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***What are the key components of health visitor interventions and relationships between the current health visiting service, its processes and outcomes?***

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# Research team at CPHVA 2011

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



## Health Visitor Implementation Plan 2011-15

*A Call to Action*  
*February 2011*

Integrated programme plan for the delivery of a new health visiting service

1. Growing the workforce

2. Professional mobilisation

3. Aligning the delivery systems

# Three projects in programme: Project 1 complete/report submitted

1. Literature review  
Scoping study and Narrative synthesis of health visiting practice

AIMS

Empirical study

Exploring service users' views

Empirical study

Recruitment and retention for health visiting

# 'Why Health Visiting?'

## review of the literature

### Overarching question

- What are the key components of health visitor interventions and relationships between the current health visiting service, its processes and outcomes for children and families?

### Method

- A scoping study and narrative review of the research about health visiting practice to distil information from diverse forms of evidence: 348 papers reviewed in full, after screening title & abstracts of 3000+ papers

## Key findings one

- Analysis 25-30 years research revealed a consistency in health visitors' *orientation to practice*, described as:
  - being salutogenic (health-creating),
  - involving a sense of 'human valuing' (accepting people on their own terms and in their culture) and
  - working with people within their own situation or context (human ecology).
- These find expression through *a triad of core practices*:
  - home visiting,
  - health visitor-client relationship and
  - needs assessments,which all operate together as *a single process*.

# Recommendations

## **e.g. for service**

- health visiting service should be planned and organised as a single, holistic form of provision, centred around the Universal service

## **e.g. for research and researchers**

- research should be carried out to evaluate the quality and acceptability to service users of different skill mix and team working

## Key findings two

- There is evidence of *beneficial outcomes* from health visiting practice, albeit in *specific areas* such as post-natal depression and parenting support, where additional education has been given
- Some trials of early intervention programmes/approaches use methods that are used frequently in health visiting (e.g., Family Partnership Model, home visiting, relationship-centred approaches), with *modest but positive outcomes*

# Recommendations

## e.g. for service

- Approaches showing some evidence of success should be implemented as part of the Universal Plus and Universal Partnership Plus levels of service delivery: recognise that *modest achievements* are worth having!

## e.g. for research and researchers

- Greater collaboration is needed to embed research about health visiting within wider bodies of research

## Key findings three

- Competing expectations on health visitors can create *tensions* that are largely under-acknowledged in the literature e.g. the case of public health imperatives (breastfeeding, immunisation etc) versus tailored and personalised support
- Much of the research indicated a need for health visitors to be better prepared in terms of specific *education and training*

# Recommendations

## **e.g. for service**

- Commissioners should write service targets (Key Performance Indicators) in a way that acknowledges the need for health visiting flexibility in meeting parents' perceived needs.

## **e.g. for education.**

- Educationalists should enable health visitors to recognise and work with ethical and practical tensions in practice, arising from contradictory expectations.

## **e.g. for policy**

- Consideration to the changes needed to current health visitor education, to enable all the necessary content to be encompassed within initial qualifying programmes

# Snapshot of Report

- Two volumes
  - Substantive report: introduction, methods and one chapter for each 'service offer' in HV Implementation Plan (i.e. Community, Universal, Universal Plus, Universal Partnership Plus, Child protection/safeguarding)
  - 250-page volume of appendices including annotated bibliographies of included and excluded papers
- Stand-alone Executive Summary
- Planned 'Policy+' document and research papers

## ALSO

- Two empirical studies due to complete in December 2012
  - User views of service (*presentation next*)
  - Start and stay' – recruitment and retention study (*session 11a*)

# Conclusions

Overall analysis shows:

- Health visitors have proven impact on health and add value if:
  - they have appropriate skill sets
  - practice is undertaken in particular ways (holistically)
- Service and commissioners need to take into account:
  - importance of education (for qualifying and CPD)
  - organisation of service to enable appropriate use of skills and delivery of practice

# Disclaimer

This work was commissioned and supported by the Department of Health in England as part of the work of the Policy Research Programme. The views expressed are those of the authors and not necessarily those of the Department of Health.