

Can health visiting make the difference expected?

Evidence suggests that the first few years of life is a critically important time that affects individuals' future health and social well-being. The Government's response to this evidence has been to plan to increase by 50% the size of the health visiting (HV) workforce (who provide much early years prevention) and to provide a new vision about how services should be delivered (Health Visitor Implementation Plan, Department of Health 2011-2015 [1]). The NNRU were asked to review the research evidence about the impact of health visiting practice on families. In this Policy+ we use the findings of the review to address: can health visiting make the difference expected, and what does it take to get the most out of this workforce?

What do successful health visiting services need?

The overall message of the research review [2] is that health visitors can have a positive impact on health and add value, but that its effectiveness is reliant on practising in particular ways. The success of health visiting was found to relate to three main areas:

- Organising health visiting services to support best practice,
- Delivering proven programmes and interventions to promote health and well-being and,
- Having a suitably skilled and trained workforce.

How should health visiting services be organised?

Analysis of some 30 years research shows health visiting to have a strong orientation towards practice and service delivery, which is key in improving parents' experience and uptake of service provision. Three key themes in the approaches taken are identified:

- A 'salutogenic' (ie. health-creating) approach: proactive, identifying and building strengths and resources (personal and situational) and being solution-focused.
- Demonstrating a positive regard for others (human valuing), through keeping the person in mind and shifting (the health visitors') focus to align with parents' needs, recognizing the potential for unmet need, actively seeking out potential strengths, maintaining hope.
- Recognizes the person-in-situation (human ecology) through a continuing process, always taking account of the individual and their personal and situational circumstances, whether acting in the client's space, the community or the workplace.

Services that are organised to foster this approach increase the potential benefit to parents and their children, by improving access and contact with the services that are most likely to help.

This strong practice orientation is underpinned by a 'triad' of interconnected core practices: development of health visitor-parent relationship, home visits, and needs assessment by health visitor. The research showed that these three core practices operate together as a single process, forming the basis of 'best practice' in health visiting services.

Which parts of the service make most difference?

The new service vision described in the Health Visitor Implementation Plan incorporates the Healthy Child Programme (HCP [3]). Some of the programmes included in the HCP and in recent studies identify the key part played by health visitors in achieving beneficial outcomes for children and families. The practice orientation and skills highlighted above help ensure these

interventions reach the families who need them most. Much of the existing research focuses on specific areas where additional education has been given to HVs, such as:

- Prevention [4], identification and treatment of post-natal depression [5]
- Early prevention through antenatal and post-natal promotional guides [6] and the Family Partnership Model [7]
- Parenting support by specialist health visitors [8] or through structured home visiting/visiting/early intervention programmes [9,10,11]

The benefits of health visiting interventions can be hard to gauge because of the complex situations in which families exist. Nonetheless some apparently small changes (such as more relaxed mothering [9], improved mother-child interactions [6] or early identification of post-natal depression [5]) have been found to translate into immediate and long-term benefits, either later in an infant's life, or through improved parental confidence in services, leading to their better use.

Do health visiting teams have the skills needed to deliver?

Much research highlights the need for health visitors to have additional education, suggesting that HV preparation may need to be expanded to enable students to develop appropriate skills and attributes in the first place. Yet the current 45-week qualifying programme is already over full. This raises questions about whether the programme length needs to be extended. What about continuing professional development and support, especially for newly/recently qualified HVs?

The majority of team and organisational studies reviewed focus on implementation and change processes rather than child and family outcomes, and the relationship between workforce configuration and outcomes is rarely explored. Hence different approaches to team working and skill-mix have been adopted without an underpinning evidence base.

Research about health visiting practice has not kept pace with the dramatic expansion in research about children, families, communities and public health. There is a surprising paucity of research in key areas of interest for health visitors, notably within early nutrition and obesity prevention, speech and language development, engaging 'seldom heard' populations, child protection/complex needs.

Conclusion

Health visitors can make the difference expected as the service expands in line with government policy, if they have appropriate skill sets and services, delivered using specific programmes and interventions, are organised in a way that enables appropriate use of those skills in practice.

Key points for policy

To enable health visiting to make the difference expected:

- Health visiting services should be planned and organised as a single, holistic form of provision, centred upon the cornerstone of the Universal service and making use of interventions/programmes with proven outcomes.
- Services need to be organised in ways that support health visitors' autonomy and flexibility in practice, including collaboration with other community provision, so they are able to use their skills to engage parents and enhance their experience of service use.
- Initial professional preparation for health visiting needs to be longer to ensure students acquire the necessary set of skills and attributes.
- Research is needed to identify the ideal skill mix required to ensure quality and positive outcomes.
- Recruitment and preparation of student health visitors, and continuing professional development, should take account of the values, skills and attitudes embedded in the health visiting 'orientation to practice,' to develop the capabilities required for the triad of core practices.

References and information

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