The role of the health visitor: where are we now?

Alison Morton

Abstract

Health visiting has been described as the backbone of early years services across the UK and the safety net around all families. This paper explores the role of health visitors and the current context in England. Health visitors lead and deliver the Healthy Child Programme which is the national preventative public health programme covering pregnancy and the first five years of life. It aims to ensure that every child has the best start in life, regardless of where they live. With child health deteriorating, more children falling behind with their development, growing concerns about invisible vulnerable children, widening inequalities and soaring costs of late intervention, there is a clear imperative to act. Health visitors provide an important part of the solution; however, the service is facing significant challenges. When sufficiently resourced, health visitors play a crucial role in ensuring that families get good, joined up support – preventing, identifying and treating problems before they reach crisis point. The benefits of an effective health visiting service accrue to numerous government departments, contributing to a whole system response to address a multitude of policy priorities for babies, children and families across health, education and social care.

Keywords Babies; children; families; health inequalities; health promotion; health visiting; public health

Introduction

Giving every child the "best start in life" is a national policy strapline which receives almost unanimous support. However, despite rafts of evidence and policy rhetoric, it remains a distant and unachieved goal. Children born in England now have some of the worst child health outcomes compared to other similar nations,[1] with widening health inequalities, growing concerns about invisible vulnerable children and soaring costs of late intervention. Tackling this requires a whole system response, including action to address the wider determinants of health, like poverty, poor housing and air quality. Action is also needed at an individual and community level to prevent, identify and treat problems before they reach crisis point.

Health visitors provide an important part of the solution. When sufficiently resourced, they provide a vital infrastructure of support for families with babies and young children and with benefits that accrue across the health, education and social care system.

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Health visiting: looking back

Health visiting is a well-established profession in the UK, with historical records that date back to 1862. Since its inception, health visiting has adapted over the years to respond to the greatest public health threats of the day. With many similarities to 2024, in the mid-19th century there were huge public health needs across society, with multiple initiatives set up to try and improve the health of the population. At that time, attention was focused on reducing the high rates of infant mortality driven by malnutrition and communicable diseases spread through poor sanitation and unsafe housing. Of these projects and home visiting initiatives, many failed or went out of fashion – but health visiting stood the test of time. Health visiting can be traced back to the Ladies Branch of the Manchester and Salford Sanitary Reform Association, with the first health visitor employed in 1862 to reach women with babies and young children on health-related matters, focusing on practical education and help.

Florence Nightingale is credited with establishing the first programme of education for health visitors and for promoting its spread across the UK. In 1892, she wrote of the importance of health visiting, highlighting that *"there are more people to pick us up when we fall, than to enable us to stand upon our feet"*. Recognizing the importance of public health, Nightingale made a clear distinction between *"sick nursing"* and the role of the health visitor in communities, stating *"It seems hardly necessary to contrast sick nursing with this [health visiting]. The needs of home health require different, but not lower, qualifications and are more varied. [The health visitor] must create a new work and a new profession"*.[2]

Health visiting in 2024

Health visitors in the UK are now regulated by the Nursing and Midwifery Council (NMC) to set standards and protect the public. They are skilled professionals who have a background as registered nurses or midwives, with further training, now at post graduate master's level, to become health visitors who are registered as Specialist Community Public Health Nurses with the NMC.

Public health and health visiting are devolved responsibilities across the UK. As such, there is variation in terms of health visiting policy, funding and workforce capacity. Each UK nation has its own national blueprint for health visiting and preventative public health, based on a model of proportionate universalism whereby all families get some support, with increased support targeted at those in greatest need. Health visitors work with individuals and communities, focused on supporting better outcomes across physical health and mental health (for babies, children up to five years and adults), child development, social needs and safeguarding.

In England, health visiting policy is set out in three policy documents (listed in the Further reading section):

1. The **"Healthy Child Programme (HCP) Schedule of Interventions"**, provides the national prevention and early intervention public health policy framework that aims to keep children ***"healthy and well from preconception to adulthood"***.
2. The national Health Visiting Service Delivery Model which includes six Early Years High Impact Areas where health visitors can make the biggest difference. Described as ***"universal in reach, personalized in response"***, the model has four levels of service based on need:

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- Community
- Universal
- Targeted
- Specialist

All families in England should receive five mandated universal contacts with a health visitor during the period from pregnancy to age five, with two additional contacts suggested at 3-months and 6-months (see Box 1). Further targeted and specialist support is aligned to the High Impact Areas (Box 2) and safeguarding is a thread that runs across all service levels. The other UK nations offer an increased number of universal contacts, for example, there are 11 "home visits" in the Scottish Universal Health Visiting Pathway.

3. Guidance: Commissioning health visitors and school nurses for public health services for children aged 0 to 19. This *"outlines all services that children and families need to receive if they are to achieve their optimum health and wellbeing"*. Health visitors and school nurses are recognized as *"leaders of the Healthy Child Programme, whilst acknowledging the important contribution of a range of delivery partners"*.

The HCP 0–5 years universal health reviews with examples of topics covered (OHID, 2021)

Antenatal review (mandated): Preparation for parenthood/breastfeeding, smoke-free pregnancy, immunizations, family mental health

New baby review (mandated): Transition to parenthood, breastfeeding support, safer sleep, smoke-free homes, parent–infant relationships, family mental health

6–8 week review (mandated): Family mental health, breastfeeding support, safer sleep, immunizations, managing minor illnesses, communication and interactions

3-month contact (suggested): Family mental health, breastfeeding support, sleep, immunizations, parent-infant interactions, nutrition, managing minor illnesses

6-month contact (suggested): Nutrition, home safety, safer sleep, physical activity, family mental health, communication, managing minor illnesses

1-year review (mandated): Child development, immunizations, nutrition, oral health, accident prevention, physical activity, communication

2–2½ year review (mandated): Child development, immunizations, nutrition, oral health, physical activity, accident prevention, school readiness

Box 1

HCP 0–5 years: Six Early Years High Impact Areas

1. Supporting the transition to parenthood
2. Supporting maternal and family mental health
3. Supporting breastfeeding
4. Supporting healthy weight and nutrition
5. Improving health literacy, managing minor illnesses and reducing accidents
6. Ready to learn and narrowing the word gap - including support for children with complex conditions and Special Education Needs and Disabilities (SEND)

Box 2

Current state of child health: why focus on the first years of life?

Numerous reports[1] have raised concerns about the deteriorating state of child health across our nation and growing numbers of invisible vulnerable children who are not known to services. More children are being harmed by conditions that are entirely preventable, with widening inequalities placing England near the bottom of league tables compared to other similar nations.

Seeing millions of families every year, health visitors witness firsthand the human face of these statistics and their key drivers. In the recent Institute of Health Visiting's annual survey published in January 2024, 93% of health visitors in England reported an increase in the number of families affected by poverty. They also reported significant increases in perinatal mental illness, domestic abuse and homelessness. Health visitors were concerned about rising levels of poverty and parental struggle as there is strong evidence of their direct impacts on child health, development and safety. Sir Michael Marmot described these, stating that,

> *Stress associated with poverty will damage children's brains, it will damage child development. The impact on health inequalities will be seen, not just in this generation, but in the children in the next generation, because children's growth and development will be damaged by their parents' struggle.*[3]

This is particularly relevant for babies and young children. There is global evidence that the earliest years of life are a period of uniquely rapid growth, when babies' brains and their understanding of the world are shaped, and the foundations for lifelong health and wellbeing are laid. Where people are born, live and grow, whether they are rich or poor, and the support that they receive from their families, communities and the services around them, can all make a big difference to an individual's life chances. There is also strong evidence that exposure to certain environmental risks during critical periods of development and growth (preconception, pregnancy and the earliest years) can have significant consequences on an individual's short - and long-term health. These can increase the risk of disease in later life and have cumulative impacts which can pass from one generation to the next in the absence of effective action to address them.

The current context of deteriorating child health pre-dates the pandemic but has been exacerbated by it and the cost-of-living crisis, reinforcing the importance of public health services like health visiting and school nursing. The Institute of Health Visiting's evidence-based Vision for Health Visiting was published just before the pandemic and sets out health visiting's contribution to addressing a breadth of concerning child and family health metrics, including: increasing rates of infant mortality, tooth decay, childhood obesity, mental health problems and maternal deaths/morbidity; the loss of measles elimination status; declining levels of child development; rising Emergency Department attendances by children aged 0–4 years; and the harms from couple conflict, smoking, parental substance misuse and child maltreatment.

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Change is possible: health inequalities are not inevitable

Improving health and reducing inequalities requires a whole system approach that takes account of the complex combination of genetic, physiological, environmental, and behavioural factors that impact on outcomes. There is no single solution, or profession, that can achieve this in isolation. "Health creation" requires action to address the wider determinants of health by tackling poverty and improving environments. There is also good evidence that prevention and early intervention at an individual level can make a big difference to children's health, development and the reduction of inequalities. This is not just good news for babies and children, it also brings wider societal benefits, reducing the burden on other health, education and social care services and the need for costly late intervention funded by multiple government departments.

An important part of the solution

Health visitors do not work in isolation, they work in partnership with a range of services for the early years. When adequately resourced, health visitors' key contributions across multiple clinical pathways include the following.

Universal reach

Health visitors are unique in that they are the only service that systematically and proactively reaches out to every family with babies and young children, providing support for all and a vital safety-net for the most vulnerable. As all families have a health visitor, the service is non-stigmatizing and is still the most trusted source of advice for parents with high levels of acceptability (health visitors have a legitimate reason to work with families through their health functions). Health visitors' universal contacts provide important touchpoints with all families to:

- promote child health and development
- ensure that families at risk are identified at the earliest opportunity
- improve babies and children's health outcomes across a breadth of topics.

The Department for Education's recently published "Children of the 2020s" cohort survey findings (cited in Institute of Health Visiting Annual Survey, 2024) reported that health visitors reach more families with babies and young children than any other agency. By the time their child was nine months old:

- 97% of families had seen a health visitor
- 88% had seen a midwife
- 87% had seen a GP
- Only 15% had used services offered by a Family Hub or Children's centre
- Only 2% had seen a Family Support worker or Early Help worker.

The importance of a service that sees all babies and young children in-person cannot be underestimated. Babies and young children with safeguarding or clinical vulnerabilities are often invisible to other services unless their caregivers reach out; unable to advocate for themselves, they are our most vulnerable citizens, with the highest rate of homicide and serious harm. Home visiting is an important aspect of what makes health visiting successful. Seeing a baby or child interacting with their family in their home environment provides valuable insight into their world, as well as the risk and resilience factors that can impact on health and wellbeing. UNICEF UK described the universal role of the health visitor as *"the backbone of early years services across the UK"* and the "*safety net' around all families*".[4]

Responsive to the changing needs of families

The period between pregnancy and school entry is a dynamic period of change for a family. For example, a family with a "universal" level of need in the antenatal period may have considerably different needs following the birth, or later in childhood, due to a multitude of factors that can impact on family health and wellbeing. It is therefore important that health visiting services are sufficiently resourced to be accessible and responsive to families' changing needs over time. Parents value face-to-face universal contacts, drop-in clinics and groups that are accessible and flexible to meet their needs. In addition to face-to-face contacts, parents also value health visiting services augmented with new technologies providing personalized advice, like text messaging services.

Prevention and early identification of needs

In contrast to the medical model that is predominantly focused on interventions and treatment once a need has been recognized, health visiting is focused on "health creation". This involves searching for health needs or risks that may be unknown, ignored or hidden. Many families, especially the most vulnerable, may not be aware of the extent of their own or their children's health needs, or the services that could help them. Health visiting is a profession of vigilance — through health visitor's clinical acumen, reasoning, and application of a breadth of knowledge of public health, they are trained to assess families in context, spot nuance and deviations from the norm (across physical and mental health; for babies, children and their primary caregivers; child development and safeguarding), in order to prevent and identify problems early. The skills needed to perform this function extend way beyond the technical capabilities needed to fill in a tick-box screening tool — practitioners also need the clinical and observational skills to interpret their findings in context and work with the family to determine the most appropriate course of action, including brokering their engagement.

The early identification of babies and young children at risk of poor outcomes is one of health visiting's most important functions that is easily overlooked in the current commissioning landscape which is focused primarily on the delivery of interventions.

Interventions proportionate to need

When babies, children or families with additional needs are identified, the intensity of support will be proportionate to the level of need and risk. Health visitors can provide additional targeted and specialist support directly, or through packages of support delivered by members of the health visiting skill-mix team. Health visitors also collaborate with other local services and play a crucial role in ensuring that families get good, joined up support. For example:

- *Perinatal mental health:* Providing clinical interventions to parents experiencing a range of mild to moderate perinatal mental health problems, to improve mental health and parent–infant relationships. Health visitors also work

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collaboratively with system partners to connect families to the right level of support - they are trained to identify, assess and manage risk in relation to more serious mental illness, suicide "red flags" and understand the needs of high-risk groups in their work with families.

- *Reducing pressure on A&E:* Supporting parental health literacy and confidence to manage common childhood illnesses, thereby taking the pressure off overstretched A&E and GP services.
- *Special educational needs and disabilities*: Identifying babies and children with atypical development or conditions likely to result in disability. Early identification and treatment can significantly improve child outcomes. Health visitors also support families through the process of adjustment when they receive "different news" and the complex maze of services that can be confusing and difficult to navigate.
- *Actions to address the wider determinants of health:* Supporting the multitude of families who want to give their children the best start in life, but rising levels of poverty, health inequities and levels of health literacy are significant barriers to achieving this. For example, health visitors are leading initiatives to improve the uptake of benefits by families living in poverty, and advocating for those living in unsafe, cold and mouldy homes that are harmful to health.

What makes health visiting successful?

Health visiting services need to be built around the needs of babies, children and their families. Trusting relationships, nurtured through continuity of health visitor, are key to building parental confidence, identifying babies and young children living with risks and unmet needs, and improving the success of health visiting interventions. Health visitors also recognize that making health changes is difficult in the complex and messy real world. Families want practitioners with the skills to work in partnership with them to build on their strengths, with support that takes account of their individual context. This includes helping families find solutions that work for them (not a "one size fits all"), emphasizing that change is possible and brings many benefits for them. Through their knowledge of local services, health visitors also play a key role in connecting families to wider multidisciplinary support provided by other services across health, education and social care.

When families' needs are not met through an effective health visiting service, knock-on consequences are seen in many other services. For example, in the last ten years, Emergency Department (ED) attendances in England for children aged 0–4 years have increased by 42%. Babies under-1 have the highest rate of ED attendance, with a high proportion not requiring investigations, treatment or hospital admission (for example, for minor illnesses, feeding concerns and unsettled babies with no abnormality detected). In the past these conditions would have been managed by health visitors in the community. Whilst it is not possible to attribute direct causation, as children's ED attendance is affected by a range of factors, over the same period health visitor workforce numbers have been cut by more than 40%. Drop-in health visiting child health clinics in the community have also been scaled back or closed across England, leaving parents to seek support elsewhere.

The challenges facing health visiting

Whilst health visiting can provide an important part of the solution to improve the health and wellbeing of babies, children and families, health visitors' efforts are hampered due to a number of challenges:

Funding

Funding for health visiting in England, provided to local authorities through the Public Health Grant, has been cut on a real term's basis by 27% since 2015 (this equates to more than £850 million). As a direct result of the magnitude of these cuts, services have been reduced.

Workforce shortages

Since 2015, health visitor numbers in England have fallen by more than 40% [based on published workforce data on health visitors in NHS and non-NHS settings]. Despite the Government's Start for Life Vision's stipulation that health visitors were one of six essential services required to deliver "rapid and visible support" for families, since the Vision was announced in March 2021 there has been a further loss of more than 1,250 full time equivalent health visitors in England – and numbers continue to fall every month.

Too many families are now missing out on their universal health visitor reviews. And despite health visitors' best efforts, many families who do receive these reviews are then not receiving the vital support that they need for a wide range of issues that health visitors are identifying.

Unjustified variation in health visiting support

Decisions on public health grant spending and health visiting services are devolved to local authorities. This has led to unwarranted variations in health visiting between the lowest and highest performing areas. Whilst local areas understand the health of their communities best, the health of our nation's children is too important to be left to chance. The most pressing public health priorities do not vary substantially between local authority areas and local decisions to cut health visiting are largely based on a lack of funding and workforce shortages.

It is encouraging to see that the main political parties have committed to increase the number of health visitors in England. The NHS Long Term Workforce Plan sets out a plan to expand health visitor training places by 74% to over 1,300 by 2031/32; however, increased funding for substantive posts is also needed.

Health visitors' impact

When adequately resourced, the benefits of an effective health visiting service accrue across the health, education and social care system. To show their strength of support, a large coalition of professional groups and organizations in the First 1001 Days Movement came together to make the case for health visiting due to their concerns that the service is under threat – see their "Why health visitors matter"[5] report.

Whilst demonstrating the impact of health visiting can be complex due to the multitude of extraneous variables, and some benefits may not be seen immediately, it is important that recognition is given to the many contributions that health visitors can make to outcomes across the life course. To make this more explicit, the UNICEF UK framework[6] has been extended to set out three distinct life phases of "building, being and becoming"

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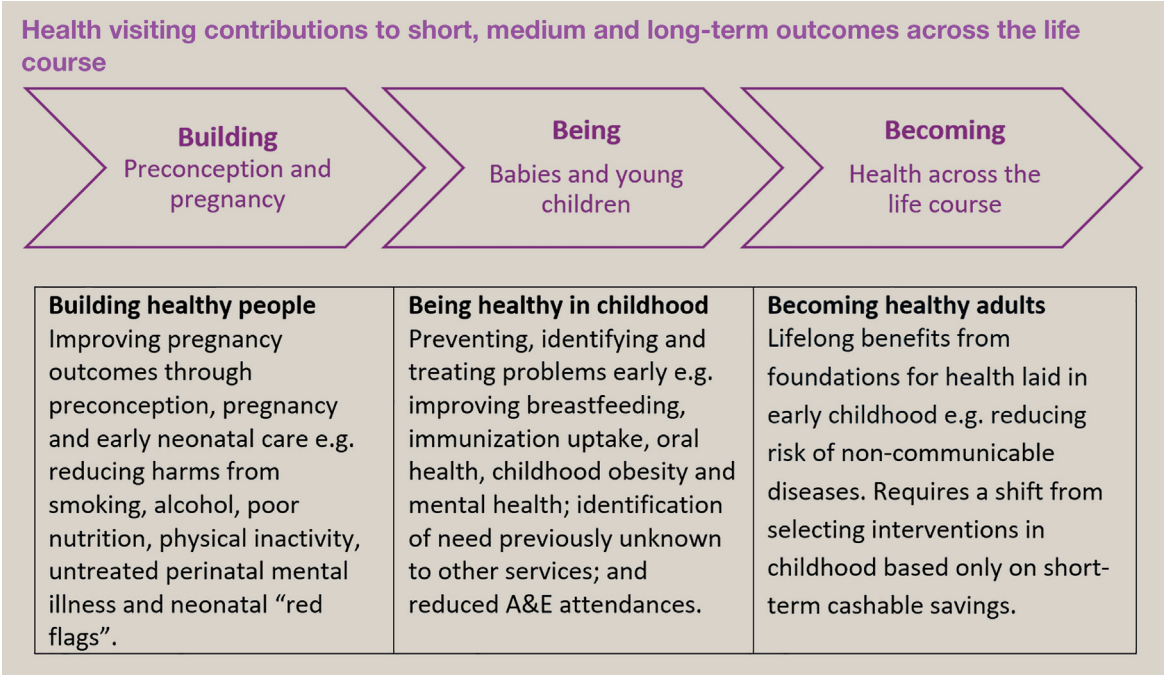

Figure 1

where investing in health visiting can improve outcomes (set out in Figure 1).

Conclusion

Health visitors play a vital role in supporting families with babies and young children to get the "best start in life". However, the health visiting service in England is currently facing significant challenges which are stripping out this important mechanism to reach and support all families. With so much evidence on the importance of the earliest years of life, there is a clear imperative to strengthen health visiting services in England. This needs to focus on three areas: sufficient funding; action to rebuild the health visiting workforce; and levers to ensure all families receive high-quality health visiting support, ending the current postcode lottery. ◆

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