

## Response to: “Health visitor shortages are risking child health and piling pressure on other services”

Emma Wilkinson, freelance journalist

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Dear Editor,

Emma Wilkinson’s article highlights the challenges of proving the value of health visiting. This is partly due to health visiting’s wide remit, which aims to improve child health through health promotion, parenting support, and screening and immunisation programmes (1). Another challenge is generating meaningful evidence about the impact of variation in the delivery of health visiting services across the UK.

Publicly available aggregate data from the Office for Health Improvement and Disparities are currently our best source of information on health visiting services, yet these are known to have data quality issues (2,3). They are limited in describing outcomes for children, and service variation for different subgroups of families (e.g., adolescent mothers, or children with disabilities). The Community Services Data Set held by NHS Digital contains rich, individual-level data on health visiting activity, which has the potential to transform what we know about the impact of health visiting. However, the completeness of this resource depends on compatibility of local data systems with national data collection, meaning that it does not yet provide a high-quality representation of health visiting activity in all local areas (4). While health visiting teams should prioritise delivering services and not gathering data, good quality data remain essential for evidencing service impact. More needs to be done to ensure that data that are collected can be used for research.

However important, quantitative data alone cannot offer the full picture of the impact that health visitors have on the families they work with and should be complemented by qualitative data (5). Such mixed-methods studies are currently ongoing in England and Scotland (5,6). These can inform policymakers and local leaders on how to best develop and commission services to meet the needs of their children and families in the context of the health visitor shortages so devastatingly described in this article.

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**Competing interests:** No competing interests