

The RCN's UK position on health visiting in the early years



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Summary

The Royal College of Nursing (RCN) is the UK's largest professional association and union for nurses, midwives, health visitors and health care assistants with over 400,000 members. Nurses and health care assistants make up the majority of those working in our health services and their contribution is vital to delivery of the health policy objectives of all governments across the UK.

In this time of shifting political and economic priorities, the community health and social care landscape is changing rapidly in each of the four UK nations¹. Whilst each government is mandated to respond individually to the health needs of its population, and structure its health services appropriately, the RCN's position is that there is a set of core values in common to the future of health visiting across all parts of the UK.

In August 2010 the RCN published *Pillars of the community: the RCN UK position on the development of the registered nursing workforce in the community*. This position statement builds on that document describing in more detail what this might mean for the future of health visiting.

Health visiting services have traditionally aimed to encompass three component parts: child health development programme, generic health promotion across the lifespan, and community health, facilitating local development with residents (Clark J, 2000). In many parts of the UK there has been an increasing focus primarily upon supporting early years and families. In England this is evidenced by the recent Coalition Government's aspiration to recruit 4,200 more health visitors described as 'Sure Start health visitors'. This is also shown in Northern Ireland by the strategic focus for the health visiting service on the 0-5 age group as part of an overall 0-19 years service delivered equitably by health visitors and school nurses. In Wales there remain some elements of a lifespan approach with specific service provision for the frail elderly population. While evidence suggests that health visiting services may aspire to deliver across the life span, in reality, the majority of health visitors are delivering almost exclusively in the area of child health, particularly the safeguarding of children in terms of prevention, but also actively working with vulnerable and at-risk families.

This RCN paper focuses on the first of those three areas, child health and development, in particular, the under-fives, and aims to set out our position.

Foreword

The new NMC register was introduced in 2004, bringing health visitors into part three of the register under the title Specialist Community Public Health Nurses (SCPHN). In some areas of the UK the title health visitor is still used by employers, in other areas, the term specialist community public health nurse has been introduced. In Scotland the title public health nurse is used in some health board areas. Health visitor however continues to be used by families, the general public and politicians. In common parlance it is the term usually used to describe those nurses working in a public health role with under-fives.

Health visitors make a significant contribution to the health and wellbeing of families and local communities across the UK. Often, but not always, working with registered community staff nurse, health care assistant and nursery nursing colleagues. They support families during the antenatal period, with the joys and stresses of a new baby; teach parents how to meet the nutritional needs of their infants and young children, and develop healthy lifestyles; enable parents in the most need to develop parenting skills and confidence and to connect them to further sources of support; monitor and assess the health and wellbeing of all infants and young children, detecting early any issues which require further action; act as the named professional and first point of contact for all health and wellbeing and child protection issues for children under five and work with community groups and social services colleagues to promote health in the early years. Most people in the UK have had their early years development supported by their local health visiting service.

Health visitors are valued by the public and demand for their services is increasing (Netmums, 2008), as evidenced in the Conservative Party's call for more health visitors when in opposition. David Cameron defined health visitors as "Highly-trained NHS professionals who come to your home and build up a trusting, personal relationship with the family." He added: "We're going to increase the number of health visitors by 4,200 - that's more than a 50 per cent increase. And we're going to boost support for those who live in the most deprived areas."

Each of the four UK governments is pursuing policies that emphasise the importance of support for the early years. There is an increasing recognition of the importance of early intervention to prevent mental health problems in later childhood and adolescence and to detect physical

¹ Throughout this paper any reference to "country" refers to the UK; any reference to "nation" or "national" refers to one or more of the four constituent parts of the United Kingdom.

health problems that can be effectively treated before a child starts school.

As economic pressures increase, it is essential that UK governments do not ignore public health and preventative measures. Health visiting interventions, when well planned and co-ordinated, reduce problems in later childhood, promote self-care and resilience in communities, and prevent ill health occurring in the first place.

An increasing body of evidence about neurological development of infants highlights the significant impact of poor attachment and negative parenting on a child's physical, cognitive and socio-emotional development, which has life long effects into adulthood. Health visitors are uniquely placed to work with parents and families, building trusting relationships, enabling and facilitating behaviour and lifestyle changes for the benefit of babies and children. Positive outcomes have been demonstrated by intensive home visiting programmes such as Early Start, The Triple P – Positive Parenting Programme and the Family-Nurse Partnership programmes (Macmillan et al., 2009).

There are important issues to be considered in terms of the health visiting workforce into the future. Uncertainty over the role of health visiting and lack of planning in recent years has led to a decline in support for training in some areas of the country. On top of this, health visiting is affected by an aging demographic. Across the UK 27 per cent of NHS community nurses are over 50 and will have retired within the next 10 years (RCN, 2009). The average age of health visitors is 46 (with 32 per cent over 50), compared with 40 for the average nurse working in an NHS hospital. We are not educating enough new staff to fill these posts, let alone increase current service provision.

The RCN's recent employment survey (RCN, 2009) highlights that there is low morale amongst health visitors, they feel underpaid, undervalued and overworked and are the least satisfied (of all nursing groups) with their banding post-Agenda for Change. Half of all health visitor respondents requested a review, which is more than twice the figure for all NHS nurses, and significantly more than any other job category of NHS nurse. 73 per cent of health visitors are on band six, and of this group eight in ten feel their pay band is inappropriate for their role and responsibilities.

Health visitors are the group most likely to report feeling under too much pressure at work (70 per cent), with only 40 per cent of health visitors thinking that the activity mix is about right for their job (they feel they should be spending less time on clinical activities and more time on training/educating others and research). The findings from

the 2009 RCN survey are reinforced by the Health Care Commission 2008 and National NHS Staff Survey, March 2009, in which health visitors have the lowest levels of job satisfaction, highest work pressure and are the staff group least likely to recommend their trust as a place to work.

Whilst strategies are now being designed in parts of the UK to strengthen the health visiting workforce there is still much to be done if we are to improve service provision in the future. This RCN position statement is intended to ensure that developments across the UK meet the needs of families with children in the early years effectively, efficiently and safely.

The RCN is aware of the NMC Specialist Community Public Health Nurses (SCPHN) Review scheduled to take place in the near future. Key issues to be considered as part of the review include:

- whether there should be core SCPHN knowledge, skills and competences for all practitioners on part three of the register and then specialist ones for individual roles such as health visiting (primarily 0-5), school nursing (5-19), sexual health, occupational health
- a need for consistency in titles, an issue that the NMC has already identified as being of concern from the public's perspective.

The RCN believes that health visitor education and practice should be recognised as a higher level of practice and, in keeping with the current NMC regulation, continue to be a registered qualification with the NMC. However, we recognise the forthcoming review of part three of the NMC register and support a review of the current curriculum to ensure that future health visitor graduates are prepared at a higher level of practice that is fit for purpose.

The context for reform across the UK

The community health and social care landscape is now changing rapidly, and separately, in each of the four UK nations. This summary of issues from each nation is intended to give the context of the community nursing reforms at the time of the publication of this paper.

England

The recent elections resulted in a Coalition Government – both Conservative and Liberal parties had emphasised the importance of health visitors in their manifestos. The Conservatives clearly committing to an additional 4,200 Sure Start health visitors.

The previous government had initiated 'Action on Health Visiting' as part of *Transforming Community Services* and in response to *Lord Laming's progress report* (Laming, 2009). This highlighted various actions to maximise health visitor contribution including leading and delivering the Healthy Child Programme; acting as the named health visitor in Sure Start Children's Centres; supporting vulnerable families and those needing extra support; and using specialist skills to protect children, creating and developing effective teams. The Community Practitioners and Health Visitors Association (CPHVA) and Unite worked in partnership with the Department of Health to produce *Getting it right for children and families: maximising the contribution of the health visiting team – ambition, action and achievement* (DH/CPHVA/Unite, 2009).

The current focus is upon addressing implementation issues and increasing the number of health visitors; ensuring education programmes deliver practitioners fit for purpose; whilst looking at innovative ways of preparing nurses for health visiting roles and recognising the critical role health visitors have in relation to achieving the coalition's vision for a big society.

The role of health visitors/visiting services was clearly outlined in the *Healthy Child Programme* (DH/DCSF, 2009a) and *Healthy lives, brighter futures – the strategy for children and young people's health* (DH/DCSF, 2009b). The principles and emphasis on early years, identification and management of risk, as well as universal service provision with targeted and specialist service provision prevail in the early messages from the coalition government, along with the increasing emphasis on health visitors key role with 0-5s.

Current developments are set against the backdrop of consultations and discussions linked with the series of NHS White Papers which include a Public Health White Paper and *Public Health Outcomes Framework* published December 2010; the establishment of an NHS Health and Wellbeing board, the appointment of a Director of Public Health jointly with Local Authorities and GP commissioning consortia. Sir Ian Kennedy's recent review of NHS services for children also highlights many cultural barriers affecting service provision for children, young people and their families, including the need for improved training for GPs and other primary care staff (Kennedy, 2010).

Within the implementation of Transforming Community Services there is added turbulence for health visitors as a result of primary care trusts (PCTs) restructuring to remove provider functions. In some areas community nursing services are being put out to tender and a number of options for health visiting employment now exist. The RCN is constantly mapping which organisations the health visiting services are being moved to. The removal of PCTs in the next two years, as outlined in the White Paper, *Equity and Excellence* (DH, 2010) brings further uncertainty.

While Andrew Lansley, Secretary of State for Health, made a commitment to a rise in overall spending on the NHS in real terms, this is against savings of up to £20 billion by 2013-14. The impact of cuts, efficiencies and service changes are being felt across all areas of service delivery and there is unprecedented pressure on frontline staff. There are considerable concerns that the significant cuts in, for example, social care, will have major repercussions on health services, including the role and workload of health visitors. Professor Eileen Munro's review of child protection, includes a remit to look at ways of reducing social workers workloads with other professionals managing risk and supporting vulnerable children and families (Munro, 2010; 2011a; 2011b).

The Government has recently released an implementation plan to achieve the increase in health visitors (DH, 2011). This includes a commitment to develop an expanded and stronger health visiting service as a key element in improving support to children and families at the start of life. The plan includes increasing posts, workforce numbers and training capacity.

Scotland

Health visiting in Scotland has had a turbulent time from a policy perspective over the last decade. A generalist model of family health nursing was piloted in Scotland from 2001 and was followed by a review of nursing in the community that introduced the community health nurse as a combined district nurse, health visitor and school nurse role. The RCN became concerned at the number of initiatives and the fragmentation of developments across Scotland. Working with over 700 nurses and colleagues from other professions RCN Scotland published *A sustainable future: a vision for community nursing in Scotland*. Heavily influenced by RCN lobbying, the pilots of the community health nurse were halted and a new Modernising Community Nursing Board was set up in 2009 by Scottish Government to develop a way forward (www.scotland.gov.uk/topics/health). The RCN has seats on the board and all three sub-groups. The role of health visiting falls largely within the 'children, young people and families' sub-group, with the adult public health role picked up through the two 'adult' sub-groups.

Early years has been a key policy focus for the Scottish National Party government, which was made clear in *Better Health, Better Care* (2007). An early years framework was developed in 2008 as a collaborative initiative between local authorities, and government departments including the children and families division, education, health and social care. This approach is supported by the inequalities strategy *Equally well* (2008) which has a strong emphasis on early years.

All these initiatives have built on 'Getting it Right for Every Child' (GIRFEC) which is an interagency approach to integration of children's services, placing the child at the centre of all planning and action. Early implementation has been evaluated and the lessons learned were published in June 2010 highlighting a need for leadership, culture shift and integrated systems.

The Scottish Parliament recognises the importance of health visiting discussing the subject on many occasions in committee, in relation to children's mental health, and in the debating chamber – particularly in the light of review of Glasgow's health visiting services and increasing concerns about the lack of provision of universal services.

GPs in Scotland have been very supportive of the health visiting role and have made their views clear to Parliament.

In response to concerns about the implementation of the key early years policy in health across Scotland, a Chief Executive Letter (CEL) was issued in April 2010 which emphasised the need for

effective implementation of Health for All Children (Hall 4), making this an issue for individual health boards. This has highlighted significant challenges for some health boards in Scotland.

Wales

The strategic intention in Wales is to rebalance care between hospital and community settings, placing the preventative primary and community agenda central to service redesign. This is not seen as responsibility of just the NHS – but also as dependant on the contribution of local authorities, voluntary sector and independent contractors.

There is a stated aim to move from a reactive, crisis intervention approach to a proactive, co-ordinated and preventative agenda and Public Health Wales is a key contributor to service redesign, building an evidence base focused around population need.

Health visitors are seen as making a vital contribution to public health services and Lesley Griffiths, the Minister for Health and Social Services for Wales, has made it clear that she recognises health visiting as having the breadth of skills for contributing to such services for populations across the entire age range.

In addition there is a focus on intermediate care and the prioritisation of high risk patient groups, such as those with increasing frailty and complexity of need. Health visiting services are well placed to contribute here, as they offer core skills and professional approaches based on working in partnership with clients towards enablement and self care.

Professional leaders, including the Chief Nursing Office for Wales, have indicated that the health visiting service in Wales should offer a cradle to grave service. A scoping of current health visiting provision across Wales has recently taken place, with a plan to further develop this into a review of service potential for the future. Health visitor commentators have however urged that any suggested expansion of service focus should be supported by an increase in capacity and skills updating where necessary.

There is undoubtedly a continued requirement for the health visiting service to provide support for children and families, especially with regards to vulnerability and safety. However, the anticipated focus on a health visiting service across the age range places Wales in a different position to the other three countries of the UK. RCN Wales is actively involved in working with the Welsh Assembly Government, service planners and health visitor groups to ensure that health visiting is well represented at such discussions.

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Northern Ireland

Northern Ireland is unique in the UK in having an integrated health and social care service. Moreover, in recent years public health has been given a high priority by the Department of Health, Social Services and Public Safety (DHSSPS) through the creation of new structures including a Public Health Agency (PHA). Together, the PHA and the Health and Social Care Board are charged with commissioning services to improve the health and wellbeing of everyone in Northern Ireland.

The impact of cuts, efficiencies and service changes are being felt across all areas of service delivery and there is unprecedented pressure on frontline staff. While the strategic direction points to a shift from acute care to primary prevention, there is no evidence of a proportional shift in the nursing workforce, associated workforce planning or investment in health visiting.

Overwhelmingly, health visitors are taking on an increasing role in safeguarding children and Lord Laming's (2009) comment on health visiting in England applies equally in Northern Ireland, "as the case-loads of social workers have risen there is also concern that health visitors are carrying child protection issues that once would have been referred on to children's social care services. This is both inappropriate and unmanageable for health visitors and needs to be addressed" (Laming, 2009, para. 5.23).

In March 2010, the DHSSPS published *Healthy futures 2010-2015* – the contribution of health visitors and school nurses in NI. *Healthy futures* recommends the establishment of teams to be led by health visitors with provision through a single point of access and contact for all children and young people aged 0-19. Within this model health visitors will focus on the 0-5 age group, primary school nurses on 5-11 year olds and post-primary school nurses on young people from 12-19 years.

Healthy Futures outlines three key functions for health visiting and school nursing:

- to lead in delivering the child health programme
- to work at level 2 with most complex and challenging families, through increased intensive home visiting across the 0-19 age range with the implementation of appropriate evidence based parenting programmes
- to identify and address potential health issues relating to parents, infants, children and young people through case managing interventions.

Resources have been allocated through the PHA to the development of family nurse partnership models of health visiting and health visitors are driving initiatives such as the Solihull Approach, the New Parent Project and other models for supporting vulnerable families – Mellow Babies Mellow Parents, the UNICEF baby friendly initiative and exercise and nutrition programmes such as HENRY (Health Exercise Nutrition for the Really Young).

Summary

There is clearly a renewed focus on the importance of supporting children and their families in the early years across the UK. Health visiting teams will be key to meeting emerging challenges. Whilst each of the four nations will respond individually to the health needs of its population, and structure its health services appropriately, the RCN's position is that there is a set of core values which must guide the development of health visiting and community nursing across all parts of the UK. This paper sets out those value statements, applying the principles to health visiting for the early years. There will be subsequent papers from the RCN exploring school nursing and also public health nursing roles in supporting adults and older adults.

The RCN's UK position on the development of the health visiting workforce for the early years

The RCN's position is that the following statements must be applied in their entirety to developments taking place across the UK for reforms of early years services to be successful. They reiterate and develop the statements set out in *Pillars of the community*, focusing on the health visiting contribution to children and their families in the early years.

Recognise the importance of the specialist nursing voice

- As specialist nurses, health visitors hold a wealth of knowledge and experience in delivering successful public health care interventions from pre-conception to school and in meeting the needs of their local pre-school population. As such, all reforms to community nursing and nursing services must engage health visitors, as well as their unions and professional organisations, in developing, implementing and evaluating change from the very start of the process.
- All health visitors must be enabled to work safely and ethically, within the parameters of their professional code of practice. Local organisational structures should clearly enable them to raise concerns (NMC, 2010) when, in their professional judgement, quality or safety are being compromised. These concerns must be heard and acted upon appropriately.

New parent project, Northern Ireland

The New Parent Project, managed by health visitors in Northern Ireland won the RCN Northern Ireland Nurse of The Year Public Health Award for their ground-breaking project targeting vulnerable young women having their first baby.

The main aim driving this health visitor-led work is to improve the health and wellbeing of children. Young pregnant women, considered to be vulnerable are approached by health visitors who put in extra support tailored to the specific needs of the family. As much help as possible is given before the baby is born (individual health visitor caseloads are purposely kept small), so that the new mother is well prepared and supported.

The mother is visited every week until the baby is eight weeks old and then each month until the baby is nine months. The health visitors encounter domestic violence, poor housing, mental health problems and poor family contact. Sure Start,

Barnardos and other community initiatives also connect to the New Parent Project.

Young mothers learn about the impact of the baby's early environmental experiences, how babies develop emotionally and how they can interact with their baby. Young and inexperienced mothers have reacted with delight when they learn about skin contact and how their baby searches for their face. The benefits of breastfeeding are explained and using the television as a baby sitter is discouraged as babies need to focus on something static.

The health visitors are flexible in their approaches and are available in the evenings should the mothers be attending school or college. Being convenient to the clients is considered to be essential by this special health visiting service. Previously young women were having their babies without participating in any antenatal classes, so the health visitors now work with the community midwives to arrange small, casual and rewarding classes – designed specifically for them!

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Define UK, national and local responsibilities

- Registered nursing, including health visiting identity and roles must remain visible and consistent within the boundaries of each UK nation, as appropriate to the health context and organisational structure of the separate administrations. Each national health department must develop an agreed framework of broad national nursing and health visiting roles to meet future need that can be supported by the provision of their national educational organisations. These roles, however they evolve nationally, must be sufficiently consistent with developments elsewhere, and aligned to the UK's Modernising Nursing Careers programme, to enable UK-wide recognition and regulation of community nurses by the Nursing and Midwifery Council, compliance with EU regulations and a flexible nursing labour market.
- The UK Modernising Nursing Careers programme has developed a number of work streams including advanced practice. This work was led in Scotland and made clear recommendations around the levels and scope of advanced practice. The NMC are currently investigating and undertaking scoping of advanced practice and the RCN looks forward to the outcome of this as applied to roles such as health visiting.
- The RCN believes that health visitor education and practice should be recognised as a higher level of practice requiring specialist education preparation at Masters level (in recognition that pre-registration nurse education will be at Degree level) and, in keeping with the current NMC regulation, continue to be a registered qualification with the NMC. However, the RCN recognises that there has been an announcement of a review of part three of the NMC register and support a review of the current curriculum to ensure that future health visitor graduates are prepared at a higher level of practice that is fit for purpose.
- Health visiting services must be planned with the needs of users, not providers, at their heart. This includes ensuring all reforms focus on quality of care, and child and family outcomes. Local health organisations within each nation must be responsible for determining the registered and non-registered skill mix and structure of health visiting teams according to the profile of local health needs. However, this must be done within the parameters of agreed national role frameworks and the statements set out in *Pillars of the community* (RCN, 2010).
- Robust workforce planning processes must be in place at both local and national levels to ensure the ongoing sustainability of the health visiting and health care assistant workforce in each nation.

Health visiting teams in Hillingdon, England

Faced with one of the largest financial deficits in England during 2006–2008, Hillingdon Primary Care Trust decided not to cut its children's services but to expand teams to achieve improved outcomes.

A new skill mix was developed which resulted in the appointment of a registered nurse and health visitor co-ordinator to develop the role.

Hillingdon appointed another 12 registered nurses, three of whom have been seconded to the health visitor specialist programme and the guarantee of a health visitor post on qualification. The role of the registered nurse working under the supervision of a health visitor team leader includes participation in:

- child health clinics
- supporting families
- delivering group work.

Health visitor team leaders were given management and leadership training and specialist health visitor posts were developed to work on:

- teenage pregnancy
- substance misuse
- domestic violence
- maternal/infant mental health
- homelessness
- infant feeding
- haemoglobinopathy counselling.

Parenting

The number of nursery nurses was increased and the role developed to meet the requirements of *Healthy lives, brighter futures* (DH, 2009b). At the same time health visitor assistants were recruited to help with administration.

In 2008 health visitor morale in Hillingdon was poor but now staff are more engaged and enthusiastic to further develop the health visitor service and successfully embed the new skill mix of the teams.

Support a family-centred team approach

- Community nursing careers, and the teams in which community nurses including health visitors work, should broadly evolve within two fields - one focused on children, young people and families, the other focused on adults and older adults – to provide appropriately focused support to generalist health services, such as general practice, out-of-hours services or integrated health and social services teams. This is essential to take account of the particular skills needed to work effectively and safely with the increasingly complex needs of distinct age groups in the community and provide high-quality services throughout an individual's care pathway.
- All community health services must demonstrate that their transition arrangements support all individuals in receipt of nursing and health visiting services to move seamlessly from a child, young people and family team to an adult team, without loss of quality of service.
- Effective integration of care will be achieved by ensuring that health visitors work closely with school nurses, social services, community groups, integrated teams and other specialist nurses who support children's mental and physical health in the community.
- Health visiting services must be responsive to the full scope of a family's health needs. As such, all community nursing teams must have access to the full range of physical and mental health nursing capacity and capability needed to deliver holistic health care services to the local community.
- Health visitors must work across multi-agency and multi-disciplinary teams and local health organisations must pay sufficient attention to the support a family-centred team approach.
- Health visitors should deliver services that promote health and wellbeing including positive parenting. Care plans must be developed in partnership with families and carers, identifying needs and strengths and acknowledging difference and diversity.

Early years team for homeless children, Cardiff

The early years team for homeless children was established in Cardiff in 2007. It is a wonderful example of successful partnership working and integrates the work of specialist health visitors, nursery nurses, play workers and the specialist home liaison officer from Parent Plus.

During 2010, 175 homeless families, living in hostels were assessed by health visitors who then made various referrals to other members of the team. Support was given on nutrition, language, toilet training, dental health and the use of dummies and bottles. Play sessions and trips for parents were arranged.

This work aims to reduce the many child protection problems associated with homelessness and has

resulted in families enjoying a range of activities that support healthy child development.

Parents are signposted to college courses and other community play sessions. Stay and play sessions have successfully engaged parents in their approaches to behaviour management and Parent Plus has received positive feedback from families.

'It helped me bring routine into family life.'

'I understand how my child develops.'

'I have been helped to deal with my children's behaviour.'

'I feel better about spending time with my children.'

'The advice I have received has changed my outlook.'

'I now feel that I am in control.'

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Embed health visiting expertise

- The availability of health visiting expertise, including the skills of Specialist, Advanced and Consultant Practitioners² is essential to all teams if local health needs are to be met. The locally-determined skill mix of any team must promote the role of experienced health visitors with expert knowledge appropriate to the community profile.
- A commitment to invest in adequate numbers of appropriate health visiting nurse educators in our higher education institutions, and of practice educators across all health and social care settings, must be made to support the ongoing development of expertise across the health visiting workforce.
- Clinical accountability for health visiting caseloads, and supervision of the health visiting workforce, must be provided by

appropriate practitioners with the required skills and expertise. The RCN believes that as a significant part of the Health Visitors role is working with vulnerable families and safeguarding. It is essential that those who provide health visiting supervision are trained to provide this specialist supervision (RCPCH, 2010).

- Health visitors must retain responsibility for the delegation and supervision of the health care interventions delivered by registered community staff nurses, health care assistants and nursery nurses in the team providing health visiting services to 0-5 year olds.
- Health visitors are in a prime position to co-ordinate the supervision of those health practitioners who work with vulnerable and at-risk children and families.

Triple P Positive Parenting Programme in Orkney

The Triple P Positive Parenting Programme was awarded a special commendation by the Scottish Social Services Council at the 2009 Care Accolades. Further recognition was made by Her Majesty's Inspectorate of Education in their report on services to protect children and young people in Orkney.

This health visiting and school nursing programme aims to bring parenting skills to the families living in Orkney, by providing 'learning to be a parent' opportunities through a number of agencies.

Triple PPP is delivered to the parents of children from birth to 12 years old, Stepping Stones is available to the parents with a child who needs additional support and an Enhanced programme is for parents who need intensive 1:1 support.

Triple P aims to:

- promote the health of families by enhancing parental knowledge, skills and confidence
- promote the development of non violent, protective and nurturing environments for children
- promote the development of growth, health and social competences of children and young people
- reduce the incidence of child abuse, mental illness, behavioural problems and delinquency
- enhance the competence, resourcefulness and self sufficiency of parents.

Feedback from parents has complimented the service:

'It was great to learn of the new strategies for teenagers.'

'Many thanks, seeing other parents with the same issues helped me see that we are normal.'

'Sometimes life is hard but fairness and confidence are always needed when helping your kids grow.'

² All references in this document to levels of community nursing specifically follow the definitions used in the Skills for Health Careers Framework. For further information see: <http://www.skillsforhealth.org.uk/workforce-design-development/workforce-design-and-planning/tools-and-methodologies/career-frameworks.aspx>

Develop leadership capacity

- Strong, visible and influential health visiting leadership is needed to plan and manage change and to ensure the safe and effective practice of frontline health visitors, registered community staff nurses, nursery nurses and health care assistants. To secure a robust future for early years services, health visiting leadership must be developed, expanded and financially supported as a first step in implementing reform. Much can be learnt here from the acute ward sister/senior charge nurse developments where learning programmes have been put in place to support the development of ward leadership in a structured and supported way across the UK nations. In some areas these leadership programmes have been adapted for use with community based clinical leaders. This includes the authority to make decisions and take on the leadership role for a team or service, as well as leading innovations, influencing service commissioning and planning decisions and the ability to challenge the status quo.
- Health visiting leaders, alongside other community nursing leaders must be formally enabled to engage and influence decisions at board level within their local health organisation and commissioning/service planning structures. Where local structures allow, this should include holding executive level seats on boards or mechanisms whereby they are able to clearly influence strategic decision-making.
- Regardless of how primary and community care services may develop across the UK, community nurses (including health visitors) must be offered all opportunities in the future to take a clinical, managerial and contractual lead in the delivery of services. Health visitor roles must therefore feature in all discussions about future community service developments, along with all other community nurses.

Health visiting on the Beacon Estate in Falmouth, Cornwall during the 1990s

This estate scored highly on deprivation measures in the early 1990s and its people lived in a climate of deep despair. The normal health visiting service could not possibly meet the demands as crime and vandalism were rampant, with far too many child protection registrations and large-scale health problems, such as postnatal depression and asthma.

The two allotted health visitors were certain that the community had the strengths to lead positive change, if given the appropriate support from front line services like the police and the local authority. A residents' association was set up and the authorities promised to listen to the many concerns raised by the residents.

In 1995 the Beacon Community Regeneration Partnership started to tackle the many problems that blighted the estate.

In 1999 an audit revealed dramatic improvements:

- crime rate down by 50 per cent
- 900 properties were installed with central heating
- unemployment down by 71 per cent
- postnatal depression down 70 per cent
- number of children on the child protection register down 60 per cent
- childhood asthma down 50 per cent
- education: 10/11 year old boys SATs scores improved 100 per cent, girls 25 per cent.

The Beacon partnership is still going strong and has itself generated over a £1 million for further improvements. Health outcomes continue to improve and in 2004 not one teenager became pregnant.

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Improve services

- Health visiting services, and investment in early years health care, must be based on the best understanding of what works well. Health visitors must have increased

opportunities to share good practice, and to lead or contribute to research and robust evaluation to ensure ongoing improvement of services. This is true whether working at the frontline or pursuing a clinical academic career.

PATCHWORK, Edinburgh

Patchwork is held in a library and open to 'all'. The project is shared between different general practices and makes the most of skill mix opportunities, e.g. the nursery nurse is the mainstay of the breastfeeding and baby massage café and the health visitor participates regularly.

The health visitors from four general practices share the work of the library sessions and the nursery nurse makes a valuable contribution to the skills and knowledge of the team.

The sessions are informal and fun and the mothers look forward to taking part in them. Experienced mothers are able to share their learning and new confidence with the mothers attending for the first time.

Feedback has been overwhelmingly positive:

'The link from the ante natal class to patchwork was fantastic.'

'The 1:1 support was invaluable.'

'I had no idea what to expect but I felt privileged to receive this service without stigma.'

'I look forward to the sessions and now that I am one of the older mothers in the group I am able to help other mothers who are breastfeeding for the first time.'

'I am always recommending the group to others.'

Create a positive career choice

- Given that the health visiting role is widely accepted by the general public and remains a critical part of NHS health care provision. The RCN is calling for the title 'health visitor' to be used by those on part three of the NMC register working in a public health role with the under fives in growth and development, primary prevention, health promotion, monitoring and safeguarding.
- Health visiting must be re-invigorated as an exciting career choice for nurses by providing flexible post-graduate education programmes in line with the Modernising Nursing Careers programme, which are adequately funded by health organisations and national governments, including sufficient resource to provide appropriate backfill.
- Opportunities for professional development must be available throughout a career in the community to ensure the highest quality of early years health service.
- Changes to pre-registration nurse education mean that newly qualified nurses are now fully equipped to take their place in community

teams as soon as they are registered. In addition they have a greater grounding in public health issues. As such, increased opportunities for staff nurses in the community must now be made available to ensure a robust future for early years services and health visiting, with an appropriate programme of enhanced mentorship (NMC, 2008) and experiences across teams made available to all newly qualified nurses in the community with a view to entering specialist practice and a health visitor education.

- Children's nurses and mental health nurses have transferable specialist skills highly relevant to participate in the provision of health visiting services. Nurses who have developed a career within the acute sector should be supported to make the transition to the community by the provision of appropriate education and mentorship to ensure they remain within the scope of their practice.
- Health visitors must be assured of fair and equitable terms and conditions of employment, whoever they are employed by.

Health visitor for the travelling community in Belfast

The travelling family has been described as the most disadvantaged and socially excluded group in Northern Ireland (DHSSPS, 2002).

The community of Irish Travellers who live in Belfast continue to experience lower levels of health than the settled community. A designated health visitor now works closely with this deprived and disadvantaged community to help improve the uptake of and access to health services.

The aims of the health visiting service include:

- the improved health and well being of travellers
- the improved uptake of services
- the improved uptake of immunisation and vaccination programmes
- the improved advocacy for travellers, so that their experience of health services is better.

Evaluation of this health visiting service has demonstrated:

- that more travelling families are now registered with a general and dental practice
- improved immunisation and vaccination rates
- increased attendance at family planning and sexual health screening services.

Ensure appropriate resourcing

- Health visitors, and the wider team in which they work, must be provided with the resources and infrastructure they need to provide effective and cost-efficient services. This includes access to appropriate IT, premises and administrative support.
- Health visitors must be involved in the development of the structure and

content of electronic child and family records/ assessments to ensure they are appropriate to the interventions of health visiting teams.

- Substantial investment must be made into eHealth and telehealth advances to ensure future service demand can be met within available resource.

Specialist health visitor for children with disabilities, Lincoln

This service focuses predominantly on children who have been diagnosed with autism. It includes seeking out such children and having face-to-face contact with parents and putting in strategies that aim to manage the child's behaviour. Parents are encouraged to engage with other local sources of help, e.g. children's centres for the under-fives and local authority parent support advisers.

The health visitor and clinical psychologist set up a parents support group, which provides activities during the school holidays and arranges international autism expert visitors to speak at local events. Telephone and email support is on hand and lobbying also takes place on issues that might affect children with autism.

This health visitor is currently part of a working group that is developing a gold standard autism pathway that aims to provide the very best of care to children with this disorder.

Concluding statement

Health Visitors play a crucial role in supporting babies, young children and their families. This is acknowledged across the UK with the focus on expanding the health visiting workforce. Health visiting interventions, when well planned and co-ordinated, reduce problems in later childhood, promote self-care and resilience in communities, and prevent ill health occurring in the first place.

Health service reforms and organisational change are creating uncertainty at the current time. In amongst this backdrop the Royal College of Nursing's UK position on health visiting in the early years encompasses numerous case studies and exemplars of innovative practice. We are keen to hear further the views of our members and stakeholder groups about how health visiting services are being developed across the country. Please email Fiona Smith, Adviser in Children and Young People's Nursing, fiona.smith@rcn.org.uk

The RCN's UK position on health visiting in the early years

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