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**Reflecting on the past,
building for the future**

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National Nursing
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**Health visitor programme
Brighton Polytechnic 1980-81**

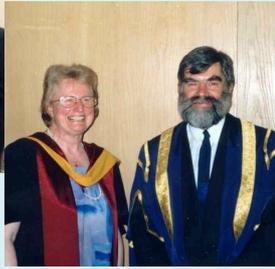


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Doctorate – Brighton 1991



**Professor King's 1997
Inaugural lecture**



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**Programme of research to
support the 'Call to Action'**

- Three papers later in conference
 - Sessions 2a, 2b, 11a
- First project report in final review process, two nearing completion (Dec 2012)
- "Why Health Visiting?" – A scoping study and narrative review of the literature

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Looking back to go forward

Health visiting practice, education and research for over 30 years:

- Lessons health visiting
- What will be best for the children, families and communities they serve?
- Where will health visiting be in another 30 years?



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1980s - Golden age?

Education: 'new breed' curriculum, 51 weeks, all age groups

Research: classic studies, social sciences, emerging theory

Practice: Principles, autonomous/seniority, HV managers

Profession: regulated by CETHV → UKCC, legal status

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1980s – Changing age: problems looming

Education: 51 weeks too short, CPD no longer required

Research: reduced link social science/children, families

Practice: grading, managerial age, NHS market, ageing pop'n

Profession: UKCC centralising focus, minimise 'difference'

Education: programme length

Immediate Solution

- Emphasise entry gate
 - Pre-reg nursing
 - Gaining knowledge + experience prior to HV programme
- Reduce required content
 - Concentrate >5years
- Reduce specialist-specific
- Increase optional content
- Abstract standards, not specific to job

But in the long term. . . .

- Even shorter programmes
 - Min 32 weeks (SPQ prog'm 1995-2004)
 - 45 weeks (SCPHN, 2004→present)
- Shared content + fragmentation
- Great variability across country
- Important issues not 'required learning'

Building for the future? Education

'Why health visiting' review recommendation: *Policy-makers and educationalists should work out what changes are needed to current health visitor education, to enable all the necessary content to be encompassed within initial qualifying programmes.*

- Research almost all recommends that more education is needed for health visitors.
- The current 45-week programme is over-full
- All options need to be on the table
 - including a wider entry gate and direct entry degree or Masters programmes

Research

Health visiting research

- Limited funding
 - Labelling issue
- Limited integration with wider programmes
- Nursing, public health and primary care research
 - Ageing population, long-term conditions
- Research about nursing workforce or practice is not readily transferable

Research for practice

- Exponential expansion in wider knowledge base
 - Child development
 - Genetics and neurophysiology
 - Community and social capital
 - Health inequalities
- Programmes and approaches evaluated but connections to health visiting not made

Building for the future? Research

'Why health visiting' review recommendations:
1. *The academic infrastructure for health visiting needs specific support and action to enable it to develop from its current very low base.*
2. *Researchers should use the term 'health visitor' in their projects to aid retrieval and specificity*

- Research about health visiting practice has not kept pace with the dramatic expansion in research about children, families, communities and public health
- Emphasis on outcomes has obscured the 'practice link' – process research to show whether having a health visitor makes a difference

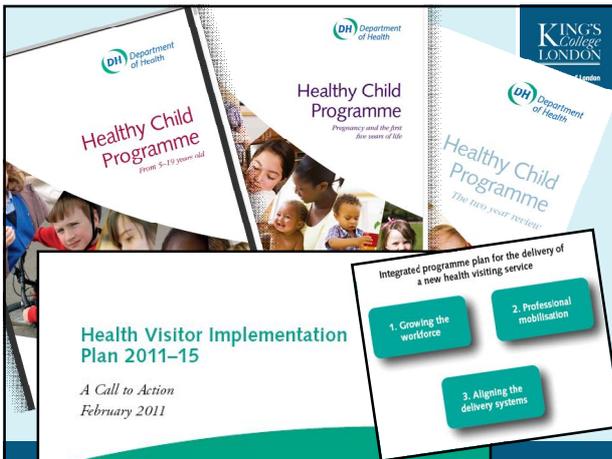
Practice

Managerial age

- NHS market
 - Packages and outcomes
 - Ageing population + long term conditions vs. community + inequalities
 - 'Brand' and competitors
- Power and Control
 - Deprofessionalisation
 - Status and skillmix
 - Discipline
- Systematised approaches

Autonomy and user focus

- Serial activity
 - Knowing and being known
- Relationship-building and partnership working
 - Time and staff levels
- Choice in public health
 - 'conflicting paradigms' continuing debate
 - whose priorities?
- Professional judgement



Building for the future? Practice

Why health visiting' review recommendation:
Managers and commissioners should acknowledge the need for health visiting flexibility in meeting parents' perceived needs.

Professional mobilisation workstream

- "...aims to promote and share the new service vision and family offer with all those who will be essential to its delivery;
 - to promote the profile of health visiting as a career;
 - to strengthen development opportunities for existing staff
- to restore professional autonomy and decision making."

Health Visitor Implementation Plan

A profession for 150 years

- 1862: Salford Ladies' decision to employ a health visitor
- *'It seems hardly necessary to contrast sick nursing with this [health visiting].*
- *The needs of home health require different but not lower qualifications and are more varied.*
- *She [the health visitor] must create a new work and a new profession for women'*
 Florence Nightingale 1891
- 1916 Royal Sanitary Institute (now RSPH) began co-ordinating courses and opened first (voluntary) register)
- 1929 Local Government Act Statutory Rules and Orders (1930 No 69) laid down qualifications for health visitors and tuberculosis workers; later adjustments in Public Health Act 1936 and Education Act and School Health Service Regulation 1959
- 1962 Council for the Education and Training of Health Visitors: 'new breed of health visitors'
- 1979 Nurses, Midwives and Health Visitors Act → UKCC
- 2001 Nursing and Midwifery Order → NMC – health visitor qualification no longer recognised in statute, register closed 2004

Building for the future? A new golden age for the profession?

Health visiting should be regulated in statute and the qualification formally recognised once more
Education, research, practice and profession – all in line!

Huge potential

- Highly supportive policy
- Excellent vision of practice
- New, enthusiastic entrants
- Recognition of need:
 - Early interventions
 - Health inequalities
 - Public health concern

To provide a sound foundation: statutory recognition needed

Building for the future

- What will you be doing 2042?
- Where will health visiting be?