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National Induction Framework

for newly qualified, return to practice
and new to area Health Visitors



FOR REFERENCE
ONLY - DRAFT

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The Institute of Health Visiting is a Centre of Excellence:

- supporting the development of universally high quality health visiting practice;
- so that health visitors can effectively respond to the health needs of all children, families and communities;
- enabling them to achieve their optimum level of health, thereby reducing health inequalities.

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Forward



Dear Colleague

In 2010 the Department of Health asked for the health visitor workforce to be expanded by 4,200 FTE health visitors and Health Education England was asked in 2013 to commission training places across the country to help meet this target and focus on the delivery of the service offered to children and families, so that health outcomes can be improved.

Since 2010, we have all been working hard to increase the numbers of health visitors in post by training, retention and supporting returners. Of course this programme is not just about these numbers; it's around supporting the transition from student to qualified health visitor, newly qualified staff and returning health visitors to the workforce. This is our next challenge; we need to support and retain the health visiting workforce because they can provide inspiration for all of us; as individuals and teams, to implement on-going improvements to the health visiting service.

Health Education England (HEE) and the Department of Health have responded to what we have heard from health visitors and commissioned the Institute of Health Visiting (iHV) to produce a customised Induction and a Preceptorship framework for health visitors entering the workforce as part of the Health Visitor Implementation Plan (DH, 2011). The framework sets out a vision and model for newly qualified health visitors to meet future health needs and provide a structure for integrating, retaining and developing new and returning health visitors to the workforce.

I would like to thank everyone who has shared their expertise so generously in the preparation of such a timely and valuable document for health visiting.

It is recommended that all employers begin to use them from September in preparation for national rollout early 2015.

Professor Lisa Bayliss-Pratt

Director of Nursing
Health Education England

National Induction Framework for newly qualified, return to practice and new to area Health Visitors

1. About the National Health Visitor Induction Framework

Health Education England has tasked the Institute of Health Visiting with producing new, customised Induction and Preceptorship Frameworks for Health Visiting.

All organisations employing health visitors are recommended to implement the new Frameworks.

The pilot version of the Induction Framework is available from early September 2014.

The pilot version of the Preceptor Framework is available from early September 2014.

These pilot versions have been developed with Health Visiting leaders and experts from across England and in consultation with students, newly qualified, return to practice, practice teachers and senior managers from the health visiting profession.

With help from 7 organisations across England, the new Frameworks are being evaluated and further developed from September 2014 to December 2014.

Final version Frameworks will be available from January 2015.

Local areas are encouraged to start preparation for implementing the frameworks now, so that they can be best placed to support their current intake of newly qualified health visitors.

The references are indented in the text for ease to the reader. Click on the bitly link to directly access the reference. If printing the framework, simply type in the bitly link into your browser to access the reference.

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2. Introduction

The new National Health Visiting Induction Framework is designed to outline the best practice standards for a high quality induction programme for newly qualified, return to practice and new to area Health Visitors (HVs).

This framework aims to:

- Set out best practice in health visitor induction and consolidation of learning.
- Promote an understanding of the need for protected time for new or returning health visitors' induction period and activities.
- Promote an understanding of the need for protected time for managers and other staff responsible for organising induction.
- To ensure organisations provide an equitable structure for all employees.

We hope that the framework, shaped by practising health visitors and leading professionals, will enable local organisations to consider this as a useful addition to their existing induction arrangements. As well as encouraging new staff to remain in the organisation, a comprehensive and supportive induction can improve professional practice and is likely to contribute to the organisation meeting CQC (Care Quality Commission) standards.

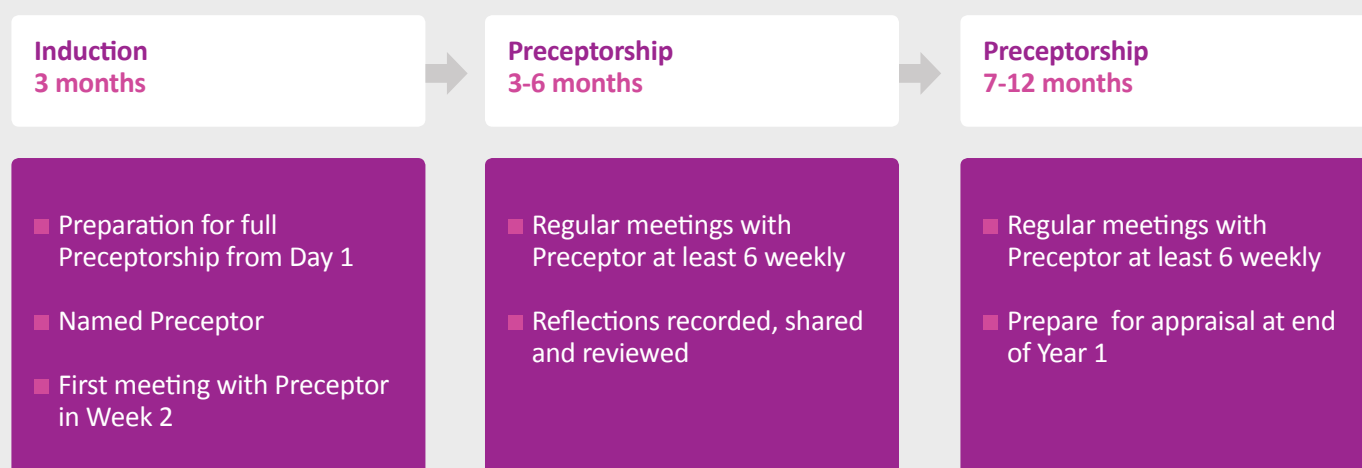
3. Health Visitor Induction

Induction and Preceptorship

Health Visitors' 3 months induction overlaps with the preparation for preceptorship. In the first 3 months, the organisation lays the groundwork for the transition from induction to full preceptorship at 3 months and lasting for 1 year.

The Induction period is led by the manager who may or may not be a clinician. The new practitioner will fulfil the agreed outcomes within the induction period but it is the manager who has the responsibility to ensure that the induction period is completed and recorded. The preceptorship period should be led by an experienced practitioner or Practice Teacher.

Figure 1: Progression from Induction to Preceptorship



Every new or returning health visitor can expect to receive a welcome letter about induction that also includes the name of their preceptor.

‘It really puts your mind at rest when you know the team are thinking of you before you arrive and that when you walk through the door everything is set up and organised for you. I got flowers on my first day!’ (Newly Qualified Health Visitor)

Access the new National Health Visitor Preceptorship Framework in full [this link will be activated as soon as it becomes available.](#)

Induction as a Process

Being new can feel strange or overwhelming at times, especially for experienced returners who are updating or newly trained health visitors who may feel they are repeating ground covered in training.

‘I was terrified about going back as a new Health Visitor. This framework will really help because it sets out what to expect.’

(Return to Practice Health Visitor)

Sensitivity is required to enable each new health visitor to become confident, accountable and settled in their new role by the end of the 3 month period.

‘If you just get sent a link or a document or a website on your iPhone, that’s not nice. It’s about respect for the individual. As managers, we should look after our staff and make induction relaxed, like a gradual easing in.’

(Senior Health Visitor)

It is important to celebrate successes at each stage of Induction.

What new Health Visitors can expect from Induction:

In practice, the same person may take on more than one role.

- A warm welcome to the new team and the new organisation.
- A welcome letter before the first day in a new role with joining instructions.
- A named preceptor and a named buddy (at or close) to the new practitioner’s base.
- What to expect on Day 1 and in Week 1.
- Transport or parking arrangements.
- To be treated with respect as a colleague and team member.
- An acknowledgement of previous experience, learning and knowledge, with attention paid to the needs of adult (lifelong) learners.
- During the 3 month induction period, to be allocated and meet with experienced staff who are taking on the roles and responsibilities of:
 - a buddy;
 - a preceptor;
 - a mentor;
 - a safeguarding children’s supervisor;
 - a line manager.

In practice, the same person may take on more than one role.

‘As NQHV’s we can be change agents. As new HV’s it’s up to us to say: Where is the support? I should be getting it.’

(Student Health Visitor about to qualify)

An effective induction programme can facilitate the following outcomes:

Figure 2: Health Visitor induction outcomes for new staff and organisations

For the Newly qualified/return to practice/ new to area practitioner	For the Organisation
The development of professional confidence.	The development of confident and competent practitioners.
Increased job satisfaction leading to improved patient/client satisfaction.	Meeting organisational goals.
The development of personal responsibility for maintaining up to date knowledge.	Enhanced recruitment and retention Understanding of the organisation's vision, service direction and public health local outcomes.
Professional socialisation into the working environment.	Reduced sickness absence.
Feels valued and invested in.	Enhanced staff satisfaction.
Ability to share experiences and learn from each other.	Reduced risk of clinical incidents and near misses (Francis 2013).

Outcomes for the Induction Period

Health Visitor Induction is likely to include:

- team induction;
- preparing for full preceptorship;
- systems induction;
- opportunities to shadow colleagues in clinics and on visits;
- learning about local caseload expectations;
- opportunities to start to build a routine caseload;
- opportunities to visit local agencies and organisations;
- transport induction and learning about the local area.

This table below gives an overview of outcomes to be achieved, but every practitioner is different and individuals will complete at their own pace.

Figure 3: Health Visitor induction outcomes for those new to health visiting or new to the area:

Health Visiting outcomes for weeks 1-2

Activity	Outcome
Meet your Manager/Team Leader/ Professional Lead.	Know who to approach regarding queries and concerns. Preparation of trust induction, mandatory training, local training, policies and packages of care. Given an equipment list including phone, diary, and scales if appropriate.
Meet the Team/Preceptor.	To be aware of team roles, the team functioning and who works on each day of the week. To be aware of who preceptor is/their base and contact arrangements.
Local area orientation.	Know local geography e.g. Where the local/aligned Children's Centre/s is, GP Practices, other bases. Referral pathways. Use PREview bit.ly/1q8eBYq to view key child health profiles for local area, indicators and compare performance locally, regionally and nationally.
Attend team meeting.	Understand team priorities/how work is allocated.
Shadow team members.	Appreciation of health visiting practice with the organisation.
Agree induction plan with Line Manager/preceptor.	Clear Objectives set in line with expected outcomes.
Allocation of workspace.	Know where to work from or the process if shared allocation.
Arrangements in place for mobile/agile working-if required.	Have read required policies and have required devices.
Access to Organisation email, intranet. E-Learning and Electronic patient record.	Can write up records; use the email/internet/intranet in line with health visitor role.
Access to Clinical Standards for Health Visiting.	Working in a safe manner in line with professional and organisation standards of practice.
Aware of Statutory requirements: Fire Exits/drills/e-Learning.	Be Safe in relation to management of fire and comply with Health and Safety statute.
In receipt of relevant permits e.g. parking, e-Learning.	Be able to manoeuvre locally, and feel safe to park without getting a fine.

Health Visiting outcomes for weeks 2-6

Activity	Outcome
Allocated a Universal caseload with the provision that management will be assumed by 4 weeks (if appropriate).	Ability to appraise caseload, undertake an analysis of Universal needs including the average number of births.
Shadow health visitors undertaking Universal Plus/Partnership Plus case management.	Detail case concern, processes/partnership within the case/s.
Allocated Child Health Clinic to lead in partnership with health visitor colleague/s.	Provide health visiting service with Child Health Clinic setting.
Attend Safeguarding meetings such as Case Conferences/Core groups, Team around Child.	Be aware of how meetings are structured, who leads etc.
Meeting with enhanced service providers: Safeguarding Team, Early intervention team.	Be aware of processes and pathways applied in relation to national policy e.g. Early intervention-threshold models.
Attend a Multi Agency Risk Assessment Conference (MARAC) and Multi Agency Safeguarding Hub (MASH) teams.	Be aware of local pathways and responsibilities of team members/individual practitioner. Be aware of contact numbers/email addresses/referral processes.
Meet with key stakeholders in relation to Child and Families-GPs, Children's Centres.	Identify lead staff in relation to children's services locality.
Learn about Borough/Locality management structures.	Be able to detail management scheme of delegation in relation to whom health visitor reports to and lines of accountability.
Meeting with preceptor.	Work through induction outcome framework with protected time.

Health Visiting outcomes for weeks 7-12

Activity	Outcome
Be allocated Universal Plus/Partnership Plus cases.	Understand role, and caseload to be able to profile and plan against needs.
Co-work safeguarding cases.	Gain gradual experience and confidence in managing enhanced cases.
Co-work a case report-writing and presenting with support at a safeguarding meeting.	Be able to write a safeguarding report and present within a multi-agency forum.
Access Safeguarding supervision with co-worker for a Universal Plus/Partnership Plus case.	Have knowledge of the supervisory process in relation to safe case management.

Continued on the next page

Activity	Outcome
Attend a transfer-in Clinic.	Be aware of Transfer-in Clinical pathway, and appointing /review processes/models of practice.
Undertake a developmental review clinic.	Independently provide a clinic in line with organisation's guidance.
Meeting with preceptor.	Work through induction outcome framework with protected time.
Access Corporate Induction programme.	Meet with senior managers, learn about organisational objectives/values.
Access taught sessions for preceptorship.	Acquire insight into practical application of workload and management of workload.
Undertaken Safeguarding training Levels 1 and 2.	Provide safe practice and demonstrate understanding of safeguarding issues. Know who to refer to, what forms to use and know how to record safeguarding.
Discuss health visiting service priorities with Preceptor/Manager and team members.	Be aware of the New Service Offer for Health Visiting.
Complete Ages and Stages Questionnaire (ASQ) -3 e-learning modules Complete ASQ - assessment.	Be up to date with best practice which is available early September 2014 at bit.ly/1Cnr7rW

4. Making the most of Health Visitor Induction

- Set aside dedicated time regularly once a week for diary management.
- Set aside dedicated time in Week 1 to become familiar with IT systems and the online training facility.
- Access the guide to 'How to look after yourself professionally' on the Institute of Health Visiting's website. bit.ly/1CqLnZL
- Be assertive.
- Prepare for meetings and visits to new agencies and organisations and make brief notes at the time or straight after the meeting.
- Keep an electronic and/or paper record of induction activities and reflections as evidence for use in:
 - reviews;
 - appraisal;
 - revalidation.

5. Induction Planning for post - qualification Consolidation of Learning

The induction plan could include the items on this checklist.

Figure 4: Induction Planning Checklist

Corporate Induction Programme for new Health Visiting staff	Completed Date
Local organisational E-learning programme	
Booking onto the local organisational e-learning programme. Completed by the 3rd week if appropriate	
<p>Completion of the HCP e-learning core modules: Introduction to HCP Community Family Health Positive Parenting Development and Behaviour Speech and Language And 2 from this list: Perinatal Mental Health Communication Record Keeping Safeguarding Interprofessional Working Domestic Violence Growth and Nutrition bit.ly/1A6A4ls (as recommended by the iHV. see www.iHV.org.uk)</p>	
Log in details to complete before the employment start date	
A place on the corporate induction day for after the start date to: <ul style="list-style-type: none"> ■ Meet and greet key staff within the organisation ■ Learn about key organisational staff/roles ■ Learn about localities and team bases with contact details 	
Links to organisational directories	

Continued on the next page

Corporate Induction Programme for new Health Visiting staff	Completed Date
Local induction	
Local policies and procedures.	
Clinical policies.	
Professional standards in relation to health visiting.	
Human Resource guidelines.	
Practical procedures e.g. booking interpreters, local referral pathways.	
An opportunity to find out about: <ul style="list-style-type: none"> ■ Safeguarding ■ Clinical/managerial supervision 	
Make contact with supervisors: <ul style="list-style-type: none"> ■ Book a first supervision session ■ Professional developmental planning ■ Appraisal process 	
Time to begin to address Continuous Professional Development (CPD) needs and learn how to agree and access these.	
A local induction facilitated by an aligned mentor or Team Leader/Manager. A local checklist that acts as a guide to ensure all areas are covered in the relevant timescales and signed off.	
Copies of the relevant completed and signed off documentation forwarded to the line manager and the human resources department. Health Visitors can keep a copy in their personal portfolio for future reference.	
Details of the preceptorship programme for newly qualified health visitors.	
A structured training programme (in line with CPD) about expectations for the delivery of the Healthy Child Programme.	
Practical support, such as managing workloads, caseload weighting and Action Learning set provision if available.	
An overview of the local CPD programme in line with the delivery of the Health Visiting core offer.	

Return to practice, newly qualified Health Visitors and new to area Health Visitors are responsible for:

- completion of the induction plan;
- completion of agreed learning objectives;
- identifying their own learning needs in conjunction with their preceptor;
- working with their preceptor to ensure these learning objectives are met.

A 'Buddy' system

Newly qualified Health Visitors usually have a Health Visitor colleague in the same home base to be a 'Buddy'.

A buddy's role is to offer peer support for the new role and allow time to discuss issues relating to work placements and role development. There is no fixed routine to meetings with a buddy. This is an arrangement to be developed as required.

6. Health Visitor Induction

Expectations of managers, human resources departments, teams and the local organisation:

- Welcome new and return to practice Health Visitors into their new team and organisation.
- Offer regular team-building activities.
- Organise mandatory training so that new health visitors and return to practice health visitors can easily attend.
- Help to build up caseload gradually.
- Ensure that new and returning health visitors have exposure to Child Protection (CP) work in the first 3 months, without being the accountable, named health visitor.
- Support incremental responsibility for child protection cases after the 3 month induction period until 6 months to help attain confidence and competence in child protection management.
- Support each health visitor to be accountable for her own actions and professional decision-making.
- Ensure that new health visitors and return to practice health visitors know the names and contacts for key staff and roles.
- Ensure that new and returning health visitors have a map of the area with postcodes and other essential information for the role.

Figure 5: An example Induction Action Plan

Timetable	Activity	Comments
<p>Weeks 1 & 2</p>	<ul style="list-style-type: none"> ■ Meet the manager/ Professional Lead or team leader. ■ Meet the team. ■ Meet the preceptor. ■ Learn about the local area – postcodes and maps. ■ Attend either a team meeting or an allocation meeting. ■ Shadow team members across the full range of service delivery. ■ Agree induction plan with line manager and preceptor. ■ Allocation of a workspace. ■ Arrangements in place for mobile working. ■ IT systems set up. ■ Equipment required for the role. i.e.: Scales, diary, phones and mobile phone in place. ■ Arrangements for lone working in place. ■ Arrangements for annual leave and expenses claims. ■ Corporate induction. 	
<p>Weeks 3 & 4</p>	<ul style="list-style-type: none"> ■ Learn about the local managerial structure and accountability systems. ■ Learn about local policies to understand why procedures and Key Performance Indicators are important. ■ Meet managers and senior managers as appropriate. ■ Introduction to local caseload allocation. ■ Take on initial, universal case load. 	
<p>Weeks 5 & 6</p>	<ul style="list-style-type: none"> ■ Shadowing sessions. ■ First preceptorship meeting. ■ Meet key people in the locality e.g. GPs, visits to Children Centres. ■ Continue to build caseload. 	
<p>Weeks 7-13</p>	<ul style="list-style-type: none"> ■ Attend at least 1 Child Protection case conference. ■ Shadow or co-work with a named health visitor on visits to a Child Protection case. ■ Write a report with another colleague or manager. 	

Team support

A positive and enabling team culture is more likely to foster a productive Induction and Preceptorship. Return to practice and newly qualified Health Visitors can expect the local organisation to enable their team to provide and facilitate:

- a supportive culture and stability throughout induction and preceptorship;
- a gradual increase in workload;
- day to day support from a buddy/mentor;
- daily contact with the home base;
- recognition and understanding of induction and preceptorship priorities and processes.

Training

Mandatory training requirements are in line with the Skills for Health UK Core Skills Training Framework (2013), which outlines the expected learning outcomes and standards for delivery of training related to the most common statutory and mandatory training subjects within the health sector.

The aim of the Core Skills framework is to help ensure the quality and consistency of such training, and to help prevent unnecessary duplication of training.

The Core Skills Framework is applicable across all four UK countries, although as indicated on the webpage at the link below, some subjects have country specific versions to recognise differences in policy or legislation.

bit.ly/1nxbDYX

7. People and places to visit

Identified Outcome:

To improve knowledge about the various members of the multidisciplinary team, including those in the voluntary sector.

Figure 6: People and Places to Visit

Full details of local services in relation to Universal and Targeted children are held with the organisation's service directory, or by accessing the Local Authority's website.

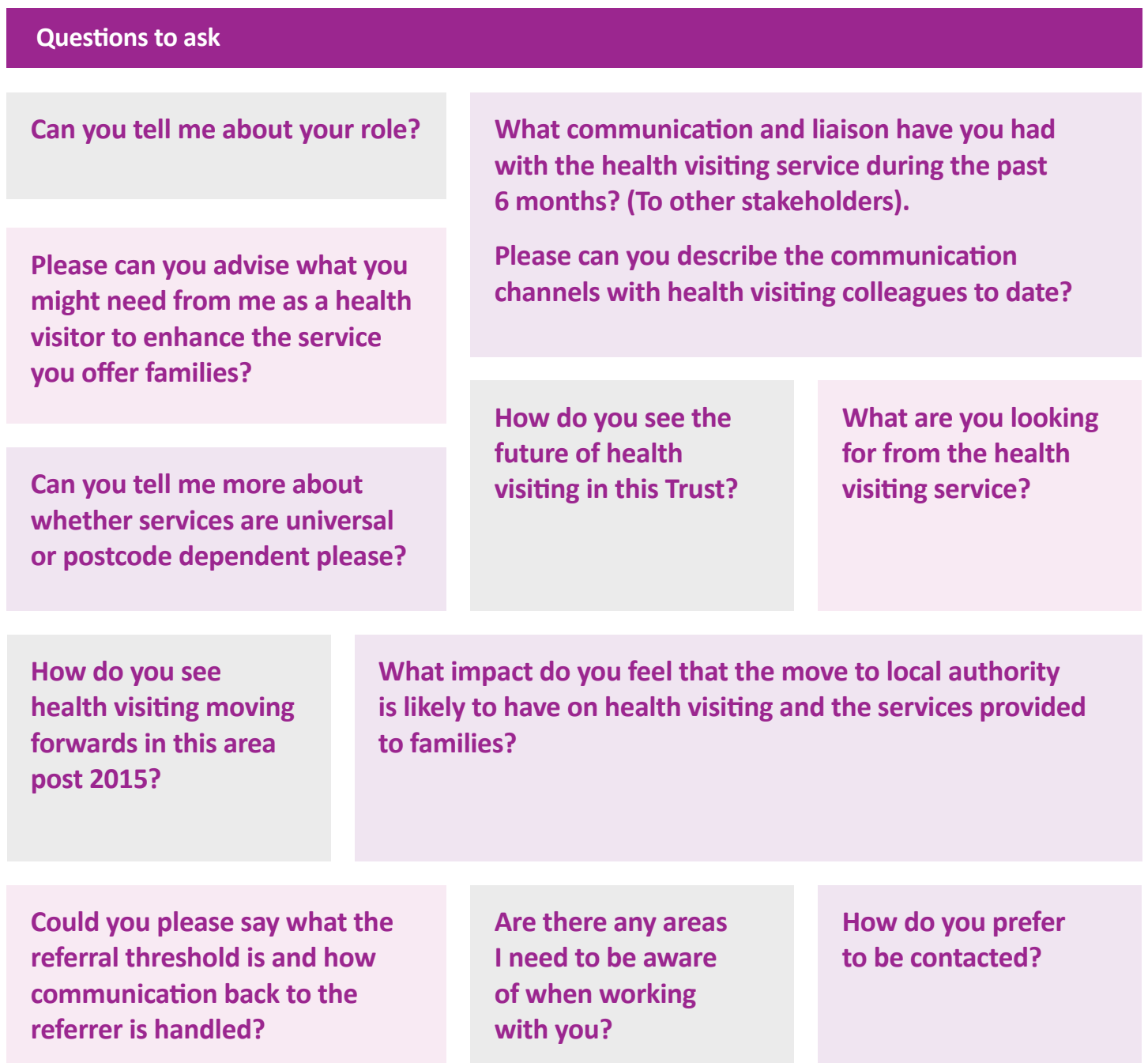
- Team Meetings
- Community Nursery Nurses
- Speech therapy
- Child Protection Lead Nurse & Looked After Children Nurse
- Breastfeeding workshop/clinic
- Primary care team
- Housing
- Homestart
- Social Services/Children's Services
- Common Assessment Framework (CAF)
- Thresholds
- Multi-Agency Safeguarding Hub (MASH)
- Think Family/Child
- Police
- Fire Services
- Primary Mental Health e.g. First steps
- Health Promotion
- Midwifery Services
- School Nursing Services
- Citizens Advice Bureau
- Specialist health visitors e.g. Paediatric Liaison, Infant Mental Health, Teenage Ante-Natal and health visitors working in prison
- Practitioners with Special Interest e.g. Postnatal Depression, Breastfeeding, Special Needs
- Neonatal Hearing Screening co-ordinator
- Children's Centres
- Child Health Department
- Child and Adolescent Mental Health Services (CAMHS)
- Drug and Alcohol services
- Family Nurse Partnership

Questions to ask

It can be useful to take time before each meeting to prepare by researching each service or role and making a note of points to find out more about

These are suggestions for the kind of enquiry that can produce useful information for new health visitors.

Figure 7: Possible questions to ask



8. Additional reading and useful web links

1. The National Health Visiting Service Specification (NHS England, 2014/2015) outlines in detail how the expanded and revitalised health visiting service will deliver the Healthy Child programme by providing expert advice, support and interventions to families with children in the first years of life. The document includes the evidence base from neuroscience and developmental psychology for early intervention, showing how what happens during the early years, starting in the womb, has lifelong effects on many aspects of health and well-being, educational achievement and economic status and highlighting the crucial role of health visitors in reducing inequalities.

You can view the full document here: bit.ly/1ppSMOD

2. Institute of Health Visiting, (2013). Preceptorship Charter.

You can view the full document here: bit.ly/1tudzIG

3. The Public Health Outcomes Framework or PHOF (Public Health England, 2010) and the NHS Outcomes Framework (DH, 2014) include a range of outcomes. The expectation is that an effective 0-5 years public health nursing team will improve children's health and help prevent ill health through delivering public health interventions.

You can view the full documents here: bit.ly/1uB1luN bit.ly/1qd0CAE

4. Recent evidence from research by Cowley et al (2013) shows that health visiting has an impact on key aspects of early intervention such as alleviating postnatal depression and providing parenting support through home-visiting, the health visitor-to-client relationship and needs assessment. This research drew attention to the variety and extent of skills needed.

You can view the full document here: bit.ly/ZdGeVO

5. A further study showed that CPD and variety within a health visiting career are both important in encouraging staff retention (Whittaker et al 2013). A structured post-qualification route is essential to ensure the effectiveness of the health visiting profession.

You can view the full document here: bit.ly/YcgGbe

9. References

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