THE IMPORTANCE FOR SCOTLAND OF HEALTH VISITING IN THE EARLY YEARS

Summary
Health visitors make a significant contribution to the health and wellbeing of families and local communities across Scotland. The forthcoming Children and Young People Bill is an opportunity to reaffirm Scotland’s commitment to health visiting as a vital preventative service in the early years and we recommend that the following be included within the Bill:

- An explicit commitment, either in the Bill itself or in associated regulation, that the Named Person (following on from maternity services) for under 5s is a health visitor in line with the Getting It Right For Every Child (GIRFEC) framework.

- A new statutory entitlement to universal services from health visiting teams for all under-fives.

Key messages
1. The title ‘health visitor’ should be reintroduced by the Scottish Government, health boards and universities across Scotland as the job title for all qualified specialist public health nurses who work with the under fives.

2. The Scottish Government must fund NHS Education for Scotland to commission health visiting education programmes.

3. The Scottish Government must commit to the development of a process for determining optimal caseload numbers for health visiting teams with regular processes for review and adjustment, taking into account clinical weighting, continuity of care, the effective implementation of Getting It Right For Every Child (GIRFEC)/Named Person, deprivation, geography and skill mix, and must hold health boards to account for delivering this.

4. The Scottish Government must embed health visiting within its 2020 workforce vision and work with health boards and local authorities to ensure that workforce capability and capacity is based on population needs, and includes workforce projections, succession planning and career development.

5. Workforce planning must be based on national workload and workforce planning tools.

6. To deliver a universal health visiting service requires a team of qualified health visitors and other appropriately skilled staff, working within integrated teams, with robust supervision arrangements.

7. Health visiting teams must be supported by IT infrastructure which is fit for purpose.

Background
Evidence shows that parents and families highly value the role of health visitors’ and that they make a significant contribution to the health and wellbeing of families and local communities across Scotland. Often working with registered community staff nurses, health care assistants and nursery nursing colleagues, they are the key professional group who have access to all families.

Health visitors:
- provide support during the antenatal period
- 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 connect them to further sources of support
- monitor and assess the development, 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;
- are key professionals who support children in the transition to school
- work with community groups and social services colleagues to promote health in the early years.

As a result, health visiting interventions, when well planned and co-ordinated:
1. reduce problems in later childhood
2. promote self-care and resilience

3. prevent ill health throughout life

To continue to provide this crucial service, health visiting capacity across Scotland needs to be reviewed, with robust workforce planning processes put in place at both local and national levels to ensure the ongoing sustainability of the health visiting workforce across Scotland, and to plan the necessary workforce based on community need.

Given the age profile of the current workforce and a lack of nurses coming forward to train as health visitors, the profession will become unsustainable unless action is taken now to attract and train new entrants. Specialist training through Higher Education Institutions and in supervised practice is needed to equip existing health visitors for their role. In addition, whilst we give our full support to the Family Nurse Partnership (FNP) in Scotland, we have concerns that, as it expands, we may see a drain in talent from an already-strained universal health visiting service. The clear policy direction around the FNP needs to be embedded within an equally clear policy direction for universal health visiting services.

Significant developments to date
The Scottish Government established the Modernising Nursing in the Community Board in 2010. The children and families sub-group of this board has undertaken significant development work on the future of health visiting and is currently looking at workforce planning. At present, however, it is up to individual health boards to take forward this work locally and we are concerned that this could lead to inequities across health boards.

The consultation on the Children and Young People Bill emphasised the importance of the early years and the need for early intervention. However, the only additional support proposed for the under fives is an additional 125 hours of child care from the age of three. While welcome, this will not address the ambition within the Children’s Summit pledge which opens the consultation document - “to increase the focus on early intervention and early years in our service provision”. The best way to fulfil this pledge is to increase access to universal health visiting services.

We are also concerned that there must be clear linkage between this Bill and the proposals contained within the forthcoming Integration of Adult Health and Social Care Bill. The legislation which addresses health and local authority integration for adults should be the same as that for children. Currently, the proposed way forward allows for two parallel ‘integrated’ systems - one designed for adults and older adults, the other for children and young people. There is significant potential for inconsistencies and complications between separate public sector structures and governance systems within the same locality.

The Children and Young People Bill should prioritise prevention at a time when health visitors on the ground are experiencing a high degree of pressure to focus on complex child protection cases. We therefore welcome the emphasis on early intervention at the heart of the proposals, but we believe that enshrining children’s rights to early years support from health visiting within the Bill is the only way to ensure that universal preventative care is provided at a time of financial constraint.

The above recommendation is in line with the priorities of the Scottish Draft Budget 2013-14 which is clear about the importance of early intervention, which can only happen as a result of universal screening and assessment: “Evidence shows, for example, that a failure to intervene effectively to address the complex needs in the early years of an individual’s life can result in a nine-fold increase in direct public costs over the long term, when compared with an individual who accesses only universal services”.

Summary
Whilst we welcome the emphasis on the importance of the early years and early intervention, the specific Bill proposals do not reflect this. It is our view that health visiting services are central to delivering on the early years’ agenda and we would like to see this effectively reflected within the forthcoming Children and Young People Bill.

Contact details
Kelsie Pettit, Parliamentary and Media Officer, RCN Scotland
E: kelsie.lee.pettit@rcn.org.uk
T: 0131 662 6172

2 http://www.rcn.org.uk/__data/assets/pdf_file/0006/487428/18_Apr_Family_Nurse_Partnerships.pdf#FNPs

3 http://www.scotland.gov.uk/Publications/2012/09/7829/2
This briefing is endorsed by: