Seizing opportunities: the health visitor

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Overview

• Look at the role of the health visitor
• Drawing on history and research examples
• Consider why focus on children
• Share a little of my own career story
• Consider the chance to seize opportunity
  – For health of children
  – For families and communities
  – For nurses
19th Century Origins - 150 years in the making

- 1862: Manchester and Salford Sanitary Association
  - Employed home visitors to improve health – hygiene, mother and baby care
    - Health determinants and protecting children – targeted

- 1929: Local Government Act; required home visits by a health visitor to all new mothers, within a month of birth.
  - Policy enabling universal approach

- 1974: Health Visitors transferred from local authority employment into the NHS
  - Standardised employment and universal right to service

- 2011 - 2015: Implementation plan expansion of Health Visiting workforce and reshaping of both health visiting and school nursing.

- 2012 - 150 years anniversary
  - Endorse need for knowledgeable, skilled practitioners, clear on focus to work with families and communities
Why Focus on Children?

Historically

• the need to invest in & protect children - address cruelty, poor conditions and nutrition (Dingwall 1982)

• Improve the survival and fitness of future citizens in the interests of ‘national efficiency’
  – mothers were ignorant of the correct methods of childrearing and needed to be educated (view noted by Bryder 2002)

• Assisting children requires support for mothers - mothers’ friend (Davies, 1988)
For me....

Student nurse and health visitor at the University of Manchester - placements in City of Salford, where I went on to practice during the 1990’s
Evolving Politics

General Election 1997
New Politics & New Labour

Fresh focus on children and families, proposals included:

• *An enhanced and expanded role for health visitors*
  – *Work beyond ‘health’*
  – *Shift from dealing with to preventing problems*

• Acheson (1998) Public health inquiry
  – Child poverty and health divide
Seizing opportunities..

- New job – UCLan 1997
- Lecturing and practice in health visiting
Parenting as Public Health Concern

- Theory
  - Parenting self-efficacy
  - Resources - wellbeing
    - Salutogenesis (Cowley & Billings 1999)

- Programmes
  - Visiting e.g. Nurse Family Partnership & Group based

- Evidence base
  - Cochrane reviews (Barlow & Coren 2000)
Complexity

Parenting programmes are social and complex
Being Bold...

Starting a PhD...

Seizing opportunities
• Ask the question..

Take on the challenge
• Funding application
• Distance learning
• Venture into the unknown
The Study

• Question?
  – How do parenting services work – and for whom in what circumstances?
  – Specific interest in the Positive Parenting Programme

• Realistic evaluation
  – Contexts, Mechanisms and Outcomes
  – Theory driven – self-efficacy
  – Social programmes have layers

• Mixed methods to collect data
  – Survey
  – Detailed analysis of selected cases

  – (Whittaker, 2008)
Personal world with informal systems

Find out
Get there

Be there
Stay there
Move on or move out

Parenting Service

Parent-child group
Positive parenting course
Home visiting
Community events/activities
Course for parents

Parenting Service
Main Messages for Application

• Different facilities can work in a complementary fashion
• Interpersonal relationships were key features of parents journeys
• Informal networks are distinct sources of influence and support
• Practitioners have a key role in shaping environments through use of interpersonal skills
  – Improve exposure to +ve sources of self-efficacy (Whittaker, 2008)
Public health evidence

• Life course research (Graham & Power 2004; Kuh & Ben-Schlomo 2004)
• Early child development inequalities UNICEF survey (Irwin et al. 2007)
• Mental Public Health (RCPsych 2010)
• Family & domestic violence (Abramsky et al. 2011; NICE 2014)
• Inequalities in health (Marmot 2010)

• Impact on individuals and society
Evolving Politics

• Coalition government 2010

• Promised radical programme of 4,200 extra health visitors and service transformation.
Opportunity....

- National Nursing Research Unit
- King’s College London
- Policy Research Programme on Health Visiting to support the ‘Call to Action’
- Three research studies

NNRU Team at the 2012 CPHVA Conference
Health Visitor Implementation Plan 2011–15

A Call to Action
February 2011

AIMS

Empirical study
Recruitment and retention for health visiting

Start and Stay
• What people want from their job
• Aspirations
• Promotion of job satisfaction
• What attracts & keeps people

Empirical study
Exploring service users’ views

Literature review
Narrative synthesis of health visiting practice
Available at:
http://www.kcl.ac.uk/nursing/research/nnru/publications/index.aspx
What was valued

Organisational context

Working in collaboration with others
Using knowledge, skills and experience
Making a difference to children and families
Professional autonomy to respond appropriately and flexibly to needs
Connecting with families and communities

Whittaker et al 2015
The programme of health visitor research

Existing literature shows a purposeful orientation to practice, realised through relationships, home visiting and needs assessment.

The relationship with parent remains at the centre of the health visitor work.

Parents value enabling respectful relationships from practitioners able to listen and match service to need.

Research detailing health visiting practice that makes a difference to children and families.

Health visitors value respectful line management enabling professional autonomy for flexible client focused service.

https://www.kcl.ac.uk/nursing/research/nnru/publications/index.aspx
Developmental science

• Infant brain development and care giver relationships (Shonkoff & Philips 2000)
• Nurturing strong parent-child relationships for violence prevention (WHO 2009)
• Toxic stress (Shonkoff et al. 2012a; 2012b)

• Calls for policies and investment that support universal early childhood development interventions – including home visiting (UNICEF 2012; Garner 2013)
‘Considerable progress has been made in improving child survival. However, in order to help children reach their full development potential, to avoid later chronic disease and to move towards sustainable development and social equity, the child survival and child development agendas need to be intertwined.’ (WHO 2013, page 13)
Actions on...

**Survival**
- Save the Children training midwives, nurses and doctors in mother kangaroo care – to keep the baby warm through skin-to-skin contact – to improve the survival chances of low birth-weight babies

**Early child development (ECD)**

Chan (2013) of WHO noted...
- *Health services have a unique responsibility – due to potential reach with all families*

UNICEF and WHO have been developing resources and Networks

**Promotion of universal ECD support via Home Visiting**
Action through Home Visiting

Internationally

• Health visitor - UK, Denmark & Norway
• Child health nurse - Sweden
• Public health nurse - America, Canada, Ireland
• Child & family health nurse – Australia
• Plunket nurse - New Zealand
• Social nurses - Belgium
• Lady health visitors & Lady Health Workers – Pakistan
• Patronage nurse – Serbia, Kosovo
The essence of practice

• Research evidence shows that UK health visiting is concerned with:
  • Health-creation (Salutogenic),
  • Demonstrating a positive regard for others (human valuing),
  • Recognising the person-in-situation (human ecology)

• This orientation underpinned delivery of the service through three core practices:
  • health visitor-parent relationships,
  • health visitor home visiting and
  • health visitor needs assessment

See: Cowley et al. (2013) Why Health Visiting? At:
http://www.kcl.ac.uk/nursing/research/nnru/publications/index.aspx
Working in context of public health

- A focus on early life

- Aware of social determinants of health

- Keeping in mind the:
  - child
  - parent
  - family
  - neighbourhood
  - and larger community

- Drawing on the ideas of Bronfenbrenner (1986) human ecology
UNICEF in Eastern Europe

Working with a range of countries to:

• Develop regional framework
• Standards for practice
• Design of service of educational modules
• Facilitate networks
• Influence policy
  – Creating a road map
    • Universal Maternal child health & ECD
    • Nurse education and professional regulation
    • Comprehensive system
England - good practice model

• Dedicated workforce, specifically educated and skilled in family home visiting & community practice

• Evidence informed guidance for services
  – Healthy Child Programme (DH 2009; Axford et al 2015)

• Clear plan for service investment and development
  – Detailing levels of service based on principles of proportionate universalism
    • Community
    • Universal
    • Universal plus
    • Universal partnership plus

Building Capital
Universal
Enhanced
Intense
UNICEF Home Visiting Standards

Developed for Central Eastern European Countries

- Emphasis on universalism
- Supporting ECD
- Engaging parents as an imperative
- Working **with** and not on
- Purposeful home visiting
- Skilled, knowledgeable home visiting nurses - continuity
- Comprehensive
A privileged worthwhile role

As explained by a student and an experienced health visitor in the Start and Stay Study (Whittaker et al 2015)

• *It highlights peoples’ strengths in the face of adversity.*

• *No two families are the same and each and every birth notification and “movements in” presents exciting challenge. The first time you knock on the door you are starting a new and exciting journey.*
What health visitors need to keep doing:

- Connecting and working closely with families
- Build on knowledge and breadth of education and be ready to learn some more...
- Collect evidence of practice
- Network and share to inform future practice and service commissioning
- Seize the opportunities!
Thank you

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