

# Nurturing Future Health: Strengthening England's Health Visiting Programme to Improve Childhood Health Outcomes



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## Target Recipients:

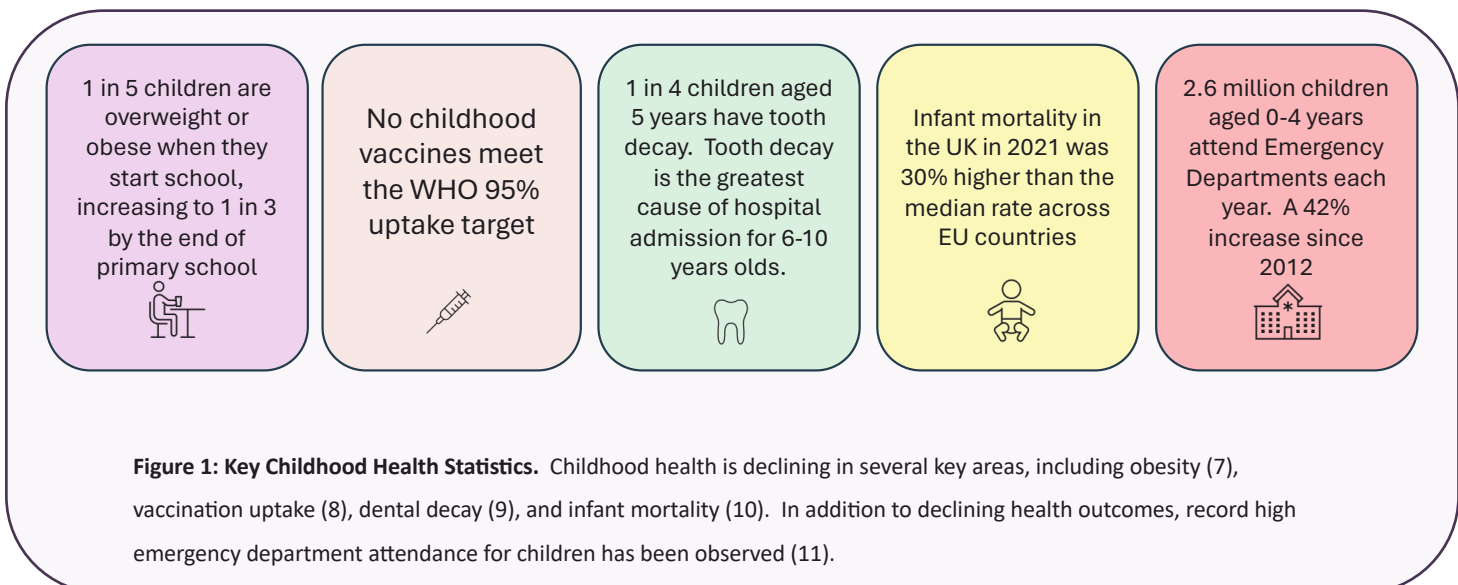
Rt Hon Victoria Atkins MP, Secretary of State for Health and Social Care and Rt Hon Michael Gove MP, Secretary of State of Levelling Up, Housing and Communities due to their respective responsibilities with regards to NHS delivery and performance, and ending inequalities across the UK.

**Executive Summary**

Childhood health sets the foundations for health over the life course. Health Visiting Services provides proactive support to parents during the first years of their child’s life, helping parents and children to thrive. To improve childhood health in England, the Government should strengthen England’s Health Visiting Programme by increasing funding, increasing and maintaining staffing, and focusing on childhood health outcomes.

**1. England’s Child Health Crisis**

Across the UK, key childhood health outcomes are worsening (1), health inequalities are widening and life expectancy is stagnating (2). Figure 1 demonstrates specific key childhood health statistics of concern. Poor child health is not only a problem for the present but will continue to develop as a problem as poor health can compound over the life course and create broader social and economic implications (3). For example, obese children are approximately 5 times more likely to be obese in adulthood than non-obese children (4). Conditions such as obesity can then act as risk factors for other diseases and health conditions (5): preventing the development of conditions such as obesity is important for safeguarding future health (4, 6).



**Figure 1: Key Childhood Health Statistics.** Childhood health is declining in several key areas, including obesity (7), vaccination uptake (8), dental decay (9), and infant mortality (10). In addition to declining health outcomes, record high emergency department attendance for children has been observed (11).

## 2. The Role of Health Visiting

When expecting a baby, families in England are assigned a health visitor. Health visiting is a proactive intervention, aiming to support all parents and ensure that any problems can be identified early. For some more vulnerable families, health visiting acts as a safety net (12). In 2023, 1.96 million children received a review with a health visitor; health visiting services engage more families than any other service (13). Health visitors meet with families in the home, and ideally, families receive continuous care from one health visitor. This facilitates the development of trusted relationships between health visitors and families, enabling the delivery of relationship-based care in which parents feel confident to ask questions and confide their problems (14).

## 3. The State of Health Visiting

Many parents require support to help their children thrive; however, support services such as health visiting have been significantly under-resourced in England. England now has 40% fewer health visitors than in 2015. Under-resourcing is negatively affecting families and health visitors (15).

In the 12 months between April 2021 and March 2022, 458,454 mandatory health visiting checks were missed (16). A recent survey by UNICEF revealed that 32% of parents of young children in the UK have struggled to access parental support. Of these parents, 78% reported frustration and 21% felt feeling desperate (12).

The Institute for Health Visiting reported that 79% of health visitors in England felt they lacked the capacity to support children with identified needs. High caseloads are overburdening health visitors. The average caseload is 409 children per health visitor, with 25% having a caseload of 750 children, significantly exceeding the Government's maximum target of 300 children. Overstretched resources threaten critical elements of the patient-health visitor relationship. For example, only 48% of health visitors in England can provide continuity of care, which is integral to developing a trusted relationship between parent and health visitor. There are now stark geographical inequalities across England in the provision of health visiting, with parents in some regions not receiving their mandatory visits (15).

Health visitors can be very influential in parents' treatment-seeking decisions. Figure 2 features 3 flow diagrams which demonstrate how access to support from health visitors can lead to better

outcomes for the family as well as the economy more broadly. Many parents now only receive intervention support from health visitors once they reach crisis point and many of these opportunities for early intervention are lost (17).



**Figure 2: Flow Charts to Demonstrate How Health Visitors May Influence Treatment-Seeking.** Access to advice and support from health visitors can affect the treatment-seeking decisions that parents make. Health visitors can reduce strain on other health resources (11, 14, 17-23).

#### 4. Policy Recommendations for Health Visiting

England's Health Visiting Services are nearing breakpoint, urgent policy action is required to level up health visiting (15, 19). In the next 5 years, focus should be placed on reducing inequalities in service provision to ensure that all families receive the mandated 5 visits. Over the longer term, a more comprehensive health visiting schedule should be developed to increase the level of support provided by health visitors.

To safeguard the future of health visiting and, thereby the nation's children, action is required in 3 key areas:

- I. **Funding:** At present, health visiting is paid for out of the Local Authority Public Health Grant. Between 2015-2024 there has been a £858 million decrease in the Public Health Grant (24). As a result of this decrease, councils in many areas have had to focus their resources on their statutory duties over investment in preventative services such as health visiting (15). To ensure consistent investment in preventative work across the country, the public health grant should be increased and declared via multiyear settlements to provide local authorities with greater capacity to implement long-term action. Given that investment in health visiting may be more expensive than other interventions, it is important that investments in health visiting are evaluated against their long-term effectiveness (24).
  
- II. **Workforce:** The NHS Long Term Workforce needs to go further. Current plans aim to train 3,416 health visitors between 2025-28 (25), but due to high staff turnover rates, this will likely only result in a net gain of 416 health visitors (26). The Institute of Health Visiting estimates that 5000 more health visitors are required to meet the mandatory 5 visits for every family (15). To meet this goal, the Government must commit to supporting higher education facilities to expand the number of training places for health visitors beyond the levels outlined in the NHS Long Term Plan. Furthermore, the government must work to address health visiting retention challenges. The Government needs to support development by increasing opportunities for career progression and ensuring more manageable workloads through better regulation of health visitor caseloads to reduce employee turnover (26, 27).

- III. **Outcomes:** More attention must be placed on early childhood health outcomes. The levelling up white paper sets out the ambition for 90% of primary school children to achieve expected standards in reading, writing and maths. Plans to achieve these outcomes are focused on improved quality of schooling provision (28). While this is valuable, there is a lack of consideration of the potential for early years intervention to support children's development. A child's brain develops rapidly during the first few years of life, action taken during this timeframe can have significant impacts on the child's development (12, 29). The Government should develop a series of population goals for children's health and development for which accountability is linked to the local authority and integrated care systems (27). This will help to ensure that the value of services, such as health visiting, is better understood, thereby promoting continued support of these services.

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