



# **Prevention Starts Here: Health visitors, school nurses and children's health in England**

# Acknowledgements

## Authors

Emily Maynard, RCN Senior Research and Innovation Analyst

Rosie Stainton, RCN Senior Policy Adviser

With thanks to all the RCN members who contributed to our research and to the RCN colleagues and stakeholders who have been involved in this work.

This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact [corporate.communications@rcn.org.uk](mailto:corporate.communications@rcn.org.uk)

---

## RCN Legal Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK.

The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this website information and guidance.

Published by the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN

**© 2026 Royal College of Nursing. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Publishers. This publication may not be lent, resold, hired out or otherwise disposed of by ways of trade in any form of binding or cover other than that in which it is published, without the prior consent of the Publishers.**

# Contents

<b>Executive summary</b> .....	<b>4</b>
<b>1 Introduction: background and policy context</b> .....	<b>7</b>
The importance of children’s health for prevention .....	7
Current state of children’s health in England .....	7
The role of health visitors and school nurses in prevention.....	8
Public health nursing workforce planning and commissioning .....	10
<b>2 The current state of the health visiting and school nursing workforce in England</b> .....	<b>13</b>
Key findings from the RCN’s FOI of local authorities .....	13
Key findings from the RCN’s survey of health visitors and school nurses.....	15
<b>3 Expanding the health visiting and school nursing workforce</b> .....	<b>24</b>
Scenario 1: Restoring the workforce to restore to 2015 levels .....	24
Scenario 2: Increase the 2015 workforce numbers by 20% .....	25
Scenario 3: Increase the 2015 workforce numbers by 50%.....	25
<b>4 Conclusions and recommendations</b> .....	<b>26</b>
<b>5 Methodology</b> .....	<b>28</b>
<b>References</b> .....	<b>29</b>

## Executive summary

In its *Fit for the Future: The 10-Year Health Plan for England (2025)* the Government made commitments to shift the focus from treatment to prevention, to 'raise the healthiest generation of children ever', and to 'get prevention right for the early years (Department of Health and Social Care, 2025).

These commitments are right and welcome but they are nothing new. Successive governments have made similar pledges while perpetuating a pattern of short-term funding focused on NHS treatment services and cutting prevention and early intervention services.

Early childhood and adolescence are critical stages that shape lifelong health which means the prevention agenda needs to start with babies, children, and young people. Improving children's health is not only a public health imperative, but also a driver of opportunity and prosperity and critical for progress towards broader government objectives to break down barriers to opportunity and drive economic growth and prosperity (Department for Education, 2024).

Health visitors and school nurses are pivotal to achieving these ambitions. Their unique skills, expertise and community-based roles make them key agents for promoting public health, preventing illness, and reducing health inequalities. Through early intervention and health promotion, they improve physical and mental health and outcomes such as children's school readiness which in turn helps to build healthier more productive future generations and reduces demand for acute services.

Despite successive governments pledging to prioritise prevention, between 2015/16 and 2025/26 the public health grant which funds health visiting and school nursing (and wider public health) services was cut by 26% on a real terms per person basis, and within that, children's services were affected by some of the most significant reductions (The Health Foundation, 2025).

Available workforce data for these roles is limited but it shows that there has been a significant decline in the number of health visitors and school nurses over the last decade. Since 2015, the number of NHS employed health visitors has declined by almost half (-46%) and the number of NHS employed school nurses declined by 29% (with qualified school nurses declining by 26%) (NHS England, 2026). This reduction in the workforce has coincided with worsening indicators of child health—including rising child obesity, mental health disorders, declining childhood vaccination coverage, and a resurgence of vaccine-preventable diseases (The Kings Fund, 2026a).

To build a deeper understanding of the current state of the health visiting and school nursing workforce in England, in April 2025 the Royal College of Nursing (RCN) sent freedom of information (FOI) requests to all local authorities in England (as they commission public health services). We requested information about the health visiting and school nursing services they commission, including the type of provider and the number of health visiting and school nursing staff employed. The responses we received indicated that there is a varied range of providers delivering these services but that NHS trusts continue to provide most health visiting and school nursing services in England; 72% of health visiting services and 76% of school nursing services.

Worryingly, around one in four local authorities said they were unable to provide workforce data for the health visiting and school nursing services they commission. Those that did respond with workforce data varied in level of completeness and quality. The inability of many local authorities to provide workforce data for commissioned services, and discrepancies between the data we did receive and published NHS workforce statistics, confirms the absence of robust workforce data and the resulting lack of accountability and transparency. This makes it impossible to accurately assess capacity, forecast future needs and therefore prohibits strategic workforce planning.

In August/September 2025, the RCN ran a survey for members working in health visiting and school nursing in the UK covering a range of topics including work/caseload, service delivery and capacity, the needs of service users and retention challenges. Analysis of the responses from members in England revealed widespread understaffing and high vacancy rates, which are compromising service quality and hindering prevention work. Our members also reported heavy workloads, stress, burnout and limited career progression as major issues.

## Health visitors

- Only 7% of health visitors reported that their health visiting service is fully staffed and one in five said it is severely understaffed.
- 58% said there are vacant specialist community public health nurse (SCPHN) health visitor posts in their service.
- 65% told us that understaffing had increased their caseloads and workloads.
- 62% said there is increased stress and burnout as a result.
- Only 57% said their service currently offers all mandated health visiting contacts.
- Only around a third (31%) told us that they plan to stay in their current role and a quarter (25%) told us that they are looking to leave health visiting.

**Over half (51%) of health visitors said that understaffing leads to difficulty meeting mandatory health visiting contact requirements.**

## School nurses

- Half of school nurses said there are vacant SCPHN school nurse posts in their service/team.
- 64% reported higher caseloads and 56% increased stress and burnout because of understaffing.
- 56% said they have less time for prevention and early intervention and 50% reported limited capacity to deliver key health promotion activities such as mental health support, healthy eating and immunisation programmes.
- 73% believe workforce shortages are having a major negative impact on the support available to children and young people.
- Nearly a quarter of school nurses (23%) said they are looking to leave school nursing.

**Only 23% said that their school nursing service is fully staffed and one in six described their service as severely understaffed.**

Alongside this our findings showed that the availability of health visiting and school nursing services varies widely across England, which supports wider evidence of a postcode lottery of support for children and families (Institute of Health Visiting, 2025). Staffing pressures are resulting in a shift away from prevention rather than towards it, posing risks to long-term population health and increasing future demand for acute services. To change course and truly deliver the prevention agenda, the Government must recognise the crucial importance of health visitors and school nurses and invest in these roles as essential public health assets.

There is a clear need for major and sustained investment to rebuild and grow the children's public health nursing workforce, so it can meet rising demand and deliver the Government's prevention goals. The new 10-year NHS workforce plan, promised by the Government this year, must include clear, funded, and measurable actions to grow, sustain, and strengthen the nursing workforce including taking targeted action on increasing the number of health visitors and school nurses. Robust workforce modelling is currently hindered by the absence of comprehensive data, so to support effective workforce planning, there is an urgent need for credible published workforce data covering the whole health and care system, capturing nursing roles across all providers. More broadly, these actions must be part of a wider change in course to readdress the chronic underfunding of NHS and public health services and support a transformative shift to prevention as part of the implementation of the 10-year health plan.

# 1 Introduction: background and policy context

## The importance of children's health for prevention

Poor health in childhood is a strong predictor of ill health in adulthood. The period of rapid development that occurs during pregnancy and early childhood lays the foundations for future development, health and wellbeing (Centre for Early Childhood, 2023). This phase of significant brain and organ development represents a crucial window of opportunity, as health in the early years' shapes mental and physical wellbeing across the life course (The Academy of Medical Sciences, 2024).

Prevention must therefore start as early as possible, beginning in pregnancy and continuing through infancy and childhood. Early investment in prevention supports children and young people to enjoy good health throughout their lives (Royal College of Paediatrics and Child Health, 2020), enables healthier and more productive populations, and helps create a more sustainable health system that prioritises wellbeing over illness.

Investing in children's health generates cumulative benefits for population health, national productivity, and economic prosperity, while reducing the need for more complex and costly interventions later in life (Academy of Medical Sciences, 2024). The annual cost to society of issues that could have been avoided through earlier action has been estimated at £16.13 billion (2018/19), although this is likely an underestimate as it excludes the long-term economic impacts of not providing timely support and the lifetime losses in productivity and earnings (The Academy of Medical Sciences, 2024). Improving children's health is therefore a cost-effective, high-impact opportunity for the Government.

## Current state of children's health in England

England is facing concerning trends in population health. Improvements in life expectancy have stalled, over 2.5 million people are economically inactive because of long-term sickness, and over one in five of all deaths in 2023 were considered preventable (Office for National Statistics, 2026). Underlying this are significant health inequalities with some population groups and those living in more deprived areas of England disproportionately impacted by ill health and shorter life expectancy. This carries significant costs, from rising demand for health and care services to the wider costs of economic inactivity.

Current trends in children's health in England also gives serious cause for concern:

- Progress in infant mortality rates has stalled with England (and the wider UK) increasingly falling behind in terms of infant mortality compared with its peer countries. **Child mortality** increased from 10.0 per 100,000 children aged under 18 in 2019 to 2021 to 10.4 per 100,000 in 2020 to 2022 (Office for Health Improvement and Disparities, 2024a).
- There are also significant and **growing inequalities** in child mortality rates across England – for example, babies from black ethnic backgrounds being more than twice as likely to die in their first year of life compared with babies from white ethnic backgrounds (The Health Foundation, 2024).

- **Child obesity** is rising, in 2024 to 2025 10.5% of children in reception and 22.2% of year 6 children were living with obesity, and excluding the COVID-19 pandemic peak, this is the highest obesity prevalence seen in reception since measurements began in 2006/2007 (Office for Health Improvement and Disparities, 2025).
- The **average height** of five-year-olds has been declining since 2013 with five-year-old boys in the UK ranked the shortest, and girls second shortest, compared to other high income western countries (The Food Foundation, 2024b).
- **Type 2 diabetes** diagnoses among under-25s are rising (Diabetes UK, 2024) and from 2016/17 to 2022/23, there has been just over 54% increase in the number of children and young people with Type 2 diabetes (NHS England, 2024a).
- **Mental health** disorders affect about one in five children and young people aged eight to 25 years – in 2023 this was 20.3% of eight to 16-year-olds and 23.3% of 17-to-19-year-olds (NHS England, 2023a).
- **Childhood vaccination coverage** continues to decline (NHS England, 2024b): In 2023/24 the UK vaccination coverage rates by age five were below the 95% target for all vaccines. Immunisation rates are lowest in England (UK Parliament House of Commons Library, 2025) while cases of Measles are on the rise: In 2024 there were 2,911 laboratory confirmed measles cases in England, the highest number of cases recorded annually, since 2012 (UK Health Security Agency, 2025). This resulted in the UK losing its WHO measles elimination status in January 2026 (WHO, 2025).
- **A&E attendance:** Those aged one to four are more likely to attend emergency departments than any other age group, with attendance figures in 2024/25 reaching over 1.7 million and more than 40% of A&E attendances for children are 'non-urgent' and potentially avoidable (Royal College of Paediatrics and Child Health, 2025).

## The role of health visitors and school nurses in prevention

Health visitors and school nurses are registered nurses or midwives who have undertaken post-registration specialist public health training to meet the Nursing and Midwifery Council (NMC) standards for specialist community public nursing (SCPHN) (Nursing and Midwifery Council, 2025). They provide a range of universal and targeted specialist public health services to babies, children, and families and lead the *Healthy Child Programme* (HCP) in England - the national, evidence-based framework which is aimed at improving the health and wellbeing of children and young people aged 0 to 19 (and up to age 25 for young people with special educational needs and disabilities) (Department of Health and Social Care, 2026a). The HCP includes evidence-based approaches to prevention, early intervention and family support, and is aligned with the government's ambition of raising the healthiest ever generation of children.

Health visitors lead the **HCP** for children from 0-5 years and their families. In England, since 2015, regulations for local authorities setting out detail for this programme state that the families of babies should be offered the following five mandated health visitor child development reviews before their child reaches two and a half years old:

- antenatal health review
- new baby review
- six to eight-week review
- one-year review
- two to two and a half year review

Health visiting services also provide a range of antenatal and postnatal support on areas including child development, feeding and nutrition, child safety, parenting, mental health, and safeguarding. Their interactions with families in homes and communities, gives them a unique perspective and position to deliver prevention and early intervention.

An important part of health visitors' role is promoting and facilitating the uptake of childhood vaccinations which are critical for protecting children from preventable diseases. This includes being a trusted source of advice and information for families about the childhood immunisation schedule and where and when to get vaccinated. Their trusted role working with families in homes and communities also gives them unique opportunities to address vaccine hesitancy as well as identifying unvaccinated children. In recognition of the unique role and opportunities that health visitors have in promoting vaccine uptake, in early 2026, the Government announced the roll out of 12 pilot schemes across 5 regions of England (London, the Midlands, North East and Yorkshire, North West and South West) designed to boost vaccine uptake by offering vaccinations during routine health visits to families that are hard to reach and underserved, including those not signed up with a GP or facing particular challenges that stop them getting to the GP (Department of Health and Social Care, 2026b).

School nurses lead the delivery of the HCP for school aged children and young people between five-19 years (and up to 25 years for young people with special educational needs). School nurses work across education and health, acting as a vital link between schools, homes, and communities.

They deliver health promotion and education programmes and are focused on early intervention and prevention. Areas they focus on include delivering health reviews, providing advice and support on topics such as immunisation, nutrition and healthy weight, mental and emotional health, online safety, sexual health, and safeguarding. School nursing teams also deliver the National Child Measurement Programme (NCMP) for children in reception and year 6, which is a national programme to measure the height and weight of primary school aged children. This data is used to inform local and national services to combat childhood obesity and promote healthy weight.

## Public health nursing workforce planning and commissioning

Between 2011 and 2015, the Health Visitor Implementation Plan set out a call to action to expand and strengthen health visiting services in England (Department of Health, 2011). The objective was to recruit an additional 4,200 FTE health visitors by April 2015. This arose from acknowledgement that “numbers of health visitors have been in decline. In too many areas, there are just not enough health visitors to offer all families the support they need” (Department of Health, 2011).

**... since 2015, the number of NHS employed health visitors has declined by almost half (-46%)**

In March 2015, the then Department of Health reported that it had “succeeded in training in excess of 7,000 nurses and midwives to become health visitors and attracted health visitors back to practice” (Department of Health, 2015a). It estimated that by 1 April 2015, there would be an additional 4,000 FTE health visitors in post, with over 900 student health visitors in their final supervised practice contributing to clinical practice.

Following the Health and Social Care Act 2012, the commissioning of many public health services—including health visiting and school nursing—was transferred from the NHS to local authorities by the end of 2015 (Department of Health, 2015b). These services would be funded through an annual ringfenced Public Health Grant, allocated from the Department of Health and Social Care (DHSC) budget. This transition created opportunities to integrate health visiting and school nursing with wider local government services, such as education and social care. However, it also led to concerns around the fragmented provision and gaps in vital service coverage for children and families because of outsourcing and varied commissioning arrangements (RCN, 2018a).

**... since 2015, the number of NHS employed school nurses declined by 29% (with qualified school nurses declining by 26%)**

However, simultaneously from 2015 funding for public health was cut drastically leading to a 26% real-terms per person cut in the value of the public health grant between 2015/16 and 2025/26 and within that, children's services experienced some of the most significant reductions, with a 25% cut in funding (The Health Foundation, 2025). In the same period, since 2015, the number of NHS employed health visitors has declined by almost half (-46%) and the number of NHS employed school nurses declined by 29% (with qualified school nurses declining by 26%) (NHS England, 2026). These financial pressures led to reports of scaled-back services and considerable variation in provision across local authorities, resulting in what has been described as a ‘postcode lottery’ in access to support (The Institute of Health Visiting, 2025).

The RCN and other organisations have consistently raised concerns about the impact of funding constraints on the health visiting and school nursing workforce. In 2017, we published *The Best Start: The Future of Children's Health*, which underscored the vital role of health visitors and school nurses and highlighted a marked decline in the school nursing workforce, alongside emerging reductions in health visiting numbers (RCN, 2017). A follow-up RCN report in 2018 identified further challenges, including worsening child health outcomes compared to other countries, continued disinvestment in universal services and service redesigns and reconfigurations fragmentation of provision due to outsourcing by local authorities, and a lack of robust workforce data (RCN, 2018b). Since then, we have continued to raise these issues in submissions to previous and current NHS plans, government consultations and Select Committee inquiries.

The recently updated Healthy Child Programme (HCP) commissioning guidance for local authorities states only that 'each family should be allocated a named health visitor and every school allocated a designated school nursing team member' (Department for Health and Social Care, 2026a). The Institute of Health Visiting (IHV) has previously recommended a ratio of one health visitor (FTE) per 250 children (aged 0-5) to deliver a safe service (The Institute of Health Visiting, 2018). For the most deprived 10% of families, the IHV has recommended a caseload of about 100 and the least deprived 30% one of about 400 (Health and Social Care Committee, 2026).

With regard to school nurses, the RCN has said that there should be a minimum of one qualified school nurse for each secondary school and its cluster of primary schools (although the actual number will vary dependent upon the size and complexity of the school population, the number of vulnerable children, deprivation indices and geography of the patch) (RCN, 2025).

However, there are no mandated minimum staffing levels for health visiting or school nursing in England. Staffing levels for services for ages 0-19 are therefore likely to be determined locally by available funding and commissioning specifications. As a result, it has been reported that the average school nurse in England now cares for approximately 4,000 pupils (School and Public Health Nurses Association, 2024a) and health visitors in England have caseloads of up to 1,000 children (Health and Social Care Committee, 2025).

**... there are no mandated minimum staffing levels for health visiting or school nursing in England.**

Such large caseloads are unsustainable, unmanageable and have a detrimental impact on health outcomes for children and families as opportunities for prevention and early intervention are missed and services are stretched to breaking point, reducing the quality of care and availability of services which can exacerbate inequalities. This level of caseloads also impacts staff morale resulting in increased stress and burnout.

The 2023 *NHS Long Term Workforce Plan* acknowledged the critical role of the health visiting and school nursing workforce and the shortages and set out ambitions to expand health visitor training places by 74% and nearly double school nurse training places by

2031/32 (NHS England, 2023b). However, these workforce growth targets have since been disregarded and a new 10-Year workforce plan is expected to be published in Spring 2026. The *10-Year Health Plan for England* said the workforce plan: “will ask ‘given our reform plan, what workforce do we need, what should they do, where should they be deployed and what skills should they have?’” (Department of Health and Social Care, 2025). Given that prevention is a core priority of the *10-Year Health Plan for England*, ensuring that there is sufficient capacity in the prevention-focused workforce is critical.

Funding for public health in England fell sharply from 2015 and annual allocations were consistently published late and on a short-term one-year basis, undermining local authorities’ ability to plan and sustain services. The RCN and many other stakeholders have repeatedly warned that these cuts and last-minute announcements are damaging services and communities and have called for a long term, stable funding settlement for public health (Association of Directors of Public Health, 2024).

The Government’s publication in December 2025 of the first multiyear provisional local government finance settlement in a decade providing £13.45bn for the Public Health Grant from 2026–27 to 2028–29 (Ministry of Housing, Communities and Local Government, 2026) was a welcome step towards providing longer term clarity around funding. However, the total funding includes funding that was previously counted outside the grant, and realterms investment will remain below 2016–17 levels. As a result, it falls far short of what is needed to drive a meaningful shift towards prevention or meet rising demand (The Kings Fund, 2026b).

## 2 The current state of the health visiting and school nursing workforce in England

In 2025, the RCN undertook work to explore the current state and capacity of the health visiting and school nursing workforce in England. This involved two Freedom of Information (FOI) requests which were sent to 153 local authorities in England in April 2025 (as commissioners of public health services).<sup>1</sup> These FOI requests asked a series of questions about the health visiting and school nursing services commissioned with the aim of building a better understanding of the provider landscape and the proportion of services provided by the NHS, the numbers of SCPHN health visitors and school nurses employed and clinical staff in the wider teams (at all NHS or equivalent bands).<sup>2</sup>

Around one in four local authorities said that they did not have the information and requested that we contact the service provider directly. In those cases, we sent out a second round of FOI requests to the providers. We also sent the request directly to providers when only a partial or no response was received from the local authority.

In August/September 2025, the RCN also surveyed our members working in health visiting and school nursing services in the UK on a range of topics including work/caseload, service delivery and capacity, the needs of service users and retention challenges. We received a total of 307 responses from England which were analysed for use in this report.

The following sections summarise the key findings and themes from our work.

### Key findings from the RCN's FOI of local authorities

#### Most service providers are NHS

We wanted to build our understanding of the provider landscape in England and determine the proportion of services that are provided by the NHS compared with independent and private sector organisations. To do this, our FOIs asked local authorities to categorise the provider of their health visiting and school nursing services using a drop-down list which included the following options: NHS trust, local authority, community interest company, charity and private health care provider.

The responses showed that most health visiting and school nursing services are delivered by NHS trusts - 72% of health visiting services and 76% of school nursing services.

Health visiting:

- 26% of services are delivered by non-NHS providers, of which:
  - local authorities (46%)
  - community interest companies (41%)
  - private health providers (8%)
  - other providers (5%).

1 The local authorities selected were based on the list of local authorities in receipt of the Public Health Grant allocations for 2025-26.

2 The RCN can share the full list of questions we submitted on request.

### School nursing:

- 24% of services are delivered by non-NHS providers, including:
  - local authorities (52%)
  - community interest companies (33%)
  - and private health providers (12%).

Understanding the provider landscape is helpful for transparency and needs to be considered as part of workforce planning. Staff employed outside the NHS could have varying employment terms and conditions, pay scales and models, and the lack of a mandatory, national framework could result in variation in salaries, pension benefits, and career progression. These are important factors to be addressed as part of a strategy to recruit and retain more health visiting and school nursing staff. Our findings also confirm that the available NHS workforce data captures most services but not all, underlining the need for a comprehensive dataset that captures the full range of providers.

## The size of the current workforce cannot be reliably determined

To address the gap in the available published workforce data, our FOI request asked local authorities as commissioners of services (and some providers where we were directed to ask providers by the local authority) for the number of SCPHN qualified health visitors and SCPHN qualified school nurses (not specific to any band or level) employed in their health visiting service in March 2025.

Only 61% of local authorities provided data on the numbers of SCPHN qualified health visitors and only 67% provided data on the numbers of SCPHN qualified school nurses so the data set is incomplete. However, based on the responses we received:

### Health visitors

As of March 2025, there were 5,006 SCPHN-qualified health visitors employed across England (not specific to any band or level).<sup>3</sup> Of these:

- 3,544 were employed within the NHS
- 1,381 were employed outside the NHS
- 81 were employed across both sectors.

For comparison, the NHS Workforce Statistics for the same month, report that there were 5,588 health visitors employed in the NHS in March 2025 (NHS England, 2026).

### School nurses

As of March 2025, there were 1,113 SCPHN-qualified school nurses employed across England.<sup>4</sup> Of these:

- 791 were employed within the NHS
- 322 were employed outside the NHS.

---

3 Based on responses received for this question, from 92 (or 65%) providers.

4 Based on responses received for this question, from 102 (or 72%) providers.

For comparison, the NHS Workforce Statistics for the same month, report that there were 819 'qualified school nurses' employed in the NHS in March 2025 (NHS England, 2026).

Despite the dataset being incomplete, it gives a helpful indication of the number of staff working in services outside of the NHS at the time of the FOI. The discrepancies between published NHS Workforce Statistics and figures from our FOI findings also confirm the lack of credible data that would enable a robust determination of the current capacity of the workforce. This undermines efforts to plan effectively to meet demand, or to monitor trends, or hold commissioners and providers accountable for delivery.

There is an urgent need for a consistent and mandatory requirement for local authorities to collect, record, and report workforce data for health visiting and school nursing services. This data should be published alongside NHS Workforce Statistics to provide a complete picture of the workforce across all providers.

## Key findings from the RCN's survey of health visitors and school nurses

### Health visitor priorities

To explore the current focus of health visitors, we asked them to tell us the five most common issues that babies, children and families require health visiting support with. The responses showed these were:

- perinatal mental health (76%)
- feeding and breastfeeding (67%)
- safeguarding (63%)
- child behaviour (43%)
- financial concerns and poverty (37%)
- domestic violence (37%).
- The least common issues health visitors reported providing support for were:
  - immunisation advice and support (56%)
  - substance abuse (34%)
  - bonding between parents and babies (27%).

The pattern of responses indicates that many health visitors are being pulled away from early intervention and vital proactive, preventive activity such as immunisation promotion and supporting parent and baby bonding towards more reactive work on social issues like safeguarding, poverty and domestic violence. This is concerning and aligns with evidence of health visitor and school nursing staff increasingly being required to focus on child protection and safeguarding which would have previously been the remit of children's social care, which has diminished the time for public health (School and Public Health Nurses Association, 2024b).

Given the national context of declining childhood immunisation uptake, the results are particularly concerning. In response to the question about which areas required the most support from health visitors, only 1% of respondents said immunisation advice and support. Health visitors have unique opportunities to interact with parents and families and develop trusted relationships, so they have a critical role to play in supporting vaccination uptake. They must be enabled to prioritise this and wider public health priorities as part of the shift to prevention, to promote the best possible health outcomes for children and families.

### School nurse priorities

To explore the priorities that school nursing teams are currently focusing on, we provided a list of issues (including options such as addressing inequalities in health, alcohol tobacco and drugs education and support, continence support, drop-in clinics and healthy relationships) and asked school nurses to what extent these issues were being addressed by their service. The responses showed:

- **safeguarding** was the most consistently addressed issue, with 86% of respondents reporting it is 'always' addressed. This reflects the increasing focus on child protection in school nursing services
- the **National Child Measurement Programme (NCMP)** is also widely delivered, with 69% stating it is 'always' addressed. However, 17% reported that it is 'never' addressed, indicating variation in provision across different areas
- **mental health and emotional wellbeing support** is also a key area of focus, with 54% of respondents saying it is 'always' addressed. This aligns with wider concerns about rising mental health needs among children and young people
- **drop-in clinics for primary schools** were less consistently offered, notably only 19% of respondents said these are 'always' addressed, while 42% reported they are 'never' offered
- **immunisation programmes** are also among the less consistently delivered services, with 50% of respondents stating these are 'never' addressed and a further 10% saying they are 'rarely' addressed. This is particularly concerning given the national decline in childhood vaccination coverage – when school nursing teams could be playing a key role in supporting education, awareness raising and delivery
- **sexual health advice and support** also appear to be inconsistently delivered: just under 25% said it is 'always' addressed and 37% said it is only 'sometimes' addressed. This variation could impact young people's access to essential sexual health education and support thereby exacerbating inequalities and leading to poorer sexual and reproductive health outcomes. In the context of high and rising rates of sexually transmitted infections (STIs) among young people, sexual health should be a key part of school nursing teams' role.

The responses reveal a wide-ranging and complex set of health and wellbeing issues affecting children and young people. The most cited areas requiring school nursing support are:

- **mental health:** Identified by 80% of respondents as a key priority, with a further 48% highlighting self-harm and suicidal behaviour as a significant concern
- **safeguarding:** Cited by 72% of respondents as a common issue requiring support
- **behavioural issues** and **continence:** Both reported by 49% of respondents as priority areas.

Qualitative responses reinforced these findings, with many school nurses reporting a surge in referrals related to emotional wellbeing, anxiety, self-harm, and the psychosocial impacts arising from neurodiversity. Several respondents noted that school nurses are increasingly expected to 'fill the gap' left by long waiting times for Child and Adolescent Mental Health Services (CAMHS).

When asked to identify the least common issues they support with, respondents highlighted a range of areas, including:

- speech and language (49%)
- cost of living and financial concerns (46%)
- support for long-term health conditions (34%).

While this could be due to a range of reasons such as being addressed by other services (eg, speech and language) school nurses could still have an important role in these areas, including supporting children with long term health conditions in school. School nurses' responses showed significant variation in what is being prioritised and delivered by school nursing services in different areas which could indicate potential gaps in service provision that warrant further investigation and targeted support. Variation in the offer available to children and young people could contribute to inequalities, as well as resulting in missed opportunities for prevention and early identification of issues.

School nurses reported that mental health and safeguarding require the most prioritisation. While these are important priorities for school nursing services, their focus should be on prevention and early intervention, not compensating for gaps in other overstretched services such as CAMHS and children's social care. This is undermining the prevention agenda by reducing the time and capacity available for health promotion, early identification of issues and needs, and early timely intervention.

## Understaffing is driving a shift away from preventative care

To further understand what health visitors and school nurses are focusing on in their roles, we asked them what activities take up the most of their time, how much of their role is focused on prevention and how understaffing impacts on their ability to focus on prevention.

### Health visiting:

- when we asked how much time was spent on certain activities during their last week at work, **most health visitors said that administration and bureaucracy takes up the most time**, (26% said it took up most of their time and 64% said it took up a lot of their time)
- in contrast, delivering prevention and health promotion appears to take up the least time: 29% said it takes up a little of their time, and 9% said it took up none of their time
- related to this, **58% of health visitors told us that understaffing was leading to reduced time for prevention and early intervention.**

### School nursing:

- **56% of school nurses told us that understaffing reduced time for prevention and early intervention**
- 50% said that understaffing leads to limited capacity to deliver health promotion initiatives in schools (eg, mental health, healthy eating, immunisations)
- in their qualitative responses, many school nurses reported that safeguarding caseloads were overwhelming and consume most of their time. Because of this, they felt that they are reactive rather than focusing on the preventative element that is the core purpose of their roles, and the emotional toll of safeguarding work is high (with many mentioning stress, burnout, and lack of support).

Instead of prevention, a significant amount of their time is taken up with administration and bureaucracy – for health visitors this was cited as taking up the most of their time. For school nurses, this was also an issue; 57% told us that excessive administration and bureaucracy was one of the main challenges they face in their role.

For both health visitors and school nurses, we found that understaffing is contributing to a shift away from prevention and that this is taking up less time and focus within their role than other issues. These findings are very concerning because they show that these specialist public health nurses are not being enabled to prioritise prevention and early intervention, which should be the core focus of their roles.

## Understaffing is critical and widespread

We asked members about the staffing levels in their teams and the numbers of vacant posts to gain insights into workforce capacity, recruitment and retention. The responses from health visitors and school nurses revealed a workforce under significant strain from understaffing.

### Health visiting

- **Only 7% of health visitors said that their health visiting service is fully staffed** and one in five (21%) said it was severely understaffed.
- **58% of health visitors reported that there are vacant SCPHN health visitor posts** in their service/team with some services having more than 10 vacancies.

This aligns with evidence from the Institute of Health Visiting (IHV) showing a continued reduction in qualified health visitors in the last year (Institute of Health Visiting, 2025).

### School nursing

- **Only around a quarter (23%) of school nurses reported their service is fully staffed** and around one in six (16%) said it is severely understaffed.
- **50% of school nurses said that there are vacant SCPHN school nurse posts** in their service/team with some reporting more than 10 vacant posts.
- Qualitative feedback highlighted staffing gaps, recruitment freezes, rising caseloads and wide geographical spread for services results in services feeling understaffed even when they are technically ‘fully staffed.’

This aligns with evidence from the School and Public Health Nurses Association (SAPHNA) that highlighted how chronic staffing gaps have left the workforce struggling to meet the demand, with insufficient staff to deliver effective services and support (School and Public Health Nurses Association, 2024a). There is also evidence to indicate that the school nurse workforce is an ageing workforce, with 46% reporting to be aged 51 years and over and a significant number planning to retire in the next three years (School and Public Health Nurses Association, 2024a).

Very concerningly, almost three quarters of school nurses who responded (73%) said they think workforce shortages are having a major negative impact on the support available to children and young people. This aligns with wider evidence pointing to the significant challenges that school nursing is facing in meeting the growing health needs of school-aged children and young people (School and Public Health Nurses Association, 2024a).

Chronic understaffing is limiting capacity and impacting on staff wellbeing, and on the quality, safety and availability of services. This has significant implications for access to services and exacerbates the ‘postcode lottery’ for support for children and families.

## Workloads, stress and burnout

We wanted to understand health visitors and school nurses’ views of their workloads and whether understaffing had impacted on this. We found that rising demand coupled with inadequate staffing are leading to unmanageable and rising workloads for health visitors and school nurses.

## Health visitors

- **92% said their workload had increased over the past 12 months**, with almost two in three (63%) stating it had increased substantially.
- Almost two thirds (65%) told us that understaffing had increased caseloads and workloads while 62% said there is increased stress and burnout as a result.
- The main reasons for the increase in workload included increased complexity of cases and staff shortages (both 88%), increased needs of children and families (79%), increased demand (number of cases), and increased safeguarding responsibilities (both 78%).
- The increased complexity of cases was also a key theme in qualitative responses, with many mentioning social determinants of health (eg, poverty, housing issues, and lack of community services) which increased complexity and strain on the service they provide.
- Staffing shortages, sickness and burnout were also a recurring concern highlighted within their qualitative responses. Many health visitors spoke of the impact of staff shortages on remaining staff (eg, working beyond their contracted hours, covering for vacancies and a lack of support).

## School nurses

- **89% of school nurses said their workload has increased over the last 12 months**, while 57% stated that it has increased substantially.
- The main reasons for the increase in workload reported by school nurses include increased demand in the number of cases (81%), increased safeguarding responsibilities (75%), increased complexity of cases and increased needs of children and young people (both 73%), and 71% said it was due to staff shortages.
- Nearly two in three (63%) school nurses highlighted high workload and staff shortages as the main challenges in their role. Next most reported were high levels of stress and burnout (57%) and excessive administration and bureaucracy (57%).

These findings demonstrate that workforce shortages are directly impacting on the wellbeing of staff and exacerbating workload demands. It underlines the importance of addressing understaffing as part of a strategy to improve services and grow, support and retain the workforce.

## Understaffing is impacting on the delivery of the health visitor mandated reviews

The core principle of the delivery guidance for the Healthy Child Programme is that all babies, children and young people – no matter where they live or their circumstances – should have the opportunity to achieve the best possible health outcomes and to do this it emphasises that a minimum of five health and development reviews must be offered to all families (Department of Health and Social Care, 2026c). However, **over half (51%) of health visitors reported that understaffing leads to difficulty meeting mandatory health visiting contact requirements**. In their qualitative responses to our survey, many health visitors highlighted the impact of understaffing on service delivery including some mandatory contacts not being offered, safeguarding dominating their workload, reducing time for health promotion and prevention.

This is important in terms of broader evidence that has highlighted significant variation between areas in England in the extent to which the mandated health visitor reviews have been/are being offered (Office for Health Improvement and Disparities, 2024b). Responses to our survey align with this: **just under three in five (57%) told us that their service currently offers all mandated health visiting contacts.** Almost two in five (37%) said that most mandatory contacts are offered and 5% said some are offered. One respondent said that none of the mandatory contacts are offered.

This shows that there is variable access to health visiting support across England and aligns with evidence about families facing a ‘postcode lottery’ for support (Institute of Health Visiting, 2026). This risks exacerbating health inequalities and missed opportunities to deliver vital prevention support, as well as identify safeguarding and other issues and risks.

### There is variation in which nursing roles are leading the health visiting mandated contacts

There is variation in which roles are delivering the mandated health visiting reviews across different areas, despite national guidance about the importance of health visitors leading them. The delivery guidance for the *Healthy Child Programme* sets out that SCPHN-qualified named health visitors should lead the five mandated reviews, with particular emphasis on the earlier contacts, to ensure continuity of care, build trusted relationships with families, and maximise opportunities for prevention and early intervention (Department of Health and Social Care, 2026c).

Understanding who is delivering the mandated contacts is important. SCPHN health visitors bring unique specialist skills and expertise that are essential for identifying risks early, supporting child development and promoting healthy behaviours. Continuity in the person delivering the contact is key for building trust and relationships with families which can help to ensure that issues and concerns are identified and acted upon early. However, our survey findings show that:

- SCPHN qualified health visitors are most often responsible for carrying out the first three mandated contacts:
  - antenatal (95%)
  - new birth visit (97%)
  - six-eight week (92%).
- for the one- and two-year to two-and-a-half year developmental reviews are most likely to be carried out by:
  - community nursery nurse (70% and 78% respectively) or
  - SCPHN health visitor (66% and 61% respectively).

This is concerning as it could result in critical opportunities to prevent or identify potential health and development issues are missed at such an important juncture in children’s development and are the last mandated universal contacts before children start school. If these reviews are not delivered by staff with specialist public health training, opportunities to identify health and developmental concerns and to support improved outcomes such as school readiness, vaccination uptake, and healthy weight could be missed.

These critical reviews should be consistently led by SCPHN health visitors – this is essential for improving outcomes and ending the postcode lottery in support for children and families.

## **There is variation in who leads school nursing interventions**

We also asked about the different roles within school nursing teams and who is delivering the key interventions. Our findings show that there is variation in who delivers key school nursing interventions across different areas for example:

### **Health and wellbeing development reviews**

- 67% reported that these are delivered by SCPHN school nurses.
- 52% reported that these are delivered by community staff nurses.
- 17% reported that these are delivered by community nursery nurses.

### **Continence support**

- 65% reported that these are delivered by community staff nurses.
- 59% reported that these are delivered by SCPHN school nurses.
- 33% reported that these are delivered by community nursery nurses.

### **Drop-in clinics**

- In secondary schools, 75% reported that these are delivered by SCPHN school nurses.
- In primary schools, 36% reported that these are delivered by SCPHN school nurses, 36% are delivered by community staff nurses, and 36% said no provision at all.

### **Mental health and emotional wellbeing support**

- 81% reported that these are delivered by SCPHN school nurses.
- 61% reported that these are delivered by community staff nurses.
- 22% reported that these are delivered by community nursery nurses.

These findings show inconsistency in who leads core elements of school nursing support. This could result in children and young people receiving different levels or quality of support, depending on local staffing models. Specialist SCPHN school nurses are not consistently leading key interventions which could result in missed opportunities for early identification of needs, prevention work and continuity of care which supports trust and relationships between children, young people, schools and school nurses.

Variation in skill mix also reflects the lack of clarity about school nursing team roles and responsibilities and the need for clearer national guidance to support the leadership role of the SCPHN school nurse. Inadequate workforce data also makes it more challenging to understand or address these inconsistencies and undermines workforce planning locally and nationally.

## Public health nursing workforce retention risks

Our findings show that there is chronic understaffing in health visiting and school nursing but we also found that there is significant risk of further depletion of staff numbers.

Among health visitors, only around a third (31%) told us that they plan to stay in their current role, and a **quarter (25%) told us that they are looking to leave health visiting**, with some actively looking for another job. When asked why they were leaving their role, 74% said the main reason was **high workload, stress, and risk of burnout**. 60% attributed it to increasing administrative and bureaucratic demands (60%) while 59% said they were concerned about the ability to deliver effective care to children and 58% highlighted a lack of recognition and career progression in health visiting.

These findings reflect what health visitors told us are the main challenges affecting them in their role, as more than four in five (83%) said high workload and staff shortages, 77% said high levels of stress and burnout and 73% said excessive administration and bureaucracy.

Their qualitative feedback reinforced this: health visitors said they feel undervalued in their role and misunderstood by other professions and the public. Many also expressed frustrations over the dilution of their role (due to delegation to staff in lower pay bands) and a desire for greater visibility, fair pay, career progression, and recognition for additional qualifications.

These findings demonstrate the need for targeted investment to address these issues to support growth and retention in the workforce which in turn will support a greater focus on prevention.

For school nurses, there were similar concerns around retention and career progression. Around two in five (38%) said they plan to stay in their current role but **nearly a quarter of respondents (23%) said they are looking to leave school nursing altogether**, with some actively looking for another job (any role). The main reasons cited were similar to those given by health visitors: almost two thirds (64%) said the main reason was increasing administrative and bureaucratic demands. The second most common reason cited was high workload, stress, and risk of burnout (60%), followed by lack of recognition and career progression in school nursing (57%). Worryingly, over half (53%) cited concerns about their ability to deliver effective care to children.

Their responses also showed that access to continuing professional development (CPD) varied: two thirds (66%) said they have regular access but 30% said they have limited access. Qualitative responses also highlighted a lack of role visibility and clarity with it sometimes being misunderstood by schools, parents, and other professionals, and a lack of career progression opportunities beyond band 6 which leaves them feeling frustrated and undervalued in their role,

Given the evidence of understaffing impacting on services, diminishing capacity for prevention and early intervention and increasing demand, these findings are extremely concerning. There must be a core focus on retaining the existing health visitors and school nurses and addressing the challenges which are impacting on their wellbeing, their time and workloads, and their career intentions. This must be prioritised as part of a targeted workforce action plan.

## 3 Expanding the health visiting and school nursing workforce

The RCN has modelled different scenarios to expand the health visiting and school nursing workforce in England to highlight the need for investment and action. Because comprehensive workforce data is not routinely collected across all sectors, we used a combination of published NHS Workforce Statistics and the data on staff employed outside the NHS gathered from the responses to our Freedom of Information (FOI) requests to local authorities. It is important to note that the data from our FOI is incomplete (only 92 (65%) of local authorities/providers responded to our FOI request with health visitor numbers and only 102 (72%) responded with school nursing figures). Furthermore, the figures are inclusive of all SCPHN-qualified staff employed, which could be in any role. While the dataset has its limitations it is helpful for illustrative purposes.

### Baseline workforce (March 2025)

NHS workforce statistics	RCN FOI data on staff employed outside the NHS	Combined baseline estimated staffing figures for March 2025
5,588 health visitors employed in the NHS	1,381 health visitors (not specific to any level/band)	6,969 health visitors
819 'qualified school nurses' employed in the NHS	322 SCPHN-qualified school nurses (not specific to any level/band)	1,141 school nurses

These sources were used to produce illustrative figures for three potential workforce expansion scenarios.

### Scenario 1: Restoring the workforce to restore to 2015 levels

- In 2015, the NHS employed **10,309 health visitors**, requiring an additional **3,340** to return to that level.
- NHS-employed school nurses numbered 1,109 in 2015, indicating a small surplus against current levels.

The 2015 workforce figures were used as a reference point because they marked the peak of the Government's previous programme to increase health visitor numbers, after which staffing levels declined sharply. However, we are not suggesting that the 2015 workforce was sufficient to meet children's health needs. This scenario does not account for today's rising levels of need, the ambitions of the 2025 *10-Year Health Plan*, or the requirements of the *Healthy Child Programme* and recommended staffing ratios. For this reason, we developed two additional, forward-looking scenarios based on future need.

## Scenario 2: Increase the 2015 workforce numbers by 20%

### Target workforce:

- 12,371 health visitors
- 1,331 school nurses.

### Training required:

- 5,402 new health visitors (78% increase)
- 190 new school nurses (17% increase).

## Scenario 3: Increase the 2015 workforce numbers by 50%

### Target workforce:

- 15,464 health visitors
- 1,664 school nurses.

### Training required:

- 8,495 new health visitors (122% increase)
- 523 new school nurses (46% increase).

These scenarios are illustrative and based on incomplete data, but they demonstrate the clear need for major and sustained investment to rebuild and grow the children's public health nursing workforce, so it can meet rising demand and deliver the Government's prevention goals.

Robust workforce modelling is currently hindered by the absence of comprehensive data, as local authorities are not required to routinely report workforce information for commissioned services.

To support effective national and local workforce planning, the Government must require local authorities to collect and publish workforce data consistently for the services they commission, across all providers.

Reliable, system-wide workforce data is essential to plan and invest in a workforce that can fully deliver the *Healthy Child Programme* in full and enable a genuine shift from treatment to prevention.

## 4 Conclusions and recommendations

Our findings make clear that the health visiting and school nursing workforce is under intense pressure. Understaffing is affecting the quality and availability of services and increasing workloads and having a detrimental impact on staff. Expanding staff capacity is a critical issue to be addressed. Significant and sustained investment will be required to rebuild and expand the health visiting and school nursing workforce so it can meet current and future demand and deliver the shift to prevention.

Workforce data is inconsistent and inadequate. The only published data on the health visiting and school nursing workforce is by NHS England as part of the monthly *NHS Workforce Statistics* (NHS England, 2026). This is limited to NHS-employed staff and therefore excludes the substantial proportion of services delivered by non-NHS providers including local authorities, charities, private health care organisations, and community interest companies. Therefore, it gives an incomplete picture of workforce capacity and trends.

Our FOI request sought to address this gap. However, one in four local authorities were unable to provide any of the requested workforce data for the health visiting and school nursing services they commission. Of the local authorities that did respond, the data they provided was often inconsistent or incomplete. The inability of many local authorities to provide workforce data for commissioned services raises concerns about accountability and transparency and the absence of robust workforce data makes strategic workforce planning impossible. Without a complete system-wide dataset it is not possible for commissioner or policy makers to accurately assess current or required capacity.

Achieving the Government's ambitions for prevention and creating the healthiest generation ever will require more than rhetoric. It needs a step-change in approach to one that fully values and invests in these specialist nurses as a vital public health asset. This will necessitate sustained commitment to implement the actions needed to support, develop, retain and empower the workforce. The actions are set out below.

### **Invest in expanding and retaining the health visiting and school nursing workforce**

- The forthcoming 10-year workforce plan should include a strong emphasis on growing, retaining, and strengthening the health visiting and school nursing workforce, with clear targets and timelines. This must align with the goals set out in the *10-Year Health Plan* and the *Best Start in Life strategy*.
- Investment in expanding the health visiting and school nursing workforce should be based on robust independent modelling of current and future population needs and consider recommended maximum caseloads.
- There should be commitments to define national minimum staffing levels for health visitors and school nurses, including maximum caseload thresholds to ensure safe and effective practice.

### **Increase investment in children's public health services**

- Provide additional funding to restore the public health grant to at least its 2015 real terms value and ensure that funding for public health increases in line with population needs and supports the transformative shift to prevention.

- Introduce increased and ringfenced funding allocations for children’s public health services within overall public health budgets, to ensure that investment in health visiting and school nursing services is protected and sufficient, to offer a high-quality health visiting and school nursing service for all children and families, and the full range of responsibilities outlined in the *Healthy Child Programme*. This must be sufficient to cover the additional SCPHN posts.

### Expand training capacity

- Increase the number of funded training places for SCPHN health visitors and school nurses to ensure that there is a sufficient supply to meet demand, replace staff who are due to retire and to deliver the full range of support and services set out in the *Healthy Child Programme*. Workforce planning must account for the equivalent numbers of funded posts needed upon qualification.
- Provide adequate support to higher education institutions (HEIs) to expand and sustain their capacity to continue and increase delivery of SCPHN health visiting and school nursing courses, including placement availability.
- The DHSC should publish annual data on the number of centrally funded SCPHN training places, including the numbers of funded specialist community nursing student training places and the uptake for each category with geographical breakdown.

### Mandate workforce data collection

- Require all local authorities as commissioners of public health services to collect and publish workforce data for the health visiting and school nursing services they commission, to inform planning and accountability.

### Clarify and strengthen professional roles

- Address issues of skill mix and role drift by reaffirming the leadership role of specialist community public health nurses (SCPHN) health visitors and school nurses in leading the delivery of 0–19 public health services through the *Healthy Child Programme* and related commissioning guidance. SCPHN health visitors must retain leadership of the delivery of the five mandated health visitor reviews.
- Ensure a clear strategic focus on prevention within health visiting and school nursing services, and for professionals in commissioning guidance, and included in all service specifications.

### Improve retention and career progression

- As part of the workforce action plan for health visiting and school nursing, targeted retention measures are needed that address the key reasons why staff are leaving their roles and/or considering doing so. This must include addressing the concerns around the burden of bureaucracy and administrative work (as identified by our members), improvements to terms and conditions, pay structures, and career progression pathways. Measures must also seek to improve workload management, supervision, and access to meaningful professional development opportunities.

## 5 Methodology

### **Freedom of Information (FOI) request**

In April 2025, the RCN Policy and Public Affairs Department sent two FOI requests to 153 local authorities in England (based on the list of local authorities in receipt of the Public Health Grant allocations for 2025-26). One FOI request focused on health visiting and one focused on school nursing and included questions related to the workforce (full list of questions available on request).

In cases where local authorities responded to say they did not have the information and requested that we contact the provider directly, we sent out a second round of FOI requests to providers. We also sent the request directly to providers when only a partial or no response was received from the local authority.

### **RCN member survey**

In August/September 2025, the RCN ran a survey for health visiting and school nursing members in the UK on a range of topics including work/caseload, service delivery and capacity, the needs of service users and retention challenges. The target audience was identified through RCN membership data and sent a link to the online survey via email. The survey was open for four weeks and collected both quantitative and qualitative data. The questionnaire and data tables are available on request. We received a total of 307 responses from England, representative of the broader school nurse and health visitor workforce, and these have been extracted and analysed for use in this report.

## References

- Academy of Medical Sciences (2024)** *Prioritising early childhood to promote the nation's health, wellbeing and prosperity*. Available at: [acmedsci.ac.uk/file-download/16927511](https://acmedsci.ac.uk/file-download/16927511) (accessed 22 April 2026)
- Association of Directors of Public Health (2024)** *Open letter to the PM and Chancellor 2024 Public health funding, 7 October 2024*. Available at: [adph.org.uk/resources/open-letter-to-the-pm-and-chancellor-2024](https://adph.org.uk/resources/open-letter-to-the-pm-and-chancellor-2024) (accessed 22 April 2026)
- Department of Health (2011)** *Health Visitor Implementation Plan 2011–15: A Call to Action*. Available at: [assets.publishing.service.gov.uk/media/5a7cc1e3ed915d63cc65caba/dh\\_124208.pdf](https://assets.publishing.service.gov.uk/media/5a7cc1e3ed915d63cc65caba/dh_124208.pdf) (accessed 22 April 2026)
- Department of Health (2015a)** *Health Visitor Programme: Position statement & key achievements 2011–March 2015*. Available at: [gov.uk/government/publications/health-visitor-plan-quarterly-reports-2013-to-2014/health-visitor-programme-position-statement-key-achievements-2011-march-2015](https://gov.uk/government/publications/health-visitor-plan-quarterly-reports-2013-to-2014/health-visitor-programme-position-statement-key-achievements-2011-march-2015) (accessed 22 April 2026)
- Department of Health (2015b)** *Overview of the transfer of the 0–5 Service from NHS England to local authorities*. Available at: [assets.publishing.service.gov.uk/media/5a7f8e86ed915d74e622b2f8/0-5\\_transfer\\_overview\\_acc.pdf](https://assets.publishing.service.gov.uk/media/5a7f8e86ed915d74e622b2f8/0-5_transfer_overview_acc.pdf) (accessed 22 April 2026)
- Department of Health and Social Care (2025)** *Fit for the future: 10 Year Health Plan for England*. Available at: [gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future](https://gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future)
- Department of Health and Social Care (2026a)** *Healthy Child Programme. Updated 6 February 2026*. Available at: [gov.uk/government/collections/healthy-child-programme](https://gov.uk/government/collections/healthy-child-programme) (accessed 22 April 2026)
- Department of Health and Social Care (2026b)** *Families to have better access to childhood vaccinations*. Available at: [gov.uk/government/news/families-to-have-better-access-to-childhood-vaccinations](https://gov.uk/government/news/families-to-have-better-access-to-childhood-vaccinations) (accessed 22 April 2026)
- Department of Health and Social Care (2026c)** *Guidance Part 2: Health visiting (ages 0 to 5)*. Published 6 February 2026. Available at: [gov.uk/government/publications/delivery-of-the-healthy-child-programme/part-2-health-visiting-ages-0-to-5](https://gov.uk/government/publications/delivery-of-the-healthy-child-programme/part-2-health-visiting-ages-0-to-5) (accessed 22 April 2026)
- Department for Education (DfE) (2024)** *Break Down Barriers to Opportunity*. Available at: [gov.uk/missions/opportunity](https://gov.uk/missions/opportunity) (accessed 22 April 2026)
- Diabetes UK (2024)** *Type 2 diabetes in children and young people: Position Statement, August 2024*. Available at: [diabetes.org.uk/sites/default/files/2024-08/Type%20%20Diabetes%20in%20Children%20and%20Young%20People%20\(August%202024\).pdf](https://diabetes.org.uk/sites/default/files/2024-08/Type%20%20Diabetes%20in%20Children%20and%20Young%20People%20(August%202024).pdf) (accessed 22 April 2026)
- Health and Social Care Committee (2025)** *Oral evidence: First 1,000 days: a renewed focus*, HC 802, 4 June 2025. Available at: [committees.parliament.uk/oralevidence/15993/pdf](https://committees.parliament.uk/oralevidence/15993/pdf) (accessed 22 April 2026)
- Health and Social Care Committee (2026)** *Inquiry report: First 1000 Days: a renewed focus*. Published 22 January 2026. Available at: [publications.parliament.uk/pa/cm5901/cmselect/cmhealth/802/report.html](https://publications.parliament.uk/pa/cm5901/cmselect/cmhealth/802/report.html) (accessed 22 April 2026)

**Institute of Health Visiting (2023)** *Health visiting in the NHS Long Term Workforce Plan: In brief.* Available at: [ihv.org.uk/news-and-views/news/health-visiting-in-the-nhs-long-term-workforce-plan-in-brief](https://ihv.org.uk/news-and-views/news/health-visiting-in-the-nhs-long-term-workforce-plan-in-brief) (accessed 22 April 2026)

**Institute of Health Visiting (2025)** *State of Health Visiting, UK survey report: From disparity to opportunity—The case for rebuilding health visiting.* Available at: [ihv.org.uk](https://ihv.org.uk) (accessed 22 April 2026)

**Institute of Health Visiting (2026)** *Boost infants' life chances with more health visitors, crossparty Committee tells Government.* Available at: [ihv.org.uk/news-and-views/news/boost-infants-life-chances-with-more-health-visitors-cross-party-committee-tells-govt](https://ihv.org.uk/news-and-views/news/boost-infants-life-chances-with-more-health-visitors-cross-party-committee-tells-govt) (accessed 22 April 2026)

**Ministry of Housing, Communities and Local Government (2026)** *Provisional local government finance settlement 2026–27.* Available at: [gov.uk/government/consultations/provisional-local-government-finance-settlement-2026-to-2027/provisional-local-government-finance-settlement-2026-to-2027](https://gov.uk/government/consultations/provisional-local-government-finance-settlement-2026-to-2027/provisional-local-government-finance-settlement-2026-to-2027) (accessed 22 April 2026)

**NHS England (2023a)** *Mental Health of Children and Young People in England, 2023: Wave 4 follow-up to the 2017 survey.* Available at: [digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up](https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up) (accessed 22 April 2026)

**NHS England (2023b)** *NHS Long Term Workforce Plan.* Available at: [england.nhs.uk/publication/nhs-long-term-workforce-plan](https://england.nhs.uk/publication/nhs-long-term-workforce-plan) (accessed 22 April 2026)

**NHS England (2024a)** *Children and Young Adults (0–25 years) diabetes toolkit.* Available at: [england.nhs.uk/long-read/children-and-young-people-diabetes-toolkit](https://england.nhs.uk/long-read/children-and-young-people-diabetes-toolkit) (accessed 22 April 2026)

**NHS England (2024b)** *Childhood Vaccination Coverage Statistics, England, 2023–24.* Available at: [digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/england-2023-24](https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/england-2023-24) (accessed 22 April 2026)

**NHS England (2026)** *NHS Workforce Statistics.* Available at: [digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/january-2026](https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/january-2026) (accessed 22 April 2026)

**Nursing and Midwifery Council (2025)** *Standards of proficiency for specialist community public health nurses (SCPHN).* Available at: [nmc.org.uk/standards/standards-for-post-registration/standards-of-proficiency-for-specialist-community-public-health-nurses2](https://nmc.org.uk/standards/standards-for-post-registration/standards-of-proficiency-for-specialist-community-public-health-nurses2) (accessed 22 April 2026)

**Nursing Times (2026)** *Exclusive: Urgent funding required to restore England's health visitor workforce.* Available at: [nursingtimes.net/public-health/exclusive-urgent-funding-required-to-restore-englands-health-visitor-workforce-25-03-2026](https://nursingtimes.net/public-health/exclusive-urgent-funding-required-to-restore-englands-health-visitor-workforce-25-03-2026) (accessed 22 April 2026)

**Office for Health Improvement and Disparities (2024a)** *Child health profiles 2024: Statistical commentary.* Available at: [gov.uk/government/statistics/2024-child-health-profiles/child-health-profiles-2024-statistical-commentary](https://gov.uk/government/statistics/2024-child-health-profiles/child-health-profiles-2024-statistical-commentary) (accessed 22 April 2026)

**Office for Health Improvement and Disparities (2024b)** *Health visitor service delivery metrics 2023–24: Statistical commentary*. Available at: [gov.uk/government/statistics/health-visitor-service-delivery-metrics-quarterly-data-for-2023-to-2024](https://gov.uk/government/statistics/health-visitor-service-delivery-metrics-quarterly-data-for-2023-to-2024) (accessed 22 April 2026)

**Office for Health Improvement and Disparities (2025)** *National Child Measurement Programme: annual report, academic year 2024 to 2025*. London: Department of Health and Social Care. Available at: [fingertips.phe.org.uk/static-reports/obesity-physical-activity-nutrition/national-child-measurement-programme-2024-2025-academic-year.html](https://fingertips.phe.org.uk/static-reports/obesity-physical-activity-nutrition/national-child-measurement-programme-2024-2025-academic-year.html) (accessed 29 April 2026)

**Office for National Statistics (ONS) (2026)** *Avoidable mortality in England and Wales: 2024*. Available at: [ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/avoidablemortalityinenglandandwales/2024](https://ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/avoidablemortalityinenglandandwales/2024) (accessed 22 April 2026)

**Public Health England (2016)** *Health matters: Giving every child the best start in life*. Published 12 May 2016. Available at: [gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life](https://gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life) (accessed 22 April 2026)

**Royal College of Nursing (2017)** *The Best Start: The Future of Children's Services*. Available on request from the RCN.

**Royal College of Nursing (2018)** *The Best Start: The Future of Children's Health – One Year On*. Available at: [rcn.org.uk/Professional-Development/publications/pdf-007000](https://rcn.org.uk/Professional-Development/publications/pdf-007000) (accessed 22 April 2026)

**Royal College of Nursing (2018)** *Written evidence submitted by the Royal College of Nursing (ACS 056)*. Available at: [committees.parliament.uk/writtenevidence/98083/pdf](https://committees.parliament.uk/writtenevidence/98083/pdf) (accessed 22 April 2026)

**Royal College of Nursing (2025)** *Defining staffing levels for Children and Young People's Services*. Available at: [rcn.org.uk/Professional-Development/publications/rcn-defining-staffing-levels-cyp-uk-pub-012-050](https://rcn.org.uk/Professional-Development/publications/rcn-defining-staffing-levels-cyp-uk-pub-012-050) (accessed 22 April 2026)

**Royal College of Paediatrics and Child Health (2020)** *State of Child Health 2020*. Available at: [stateofchildhealth.rcpch.ac.uk/evidence/nations/england](https://stateofchildhealth.rcpch.ac.uk/evidence/nations/england) (accessed 22 April 2026)

**Royal College of Paediatrics and Child Health (2025)** *Facing the Future: Standards for children and young people in emergency care*. Available at: [rcpch.ac.uk/sites/default/files/2025-10/FtF-emergency-care-standards-5th-ed-full-v1.pdf](https://rcpch.ac.uk/sites/default/files/2025-10/FtF-emergency-care-standards-5th-ed-full-v1.pdf) (accessed 22 April 2026)

**Royal Foundation Centre for Early Childhood (2023)** *Early childhood and the developing brain*. Available at [centreforearlychildhood.org/news-insights/case-studies/early-childhood-and-the-developing-brain](https://centreforearlychildhood.org/news-insights/case-studies/early-childhood-and-the-developing-brain) (accessed 22 April 2026)

**School and Public Health Nurses Association (SAPHNA) (2024a)** *The Forgotten Frontline*. Available at: [saphna.co/wp-content/uploads/2024/10/The-Forgotten-Frontline-Unveiling-the-Realities-of-School-and-Public-Health-Nursing-in-the-UK-1.pdf](https://saphna.co/wp-content/uploads/2024/10/The-Forgotten-Frontline-Unveiling-the-Realities-of-School-and-Public-Health-Nursing-in-the-UK-1.pdf) (accessed 22 April 2026)

**School and Public Health Nurses Association (SAPHNA) (2024b)** *The Safeguarding Role of Public Health 0–19 Services: Joint Policy Position*. Available at: [saphna.co/wp-content/uploads/2024/11/The-Safeguarding-Role-of-Public-Health-0-19-services-FINAL-VERSION-28.10.24.pdf](https://saphna.co/wp-content/uploads/2024/11/The-Safeguarding-Role-of-Public-Health-0-19-services-FINAL-VERSION-28.10.24.pdf) (accessed 22 April 2026)

**School and Public Health Nurses Association (SAPHNA) (2024)** *A school nurse for every school report*. Available at: [saphna.co/about/a-school-nurse-for-every-school-report](https://saphna.co/about/a-school-nurse-for-every-school-report) (accessed 30 April 2026)

**The Food Foundation (2024a)** *A Neglected Generation: Reversing the decline in children's health in England*. Available at: [foodfoundation.org.uk/sites/default/files/2024-09/TFF\\_Children%27s%20Health%20Report\\_SEPT.pdf](https://foodfoundation.org.uk/sites/default/files/2024-09/TFF_Children%27s%20Health%20Report_SEPT.pdf) (accessed 22 April 2026)

**The Food Foundation (2024b)** *Shortening stature: Addressing the decline in children's health*. Available at: [foodfoundation.org.uk/publication/shortening-stature-addressing-decline-childrens-health](https://foodfoundation.org.uk/publication/shortening-stature-addressing-decline-childrens-health) (accessed 22 April 2026)

**The Health Foundation (2025)** *Investing in the public health grant: What it is and why greater investment is needed*. Available at: [health.org.uk/reports-and-analysis/analysis/investing-in-the-public-health-grant](https://health.org.uk/reports-and-analysis/analysis/investing-in-the-public-health-grant) (accessed 22 April 2026)

**The King's Fund (2026a)** *What is the state of children's health in England?* Available at: [kingsfund.org.uk/insight-and-analysis/long-reads/state-childrens-health-england](https://kingsfund.org.uk/insight-and-analysis/long-reads/state-childrens-health-england) (accessed 22 April 2026)

**The King's Fund (2026b)** *Blog: Measuring a moving target – the complex story of public health and prevention spending in local government*. Available at: [kingsfund.org.uk/insight-and-analysis/blogs/public-health-prevention-spending-local-government](https://kingsfund.org.uk/insight-and-analysis/blogs/public-health-prevention-spending-local-government) (accessed 22 April 2026)

**UK Health Security Agency (2025)** *Confirmed cases of measles in England by month, age, region and upper-tier local authority: 2025*. Available at: [gov.uk/government/publications/measles-epidemiology-2023-to-2026/confirmed-cases-of-measles-in-england-by-month-age-region-and-upper-tier-local-authority-2025](https://gov.uk/government/publications/measles-epidemiology-2023-to-2026/confirmed-cases-of-measles-in-england-by-month-age-region-and-upper-tier-local-authority-2025) (accessed 22 April 2026)

**UK Parliament House of Commons Library (2025)** *Childhood Immunisation Statistics*. Available at: [commonslibrary.parliament.uk/research-briefings/cbp-8556](https://commonslibrary.parliament.uk/research-briefings/cbp-8556) (accessed 22 April 2026)

**World Health Organization (WHO) (2025)** *14th meeting of the European Regional Verification Commission for Measles and Rubella Elimination (RVC)*. Available at: [who.int/europe/news-room/events/item/2025/09/15/default-calendar/14th-meeting-of-the-european-regional-verification-commission-for-measles-and-rubella-elimination-\(rvc\)](https://who.int/europe/news-room/events/item/2025/09/15/default-calendar/14th-meeting-of-the-european-regional-verification-commission-for-measles-and-rubella-elimination-(rvc)) (accessed 22 April 2026)

The RCN represents nurses and nursing, promotes  
excellence in practice and shapes health policies

RCN online  
[rcn.org.uk](http://rcn.org.uk)

RCN Direct  
[rcn.org.uk/direct](http://rcn.org.uk/direct)  
0345 772 6100

Published by the Royal College of Nursing  
20 Cavendish Square  
London  
W1G 0RN

May 2026  
Publication code: 012 525