Health visitors and school nurses: a summary of recent evidence and trends in the UK workforce - Executive Summary

This report describes the current workforce and supply pipeline; summarises the evidence on the impact of health visitors and school nurses on children, young people and their families; and sets out the future for research studies in this area.

Health visitors support children from 0-5 years and their families across a range of areas, including antenatal and postnatal support, assessing growth and development, and educating parents about nutritional needs and healthy lifestyles. Additionally, due to their specialist knowledge and experience of relevant indicators and risk factors, health visitors have a significant role in identifying serious issues such as child neglect.

School nurses deliver programmes to improve health outcomes for school aged children (5-19 years) and are in the best place to provide preventative care, health promotion and intervention. Specific areas in which school nurse interventions are focused include reducing under 18 conception rates and the prevalence of chlamydia, supporting young people with their mental health and promoting healthy lifestyle choices.

Health visitor and school nurse workforce and supply pipeline in the UK

NMC data released in December 2019 shows there are 22,967 registrants with a specialist community public health nursing (SCPHN) qualification in health visiting and 3,905 registrants with a SCPHN qualification in school nursing in the UK. Analysis of bespoke data from the Higher Education Statistics Agency (HESA) shows that across the UK, the number of students starting SCPHN courses has declined by more than 45% between 2012 to 2018. Looking at the number of nurses in isolation from indicators of population need is problematic as it does not illustrate the full picture; population need is far outstripping the supply of nurses.

NHS Digital data indicates a steady decline in the workforce in England, showing that there are now more than a quarter fewer school nurses and 13% fewer health visitors since data reporting began in 2009. It is difficult to ascertain how many nurses have left the workforce completely, and how many are now working for providers outside of the NHS where workforce data reporting is not mandatory.

The StatsWales annual NHS workforce report shows that there has been a 15% increase in the number of health visitors and a 67% increase in the number of school nurses working in the NHS in Wales, since data reporting began in 2009.

The Northern Ireland Department of Health annual census shows that there has been an 18% increase in the number of health visitors and a 12% increase in the number of school nurses working in the health and social care in Northern Ireland, since data reporting began in 2010.

The ISD Scotland quarterly data release shows that there has been a 16% increase in the number of health visitors and a 3% increase in the number of school nurses working in the NHS in Scotland, since data reporting began in 2015.

Measuring impact and outcomes

A useful framework to demonstrate the impact of health visitors and school nurses across the UK is from Public Health England, suggesting measurement of performance and outcomes across twelve high impact areas (although these do not describe the entirety of the roles and areas of support provided by these services).
**Health visitors** lead the Healthy Child Programme 0-5. Strong evidence exists on the impact of health visitors on the health outcomes of children and their families across the six early years high impact areas:

1. **Transition to parenthood**
   - Positive outcomes include younger parents breastfeeding, accessing contraceptive services and returning to work/education.
2. **Maternal mental health**
   - Therapeutic interventions delivered by health visitors are effective in treating depression in mothers, and psychologically orientated sessions by specialist health visitors can not only treat but prevent postnatal depression in some women.
3. **Breastfeeding**
   - Initiatives by health visitors increase prevalence rates of breastfeeding. Further, mothers report that they value the support and that it increased their confidence in breastfeeding.
4. **Healthy weight, healthy nutrition**
   - Evidence includes improved obesity rates of children in reception and higher prevalence rates of breastfeeding which is known to reduce the prevalence of infectious diseases such as gastro-enteritis, childhood obesity and type 2 diabetes.
5. **Managing minor illnesses and reducing accidents (improving health literacy)**
   - Health visitor intervention can reduce the likelihood of the use of emergency medical services and hospitalisation among children of primary school age.
6. **Health, wellbeing and development of the child aged 2**
   - Health visitor led services result in a rise in the percentage of children in the most disadvantaged areas achieving good Early Years Foundation Stage Profile scores. Further, health visitor interventions improve population health in childhood and longer term; including lower infant mortality at birth and reduced heart, liver and lung disease in middle age.

**School nurses** lead the Healthy Child Programme 5-19. Strong evidence exists on the impact of school nurses on the health outcomes of children and their families across the six school aged years high impact areas:

1. **Building resilience and emotional wellbeing**
   - Interventions provided by school nurses result in positive outcomes for young people including improved levels of stress and anxiety and positive changes in relation to lifestyle.
2. **Reducing risk from harm (risky behaviours) and improving safety**
   - Having access to a school nurse increases the receipt of sexual health care, including access to condoms and sexual and reproductive health information.
3. **Improving lifestyles**
   - School nurses provide interventions to support healthy weight and physical activity, resulting in statistically significant decreases in BMI.
4. **Maximising learning and achievement**
   - Return-to-class rates are higher when students are seen by a school nurse for assessment and intervention occurring at school, compared to other school personnel, who may be more likely to send children home or to an emergency department if uncertain about the medical need. Studies have highlighted a strong association between health services provided by school nurses at the school site and improved student attendance and academic achievement of students.
5. **Supporting complex and additional health and wellbeing needs**
   - School nurses have an important role to play in the management of long-term conditions such as asthma. School nurse-supervised programs reduce emergency department visits and asthma-related hospital admissions.
6. **Seamless transition and preparation for adulthood**
   - School nurses contribute to positive health outcomes and thus cost savings for the health care system through the prevention work they deliver in schools, e.g. long-term condition management, early detection of health issues and obesity prevention.
The future of Health Visiting/ School Nurse research to demonstrate impact

Impact is difficult to demonstrate without a robust system that tracks children and young people’s contact with health visitors and school nurses - from the initial screening and referrals through interventions, to discharge and then tracking outcomes.

In the absence of such monitoring, the value of local data should not be underestimated. A recent report by the Institute of Health Visiting\(^1\) recommends a shift away from an emphasis on process measures (e.g. whether the correct number of mandated checks have been carried out by a health visiting team), instead focussing on outcome measures, including service user and practitioner experience. This shift would provide greater data on service quality, enable measurement of impact over time and drive quality improvement within services.

Further research is needed to understand the role of school nurses (along with other agencies) in early intervention to tackle issues such as serious youth violence. Since 2012, there has been a 74% increase in hospital admissions/episodes following assault by a sharp object for young people under 18. Given their engagement, school nurses have strong potential to focus on these issues affecting young people.

The evidence clearly demonstrates the value of health visitors and school nurses. Despite this, recent data from Public Health England suggests that health outcomes of children and young people in certain high impact areas, are declining. For example, the number of A&E attendances and emergency hospital admissions for children under 5 are increasing, as are hospital admissions for self-harm for those aged 10-24. In addition, child obesity rates in England are amongst the worst in Europe, breastfeeding rates in the UK are one of the lowest in the world, and in 2019 England lost its WHO measles elimination status. There are many contextual factors which could influence the deteriorating health outcome trends for children and young people. However, these trends occur in areas of high potential impact by health visitors and school nurses. This suggests that whilst population need is increasing, the workforce is not growing to meet this need.

Poor health outcomes and health inequalities early in life are cumulative and enduring if not addressed, and the impact of these unmet needs can be profound and expensive to address in adulthood. Access to health visitors and school nurses should be universal, however, the differing levels of access mean that not all children and young people are receiving the safe and effective care that they need, and some are suffering poorer health outcomes as a result. Investing in the health visitor and school nursing workforce would allow greater access to and support from crucial services. Furthermore, the workforce needs enough time and resource to enable them to work to their full potential and focus on prevention and promotion of health and wellbeing.

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