Abstract

The health visitor after Seebohm

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The Seebohm report made dogmatic statements about the work of health visitors although it also said that health visiting was really outside its terms of reference. The report made the not unusual comment that biological and psychosocial skills were uneconomic to provide in the same person and that health visitors could not reasonably be expected to become medical social workers in general practices, that is, in community health teams.

Health visitors are still mainly concerned with the health and welfare of young children, despite the fact that they have undertaken more work with other groups in the community (particularly the old, the chronic sick and school children) since the inception of the health service. There has also been a growing tendency for health visitors to be more concerned with psychological and social factors.

If it is assumed that young children and their parents need special supervision, then in order to keep a watchful eye on the growth and development of such children both the biological and psychosocial aspects need to be covered. If a worker is responsible for more than the strictly biological aspects of development and she is the only person in the community doing routine visiting, how much training in psychosocial skills does she need? How much training does she need to deal with 'normal' situations and what training is required to enable her to diagnose the first signs of stress and abnormality in order to make useful referrals? Because it is generally accepted that the treatment of psychosocial problems needs trained staff, it should not be assumed that the diagnosis or recognition of such problems does not also require special skills—depression often goes unrecognized for example. A further question is whether it is possible to train someone to be skilled at *diagnosis* without inevitably imparting *therapeutic* skill. If these two are inter-related, the wise use of scarce resources might involve giving the diagnostician at least some definite rôle in treatment. This would suggest that the training for such a worker should impart casework as well as biological skill and it would therefore be different from the present health visitor training, including the 'integrated' courses for health visitors.

A possible future rôle for the health visitor is that of a *children's visitor* who would mainly be responsible for the emotional and physical development of children under five and who would also be able to help such families with emotional or relationship difficulties. She would therefore be the first-line social worker with the under-fives and this would require casework and biological skills. Alternatively if these combined skills were to be used with other groups she could become a *medicosocial worker* in the community health team.

Alternative proposals for the future of health visiting have focused mainly upon the biological aspects and particularly prevention. Some doctors see the future health visitor as a *preventive health nurse* who would mainly be involved with screening programmes and health education. A health visitor has suggested the rôle of a *community health nurse* which would link traditional health visiting with the supervision of domiciliary nursing. These suggestions do not seem to deal with the problems which have arisen in the work of health visitors since the growth of knowledge in the social and psychological sciences and since the development of the complex of social services.

If it is accepted that there can usefully be workers who have biological and psychosocial skills, then it is important that their working base and their employing authorities reflect adequately this dual interest and that support and education are provided in both fields. For this reason there would therefore be a good case for making a definite place for *children's visitors* or *medicosocial workers* in the Seebohm Social Service Departments—assuming that they are created. Close links with general practitioners and preventive health doctors would also be necessary.

The Seebohm report has made it imperative that the health visitor's rôle is reviewed comprehensively and that the potential contribution to social services of over 7,000 health visitors in England and Wales is not ignored because they are not 'social workers'. Although clarification of the rôle is necessary, there is no need to push present health visitors into any one of the four rôles described since there may be a place for more than one, and this would enable existing staff to decide where their main interests lay. In the absence of adequate research studies of community needs and resources in relation to health visiting (as for many other rôles relating to social and medical services), decisions about the future rôle or rôles will have to be made by wise men and women—including the staff concerned.

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