The core elements of health visiting should be:

- Public health and nursing
- Working with the whole family
- Early intervention and prevention
- The value of knowing the community and 'being local'
- Pro-active in promoting health and preventing ill health
- Progressive universalism
- Safeguarding children
- The value of working across organisational boundaries
- Team work and partnership
- Readiness to provide health protection service
- Home visiting.

**RECOMMENDATION 2:**

## Focus

The focus of health visitors should be early intervention, prevention and health promotion for young children and families as this is where their nursing and public health skills and knowledge can have the greatest impact.

**RECOMMENDATION 3:**

## Priorities

Priorities in which health visitors will need to play a lead role are:

- Preventing social exclusion in children and families
- Reducing inequalities
- Tackling the key public health priorities in particular, obesity, smoking, alcohol, drugs and accident prevention
- Promoting infant, child and family mental health
- Supporting the capacity for better parenting i.e. improving pregnancy outcomes, child health and development, parents' economic self-sufficiency, safeguarding children, addressing domestic violence, supporting parental relationships and fathers in their parenting role.

**RECOMMENDATION 4:**

## Commissioning

Commissioners should commission early intervention, preventive and health promotion services for all young children and families.

**RECOMMENDATION 5:**

## Level of practice

Health visitors are public health nurses working with young children and families. As highly trained professionals they should be responsible for the 'difficult things' i.e.:

- Managing risk/decision making in conditions of uncertainty, including safeguarding children
- Building therapeutic relationships and addressing difficult issues in families with complex needs
- Leading multi-skilled teams
- Working across sectors and putting health into multi-agency work
- Delivering population level outcomes
- Assessment and identification of existing and future vulnerability
- Engaging hard to reach groups and individuals
- Translating evidence into practice.

**RECOMMENDATION 6:**

## The primary role of the health visitor should be either:

- Leading and delivering the Child Health Promotion Programme using a family focused public health approach, or
- Delivering intensive programmes for the most vulnerable children and families.

**RECOMMENDATION 7:**

## Additional areas of practice

There are two further packages of services that health visitors or other nurses can provide depending on local circumstances:

- Wider public health packages
- Primary care nursing service for children and families.

**RECOMMENDATION 8:**

## Organisational options

Health visitors are a key part of an integrated children's service; whether they are located within children's centres or the primary health care team, should be determined locally.

**RECOMMENDATION 9:**

## National policy

National policy should support the implementation of this review by:

1. Issuing national guidance that strengthens and updates the NSF standard on the Child Health Promotion Programme and goes beyond the minimum core to include a model of progressive universalism bringing together screening, early detection, health promotion, health protection and parenting support into one programme for all families
2. Assembling the relevant research findings to support a 21st century child and family health promotion service
3. Strengthening the commissioning of early intervention and prevention health services for children
4. Leading the development of the workforce through *Modernising Nursing Careers* to support current and future health visitors to undertake the roles described in this review
5. Clarifying and promoting the contribution of health in the government's policy on parenting.

# 1

# Introduction

Health visiting has a long and proud tradition in this country. We are fortunate to have a profession founded on universalism and prevention that combines nursing and public health and has legitimacy with the public. For many generations health visitors have been a valued resource and have had a positive influence on the health and wellbeing of families and young children. Yet throughout this review we have been faced with the question of why the profession seems lost and under pressure when the very issues where health visitors can make a positive difference have never had greater prominence in the public's mind and government policy. We have found that the answer to this paradox lies in many quarters and the solutions are multifaceted. This report illustrates this by drawing on the views of many people, providing an analysis of health visiting today and setting out a vision for the future. An overwhelming message has been the need for clarity and direction about the current and future role of health visitors for commissioners, health visitors, other professions, leaders and the public.

## **Modernising Nursing Careers**

*Modernising Nursing Careers* (MNC) published by the Department of Health in 2006 outlines how nursing roles and responsibilities will change and sets the direction for modern nursing careers. MNC identified four priority areas that need to be addressed to ensure that nursing is fit for the future. As part of the family of nursing these apply to health visitors and have shaped this review.

- **Develop a competent and flexible workforce**
- **Update career pathways and career choices**
- **Prepare nurses to lead in a changed health system**
- **Modernise the image of nursing and nursing careers**

This review has been undertaken as part of *Modernising Nursing Careers* (MNC) which was published in 2006 and sets the future direction for the careers and educational preparation of all nurses. However in keeping with devolved responsibility and local decision

making, this report does not tell the service what to do, neither does it make recommendations on numbers and resources. Rather, it describes a role for the future that focuses on the needs of children and families and on what commissioners, providers and the health visiting profession need to do to implement that role. This review is informed by evidence, government policy and the views of many stakeholders. Its implementation will depend on strengthening the commissioning of preventive services for children, modernising nursing careers and change by the health visiting profession itself. Importantly we aim to support those leaders and practitioners on the ground who are forging ahead and developing a profession that will have a confident, relevant and sustainable future for the benefit of the nation's health and wellbeing.

### **Purpose of the review**

To describe the future role of the health visitor and make recommendations for developing and implementing the role in the context of *Modernising Nursing Careers*.

# 2

# Health visiting today

## The changing context for health visitors

Health visitors, like everyone else in the public sector, work in a world of perpetual change. Society is changing. There is greater social, cultural, racial and geographical diversity in the UK today. The population, including the workforce, is ageing, long term conditions are increasing, inequalities are proving hard to shift and developments in science and technology aim to change what is possible and how services are delivered. Government reforms aim to change the way services are provided, putting patients, users and the public first, providing more care closer to home and enabling more choice for individuals. The emphasis is on service integration, prevention and health promotion along with self-care and improving care for people with long term conditions.


Health visitors arguably face a wider range of changes and influences than other groups of nurses. This is because of their holistic view of health and prevention and their position at the interface between the NHS and local authority, nursing and public health, general practice and children's centres. Factors impacting on health visiting include:

- **Cross government policies** on public health, children and social exclusion
- **Emerging knowledge and evidence** on the neurological development of young children, mental health promotion, the effectiveness of early intervention and prevention, parenting programmes and home visiting
- **A greater emphasis on evidence-based programmes** with measurable outcomes
- **Progressive universalism** a universal service that is systematically planned and delivered to give a continuum of support according to need at neighbourhood and individual level in order to achieve greater equity of outcomes for all children

- **Current and future global health threats and health problems** facing the modern world: pandemics, obesity, smoking, mental health, drugs and alcohol
- **Inequalities in health** in particular in rates of infant mortality
- **Changing family structures**
- **Changing public expectations** such as choice of health professional, and access to different information sources
- **New technologies** with parents using web-based advice and support networks, tools for monitoring their child's development and telephone helplines
- **An enlarging and multi-faceted workforce** with more players on the field such as health trainers, parenting practitioners, early years' workers
- **Service integration** as many children's services are brought together under one roof in children's centres
- **New commissioning arrangements** involving PCTs, practice based commissioners (PBCs), children's trusts and local authorities
- **New ways of organising services** including self-employment, social enterprises.

# 3

## Review findings



The process of this review has been excellent - we have felt really involved and listened to.

We are competing for clients with other, new service providers in the children and family arena - there is duplication of services and lack of communication.

Proud of what we are doing, knowing that we are making a real difference.

In this age of complexity no single individual or part of the system holds the complete answer. So in carrying out this review we embarked on an ambitious programme of engagement over a short period of time. Over 1,000 health visitors and local leaders contributed to the debate through 10 regional 'Let's talk about health visiting' workshops, almost 400 responses were received through the Chief Nursing Officer email box, along with examples of local reviews and new roles. Quotes from these events are used throughout this report. One-off events and meetings were held to gather the views of other stakeholders. In addition the Health Visiting Review Group (see Annex B for membership) brought expertise and leadership to the review from professional bodies, academics, parenting organisations, service providers, commissioners, practitioners and educationalists. Our work was also informed by a small survey of PCT commissioners and practice based commissioners. Throughout this review we have been careful to not lose sight of the needs of service users and to focus on the interventions that bring greatest benefit especially for those with greatest needs.

We found differing views and experiences across the country in terms of staffing, training, opportunities, innovation, morale. In some places practitioners reported being under considerable pressure with high levels of need, unfilled vacancies and large workloads. Health visitors seem to be particularly vulnerable when organisations are faced with financial constraints. In others, a great deal of innovation and change is taking place with good leadership. Overall, there seemed to be a lack of consistency in the services offered to families and a lack of clarity about the role of health visitors.

The service is funded for today, not the required outcomes of tomorrow.

Our profession is at a crossroads; we have lost our identity and are becoming marginalised and task focused; we lack clarity of direction but can see the world changing around us.

Rhetoric does not match reality on the ground.

There is a very mixed legacy in the profession. The service now varies hugely from area to area, dependant upon old PCT boundaries, different leadership and different beliefs about the service. It is a very patchy, inconsistent service.

## Review findings on **where the profession is now**

1. There is uncertainty about the future but also pride and a sense of opportunity and optimism
2. Parents are concerned about access and confused about what to expect from the service
3. Health visitors' knowledge needs updating especially in neurological development, mental health promotion and parenting
4. There was strong support for progressive universalism and integrated services for children and families in children's centres
5. There were concerns about the commissioning of services for children and prevention
6. There were frequent reports of reductions in the number of health visitors being trained
7. There is a need to focus the role and use high level skills more effectively
8. Parents, commissioners, GPs, local authorities, policy makers and the profession all seem to have different expectations of the role and what services should be provided.
9. A loss of leadership and uncertainty created by restructuring and *Commissioning a Patient-led NHS* was reported
10. There is a mismatch between training and the service requirements
11. As a group health visitors have an image of being defensive and resistant to change

Focused and accountable.

We're at the bottom of the totem pole. We are pulled in a dozen different directions, everyone wanting something different from us. We are a jack of all trades, working without boundaries.

We need to be delivering high quality, universal services against clear service specifications and to agreed outcome measures. Commissioners need to decide what they want to buy and then fund us to deliver it. That way everyone is clear on expectations.

## Review findings on **what needs to happen**

1. Make commissioning of early intervention and prevention services for children and families a priority
2. Clarify the health contribution to integrated children's services and better policy coherence between the Department of Health and Department for Education and Skills
3. Have clear specification of roles and expectations of health visitors focused on where nursing and public health skills are needed and where they are known to be most effective i.e. pregnancy and first years of life
4. Work as part of integrated, multi-skilled teams, using all levels of staff appropriately
5. Retain the health visitor's role in early intervention and prevention using holistic assessment and proactive interventions focused on health and wellbeing
6. Develop a model of progressive universalism where antenatal and postnatal contact provides the starting point for assessing and engaging families
7. Build stronger relationships and integrated services with midwives
8. Improve system support such as information technology
9. Ensure health visitors have the knowledge and skills to lead and deliver evidence-based services
10. Develop their contribution to commissioning – in particular health needs assessment, community involvement, service redesign, outcome measurement
11. There is a need for a currency to measure outcomes
12. Establish new career paths that lead into, within and beyond health visiting and that cross nursing, children's services and public health
13. Attract a new generation of nurses who want to make a difference

Health visiting has to wake up to the fact that without a marketable product commissioners are failing to buy the service.

Health visiting is valued and supported by service users and GP colleagues but it needs to demonstrate value for money otherwise commissioners may look elsewhere for the services they want.

Move from 'just in case' and 'my caseload' to being outcome focused, planned input, team player and community leader.

Outcomes, not the professional's view of the world and what they want to do; that is the way forward.

Whilst there was some anxiety and defensiveness, we found that the majority of frontline staff recognise the challenges facing the profession and have an appetite for change. We were struck by the variation in the services offered to users, the level of resources and quality of leadership between regions and PCTs, and the differing views within the profession. Whilst many felt that the rhetoric on health, prevention, inequalities and children was welcome, this was not being translated into action, with reality being dominated by short term acute commissioning decisions.

During the course of this work we have seen the debate move forward and it has been possible to identify areas of consensus and those issues where we found diverse views.

## Consistent views on the role of health visitors

- Focus to be on young children and families
- Nursing **and** public health
- Early intervention and prevention
- Need for new knowledge, career paths and preparation
- Partnership - part of integrated services and multi-skilled teams
- Support for progressive universalism
- Need to have a clearly specified role within a clearly specified service
- Importance of commissioning preventive services for children

## Differing views

- What should the level of practice be – advanced level?
- What relationship should health visitors have with general practice and practice based commissioners (PBCs)?
- Wider community public health or work with families? Or are these two different career paths?
- What model is needed in which circumstances?
- Preserving the past or a new brand for the future?

## 4

# Recommendations

**RECOMMENDATION 1:**

## Core elements of health visiting

It became very clear during the review that whichever role is taken on by a health visitor there are core elements that should remain.

- Public health and nursing
- Working with the whole family
- Early intervention and prevention
- The value of knowing the community and 'being local'
- Pro-active in promoting health and preventing ill health
- Progressive universalism
- Safeguarding children
- The value of working across organisational boundaries
- Team work and partnership
- Readiness to provide health protection service
- Home visiting.

This is delivery of public health *through* the family.

The core of health visiting should be passion, commitment and warmth.

Health visitors are the stitching that keeps the patchwork of services together for clients.

**RECOMMENDATION 2:****Focus**

Whilst there is a view in some parts of the profession that health visitors have a generic community public health role, we found little evidence that this role has been picked up on any scale by the profession or commissioners. On the contrary, the overwhelming view was that the primary role of health visitors should be in the health of pre-school children and their families. This is further evidenced by what we know about early childhood development and the impact of early intervention and prevention backed up by NICE guidance.

**The focus of health visitors should be early intervention, prevention and health promotion for young children and families as this is where their nursing and public health skills and knowledge can have the greatest impact.**

Let's finally admit that we don't do 'cradle to grave' any more - if we ever really did - let's accept that we are family and young children focused, and that our core purpose is to improve the health and life-outcomes of the children in our care. Full stop.

The Acheson report demonstrated that investing in the health of children and families moves the whole health of the population bell-curve in the right direction - towards greater public health. That's where health visitors need to be.

**RECOMMENDATION 3:****Priorities**

As a society we are faced with a number of priorities and issues that urgently need tackling and where health visitors can play a lead role. Many people in this review have called for greater focus and clarity on what the priorities need to be.

**Priorities in which health visitors will play a lead role:**

- **Preventing social exclusion in children and families**
- **Reducing inequalities**
- **Tackling the key public health priorities** in particular, obesity, smoking, alcohol, drugs and accident prevention
- **Promoting infant, child and family mental health**
- **Supporting the capacity for better parenting** i.e. improving pregnancy outcomes, child health and development, parents' economic self-sufficiency, safeguarding children, addressing domestic violence, supporting parental relationships and fathers in their parenting role.

Some examples include:

**Preventing social exclusion in children and families:**

Whilst a great deal of progress has been made in improving early years' provision for children and families, building parenting support and reducing child poverty, a small but significant number of families continue to suffer from a large number of problems and are deeply disadvantaged (Cabinet Office, 2006). The Social Exclusion Task Force estimates that around 2% of families with children in Britain experience five or more disadvantages. In 2004 this represented around 120,000 families. Children with four experiences of family problems during childhood have a 70% risk of multiple disadvantage at age 30 (Cabinet Office, 2007).

**Reducing inequalities**

Health is not distributed equally and inequalities remain a major challenge. While overall rates are continuing to improve, the gap in infant mortality rates between routine and manual groups and the population as a whole has widened from 13% in 1997-99 to 19% in

2002-04. In 2002-04 the infant mortality rate for mothers:

- Born in Pakistan was double the overall infant mortality rate
- Born in the Caribbean was 63% higher than the national average
- Aged under 20 years was 60% higher than for mothers aged 20-39

*Department of Health (2007)*

### **Tackling the key public health priorities**

The prevalence of obesity in children aged under 11 increased from 9.9% in 1995 to 13.7% in 2003 (Jotangra, et al., 2006). Prevalence has trebled since the 1980s, and well over half of all adults are either overweight or obese – almost 24 million adults. Early intervention is vital to improving long term reductions in obesity.

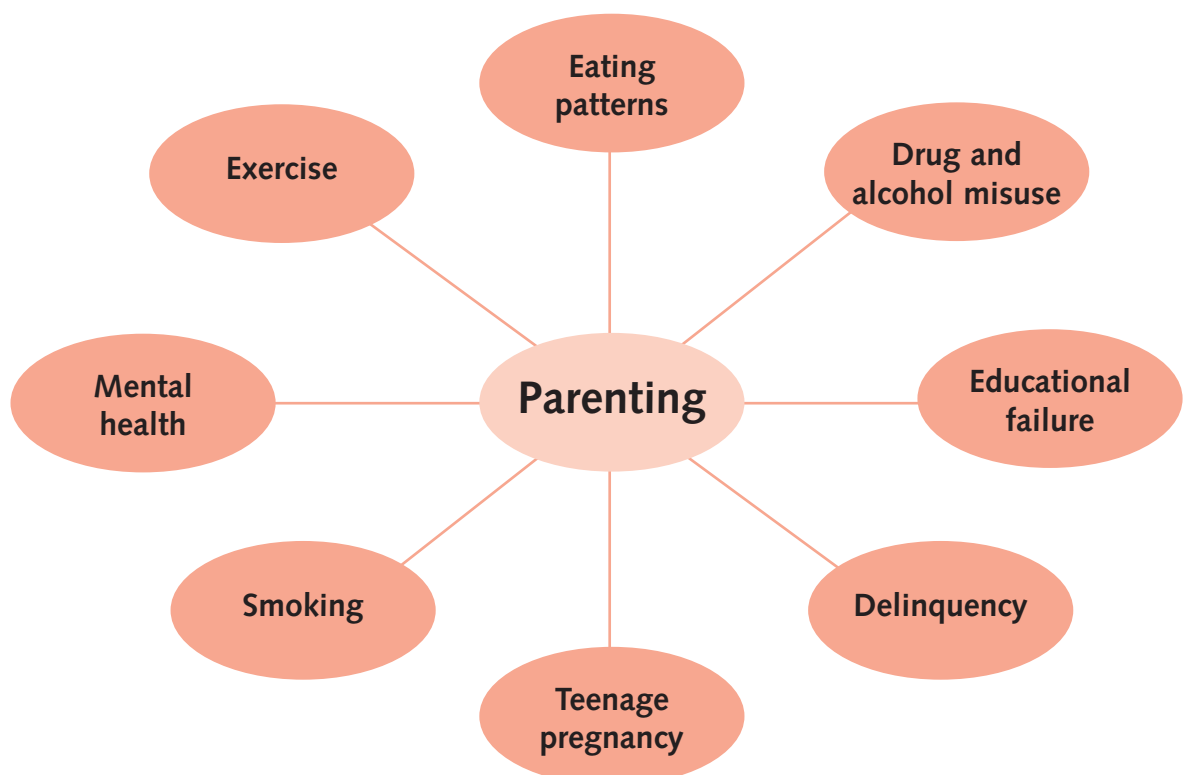
### **Improving infant, child and family mental health**

The rate of psycho-social disorders amongst children is 10-15% in the UK with levels being particularly high in areas of deprivation (Department of Health, 2007) and maternal mental health has a significant impact on child development and the wellbeing of families.

### **Supporting better parenting**

Health visitors have always recognised that parents have the greatest impact on a child's life. Warm and positive parenting lays the foundation for health and wellbeing for life and mediates the effects of poverty and social disadvantage.

### **Parenting is at the heart of a range of public health issues**



There is increasing and compelling neurological evidence that demonstrates the importance of early attachment and experience on the infant's neurological development. The influence that genes, biochemistry and experience have on a child's development begins at conception and is most important during the first years of life. This emerging knowledge is likely to have a profound influence on the future role of health visitors and midwives, and makes early preventive intervention an imperative.

**Parenting – what parents actually do with and for their children – arises from a very wide variety of influences. Some of these derive from parents' genetic characteristics, others from the consequences of their experiences of being parented, and others from their current mental and physical health. However, the translation of these differences into 'parenting problems' is substantially influenced by the circumstances in which they are trying to look after their children.**

Professor David Quinton *Supporting Parents: messages from research*

#### RECOMMENDATION 4:

## Commissioning

It is clear that the solution to the problems facing health visitors today does not necessarily lie in the profession but in the commissioning of child and family health services. Throughout this review, the clear message has been the need to strengthen the commissioning of universal preventive health services for all young children and families. These services, provided in the home and other settings, need to be provided by a well-trained and competent team led by a health visitor. Families need to know that the team will be there to support the family in ensuring the child gets the best possible start in life.

**Commissioners should commission early intervention, preventive and health promotion services for all young children and families.**

The report needs to recommend some models for commissioners - many of them are very lost in this arena.

**RECOMMENDATION 5:**

## Level of practice

The children and family workforce is enlarging and becoming multi-faceted with more players on the field such as health trainers, parenting practitioners, and early years' workers. At the same time there is a need for highly skilled and well-trained health visitors to deal with high levels of complexity in families and communities. This review recommends two roles with high level responsibilities that require high level skills. We believe that this is where health visitors have a unique contribution and one that needs promoting and developing in the future.

**Health visitors are public health nurses working with young children and families. As highly trained professionals they should be responsible for the 'difficult things' i.e.:**

- **Managing risk/decision making in conditions of uncertainty, including safeguarding children**
- **Building therapeutic relationships and addressing difficult issues in families with complex needs**
- **Leading multi-skilled teams**
- **Working across sectors and putting health into multi-agency work**
- **Delivering population level outcomes**
- **Assessment and identification of existing and future vulnerability**
- **Engaging hard to reach groups and individuals**
- **Translating evidence into practice.**

**RECOMMENDATION 6:**

## The primary role of the health visitor

In the course of the workshops the participants developed and refined the packages of services that they thought needed commissioning for children and families. Two of these packages will rely on the skills and knowledge of health visitors and should make up their primary role in the future.

- **Leading and delivering the Child Health Promotion Programme using a family focused public health approach**
- **Delivering intensive programmes for the most vulnerable children and families.**

Health visitors are skilled, experienced and expensive. They need to be directed to where they can have the most impact - needs assessments and vulnerable families.

Services need to be accessible, community based and targeting agreed local health needs, not just doing what individual professionals enjoy doing.

### Child Health Promotion Programme

The Child Health Promotion Programme (CHPP) is the core health service for protecting, promoting and improving the health and wellbeing of children. It forms the main health contribution to integrated children's services and its universality is essential. This review has highlighted the need to strengthen the programme, build a model of progressive universalism and integrate parenting programmes within the CHPP. The development of skill mixed teams, new services and settings and new technologies are changing how the CHPP is delivered and the role of the health visitor within the service.

All families should be entitled to personalised access to the Child Health Promotion Programme, in pregnancy and the first years of life, through a well-trained early intervention and prevention team led by a

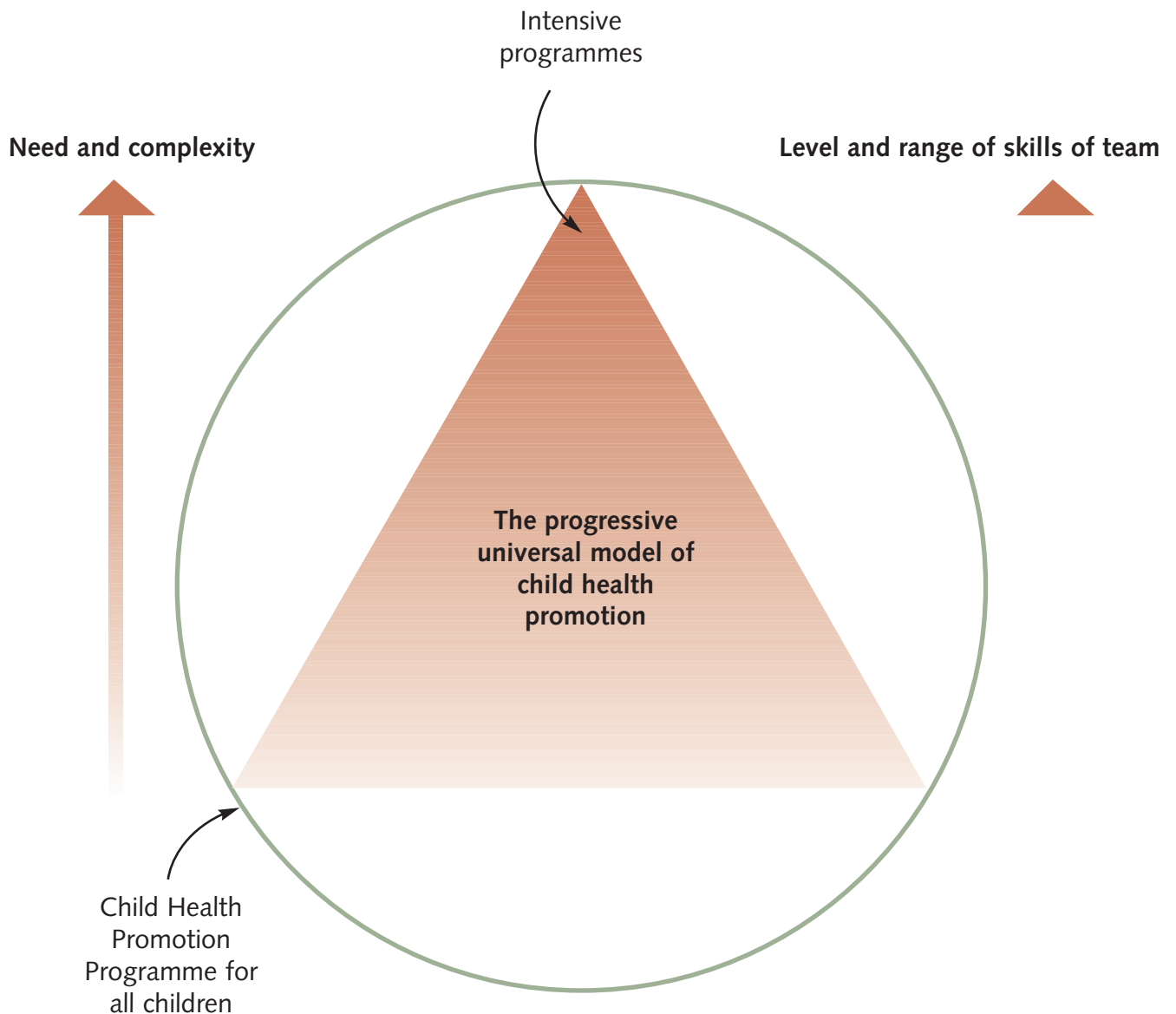
health visitor. Services should be individually tailored to need providing different levels of support and provision according to levels of need and in a range of settings including the home when required.

Need to clearly articulate the approach to children's health promotion as a universal, progressive, tiered service, rather than a 'minimum core' service.

Your team is there for you and your family to help you give the best start in life.

### **Responsibilities of the health visitor:**

- To lead the delivery of the CHPP to a defined population (practice and / or community) assessing population level needs, involving local people, redesigning services, monitoring outcomes
- To assess, identify and engage those children and families with additional needs and risk factors
- To build healthy communities for children and families by working with local people and other sectors
- To lead a multi-skilled team
- To quality assure the delivery of a progressive universal service of early intervention and prevention services in pregnancy and the first years of life
- Safeguarding, risk assessment and management
- To work in partnership with maternity and school health provision to deliver integrated services for children and families
- To provide evidence-based programmes and interventions where the needs of a child and the family require higher level skills
- To work with commissioners (local authority, PCT and practice based commissioner) on strategic needs assessment, joint commissioning, planning and evaluating service provision
- To promote child health within integrated early years children's services.



### What is 'progressive universalism'?

A universal service that is systematically planned and delivered to give a continuum of support according to need at neighbourhood and individual level in order to achieve greater equity of outcomes for all children.

Those with greatest risks and needs receive more intensive support.

## **Intensive home visiting programmes for vulnerable families**

It is too easy to underestimate both the level and complexity of some families' needs and the level of skill required to really make a difference to children and families with multiple risk factors. There are several parenting programmes that have been shown to improve both short and long term outcomes for children and families, such as Webster-Stratton (Edwards, et al., 2007) and Triple P. For the most vulnerable families and children the Nurse Family Partnership programme in the US has shown remarkable outcomes over more than 20 years of large scale randomised control trials in three different population groups. This intensive home visiting programme had 50% better outcomes when nurses, rather than para-professionals, were used to deliver the programme. This programme is now being tested in 10 sites across England to find out if it can be replicated in the UK context. Health visitors will have a key role in delivering this and other programmes for families with high levels of need but will require additional skills and knowledge. Because of the different skills needed and the intensity of the work, this role is distinct from the CHPP role.

### **The responsibilities of health visitor**

- To identify early and engage the hardest to help, at risk families
- To deliver evidence-based, systematic intensive home visiting programmes
- Focus on antenatal period and first two years of life
- To deliver multi-dimensional programmes that incorporate clinical, social, cognitive and behavioural and economic elements
- To build therapeutic relationships, bring about behaviour change, promote attachment and self-efficacy and use a strengths based, goal orientated approach
- To manage risk, addressing difficult and complex issues with families
- To embed intensive programmes within a model of progressive universalism and wider services such as children's centres.

**RECOMMENDATION 7:**

## Additional areas of practice

Findings from the review suggest two further areas of practice.

**There are two further packages of services that health visitors or other nurses can provide depending on local circumstances:**

- **Wider public health packages**
- **Primary care nursing service for children and families.**

### Wider public health programmes

The role will depend on what public health services are commissioned locally and whether there is an identified need for the skills and knowledge of a health visitor. There could also be a need to provide first contact or urgent care and long term conditions care when working with marginalised groups, such as the homeless. This role could include:

- Population strategic health needs assessment
- Commissioning of services to promote health and wellbeing
- Responding to public health emergencies
- Leading teams and delivering public health services to marginalised groups such as the homeless, asylum seekers, travellers
- Leading or delivering health promotion programmes, for example, smoking cessation.

### Primary care services for children and families

This role could be done by a health visitor wishing to develop their clinical skills or by a practice nurse wanting a greater role with children and families. It could include:

- Strengthening child health provision in general practice
- Providing first contact care in variety of community settings
- Building skills amongst parents, communities and other services
- Immunisation and screening.

We have no working relationship with the four health visitor teams which provide services to our patients, and as each team has several members, patients have no continuity.

We value the health visitors more now that we are trying to work closer and more interdependently.

**RECOMMENDATION 8:**

## Organisational options

There seems to be a real tension between whether health visitors are located with the primary health care team or in children's centres. The difference being the population served, the building they are based in and the team they belong to. There are advantages to both options. There are 10,352 general practices in England (as at October 2005), well used by families with children. In general GPs value health visitors and are concerned at the current movement of health visitors away from the team. The role of practice based commissioners will have an important impact on services. On the other hand by 2010 there will be 3,500 children's centres providing valuable integrated services for children and families and where health input can make a real difference. Health visitors often report that they prefer to work across a geographical community linked to children's centres.

**Health visitors are a key part of an integrated children's service; whether they are located within children's centres or the primary health care team, should be determined locally.**

Any decision regarding the location of health visitors in the future will need to be flexible. Decisions need to take account of:

- What is most accessible for families
- What service is being commissioned and what team environment supports delivery
- Local circumstances, for example in a rural area an integrated role in the primary health care team may work best for families
- Impact on safeguarding
- Best use of resources, such as travel costs and time

We're working in a relatively deprived area with high young and single mum numbers as well as a significant amount of child protection, but no Sure Start, so our health visitors are vital.

We need to be clearly expressing the 'health offer' within integrated services, using skill mixed, multidisciplinary teams to deliver tailored services for individual client or community need.

## Getting from here to there

Coming from	Going towards
'Cradle to grave'	Focus on young children and families
'Just in case', 'my caseload' 'we've always done it this way'	Outcome focused, planned input, team player and community leader
All health visitors are equal	Recognition of different levels of practice and multi-skilled teams
One career path defined by discipline or setting	Option of several career paths
Working for the NHS as a single employer	Plurality of provision offering alternative employers and employment models including self employment and social enterprises
One service provider with no competition	Commissioners contracting from new providers with competition
Being hierarchically managed	Teams more self-directed and professionally accountable for delivering the commissioned service
Universal health visitor	Entitlement to a universal children and families integrated preventative team
Individual or public health	Public health at both individual and population level
Inconsistent service provision with individual interpretation	Planned, systematic and/or licensed programmes
Health visitors do everything: Jack of all trades	Health visitors do the work that they are best skilled to do as part of a multi-skilled team including nurses, nursery nurses, parenting practitioners, health trainers, midwives
Stand alone health visitors	Part of integrated children's team in a range of settings
52 week course 'one size fits all'	Modular learning, flexible curriculum with national standards
Needing to acquire practical skills for the job after qualifying as a health visitor	Training equips all health visitors to do the job on the ground
Undifferentiated workload	Focus on priorities and delivering outcomes
Community midwifery, health visiting and school nursing as separate services	Integrated child and family health service from conception to 19 years
9 to 5	Flexible working to meet public needs / demands
Older workforce	Younger generation of health visitors
Largely female and white	Ethnic and gender mix to reflect diversity in population
Working largely with mothers	Engaging fathers as well

**RECOMMENDATION 9:**

## National policy

Health visiting is at a crossroads. The learning from this review has enabled us to describe the road we think should be taken by the profession. However, showing the way is not enough to make it happen. In a devolved system where 80% of the budget is held by PCTs and where parents have many sources of information and support to choose from, the levers for change reside at every level and with many individuals and organisations. Commissioners, providers, the profession, educationalists and the regulatory body have an equally important role to play. In some parts of the country change is well underway and the 10 health-led parenting project sites are already proving important testing grounds for new ways of working. As this review was requested by Secretary of State for Health the final recommendations focus on what government can do.

**National policy should support the implementation of this review by:**

- 1. Issuing national guidance that strengthens and updates the NSF standard on the Child Health Promotion Programme and goes beyond the minimum core to include a model of progressive universalism bringing together screening, early detection, health promotion, health protection and parenting support into one programme for all families**
- 2. Assembling the relevant research findings to support a 21st century child and family health promotion service**
- 3. Strengthening the commissioning of early intervention and prevention health services for children**
- 4. Leading the development of the workforce through *Modernising Nursing Careers* to support current and future health visitors to undertake the roles described in this review**
- 5. Clarifying and promoting the contribution of health in the government's policy on parenting.**

# 5

## Conclusion

Health visitors have high credibility with families and this review acknowledges and builds on their strengths and achievements. The review was asked to describe the future role of the health visitor and make recommendations. In doing so, it highlights the need to reform the existing health visiting service into a fully integrated preventative service for children and families within a public health context.

It recommends two primary roles for which the skills and knowledge of the health visitor are an essential requirement. This will provide the opportunity to improve the health and wellbeing of children, families and communities, in addressing some of the key public health issues facing society today.

The review has identified that the range and complexity of children and families today means that it is not simply a question of having more health visitors doing the same work. The formation of well-trained and competent teams led by a health visitor will ensure that a universal preventive health service can be effectively and efficiently delivered to all families with young children.

Thinking has moved on significantly in a very short space of time. The next steps however, will be critical to the success of this report's acceptance and implementation. A large number of health visitors have contributed to the review, along with their clinical and academic colleagues, commissioners, professional organisations and parent groups' representatives.

Further debate will be needed locally and nationally and it is recommended that the DH continues to engage key stakeholders in deciding how to take these recommendations forward.

## References

Cabinet Office (2006) *Reaching Out: social exclusion action plan*. London: Stationery Office.

Cabinet Office (2007) *Families at Risk: Background on Families with multiple disadvantages*. London: Stationery Office.

Department of Health (2006) *Modernising Nursing Careers: setting the direction*. London: DH

Department of Health (2007) *Review of the Health Inequalities Infant Mortality PSA Target*. London: DH.

Edwards, R.T., Céilleachair, A., Bywater, T., Hughes, D.A. and Hutchings, J. (2007) Parenting programme for parents of children at risk of developing conduct disorder: cost effectiveness analysis. *BMJ*; 334: 682.

Jotangra, D., Moody, A., Stamatakis, E. and Wardle, H. (2006) *Obesity among children under 11*. London: DH.

Quinton, D. (2004) *Supporting Parents: messages from research*. London: Jessica Kingsley.

Triple P: Positive Parenting Programme. Available at: <http://www.triplep.net/>

# Annex A: Health Visitor Review Working Group: Terms of Reference

## Purpose

The purpose of the group is to describe the future role of the health visitor and make recommendations for developing and implementing the role in the context of *Modernising Nursing Careers*.

## The steering group will:

1. Consider the current policy context for nursing, children and families, public health and system reform
2. Take account of information on the evidence base for parenting and child health, feedback of practitioner views from the 10 regional workshops and the views of PCT and practice based commissioners
3. Scope the future role for the profession in the context of the direction set out in *Modernising Nursing Careers, Every Child Matters, Our Health, Our Care, Our Say, Choosing Health, the Social Exclusion Action Plan* and the NSF for children and maternity services
4. Identify the levers for change
5. Describe the new role and produce recommendations for wider consultation.

## Scope of the review

The review will describe a renewed role for health visitors that:

- Delivers measurable health outcomes for individuals and communities and provides a rewarding and enjoyable job for nurses
- Has the support of families and communities
- PCTs and practice based commissioners will commission
- Delivers government policies for children and families, improving health and reducing inequalities and social exclusion
- Fits the new system of providing choice and contestability through new providers, that promotes self-care, service integration, improved productivity and local decision making
- Can adapt and respond to changing needs and aspirations
- Attracts a new generation to the profession.

The work will take place as part of *Modernising Nursing Careers* as this provides a strategic direction for nursing as a whole and will give the group the authority and legitimacy to change career pathways and educational preparation for the new role.

## Mechanism

The group will meet monthly between December 2006 and April 2007 and will be hosted by the Department of Health.

The group will be chaired by Rosalynde Lowe, Chair of the Queen's Nursing Institute supported by CNO.

## Annex B: Membership of the Health Visitor Review Working Group

<b>Name</b>	<b>Title</b>	<b>Organisation</b>
<b>Rosalynde Lowe</b>	<b>Chair, Health Visitor Review Group</b>	<b>Queen's Nursing Institute</b>
Cheryll Adams	Professional Officer for Research and Development	Amicus/CPHVA
Gail Adams	Head of Nursing	UNISON
Tracy Baldock-Apps	Health Co-ordinator Teenage Parents	Hastings and Rother PCT
Jane Barlow	Reader in Public Health	Warwick Medical School
Trish Bennett	Director of Nursing	Liverpool PCT
Kate Billingham	Deputy Chief Nursing Officer	Department of Health
Dorit Braun	Chief Executive	Parentline Plus
Dick Churchall	GP/Clinical Senior Lecturer	University of Nottingham
Rosemary Cook	Director	Queen's Nursing Institute
Sarah Cowley	Professor of Community Practice Development	King's College London
Barbara Cox	Nurse Consultant for Vulnerable Children	Bradford and Airedale Teaching PCT
Vari Drennan	Director	The Primary Care Nursing Research Unit, Royal Free and UCL Medical School
Christina Edwards	Accounts Director/Director of Nursing Vice-chair, Health Visitor Review Group	The Performance Support Team, Department of Health
Paul Ennals	Chief Executive	National Children's Bureau
Marion Frost	Chair of UK Standing Conference on Specialist Community Public Health Nurse Education and Principal Lecturer	London South Bank University
Janet Fyle	Professional Policy Advisor	Royal College of Midwives
Pippa Gough	Senior Fellow	King's Fund
Kate Guyon	Dean	School of Nursing and Midwifery University of East Anglia
Lindsay Hayes	Public Health Advisor	Royal College of Nursing
Donna Kinnair	Director of Clinical Leadership, Quality, Nursing and Head of Children's Integrated Commissioning	Southwark PCT
Karen Lake	Nurse PCRN Facilitator	Peterborough PCT
Catherine Lowenhoff	Nurse Adviser	Department for Education and Skills
Penny Mansfield	Director	One Plus One
Helen McLindon	Children's Commissioner	Plymouth PCT
Deqa Nooh	Health Visitor	London
Anne Owen	Director of Clinical Services	Berkshire West PCT
Liz Plastow	Professional Adviser, Specialist Community Public Health	Nursing and Midwifery Council
Sue Proctor	Director of Nursing	West Yorkshire Strategic Health Authority
Karen Reay	Lead Officer for Professional Policy and Practice	Amicus/CPHVA
Sally Russell	Director	NetMums
Mark Shepperd	Executive Nurse Director	Barking and Dagenham PCT
Jo Webber	Deputy Policy Director	NHS Confederation
Gabrielle Wilson	Nurse Consultant in Public Health	South Manchester PCT

**Facing the future**

*A review of the role of health visitors*

Chair: Rosalynde Lowe, Queen's Nursing Institute

Published June 2007

© Crown Copyright 2007

The text of this document may be reproduced without formal permission or charge for personal or in-house use.

Available at [www.dh.gov.uk/cno](http://www.dh.gov.uk/cno)

