

## Local Authority Child Public Health Briefing (1): The Health Visiting Contribution to Preventative Work

### The Public Health Challenge

Preventative work is seen as key to tackling a pressing raft of public health challenges in order to contain the long term costs of ill-health on individuals, communities and the country's economic performance, which stem from the demographic shift and a failure to intervene early. This is underlined by the 'Five-year forward view' (NHSE, 2014) according to which 'the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health'. Marmot (2010) has demonstrated the health gains at population level to be achieved through improving health and reducing inequalities in the earliest years of life; and Heckman [bit.ly/1jdHd1H](https://bit.ly/1jdHd1H) has depicted graphically the return on early investment and the costs of failure. Moreover WAVE (2013) has demonstrated that 'early years' interventions are a rare opportunity to spend money in a way that delivers social and economic benefits at the same time' (p.101).

### Shifting the curve

The prevention paradox, as outlined initially by Geoffrey Rose (2008), explains that the greatest impact will be achieved by addressing needs across the whole population. This will improve health as well as reducing the severity and number of cases with the greatest needs as these make the greatest demands on public services over the long term. It requires 'proportionate universalism' in the foundation years of which health visiting is a core component.

### The evidence base

The evidence base drawn from epidemiology, and reviews of early intervention research, underline the strength of argument in favour of preventative approaches (Field, 2010; Allen, 2011). In particular, evidence suggests that the quality of early childhood experiences and relationships with primary care givers are of central importance (WAVE, 2013; Tickell, 2011). Also, key to promoting the quality of these relationships are the knowledge, skills and attitudes of the workforce engaging with children and families in whatever setting. Nutbrown (2012) underlines that it is the quality of the early years workforce and the settings that they create for children accessing care and/or education in the early years that promote better outcomes. Likewise 'Why Health Visiting' (Cowley et al, 2013) underlines the critical importance of the quality of health visitor – client relationships to effective outcomes for health visitors promoting the health, social and emotional development of young children in the home by working with parents in the first 1001 days. National standards

based on expert peer review and evidence are available for health visitors to deliver public health outcomes specified as six high impact areas for health visiting (iHV, 2015).

There is consensus that early years services should adopt evidence based practice and programmes. It needs to be remembered that this applies not only to specific interventions such as manualised parenting programmes, but also the overall shape of the service offered. According to the Harvard Center on the Developing Child [bit.ly/1Ootot8](https://bit.ly/1Ootot8) 'Decades of brain science and developmental research suggest a three-tiered approach to ensure the health and well-being of young children' is best. The Health Visitor Implementation Plan (Department of Health, 2011) added a fourth tier, the community level of service delivery. This is intended, to strengthen community capacity and promote cross-agency working. The universal level ensures every family receives a minimum of five contacts, with the 'universal plus,' service offered for short term, specific needs, like breast-feeding advice or post-natal support. The universal partnership plus level is longer term, for families with more complex needs, where partnership with other agencies such as children's social care are required. All four levels are based on sound epidemiological analysis of health inequalities and 'proportionate universalism' (Marmot, 2010).

The Healthy Child Programme, the evidence for which has recently been reviewed (PHE, 2015), includes five child health and development reviews mandated by the commissioning of 0-5 services by local authorities.

The six high impact areas [bit.ly/1vBT7Gf](https://bit.ly/1vBT7Gf) for public health outcomes in the early years are those for which there is evidence of sensitivity to health visiting interventions and which the health visiting workforce is well equipped to deliver.

The four levels of service delivery, five mandated reviews and six high impact areas combine to form the 4/5/6 service model of health visiting [bit.ly/1jeDwJV](https://bit.ly/1jeDwJV). Safeguarding is a cross-cutting theme, with an emphasis on preventive work.

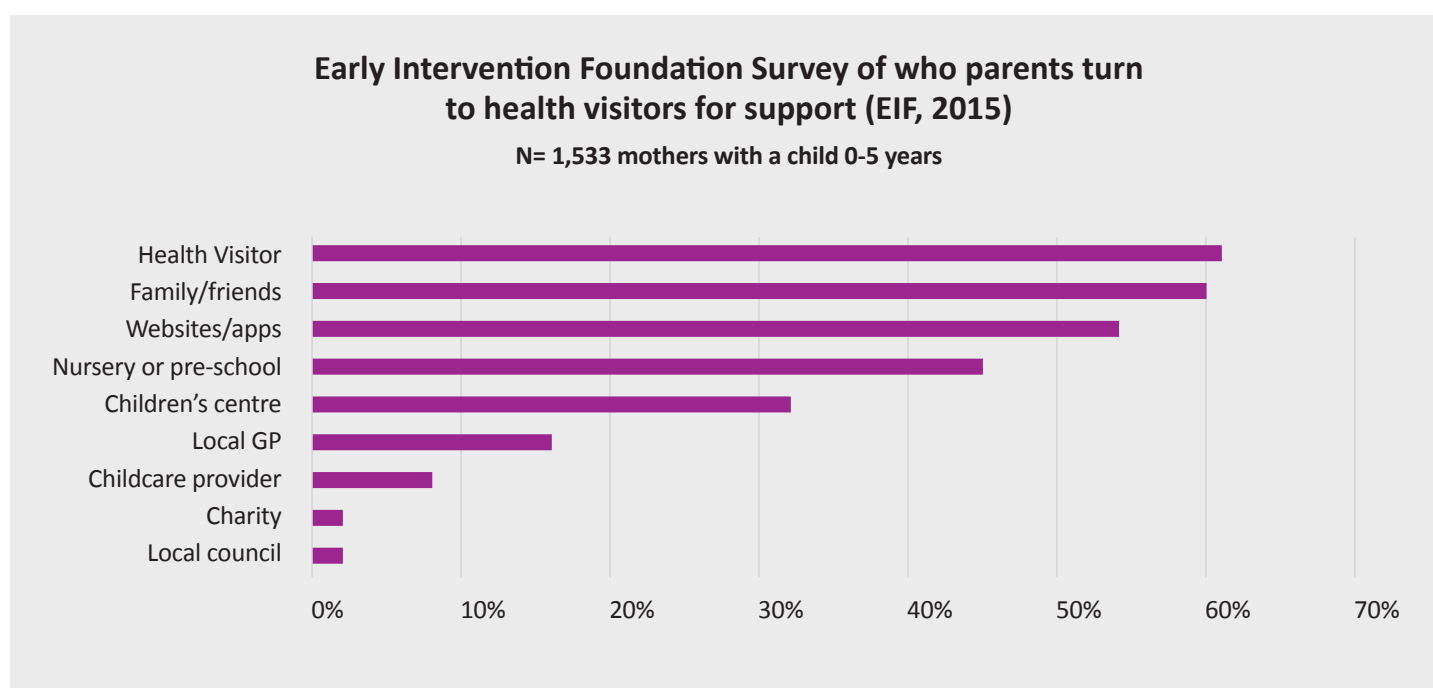
### Interventions

The WAVE Trust (2015) states that '1001-days' strategies should be based on primary preventive principles, with particular emphasis on fostering mental/emotional wellbeing and secure attachment, and preventing child maltreatment.

The following sets out the distinctive contribution of health visiting to the ‘essentials of a good local primary prevention approach’ (WAVE, 2015) to early intervention from conception to age two:

### 1. Good universal services

Health visiting has universal reach from before birth by initiating unsolicited home visits as well as open-access clinics, thus including those families who do not access other services. This is required to ‘shift the curve’ in respect of health outcomes and school readiness rather than ‘addressing the tail’ of the most ‘troubled families’ (NCB, 2012). Health visitors adoption of proportionate universalism means that they identify, engage and support ‘pre-troubled’ families.



### 2. Central role of children's centres

Health visiting has largely rebased its service model from GP attachment to population/community based, and better aligned with Children's Centre services.

*Collaboration of health visiting services with Children's Centres enables them to shift the curve of disadvantage and poor attainment by concentrating 'specifically on pregnancy to three year olds, with an emphasis on language development for very young children and paths to employment for mothers and fathers [without which] [t]he risk is that without the light touch support and community capacity building that centres are particularly good at, more and more families will fall into the tail end of the curve, creating huge and costly problems for families and communities in the future. (NCB, 2012: 8).*

Recent reviews of children centre services (NCB, 2012) advocate greater emphasis on outreach. Integration of health visiting with early years services offers new opportunities. Health visiting is more than an ‘outreach’ service from Children's Centres or other health or educational facilities: it reaches across boundaries determined by services and settings to engage with children and families where they live. Home visiting is a core element of health visiting alongside needs assessment and a positive orientation to health. Home visiting is associated with improvements in parenting and cognitive development, a reduction in child behavioural problems and accidental injury, and improved detection and management of postnatal depression according to a recent review of evidence (PHE, 2015).

### 3. Universal early identification of need for extra support

Health visiting operates on the basis of unsolicited proportionate universalism within the 4/5/6 model of service delivery (see above). According to the National Children's Bureau (2012),:

*From before birth, parents start to engage with healthcare, so this period represents a window of opportunity to start things off right for children and families. No one is marginalised or stigmatised, no service is just for the most needy: all children have the spectrum of care available that they need – close to home and in a family-friendly environment. (NCB, 2012: 22, emphasis added).*

### 4. Good antenatal services

Health visitors are highly trained health professionals who complement the midwifery service by working across the antenatal service continuum encompassing hospital, primary care (GPs) and community services. The revitalised HV service and full implementation of the HCP includes a mandated antenatal visit establishing the basis for the transition to parenthood. As well as promoting good antenatal care, this early contact provides a relational basis for assessing perinatal mental health for mothers and fathers and supports parents to 'mentalise' their unborn child, laying the ground for parental bonding.

### 5. Good specialised perinatal mental health services

Health visitors are pioneers of universal perinatal mental health services and are critical to the implementation of pathways to specialist services. In accordance with recent developments health visitors not only seek out unrecognised postnatal depression and offer listening visits but increasingly identify both anxiety and depression in mothers and fathers antenatally and postnatally and develop trusting relationships to support families directly or through referral pathways (NICE, 2014).

### 6. Universal assessment and support for good attunement between parent and baby

The Healthy Child Programme (HCP) is the 'key universal public health service for improving the health and wellbeing of children through health and development reviews, health promotion, parenting support, screening and immunisation programmes' (PHE, 2015). It includes (but is not limited to) five mandated reviews, enhanced by health visitors' highly developed skills based on in-depth applied knowledge of attachment such as adoption of the Solihull Approach and, more recently, use of tools such as

Newborn Behavioural Observation (NBO) to promote parental sensitivity and secure infant attachment.

### 7. Prevention of child maltreatment

Health visitors use their universal access to families and relationship-based interventions to safeguard children including those not in regulated childcare settings. There is evidence that home visiting is effective in preventing escalation of risk for vulnerable children (PHE, 2015., Universal access enables health visitors to directly observe the quality of interactions and impact on young children's health and development, which would not otherwise become recognised until escalation has occurred. Identification of needs for additional support in respect of parenting, health or development is systematic through the full implementation of the Healthy Child Programme. The adoption of ASQ-3TM provides public health outcome measures as well as referral pathways contributing to 'early help' and to readiness for learning in school.

### Success factors

A preventative approach takes place along a continuum from universal primary prevention, through 'early help', 'early intervention', safeguarding and child protection. A shared language and understanding of such terms and the overall shape of services encompassing this continuum is essential to effective collaborative working.

Success factors must not be limited to a basket of separate interventions, but encompass an integrated evidence based programme applied within a framework of proportionate universalism. The Healthy Child Programme (DH, 2015) provides the backbone for such interventions.

The quality of relationships between health visitors and parents is key to public acceptability and effectiveness of promoting sensitive and responsive parenting. Health visiting services should be staffed and organised in order to facilitate and support such relationship based interventions (Cowley et. al, 2013).

The capacity to attend and be responsive to the needs of young children and their carers requires health visitors to maintain personal and professional resilience to remain courageous and compassionate as well as proficient in unpredictable and uncontrolled environments. The support and supervision of health visitors, including a restorative function, is key to the quality of professional relationships, judgement and decision-making.

## The role of the Institute of Health Visiting

The iHV has established National Standards for the knowledge, skills and attitudes required for effective practice to realise the 6 high impact areas for child public health and has many resources to support practitioners and managers/ employers, including to maintain resilience with compassion. They are opening their membership to non health visitors so that anyone with a responsibility for child and family health can have full access to them. [bit.ly/1HZJZX3](http://bit.ly/1HZJZX3)

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