LEADING THE HEALTHY CHILD PROGRAMME IN EAST OF ENGLAND

'Our vision is that every child will achieve their potential'

In 2013/14 we delivered and evaluated a leadership programme for team leaders, managers, practice educators and strategic leaders of the Healthy Child Programme (HCP) in East of England. This is a summary of what we did and what we learned with future commissioners and providers in mind.

Faced with a need to improve the quality of the HCP and the challenge of expanding the health visitor workforce by over 50%, Health Education England in EoE knew they needed to strengthen leadership within the HCP system. They saw value in building a strength-based approach, using learning from the Family Nurse Partnership, and the need for individuals to develop both their relational leadership capabilities and their understanding of the HCP and the system within which leadership takes place. The programme was commissioned from Ashridge Business School. The facilitators co-designed and delivered a 3 day programme to 6 cohorts of HV team leaders and practice educators, one cohort of managers and a 2 day programme for EoE HV leaders. The Band 8 managers also had 2 follow up learning sets and the HV leaders had 4 one to one coaching sessions. In all we reached over 200 leaders from across EoE and the programme culminated in a one day event for everyone.

The content evolved over the year as we gained in experience and learnt from participants. The programme was shaped around 'me, us and it' i.e. myself as leader, taking others with me and leadership of the system. For each theme we provided a conceptual framework, explored its meaning and understanding, and gave tools to help with implementation. Our focus was on the clinical application of leadership within the HCP and giving participants opportunities to use the tools and methods. The content of the programme broadly covered:

- An update on early childhood development and the HCP
- Strength based methods such as appreciative enquiry and motivational interviewing
- The dynamics of interpersonal relationships and helping ourselves and others to be at their best
- Strategies for change
- Restorative supervision
- Collaboration
- The impact of social media on HV and the HCP

We evaluated the programme through questionnaires and pre and post interviews. Overall the programme evaluated well and participants reported a growth in confidence and learning about positive approaches, the strength based focus and restorative supervision. Some groups tended to be too big. Least valued was the input on the HCP and for some, we were repeating previous learning. In general those in more senior positions valued the programme more, in particular the space and time to reflect with others.

We have drawn together the evaluation and our own reflections into a number of insights that others may find helpful.

1. Good senior leadership is a strong predictor of a successful HCP. It was notable how those organisations with accountable, knowledgeable and accessible senior leaders had team leaders with a greater sense of agency and vision for their service. We also noticed that leaders with a wider children's service background tended to bring valuable additional skills and experience.

2. The organisational culture has a strong impact on manager and practitioner motivation, confidence and commitment. There is a great deal of talent within the HCP and HV service in EoE. However, frequent changes in structures, leaders and a lack of organisational commitment towards practice and the HCP left some people feeling powerless and unsupported.

3. To be part of a workforce that is expanding was recognised as a privilege by participants. However, we observed how hard it was to change practice at the same time as expanding the workforce by 50%. The demands of extra students, appointing new staff and supervising novice practitioners means that team leaders and managers had little capacity to innovate and implement new ways of working. The HV Implementation Plan has created unrealistic expectations in terms of changing the work of HVs on top of workforce expansion. The work on improving delivery of the HCP may not be possible until new staff settle in post.

4. Practice and leadership benefits from people taking time to think and reflect alone and with others. The combination of a professional culture of 'doing and fixing' with system demands of 'KPIs' and targets resulted in a sense of 'busyness' that could be overwhelming for some participants unused to having time and space for reflection

5. Working with parents during the transition to parenthood and with very young children brings responsibilities and complexities that place considerable demands on HVs and their teams. Organisations that understood the psychological demands of family work and had systems and a culture of psychological support and restorative supervision tended to have more resilient and positive HCP leaders and practitioners

6. Creating a legitimate space to talk about practice. We wanted to integrate leadership with practice as those behaviours needed by effective leaders are largely the same as those needed when working with families. This proved difficult and we were left wondering how much in-depth discussion about practice takes place within the HCP and what would have been a better way of making this connection in a leadership programme.

7. Being with peers can bring a sense of solidarity and shared experience. On the other hand mixing groups by locality may have brought about more system change though having courageous conversations in real time between different levels of the system

8. Senior sponsorship for the programme from each provider organisation could have helped communication, co-design and engaging participants in 'it' i.e. the system

9. Applying new knowledge and understanding in the real world is the purpose of programmes such as this. For Band 8s and HV leads we supported this through action learning and coaching. It is worth thinking about how to develop a self-managed learning structure for the team leaders (Band 7) as well.

The HCP is the core of our public health service for children and this is reflected in the mandate that has been given to Local Authorities as they take on responsibility for commissioning the HCP. The success of this transfer will be judged on the quality of the HCP and its impact on children's outcomes. Both quality and outcomes depend on how HVs work with families, their teams and others. This leadership programme has provided a foundation for the HCP in EoE, it is now up to local commissioners and providers to build the infrastructure for a sustainable and high quality HCP.

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