

***From principles to practice:
a model of practice for HCP
health visiting services***

*Led by: Ann Rowe & Crispin Day
(with health visitors, HV leaders, FNP
nurses, HV managers and academics)*

A work in progress...

Aim: To create a model of practice that...

- Describes the 'how' of what Health Visiting seeks to achieve and makes it explicit, visible and learnable
- Reflects and describes the craft of Health Visiting
- Links Health Visiting practice with the goals and evidence of the Healthy Child Programme

Why do we need this ?

- Move beyond the 'why', 'what' and 'when' to 'how' we help parents to adapt and change
- So that front line staff can be better supported and trained, with helpful tools and systems
- To support and guide clinical supervision, preceptorships and mentorships
- To build consistency of practice for families
 - between practitioners and between services
 - for the HV profession
- To support explanation of service to others

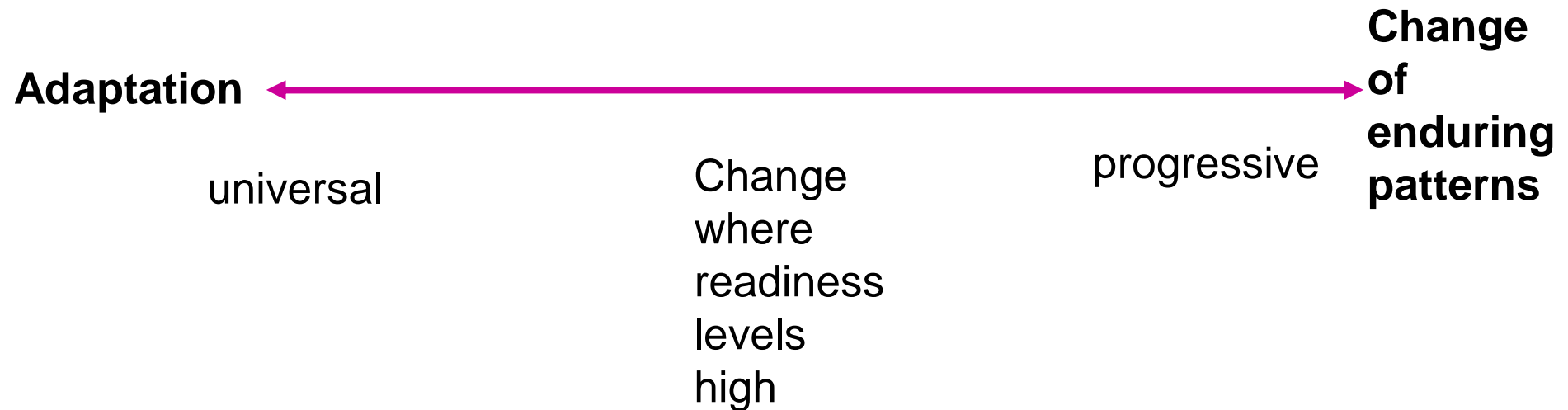
The overarching tasks of Health Visiting for universal HCP

- 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 and assessing the child's progress

Health Visiting tasks where parental adaptation is challenging

- 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

The extent of family adaptation or change required to achieve the HCP outcomes can be expressed on a continuum



Health visiting expertise

- Health visitors require a range of theoretical, skill based and technical expertise to achieve the tasks of the HCP
- These include:
 - A thorough and applied knowledge of relevant theoretical constructs and evidence base
 - Expert skills in communicating with all parents and enabling them to adapt and change.
 - The ability to help parents to use a range of methods and approaches that promote wellbeing and adaptation and to manage difficulties that arise across the five areas of the HCP 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

Practitioner qualities

- Being supportive
 - To sustain, encourage, care & shore up
- Being connected
 - To hit off, hook up with and to get along
- Being facilitative
 - To make possible, make easy, to make happen
- Being influential
 - To have some bearing on, to inspire and to change
- Being purposeful
 - To be focussed, determined and persistent
- Personal qualities
 - Respect and interest in parents
 - Genuine and real
 - Empathic and understanding
 - Personal strength, integrity and humility
 - Time, effort and emotional energy
 - Being trustworthy, reliable and consistent in word and deed

Theoretical constructs: needs and approaches

- **Early childhood development**
 - Neurological, physical, social and emotional child development
 - Relationship to adult health
- **Motivation and behaviour change**
 - Self-efficacy
 - Motivational interviewing
 - Promotional interviewing
 - Solution focussed approaches
 - Communication, relationships and social networks
 - Healthcare process, practitioner and relational competences
- **Public health**
 - Health inequalities
 - Social capital
 - Population methods
 - Universalism
 - Prevention and health promotion
 - Individual topics (smoking, obesity, drugs and alcohol etc)
- **Communication**
 - Relationships and social networks
 - Professional partnership relationships
- **Adult learning**
 - Theories and methods

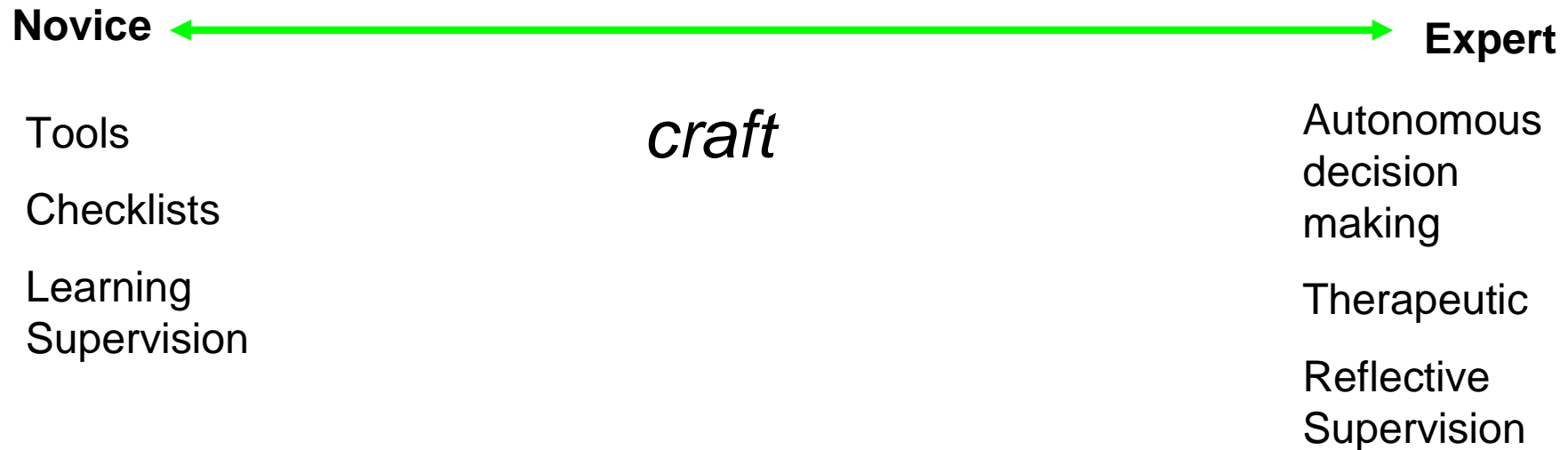
Communication skills

- Concentration/active listening
- Prompting, exploration and summarising
- 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

Technical/professional expertise for HCP

- Processes of partnership working with parents
- Behaviour adaptation and change
- Assessment of normal and atypical patterns of child, parent and family development across the areas covered by the HCP, for example:
 - Hearing screening, communicable diseases and immunisations
 - Maternal and perinatal mental health assessment
 - Language development assessment
 - Diagnosis of common conditions and prescribing
 - Safeguarding and parenting capacity
- 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
 - 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

The expertise of those within the health visiting team can be expressed on a continuum



Parent, child, family

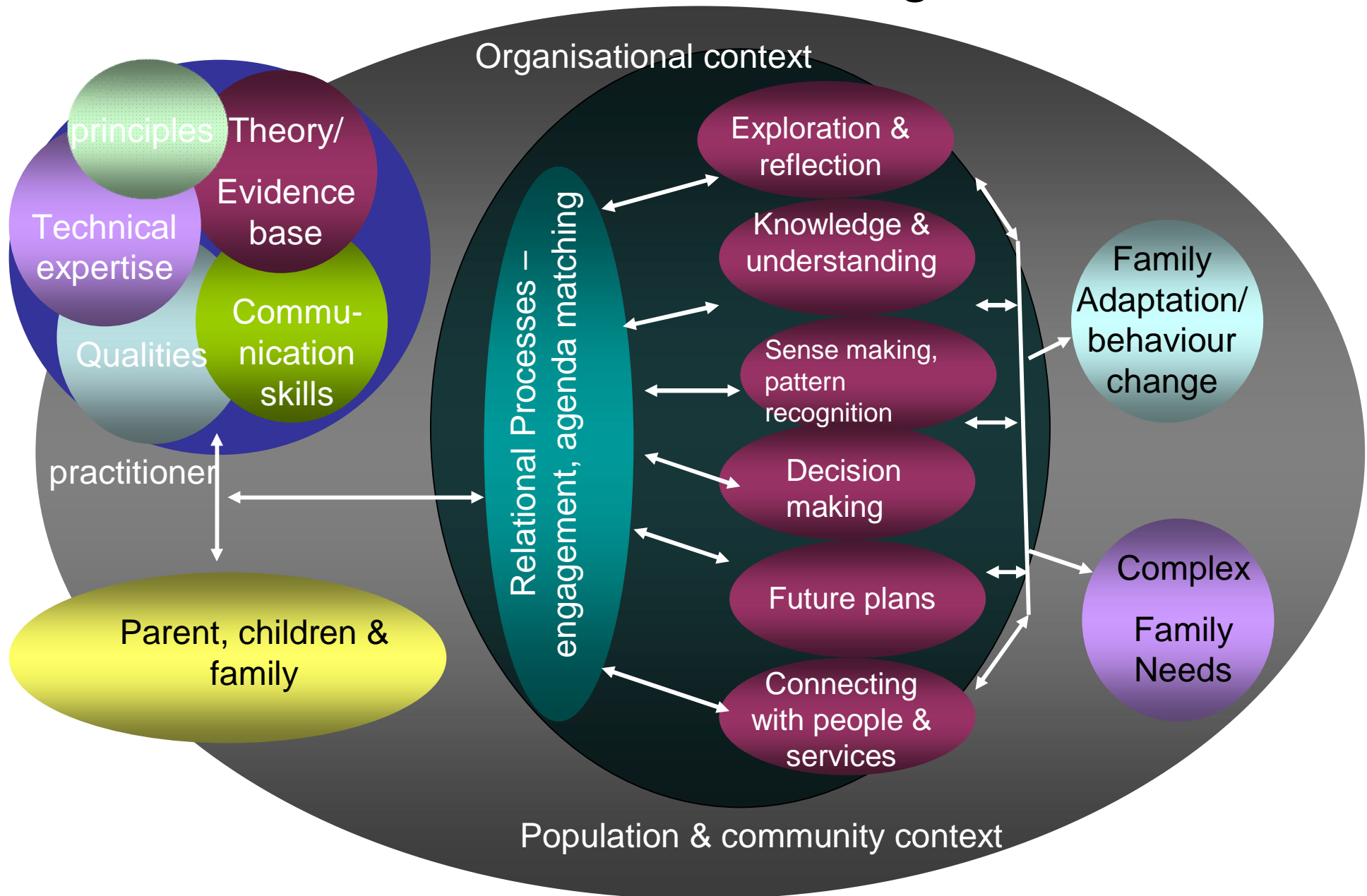
Family engagement with HCP and process will be influenced by:

- 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
- Wider family, social circumstances and culture

Practitioner/family interactions for delivery of HCP

- Both professional and family bring their expertise to the interaction
- The interaction between professional and family will usually encompass exploration, assessment and professional interventions.
- The nature of context will also be a factor in the interaction and outcomes
 - The family and community
 - The professional context
 - The organisational requirements

Model of universal health visiting HCP Practice



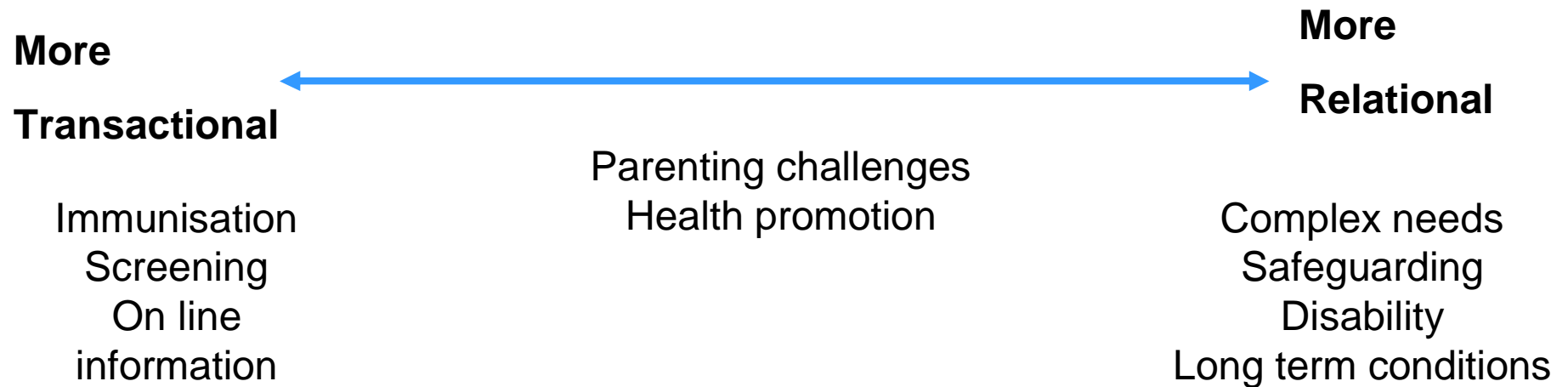
Key stages of universal health visiting HCP Practice

- Developing relational processes through engagement & agenda matching
- Exploration & reflection
- Sharing knowledge & understanding
- Analysing and recognising patterns
Decision-making
- Future plans
- Connecting with people & services

Relational processes

- The practitioner establishes a trustful, partnership with the family for each HCP contact, showing respect for the family's values, priorities and capabilities
- For most families, relationships will be developed with a variety of practitioners at different points of the programme (e.g. GP, practice nurse, health visitor, nursery nurse)
- 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.

The depth of relational requirement can be expressed on a continuum



Engagement and agenda matching

- Engagement and partnership building: the process by which families access and benefit from HCP:
 - Accessing the programme (visits, appointments, groups, information and materials)
 - Collaborative involvement in the programme and with the practitioner.
 - Use of programme and processes to achieve adaptation or behaviour change
- Agenda matching
 - Sharing and agreeing HCP aims and processes with each family
 - Aligning programme goals and inputs with the families circumstances, needs, aspirations cultural and religious context
 - A continual process of negotiation

Exploration and reflection

- The process by which family and practitioner share their understanding of
 - Current circumstances and reviewing progress
 - Family strengths, challenges and aspirations
 - Outcomes of all assessments
- Reviewing past plans, actions and issues arising
- Sharing and exploring anticipated adaptations/changes that require thoughtful plans
- Being open and honest about all aspects of the HCP
- Disagreements negotiated if and when they arise

Sharing knowledge and understanding

- A respectful sharing of the knowledge held by both practitioner and family – giving and receiving, rather than knowing and telling
- Recognising and using complementary expertise and roles
- Raising parental awareness, in an anticipatory way, of HCP information and guidance
- Communicating clearly with families in ways that they welcome and understand
- Checking by practitioner to ensure understanding

Analysing and recognising patterns

- Practitioner and client alike look for, and explore, patterns of behaviours and events
- Possible explanations for emerging patterns are shared and explored
- Practitioner assessment is informed by professional knowledge, observation, reflection and analysis
- Practitioner and client share their understandings of the emergent patterns and explore the implications for future activity, adaptation and behaviour change

Decision making and future plans

- Client and practitioner work together to agree decisions required – shared decision making
- Clear plans to support adaptation or change are mutually agreed along with goals
- Future input from the HCP team (if required) is negotiated and agreed to achieve the agreed goals

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

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

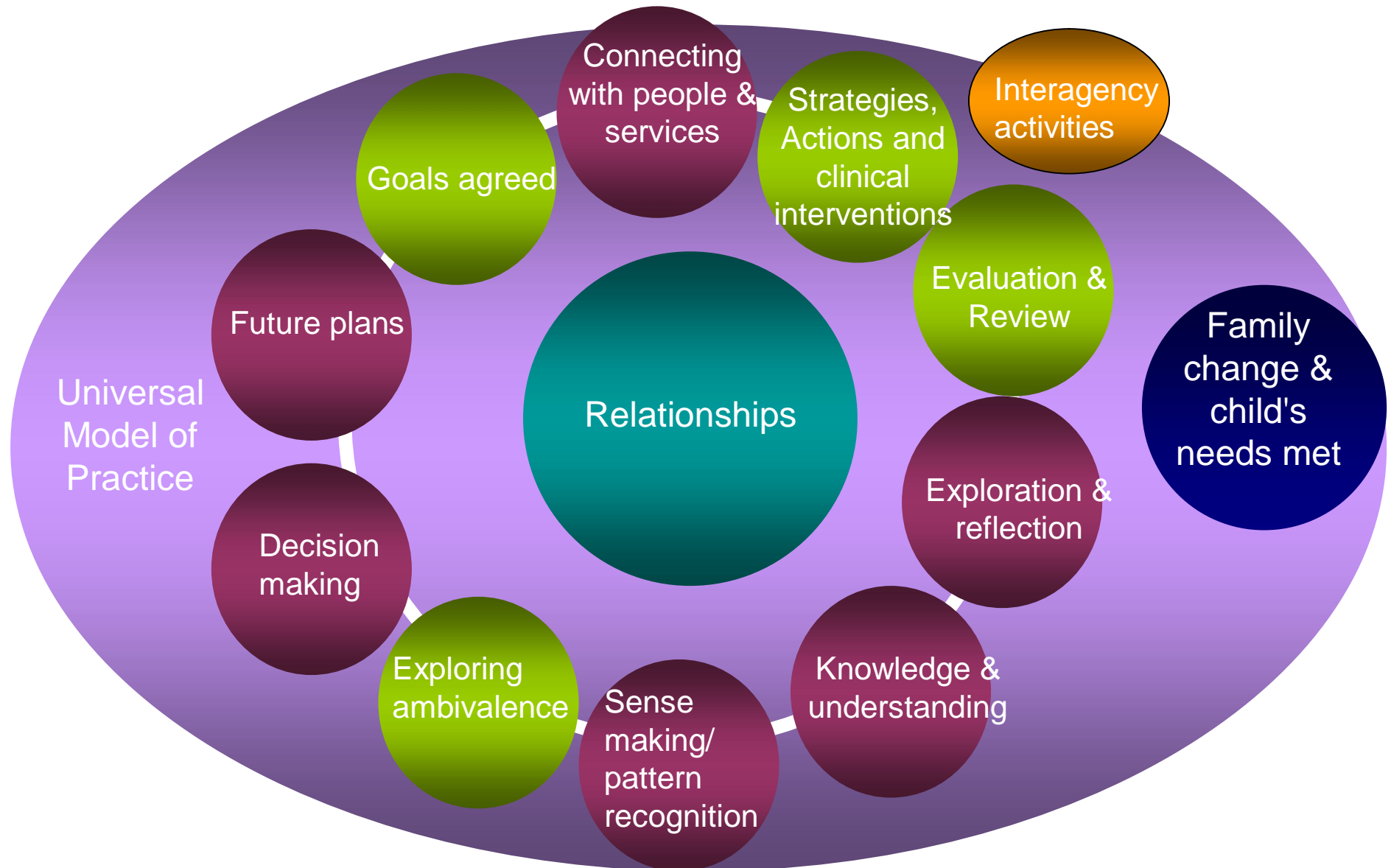
Family adaptation/behaviour change

- 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)

Complex family needs

- Some families face more complex challenges to meet the outcomes of the HCP
- These families require access to more a more intensive (progressive) programme of HCP interventions
- Health visiting use of the universal model of practice will ensure that families with more complex needs are highlighted and their collaboration in more intensive HCP delivery is agreed.

Model of progressive HCP health visiting Practice



Families with complex needs:

Often see Practitioners and services as:

- Judgemental and stigmatising
- Intimidating, threatening and adversarial
- Lacking authenticity and commitment
- Unable to understand
- Unpredictable and untrustworthy
- Ignoring parents' priorities and needs
- Remote, bureaucratic and administrative

Change in families with complex needs:

- 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

Additional stages of progressive health visiting HCP Practice

- Exploring ambivalence
- Goal agreement
- Development agreement and implementation of strategies, actions and clinical interventions
- Evaluation & review of impact, progress and outcomes

Exploring ambivalence

- Practitioner provides the family with structure and process to explore their investment, commitment and ambivalence regarding change
- Practitioner recognises stage of change cycle and adapts accordingly
- 'Change talk' is identified, amplified and built on to plan for change
- Consciously avoiding criticism, negative judgement, unsolicited advice giving and the failure to listen

Strategies, actions and health visiting interventions

- Once goals are agreed, the practitioner and family develop strategies and agree/negotiate actions together
- Interventions may be:
 - brief (e.g. supporting the establishment of breast feeding) or
 - longer term (e.g., guiding the development and implementation of behaviour management strategies within the family, therapeutic listening for post natal depression or promotion of parent /infant interactions)
- Interventions may also be:
 - immediate (e.g. actions to gain appropriate medical or therapeutic interventions for a child identified as having a physical impairment) and
 - it may sometimes be difficult to reach full agreement with families (e.g. actions to safeguard a child in a situation of high risk which is not recognised by parents)

Interagency activities

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

Evaluation and review

- Practitioner and family evaluate and review:
 - Implementation of plans and progress toward goals
 - The effectiveness of the support and intervention offered by the practitioner and the HCP
 - The quality of the working relationship between the family and practitioner
- Reflect together on further strategies, plans and actions required.

Family change and child's needs met

- As a result of this more complex intervention the family make planned behaviour changes (e.g. successfully implement behaviour management strategies, have more attuned interactions with the child)
- This may take many repeated attempts, or be undertaken in many small steps, and require considerable and consistent affirmation, encouragement and support from the health visitor
- Some families are not able to change and more serious steps need to be taken to safeguard the child

To use this model of practice, practitioners need an organisational system that supports high quality practice

- Regular reflective supervision
- Careful staff selection and appropriate learning programmes that reflect the bio-psycho-social knowledge and equips HVs with the skills to confidently use the methods
- Tools to support novices to learn the craft and keep experienced practitioners 'on track'
- Facilitative managerial processes and systems to support practice-level teams
- Routine monitoring of implementation, progress and outcomes
 - With families and with practitioners