Help children get off to the best possible start...

Health Visitors
A positive start for every family.
...as their early years are key to a healthy future.
Health Visitors: 150 years of ensuring a positive start for every child

Health visitors are nurses or midwives who have taken additional training to become specialist community public health nurses (SCPHN). Health visitors lead and deliver the Healthy Child Programme 0-5 alongside others, supporting the health and well being of children, families and the wider population.

There is a clear Government commitment to deliver 4,200 health visitor posts by 2015, through recruitment into training and return to practice, along with a more comprehensive health visiting service that is matched to local requirements.

The overall aim of the programme is to see a rejuvenated workforce working to deliver a personalised service for today’s modern families.

150 years of supporting children, families and communities

The health visitor profession has a long and prestigious legacy that in many ways mirrors the evolution of public health in the UK. The profession can trace its beginnings back to 1862, when high rates of child mortality (one in four children died before its first birthday) led to the call for families to be given real, practical help and preventative care. For 150 years, health visitors have worked to make sure that children have a positive start in life and families with new babies get the support they need.

Partnership working with GPs, midwives, school nurses and Sure Start Centres

The start of life is a crucial time for children and parents. Good, well-resourced health visiting services can help ensure that families have a positive start, working in partnership with GPs, maternity and other health services, Sure Start Children’s Centres and other early years services.
Evidence-based approach

The evidence base for the public health impact that health visitors can make is even more compelling now as when their work began 150 years ago. Child and family health and well being in the early months and years sets down foundations for life. The work of health visitors in delivering the Healthy Child Programme 0-5 is essential to ensuring the health and well-being of children and families, contributing to better public health outcomes for our communities.

Parenting style

“Effective warm authoritative parenting gives children confidence, a sense of well-being and self-worth. It also stimulates brain development and the capacity to learn. Parents who develop open, participative communication, problem-centred coping, confidence and flexibility tend to manage stress well and help their families to do the same.”


Helping babies to develop

“Scientists are telling us more and more about brain development and about the importance of early development for how well children flourish and achieve in later learning. In the early life period, interactions and experiences determine whether a child’s brain architecture provides a strong or a weak foundation for their future health, well-being and development.”

OECD (2007)

Importance of early years

“Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional, are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being.”

Marmot M. (2010)

Sure Start

“Evidence from the National Evaluation of Sure Start has demonstrated that the availability of high quality health services, early years education and support through the Sure Start Programme has resulted in families in Sure Start areas experiencing better child health, parenting, home learning environments and life satisfaction than families in non-Sure Start areas.”

Delivering the new service vision through partnership working

The Health Visitor Programme was established to support and oversee the national roll out of the *Health Visitor Implementation Plan 2011-2015*.

This is a major investment programme involving partnership working with professional groups, education institutions and with NHS commissioners and providers to deliver a new service vision and family offer.

Through strengthened leadership and clinical practice, NHS organisations are transforming the Healthy Child Programme, ensuring the best services for families and a rewarding career choice for those who choose to enter the profession.

Early Implementer Sites are leading the transformation programme, cultivating the learning and practice that will enable the whole of the NHS to develop a universal, evidence-based service that meets the needs of today’s modern families.

The combination of a rejuvenated health visiting workforce, along with a modernised service for families has the potential to deliver a sea change in public health outcomes across the population.

Toward 2015 and beyond

From 2013, the Healthy Child Programme (HCP) services 0-5 will be commissioned by the NHS Commissioning Board. At the same time, commissioning of HCP 5-19 years services will be transferred to local authorities.

The future commissioning route of the health visitor service and the wider children’s public health service from pregnancy to 5 was subject to consultation in the Public Health White Paper, ‘Healthy lives, healthy people: our strategy for public health in England’.

In the medium term, the Government is committed to transferring commissioning of children’s public health services for the pregnancy to 5 age group from health to local authorities. However in the short-term, the commitment to raise numbers of health visitors at the same time as strengthening the Healthy Child Programme and expanding the Family Nurse Partnership by 2015 is best achieved through the NHS Commissioning Board.

In the meantime, there must be collaboration between the NHS and local authority health and wellbeing boards and whoever is commissioning the HCP (currently PCT clusters) so that by 2015, local authorities are ready to commission these services.

Visit [www.dh.gov.uk/healthvisitors](http://www.dh.gov.uk/healthvisitors) for further information or email healthvisiting@dh.gsi.gov.uk
150 years of health visiting – better health for generations of families

**Focus of work**

Home visitors’, the early name for health visitors, visit local communities to improve environmental and public health

Home visitors are a ‘mother’s friend,’ taking a non-judgmental, practical approach to tackling the causes of ill health including sanitation and diet

In the 1890s, Florence Nightingale establishes the first training course in health visiting

**Time period**

1862-1912

**Impact**

Infant mortality reduces to 150 deaths/1000 live births in 1860s.

Improved home environments

Early campaigns include for sweated labour and protective legislation for women

Birth Acts of 1909 – 1915 mark the beginning of a state-sponsored profession

Health visitors help families focus on personal, preventive measures such as family planning and early immunisation

1912-1922

Infant mortality reduced to 100 deaths/1000 live births

Close collaboration with midwifery

Campaign ‘to improve the undesirable condition of lavatories for women on railway stations’

Improved child health

A home visit in the first month of an infant’s life becomes a statutory requirement for all mothers under the Local Government Act 1929

1922-1932

Network of Infant Welfare Clinics develops

Reduced infectious disease

1932-1942

Improved national diet despite introduction of WWII rationing

By end of 1942, a third of English children were immunised against diphtheria

Growth of community networks for mothers and children

1940, British Ministry of Health proposed introduction of mass childhood diphtheria immunisation

Advice offered to mothers to improve their diet by, for example, drinking national dried milk and orange juice

Health visitors and Infant Welfare Clinics set up offering mothers sewing circles and cookery sessions to reduce family isolation

1948, the NHS is launched. The health visiting service is contained in the first NHS Act

Clear focus on infection control and promoting healthy diet

1948-1952

Free Milk Act in 1946, requiring all children in school or nursery to receive a third of a pint of milk daily.

1952-1962

Infant mortality reduced to 30 deaths/1000 live births

1955, the polio vaccination is introduced in the UK

1956, health visitor work extends to providing social and emotional health as well as physical health for the whole family, cradle to grave.

Health visitor support extends to families with chronic disease and children with special needs.

1956
## Focus of work

- Health visitor role firmly grounded in public health encompassing environmental, preventative and therapeutic interventions.
- Promotion of pertussis vaccination for whooping cough

## Time period

1. **1962-1972**
   - Promotion of pertussis vaccination for whooping cough
   - Last recorded outbreak of indigenous polio.

2. **1972-1982**
   - The ‘Back to Sleep’ cot death awareness campaign is led by health visitors, who reduce the risk of cot death through interventions such as regular weighing.
   - Promotion of breast feeding
   - Introduction of the Good Neighbour scheme for the elderly and toddler groups, heralding a community–based approach
   - Introduction of parent health Child Health Record
   - Start of cot death reduction in UK
   - Reduced prevalence of whooping cough, slow increase breast feeding and better early identification of disabilities and development needs
   - Increased parental involvement due to introduction of the Child Health Record

3. **1982-1992**
   - Health visitors continue to lead the national ‘Back to sleep’ campaign and are at the forefront of drive to detect Post Natal Depression (PND) and promote breast feeding
   - Sure Start Children’s Centres open across England and many health visitors begin joint working arrangements, some teams relocating so they are children centre based
   - Reduction cot death nationally and slow increase in number of mothers breast feeding
   - Improved uptake MMR and reduced cases of measles, mumps and rubella
   - Improved services for PND with multi–professional care pathways

   - Infant mortality reduced to 5 deaths/1000 live births.
   - Rise in health visitor numbers for the first time in almost a decade
   - Unprecedented levels of nurses entering health visitor training
   - 46 Early Implementer Sites across England spearhead new service vision, improving coverage and quality of services
   - Larger, re–energised workforce will bring improved public health outcomes for children, families and communities
   - Breast-feeding rates in England are the highest ever recorded at 83%

5. **2002-2012**
   - Health visitors lead delivery of the Healthy Child Programme.
   - Emphasis on reduced smoking and child safety
   - Promotion of MMR vaccination
   - 2010, Government makes first national commitment on health visiting, to increase workforce by 4,200 and to improve the universal service offer by 2015
   - The new service model means all families will receive the Healthy Child Programme, with targeted support tailored to their needs.
If becoming a Health Visitor is not for you, please pass this information on to a colleague who you think may be interested.

Produced by Williams Lea for the Department of Health.

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