

Evidence for the 2020 Comprehensive Spending Review

Introduction:

1. The Institute of Health Visiting (iHV) was established as an independent charity and centre of excellence for health visiting in 2012, with the support of the Cabinet Office and Department of Health, to strengthen the quality and consistency of health visiting services for the benefit of all children, families and communities. Our Vision requires health visiting to play its fullest part within an integrated system to reduce health inequalities that arise in childhood and for our children to achieve health outcomes on a par with the best in the world.
2. The iHV published a Vision for Health Visiting in October 2019 in support of the Government's call through Public Health England for stakeholder evidence to support their proposed refresh of the Healthy Child Programme. The Vision is built on the expressed needs and preferences of parents, as well as the best evidence of "what works" and a benchmark of current practice.

The Vision and underpinning evidence are set out in a suite of documents below¹:

- [Health Visiting in England: A Vision for the future \(full report October 2019\)](#)
 - [Health Visiting in England: A Vision for the future \(Executive Summary\)](#)
 - [What do parents want from a health visiting service? - Results from a Channel Mum survey \(January 2020\)](#)
 - [Health visiting - Good practice case studies - First Edition January 2020](#)
 - [State of Health Visiting in England: Results from a survey of 1040 practising health visitors \(February 2020\)](#)
3. In this submission, we provide a summary of what we know about the ways that we can ensure that all children are supported to achieve the best start in life and address the Government's stated aim of this review to improve outcomes in public services, including supporting the NHS and taking steps to cut crime and support educational attainment. A key determinant of the Government's ambitions rest on children's experiences and achievements prior to starting school, yet this currently receives insufficient attention.

Key policy recommendations:

4. **Government funding for health visiting should be increased by £206m² a year to increase the number of health visiting substantive posts in England by 5000 to 13,000^{3 4}.** This will reverse the 30% reduction in health visitors since 2015, with a further increase to ensure an average recommended caseload size of 250 children aged 0-5 years per WTE health visitor⁵. The benefits of an effective health visiting service accrue to numerous government departments through its contribution to many key national priorities, which if unaddressed carry a significant fiscal burden, and by providing a vital safety net for vulnerable babies and young children who are often hidden from other statutory services. Increasing the health visiting workforce will ensure families receive

¹ Institute of Health Visiting (2019) Health Visiting in England: a vision for the future – suite of resources: <https://ihv.org.uk/our-work/our-vision/>

² Assume Agenda for Change at mid-band 6 pay point 25 £33,176 and on costs of 24%= £41,138 per WTE

³ Latest published data on the health visiting workforce indicates 7,820WTE. (6,673 WTE recorded on NHS HV workforce data May 2020; 1,147 WTE recorded on Independent Healthcare Provider workforce statistics published Feb 2020; Percentage reduction based on combined NHS and Independent workforce statistics Sep/Oct 2015 =11,266WTE)

⁴ Reconciliation against vacant posts is needed to determine final uplift costs – data not in the public domain

⁵ 0-5 population 3.25m

additional universal and targeted support as recommended by the Health and Social Care Committee⁶.

5. **Additional government funding of £218m⁷ is needed to train 6000 health visitors over the next four years to offset the current national shortage of health visitors** and projected 20% shortfall in the future due to retirements and attrition.
6. To strengthen health visiting leadership capability an additional **expenditure of £4m is required to provide a leadership development programme for health visitors** to help transform models of care in the way that the Government is due to outline within its existing commitment to refresh the health visiting model for England and the Healthy Child Programme.

Desired outcomes/ benefits:

7. Strengthening the health visiting service will ensure that all families receive the support that they need and vulnerable children are identified as early as possible. The benefits of an effective health visiting service accrue to numerous government departments, (most notably DfE, DWP, MHCLG), local government and the NHS. We have listed the 15 policy priority areas where health visitors can make the greatest difference in our Vision⁸ for health visiting:
 - Supporting parents through their transition to parenthood, including preconception care
 - Breastfeeding rates
 - Reducing perinatal mental health problems (mothers, fathers & partners)
 - Improving infant and child mental health
 - Promoting healthy nutrition, physical activity and healthy weight
 - Managing minor illnesses, building health literacy & prevention of Sudden Infant Death Syndrome
 - Reducing unintentional injuries
 - Increasing the uptake of immunisations
 - Improving child development 0-5 years, including speech, language and communication needs and school readiness
 - Supporting families who have children with developmental disorders, disabilities and complex health needs
 - Promoting healthy couple relationships
 - Primary prevention and health promotion in oral health
 - Promoting healthy sleep patterns in children and their parents
 - Reducing tobacco, alcohol and substance misuse in the perinatal period
 - Supporting teenage parenthood.

Identifying and safeguarding the needs of vulnerable children are central to the work of health visitors. This includes supporting individuals and groups who do not currently experience easy access to services (for example the Gypsy/ Traveller community, asylum seekers, families struggling with poverty and individuals who are not registered with a GP), and consequently do not experience the same health outcomes as the rest of the population.

8. All of these 15 High Impact Areas represent a **significant cost to the Treasury**, alongside the personal cost to the child and family associated with widening inequality, which is often cumulative across the life course and can transmit from one generation to the next if not addressed. The five examples that we have selected below alone represent a significant fiscal saving if addressed:

⁶ Health and Social Care Committee (2019) First 1000 days of life. House of Commons.

<https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1496/1496.pdf>

⁷ Assume Agenda for Change at mid-band 5 pay point 19 £26,970 and on costs of 35% to cover salary and training costs=£32,364

⁸ Institute of Health Visiting (2019) Health Visiting in England: a vision for the future. <https://ihv.org.uk/our-work/our-vision/>

- Childhood **obesity** is a strong predictor of adult obesity. 64% of the adult population in this country is currently overweight or obese with an estimated to cost the NHS of **£6bn per annum**.
- It is estimated that 1 in 4 women are affected by **perinatal mental health (PMH) problems**, with suicide continuing to be a leading cause of maternal deaths in the UK. Taken together, perinatal depression, anxiety and psychosis carry a total long-term cost to society of at least **£8.1bn⁹** for each one-year cohort of births in the UK. Nearly three quarters (72%) of this cost relates to adverse impacts on the child rather than the mother.
- To **protect the NHS**, it will be important to maintain the sustained reduction in the number of patients accessing treatment in Type 1 or 2 emergency departments seen during lockdown. Prior to the current pandemic, **2 million children aged 0-5 years attended A&E every year with rates increasing by 24% in the last six years**. Many of these presentations are avoidable or preventable and will be for relatively minor or self-limiting illnesses and unintentional injuries. Health visitors are ideally placed to provide parents with consistent, explicit safety-netting advice to improve health literacy, which has been shown to reduce re-attendance. An annual **10% reduction in A&E attendance for under-5s would yield £31.5m a year**.
- Reducing the incidence of just five illnesses, protected by **breastfeeding**, would translate into cost savings for the NHS of at least **£48 million a year** and tens of thousands fewer hospital admissions and GP consultations¹⁰.
- **Recent data suggests that 1 in 5 children will experience domestic violence and abuse** with an estimated cost of over **£66 billion per year** in England and Wales.¹¹ During lockdown, contacts to the National Domestic Abuse Helpline increased by 77 per cent in June 2020 compared to pre-lockdown levels, along with an 800 per cent increase in visits to the website and increased requests for refuge spaces.¹²

9. **Improved identification of vulnerable children to address hidden harm:** Prevention is better than cure¹³. The costs of supporting vulnerable children with increased risk due to family and social circumstances where there is a statutory entitlement for care and support has increased significantly in recent years and are directly correlated with the cuts in preventative services. It is estimated that there are 560,000 children under five living in households where a parent or carer is experiencing severe mental ill health, substance misuse or domestic abuse. 42,000 under-fives are living in homes where a parent has experienced all of these in the last year¹⁴.

10. Pre-Covid, the Children's Commissioner highlighted that in England only 20,000 babies are identified by children's services to be at risk, raising concerns about **the number of invisible children, estimated to be more than a third of all vulnerable children¹⁵** who are not known to services and therefore not getting any support. At the most extreme end of the spectrum, as in previous years, currently the highest rate of homicide for any age group is in babies under the age

⁹ Bauer et al (2014) Centre for Mental Health and London School of Economics: The costs of perinatal mental health problems. <https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/costsofperinatal.pdf>

¹⁰ Public Health England (2016) Commissioning infant feeding services: a toolkit for local authorities.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/538344/Commissioning_infant_feeding_services_a_toolkit_for_local_authorities_Part_2.pdf

¹¹ Rhys Oliver, Barnaby Alexander, Stephen Roe and Miriam Wlasny (2019) The economic and social costs of domestic abuse Research Report 107 Home Office <https://www.gov.uk/government/publications/the-economic-and-social-costs-of-domestic-abuse>

¹² <https://www.refuge.org.uk/domestic-abuse-helpline-lockdown-eases/>

¹³ Prevention is better than cure – Matt Hancock's speech to IANPHI (2018)

<https://www.gov.uk/government/speeches/prevention-is-better-than-cure-matt-hancocks-speech-to-ianphi>

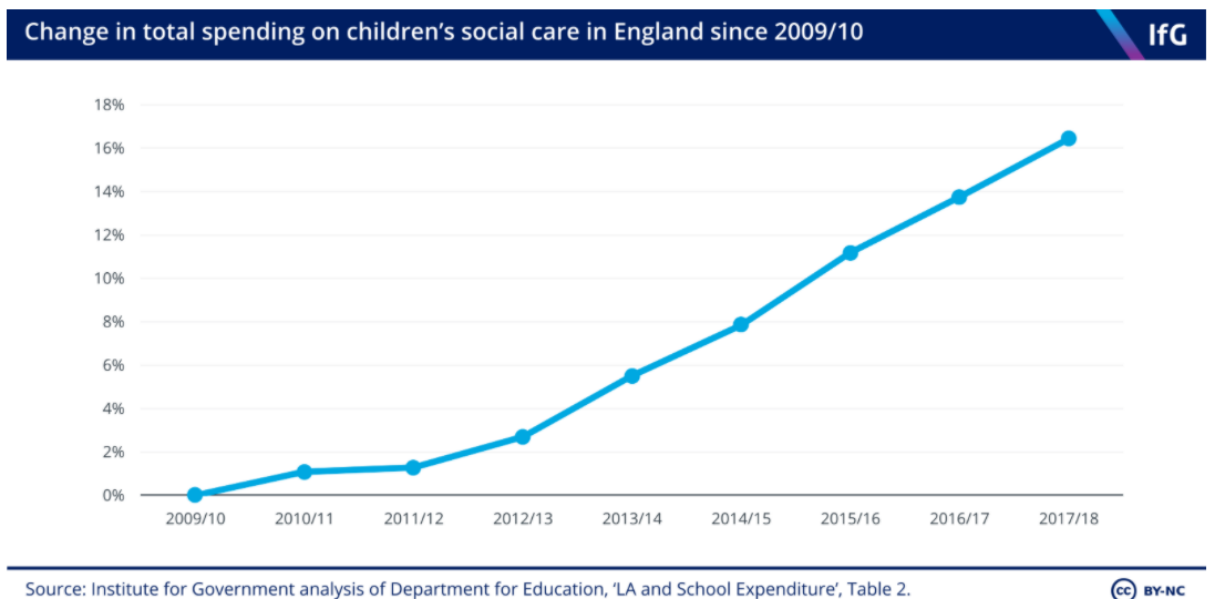
¹⁴ Children's Commissioner (2020) Best beginnings in the early years. <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/07/cco-best-beginnings-in-the-early-years.pdf>

¹⁵ Children's Commissioner (2019) Childhood vulnerability in England.

<https://www.childrenscommissioner.gov.uk/report/childhood-vulnerability-in-england-2019/>

of 1.¹⁶ Moreover, all of these risk factors are made more prevalent in areas affected by poverty and deprivation, which we know has significantly increased during the COVID-19 pandemic.¹⁷

11. In a recent report, the Children’s Commissioner updated the economic case for early intervention at a young age, emphasising that we could do more to help those children who end up in extreme need in later childhood. Currently, every year: > 60,000 children are arrested; > 32,000 children are going into care; > 27,000 children are ending up in gangs; > 8,000 children are permanently excluded from school; > 1,000 children are sectioned under the Mental Health Act; > 700 children are in prison¹⁸. When we don’t have a robust preventative public health service for children from pregnancy to 5 years then these impacts will be on very many children’s long-term life chances and their future health and wellbeing. This in turn impacts on society and the economy.
12. Overall council spending on children’s social care amounted to almost £8.8 billion in 2017/18, an increase of 4.3 per cent (nearly £370 million) in one year. This is a **higher proportional increase than any other area of council spending**¹⁹ (adult social care increased by 2.9 per cent), places a significant burden on the system and amounts to an **increase of more than £750 million** from 2014/15²⁰ (and depicted in the graph below)²¹. **Councils urgently need funding to reinvest in the preventative services that their local children, young people and families need**, so that we can make sure help is available when it’s first needed – not later down the line when the situation has reached crisis point.



¹⁶ Office for National Statistics (2018) Homicide in England and Wales: year ending March 2018. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/yearendingmarch2018>

¹⁷ Children’s Commissioner’s Briefing: Health Inequalities in Childhood (2020) <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/03/CCO-Health-Inequalities-Briefing.pdf>

¹⁸ Children’s Commissioner (2020) Best beginnings in the early years. <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/07/cco-best-beginnings-in-the-early-years.pdf>

¹⁹ Frances Perraudin, Niamh McIntyre 2019 Rise in children taken into care pushes 88% of councils over budget Guardian

²⁰ Local Government Association (2019) Local Government Association briefing: General Debate on spending on children's services House of Commons 31 October 2019. <https://local.gov.uk/sites/default/files/documents/LGA%20briefing%20-%20General%20debate%20on%20spending%20on%20children%27s%20services%20WEB.pdf>

²¹ Institute for Government (2019) Children’s Social Care. <https://www.instituteforgovernment.org.uk/publication/performance-tracker-2019/children-social-care>

Policy rationale:

13. The health visiting service provides a vital “safety net” for vulnerable babies and young children, identifying those who are easily hidden from sight and lack the protection and lines of accountability that schools provide universally to older children.
14. **A targeted service aimed at improving outcomes for vulnerable children will only be effective when provided alongside a robust universal service** provided by health visiting. The Health Visiting Benefits Realisation review (2017)²² concluded that the universal health visiting service was important to both safeguarding and child protection “because it safeguards all children” across a continuum of need. This has been clearly demonstrated by the sudden drop in referrals to early help, children’s social care and specialist support in the early months of the pandemic when the health visiting service was significantly limited by social distancing measures and the Government’s prioritisation of community services.²³ **Finding vulnerable families with babies and young children is problematic without the universal health visiting service** which also coordinates support and works in partnership with others within an integrated “whole system” approach for the earliest years of life.
15. We are privileged to live in a time when we have more evidence than any other generation before us on the importance of the first years of life as a foundation for future health and wellbeing. We need to use this opportunity to make a difference to the lives of infants, children and their families.
16. We now know more about why early intervention matters. Disadvantage starts early in life, the effects are cumulative, can impact across the life course and transmit from one generation to the next, if not addressed.
17. Inequalities are not inevitable, they begin early in life and are reflected across the whole population. We know enough about the interventions that make a difference and we need to take action now to “level up” society²⁴.
18. There is a significant body of evidence to support the case that **focusing solely on the most disadvantaged will not reduce health inequalities sufficiently**²⁵; indeed, it may stigmatise those most affected while missing the opportunity to reduce the social gradient across the whole population who are all negatively impacted to a greater or lesser extent.
19. The cost of failing to intervene early is enormous. To be effective, **actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage** (i.e. both universal and targeted support).
20. Health visitors lead the delivery of the Healthy Child Programme and are a highly skilled workforce of Specialist Community Public Health Nurses who are equipped to work in partnership with parents and communities to **address a multitude of key government priorities for children and their families and straddle the Government’s three categories of vulnerability** (Clinical;

²² Public Health England (2017) National Health Visitor Programme: Benefits realisation. <http://qna.files.parliament.uk/qna-attachments/804278/original/PHE%20Benefits%20Realisation%20Report.pdf>

²³ NHS England (2020) COVID-19 prioritisation within community health services. <https://www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-services-with-annex-19-march-2020/>

²⁴ Marmot M et al (2020) Health Equity in England: The Marmot Review 10 Years On. The Health Foundation. https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on?gclid=EAlaIQobChMI6vS0irny6wIV8f3VCh3NqQiHEAAYASAAEgIKJfD_BwE

²⁵ Marmot M, Allen J, Goldblatt P, Boyce T, McNeish D, Grady M et al. (2010) Fair Society, Healthy Lives: The Marmot Review. Strategic review of health inequalities in England post-2010. London: Marmot Review; 2010. <https://www.parliament.uk/documents/fair-society-healthy-lives-full-report.pdf>

Statutory; and due to wider determinants/ family circumstances).²⁶ Having skills to address the needs of both children and adults, alongside the robust lines of accountability for all children on their caseloads, reduces fragmentation and the likelihood that vulnerable children will fall through the gaps between services, which is highlighted as a significant risk factor in almost all Serious Case Reviews²⁷.

21. **Impact of COVID-19:** The pandemic has shone a spotlight on the impact of widening inequalities and **how the needs of young children are often invisible** when set against a multitude of competing policy priorities. We share the concerns of others around the vulnerability of babies and young children who are at home, hidden from society and some living with significant adversity and abuse.
22. **The impact of “lockdown” is not evenly distributed**, with the most disadvantaged experiencing the most detrimental consequences due to compounding factors like overcrowded housing with lack of outdoor space, the impact of poverty, and parental stress and anxiety. The impact on children is likely to be far-reaching – adversity and exposure to toxic stress are linked with poor social, educational, physical, and emotional health outcomes across the life course.
23. During and following the COVID-19 lockdown new parents reported to the *Petitions Committee*²⁸ and in a recent report - *Babies in Lockdown*²⁹ - increased need as well as challenges in accessing support. There is an urgent need to support babies and their families to prevent immediate and long-term harm. A wealth of evidence shows that exposure to significant stress in the womb or early life can have pervasive and lasting impacts on multiple domains of development.³⁰ The risks of early trauma and adversity can be mitigated with the right support. **Rapid action is needed so that babies do not become the “collateral damage” of actions to protect the nations’ physical health, with long-term consequences for our children and our society.**
24. **Current state of health visiting:** Underinvestment in health visiting is a longstanding concern and the service was already significantly depleted when it entered the pandemic. It then faced considerable challenges as large numbers of health visitors were redeployed into hospital and community settings to treat patients as part of the NHS emergency response. **As a result, many families have not received the support that they needed during this time.** Despite significant cuts and subsequent concerns about the quality of the health visiting service in some areas³¹, health visiting remains a “trusted brand”, with reduced stigma associated with contacting the service for support as all families have a health visitor. Government needs to find a way to protect this vital workforce into the long term so that its activities are no-longer at risk from policy changes by subsequent governments – this could happen by putting the role of the health visitor in the delivery of the Healthy Child Programme into statute.
25. **“Safer staffing”** levels are needed to ensure that all health visitors have a manageable workload: A ‘health visiting service’ should be one that is delivered and led by health visitors who are trained and qualified to the level of Registered Specialist Community Public Health Nurse and

²⁶ Public Health England (2020) No child left behind: a public health informed approach to improving outcomes for vulnerable children. <https://www.gov.uk/government/publications/vulnerability-in-childhood-a-public-health-informed-approach>

²⁷ NSPCC – national repository of Serious Case Reviews.

https://library.nspcc.org.uk/HeritageScripts/Hapi.dll/search2?&LabelText=Case%20review&searchterm=* &Fields=@&Media=SCR&Bool=AND&

²⁸ House of Commons Petitions Committee (2020) The impact of Covid-19 on maternity and parental leave.

<https://publications.parliament.uk/pa/cm5801/cmselect/cmpetitions/526/52602.htm>

²⁹ Babies in Lockdown: listening to parents to build back better (2020). Best Beginnings, Home-Start UK, and the Parent-Infant Foundation <https://babiesinlockdown.files.wordpress.com/2020/08/babies-in-lockdown-main-report-final-version.pdf>

³⁰ Yehuda, R *et al* (2005). Transgenerational Effects of Posttraumatic Stress Disorder in Babies of Mothers Exposed to the World Trade Center Attacks during Pregnancy. *Journal of Clinical Endocrinology & Metabolism*, and Center on the Developing Child (2007). *The Impact of Early Adversity on Child Development* (InBrief). Retrieved from www.developingchild.harvard.edu.

³¹ Morton A (2020) What do parents want from a health visiting service? Institute of Health Visiting, <https://ihv.org.uk/wp-content/uploads/2020/01/HV-Vision-Channel-Mum-Study-FINAL-VERSION-24.1.20.pdf>

who work autonomously within a local service framework. With the cuts in recent years, health visitors in some areas are now accountable for caseloads of over 750 children. In contrast, NHS services are monitored against “Safer Staffing” levels, yet health services devolved to local government do not have this level of clinical governance. It goes without saying that it is impossible for a single practitioner to be safely accountable for the assessment and care of 750 children and their families. Delegating this responsibility for caseload management to more junior staff, without the level of training needed to work autonomously and develop/ adapt plans of care, presents a significant risk, for which the health visitor remains accountable.

[Note: the recommended caseload size for a Family Nurse Partnership nurse is 20-25 babies/ children; In 2009 the Laming Review recommended that those working in child protection should have no more than 13 cases. Most children's services departments aim for 18-20 cases].

26. Despite these challenges, health visiting teams have gone above and beyond through the pandemic to keep children safe and well.³² This has in many cases included working long hours, adapting to rapidly changing situations and new ways of working, often with inadequate IT equipment and PPE, and for months on end. The impact of working during the COVID-19 pandemic on staff wellbeing cannot be underestimated – a proactive plan is needed to ensure staff have the right support during the restoration of services and to create high quality workplaces for all staff in the future.

Costs

27. Investment is required to reverse the 30% reduction in health visitors since 2015, with a further increase to ensure an average recommended caseload size of 250 children aged 0-5 years per WTE health visitor³³. **Government funding for health visiting should be increased by £206m^{34 35} to increase the number of health visiting substantive posts in England by 5000 to 13,000³⁶.**
- Latest published health visiting workforce data indicates 7,820WTE (Calculation based on 6,673 WTE recorded on NHS HV workforce data May 2020; 1,147 WTE recorded on Independent Healthcare Provider workforce statistics published Feb 2020 but dating to Sept 2019).
 - Percentage reduction since 2015 based on combined NHS and Independent workforce statistics (Sep/Oct 2015 =11,266WTE; 30% reduction)
 - Assume Agenda for Change at mid-band 6 pay point 25 and on costs of 24%= £41,138 per WTE
 - There is a time lag of reporting health visiting workforce and the actual figure is likely to be lower due to COVID losses and a reduction in training places.
28. Whilst we await robust workforce modelling with the anticipated refreshed Healthy Child Programme, we propose that as an interim measure workforce modelling is based on a 0-5 population of 3.25m and a recommended caseload of 250 children per WTE health visitor. This equates to 13,000 full time equivalent health visitors to deliver the full health visiting elements of the Healthy Child Programme; both a universal service for all families and additional support and targeted interventions for vulnerable children (across all 3 types of vulnerability – Clinical; Statutory; and Vulnerability due to the family and social circumstances).

³² Morton A (2020) Making History: health visiting during COVID-19. Institute of Health Visiting <https://ihv.org.uk/news-and-views/news/spotlighting-the-vital-safety-net-that-health-visitors-have-provided-for-babies-and-young-children-during-the-current-pandemic/>

³³ 0-5 population 3.25m

³⁴ Assume Agenda for Change at mid-band 6 pay point 25 £33,176 and on costs of 24%= £41,138 per WTE

³⁵ Offsetting of current HV vacancies and resulting underspend is needed to calculate the full extent of this recommendation

³⁶ Latest published data on the health visiting workforce indicates 7,820WTE. (6,673 WTE recorded on NHS HV workforce data May 2020; 1,147 WTE recorded on Independent Healthcare Provider workforce statistics published Feb 2020; Percentage reduction based on combined NHS and Independent workforce statistics Sep/Oct 2015 =11,266WTE)

29. **Government funding of £218m³⁷ is needed to train an additional 6000 health visitors to offset the current national shortage of health visitors** and projected 20% shortfall in the future.
- To ensure that the quality of training is maintained and the numbers are manageable, we recommend that the annual training places are 1500-1850, with a view to achieving the target over the next 4-5 years.
 - Assume Agenda for Change at mid-band 5 pay point 19 and on costs of 35% to cover salary and training costs=£32,364
 - Increasing the workforce in these numbers would be enhanced by providing new routes into the profession, the current review of health visiting standards by the Nursing and Midwifery Council provides an opportunity for this.
30. We strongly advise that the budget for health visitors is ring fenced to ensure that, as previously, it isn't used for other public health purposes which has been a key driver of unwarranted variation in the level of support that families receive.

Deliverability of proposals:

31. The deliverability of these proposals is relatively straightforward as they build on an existing service to maximise its impact. We would urge the government to avoid the temptation of "inventing a new wheel" and instead strengthening the tried and tested health visiting service that they already have, and have had since 1862, which has clearly proved its effectiveness over time.
32. The Government's ambitions for children and delivery of the refreshed Healthy Child Programme will only be achieved with a robust workforce plan for health visiting and a protected, adequate budget to deliver the service in the way it was intended. Action needs to start now to avoid further losses to this crucial "safety net" for babies and young children. Even if it started this month there would be a time lag of at least 18 months before new health visitors came into post making this all the more urgent.
33. The Institute is here to help and should be involved especially in the delivery of local leaders for the profession. We set national standards and can work with employers to ensure the proposal is implemented as necessary and health visitors are able to operate to a high standard. We can also offer our own Vision³⁸ as a blue print for health visiting services in the future which received widespread endorsement by stakeholders across the health and social care system (see "Health Visiting in England: a vision for the future for full list"³⁹). For example:

"Health visitors act as a frontline defence against multiple child health problems – from providing advice to parents on breastfeeding and nutrition, to supporting parents with information about immunisations and safe sleeping practices. They also play a crucial role in the early identification of mental ill health, allowing those struggling to access support at the earliest opportunity. This can be life saving. Health visitors are an important cog in the wheel that allows the child health service to effectively function. However, thanks to sharp public health spending cuts, numbers are falling dramatically and this is having a detrimental impact on infants and children".

Prof. Russell Viner, President of the Royal College of Paediatrics and Child Health (RCPCH)

"Health visitors are an essential part of the country's support structure for young children and their parents – especially those who are struggling to cope. But they can only do this if they have the time and capacity to develop good, trusting relationships with families. I am very concerned that the huge pressure on health visitor services is making it harder for them to do this, meaning some vulnerable children are in danger of falling through the gaps."

³⁷ Assume Agenda for Change at mid-band 5 pay point 19 and on costs of 35% to cover salary and training costs=£32,364

³⁸ Institute of Health Visiting (2019) Health Visiting in England: a vision for the future. <https://ihv.org.uk/our-work/our-vision/>

³⁹ Institute of Health Visiting (2019) Health Visiting in England: a vision for the future. <https://ihv.org.uk/wp-content/uploads/2019/11/7.11.19-Health-Visiting-in-England-Vision-FINAL-VERSION.pdf>

Anne Longfield, Children’s Commissioner for England

- 34. The proposal will require a national leadership team to work with employers to implement it, which we set out costings for as our 3rd recommendation.
- 35. Currently, there are many policies that do not seem to take account of the logic of balancing economic, environmental, health and social outcomes. Too often departments appear to continue to focus on their own specific perspective and remit, “ploughing their own furrow”. This is particularly the case in relation to spending on the early years of a child’s life. Health, education, social care, local services and third sector services all collide in a patchwork of plans and funding programmes that are fragmented at every level of the system and ultimately lead to fragmented support for families. The case has been made by many for a wellbeing budget which makes a clear link between spend and the agreed societal outcomes. The evidence is clear that investing in the earliest years of life saves money in the long run. **It is precisely because the government is facing a tight fiscal settlement post-COVID that this “investment to save” is needed now, more than ever.**

Further information

A diagrammatic representation of the work of the health visitor across a breadth of policy priorities providing a universal “safety net” for vulnerable babies and young children.

