



# **Educating health visitors for a transformed service**

*A suggested approach for education commissioners and Higher Education Institutions and Lecturers to aligning education with new service vision for health visiting*



# Educating Health Visitors for a transformed service

*A suggested approach for education commissioners and Higher Education Institutions and Lecturers to aligning education with new service vision for health visiting*

**Prepared by Pauline Watts, Professional Officer for Health Visiting.**

**Department of Health**

# Contents

Introduction .....	5
Prompts for Higher Education Institutions and Lecturers in assessing/refreshing HV education programmes .....	6
Key topics to cover .....	7
Theory .....	7
Knowledge .....	7
Skills .....	7
Educating for a transformed service.....	9
Areas of education and practice mapped against the service vision/family offer .....	9
Annex 1) The health visiting service model/family offer .....	14
Your community.....	14
Universal services .....	14
Universal plus .....	14
Universal partnership plus .....	14

# Introduction

This document has been developed with wide engagement with a range of partners including Council of Deans (CoD), United Kingdom Standing Conference (UKSC), Higher Education Institutions (HEIs) and lecturers, Community Practitioners and Health Visiting Association (CPHVA), Nursing and Midwifery Council (NMC), Commissioners and health visitors.

The UKSC has also agreed to contact HEIs to scope coverage of the areas identified within this document in September 2011 and thereafter on an annual basis to determine level of educational alignment with the new service vision.

This paper sets out the approach with 'general prompts' and 'theory knowledge skills prompts' aligning education to service vision to be provided in the transformed health visiting service and to managing significant and rapid increase in education capacity.

It then sets out a more detailed rationale and suggestions for alignment at each stage of the new service vision/family offer for health visiting in England.

Fitness for practice will be ensured through the NMC standards and validation of education programmes. This document is intended to provide a framework of topics which will support future practitioners to fulfil the needs of the service and does not affect the absolute requirements of the regulatory body.

# Prompts for Higher Education Institutions and Lecturers in assessing/refreshing HV education programmes

It is recommended that education commissioners, Higher Education Institutions, and Lecturers consider these prompts when reviewing their programmes to ensure that health visitors have appropriate theory knowledge and skills to deliver the new service vision on completion of the course and entry to practice.

- How well do the current programmes of education for health visitors map to and meet the demands of the new Service Vision?
- Do current programmes offer sufficient flexibility to meet future demands and if not what could be considered further?
- How will you prepare and support Community Practice Teachers (CPTs) and Mentors in the new ways of supporting HV students and those doing Return to Practice?
- How could the educational content of the programmes be adapted to have a greater focus on the new/higher profile elements?
- How could you work more closely with SHAs and providers to ensure to identify and increase the range and number of high quality clinical placements?
- How will you ensure students are familiar with the new Service Vision and model of practice?

# Key topics to cover

This section sets out the key recommended topics in the areas of theory, knowledge and skills for practice that programmes should cover in order to reflect the transformed health visiting services.

## Theory

### Public and community health

- Human ecology/population health and epidemiology
- Social Capital/Social Marketing/Social Networks
- Building networks and understanding communities/Building community capacity
- Influencing and developing policies and strategies for health and well-being
- Public health (international, national and local focus – in order to capture the learning requirements for immigration and migration)

### Child and family health and wellbeing

- Early childhood development (physical mental emotional)
- Impact family dynamics and relationships
- Self efficacy in achieving positive change

### Leadership and teams

- Team functioning
- Leading outside of sphere of influence/inter professional inter sector working
- Critical analysis – making judgements and decisions
- Communicating judgements and decisions
- Professional practice/ professionalism – including accountability and delegation

## Knowledge

### Public and community health

- Public health and inequalities
- Healthy Child Programme

### Child and family health and wellbeing

- Attachment and Parenting
- Motivation and motivational interviewing
- Change processes/ changing nature of families
- Safeguarding children /vulnerable adults (e.g. considering people/clients with learning disabilities and teenage parents)
- Neuroscience
- Maternal mental health needs/post natal depression
- Research and EBP/new health knowledge relevant to children and families or public health

## Skills

### Public and community health

## Educating Health Visitors for a transformed service

- Leading service improvement for children and families
- Assessing and evaluating evidence and outcomes

## Child and family health and wellbeing

- Motivational conversations/strengths based approach/family dynamics and relationships
- High level communication skills required to deal with complex cases and complex multi-partnership working
- Solution focused therapy/approaches to behaviour change
- Understanding practice – relationship base and parent empowerment
- Role modelling and mirroring/Model of practice

## Leadership and teams

- Group facilitation
- Team leadership
- Relationship building



# Educating for a transformed service

This section outlines the rationale and detailed alignment to service vision and suggested approach for education commissioners and Higher Education Institutions and Lecturers to aligning education with new service vision.

The information and themes below outline some of the areas that education commissioners HEIs and lecturers need to consider for inclusion in all health visitor education programmes to ensure that the programmes are fit for purpose and reflect the health visiting service vision, model and delivery of the Healthy Child Programme.

Many of these areas will already be covered within current education programmes and clinical practice, however this guidance is intended to support programme development and change as and where necessary.

Fitness for practice will be ensured through the NMC standards and validation of education programmes. This document is intended to provide a framework of topics which will support future practitioners to fulfil the needs of the service and does not affect the absolute requirements of the regulatory body.

All of the areas link health visiting practice with the goals and evidence of the Healthy Child Programme. These goals are to promote the health and well-being of all children and to improve outcomes for children who are likely to do less well due to their early experiences and environment.

## Areas of education and practice mapped against the service vision/family offer

The service vision/family offer is shown in annex 1

### 1) Community

This service includes interactions at community level.

- Human Ecology/population health and epidemiology
- Social Capital/Social Marketing/Social Networks
- Building networks and understanding communities
- Building community capacity
- Influencing and developing policies and strategies for health and wellbeing
- Public health and inequalities

### Rationale

Four principles underpin the health visiting approach to their working practice: the search for health needs; the stimulation of awareness of health needs; the influence on policies affecting health; and the facilitation of an awareness of health needs.

These principles are embedded in all aspects of their work on the HCP. It is also recognised that health visitors will identify and lead development of resources within the community to meet the needs of the children and families within that community.

## Educating Health Visitors for a transformed service

When connecting with people and services, practitioners' skilful support enables families to:

- understand the impact of community and environment on children's growth and development;
- develop the self-efficacy necessary to create positive relationships with other local families and community groups, building social capital;
- make use of additional services they may require;

Skilful support also helps practitioners share details of/ make referrals to other local services (e.g. children's centres, housing agencies, voluntary agencies etc), which will support the achievement of their goals.

Public health is an essential part of the health visitors role as a specialist in community public health, therefore it is essential to consider key elements of education relevant to this function and the impact of this work on delivery of the HCP including:

- health inequalities;
- social capita;
- population methods;
- universalism;
- prevention and health promotion;
- individual topics (smoking, obesity, drugs and alcohol etc)
- communication - including relationships and social networks, and professional partnership relationships

### 2) Universal (Child and Family)

This is a service for all families which includes:

- Early childhood development
- Self efficacy
- Motivation and motivational interviewing
- Change processes/changing nature of families
- Neuroscience
- Attachment and parenting
- Relationship building
- Research and EBP/new health knowledge relevant to children and families
- The healthy child programme

### 3) Universal plus

This is a service that any family may need some of the time, including:

- Maternal mental health needs
- Relationship building
- Role modelling and mirroring
- High level communication
- Motivational conversations/strengths based approach
- Assessing and evaluating evidence and outcomes
- Understanding practice – relationship base and parent empowerment
- Solution focused therapy/approaches to behaviour change

### Rationale

Families move between universal and universal plus services - therefore much of the rationale covered within universal services is the same for universal plus, including:

- promoting and enabling successful adaptation to parenthood;
- promoting family efficacy and responsibility for health and well being;
- enabling parents to provide an environment which fosters their children's physical, social, emotional and cognitive development and monitoring;
- assessing the child's progress.

The goals of the HCP include:

- transition to parenthood and positive parenting;
- strong family relationships and attachment resulting in improved social/emotional well-being;
- care which promotes health and safety;
- increased breastfeeding, healthy nutrition and increased physical activity, prevention of communicable diseases readiness for school and improved learning;
- early recognition of growth disorders and risk factors for obesity;
- early detection of deviations from normal physical and neuro-developmental pathways.

There are a number of theoretical constructs:

- needs and approaches to support the delivery of these goals including;
- early childhood development; neurological, physical, social and emotional child development and relationship to adult health;
- motivation and behaviour change incorporating self-efficacy; motivational interviewing;
- promotional interviewing;
- solution focused approaches;
- communication, relationships and social networks;
- healthcare process, practitioner and relational competences.

In addition, there are a number of key stages of universal health visiting HCP practice:

- developing relational processes through engagement & agenda matching;
- exploration & reflection;
- sharing knowledge & understanding;
- analysing and recognising patterns;
- decision-making;
- future plans;
- connecting with people & services.

It is recognised that parent, child, family engagement will be influenced by:

- nature of parent and child strengths and concerns;
- beliefs and concerns about help seeking and engagement;
- desires and concerns about change;
- attitudes and beliefs about services;
- expectations and match between parent/child & practitioners outcome priorities;

## Educating Health Visitors for a transformed service

- wider family, social circumstances and culture.

Health visitors need knowledge and the ability to use and adapt evidence based intervention strategies to assist parents and families to manage problems and difficulties as they arise, for example:

- relationship and attachment difficulties;
- behavioural management strategies;
- smoking cessation strategies;
- childhood illness and long term conditions management;
- knowledge of relevant local resources and services and the ability to facilitate parents use of them.

Health Visiting tasks where parental adaptation is challenging will need to include:

- intervening to support behaviour change for more attuned, responsive and committed parenting;
- building skills, strength and resilience;
- preventing problems becoming entrenched;
- supporting change to reduce risks to family health and wellbeing;
- promoting change in enduring behaviour patterns;
- ensuring families with additional needs have access to specialist services eg specialist paediatric services, social care agencies, mental health services etc.

Skills in communicating with all parents and enabling them to adapt and change are essential and include the ability to help parents to use a range of methods and approaches that promote wellbeing and adaptation and to manage difficulties that arise and within parental and wider relationships.

Health visitors also need to embody a range of personal and professional qualities and have good working relationships with other local services

Communication skills include:

- concentration/active listening;
- prompting, exploration and summarizing;
- empathic responding;
- quietly enthusing and encouraging;
- negotiating and guiding to enable exploration;
- sharing knowledge and expertise in respectful, understandable, meaningful and useful way;
- enabling change in feelings, ideas and actions.

### 4) Universal Partnership Plus

This is a service for vulnerable families requiring ongoing additional support, including safeguarding and child protection concerns.

- Team functioning and team leadership
- Leading outside of sphere of influence
- Safeguarding children
- High level communication

## Educating Health Visitors for a transformed service

- Leading service improvement for children and families
- Group facilitation

### Rationale

Relational processes are essential where there is complexity, therefore it is important that:

- the practitioner establishes a trustful, partnership with the family and clear shared expectations of family professional contacts, showing respect for the family's values, priorities and capabilities;
- families with additional needs may need an ongoing relationship with a familiar practitioner to achieve change;
- families with complex needs will potentially require a longer term, more personal relationship with a consistent practitioner to achieve change.

Family adaptation/behaviour change is most successful when:

- families anticipate and successfully adapt to the next stage of HCP development; families with additional needs are able to adapt and change in accordance with their circumstances (e.g. family able to understand and apply behaviour management techniques, successfully overcome post natal depression etc);
- families change behaviours to promote family health (e.g. stop smoking, reduce alcohol consumption).

Change in families with complex needs is not easy because:

- change is not easy for everyone;
- the expressed need for change can cause people to feel uncomfortable, criticised and defensive;
- change may be particularly hard for parents who have difficult and stressful lives.

The potential for change is improved when:

- a helping relationship is established;
- families aspirations are elicited and respected;
- ambivalence is explored;
- plans for change are made collaboratively;
- there is good evaluation and review of impact, progress and outcomes and they reflect together on further strategies, plans and actions required.

Health visitors work with other professionals and agencies to agree a range of contributions, interventions and opportunities for each family, their preparation must ensure that health visitors are able to act as lead professional for some families, co-ordinating the work and progress.

# Annex 1) The health visiting service model/family offer

What the health visiting service will look like – “a family offer”:

## Your community

- Has a range of services Sure Start Children's Centre services and the services families and communities provide for themselves.
- Health visitors work to develop these and make sure you know about them.

## Universal services

- Your health visitor and team provide the Healthy Child Programme to ensure a healthy start for your baby/children and family (for example immunisations, health and development checks), support for parents and access to a range of community services/resources.

## Universal plus

- Gives you a rapid response from your HV team when you need specific expert help.
- For example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting.

## Universal partnership plus

- Provides ongoing support from your HV team plus a range of local services working together and with you, to deal with more complex issues over a period of time.
- These include services from Sure Start Children's Centres, other community services including charities and, where appropriate, the family nurse partnership.

