

Health Visitor Programme


**Role of the Work Place Advisor
in Building Community Capacity**

Rowena Harvey and Sue Mills



Aim

By the end of the day participants will be able to:

- Describe the BCC Programme
 - Understand the role of the WPA
 - Prepare and plan a BCC Project
 - Know how and where to access support
 - Feel confident to support newly qualified HV's to undertake a project
- 

Building Community Capacity

What is Building Community Capacity?

Skinner (2006) defined community capacity building as:

‘Activities, resources and support that strengthen the skills, abilities and confidence of people and community groups to take effective action and leading roles in the development of communities.’

Linked to the principles of health visiting , HV’s act as a catalyst for identifying and enabling action by community groups and individual activists to address needs affecting health and wellbeing.

Why BCC package for Health Visitors?

Health Visitors have always worked with individuals, families and communities to promote health and well being. In the last decade, Health Visiting has moved away from communities and focused on individuals and families.

Undertaking a work based project will refresh and refocus health visitors skills allowing them to deliver some key developments which make a real difference to communities.



Building Community
Capacity to improve
health and wellbeing
for everyone



Building Community Capacity

- 1st Level of HV Offer
- Re-visit 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

East of England BCC Programme

- Newly Qualified Health Visitors / School Nurses
- Preceptorship
- Access to E-Learning Modules
- Training of WPA
- Dedicated website
- On-going Local Support

East of England BCC Programme

- Register of Projects
- Register of Work Place Advisors
- Register of Access to E-Learning
- Projects linked to local strategic objectives
- Included in KPI's
- Community driven
- Facilitated by HV
- Sustained by Community

East of England BCC Programme

- Title
- Aim
- Outcomes (SMART)
- User engagement
- Partner Agency involvement?
- How will it build CC?
- What resources are required?

East of England BCC Programme

- Reflection
- What learning gained?
- Any implications for own practice?
- Implications for the Organisation?
- Implications for the Community?
- Future recommendations?

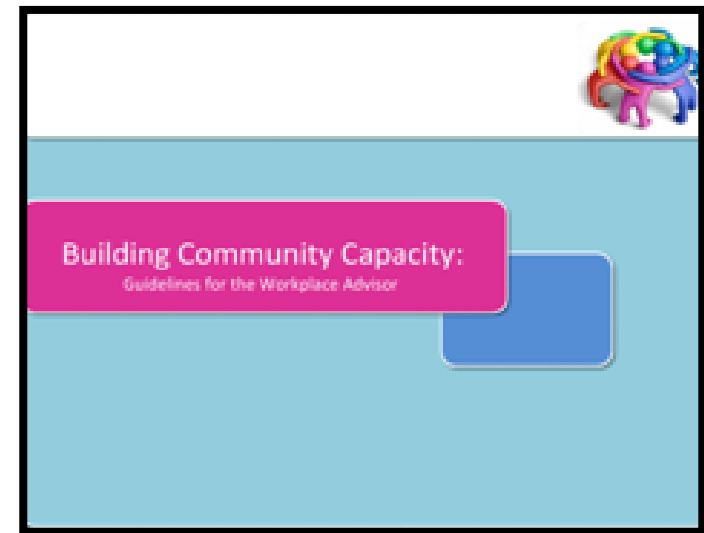
Role of the Workplace Advisor

Activity

What do you think are the key aspects of the **workplace advisor** role?

To act as an organisational resource to enable participants to engage in the programme in order to undertake a work based project that will make a difference to communities.

The role of the WPA is therefore an essential component of successful work based learning.



Key aspects of the WPA include:

- Support participants to navigate the BCC package
- Help participants to identify opportunities within the organisation to address learning outcomes
- Act as a link between the participant and the employer with regard to identification, approval and implementation of learning activities including work based project
- Support reflective practice and communities of practice in order to build organisational capacity to BCC

Facilitating learning...

As a workplace adviser there is no right or wrong way to facilitate and support the learning of participants. The approach you take will be negotiated within your organisation and may depend on:

- Number of participants
- Geographical area.

You could organise 'Action Learning Sets' or 'Building Community Capacity Workshops, and communicate with participants using phone or alternative media.

BCC Modules

- Developed by University Northumbria
- Free to access via :
www.e-lfh.org.uk/projects/building-community-capacity/
- Masterclasses
- Designed to access what is needed rather than go through systematically

BCC Programme Six Phases

1. Exploring knowledge and skills-develop Learning Contract
2. Access support materials and master classes
3. Develop your Project proposal
4. Manage your Project
5. Report back and share findings
6. Reflection and on-going development

Login and registration

The screenshot shows a web browser window titled "Introduction - Windows Internet Explorer" with the URL "http://www.hces-online.net/health-visitors/". The page content includes a navigation menu on the left with sections like "Introduction", "Organisational Support", "Your Knowledge & Skills", "Learning Zone", "Your Workbased Project", "Assessment", "Reporting & Sharing", "Frequently Asked Questions", and "Contact us". Below the menu are sections for "Online visitors" (None) and "Login & Register" with fields for "Username" (PHLead1) and "Password" (masked with dots), a "Remember me" checkbox, and "Login" and "Register" buttons. A yellow starburst graphic highlights the "Login & Register" section.

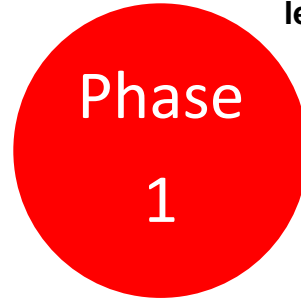
Overlaid on the right side of the browser window is a circular diagram titled "Your learning journey" showing six phases in a clockwise cycle:

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

The diagram is powered by Northumbria University.

Exploring your knowledge & skills, developing of your learning contract

Reflection & on-going development



Access support materials and master classes

Your learning journey



Reporting back & Sharing your findings



Managing your project



Developing your project proposal

Learning journey



Phase

1

Getting to know a bit about the programme and exploration of your knowledge and skills using skills check list . This forms a basis for the development of your personal learning contract .

Phase 1. Prepare and plan

- Community identify need ?
- Develop narrative (why?)
- Title!
- Produce delivery plan
- Collect baseline data
- What success measure look like?
- Identify stakeholders?
- Set up T+F Group
- Produce and agree communication plan

Phase 1. Prepare and plan

- Identify risks and mitigating factors
- Identify and secure resources
- Brief Line Managers and Frontline Staff
- Agree start date
- Identify potential blocks
- Take action to mitigate



Phase
2

- Undertake the learning activity that you have identified in order to meet your learning needs.
- Complete the master classes &/ or access reference material together with your own reflections

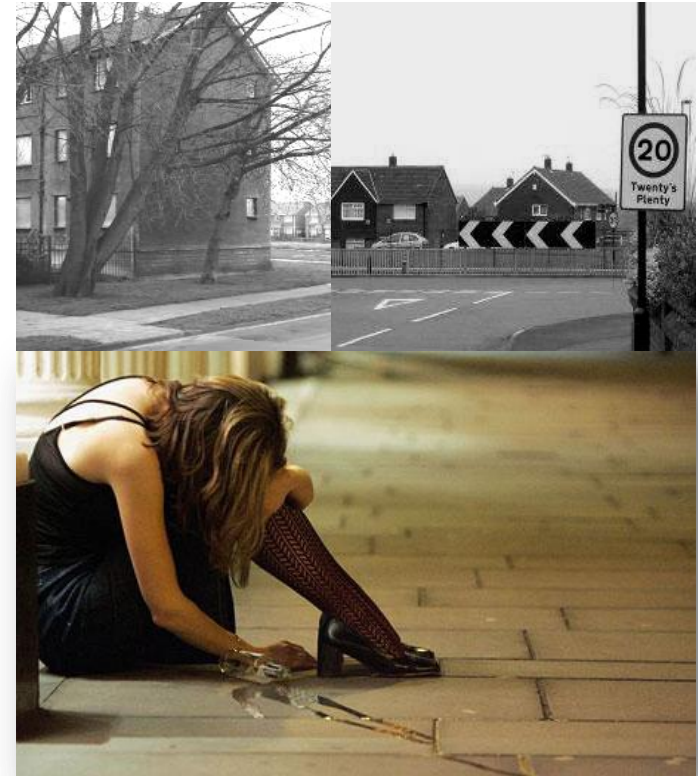
Phase 2. Mobilise, Engage and Train

- Engage and inform staff about project and their role
- Survey feelings and perceptions of staff and community
- Support stakeholders to share journey
- Start collecting baseline data and feelings
- Start sharing what you are doing

Developing your workplace project

Phase
3

- Project agreed by employing organisation
- Engagement with relevant community stakeholders
- May involve:
 - Shadowing
 - Rapid Appraisal
 - Appreciative Inquiry
- SMART outcomes



Phase 3. Implement your Project

- Hold regular T+F Groups
- Develop formal checkpoints
- Regular formal and informal discussions
- Capture data and share quick wins and successes with Community and 'Board'
- Recognise need for support, mentoring and buddying

Projects

- Identified by Community
- Meet strategic objectives
- Deliver against national policy
- 6 months duration
- Undertaken as team / individually
- Sustainable long term

Developing a Project

- Prepare and plan
- Mobilise, engage and train staff who will be key to success
- Implement project
- Review and celebrate and decide how you plan to maintain the impetus and spread success

Are you ready to begin?

- Which strategic objective are you addressing?
- What is evidence-base- if any?
- Define and share what you hope the success of the project will look like (narrative)
- Identify what support there is for your project e.g. communications; data specialist, sponsor

Are you ready to begin?

- How measure success? Qualitative Quantitative, baseline data?
- Any additional resource required?
- Who might sponsor?
- Recruit task and finish group – key stakeholders?
- Decide how will roll out and share your success

Communication

- How do you want your target audience to think, feel, and act as a result of communications
- Define Audience
- Define Objective

Communication

- What does audience know?
- What are their attitudes and beliefs?
- What do you want them to do in future?
- What is response you want them to have?
- What do they need to think, feel to change their behaviour.

Managing your project



Phase

4

- Use your project proposal and a time line/ Gantt chart to ensure you achieve key milestones.
- Meet with your workplace advisor to review progress
- Undertake interim project review with participants/ stakeholders as necessary.

Phase 4. Review Roll out Sustain and Share

- Identify and understand issues affecting change
- Reflect and learn
- Check out perceptions – changed?
- Share successes
- Build Action Plan – issues identified
- Share learning through stakeholders
- Celebrate success

Reporting Back and Sharing Findings



Phase

5

- You will compile a project report as part of this process which you can share within your organisation & with other key stakeholders as appropriate.
- You may also give a presentation of project scope, outcomes and implications on future practice
- You will complete a final project brief and submit as part of overall evaluation

Reflection, on-going development of practice



Phase

6

- Learning gained
- Implications for your own practice
- Implication for your organisation
- Implication for the community
- Future recommendation
- Next steps

Workshops and Case Studies

Case Studies

In the next section we will look at three real life case studies. In each case you will find some information about the area and its needs and resources. You will have the opportunity to consider a series of questions to help you think through aspects of your role as a Work Place Advisor.

Building Community Capacity Project - Great Horkesley Mums group

By Tanya Waterhouse
&
Kerry O'Hart

How was the need identified?

- Community Profile
- Discussion with Locality Health Visitor
- Talking to local mums / Public Health Walk
- Questionnaires

Census Information

Variable	Measure	Great Horkesley ¹	Colchester (Non-Metropolitan District) ¹	East of England ¹	England ¹
All Usual Residents (Persons) ¹	Count	² 2,476	173,074	5,846,965	53,012,456
Age Under 1 (Persons) ¹	Count	² 36	2,188	73,009	675,065
Age 1 (Persons) ¹	Count	² 26	2,200	72,444	668,662
Age 2 (Persons) ¹	Count	² 32	2,099	72,720	663,119
Age 3 (Persons) ¹	Count	² 29	2,083	72,272	663,574
Age 4 (Persons) ¹	Count	² 31	2,077	70,824	648,029
Age 5 (Persons) ¹	Count	² 32	2,027	68,845	632,090

What we found out?

- Lots of new Social Housing
- High number of socially isolated professional women
- High rates of Postnatal depression
- Clinics being used frequently by the worried well
- Lack of provision of services from Children's Centres
- Lack of provision for children under 5s

Aim of the project

- A group set up to improve the social networks of a geographically and socially isolated group of mums.
- In order to improve their mental health and well being

Project format

Original idea was a “Toddle Waddle”

- no suitable or safe route could be identified.



Coffee Morning

At Local pub...

To gain suggestions
on activities.....

Socialisation

Food!

Fitness!



Teddy bear's picnic

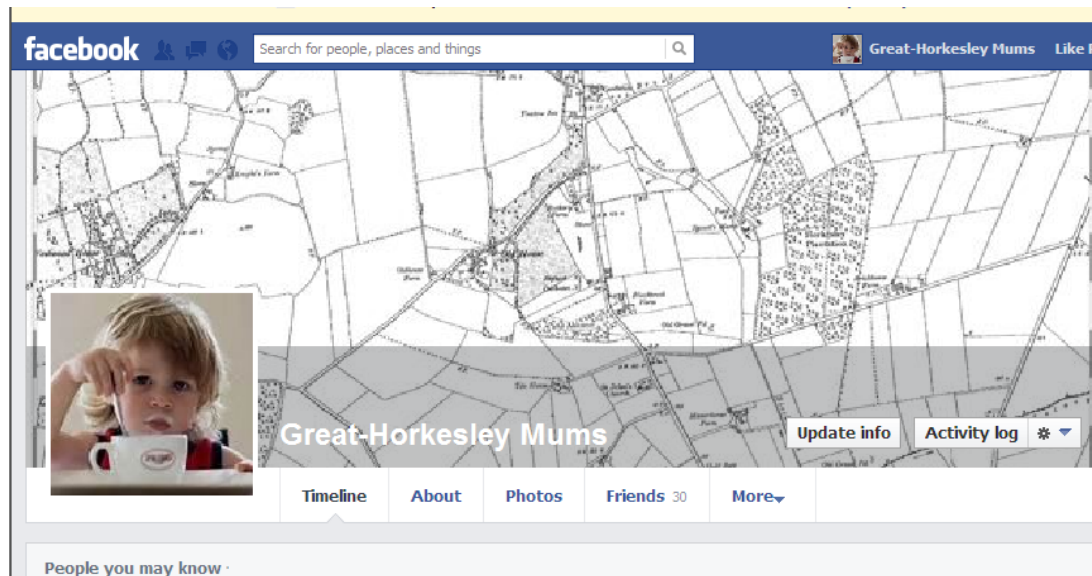


Buggy fitness



Engage with service users

- Interest List
- www.Facebook.com/greathorkesley.mums



Evaluations & Limitations

- Limited time
- Due to insurance no use of organisational buildings
- Weather – starting project in winter

Evaluations & Limitations

- Poor engagement of the hard to reach
- With the worried well's needs being met by the support of the group freed up time for the most needy
- The use of social media was key to the projects success

Messy play sessions for military/MOD families

Messy play sessions for the under 5s - run
by the military wives living on the base.

What is the project?

To help the military wives set up a weekly messy play session within the existing children's centre at Wethersfield MOD base.

The aim of the project was to proactively address the known increased rate of depression amongst military wives by helping facilitate a local support network within their community.



Why this community?

- Through previous studies the increased rate of depression amongst military wives was known within the HV team – 25% of military mothers vs 10% civilian mothers will suffer depression (Gellene, 2008)
- The base was home to the Bomb Disposal unit of the army – currently on cyclical deployment to Afghanistan. 25 families lived on the base, 18 with children under age 5 years.
- The base was home to both army and MOD military police ~ a natural segregation had occurred between the families.
- Isolated location of the base in rural Essex.

How was the need identified?

An army wife approached the HV at a clinic session asking for help to set up a weekly session to “get the Mums together”.

Simple as that...

What was the aim of the project?

- To help set up a weekly messy play session for the children of the military and MOD personnel living on the base. The session would be led by two of the wives whilst the others could chat and have coffee in the sitting room next door.
- To attempt to get the wives to establish their own support network through regular meetings, where they would have their children as the common theme and a reason to come each week.
- To allow the children to socialise within their peer group and play in a nursery style environment.

Outcome measures

- The main aim was to reduce depression amongst the wives – the HV was to assess maternal mood using the Whooley Questions prior to the group starting. Any mothers who scored positively would be rescored at 6 weeks (at a clinic setting or listening visit) and appropriate intervention taken.
- The number of attendees was an on going indicator of the success of the sessions with repeat attendees the main aim.

How did you engage users?

- Through consultation with the wives at the HV drop in monthly clinic on the base and at home visits from the HV team.
- The army wives have a Facebook page ~ they promoted the idea of a group and welcomed suggestions for the format of the group via this medium.
- The idea of a messy play session / coffee morning came after a member of the HV set up a similar group in another military locality that is still running 18 months later.
- Consultation with army welfare to ensure they were committed to funding the project.

What learning has been gained?

- The military wives felt valued and appreciated their unique needs had been recognised - they embraced the sessions and a minimum of 6-8 families attended every week.
- It literally brought neighbours, who had previously not spoken, together in an informal way.
- A small investment of time by the HV team each week made an enormous difference to the community of the base.

What learning has been gained?

There is a hierarchy amongst the wives that has no rhyme or reason - it is very important not to inadvertently task the highest ranking wife as the liaison for the group.

No one will come

What learning has been gained?

- The transient community makes the long term sustainability of the project challenging. During the 6 week period of HV attendance 6 families moved to a new base, 2 moved out of the locality privately and 3 moved onto the base.
- Military families are familiar with coping alone and the wives will continue this strategy when their husband is deployed.
- The wives do not attend anything when their husband returns from a tour.

Any implications for practice?

- Consultation with these mothers has indicated there is a high level of need amongst these isolated families ~ services locally need to be better targeted.
- HV teams that have military families within their caseload must dedicate time and consistency within the community. The transient nature of these families requires services to make long-term commitment to sustained and integrative provision rather than focusing on the long term likelihood of a single project.
- Partnership working is essential to ensure supportive groups can be developed to meet these aims ~ there must be equal value placed on short term contacts and equal commitment.

Organisation implications?

- Raising awareness of the increased rates of depression amongst the wives of deployed military personnel and the need to act upon this proactively.
- Partnership working to include the wider organisations such as Army Welfare and SAFFA (Armed Forces Charity) as well as local children's centres.

Pearls of Wisdom?

- Military families are unique and the service we offer needs to reflect this.
- These wives are not single parents and should not be treated as such, they are resilient mothers who have to cope alone while worrying about a soldier husband fighting in Afghanistan.
- They need our support, we just need to persuade them of our worth!

Useful articles?

- Gellene, D. (2008) 'War Wives at Greater Risk of Postpartum Depression'. Los Angeles Times. 15.05.2008 [Online]
- Nauert, R. (2010) 'Mental Health Issues Amongst Wives of Deployed'. Psychcentral.com [Online]
- Seeley, S., Murray, L. & Cooper, P.J. (2006) 'Postnatal Depression: The Outcome for Mothers and Babies of Health Visitor Intervention'. Health Visitor. 2006; 69: 135-138



Swap Shop
SEPT – Southend Team



The Project

Local Services, Local Solutions

SEPT

- Work in partnership with children's centres provide a venue for parents to swap children's clothing
- Create a self sustaining event that could eventually be managed by the community
- Devise a system that was not open to abuse
- Enable HV staff to signpost vulnerable families without stigma
- Reduce the impact of clothing waste on the environment
- Provide an environment which promotes positive non discriminatory transfer or wealth

The Process




Local Services, Local Solutions



- Each swapper is encouraged to bring around 10 items or leave them at the collection places
- Swappers bring clothing that are no longer of use
- Items are graded by a points value
- Swappers are given a points sheet
- Points are converted to clothing

The points system

SWAP SHOP POINTS GUIDE

-  **3 Points**
-  **2 Points**
-  **1 Point**

SWAP SHOP POINTS SHEET

1 box = 1 point.

Swap till you drop!!!

Why have points?

- To prevent abuse
- Level the playing field
- Vulnerable families can be given sheet prior to event
- Sheet can be 'bought' with pledge of time

The essential elements

- Swappers clothing
- Clothing
- Volunteers
- Venue

The pilot events

- Summercourt Children's Centre
26th February
Milton Hall Primary School
Summercourt Road
- Sunnydays Children's Centre
1st March
Eastwood Primary School
Rayleigh Road

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Getting the word out

- Education forum
- Email information to team
- Links with other agencies

Pleasant surprises!

- The local church community

A volunteer force!

- Essex County Council Funding

£300 to help with start up costs!

A “shop like” feel



Successes

- Homeless mother

Identified by the HV for the homeless, with young girl, fled violence and needed clothing. Swap shop was able to help with bundles of clothing

- Young girl with eczema

Only had football style shirts as parents couldn't afford more clothing.

Swap shop was able to donate 2 carrier bags of cotton clothing.

Father insisted on donating his last £5 to the children's centre

More successes

- PEWS team referral

Vulnerable mother fleeing domestic violence, heavily pregnant, only had the clothes she was standing in. Swap shop donated a bin bag full of neutral baby clothes and even some donate nappies!

- Pregnant mum

One vulnerable mother came to swap shop after being signposted by her HV, worried that she wouldn't have anything for the baby.

We were able to provide her with little girls clothing.

The handover

- Once established the church volunteers were given the project

Any questions?

Thank you for listening



SEPT – Southend Locality Health Visiting Team

Working creatively – tools and resources

Useful tools and techniques

- Simple project plan development
- Future state analysis
- Thinking differently (NHSI)

Resources

Some links and resources to refresh your knowledge of

– Facilitation:

- **Practical facilitation: a toolkit of techniques by C Hogan, Kogan Page 2003**

– Learning styles:

- **The learning styles helper's guide by Peter Honey and Alan Mumford, Peter Honey Publications 2006**
- **<http://www.bbc.co.uk/keyskills/extra/module1/1.shtml>**