

RCN Submission to the Health and Social Care Committee's Call for Evidence on the First 1000 days: a Renewed Focus

About the RCN

With a membership of over half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Our Evidence is focussed on providing an effective and collaborative approach to the provision of healthcare during the first 1000 days to babies, children and their families. We focus on the vital importance in the investment in a robust educated workforce as part of the solution to reducing health inequalities and prioritising the earliest years of life.

Q1. What progress has been made since the previous Committee's 2019 First 1000 days of life report in terms of outcomes for children and young people in delivering integrated early years through Family Hubs?

1a) In particular what progress has been made on the calls in the Committee's 2019 report for a) Proportionate universalism

- When adequately resourced, nurses and health visitors provide an important part of the solution in ensuring that families get support and their mandated visits. The benefits of an effective health visiting service accrue to numerous government departments, contributing to a whole system response to improve the mandated universal health child programme provision. However, currently it is estimated that 25% of children miss their 2-year review.

Q1 b) Greater integration and multi-agency working?

- Workforce challenges is a major concern. Nursing is a 'safety- critical' workforce and there is a requirement for greater investment in it. There needs to be a plan to train sufficient health visitors to rebuild the workforce and replace those expected to leave whilst retaining health visitors by improving opportunities for career progression, through leadership development and specialist posts. Accurate workforce modelling, forecasting and planning is required to mitigate against forecast workforce losses with an estimated 40% of health visitors are intending to leave the profession in the next 5 years.

- Prevention through early intervention of care is a key component of the HV and nursing role, however with the reduction in workforce situation this preventative work is often overlooked or missed. Where the employment of HVs has been transferred to the LA this has led to concerns being raised about this missing preventative work and for many the increase in managing child protection issues.
- Greater collaboration between statutory and voluntary agencies is required to improve the support to children
- Availability of services – The impact of long waits for assessment, diagnosis and treatment for babies and children can be devastating and this can be a particularly anxious time for parents. Addressing issues early can significantly improve a child's developmental outcomes. Access and support should be provided whilst they are waiting for specialist support and diagnosis. Once a need has been identified, there isn't always the necessary services available to support them e.g. mental health services has already been highlighted, but there are other services, such as speech and language therapy, where the extensive waiting lists. Reduction in these waiting lists would provide better outcomes for children.
- Interagency working requires improvement to remove duplication and overlap of services, however for provision for Physiotherapy/ SLT/ family hubs could be better accessed.

Q2. What should the Government prioritise in upcoming funding allocations for early years services?

Health Visitor Workforce

- Health Visitors and School Nurses are able to identify risks and tackle issues and inequalities in health and wellbeing. they are specialist community public health nurses who specialise in working with children and families to deliver a range of support, including prevention and health promotion advice. Their work in homes and schools gives them a critical role in identifying risks and inequalities affecting children.
- Between March 2019 and September 2024, the number of Health Visitor's registered with the NMC in the UK decreased by 873/4% (from 22,776 to 21,903)
- In January 2025, the IHV published its latest report of its annual survey of health visitors across the UK. The report highlighted 84% of practitioners reported that the demand for health visiting support had increased over the last 12 months; however, the workforce has not kept pace with the increasing needs and practitioners reported falling health visitor numbers across all UK nations.
- In July 2024, School and Public Health Nurses Association (SAPHNA) published a UK report as part of its campaign for a school nurse in every school. The report highlighted that the school nursing service is in crisis: 82 per cent of school nurses say there are not enough staff to deliver a school nurse service.

- Poverty, poor housing and employment inhibits parents' ability to parent in a way that enables a safe and nurturing environment to be created for their children. It is vitally important that the relevant services are enhanced so that they can adequately support and empower families to take care of both themselves and children.
- Mental health services and subsequent accessibility to the services required are at unacceptable levels and currently placing families at risk. These services require a significant injection of resource and funding. This would enable people in crisis and need to have access to available and accessible mental health support when required.

Q3. How effective have Family Hubs and the introduction of integrated care systems been in improving early childhood outcomes?

- The introduction of ICS and Family support hubs have provided support for childhood outcomes yet it is difficult to say how they have impacted or improved on outcomes.
- Through these programs, initiative such as Book start/ or Talk time can be put in place to support a child with delayed speech, however onwards referral for specialist Speech and Language Therapy can see children waiting for more than 2 years for an appointment for assessment.
- These Family hubs support often support families with neurodiversity. Through their universal and targeted work, health visitors are ideally placed to identify babies and children with atypical or disordered patterns of development, or with significant impairments likely to result in disability. However onward referrals for diagnosis is currently a 3 year wait. These hubs are providing local support without the specialist care and wider service provision that requires investment. SCPHN and nurse education requires improvement to capture the evolving knowledge about neurodiversity recognition in early years.
- Family Hubs are only as effective as the community's willingness to adopt and support them. Education of the community in which they provide, is fundamental to the success of what is available.

Q4. What are the key barriers to delivering high-quality early years services, particularly in Family Hubs and through neonatal and paediatric services, and how can they be addressed?

- Through the universal reach of health visitors, they work with all families from pregnancy to school entry. Specialist Community Public Health Nurses are registered and regulated nurses who are widely trusted and their support is welcomed by families. Health Visitors have a plethora of skills that straddle child and adult health (physical and mental health), child development, social needs and safeguarding, they can ensure that families get the right support, including during long waits for assessments in specialist services. In the NHS, early senior clinical decision making has been recognised as a crucial first step in effective care planning, identifying those with the

greatest need to manage risks, improve outcomes and reduce costs in the long run. Nurses meet this need.

- Family Hubs need appropriate resourcing and funding to be able to meet the needs of the community.
- Providing support through family hubs requires the removal of the disparity between geographical locations and boundaries the Registering with different GP's or medical practice pose. Different babies, children and families that live in same cities/towns are being offered different services depending on the GP that they are registered with. This could be overcome by collegiate working and funding streams, reducing duplication and inequalities.
- The government needs to support the development of a skilled workforce with the capacity and capability to build relationships with the children and families that they work with. A key component of the nursing role is to build the therapeutic relationships to enable nurses and HVs to be able to detect at an early stage when things might be going wrong for the baby, children or family, where further help and support is required or where further educational input is required. Health visitors are often parents' first point of contact when they have concerns about their child's development. Some families, especially the most vulnerable, may not be aware of the extent of their child's health or development needs, or services to support them.
- Since health visiting was transferred to the local authority, there has been considerable variation in HV's post-registration training (CPD) and supervision. As a result, there is variation in HV's skills and capabilities, depending on where they work. Targeted CPD is required to address local gaps.

Q5. How can vaccine uptake be most effectively increased and supported in the first 1000 days?

- To help increase immunisation uptake, Health Visitors need to be given the time to build a relationship with the family to support educated decisions.
- The increase in uptake might also be addressed through targeted education and making information easily accessible.
- Ensure convenient access where it can be given e.g. Pharmacy, GPs. Currently vaccines must be accessed in multiple sites depending on the vaccine required. This is inconvenient for service users and may lead to distrust. GP's clinics need adequate resourcing of nurses who are educated to vaccinate in order to dispel the myths surrounding vaccinations and harm to unborn babies and subsequent children.
- Increase the use of technology to empower the booking of vaccinations this could include: online booking, reminders through text.
- There is a wider population education requirement on why vaccinations are required, including the importance of maternal vaccinations, from conception to birth

Q6. How can the Government most effectively tackle inequalities in access and infant health outcomes for those from underserved groups including those with disabilities, or from ethnic minority or deprived backgrounds?

- Engaging and supporting parents and families: Parents and carers play a vital role in supporting their baby/child's development and engagement in HV provision. Yet, we also know that many families are themselves struggling with a range of economic, social and personal health issues which can impact on child outcomes.
- Child poverty is not just a social injustice; it is a public health emergency. It is well known that growing up in poverty has lifelong consequences, affecting children's health, development, and future opportunities. Nursing staff, including Health Visitors, witness these impacts daily. HV's and nurses are caring for children in overcrowded, cold homes, treating preventable illnesses worsened by poor nutrition, and supporting families struggling to access healthcare due to financial constraints.
- Many of these nursing staff are experiencing financial hardship themselves. Years of real-terms pay erosion, insecure contracts, and inadequate workplace protections have left too many key workers struggling to afford the essentials. This affects not just their wellbeing but also workforce retention and the quality of care they can provide. Ensuring fair pay and financial security for nursing staff is essential to tackling health inequalities in access and health outcomes, both for the families they serve and for their own children.
- The disparity between high density populations to lower density populations leads to a disparity in provision of services, where high migrant populations may not have the access of family hubs or clinics.
- There is a lack of healthcare professionals that are representative of the population that are requiring the HV service in some geographical areas. There are often cultural and language barriers that prevent new and expecting mothers from engaging in the clinics and services provided. Some geographical areas have high migrant population, but they not represented in the workforce which leads to indirectly to language and access issues. There should be targeted recruitment of healthcare staff, nurses, health visitors from similar cultural background to support the community, representing the community in which they are located.

Q7. What could the Government learn from examples of best practice that exist in local authorities, NHS Trusts, or internationally?

- Funding of services continues to be the greatest challenge. There is a requirement of closer collaborative working which results in the combining of resources to remove the funding barrier that prevents a seamless and integrated service. Functionally, this will also help to prevent children from being inadvertently overlooked or missed and reduce

the delays in the necessary care required, as often organisations are trying to sort out and 'argue' which organisation should fund each component of care.

- Family hubs are all local authority lead, so depends on funding available in each LA, determines the provision of services for babies, children and families.
- The universal healthy child programme, whether it is funded and delivered by local authority or nhs commissioner all provide the mandated contacts. However, there is disparity that requires reduction in relation to the extra support that is offered, such as... clinics, family nurse partnership SPCHN (14 –25 yrs), Intensive support pathway, targeted or specialist case load management. This complexity of the role needs workforce investment.

RCN recommendations

- The Health Visitor and School Nursing workforce must receive increased investment to allow professionals to work to the full potential of their role and move to the promotion of health and wellbeing, rather than management of disease
- There must be long term increased sustainable funding settlement for public health and focused investment to grow the health visiting and school nursing workforce and retain and develop the existing workforce.
- Ensuring fair pay and financial security for nursing staff is essential to tackling health inequalities in access and health outcomes