The contribution of nurses, midwives and health visitors to child health and child health services: a scoping review

Report for the National Co-ordinating Centre for NHS Service Delivery and Organisation R&D (NCCSDO)

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prepared by

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Executive Summary

Background

- •Child health in England has improved greatly during the 20th century but significant health needs remain.
- •Nurses, midwives and health visitors are a key component of the health care workforce upon which many child health services rely heavily for their effectiveness.
- •These different occupational groups have distinct histories having developed in response to different health needs which until recently resulted in little interchange or shared vision regarding the totality of child health services.

Aim and objectives

The aim of the project team is to explore the actual and potential contribution that nurses, midwives and health visitors (N,MW&HV) make to child health and child health services, within the context of current and future service developments.

The specific objectives of the scoping project are as follows.

- 1. To conceptualise the actual and potential of N,MW&HVs to child health as a basis for further enquiry.
- 2. To consider the impact of the N,MW&HV contribution on child health outcomes.
- 3. To map out current and emerging organisational structures, policies and N,MW&HV roles within child health services.
- 4. To identify factors that enable and inhibit the contribution of N,MW&HVs.
- 5. To provide an account of the user perspective on the contribution and the extent to which N,MW&HVs are addressing the health needs of children.
- 6. To provide guidance for future enquiry in relation to the N,MW&HV contribution to child health.

Method

The scoping review was conducted in three phases: focused literature reviews, stakeholder consultation and synthesis of findings.

Topic areas for the focused reviews were selected with reference to the consultation document *Getting the Right Start* (Department of Health, 2004) and to reflect a broad range of practice areas and roles. The topic areas were: children with asthma; children with cancer; pre-school children in disadvantaged families; management of minor ailments in pre-school children; school health promotion; care of sick neonates; teenage pregnancies; children with complex needs; children in need of protection and 'looked after' children; and troubled school children.

Literature was identified primarily from electronic databases with secondary searching as appropriate. In total, 13,172 abstracts and titles were examined and 393 items were selected for inclusion in the reviews. Mini policy reviews were undertaken with reference to each topic area.

For stakeholder consultation, 113 delegates attending two participative conferences, discussed the contribution of N,MW&HVs.

The outputs of the focused reviews and the conference data were synthesised to conceptualise the contribution of nurses, midwives and health visitors across the core dimensions of contribution, namely: assessment, health promotion, clinical care, and health care organisation.

Findings

Assessment

The role of N,MW&HVs initiating assessment varied and was observed to have 4 objectives including: identification of need; confirmation of need; allocation of level of care; and evaluation of the effect of therapy. Multiple underlying 'gazes' (health promoting, holistic, medical) were reported within N,MW&HV practice. There was little evidence of integration between organisations. The focus was mainly at the individual level of child, young person or parent. There was little evidence of how effective assessments were in determining health needs.

Health promotion

Health education was the dominant reported form of health promotion in the form of therapeutic communication, individual and group health education. N,MW&HVs were also involved in peer group initiatives, community development and preventive treatment. Innovative ways of helping young people access health information was a recurrent theme. There was little evidence relating to the outcomes of health promotion interventions.

Clinical care

This contribution included emergency care, gateway/directional care, curative actions, symptom alleviation, care coordination, disorder adjustment/support, rehabilitation and palliative care. The clinical activities undertaken were broad and complex ranging from traditional nursing to supporting others who deliver care and substituting for doctors. The contribution of N,MW&HVs regarding comforting, nutritional management and safeguarding children was not extensively reported.

Health care organisation

There were five inter-related contributions, which were focused on: workforce development, management of the care system, cross-boundary working, health promoting systems and service development. The contributions were complex and multi-levelled from strategic to ward/community level. Six cross-cutting themes were identified: age appropriate care; improved service access; continuity of care experience; user involvement; optimal care environment; and evidence-based care.

General findings

A growing trend of specialisation was noted, comprised of two streams: doctor substitution, and specialisation in complex health technologies and care systems. The development of sub-specialities was also noted regarding delivering care to special groups, such as Sure Start. Key issues raised included: loss of universality, fragmentation of care, and location of the traditional role.

Emergence of increased intra-professional activity as well as inter-professional working.

The way services are organised and the resources available impacts upon the contribution and may be expressed as enablers and inhibitors to the contribution of N,MW&HV.

Users: There was little material regarding the contribution. Key themes included: some negative views of health services and health care professionals; young people with chronic illness find school-based care more acceptable; parent involvement was wanted but not necessarily as care deliverer; choice, flexibility, responsiveness and accessibility were desired; and care availability was important.

Limitations

Limitations of the scoping exercise include the following.

- •the potential bias of the reviewed materials, which emphasised the novel to the neglect of established practice
- •limited stakeholder consultation

•limited review of policies and organisational issues.

Conclusions

The contribution of N,MW&HVs is multi-faceted and integral to the delivery and organisation of child health services in England.

Practice is evolving to become more specialised with the emergence of new roles.

Traditional roles and activities also require attention.

An extensive research programme is recommended to generate descriptions of current activities, evaluations of the effectiveness of N,MW&HV interventions and comparisons of roles in different models of care.

Disclaimer

This report presents independent research commissioned by the National Institute for Health Research (NIHR). The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the SDO programme or the Department of Health

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