

# East of England Health Visiting Directory for Innovation





# Welcome



Welcome to the east of England Health Visiting Directory for Innovation.

What a first year we've had! While our focus has been on rapidly growing our workforce for the first year of our health visiting journey post 'A Call to Action', this guide has been compiled to demonstrate just some of the countless examples of best practice and innovation currently under way in our region, supporting our ambition of achieving the very best outcomes for children and their families.

Since our last conference in July we have achieved much toward our goal and I would like to take this opportunity to thank our health visiting professionals and teams for all their hard work in this achievement. However there is still more to do and now is a great time to look towards shaping the new service offer for our families. With that in mind, we have compiled this directory to not only showcase best practice in our region, but to act as a reference guide and as a focal point of contact to share our knowledge and promote further innovation.

This directory is something to be proud of collectively. Thank you for your hard work and commitment to date, and everything that you have achieved so far. The challenge has only just begun and I'm positive we can achieve much more over the coming months to 2015!

A handwritten signature in purple ink that reads "Kathy Branson".

**Kathy Branson**  
Head of Education and Development  
NHS Midlands and East

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## SAFEGUARDING CHILDREN SUPERVISION MODEL

**Organisation:** SEPT Community Health Services, Bedfordshire

**Brief Description:** The new Safeguarding Children Supervision Model is based on evidence of certain practices having been shown to be essential ingredients of effective supervision. One example is 'playing devil's advocate' in order to foster a reflective mindset. This involves a supervisor reading relevant case files in preparation for a group or individual supervision session, and considering the possible risks, which are then discussed and compared with those identified by the practitioner. Another example is the introduction of a 'fresh pair of eyes', to challenge fixed thinking and reduce bias. This is facilitated by the review of a case by someone who has not been directly involved with the case.

**Area of the service vision or family offer this example meets:** Improve outcomes for children in the safeguarding arena

- Present an opportunity for reflective practice and support the practitioner in this difficult and challenging work
- Challenge the thinking of the practitioner and the direction of the case
- Develop the need to play your own devil's advocate and support other professionals to explore this approach
- Provide an opportunity to receive relevant, current research to support practice.

**Rationale behind innovation:** The new model was originally introduced in September 2010 to improve health professionals' ability to effectively deal with complex safeguarding cases. The new supervision model was prompted by a Serious Case Review and internal audit conducted in May 2009, which pointed to inadequacies in the system used to supervise professionals with complex safeguarding cases.

**Outcome of innovation:** Audited 01 July 2011 until 31 August 2011. The results have been evaluated and demonstrate the following: One of the main differences is that it involves prior reading of case files. 89% of people said that this was helpful. As a result of prior reading of files the staff felt that a fresh look at the case was obtained with a better overview and understanding of the background. This method of supervision brought another viewpoint and clarity to the session for some individuals. 63% felt that the way they managed the case had been changed as a result of the supervision. 82% of respondents said that they felt challenged in their thinking and 89% felt that the action plan which resulted from their supervision session was supportive of their practice.

**For further information, please contact:** Debbie Shulver, Lisa Zeverona and Dawn Andrews. **Tel:** 01525 636839

## BABY BRASSERIES

**Organisation:** SEPT Community Health Services, Bedfordshire

**Brief Description:** Baby Brasseries are café style groups for pregnant women and new mothers to meet and learn about breastfeeding, and access support to continue breastfeeding. Baby Brasseries are held in Children's Centres across Bedfordshire, where they offer a relaxed and friendly environment with a mix of staff from Children's Centres and SEPT Bedfordshire 0-19 service. Staff are all trained for 3 days in breastfeeding knowledge and skills. Each Baby Brasserie is supported by a volunteer breastfeeding helper. Women are invited to the Baby Brasserie from 32 weeks of pregnancy. The details of each venue are also provided to new mothers to access for support. To prepare pregnant women for breastfeeding, 'Baby Showers' are delivered at the Baby Brasserie every 6-8 weeks, offering information about the importance of breastfeeding and basic breastfeeding management, in a party style, game based format. On other weeks associated subjects, such as moving onto solid food, are discussed. All Baby Brasseries work to set criteria to ensure consistency and equity for clients across Bedfordshire. Session plans for Baby Showers are also common to all venues to prevent conflicting advice. Outreach support for postnatal mothers and babies is also provided when planned sessions are quiet. Phone contact is made and home support offered following assessment of breastfeeding where indicated.

**Area of the service vision or family offer this example meets:** This service is supporting the 0-19 service to meet the UNICEF Baby Friendly Initiative standards and to achieve the breastfeeding information and support element of the Healthy Child Programme at Community, Universal and Universal Plus levels.

**Rationale behind innovation:** To provide widespread breastfeeding information and support for all antenatal and postnatal mothers in Bedfordshire, in a café style setting, through friendly, social based encouragement to compliment routine one to one discussion.

**Outcome of innovation:** Outcomes to date show a sustained increase in Breastfeeding rates at 6-8 weeks across Bedfordshire. Audits of parents who attend are completed annually. Case studies from Baby Brasseries show improved standards of support and patient satisfaction. Specific PALS forms for Baby Brasseries have been created to obtain detailed feedback from clients.

**For further information, please contact:** Jacky Syme, UNICEF Baby Friendly Co-ordinator, SEPT Community Health Services, Bedfordshire, Unit 8 Doolittle Mill, Ampthill, MK45 2NX. **Tel:** 01525 631152

## PRE- CAF AND VULNERABILITY MATRIX

**Organisation:** Cambridgeshire & Peterborough NHS Foundation Trust

**Brief Description:** In order that there is a common language used within the city when it comes to assessing the needs of a family, the use of the Pre-CAF and Vulnerability Matrix has been developed in partnership with Peterborough City Council. The Pre-CAF is a tool to help practitioners make a decision about whether or not a family needs additional support from other agencies. It is a clear and simple way to assess the 5 Every Child Matters outcomes and also the 3 domains of the assessment triangle for risk and protective factors.

**Area of the service vision or family offer this example meets:** Universal, Universal Plus

**Rationale behind innovation:** As a health visiting service to a population of over 13,000 children of preschool age, who live within a very culturally diverse and deprived city, we decided to take a proactive approach to using the Pre-CAF assessment tool. The tool is used as an integrated part of a full, holistic assessment of every child, their family and the environment within which they live.

**Outcome of innovation:** The family are given a sense of empowerment by being fully involved in the process, and by being given control of what they recognise as their own needs • Families are introduced to an Integrated Way of Working from the start, which enables information sharing to be easily explained and generally well supported by parents • The pre-CAF form also identifies any referrals that need to be completed, and the family are fully engaged in any referrals made. This should reduce DNAs and increase compliance • The Vulnerability Matrix gives clarity of thresholds for referral into Children's Social Care • Staff are encouraged to use the matrix to identify families who may need to access progressive universal support, delivered either by health care or other service providers • We have been able to provide assurance to GPs that we can easily identify vulnerable families within Health Visiting caseloads. The matrix is used to support decision making, and an active caseload list on SystmOne is used to ensure that care of vulnerable families will be picked up should a member of the team be unable to work long term.

**For further information, please contact:** Rowena Harvey, Professional Lead for Health Visiting, Peterborough.

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## BREASTFEEDING SUPPORT

**Organisation:** Anglian Community Enterprise (Community Interest Company)

**Brief Description:** Children's Community Services Breastfeeding Supporters work in partnership with volunteers, Colchester Hospital University Foundation Trust Maternity Services and Sure Start Children's Centres to deliver breastfeeding support and information to all new mothers across North East Essex. A dedicated breastfeeding supporter attends Antenatal, Postnatal, NNU & Children's Wards at Colchester General Hospital daily. A dedicated breastfeeding supporter is also based in each Children's Community Services team across North East Essex. All new mums are contacted within 48 hours of discharge from hospital and introduced to the Breastfeeding Support Team and Children's Centres. All breastfeeding mums are offered weekly face to face contact for the first 6 weeks, and daily text/telephone support as required. A breast pump loan is offered to all mothers who have been separated from their baby or who wish to offer their baby some breast milk. 'Baby Beginnings' groups run daily across North East Essex for all antenatal and postnatal mums. A 'Baby Beginnings' Facebook page is available for breastfeeding mothers to communicate and ask questions. Accurate breastfeeding data is recorded via SystmOne. Breastfeeding status is recorded at several stages. Multi-agency shared Local Action Plans for each Children's Community Services team are implemented to increase breastfeeding initiation and continuation. The Breastfeeding Taskforce meets monthly with Commissioners to discuss local breastfeeding action plans, performance and data. Locally written and produced breastfeeding information and literature, acknowledging the needs of local families is available, along with a Mums and Babies Welcome and Breastfeeding Friendly local directory.

**Area of the service vision or family offer this example meets:** Meeting NICE Guidelines to contact all new mothers within 48 hours of discharge home from hospital • Increasing breastfeeding initiation and maintenance of breastfeeding at 6-8 weeks.

**Rationale behind innovation:** Continuity of care for all new mothers • Working in partnership to achieve shared aims and targets • Working towards UNICEF BFI Community accreditation and supporting UNICEF BFI Hospital status for Colchester Hospital University Foundation Trust • Increase breastfeeding initiation and maintenance of breastfeeding for 6-8 weeks.

**Outcome of innovation:** Increase in the initiation and continuation of breastfeeding at 6-8 weeks • Excellent partnership and multi-agency working • Robust data collection • Accurate data reporting

**For further information, please contact:** Hayley Hill, Breastfeeding Lead. **Tel:** 07768 401239

## MOTHERS MATTER SUPPORT GROUP: "GETTING AHEAD OF POST NATAL DEPRESSION"

**Organisation:** Hertfordshire Community NHS Trust

**Brief Description:** A support group for women suffering from post natal depression. A holistic approach is used throughout, in order to equip women with the skills to make positive changes in a range of different areas of their lives. The programme takes into account maternal vulnerability and socio-cultural and precipitating factors, to help the women understand what has contributed to their depression, and then uses a cognitive behavioural approach to deal with exacerbating and maintaining factors. An emphasis on group interactions and encouragement of women to talk about their experiences provides the foundation to the programme.

- Session 1** - Behavioural Interventions
- Session 2** - Pleasant Activities: How can I find the time?
- Session 3** - Relaxation on the run
- Session 4** - Assertiveness and self esteem: Telling others what I think and feel.
- Session 5** - Unrealistic expectations of parenting
- Session 6** - My Internal Dialogue: The missing link
- Session 7** - Developing a more helpful thinking style
- Session 8** - Challenging my internal critic
- Session 9/10** - Baby Massage
- Session 11** - Follow up session (1 month after the last session)

**Area of the service vision or family offer this example meets:** Universal Plus

**Rationale behind innovation:** The programme originated in Melbourne, Australia and is based on a biopsychosocial model of post natal depression. This approach supports current NICE guidelines in using a CBT model to treat depression.

**Outcome of innovation:** The women had improved mental health, attachment between mother and baby was enhanced, social support networks had been introduced and the women had successfully integrated into ongoing care pathways.

**For further information, please contact:** Cath Slater, Assistant Director of Operations, Hertfordshire Community NHS Trust  
**Tel:** 07769 927942

## PARTNERSHIP WORKING FOR 2 - 2½ YEAR DEVELOPMENTAL REVIEW

**Organisation:** East Coast Community Healthcare CIC

**Brief Description:** To initiate delivery of a 2-2½ year developmental review, in a nursery environment, for those children in a childcare setting. The pilot commenced at a nursery attached to a Children's Centre. Nursery nurses worked with other nursery staff to ensure competency with developmental assessment and familiarise them with use of the PCHR. Systems for reporting back to the Health Visiting Service were established.

**Area of the service vision or family offer this example meets:** Universal 2-2½ year developmental review

**Rationale behind innovation:** The Healthy Child Programme (2009) clearly states that the programme should be Health Visitor led. In order to ensure that we are offering a service that meets the needs of families, we explored the delivery of the 2-2½ year review in partnership with one of the local Children's Centres that had a nursery. We recognised that parents are sometimes reluctant to remove their children from formal childcare to attend reviews. Often the professional who is undertaking the review will not be familiar to the child or parents, so by undertaking the review in familiar surroundings, and with their key worker from nursery present, the process is less stressful for the child.

**Outcome of innovation:**

24 children have been identified

3 Did not attend

21 children and parents were seen at the nursery setting for the review

4 were registered with surgeries out of HV team area but information was shared with HV team

One child was identified as needing Side by Side funding

One referral for behaviour management.

The Children's Centre are planning to do a telephone evaluation with a random selection of parents to obtain user feedback

**For further information, please contact:** Karen Jordan, Children's Services Team Leader, North Lowestoft. **Tel:** 01502 502231

## MELLOW PARENTING

**Organisation:** East Coast Community Healthcare in partnership with The Priory Children's Centre

**Brief Description:** The Mellow Parent Programme is a practical model of intervention for severely disadvantaged and socially excluded parents, involving intense structured work on parenting, as well as psychotherapeutic work around parents' own emotional and relationship difficulties. Participants attend weekly sessions for 12-14 weeks. Due to the nature of some subjects covered, single sex sessions are run for some groups. During the first session of the day, previous life events and relationships are reflected upon by parents. They are then joined by their children for lunch and an activity aimed at improving the parent-child relationship. The afternoon involves a parenting workshop, in which each parent shares a video of themselves and their child undertaking a care activity that they find difficult. The group work together to think about the interactions between parent and child, and to offer advice and support. The programme is recommended in the NICE 2006 guidelines as one of only two parenting programmes that meet their specifications.

**Area of the service vision or family offer this example meets:** Universal Partnership Plus

**Rationale behind innovation:** The area covered by the programme contains communities with high levels of deprivation in relation to education, employment and income. Many families have low levels of engagement with local services. The inclusive ethos of the programme has enabled the facilitators to mostly overcome the population challenges, although inevitably some families were still unable to engage in the process. Many families on the programme have been given child protection plans, which often stipulate what parents should do to adequately care for their children, without looking at how they are to do it. Mellow Parenting offers them the opportunity to work on themselves and their parenting in order to make these changes.

**Outcome of innovation:** Almost all attendees stated that the programme had a positive benefit on their parenting and relationship with their children. Participants reported several ways in which the course had affected their attitudes. They felt they had developed increased patience and calmer behaviour, as well as increased confidence in their parenting skills. Participants also noticed more confidence around new people, and the ability to talk about their feelings in a group. Changes in children's behaviour were also recorded. These included calmer behaviour, improved listening, better relationships with other children and improved eating habits.

**For further information, please contact:** Gemma Crisp (Specialist Health Visitor for Parent and Infant Mental Health  
**Tel:** 07787562142. **Email:** gemma.crisp@nhs.net

## BAMBINOS

**Organisation:** East Coast Community Healthcare

**Brief Description:** Bambinos is a postnatal parenting group which takes place in a relatively deprived area of Gorleston. It is facilitated by two Nursery Nurses within a local Sure Start Children's Centre. The programme has been running for four years, but the facilitators have changed and adapted the delivery style over this time, to ensure that parents' voice is heard around the scope of what is delivered. Both facilitators are Solihull trained, and this enables the baby to be kept in focus throughout the programme delivery.

**Area of the service vision or family offer this example meets:** Universal/ Universal Plus

**Rationale behind innovation:** To support parents to achieve positive outcomes for their babies and for themselves.

**Outcome of innovation:** Parents attending the group give very positive feedback; they keep a comments book for parents' thoughts as well as undertaking evaluations of the programme

*"Thank you very much for having us to play! We have really enjoyed ourselves and have made some friends. It's a shame it has to end! Keep up the good work."*

*"Thanks Lisa and Sam for a great course. The information and support has been invaluable. It's nice to know there are mothers also in the same boat as me! I'm not alone with the sleepless nights!!"*

**For further information, please contact:** Sam Paolantonio. **Email:** sam.paolantonio@nhs.net  
Lisa Cone. **Email:** lisa.cone@nhs.net

## EARLY DAYS GROUP FOR PARENTS WITH INFANTS UNDER THE AGE OF 3 MONTHS

**Organisation:** Norfolk Community Health & Care NHS Trust

**Brief Description:** Using the Anna Freud Psychoanalytical Parent-infant Psychotherapy model of Practice, the weekly sessions take place in a Sure Start Children's Centre facilitated by an experienced centre worker and a health visitor. The aim is to provide an emotional space for both the infants and parents to be heard, and to emotionally contain the primitive and early anxieties of new parents. The group facilitates the enhancement of greater understanding and 'tuning in' of how tiny infants communicate to their parents through crying and bodily expressions.

**Area of the service vision or family offer this example meets:** Community - working in conjunction with Sure Start Children's Centre

**Rationale behind innovation:** Enhances early attachment • Supports government guidelines on providing support that will enhance Infant Mental Health • Fosters and strengthens the relationship between parents and their babies • Provides opportunities for parents to understand encourage and respond to their baby's communication

**Outcome of innovation:** Early assessment and identification of parent-infant relationship difficulties • Provides a safe space to challenge and intervene • Supports earlier access to specific individual intervention if needed

**For further information, please contact:** Sian Larrington, Sure Start Programme Manager, Norfolk Community Health and Care NHS Trust. **Email:** sian.larrington@nchc.nhs.uk **Tel:** 07879408632  
Glenda Booth, Health Visitor Practice Teacher. **Email:** glenda.booth@nchc.nhs.uk **Tel:** 07770736051

## USE OF BLANKETS IN WELL BABY CLINICS

**Organisation:** Norfolk Community Health & Care NHS Trust

**Brief Description:** The introduction of blankets in clinics was initiated following staff completing their Solihull training and utilising their understanding of theoretical concepts in their approach to service delivery and observation of infant experience. Well Baby Clinics are not generally designed with the baby in mind, it seems they are often designed as a pragmatic way of delivering a core service to parents, and the babies' experience may be overlooked. The Solihull Approach helped workers think about the experience from the babies' perspective and also about how, when clinics are busy, parents' anxieties are often raised and the babies are 'lost' to them.

**Area of the service vision or family offer this example meets:** Community/Universal

**Rationale behind innovation:** Observation from a community nursery nurse - *'I noticed that babies coming to clinic were not happy. Their mothers were preoccupied with a world that didn't seem to include them, a world of red books and cold weighing scales, of chat and noise, of quickness and bustle. I heard babies crying, I saw their naked limbs waving and protesting, cold and vulnerable. Their faces were fraught and anxious, their mothers disconnected. I felt an anxiety rise in me; it was as if it were the babies' anxieties and the parents' anxieties as well as my own. The team discussed these observations and thought about the clinic from the babies' perspective. How would they like it to be? We bought fleece blankets and asked mothers if they thought their baby would like to be wrapped in them rather than lie naked on the scales. The second week after the blankets were introduced, a young mum asked if she could have help to wrap her baby, as he didn't like being naked. She was supported in this, and then she held him in her arms and looked down at him for a long while. The mother welcomed another parent and showed her how to use the fleece.'*

**Outcome of innovation:** The blankets don't only provide physical containment to the babies. Conversations about why we use them are had antenatally and in the early post natal period, and help the parent start to identify with the baby's perspective. Using blankets also helps to slow the pace at clinics and gives lots of opportunity to discuss the fact that babies do not need as much weighing as they often get. Observation of 'wrapping' by workers also provides additional opportunities for understanding the parent infant relationship and thoughtfulness about any further intervention that may be needed.

**For further information, please contact:** Sian Larrington, Programme Manager, Bowthorpe and West Earlham Sure Start Childrens Centre, Norwich. **Email:** [ian.larrington@nchc.nhs.uk](mailto:ian.larrington@nchc.nhs.uk) **Tel:** 07879 408632

## HEALTH VISITOR ACCESS ROLE WITHIN INTEGRATED CHILDREN AND YOUNG PEOPLE SERVICES

**Organisation:** Suffolk County Council

**Brief Description:** A health visitor works within the integrated team on a sessional basis, providing additional skills and knowledge. They liaise with other healthcare providers in order to aid the triaging of all safeguarding referrals that come into the safeguarding team. The health visitor will also action outcomes of the referrals where appropriate, either personally or by referral onto other healthcare providers.

**Area of the service vision or family offer this example meets:** Increase productivity through partnership working

**Rationale behind innovation:** Recognition of benefit of sharing knowledge and areas of expertise to improve response to safeguarding referrals resulting in improved outcomes for children.

**Outcome of innovation:** Improved partnership working between health and social care in relation to safeguarding children • Greater understanding of roles and responsibilities • Improved response to safeguarding referrals, both in actions and timescale • Improved services and outcomes for children.

**For further information, please contact:** Deborah Bush, Health Visitor. **Tel:** 07984 640336 **Email:** [deborah.bush@suffolk.gov.uk](mailto:deborah.bush@suffolk.gov.uk)

## SPEECH AND LANGUAGE DROP IN

**Organisation:** Suffolk County Council

**Brief Description:** Our Speech and Language Drop in Service was established early this year in South Ipswich. This monthly service is delivered by a member of staff from the local Children's Centre, a Child Health Advisor from the Health Visiting and School Nursing team, and a Speech and Language Therapist. At the sessions, children aged between 2 and 5 years old can have an assessment, without an appointment or a referral, when there are professional or parental concerns about their Speech and Language abilities. The "Drop In" enables easy and swift access to assessment and planning of care for these children by early intervention and prevention, via advice and support to the parents or carers. This promotes improvement while children are waiting for review or for therapy. The children who need therapy are placed on a waiting list for this, rather than for a further assessment by the Speech and Language service, which ensures that we embrace the move towards avoiding duplicating assessments. A key aim of the Children and Young People's service is to provide quality of service and cost-effectiveness. Although Speech and Language "Drop Ins" are not novel, the integrated approach taken for this specific venture is. This approach was selected to meet the national and local ideals of integrated working, improvement of user experience, cost effectiveness, and harnessing the expertise of all services to deliver the best possible outcomes for children.

**Area of the service vision or family offer this example meets:** Universal / Universal Plus

**Rationale behind innovation:** There is an evidenced link between Speech and Language abilities at school entry and achievement at Key Stage 4. This venture seeks to improve school attainment and in turn increase the numbers of young people that apply to higher and further education institutions in the future. This may have a positive impact on youth offending and re-offending rates as more young people will be likely to be meaningfully engaged in activities. These are priority targets for Children and Young People and they are also clearly linked with ECM targets and the national and local move towards full integration. The intention of this service is to provide a "one stop shop" service to families, which minimises the need for individual visits by the Health Visiting team to perform an assessment. Previously, when a problem was identified it would lead to a referral, followed by a delay and then a further assessment by the Speech and Language service. The "Drop In" avoids duplication, enhances family experience, minimises delay and utilises local resources more efficiently.

**Outcome of innovation:** The service is established and operating successfully. An audit of user experience produced very positive feedback.

**For further information, please contact:** Tara Saunders, Locality Clinical Manager. **Tel:** 07415 799474

## HEALTH PROMOTION GROUP FOR NON-ENGLISH SPEAKING MOTHERS WHO HAVE BABIES OR YOUNG CHILDREN

**Organisation:** Suffolk County Council

**Brief Description:** This is a health promotion group held within children's centres that supports the health and social needs of non-English speaking families and has multi-agency input. The group runs at two children's centres for five to eight weeks and is repeated three times a year. Each session includes one hour of English tuition and one hour of health promotion or childcare advice. The facilitator liaises between the teacher and speaker so that the language taught is specific to the topic that follows. All topics maintain a visual focus and are supported by written translations where possible. Topics include intro to the NHS, dental health, healthy eating, breastfeeding, formula feeding, family planning, sexual health, domestic abuse and safety. Agencies that provide input include health visitors, children's centre staff, honour based violence co-ordinators, oral health educators, family planning nurses, refugee support forum staff and multi-cultural support group workers.

**Area of the service vision or family offer this example meets:** Community Development

**Rationale behind innovation:** Non-English speaking mothers are disadvantaged in accessing health and childcare support because of their language barrier and a lack of understanding of available services. Many women are unable to afford English tuition. Single mothers on income support, women on spouse visas and asylum seeking women are not eligible for free English tuition. Childcare is not provided with government funded English classes and women cannot attend with babies or children. It was recognised locally that there is a need to provide free English tuition with free childcare and to increase families' understanding of local health and childcare support services.

**Outcome of innovation:** The pilot group evaluated well and it is now being rolled out on a regular basis in two children's centres in Ipswich. Potential short term outcomes: Clients will have an increased awareness of services available to them and an increased awareness of how to access them • Clients will experience increased confidence in professionals and appropriately use all services, including Accident and Emergency departments. Potential long term outcomes: Clients will experience less social isolation and deprivation • There will be earlier diagnosis and treatment of physical and mental health problems • Infant mortality rates will be reduced • Infant and child health will be improved and life expectancy will be increased • Clients will have increased health literacy and increased ability to communicate in English.

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