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 - it's 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
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
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 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 implemener 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?

Services for families

- 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
Refreshments, please visit the stands.
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
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
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
Good Luck!

Any Questions?
Mary Griffiths
Universal Projects Lead
FNP National Unit
Department of Health
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
Have you have been out visiting with a Family Nurse as part of your professional development?

1. Yes 50%
2. No 50%

Vote Now
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

- Screening tests
- Parenting support
- Immunisation
- Promotion of health and behavioural change
- Health and developmental reviews

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

1. Yes 50%
2. No 50%
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
Question 3

• Have you looked at the PREview Resources on the ChiMat website?
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 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.................................................................
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 it’s 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

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.
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
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:**

• **PREview:**
  www.chimat.org.uk/preview

• **FNP:** www.fnp.dh.gov.uk
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

- 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

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.
- Up to 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
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).

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<thead>
<tr>
<th></th>
<th>Present</th>
<th>Absent</th>
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<tbody>
<tr>
<td>Intervention</td>
<td>51 (66%)</td>
<td>25 (69%)</td>
</tr>
<tr>
<td>Comparison</td>
<td>23 (32%)</td>
<td>28 (93%)</td>
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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
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 . . .

Amanda Godfrey
Clean and Shine all the Time
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