

Health visiting

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Introduction

This briefing summarises NICE's recommendations for local authorities and partner organisations on health visiting. This briefing is particularly relevant to health and wellbeing boards and those responsible for commissioning the [Healthy Child Programme](#) for pregnancy and the first 5 years of life.

Health visiting teams lead and deliver the Department of Health's Healthy Child Programme (an early intervention and prevention public health programme) for all children aged 0–5.

Health visitors are highly trained specialist community public health nurses. The wider health visiting team may also include nursery nurses, healthcare assistants and other specialist health professionals. Health visitors also work in close partnership with midwives who have an important role to play before birth and in the first days of life. The Healthy Child Programme goes on to cover those aged 5–19, and health visitors work with school nurses who are key to delivering the programme for this age group.

From October 2015, local authorities will build on current co-commissioning arrangements and take over full responsibility from NHS England for commissioning public health services for children up to the age of 5 ([Giving all children a healthy start in life](#) Department of Health and Department for Education 2014).

Local authorities will need to evaluate the current service landscape, decide on the specific role that health visiting will play and how this service may integrate with other relevant local services to improve and protect the health of young people and ensure that local families thrive. Local

authorities will also need to ensure commissioning for children aged 0–5 is joined up with commissioning for those aged 5–19, so that the needs of everyone aged 0–19 are comprehensively addressed.

The purpose of this briefing is to highlight NICE public health recommendations on health visiting that:

- can help local authorities to improve the effectiveness of public health services commissioned to promote and protect the health and wellbeing of and reduce health inequalities among children aged 0–5 and their families
- may support those responsible for delivering the Healthy Child Programme, including members of the health visiting team.

Key messages

- Local authorities have a responsibility to promote and protect health, tackle the causes of ill-health and reduce health inequalities ([Local government's new public health functions](#) Department of Health 2011). Commissioning high-quality public health services for those aged 0–5 (as part of the Healthy Child Programme) can help to achieve this.
- NICE has produced guidance of direct relevance to each service level of the Healthy Child Programme. By implementing these guidelines, local authorities can ensure that an effective and cost effective health visiting service is delivered that acts as a key public health resource and can also help to achieve indicators in the Department of Health's [Public health outcomes framework for England, 2013 to 2016](#), across all 4 domains. For example, 'school readiness' (Domain 1), 'child development at 2–2 1/2 years' (Domain 2), 'population vaccination coverage' (Domain 3) and 'infant mortality' (Domain 4).
- Health visiting teams provide expert advice, support and interventions to all families with children in the first years of life ([National health visiting service specification 2014/15](#) NHS England 2014). They are uniquely placed to identify the needs of individual children, parents and families (including safeguarding needs) and refer or direct them to existing local services, thereby promoting early intervention. They can also have a role in community asset mapping, identifying whether a particular community has any specific needs. By offering support through working in partnership with other professionals, for example staff working in children's centres, they can help communities to help themselves.

- Experiences during the early years of childhood (including before birth) have lifelong effects on health and wellbeing; giving each child the best start in life and keeping them safe is essential ([Fair society, healthy lives](#) The Marmot Review 2010). The benefits of interventions during the early years of childhood (including before birth) are realised both in the short-term and over the entire life course of children.
- The [Healthy Child Programme](#) is offered to all families. Core elements include health and development reviews, screening, immunisations, promotion of social and emotional development, support for parenting, and effective promotion of health and behaviour change (for both mothers and fathers). It provides significant opportunities for highly skilled professionals to identify and deliver appropriate interventions to those with specific needs (including, in some families, safeguarding needs). Such a service can inform the joint strategic needs assessment for children, reduce inequalities and promote health and wellbeing for **all** children ('National health visiting service specification 2014/15').

The National Institute for Health and Care Excellence (NICE) is an independent organisation providing guidance and advice to improve health and social care.

For further information on how to use this briefing and how it was developed, see [About this briefing](#).

What can local authorities achieve by commissioning high quality health visiting services?

Build resilience and reduce costs in later life

What happens early in a baby's life, including in the first few weeks, affects its development and future outcomes ([A framework for personalised care and population health for nurses, midwives, health visitors and allied health professionals](#) Department of Health and Public Health England 2014). How the baby's parents make the transition to their new role also has an effect ([Chief Medical Officer's annual report 2012: our children deserve better: prevention pays](#) Department of Health 2013).

Health visiting is a universal service. Because it is valued and accepted by parents it offers an opportunity to give support and advice to parents and promote positive parenting, emotional attachment and bonding ([National health visiting service specification 2014/15](#) NHS England 2014). Inequalities in access to services can also be reduced and potential safeguarding risks

identified because all families receive this service and can then be referred or signposted on to other services.

Identify families with additional needs and provide support

Where families are identified to be potentially vulnerable and at risk of poorer outcomes, additional levels of support proportionate to the level of need can be provided (called the Universal Plus and Universal Partnership Plus Offer within the Healthy Child Programme) ('National health visiting service specification 2014/15'). In some areas, the Family Nurse Partnership is available. This is a programme aimed at families in which the mother is aged 19 or under, which aims to provide intensive support through regular, structured home visits ([Family Nurse Partnership 2014](#)).

Health visitors can identify issues such as poor maternal mental health, which means children are at an increased risk of poorer social, emotional and educational outcomes ([Postpartum depression: literature review of risk factors and interventions](#) World Health Organization 2003). These have significant costs throughout life, for example, because of conduct disorders, social care needs, use of child and adolescent mental health services and unemployment.

Improve wider factors which affect health and wellbeing

It is well known that education, along with other factors such as housing, is an important determinant of health throughout life. It is important that at age 5 children are ready to start school life. Children who are behind in their development at this age are more likely to be disadvantaged by sustained academic underachievement ([The early years: foundations for life, health and learning](#) Department for Education 2011). Some children are at increased risk of such disadvantage. For example, children looked after by the state (including in residential and foster care, young offender or other secure institutions or with family members) are at increased risk ([Children in care in England: statistics](#) UK Parliament 2012).

Health visitors skilled at assessing child development are ideally placed to proactively identify problems and support families and carers in promoting school readiness of all children. For example, as part of the Department of Health's [Healthy Child Programme](#), all children are reviewed at 2–2 1/2 years to assess and advise on any concerns about social, emotional, behavioural and language development. They can then be referred to other services (for example speech and language therapy, child and adolescent mental health services) if needed.

Reduce numbers of children dying prematurely and living with preventable harm and ill health

The number of deaths in children under 1 (infant mortality) has declined significantly in recent years; yet many preventable deaths still occur ([Child mortality statistics: childhood, infant and perinatal, 2012](#) Office for National Statistics 2014). A number of factors affect risk of infant mortality and contribute to health inequalities. These include poverty and housing quality as well as maternal smoking and obesity and teenage pregnancy ([Tackling health inequalities in infant and maternal health outcomes](#) Department of Health 2010).

Two causes of premature deaths and illness are unintentional injuries and less commonly, infectious disease ('Chief Medical Officer's annual report 2012: our children deserve better: prevention pays'). Health visitors have an important role to play in educating families on assessing and maximising their home safety and working with other agencies (for example the fire and rescue service) to prevent unintentional injuries. They can also help improve local uptake rates of immunisations to reduce the occurrence of vaccine-preventable illness. They can also be instrumental in safeguarding children from harm within the home (such as maltreatment and neglect), allowing early identification and intervention for those at risk.

Support people to live healthy lifestyles and make healthy choices

A child's diet during the early years is known to affect growth, development and general health. Health visitors may offer dietary advice, not just during home visits and formal clinics but also opportunistically, for example at local children's centres. Health visitors can help to increase local breastfeeding rates by providing advice, support and encouragement to families (including during antenatal visits) and also by providing effective and well-placed leadership for coordination of local breastfeeding services ('National health visiting service specification 2014/15') and development of breastfeeding-friendly venues.

Through regular contact and with appropriate training, health visitors can influence mothers, fathers and family members to develop healthy behaviours (including increasing physical activity and maintaining a healthy weight) associated with improved wellbeing. In addition, health visitors can encourage greater physical activity among children by providing relevant information to families and working with partners to develop greater opportunities to be physically active within

the local area. This could include for example, safer play areas and groups promoting active play.

Maternal and paternal smoking is known to be detrimental, not just to the parents but also to the children in that household ([Passive smoking and children](#) Royal College of Physicians 2010). Health visitors can offer advice and support to encourage parents to stop smoking.

What NICE says

NICE recommendations

This section highlights the type of activities that NICE's recommendations on health visiting published up to July 2014 cover. The themes presented are consistent with the Department of Health's 6 early years high impact areas ([Commissioning of public health services for children](#) Department of Health 2014). Those with responsibility for directly commissioning, managing or providing services are advised to read the recommendations in full by following the hyperlinks.

Following NICE's recommendations on health visiting will help you make the best and most efficient use of resources to improve the health of people in your area.

Recommendations

To see NICE recommendations for local authorities and other bodies involved with commissioning or delivering health visiting services follow the links below to NICE's pathways. The examples below are not exhaustive but illustrate the range and type of support that health visiting teams can offer.

Preparing people for parenthood and supporting families in the early weeks after birth

NICE's pathway on [Postnatal care](#) includes recommendations on how every contact can be used by health visitors to assess and promote emotional attachment between the parents and their baby.

The NICE pathway on 'Social and emotional wellbeing for children and young people' includes recommendations on how the social and emotional wellbeing of vulnerable children younger than

5 can be supported through home visiting by [developing trusting relationships with vulnerable families](#) and responding to their needs and concerns. It sets out how health visitors can try to involve other family members, encourage participation in other services and work in partnership with other early years practitioners to ensure families receive coordinated support through [antenatal and postnatal home visiting for vulnerable children and their families](#).

Promoting and supporting breastfeeding

The NICE pathway on 'Maternal and child nutrition' includes recommendations on how health visitors should ensure pregnant women and their partners are offered support and [advice about breast feeding](#). It includes recommendations on training for health visitors on [advice and care for women who may become pregnant, are pregnant or breastfeeding](#). It also includes recommendations on how health visitors should ensure breastfeeding women most at risk of vitamin D deficiency follow advice about [dietary supplements](#).

Maintaining a healthy weight among families: improving diet and increasing physical activity

The NICE pathway on 'Maternal and child nutrition' includes recommendations on [support and advice about children's diet for parents and carers](#) that health visitors can offer to families, encouraging them to introduce nutritious foods from 6 months, make home-prepared foods, give appropriate vitamin supplements and set a good example by the food choices they make for themselves. It also includes recommendations on [weighing infants](#), how health visitors can encourage a diet that promotes [children's oral health](#) as well as [interventions and advice for women with a BMI of over 30 who are planning a pregnancy, are pregnant or breastfeeding, or who have had a baby](#).

NICE's pathway on 'Physical activity' includes recommendations on how health visitors should identify adults not currently meeting UK physical activity guidelines and deliver [brief advice for adults in primary care](#).

Reducing unnecessary hospital admissions

The NICE pathway on 'Health problems in women and babies in postnatal care' includes recommendations on how the health visitor can facilitate the health and wellbeing of babies and advise when further medical assessment is needed when there are [health problems in babies](#).

Recommendations on integrating home safety into home visits by GPs, midwives and health visitors are included in NICE's pathway on 'Unintentional injuries among under-15s'.

NICE's pathway on 'When to suspect child maltreatment' includes recommendations about good practice if alerting features are found, which outline the actions health visitors should take if child maltreatment is suspected.

NICE's pathway on 'Immunisation for children and young people' includes recommendations on working with children and young people who may not be fully immunised.

NICE's pathway on 'Smoking cessation in maternity services' includes recommendations for health practitioners (including dentists and pharmacists) who advise on or prescribe drugs to women to help them quit smoking before, during and after pregnancy, which outlines support that should be given to women who are pregnant or planning a pregnancy and their partners.

Supporting maternal mental wellbeing

NICE's pathway on 'Social and emotional wellbeing for children and young people' includes recommendations on identifying the strengths and capabilities of families and how to respond to concerns and identify possible risk factors by developing a trusting relationship with vulnerable children and their families.

NICE's pathway on 'Postnatal care' includes recommendations on how postnatal care delivered by health visitors during every contact, the first week and the first 2–8 weeks can promote maternal mental wellbeing, prevent maternal mental ill health and provide support and information for fathers. It also sets out how health professionals can identify and assess common health problems in women. NICE's pathway on 'Postnatal care' includes recommendations on the prediction of mental disorders, detection of mental disorders and referral and initial care.

The NICE pathway on 'Antenatal and postnatal mental health' includes recommendations on providing and using information effectively, including developing a trusting relationship with a mother's partner, family and carers and discussing their level of involvement and the support they offer. It also has recommendations on supporting families and carers.

NICE's pathway on 'Domestic violence and abuse' includes recommendations on providing specific training for health and social care professionals in how to respond to domestic violence and abuse and how to identify those at risk.

Improving school readiness: health and wellbeing at age 2

NICE's pathway on 'Social and emotional wellbeing for children and young people' includes recommendations on how, when [commissioning universal and targeted services](#), health and wellbeing boards should ensure the social and emotional wellbeing of vulnerable children features in the 'Health and wellbeing strategy', as one of the most effective ways of addressing health inequalities. It also sets out how [assessing social and emotional wellbeing](#) should be part of the joint strategic needs assessment.

The NICE pathway on 'Looked-after babies, children and young people' includes recommendations on improving the quality of life for looked-after children and young people by [commissioning services](#) informed by their needs. It also outlines how health visitors should go about [assessing health needs](#) of all looked-after children and young people (including their physical, emotional and mental health needs).

Examples of practice

Examples of how NICE's advice on health visiting has been put into practice can be found in our [shared learning database](#). They include:

- [Implementing and evaluating training for health visiting teams as part of the UNICEF UK Baby Friendly Initiative Community award](#)
- [Systematic and integrated peer support service for breastfeeding mothers in Blackpool](#)
- [Knowledge of 5 key NICE clinical guidelines relevant to health visiting and school nursing practice](#)
- [Increasing Healthy Start vitamin uptake](#)
- [Sefton Maternal Mental Health](#)

Note that the examples of practice included in this database aim to share learning among local organisations. They do not replace the guideline.

Costs and savings

Effectively using health visiting to improve the health and wellbeing of children aged 0–5 can lead to the following costs and savings.

- There is evidence that the costs of the Family Nurse Partnership programme, which provides intensive support to young, first-time mothers and their babies, are recovered by the age of 12. In the highest risk families, these costs are recovered by the age of 4 ([Research and development Family Nurse Partnership 2014](#)).
- It costs an estimated £1700 per parent to deliver a completed Parenting Early Intervention Programme. Of the parents who take part, 79% show improvements in mental wellbeing and the numbers of parents reporting that their child had serious conduct problems fell from 59 to 40% ([Parenting early intervention programme evaluation](#) Department for Education 2011).
- Breastfeeding reduces the risk of childhood illnesses. If breastfeeding rates increased so that 45% of women exclusively breastfed for 4 months, and 75% of babies were breastfed at discharge from hospital, it has been estimated that more than £17 million in treatment costs could be saved in the UK each year ([Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK](#) Unicef 2012).
- The short-term health costs of treating a severe injury has been estimated to be around £2500 to £14000; for long-term societal costs of a traumatic brain injury this figure was around £1.43 to 4.95 million ([Chief Medical Officer's annual report 2012: our children deserve better: prevention pays](#) Department of Health 2013).

Facts and figures

Below are other facts and figures on health visiting:

- There were over 10,000 health visitors in England in 2013 with a further 2000 in training ([Monthly NHS hospital and community health service workforce statistics in England – February 2013, provisional statistics](#) Health and Social Care Information Centre 2013; [Health visitor numbers](#) Department of Health 2013).
- In 2012/13, around 74% of babies were breastfed at birth but by 6 to 8 weeks after birth only 47% were breastfed ([Breastfeeding initiation and prevalence at 6 to 8 weeks](#) NHS England 2014).

- At least 94% of children at their first birthday in England are vaccinated against preventable infectious diseases according to the routine immunisation schedule ([Health protection report volume 8 number 12](#) Public Health England 2014).
- Estimates vary but postpartum depression is thought to affect at least 1 in 10 mothers ([Depression – antenatal and postnatal](#) NICE clinical knowledge summary 2013).
- In 2012/13, the proportion of children for whom a 'good level of development' was achieved in the early years foundation stage profile (the end of the academic year in which the child turns 5) was 36% for those eligible for free school meals and 55% for all other pupils ([EYFSP Impact Indicator 27a](#) Department for Education 2014).

Support for planning, review and scrutiny

Local authority scrutiny activities can add value to strategies and actions to improve the public's health. Effective scrutiny can help identify local health needs and check whether local authorities are working in partnership with other organisations to tackle the wider determinants of health. NICE guidelines and briefings provide a useful starting point, by suggesting useful 'questions to ask' during the scrutiny process.

A range of other support tools are available on the [Centre for Public Scrutiny](#) website and via [Into practice](#) on our website.

Other useful resources and advice

The following resources produced by other organisations may also be useful:

- Department of Health and Public Health England's [Maximising the school nursing team contribution to the public health of school-aged children](#)
- The Child and Maternal Health Intelligence Network's [Child health profiles](#)
- The Department of Health's [Health visitor implementation plan 2011 to 2015](#)
- The Department of Work and Pensions' [Helping families thrive: lessons learned from the child poverty pilot programme](#)
- HM Government's [Early intervention: the next steps](#)

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- NHS England and Public Health England's [Guide to the early years profiles](#) to support interpretation and use of early years profiles data
 - The Department of Health's [Factsheet: Commissioning the national Healthy Child Programme](#)

About this briefing

This briefing is based on NICE guidance published up to July 2014 relating to health visiting (see the [NICE website](#) for details of published briefings and briefings in development). It was written with advice from NICE's Local Government Reference Group, information from Public Health England, the Department of Health and the Institute of Health Visiting, and using feedback from local authority officers, councillors and directors of public health.

It is for local authority officers and elected members and their partner organisations in the health and voluntary sectors, in particular, those involved with health and wellbeing boards. This includes local authority officers and councillors, directors of public health and commissioners and directors of adult social care and children's services. It will also be relevant to local authority scrutiny activities.

This briefing may be used alongside the local joint strategic needs assessment to review or update the joint health and wellbeing strategy.

This briefing is intended to be used online and it includes hyperlinks to sources of data and further information.

About NICE guidance

NICE guidance offers:

- recommendations based on the best available evidence to help you plan, deliver and evaluate successful programmes
- an objective and authoritative summary of the research and evidence, reviewed by independent experts from a range of backgrounds and disciplines
- an assessment of the effectiveness and cost effectiveness of public health interventions.

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