

Local Authority Child Public Health Briefing(2): The health visiting contribution to early help and prevention of child abuse and neglect

The Public Health Challenge

Child abuse and neglect is a major contemporary public health problem that continues to have a measurable impact on the health and wellbeing of individuals in childhood and beyond. Health visitors, as providers of universal and targeted services in pregnancy and the first five years of life, make an important contribution to the prevention of child maltreatment, and to the early identification, recognition and referral of children who are at risk of, or suffering from harm. Their knowledge and understanding of the health needs of families and communities, together with expertise in childcare and development, are crucial to the success of the multi-agency processes that form the basis of safeguarding and child protection work. (Professor Lisa Bayliss-Pratt, in Institute of Health Visiting, 2014).

Shifting the curve

The prevention paradox (Rose, 2008; Marmot, 2010) explains that the greatest impact will be achieved by addressing needs across the population as a whole in order to improve health as well as reducing the severity and number of children and others with the greatest needs that make the greatest demands on public services over the long term. Analysis of 'serious case reviews' finds that, 'while overall numbers of children dying as a direct consequence of maltreatment may be small, many more children and young people suffer from lower levels of abuse or neglect' (Brandon et. al., 2012: 7). Children's services face huge pressures to safeguard and protect children at risk of significant harm owing to abuse or neglect. 'Early help' mobilises services around the child to work with families to prevent escalation of risk and safeguard from harm. 'Early' help from children's services is often 'late' help in the context of the universal preventative health visiting service. The 'prevention paradox' means that the greatest volume of need is at levels that precede child protective or even early help strategies. Hence health visiting is based upon 'proportionate universalism' (Marmot, 2010) along the continuum from universal primary prevention, through 'early help', 'early intervention', safeguarding and child protection

The evidence base

Evidence from the analysis of Serious Case Reviews indicates that infants under the age of 1 represent 47% of children at the time of death or serious harm; and 20% are age 1-5 (Brandon et.al. 2010). Very young children are inherently vulnerable and least likely to be in childcare or educational settings. Health visitors provide the only universal service that visits every family with children in these age groups in their own homes; as such they act as the main agency to prevent, detect and safeguard young children at population level independently of parents accessing services. Health visitors can facilitate access and uptake of the resources provided by Children's Centre services. Evidence from the Growing up in Scotland (GUS) study has revealed that:

mothers experiencing disadvantage are less likely than their more advantaged peers to attend antenatal classes, parenting classes and parent and baby/toddler groups. GUS has also found that younger parents, lone parents and parents with lower levels of income and education are generally less comfortable engaging with formal support services [and] more likely to believe that there is a stigma attached to [them]. (Scottish Government, 2015: 20).

Through home visiting, health visitors establish relationships of trust with families, which is 'absolutely central to effective assessment as well as intervention' (WAVE, 2013: 33). There is evidence that home visiting is effective in prevention of escalation of risk for vulnerable children (PHE, 2015).

Interventions

Universal access to children through home visiting enables health visitors to directly observe the quality of interactions and their impact on young children's health and development that 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. As a universal, community-based preventative service, health

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visiting aligns fully with the 'Essentials of a good local primary prevention approach' advocated by WAVE (2015):

1. Good universal services
2. Central role of Children's Centres
3. Universal early identification of need for extra support
4. Good antenatal services
5. Good specialised perinatal mental health services
6. Universal assessment and support for good attunement between parent and baby
7. Prevention of child maltreatment.

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.

Health visitors working together with Children's Centre services and others can help families of children who are most vulnerable and least likely to access group or centre-based activities to benefit from the continuum of preventative responses proportionate to changing needs. (National Children's Bureau, 2012; Scottish Government, 2015).

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 (PHE, 2015) provides the backbone for such interventions. The four levels of the transformed health visiting service offer (community, universal, universal partnership and

partnership plus) is evidence based ([Harvard Centre on the Developing Child](#)) and supports proportionate universalism.

The quality of relationships between health visitors and parents is key to public acceptability of access to all children and effectiveness in promoting sensitive and responsive parenting. Health visiting services should be staffed and organised in order to facilitate and support such relationship-based interventions (Scottish Government, 2015; Cowley et. al, 2013).

The capacity to attend and be responsive to the needs and lived-experiences of young children as well as 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 to safeguard and protect children.

The role of the Institute of Health Visiting

The Institute of Health Visiting (iHV) has produced training packages and trained a national network of experts to cascade and champion training for

- Safeguarding and Child Protection
- Domestic Violence and Abuse
- Perinatal Mental Health
- Infant Mental Health

The iHV has developed resources to support practitioners and managers/employers to maintain resilience with compassion. bit.ly/1OVouIm

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