Our Air, My Lungs

Institute of Health Visiting
Excellence in Practice

Final Project Report:

HEALTH VISITING RESPIRATORY HEALTH AMBASSADORS – leading prevention and early intervention for respiratory disease in babies and very young children.

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EXECUTIVE SUMMARY

In 2013, Ella Kissi-Debrah tragically died. In 2020, the coroner's court ruled that exposure to excessive air pollution made a material contribution to her death. This marked a landmark in the need to act to prevent future deaths.

Chronic respiratory diseases (CRDs) often have their roots in early childhood and are impacted by environmental factors that are largely preventable. Babies and young children are particularly susceptible to respiratory illnesses. Poor air quality and unsuitable housing pose significant risks[1]. In the UK, one-third of 0–5-year-olds live with unsafe levels of particulate matter, costing the NHS more than £40 million annually[2]. WHO[3] estimates that 21% of lower respiratory illness results from exposure to household air pollution, which almost doubles in childhood.

Right now, in the UK, too many babies and young children are living with respiratory illness, impacting their future health outcomes and increasing their risk of morbidity and mortality. These illnesses put pressure on health services and represent the biggest cause of A&E attendance in under-5s. We can prevent lives from being cut short. This requires a whole system focus on tackling the causes of poor health; or, as Sir Michael Marmot calls them, the "social determinants of health". These include improving environments, regulation, and tackling poverty.

Action is needed at an individual and community level to address key respiratory illness risk factors by equipping both parents/carers, alongside health visitors, with skills, knowledge and confidence to understand and address these issues. Prevention is better than cure.

Health visitors are ideally placed to work with families to mitigate CRD risks through advocacy and improving health literacy. The Institute of Health Visiting (iHV) secured funding from The Burdett Trust for Nursing to lead a project aimed at strengthening the skills of health visitors in childhood respiratory illnesses and to raise awareness of indoor and outdoor air pollution. This was through the co-production of a training programme and resources to support health visitors as place-based leaders to promote respiratory health at a local level.

The project was delivered in five distinct stages: inception, scoping, development, delivery and evaluation. The project successfully delivered all the key performance indicators and was positively received by all those participating in the programme. Table A on page 3 outlines the project deliverables and outputs.

Table A: Project deliverables and outputs

Stage	Key performance indicator	Output
Inception	■ Set up Expert Advisory Group (EAG) and establish governance	✓ Group established ✓ 6 meetings took place as planned
Scoping	■ Desktop review of policy and evidence to inform training/resource development ■ A national survey of health visitors and parents to scope current knowledge and understanding of chronic respiratory disease and the impact of environmental risk factors to inform training programme/resource development ■ Two scoping workshops with health visitors and families to support deeper understanding of the gaps in knowledge and collation of insights ■ Analysis of the two surveys	✓ Desktop review completed ✓ Health visitor survey completed with 224 respondents from across the UK ✓ Families survey completed with 84 respondents from across the UK ✓ Two face-to-face workshops delivered with health visitors and stakeholders ✓ One virtual parent workshop delivered ✓ Analysis of surveys and workshops completed and used to inform training and resource delivery
Development	■ Two (face-to-face) co-production workshops with health visitors and families to support the co-development of resources: including parent-facing information, training programme resources, including lesson plans, delivery plan and web-based toolkit resources	✓ Co-production workshops virtually with parents and health visitors
	■ Development of half-day Respiratory Health Ambassador training, equipping health visitors with the knowledge and understanding of chronic respiratory disease, health-promotion messaging, and awareness of the impact of environmental risk factors, supporting them to be local place-based leaders for respiratory health ■ Rapid cycle review of resources by EAG and co-production groups ■ Planning of training and dissemination	✓ Half-day Respiratory Health Ambassador training programme developed ✓ Rapid cycle review completed by EAG and co-production groups ✓ Training and dissemination plan

Delivery	■ Recruitment and delivery of pilot Respiratory Health Ambassador training ■ Refinement of programme based on the evaluation of the pilot ■ National delivery of the programme 4 half-days ■ Ambassador programme including evaluation of learning ■ Cascade of resources by Ambassadors who completed the programme ■ Delivery of promotional webinar – for 100-150 health visitors and their teams ■ Podcast on respiratory health, the impact of environmental risk factors on CRD, and health visitor actions to mitigate risks and support communities ■ Dissemination of learning and training in iHV news story and networks and social media ■ Dissemination at the iHV Evidence-based Practice Conference	✓ Pilot of the Respiratory Health Ambassador half-day training delivered to 27 health visitors and skill mix staff ✓ Training and resources updated and refined following the pilot training session ✓ Four Respiratory Health Ambassador half-day training programmes delivered with 130 health visitors and skill mix staff booked on and 90 attending across the sessions ✓ Pre and post-evaluations of the Respiratory Health Ambassador training completed ✓ 1-hour awareness session was given to Respiratory Health Ambassadors to cascade to colleagues ✓ Webinar delivered, 96 health visitors booked to attend the webinar, which is on the website available for all iHV members to watch. ✓ Podcast recorded with Rosamund Adoo-Kissi-Debrah, published on Spotify ✓ Blog and podcast published on World Clean Air Day (19.6.25) ✓ Project presented at iHV Evidence-based Practice Conference in May 2025
Evaluation and reporting	■ Evaluation of the full programme, including feedback from health visitors and families ■ Final project report produced	✓ Respiratory Health Ambassador training programme evaluated ✓ 100% of participants who completed the training and additional learning rated the Respiratory Health Ambassador training programme as good or excellent ✓ 100% would recommend to a colleague ✓ 100% of participants had a positive shift in knowledge and understanding of the topics ✓ 100% felt more confident in discussing air pollution and CRD ✓ 94% of participants felt that the Respiratory Health Ambassador resources would support them when supporting colleagues and families ✓ 76% said that they would discuss the topics with families *"Thank you very much this was very well targeted and comprehensive training. Look forward to cascading this."* *"Thank you very much for this training. The variety of learning activities helped keep those attending engaged."*

The feedback from the evaluation shaped a number of recommendations to be made for future development and delivery of the programme – see Table B:

Table B: Project recommendations

Recommendation	Action	Predicted outcome
Raise the profile of the role of health visiting in CRD risk reduction, supporting the need for the programme	■ Marketing to highlight the role of health visiting in CRD and the benefits of interventions in childhood to achieve longer-term health ■ Promotion of the Respiratory Health Ambassador training and resources for all health visiting services to be commissioned as part of the iHV offer	■ Managers see the positive impact that training has on staff confidence, knowledge and skills and their service, and will support staff to attend ■ Practitioners use the training and resources to support and enhance their practice ■ Managers and practitioners will protect the required time to cascade learning as place-based leaders ■ Improved staff confidence, knowledge and skills will improve support for families, ensuring better health outcomes for babies and children
Sustainability - Update and maintenance of resources	■ Further funding to be investigated ■ Update of resources by the iHV as part of annual reviews ■ Include additional training resources in future training	■ To enable the resources to remain current and up-to-date ■ Support ongoing CPD and keep Respiratory Health Ambassadors up-to-date in their practice
Raising the profile of the health visitor's role in the prevention of CRD	■ Share learning from the Respiratory Health Ambassadors training programme evaluation with stakeholders	■ To support stakeholder understanding of the health visitor's role, and the importance of early intervention and public health ■ To improve stakeholder understanding of the unique role of health visitors and how the role complements other professions

INTRODUCTION AND BACKGROUND

1.

1.1. Context

Chronic respiratory diseases (CRDs) often have their roots in early childhood and are impacted by environmental factors that are largely preventable. Health visitors are ideally placed to work with families to mitigate CRD risks through advocacy and improving health literacy.

Babies and young children are particularly susceptible to respiratory illnesses. Poor air quality and unsuitable housing pose significant risks[1]. In the UK, one-third of 0–5-year-olds live with unsafe levels of particulate matter, costing the NHS more than £40 million annually[2]. WHO[3] estimates that 21% of lower respiratory infections result from exposure to household air pollution, which almost doubles in childhood. This puts pressure on health services, and respiratory illness represents the biggest cause of A&E attendance in under 5s and a significant CRD risk factor. Tragically, two landmark cases have directly linked environmental pollutants to child deaths[4].

Change is possible. Through their universal reach, health visitors can look beyond presenting symptoms to identify people living with risk factors that may be invisible to other services. They can support families to tackle the wider determinants of CRD, access benefits to reduce poverty, and connect them to wider support. For example, reducing exposure to second-hand smoke reduces the risk of respiratory illness, asthma and death[5].

1.1.1. Aims and objectives of the project

The project aimed to create health visitor ambassadors for respiratory health. As place-based leaders working with babies, children and families, ambassadors received training and support to reduce the prevalence and effects of CRDs that often have their roots in early childhood. Through the ambassadors' cascade of knowledge and skills to the wider workforce, we aimed to improve early intervention and support for families in communities and, ultimately, to reduce the burden of CRD on secondary and tertiary care.

Project objectives

1. Raise practitioners' awareness of CRD risk factors, including the consequences and causes of inequalities associated with poverty, poor housing, environmental pollutants, smoking, lack of physical activity and childhood respiratory infections.
2. Increase health visitor knowledge and understanding of CRD prevention in babies, children and families, with a focus on higher-risk groups, preterm babies, and those with increased risk factors, to support better outcomes for families.
3. Co-production and promotion of a range of resources to increase families' health literacy and understanding of chronic respiratory disease risks, enabling them to make health changes and access the right support when needed (for example, health advocacy for damp housing).

1.1.2. Project stages

Table 1: Summary of the project stages

INCEPTION	SCOPING	DEVELOPMENT	DELIVERY	EVALUATION AND REPORTING
■ Set up Expert Advisory Group and establish governance	■ Desktop review of policy and evidence to inform training/ resource development ■ A national survey of health visitors and parents to scope current knowledge and understanding of chronic respiratory disease and the impact of environmental risk factors to inform training programme/resource development. Two scoping workshops with health visitors and families to support deeper understanding of the gaps in knowledge and collation of insights ■ Analyse the two surveys	■ Two (face-to-face) co-production workshops with health visitors and families to support ■ Development of half-day respiratory health ambassadors training, equipping health visitors with the knowledge and understanding of chronic respiratory disease, health-promotion messaging, and awareness of the impact of environmental risk factors, supporting them to be local place-based leaders for respiratory health ■ Rapid cycle review of resources by EAG and co-production groups ■ Planning of training and dissemination ■ Refinement of programme based on the evaluation of the pilot	■ Recruitment and delivery of pilot Respiratory Health Ambassador programme ■ National delivery of the programme, four half-days ■ Cascade of resources by Ambassadors who completed the programme ■ Delivery of promotional webinar – for 100-150 health visitors and their teams ■ Podcast on respiratory health, the impact of environmental risk factors on CRD, and health visiting actions to mitigate risks and support communities ■ Dissemination of learning and training in iHV news story and networks and social media ■ Dissemination at the iHV Evidence-based Practice Conference	■ Evaluation of the full programme, including feedback from health visitors ■ Final project report produced

SCOPING STAGE TO INFORM THE DEVELOPMENT OF RESOURCES

2.

2.1. Approach and method

The project used a mixed methods approach which included:

- Scoping of current literature and evidence-based resources on air pollution and the main childhood CRDs: asthma, cystic fibrosis and preterm chronic lung disease
- A national survey of health visitors and their teams with 224 practitioner responses
- A national survey of families, with 84 responses
- Co-design and insights groups with health visitors and parents, two face-to-face with practitioners, one virtual with parents

2.1.1. Key findings from the surveys, insights and co-design groups

Key findings:

Parents and carers

Chronic respiratory diseases

- 82% felt they had received the support they needed with their child's condition. This was predominantly from specialists.
- However, 70% reported they didn't understand the role of health visiting, and 55% didn't know how to contact them. *"I wouldn't even know the name of the health visitor assigned to us."*
- Parents wanted to be acknowledged as experts in their child's condition.
- They wanted advice tailored and personalised to them and their needs, including the needs of fathers, as this was raised as a gap; *"... I think things were more mother-centric post leaving the hospital, I couldn't find anything that was focused on dads."*
- Parents wanted the consistency of health visitor as a trusted professional.
- Parents recognised the health visitor could support their emotional and mental health, which other condition-specific practitioners didn't offer; *.."they're coming to make sure you're ok, ... nice if somebody can say well how are you?"*
- They respected the health visitor as part of the community: *"I found out that I had a health visitor from the community, and I thought that's brilliant, that's very good... they can direct you to the right place."*

Air pollution

- 94% reported they believed that air pollution has a negative impact on their baby's/child's health now and in the future.
- However, 75% said their health visitor didn't discuss it with them, and 79% would have liked them to. *"I have to say that air pollution was not mentioned once to me by any health professional."*

  "Nobody's really said anything official to us other than smoking."

Health visitors

Chronic respiratory diseases

- Health visitors had most awareness of asthma, compared to cystic fibrosis or preterm chronic lung disease.
- 61% said they were confident in discussing asthma, compared to 26% and 21% respectively for cystic fibrosis and preterm chronic lung disease.
- Very few had any training on these conditions since their nursing training.
- 96% wanted more training- *"This would be very valuable training."*

Air pollution

- Only 58% felt confident to talk to parents about air pollution, and 69% didn't know where to access further support.
- Health visitors reported they didn't talk about it as they didn't have enough information or knowledge.
- 96% wanted more training to support their roles.
- *"It is not a topic that is spoken about enough, there should be more mandatory training and information available for healthcare professionals with regular updates."*

2.1.2 Scoping findings to inform the alpha development of the training and resources

Both the practitioners and the parents expressed that they wanted a range of resources to support shared understanding.

Health visitors

- ✓ Wanted leaflets and easy-to-understand information sheets to share and support conversations with families.
- ✓ Videos and infographics to support their practice.
- ✓ Key facts and figures from the evidence.
- ✓ Training on the latest evidence with a focus on access to resources to support their continued professional development (CPD) and to keep up-to-date either face-to-face or online.

Parents

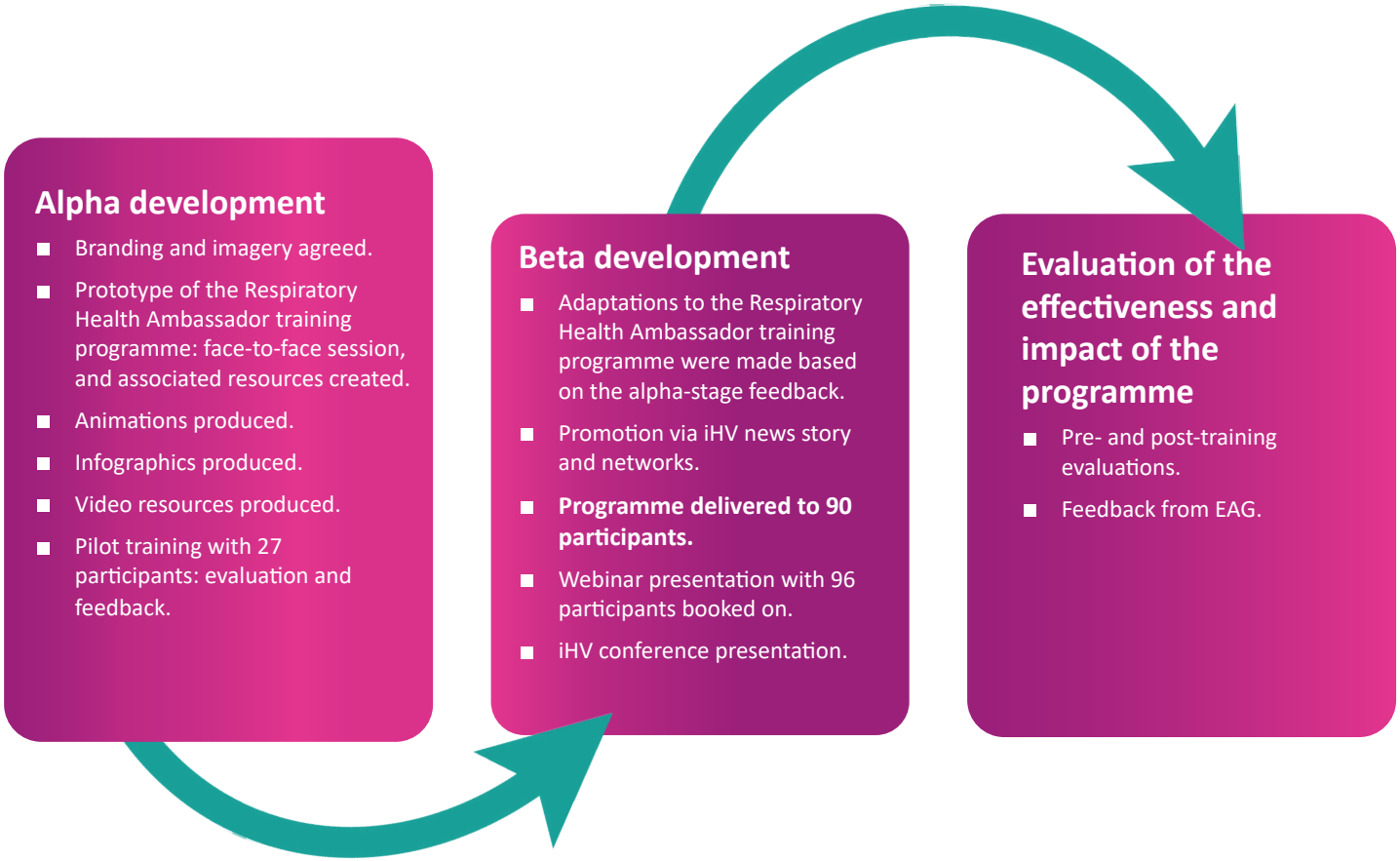
- ✓ For health visitors to have a basic understanding of their child's condition, but they are not expected to be an expert.
- ✓ Access to trusted information on websites and in leaflets.
- ✓ For all health visitors to be able to talk to parents/carers about air pollution and provide advice and connection to resources.
- ✓ "Information needs to be set out simply…too many words and complicated diagrams are useless"

The analysis from the scoping phase informed the development of the resources.

DEVELOPMENT

3.

To address the needs and recommendations identified in the scoping phase, a range of resources was developed in two stages: 'Alpha development' for the pilot training, and 'Beta development' to finalise the training programme and resources. These were co-designed with the support of the EAG, an expert design company, and feedback from the health visitors who had been part of the scoping phase.



3.1. Resource development

3.1.1. Programme branding and design

The design and imagery for the programme was identified as being important by the practitioners as part of co-design. We worked with the expert designers to develop a range of design concepts. These were then shared with the co-design group before a final design was agreed (see Image 1). The consensus was that the programme would be called “Our Air, My Lungs”.

Image 1: Project logo

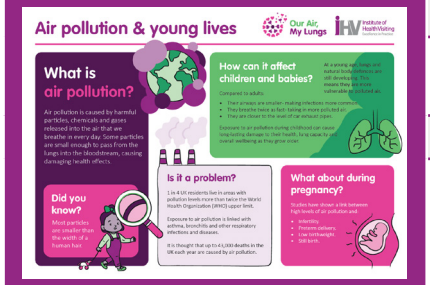
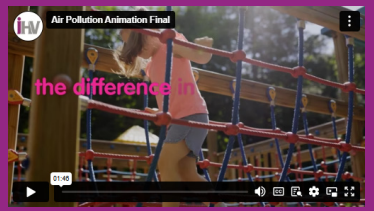
Our Air, My Lungs

3.1.2. Development of a toolkit of resources

1. Due to a range of quality e-learning and CPD resources already available from other organisations, a toolkit was produced to house all the information in one place.
2. Following the scoping phase, barriers to discussing these topics with families were identified as lack of training and a lack of trusted resources.

To address these gaps, the resources in Table 2 were developed. All resources were quality assured, including reviews by experts, health visitors and parents. This ensured they were safe for health visitors and families to use and aligned with national policy and guidance.

Table 2: Summary of resources to be developed within the toolkit

Resource	Topics	Purpose of the resources
INFOGRAPHICS 	Air Pollution Asthma Cystic Fibrosis Preterm Chronic Lung Disease Viral-Induced Wheeze Damp & mould	The infographics are designed to be quick reference sheets of the key information on each CRD and aspects of air pollution. They are conversation starters/aids to help professionals raise the topics with families. They can be left with families for them to refer to, and they have a QR code which takes people to sources of more information and support.
ANIMATIONS & FILM 	Air Pollution Cystic Fibrosis Preterm Chronic Lung Disease Parent voice about air pollution Damp & mould Parent voice about CRD	These animations and films aim to give more detail which cannot be covered in the info-graphics. These topics were selected due to the lack of information on CRD risk factors in the home, and specific information tailored to the role of health visitors working in communities with families. The animations and films share the voice of families, their experiences of these topics, and the role of health visitors.
USEFUL ORGANISATIONS A - Z	Air Pollution Asthma Cystic Fibrosis Preterm Chronic Lung Disease Viral-Induced Wheeze	Compiled lists of policy, guidance, continued professional development, and organisations to connect parents with.

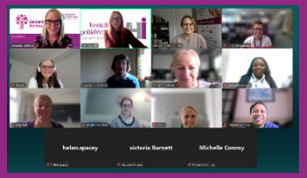
Resource	Topics	Purpose of the resources
HEALTHIER TOGETHER	Air Pollution	A parent-facing resource on the national Healthier Together website giving information about air pollution and health. Ideas for families on what they can do if they are worried about air pollution - based on the Ambassador resource to ensure consistency of information and messaging.
HALF DAY TRAINING PROGRAMME	Half day training programme	The half-day training aims to enable health visitors and their team members to become Respiratory Health Ambassadors. Equipped with knowledge and understanding to become place-based leaders in raising awareness of air pollution and its impact on health and CRD. The training is interactive including videos, group work and Slido quizzes. Following the training, the attendees were given access to the above resources and were able to complete additional learning which includes: ■ NICE Guidance for each topic ■ Background information about preterm chronic lung disease ■ MECC (Making Every Contact Count) learning on how to have air pollution conversations ■ Cystic Fibrosis lived experience podcasts ■ NHS Asthma Competency This is to scaffold their learning and give the depth which cannot be covered in the half-day session.
AMBASSADOR TRAINING	Awareness raising Ambassador cascade	Following completion of the additional learning, they have access to a 1-hour cascade session to share these topics with their colleagues.
PODCAST	Air Pollution	A podcast was recorded with Rosamund Adoo-Kissi-Debrah and published on Spotify, about air pollution and her campaigning. A supporting blog was also written and published to support dissemination and awareness raising.
WEBINAR	The project	■ A 1½ hour webinar was delivered, featuring: » Liverpool Clean Air Clinic Nurses discussing each of the CRD conditions and the Clean Air Clinic » RCPCH discussing air pollution and how to have the conversation » A short video by Rosamund Adoo-Kissi-Debrah which was produced for WHO (World Health Organization) » iHV project team explaining the project and sharing the feedback

DELIVERY

4.

The final stage of the project saw the delivery of the different elements of the programme, Table 3 provides details of each element.

Table 3: Detail of the events delivered

Event	Content
Pilot Training	This was delivered virtually in January 2025 to 27 health visitors and their team members in Liverpool.
National rollout 	Four virtual sessions were delivered throughout March and June 2025 for health visitors and their teams. 130 booked and 90 attended. This is a pattern we have noted across all complimentary training, both internally and with partner organisations. There is a thirst to complete training, however, workforce pressures and competing priorities for staff are leading to a higher attrition rate for training.
Webinar	The webinar was delivered in April 2025, with 96 participants booked on to the session. This is now available on our website as a free resource for all iHV members to support wider dissemination.
iHV Evidence-based Practice Conference 2025: Healthier Beginnings 	The project was presented at a concurrent session at the iHV Evidence-based Practice Conference in May 2025, with the slides available for all conference attendees to view at a later date. The concurrent session also featured the following speakers: ■ Professor Caitlin Notley presenting “Definitive findings from the BabyBreathe trial – preventing return to smoking postpartum” ■ Fliss Stephenson (Climate Change Manager) presenting RCPCH Air Pollution Companion

EVALUATION

5.

5.1. Respiratory Health Ambassador training

The Respiratory Health Ambassador training programme was delivered twice during the project, in line with the proposal - the pilot training and the national rollout. Learning and feedback from both cohorts were similar and have been combined. The pilot attendees were specifically asked about the content and design to inform any changes that needed to be made to the programme before the national rollout. To reflect this, the aspects relating to the pilot Respiratory Health Ambassador training programme will be highlighted.

5.1.1. Participant background

The participants came from a variety of health visiting backgrounds (see Image 2). Those who described themselves as “other” comprised of a variety of specialist and lead roles, including specialist health visitors (children with additional needs, homeless families, workforce training and development), lecturer for health visitors, CONI (Care of the Next Infant) coordinator, researchers, retired health visitor and 0-19 Service Development Lead.

Image 2: Current job role

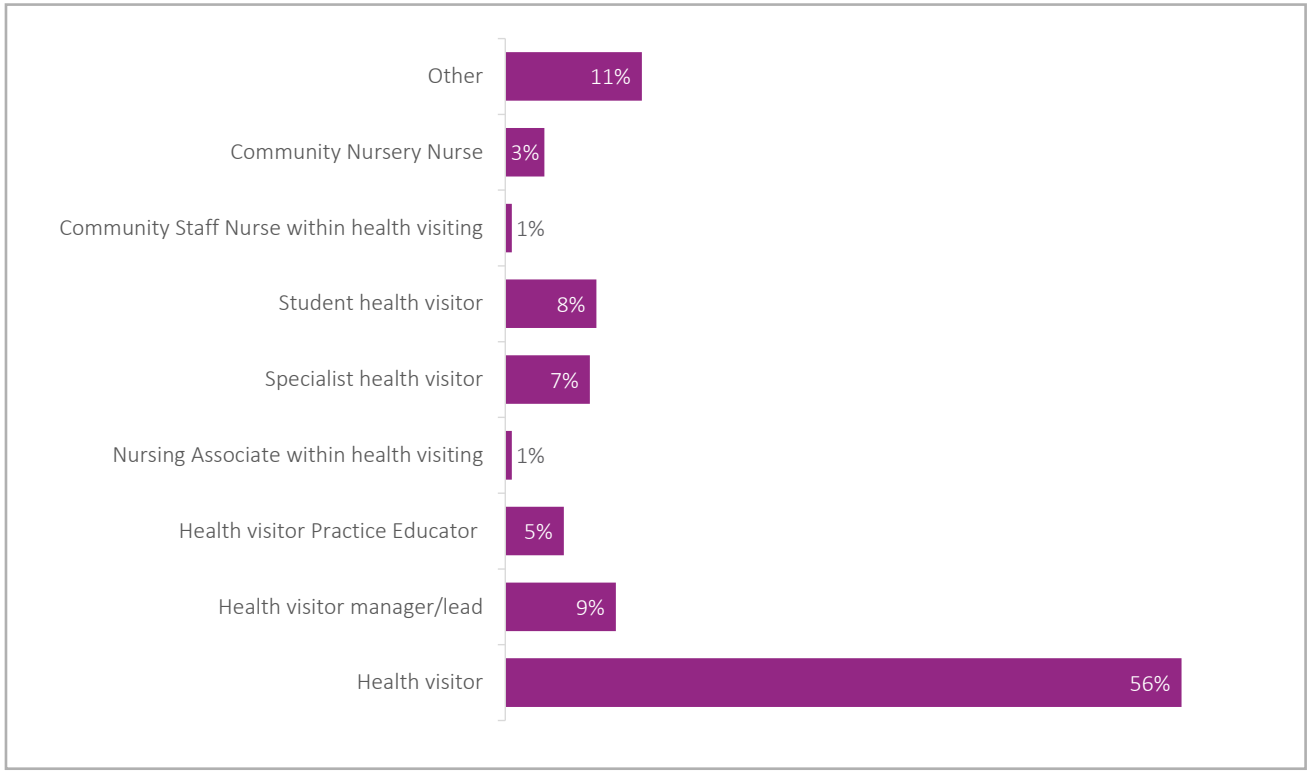
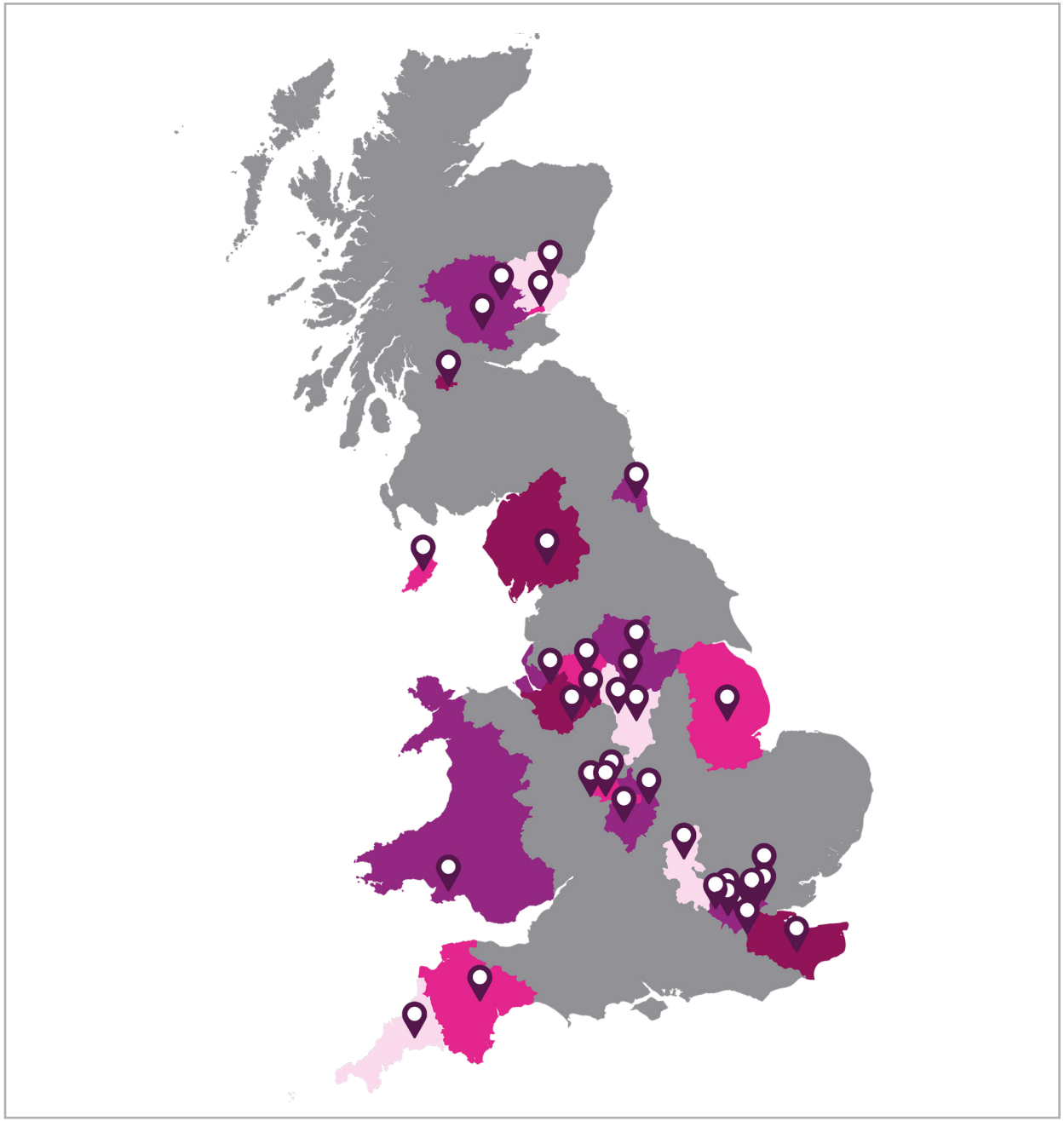


Image 3: Map of where participants are based

The Respiratory Health Ambassador training programme was offered to all four nations of the UK; see image 3 for the geographical spread of attendees. There was a range of experience within the health visiting service, with 19% being in post for less than a year, 31% being in post for 1-5 years, and the remaining 50% being in post for over 5 years.



5.2. Evaluation of the training sessions

5.2.1. Approach

At the start of the training, current experience was explored. Pre-training questionnaires and post-training questionnaires were sent to all participants.

This next section provides a summary of the practitioner evaluation.

5.2.2. Experience, confidence and knowledge

Participants were asked which of the CRD conditions babies and children on their caseload have and that they are supporting. Image 4 shows that they are supporting all the conditions, with asthma being the most common. Given that asthma is usually diagnosed after the age of 5 years[6], and this is when health visiting support stops[7], it is interesting to see this and highlights the need for the training.

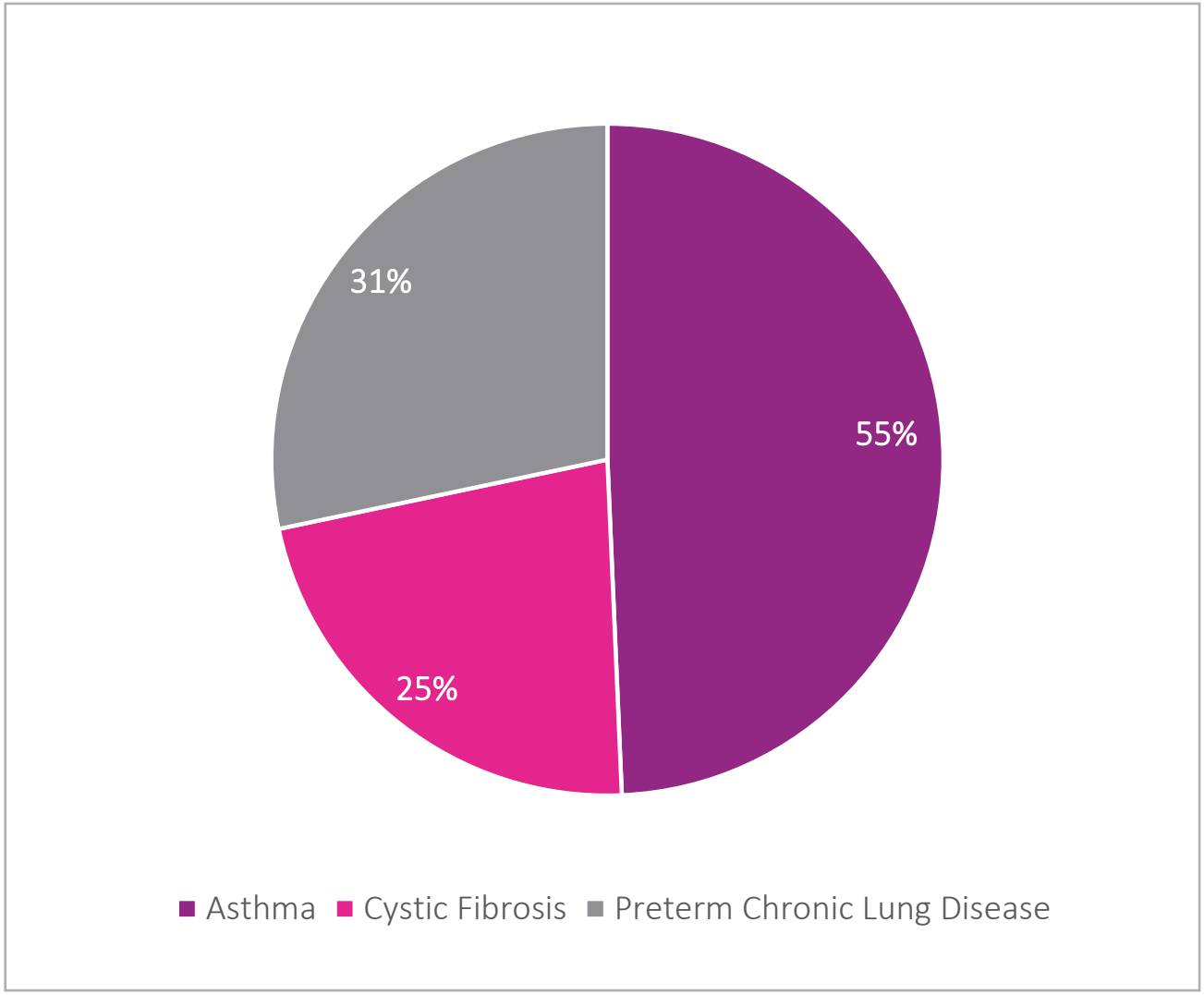


Image 4: Conditions that babies and children on the participants' caseloads experience

The training aimed to improve practitioners' knowledge and understanding of each of the CRD topics and air pollution. As can be seen in images 5-8, there was a good positive shift in learning between the pre- and post- training scores across all topics.

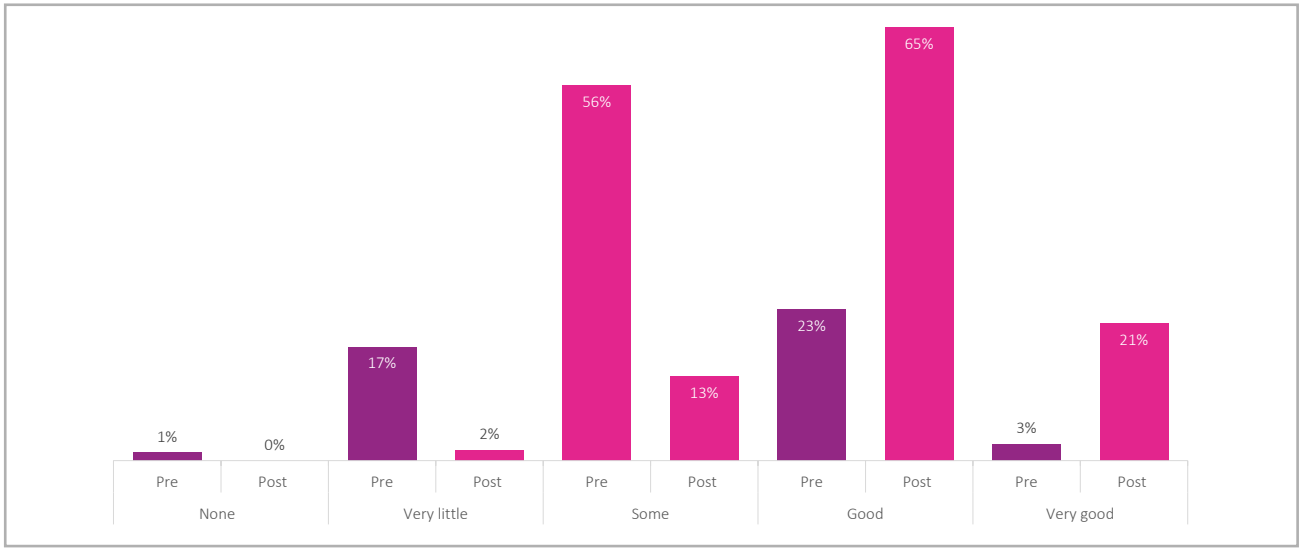


Image 5: Knowledge and understanding of asthma in children under 5-years-old pre- and post-training

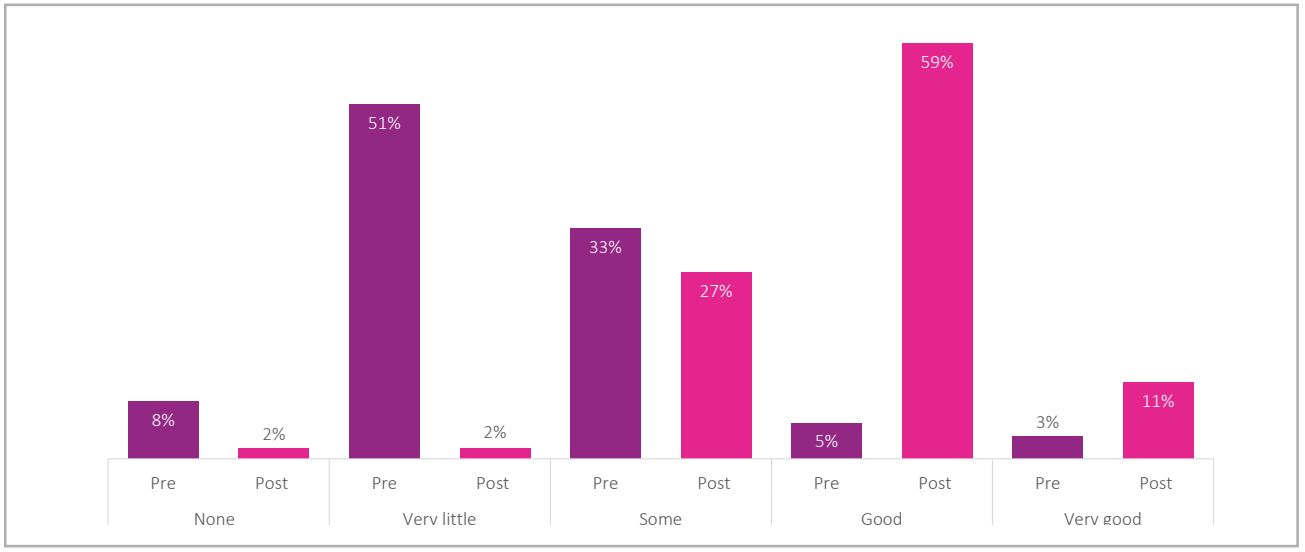


Image 6: Knowledge and understanding of cystic fibrosis in children under 5-years-old pre- and post-training

- As can be seen for all three CRD conditions and air pollution, there was a significant increase in reported knowledge and understanding following the training.

The increase in practitioners' knowledge and understanding gained from the training, supported an increase in their confidence in talking with families, which is something that was highlighted in the scoping phase - that practitioners were unsure how to raise these topics or talk about them. Images 9-10 shows the positive shift to being confident in talking about these topics with colleagues, and images 11-12 about having conversations with families.

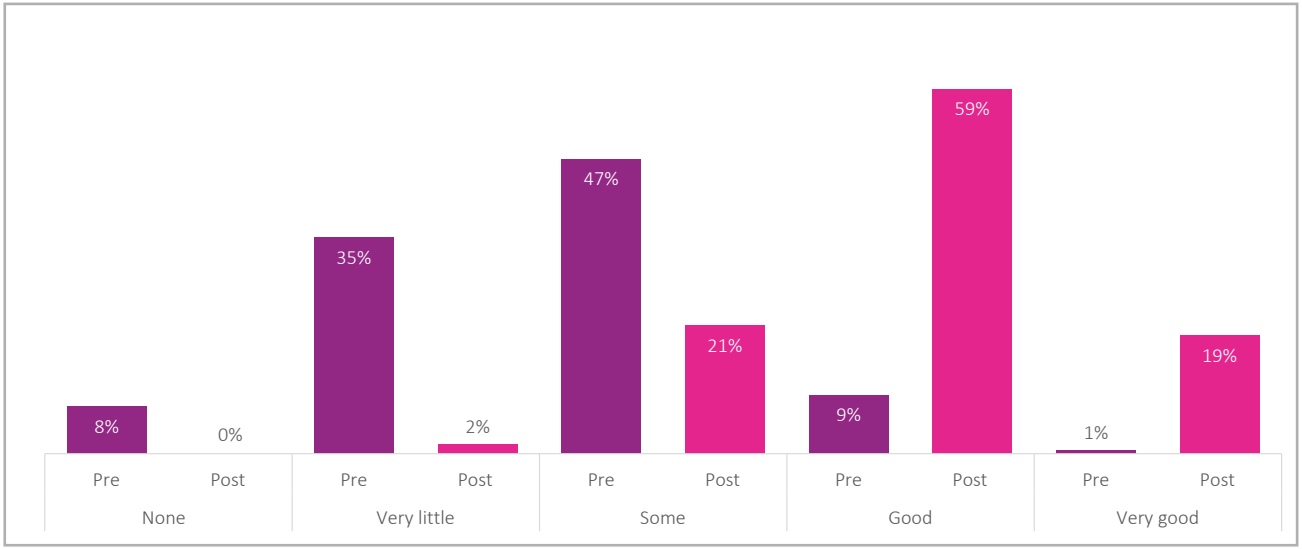


Image 7: Knowledge and understanding of preterm chronic lung disease pre- and post-training

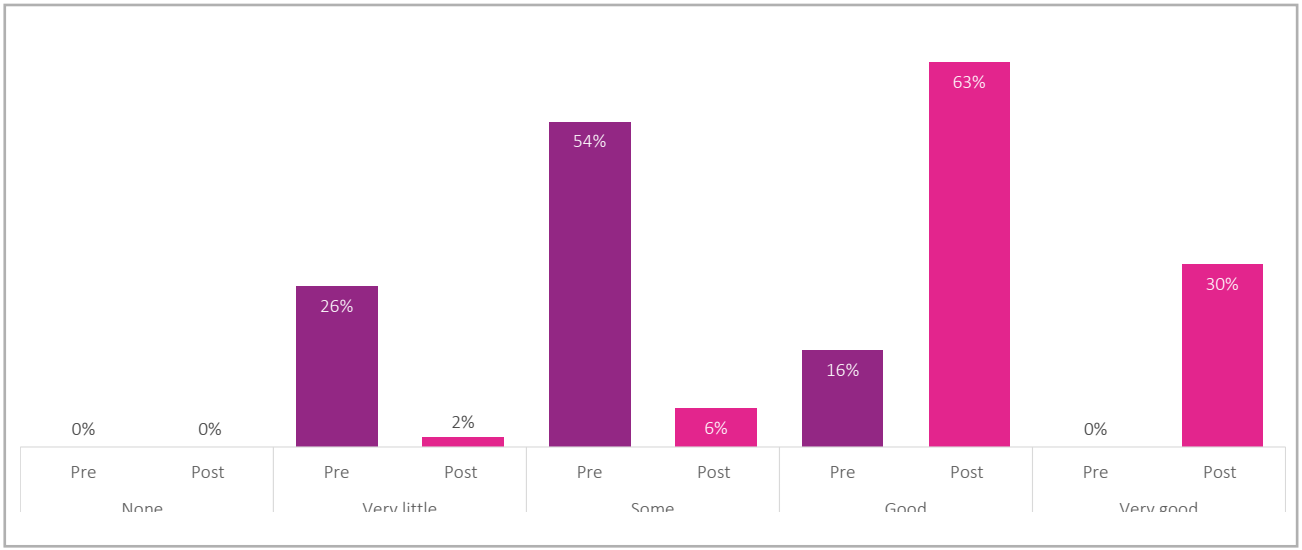


Image 8: Knowledge and understanding of air pollution in children under 5-years old pre- and post-training

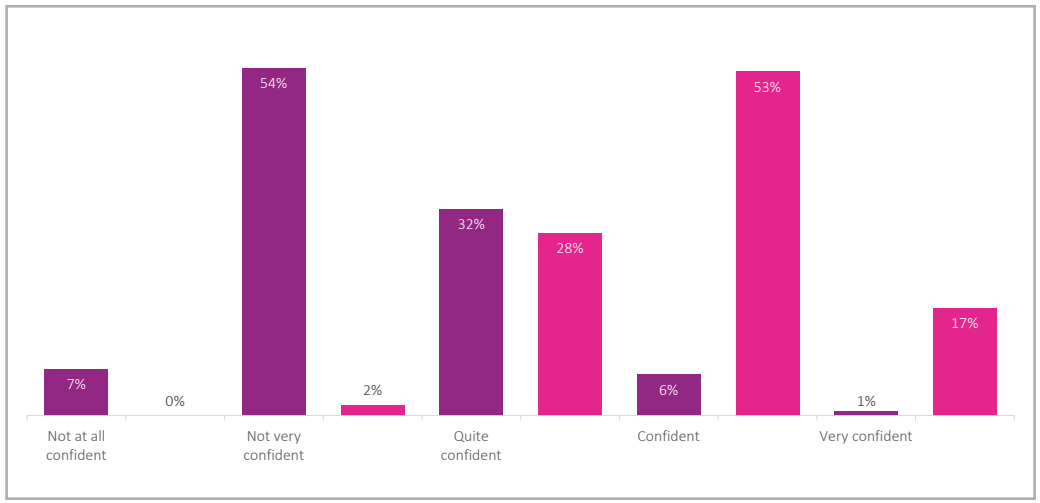


Image 9: Participant confidence in discussing CRD in children under 5-years-old with colleagues pre- and post-training

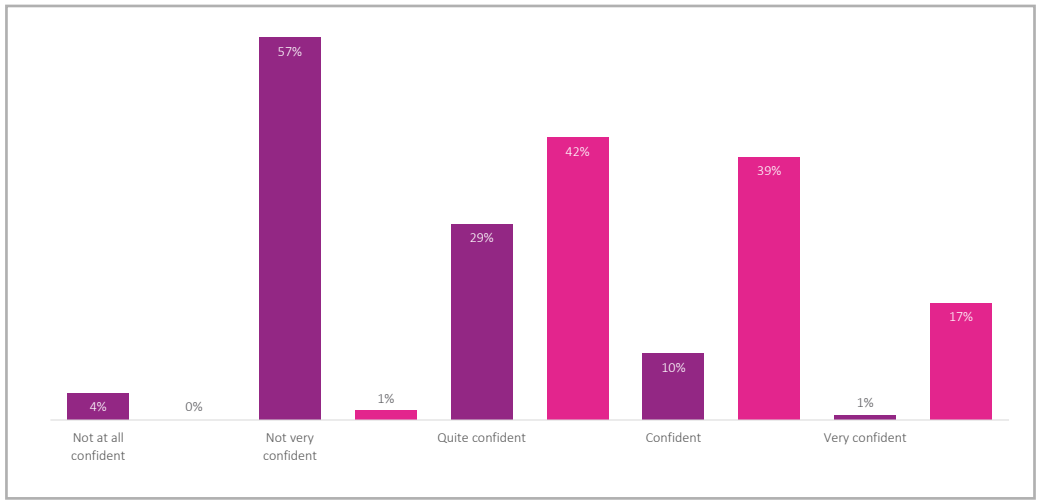


Image 10: Participant confidence in discussing the effects of air pollution in children under 5-years-old with colleagues pre- and post-training

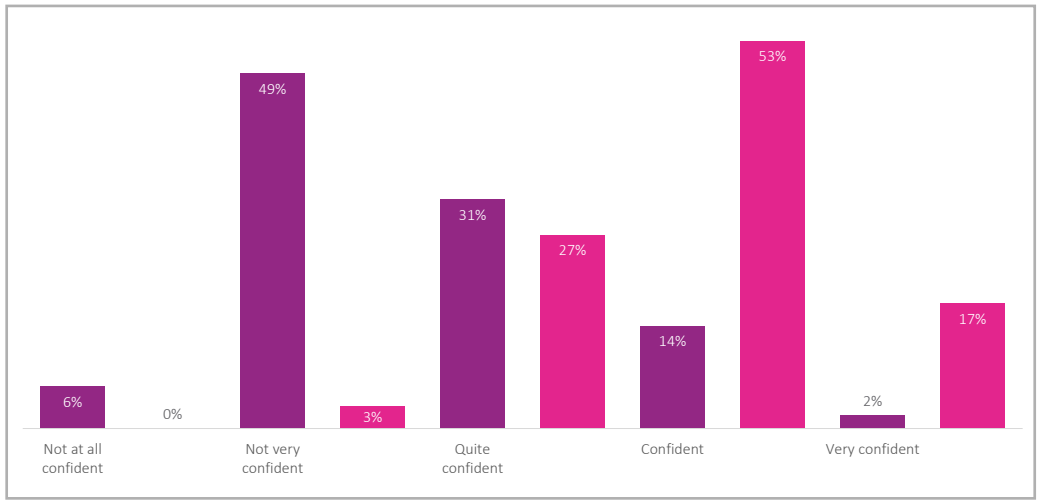


Image 11: Participant confidence in discussing CRD in children under 5-years-old with families pre- and post-training

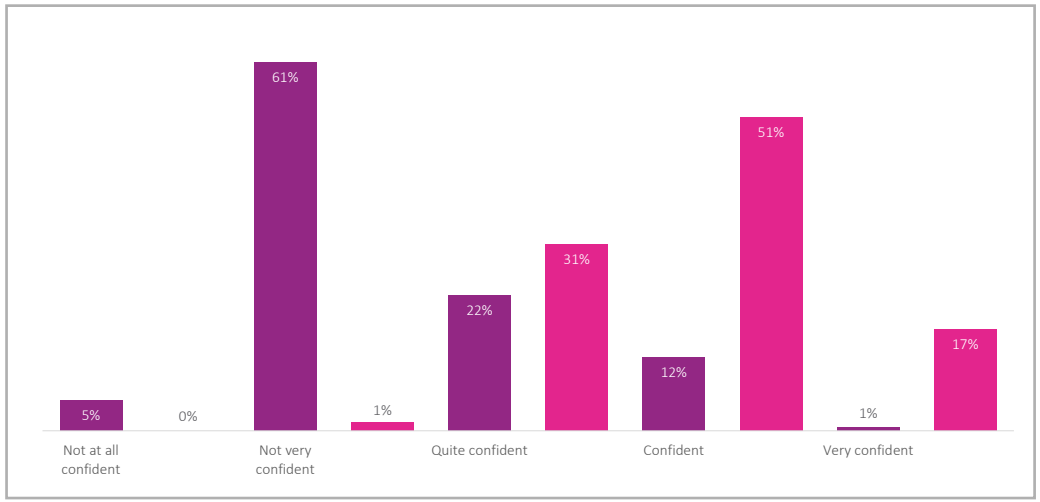


Image 12: Participant confidence in discussing the effects of air pollution on children under 5-years-old with families pre- and post-training

5.2.3. What would you do differently following the training?

- 75% said that they would discuss the topics with families, asking them what support they need, give advice and connect them with appropriate organisations.
- Other changes they would implement included:

» Discussing air pollution universally with all families

» Sharing new knowledge and learning with colleagues

» Continuing their own CPD

» Improving local information about supporting families experiencing damp and mould.

5.2.4. Would you like more training?

- 53% either skipped the question, said nothing or just that they wanted more training.
- 36% wanted more on each of the topics, either more depth, more on how to talk to families, more on the science or how it affects other conditions.

"Have more open conversations about respiratory health."
Encourage others to be more proactive in their understanding of air pollution and its impacts on health and wellbeing."
"Housing letter documented and dissemination of information to staff and public."
"Provide public health promotion around indoor and outdoor air pollution. Utilise the resources provided by the training to start the conversation and provide education to colleagues."
"Discuss with my manager the possibility of offering training to colleagues."
"Use more open-ended questions and explore more about parents' understanding of air pollution and its impact on respiratory health. I will also support them with more practical ways of maintaining the home to cut down on air pollution in the home."
"I look forward to reading more and expanding my knowledge to cascade to staff and families."
"More discussion with carers re risk of hospital re-admission in infants with preterm chronic lung disease. Discuss air pollution with parents, and ensure inhalers are used properly."

"Felt that the training included everything I need to know."
"Further detail on the health conditions which were covered in this training."
"More in-depth training session around pollution in the home and what effects long-term exposure can have on children."

5.2.5. What would you change about the training?

88% either said nothing, *"it was really good training"*, or skipped the question.

"Can't think of any! I found the training really easy to follow and the way it was delivered made me confident in how I can share information with colleagues and families"

The remaining comments included the normal responses dependent on learning styles: longer sessions, more/less group work, and offering it as face-to-face training. Other specific suggestions included adding additional respiratory conditions such as bronchiolitis, and splitting it into two sessions, one for CRD and one for air pollution.

5.2.6. Thing you liked best about the training

- 59% enjoyed the group work discussion, meeting professionals from across the country and learning from them.
- 53% liked the training content, learning about these topics and increasing their knowledge.
- 63% enjoyed how interactive the training was, specifically highlighting the different learning styles, ways to engage, and alternating presenters to maintain engagement.

The remaining third reported on individual learning and feeling more confident in talking to parents about these topics.

"I feel it was good the way it was, with the links for further study afterwards."
"I would have loved to learn more about the scientific mechanism of air pollution and lung damage."
"Separate the training giving each topic its own session."
"Other childhood respiratory conditions such as RSV and Bronchiolitis."
"The impact of air pollution in the home on skin conditions, i.e. eczema/dry skin."
"Overall, the training was really good and informative. I think it would be good to make this training into two sessions as it requires time to build awareness."

"Air pollution stats and management of the respiratory conditions."
"All of it, very well presented with a mix of infographics, quizzes, scenarios and breakout rooms for reflection."
"Breakout rooms and meeting with other professionals across the UK."
"I felt I learnt a lot and feel more confident in approaching families in their homes regarding pollution."
"It was easy to follow and there was a lot I have learnt that I didn't know beforehand."
"It was very interactive, facilitators were very engaging and welcoming."
"Relevant and interesting information, presented well and good inclusion."
"The link to practice and the engagement with the facilitators and other learners."
"The trainers kept to time, and I was thankful that they encouraged people to have cameras on, often people disengage during training. I liked the use of different trainers for different topics in order to maximise their expertise."
"Very relevant to what's needed in daily health visiting role."
"All well presented and delivered. Also liked the use of videos. The practical demonstration of the spacer was a useful update too."

5.2.7. Final thoughts about the training

At the end of the training:

- 100% would recommend it to a colleague.
- 100% felt more confident in discussing air pollution and CRD.
- 100% enjoyed the session.
- 95% of participants felt that the Respiratory Health Ambassador resources would support them when supporting colleagues and families *"I think the resources are good and really will help."*
- 99% of participants responded that they were somewhat prepared, prepared or very prepared for their Respiratory Health Ambassador role.

Image 12: Overall rating for the Respiratory Health Ambassador Training

"As a student, it was very informative to have this training. I have learned that air pollution is not discussed enough, and there should be more awareness promoted."
"I really enjoyed this training, and it really made me reflect on my practice."
"Thank you very much for this training. The variety of learning activities helped keep those attending engaged."
"The trainers where clear and knowledgeable and tried to involve everyone."
"Thanks so much, it has been really educational. Lots of information and hopefully will make a real difference. I enjoyed the mixed formats, breakout rooms, videos etc."
"Thank you very much this was very well targeted and comprehensive training. Look forward to cascading this."
"Thank you very much everyone - this all came at a time when 2 of my clients are having testing for cystic fibrosis, so I will be looking at that NICE guidance asap."

5.3. Additional learning

As discussed in Section 3: Development, the participants were asked to complete additional learning following the half-day Respiratory Health Ambassador training session to scaffold their learning.

Over half of the participants had completed the additional learning at the time of this report, with over 79% completing the air pollution resources.

Of those who had accessed the additional learning:

- 100% of the national rollout participants found it very easy or easy to find the resources.
- 84% of participants who have completed the additional learning felt that the time to complete them was just right.
- 97% agreed or strongly agreed that the resources positively impacted their understanding and confidence in the topics.
- 100% agreed or strongly agreed that the additional learning helped them feel more confident in discussing these topics with families and colleagues.

5.4. Overall training and resources rating

When asked to give an overall rating out of 5 for the training, 80% rated it as 5 out of 5, see Image 14 for the overall star rating for the training programme.

Image 14: Rating for the full Respiratory Health Ambassador Training Programme

"Great training thanks."
"I found the NICE guidance interesting and useful, but it was the additional resources that really informed my practice and gave me confidence in having discussions with families."
"It was all very useful with progressing with this role."
"Lots of additional reading, however, easy access so was able to dip in and out…"
"Thank you so much for this experience."
"The podcasts, in particular, I found more able to retain information from because it was real families that were giving their perspectives."

5.5. Webinar

The launch webinar was well attended by practitioners from a variety of health visiting backgrounds. A quick evaluation poll was conducted at the end of the webinar; the responses were:

- 100% found the webinar useful.
- 100% would attend a future webinar.
- Informal feedback included:

  "Excellent highlighting of an area I have not been focusing on enough, will share will the rest of the team."

5.6. Steering group feedback

As part of the evaluation of the project, feedback was sought from the steering group, there was overwhelming positive feedback from them:

- 100% felt that they were able to influence the development of the project.
- 100% felt they were listened to.
- 100% said the resources exceeded their expectations.
- 100% said they would work with the iHV again.
- They rated the resources as 4.5 out of 5

"The iHV team, as always, were easy to work with, took time to involve the participants and responded to their feedback."

"I have really enjoyed working with [named members of the iHV team]. It really felt like there was a clear vision for the project, and a need for the resources being developed. I enjoyed being able to participate in various levels of the planning/piloting, and for the RCPCH to be able to support with webinars/speaking events."

"Fantastic resources produced, I hope they will be shared widely. Would be useful for use in GP practices too. Team were very professional, lots of ideas with a strong vision. Feedback was valued and implemented. Congratulations on a successful project."

CONCLUSION AND NEXT STEPS

6.

Table 4: Recommendations

Those participants who fully engaged with all aspects of the training programme showed a positive shift in learning and change in practice to enable supportive, parent-led, non-judgmental conversations. Table 4 details the recommendations from the project, what next steps are needed to embed this in practice, and sustainability of the training and resources.

Recommendation	Action	Predicted outcome
Raise the profile of the role of health visiting in CRD risk reduction, supporting the need for the programme	■ Marketing to highlight the role of health visiting in CRD and the benefits of interventions in childhood to achieve longer-term health outcomes across the life-course. ■ Promotion of the Respiratory Health Ambassador training and resources for all health visiting services to be commissioned as part of the iHV offer.	■ Managers see the positive impact that training has on staff confidence, knowledge and skills and their service, and will support staff to attend. ■ Practitioners use the training and resources to support and enhance their practice. ■ Managers and practitioners will protect the required time to cascade learning as place-based leaders. ■ Improved staff confidence, knowledge and skills will improve support for families, ensuring better health outcomes for babies and children.
Sustainability - Update and maintenance of resources	■ Further funding to be investigated. ■ Update of resources by the iHV as part of annual reviews. ■ Include additional training resources in future training.	■ To enable the resources to remain current and up-to-date. ■ Support ongoing CPD and keep Respiratory Health Ambassadors up-to-date in their practice.
Raising the profile of the health visitor's role in the prevention of CRD	■ Share learning from the Respiratory Health Ambassadors training programme evaluation with stakeholders.	■ To support stakeholder understanding of the health visitor's role, and the importance of early intervention and public health. ■ To improve stakeholder understanding of the unique role of the health visitors and how the role complements other professions.

REFERENCES

1. WHO. Environment, Climate Change and Health. Accessed: 09/06/2025. Availible at: https://www.who.int/teams/environment-climate-change-and-health/healthy-urban-environments/housing/health-risks

2. PHE. Estimation of costs to the NHS and social care due to the health impacts of air pollution: summary report. 2018. Accessed: 09/06/2025. Availible at: https://assets.publishing.service.gov.uk/media/5afef7a0e5274a4be3231bd0/Estimation_of_costs_to_the_NHS_and_social_care_due_to_the_health_impacts_of_air_pollution_-_summary_report.pdf

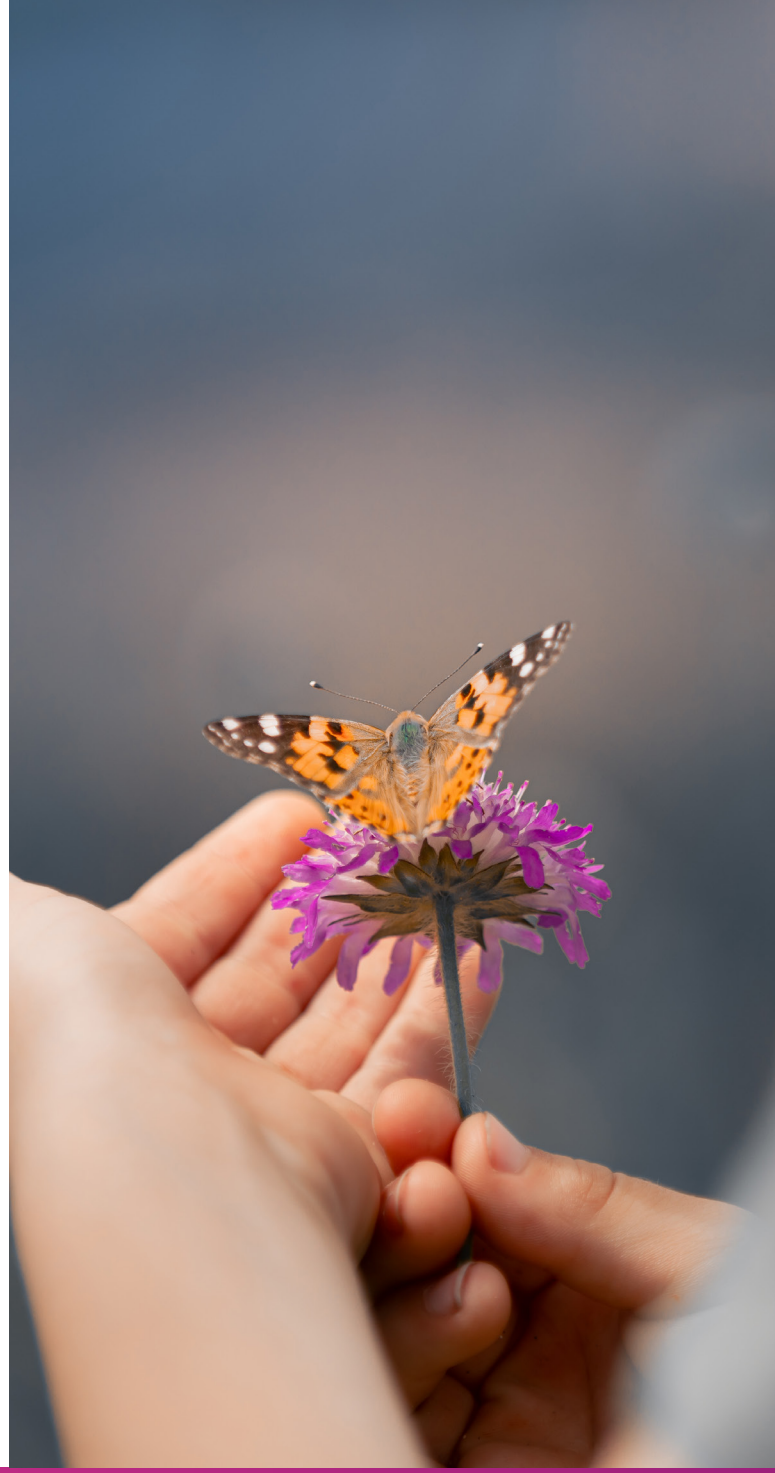
3. WHO. Household air pollution. 2024. Accessed: 09/06/2025. Availible at: https://www.who.int/news-room/fact-sheets/detail/household-air-pollution-and-health

4. BBC. Awaab Ishak: Guidance on mould to be reviewed after toddler's death. 2023. Accessed: 12/06/2025. Availible at: https://www.bbc.co.uk/news/uk-64273057.

5. ASH (2020) Reducing Second Hand Smoke Fact Sheet. Available at: https://ash.org.uk/resources/view/secondhand-smoke

6. NICE. NICE guideline [NG245] Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN). 2024. Accessed: 09/06/2025. Availible at: https://www.nice.org.uk/guidance/ng245/chapter/recommendations

7. OHID. Health visiting and school nursing service delivery model. 2021. Accessed: 09/06/2025. Availible at: https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model



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