Family & Parenting Institute

Our **YouGov** poll shows that **76** per cent of **parents** in **England** want parenting **support** and **advice** on their child's **health** and **development** from a trained health **visitor** with up-to-date **knowledge**

83 per cent of parents want that **support** and advice in the **home**

But **we** have found that health visitor numbers are in **freefall**

Health visitors – **an endangered species**

RESEARCH & POLICY FOR THE REAL WORLD

Contents

Summary of our aims:

The Family and Parenting Institute wants a well-funded, well-trained universal health visitor service available to all parents of children under five, with specialist support for the most vulnerable families.

- **A universal health visitor service with an intensive service for parents who will benefit most**

Currently there is a postcode lottery in health visitor provision. The number of visits you get from a health visitor depends on where you live – not on what your needs are. The profession has lost coherence and confidence and is becoming a soft target for cuts by Primary Care Trusts eager to make savings. So health visitor caseloads are increasing or becoming more specialised. Without a universal service targeted health visitor support is likely to stigmatise parents and lead to health visitors losing track of vulnerable families.

- **A preventative health visitor service – the key to unlocking support for vulnerable families who are still missing out**

Health visitors are a trusted source of advice who visit all parents in the home at a "golden moment" when they are more open to advice and help after the birth of a child. This is the time to embed health prevention with parents – helping them with breastfeeding, healthy eating and emotional problems. Health visitors can help to identify mental health problems and post-natal depression and take action. Health visitors are the key to unlocking other early years' services – research shows the most vulnerable families are still missing out on children's centres and other health interventions. Primary Care Trusts need to work together with local authorities and other agencies to use the full potential of health visitors as the first source of parenting support for most parents and one that sets a standard for those that come after OR one that acts as a welcoming introduction for future services.

- **A well-trained health visitor service with a clearly defined role and a better career structure**

Health visitors need a clearer brief, with better training in engagement with families and in the specific challenges of early parenthood – rather than the more generalised training they receive now. Their key role in engaging parents and preventing childhood obesity and child behavioural problems as well as giving parenting and relationship support needs to be recognised. They should not be used as a "soft" alternative to social workers for families with multiple problems whilst the high thresholds in Children's Trusts need to be reduced to accept such crucial referrals. They also need a better career structure so that younger people and others can qualify as health visitors. The government should examine the possibility of three year medically based direct entry courses. Just as midwives can enter directly into the profession, so should health visitors.

An introduction to the Family and Parenting Institute's health visiting campaign

"…Although my health visitor was friendly and approachable, after our initial meeting, I only ever saw her once. She intimated that government cutbacks meant that there were too few health visitors for them to be able to supply the kind of service they would like, and so they mainly concentrated their efforts on more needy families. I think there is, potentially, a large role for health visitors to play in our society, especially given the break up of the extended family and the resulting isolation felt by many new parents (mothers in particular)…"
(All quotes in bold type come from parents surveyed by YouGov.)

We commissioned YouGov to ask nearly 5,000 parents what they thought of health visitors. We also put in freedom of information requests to the 151 newly formed Primary Care Trusts in England to see how many health visitors they employed.

Our results were dramatic. Parents love health visitors. They overwhelmingly want parenting and health advice from them. Yet when we asked trusts for numbers we found huge variations up and down the country with health visitors vulnerable to savings cuts.

This is not because anyone in Whitehall has yet made an explicit decision to get rid of them – quite the reverse, they are cited as an essential preventative service, yet their service hasn't been cherished.

There is general uncertainty about health visitors' role, they and their work do not figure in any government targets, and they are expensive to employ. They find themselves squeezed by and subject to the decisions of individual Primary Care Trust managers. Where you live in the country increasingly determines how or even whether you see a health visitor.

Many health visitors themselves say they find it difficult to justify what they do, because they have been led to believe over the years that what they do is hard to quantify, and therefore of little value.

And yet this is a time when health visitors should be at their most confident. As the Government brings out its Parenting Strategy and seeks to set up a National Academy for Parenting Practitioners, health visitors, the original providers of early parenting support, should be regarded as indispensable.

Research says that parents, and particularly vulnerable parents, need a relationship with someone they trust in the home if they and their children are to thrive.

The question is this: if research shows that health visitors are the most effective people to deliver parenting support, and parents of young children in England overwhelmingly like and trust them, why are health visitors in such peril?

Why are we looking at this now?

The future of health visiting is up for grabs. On the one hand Primary Care Trusts are cutting health visitors up and down the country – there are at least 800 fewer than there were two years ago according to our survey. The Department of Health in its welcome Review of Health Visiting is also likely to recommend changes to the service. Targeting some vulnerable families with intensive visits is an approach particularly attractive to government policymakers trying to tackle the social exclusion and Respect agenda.

On the other hand the Treasury highlights health visitors and midwives in *Aiming High for Children* (2007) as being a key part of a personalised service for all young children. And the DfES is planning a whole range of parenting support programmes and a National Academy of Parenting Practitioners, both of which will need health visitors (or someone virtually identical) to deliver the service if it is to be any kind of meaningful offer.

What parents tell us

"…I think it takes a very special person to make a good health visitor, and I don't think health visitors get enough support from the government or the NHS in general. The two-year check is a prime example – this no longer takes place unless the health visitor thinks it's necessary; we get posted a booklet instead, which tells the parent what to look for and asks that you seek help from your health visitor if you have any concerns about your child's development!!! This is ridiculous!..."

"As a first time Mum with no family support, I found my health visitor vital."

At this time of flux for children's health services, the Family and Parenting Institute commissioned a survey of parents' views from YouGov. They asked 4,775 parents of children under five up and down England what kind of parenting support they wanted ideally and what they thought of health visitors.

- 76 per cent of parents of under-fives said that they wanted parenting support and advice on child health and development from a "trained health visitor with up-to-date knowledge"
- Some people ticked more than one box, but only 33 per cent wanted it from a nurse, 15 per cent from a volunteer with children of their own and 16 per cent from a child care worker (nursery nurse). Family scored 58 per cent and friends slightly less
- 83 per cent of parents said that they wanted that support in the home. Parents were much less keen to go to a doctor's surgery (39 per cent) or a children's centre (41 per cent).

Parents were overwhelmingly against the idea of targeting:

- Eight out of ten parents agreed that "all new parents could benefit from a good health visitor who visits enough times to build up a relationship". Only 17 per cent instead felt that "most parents can get help from other sources – only those who are really struggling need much help from their health visitor".

Parents were very positive about their experience of health visitors:

- 74 per cent of parents (79 per cent of men and 70 per cent of women) said that they were satisfied with the level of support they had received from their health visitors since their youngest child was born; with almost a quarter of these, 24 per cent, stating that they were very satisfied
- 75 per cent said their health visitor was kind and helpful and they disagreed that their health visitor was judgemental
- Parents also disagreed that their health visitor was there just to check for child abuse (69 per cent)
- 52 per cent agreed that the health visitors told them what services were there for them and their baby.

Parents do **not** think that health visitors are outdated or too expensive:

- 78 per cent disagreed with the statement "I think health visitors are an expensive waste of public money"
- 73 per cent disagreed with the statement "I think health visitors are outdated".

The average time parents said they spent with a health visitor in the first year was four hours and six minutes:

- 14 per cent of parents said they spent less than an hour with their health visitor
- 28 per cent said it was one to two hours
- 23 per cent said it was three to four hours
- 11 per cent said it was five to six hours
- 7 per cent said the health visitor spent more than ten hours with them in the first year

- In London, the average time spent with a health visitor is three hours and three minutes
- In the south-west it is four hours and 40 minutes.

YouGov also asked parents whether they thought "health visitors should wear a uniform to say they are a nurse". There was no agreement about this:

- 24 per cent agreed that they should
- 49 per cent said that they should not
- 25 per cent said they neither agreed nor disagreed

"…Uniforms wouldn't be a good idea as it automatically creates a barrier and makes them more official which some people are suspicious of and would possibly hold back the health visitors' attempts to bond with some families…"

"…A uniform would be beneficial. More contact would build a better rapport with the mothers as some mothers feel the health visitors don't know what they're talking about (a uniform may remind mothers that health visitors are highly trained). Mothers may open up to health visitors suggestions if there was a better relationship between them…"

Parents get a postcode lottery:

"Health visitors, like everything else on the NHS seem to be a postcode lottery. We live in Greenwich Borough and have seen a health visitor twice. Once about a week after our child was born and once when our child was two and a half. My wife even had post-natal depression but there was no support. My sister lives in Bexley Borough two minutes down the road and had a health visitor check every fortnight after her two children were born, and still gets regular visits now they are two and three years old. They have a good relationship and provide steady support… In the end we asked my sister to ask questions of her health visitor because we didn't have access and even took our child to her house a couple of times to get him looked at…"

For the first time the Family and Parenting Institute has asked the newly formed Primary Care Trusts in England under the Freedom of Information Act how many whole time equivalent health visitors they were employing in December 2006 and how many children under five they had in their area.

What we discovered was that health visitor numbers vary enormously from Primary Care Trust to Primary Care Trust. If you live in Redbridge you will find there is only one health visitor for every 1142.51 children under five, while in Doncaster there is one health visitor for every 160.76 children under five.

Many Primary Care Trusts argue that this does not matter because they have reorganised their health visiting service so they have a "skill mix". This means that there is a mixture of people in their health visiting team with different skills: nursery nurses, staff nurses and health visiting assistants. Staffed properly with health visitors such an arrangement can work well.

But often "skill mix" teams are a way of reducing health visitor numbers and employing a cheaper alternative (health visitors are on a relatively high pay band). In some PCTs nursery nurses are doing the first visit if a midwife estimates that the parents are doing fine. In others, health visitors have found themselves playing a management and strategic role, which means they do far fewer home visits which are then mainly carried out by health care assistants or nursery nurses who do not necessarily have the skills to assess what needs families may have.

Cutting health visitors is not a trend consistent throughout the country. In Hastings and Rother PCT for instance, the head of Children's Services Anne Singer has made the case for four more whole time equivalent health visitors and got them. "A business case was written highlighting the demography of the population and the high vulnerability of our children and families and the current workforce were finding it more difficult," she says. It will take her PCT to one of the better staffed in the country.

There is no research yet into the optimal numbers of health visitors in any area, but the 2007 survey of health visitors by their professional body, Amicus Community Practitioners and Health Visitors Association, say that 29 per cent of health visitors complain that their caseloads are so large they are losing track of vulnerable families.[1]

A London health visitor who almost exclusively visits vulnerable families says she wakes up often at night worrying she has missed someone or something. Social services have a very high threshold of intervention and she says they will sign families off and tell her to "keep an eye on them for us."

We looked at figures 140 PCTs provided us under the Freedom of Information Act, extrapolated from them a figure for all 151 PCTs and compared it with 2005 data issued by The Department of Health for whole time equivalent health visitors. From this we have estimated that the number of health visitors has dropped by at least 800 from the 2005 figure of 9,809. The Department of Health is due to publish its own figures in April 2007.

"Big changes have been made in between the birth of my two children. Services have been dropped and we now have to weigh and record our babies' weight with the health visitor just there for advice. It was better when they were more hands on."

Ten PCTs with most health visitors per head of children under five

	Primary Care Trust	WTE health visitors	Under-fives (approx)	Proportion to children under five
1	Doncaster PCT	102.64	16,500	160.76
2	Sunderland Teaching PCT	61.1	11,608	189.98
3	Hull Teaching PCT	68.92	13,780	199.94
4	Blackpool PCT	36.8	7,673	208.51
5	North Lancashire PCT	63.35	13,772	217.4
6	South Tyneside PCT	34.9	7,661	219.51
7	Knowsley PCT	40.98	9,000	219.62
8	Manchester PCT	95.59	21,458	224.48
9	Calderdale PCT	53.12	11,941	224.79
10	Middlesbrough PCT	44.61	10,095	226.29

Ten PCTs with fewest health visitors per head of children under five

	Primary Care Trust	WTE health visitors	Under-fives (approx)	Proportion to children under five
131	City and Hackney PCT	33.33	17,714	531.47
132	Camden PCT	25.04	13,801	551.16
133	Newham PCT	44.21	24,981	565.05
134	North Tees PCT	18.48	10,500	568.18
135	Surrey PCT	112.16	64,000	570.61
136	Coventry Teaching PCT	31.78	18,992	597.61
137	Enfield PCT	34.38	21,587	627.89
138	Sutton and Merton PCT	38	24,434	643
139	Warwickshire PCT	39.2	28,233	720.23
140	Redbridge PCT	16.63	19,000	1,142.51

(See Annex for full tables)

A universal health visitor service is vital

"After the birth of my second child, I unfortunately had to have a hysterectomy following my caesarean section as I lost so much blood. After the first visit, we were booked in for a follow up, but the health visitor cancelled and re-booked. The next one was also cancelled and therefore I never received a follow up. My depression and anxiety were missed, so I had no health visitor support which could have been helpful."

The universal health visitor service is crumbling – partly in a desire to save public money, partly in the interests of targeting in the name of progressive universalism, to square competing demands for public money, and partly because many policy makers believe that most parents should be able to find advice from other sources such as helplines or the internet: "virtual health visiting" may be the next big idea.

Our survey clearly shows that such an approach commands very little public support. Most parents want health visitors to give them early support and most want it in the home.

They want information from other sources too: books, leaflets and increasingly the internet. And they are getting it: 70 per cent of parents from the YouGov survey said they took advice and/or learning about their child's health and parenting in general from books, leaflets and/or magazines.

But parents also want the personal relationship. If they do not get it from their health visitor, research shows that they will take it from elsewhere – in GPs' surgeries, Accident and Emergency departments or the consulting rooms of speech therapists.[2]

What advice parents want:

When asked by YouGov what types of advice and/or support they felt that health visitors should provide for parents with children aged five and under, the services deemed most important were 'offering health advice', 'providing practical parenting advice (e.g. feeding and weaning)', 'being someone to talk to if you are worried' and 'carrying out regular child development checks' (86%, 85%, 84% and 84% respectively).

'Telling you about local services (baby groups etc)' was also seen as important by four out of five parents (80%) and 'giving advice on parenting toddlers and young children' and 'noticing where there may be abuse/neglect or where parents are having serious problems and involving other professionals' were noted by just under three-quarters of parents (73% and 71% respectively). Finally, 'supporting parents with their own emotional health and relationships' was considered a crucial health visitor service by just under two-thirds of all parents (61%).

"Health Visitors are very important. Mine visited me at home only twice but I started attending a new mums group every week and so did not need them to do home visits. The new mums group was so useful and I felt very supported by the health visitors who ran it. I built up good, close relationships with them and I was able to go to the weekly clinic after I finished going to the new mums group as and when I needed it. I think that this level of service should continue for parents and it is so valuable to be able to discuss concerns with professionals. When you aren't sure where to go to seek advice they are there for you. My friend's health visitor visited her quite a few times at home as she felt she wasn't coping. She really needed this support in the first few weeks. Therefore I believe everyone should be entitled to a health visitor, no matter what their circumstances and the level of care should be tailored to individual needs."

What a universal service of health visitors provides:

- A service which will pick up and offer support to vulnerable families who may only be identified after the birth of a child
- Early diagnosis and support for mothers suffering post-natal depression (currently thought to be one in ten[3]) or suffering from domestic violence. Health visitors come to the home, are accepted and so are best placed to intervene at an early stage and refer women with more acute post-natal depression for specialist help. With the right skills they should be able to identify that "turn-to" moment when a parent asks for help
- Support with post-natal depression, attachment problems and relationship difficulties before and after child birth which improves the overall mental health of parents, children and families
- Parenting support and preventative health advice before and after the birth of a child in those golden moments when parents are most open to advice
- A key to unlock early years' services – particularly important for vulnerable parents who might not know they were there or how to use them, like Sure Start children's centres, baby groups or nurseries
- Support for breastfeeding and healthy eating for parents and children to tackle health inequalities and childhood obesity
- General advice and support for parents who may face other housing or financial difficulties with a new or growing family.

Parents' feelings of unhappiness after the birth:

Just under half of all the parents of under-fives (46 per cent) in our YouGov survey said they felt sad, unhappy and/or despondent following their child's birth – 57 per cent of women compared to 28 per cent of men and younger parents more than older parents, C2DE parents more than ABC1 parents.

- 15 per cent said that on an average day when they felt like this they felt "very unhappy" compared with 14 per cent who said they felt "a little unhappy"
- 54 per cent said their unhappy feelings had a negative effect on their relationship with their youngest child
- 69 per cent that they had a negative effect on their relationship with their partner or spouse
- 34 per cent told their health visitor about these unhappy feelings
- 24 per cent said they approached their GP
- 21 per cent said they did not discuss these feelings with anyone.

The evidence for health visitors:

- David Olds, professor of paediatrics at Colorado University has run a highly evaluated programme in the United States which has shown that first time teenage mothers changed their behaviour when they were visited regularly at home by qualified nurses – the same dramatic effects were not replicated when similar mothers were visited by para-professionals (defined as people who were expected to have a high school education but no bachelor's degree or any college preparation related to the tasks at hand). Research in England with Home Start supports this[4]
- Recent evaluations of Sure Start programmes have also shown that health-led programmes had more effect than ones led by statutory or other voluntary agencies. They were associated with greater involvement among fathers of nine month-olds and with lower numbers of accidents among 36 month-olds. Mothers of both nine and 36 month-olds living in Sure Start areas led by health agencies tended to rate their area as more satisfactory for bringing children up
- Health visitors are recognised by the National Institute for Clinical Excellence to be practitioners on the ground who can develop and disseminate guidance, because they are a body of professionals who can see how things work on the ground and feed back information to researchers in a virtuous circle
- Health visitors are a trusted group of people who have unique access to homes which other practitioners do not.

Vulnerable and hard to reach families

Research shows that vulnerable and hard to reach families are less likely to accept support from health visitors unless their services are seen as a universal entitlement.[5] With targeting, health visitors take on the role of social workers only assigned to families who have been identified as in serious need.

The government's social exclusion report *Reaching Out* recognises that health visitors and midwives are "essential for early identification of risk factors, engagement with parents and delivery of support," and that they are the ideal people to point families in the direction of other services.

But the report says that people in higher income groups are more likely to get support than people in lower income groups. This finding is hotly contested by academics in the field – and is not borne out by our survey which suggests that people across social classes get similar amounts of time with health visitors.

Nevertheless repeated research[6] shows that a tiny proportion of the population (who would not show up in our survey) – the very neediest, those least confident and those who have reason to believe that other people lack confidence in them – are most likely to be wary of health visitors. Teenage parents in one sample believed health visitors looked down on them because of their age and situation and that they were singled out. They saw health visitors as people there to police them, check up on them and point out mistakes.

The David Olds Nurse Family Partnership programme piloted in England (as health led parenting projects) from April will try to support vulnerable parents like these with intensive visits by midwives and health visitors from when they are 16 weeks pregnant (see box opposite).

But the question remains: who are health visitors for? Are they really just for the small proportion of the population who need lots of help: the five to ten per cent of the child population which PCTs may deem vulnerable, or for the very small numbers of first time younger mothers which the David Olds model is expected to help?

If they are just for the neediest then health visitor numbers could be cut right down and a smaller number could concentrate on the vulnerable. That is the conclusion that some Primary Care Trusts like West Kent have drawn from the latest government guidance (see box on page 13).

The justification is progressive universalism. But is this really what progressive universalism means? It should surely be about giving a bit of help to all parents who need parenting support and confidence; and about varying the amounts of help when these families run into trouble, have a difficult child, or suffer from post-natal depression or domestic violence.

Cutting down a universal service also means that other groups of vulnerable parents will be missed.

The David Olds model fits a preventative structure. His model targets mostly teenage first time parents who can be helped to change their behaviour. But this targeting of teenagers or very young parents who could really benefit should not be muddled with targeting families with multiple mental health, addiction and associated problems who need long term specialist case work to help them and for whom a health visitor's skills alone would not be adequate.

The David Olds Nurse Family Partnership

Professor David Olds has been modelling and evaluating his nurse-family partnership programmes in the United States for around 30 years.

He emphasises that to work, his projects need to be faithful to his model and that means they need to be run by nurses and not paraprofessional visitors.

His programmes target in particular low income pregnant women. The mothers are mostly teenage, unmarried and they crucially are first time parents.

Families are visited every one to two weeks from early pregnancy until their child is two. The programme has had dramatic effects in the United States on children and parents:

- Improvements in women's prenatal health
- Reductions in children's injuries
- Fewer subsequent pregnancies
- Greater intervals between births
- Increases in fathers' involvement
- Increases in employment
- Reductions in welfare and food stamps
- Improvements in school readiness
- 80 per cent reduction in child maltreatment among poor, married teens and a 56 per cent reduction in emergency room visits (12-24 months).

Caseloads for such nurses are typically 22 families. There are 20,000 families across the United States benefiting from his programmes.

The government has announced that in April 2007 pilots of these programmes will be rolled out across ten Primary Care Trusts in England using midwives and health visitors.

Cutting health visitors in West Kent – going away from a universal service[7]

In January 2007 West Kent PCT agreed to cut ten whole time equivalent health visitors in the south of the Trust out of a total 57. It was a compromise. The original proposal had been to cut 15. This was to help them make savings of £700,000. They agreed to replace five of these health visitors by "skill mix posts" on a lower pay grade.

The report suggests that it will be mainly vulnerable children who will be visited regularly by health visitors and staff nurses. Nursery nurses will go to see other parents. This is described as implementing "progressive universalism" and the report cites the Department of Health's Review of Health Visiting in defence of its approach.

The report estimates the number of vulnerable children to be 1265 – about 6.5 per cent of the total under four population. With 47 health visitors, each would have a caseload of 26.9. Those health visitors would also have almost 392 "non-vulnerable" children on their books.

As the report says, "A full family health needs assessment by a health visitor will not be universally offered to every family, but all families will receive contacts from the team." The report says there is "anxiety from parents" that they won't be able to contact the health visiting team, but "it is recommended that public education on the new service is comprehensive to reassure that through universal access health visiting teams are available at all times."

There will only be two breastfeeding drop in clinics in the south of the PCT – these would "provide universal access for all mothers and provide a focus for the proposed peer support network for those in need of enhanced support."

As for post-natal depression, the report says: "It has become evident during the discussion phase that this is a time of change for the assessment and intervention of support around maternal and infant mental health. It has been recommended in the proposal that a working party looks at this provision and this is now highlighted as an area of priority." There is no indication in the report of what a health visitor's role in post-natal depression might be.

Training and training places

"All the health visitors I saw were woefully out of date in their information, especially regarding breastfeeding. All they can ever do is suggest formula feeding instead of helping people to succeed at breastfeeding. Their sleep advice is generally limited to "Oh just leave them to cry" despite research showing this to be harmful to babies. We need properly trained health visitors who have to keep up-to-date on information and don't go against government recommendations. Many of them are still recommending starting solid foods at four months or earlier despite this being harmful too. This is not right."

Despite the overwhelming support for health visitors and parents' generally good experience with them, a common complaint about health visitors from parents is the lack of proper training. Health visitors are sometimes accused of giving contradictory advice and of not sufficiently attending to fathers.

It is clear that if health visitors are to be properly used their advice has to be up-to-date and "official". The YouGov research into parents' attitudes to health visitors confirms that what parents value in health visitors is what they cannot get from friends or family.

The out-datedness of the advice probably has several causes – not enough support for continuing workforce development , an ageing population (one in six health visitors was over 55 in 2004) and a training which has been more generalised in recent years and not focused on babies and parents – the idea of "liberating talents" has in practice meant diluting specialisms.

Last year some training courses were extended and some improved, but then places cut by 40 per cent.

The numbers of health visitors trained in 2005-6 was 554, but in 2006-7, this had dropped to 329. This was despite 798 potential students applying for places.

The reasons for this decline according to the Amicus Community Practitioners and Health Visitors Association are that strategic health authorities stopped commissioning the Specialist Community Public Health Nurse courses and many Primary Care Trusts pleaded poverty.

The problem is that no-one is quite sure what health visitors should be for and there is no clear message from government or the health service. Primary Care Trusts are not sure why they need them, so do not know why they should pay for their training.

Health visitors are also expensive. There is very little career structure. Because they are qualified nurses with almost a year's extra training, they start on band 6 and can only go up (usually one or two bands).

Staff nurses and nursery nurses come in at a lower banding. But while health visitors are expensive they have also now been banded lower than a midwife (on band 7). This means that midwives who used to go on to become health visitors now have no incentive to do so.

So health visitor training needs to be examined as well as health visitor career structure if there is to be a proper commitment to the preventative service.

Some argue that it is essential that a health visitor has – as they have traditionally had – a full scale nursing training. The David Olds model of intervention is about having a fully trained nurse who looks after young, mostly teenage mothers – although in the US health visitors do not exist.

Others believe that there could be direct entry university courses, as there now are in midwifery which would include a medical training, but would be focused towards the sort of work which health visitors would be expected to do.

This would mean:

- A specialised health visiting workforce with up-to-date knowledge and, crucially, the right skills to engage parents and make good referrals
- A better career structure with junior health visitors on a lower band who could progress up a career ladder
- Possible super health visitors who could do some of the more intensive preventative work.

Conclusion

We must re-embed universal health visiting – otherwise we will lose health visitors through neglect, just at the time when the need for greater support for parents is being recognised.

Costs of not taking action:

- We will see the people and structure most able and geared to deliver early health-led parenting support in the home disappear
- We will see an increasingly mixed workforce offering support to families, some of whom are trained and some of whom are not, who offer a mixture of good and bad advice which will in some cases have a detrimental effect on parents and children
- We will miss opportunities to intervene early in the rise in the childhood obesity epidemic
- We will miss opportunities to identify emotional problems, relationship problems and domestic violence at an early stage
- We will miss opportunities to spot risky conditions, notably post-natal depression, which affect the mental health of parents and their children, and damage adult relationships. These conditions strike families regardless of class, race or income bracket. Innovative research and approaches to identifying and treating post natal depression are already being compromised because of Primary Care Trust cuts
- We may also pay the price of not intervening early enough. Research by PricewaterhouseCoopers suggests that proper preventative work with families who need some help eventually means less families who need a lot of help.

The benefits of rebuilding the health visitor service:

- Vulnerable parents will be identified and supported who might be missed if a universal service is pared down
- Freeing up GP time, specialists' time and time at Accident and Emergency which might be taken up by worried parents who could just have phoned a health visitor who knew them and could give them trusted advice
- Having a specialised properly trained workforce of health visitors where there is good career development which will attract the best people to give health advice and also provide parenting support
- Have a workforce whose skills and professional judgement will be good enough to tailor their services to requirements of parents and make good referrals
- Having a workforce who have the skills to develop and pilot parenting support on the ground
- Embedding a trusted health visitor brand which is loved and recognised by all parents at the heart of early parenting and preventative health support.

The Family and Parenting Institute commissioned YouGov to carry out a 'Parents of Under 5's' bespoke survey; fieldwork was undertaken between 6th and 12th March 2007.

The survey questions were asked to a pre-screened sample of n=5,422 parents of children aged 5 years or younger who were currently resident in England. Of these, n=4,775 respondents fitted the main criteria – those who were the 'birth parent' of the child and were visited by a health visitor before or after the birth of their youngest child – and were eligible for the full questionnaire.

References

1 **Amicus Community Practitioners and Health Visitors Association** (2007) CPHVA Omnibus Survey by Durdle Davies

2 **CPHVA** (1998) The Cambridge Experiment CPHVA, London

3 **Royal College of Psychiatrists** (2006) *Help is at Hand: Post Natal Depression*

4 **H Barrett** *Evaluating Evaluations* (to be published in 2007), Family and Parenting Institute

5 **J Apps et al** (to be published May 2007) *Family Support in Sure Start Children's Centres*, Family and Parenting Institute

6 **A Cragg, S Dickens, C Taylor, C Henricson and G Keep** (2002) *Reaching Parents- Producing and delivering parent information resources*, Family and Parenting Institute

7 **West Kent PCT** (January 2007) South of West Kent PCT Health Visiting Service Review. Final Service Model

Additional Resources

YouGov Parents of Under 5s Survey for the Family and Parenting Institute carried out in March 2007

Commission on Families and the Wellbeing of Children (2005) *Families and the State – Two-way support and responsibilities*

B Roche, S Cowley, N Salt, A Scammell, M Malone, P Savile, et al (2005) Reassurance or Judgement? Parents' Views on the delivery of child health surveillance programmes. Family Practice; 22: 507-512

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ESCR Seminar Series Mapping the public policy landscape (2007) Developing the evidence base for tackling health inequalities and differential effects

S Collinson and S Cowley (1998) A exploratory study of demand for the health visiting service within a marketing framework. Journal of Advanced Nursing, **28** (3), 499-507

PricewaterhouseCoopers (2006) The Market for Parental and Family Support Services

D Acheson Independent Inquiry into Inequalities in Health Report

Annex

English Primary Care Trusts showing the number of Whole Time Equivalent (WTE) health visitors who work with children under five years old.

	Primary Care Trust	WTE health visitors	Children under five (approx)	Ratio of children under five to health visitors
1	Doncaster PCT	102.64	16,500	160.76
2	Sunderland Teaching PCT	61.1	11,608	189.98
3	Hull Teaching PCT	68.92	13,780	199.94
4	Blackpool PCT	36.8	7,673	208.51
5	North Lancashire PCT	63.35	13,772	217.4
6	South Tyneside PCT	34.9	7,661	219.51
7	Knowsley PCT	40.98	9,000	219.62
8	Manchester PCT	95.59	21,458	224.48
9	Calderdale PCT	53.12	11,941	224.79
10	Middlesbrough PCT	44.61	10,095	226.29
11	Redcar and Cleveland PCT	21	5,048	240.38
12	Gateshead PCT	41.9	10,221	243.94
13	Northumberland PCT	67	16,379	244.46
14	Eastern and Coastal PCT	156.4	38,510	246.23
15	Newcastle PCT	60.1	14,999	249.57
16	Cornwall and Isles of Scilly PCT	97.47	24,656	252.96
17	Ashton, Wigan and Leigh PCT	70.43	17,844	253.36
18	Southwark PCT	72	18,420	255.83
19	Wirral PCT	66.72	17,200	257.79
20	Hartlepool PCT	19.41	5,009	258.06
21	East Lancs PCT	83.79	21,787	260.02
22	Gloucestershire PCT	113.87	30,000	263.46
23	Plymouth Teaching PCT	51	13,503	264.76
24	County Durham PCT	103.34	27,586	266.16
25	Bath and NE Somerset PCT	38.87	10,561	271.7

	Primary Care Trust	WTE health visitors	Children under five (approx)	Ratio of children under five to health visitors
26	Richmond and Twickenham PCT	43.1	11,733	272.23
27	Brighton and Hove City PCT	52.05	14,177	272.37
28	Bolton PCT	62.22	16,999	273.21
29	North Yorkshire and York PCT	130.44	35,692	273.63
30	North Tyneside PCT	40.23	11,088	275.62
31	Sefton PCT	48.6	13,398	275.68
32	South Staffordshire PCT	112.7	31,229	277.1
33	Sheffield West PCT	92.98	25,775	277.21
34	Bassetlaw PCT	20.6	5,790	281.07
35	East Sussex Downs and Weald PCT	57.47	16,161	281.21
36	Leeds PCT	134.9	38,000	281.69
37	Tameside and Glossop PCT	51.9	14,744	284.08
38	Berkshire West PCT	73.28	20,832	284.28
39	Waltham Forest PCT	62.76	17,927	285.64
40	Salford PCT	44	12,639	287.25
41	East Riding of Yorkshire PCT	51.36	14,756	287.31
42	Rotherham PCT	48.67	13,989	287.43
43	Western Cheshire PCT	41	11,786	287.46
44	Westminster PCT	46.9	13,544	288.78
45	Nottingham City PCT	66.57	19,162	287.85
46	Liverpool PCT	86	24,945	290.06
47	Bury PCT	38	11,111	292.39
48	Hastings and Rother PCT	25.39	7,452	293.5
49	Worcestershire PCT	99.32	29,223	294.23
50	Peterborough PCT	40.94	12,081	295.09
51	Bristol PCT	86.21	25,448	295.19
52	Barnsley PCT	41.86	12,517	299.02
53	Stoke on Trent PCT	54.54	16,500	302.53
54	North Lincs PCT	28.71	8,700	303.03
55	Wakefield District PCT	66	20,000	303.03
56	Portsmouth PCT	35.76	10,847	303.33
57	Bournemouth and Poole PCT	52.96	16,133	304.63
58	Derbyshire County PCT	132.94	40,701	306.16
59	Shropshire County PCT	46.52	14,309	307.59
60	Southampton City PCT	39	12,051	309
61	Cumbria PCT	77.66	24,329	313.28
62	Great Yarmouth and Waveney PCT	36.05	11,331	314.31
63	Dudley PCT	57.16	18,371	321.4
64	Norfolk PCT	113.18	36,600	323.38
65	Wandsworth Teaching PCT	51.11	16,556	323.93
66	Bradford and Airedale PCT	112.78	36,603	324.55
67	North East Lincolnshire PCT	33.8	11,031	326.36
68	Tower Hamlets PCT	46.21	15,177	328.44
69	Hereford PCT	25.88	8,607	332.57
70	Torbay PCT	20	6,692	334.6
71	Walsall PCT	40.17	13,500	336.07
72	Darlington PCT	17.04	5,728	336.15
73	Nottinghamshire Teaching PCT	94.8	32,431	342.1
74	West Sussex PCT	117.83	40,500	343.72
75	Bromley PCT	53.65	18,467	344.21
76	Kensington and Chelsea PCT	27.94	9,769	349.64
77	Sandwell PCT	58.69	20,557	350.26
78	Lincolnshire PCT	96	34,007	354.24
79	South Birmingham PCT	54.88	19,598	357.11
80	Lewisham PCT	53.5	19,188	358.65
81	Medway PCT	46.16	16,578	359.14
82	Isle of Wight PCT	16.73	6,017	359.65
83	Trafford PCT	36.3	13,170	362.81

	Primary Care Trust	WTE health visitors	Children under five (approx)	Ratio of children under five to health visitors
84	East & North Herts PCT	85.41	31,000	362.96
85	Buckinghamshire PCT	80.72	29,559	366.19
87	Telford and Wrekin PCT	27.41	10,076	367.6
88	Heywood, Middleton and Rochdale PCT	33.64	12,498	371.52
89	Derby City PCT	34	12,817	376.97
90	Somerset PCT	76.27	28,855	378.33
91	Barking and Dagenham PCT	33	12,542	380.06
92	Milton Keynes PCT	44.34	16,908	381.33
93	West Essex PCT	43.76	16,749	382.75
94	Bedfordshire PCT	63.57	24,359	383.18
95	Berkshire East PCT	67.75	25,962	383.2
96	Stockport PCT	40.1	15,410	384.29
97	Suffolk PCT	80.72	31,601	391.49
98	Bexley PCT	32.49	12,822	394.64
99	Leicester City PCT	64.03	25,327	395.55
100	Kirklees PCT	65.17	25,868	396.93
101	West Kent PCT	62.88	25,000	397.58
102	South Gloucestershire PCT	38.15	15,246	399.63
103	Swindon PCT	30.6	12,250	400.33
104	Ealing PCT	52.77	21,404	405.61
105	Hammersmith and Fulham PCT	25.71	10,430	405.68
106	Central and Eastern Cheshire PCT	58.7	23,956	408.11
107	Harrow PCT	29.3	12,019	410.2
108	West Herts PCT	81.19	33,500	412.61
109	Croydon PCT	58.1	24,138	415.46
110	Heart of Birmingham PCT	40.19	16,736	416.42
111	North Somerset PCT	29.96	12,535	418.39
112	South West Essex PCT	52.03	22,026	423.33

	Primary Care Trust	WTE health visitors	Children under five (approx)	Ratio of children under five to health visitors
113	Leicestershire County and Rutland PCT	82.98	35,282	425.19
114	Hampshire PCT	160.23	68,544	427.79
115	Warrington PCT	27.93	12,000	429.64
116	Brent PCT	51.32	22,120	431.02
117	Hillingdon PCT	39.93	17,342	434.31
118	Kingston PCT	23.81	10,371	435.57
119	Islington PCT	26	11,400	438.46
120	Oxfordshire PCT	76.11	34,420	452.24
121	Birmingham PCT	65.3	29,538	452.34
122	Cambridgeshire PCT	70.35	32,000	454.87
123	Dorset PCT	36.39	17,080	469.36
124	Lambeth PCT	37.2	17,679	475.24
125	Oldham PCT	32.79	15,644	477.1
126	Mid Essex	41.99	20,500	488.21
127	Northamptonshire PCT	45.33	23,442	517.14
128	Haringey Teaching PCT	33.8	17,500	517.75
129	Havering PCT	19	9,952	523.79
130	Greenwich Training PCT	37.71	19,755	523.87
131	City and Hackney PCT	33.33	17,714	531.47
132	Camden PCT	25.04	13,801	551.16
133	Newham PCT	44.21	24,981	565.05
134	North Tees PCT	18.48	10,500	568.18
135	Surrey PCT	112.16	64,000	570.61
136	Coventry Teaching PCT	31.78	18,992	597.61
137	Enfield PCT	34.38	21,587	627.89
138	Sutton and Merton PCT	38	24,434	643
139	Warwickshire PCT	39.2	28,233	720.23
140	Redbridge PCT	16.63	19,000	1,142.51

Primary Care Trusts from whom we currently have no data

Hounslow PCT
Wolverhampton City PCT
Blackburn with Darwen PCT
Halton and St Helens PCT
Luton PCT
North East Essex PCT
Barnet PCT
Devon PCT
Wiltshire PCT
South East Essex PCT
Central Lancashire PCT

This data was received from Primary Care Trusts who were emailed in January and February 2007. Under the Freedom of Information Act we asked them:

1. How many whole time equivalent health visitors who work with children under five did you have working in your PCT in December 2006? (WTE)
2. How many health visitors, full and part time, who work with children under five did you have working in your PCT in December 2006? (headcount)
3. Do you have any specialist health visitors who work with other groups e.g. the elderly, looked after children, travellers etc and if you do, how many did you have in December 2006?
4. How many children under five do you have living in your PCT area?

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ISBN 190361550X