

Health visiting in policy, practice and research: Central, marginal or invisible?

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Introduction

Health visiting:

- ▶ important role in delivering services to children & families
- ▶ often less visible in debates than other groups - social work
- ▶ narrative of professional uncertainty BUT survival and revival

This paper:

- ▶ how health visiting is understood and 'located' in policy, practice, and research
- ▶ Thoughts - rather than answers

Health Visiting in Policy: Public Health

History and context for HV is public health work:

- ▶ Long history – 19th century roots
- ▶ Focused on mothers and children
- ▶ Shaped professional identity and orientation

Contemporary context:

- ▶ Children's public health - importance of early years
- ▶ Health inequalities and population changes
- ▶ New risks – obesity, domestic violence
- ▶ Emphasis on needs assessment

Health Visiting in Policy: The Welfare and Protection of Children

Long history of working with families where children are vulnerable and at risk of harm

Less visible

Largely avoided public or media scrutiny - child deaths/serious incidents

- ▶ despite high incidence in infants and under 5s
- ▶ universality of health visiting

In the last decade, there has been a dearth of research or papers commenting on the child protection functions of health visitors. This silence on the subject runs counter to the experience of most practising health visitors whose daily work is still taken up with much child welfare work. However, it reflects the official rhetoric, which is that child protection duties are primarily the concern of social, not health, services (Cowley et al 2004, p. 506).

Health Visiting in Policy: The Welfare and Protection of Children

Contemporary Context:

- ▶ Expansive safeguarding children agenda (ECM)
 - early intervention, multi-agency working & information sharing
 - outcome based
 - broad risks and needs
- ▶ Post-Laming:
 - HV contribution to safeguarding and protecting children affirmed
- ▶ Child maltreatment - a public health issue (see Gilbert et al 2009)

Opportunities and Challenges

Policies coincide (public health & safeguarding children)

How will various demands impact upon service delivery at practice level?:

- ▶ target service provision within a universal framework
- ▶ broader risks and emphasis on early intervention
- ▶ concerns about workforce numbers – and fiscal restraints
- ▶ importance of professional judgement and relationship based nature of HV - limited professional contact

Health Visiting in Practice

- ▶ Public health work in practice?
- ▶ Role identity/orientation: policing? mothers friend?
- ▶ Places and spaces of HV work – invisible, mobile , gendered
 - Multiple: homes, health centres, community settings, offices
 - Largely outside public view: often private domain of home and family
 - Mobile: travelling between places
 - Gendered: Largely women workers and mediated through mothers - until recently largely invisible within policy discourses
 - Changing/unstable: spatial and organisational reconfigurations.
 - HVs *located* in clinics, GP surgeries and Children's Centres
 - *co-located* with other professionals social workers, nursery nurses etc

Health Visiting in the Academy

- ▶ Relatively weak position within academic world
- ▶ Caught between various disciplines: nursing, medicine, social work
- ▶ Focus upon 'health' - an abstract , diverse and socially constructed concept
- ▶ Struggle to establish HV as a discrete discipline underpinned by a scholarly body of work
- ▶ Limited foothold in universities particularly at professorial level

Health Visiting and Research

- ▶ Small scale largely qualitative studies of professional practice
 - often individual researchers with HV background
- ▶ Few focused research studies or trials
- ▶ No coherent programme of research about health visiting
- ▶ Drive to demonstrate evidence based practice - difficulties for attributing outcomes to health visiting involvement
- ▶ Lack of 'alternative scholarships'
 - Ferguson – time and mobilities/space in social work
 - Postmodernism - health and welfare studies

Final Thoughts

Tensions in how HV is located and understood in policy, practice and research

- ▶ A strength?
- ▶ Enabling HV profession to adapt in response to policy and practice developments
 - HV always meets a central policy objective?
 - Child protection/early intervention/public health
 - this may shift

Celebrate survival (and revival) of health visiting

Thank You

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