

Briefing: health visitors

October 2019

Recommendations

Protecting and investing in public health

There must be a reversal of cuts to the public health budget to ensure that universal early years' services are restored to provide children and families experiencing poverty and at greatest risk of poor outcomes the services they need.

Supporting and expanding health visiting

Local Authorities must be given the financial support to see the number of health visitors restored to pre-2015 levels. Furthermore, enhanced health visiting programmes should be targeted at deprived or at-risk families.

Coherent and consistent workforce planning

A more coherent, consistent and comprehensive approach should be taken to planning the child health workforce. Each part of the UK requires a bespoke child health strategy to address staffing shortages by identifying the needs across the child health workforce, including health visitors, nurses, midwives, allied health professionals and paediatricians.

Vital support: the importance of health visiting services

Children and young people across the UK face significant health challenges and have concerningly poor health outcomes. From the earliest stages of their lives, throughout childhood and into adulthood, numerous studies have shown that the UK fares particularly poorly on key child health measures compared to other similar countries.

Health visiting and maternity services are vital for mothers and children during the first 1,000 days to provide necessary support and guidance. Many of the risks and challenges that prevent a healthy start in life can be mitigated or overcome through the interventions and support that health visitors, health promotion and early intervention services offer.

The RCPCH has significant concerns that, after a century of decline, the number of deaths in infancy in the UK has risen for two consecutive years. This is unprecedented and unacceptable. The RCPCH's *Child health in 2030* report found that, if this trend continues, the UK's infant mortality rate will be 140% higher than comparable wealthy countries in 2030.

Whilst the causes behind child deaths are complex, mortality is heavily influenced by factors including the UK's comparatively high rates of smoking during pregnancy and low rates of breastfeeding. On these measures the UK performs poorly compared to similar wealthy countries, but these can be mitigated through support from health visitors.

Health visitors build trusting relationships and dialogue with parents as their baby grows. They are uniquely placed to identify emerging problems and refer children and families to early intervention services before a crisis point is reached. They can be particularly beneficial in providing support to the most at risk and deprived parents, whose children can be at increased risk of adverse outcomes.

Preventing poor outcomes: the importance of public health interventions

Public health services for children offer the most powerful way to improve the UK's health for the long-term. By preventing risk factors for poor health throughout childhood and sustaining healthy behaviours into adulthood, we can improve the health of the whole population.

Child health and the factors that affect it are complex and diverse. Many of the UK's negative child health outcomes are preventable, as are many of the societal, economic, political, personal and medical factors that underly them. Given the scale of the UK's child health challenges – and their lifelong impacts – it is absolutely vital that concerted efforts are taken locally and nationally to support public health, early intervention and prevention programmes.

Individual risk factors and outcomes often share policy solutions. For example, improved breastfeeding rates can lead to fewer infant deaths as well as a lower risk of childhood obesity; promoting healthier nutrition throughout childhood can tackle the prevalence of obesity as well as tooth decay; or, reducing smoking during and after pregnancy can bring benefits to mother and child throughout the life cycle, from lower risk of mortality during infancy to reduced risk of developing asthma and obesity later on.

As a frontline defence against many of these risk factors, health visiting is an especially transformative public health service with benefits throughout the early years and beyond. However, health visitor numbers are plummeting, leading to radical variation in local provision. For example, the proportion of 6-8 week reviews completed for new born children ranges from 90% in some areas to 10% in others.

Early-help services should be supported and funded with adequate provision. Funding should provide investment for a well-trained multi-disciplinary workforce to appropriately respond to children and families at risk of or who are experiencing poor health. Universal early years' public health services should be prioritised and supported, with targeted support for children and families experiencing poverty and at greatest risk of poor outcomes.

About RCPCH

The Royal College of Paediatrics and Child Health (RCPCH) is the membership body for paediatricians, representing more than 19,500 child health professionals in the UK and abroad. We are responsible for the training, examinations and professional standards of paediatricians across the country, and we use our research and experience to develop recommendations to promote better child health outcomes.

Our mission is to transform child health through knowledge, innovation and expertise and to ensure that children are at the heart of the health service.

For further information please contact:

Caitlin Plunkett-Reilly, Public Affairs and Campaigns Lead
Royal College of Paediatrics and Child Health, London, WC1X 8SH
Tel: 020 7092 6006 | Email: caitlin.plunkett-reilly@rcpch.ac.uk