Health visiting and its role in addressing the nutritional needs of children in the first world war

Wayne Osborne and Sandra Lawton reflect on the early days of public health care and discover that the work of pioneer Ellen Woodcock was not far removed from the initiatives implemented by community nurses today.

Abstract

The first known UK health visitor post was established in 1862, in response to the living conditions of the poor. Before the first world war, local government boards advised district councils generally to employ health visitors: breastfeeding and child nutrition needed particular attention. In 1910, Hucknall District Council in Nottinghamshire, England, appointed nurse Ellen Woodcock to advise mothers and caregivers on looking after their children and themselves. Focusing on the welfare of women and children, health visitors could not fail to reach everyone in the community. This historical perspective shows that many of the initiatives and policies of today mirror those of a century ago.

Keywords
Child health, child nutrition, first world war, Great War, health visitors, poverty, World War 1

BREASTFEEDING AND the nutritional needs of infants and children are frequently highlighted in UK public health guidance (National Institute for Health and Care Excellence (NICE) 2008). A century ago these were also issues that needed to be addressed urgently. Well before the Great War – alarmed at the rise in child and infant mortality in the UK - the Local Government Board advised district councils to employ health visitors; in an attempt to halt this trend.

It was decided that mothers themselves were the key to this and that health visitors should guide and help them to take an interest in the welfare of their children through help and guidance they had not previously had for one reason or another. This was advice only and not all district councils took it.

This article looks at the breastfeeding and nutrition initiative and its implementation in a local Nottingham community and how nutritional issues were addressed during the war years.

Today, the English government is expanding the health visitor workforce, with a target to recruit 4,200 extra posts by 2015. In addition, initiatives such as the family nurse partnership programme are being developed for young parents following on from the Sure Start initiative. There is also concern about the health of families with limited income accessing food banks, on the one hand, and, on the other, calls for an emergency taskforce on obesity amid fears that children’s diets are being dominated by sugary drinks and high fat fast food (BBC News Health Online 2014).

History of health visiting

The first formal post of health visitor ('sanitary visitor') was established in 1862, long before the first world war, by a local authority public health department. This was in response to the often appallingly cramped living conditions, poor sanitation and inevitable high rates of infant mortality experienced by families in the 19th century (Adams 2012).

Much later, in 1916, while the first world war was in progress, the Royal Sanitary Institute (now the Royal Society of Public Health) began overseeing courses for 'health visitors'. The first statutory qualification was established in 1919, by the Ministry of Health. From 1925, the ministry took over the responsibility for training health visitors (Adams 2012). This early model for the role was adopted by other authorities, with the name being changed from 'sanitary visitors' to 'health visitors'.
By 1905, paid health visitors were employed in about 50 towns, with core aspects of their work focusing on promoting public health and preventing ill health. Health visiting became a universal statutory service in 1929, through the Local Government Act, with health visitors being employed by local government until 1974 when they moved to the NHS (Adams 2012).

Case study
In 1910, Hucknall District Council, Nottinghamshire, heeded the advice from the local government board and employed 36-year-old nurse Ellen Woodcock in the health visitor role. She had trained in medical and surgical work in Manchester.

Ellen had been in the town since 1908, she knew the community and area well, and was aware of the task that lay before her. Overcrowding was an urgent issue, with all the attendant health risks such as scarlet fever, measles and diphtheria.

At the turn of the 20th century, Hucknall was a small coal-mining town with a population of 15,480. The other main industrial employers were textile mills and a cigar factory.

In Ellen’s first years in the role and during the war years, the number of child and infant deaths fell, and the general health of the district and town improved (Table 1). Then, in 1918, the death rate rose during the Spanish flu pandemic. Nevertheless, there was overall improvement, and this was attributed to Ellen’s work with mothers and children in the community.

As well as visiting families in their homes, in 1914 Ellen set up the Mothers and Babies Welcome club, which met every Tuesday. By 1916, it had grown to 250 members and was highly regarded. A local newspaper commented on her work: ‘The fine array of youngsters at the baby fete last week was proof conclusive of the good work which is being carried on’ (Notts Local News, September 2 1916).

During the meetings, Ellen gave talks to the women about health issues and how to bring up their children. It was noted that she entered homes with a smile on her face and with winning ways (Notts Local News, September 2 1916). Her remit was to advise the mothers on simple ways of looking after the health and wellbeing of their children and themselves.

Ellen did not work alone, she had help and assistance from nurse Lucy Alice Dawes who lived with her at the nurses’ home, which had been built for nurses in 1897 as a response to the health implications of late Victorian urbanisation and accommodated two nurses (Horriben 1973). It was also used for meetings and surgeries.

By 1917, the weekly meetings were held at Ellen’s home and were called Nursing Association Monthly Mothers’ Gatherings. Mothers were taught to cook and make, mend and adapt clothes. They were also encouraged to share cast-off clothes with other families. There were competitions with prizes for the best cooking, best mending, best homemade clothes and best adaptations. The Duchess of Portland, the president of the Nursing Association, took an interest in the competitions and was sometimes on hand to award the prizes (Hucknall Dispatch, July 5 1917).

Breastfeeding
In 1917, the women were urged that breast milk was the best food for their babies and that to use cow’s milk was to take it away from older people who needed it. Grudgingly it was agreed that diluted cow’s milk could be used, but it was universally regarded as inferior to breast milk. It had been noted, and the mothers were told, that babies fed on breast milk were healthier children who had fewer illnesses. At the time, there was concern in Hucknall about the availability of fresh milk. In fact,
Food shortages were on everyone's mind and were a central topic of discussion nationally – even war events came second.

In Hucknall, as elsewhere, milk came from local herds, which had been reduced by some 20 cows, probably through a lack of fodder, thereby diminishing the local supply. Henry Morley, editor of the Hucknall Dispatch, wrote that he ‘wondered why there was a problem, given the absence of 1,400 men from the town on active service’ (Hucknall Dispatch, December 13 1917). However, the battlefronts of the first world war were taking so many lives that the nutrition of healthy babies to populate the next generation was of paramount importance. The country needed babies, and mothers were promised tinned milk to help infants who needed supplementation.

Nutritional needs Food and nutrition advice to all mothers was part of Ellen’s role and, with shortages and some rationing (particularly bread), her job was vital. It was accepted that babies and younger children ate less, but that as soon as they became mobile and were running about they required more suitable food. In 1917, to be healthy, children over five years of age were expected to have a diet of milk, bread, porridge of oatmeal, barley flour, or ground maize and oatmeal mixed, oatcake, puddings, eggs, butter or margarine, dripping, meat, bacon fat, fish, fresh vegetables and fruit – considerably better food than was served up in the trenches.

What did concern people at the time was the shortage of fat in the diet. Milk, butter, margarine, suet pudding, dripping and bacon fat were all scarce, and it was thought that for their health and welfare, children should have a ‘decent’ amount of fat every day. Bread and margarine were considered a good combination for children, and it was recommended to mothers that they fry bacon along with bread. The latter would soak up the fat and could be served up as a good, fatty and healthy option, which contradicts advice given today (NHS Choices 2014). Mothers were also advised to offer a small amount of fruit or juice, together with fresh vegetables.

Three meals a day and a ‘supper snack’ at bedtime were considered sufficient for active, healthy children, with breakfast as one of the most important meals of the day. For preference, this should be fish, egg or bacon, although if these were not available porridge or oatcake with milk were seen as a good alternative.

At dinner – an East Midland tradition was to call the midday meal dinner – the other important meal, meat or fish should be served. If neither were available, dishes consisting of cheese, eggs, beans or nuts could be provided instead. Tea, the third meal, was not to be eaten until four hours after dinner and should not contain meat or protein food. ‘Plain foods’ were considered the best at this time, so that sleep would not be disturbed (Hucknall Dispatch, May 17 1917). The bread ration was to be divided up among the meals, but with most served at teatime (see panel, above).

It was recommended that supper consist of a slice of bread and butter or margarine and a glass of milk. Mothers were advised not to consider sugar because it was not a vital food and the human body produced it naturally from any starch eaten. Sugar was also in short supply.

This scheme could only work if food was distributed evenly and fairly, and was sourced locally. Often food was not distributed in an even and fair fashion, but overall an attempt was made and sometimes the system worked. If adhered to, the wartime health and nutrition advice pointed...
to an improvement in poorer families’ diets. How much of the menus suggested in Table 2 as the norm was eaten in all households is a matter for debate. However, the rise in family income through war work and almost total employment did bring different foodstuffs to the tables of the poor. The wartime publication, The Eat Less Meat Book, gave informative pre-war menus for middle-class and working class households (Peel 1918) (Table 2).

Health visitors and the local community
The health of children and of the nation actually improved during the first world war, which was due to the following factors:

- Employment of health visitors with direct access to families, and families having able to access health visitors.
- Increase in employment through war work, which brought with it an increase in family wealth.
- Better diet through access to a wider variety of food and awareness of dietary requirements, with the result that the middle and upper classes ate less than they did before the war and the working class ate more.
- Overall, improved distribution of health advice, available income, knowledge and food.

In 1914, many working-class, urban volunteers for the army were considered unfit and unhealthy, even though they were gladly recruited. With dental treatment, the right kind of exercise and better, though simple, diets, these men flourished. Likewise, women’s health improved, with many working in wartime factories. By focusing on the health and welfare of women and children, health visitors could not fail to reach everyone in the community – their work helped improve the health of the whole workforce and that of future conscripts for the army.

Ellen’s story provides only a snapshot of the health visitor role one century ago. It has endured, and health visiting today is a fascinating subject. See the Find out more panel to learn more about the national history of the role.

Post-war health
Although in the overcrowding following the first world war, slums, overcrowding, poor sanitation and bad personal habits persisted, there were improvements in family and child health. Fewer children were covered in lice and nits – in 1912, 39.5% of London schoolchildren were infested but by 1937 the percentage had dropped to 7.9% (Mowat 1955). The average height and weight of children also had increased over the same period.

In the years after the war, there were gaps in health care, but medical care was available to the poor and needy through public assistance, and the focus on promoting breastfeeding and healthy food choices offered young children the best possible start in life.

Conclusion
In the first world war, it was generally agreed that mothers were key to any improvement in the health of their children, and that they should be guided by health visitors to take an informed interest in their children’s welfare. This article has highlighted a local initiative in one area of England and provided a snapshot of how the nutritional challenges that existed during the Great War were addressed. This historical perspective shows that many modern-day initiatives and policies, such as family nurse partnerships, mirror those of a century ago.

Find out more

- The Impact of health visitors: 150 Years of Health Visiting – Better Health for Generations of Families, tinyurl.com/150-years-of-hvs
- The Institute of Health Visiting, tinyurl.com/ihv-history-adams
- Wellcome Library Images, wellcomeimages.org
- National Archives. www.nationalarchives.gov.uk

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Conflict of interest

None declared