The Parent Positive programme: opportunities for health visiting

Susan Parker BSc RGN RM RHV
Health visitor
North Manchester Primary Care Trust

Susan Kirk PhD MSc BNurs RGN RM RHV DNCert
Post-doctoral research fellow/senior lecturer
School of Nursing, Midwifery and Social Work,
University of Manchester

Abstract

Health visitors have a key role in programmes that support and enhance parenting as part of their public health work. This paper reports the findings of an in-depth study that explored how 12 purposefully sampled health visitors who had undergone training in the Parent Positive programme viewed their role after training and how they felt that it had influenced their practice. Participants reported that the training developed their communication skills, enabled them to make the links between public health and family focussed work, gave their role greater clarity and provided them with an opportunity to reflect on their practice with others. The paper identifies the implications for practice and the initial and continuing education of health visitors.

Key words

Parenting, public health, health visiting, communication, education

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In recent years health visitors have taken a lead role in a range of different types of programmes that aim to support and enhance parenting.[1-4] At the same time there has been a renewed emphasis on health visitors increasing their public health role which has been largely interpreted as community development work. However, it is now recognised that public health work can be focused on individual families[5] and that parenting support is part of the health visitor's public health role.[6]

The impact and outcomes of health visiting have always proved difficult to evaluate and little is known about how health visitors carry out their day-to-day work. Evaluative research[7,8] has concentrated mainly on health visiting outcomes in an attempt to measure effectiveness, but little is known about what health visitors themselves consider that they do that positively enhances health. Indeed the literature suggests that health visitors have difficulty in describing what they do and feel undervalued.[9,10,11]

There is a need for research that provides a more thorough understanding of the processes and skills health visitors use in their work and which examines how effective training programmes are on changing practice. This paper presents the findings from a study that examined health visitors' perceptions of a training programme that aimed to change their practice.

The Parent Positive programme

Parent Positive is a structured, non-directive approach to health visiting that is being used in a number of areas in the northwest of England. It is based on the principles of the Child Development Programme (CDP)[1,12] and underpinned by the principles and practices of health visiting[13] as well as local and national strategies for improving parenting skills and the health of the population.[5,14,15,16] Health visitors aim to raise parents' self-esteem and develop their parenting skills through positive reinforcement and by using an empowerment approach. Parent Positive includes an extensive health needs assessment tool which encourages parents to examine the factors that influence the family's health and identify how they themselves can influence these factors. The health needs assessment is in the form of a guided structured conversation, which is carried out by the health visitor during an antenatal home visit with the mother and partner, if present. Evaluation of interventions by parents and health visitors is built into the programme.

Parent Positive training involves six two-hour sessions in groups of six to eight health visitors over a period of around 12 weeks. Topics covered in the training programme include the philosophy of the Parent Positive programme, health needs assessment, communication skills and use of the documentation. Documentation includes completion of the antenatal and postnatal forms during home visits. The parents are given a developmental leaflet, which is used at each postnatal visit to document the changes in the baby's development as noticed by the parents. This also promotes other discussions on topics such as stimulation, development and the parents' important role as the child's first teacher. Cartoons are used by the health visitors as a way of introducing topics for discussion with the parents, such as home safety, diet and many more topics. The training is based on adult learning principles and a variety of teaching methods are used.[17,18]

Fundamental to the training is using the experience of the health visitors as a learning resource with learning being problem rather than subject based. Between training sessions the health visitors are expected to carry out Parent Positive visits and share their experiences at subsequent sessions. This encourages reflection on their practice and how this fits in with current health visiting practice. There are usually around six to eight health visitors at each session, which may include a range of experiences including those of newly qualified staff. Any problems are highlighted, discussed and addressed combining knowledge from the experienced health visitors with that of newly qualified staff. This sharing of knowledge and experience was found to be useful by all the health visitors.

Health visitors are encouraged to reflect on their role and practice within the group. Initially this is prompted by the use of videos of health visitor consultations but as health visitors start to use the programme they are encouraged to reflect on using this new approach in their own practice. The video includes actual Parent Positive home visits, unrehearsed and carried out in their homes. The video is voiced over to emphasise different aspects of the visits, such as how the health visitor responds, the non-direct approach, using the cartoons, etc. It is a trigger video which is stopped at certain points to enable discussions, for example, 'how would you do this?'.

Previous research suggests that health visitors enjoy using the Parent Positive programme and value the holistic family health needs assessment.[11]

The aims of the study reported in this paper were:

- To explore in depth with health visitors how Parent Positive had influenced their practice.
- To investigate how health visitors viewed their role after Parent Positive training.

Research methods

The study took a qualitative approach in order to obtain an in-depth insight into the experiences of health visitors.

Sample selection and recruitment

The study was conducted in one primary care trust in the northwest of England and was one in which neither author worked. Twelve health visitors were purposively sampled from three different cohorts who had undergone Parent Positive training (n=38) in order to include a range in the lengths of time since the training course. As the study progressed, purposeful sampling was used to ensure the sample included experienced health visitors and those who had more recently completed health visitor training. Sample size was determined by both category saturation and the number of interviews that it was practical to conduct and analyse during the course of the project. The characteristics of the sample are presented in Table 1.

Health visitors were sent a written information sheet about the study and asked to return a reply slip if they were interested in participating. The researcher then contacted health visitors by phone to further discuss the study and arrange an interview. Written consent was obtained at the interview and health visitors were assured of confidentiality and anonymity. Ethical approval was obtained from the local research ethics committee.

Data collection

Face-to-face, semi-structured interviews were conducted with health visitors at their place of work. A topic guide was used for the general direction of the interviews but participants were encouraged to direct the conversation into areas of importance for them. The topic guide development was informed by the aims of the study and evolved as the data was analysed. All interviews were audio taped with the participant's permission and then transcribed. Field notes were kept to record the context in which the research took place and aspects of non-verbal communication.

Data analysis

Data collection and analysis occurred concurrently. The data was analysed using Burnard's[19] method of qualitative analysis which is based on Grounded Theory methodology.[20] Interview transcripts and field notes were analysed to identify emerging themes or categories. Categories were compared, contrasted and then clustered to create more inclusive categories. Data collection continued until no new themes were emerging.

Ensuring rigour

A number of transcripts and the coding of the data were jointly reviewed by the co-authors in order to enhance theoretical sensitivity, uncover any biases and to clarify interpretation. An uninvolved colleague who also read through some of the transcripts identified very similar categories as those identified by the authors. The data were also examined for negative cases – examples that do not fit within the themes that were emerging.

Table 1. Characteristics of the sample (n=12)

Length of time since Parent Positive training course	No.
2.5 years	5
2 years	3
1.5 years	4
Length of time since health visiting training course	
More than 2 years	7
Less than 2 years	5
Gender	
Female	10
Male	2

Research findings

Three main themes emerged from the analysis – bridging the gaps, role clarity and sharing experiences.

Bridging the gaps

Health visitors described how Parent Positive helped them to bridge the gap in their interpersonal skills and the gap between the day-to-day reality of their role and policy imperatives.

The theory-practice gap

Recently qualified health visitors did not feel that their health visiting training courses had prepared them for the reality of health visiting practice. They described how these courses were focused on working with groups and communities rather than with individuals and families, which in reality was still the major part of their role.

'What they teach you in the university is not what you do when you actually work as a health visitor.' (Health Visitor 5)

Newly qualified health visitors described how the training had filled a gap in their knowledge, as they felt that the interpersonal skills needed to work with individuals and families had been neglected during their courses. They noted that the ▸

interpersonal skills developed during Parent Positive training enabled them to ask questions on topics that they had previously thought were too difficult for them to approach, for example, domestic violence.

Experienced health visitors also felt that they had developed interpersonal skills during Parent Positive training that were fundamental to practice. These included listening skills, the use of open-ended questions and posing questions in a non-directive way. Experienced health visitors described how the training had led to them changing their whole approach to one where they tried to enable clients to problem solve rather than jumping in themselves with solutions.

'I do much more sitting back and letting parents explain what they are doing… before I would say "does he do this?", etc. Now I say "what have you noticed [that he is doing]?"…I feel my listening skills have developed. Before I was more inclined to go in and give advice rather than wait for them to tell me… getting them to offer solutions is a lot more effective.' (Health Visitor 9)

'I developed more listening skills… I let them do more talking, for example, about what the children are doing, rather than jump in with solutions and close silences… I let them come up with the answers.' (Health Visitor 11)

In addition, participants noted that the interpersonal skills they had developed from Parent Positive could be easily transferred and used with clients in other contexts such as smoking cessation and follow-up visits to people with coronary heart disease.

Policy-practice gap: family work and public health work

Although local and national policies emphasise the public health role of the health visitor (often constructed as community development work), the reality for participants was that practice remained family orientated. They described how previously they had seen these two roles as being in conflict with one another but that using Parent Positive had led them to developing a public health dimension to their work and to seeing themselves as having a public health role.

Participants felt that the emphasis on examining the wider health and social issues within the local community and assessing their impact on the health of the family gave them a greater appreciation of the value of one-to-one working within a public health approach to practice.

'Parent Positive is true public health… it looks at keeping healthy and gives health visitors role clarity in public health as well as looking holistically rather than being task orientated… Parent Positive underpins the family centred public health role because it doesn't only look at the child, it looks at the wider issues.' (Health Visitor 12)

Newly qualified health visitors described how the training had filled a gap in their knowledge, as they felt that the interpersonal skills needed to work with individuals and families had been neglected during their courses

Parent Positive enabled them to define their work with individual families as being public health. Before the training they had not seen how the reality of their day-to-day work fitted in with the public health agenda and imperatives locally and nationally to develop a public health role.

Conducting the assessment also provided health visitors with more in-depth information about the local community and its health needs than they would otherwise possess. As a result they felt more 'in touch' with the community as a whole and the local issues that impacted on health. In addition many health visitors described how the content, structure and presentation of Parent Positive helped families understand how the community within which they live affected their health and wellbeing and enabled them to identify their own health and support needs.

Role clarity

Health visitors described how they felt that Parent Positive had brought a clarity to their role that was previously lacking, both for themselves and for others. This was largely due to its structured approach to practice. The structured nature of the programme along with an empowerment approach to practice was felt to have benefits for families in terms of more effective working that was needs led rather than service led.

'It is great to have that structure to help me help the parents make plans to move on… it puts structure into my visits… I plan my visits better.' (Health Visitor 1)

The structured approach was also seen as making families more aware of the health visitor's role.

'I think if you're using Parent Positive, especially the antenatal, it helps you get across what you do… [because] it's looking at the whole picture of health… giving the parents some ideas about what they can expect from the health visiting service.' (Health Visitor 2)

The empowerment approach to working with families together with parents having a clearer idea about the health visitor's role was seen by some participants as leading to a more appropriate use of the service.

'It encompasses the range of what you can offer as a health visitor… you benefit because they [families] use you in a more effective way… they're not so dependent on you, but much more empowered.' (Health Visitor 3)

Some health visitors felt that their use of an empowerment approach had led to parents engaging more with the health visiting service.

'I got to know a particular girl much better and was better able to help her. She enjoyed coming back with answers and developed more understanding… previously she did not engage or appreciate the services offered.' (Health Visitor 6)

Health visitors described how Parent Positive helped them to assess and monitor the outcomes of their interventions because input and outcomes were recorded and evaluated. Participants felt that this structure also helped families see that change was occurring.

As well as making it easier to assess their own impact, the programme was also seen as enabling health visitors explain to others how they were working with families.

'I've always found it difficult to say what we do, but when you do Parent Positive, you actually document what you are doing, exactly what things you are changing,

because as the months go along you can see the family change. You actually have the facility for going in seeing where change is being made.' (Health Visitor 2)

'*When I go to a case conference and I am asked about the health visitor's input, Parent Positive makes it simple to explain what I will be offering and the client outcomes are easier to monitor… other professionals who are involved know exactly what my role is and how I am working with the family… it makes my role much more tangible and defined and I feel that Parent Positive is what our role is all about.*'
(Health Visitor 12)

The above quotation illustrates how the programme clarifies the health visitor's role for other professionals such as social workers, doctors, managers and other health professionals.

Some participants noted how they felt undervalued and under constant pressure to demonstrate the effectiveness of their service. The structured approach which enabled them to assess their impact, coupled with their improved inter-personal skills, increased their confidence and job satisfaction.

'*I feel I am making a difference to the health and wellbeing of the families… I get more job satisfaction because I get a lot more out of my interactions… it's useful for health visitors to have some kind of model because we've never had that before.*'
(Health Visitor 10)

Sharing experiences

Participants described how they worked largely in isolation with their work being invisible to others, particularly in the home environment. Some felt a lack of support and supervision. Parent Positive training was seen as providing them with an opportunity to reflect, discuss and share experiences. Participants described how attending the training course has enabled them to discuss how they worked as a health visitor with clients.

'*The group process is important in developing skills. We're all individuals and autonomous, when we go into the homes we're on our own… and when I listened to how other health visitors do things I thought "oh I like that" and "I've used it".*'
(Health Visitor 11)

'*We work in isolation and don't actually go out visiting with others, we tend to discuss problems, but not what we actually do on a visit…Parent Positive training encourages discussions on how we actually visit.*'
(Health Visitor 6)

Recently qualified staff found sharing experiences particularly beneficial because they received support from their peers and were reassured about their practice. Some participants described how they were initially sceptical about the Parent Positive approach and reluctant to change their practice. Participants' accounts suggested that this sharing of experiences could change the views of those health visitors who were less positive about changes in practice.

'*You will always get the die hards… but talking positively about change, then they are more likely to come on board… that's what happened with me… people who were positive in the group, perhaps changed the attitudes of less positive… listening to others' experiences made me think about it [Parent Positive] and I thought "well, I'll give it a go".*' (Health Visitor 2)

Participants described how they worked largely in isolation with their work being invisible to others, particularly in the home environment. Some felt a lack of support and supervision

Conclusion

This study provides insight into health visitors' experiences of using a new approach to practice. It contributes to our understanding of how health visitors view their practice and informs the debate about their changing role. This research suggests that Parent Positive training can encourage health visitors to reflect on their practice and develop the fundamental skills they need to work more effectively with parents. It appears that implementing the programme can provide a structure and clarity to their role and influence how they interpret their work.

This research suggests that pre-registration health visitor programmes need to be more balanced between community focused and individual/family focused public health if they are to prepare health visitors for the reality of practice. Most of the newly qualified health visitors in the study felt inadequately prepared, which is consistent with Ewens *et al*'s study.[21] Moreover, the communication skills developed during Parent Positive training were seen by experienced health visitors as being fundamental to practice. This programme would be a valuable component of initial health visitor training and preceptorship schemes, particularly as it appears that the skills developed are transferable to other areas of health visiting practice. The programme may also be transferable to other professional groups who work with parents such as midwives and social workers. Importantly, other members of the health visiting team such as staff nurses and nursery nurses will need Parent Positive training in order to ensure consistency of approach.

There is an increasing awareness that work with individuals and individual families in the home or in other settings is part of the health visitor's public health role.[5,6,22,23] Parent Positive with its health needs assessment parenting programme and philosophy of empowerment and community awareness complements this way of working and enables health visitors to perceive this work as public health. Indeed Parent Positive may be viewed as a way of family centred working that is consistent with an overall public health approach, enabling health visitors to work both with families and at a community level.

Others have noted how the lack of role clarity in health visiting and the difficulties in evaluating practice can lead to frustration for health visitors as well as difficulties for families in utilising the service appropriately.[24-26] This study suggests that Parent Positive may help address some of these issues through its structured approach which assists health visitors in demonstrating their effectiveness and in marketing the service to clients and others professionals. In addition it has the potential to increase job satisfaction.

Health visitors in the study felt their practice had benefited from reflecting on and sharing their experiences with others. Therefore this type of learning may be useful in other training sessions, for example child protection. It also suggests that clinical supervision is particularly important in health visiting where people are working invisibly and in isolation from other workers.

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