

A Vision for Health Visiting in Wales

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A Vision for Health Visiting in Wales

1. Introduction

A Vision for Health Visiting Services in Wales, has been written through discussion and debate with stakeholders across Wales. It lists ten proposals for Welsh Government to consider in order to maximise the contribution that Health Visitors can make in achieving the vision of a service that provides every child with a good start in life to support them in having the best possible chance of living a healthy, happy life and optimising each child's potential for school readiness.

2. The Vision for Health Visiting

Healthy families are vital to the creation of a prosperous, successful and sustainable Wales¹ and to support this Welsh Government, has developed a statutory legislative framework, committing to taking children and families in Wales out of poverty².

Welsh Government recognises that health through the life course starts with the principle; children must have a good start in life that supports their long term health and wellbeing, every child and family in Wales deserves the best possible chance of living a healthy and happy life³. The Health Visiting service will support achieving this through;

2.1 Better Health

- A reduction in health inequalities and social exclusion.
- Greater emphasis and focus on public health.
- Supporting parents and families of pre-school children.

¹Welsh Government (2011) Together for Health: A Five Year Vision for the NHS in Wales.

²Welsh Assembly Government (2010) Children and Families (Wales) Measure.

³Welsh Assembly Government (2011) The Child Poverty Strategy.

- Promoting infant, maternal and family health.
- Reducing ill health by safeguarding children from abuse.
- Developing community capacity, with additional Health Visitors in areas of greatest need.

2.2 Access to services for children and families will improve–

- All families with a preschool child will be offered a universal health visiting service delivered in many settings, including the home environment.
- All families will be supported through an All Wales Healthy Child Programme.
- Families with additional identified needs will have extra support either through targeted and or intensive health visiting led interventions.
- Through increased investment, the Welsh Government is supporting families in Wales through doubling the number of families that are eligible for Flying Start^{4,5} the number of pioneer sites for Integrated Family Support Services⁶ and Family First funding².

2.3 Better service safety and quality will improve health outcomes-

- All children and families will be treated with dignity and respect.
- Health Visiting intervention will be evidence based and reflect current research.
- Families will have individual comprehensive health assessments completed by a qualified health visitor, which will be reviewed at key stages throughout a child's early years; this will be underpinned by a common assessment.
- Utilising community capacity to improve health.
- Excellent communication and IT links to ensure that clinical staff have safe and secure access to information.
- Using information to improve the quality and outcomes of services.

⁴ Welsh Government (2011) Five for a Fairer Future.

⁵ Welsh Assembly Government (2009) Flying Start Guidance 2009-2010.

⁶ Welsh Assembly Government (2010) Integrated Family Support Services: Statutory Guidance and Regulations.

3. The foundations

Health Visitors are one of the few professional groups trained in public health, they have dual registration and have to achieve specific standards to register with the NMC⁷. The foundations of service delivery are underpinned by four core principles⁸. These include:

- The search for health needs.
- The stimulation of an awareness of health needs.
- The influence of policies affecting health.
- The facilitation of health-enhancing activities.

These core principles have firm foundations in public health nursing, child and family health and community knowledge. Health Visitors recognise that to effectively achieve positive outcomes, they must work collaboratively as part of a multidisciplinary/multiagency team.

4. Challenges

4.1 Health has improved but not for everyone

Whilst the health of the population continues to improve⁹, there continues to be a growing inequitable gap in health and wellbeing dependent on geography and social circumstance, which are apparent at the youngest age. For example, infant mortality (an internationally recognised measure of health of a society) shows that infant mortality rates are much worse in disadvantaged groups and areas of deprivation.

⁷ NMC (2004) Standards of Proficiency for Specialist Community Public Health Nursing.

⁸ Twin S, Cowley, S (1992) The Principles of Health Visiting: a re-examination.

⁹ Jewell, T (2010) Chief Medical Officer for Wales Annual Report (2009)

Evidence taken from the Marmot Review: Fair Society, Healthy Lives¹⁰ concluded that;

One Quarter of all deaths under the age of one would potentially be avoided if all births had the same level of risk as those to women with the lowest level of deprivation.

4.2 Expectations are continually rising

The needs of children, families and communities are becoming increasingly more complex. These complexities are at individual and family level and include, promoting child attachment and development, safeguarding children, the emotional impact of children exposed to domestic abuse, children with complex health needs, deprivation, teenage parents and substance abuse, as well as at a community level with poverty, housing, unemployment etc.

It is also important to consider the challenges of delivering services to children and families who live in rural areas. Rurality may often bring about different vulnerabilities, such as access to services and isolation.

In addition there are areas in Wales that have are experiencing significant increases in local birth rates which has impacted on Health Visitor workload without extra resourcing.

To be able to fulfil public, local partners and commissioner expectations, health visitors will have to adopt different ways of working.

4.3 Staffing is becoming a real limitation on our service

Creating a sustainable workforce is an increasingly difficult challenge for Health Visitors services in Wales. The pressures of an aging workforce, the financial economic climate, in addition to the development of early years initiatives has depleted the available generic Health Visitor workforce. This has resulted in core

¹⁰ Marmot Review Team (2010) Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post -2010.

Health Visitor caseloads and levels of work load increasing to unacceptable levels in some areas^{11, 12}.

4.4 Funding is limited

Although the Government is facing unprecedented financial constraints, through their manifesto there is a commitment to double Flying Start from 18,000 to 36,000 children under the age of 4 years,^{3,4} and to extend the pioneer sites for Integrated Family Support Service⁵. The challenge will be how core Health Visiting Services will respond to safe and sustainable services across Wales.

5. The next phase

The purpose of Health Visiting will be to empower and support children, individuals, families and communities to reach and achieve their fullest health and wellbeing potential.

There is compelling new evidence in relation to early infant mental health¹³, neurological development in infants and attachment and bonding. The research states that if children and families receive the right support at the right time they will have better outcomes. However with current demands on the Health Visitor, increasing caseload numbers and workforce availability, as training only occurs once every academic year, ensuring that children and families have access to the right and timely support is becoming increasingly more challenging and unsustainable, without reviewing existing roles and responsibilities.

To be able to fulfil public, local partners and commissioners expectations, health visitors will have to adopt to different ways of working.

5.1 Improving health outcomes

¹¹ Unite/Community Practitioners' and Health Visitors' Association Omnibus Survey 2008

¹² The Protection of Children in England: A Progress Report, The Lord Laming (2009)

¹³ HM Government (2011) Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government, Graham Allen MP.

The Welsh Government recognises child poverty as one of the greatest factors of risk and believes that improving health outcomes of children and parents living in low income families to be essential in tackling child poverty.

Children who come from families with multiple risk factors (e.g. mental illness, substance misuse, debt, poor housing, domestic abuse etc.) are even more likely to experience a range of poor health and social outcomes such as developmental delay, behaviour problems, safeguarding concerns, mental illness, substance misuse, teenage parenting, low educational attainment and offending behaviour.

Children born to teenage mothers face a particular challenge in getting a good start in life, which has led to the development of specific programmes such as the Family Nurse Partnership Programme¹⁴ and the provision of long acting contraceptives.

The role of the Health Visitor is to identify children and families that are at high risk and or have low protective factors and to ensure that they have a personalised service to meet their needs. The services required may range from one off interventions or long term intensive support. The Health Visitor will ensure that adequate supportive resources are allocated to the family and will engage and work with key partners/agencies to meet the wider health needs of the children, families and the neighbourhoods.

There will also be a renewed focus on delivering public health activities, set out by the Government's preventative, public health policies¹⁵ and will work towards preventing long term chronic diseases and preventing ill health.

ACTIONS

Action 1

Welsh Government and HEIs to work with practitioners to develop and agree the necessary competencies and skills required for Health Visitors and the team members.

Action 2

The Welsh Government and Health Boards will implement the health recommendations for Flying Start.

¹⁴ Department of Health (2011) Family-Nurse Partnership Programme England. Birkbeck University London.

¹⁵ Welsh Assembly Government (2009) Our Healthy Future Technical Working Paper.

Action 3

Welsh Government to consider implementing the Family Nurse Partnership Programme alongside existing programmes to support teenage mothers.

5.2 One system for Health

To meet the health needs of children, families and communities in Wales, services must interact and engage effectively to be able to meet demand and expectations, while continuing to provide local sustainable services.

Future service delivery and successful health visiting teams will continue to be dependent on having collaborative working arrangements with their Primary Care colleagues (GP's and Practice Nurses), Midwives¹⁶ and School Nurses¹⁷. Each has a unique and interlinked role to ensure that children and families have smooth transitions in and out of services, with clear communication pathways and joined up working delivered through a team around the child approach. The Health Visitors role with young children and families will be to coordinate an All Wales Healthy Child Programme. The Healthy Child Programme for early life stages will focus on a universal preventative service, providing with a programme for screening, immunisations, health and development reviews, supplemented by advice around health, wellbeing and parenting¹⁸. This will be achieved through continual assessment and review using a common assessment tool, recognised by both Health and Local Authorities.

Protecting and safeguarding children is an area of statutory responsibility for multiagency partners and partnership working is key to making a difference to the most vulnerable for children and families in Wales¹⁹. The role of the Health Visitors is crucial in terms of safeguarding and protecting children, through the provision of assessments, health promotion, identifying risks and delivering support that can prevent maltreatment occurring.²⁰

¹⁶ Welsh Government (2011) A Strategic Vision for Maternity Services in Wales.

¹⁷ Welsh Assembly Government (2009) A Framework for a School Nursing Service in Wales.

¹⁸ Department of Health (2009) Healthy Child Programme. Pregnancy and the first five years of life.

¹⁹ All Wales Child Protection Procedures (2008).

²⁰ NSPCC (2011) All Babies Count: Prevention and Protection of Vulnerable Babies.

ACTIONS

Action 4

The Welsh Government will support the development of 3 initiatives, that will be implemented across Wales:

- *All Wales Healthy Child Programme of which child health surveillance will be component part.*
- *All Wales common assessment tool for Health Visitors and their teams.*
- *All Wales Parent Held Child Health Record.*

5.3 Health Visiting for the 21st Century

The Health Visitor's primary focus will be on prevention, early identification and intervention in relation to a population's health and social need as opposed to "treatment".

In Wales, a universal Health Visiting Service will be provided to the total population of young children aged 0-5yrs and their families within their local community. This population will receive access to appropriate, high quality services, irrespective of where they live, their ethnic group, their language or their social circumstance²¹.

Health Visitors are trained to identify families that require enhanced or intensive support; by using their clinical and professional skills and judgment they will work with families to develop individual plans. The Health Visiting service will offer families with additional needs;

- Targeted Interventions, this maybe short or longer term interventions (e.g. maternal mental health).

²¹ National Service Framework for Children, Young People and Maternity Services in Wales (2005) Welsh Assembly Government.

- Intensive intervention and support (statutory) to families in greatest need (children with complex health needs and children that need protecting), delivered through a multi-agency approach with key partners.

In Wales there will be an empowered multi-disciplinary workforce led by Health Visitors providing expert clinical leadership to a team that have the skills and competencies to meet the needs of service users and to deliver quality outcomes set by the Government.

Skill mix will not be used to replace or dilute the professional role of the Health Visitor, but as an enhancement. This will enable health visitors to use their skills and knowledge to the best advantage, while delegating appropriate tasks to other members of the team²².

5.3.1 The future role of the qualified Health Visitor in Wales will be;

- An expert in child development.
- Delivering on and leading a new All Wales Healthy Child Programme.
- Complete comprehensive health and wellbeing assessment and reviews of preschool children and families, using an all Wales Assessment tool.
- Implement programmes of prevention to meet identified need, with the ultimate focus to improve public health and take children out of poverty.
- Deliver on intensive programmes, with key partners to the most vulnerable children and families.
- Have wider public health knowledge of the local community, understand the determinants that may impact on health, develop preventative health programmes and target resources and signpost appropriately.
- Provide expert clinical leadership to a multi-disciplinary team.
- Nurse Prescriber.²³
- Competent and confident practitioners in safeguarding and child protection.

²² NMC (2008) The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives.

²³ NMC (2006) Standards of Proficiency for Nurse and Midwife Prescribers.

5.3.2 The role of the Registered Nurse (Band 5)

Registered nurses will be recruited to support delivery and improve sustainability of services to preschool children and families.

However it would be detrimental to presume that a Registered Nurse could assume the role of a Registered Health Visitor (who will also be a Registered Nurse) as the education and training programme to qualify as a Health Visitor equips them with significantly different and additional skills and competencies. The Registered Nurse will work under the direction of a qualified Health Visitor and will;

- Manage defined and explicit situations
- Provide relevant and current health information based on individual and family needs.
- Identify opportunities for health promotion and provide appropriate advice and support.

5.3.3 Health Care Support Workers

Across Wales support worker roles have been developed, but there are variations in skills, competencies and educational attainment. The role of the support worker is to deliver on delegated tasks as directed and supervised by the qualified Health Visitor²⁴. It is expected that the Support Worker possess or is at least working towards a relevant NVQ or equivalent qualification.

5.3.4 Administration

To deliver the health visiting service admin support is essential.

²⁴ NMC (2008) The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives.

5.3.5 Management Infrastructure

A robust professional management infrastructure will be vital to support the strategic and operational delivery of this vision.

Their role will be to provide or ensure;

- Clear strategic and operational direction, both locally and nationally.
- Strong clinical leadership.
- Safeguarding the public in terms of NMC accountability.
- Professional standards are adhered to.
- A robust clinical governance framework supports clinical practice.
- Appropriate education and training is offered through continual professional development.
- Recruitment and retention of staff.
- Appropriate supervision and support
- The Health Board develops and delivers their strategic public health agenda to meet local need.

5.3.6 Health Visitors and skill mix within Flying Start

The role, function and skills of a Health Visitor working with preschool children and families will be the same regardless of if they are working in a generic health visiting service or Flying Start; therefore the principles will be the same. However Flying Start has a prescribed Health Visitor component which is non-negotiable with Health Visitors providing enhanced services with reduced caseloads of no more than 110 children.

It is recommended that skill mix within the Flying Start setting would have a wider remit, compared to that described for the generic service. Flying Start is delivered by a multiagency team, with other disciplines, which may include Social Workers, Speech and Language Therapists, Dieticians, Midwives as well as Health Visitors. It would therefore be expected, where appropriate that registered nurses or Agenda for Change Band 3/4, support workers would support the multiagency team in addition to Health Visitors. To accommodate this, the role of the Health Visitor would be to ensure that registered nurses and support workers that have delegated tasks receive

adequate supervision and review the effectiveness of interventions they have undertaken.

5.3.7 Where will interventions be delivered?

Services will be delivered in a variety of settings with the importance of home visiting remaining key and central to achieving results. Assessing children and families within their home environment will and does improve both health and social outcomes.

Provision of appropriate community accommodation is essential. This will need to be suitable for community development activities, with room for clinical practice and confidential discussion. In addition, wherever Health Visiting teams are accommodated, if this be in a community premises or GP Practice, adequate space should be provided where there is room to store records, as well as good access to IT systems.

To promote and enhance partnership working, it would be expected wherever possible that Health Visitors working in Flying Start will be collocated with the multiagency team.

ACTIONS
<p>Action 5 <i>HEIs will deliver training to Health Visitors and teams to be able to fully implement the Healthy Child Programme of which Health Visitors will take the lead.</i></p> <p>Action 6 <i>Local Health Boards and Partners to consider Family First Funding to support the employment of skill mix within Health Visiting teams and through integrated and joint planning consider Family First Funding for the delivery of Health Visiting interventions in both the preventative and protection agenda for children and families.</i></p> <p>Action 7 <i>Welsh Government and Health Boards to work with NWIS to review IT systems with</i></p>

a longer term plan to introduce electronic records.

Action 8

Health Boards need to ensure appropriate accommodation is provided for Health Visiting services, which could be in a number of settings including Primary Care.

5.4 Aiming at excellence

The Welsh Government recognises, it is what parents do, as being more important than who they are, especially in a child's earliest years. The right kind of parenting is a bigger influence on their future than wealth, class, education or any other common social factor. So the future Health Visiting service will be evidence based and reflect current scientific advances, particularly in relation to neuroscience and child development, improving parenting capacity, in addition to supporting and delivering on the public health agenda for this population (see attached evidence based Interventions). Activity will focus around:

- Assessment (of all relevant family members).
- Regular developmental assessments of all children focusing on social and emotional health.
- Attachment and positive parenting.
- Parenting support.
- Evidence based parenting programmes.
- Health education and health information.
- Public health challenges.
- Community development.
- Safeguarding and child protection issues.
- Advocacy to meet the rights of the child.²⁵

The Health Visitor component of Flying Start through reduced caseloads is to deliver on the above. To achieve this the Government has committed to training additional Health Visitors and are working with the NLIH and Education providers to increase the number of Health Visitors that will be trained over the next three years.

ACTIONS

²⁵ United Nations Rights of the Child (1989/2004)

Action 9

Health Boards to work with NLIAH to develop an appropriate staffing and workforce tool to deliver safe and effective Health Visiting services, based on workload and caseload profiling.

Action 10

Welsh Government will continue to work with NLIAH, HEI's and Health Boards to ensure that the agreed commitment for Flying Start is delivered in terms of Health Visitor workforce, including the additional Practice Teachers.

Action 11

Health Boards to ensure that all Health Visitors and their teams have appropriate levels of safeguarding training and clinical supervision to work in partnership with the multiagency framework of the Local Safeguarding Boards.

5.5 Absolute transparency on performance

Historically the health visiting contribution to improving the health of a population has been very difficult to measure. It is therefore essential that service delivery is outcomes based with performance managements systems built in. The success of the future Health Visiting Services will be measured by their contribution to improving the health outcomes of the defined population.

To support this approach standard assessment tools are needed to be able to accurately benchmark across the Local Health Boards of Wales.

ACTIONS**Action 12**

Welsh Government to identify key performance outcome measures for Health Visiting Services.

Action 13

Health Boards to adequately resource Health Visitor Teams to be able to meet the agreed outcomes.

5.6 A new partnership with the public

Health Visiting services have always worked with individuals and families and are seen as a non-stigmatising universal service that is accepted by all. The success of the future of health visiting is dependent on this continuing. However family engagement and views must be formalised to ensure that services are meeting their needs.

In addition Health Visitors must be more politically aware and engage with the local community to be part of community service redesign ensuring that children and families have a voice about local services delivery and planning.

6. Making every penny count

The ethical, moral and social arguments for investing in early intervention are compelling, however the Welsh Government is also aware that it makes sound economic and financial sense that a shift in policy to invest in early interventions in a child's life as huge savings rather than trying to manage the outcomes of poor parenting, conduct disorder, anti-social behaviour and a lifestyle that impacts negatively on physical health outcomes^{26, 27}.

Current patterns of public investment during early childhood are heavily skewed in favour of the later stages of life²⁸. The Welsh Government recognises the need to review the way public funds are invested and have committed and funded many different initiatives including Flying Start, Integrated Family Support Service and

²⁶ Allen, G. (2011) Early Intervention: The Next steps. An Independent Report to Her Majesty's Government.

²⁷ Heckman, J.J. & Masterov, D. (2004) Skills policies for Scotland. Institute for Study of Labour. Discussion Paper 1444.

²⁸ Marmot Review Team (2010) Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post -2010.

Families First. Welsh Government's priorities are described in the Programme for Government 2011²⁹

7. Making it happen

This vision is based on current scientific knowledge, evidence based interventions, government policy and the views of stakeholders and professionals, with the aim of reducing child poverty and health inequalities which is one of the main priorities of the Welsh Government.

The accountability and responsibility for planning effective and safe services lies clearly with Local Health Boards. The Government's role will be to hold local organisations to account for delivering services. By setting out a clear vision for the health and wellbeing of children in Wales, the Welsh Government will ensure that those areas where health visitors have much to offer are given greater emphasis by NHS Wales and Local Authorities. Health Visitors and their teams have universal access to all young children and families, public health expertise, knowledge of local communities and access to the disadvantaged groups and have a great deal to offer in the planning and the commissioning process, and should be actively engaged and encouraged to do so.³⁰

7.1 Every Preschool Child and Family

For children and families in Wales health professionals are often the only contact that they have with services. Health Visitors and their teams are in a unique position because not only do they provide a universal service, this is often provided in the child and family home.

²⁹ Welsh Assembly (2011) Programme for Government.

³⁰ The Governments response to Facing the Future: A review of the role of health visitors (2007).

Local Health Boards and other partners that lead, plan and deliver services are crucial to improving the life chances of children.

The Welsh Government, the NHS, its partners and the public, have a responsibility to support children, families within the communities in which they live.

8. A continuing challenge

Decades of late intervention from health, education and social services has failed, early intervention is critical. A range of well-tested programmes, low in cost, high in results, can have a lasting impact on all children, especially the most vulnerable. If we intervene early enough we can give children a vital social and emotional foundation which will keep them happy, healthy and achieving throughout their lives and, above equip them all to raise children of their own, who will also enjoy higher levels of well-being³¹.

³¹ HM Government (2011) Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government, Graham Allen MP.

Summary of Key Actions

As well as key actions at a local level, there are a number of specific strategic actions identified throughout the document, which are key to delivering on this vision. These strategic key actions are set out in the table below.

ACTIONS	BY WHEN
<p>Action 1 <i>Welsh Government and HEIs to work with practitioners to develop and agree the necessary competencies and skills required for Health Visitors and the team members.</i></p>	<p>March 2013</p>
<p>Action 2 <i>Welsh Government to consider implementing the Family Nurse Partnership Programme alongside existing programmes to support teenage mothers.</i></p>	<p>March 2013</p>
<p>Action 3 <i>The Welsh Government will support the development of 3 initiatives, that will be implemented across Wales:</i></p> <ul style="list-style-type: none"> • <i>All Wales Healthy Child Programme of which child health surveillance will be component part.</i> • <i>All Wales common assessment tool for Health Visitors and their teams.</i> • <i>All Wales Parent Held Child Health Record.</i> 	<p>September 2013</p>
<p>Action 4 <i>HEIs will deliver training to Health Visitors and teams to be able to fully implement the Healthy Child Programme of which Health Visitors will take the lead.</i></p>	<p>September 2013</p>

Action 5

Local Health Boards and Partners to consider Family First Funding to support the employment of skill mix within Health Visiting teams and through integrated and joint planning consider Family First Funding for the delivery of Health Visiting interventions in both the preventative and protection agenda for children and families.

March 2013

Action 6

Welsh Government and Health Boards to work with NWIS to review IT systems with a longer term plan to introduce electronic records.

March 2013

Action 7

Health Boards need to ensure appropriate accommodation is provided for Health Visiting services, which could be in a number of settings including Primary Care.

March 2013

Action 8

Health Boards to work with NLIAH to develop an appropriate staffing and workforce tool to deliver safe and effective Health Visiting services, based on workload and caseload profiling.

September 2013

Action 9

Health Boards to ensure that all Health Visitors and their teams have appropriate levels of safeguarding training and clinical supervision to work in partnership with the multiagency framework of the Local Safeguarding Boards.

March 2013

Action 10

Welsh Government to identify key performance outcome measures for Health Visiting Services

March 2013

**Evidence based Interventions provided by
Health Visitors and the Health Visiting Team**

Area	Health Visitor/team role	Evidence/Strategy	Recommendations
Early Intervention and supporting families	<ul style="list-style-type: none"> ❖ Early identification of need. ❖ To provide evidenced based information, anticipatory advice and support. ❖ To provide enhanced and intensive support to those who are vulnerable, this could include teenage parents. ❖ Work with parents to encourage and improve attachment and sensitive parenting. ❖ Give mothers and fathers the opportunity to discuss their concerns and aspirations. ❖ To ensure that information and support is provided to families through appropriate interpreters when language is a barrier. 	<ul style="list-style-type: none"> ❖ United Nations Rights of the Child (1989) ❖ Welsh Assembly Government (2011) The Child Poverty Strategy. ❖ Department of Health (2010) Tacking Health Inequalities in Infant and Maternal Health Outcomes: Report of the Infant Mortality National Support Team ❖ HM Government (2011) Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government, Graham Allen MP. ❖ Marmot Review Team (2010) Fair Society, Healthy Lives: Strategic 	<ul style="list-style-type: none"> ❖ Health visitors use an All Wales Health Assessment to identify need and plan health interventions. ❖ All HVs are trained in evidence based parenting programmes eg Solihull/Incredible Years/NBAS. ❖ Welsh Government to consider the Family Nurse Partnership programmes alongside existing programmes for teenage mothers.

Review of Health Inequalities in England post -2010

- ❖ Department of Health (2009) Healthy lives, brighter futures: The Strategy for Children and Young People

Area	Health Visitor/team role	Evidence/Strategy	Recommendations
Infant Mental Health	<ul style="list-style-type: none"> ❖ (As early intervention). ❖ Recognition that parents have the greatest impact on a child's life. ❖ To ensure that parents understand the vital role they play in shaping and forming their child's development and future. ❖ To provide evidence based information to parents and families to encourage and improve attachment and sensitive parenting. ❖ Assess bonding and attachment. ❖ Provide health education and advice to support parents and care givers to understand their infants and child's development stages throughout their early years. 	<ul style="list-style-type: none"> ❖ As Above 	<ul style="list-style-type: none"> ❖ Health Visitors to have additional training to update their practice too understand infant mental health. ❖ Health Visitors to be trained in evidenced based interventions. ❖ All children to have a formal development assessment at targeted ages (e.g. SOGS).
Area	Health Visitor/team role	Evidence/Strategy	Recommendations
Maternal Mental Health	<ul style="list-style-type: none"> ❖ Health Visitor to assess for depression using national 	<ul style="list-style-type: none"> ❖ WHO (2008) Improving Maternal Mental Health 	<ul style="list-style-type: none"> ❖ Health Visitors to be skilled and trained in the recognition and

	<ul style="list-style-type: none"> ❖ recommendations. ❖ Early Identification of depression and to ensure that mothers have the appropriate support, intervention and or treatment to meet their need. ❖ Listening visits offered if appropriate ❖ Work and communicate with the primary care team. ❖ Referrals to the relevant agencies if necessary. 	<ul style="list-style-type: none"> ❖ National Institute for Health and Clinical Excellence (2007) Antenatal and Postnatal Mental Health. Clinical Management and Service Guidance. NICE Clinical Guidance 45. Developed by the National Collaborating Centre for Mental Health 	<p>the management of maternal mental health.</p> <ul style="list-style-type: none"> ❖ Health Visitors should utilise the Perinatal Mental Health e-learning programme. ❖ Health Visitors to have the skills and competencies in supporting women develop self-help strategies and non-directive counselling delivered in a home environment.
Area	Health Visitor/team role	Evidence/Strategy	Recommendations
Safeguarding	<ul style="list-style-type: none"> ❖ Early recognition and identification of children who are at risk or need protection. ❖ Providing appropriate health interventions, advice and support. ❖ Supporting parents. ❖ Appropriate and timely referrals. ❖ Working as part of a multiagency team. ❖ Attend and contribute at Child Protection Case Conference and core group. 	<ul style="list-style-type: none"> ❖ All Wales Child Protection Procedures (2008). ❖ HM Government (2006) Working Together to Safeguard Children. A guide to interagency working to safeguard and promote the welfare of children. ❖ NSPCC (2011) All Babies Count: Prevention and Protection of Vulnerable Babies. ❖ Children Act (1989/2004) ❖ NSPCC (2011) All Babies Count: Prevention and Protection of Vulnerable Babies. ❖ The Protection of Children 	<ul style="list-style-type: none"> ❖ Health Visitors to be trained to level 3 Safeguarding. ❖ Health Visiting team to be trained to minimum of Level 2. ❖ Health Visitors to have POVA training to level 2. ❖ Health Visitors to be trained in recognised evidence based parenting programmes.

		<p>in England: A Progress Report, The Lord Laming (2009)</p> <ul style="list-style-type: none"> ❖ Welsh Assembly Government (2010) Integrated Family Support Services: Statutory Guidance and Regulations. 	
Area	Health Visitor/team role	Evidence/Strategy	Recommendations
Domestic Abuse	<ul style="list-style-type: none"> ❖ To ensure that Routine Enquiry questions are asked both antenatal and postnatal and forms part of the comprehensive health assessment. ❖ Adequate advice, support and information provided to ensure that the risks of living in an abusive situation are understood. ❖ Appropriate and safe choices discussed to enable protection. ❖ Work collaboratively with the multi-agency team, identifying risks and sharing the relevant information when necessary. ❖ Engage with the Multi-Agency Risk Assessment Conferences (MARAC). ❖ Have a local and community knowledge to signpost families to appropriate services to keep 	<ul style="list-style-type: none"> ❖ Welsh Assembly Government (2005) Tackling Domestic Abuse: The All Wales National Strategy. A Joint-Agency Approach. 	<ul style="list-style-type: none"> ❖ Health Visitors to be trained and confident to routinely enquire about Domestic Abuse.

them safe.

Area	Health Visitor/team role	Evidence/Strategy	Recommendations
Infant Mortality	<ul style="list-style-type: none"> ❖ A comprehensive health assessment to commence in the antenatal period to assess risk factors and continue through the early years. ❖ Health promotion education and advice in relation to; <ul style="list-style-type: none"> ➢ Sudden Infant Death Syndrome ➢ Smoking ➢ Feeding and nutrition ➢ Environment ➢ Housing 	<ul style="list-style-type: none"> ❖ Welsh Assembly Government (2011) Fairer Health Outcomes for All: Reducing Inequities in Health Strategic Action Plan. ❖ Welsh Assembly Government (2009) Our Healthy Future Technical Working Paper. Welsh Assembly Government 	<ul style="list-style-type: none"> ❖ Comprehensive health assessment to commence in the antenatal period. ❖ Health Visitors must work closely with the Primary Care Team, particularly Midwifery Service. ❖ Health Visiting teams must have up to date knowledge and skills in delivering public health messages. ❖ Health Visitors to be trained to deliver smoking cessation interventions.
Area	Health Visitor/team role	Evidence/Strategy	Recommendations
Nutrition (infant, young child and family)	<ul style="list-style-type: none"> ❖ Encourage and support breast feeding mothers. ❖ Timely and adequate advice on weaning. ❖ Advice and support for families who chose to formula feed their babies on safe feeding practices. ❖ Healthy diet and nutrition advice to prevent obesity. ❖ Ensure parents recognise their role in determining the lifestyle choices of their children. ❖ Monitor growth of infant and young child. ❖ Ensure that families are aware of 	<ul style="list-style-type: none"> ❖ World Health Organisation (2008) Strengthening Action to improve feeding of infants and young children aged 6-23 months of age in nutrition and child health. UNICEF. ❖ Welsh Assembly Government (2001) Investing in a better start: Promoting breastfeeding in Wales. 	<ul style="list-style-type: none"> ❖ All Health Visitors are BFI trained. ❖ Improvements in data collection. ❖ Health Visitors to be skilled in facilitating group based activities. ❖ **Health Visitors to provide free vitamins for all preschool children and mothers

their entitlements in relation to Healthy Start.

- ❖ Ensure that families are aware of the importance of vitamins supplements where necessary for both the mother and pre-school child.

***** This as yet to be agreed by the Minister**

Area	Health Visitor/team role	Evidence/Strategy	Recommendations
Assessing growth and development (detecting abnormalities)	<ul style="list-style-type: none"> ❖ Regular monitoring and recording of growth. ❖ Assessing the baby's/child's physical, emotional and social needs. ❖ New-born hearing screening programme. ❖ Health Visitor to ensure that the parents are informed of the results of the New Born Blood Spot Screening results. ❖ Age appropriate information and advice to parents on the importance of positive interaction, which will include talking, reading and play. ❖ Early identification and of need and appropriate advice to parents and referral to services as necessary. ❖ Anticipatory advice on behaviour management. 	<ul style="list-style-type: none"> ❖ Department of Health (2009) Healthy Child Programme. Pregnancy and the first five years of life. ❖ NHS Health Scotland (2011) Scottish Early Years Website: Maternal and Early Years for early years workers. ❖ Public Health Wales (2010) Measuring childhood heights and weights in Wales. 	<ul style="list-style-type: none"> ❖ Development and implementation of a new All Wales Healthy Child Programme. ❖ All Children will have a developmental assessment using a recommended all Wales screening tool. ❖ Support the delivery of Book Start.
Area	Health Visitor/team role	Evidence/Strategy	Recommendations
Communication	<ul style="list-style-type: none"> ❖ Ensure child has been offered 	<ul style="list-style-type: none"> ❖ As Above 	<ul style="list-style-type: none"> ❖ All Children will have a

	<p>the new-born hearing screening programme.</p> <ul style="list-style-type: none"> ❖ Age appropriate information and advice to parents on the importance of positive interaction, which will include talking and reading. ❖ Early identification and of need and appropriate advice to parents and referral to services as necessary. ❖ Support the delivery of Book Start. 		<p>developmental assessment using an recommended all Wales screening tool.</p> <ul style="list-style-type: none"> ❖ Support the delivery of Book Start. ❖ Continue to engage with TWF (welsh language) ❖
Area	Health Visitor/team role	Evidence/Strategy	Recommendations
Children with health or developmental problems	<ul style="list-style-type: none"> ❖ Early identification and referral to appropriate services and specialist teams. ❖ Supporting and advising parents as appropriate. 	<ul style="list-style-type: none"> ❖ Department of Health (2009) Healthy Lives, Brighter futures. The Strategy for children and young people's health. ❖ Welsh Government (2011) Consultation: Children and Young People Continuing Care Guidance. 	<ul style="list-style-type: none"> ❖ Health Visitors to be aware of referral procedures and resource availability to support children and families, including linking in with Community Children's services.
Area	Health Visitor/team role	Evidence/Strategy	Recommendations
Accident Prevention	<ul style="list-style-type: none"> ❖ Environmental assessment to include families living in rented or overcrowded accommodation, safety equipment. ❖ Age appropriate advice and information on accident prevention to be given at all 	<ul style="list-style-type: none"> ❖ Protecting babies heads ❖ National Guidance for Clinical Excellence (2010) Strategies to Prevent Unintentional Injuries among Children and Young People aged under 	<ul style="list-style-type: none"> ❖ Early identification of children who are at highest risk through good assessments. ❖ Health Visitors to work with local partners on accident prevention strategies.

contacts.

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- ❖ World Health Organisation (2008) World Report on Child Injury Prevention.
- ❖ Children in Wales (2009) Working Towards a Child Safety Strategy for Wales.

Area	Health Visitor/team role	Evidence/Strategy	Recommendations
Immunisation and Vaccinations	<ul style="list-style-type: none"> ❖ Provide health information and education to parents to ensure that they have informed choice. ❖ Work as part of the primary care team with HVs having a defined role. ❖ Health promotion advice on immunisations to be given at every contact. 	<ul style="list-style-type: none"> ❖ Public Health Wales (2011) Vaccine Uptake in Children in Wales, January to March 2011. 	<ul style="list-style-type: none"> ❖ Compliance with Healthy Child Programme.
Area	Health Visitor/team role	Evidence/Strategy	Recommendations
Oral Health	<ul style="list-style-type: none"> ❖ Parents to be advised how to maintain good dental health and hygiene for children. ❖ Nutrition advice. ❖ Encourage registration with local dentist. 	<ul style="list-style-type: none"> ❖ Welsh Oral Health Information Unit (2006/06) A Picture of Oral Health in Wales. Survey of 5 year olds oral health 2005/06. ❖ Designed to Smile 	<ul style="list-style-type: none"> ❖ Health Visitors and the team should be regularly updated on nutrition and weaning.
Area	Health Visitor/team role	Evidence/Strategy	Recommendations
Smoking	<ul style="list-style-type: none"> ❖ To offer public health advice and support at every opportunity. ❖ Ensure that parents and family understand the importance of a smoke free environment for children and the impact that smoke exposure can have on 	<ul style="list-style-type: none"> ❖ National Institute for Clinical Excellence (2006) Brief Interventions and referral for smoking cessation in Primary Care and other settings. 	<ul style="list-style-type: none"> ❖ Health Visitors to be trained to deliver Brief Intervention Therapy. ❖ Health Visitors to be trained in motivational interviewing techniques.

their health(particularly in relation to Sudden Infants Deaths).

- ❖ Health Visitor to offer brief intervention therapy to support smoking cessation.
- ❖ Health Visiting team to refer as appropriate and be aware of local support groups.

GLOSSARY OF TERMS

TERM	DEFINITION
All Wales Healthy Child Programme	A national Health Promotion focused 'Early Years Programme' that describes required interventions from the key professionals, e.g. General Practitioner, Health Visitor, Paediatrician etc. with robust and measurable outputs for families with pre-school children
Child Protection	Child Protection is a part of safeguarding and promoting welfare. This refers to the activity which is undertaken to protect specific children who are suffering or are at risk of suffering significant harm as a result of abuse or neglect.
Comprehensive Health Assessments	An All Wales holistic family health assessment undertaken by the Registrant Health Visitor.
Family	This is a group of adult/s and children that is not necessarily dependant on a specific status or living arrangements but where there is a responsibility of care for preschool children and where there are usually ties of marriage, blood or adoption or instead where they have consented to an arrangement similar to those ties.
Flying Start	A targeted programme aimed at 0-3 year olds in the most disadvantaged communities in Wales.
Health Visitor	A qualified Registered Nurse or Midwife who has undertaken additional Specialist training to assess health needs of individuals, families and the wider community. They aim to promote good health and prevent ill health. A Health Visitors remit involves working within homes with families and young children and working closely with at-risk or deprived groups. They are registered as a Health Visitor on the 3 rd part of the Nursing Midwifery Council Register (NMC 2012)

Health Visiting Teams	A team led by Health Visitors comprising a skill mix workforce that might include Nursery Nurses and Registrant Nurses.
Integrated Family Support Service	A targeted multiagency team working with families where parental substance misuse coexists with concerns about the welfare of the child.
Outcomes	Planning services and assessing performance with a focus on results or outcomes that services are intended to achieve for defined populations.
Public Health	Preventative health care that protects and improves the health and well-being of the population through: <ul style="list-style-type: none"> ❖ Health monitoring assessment and surveillance ❖ Health promotion ❖ Reducing health inequalities ❖ Prevention of disease and injury, disability and premature death ❖ Protection from environmental health hazards (NMC 2012)
Pre-school Children	Children who are up to 5 years of age and not legally required to be in school and therefore fall within the remit of the Health Visitor
Safeguarding	<ul style="list-style-type: none"> ❖ Protecting children from abuse and neglect, ❖ Preventing impairment of their health or development, ❖ Ensuring their receive safe and effective care; so as to enable them to have optimum life chances.

Steering Group Membership

Name	Organisation
Professor Jean White (Chair)	Chief Nurse Wales
Wendy Herbert	Project Lead Welsh Government
Polly Ferguson	Nursing Officer Welsh Government
Denise Llewellyn	Representing Executive Nurse Directors
Dr Dianne Watkins	School of Nursing and Midwifery
Stephen Griffiths	NLIAH
Tina Donnelly	Director of RCN Wales
Yvonne Harding	Chair of the All Wales Health Visiting and School Nursing Advisory Forum
Professor Sir Mansel Aylward	Public Health Wales
Dr Chris Jones	Bevan Commission
Ruth Lawler	Head of Nursing Public Health Wales
Joanne Daniels	Head of Children and Young People Division WG
Chris Tudor Smith	Head of Health Improvement Division WAG
Tracey Williams	Young and older peoples branch, Health Improvement Division
Eleanor Marks	Director of Communities Division WG
Steven Sloane	UNITE
Steve Milson	Head of Older People Division
Caroline Jones	Designated Nurse – Child Protection