



**ihv** Institute of  
Health Visiting  
Excellence in Practice

**Year three report**

**2015/2016**

As we approach our fourth birthday, I wonder where four years have gone!

Thank you to each and every one of you who have helped make the Institute the organisation it is today. Without you we could never have got so far, so fast.

It is wonderful to now have an established team. Each member is growing their skills alongside the development of the Institute, and they have so much to be proud of.

This year we have developed a range of new, high-class training products, which are proving very popular, and we will be introducing iHV accreditation into our training programmes in 2017. We have also been sharing our expertise directly with employers and commissioners, providing them with evidence of the importance of health visiting.

Sadly, it is very tough times for health visiting again, with planned cuts to posts by many local authorities across the country. We are campaigning hard against such cuts. We know that they will cost the NHS and the country much more down-stream.

It's encouraging to see many of our fellows being proactive in building relationships with their new commissioners, often turning around some potentially poor decisions. We have produced a suite of new publications to help make an evidence-based case against dis-investing in health visiting and I encourage our readers to make sure that they share these locally.

We were delighted to welcome two additions to our board this year: Pamela Goldberg OBE as chair, and Sarah Davies, as a trustee. Both have already made valuable contributions to our development.

Together, we will work hard to protect and strengthen the profession, for all health visitors, children, families and communities into the future.



**Dr Cheryl Adams CBE**  
Executive director



# iHV Fellows

Our fellows are extraordinary role models for health visitors nationwide. They exemplify the best of health visiting through their skill, professionalism and leadership abilities – and influence the public health agenda in their local area, as well as nationally.



Fellows act as ambassadors for the profession and many have represented the Institute at national forums. They embrace opportunities to raise the profile of health visiting and make an impact in a wide range of national and local meetings, round-tables and conferences.

Enquiries from the media are often shared with our fellows, as opportunities to grow their communications skills. This also allows them to share their expertise in their fields of interest – ranging from mental health to safeguarding and from FGM to infant feeding. Some have been interviewed live on BBC Radio.

In the last year alone, fellows have been involved with many All Party Parliamentary Groups sharing their knowledge and experience with MPs. Subjects included parents and families, infant feeding and inequalities. Fellows have also represented the iHV at round-tables on subjects including colic, child protection, couple relationships and perinatal mental health. Our fellows have presented at national conferences, such as the Capita Supporting Parents and Troubled Families conference, Pacey Early Years conference, Westminster Health Forum, Communication Trust Forum and Westminster Briefing on Early Years Public Health; as well as at international conferences, such as the Marcé conference in Australia. Fellows also sit on committees to share their knowledge of their expert areas, including VISION 2020, NICE Vaccine uptake, PHE Enuresis project, and RSPH Drugs Policy, to name but a few. These are great opportunities to share their evidence-based knowledge and practical experience as well as to increase awareness of what a health visitor does. One of our fellows has even supported the establishment of health visiting services in Turkmenistan!

Many fellows have received prestigious awards this year, which is evidence of their amazing professionalism. We are justly very proud of our fellows and hope to create more. We are actively seeking funding to extend the fellows programme.

# Research

The Institute recently appointed our first research lead, taking up her post in January 2017, to develop our new research strategy and to establish our research department.

In September, the iHV launched an online research guide: *Outcomes and Evaluation in Health Visiting: A Practical Guide*. This provides information, resources and tools to help health visitors and their managers evaluate practice and to develop relevant outcome measures.

The Institute has participated in several pieces of research with partners during 2016. For example, we supported a survey of oral health promotion knowledge among health visitors for a Masters student at Leeds University. The survey reached over 1,000 health visitors and the student received a distinction for his work, which will now be published.

iHV also conducted a number of our own surveys including: Working with General Practitioners; Working with domestic violence and abuse; Health visitor views of physical activity opportunities for new mums; and our annual State of Health Visiting survey.

## The State of Health Visiting Today

25%

of health visitors have experienced a change of employer this year with a further **35%** expecting a change of employer within the next year, causing potential disruption to service delivery.

16%

of health visitors have case loads of between **500** and **1000** children. The optimum average case load for safe and effective practice is **250**. **85%** say their work load has increased over the past two years with only **5%** able to offer consistent continuity of care to all families.

36%

of health visitors are currently working with more than **10** families with domestic abuse present and **62%** suspect domestic abuse issues being present in other families they are working with.

89%

of health visitors are able to offer perinatal mental health assessment at **6-8** weeks to most mothers, although only **24%** of mothers receive a follow-up assessment at **3-4** months.

56%

of health visitors say that they don't have enough contact with GPs with **64%** saying they work with more than **10** different GPs and **27%** work with more than **15** different GPs.

Data taken from three iHV surveys: Working with GPs, (n= 1179), Working with domestic violence and abuse (n = 415 ),  
iHV State of Health Visiting survey (n = 911)

# Educational Developments

## Accreditation

This year we have developed an Institute of Health Visiting accreditation framework for health visitors and related health professionals.

The iHV accreditation framework will accredit programmes, short courses, conferences and resources relevant to health visiting practice, while also supporting the requirements set out by the Nursing and Midwifery Council for revalidation by health visitors.

We are really excited about the opportunity this presents for health visitors to accrue accredited continuous professional development (CPD) hours in line with their professional requirements.



## Recommended 0-19 national curriculum for health visitors/school nurses

The Institute is delighted to lead a UK review of the 0-19 national curriculum for health visitors/school nurses education, to update and strengthen the education system for both professions.

Together with our partners (UKSC, CPHVA/Unite, RCN, SAPHNA and NFSHE), the review will deliver a recommended national curriculum for health visiting/school nursing by September 2017, to inform the curriculum development of higher education institutes.

Building on previous work undertaken by the Department of Health/Public Health England and Health Education England, this review will be based on the existing NMC (2004) Standards for Specialist Community Public Health Nursing – Health Visiting/School Nursing.

The recommended national curriculum will ensure that, when qualified, health visitors and school nurses can maximise their role to improve the health and well-being of all children, young people, families and communities

# Training

The iHV has developed a significant training portfolio this year, including Successful Revalidation, Managing Sleep Difficulties, Child Safety, Healthy Weight Healthy Nutrition and a range of new perinatal and infant mental health programmes. Many are commissioned as bespoke training to ensure they fit the needs of local areas.



## **Perinatal Mental Health training portfolio**

Our Perinatal Mental Health (PMH) training portfolio has received huge interest and multiple commissions this year. It has grown to offer many new training products: PMH training for fathers, a joint perinatal and infant mental health training, a new multi-professional PMH awareness programme, and an updated multi-agency PMH Champions training. These new programmes have widened

the audiences interested in our training to include early years staff, midwives, GPs, obstetricians, mental health workers, the voluntary sector and many other health workers who need to understand perinatal mental health and its impact on families.

In partnership with the National Childbirth Trust (NCT), we have also developed a unique PMH training programme for their NCT perinatal mental health practitioners.

## **Health Weight Healthy Nutrition Champions training**

Obesity prevention continues to represent a major public health challenge for the UK. Promoting healthy eating is one of the six early years high impact areas (DH, 2014), as it is acknowledged that health visitors can have a significant impact on health and well-being to improve nutritional outcomes for children, families and communities.

Following our successful 'Champions' model, and supported by the Burdett Trust, we have been rolling out UK-wide training to create local expert health visitors within every organisation to become 'Champions' for Healthy Weight Healthy Nutrition. The Champions can then cascade the training to their peers and colleagues.

The programme is written by a national nutritional expert and endorsed by Public Health England and Health Education England. By the end of December 2016, we will have trained nearly 300 Healthy Weight Healthy Nutrition Champions. In all, our training has directly reached well over 1000 health professionals this year.



**"This champion training will deliver our ambition that all health visitors are well-equipped, knowledgeable and confident in their responsibility to improve nutrition from pre-conception to five. Improving the nutritional status of children tackles health inequalities and improves health outcomes for children, families and communities."**

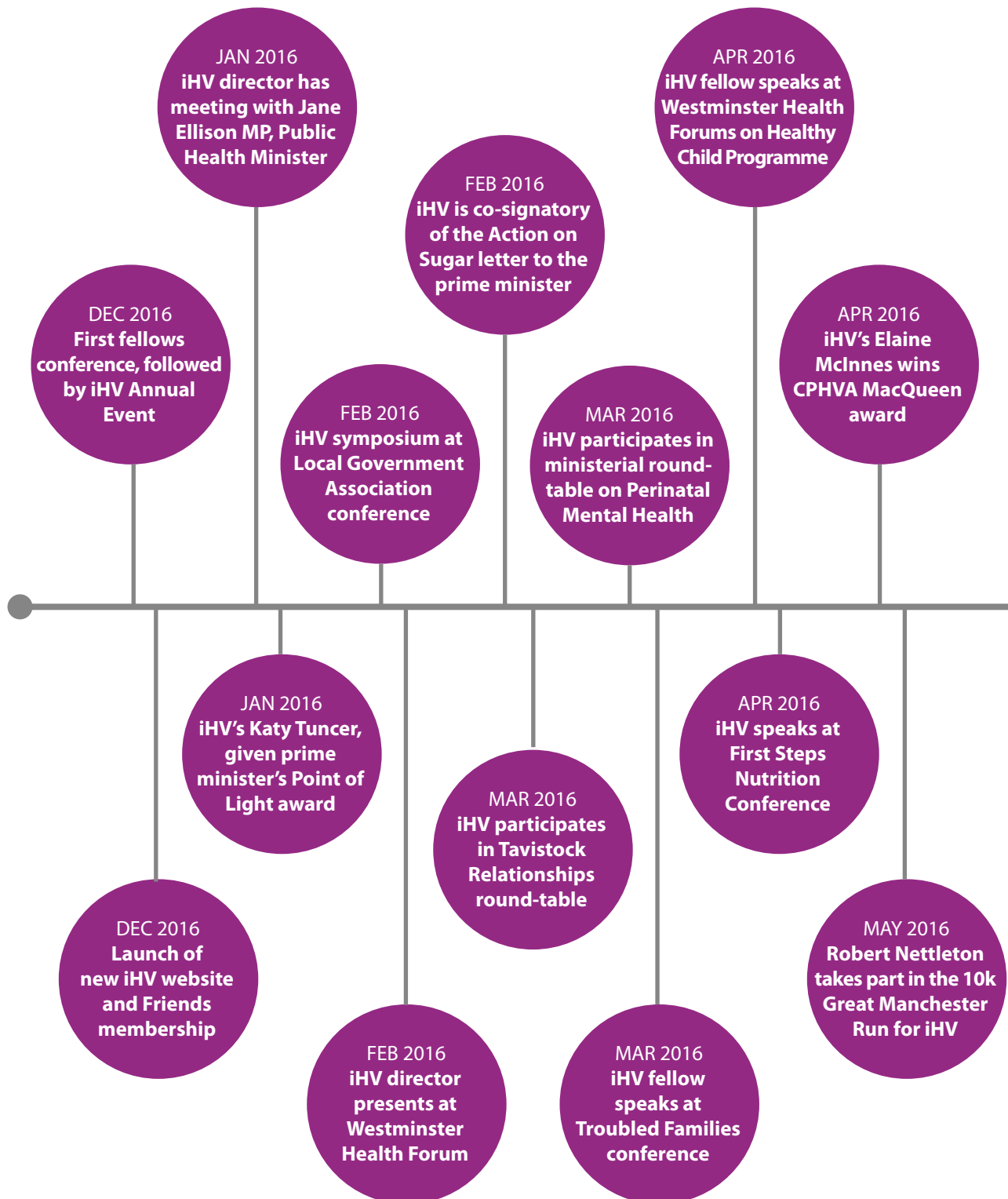
## Publications

We continue to develop and add to our peer-reviewed publications portfolio. In addition to our very popular *Good Practice Points and Parent Tips*, of which there are now 125, we have produced a range of other evidence-based briefings to support health visiting practice development. New publications include a series entitled *Why a HV?* which details each of the five mandated visits, to support discussions with commissioners.



For commissioners, we have developed a series of nine briefings covering a range of topics, including the health visiting contribution to preventative work. We encourage service leads to use these briefings to support their conversations with their local commissioners.

# Highlights of



# the Year



# Working with Partners

We were delighted to work in partnership with many organisations this year to support a variety of awareness weeks.

In June, we worked with PIP UK to help deliver the first Infant Mental Health Week. Also in June, we worked with the Child Accident Prevention Trust to support delivery of their annual Child Safety Week.

September saw the launch of the first ever Health Visitor Week, led by the CPHVA and supported by many partners, including the Institute. Our hashtag #ProudtobeHV was very popular, leading to a Twitter reach of over three million people! We used the week as an opportunity to promote the valuable work of our members through the publication of case studies on their work.

The Institute is currently working in partnership with the University of Hertfordshire and Hertfordshire Community Trust to develop a child and family-focused outcomes framework, based on our new outcomes guide. We are also working with the University of Kent to attract funding to evaluate our Ready Steady Mums programme.

Other active partnerships include with the Maternal Mental Health Alliance, the Royal College of General Practitioners, the Royal College of Paediatrics and Child Health, the Royal College of Speech and Language Therapists, The Communication Trust, Public Health England, Health Education England and the Royal Society for Public Health.



In September, we came together as members of the Global Public Health Nursing Alliance to deliver our fourth international conference, this time in Denmark. Members of the iHV team ran a popular stand there and several of us gave presentations. The iHV will be taking on the secretariat of the GPHNN from 2017 and the next conference will be held in Kenya in 2019.

# Perinatal & Infant Mental Health

The Institute continues to prioritise perinatal and infant mental health (PIMH). While our initial PMH training was designed for health visitors, many other professions also benefited during its roll-out. By the end of 2016 we will have created and delivered:

577

Health Visitor Perinatal Mental Health (PMH) Champions, who have trained over 10,000 public health and other practitioners.

287

Health Visitor Infant Mental Health (IMH) Champions.

90

Multi-agency PMH Champions for London.

22

Multi-professional PMH awareness regional training events, led by iHV fellows and delivered to 440 participants.

A pilot PIMH Champions Forum, led by iHV fellows in the North East, is providing valuable support for our champions in the region. The forum has a research project attached to it, which is collecting evidence to inform the development of a robust framework model for health visitor PMH interventions. We hope to replicate the success of the pilot forum in other regions in 2017.

Partnership working is central to achieving positive mental health for all. Throughout 2016 we strengthened relationships with our key stakeholders, including mothers and their families, the Maternal Mental Health Alliance, the Royal College of General Practitioners, the International Marcé Society, Health Education England, and national and local government. During 2016 we also contributed to many national work-streams related to both perinatal and infant mental health including:

- Developing a tool-kit to engage fathers with PMH, for Public Health England.
- Supporting the development of a national Competency Framework for PMH.
- Conducting a national survey on PMH and health visiting.
- Contributing to a ministerial round-table on perinatal mental health.

# Press & Communications

The Institute continues to build a strong profile within the health press and to establish a presence in the general media. During the 2016 we were contacted for input on several national stories as well as by the researchers of a well-known TV drama and the producers of several real-life documentaries.

We have been actively involved in a number of national campaigns this year and were also co-signatories on several letters published in the national press regarding issues affecting the health visiting profession and public health.

The Institute maintains a strong relationship with its members through our monthly newsletters for members and member alerts, as well as via our popular social media channels, where we share the latest research and information about health visiting. In 2016 our Facebook page hit 6000 followers and our posts regularly reached over 40,000 people a week. Several times we reached a staggering 120,000 people! Our Twitter account has 6,000 followers and, as well as for news, is used to share information from the events and conferences that iHV attends.

## iHV.org.uk

Our new website launched in December 2015 and has become a great focal point and repository for all the Institute's activities. In 2016, over 230 news stories were posted, along with 40 voice blogs and numerous press releases.



[Our work](#) [Health Visitors](#) [Families](#) [Training & Events](#) [News & Views](#) [Join us](#) [Support us](#)



24th November 2016

Making Every Contact Count (MECC) resources now available for all online



24th November 2016

Congratulations to West Sussex HCP for OUTSTANDING Stage 2



18th October 2016

Auditory Verbal UK: Creating a sound future for deaf children

Since the beginning of 2016 our website has had in excess of half a million unique page views, with the most popular pages being parents tips and the resource section. Online forums, which launched earlier this year, are steadily growing in popularity.

# Fundraising

Thank you to all our wonderful fundraisers.  
Here are some of the things they got up to in 2016.

*Right:*

Robert Nettleton  
at the finish of  
the 10K Great  
Manchester Run.



*Far right:*

Health visitors  
on the Three  
Peaks challenge.



*Bottom right:*

The iHV Three  
Peaks team at  
the finish.

*Right & below:*

Our little Elf Visitor  
fundraising, with  
help from Father  
Christmas and a  
horse-drawn sleigh.



# Ready Steady Mums

Ready Steady Mums (RSM) was originally developed by mothers Katy Tuncer, Kate Dyer-Smith and Kim Collins, as an opportunity to meet other local mums through outdoor physical activity, rather than just over coffee and biscuits!

The Institute took on the programme in 2015, with the vision of developing it to build community capacity nationwide. In the last year, we have established almost 40 new RSM groups around the country. Some groups have fathers attending too!

The strength of RSM is its simplicity to set up. Health visitors are ideally placed to empower mums to start a regular local walking group and they can then direct other mothers to join that group. This not only supports the social, emotional and physical health of those attending, but contributes to strengthening local communities.

These are some of the things mums say about Ready Steady Mums:

**"When I moved to a new area with two young toddlers, finding a Ready Steady Mums 'Socialcise' group was my first step to making new friends and keeping active in the midst of a chaotic time!"**

**"RSM empowers mums and dads to start physical activity and to realise the huge benefits on both physical and mental health. Active parents set a good example to our kids!"**



**"Going back to work made it a challenge for me to get enough exercise. Our lunchtime mum's 'Socialcise' sessions at work hit the mark in so many ways. A super-efficient training session that fits in a lunch break including the shower afterwards! And I get to hang out with like-minded working mums!"**

# Personal iHV Successes



**Dr Cheryll Adams, Executive Director**  
Awarded a CBE in the Queen's 90th Birthday Honours, for services to health visiting and to the Institute of Health Visiting.



**Elaine McInnes, iHV Project Development Manager**  
Winner of the CPHVA MacQueen award, for excellence in research and practice development, 2016.



**Diane Massey, iHV Innovation and Implementation Manager**  
Awarded an MA in Business Studies, with merit.



**Robert Nettleton, iHV Education Advisor**  
Awarded a Florence Nightingale Travel Scholarship to South Africa for 2017.

# The Institute of Health Visiting

## Health Visitor Perinatal Mental Health Training - changing practice and systems together

### Aim

To provide evidence-based post-registration education and training in perinatal mental health to all health visitors in England at the same level, thereby strengthening local health visiting services and improving early detection of perinatal mental illness.

### Methods

The training was rolled out in regional centres across England by national expert trainers. In order to make the champions training as robust as possible, various safeguards were built in. It was evaluated at the time of training and 1 year later.

### Results

By 2016 a total of 577 champions have been trained and they, in turn, have rolled out the training to in excess of 10,000 health visitors and others. Whilst the training was designed for health visitors many other professions have benefited during the roll out including midwives, general practitioners and mental health workers. As a result, the IHV has now designed and delivered multi-professional champions and a range of direct delivery training. As encouraging as the reach, has been the effects of the training on service transformation at a local, regional and national level.

### Conclusion

Creating local perinatal mental health champions can, as well as upskilling the workforce against national evidence-based standards, lead to service transformation through the creation of a new level of place based local leaders in perinatal mental health. Furthermore it can inspire, innovate and advance local inter-agency working, progress effective integration of care pathways and build community capacity. The IHV support of champions has been crucial in sustaining and growing the momentum of what has become a very powerful collective grassroots movement to improve outcomes for all women and their families at risk of and suffering from perinatal mental illness.



### One Mother's Story

"After nine long months of waiting and excitement I got to meet my beautiful baby girl. I had always hoped for a calm water birth with as little intervention as possible, but this wasn't to be. Childbirth left me with unexpected physical problems which I hadn't prepared for – and this quickly caused enormous emotional distress. I felt traumatised from the whole experience and although I loved my little girl to bits I was disappointed that my body had let me down and I was struggling to heal.

I'd always expected to be out on nice long walks and skipping around the shops with my newborn in her pram within weeks of her arrival. But the reality was that I was left housebound, unable to stand or walk for more than a couple of minutes at a time. I'm lucky to have the support of my partner's family, but my own family and friends live 200 miles away and I felt very isolated and low – especially as I was unable to care for my baby in the first weeks of her life and was reliant on her daddy to look after her and me.

I was distressed by what had happened and very soon didn't feel like myself. I was struggling to keep it together, cried every day for hours and started to worry that this was more than a mild case of the 'baby blues'.

If it wasn't for the perinatal care and support I received I can't begin to imagine what state I would be in today. My knowledgeable health visitor spotted the signs that things weren't as they should be and quickly recognised that I needed extra support for my mental wellbeing.

She organised weekly listening visits which provided an opportunity to talk about my problems and how I was feeling. This time was therapeutic and was also an opportunity to constructively explore other options to help deal with these feelings. Talking really helped and I was provided with much needed reassurance. Knowing that there was help at the end of the phone in between visits was also important.

We identified that my physical problems were making me feel like a useless parent. I felt overwhelming guilt about not being able to take my little girl to baby groups at the local Children's Centre and this was one factor contributing to my low mood.

My health visitor arranged for us to do baby massage at home on the sofa as I was unable to get on the floor. It really lifted my mood and gave me a boost as well as helping establish a stronger bond between me and my baby. – I realised that she wasn't missing out because of me and the guilty feelings started to subside.

Almost 11 weeks after the birth of my baby I'm still struggling physically – but thanks to the support I have been given I am finally smiling again. My health visitor has encouraged me to live in the moment and enjoy this precious time with my baby. I've now made it to my first baby group at the Children's Centre thanks to the reassurance I've been given. I was worried as I can't get on the floor at the moment so sitting cross-legged as part of a circle isn't an option, but it wasn't a problem and staff found me a chair. A few months ago I never thought I'd be able to leave the house again but thanks to the extra support I've received my head is now healing.

Now motherhood carries with it an expectation of happiness and before the arrival of my baby I never considered that I'd have a problem with my mental health – I don't think any first time mother does. I was lucky that professionals spotted the signs of a problem early and that I was able to access services including listening visits and baby massage to get back on track before things spiralled out of control."



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### Confidence

"The PMH training has given me the confidence to get up and running with support groups in the community for mums in the perinatal period who are feeling low or anxious. There are a number of these groups now across our patch and we are evaluating the impact of them using evidence-based tools like the PHQ9".

### Competence

"Through undertaking the PMH Champion training my own practice, without a doubt, has improved. The training has given me the opportunity to build on my skills and knowledge-my competence as a practitioner. Being a champion opens up so much opportunity".

### Commitment

"The update and new knowledge my champion colleagues and I received from the IHV has strengthened our commitment and injected a new drive and focus to really improve the assessment, identification, access to support and treatment for those experiencing mental health problems in the perinatal period.



ihV poster presented in Melbourne, Australia, 2016.