Improving children’s health – can nurses, midwives and health visitors make a difference?

Children’s health services in the UK are improving all the time, but are far from perfect. This research summary, based on work undertaken by a team of researchers at King’s College London on behalf of the NHS Service Delivery and Organisation Research and Development Programme (SDO), reports on the role and contribution of nurses, midwives and health visitors to children’s health and associated services (While, 2005). The study, led by Professor Alison While, has analysed the evidence that exists and asked all parties involved. The researchers found that these health professionals have multiple and complex roles in children’s health care which are vital to existing services. The research summary is for people managing and delivering children’s services including child health services, and research commissioners, research support organisations and researchers with an interest in child health and child health services.

Key messages

- Nurses, midwives and health visitors play an important part in children’s health care, with a wide range of roles that include much more than simply caring for sick children.

- Sometimes services treat children in isolation and different organisations and services do not always work in a co-ordinated way for the sake of the child.

- Nurses’, midwives’ and health visitors’ practice in children’s health is evolving and becoming more specialised at the same time as new roles are emerging. Traditional roles, however, must also be protected as services could become too fragmented.

- The way that children’s health services are organised and funded can either help or hinder the contribution of nurses, midwives and health visitors.

- Users of children’s health services want choice, flexibility, responsiveness and accessibility as well as care availability.

- There is need for proper evaluation of how effective interventions such as health promotion and other activities by nurses, midwives and health visitors are, as they have an important place in child health.
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Aims of the study

- To identify the contribution of nurses, midwives and health visitors to children's health.
- To consider the impact of that contribution on child health outcomes.
- To map out the current and emerging organisational structures, policies and exact roles of nurses, midwives and health visitors in child health services.
- To identify factors that help or hinder that contribution.
- To give an account of what users consider that contribution to be.
- To provide guidance for future study in this area to help identify what potential it has to develop in the future.

What the researchers did

The research team reviewed a large amount of literature and sought the views of health professionals, service users, social workers and policy makers.

Their analysis of existing roles sets out how and why nurses, midwives and health visitors play a vital role in children's health, but also how that role can improve.

The researchers chose 10 topic areas that reflected a broad range of practice areas and roles, each covered here.

What the study found

- Nurses, midwives and health visitors have a fundamental role in children's health but it is widely varied and includes assessment, care co-ordination, support, rehabilitation, counselling, and education, as well as hands-on care.
- Health promotion plays a large part in children's health and the work of nurses, midwives and health visitors. There are many innovative ways of helping young people access health information.
- Nurses', midwives' and health visitors' clinical activities are 'broad and complex' ranging from traditional nursing to supporting others who deliver care.
- There is a growing trend of nurses, midwives and health visitors becoming more specialised, emerging as 'substitutes' for doctors and experts in specific complex health technologies and care systems.
- Nurses, midwives and health visitors are working increasingly with other professionals associated with children's health and wellbeing.
- Users of children's health services want more choice, flexibility and easier to access care.
- There is little evidence of how effective assessments made by nurses, midwives and health visitors are in determining health needs. Also, there is little evidence relating to the outcomes of health promotion interventions.
- Different organisations do not work closely enough with each other and the focus of care is mainly at the individual level of child, young person or parent, rather than treating them as part of a multi-partner system.

Asthma

Asthma care is provided in primary and secondary care settings and the study found that nurses, midwives and health visitors helped to prevent, identify and manage the disease with an emphasis on supporting young people and their parents to live with asthma.

There was evidence of benefits from nurse-led clinics such as school-based clinics, outpatient clinics and practice nurse clinics in GP surgeries.

The involvement of nurses and health visitors resulted in successful disease management, reduced hospitalisations, improved knowledge, less risk of developing asthma, better general health, and reduced environmental risks.

Potential future contributions include more political involvement from these health professionals to bring about policy changes such as changes relating to smoking. Nurses and health visitors could also contribute, potentially, to co-ordinating care and improving continuity.
**Case study**

The *Bronchial Boogie* programme was set up by Oldham primary care trust (PCT) to educate children through various means, including playing woodwind instruments to help them manage their asthma better.

Teaching through quizzes and games helped increase children's understanding of good inhaler techniques, triggers for attacks, and the importance of regular medication. Nurses involved carried out respiratory assessments using diaries, held group teaching of breathing exercises, educated pupils and parents on asthma, and worked with teachers to teach music skills.

As a result of the scheme, there was a 30 percent reduction in school absence caused by asthma and a reduction from 83 to 33 percent in the need for inhalers to relieve symptoms.

**Source:** Daniel, 2004

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**Cancer**

Children with cancer are cared for through 17 treatment centres in England and shared care centres based within paediatric secondary care services.

The study found that nurses helped to identify care needs, performed disease-specific interventions, managed the effects of treatment, gave indirect care to parents and significant others such as peers and teachers, and co-ordinated care.

They helped directly and indirectly by giving psychological support; administering chemotherapy; giving information; educating parents about the disease and then supporting them; educating children's peers, for example by holding classroom sessions; and inter-professional working with other members of the health team.

The involvement of nurses resulted in better treatment of the disease, relief from pain, fewer unwanted side effects, less anxiety/stress, and more social support.

**Disadvantaged families**

Much of the work in this area is carried out by health visitors and midwives who deliver a universal family visiting service.

Nurses, midwives and health visitors helped parents by determining the health needs of their children and identifying the necessary resources for those needs, the report found. They also helped assess a child's fitness for immunisation.

Health promotion was a large part of this work, with nurses, midwives and health visitors who provided health education, health protection, and preventive actions such as immunisations.

The involvement of these health professionals resulted in less maternal child abuse, uptake of immunisations, positive parenting skills, infant nutrition, better health for mothers and accident prevention.

**Minor ailments**

There is a growing central role for nurses and health visitors in this area of practice – particularly in diagnosing and assessing risk of minor illness in children and young people. This is linked to the development of specialist roles among these health professionals.

The study found that nurses and health visitors helped to prevent, identify, treat and alleviate symptoms of minor illness in pre-school children.

There was evidence that nurses and health visitors were identifying new disorders, prioritising the seriousness of problems (triage), identifying underlying environmental risk factors and determining parental management (self care) skills.

Health promotion played a large part in this area and the health professionals educated parents in illness prevention, self care, and how to prevent cross-infection.

The work of nurses and health visitors in this area resulted in better management of minor illness, fewer hospital admissions, more appropriate prescribing – such as less use of antibiotics – and people were able to look after themselves better.

**School health**

The school nurse was the main role identified in this area, but there is a lot of diversity in the nature and focus of school nursing roles.

The study found that nurses helped to identify or confirm health needs and identify care needs. Young people were targeted directly and indirectly, through their parents and teachers.

Health promotion was the most common intervention found by the researchers and this included health education, health protection and preventive activities. Some sites had school health programmes and health monitoring systems.

Where nurses were involved in this area, the evidence suggested that this resulted in fewer infestations, more compliance with treatment, better health knowledge and behaviour, safer environments with fewer hazards, better mental health noticed from improved classroom behaviour, improved child protection and better academic support.

**Sick neonates**

The role of the neonatal nurse practitioner to deliver nurse-led care is a safe, effective and cost-effective alternative to medically-led care provision, says the study, but there are concerns about whether there are enough appropriately skilled nurses available.

The study found that nurses helped to identify care need; prevent ill health and help health promotion by identifying clinical problems; detect signs of family stress and inability to cope; identify sources of infections; recognise pain; successfully introduce oral feeding; and educate parents.

Where nurses were involved, this resulted in reduced infant deaths, less illness associated with being premature, less cases of low birth weight, fewer...
hospitalisations, earlier discharge from hospital, improved growth and development of children, and longer periods of breastfeeding.

**Teenage pregnancy**

Teenage pregnancy is considered a public health issue with an emphasis on preventing pregnancies. School nurses have a central role in providing education and services to adolescents to reduce the number of pregnancies and sexually transmitted infections.

Nurses, midwives and health visitors working in this area helped to identify risk and offered outreach contraceptive services, postnatal counselling, school-based contraceptive services, group teaching such as sex education in schools and youth clubs, and education of parents.

Their help resulted in lower teenage pregnancy rates, fewer cases of child neglect, improved diet and breastfeeding rates, better knowledge of contraception and the benefits of breastfeeding, fewer cases of low birth weight, fewer infant deaths and less cases of postnatal depression.

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**Case study**

The UPFRONT health action group was set up in a young offender institution in Wetherby, North Yorkshire to look at the health needs of the local young people (13 to 17 year olds).

Nurses, midwives and health visitors surveyed young people's views and, based on what they asked for, carried out basic screening such as blood pressure, as well as doing health promotion on risk-taking behaviour, healthy lifestyle, pregnancy, one-to-one advice and complementary therapies such as aromatherapy and reflexology. The health professionals also worked with youth health education workers and sexual health workers.

Up to 60 young people aged 13 to 17 attended each session and it was judged to have been effective in lowering teenage pregnancy rates.

Source: Jones, 2003

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**Complex needs**

Children with complex health care often need support from different health professionals with care provided in various settings including tertiary centres (day units, outpatients), primary care clinics and care at home.

The study found that nurses and midwives helped to assess a child's care needs and information and social support needs while also taking into account disability and parent/carer support, care planning and co-ordination.

Their help included recovery from surgery and postoperative care, help with activities of daily living, support in terms of child advocacy and reducing anxiety, disease- or disability-based education, care planning, health promotion, onward referral, monitoring, counselling, family education and care co-ordination.

Nurses’ and health visitors’ involvement resulted in less hospitalisations, pain relief, improved mental wellbeing of the family, more confidence in parents in caring for their child at home and improved access to services.

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**Child protection and looked-after children**

This area is very much dependent on effective inter-agency work to prevent avoidable child deaths.

Nurses and health visitors helped to prevent, detect and manage child abuse, the report found, and played a large role in the child protection system, particularly through the contact of health visitors.

There was a lot of evidence pointing towards joint working – police, education, health and social services – and some nurses, midwives and health visitors worked directly in child protection teams, but there was no clear evidence of how common this joint working was across the country or how effective it was.

Despite there being little evidence of a positive impact from nurses, midwives and health visitors, there were suggestions that their involvement resulted in successfully preventing and detecting further child abuse and reducing risk. For looked-after children, these professionals helped children use and access health services better.

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**Troubled school children**

Nurses and health visitors have a large role to play in Child and Adolescent Mental Health Services (CAMHS), which are provided at various settings.

The study found that nurses and health visitors helped assess people's mental state, behavioural problems, risks, mental ill health, family functioning and the effects of therapy.

Most of their help was in the form of training in how to manage behaviour, but there was also health promotion, for example in educating children about the effects of drug abuse.

The involvement of nurses and health visitors resulted in behaviour change, self-control and mental wellbeing, less psychiatric symptoms, prevention of eating disorders, ensuring child safety and more appropriate referrals.

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**Helps and hindrances**

The study identified many factors that help or hinder nurses, midwives and health visitors in their work in children’s health.

Issues that hindered them included lack of role clarity, structural boundaries, lack of evidence to support practices, unclear outcomes, constraints imposed by the organisation staff are working for, lack of evaluation of services and practices, legal factors to do with confidentiality and consent, and policy overload.

Factors which helped health professionals in their work included flexible and progressive health services, creative workforce development, inter-agency working, well organised work systems, technology, professional expertise and user involvement.
Conclusion

The contribution of nurses, midwives and health visitors to child health services is broad, complex and operates on several levels, but perhaps most importantly, it is crucial to the operation and success of these services.

That contribution is evolving and becoming more specialised with more targeted services emerging. At the same time, however, traditional nursing roles and activities should not be neglected because meeting basic needs is still central to child and family health. There is a real need for thorough evaluation of these health professionals’ work if their positive role is to be harnessed properly and developed further to enhance children’s health services.

More research is needed that is focused on nurses, midwives and health visitors and these health professionals could contribute to the evidence for research if rigorous evaluations became a routine part of professional practice.

Recommendations and implications for practice and policy

- Experts should establish the basic skills of nurses, midwives and health visitors in both child health assessments and in health promotion to help in developing future roles and education programmes.
- Experts should examine how cost-effective different models of health assessment are, comparing targeted and generic strategies.
- Service providers should identify examples and models of effective working within and between different agencies and professionals by focusing on good patient outcomes.
- Service providers should determine the cost-effectiveness of current health promotion systems managed by nurses, midwives and health visitors and compare universal and targeted systems.

Future research

A clear message from the study is that while health professionals make a large contribution to children’s health, that contribution has not been accurately measured or evaluated to see how effective it is and how it could be improved upon.

There is a need for more research to be done in many areas such as comparing the management of minor illnesses by nurses and health visitors with other professionals, to establish cost-effectiveness, taking into consideration factors like safety, user choice and satisfaction.

Research is needed to explore the child protection role of nurses, midwives and health visitors by examining current practices.

Work also needs to be done to develop and pilot health promotion involving nurses, midwives and health visitors, targeted at specific health issues, community health and school health.

Another useful piece of research would be to determine whether basic nursing needs of children and young people are being met appropriately in different contexts (hospital and community) and for different types of illness or disorder. Clear identification is needed of who is actually providing that care.

Finding out exactly how specific and sensitive the health assessments performed by nurses, midwives and health visitors are is further research that could be done alongside looking at their relationship to clinical results.

Researchers could also develop and evaluate the role of nurses, midwives and health visitors in assessing clinical needs and allocating care, while exploring and evaluating their role as the main person to diagnose child health problems.

Any future research needs to look at the service user’s perspective more, the report says, when considering the contribution of nurses, midwives and health visitors. There was little material available for the researchers that looked at service users’ opinions.
About the study

The researchers had a nine-month timescale during which they looked at more than 13,000 abstracts from pieces of literature and included 393 for their reviews that targeted the 10 topic areas, detailed earlier.

They analysed the chosen literature, which covered many areas including role details, contribution to services, assessment details, intervention details, results and factors that helped or hindered health professionals.

The researchers also held two conferences, one in London and the other in Manchester, at which 113 people attended collectively, including nurses, midwives, health visitors, service users, voluntary organisations, and medical and allied health professionals.

After presentations, the delegates were split into different small groups for discussions on the 10 topic areas.

The information gathered from the two events was fed into the research team’s overall analysis.

References


Further information

The full report, this research summary and details of current SDO research in the field can be downloaded at: www.sdo.lshtm.ac.uk

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Feedback

The SDO Programme welcomes your feedback on this research summary. To tell us your views, please complete our online survey, available at: www.sdo.lshtm.ac.uk/researchsummaries.html

About the SDO Programme

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Addendum

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The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact sdo@southampton.ac.uk