

Burdett Trust for Nursing Empowerment

Health Visiting Toolkit Project

Project Report

March 2014

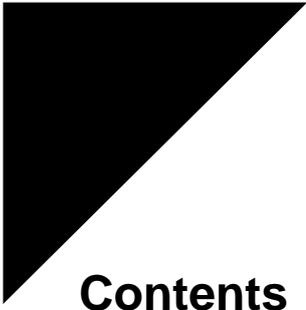


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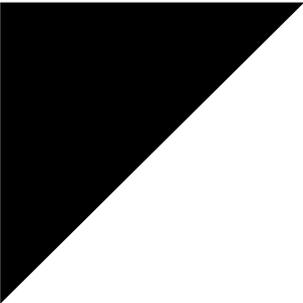
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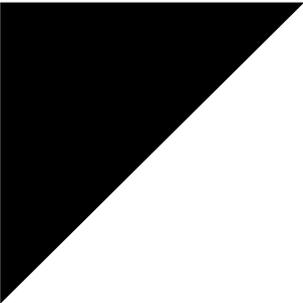




1. Purpose

- 1.1. The aim of the project was to develop an evidence-based toolkit to inform practice and safe, effective health visitor interventions.
- 1.2. The project was proposed in response to the Burdett Trust for Nursing Empowerment Programme put in place as a result of *A Call to Action*, the Health Visiting Implementation Plan. The purpose of the project was to develop an evidence-based toolkit aimed at improving the clinical effectiveness, consistency, continuity and timeliness of care to children and families. The intention was to support health visitors in the delivery of the Healthy Child Programme, enabling them to improve care pathways and standards of practice for the children and families on their caseloads.
- 1.3. Health visitors who work in deprived inner city areas such as Tower Hamlets, with high levels of mobility, vulnerability and safeguarding concerns, are constantly making difficult decisions about how they prioritise their workloads. They are faced with limited workload capacity due to a large and growing under 5 population and caseloads which have disproportionate numbers of vulnerable families or families with child protection concerns. As a result, it is hard for health visitors to focus on the core universal health visiting role which aims to improve the health of the whole population by intervening early in the lives of children and families to prevent ill health or deterioration.
- 1.4. The use of a toolkit could improve clinical effectiveness by supporting staff who, in the face of demanding workloads, remain passionate about meeting the public health needs of the whole population.
- 1.5. The project has involved health visitors as experts in delivering needs-led services within challenging environments, working alongside key partners and the local community.
- 1.6. The toolkit was developed for borough-wide use in Tower Hamlets, but elements of the toolkit could also be used by health visiting teams nationally.





2. Approach

- 2.1. The project was run as a partnership between Barts Health NHS Trust and City University London. This has meant a strong focus on robust research methodology and evidence-based interventions.
- 2.2. Academic posters connected to this project were displayed at the CPHVA Conference in November 2012 (re the Delphi Process), and at the The International Collaboration for Community Health Nursing Research (ICCHNR) Conference: Transforming Community Health in Edinburgh in March 2013 (re the overall project). A paper was presented at the Third International Public Health Nursing Conference, Galway 2013.
- 2.3. A Delphi technique in two rounds was undertaken to establish the key areas that the toolkit should address. An article entitled *Using the Delphi Approach to Identify Priority Areas for Health Visiting Practice in an Area of Deprivation* was published in the on-line open access publication *Nursing Research and Practice* in July 2013 (<http://www.hindawi.com/journals/nrp/2013/780315/>).
- 2.4. The key areas agreed as the focus for the remainder of the project were: Infant Stimulation and Speech and Language; Obesity Prevention; and Stressed and Unsupported Families.
- 2.5. To identify effective interventions and outcomes related to these key areas, City University conducted a review and searched for evidence using databases and websites. The identified evidence base for each of the key areas along with the work done in this project to embed the evidence base into health visiting practice will be published in a series of articles in the *Journal of Health Visiting* in June, July and August 2014. Evidence briefings summarising the key research findings from the literature reviews will be posted on the Institute of Health Visiting website and shared with health visitors across the UK via the Evidence Hub from the Community of Practice developed by the University of Hertfordshire supported by the Burdett Trust.
- 2.6. To determine a baseline of health visitor activity the team collected observational data and reflective diaries from a sample of health visitors and interviewed staff and service users about their views on the existing services in the key areas. This work was to benchmark existing health visitor activity, interventions and effectiveness in relation to the areas identified using the Delphi technique.
- 2.7. During the early stages of the project, the clinical project manager met health visitors, local NHS departments, Children's Centres and charities providing services to the local community in relation to the key areas. The purpose of these meetings was to understand current service provision, referral pathways and barriers to effective interventions and partnership working in relation to the key areas. Detailed discussions and needs analysis helped empower

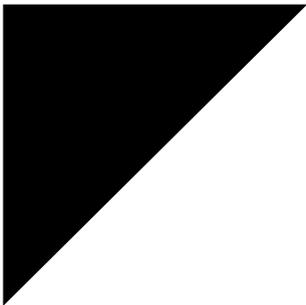




health visiting staff to identify their own needs for training and tools and to shape the development of the toolkit.

- 2.8. Having examined difference between evidence-based guidelines and current practice, and understood some of the barriers to the most effective practice, work was done to define what a toolkit might contain.
- 2.9. Originally, the plan was that the project would help to close the gap between best practice and current practice by developing an online reference suite of relevant evidence-based guidelines.
- 2.10. However, the meetings, observations and interviews showed that health visitors in Tower Hamlets were generally aware of the most up-to-date evidence base underpinning their practice – although some gaps were identified. Differences were observed in health visitors' abilities to maximise use of their knowledge through skilled communication with parents and it was considered that a broader definition of the "toolkit" concept would be likely to deliver a greater impact on the effectiveness of health visitor interventions in relation to the key areas.
- 2.11. The concept of the Toolkit was broadened to include:
 - Physical resources (for staff and client use): eg. checklists, guidance, forms, leaflets, books, equipment, training packs.
 - Virtual resources (for staff and client use): web pages, links, evidence briefings.
 - Staff knowledge – developed through training.
 - Staff skills – developed through training.
 - Staff partnerships and local knowledge – developed through networking and joint working.
 - Staff's ability to provide containment and support for families, through attending to their own wellbeing and morale – developed through individual reflective practice supervision as well as supportive consultation to teams.
- 2.12. The contents of the Toolkit that have been developed and rolled out for the health visiting service in Tower Hamlets are set out in section 4 below.
- 2.13. Following the implementation of the Toolkit, City University London will once again observe health visitor interactions with families and conduct interviews to evaluate the impact of the project on health visitors' work. This phase of the project will be completed by January 2015.





3. Focus areas

3.1. The Delphi process enabled a wide stakeholder group to identify what they believed to be the most important issues facing families with children aged under 5 in Tower Hamlets and to reach a consensus around the order of priority of these issues in relation to the work of the health visiting service. The full list of topics in priority order is as follows:

1. Child stimulation	11. Physical development	21. Within population needs
2. Domestic Violence	12. Social support, isolation and emotional wellbeing	22. Addictions
3. Speech and language development	13. Parental relationships	23. Family health promotion
4. Vulnerable families	14. Housing	24. First time mothers
5. Mental health issues	15. Weaning	25. Sexual health
6. Obesity	16. Healthy eating	26. Disability
7. Breastfeeding	17. Play	27. Schools
8. No recourse to public funds	18. Unemployment	
9. Child behaviour	19. Lack of vitamins	
10. Poor uptake of services	20. Dental caries	

3.2. The project steering group agreed to group several topics from the top of this list together in order for the Toolkit developments to include a range of different types of work – including health visitors’ support of parents’ emotional wellbeing as well as their work to provide public health information and support relating to children’s development. The steering group agreed that despite its high priority ranking in this list, domestic violence should not be a major focus of the Toolkit project as the Trust has a coordinated programme and clear protocols for this work. The agreed topics for the Toolkit were:

- Infant Stimulation and Speech and Language (points 1 and 3)
- Obesity Prevention (points 6 and 7)
- Stressed and Unsupported Families (points 2, 4 and 5)



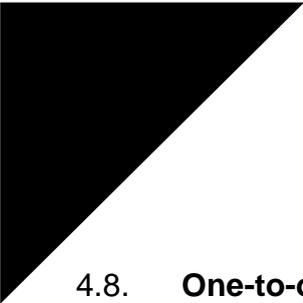


4. The Toolkit

- 4.1. The Toolkit comprises overarching elements which relate to all the topic areas as well as elements which are specific to individual topics.

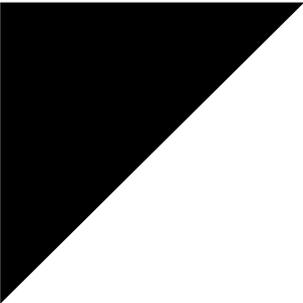
Overarching tools

- 4.2. A new **website** (www.bartshealth.nhs.uk/health-visiting) directs parents and staff to high quality, evidence-based resources which give information and ideas about play and communications, healthy eating, sleep, physical activity, and support available for families living in stressful situations. This website showcases the unique contribution made by health visitors in supporting families with children aged 0-5. The website is managed by the Communications team in Barts Health NHS Trust and can be amended and added to by the health visiting service in future. Website developments need not be restricted to Toolkit topics.
- 4.3. A new **service leaflet** outlining the health visiting service to parents and carers highlights the unique public health role of health visiting, the support on offer and the qualifications of staff. This leaflet will be useful in outlining the role of health visiting to external agencies as well as to local families.
- 4.4. A new **poster** for clinics, GP surgeries, Children's Centres and community venues publicises the website.
- 4.5. The **Family Services Directory** maintained and updated daily by the London Borough of Tower Hamlets' Family Information Service is given more prominence within the Toolkit project. Use of this directory allows health visitors to signpost more effectively and to refer families to services offered by a wide range of local and national organisations. Staff and families are linked to the Family Services Directory at various points on the health visiting website. An event was organised as part of the Toolkit project for voluntary, public and private sector organisations to enable better networking between these organisations and the health visiting service. The Family Services Directory was promoted to all participants; participants were followed up to ensure that their own organisations' details were listed correctly on the directory.
- 4.6. Specially-commissioned **communications skills training** has taken place to support all health visiting staff to have interactions with families which are as effective as the best practice examples observed during the initial research phase. This training included agenda-setting and other tools for managing sensitive conversations in busy settings or with strict time constraints.
- 4.7. Each health visiting locality now has a library of **counselling and listening skills books** to support the development of staff skills learned during the communications skills training.

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- 4.8. **One-to-one reflective supervision** was provided to a number of health visitors by psychologists to enable the health visiting staff to debrief their experiences at work and to help them to manage stress. Several health visiting teams have also benefitted from **group reflective supervision sessions** to enable them to process their feelings and the effects on the teams resulting from serious incidents.
- 4.9. A number of **team building activities** during the project enabled better collaboration and interpersonal relationships within the health visiting teams and helped them manage work stress more effectively as teams.

Infant Stimulation and Speech and Language tools

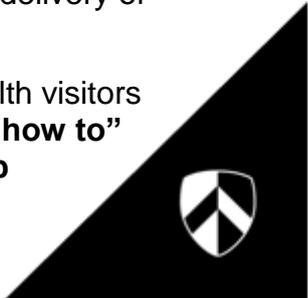
- 4.10. Specially-commissioned training in **Understanding Parent-Infant Attachment** training for all staff in the health visiting service was provided by Compass Wellbeing, a Community Interest Company with years of experience providing psychological support to Tower Hamlets residents.
- 4.11. Copies of the **Social Baby DVD and Social Toddler book** in each health visiting locality assist staff in exploring parent-infant attachment with families.
- 4.12. Twelve delegates from the Health Visiting service attended the **What about the Children?** conference during 2013 and shared learning with their colleagues. The focus of the conference was early child development and the importance of early, secure attachment.
- 4.13. A group of health visitors attended the **UNITE/CPHVA conference: Getting it Right from the Beginning** to further enhance their knowledge around parent-infant attachment and their appreciation of the value of the health visitor relationship in supporting parents with this.
- 4.14. The Toolkit project has enabled the health visiting service to join in a programme being run by the London Borough of Tower Hamlets for staff working in Early Years Settings. **Every Tower Hamlets Child a Talker (ETHCaT)** comprises a training programme about the development of language and how parents and staff can support it as well as a tool for assessing the development of children's communications skills at key milestones during their first five years. A number of health visitors have joined a nine-month training programme with colleagues from the local authority to deepen their skills in delivering interventions to enable parents to build their children's communications skills. The remainder of the health visiting service have learned about the ETHCaT tool and updated their knowledge through half day workshops.

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- 4.15. The health visiting website links parents and staff to an excellent set of quick tips for parents called **Talk to Your Baby** by the Literacy Trust. These tips address evidence-based best practice and are available bilingually in 15 languages. The website also links to films by the Communication Trust encouraging positive interaction between parents or carers with babies and young children.

Obesity Prevention tools

- 4.16. A model was developed and piloted for lunch time **growth and feeding workshops** for GPs, practice nurses and health visiting staff facilitated by paediatric dietitians. These sessions were designed in response to health visitors' self-identified training needs as well as those of GPs to cover evidence and best practice around weaning, force feeding and fussy eating as well as interpreting growth patterns. A model session has been developed with the intention of rolling it out across the borough.
- 4.17. Growth and feeding pages on the **website** link staff and parents to evidence-based resources about key topics.
- 4.18. New supplies of physical resources - **breastfeeding dolls, knitted breasts, books and leaflets** - equip staff better for supporting parents with infant feeding. The health visiting service was re-accredited with full UNICEF Baby Friendly Initiative (BFI) accreditation in March 2014 and has an active BFI programme.
- 4.19. The project helped to establish and provide resources for a new health visitor-led **feeding workshop for families** in partnership with a Children's Centre and a volunteer from the Breastfeeding Network.

Tools for supporting families experiencing stress

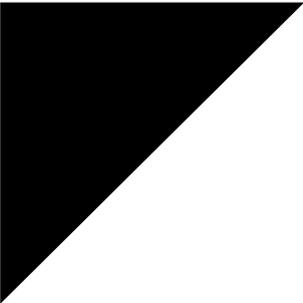
- 4.20. Training in infant and child **sleep**, as well as its impact on parental sleep was provided to 101 people during 2013. Sleep was identified by the health visiting service as a key area contributing to stress in local families. Many staff had not had any previous training in sleep. A training programme was commissioned from the Institute of Health Visiting and delivered by Maggie Fisher, an independent health visitor with a special interest in sleep. This training was delivered to health visiting staff, Children's Centre staff and staff and volunteers from the Tower Hamlets Breastfeeding Project to enable better partnership working and the delivery of consistent messages to parents.
- 4.21. This training enabled the production of a number of tools to aid health visitors in their work to support families with sleep: **a sleep diary, a set of "how to" guides for parents about sleep training techniques, and a sleep**
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assessment questionnaire. Sleep information and the tools for parents have been added to our **website**.

- 4.22. Permission has been given for Barts Health NHS Trust to use the **Warwick-Edinburgh Mental Wellbeing Scale** with parents before and after health visitor sleep interventions so that their impact can be measured and recorded on EMIS.
- 4.23. Six health visitors have become **sleep champions** for their localities. These individuals will lead on establishing local sleep clinics, and keeping their colleagues up to date with developments. A workshop from Millpond Sleep Clinic has been arranged to give these individuals a chance to deepen their skills and explore issues arising from their work with families. In addition, these staff attended the Durham sleep lab's conference, Rhythms of Life. The sleep champions are working closely with the Baby Friendly Coordinator for Barts Health Community Health Services to ensure that these two work programmes develop in a compatible way.
- 4.24. **Training in Perinatal Distress** was commissioned from Compass Wellbeing and delivered to all health visiting staff (at a level appropriate to their role). Within this training, an evidence-based tool developed by Dr Alia Parvin (Clinical Psychologist) and Jan Pennington (Health visitor in Tower Hamlets) has been re-introduced to enable conversations with Bangladeshi mothers about their emotional wellbeing. The training package also covered communication skills and skills in supporting parent-infant attachment (mentioned above), which are vital components to maximise on the opportunity for early intervention and prevention of mental health problems and promotion of the whole family's wellbeing.
- 4.25. The Trust **Policy on Standards for the Management of Perinatal Mental Health by Health Visitors** was reviewed and re-written, so that there is now a clear expectation for the work of health visitors in this area.
- 4.26. **Web pages on being a parent** were developed within to help to address parents' concerns about their emotional wellbeing.
- 4.27. Two health visitors volunteered to become **perinatal mental health champions** and attended an in-depth training course led by the Institute of Health Visiting (iHV) to equip them for this role. Compass Wellbeing has worked closely with these HVs to support their development in their role and its sustainability. These champions were joined by a number of colleagues at the iHV Conference on Perinatal Mental Health 2013.
- 4.28. A **leaflet about school readiness** is being developed to support health visitors to give information and support to parents (particularly those who are isolated) about how to help their children develop the skills needed for starting at nursery or school.





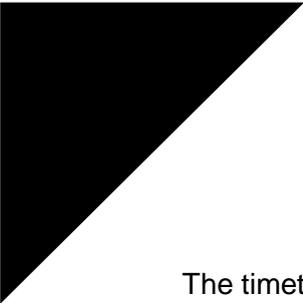
5. Evaluation

- 5.1. To date, evaluation of the Toolkit project has been by way of participant evaluation of the training received and other input provided. Overwhelmingly, the training and resources developed have been evaluated as useful and relevant to health visitors' work. Health visitors have welcomed the investment in their learning and in tools to equip them to work more effectively with parents. Many staff have expressed their gratitude that the Burdett Trust funding has allowed them to benefit from high quality training programmes, extending their skills and abilities for meeting families' needs.
- 5.2. There were 101 participants in the **sleep training programme**. 96% rated the training useful or extremely useful, and 98% of participants completed the course feeling confident or very confident about performing sleep assessments. A typical comment was, "I received lots of information which was so vital. Very, very beneficial training."
- 5.3. Sixty people participated in training on **parent-infant attachment**, 45 participated in training on **perinatal distress** and a further 12 participated in a combined training day for support staff in the health visiting service. Feedback was very positive and indicated a development in knowledge and in confidence to support parents experiencing perinatal distress.
- 5.4. The first half day workshop about the **Every Tower Hamlets Child a Talker** programme was received particularly well by 19 members of the health visiting service with the vast majority agreeing strongly that all course objectives were met. Participants raised the importance of making this knowledge available to everyone in the service. As a consequence, the project team arranged for a further 3 half day workshops to take place, to enable the remainder of the health visiting workforce to benefit from this course.
- 5.5. Following the implementation of the Toolkit, City University will once again observe health visitor interactions with families to evaluate the impact of the Toolkit project on their work. These observations will commence in September 2014 and this phase of the project will be completed by January 2015. An addendum to this report will be sent to the Burdett Trust once the evaluation is complete.

6. Challenges

- 6.1. This project has been successful in giving health visitors in Tower Hamlets access to a good range of evidence-based tools (ie. skills, knowledge and resources) to support their work in relation to the project's focus areas:
 - Infant Stimulation and early Speech and Language
 - Obesity Prevention
 - Stressed and Unsupported Families
- 6.2. The very broad focus of this project meant that there was enormous scope for development of a toolkit. A challenge was to select from these broad topics specific tools to address health visitors' most pressing needs within the time available.





The timetable of the project was extended for a year to finish in March 2014 rather than 2013, but many more tools could, of course, have been developed with even more time.

- 6.3. Another challenge for the project has been implementing this toolkit at a time when the Tower Hamlets health visiting service has been particularly stretched with a number of unfilled vacancies. Short-staffing has made it difficult for staff to commit to attending training and there have been instances of staff having to pull out of training because of workload pressure.
- 6.4. Another challenge that was not foreseen earlier in the project was the large numbers of student health visitors who joined the service in 2013 and 2014. It has been highly beneficial for the students to be able to participate in courses about the Toolkit topics during their training. However, it has been challenging for tutors to adapt their materials to meet the needs of student health visitors as well as the much more experienced health visitors for whom the courses were originally designed.

7. Further work

- 7.1. The Delphi phase at the beginning of this project identified 27 priority areas for health visiting in Tower Hamlets. The project has focussed on only a small number of the highest priority areas. While this project has enabled the development of useful tools to support health visitors to enhance the effectiveness of their work, there would be value in more work of this type in future to support health visitors in relation to the remainder of these 27 priority areas.
- 7.2. It will be valuable for the health visiting service to seek opportunities to provide ongoing updating and refreshing of skills and knowledge developed through this project as well as in relation to all the public health topics within the health visiting remit. The project has been a helpful reminder of the importance to health visiting of taking time away from caseloads to consider up-to-date evidence and share best practice.
- 7.3. Partnership working between the health visiting service and other organisations – eg. Children’s Centres, voluntary sector organisations, GPs - enhances the provision of services to families. During this project, partnership working has been supported through inviting partner organisations to participate in joint training with health visitors, developing lunchtime workshops for GPs and health visiting staff and through a networking event to share information about services with a range of third sector organisation. Developing networks takes time and this is an area which the Barts Health health visiting service is likely to be able to make better use of when the current cadre of students is qualified and filling vacant health visitor positions.





8. Acknowledgements

- 8.1. Barts Health NHS Trust would like to thank The Burdett Trust for Nursing for awarding the grant that allowed this project to happen.
- 8.2. We would like to thank the following organisations for working with us in the delivery of the project: City University London, the Institute of Health Visiting, Compass Wellbeing and the London Borough of Tower Hamlets.
- 8.3. We would like to thank the following individuals who have made important contributions to the project:

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