

Health Visitor Programme – Student Health Visitor Conference

3rd July 2012

Welcome!



Ruth May

Nurse Director NHS Midlands and East



Kathy Branson

NHS Midlands and East

Head of Education and Development

Health Visiting & Midwifery Workforce
Programme Lead





House Keeping!



- No fire alarm expected, so if you hear it - its for real!
- Bathrooms in the main foyer or on my right through the doors
- Breaks as per the agenda
- Please turn off your mobiles



Why are we all here?

Health visitors are a crucial part of the healthcare team. Their aim is to improve the health of families and children in the crucial first few years of life. Working in the community, they prevent illness and promote health





A Call to Action



- Increase the numbers of health visitors by training, return to practice & retention of existing staff.
- Improve education & training for health visitors.
- Re-energise the existing workforce by communication & support.
- Involve service users to ensure they understand what the service can offer.
- Ensure that commissioner & provider plans will deliver the programme

Welcome!



- You are the largest cohort of Health Visitor Students in the Country!
- You are at the cutting edge of health reform
- You are the future of the service

NHS Midlands and East

- Will have 3,672 health visitors in post by March 2015!
- Will have started to train almost 600 new health visitors in this academic year alone
- Is investing in new initiatives and innovative ways of working
- We are scoping the full extent of the 'new' service offer in each area. Peer review is central to the process (Rapid Appraisal)
- Planning a huge health visitor engagement / stakeholder event in the Autumn 2012

Today is about You!

- Time to network and meet others
- Time to make connections across the region
- Hear from leaders in the field
- Gain a national and regional perspective
- Support your peers as they enter the Dragon's Lair!



ASK QUESTIONS



Are you ready?

Never doubt that a small group of thoughtful, concerned citizens can change the world. Indeed it is the only thing that ever has.

Margaret Mead

Pauline Watts

Professional Officer for Health Visiting

Department of Health





The Future of Health Visiting Students Conference – 3rd July 2012

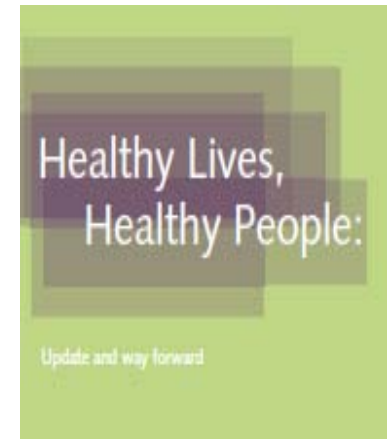
Pauline Watts
Professional Officer for Health Visiting

Policy Context

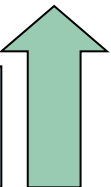
- Improving Public Health
- Building a Big (strong) Society
- Strengthening and supporting families and parenting
- Cross Government inc.
 - Foundation Years
 - Safeguarding
- Cross Government Reviews
 - Frank Field MP (Poverty and life chances)
 - Graham Allen MP (Early Intervention)
 - Claire Tickell (Early Years Foundation Stage)
 - Eileen Munroe (Safeguarding/child protection)Importance of prevention early help and early intervention

Key messages

- Importance of prevention
- Importance of early help and early intervention



Coalition agreement health visiting commitment 4200



'A Call to Action'

Health Visitor Implementation Plan 2011–15

A Call to Action
February 2011

Integrated programme plan for the delivery of
a new health visiting service

1. Growing the
workforce

2. Professional
mobilisation

3. Aligning the
delivery systems

What do parents want?



A community that supports children and families

Services that give our baby/child healthy start.
Best advice on a being a parent
To know our health visitor and how to contact them

A quick response if we have a problem and to be given expert advice and support by the right person

To have the right people to help over a longer term when things are really difficult

To know those people and that they will work together and with us.

How will the new Health Visiting service provide it?



Your Community

By working with local people to develop services and making sure you know what is available

Universal

Making sure you and your family receive the healthy child programme including your baby/child's checks and immunisations and providing health and parenting advice when you need it

Universal Plus

Providing a rapid response and a range of services if you have a problem for example post natal depression or child who doesn't sleep

Universal Partnership Plus

By working with you alongside others such as your local Sure Start on tackling problems and supporting you to give your child the best start

Progress To Date

The new service

- **Health Visitor Implementation Plan**
- **Over 40 early implementer sites (EIS)**
- **Building Community Capacity roll out**
- **Education frameworks published programmes reflecting the new**
- **Research projects procured – Synthesis of HV practice finished**
- **Pathways developed**
- **Public Health Outcomes Framework published**

Raising the profile

- **Stakeholder activity**
- **Highly visible leadership for the programme through creation of a new Health Visitor Taskforce**
- **Joint work with DfE on Foundation Years guidance and tools for parents, service commissioners and providers**
- **National DH/CPHVA road-shows**
- **Marketing events and Journal articles**



Progress to date

Leadership, Governance and performance

- Prioritisation of health visiting provision at regional and local level
- Inclusion in Operating Framework
- Establishment of PCT Cluster Nurse Directors
- Minimum Data Sets

Increasing the numbers

- National recruitment drive
- Interest at highest level
- Nationally, we expect to train more than 1,800 health visitors in 2011/12, an increase of 1,300 over 2010/11
- Enhanced recruitment and selection process tools – Attributes grid





Progress To Date

Mobilising the profession and partnership

- CPHVA Roadshows
- Call to action events and speaking engagements
- Visits to all SHAs by Health Visitor Programme team
- Stakeholder Forum
- Access to learning materials e.g. elfh HCP

Communications and media

- Range of articles in professional journals and web sites
- A greater breadth and depth of engagement with practitioners, training bodies, service providers and commissioners
- Communications Strategy
- Media campaigns and links to 150 years of health visiting



Practice teacher update – The need to have well prepared and supported practice teachers?



- Need to deliver a transformed service
- Need to impart and strengthen new knowledge
- Need to ensure the future workforce is fit for purpose
- Need to align theory, knowledge and practice against the elements of the service vision
- Understanding the agenda and service vision
- Understanding the education to practice focus
- Preparing to work in new ways
- Understanding the model of practice

Role in aligning the education work and practice linked with new service vision



Universal

- 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

Role in aligning the education work and practice linked with new service vision



Universal Plus

- 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

Practice Teachers – the issues



- Capacity – Increasing numbers of SCPHN HVs and other students to support
- Motivation and support from NHS Organisations
- Culture and practice -Flexibility of support to students
- Enhanced engagement with HEIs
- Recruitment and retention of Practice Teachers
- Lack of investment in CPD and career opportunities for Practice Teachers
- High care load numbers and high levels of safeguarding
- Lack of protected time to mentor/trainee practice teacher support



National work



- CPT Task and Finish Group – Scoping of Risks Challenges and Solutions
- Development of a national framework for practice teachers, which will inform the commissioning, education and clinical practice of practice teachers in the field.
- Practice Teacher Survey of CPD needs
- Restorative Supervision
- SHA Self Assurance Framework
- HEI Survey
- Evaluation of New Models of Support
- 0 – 2 years career expectations document
- Public Health Career Framework



Plans for the remainder of the programme

Supply

- Fill rate on commissions and 'filling the gap'
- Placements/Practice Teachers
- Career Events/Marketing
- Career framework development
- Marketing linked to 150th Anniversary

Demand

- Jobs for 1,800 newly qualified Health Visitors
- Gearing up for expansion



Plans for the remainder of the programme

System alignment and performance measures

- Commissioning over NHS transition to 2015
- Children's outcome measures
- Commissioning framework and Service Specifications
- Performance management /MDS
- Tools and guidance
- Use of technology

Cross Government

- Families
- Foundation Years
- Joint work with DfE – Review of children at 2 years





Plans for the remainder of the programme

- Increased uptake of CPD opportunities and improved access to learning materials
- Sharing good practice/Peer review
- Pathway and guidance development - Safeguarding
- Early Implementer Sites – Assessing success and supporting further sites
- Joint Training Opportunities
- Preceptorship and supervision



Plans for the remainder of the programme

Partnership working

- Strengthening relationships and connecting people
- Strengthen relationship between PCT Clusters (Nurse Directors) Local Authorities and GPs
- Delivering and supporting development forums
- Commissioner, practitioner mobilisation
- Working with key partners and organisations
- Road shows and speaking engagement



Thoughts post 2015 – Where next?



- Sustainable and robust service
- Evidence rich and desirable
- Valued and respected role – a career to aspire to
- Clear career progression and career opportunities
- Clinical Academic Careers established
- Focus on Public Health and communities as well as families and individuals
- Strong commissioning
- Improved partnership working

What will it look like ?



- Strong commissioning of services and education
- Effective new provider organisations
- Mobilized and supported professionals
- Strong partnerships between local organisations and with families using health visiting services
- High quality services with families expressing high levels of satisfaction
- Measured health outcomes

Families receive joined up services to meet
their needs and choices
provided by people with the right skills
Local health outcomes improve and inequalities reduce

Rowena Harvey

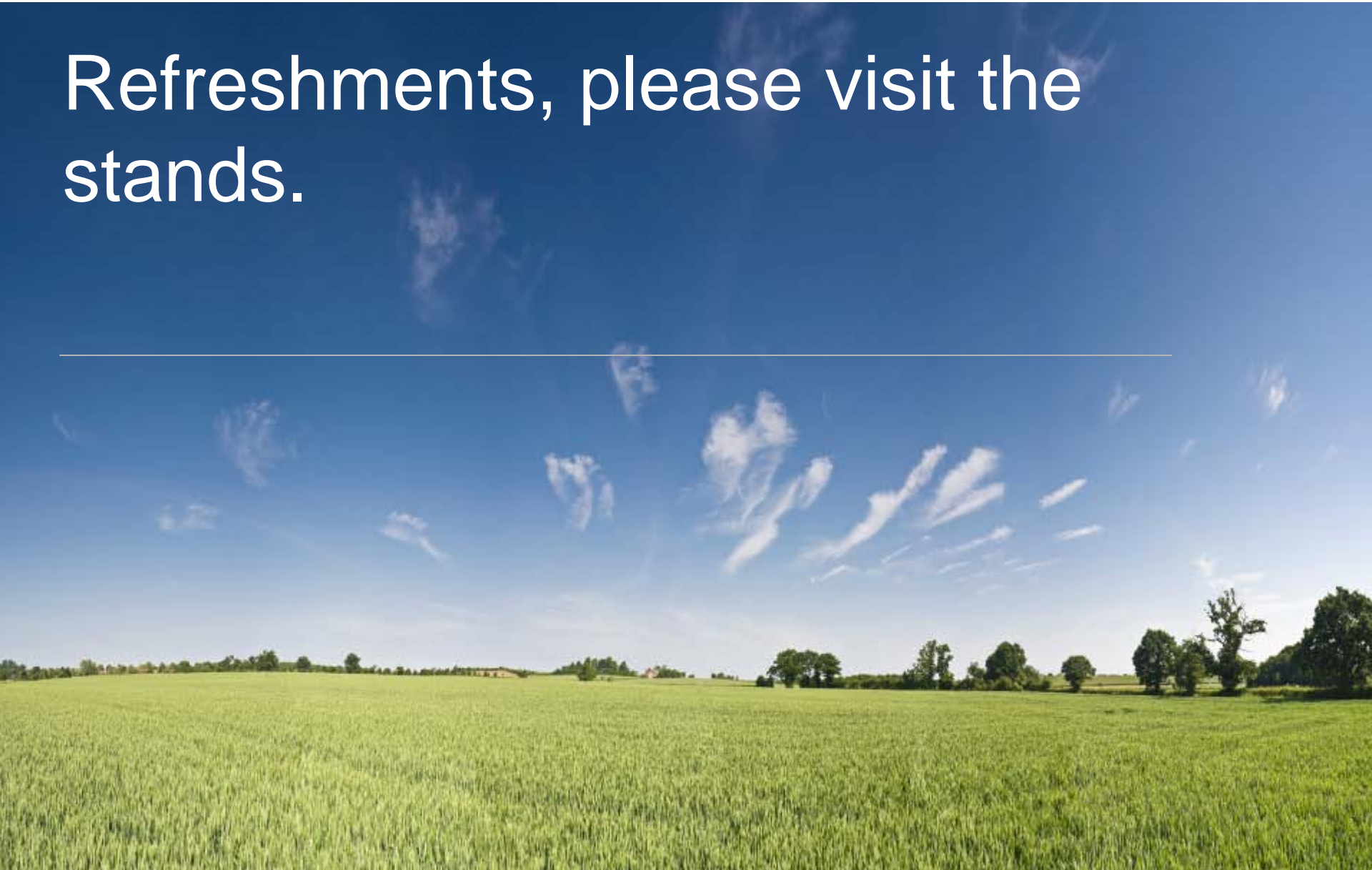
Health Visiting operational lead
for Cambridgeshire,
Peterborough and Luton

You are the Future, Becoming a Leader



<http://www.youtube.com/watch?v=fW8amMCVAJQ>

Refreshments, please visit the
stands.



Student Health Visitor Conference

3rd July 2012

Julia Whiting

Lead for HV Programme

East of England



Investing in YOU from Day 1

- Recruitment
- Support over the first 2 years
- Preceptorship for all
- Building Community Capacity
- Core offer of training and development
- Learning from others and embedding best practice.
- Learning from YOU

Growing the Workforce

- YOU are our most important asset
- 203 student HV's due to qualify this year
- Jobs available for everyone
- Recruitment NOW



Support over the first 2 years

- A Health Visiting Career - DH June 2012
- Preceptorship programme for all newly qualified HV's for 6 -12 months
- Building Community Capacity module integral to programme
- Planned support over the first 2 years
- Supervision
- Education and Development

Core Programme of Education and Development

- Unicef Baby Friendly Breastfeeding Support
- Learning from EIS and FNP
- Antenatal and Postnatal Promotional Guides
- Leadership
- Ages and Stages

Re-energising!

- YOUR role is crucial to support re-energising the service and delivery of the full service offer
- Contribute to Communities of Practice
- Local sub-regional groups of practitioners to share and implement best practice
- Each group will contain at least one Early Implementer Site and a Family Nurse Partnership Programme
- Ongoing programme of conferences and workshops



Changing
HEALTH VISITING
together

Your views on your student experience

- Survey of all students, mentors and PT's June 2012
- Evaluating new models of practice education
- 94% of students reported that their practice placement met their learning needs
- 47% of students felt their placement was excellent and 39% felt it was good. No students rated their placement as poor.



'I am enjoying placement and have a very supportive mentor and practice teacher that have assisted my learning needs in practice'

Latest News

2nd Directory of Innovation launched here today



Next East of England HV Programme Conference
11th December 2012

Location to be confirmed

The background of the slide is a photograph of a vast, green field, likely a meadow or pasture, stretching to a horizon line. The sky is a clear, bright blue with scattered, wispy white clouds. The overall scene is bright and open.

Health Visitor Programme

Building Community Capacity

In NHS Midlands and East

Liz Plastow

Building Community Capacity

- 1st Level of HV Offer
- Utilising Public Health Skills
- Working in Partnership with Communities
- Local Project identified by Community
- Facilitated by the Health Visitor/s
- Sustained by the Community
- Meets Strategic Public Health Objectives



**Building
Community
Capacity to
improve health and
wellbeing for
everyone**



Login and Registration

The screenshot shows a Windows Internet Explorer browser window displaying the 'Introduction' page of a course on 'hces-online.net'. The page features a navigation menu on the left with sections like 'Introduction', 'Organisational Support', 'Your Knowledge & Skills', 'Learning Zone', 'Your Workbased Project', 'Assessment', 'Reporting & Sharing', 'Frequently Asked Questions', and 'Contact us'. Below the menu is an 'Online Visitors' section and a 'Login & Register' form with fields for 'Username' (containing 'PHPlead11') and 'Password', a 'Remember me' checkbox, and 'Login', 'Forgot login?', and 'Register' links. A yellow starburst graphic highlights the 'Login & Register' section.

Overlaid on the page is a circular diagram titled 'Your learning journey' showing six phases in a clockwise cycle:

- Phase 1** (Red): Exploring your knowledge & skills, developing your learning contract
- Phase 2** (Green): Access support materials and master classes
- Phase 3** (Yellow): Developing your project proposal
- Phase 4** (Purple): Managing your project
- Phase 5** (Blue): Reporting back & Sharing your findings
- Phase 6** (Light Green): Reflection & ongoing development

The diagram is connected to the 'Your Knowledge & Skills' section in the navigation menu. The browser's taskbar at the bottom shows various open applications and the system clock at 10:57.

Good Luck!

Any Questions?

Mary Griffiths

Universal Projects Lead

FNP National Unit

Department of Health



The Family Nurse Partnership

**FNP:
inspiring clinical practice
for the HCP**

**Mary Griffiths
Universal Projects Lead
FNP National Unit**

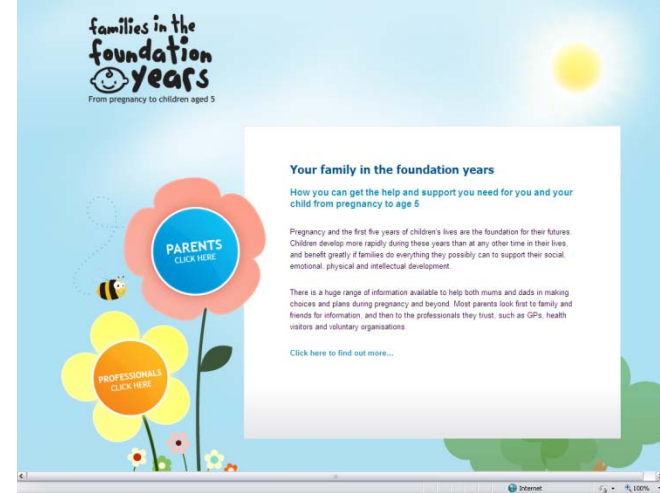
Presentation Purpose and Format

- Provide an overview of Family Nurse Partnership programme
- Discuss how we can share the learning from FNP with the HCP and health visiting practice
- Give a brief introduction to FNP inspired tools and approaches for the HCP
- Help you reflect on how FNP can influence your own clinical practice

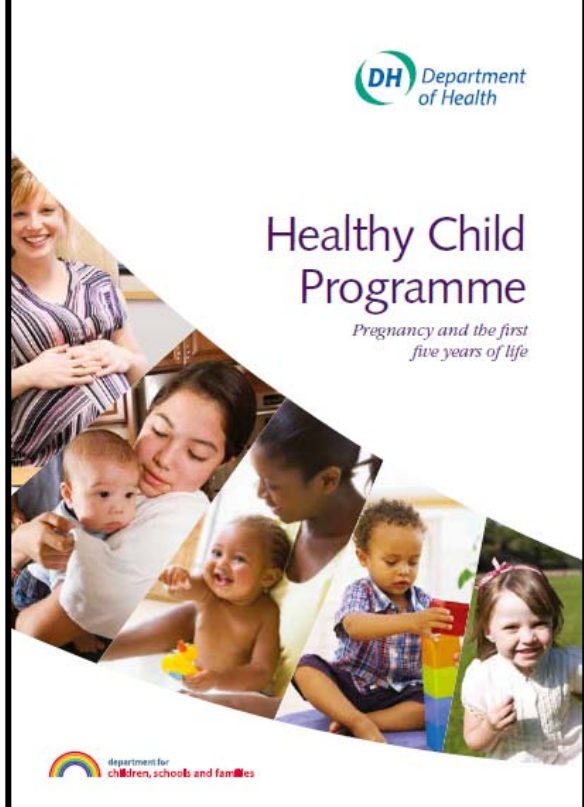
The bigger picture

New evidence

- From Neuro-science
- Impact of early years on adult health
- Impact of parenting in early years on life chances
- Early intervention – long term investment
- What works in prevention and health promotion



The Health Visitor Programme

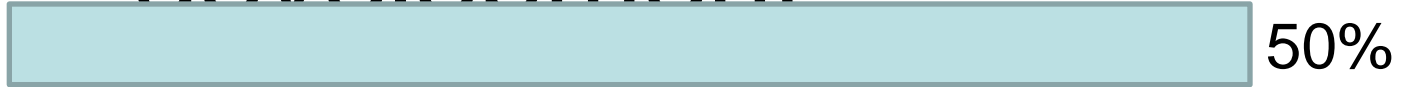




Vote Now

Question 1
Have you have been
out visiting with a
Family Nurse as part
of your professional
development?

1. Yes



2. No



The Family Nurse Partnership programme

- FNP is an evidenced based, preventive, early intervention programme for young first time mothers.
- It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until age two.
- Developed in the US over 30 years and DH is licensed to deliver the programme



FNP GOALS

Connecting with families to:

- 1. Improve pregnancy outcomes**
- 2. Improve child health & development and future school readiness & achievement**
- 3. Improve parents' economic self-sufficiency**



The programme is made up of:

- The nurse - qualities, understanding and skilfulness
- The supervisor
- The client – plus the father/ partner/ mother/ family
- The relationship – the vehicle for change
- The approach/ method/ spirit – strength based, motivational, self-regulation
- The content – 6 domains, visit by visit guidelines with facilitators and educational materials
- The tools – PIPE, DANCE, contraceptive kits etc
- The context – team, organisation, system



What we are learning from FNP

- The 'what' and 'how' of helping young disadvantaged mothers and fathers to learn, change and care well for their child and themselves
- The 'what' and 'how' of changing professional practice
- How to sustain and scale change effectively
- The relationship between all of these



Key messages about sharing the learning

- Can't transfer FNP methods and tools to other services and client groups and expect them to work – need to know what works, how and for whom
- Complex services are always “more than the sum of their parts”
- Focusing on the ‘how’ as well as the ‘what’
- There is no evidence that training alone makes difference
- Seeing and doing – with supervision
- The learning from FNP can be unplanned and informal as well as planned and formal
- Same principles as FNP!
- There is no FNP ‘magic dust’!

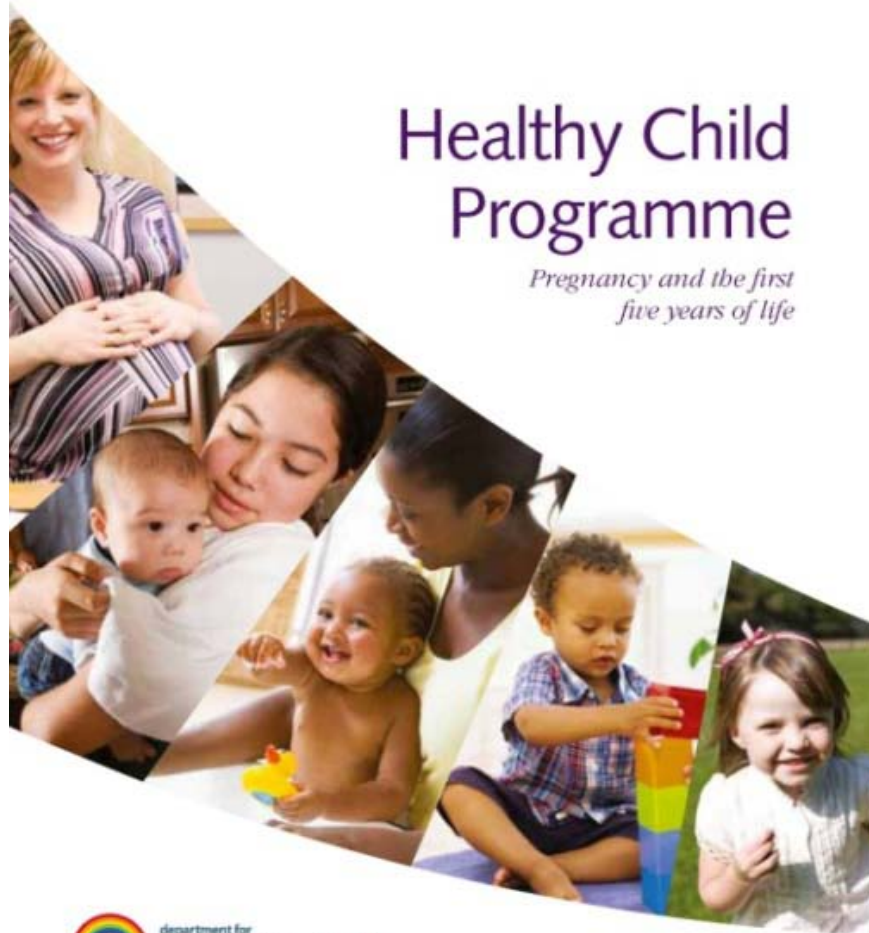


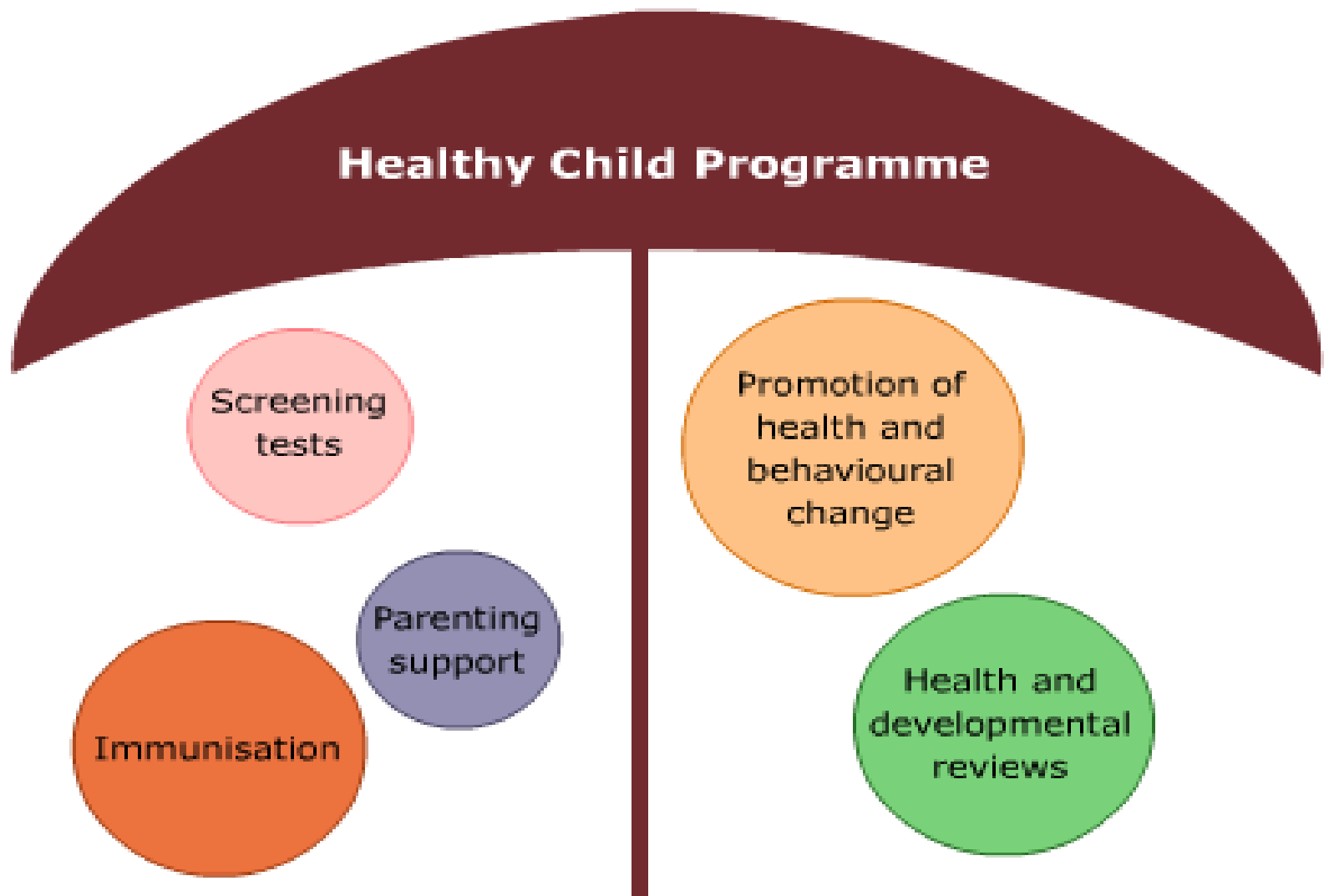
What is more likely to work?

- For services to take a respectful approach to families with leaders who model this with their staff
- Local learning and development programmes, with effective supervision that supports the ‘how’ as well as the “what” of effective clinical practice.
- The best way to share the learning is as part of a multifaceted and coherent programme of change at system and practice levels
- A strengths-based organisational culture provides a positive context for adaptation and change
- Starting by using the new products we have developed from FNP - PBB, PREview and HCP e learning

Healthy Child Programme

*Pregnancy and the first
five years of life*





Responsive services led by the HV team working together with others

Revised HCP offers

- a major emphasis on parenting support;
- the application of new information about neurological development and child development;
- the use of new technologies and scientific developments;
- the inclusion of changed public health priorities;
- an emphasis on integrated services; and
- an increased focus on vulnerable children and families, underpinned by a model of progressive universalism.

HCP: expected outcomes

- strong parent–child attachment and positive parenting, resulting in better social and emotional wellbeing among children;
- care that helps to keep children healthy and safe;
- healthy eating and increased activity, leading to a reduction in obesity;
- prevention of serious and communicable diseases;
- increased rates of initiation and continuation of breastfeeding;
- readiness for school and improved learning;
- early recognition of growth disorders and risk factors for obesity;
- early detection of – and action to address – developmental delay, abnormalities and ill health, and concerns about safety;
- identification of factors that could influence health and wellbeing in families; and
- better short- and long-term outcomes for children who are at risk of social exclusion

Sharing the Learning from FNP

Completed:

- The HCP 2 Year Review
- PREview
- Preparation for Birth and Beyond
- E learning programme for the HCP

On going:

- Expanding FNP
- Group FNP
- HCP Development Programme for the Cohort 2 HV EIS sites

Preparation for Birth and Beyond **NHS**
A resource pack for leaders of community groups and activities

1 About this pack
2 What you need to know
3 Planning your group
4 Preparation for Birth and Beyond

Click on About this pack to get started

DH Department of Health

ChiMat Child and Maternal Health Observatory
Home About Us Tools and Data Knowledge Hub Members Area

Menu
PREview
For commissioners and children's services leads
For midwives, health visitors and children's centre practitioners
Evidence behind PREview
Policy context
Back to Tools and Data
Search
PREview Resources
Advanced Search (Options)

PREview Planning Resources
PREview: investing in children's services for a fairer future
PREview is a set of planning resources to help commissioners, managers and professionals to target preventive resources, in particular around the Healthy Child Programme, where they are most needed. PREview is based on evidence identifying the factors in pregnancy and infancy that are associated with outcomes for children at five years. To understand more about the research and analysis that underpins PREview, read the evidence behind PREview.

FOR COMMISSIONERS AND CHILDREN'S SERVICES LEADS
As a commissioner or children's services lead, PREview helps you make decisions about where to put your preventive resources now in order to make the best return for children in the future. Resources include:
• Using the PREview resources for commissioners
• PREview Population Tool
• User manual
• Understanding the evidence behind PREview
• Use the PREview planning resources for commissioners and children's services leads

FOR THE HEALTHY CHILD PROGRAMME TEAM - MIDWIVES, HEALTH VISITORS AND CHILDREN'S CENTRE PRACTITIONERS
As a midwife, health visitor or other professional working in prevention and early intervention, PREview helps you decide which families need preventive support at an early stage in order to improve their child's outcomes at five years of age. Resources include:
• PREview Planning Resources for Professionals
• Useful tools to download and use in your work
• Understanding the evidence behind PREview
• Use the PREview planning resources for professionals (midwives, health visitors and children's centre practitioners)

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e-LH e-Learning for Healthcare
An extraordinary project in terms of breadth and skill of content!
e-LH home Projects About e-LH Latest info Support Demo Contact us

Healthy Child Programme
e-Learning for Healthcare professionals promoting the health and wellbeing of infants and children

Menu
Project home
More information
FAQ
Sample sessions
Meet the team
Register
Access for HEIs

Home
The Healthy Child Programme (HCP) is an e-learning project for all healthcare professionals working with pregnancy and the first five years of life. This work was commissioned by the Department of Health and delivered by e-Learning for Healthcare (e-LH) in collaboration with a consortium of professional bodies. The e-learning resource has been written and developed by a team of editors and authors drawn from a multi-professional stakeholder group - all content has been written to reflect the latest evidence-based policy. The project supports the implementation of the Healthy Child Programme - Pregnancy and the first five years of life. For more information please visit the Department of Health website.

In partnership with:
RCPH
NHS
NHS.uk
NHS.uk
NHS.uk
Department of Education
Download project summary

An overview of the Healthy Child Programme

e-LH is a Department of Health Programme in partnership with the NHS and Professional Bodies
Terms and conditions | Accessibility statement | Site map

NHS



Vote Now

Question 2

Have you looked at the Preparation for Birth and Beyond Resource Pack?

1. Yes



2. No



Preparation for Birth and Beyond

- Research base: what works in antenatal education, what parents and professionals say
- New information, concepts, theories
- Six Themes with constituent topics
- Linked resources
- Top tips
- Mirrors the style parents appreciate
- Reflective activities
- Easy to navigate
- Downloadable sample activities

Preparation for Birth and Beyond **NHS**

A resource pack for leaders of community groups and activities

1 About this pack

2 What you need to know

3 Planning your group

4 Preparation for Birth and Beyond

Click on About this pack to get started

DH Department of Health



Question 3

- Have you looked at the PREview Resources on the ChiMat website?

PREview Planning Resources

- Understanding the factors we can find out in pregnancy and early weeks that are associated with a child's outcomes at 5 yrs.
- So that.....
- Commissioners and managers can plan how best to apportion prevention resources across a whole population eg AN groups, numbers of HVs
- Lots of visual maps that can help practitioners understand the complex interplay of factors that effect a child's health, learning, development and behaviour and their impact over time.
- Supports the clinical decisions professionals make about individual families, not just in relation to current or expressed needs, but to potential future needs and the prevention work this requires.
- Includes some "conversation starters" for practitioners to use with mothers, fathers and in groups, based on FNP-style facilitators



Connecting with mothers and fathers motivation to do the best for their child

The transition to parenthood is one of life's most significant events. Pregnancy is a time when mothers and fathers are uniquely motivated to think ahead and plan for their unborn baby. These 'conversation starters' have been produced with parents and practitioners to help parents to think about their child's future and what they can do to get there.

This Conversation Starter could be used by a Midwife or Health Visitor to discuss...

- The hopes and ambitions parents have for their child
- The personal strengths and motivations the mother/father has to draw on
- The resources the mother has or can call on with her partner and among their families, friends or community
- Possible difficulties or barriers that might need to be overcome and how
- What the role of services can usefully be
- What the next steps might be

I've just found out that I am going to have a baby!

What I want most for my child is.....

When my child is older, I hope he or she will.....

The things I can do now to help my child are.....

The things in my life that can help are....

The things in my life that can make this difficult are.....

The kind of support that could help me now to be the best parent I can be.....



You can download this ...

This was tested with parents in focus groups carried out by University of York

From individual to community

Even at their best, services are no substitute for supportive social networks that let individuals receive and share in activities that promote strong, vibrant communities and families.

Not surprisingly many parents value the part that groups can play in their own and their children's lives, especially when these provide an opportunity for informal learning and peer support and social play for children.

This Conversation Starter could be used with a group of local parents to think about their community and to look beyond traditional services for support....

- What does the community already provide that supports local families?
- Can what's on offer can be improved or made more accessible?
- What else might be useful?
- How can individuals get more involved themselves?

We've all got young babies

What we want most for our children is.....

When our children are 5 we hope they will

The things in our community that can help us be good parents are.....

The things that our community could do to make being a good parent easier are.....

The ways we can make a difference for families and children growing up around here are.....



You can download this ...

How can I have this type of conversation when a family is faced with so many urgent needs?

Learning from Family Nurse Partnership (FNP) shows that an individual's strengths and potential are the building blocks for better outcomes and the professional is most effective when connecting with these as the starting point for interventions.

Understanding how positive and negative factors inter-relate with each other can help professionals to guide parents in thinking about their child's outcomes and the services that can help.

Experience of the FNP shows that behaviour change is more likely to happen when it connects with the "intrinsic motivation" of parents to care well for their baby, especially in pregnancy.

It's great that you have thought this through..

From what you say I can tell your baby is your priority

So what do you know about...

Is it alright if we talk about...?

So shall we agree on what we are both going to do?

Conversations are more likely to help change happen if the practitioner...

- Understands and is respectful of the values and priorities of the parent
- Is clear that the child's well being is their highest priority
- Listens and reflects back the positive intention of the parent whether its heard or observed
- Assesses the knowledge, values and priorities of the parent/s, clarifying and offering new information - with the parent's permission
- Resists the urge to give unsolicited advice
- Finds common ground as the starting point for a positive conversation
- Agrees the priorities with the parent for moving forward and think together how this can happen
- Negotiates follow up and follows through

E learning for health - HCP

- Available to NHS employees in many different roles
- 76 on-line modules 12 of which relate to HCP eg
 - family health
 - growth & nutrition
 - safeguarding
 - health promotion
- Each lasts 20-30 mins – pace your own learning

The screenshot shows the website for the e-LFH Healthy Child Programme. At the top, the e-LFH logo is on the left, and a navigation bar contains links for 'e-LFH home', 'Projects', 'About e-LFH', 'Latest info', 'Support', 'Demo', and 'Contact us'. A 'Log in to your e-learning' button is in the top right. Below the navigation bar is a banner for the 'Healthy Child Programme' with the tagline 'e-learning for healthcare professionals promoting the health and wellbeing of infants and children'. The main content area is divided into three columns: a 'Menu' with links like 'Project home', 'More information', 'FAQ', 'Sample sessions', 'Meet the team', 'Register', and 'Access for HEIs'; a 'Home' section with introductory text and a video player titled 'An overview of the Healthy Child Programme'; and an 'In partnership with' section listing logos for RCPCH, CPHVA, RCSP, Royal College of General Practitioners, unite, The Royal College of Midwives, Royal College of Nursing, and the Department for Education. A 'Download project summary' button is at the bottom right of the partnership section. The footer includes the Department of Health logo, the text 'e-LFH is a Department of Health Programme in partnership with the NHS and Professional Bodies', the NHS logo, and links for 'Terms and conditions', 'Accessibility statement', and 'Site map'.

Summary

- There is a strong theoretical and scientific evidence base to show how vital the work with babies, young children and parents is
- FNP has helped us understand how we can be more successful in improving outcomes for some of our most disadvantaged parents and children
- The HCP is the comprehensive public health programme for all children with diverse outcomes and a range of requirements
- FNP is inspiring a different approach to clinical practice –
- Learning from the “how” of FNP – all our work is relational and benefits parents and children most if it starts with their strengths and motivations
- Now’s the time to get back to health visiting’s prevention roots – it’s work that is sometimes difficult, often challenging, but it’s exciting and it’s rewarding AND it makes a difference!

Useful links

- **Preparing for Birth and Beyond:**
<http://www.dh.gov.uk/health/2011/10/preparation-for-birth-and-beyond-resource-pack-to-help-parenthood-groups/>
- **PREview:**
www.chimat.org.uk/preview
- **FNP:** www.fnp.dh.gov.uk

Lunch



Dr Crispin Day

South London & Maudsley NHS Foundation Trust

King's College, London



Giving Babies the Best Start in Life

FPM Antenatal/Postnatal Promotional Guides

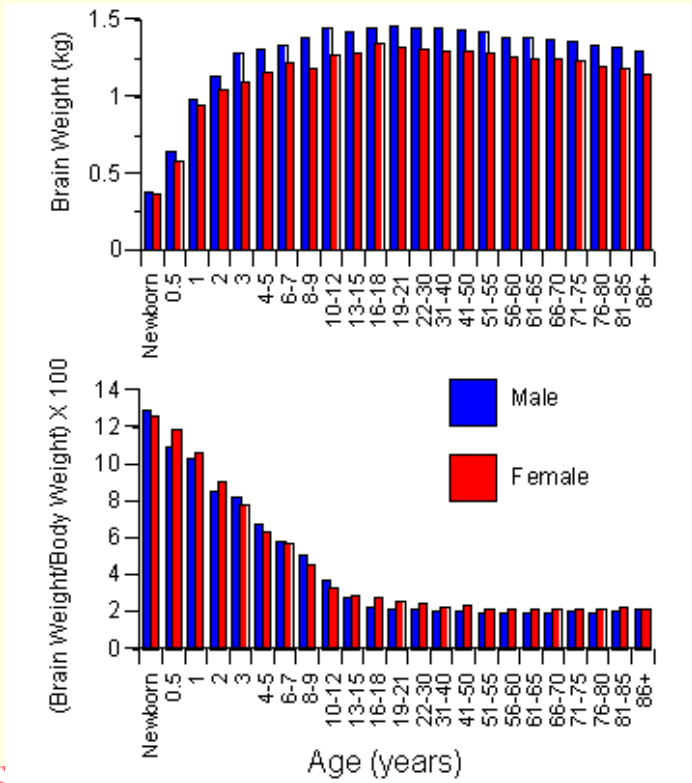
Dr Crispin Day
South London & Maudsley NHS Foundation Trust
King's College, London

**NHS East Of England
HV Students' Conference
3rd July, 2012 – Peterborough Showground**

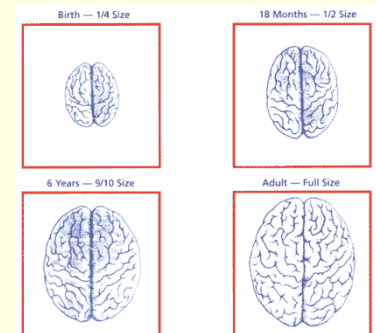
Growing Babies' Brains

Why is this period of our lives so important?

The Baby's Developing Brain



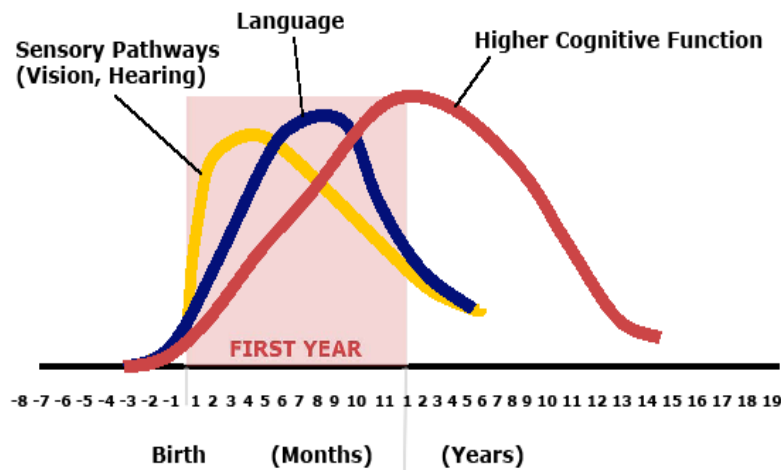
- When a baby is born, his/her brain is already about one quarter developed
- Brain organisation and capacity depends upon
 - Gene driven processes
 - Experience-expectant processes corresponding to sensitive periods and pruning
 - Experience-dependent processes of and the individual



The Baby's Developing Brain

Human Brain Development

Synapse Formation Dependent on Early Experiences
(700 per second in the early years)

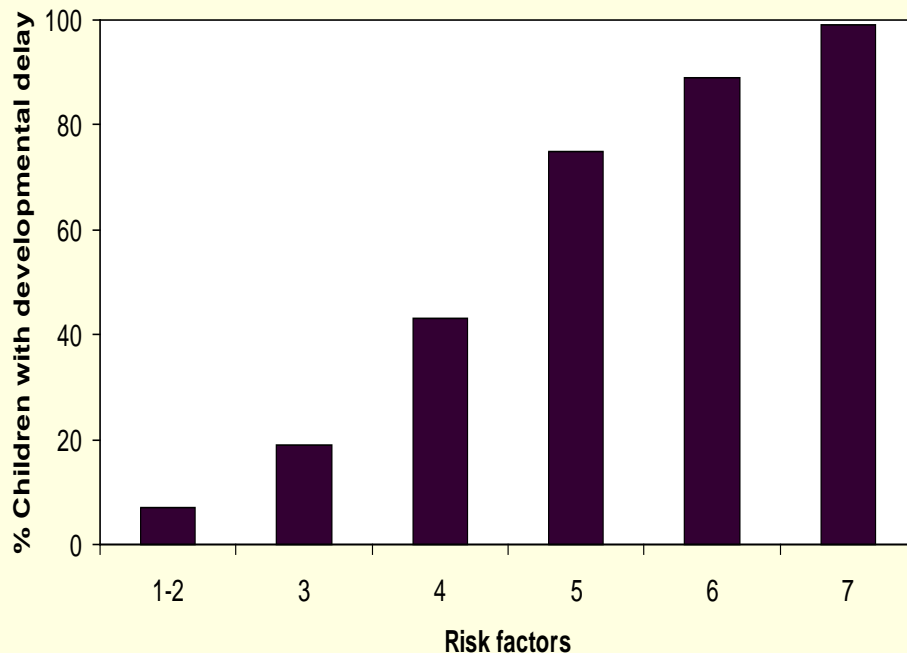


Source: C. Nelson (2000)



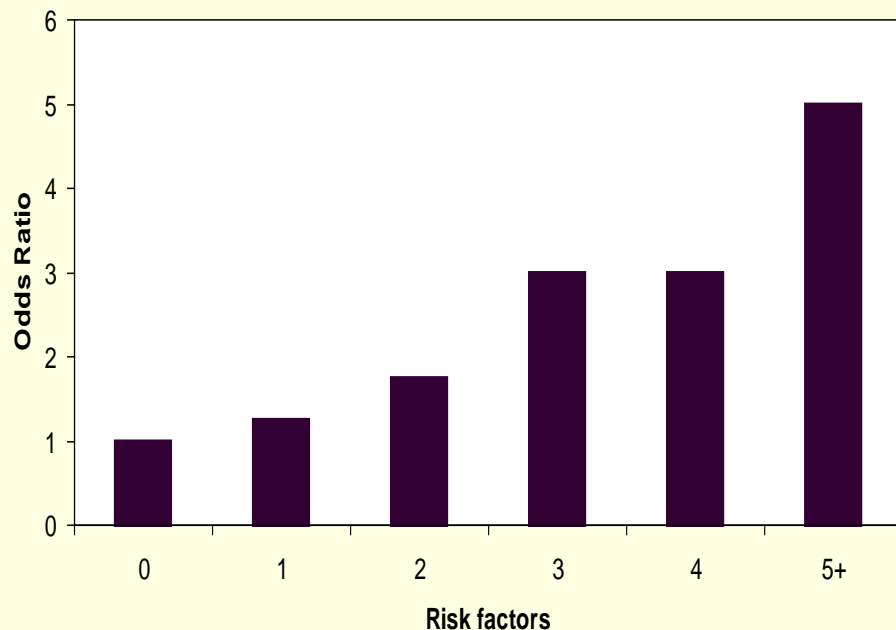
- Maximum synapse density in the visual cortex reached four months after birth
- 150% of adult level then 'pruning' occurs
- Related to stabilisation of neural networks and differential strengthening of connections
- Plasticity is a continuous feature of development

Significant Early Adversity Impairs Child Development in the First Three Years



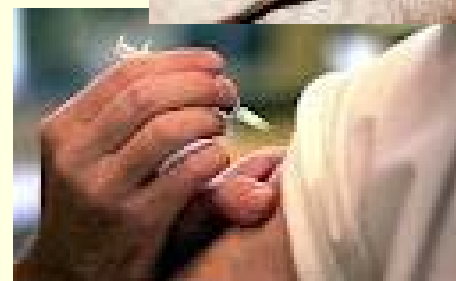
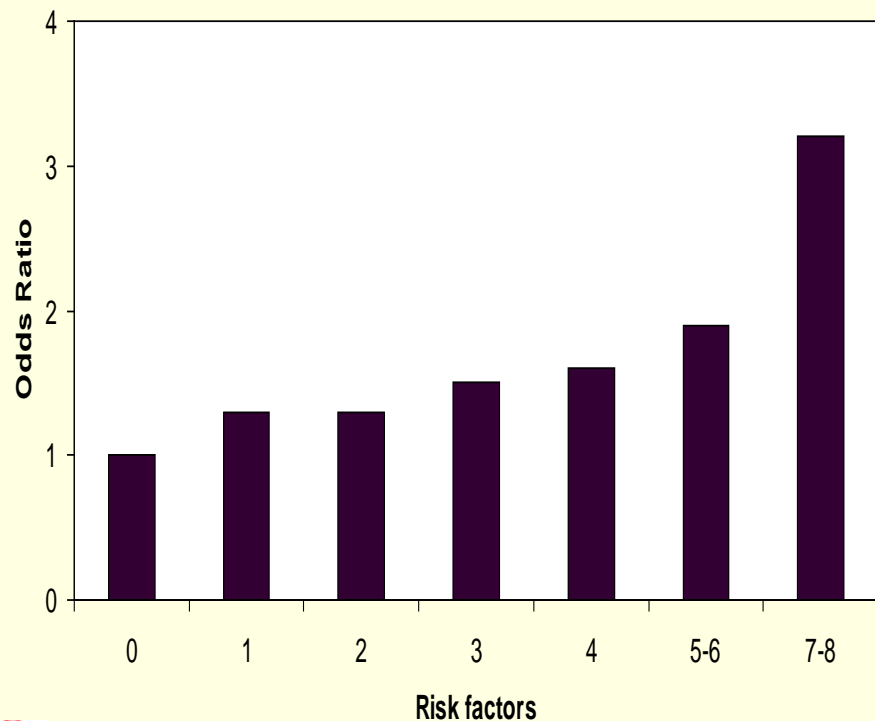
Barth et al (2008)

Significant Early Adversity Increases Adult Depression Risk



Chapman et al (2004)

Significant Early Adversity Increases Adult Heart Disease Risk



Early Adverse Experiences:

Child and adult outcomes



Childhood

- Social and emotional development
- Peer relationships and friendships
- Involvement in crime
- Increased aggression
- Increased delinquency
- Interpersonal problems
- Educational and school problems
- Truancy
- Academic performance
- Gang involvement
- Bullying
- Early sexual intercourse
- Early alcohol use

Adulthood

- Alcohol and drug dependency
- Smoking
- Overeating
- Premature death
- Autoimmune diseases
- Anxiety disorders
- Depressive disorders
- Antisocial personality disorder
- Lung cancer
- Chronic obstructive pulmonary disease
- Heart disease
- Promiscuity

The Best Start in Life

Pregnancy, Well-being & Babies' Outcomes

What are the important influences?

Maternal adversity & toxic stress: *Fetal and infant development*



- Positive stress & stimulation
- Tolerable stress & discomfort
- Toxic stress & adversity

- Neural circuits that deal with stress are particularly malleable during fetal and infant development

Maternal adversity & toxic stress: *Fetal and infant development*



NEONATES

- Lower Apgar score
- Higher cortisol levels

INFANTS

- More irritable
- More problematic communication & interaction
- Increased sleeping and feeding difficulties
- Altered metabolic, immune & endocrine functioning

CHILDHOOD AND YOUNG ADULTHOOD

- Poorer mental health outcomes

Pregnancy, maternal experience & fetal development



- Unwanted pregnancies have an increased risk of low birth weight and preterm birth

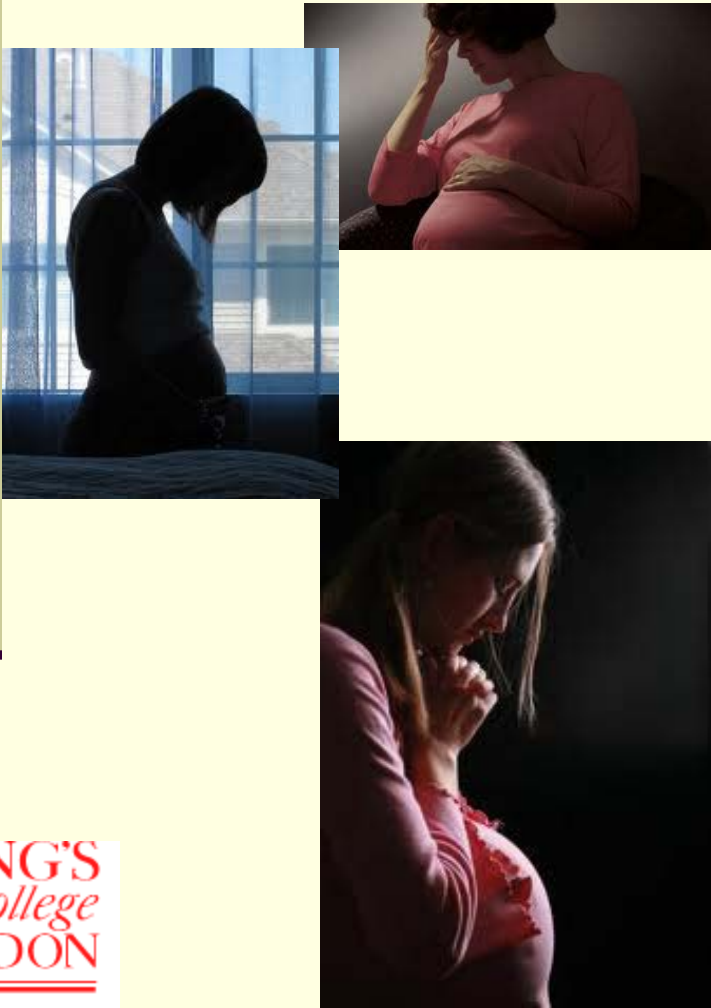
Pregnancy and violence



- Domestic violence is associated with increased risk of:
 - low birth weight & preterm birth
 - high levels of stress, anxiety and depression
 - later breast-feeding problems

Prenatal depression:

Immediate and long term effects



- Prematurity & low birth weight
- Difficult infant temperament
- Disorganized sleep patterns
- Less responsiveness to stimulation
- Attentional, emotional and behavioural problems in childhood and adolescence

The Best Start in Life

Early Parenthood & Babies' Outcomes

*What are the affects of couple relationships,
family and friends?*

Pregnancy and fetal bonding



- Prenatal maternal attachment
 - Knowing,
 - Feeling
 - Protecting your baby
- Prenatal attachment is affected by:
 - friends & family prenatal testing ++
 - maternal anxiety, depression & planned pregnancy+

Birth & early parenthood: *Family and friends*



- Better emotional and practical support from friends and family associated with
 - Lower maternal stress,
 - Improved maternal well-being and
 - Greater maternal self-efficacy

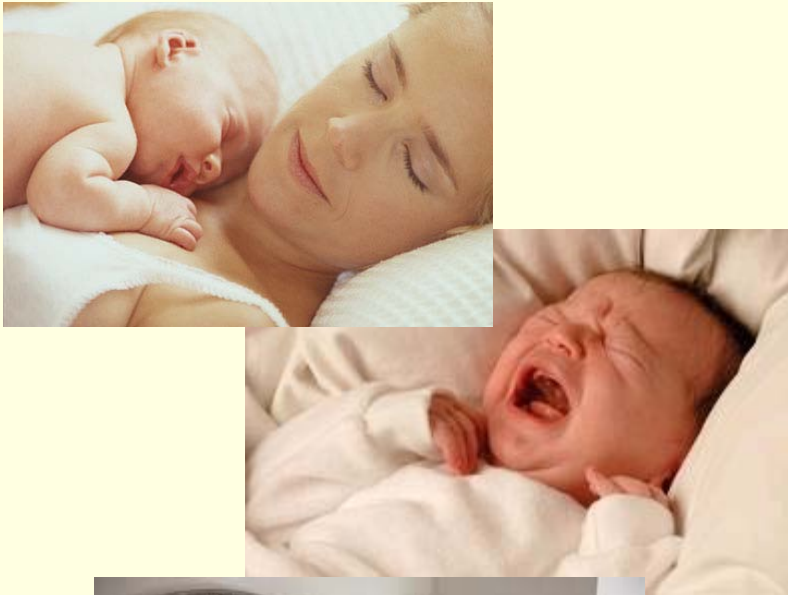
- Women who receive continuous support during labour
 - Less likely to require additional clinical intervention

Early parenthood: *Demands on couple relationships*



- Decline in couple satisfaction
- Less time together
- Listen less to each other
- Positive communication decreases
- Increased disagreements

The demands of early parenthood



- Caring for a baby takes up an additional 35-40 hours per week on average
- Infant crying is the most distressing aspect of baby care
- Upto 50% of women and 20% of men feel less sexually responsive in the 6-12 months after the birth of a baby



Relationship protection and resilience



- Satisfying couple relationship &
- Male partner perceived as supportive
 - Protects against maternal stress, depression & worry
 - Boosts maternal parenting efficacy
 - Boosts recovery from maternal depression

Relationships and parenting resilience



- Mother supportive towards partner associated with
 - Partner relationship satisfaction
 - Partner childcare involvement
- Couple affection & intimacy predict
 - Increased maternal warmth & sensitivity towards her baby
 - Paternal satisfaction & involvement in infant care-giving

Family, friends and behaviour change



- Having accurate, appropriate & understandable knowledge helps parents to feel:
 - More competent as parents
 - More satisfied as parents
 - More committed as parents
- Parents who share newly received parenting information and knowledge with friends and family more likely to make behaviour changes

Promoting The Best Start in Life

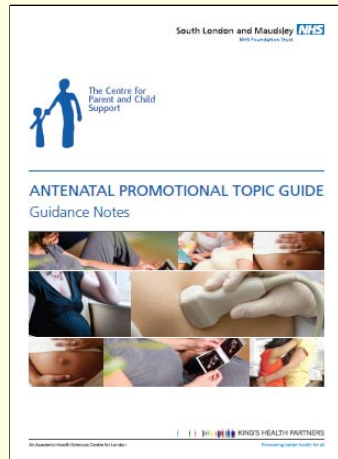
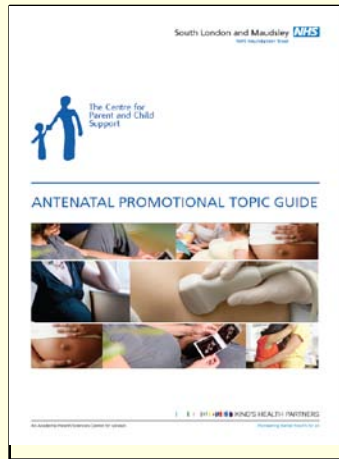
The FPM Antenatal/Postnatal Promotional Guides

FPM Antenatal/Postnatal Promotional Guide System

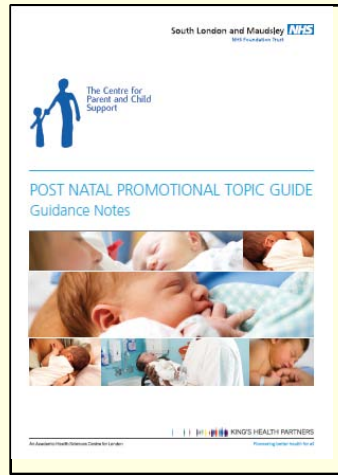


- European Early Promotion Project (Puura et al., 2005; Roberts et al., 2005)
 - Antenatal/Postnatal Promotional Interviews & Needs Checklist
- Oxfordshire Home Visiting Study (Barlow et al, 2001)
- Family Partnership Model (FPM) - Prevention and Early Intervention module (Davis, Day & Bidmead, 2002)
- Miller Early Childhood Sustained Home-visiting (MECSH, Kemp et al., 2012)

FPM Antenatal/Postnatal Promotional Guide system



INDICATORS OF NEED	Score (Quality 1-3) Deficit = +2	
	ANTENATAL	POSTNATAL
IN THE CLINIC		
Expectations		
Health for women		
Physical Development		
Emotional Wellbeing		
PREPAREDNESS		
Confidence		
Physical Readiness		
Knowledge of the birthing process		
Understand family		
IN THE HOME/NEAREST-TO-HOME/WORK		
Wants of family for the baby		
Willingness to be involved		
Level of practical readiness		
IN THE FUTURE		
Anticipation to receive a child/children		
Willingness to parenting		
Resilience		
High levels of family support		
Good communication		
Emotional Resilience		
Personal (antenatal or postnatal) support		
Personal (antenatal or postnatal) physical health problems		
Personal (antenatal or postnatal) emotional/psychological		
Personal (antenatal or postnatal) knowledge of child		
Personal, physical or emotional health		
Health		
Healthier opportunities		
Life chances/children		
Anticipation/expectations of social support		
Financial/parenting skills		
IN THE BIRTH		
Anticipation/expectations and needs		
Health		
Healthier opportunities		
Life chances/children		
Anticipation/expectations of social support		
Financial/parenting skills		
IN THE FUTURE		
Anticipation/expectations and needs		
Health		
Healthier opportunities		
Life chances/children		
Anticipation/expectations of social support		
Financial/parenting skills		



FPM Antenatal/Postnatal Promotional Guide system: *Promotes better outcomes*



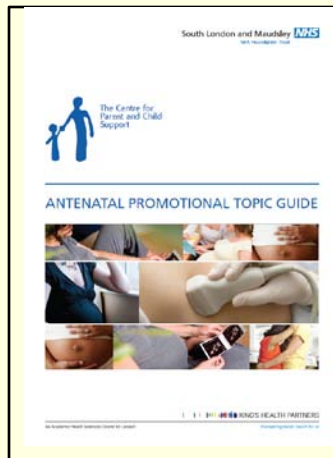
- The early development of babies
- Transition to parenthood
- Effective relational and goal-orientated contacts between HVs and families
- Better informed decisions about family needs
- Based on using two contacts
 - From viable pregnancy antenatally
 - 4-6 weeks postnatally

FPM Antenatal/Postnatal Promotional Guide System

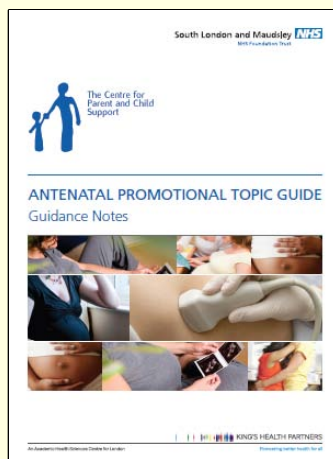


- Structured & flexible manualised approach
- Provides consistency for families and practitioners
- Uses findings from developmental science
- Consistent with values and good practice of health visiting
- Consistent with DH 'Birth and Beyond'
- Recommended in the HCP
- Training and dissemination in EoE

FPM Antenatal Promotional Guide: *Ten topics*



- The mother and father's feelings about their pregnancy
- Expected family and other support
- Anticipated changes in family life and relationships
- Self perception of the pregnant mother
- The pregnant mother's current perceptions and anticipation of her unborn child
- The mother's and father's anticipation of becoming parents
- Anticipation of labour, delivery and birth
- Anticipation of feeding, caring and looking after their baby
- Current finances and housing
- Life events



FPM Postnatal Promotional Guide:

Takes account of



- Experiences and meaning of the birth process
- New baby
- Interaction and relationship between parents and their young baby
- Parents' changed circumstances

FPM Postnatal Promotional Guide:

Ten topics



- The labour, delivery and birth
- The mother's and father's psychological health and well-being
- Response and support from family
- Mother's and father's concern for her baby's development and well-being
- The mother's and father's perception of her baby
- Parent-infant interaction and care
- Parent-infant communication
- Mother's emotional resources for her baby
- Current finances and housing
- Life events



FPM Antenatal/Postnatal Promotional Guides: *Identification of need*



- The AN Promotional Guide is conducted during a home visit scheduled to take place *before* the baby is due
- The PN Promotional Guide is conducted at home approximately four weeks *after* the birth.
- Health visitors trained to use the Guides have been found to be better at identifying need than practitioners not using the Guides (Davis & Tsiantis, 2005).

	Present	Absent
Intervention	51 (66%)	25 (69%)
Comparison	23 (32%)	28 (93%)

Summary



- Pregnancy and early infancy are crucial periods for babies and their parents
- Immediate and long term consequences for infant health, care and development, parents and parenting
- AN/PN Promotional Guides are an evidence based method to improve
 - Early baby outcomes
 - Parental adaptation and infant care
 - Early identification of family needs

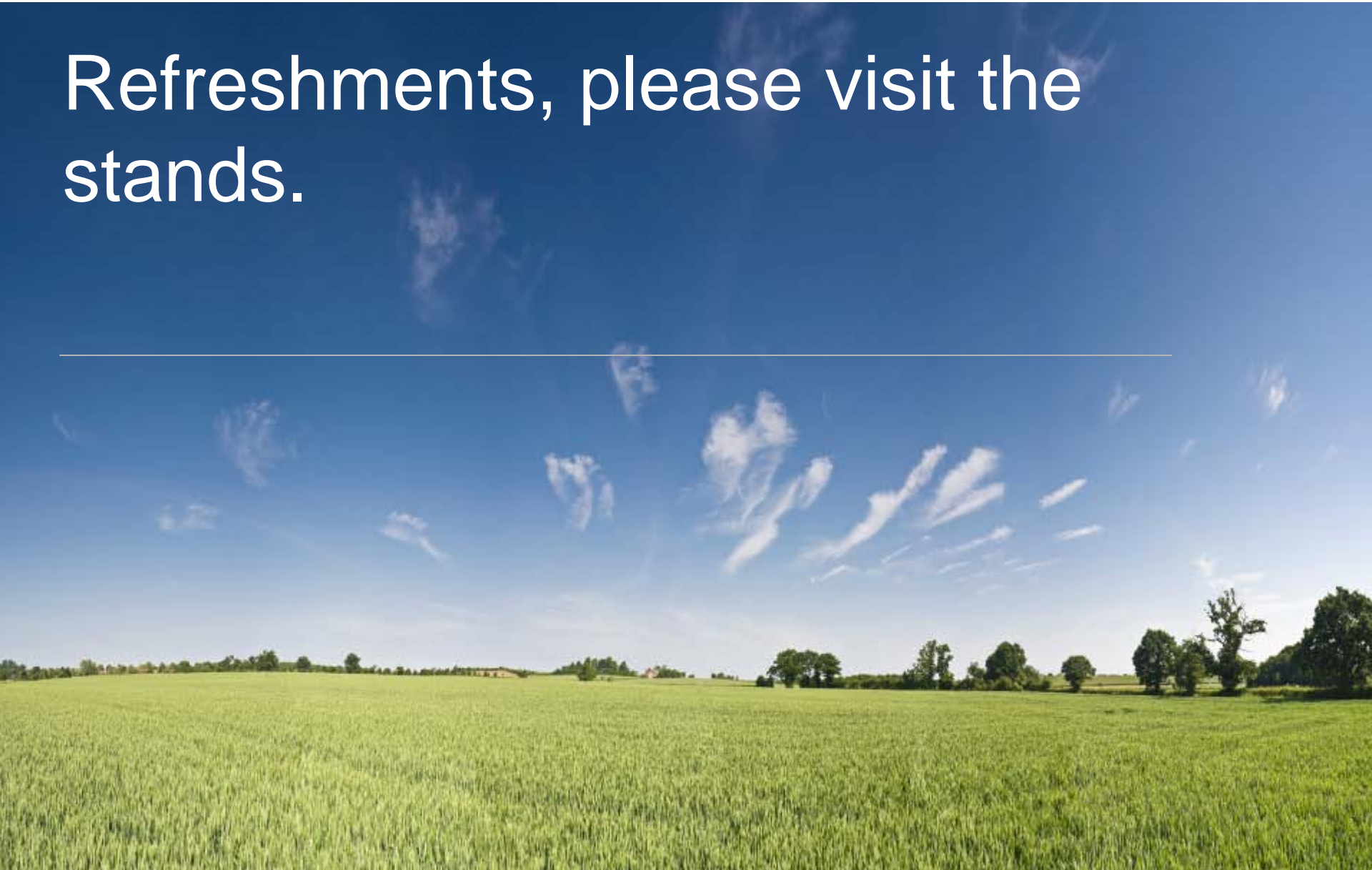
Stella English



ASK QUESTIONS



Refreshments, please visit the
stands.





Are you Ready?!

Natasha Bruce Lockhart
Health Visiting Programme Manager

The Dragons

- Kathy Branson
 - Liz Plastow
- Stella English

Lesley Parsons

Sunflowers Supporters Scheme

Geraldine Varley

Infant Massage Group

Wendy McCormack

Welcome Pack

Lindsey Costello

Sunflowers Supporters Scheme

Amanda Godfrey

Clean and Shine all the Time

What did you think?!

Voting buttons time!

Which idea would work best in your community?

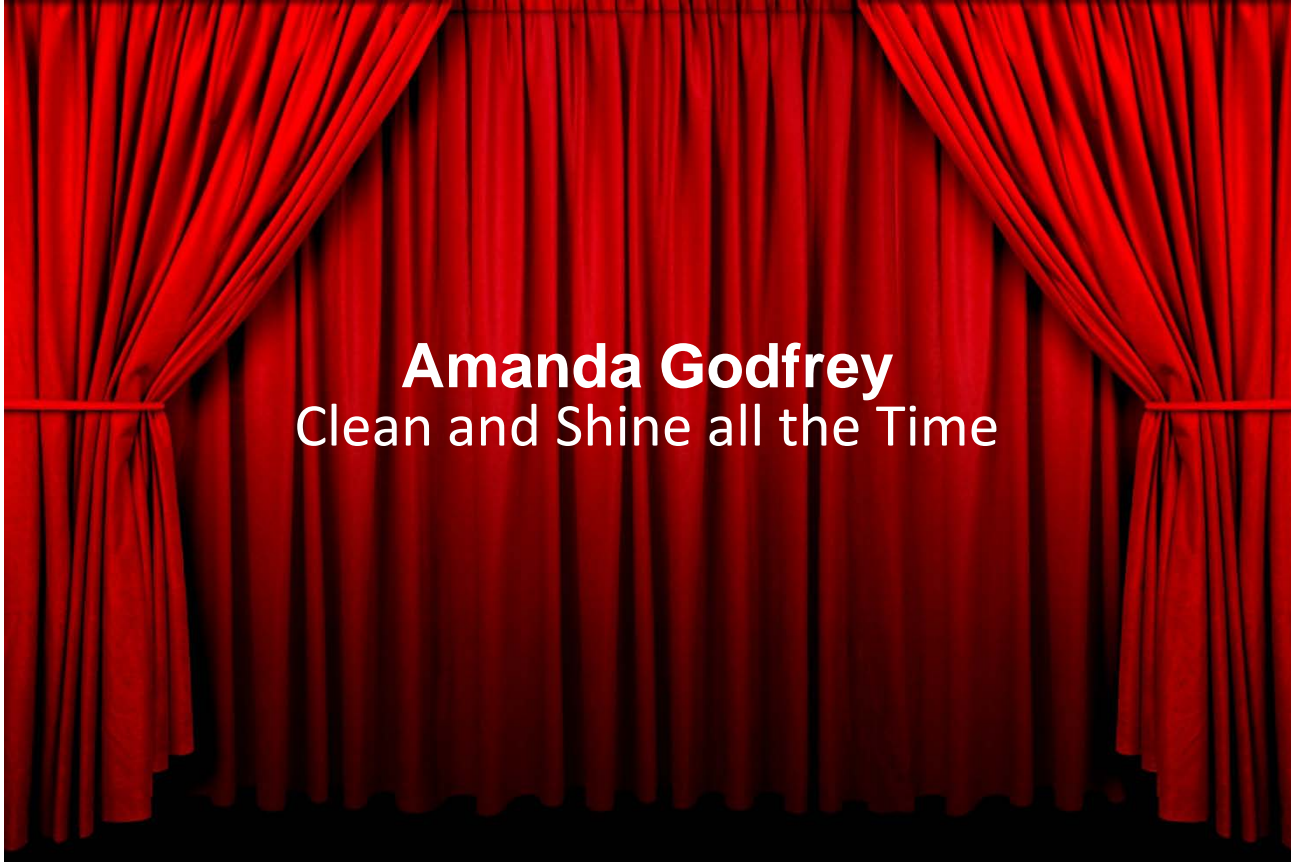
- 1: Sunflowers Supporters Scheme
- 2: Infant Massage Group
- 3: New Health Visiting Leaflet
- 4: Welcome Pack
- 5: Clean and Shine all the time

Health of the Nation

British Film Council Film from 1943



And the winner is . . .



Kathy Branson

NHS Midlands and East

Head of Education and Development

Health Visiting & Midwifery Workforce
Programme Lead



Thank you for coming.

Safe journey home!

All information from today's event
will be available at

www.eoedeanery.nhs.uk/healthvisitor