



Institute of
Health Visiting
Excellence in Practice

Year one report

2012/2013

iHV was started with a mission to ensure every UK family has high quality health visitor support, to give their children the best possible start in life.

Our focus in our first year has been on steady and sustainable development: one of the things the profession needs most.

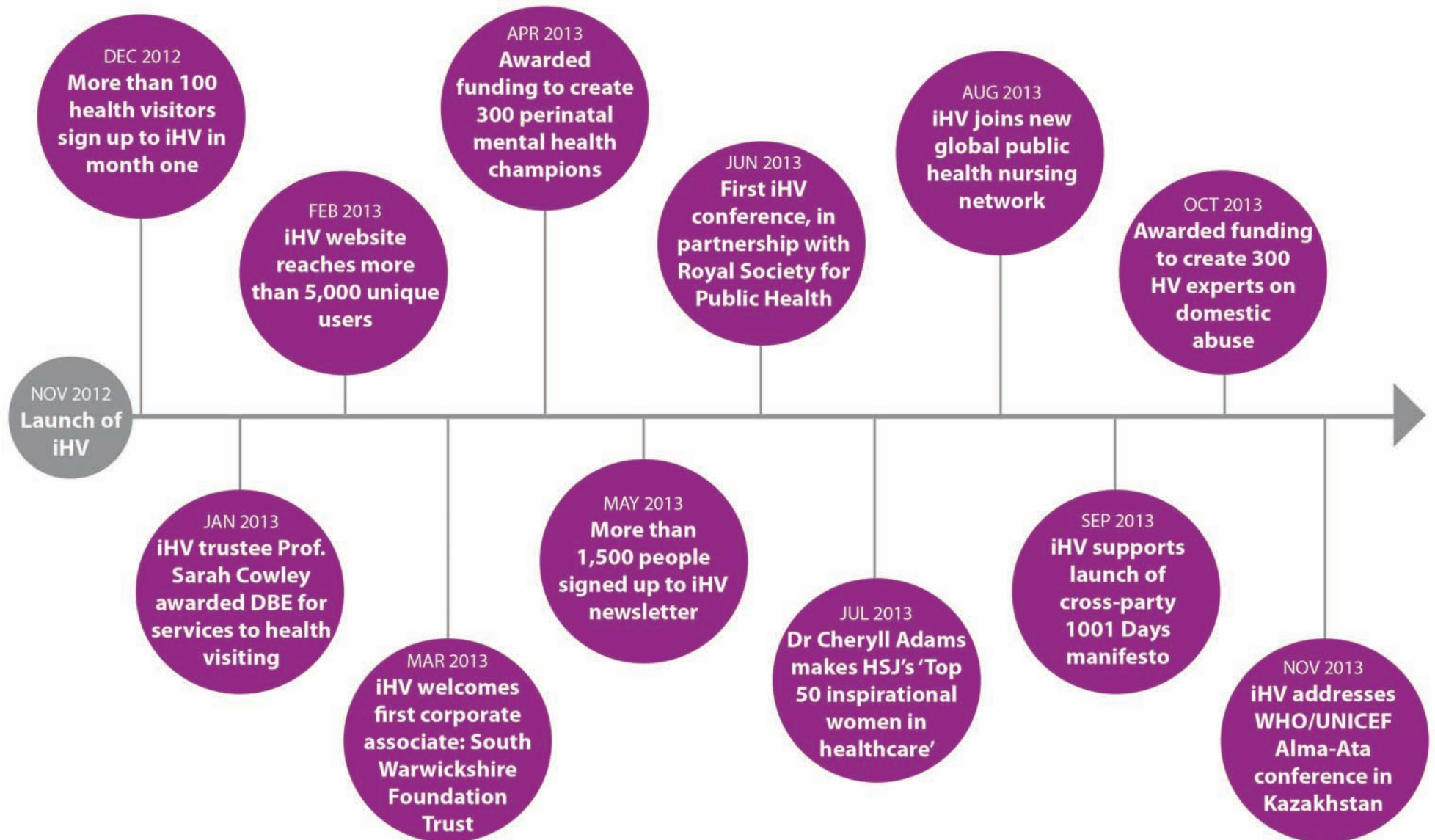
As a charity, iHV had a financial standing start. One year on, we've welcomed more than 1,500 associates, which along with research and training tenders, has helped us become more financially secure.

Now is an exceptionally exciting time for health visiting. We look forward to making further progress in 2014.

- Dr Cheryll Adams, founding director



Highlights of year one



Sleep well campaign

Sleep difficulties are a major public health issue and one of the most common reasons why health visitors are consulted. It was fitting then that this should be the topic for our first campaign.

The campaign saw iHV commission up-to-date research into infant sleep difficulties and the best way to manage them. This research was developed into a series of training events, master classes, workshops and seminars, which are now available to purchase.

To date, training has been delivered in London and Kent by iHV's sleep expert Maggie Fisher. We had hoped to identify funding to roll out further training, but until we do, the training is available for NHS employers to commission.

Sleep is an issue which universally impacts all new parents. Without appropriate support, it can have serious consequences, making this a perceptive & topical choice for iHV's first campaign.

Siobhan Freegard, Netmums co-founder

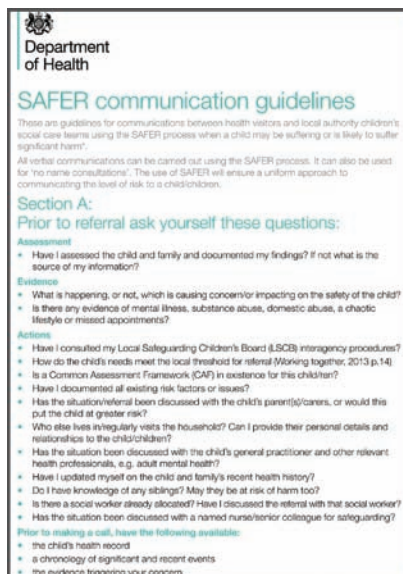


Publications and resources

The Institute has been involved in the development of various key publications in our first year. These include the Preceptor's Charter and an update of the SAFER safeguarding guidance, on behalf of the Department of Health.

With other partners (Boots Family Trust, Netmums, Tommys and the Royal College of Midwives) we have published a new Wellbeing Plan to help mothers prepare appropriate emotional support systems for the challenging early days of family life. Also with these partners, we published a report into perinatal mental health, based on surveys looking at the issue from both mothers' and a professional perspective.

The iHV has developed quality assurance processes for all its resources (as well as for our training). We are currently working with experts to produce a range of evidence-based information which our associates can access through our website.



Department of Health

SAFER communication guidelines

These are guidelines for communications between health visitors and local authority children's social care teams using the SAFER process when a child may be suffering or is likely to suffer significant harm.

All verbal communications can be carried out using the SAFER process. It can also be used for 'no name consultations'. The use of SAFER will ensure a uniform approach to communicating the level of risk to a child/children.

Section A:

Prior to referral ask yourself these questions:

Assessment

- Have I assessed the child and family and documented my findings? If not what is the source of my information?

Evidence

- What is happening, or not, which is causing concern/ impacting on the safety of the child?
- Is there any evidence of mental illness, substance abuse, domestic abuse, a chaotic lifestyle or missed appointments?

Actions

- Have I consulted my Local Safeguarding Children's Board (LSCB) interagency procedures?
- How do the child's needs meet the local threshold for referral (Working Together, 2013 p.14) to a Common Assessment Framework (CAF) in accordance for this children?
- Have I documented all existing risk factors or issues?
- Has the situation/referral been discussed with the child's parent(s)/carers, or would this put the child at greater risk?
- Who else visits regularly visits the household? Can I provide their personal details and relationships to the child/children?
- Has the situation been discussed with the child's general practitioner and other relevant health professionals, e.g. adult mental health?
- Have I updated myself on the child and family's recent health history?
- Do I have knowledge of any siblings? May they be at risk of harm too?
- Is there a social worker already allocated? Have I discussed the referral with that social worker?
- Has the situation been discussed with a named nurse/senior colleague for safeguarding?

Prior to making a call, have the following available:

- the child's health record
- a chronology of significant and recent events
- the evidence triggering your concern



My pregnancy & post-birth wellbeing plan

This plan is to help you prepare the support you might need to look after your mental health. While coping with the physical changes in pregnancy, birth and beyond, your emotional health is important too. Many women feel anxious, unhappy, mentally distressed, depressed or even more severely mentally unwell during this time, which can be unexpected.

This plan is to help you think about the support you might need to look after your mental health and wellbeing. It is your decision whether to share it with anyone else.

How am I feeling?
Take a moment to write about how you feel now, your thoughts about the birth and how you feel about your baby.

You may have mixed emotions about your pregnancy and your baby. This is completely normal. Here are some common signs that you should talk through with your midwife or health visitor:

- Fearfulness
- Feeling overwhelmed
- Being irritable/angry more often
- Lack of concentration
- Change in appetite
- Problems sleeping or extreme energy
- Racing thoughts
- Feeling more anxious
- Lack of interest in usual things

Some women can also have:

- Intrusive thoughts
- Suicidal thoughts
- Strict rituals and obsessions

Talking about how you are feeling helps you get through the exciting yet challenging time of becoming a parent. It doesn't matter who you talk to, but it is worth having someone in mind that you can trust and who can support you if needed. One of the first steps to getting better is knowing and accepting that you are unwell.

Often your friends and family will spot that things aren't quite right before you do.

I will ask and talk to them about things troubling me.

Also, ask yourself.....

Am I the sort of person who accepts that I'm unwell?

How might I start the conversation if I feel embarrassed?

Who else can I turn to if I don't feel listened to or supported?

* Adapted from the Boots Family Trust Wellbeing Plan with Boots



Preceptorship Charter

"Excellence is never an accident"

The charter outlines the best practice quality markers for newly qualified health visitors entering employment as a health visitor in England.

Its guidance will help newly qualified health visitors to:

- Adjust into their new professional role
- Fulfil their role as an independent, autonomous and innovative health visitor, meeting the requirements for health visiting in England during their first year of employment.

Definitions

The preceptorship charter: Outlines the features that newly qualified/employed health visitors in England should expect during the first year of their employment. It requires 'sign-up' from employing organisations to use the charter for all newly qualified health visitors they employ, as part of the organisation's quality strategy.

Preceptor: An (NMC) registered practitioner who has been given a formal responsibility to support a newly qualified health visitor through preceptorship (DH 2010).

Preceptee: The newly qualified health visitor who engages in preceptorship (DH 2010).

* Aristotle 384BC-322BC

Healthy young minds, healthy societies

In June we held our first iHV conference, in partnership with our founding partner, the Royal Society for Public Health. We were privileged with a fantastic line-up of eminent speakers, all who said that they were honoured to be part of our first event.

Focused on a theme of 'Healthy young minds, healthy societies', the programme looked at how investing during the period from pregnancy to age two has long-term, positive consequences for society. Our speakers were specially selected to tell this story, and included Lord Victor Adebowale of Turning Point (below).

Health visitors are increasingly demonstrating they play a vital part in improving the health & wellbeing of children, their families & the wider community. I have no doubt the Institute will be an important means of support for the profession.

Dame Elizabeth Fradd DBE,
Health Visiting Taskforce national chair



Communications & community

Good communication is a key skill of the health visiting profession and this is equally crucial for iHV. We have worked hard to develop a sense of community between health visitors around the country this year and communicate with them daily via social media. We now have nearly 1,000 Twitter followers and more than 500 actively-engaged Facebook fans.

Remarkably, more than 2,500 people have signed up to our quarterly newsletter to date. We also send a monthly update (The iHV Times) to our friends and associates, sharing the latest developments in the profession and encouraging dialogue. The Perinatal Mental Health Champions receive their own, targeted, quarterly newsletter, to keep their network strong.



Perinatal mental health champions

Funded by the Department of Health, this was the first major project delivered exclusively by iHV and was both a useful learning experience and a great success. Over four months we trained nearly 300 health visitors from 108 healthcare organisations to act as local experts on issues concerning perinatal mental health.

The training we developed – which included a teaching video, training pack and three e-learning modules – will be shared with other health visitors in the Champions' organisations, spanning 10 regions of England.

They will receive ongoing support from iHV to ensure they have the most up-to-date developments from the field to share.



We are pleased to have supported iHV's training in perinatal mental health across England. This initiative will make a real difference to families, as health visitors will be so much better equipped to intervene early.

Dr Dan Poulter, parliamentary under secretary of state for health

Community of practice

The Community of Practice is a network of health visitors who regularly interact via an online hub, to share expertise and promote learning. This two-year project, funded by The Burdett Trust For Nursing, was developed in partnership with the University of Hertfordshire and the Open University. It aims to support and empower health visitors through mentoring and sharing of best practices.

Since launching the pilot in 2012, a practitioner-led online network of over 130 health visitors has collectively raised and resolved more than 80 issues, supporting each other by sharing resources, evidence and lessons from their own experience.

The screenshot shows the homepage of the HV Community Of Practice Evidence-Hub. At the top left is the logo with the text 'HV Community Of Practice Alpha Evidence-Hub'. To the right is a 'Site Search' box with a 'Tags Only' checkbox. Below the logo is a navigation menu with tabs for 'Home', 'Key Challenges', 'Issues', 'Potential Solutions', 'Evidence', 'Resources', 'Organizations/Projects', and 'Users'. The main content area features a welcome message: 'Welcome to the HV Community Of Practice Evidence Hub.' followed by a paragraph describing the hub's purpose and a 'keep reading' link. To the right of the text are three images: a family portrait, a woman with a child, and a close-up of a baby. Below the welcome message is a 'Topics' section with a grid of colored buttons for 'Child development', 'Family issues', 'Healthy Child program', 'Infant feeding/child nutrition', 'Mental Health', 'Parenting', 'Professional HV issues', 'Public Health', 'Safeguarding Children', 'Socio-economic determinants of health', 'Special needs and disabilities', 'Speech and language', and 'Use of technology'. At the bottom left is a 'Tools' section with two bullet points: 'Get our Evidence Hub Online Builder Tool' and 'Use our Quick form to add more than one category at once.' On the right side, there is a 'Top 20 Tags' list including '150 years of health visiting', 'Breastfeeding advice', 'Building Community Capacity', 'caseload management', 'Child protection', 'Commissioning CPCS evaluation', 'evidence based practice', 'Health visiting models', 'HV implementation plan', 'HV research jaundice', 'obesity', 'Post natal depression', and 'Public health outcomes framework'.

The CoP is exactly the kind of innovative solution we need for health professionals working in the modern age. As more health visitors are issued with mobile technology the CoP will allow them quick reference on-the-go.

Professor Viv Bennett, DoH director of nursing

Plan for 2014

- Train 300 health visitors to become local experts on domestic abuse and to disseminate the training to colleagues.
- Launch fellowship scheme, recognising senior health visitors as experts and creating specialist opportunities to develop their skill base locally and nationally.
- Make piloted e-Community of Practice available to all health visitors.
- Hold two conferences. The first in February, focused on perinatal mental health.
- Work with Health Education England and other partners to strengthen post-registration HV education, preceptorship and in practice support.
- Further develop our education and training opportunities, grow membership, and engage with more health visitors across the UK.

The iHV team would like to say a special thank you to

All our foundation associates who supported the development of iHV in its formative months. In particular, those corporate associates who joined as whole organisations.

Maggie Fisher, Rita Newland, Jane Hanley, Catherine Powell, Briega Coyle, Catherine Lowenhoff, Georgina-Kate Adams and our wider expert network, who have given so generously of their own time to support specialist work streams.

Also to all those in the NHS and academic sector who helped us to roll out our Perinatal Mental Health Champion's training, and to our many partners for their enthusiastic support of our activities and advice.

As ever, we are grateful to our founding partner, the Royal Society for Public Health, which continues to provide us with essential support and counsel.



The iHV team



Sally Russell, chair



Professor Dame Sarah Cowley, trustee



Professor Sally Kendall, trustee



Professor Ros Bryar, trustee



Peter Bennett, trustee & company secretary



Dr Cheryll Adams, director



Anna Cowley, membership manager



Anne Page, media & resource manager



Virginia Gilmour, business manager



Faith Ikioda, online editor