History of Health Visiting

The role of the health visitor has evolved over the past 150 years, in response to the key priorities for health promotion. The first health visitor was employed in Salford, Manchester.

The profession arose in response to the often appallingly cramped living conditions, poor sanitation and inevitable high rates of infant mortality experienced by families in the nineteenth century.

Although the first formal appointment of a sanitary or health visitor by a local authority public health department took place in 1862, prior to that women were working in similar roles, to promote healthier lifestyles and counteract the high rates of infant mortality, but often in a voluntary capacity.

The first health visitors employed by a local authority developed from the role of ladies’ sanitary inspector and were known as ‘sanitary visitors’. These workers’ roles, like that of health visitors today, was primarily to promote health and to provide health education, working at the level of the infant, their family and the community – thus forming a clear distinction from nursing. This remains similar today.

By 1905, paid health visitors were employed in around 50 towns. Core to their work was the promotion of public health and prevention of ill-health, however an early association with sanitation remains core to this day.

The Royal Sanitary Institute (now Royal Society of Public Health) began overseeing qualifying courses for health visitors in 1916, with the first statutory qualification for health visiting established by the Ministry of Health in 1919.

From 1925 the Ministry of Health took over responsibility for training health visitors, and a midwifery qualification became a requirement before entering training. It was only after 1945 that nursing registration became necessary in order to practice as a health visitor.

Health visiting became a universal statutory service in 1929, through the Local Government Act, and health visitors were employed by local government until 1974, when their employment moved to the NHS.

While the initial focus of the health visitor was on young families and their living conditions, in the 1950s, with the publication of the Jamison report in 1956, the recommendation was that the health visitor should provide services from cradle to grave, with a focus on social and emotional, as well as physical health. Health visitors started to not only work with the very young and families, but also to work with schools and with the elderly and chronically ill.

The four contemporary principles of health visiting were first published in 1977. Although they have been revisited several times since, they continue to underpin health visiting training and practice. They are:
• Search for health needs
• Stimulation of an awareness of health needs
• Influence policies affecting health
• Facilitate health enhancing activities

Today, health visiting remains a public health preventative role, focused on improving health and reducing inequalities. Great Britain’s invention is copied in many countries around the world, with one of its unique aspects remaining that the health visitor visits the family in their home and their own community.

It is also unique that the health visitor is trained to work with the family on conditions which may be influencing their health, both in their built and community environments, as well as in their immediate home environment.

The development of health visiting has seen the evolution of the role, from predominantly one-to-one work, to working with groups and teaching. The last 30 years have also seen a growth in specialist health visitors, working with specific vulnerable groups, such as the homeless, gypsies, travellers and prisoners who are also parents of young children. Many health visitors develop very high levels of expertise in these specialist areas, and have become national resources for government and others wanting to conduct research, or develop local health intervention programmes.

From 2009, health visitors have been mandated to lead and deliver the Healthy Child Programme (HCP) for children aged 0-5 years. The HCP is the early intervention and prevention public health programme that lies at the heart of our universal service for children and families. It is a programme of screening, immunisation, health and developmental reviews and information and guidance to support parenting and healthy choices.

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References: