



First **1001** Days Movement

# Why Health Visitors Matter

Perspectives on a widely valued service

May 2022

# Foreword

The First 1001 Days Movement is a campaigning alliance of over 200 organisations. We believe in the importance of the emotional wellbeing and development of babies and young children. Together, we drive change by inspiring, supporting and challenging national and local decision makers to value and invest in the first 1001 days.

The first 1001 days, from pregnancy to age two, are a period of uniquely rapid development which lay the foundations for a child's lifelong mental and physical health. During this period of opportunity, and of vulnerability, health visiting services play an important role in protecting and promoting children's health and wellbeing.

This report is a compilation of short testimonies about why health visitors are important in ensuring our children are safe, healthy and able to thrive. Through these testimonies we see the importance of health visitors' work and the breadth and depth of what they do.

We came together to make this case for health visiting now because our services in England are under threat. It is clear in this report that health visitors have the potential to do so much for our babies, our families, and our public services, but current resourcing decisions mean that many are unable to effectively deliver the important work they were trained to do. The UK Government is not doing enough to address this.

We hope that those reading these stories will join us in calling for change. It is time for investment in health visiting, and urgent action to ensure that all babies, and their families, have the support they need.



*“They are our safety net, to catch us if we stumble, and be able to spot problems before they become overwhelming. They are our cheerleaders, to remind us how well our babies are doing. They are a space to be vulnerable, knowing that they are listening to you without judgement.”*

# Introduction

## Support for our babies, children and families is needed now, more than ever.

As we emerge from the worst of the global pandemic many families are struggling with isolation, stress, and mental health problems<sup>1</sup>. Domestic abuse<sup>2</sup> and incidents of neglect and child maltreatment have increased, especially for our youngest children<sup>3</sup>. More young children are falling behind in their development, yet fewer are engaging with services such as early education and childcare<sup>4</sup>. We are also facing a cost-of-living crisis, which we know will disproportionately hit young children in already disadvantaged families<sup>5</sup>.

At a national level, we know that more babies and young children will be experiencing struggles at home and will be at risk of poor outcomes. But many of the individual children who are affected by this adversity are not known to their local services. There has been talk recently of “ghost children<sup>6</sup>” but perhaps it is our services, not our children, who have become ghosts of their former selves. The pandemic – on top of years of austerity – has led to the withdrawal of many services from our communities. As a result, many young children do not see public services, and their needs and vulnerabilities are not known. At the same time, services are struggling to respond to the needs of those children and families who are known to them<sup>7</sup>. It is time for innovation and creativity. It is also time to invest in, mobilise and trust services that have been a critical part of our early years systems for decades.

## Health visitors are skilled professionals with the expertise to work with families.

In the UK, we are lucky to have specialist community public health nurses – health visitors – with the expertise to provide care to families in the earliest years of their child’s life. Health visitors are trained and skilled in reaching out to families; searching for and understanding their health and care needs; offering support and intervention, and brokering engagement with other services.

Children aged two and under are the most vulnerable of all our children. They are also the least likely to have engagement with public services. 35% of all serious incident notifications involve serious harm to babies, yet up to 50% of babies who experience non-accidental injuries are not known to children’s social care before the incident<sup>8</sup>. Children under two are not at school and many are not in early education or childcare. Even before the pandemic, less than 40% of children aged two and under were in formal childcare (and only 11% of those under one)<sup>9</sup>. This means that (aside from GPs) health visitors are often the only professionals who have contact with young children and their families. Without effective health visiting services, many vulnerable children are at risk of falling through the gaps.

There is no randomised control trial (RCT) that shows the value of health visiting services, just as there is no such trial of GPs, schools, or adult social care. But their work is grounded in many decades of evidence about how to engage families and how to change their experiences and life chances. And there is a wealth of evidence from around the globe about the value of skilled, relationship-based, home visiting<sup>10,11</sup>.



**This document is a compilation of short pieces by parents, professionals, and charity leaders who write about why health visitors matter. They describe how health visitors support children's development and help to keep them safe. Through these testimonies, we see the breadth and depth of health visitors' work and its importance. It is also clear why this is a role that needs to be performed by skilled professionals, who have the time to engage and build relationships with families.**

**The testimonies in this report tell us how health visitors support parents to ensure their children are happy, healthy, and thriving.** Representatives from infant mental health, speech and language, breastfeeding and nutrition charities have written about how health visitors support these important objectives, which are critical to UK Government's stated goals to promote good mental health<sup>12</sup>, increase literacy<sup>13</sup> and tackle obesity<sup>14</sup>.

**The pieces written for this report describe how health visitors work in partnership with, and reduce the demands on, stretched NHS services such as GPs and hospital care.** As a campaigning alliance, we have previously argued that the Government has a myopic focus on addressing the backlog in NHS care rather than tackling the root causes by "turning off the taps" and reducing need downstream through public health interventions like health visitors.

**This report also includes descriptions of how health visitors can identify risk factors and early warning signs for clinical conditions, which significantly improves children's prospects and life chances.** Pieces on cerebral palsy and hydrocephalus describe how health visitors can ensure swift identification and treatment of these conditions, which are difficult to identify at birth. These are just two examples of the many childhood health conditions and disabilities where health visitors can play a critical role in early detection and intervention. Early therapeutic support is essential for children with disabilities, as the brain is most 'plastic'<sup>i</sup> in the earliest years of life and, as a result, treatment is more effective. Equally, for some conditions, late diagnosis and access to treatment can have catastrophic or life-changing consequences. It was therefore disappointing that health visitors were not an integral part of the Government's recent special educational needs and disabilities (SEND) green paper<sup>15</sup>.

**Other pieces in this report tell us how health visitors are valued partners in local systems, and how they work with voluntary and statutory services.** Testimonies describe how health visitors work with services such as toddler groups and family hubs to ensure families get responsive, timely support for a wide range of issues that are critical to the wellbeing, safety and development of babies, their parents, and their wider families.

**Health visitors provide support to all families, but the work they do is most critical in families experiencing serious problems or multiple adversities.** In her piece, Kirsty Kitchen from Birth Companions describes how skilled, non-judgemental care for women experiencing multiple disadvantage enables them to feel safe to disclose their needs and access support. This can be life-changing and can break intergenerational cycles of disadvantage. Catherine Kelly from the NSPCC writes about how health visitors are uniquely placed to identify safeguarding concerns and work with other professionals to support families and keep children safe. Their work is not only life-changing, sometimes it is life-saving too.

It takes several years to train new health visitors<sup>16</sup>, and, given the current financial climate and demands on public services, we often hear calls for other, lower-skilled professionals to take on their work. This report illustrates how saving money by employing a lower-skilled workforce and withdrawing health visitors from important frontline work with families would be a false economy. The diversity and complexity of work described in this document demonstrates clearly why health visitors need considerable knowledge and skills in topics such as maternal and child physical and mental health; child development and safeguarding, together with skills in engagement, building trust and making professional judgments.

## We came together to make this case for health visiting because our services in England are under threat.

### There is insufficient investment in health visiting.

Since 2015, when responsibility for health visiting was transferred to local authorities, it is estimated that at least 30% of the health visiting workforce has been lost, with further losses forecasted.

This is partly the result of the UK Government consistently under-investing in health visiting. The Public Health Grant – a small part of which funds health visitors' work – has fallen in real terms from £3.99 billion in 2015–16 to £3.3 billion in 2022–23<sup>17</sup>, this is at a time when need has increased.

In the October 2021 Spending Review, the Chancellor said “the first 1001 days of life are the most important”<sup>18</sup>, and Government documents stated that the public health grant was being maintained “enabling local authorities across the country to continue delivering frontline services like child health visits”<sup>19</sup>. But many health visiting services are not able to visit families. They do not have the resource to offer even this most basic service.

### Every family should be offered, as a minimum, five health visiting reviews.

As a **minimum**, health visiting services in England should offer all families five mandated reviews between pregnancy and when a child is 2.5-years-old, with additional targeted support also offered to some families according to their needs. However, even before the pandemic, many children were not receiving these core contacts. In 2019/20, 16.4% of babies missed out on their 9-12-month health visiting review and 21.4% of toddlers missed out on their 2-2.5-year-old review<sup>20</sup>.

Since the pandemic, the number of children receiving these important reviews has fallen further. Even though local authorities are currently able to count phone and virtual appointments as “reviews”, the latest quarterly data

shows that 18.6% of babies missed out on their 9-12-month review and 27.7% of toddlers missed out on their 2-2.5-year-old review<sup>21</sup>.

These overall statistics mask wide variation in health visiting support between different local authority areas. The proportion of toddlers reported as getting their 2-2.5-year-old review in the last quarter was as low as 8% in some local authorities. 18 local authorities reported that less than half of their toddlers had had this check. At the other end of the spectrum, in seven local authorities, there had been a review with over 95% of children<sup>22</sup>. This unwarranted variation between local authorities means that for many families, the level of support they receive is not being determined by their needs, but by their postcode.

Dr Vicky Thomas' testimony in this report tells of the real and tragic consequences of contacts being missed. She writes of how, when health visitors ceased to see families during the pandemic, there was an increase in children coming to hospital, more serious incidents of child maltreatment, and later diagnoses of neurodevelopmental disorders.

### Relationships matter, but there is little continuity of care.

In her reflections, Lisa, a health visitor in Blackpool writes how the enhanced health visiting model there enables her to have an ongoing trusting relationship with families, which makes it easier for difficult conversations to take place, and for parents to raise their concerns. Yet many other authors in this report reflect that health visitors no longer have the opportunity to provide continuity of care. This echoes the findings of YouGov research before the pandemic, which found that only six per cent of mothers had been supported by the same health visitor throughout the perinatal period<sup>23</sup>.

In their testimonies, GPs Dr Judy Shakespeare and Dr Victoria Silverwood also reflect on how the pressures on services make it harder for health visitors to develop and maintain good working relationships with other professionals too.

## Services should be operating face-to-face, although many are not.

When one reads about the nature and breadth of the work health visitors do and the need for them to build trusting relationships; to observe early interactions; to understand parents' wellbeing; to assess a child's development, growth, and physical wellbeing – and more – it becomes clear that this cannot be done effectively over a phone or through a screen.

Government guidance states that health visiting reviews with families should be done face-to-face<sup>24</sup>. When health visitors visit families at home, it is often easier for families and provides the professionals with an opportunity to understand the people and resources surrounding children, their safety, and the opportunities for learning and development. However, in many cases, the guidance is not being followed and the name health “visitor” is a misnomer. Workforce pressures and local decisions mean that many health visitors have not been routinely visiting families at home for many years. NSPCC research, before the pandemic, found that one in four mothers had reviews conducted by letter, text or phone call instead of face-to-face support<sup>25</sup>. In one example, a local authority was conducting 9–12-month reviews by simply positing a child development questionnaire to families. This meant that these families had no contact with a health visitor at all – let alone a face-to-face conversation – between their child being 6–8-weeks and 2-years-old.

At the start of the pandemic, the Government failed to prioritise the health visiting service and the service was categorised as a “partial stop” service in the national emergency plan, with guidance that services should be delivered “virtual by default”. As a result, there was a further move away from home visits

and other face-to-face contacts for many health visitors. Services transitioned to letters, phone calls and virtual contacts with families, a change that persisted far beyond the national lockdowns.

Government data from August 2021 found that only 30.9% of 6–8-week-olds, 27.5% of 9–15-month-olds, and 23.2% of 2-year-olds had a face-to-face review with a health visitor<sup>26</sup>. Since this data is not routinely collected, it is not possible to track how the proportion of contacts done face-to-face is changing over time. It is positive that the Government has committed only to count face-to-face contacts in health visitor metrics soon<sup>27</sup>.

We are concerned that many health visiting services will not bounce back after the pandemic. In research by the Parent-Infant Foundation, Best Beginnings and Home-Start UK in autumn 2021, over a quarter (28%) of professionals reported that health visiting routine contacts remain mainly on the phone or online, and nearly a third (30%) report that health visitor drop-in clinics that existed before the pandemic no longer operate<sup>28</sup>. Whilst there has been significant investment in getting other parts of the economy up-and-running again after the pandemic, and in ensuring school-age children “catch up” on missed learning, there has been a “baby blindspot” in the Government’s response to the pandemic and no funding to help services like health visiting to recover.

### **This report tells many stories, but there are two clear and consistent messages:**

- **Health visitors have the potential to do so much for our babies, our families, and our public services, but**
- **Current resourcing decisions mean that many cannot effectively do the important work they were trained to do.**

**We hope that those reading these stories can join us in championing a vital, but hugely undervalued element of our public services.**



## It is time for action:

- Local authorities must commission and fund health visiting services that are able to offer a high-quality service to all those who need them, in line with the Healthy Child Programme.
- The UK Government must properly resource local authorities to enable them to provide health visiting services at a level that delivers everything that Government and NICE guidance expects of them, and that families need.
- The UK Government must do more to encourage local authorities to invest in health visiting services, and to hold them to account when services are not meeting national guidelines.
- The UK Government must also address shortages in the health visiting workforce: it is time for a demand-driven, well-resourced national workforce strategy and plan.



When the shortfalls in health visiting services have been raised in Westminster, Government responses state that health visiting is a local authority issue<sup>29,30</sup>. It is time for the UK Government to stop “passing the buck” to local authorities. Local commissioning of services does not abdicate central Government of all responsibility for their quality and sufficiency. The UK Government can, and should, do more to support local authorities and to hold them to account.

Health visiting is not a perfect service. No public service is. It is true that the workforce could benefit from further development on some issues. Training, service design and delivery can always be improved. But neglect will not solve any problems. It is investment, not hardship, that enables services to be fit for the future.

The science is clear. The first 1001 days from pregnancy to age two are a window of opportunity, which lays the foundations for future health and wellbeing. Ensuring our children are healthy, safe and receive nurturing care in the first years of life increases the likelihood they will be happy and healthy throughout their lifetime and into old age. Investing in services during this period will reap benefits for children, communities and the economy.

**It is time for action to rebuild universal health visiting services for families now. Babies cannot wait.**

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## The value of a well-resourced health visiting service

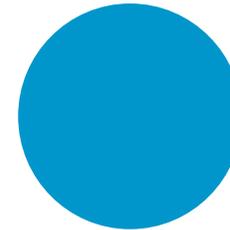
*Clare Law, Director of the Blackpool Centre for Early Child Development, with Lisa Kane, Health Visitor, Blackpool Teaching Hospitals, and Sammy Blake, parent*

A Better Start is the largest ever strategic investment – £215million – by the National Lottery Community Fund to improve the lives of babies and our youngest children in five areas of England over ten years. The Better Start programme in Blackpool, led by the NSPCC, aims to identify what works in early intervention and prevention and to explore what systemic changes are needed to support families locally and further afield.

One of our most significant pieces of work to date has been the transformation of our health visiting service, creating an enhanced offer with new ways of working and ensuring high-quality staff support too. Health visitors in Blackpool now have eight contacts with families, which go above and beyond the five contacts that families are entitled to nationally.

The new service was co-designed with Blackpool parents and healthcare professionals as this allowed us to develop the right service for our community, and gave the workforce a sense of ownership and pride. The transformation allowed greater focus on the importance of relationships with mums, dads and partners, parental and infant mental health, as well as ensuring evidence-based tools and assessments were in place and were being implemented well.

We have upskilled health visitors in Blackpool to deliver a comprehensive pathway of mental health support which means there is less need for additional services and resources and, importantly, parents and babies get timely support from a trusted professional with whom they already have an established relationship.



*“Due to the extensive skills that health visitors possess, we are able to quickly assess and form a robust plan when presented with any variety of difficulties.”*

**Lisa Kane, a health visitor from Blackpool, says:**

*“My experience of delivering the enhanced health visiting model has meant I am in a unique position to build relationships with families. The model enables us to offer early intervention and means we are in a better position to gain the trust of families, allowing for more difficult conversations to take place. This trust also translates to parents being able to voice their concerns more openly with us, without fear of judgement.”*

*“Due to the extensive skills that health visitors possess, we are able to quickly assess and form a robust plan when presented with any variety of difficulties. This ranges from infant feeding observational skills, offering the Newborn Behavioural Observation to parents struggling to understand their baby’s communication, to offering a course of Behavioural Activation to a mother experiencing postnatal depression.”*

*“The skills of a health visitor are vital in giving the child the best start in life and our in-depth knowledge of evidence-based practice and training help us to recognise what stage a family is at, and how we can help that family make positive changes.”*

The enhanced health visiting service in Blackpool is the epitome of what A Better Start is all about: It has been co-produced, puts the family at its core and offers a suite of evidence-based assessments and services. The eight-contact model provides a platform from which highly skilled and trained professionals can build meaningful relationships with families with babies and young children. They can better support issues, such as mental health, for example, without parents needing to tell their story again, or risking them falling through the cracks.

**Samantha Blake, a parent from Blackpool, tells of her experiences:**

*"I am a mother of two beautiful daughters and I have been lucky to have fantastic health visitors for both children. I found being pregnant and having a baby during lockdown very challenging but having a health visitor that I bonded with from our first visit, and who I saw many times, helped me tremendously. She quickly picked up on my fears, health worries and intrusive thoughts and she was able to provide a programme that supported me really well.*

*"My health visitor offers advice, but she also listens and doesn't judge. Having someone understand your emotions and recognise when there is a problem with either mum or baby is really comforting and makes all the difference and helps build trust. I will be forever grateful for my health visitors – what superheroes they have been to me in so many ways."*

*"Having someone understand your emotions and recognise when there is a problem with either mum or baby is really comforting and makes all the difference."*

## Why health visitors matter: Infant mental health

*Jo Chapman, Deputy Clinical Director, OXPIP*

The role of health visitors is vital to the physical and emotional health of all families with young children in any community. As a team of parent-infant psychotherapists, our relationship with health visitors is critical in so many ways – not least in reaching out to families who are marginalised. That said, it is essential that the vulnerabilities of so-called ‘universal’ or non-targeted families are not missed: when you reduce the number of health visitors in any locality, these families are also at risk of falling under the radar.

A health visitor enables other professionals within the network to identify difficulties early on, both in the baby or young child and the parent. Health visitors are critically placed, for example, to recognise the impact of a parent’s fragile mental health or trauma, be this recent or distant, on the developing relationship with their baby.

As frontline workers, health visitors can enable and support families to access therapeutic work where they might not otherwise be able to. Offering intervention early on to support a parent and a baby (and their relationship) can re-set that baby’s trajectory. This enables the baby, in the context of a loving bond with their parent, to develop a secure sense of self, agency and wellbeing, which will increase their readiness for school.

When the number of health visitors is reduced in any locality, the negative impact is stark: families are the first to suffer. The role of a health visitor can be crucial to helping alleviate a parent’s isolation and loneliness, linking them to other support structures and key agencies. When health visiting services are operating effectively, concerns about a child’s development and wellbeing, which might otherwise be missed, can be shared with other professionals and acted upon in a timely way.



***“When you reduce the number of health visitors in any locality, families are also at risk of falling under the radar.”***

## Why health visitors matter: Communication and language skills

*Louisa Reeves, Head of Impact and Evidence, I CAN*

Babies communicate with their parents from the moment they are born. In fact, they respond to sounds and recognise their parents' voices from pregnancy. This ability to communicate plays a vital role in bonding, development and emotional wellbeing. Babies and young children rely on interaction with caregivers to develop their communication and language skills and health visitors play a key role in ensuring that this happens.

Health visiting is a universal service and with their "make every contact count" approach they really are key in preventing many children from developing difficulties with communication and language with the resulting negative impact on their wellbeing and learning.

At I CAN, the children's communication charity, we understand that not all parents know how important talking to their baby is and that some children struggle to develop their communication skills. Health visitors can support new parents to have the information and confidence they need to make sure their baby develops their communication and language skills. They are also key in spotting when children are struggling and may need additional help and support.

With funding from Big Change, I CAN worked with health visitors from across England to give them

the skills and knowledge to support babies and young children to develop these vital skills for life and learning. Our Early Voices project showed how training health visitors enabled them to ensure that they included a focus on communication and language in all their contacts with parents. Early Voices has given us lots of stories about the impact health visitors can have in supporting this crucial area of development.

One health visitor, Vicky described her work with families with English as an Additional Language (EAL): she told us about how the Early Voices training had a huge positive impact on both a baby and her mother during a routine 9–12-month review. The baby was initially quiet and unresponsive when Vicky visited, with none of the inquisitive babbling expected at that age. Because of the positive relationship families often develop with their named health visitor, the mother felt comfortable admitting that she didn't know what stimulation her child was typically receiving when cared for by other family members. Vicky also reflected on whether the caregivers may be anxious about which language to use with the baby.

Vicky and the mum looked at the Early Voices advice leaflet together, emphasising that it is the need for two-way interaction that is crucial, rather than the language the caregiver uses. The mother then discussed what she had learned at the appointment with the other family members in a more naturalistic way. A follow-up call a week later and a further visit after four weeks revealed

*"Health visitors can support new parents to have the information and confidence they need to make sure their baby develops their communication and language skills."*

transformational progress in mother and child: the baby had gone from no babble to two-way 'conversations' using babble and sounds.

Fawn, a health visitor in Newham was concerned about some of the home learning environments that she sees. She reflected that parents often do not realise, perhaps because of their own early play experiences, that even short times of parent and child playing together make a significant difference to the child's communication and language development. She has been talking to parents about the importance of creating stimulating areas for the child and how responding to children's interest is key. Fawn described a home where the mother had adapted the play area as a result of her recommendations.

Bolstered by what she learned during the training, Fawn often demonstrates to parents useful techniques to support the development of their children's communication. She told us of a case where her approach led to a mother spending more time interacting with her child, and influenced both the child and the parents' enjoyment of play, and the mother's wellbeing. Fawn is also thinking about how to expand the reach of some of this change, by encouraging the parents she works with to talk to their friends about what they do.

## Why health visitors matter: Breastfeeding support

### *Eleanor Campbell, Co-Chair, ABM (Association of Breastfeeding Mothers)*

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Let me tell you about my health visitor Priscilla. When my second daughter was born, I assumed the health visiting team wouldn't be terribly interested – second time mum and all that. I was wrong. Priscilla breezed into our world like a ray of sunshine. She brought a huge smile and a happy demeanour. She remembered my elder daughter's name – and that she looked like her dad. She praised me, built me up, and made me feel that I was not just coping, but doing a good job.

When my third daughter arrived, at the height of COVID, Priscilla was there for me again. Her warmth shone through the layers of PPE she had to pull on and strip off at every visit. She made sure we knew that she and her team were still there, for whatever we needed. Again, she remembered my older daughters and showed a genuine interest in how they were adjusting and coping. I was privileged to have Priscilla in my life. Adjusting to being a new parent is a transformation like nothing else. Health visitors, like her, hold your hand through the first unsteady steps, until you can confidently stride out on your own. Knowing that they are there allows you to put aside the 4am anxiety about “is this normal?” “am I doing this right?”, because you know where to ask for an answer you can trust. They are our safety net, to catch us if we stumble, and be able to spot problems before they become overwhelming. They are our cheerleaders, to remind us how well our babies are doing. They are a space to be vulnerable, knowing that they are listening to you without judgement.

Lately, so many of us who work in infant feeding are seeing what happens when you remove the safety net. Cuts and understaffing have meant cancelled clinics, reduced visits, and fewer health visitor interactions for families. We are seeing babies whose growth is faltering who haven't been weighed, so nobody knew. There are babies who NICE guidance recommends should be seen every week, who are seen every three weeks because the health visiting team is relying on an overworked skeleton staff. We see so many families where a quick tweak to the latch at the clinic could have saved weeks

of pain, infections due to skin damage, and distress. Sadly, we also see many families stop breastfeeding before they are ready, because they don't know if feeding is going well, and they don't have the trusted sounding board of a Priscilla to praise them, reassure them and make them feel safe.

Of course, this isn't limited to feeding. I'm sure other professions are seeing the same for allergies, illnesses, speech or motor development problems, or parents' mental health, because health visitors do all of these things and so much more. They can raise a warning flag at the first fork in the road before we have wandered for miles down a blind alley. To remove our early warning system, to underfund and undervalue it, seems short-sighted in the extreme. Everyone needs a Priscilla.

*“Health visitors, like her, hold your hand through the first unsteady steps, until you can confidently stride out on your own.”*

### *Shereen Fisher, Chief Executive, The Breastfeeding Network*

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Health visitors play a crucial role in identifying early the support that a new parent or family needs. By doing this they can prevent problems or issues getting bigger and harder to solve. They guide parents on all aspects of life with a young family including infant feeding.

A mother's breastfeeding experience can be heavily influenced by her health visitor and so training in infant feeding and breastfeeding support is essential. As is ensuring time within their role to be able to give unrushed support. They are so critical to good outcomes across early years that their numbers, skills and expertise must be recognised and protected.

## Why health visitors matter: Feeding and nutrition

*Dr Vicky Sibson, Public Health Nutritionist and Director of First Steps Nutrition*

During the first 1001 days, parents have a lot of decisions to make about what, when and how they feed their child. There are clear evidence-based recommendations from the NHS and Scientific Advisory Committee on Nutrition (SACN) about feeding practices that optimise health. These include:

- immediate breastfeeding at birth, which continues for at least the first year (exclusively for the first six months).
- introduction of a wide range of solid foods in an age-appropriate form at around six months of age (avoiding foods with added salt and sugar, and free sugars) with incremental diversification of diet, flavour and texture with age; and
- offering a varied diet comprised of three meals and two healthy snacks from around one year of age.

Health visitors are uniquely placed to provide much-needed expert and independent advice and support to parents to meet these recommendations. They should be doing this through the mandated, universal health visitor reviews. At each of these contacts, ideally face-to-face, the health visitor can provide the most appropriate feeding and nutrition-related information tailored to the baby's age, developmental readiness and other relevant factors, such as the presence of clinical conditions.

The environment in which families are navigating decisions about how they feed their babies is challenging in many ways, not least with respect to inappropriate marketing of infant milks and commercial baby foods and snacks which are often presented as healthier than they really are. This makes the provision of impartial, evidence-based information and tailored advice by health visitors essential to support parents' informed decision making around when, what and how they feed their babies.



*“Health visitors are uniquely placed to... provide the most appropriate feeding and nutrition-related information tailored to the baby's age, developmental readiness and other relevant factors...”*

In February this year, a survey of 1,000 parents of 3–18-month-old babies and toddlers showed that 59% of parents wanted professional advice and support for introducing solids. However, only 30% of parents currently got advice on introducing solids from a health visitor. 56% of parents in the survey said they found it difficult to make decisions about introducing solids because of a lack of face-to-face access to a health visitor during the pandemic.

We know that parents value health visitors' advice and support, but often lack access to that support. Health visiting, as an essential statutory family-support service, needs to be made fit-for-purpose. This requires sufficient funding to be provided to local authorities to deliver the support outlined in the Healthy Child Programme. Current gaps in our health visiting services contribute to prevailing suboptimal infant and young child feeding practices in the UK, including: steep drop off rates of breastfeeding in the first weeks and months of babies' lives; too early initiation of complementary feeding; widespread reliance on commercially produced baby foods and snacks; commonplace feeding of treat foods (such as chocolate buttons, crisps, puffs or ice cream) and fizzy drinks to babies and young children; and the popularity of unnecessary 'growing up' and toddler milks instead of the use of cows' milk.

In England, nearly a quarter of our children are starting school overweight, with 9.9% of reception children living with obesity – a figure that is increasing year-on-year. It is clear that we need to do more to improve our children's diets. The advice and support parents receive from health visitors is a vital part of this.

## Why health visitors matter: The impact on other health services

### *Dr Eloise Elphinstone, GP with specialist interest in women's health*

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Health visitors are vital members in the multidisciplinary team providing care for both babies and support for mothers in the first five years of a child's life. As a GP, we work closely with the health visitors in this important work. It can be a daunting time having just had a baby and health visitors can provide support when sometimes GPs don't have the time to do so. As GPs, we benefit from the work that health visitors do, particularly with feeding issues, monitoring baby's weight, as well as supporting vulnerable families, or parents with mental health issues. In addition, they can direct new mums to useful resources such as breastfeeding support, counselling, social groups and more. They provide invaluable support to families who are struggling where the child is at risk or vulnerable.

*“As GPs, we benefit from the work that health visitors do, particularly with feeding issues, monitoring baby's weight, as well as supporting vulnerable families, or parents with mental health issues.”*

The pandemic has highlighted the importance of face-to-face health visitor appointments, as they have been hugely reduced, leaving mothers and babies at times feeling isolated and unsupported. On a personal note (being a GP and also a mother who had a baby in the pandemic), I had no face-to-face appointments with my health visitor, and my baby was never weighed. This can leave you feeling vulnerable and alone. This contrasts with when I had my first baby and had regular weigh-ins with the health visitor. This not only led to reassurance that my baby was putting on weight but also allowed me to ask questions and have some social contact.

The reduction in access to health visitors over the pandemic has meant families have felt isolated, and smaller problems, which could have been sorted out early on, may have been left to develop into larger issues. We continue to have regular multidisciplinary team meetings and the most vulnerable are discussed, however I am sad to see how the resources have reduced for parents and there are few drop-in centres, which make it harder for patients to access health visitors. Health visitors also provide checks for children around 1- and 2-years-old. There are no regular checks with the GP, so this is another important time to help support parents, answer questions, and identify any families struggling. As a GP I find it reassuring if the health visitor has seen children, as I know there has been support offered if needed.

What the pandemic (and thus reduction in health visitor appointments and interactions) has taught me, is health visitors are a vital member of the team and without easy access to them, patients can feel isolated, and babies may not get the support they need. Health visitors help identify any babies at serious risk, who need social service support. My concern is that, with fewer health visitor appointments, some of these vulnerable families and babies will be missed, with potentially catastrophic consequences. I hugely value the health visitors who work in our team and provide support to us as GPs and as mothers.

### *Dr Vicky Thomas, Consultant Paediatrician*

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In my work as a consultant paediatrician, the impact of disruption to the health visitor service during the pandemic has been striking. Parents have lost a crucial line of support and information. It has been obvious how many have felt isolated, lost and lonely. Attendances at our clinics and emergency department with non-emergency problems have rocketed, and we have seen increasing numbers of parents bringing children with normal behaviours because they've lost sources of support and reassurance.

Simultaneously, the risk of child abuse in vulnerable families has risen and we have also seen an impact on the ability of health visiting teams to provide supervision as well as support. During

the pandemic, I have seen the worst cases of child abuse in my nearly 20-year career. We have also seen children with neurodevelopmental problems recognised much, much later than they previously would and thus missing out on interventions to maximise their potential. Even pre-pandemic, we knew health visiting was an essential service that was underfunded and under-recognised. The last two years have shown in sad and stark detail how much families need a comprehensive and properly resourced service to protect and nurture children and their caregivers.

***Dr Judy Shakespeare, Chair of GPs championing perinatal care (GPCPC). Retired GP and former Royal College of GPs Perinatal Mental Health Champion***

I'm a retired GP and maybe "the old days" will always seem better. The health visitors had their office in the GP practice. They were an important part of the team; we saw them every day, they came to our meetings and our celebrations. We did a baby clinic together and discussed the families afterwards. When we had coffee every day, we could talk about families that were causing concern or ask for advice about things like breastfeeding, weaning or local childcare services. The level of trust and mutual respect was massive; I think families recognised that and understood how closely we worked together.

Two examples illustrate this: One time the practice had an anonymous phone call to say that a man had been seen hitting a child in a garden. The health visitor and I went there immediately and

between us we dealt with the police, the family and took the child to safety. Some months later we went to Crown Court together and supported each other through that gruelling process. Another time, a health visitor was so worried about a woman's mental health that she brought them to the practice. I saw them immediately and the health visitor sat in while we talked about serious suicidal plans. She stayed with the woman all the time while I arranged admission to a Mother and Baby Unit and then accompanied her there.

Before I retired the health visitors were moved to a separate office. It was difficult to speak to them; we had to leave messages on an answerphone; they didn't have time to come to any meetings. After a couple of years, we didn't even know their names or faces. The team was broken; that cannot be in the interests of anyone, especially the families whose care we share.

***"We could talk about families that were causing concern or ask for advice about things like breastfeeding, weaning or local childcare services. The level of trust and mutual respect was massive; I think families recognised that and understood how closely we worked together."***

***Dr Victoria Silverwood, GP, Stoke-On Trent***

As a GP, I am saddened and frustrated by the current reduction in health visiting services in my locality.

***"The local health visiting team are invaluable in supporting potentially vulnerable children and families and providing important health information and support."***

I have directly witnessed the negative consequences the reduction in services has had on the children and families who are also my patients. There simply doesn't seem to be enough health visitors to manage the current demand, which appears to be placing a lot of pressure on them.

I used to have a close working relationship with one or two specific health visitors. We could communicate effectively and react promptly when problems arose. Now it is much more difficult to speak to our health visiting team and I know they also find it more challenging to reach me as well. I would welcome an increase in funding and an increase in health visitor numbers to try and improve the situation so that we can all work together to provide more integrated and effective care for our patients.

## Why health visitors matter: Early detection and intervention for illness and disability

### *Pilar Cloud, Project Lead, Action on Cerebral Palsy*

Cerebral palsy is a neurological condition caused by damage to the developing brain and central nervous system during pregnancy, birth or in infancy. It is the most common cause of lifelong disability starting in infancy and affecting children from all socio-economic and cultural backgrounds. Despite this, there are often unnecessary delays in the early identification and referral of babies, which, in turn, prevents effective early treatments from taking place at the time when they can be the most impactful.

*“Health visitors are a highly skilled workforce and are well-equipped to work in partnership with parents and communities to improve early identification and intervention for infants with cerebral palsy... health visitors can play a crucial role in mitigating some of the known risk factors for cerebral palsy. This includes: supporting mothers to prepare for a healthy pregnancy and reduce the prevalence of preterm birth, promoting immunisations and early detection of neonatal risk factors, and promotion of accident prevention advice to parents to reduce traumatic brain injury.” Report from APPG on Cerebral Palsy<sup>31</sup>*

Babies and very young children with cerebral palsy need effective, early intervention to improve life outcomes and minimise secondary complications. Cerebral palsy and associated neurodisabilities have been widely demonstrated to be highly responsive to early intervention when plasticity in the child’s developing brain is at its greatest. Failure to intervene early incurs significant costs both to the child, and to the Treasury, as well as enormous personal costs to the families involved. Despite this, effective early intervention remains the exception, rather than the norm, in the UK.

*“I’m a mother of a daughter... with quadriplegic cerebral palsy... After [her birth, 10 weeks prematurely], we waited 10 months for a diagnosis, and that was also a very difficult time. Because she was very premature, our local GP just kept saying that she’d catch up, which obviously wasn’t very helpful. So, I do know that those early months and early years can be very heart breaking and difficult for parents and families... I am very keen to see what we can do... to bring that*

### *early diagnosis”<sup>32</sup> Mary Foy, MP Co-chair of the All-Party Parliamentary Group on Cerebral Palsy*

There are identifiable risk factors<sup>33</sup> in approximately half of all children who go on to be diagnosed with cerebral palsy. Where these factors have been identified pre- or post- natively, babies’ development is more likely to be monitored and input provided at a point when it can have most impact.

*“Health visitors are a vital link for parents, particularly first-time parents, in helping them to pick up on any early warning signs and ensure these parents get an onward assessment to get their child the vital help that they need when it can most benefit that child’s long-term outcomes.” Amanda Richardson, MBE, Founder and CEO of Action Cerebral Palsy*

We know from feedback from parents, as well as from evidence from healthcare professionals, how valuable health visitors can be to parents after diagnosis too. In our recent national survey, many parents said that they feel they need *“strong, brave, neutral advocates who can help us navigate the system and stand up for us and our entitlements.”*

*“Health visitors play a vital role in recognising the early warning signs of atypical motor development in very young children, supporting and empowering parents to speak with a doctor if they have any concerns. This early detection is vital to improving pathways of care for these children.”*

### Caroline Coates, Founder of Harry's Hydrocephalus Awareness Trust (Harry's HAT)

Hydrocephalus is a condition where excess fluid builds up inside the skull, putting pressure on the brain. This can sometimes lead to brain damage, which can be fatal if left untreated.

Health visitors are an essential resource when it comes to hydrocephalus detection and support. As there is scant awareness of hydrocephalus, as well as difficulty in detecting the condition, health visitors' expertise, head measurements, and observations are vital in noticing and monitoring it.

Many of the parents we have spoken to specifically discuss the difference health visitors made to their baby's journey in hydrocephalus. Parents have also called for further awareness of hydrocephalus amongst health visitors and more frequent health visitor contacts to enable the early identification of issues. Parents of children with hydrocephalus have told us of the significance of having health visitors doing regular visits, so that they notice the signs of hydrocephalus, leading to the child being formally diagnosed and treated for the condition.

#### **In Lyra's story, her mother Emma explains that:**

*"When Lyra's head was measured at birth and at 6-8 weeks, it was at the top end of the normal range but there were "no concerns". Fortunately, the health visitor had encountered hydrocephalus before and measured Lyra's head circumference again. It was found to be off the top of the normal scale. The family were sent to hospital immediately where it was confirmed that Lyra had a cyst and hydrocephalus."*

Lyra has ongoing developmental problems because of her condition. But if the health visitor had not suspected hydrocephalus and sent the family to hospital, the diagnosis may have been even more delayed and caused further damage to Lyra. Sadly, we do know of children who suffer from preventable brain damage because their condition was left undiagnosed for so long.



*"As there is scant awareness of hydrocephalus, as well as difficulty in detecting the condition, health visitors' expertise, head measurements, and observations are vital in noticing and monitoring it."*

It is important to note that increased awareness of hydrocephalus and regular head measurement by health visitors can ensure an earlier diagnosis.

Head measurements conducted by health visitors are vital, although the need for these checks is not widely understood: In our recent survey of over 750 parents, 54% of parents did not know that their baby's head should be measured at the 6-8-week checks. 76% of parents were not told why their baby's head was measured. Many parents we have spoken to would like more contact from health visitors, as well as more regular checks, as noted in the parent quotes below:

*"Very few health visitor appointments... only saw health visitor once a few days after giving birth and once when baby was around 6-8 weeks. No other measurements have been made since."*

*"I did ask my health visitor about measuring baby as a friend in another area had her baby measured but the health visitor said they don't measure babies anymore... I was told to do it myself."*

Health visitors hold an incredible role for parents. It is highly appreciated when parents receive genuinely helpful tips, care, and support from health visitors. Based on the stories we hear from families, we can see the significant and vast benefits of the health visitor service, as well as the challenges involved when services are cut.

## Why health visitors matter: Reassurance and support for bereaved families

*Joanne Carroll, National Lead, Care of the Next Infant Programme, Lullaby Trust*

Many families with young babies worry about the possibility of sudden infant death syndrome (SIDS). Families who have experienced the sudden and unexpected death of a baby or young child are inevitably often very anxious when they have another baby. The Care of the Next Infant (CONI) programme is parent-led, health visitor delivered bereavement support for parents who are having a baby following the sudden death of a previous infant.

CONI provides emotional support to bereaved families during the early months of their new baby's life, allowing them to enjoy this special time and building their confidence in looking after their baby. Contact with health visitors provides parents with both practical support (e.g. regular weight checks and improved access to health services) and emotional support (e.g. having someone to talk to, and the reassurance that baby is progressing well).

Parents have told us how valuable both these elements of support are to them. Their feedback reveals they appreciate the reassurance and support they receive from their health visitor. The emotional and psychological benefits of building a relationship with the health visitor over several visits are important for many parents. The comfort, solace and reassurance they gain from "having someone to talk to" are valued just as highly as the more practical elements of support such as weighing their baby.<sup>34</sup>

**These quotes from mothers illustrate how valuable and valued their health visitors have been:**

*"The health visitor showed me my baby was thriving, developing, hitting the milestones – they gave me confidence he is doing well. They made me feel 'I can do this'."*

*"My health visitor... has listened to all of my fears and comforted me when I cried and has really helped me to get better. I don't know what I would have done without her. I am enjoying motherhood so much and I have the health visitor to thank for it."*

*"My health visitor helped me to enjoy the last 6 months. I was becoming increasingly anxious but with her help, I have made so much progress. I was hardly sleeping due to worry... I was so worried that if I took my eyes off her for just a moment something would happen, and she would stop breathing- because of this she organised for me to have a monitor which attaches to babies nappy. It was life-changing!... She has listened to all of my fears and comforted me when I cried and has really helped me to get better. I don't know what I would have done without her. She is also aware that times are hard financially and has helped me by reaching out to First Days charity. I owe [my health visitor] so much, I really hope she realises how wonderful she is and how much of a help she has been to me and my family."*

*"The health visitor tailored the support to fit around our specific anxieties. She was so easy to talk to about my worries and I really felt like she understood me, she kept in regular contact and was the first person to contact me when my son went into hospital with an illness... to offer support... I really feel like my experience of having my son over the past year would have been so much more anxious and isolated if I haven't met my health visitor."*

*"We were so lucky to have our health visitor... Her attitude and presence were always so calming to us and she knew when and what kind of help we needed each time she visited."*

## Why health visitors matter: Maternal mental health

*Leanne Howlett, Mother*

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The impact that health visitors have had on our family has been huge! Parenting hasn't been an easy journey for me, and I feel incredibly grateful that we have had a health visiting service by our side from the moment my eldest was born, who will continue to be there for us until my youngest starts school in a couple of years.

When I had my son, he was my first child and, despite feeling well prepared, when he came along, I soon realised we didn't have a clue! He struggled to take to breastfeeding and lost weight consistently. When I contracted sepsis from mastitis and was rushed into hospital really poorly, I knew I needed to switch to formula for his weight and for my own sanity. I felt such guilt at the time, and it was my health visitor who helped me talk through these thoughts and feelings to make a decision that worked for our family.

She also provided invaluable support for my mental health. I'd never experienced mental illness before so when I started to feel low, I had no idea what to do. When you are sat at home on your own reaching out to professionals can feel impossible. How do you even find the words? What do you say? There were a number of times the words were on the tip of my tongue, but I could never get them out. I'm incredibly lucky that mine was picked up by professionals and they got me the support I needed. Without this I'm not sure I ever would have spoken up. I feel really worried for new parents who may struggle now health visiting clinics and drop-ins are being cut due to lack of funding, and, in a world where parents have to pick up a phone and initiate the support, I believe many won't!

Once they picked up on the fact I was struggling, my health visitor would come round regularly to see me. Of course, I had the mental health support I needed and that was excellent, but what I also needed was someone who could be there for my whole family to support us as we went through such a challenging time. She would come and sit with me and provide me with a safe space to talk. She wasn't mental health trained but I didn't need that – I had that from mental health services. What I needed was someone to just listen. Someone who I trusted, who would understand how I felt but who could give me hope I would get better.

*“I had the mental health support I needed... what I also needed was someone who could be there for my whole family to support us as we went through such a challenging time.”*

When my daughter was a couple of weeks old, she developed colic. My mental health was teetering by this point and listening to a baby crying for hours a day tipped me over the edge. Once again, my health visitor was just amazing, and I genuinely don't know what our family would have done without her. She checked how my husband was coping when I was struggling which was vital to keeping our family going, and she followed up my older son's paediatrician referral when I found myself being bounced between services and felt completely overwhelmed by it.

She helped me to try literally everything to help soothe my daughter and was constantly coming up with ideas and giving me hope things would improve – from changing her Moses basket to ruling out dairy intolerances. When her weight kept dropping and I didn't feel able to leave the house she would come round every single week and weigh her for me. What if she hadn't done that and there had been an underlying health condition, or the weight loss had been missed through a lack of regular weighing?

When you are unwell, no matter how much people tell you that your children won't be taken off, you can't help but panic that they will. Having my health visitor, who knew me and knew my family, meant that when she looked me in the eye and told me that she knew I was a good mum – I believed it. This helped me to open up to her in a way that I wouldn't otherwise have been able to do.

*Laura Seebohm, Chief Executive, Maternal Mental Health Alliance (MMHA)*

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- **One in five women will experience a perinatal mental health problem during pregnancy or the first year after a baby is born**
- **Suicide is the leading cause of direct maternal death in the first postnatal year**
- **70% of women will hide or underplay their illness.**

Every health and social care professional working with women and families during and after pregnancy can provide maternal mental health support, but few are as well placed as health visitors when it comes to supporting the mental health and wellbeing of the whole family. As such, it is vital that a well-funded, well-resourced, and well-informed health visiting service is available and accessible to all new parents and their babies.

Health visitors are an essential part of a comprehensive perinatal mental health care system. They can help new families adjust to life with a small baby and assess the mental health and wellbeing of women, partners, and babies at each contact. Health visitors have a strong understanding and knowledge of the communities where they work and their distinct needs. They can take steps early on to prevent isolation and recognise challenging situations which contribute to poor mental health for mothers. They can lead women and families to the diverse range of voluntary and community sector support in their local communities. And for women with the most severe and complex maternal mental health needs, health visitors can literally be a lifeline to specialist care.

Many of the women we've spoken to have shared with us just how integral their health visitor was in signposting them to services that made a significant difference in their recovery. For example, Hazel was referred to both a local befriending scheme and a specialist perinatal mental health team, help she may not have found without her health visitor.

*“Having access to these wonderful services means my mental health has improved a lot. I now have a great attachment to my children, and life, in general, is not as much of a struggle as it was.” Hazel*

Over recent years, substantial cuts to health visiting services have impacted the extent to which they have the capacity and resources to meet the needs of women and families. Despite their hard work, with high caseloads and depleted resources, it is easy for health visitors to miss women with or at risk of maternal mental health problems. All professionals working in the perinatal period, including health visitors, need the right conditions and a system flexible enough to provide women and families with the level of care they know to be necessary.

Research commissioned by the MMHA from the London School of Economics and Political Science (2022), considered the cost and benefit of increasing treatment for common maternal mental health problems within maternity and health visiting settings. The report concludes that midwives and health visitors play an essential role in identifying and providing or facilitating treatment for emerging mental health difficulties during routine contacts with women during and after pregnancy. Researchers found that bolstering the workforce and investing in specialist training for health visitors to identify and offer low-intensity treatments could not only improve the lives of women and families but also lead to a possible economic benefit of around half a billion pounds over 10 years.



*“Every health and social care professional working with women and families during and after pregnancy can provide maternal mental health support, but few are as well placed as health visitors when it comes to supporting the mental health and wellbeing of the whole family.”*

**All** women and families across the UK need equitable access to comprehensive, high-quality perinatal mental health care, including a confident, well-resourced health visiting service with the capacity to meet the needs of all women. Workforce shortfalls must be addressed as a matter of urgency and specialist perinatal and infant mental health visitors should be part of every local area in every part of the UK. This is essential if we are to achieve much-needed parity between the mental and physical health of new mothers.

### *Contributions from Perinatal and Child and Adolescent Psychiatrists, Royal College of Psychiatrists*

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We believe that health visitors play a vital role and are a key element of universal health services. We support the development of an appropriately staffed and skilled health visitor workforce.

With respect to perinatal and infant mental health, health visitors play a number of important roles:

- Monitoring the health of the child, including identifying emerging developmental delay or neurodevelopment difficulties.
- Identifying changes in a mother's and/or father's mental health (such as the early detection of emerging mood disorder, eating disorder, obsessive compulsive disorder or psychotic symptoms.)
- Identifying emerging problems in the parent-child relationship, including attachment difficulties.
- Identifying risk factors for the child and parent, including the impact of domestic violence, and working with organisations to protect and safeguard children in the family.
- Identifying where poverty and/or poor housing are impacting the child and family.
- Delivery of education, support and targeted interventions with respect to emerging difficulties in parent-infant relationships and/or early years care.

Continuity of care is a core part of effective health visiting. It enables a health visitor to develop relationships and to know the parents and child well, facilitating the early detection of a range of potential difficulties. Continuity of the relationship with a family, including prior involvement with older siblings of a new baby can aid in facilitating early support for a vulnerable parent.

The health visitor's knowledge of child health and development, safeguarding and parent-child relationships, along with their links with local primary care services and multi-agency partners, enables them to intervene themselves and/or fast track referrals to targeted/specialist services when indicated. When families need additional support, health visitors have a role within multi-agency care plans and can liaise with specialist services such as perinatal and infant mental health services. The health visitor can be a central point of contact, providing continuity for the family and retaining an overview of the care and progress of the young child and his/her parents.

### **A case example**

**A mother experienced severe postnatal depression after the birth of her first child, requiring a lengthy admission to a mother and baby unit. During her second pregnancy, she had the same health visitor with whom she had previously developed a good relationship.**

**The health visitor was aware of the mother's early relapse symptoms and knew this family well, including the social dynamics, beliefs and support system. The health visitor's previous knowledge and relationship with the family were key in supporting the mother, her new baby and her toddler, and preventing the relapse of the mother's postnatal depression.**



## Why health visitors matter: Mothers experiencing multiple disadvantage

*Kirsty Kitchen, Head of Policy and Communications,  
Birth Companions*

Birth Companions is a specialist reproductive health charity led by and for women. The organisation was founded in 1996 to support pregnant women and new mothers in Holloway Prison. Since then, we've developed an expertise in the needs and experiences of women in the most difficult and disadvantaged circumstances during pregnancy and early motherhood, in prison and in the community.

The women we support face a range of difficulties that can often make the birth of their baby and the postnatal period a time of anxiety, stress and hardship. These can include being in contact with the criminal justice system, involvement with children's social services, immigration issues, insecure housing or homelessness, financial difficulties, mental ill-health and a history of domestic violence or sexual abuse. We provide advocacy, antenatal and early parenting education, one-to-one, group and peer support programmes, and birth partner services. We work with women during their contact with the maternity, criminal justice, social services and immigration systems.

Time and again we have seen the difference that relationships built on trust and compassion can make to the lives of women and their babies amidst acute disadvantage, anxiety and trauma. We know that connections forged with those who care, who withhold judgment, and who are able to make women feel safe to disclose their needs and access support, can be life-changing. This includes mothers who may be at risk of separation or are separated from their babies as a result of care proceedings; mothers who are all too often overlooked in postnatal services.

In the postnatal period, health visitors can and should play these roles. Many do, but all too often, despite their best efforts, they simply don't have the time, the training, or the opportunities to create and preserve these connections. This is not work that can be 'tagged on' to a generic model of care. This is work that

requires specialism, continuity of involvement, a universally trauma-informed approach, and sustainable, focused funding.

It's crucial to adopt a life course approach to women's health when working with those who experience inequality and disadvantage, taking into consideration not only the changes in girls' and women's bodies and health needs as they grow older, but the social determinants of health that shape their whole lives. In the space health visitors occupy in the midst of the early years, and perhaps most critically in the first 1001 days, they can and do play an anchor role in the lives of women and girls, with the opportunity to disrupt intergenerational cycles of disadvantage. I can't emphasise enough how important it is for mothers, babies, families, and society as a whole, that these roles become more valued and better resourced as a matter of urgency.

***“Connections forged  
with those who care,  
who withhold judgment,  
and who are able to  
make women feel safe to  
disclose their needs  
and access support,  
can be life-changing.”***



## Why health visitors matter: Safeguarding

*Catherine Kelly, Nurse Practitioner, NSPCC, Scotland*



Health visiting caseloads in Scotland are often lower compared to caseloads in England, however we have seen an increase in families with complex needs and vulnerability, due to overstretched and underfunded social work services. In Scotland it is easier for a health visitor to see the same families consistently, as we are usually attached to GP surgeries. I find these consistent visits help me to build relationships with families and to act as a vital point of connection. I take my role in safeguarding the youngest children very seriously, as I could be one of the few practitioners that sees a child consistently before they start nursery or school. These two stories explain the work I do to help families overcome their difficulties and stay together, and what happens when that is not possible:

As a health visitor I worked with a young mum who had a traumatic childhood, her mum had abused alcohol and her and her siblings had been sexually abused. Her partner, the father of her baby, was living with a disability and mental health problems, and sadly he died of suspected suicide. My team visited the family weekly and on one of the visits, we noticed an unusual bruise on the 6-week-old baby's arm which could not be explained.

Following a medical examination, the baby was put on the child protection register and temporarily placed in the safety of her grandmother's home with the mum. A child protection case conference was held to discuss whether the baby should be removed, but there was no further evidence to confirm any suspected abuse. The baby's mum was doing her best, she was breastfeeding and was fully engaged in the child protection process.

The family were offered an intensive support programme from the NSPCC and health and social care services. Through the support package the mum gained the skills to be a reflective parent and at the end of the intervention she commented "If it wasn't for your team's support, I wouldn't have my little girl today. You believed in me when I didn't have a voice."

Another mum I worked with had been known to social services before, as had her partner. They had not been together for long when they had their first baby. Mum had experienced childhood trauma and was now suffering from depression and suspected domestic abuse. The two parents had five children from previous relationships, who attended two separate schools where no known concerns had been identified. On my primary visit I identified that this family was overwhelmed, the kitchen where the baby's bottles were being prepared was filthy. The baby was underweight and he had an eye infection. In collaboration with the parents, I referred them to early intervention services to offer holistic support.

The family were identified as requiring additional support and during another visit, I noticed that the mum was being particularly mean to her partner's son. She had separated him from the other siblings and removed his lightbulb and bedding as punishment for bed wetting. On discussion, the school services identified changes in his wellbeing and behaviour since moving into the new family structure. Working with the family I made a referral to social services. Following a protracted period of further support and numerous child protection case conferences and opportunities for change, it was decided by social services that all children should be removed. Two went to live with their birth mother and the others went into foster care. This is never an easy decision, but children must be given the best chance to grow up in a safe environment, free from abuse and neglect.

## Why health visitors matter: Community partnerships

*Vicky Reedy, Church baby and toddler group leader, Stockport*

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I voluntarily run a church baby and toddler group. During the COVID pandemic, my focus turned to supporting parents with newborn babies. As a support group, we were able to meet face-to-face with parents to offer peer support. Because of the redeployment of health visitors during the pandemic, parents often spoke about the lack of support they were receiving, with the word 'abandoned' often mentioned.

When I contacted health visitors, they informed me they had to prioritise resources and time for those families in most need, leaving universal families missing vital support, especially in the early days. However, *all* families were in need, especially those with family not allowed to visit due to COVID rules. We had one mum who gave birth to twins and needed the physical help of other adults, but her parents live in New Zealand. I was glad I had met her and invited her to our group.

Before the pandemic, I knew how useful drop-in clinics were, the baby was weighed, and the parents could mark their child's growth in the red book. This was a great way for a health visitor to check-in with parents and listen to any concerns. When seeing families face-to-face, health visitors could see from a mum's face and body language if she was possibly struggling, something that is very difficult to spot over the phone. These clinics

enabled parents to feel reassured by a professional seeing their baby and listening and responding to their concerns.

It saddened me that 'lockdown parents' missed this, and many did not see a health visitor physically but only received a phone call. Groups like mine ended up being a place where they learnt from and supported each other. After hearing of families' experiences, I felt I needed to contact the health visiting team. I started by asking if they would tell new mums about my group, then asked if there was information that I could share with the families. I suggested that a health visitor should come and talk to my group. At first, this was not possible, but I persisted, and eventually, when restrictions started to lift and staff levels increased, they agreed to come and visit our groups.

Coincidentally I am writing this on the day of the first visit of a member of the health visiting team to our group. I introduced the families to the practitioner (an early years worker in the health visiting team) and encouraged them to ask any questions. The families present were primarily families who had babies in lockdown, and many asked about speech and language. The practitioner said she had loved speaking to so many families in one morning and addressing their concerns. The service have asked families to give feedback on which topics they would like more information.

We are a large group with approximately 80 families over two sessions. The health visiting team

*“Both staff and parents will benefit immensely when drop-in clinics and face-to-face contacts re-start.”*

mentioned how good it was to observe children's development during our singing and story time, and whilst playing with a variety of toys. I was able to introduce a new mum who had moved from another part of the country that week. Her child was due their 2-year check, so the practitioners were able to take her details and arrange an appointment for them.

We hope this will become a monthly visit and that health visitors can bring the weighing scales, as this would be welcomed by parents. Currently, parents must phone the health centre for appointments to have their child weighed, but it's difficult for mums to do this as they feel they can only call when there is a real concern, not just for reassurance. Universally, face-to-face contact is preferred over phone calls or zoom.

Whilst I appreciate that during the pandemic, staffing levels have been low and physical meetings have not been possible, both staff and parents will benefit immensely when drop-in clinics and face-to-face contacts re-start. Groups like ours offer a great opportunity for health visiting teams to reach families, and their presence is hugely welcomed.

## **Jo Gordon, Founder and Director, Daniel's Den, baby and toddler groups in London**

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*“My local health visitor advised me to come to Daniel's Den when my daughter was seven months old. I was feeling lonely and depressed, and she felt I would benefit from coming with my baby. I came and I've never left”.*

This quote comes from one of the Session Leaders at our parent and toddler group, Daniel's Den. It is ended with the caveat “and my daughter is now nearly 18 years old”. 17 years ago, this young mum was encouraged to come to one of our groups by her health visitor. She now leads three groups, leads a team of volunteers and is excellent at connecting people to the support and advice they need.

Daniel's Den is a local voluntary sector toddler group in the London Borough of Brent and many of the residents there are new to the area and country. Some live in multi-generational homes whilst others live in temporary accommodation with limited facilities. Brent's diverse population is both a strength and a challenge and having safe spaces to ask for and receive help are vital. Having a toddler group “run by the community for the community” is a great resource.

Years ago, our team of local health visitors would print off our leaflets and ‘send’ families to our groups. They saw the value of our universal offer and would pop

in to sessions and even bring families along who were unable to get there on their own. The support we received from health visitors as a voluntary group was fantastic and had mutual benefits in terms of networking and connecting with other services, such as oral health.

Sadly, today, we have very limited contact with health visiting teams. They seem totally stretched. This is not unique to Brent. When I asked other colleagues in the sector for their thoughts, they included:

*“Our health visiting team are amazing at signposting to us. I've got nothing but praise for them. Our health visitor tells me to please ask mums to get in touch if they're struggling as they are being forced to do phone calls instead of home visits and know they'll be missing things. They're trying their best in awful circumstances with huge funding cuts”*

*“They appear to be invisible in our neck of the woods...”*

*“Mixed picture, and predominantly influenced I think by manpower levels. I've seen one of our families supported and advocated for by HV when the kids were on the child protection register... and I've seen many struggle with lack of access and really slow responses from HV staff after mums call up to the central number you call for advice these days...”*

*“Some health visitors do promote our group, and I have a link with a wonderful HV who is hugely supportive. However, she has to visit our groups in her lunch break, because despite what she brings (she identified and referred 4 kids with speech delay last visit), the management above her don't consider it an appropriate use of her time...”*

Health visitors are an essential part of the community for so many reasons. The signposting and connecting they do is invaluable. Having that friendly ear, wise words and sound advice can be a life-changer and life-saver for so many families.

The example of our session leader shows that health visitors do not just have short term benefits (as vital as they are) but can span generations.

***“Having that friendly ear, wise words and sound advice can be a life-changer and life-saver for so many families.”***

**Leanne Howlett, Founder, By Your Side, peer support forum for women with perinatal mental health problems**

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As a charity supporting parents with perinatal mental illness, we have always worked closely with our local health visiting service. They will often refer parents to us who would benefit from peer support and meeting other parents who are unwell.

Many parents who come to us haven't mentioned to their health visitor that they are struggling and don't realise the extra support they can receive from them. They may feel nervous about telling their health visitor how they are feeling. But when they reach out, sometimes with our help, the health visitor will make contact and set up some visits and extra support for them. So many parents find this incredibly helpful. Once involved, health visitors offer regular emotional wellbeing visits and an opportunity for mum to talk about how she is feeling, as well as providing extra support and information on any other issues such as infant feeding, weaning or reflux, as well as helping to refer them to other services where this would be beneficial.

However, in the last year or so we have noticed that health visitors are struggling more and more to provide this same level of service, despite really wanting to. The visits with parents are less frequent and there are less face-to-face visits. When we think back to a couple of years ago, we knew that parents we supported would be completely held by the health visiting service who would also help to co-ordinate a lot of the other care they needed for both them and their little ones. Now, health visitors often offer support families on a particular issue and the parents themselves are having to still co-ordinate other aspects of their care. It makes services less joined up and the care isn't as seamless for the family.

Midwifery services are all rolling out continuity of carer nationally because the evidence is very clear that the importance of having a therapeutic relationship, being able to trust the professionals treating you and feeling comfortable with them is crucial to good outcomes for both professionals and service users. We agree that this is fundamental to a parent during pregnancy and those early days as a parent. However, your health visitor isn't just there for nine months – they are a parent's main support for five years.

We therefore find it staggering that in a world where other professions are trying to improve parents' experiences of continuity, health visiting teams are being stripped of crucial funding leading to them needing to implement new models where parents are allocated a different health visitor at each contact and receive minimal continuity.

In our experience health visitors play a crucial role in supporting the whole family. Parenting is never easy, and it often throws us many challenges, some bigger than others. All parents need and deserve someone who can walk alongside them during their journey, giving help and advice at each new stage, after all they are raising and shaping our next generation.



***“All parents need and deserve someone who can walk alongside them during their journey, giving help and advice at each new stage, after all they are raising and shaping our next generation.”***

## Helen Rampton, Policy Officer, Action for Children

Action for Children works closely with health visitors across the whole of the country. Health visitors form an essential part of local systems of support for families alongside Action for Children children's centres, family hubs and family support services. Our staff work closely with health visitors to ensure families are supported holistically.

### Action for Children staff are clear about the vital role health visitors play in supporting families:

*“Health visitors are the ears and eyes on the ground. From just before the baby is born, they’ve got the history, knowledge, the relationship with that family, to support that baby and child’s health needs from a very early point.”*

*“That child is getting the best health advice, the best start in life, from having a health visitor: for instance, the support with breastfeeding, with the child’s health and development, as well as support for the parents.”*

Often, health visitors will **identify needs within families**, such as child development needs, attachment issues, or a need for help with parenting skills. They will then often refer families to our services, such as parenting programmes to help parents with managing their children’s behaviour, or one-to-one family support to provide more intensive help for the whole family to prevent needs escalating.



*“Health visitors are the ears and eyes on the ground. From just before the baby is born, they’ve got the history, knowledge, the relationship with that family, to support that baby and child’s health needs from a very early point.”*

*“If we didn’t have those referrals, we may not have any way of meeting that family.”*

In some areas, health visitors are **co-located with our staff**, for instance having their own office within a children’s centre.

*“The health visitors are just in the next room; they can ask at any point if they want more information about one of our services. So, there’s a quicker response to families’ needs, and we’re directing the family for the right support, because we’re having those conversations.”*

This sharing of physical space **offers wraparound support**, to address a range of needs for families. This is especially helpful where parents might be unsure of who to turn to for support, or of the type of support they most need.

*“Families see our centres as a one-stop-shop. If a parent at one of our sessions has a question, we can ask the health visitor on duty, so that the parent can get advice and support right away, rather than waiting for an appointment.”*

In some centres, our staff and health visitors **co-facilitate groups together**. Or health visitors might identify a need for a particular type of service, and then deliver that in our building.

*“Families see us as one big team. We draw on each other’s experiences. They give us the most up-to-date information on health issues, such as weaning and immunisations. That means that families get information more quickly than they would normally, and stops the support for families feeling fragmented, because we’re working together, and delivering the same messages.”*

As well as focusing on specific families, our staff also work with health visitors to tackle broader challenges. In one area, our staff are working with health visitors to try to increase the MMR immunisation rate. In another, they’re working together to increase breastfeeding rates.

Health visiting and family support are vital elements of local systems for families. They interlink closely, rely on one another, and build connections between families and different types of support. Our staff are clear that they would be unable to support families effectively without this joint working.

*“You can’t not have a health visitor – it’s crucial.”*

## The need for a world-class health visiting service

*Councillor Louise Gittins, Vice-Chair,  
LGA Community Wellbeing Board and  
Leader of the Council, Cheshire West and  
Chester Council*

The health visiting service plays a crucial role in giving children the best start in life. Many councils have embraced the opportunity to make a difference in this key development stage since the transfer of responsibility of the Healthy Child Programme in 2015. Health visitors lead on the delivery of the Government's Healthy Child Programme for children from pregnancy to five, working alongside other health and social care colleagues, including family nurse partnership teams, nursery nurses and other specialist health professionals.

The support provided includes everything from universal help for all new parents, including ensuring good uptake of immunisations, to identifying those in need of more intensive support. The impact of this early support cannot be underestimated. It builds resilience, encourages healthy lifestyles and aids social and emotional development.

Since health visiting was brought into local government, we have seen councils develop new ways of working, integrating health visiting with other early years services and developing specialist posts for vulnerable groups, such as teenage parents or those requiring specialist perinatal mental health support. These are having a huge impact on the lives of families and babies' development.

In the same period, several key outcomes have improved. However major challenges remain. School readiness levels have improved since the transfer but nearly a third of children are still deemed not to be "school ready" by the time they reach five. School readiness has a strong impact on future educational attainment and life chances.

Inequalities continue to persist. Children from disadvantaged backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life. There are also large numbers of children growing up in families where there is parental conflict, substance misuse or mental health problems. During the pandemic, many health visitors were redeployed whilst working against a backdrop of rising social need and suspended universal services.

Crucially, data suggests that the number of health visitors in post is falling. Health visitors working in local government play a pivotal role in ensuring all children get the best possible start in life. Councils want to protect our world-class health visiting service by attracting, training and keeping new essential workers. This is why we are calling for a properly resourced, integrated workforce plan that underpins the current refresh of the Healthy Child Programme. In addition to ensuring we have a sufficient supply of specialist public health nurses, a workforce strategy should recognise the benefits of having a diverse range of health visiting, school nursing, children's centre and other

*"Health visiting vitally improves the life chances of children by identifying emerging health needs, promoting healthy behaviours, preventing ill health and reducing inequalities."*

early years staff in children's and health services. We believe that this will lead to better outcomes for children and families.

Furthermore, we look forward to the opportunities that integration will bring in driving improvements to ensure that everyone gets the right care in the right place at the right time to achieve better health and care outcomes.

Health visiting vitally improves the life chances of children by identifying emerging health needs, promoting healthy behaviours, preventing ill health and reducing inequalities. This is why councils must do all they can to ensure the very best support is provided.

# Our calls to action



**1**

**Local authorities must commission and fund health visiting services that are able to offer a high-quality service to all those who need them, in line with the Healthy Child Programme.**

**2**

**The UK Government must properly resource local authorities to enable them to provide health visiting services at a level that delivers everything that Government and NICE guidance expects of them, and that families need.**

**3**

**The Department for Health and Social Care must do more to encourage local authorities to invest in health visiting services, and to hold them to account when they are not meeting national guidelines.**

**4**

**The UK Government must also address shortages in the health visiting workforce: it is time for a demand-driven, well-resourced national workforce strategy and plan.**

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**ACTION** IDENTIFY  
CEREBRAL PALSY INTERVENE  
IMPACT



**abm**  
Association of Breastfeeding Mothers

birth companions

**Blackpool  
Better Start**

the **Breastfeeding  
network**



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