Appendix 1

A narrative summary of literature exploring the health visitor's role in supporting parents with babies and young children with minor illnesses.

Authors:
Georgina Mayes - iHV Policy and Quality Lead
Alison Morton - iHV CEO
Nafisa Insan - iHV Research Associate

Background

The health visitor's role in the management of minor illnesses and supporting parental health literacy is well described in the Healthy Child Programme and forms one of the Office for Health Improvement and Disparities' (OHID) six High Impact Areas for health visiting in England[1]. The Government's Start for Life Vision lists health visitors as one of the six essential services in the early years. It has pledged to ensure that the Start for Life Vision and associated Family Hub programme delivers 'accessible, rapid and visible support' for families[2,3].

The contribution that health visitors make to the improvement of parental health literacy and the management of minor illnesses in childhood is important, as urgent and emergency care is facing considerable challenges. Demand for Emergency Department (ED) services in England have increased over the past decade. Nearly 2.6 million children aged 0-4 years attended ED in the year 2022/23[4], and ED rates had increased by 24% between 2011 and 2017[5] despite a falling birth rate[6].

ED attendances are highest amongst children, compared to adults, with hospital contact rates among children peaking during infancy (<1 year old)[7]. Analysis shows many of these presentations are avoidable or preventable and will be for relatively minor or self-limiting illnesses and unintentional injuries[8]. The proportion of ED attendances that did not lead to admission or any treatment/intervention and non-urgent attendances is also highest amongst those under one year of age[9]. Rates of ED attendance are influenced by a range of factors including access to services as well as families' needs[10].

During the winter months of 2022/23, NHS England reported that there had been a 60% increase in children's ED attendance at the height of the 'winter pressures'[11]. It is also important to note that during this time, there were high rates of invasive Group A Streptococcus in Children (iGAS) and, as a result, there was a significant increase in health-seeking behaviour following national alerts[12]. In line with recent research, a high number of ED attendances during the winter months of 22/23 did not result in hospital admission, suggesting that these conditions were relatively minor and could have been managed elsewhere in the health and care system.

What these ED attendances also suggest is that parents are worried about their unwell baby or child and may be unable to get the advice and support that they need elsewhere, or have chosen the ED as their preferred option for support. It is perfectly normal for parents to worry when a baby or child is unwell. In the past, many parents would have sought support for a range of common childhood illnesses, feeding difficulties, and infant crying from their health visitor.

Studies examining the impact of community and primary care provision on parents' ED attendance are sparse. One example does indicate that when parents received consistent, explicit safety-netting advice from a health professional they felt more confident and were less likely to re-attend the ED[13]. Another concluded that improved access to

maternal mental health support could reduce ED attendance[14]. However, with 40% fewer health visitors in England compared to 2015[15,16] and many drop-in 'baby clinics' in communities closed, access to a health visitor is much more limited with a wide postcode lottery of health visiting support between areas[17]. It is therefore important to gain a greater understanding of the reasons for the increases in children's ED attendance over time and the role that health visitors may play in supporting parental confidence/health literacy and the management of minor illnesses through their universal and targeted work with families.

Methods

A rapid scoping review of the literature, exploring reasons for increasing ED attendance amongst children aged 0-4 years in England, was undertaken. This included a review of the health visitor's role in parental health literacy and management of minor illnesses. The review involved a keyword search of articles in English in PubMed and Google Scholar between 1 January 2013 and 31 May 2023. The search included a review of relevant government policy and publications by health organisations. A hand-search of grey literature, and discussions with key experts in this field, highlighted other potential evidence sources. Search terms included 'children', 'infants', 'emergency services attendance', 'emergency department attendance', 'trends' and 'determinants', using truncated terms and Boolean operators to create advanced searches.

The results are presented as a narrative review reporting the key themes and reasons for increasing ED attendance in England among children, including the health visitor's role in parental health literacy and the management of minor illnesses.

Findings

Presenting conditions for babies and children attending the ED

The majority of ED attendances in babies and young children are due to a relatively small number of high-volume conditions. A systematic review by Greenfield et al. in 2021[18] explored the characteristics of frequently attending children. The review concluded that the most common diagnoses among these children attending ED services were upper respiratory tract infections, accounting for approximately one-third of all frequent attendances. This was followed by viral infections and gastroenteritis (diarrhoea and vomiting, (D&V)). These findings confirmed those reported in a comprehensive review of emergency hospital care for children and young people by the Nuffield Trust in 2017[19]. A more recent study by Mason-Jones et al. in 2023[20] also concluded that high numbers of admissions in the younger age groups (0-9 years) were largely attributable to viral infection, acute bronchitis and other upper respiratory infection.

Jones et al. (2018)[21] published a cross-sectional analysis of routinely collected national data on 1,387,677 babies, up to the age of one year, admitted to English hospitals. This study aimed to develop a working definition of "potentially avoidable" infant admissions in the context of postnatal care provision. The review found that the great majority of these hospital admissions in the early neonatal period were due to three potentially avoidable conditions of jaundice, feeding difficulties and gastroenteritis[22]. Admissions to hospital for feeding difficulties after one month of age were much less common and the rate consistently decreased with age up to one year. The authors concluded that there may be missed opportunities to provide better support for families with young infants within the postnatal care pathway. While ED is the right place for very sick infants and young children, all studies reviewed in this section came to similar conclusions that improving access to high-quality care in the community could help to reduce some admissions.

Factors influencing baby and child attendance at the ED

There are numerous reasons why families with babies and young children seek emergency care in hospital. A comprehensive review by the Nuffield Trust in 2017[23] highlighted that in some situations, emergency care is the most appropriate or only option, however, emergency care is only part of a complex health and social care system. Families' decision making is influenced by a range of factors including supply factors (availability and quality of services) and demand factors (the need for services), and the interaction between them influence why people seek care in the ED.

A review funded by the Health Foundation in 2017[24], by the Behavioural Insights Team and Connecting Care for Children programme, explored the reasons why parents bring children with minor illness to the ED. The review identified five main reasons:

1. **Parental worry:** The negative emotions that parents understandably feel about their child's illness (e.g. worry, fear, panic and anxiety) is a key driver for ED attendance. Parents may either overestimate the danger of their child's illness, or they attend because they are seeking personal reassurance that they are doing the right thing and/ or want reassurance about the severity of their child's/baby's illness. The behavioural insights identified that people's emotional states can influence how much risk they are prepared to tolerate. Parents with higher levels of anxiety about their child's health were more likely to perceive the illness as being more serious than it really is and attend ED.

2. **Perceived advantages of being seen in ED:** Parents valued the reassurance provided by clinicians who they considered to be "child specialists" in the ED. They also valued easy access to support at all times and without needing an appointment. The review reported that, "*[parents and carers] are willing to wait as long as it takes to get the best care for their child... and it is likely that a positive experience in a child-friendly, specialist environment will reinforce paediatric attendance*". One parent cited in the review said, "*it feels like the NHS is constantly changing but A&E is always open, so we come here.*"

3. **Perception that other healthcare services were not suitable:** This was largely due to lack of parental awareness of the range of other services available to them for treating minor illnesses (e.g. NHS 111, pharmacies, out-of-hours GPs [and this would also include health visiting services]) and some reported dissatisfaction with the level of care available at their local GP or lack of appointments.

4. **Social network influence:** Several parents attended the ED as they were encouraged to do so by the people around them, highlighting the power of social norms on behaviour. Even when parents themselves regarded the child's illness as non-urgent, they may take the "safe option" of attending ED in order to be seen as a "good parent" by their peers, or because they are responding to pressure from the people around them.

5. **Lack of confidence and low health literacy:** The review reported that many parents did not feel confident assessing their child's illness and were also seeking guidance on managing their child's symptoms which was almost always given verbally.

These findings have been replicated in a number of subsequent studies. A systematic review by Nicholson et al.[25] in 2020, exploring factors that influence parental preferences and decision-making for unscheduled paediatric healthcare, found that the need for reassurance was a common reason for parents attending the ED. First-time parents were also more likely to attend ED[26], and parental decision-making around non-urgent attendance among under 5s[27] was influenced by the following factors:

- Erosion of traditional support networks – when parents had good support networks with people to turn to for advice, they had greater confidence around managing their child's illnesses
- Pressure from online social media
- Lower levels of confidence
- Inconsistent advice and information from different sources

There is strong evidence to show that individuals who frequently visit ED are most likely to live in areas close to hospitals, and in deprived urban areas[28,29]. There are significant inequalities in attendance rates. Children from more deprived areas, or from households with lower income, had a greater likelihood of being frequent ED attenders[30], compared with children from households with either median or higher incomes[7]. Children of Asian and mixed ethnic groups were also more likely to be frequent users than those from White ethnic groups, while children from Black and 'other' ethnicities had a lower likelihood[13]. Simpson et al.[31] found that those with lower health literacy were more likely to be in the most socially deprived quintile and from Black, Asian and Minority Ethnic communities. The perception of whether an illness was considered to warrant urgent attention was associated with differing levels of parental health literacy – those with low health literacy were more likely to seek care immediately[32]. Therefore, parental health literacy is an important factor to consider in solutions to address increasing ED attendance among children.

Parents' perception of the urgency or severity of their child's/baby's illness also played an important role in the parents' decision to consult ED. A study in 2023 by Mason Jones et al.[33] reported that ED attendance was predicted by a complex interplay of maternal and infant health factors. Significant predictors of ED attendance and hospital admission included physical problems during pregnancy, the child being born prematurely, and child health problems since birth. ED attendances were also more likely among infants with lower gestational age, whose mothers had anxiety or depression, previous ED attendance, and accessibility to the geographical site. In contrast, access to continuous integrated accessible preventative health services during pregnancy and the early years had a positive impact.

The decision to consult a healthcare professional is not taken lightly by parents. Seeking peace of mind, wanting to be seen to "do the right thing" and worrying about failing to recognise a serious illness are all part of parents' decision-making processes. Whilst GPs are trusted by parents to deliver urgent care to children, being able to access health services without the difficulty or delay of booking an appointment was also important to parents. Problems with accessibility of primary care services were cited in a number of studies, although the link between ease of primary care access and non-urgent presentations to the ED is inconsistent. One American study found that frequently attending children who did not have a designated primary care physician were more likely to attend the ED more frequently compared with those who did have a primary care physician[34]. This was especially the case during the first 3 years of life.

The health visitor's role in parental help-seeking behaviour and health literacy

Health visitors are a trusted source of knowledge, advice and information for parents and are often the first point of contact for parents who are unsure of the best course of action when their child/baby is unwell[35,36]. When adequately resourced, health visitors can play an important role in supporting families with babies and young children during the period of heightened ED attendance in the neonatal period and first years of life, reducing pressure on primary and urgent care services. Health visitors lead and support the delivery of preventative public health programmes for babies and children through the Healthy Child Programme including advice and support on oral health, accident prevention, managing minor illnesses and links to safety schemes.

Health visitors are able to provide help and support to new parents on a range of common minor childhood illnesses such as feeding problems, managing infant crying, fever, cough and colds, rashes in babies, vomiting and diarrhoea, building parental confidence and knowledge on self-management and when to seek help. They can also play an important role in improving parental confidence, supporting health literacy to manage minor illnesses, as well as providing proactive 'anticipatory guidance' on the management of minor childhood illnesses through their universal reach to all families. Managing minor illnesses and building health literacy are part of the fifteen high-impact areas in the iHV Vision for Health Visiting[37].

Health visitors require continuous professional development to keep their knowledge and skills up to date and ensure that they are able to practise effectively and work with families. This includes promoting awareness of common childhood illnesses and their management, helping parents to recognise early signs of serious illness/ "when to worry" and providing advice, including swift referral/ signposting to appropriate services where needed. Services provided by health visitors are not intended to provide a diagnostic service. However, when an unwell child attends their service, the practitioner must have the knowledge to support parents to make a decision about the most suitable course of action and signpost them to the appropriate help based on the child's presenting symptoms[38]. Health visiting services need to be adequately funded and resourced with sufficient workforce to meet the scale of needs of babies, children and families[39].

Other sources of support for minor illnesses in the community

Health visitors were often parents' first point of contact for concerns related to their child's wellbeing and development[40]. A randomised control trial found that regular health visiting home visits led to a reduction in the use of A&E services for infants under the age of 8 weeks[41].

Drop-in baby and child health clinics were also one of health visitors' most frequently used methods of delivering the Healthy Child Programme covering management of minor illnesses and a range of other parental concerns and health needs[42]. A large survey of parents by the iHV, published in January 2020, found that parents value drop-in clinics and groups that are both accessible and flexible to meet their needs[43]. Health visitors also played a key role in the success of Sure Start centres through their clinics and health promotion groups for parents. The health impacts of Sure Start, including the reduction of hospitalisations, have been evidenced to make the most impact during adolescence, nearly a decade after children have 'aged out' of eligibility of the programme[44].

Baby clinics have been a "taken-for-granted" part of health visiting since they were established in 1899[45]. They are still prevalent across the UK, however, there is limited research about their structure, process or anticipated outcomes[46]. Some have questioned their purpose, evaluating them at face value as a service that is solely focused on weighing babies. The seminal work of leading Child Psychotherapist, Dilys Daws, "*Standing next to the weighing scales*"[47], presents a different view, exploring the purpose of baby clinics through observations of parent-infant and health visitor interactions in a health visitor-led baby clinic over many years. Daws' work highlighted the anxieties that many new parents feel as they adjust to parenthood and manage the responsibility to "*keep their baby alive*" which can feel overwhelming. The clinic provides a vital opportunity for health visitors to identify families that are struggling. Daws writes:

> *Work in a baby clinic enables families to get help with their infant's development as early as possible; the hope is that later difficulties in the relationship between parents and child may thus be forestalled. Serious disturbances of feeding and sleeping, crying and difficulty in bonding continuously confront doctors and health visitors. Many of these can be helped by routine primary care work.*

Daws' work also highlights the range of problems that can be detected by health visitors during these clinics, including disturbances in parent-infant interactions and relationships, as well as early signs of pathology, "*All this can be noticed by a receptive health visitor*." It is clear from Daws' work that the main reason that parents go to health visitor clinics is not to get their babies weighed but more for a regular confirmation that their baby is doing well and affirmation that they are a 'good enough parent' which builds their confidence. Weighing also provides an acceptable and non-stigmatising gateway into the universal health visiting service[48]. There is evidence that health visitor clinics are especially liked by families experiencing social deprivation because they can get concrete information about their baby's progress and baby care advice in these universal, non-stigmatising settings[49].

The current Government's Start for Life Vision lists health visitors as one of six essential services in the new Family Hubs model which aims to provide visible and accessible support for families in the heart of communities[50,51]. Health visitor clinics provide an ideal means of providing this support. However, following a 40% reduction[52,53] in the number of health visitors in England since 2015, health visitors have less contact with families and many health visiting services have reduced their clinics following their suspension in the COVID-19 pandemic[54]. Some areas only offer "appointment-only" clinics which were introduced as a means to reduce COVID-19 transmission in the pandemic, rather than "drop-in" clinics which are more accessible to families who may struggle to access healthcare.

Appointment-only and pre-booked clinics may work well for some families. However, there is good evidence that the families who need the most support are the least likely to be able to plan ahead and access the support that they need. A large survey of parents by the iHV, published in January 2020, found that parents value drop-in clinics and groups that are both accessible and flexible to meet their needs[55]. It is therefore vital that a range of options are offered to ensure that health visiting services are accessible to all groups[56], particularly those individuals and groups who do not currently experience easy access to services (for example the Gypsy/Traveller community, asylum seekers and individuals who are not registered with a GP), and consequently do not experience the same health outcomes as the rest of the population[57,58].

The reduction in the numbers of health visitors, together with the fragmentation and reorganisation of providers and reduced contact with GP services, has reduced the continuity of healthcare and support provided to families during the antenatal and postnatal periods[59]. This represents an important reduction in support services to parents of newborns at a critical time especially when the evidence points to the importance of continuity of care[60].

Alongside home visits and baby and child health clinics, health visitors also provide additional targeted support for minor illnesses, although there is wide variation in provision between areas. Examples include transition to parenthood groups for first-time parents and a plethora of web-based resources such as 'Healthier Together', 'Family Assist', NHS website as well as digital text messaging services. More than 40% of health visiting services in England have implemented the ChatHealth text messaging service to offer safe and secure messaging to parents and carers of babies and children under 5[61]. Feedback shows that some parents value the convenience of a messaging helpline alongside more traditional ways to get help. In some cases, swift support and advice via text from a health visitor can avoid needing a GP appointment or going to the ED[62]. The most common reasons that parents contact ChatHealth have been for concerns regarding minor illness and infant feeding. The ChatHealth evaluation of parents who used the service reported that they felt much more reassured about their baby or child's health and confident in the steps they should take[63].

The evidence from a well-established integrated programme involving training of health visitors in Wessex, alongside web-based resources with "traffic light"- red, amber, green guidance on symptoms of common conditions with advice on "when to worry", has demonstrated that when parents receive consistent, explicit safety-netting advice, they are less likely to re-attend the ED[64]. Findings from a narrative systematic review confirmed that information needs to be relevant and comprehensive to enable parents to manage an episode of minor illness. Incomplete information leaves parents still needing to seek help and irrelevant information appears to reduce parents' trust in the intervention. Interventions are more likely to be effective if they are also delivered in non-stressful environments, such as the home, and are coproduced with parents[65]. There is high quality evidence[66] that face-to-face educational interventions targeting specific childhood conditions are effective at reducing ED reattendance rates and reduce the rate of hospital admissions.

Conclusion

Our narrative review of the literature highlights that ED attendances for children aged 0-4 in England are increasing year-on-year, with babies under the age of one having the highest rate of ED attendance compared to any other age group across the life course. A large proportion of these attendances are for non-urgent conditions, and do not result in hospital investigations, treatment or admission, suggesting that they could be managed elsewhere in the health and care system.

The highest numbers of ED attendances in babies and young children were attributable to upper respiratory tract infections (coughs and colds), followed by viral infections and gastroenteritis (diarrhoea and vomiting, (D&V)). Babies in the early neonatal period were frequent ED attenders due to three potentially avoidable conditions of jaundice, feeding difficulties and gastroenteritis. These findings highlight that there may be missed opportunities to provide better support for families with young infants within the postnatal care pathway and delivery of the Healthy Child Programme by health visitors. While ED is the right place for very sick infants and young children, our narrative review of the literature highlights that improving access to high-quality care in the community could help to reduce some admissions.

Reducing ED attendance will require actions to address the underlying factors that influence parents' decisions to attend these departments. These included:

- **Parents wanted peace of mind,** the need for reassurance on:
  - The severity of their child's symptoms/ to rule out a serious illness
  - The best course of treatment for their child's symptoms
  - To avoid being judged for "doing the wrong thing"

- **First-time parents** were more likely to attend A&E as they start to learn how to manage common childhood illnesses and therefore require additional support to meet their individual needs.

- **Geographical location** – Those who live close to hospitals and in deprived, urban areas were more likely to make frequent visits to the ED. Targeting preventative and alternative support at groups who have high ED attendance rates is recommended.

- **Health literacy** - An increased perception of an illness as being urgent was found to be associated with differing levels of health literacy, with those with low health literacy more likely to seek care immediately.

- **Access to support networks** – when parents had people to turn to for advice, they had greater confidence around managing their child's illnesses.

- **Access to services** – Shorter waiting times, availability (including out of hours), and accessibility of face-to-face advice and support without the need to make an appointment, were shown to be significant factors in parents' decisions to attend the ED.

- **Perception of higher quality of care provided in EDs** - In the past, many of these high volume conditions would have been managed successfully by parents with support in communities.

Health visitors play a key role in improving parental health literacy. When adequately resourced, they provide proactive 'anticipatory guidance' on the management of minor childhood illnesses through their universal offer to all parents, as well as easily accessible and personalised advice and support when parents are worried when their child is unwell. Health visiting services provide a series of universal health reviews and access to additional support when needed through accessible health visitor clinics in communities and targeted support. However, the provision of health visiting services are devolved responsibilities across the UK. As such, there is variation in terms of health visiting policy, funding, service models and workforce capacity between UK nations and local authorities in England. Health visiting services in England have seen a 40% reduction in health visitors over the last 8 years and consequently health visitors have reduced contact with families. There are simply not enough health visitors to meet the scale of rising need. This is having knock-on consequences for other services across health, education and social care, including putting additional pressure on EDs for childhood conditions that would previously have been managed by health visitors in the community.

Health visitors provide an important part of the solution to reducing ED attendances for 0–4-year-olds. In the past, parents would have attended drop-in health visiting clinics in the heart of their communities to talk about their worries such as minor illnesses, infant crying, feeding and sleep concerns. It is perfectly normal for parents to worry when their baby or child is unwell, particularly first-time parents, especially if they are left without safety-netting advice and support. In recent years, many health visiting drop-in clinics have been scaled back due to funding cuts. If parents are not able to find the reassurance and support that they need elsewhere, then it's likely that parents will feel that they have no other option than to attend A&E.

There is an urgent need for renewed investment in health visiting in England to restore these services. Increasing health visiting workforce capacity and capability will ensure that health visitors are more visible and accessible to support parents with babies and young children, maximising the opportunities provided by Family Hubs and Integrated Care Systems in England. Equipping health visitors with regular continuous professional development to support parental health literacy with safety-netting advice and resources will be important to empower parents to manage their child's minor illness and know when to seek medical advice more confidently.

This narrative review of the literature forms part of a larger programme of work led by the Institute of Health Visiting to gain a greater understanding of the changing trend of ED presentations for children aged 0-4 years and the role that health visiting services play as part of the solution, with implications and recommendations for national policy. The ultimate goal is to ensure that all families with babies and young children are able to access the right support at the right time, to increase their confidence in managing minor childhood illnesses in the community and reduce the growing pressures on Emergency Departments.

References

1. Office for Health Improvement and Disparities (2021) Early years high impact area 5: Improving health literacy, managing minor illnesses and reducing accidents. https://bit.ly/414IQ8E
2. Office for Health Improvement and Disparities (2021) Early years high impact area 5: Improving health literacy, managing minor illnesses and reducing accidents. https://bit.ly/414IQ8E
3. Department of Health and Social Care (2021) The best start for life: a vision for the 1001 critical days. https://bit.ly/3l6urF4
4. Statista (2023) Number of accident and emergency (A&E) attendances in England in 2023/23, by age group. https://bit.ly/3GuCAh4
5. Office for Health Improvement and Disparities (2022) Children's A&E Attendances. https://bit.ly/3Rr8hhg
6. Office for National Statistics (2023) Births in England and Wales: 2022. https://bit.ly/4a1WkGf
7. Nath S, Zylbersztejn A, Viner, R, Cortina-Borja M, Lewis K, Wijlaars L & Hardelid P, (2022) Determinants of accident and emergency attendances and emergency admissions in infants: birth cohort study. https://doi.org/10.1186/s12913-022-08319-1
8. Office for Health Improvement and Disparities (2018) Fingertips tool: https://fingertips.phe.org.uk/profile/child-health-profiles, with the original source being Hospital Episode Statistics (HES) Copyright © 2018, Re-used with the permission of NHS Digital. All rights reserved.
9. Simpson R, O'Keeffe C, Jacques R, Stone T & Mason S. (2022) Non-urgent emergency department attendances in children: a retrospective observational analysis. Emergency Medicine Journal 2022;39:17-22. http://dx.doi.org/10.1136/emermed-2021-211431
10. Mason-Jones A, Beltrán L, Keding A, Berry V, Blower S, Whittaker K & Bywater T. (2023) Predictors of Mother and Infant Emergency Department Attendance and Admission: A Prospective Observational Study. https://doi.org/10.1007/s10995-022-03581-5
11. NHS England (2023) A&E Attendances and Emergency Admissions 2022-23. https://bit.ly/47GAOVY
12. UK Health Security Agency (2022) News story UKHSA update on scarlet fever and invasive group A strep. https://bit.ly/3T7eGj2
13. Lees A, Tapson K. & Patel S. (2018) A qualitative evaluation of parents' experiences of health literacy information about common childhood conditions. SelfCare 2018;9(1):1-15
14. Mason-Jones A, Beltrán L, Keding A, Berry V, Blower S, Whittaker K & Bywater T. (2023) Predictors of Mother and Infant Emergency Department Attendance and Admission: A Prospective Observational Study. https://doi.org/10.1007/s10995-022-03581-5
15. NHS Digital (2023) NHS Workforce Statistics - August 2023 (including selected provisional statistics for September 2023) https://bit.ly/3RmpGrD
16. NHS Digital (2023) Independent Healthcare Provider Workforce Statistics, September 2022, Experimental. https://bit.ly/3Ned7fA
17. Institute of Health Visiting (2023) State of Health Visiting UK survey report. A vital safety net under pressure. https://bit.ly/3IHXNGB
18. Greenfield G, Okoli O, Quezada-Yamamoto H, Blair M, Saxena S, Majeed A, Hayhoe B. (2021)Characteristics of frequently attending children in hospital emergency departments: a systematic review. https://bmjopen.bmj.com/content/11/10/e051409
19. The Nuffield Trust (2017) Focus on: Emergency hospital care for children and young people. What has changed in the past 10 years? https://bit.ly/47ZwZem
20. Mason-Jones A, Beltrán L, Keding A, Berry V, Blower S, Whittaker K & Bywater T. (2023) Predictors of Mother and Infant Emergency Department Attendance and Admission: A Prospective Observational Study. https://doi.org/10.1007/s10995-022-03581-5
21. Jones E, Taylor B, Rudge G, MacArthur C, Jyothish D, Simkiss D, Cummins C (2018) Hospitalisation after birth of infants: cross sectional analysis of potentially avoidable admissions across England using hospital episode statistics. https://bit.ly/3uSVsDV

22. Jones E, Taylor B, Rudge G, MacArthur C, Jyothish D, Simkiss D, Cummins C (2018) Hospitalisation after birth of infants: cross sectional analysis of potentially avoidable admissions across England using hospital episode statistics. https://bit.ly/3uSVsDV
23. The Nuffield Trust (2017) Focus on: Emergency hospital care for children and young people. What has changed in the past 10 years? https://bit.ly/47ZwZem
24. Holden B, Egan M, Snijders V & Service, S. (2017) Why do parents bring children with minor illness to emergency and urgent care departments? Literature review and report of fieldwork in North West London. https://bit.ly/3tewcr6
25. Nicholson E, McDonnell T, De Brún A, Barrett M, Bury G, Collins C, Hensey C, McAuliffe E. (2020) Factors that influence family and parental preferences and decision making for unscheduled paediatric healthcare - systematic review. https://pubmed.ncbi.nlm.nih.gov/32680518/
26. Rowe B, Cook C, Wootton R & Brown T. (2015) A&E: Studying parental decision making around non-urgent attendance among under 5s. A report prepared for the Department of Health. https://bit.ly/419DRmU
27. Rowe B, Cook C, Wootton R & Brown T. (2015) A&E: Studying parental decision making around non-urgent attendance among under 5s. A report prepared for the Department of Health. https://bit.ly/419DRmU
28. British Red Cross (2021) Nowhere else to turn Exploring high intensity use of Accident and Emergency services. https://bit.ly/3t4F7vi
29. Perrin R, Patel S, Lees A, Smith D, Woodcock T, Harris S & Fraser S. (2020) Predictors of children's health system use: cross-sectional study of linked data. https://doi.org/10.1093/fampra/cmaa061
30. Greenfield G, Okoli O, Quezada-Yamamoto H, Blair M, Saxena S, Majeed A, Hayhoe B. (2021)Characteristics of frequently attending children in hospital emergency departments: a systematic review. https://bmjopen.bmj.com/content/11/10/e051409
31. Simpson R, Knowles E & O'Cathain A. (2020) Health literacy levels of British adults: a cross-sectional survey using two domains of the Health Literacy Questionnaire (HLQ). https://doi.org/10.1186/s12889-020-09727-w
32. Lees A, Tapson K & Patel S. (2018) A qualitative evaluation of parents' experiences of health literacy information about common childhood conditions. SelfCare 2018;9(1):1-15
33. Mason-Jones A, Beltrán L, Keding A, Berry V, Blower S, Whittaker K & Bywater T. (2023) Predictors of Mother and Infant Emergency Department Attendance and Admission: A Prospective Observational Study. https://doi.org/10.1007/s10995-022-03581-5
34. Cabey W, MacNeill E, White L, Norton J & Mitchell A (2014) Frequent Pediatric Emergency Department Use in Infancy and Early Childhood. Pediatric Emergency Care. https://doi.org/10.1097/pec.0000000000000233
35. Parent Infant Foundation (2022) Why Health Visitors Matter. https://bit.ly/3QZqy3O
36. Morton, A., (2020) What do parents want from a health visiting service? Results from a Channel Mum survey, January 2020. Institute of Health Visiting. https://bit.ly/3JZECp5
37. Institute of Health Visiting (2019) Health Visiting in England: A vision for the Future. https://bit.ly/3HnDpGd
38. PHE (2017) Sepsis in Children: Information for health visitors and school nurses. https://bit.ly/3NbXbum
39. Institute of Health Visiting (2023) State of Health Visiting, UK survey report: A vital safety net under pressure. https://bit.ly/3IHXNGB
40. Doi L, Jepson R & Hardie S. (2017) Realist evaluation of an enhanced health visiting programme. https://doi.org/10.1371/journal.pone.0180569
41. Christie J & Bunting B (2011) The effect of health visitors' postpartum home visit frequency on first-time mothers: Cluster randomised trial. International Journal of Nursing Studies https://doi.org/10.1016/j.ijnurstu.2010.10.011
42. Cowley S, Caan W, Dowling S & Wier H. (2007) What do health visitors do? A national survey of activities and service organisation https://doi.org/10.1016/j.puhe.2007.03.016
43. Morton, A., (2020) What do parents want from a health visiting service? Results from a Channel Mum survey, January 2020. Institute of Health Visiting. https://bit.ly/3JZECp5
44. The Institute for Fiscal Studies (2021) The health impacts of Sure Start. https://bit.ly/415Gw1c

45. Plews, C. & Bryar, R., (2002) Do we need health visitors in the child health clinic? Clinical Effectiveness in Nursing. https://doi.org/10.1054/cein.2002.0254
46. Webb J. & Meyrick J. (2016), Why Baby Clinics? A systematic review of the effectiveness of universal Health Visitor led Child Health Clinics in promoting the healthy development of pre-school children and reducing health inequalities. https://bit.ly/419f5mV
47. Daws D. & Lumley M. (2023) Quietly Subversive: The selected works of Dilys Daws. Routledge, Abingdon
48. Morton A. (2023) Standing next to the weighing scales – learning from Dilys Daws. https://bit.ly/40RamWb
49. Callan S. (2008) The next generation: A policy report from the early years commission. London: Centre for Social Justice. https://bit.ly/4am8pX8
50. Office for Health Improvement and Disparities (2021) Early years high impact area 5: Improving health literacy, managing minor illnesses and reducing accidents. https://bit.ly/414IQ8E
51. Department of Health and Social Care (2021) The best start for life: a vision for the 1001 critical days. https://bit.ly/3l6urF4
52. NHS Digital (2023) NHS Workforce Statistics- August 2023 (including selected provisional statistics for September 2023). https://bit.ly/3RmpGrD
53. NHS Digital (2023) Independent Healthcare Provider Workforce Statistics, September 2022, Experimental. https://bit.ly/3Ned7fA
54. Hogg, S. & Mayes. G. (2022). Casting Long Shadows: The ongoing impact of the COVID-19 pandemic on babies, their families and the services that support them. First 1001 Days Movement and Institute of Health Visiting. https://bit.ly/3RsWUpm
55. Morton, A., (2020) What do parents want from a health visiting service? Results from a Channel Mum survey, January 2020. Institute of Health Visiting. https://bit.ly/3JZECp5
56. Healthwatch Somerset (2019) Health Visiting Service Report: Views on early years support. https://bit.ly/4a8l5AL
57. Blair, M. (2020) Caring for infants after hospital discharge – Are we doing enough? https://doi.org/10.1016/j.earlhumdev.2020.105192
58. Williams, E. et al., (2022) What are health inequalities? The King's Fund. https://bit.ly/3R6clSW
59. Aquino, M. Olander, E. & Bryer, R., (2018) A focus group study of women's views and experiences of maternity care as delivered collaboratively by midwives and health visitors in England. https://bit.ly/48knJ4L
60. NHS England (2023) Three Year Delivery Plan for Maternity and Neonatal Services. https://bit.ly/3t8EfWf
61. Digital Health Transformation Service (2023) Spotlights: Health Visiting. https://bit.ly/3sIYmtM
62. Digital Health Transformation Service (2023) Spotlights: Health Visiting. https://bit.ly/3sIYmtM
63. NHS Innovation Accelerator (2019) Health Visitors go digital for millennial parents with the support of ChatHealth. https://bit.ly/3RsblJ9
64. Institute of Health Visiting (2020) Health Visiting in England: A Vision for the Future. Health visiting good practice case studies - case study 6: A whole system shared-learning approach to address increasing demand on children's urgent care: Healthier Together, Wessex. https://bit.ly/3KWz6XA
65. Neill, S., Roland, D., Jones, C., Thompson, M., & Lakhanpaul, M., (2015) Information resources to aid parental decision-making on when to seek medical care for their acutely sick child: a narrative systematic review. https://bit.ly/3uMzXEv
66. The Nuffield Trust (2017) Focus on: Emergency hospital care for children and young people. What has changed in the past 10 years? https://bit.ly/47ZwZem