



Health Visitor Return to Practice Framework

A Guide for Education Providers

© Crown copyright 2011

First published Date

Published to DH website, in electronic PDF format only.

<http://www.dh.gov.uk/publications>

Health Visitor Return to Practice Framework

A guide for Education Providers

Pauline Watts, Professional Officer for Health Visiting

Department of Health

Contents

1) Introduction	5
1.1) Aims of the Framework.....	5
1.2) Purpose	6
2) Expectations of minimum practice hours.....	7
3) NMC Requirements for successful completion of the programme	8
3.1) Combination of the Return to Nursing and SCPHN (HV) Standards.	8
4) Topic Areas to be covered in the university and/or practice.....	11
4.1. Population health	11
4.2. Clinical practice.....	11
4.3. Policy – including HV plan and family offer	12
5) Required learning outcomes (NMC Domains) - Achieving the Learning Outcomes in Practice	13
Domain a) Search for health needs	13
Domain b) Stimulation of awareness of health needs.....	14
Domain c) Influence on policies affecting health.....	16
Domain d) Facilitation of health – enhancing activities	18
6) Support Structures	21
6.1) Learning environments	21
6.2) Learning Contract	21
6.3) Professional portfolio	21
6.4) Practice Placements.....	21
6.5) Other suggested support documentation for all programmes:.....	21
Appendix 1 - Standards of Proficiency for SCPHN (HV)	23
References	26
Acknowledgements	26

1) Introduction

In February 2011, the Government made a firm commitment to increasing the health visitor workforce by 4,200 by 2015. This is to be implemented through the Health Visiting Implementation Programme, which aims to deliver a new service vision for improving the health and well-being of children, families and communities.

This growth will be achieved through improved retention (including opportunities to extend and refresh skills), a significant increase in HV training (including full time, part time and new approaches to training) and attracting and enabling qualified HVs to return to practice.

The focus of this framework is on return to practice (RtP) and has been produced to provide information for those considering a return to the health visitor service, and for consideration by HEIs delivering RtP programmes.

The framework includes a list of the NMC principles with some additional information that sets a context and suggests aspects to be covered under each principle. The framework aims to balance flexibility at individual and local level for individuals to receive the training that they need to return to practice with the need for consistent high quality of people entering the service.

The framework covers all areas of competence; however, it is acknowledged that the number of competencies that need to be covered will vary according to the students needs. Recognition of existing skills and expertise will be an important part of the RtP process and some of the competencies would not need to be covered again in their RtP programme. Some of the key skills will be refreshed through a practice placement.

RtP programmes will therefore wish to focus on new skills and advances in practice. When a RtP nursing student returns to practice, there is not an expectation that the very basic skills would need to be covered and this should be the same for health visiting.

There should be a greater emphasis on recognising that these returnees will come back to practice from a range of situations and for many they have used the HV skills but not in frontline health visiting. It is important that all points in the process value expertise, experience and knowledge.

1.1) Aims of the Framework

To provide the opportunity for lapsed Specialist Community Public Health Nurses (SCPHN (Health Visitor)) to achieve the knowledge, skills and competence required by the Nursing and Midwifery Council (NMC) to be fit for practice/return to practice as a SCPHN (HV) in the UK.

To suggest ways of achieving learning outcomes linking with fitness for purpose.

To provide some consistency to the development of programmes and practice across the UK, and to support students in respect of how they might achieve learning outcomes.

1.2) Purpose

The Framework has been developed to meet the needs of Nurses/SCPHN (HV) returning to practice after a break of five years or more. Following successful completion of the programme the Nurse/SCPHN (HV) will be re-entered onto the NMC Professional Register (Parts 1 and 3 or Part 3 (if registration on either register has lapsed)). It has been designed to align with current policy direction and delivery of the Vision for Health Visiting and with the NMC (2004) Standards for proficiency for specialist community public health nurses.

2) Expectations of minimum practice hours

The number of days spent on the placement is determined by the number of years that the student has been out of practice. Ultimately, the number of days required is a decision that is made after consultation with the student's Practice Teacher and University tutor. The table below provides a guideline.

This should be locally determined. 20 days on a practice placement is the minimum time that will be needed.

Years out of practice	Minimum practice hours required	Equivalent days in practice (7.5 hrs per day)
5-10	150	20
11-20	300	40
>20	450	60

[Return to Health Visitor Practice Guidance Notes (City University London, February 2011)]

3) NMC Requirements for successful completion of the programme

Return to Health Visiting programmes may be designed for different groups of returners:

- Those who have lapsed registration on Part 1 and Part 3 of the NMC Register
- Those who have maintained their registration as a nurse on Part 1 or part 2 of the register but have lapsed their SCPHN(HV) registration

Separate programmes could be designed to meet the needs of these different groups but in practice, the majority of programmes will have students from both groups. In this case, to enable students to register as a Nurse as well as a SCPHN (HV) the programme needs to address the standards and competencies for Return to Nursing as well as for SCPHN (HV).¹ (See Appendix 1, Standards of Proficiency for SCPHN (HV)) This will require all students to undertake generic mandatory training, for example, CPR and manual handling and any other training as identified by the employer.

In addition to the [Post-registration education and practice \(Prep\) Standards](#), which currently include the requirements for return to practice (NMC 2005), and the Standards for SCPHN(HV), Return to Nursing/SCPHN(HV) programmes need to incorporate the Standards for Return to Nursing programmes.

3.1) Combination of the Return to Nursing and SCPHN (HV) Standards.

This section does not differentiate fitness to return to practice as a nurse or a SCPHN although the registrant is being returned to both parts of the Register. This is because the core requirements for each are incorporated however, the field specific elements relate to the health visitor role. Detailed below are the main areas that will fulfil the requirements for return to practice for both parts of the register.

- Critically discuss the influence of legislation and health and social policy relevant to the practice of the nurse/specialist community public health nurses (health visitor), (NMC 3.1).
- Outline and critically discuss the structure and organisation of health and social care, nationally and locally, particularly the relationship between provider and commissioner, public and private sectors, and user and carer involvement (NMC 3.3).
- Outline and critically discuss current issues in nurse/specialist community public health nurse (health visitor) education and practice, such as the identification of, and where possible, identification and elimination of environmental hazards, e.g. infections, knowledge of contemporary ethical issues, the impact of ethical issues on care delivery, the identification of risk and safeguarding (NMC 3.4).

¹ NB: RtP students will be required to study at degree level.

Health Visitor Return to Practice Framework

- Collect structure and critically analyse data and information about health and wellbeing relating to a defined population and use this data to facilitate judgments and decisions about service delivery (NMC 2004).
- Critically analyse information in order to identify individuals, families and groups who are at risk and in need of further support (NMC 2004).
- Outline and critically discuss the approach taken to initiate the management of cases involving potential or actual physical or psychological abuse and potentially violent situations and settings (NMC 2004).
- Describe and critically reflect on your ability to identify strengths and weaknesses, acknowledge limitations of competence and recognise the importance of maintaining and developing professional competence (NMC 3.9).
- Critically discuss your personal professional development needs and outline the strategy you will use to achieve your personal development plan (NMC 3.9).
- Critically reflect on your practice and illustrate the ways in which you act in accordance with an ethical and legal framework that ensures the primacy of patient/client interest and well-being and respects confidentiality (NMC 2004).
- Outline and critically discuss the way in which you plan to meet the requirements for personal learning using group and individual approaches (NMC 2004, NMC 3.9).
- Outline and critically discuss ways in which you would demonstrate sensitivity, awareness, and understanding of cultural and lifestyle diversity and use these data to influence decisions and judgments about service delivery (NMC 2004).
- Demonstrate and critically discuss the strategies that you use in practice to promote effective communication, teaching and learning (NMC 2004, NMC 3.7).
- Demonstrate and critically discuss the strategies that you use in practice to develop and sustain relationships with groups and individuals with the aim of improving health and social wellbeing (NMC 2004).
- Critically analyse accountability issues in relation to management of the role and responsibility of the specialist community public health nurse for example, when delegating workload to junior members of the team, and allocating workload to the peers within the team (NMC 2004, NMC 3.2).
- Demonstrate and critically reflect on your ability to use and develop key skills in practice for example, numeracy, record keeping and documentation, information technology and assessment and problem solving (NMC 2004, NMC 3.6, 3.7).
- Outline and critically discuss the requirements of clinical governance in relation to legislation, guidelines, codes of practice and policies relevant to the practice of the nurse/specialist community public health nurse (health visitor), (NMC 2004, NMC 3.2).

Health Visitor Return to Practice Framework

- Demonstrate and critically reflect on your ability to work effectively in a team and use a multi-professional/disciplinary approach to the care of clients (NMC 2004, NMC 3.8).
- Collect structure and critically analyse data and information about health and wellbeing relating to a defined population and use this data to facilitate judgments and decisions about service delivery (NMC 2004, NMC 3.6).
- Identify and critically analyse service provision and support for individuals, families and groups in the local area or setting (NMC 2004, NMC 3.6).
- Outline the principles of effective team work and critically discuss strategies used to promote this in practice (NMC 2004, NMC 3.8).
- Outline and critically reflect on your ability to lead the team and work as a member of the team (NMC 2004).
- Critically discuss the importance of multi-disciplinary and multi-agency working and outline ways in which this helps to improve the care of individuals, groups and communities (NMC 2004, NMC 3.8).
- Describe ways to access literature and research relating to practice and critically discuss how this should be used to inform the practice of the nurse/specialist community public health nurse (health visitor) (NMC 2004, NMC 3.5).

[Standards of proficiency for specialist community public health nurses (NMC, 2004)]

4) Topic Areas to be covered in the university and/or practice

We recommend that the following topic areas are covered in return to practice programmes:

4.1. Population health

- Public health policy and practice to improve health and wellbeing in England and reduce inequalities and inequity; building social capital; human ecology/ population health and epidemiology; group facilitation, social marketing and motivational approaches.
- Assessment of health and well being (individual, group, community, population (Building Community Capacity)) using client sensitive practice in multicultural communities.

4.2. Clinical practice

- Mental health and well being: identification of mental ill health in the antenatal and post natal periods, literature and research relating to surveillance, identification, monitoring and treatment of post natal mental ill health in the mother and the father, impact on the emotional development of the baby, and the family.
- Neuroscience, infant brain development, positive parenting and attachment theory.
- The HCP including Childhood Immunisations and Early Childhood Development
- Leading service improvements for children and families. Building networks and understanding communities,
- Sudden Infant Death Syndrome: research and literature, public health data relating to the incidence and prevalence of SIDS, CONI (care of the next infant).
- Infant feeding: breast feeding, weaning, obesity, faltering growth.
- Challenges to parenting including substance misuse, alcohol misuse, domestic violence.
- Clinical governance e.g. mechanisms for safe and effective practice, risk assessment and avoidance, audit.
- Record keeping to NMC standards using electronic record keeping systems.
- Effective, efficient and ethical resource management.
- Health promotion and illness prevention e.g. the policy and practice of immunisation, the policy and practice of preventing and managing obesity, smoking and the impact of second-hand smoke on baby/child.
- Change processes/changing nature of families and self-efficacy.

Health Visitor Return to Practice Framework

- Research and development to improve health and wellbeing and identification and measurement of outcomes of SCPHN (HV) practice.
- Evidence based practice – accessing the information, assessing the quality and relevance of the information, using the evidence (research and literature in practice), contributing to the body of research and literature within the profession.

4.3. Policy – including HV plan and family offer

- Safeguarding including: child protection, child protection supervision, record keeping and documentation, the legal framework for safeguarding.
- Government strategy for meeting the health and well being needs of children in England, leadership of service delivery e.g. in relation to the healthy child programme. Public Health White Paper and the Health Visitor Implementation Plan: A Call to Action (http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124208.pdf) and linked political direction including strengthening communities “Big Society”.
- Consultations for changes in the profession and service delivery structures e.g. changes in nurse education and career progression, changes in terms and conditions within Agenda for Change, the development of provider and commissioner within NHS community services, the long term conditions agenda, commissioning roles.
- Models of practice including teamwork, leadership, role modelling, motivational strengths based conversations, group facilitation, solution focused approaches, understanding relationship based approaches, understanding family dynamics and parent empowerment and enabling sustainable change.
- Government structures for service delivery and development e.g. Policies led by the Department of Health (DH) and the Department for Education.

5) Required learning outcomes (NMC Domains) - Achieving the Learning Outcomes in Practice

It is recognised that the level of detail within this section will not be required for many undertaking an RtP programme, however supportive guidance is given for those who may have been out of practice for some time.

This section provides some suggestions of how students might achieve the learning outcomes in practice. *This is offered as a guide for learning in practice rather than as a definitive list.* Each area will have similar or different learning opportunities that the RtPHV student could use to achieve the learning outcome in practice.

Domain a) Search for health needs

Learning outcome:

1a. Collect structure and critically analyse data and information about health and wellbeing relating to a defined population and use this data to facilitate judgements and decisions about service delivery.

Examples of ways in which to achieve this learning outcome

1. Undertake a profile of the caseload or the neighbourhood from which the caseload is derived. (Separate and additional to the Joint Strategic Needs Assessment.)
2. Collect data relating to the number of children attending the accident and emergency department of the local hospital requiring and admission and prepare a report indicating what the focus for the team's future work should be, based on the data.
3. Walk/cycle/drive around the area from which the caseload is derived, identify the facilities and resources that are available in the area, and outline the resources/facilities that are still needed (windshield survey). Consider why this may be the case and make a judgement about what can/should be done.

Learning outcome:

2a. Demonstrate an ability to develop and sustain relationships with groups and individuals with the aim of improving health and social wellbeing.

Examples of ways in which to achieve this learning outcome

1. Provide emotional support and timely information to a woman experiencing breastfeeding difficulties to enable her to overcome these and sustain breastfeeding.
2. Consider how you may identify a need and develop a resource in partnership with a range of other statutory and third sector agencies.
3. With the help of the practice teacher identify a family from the active caseload where the health visiting service is providing a programme of care and take the lead role with helping the family to address their needs.

Learning outcome:

3a. Initiate the management of cases involving potential or actual physical or psychological abuse and potentially violent situations and settings.

Examples of ways in which to achieve this learning outcome

1. Complete/support the completion of a CAF
2. Work closely with a qualified member of the team and co-manage the care of a family with a child / children with a child protection plan.
3. Work closely with a qualified member of the team and co-manage the care of a family with a child / children who are vulnerable / at risk of significant harm e.g. where risk factors exist which are inhibiting the ability and capacity of the parents to adequately parent their child / children.

Learning outcome:

4a. Search for health needs of individuals, families, groups and communities and stimulate awareness of needs at local and national level.

Examples of ways in which to achieve this learning outcome

1. Set up a user group to identify needs and experiences of a specific group within the community. Contribute to the local JSNA.
2. Familiarise yourself with the commissioning process and talk to a member of a local commissioning team about the process of commissioning more SCPHN (HV) posts to achieve the aim of the Implementation Plan.
3. Familiarise yourself with a national policy, for example concerned with domestic violence. Outline ways in which the policy has influenced the stimulation of awareness of health needs at local and national level.

Learning outcome:

5a. Critically appraise frameworks which facilitate decisions and judgements about care delivery in relation to client need.

Examples of ways in which to achieve this learning outcome

1. Use the Framework for the Assessment of Children in Need [Department of Health, the Department for Education and Employment and the Home Office, 2000] to assess a family and record the information on the record system in use in your practice area.
2. Undertake a joint visit with a member of the community children's team to a child who has complex needs and discuss the way in which the package of care was identified and how the care is delivered.
3. Arrange to visit to a social care setting, voluntary sector service e.g. children's centres, nurseries, schools, and the basis on which they make decisions about care delivery in response to client need. Consider the ways in which the health visiting and other services are different and similar.

Domain b) Stimulation of awareness of health needs

Learning outcome:

Health Visitor Return to Practice Framework

6b. Advise on a range of services available at local, regional and national levels to assist with client care needs.

Examples of ways in which to achieve this learning outcome

1. Familiarise yourself with the local authority directory of resources that are available for families and children within the local area.
2. Meet and discuss the available services with a representative from one of the voluntary agencies.
3. Meet the manager of the local children's centre and discuss the services that are available for children and families and how families are made aware of these services.

Learning outcome:

7b. Demonstrate an ability to communicate with individuals, groups and communities about promoting their health and social wellbeing.

Examples of ways in which to achieve this learning outcome

1. Lead a health promotion group session e.g. post-natal support group, breastfeeding support group.
2. Lead the consultation during a new birth home visit and discuss the significant health promotion issues that are relevant at this time e.g. reducing the risk of cot death, immunisation, smoking cessation.
3. Oversee a health promotion display by a member of the team, for use in the child health clinic and discuss the key facts with people during the consultations in the clinic.

Learning outcome:

8b. Support and empower individuals, families and communities to take appropriate action to influence health care and health promotional activities by means of a community development approach.

Examples of ways in which to achieve this learning outcome

1. Arrange to visit the manager of a community group/project e.g. the food cooperative or credit union/financial cooperative in the local area, to identify the purpose and aim of the project/development in relation to the community and the people within the community.
2. Identify a specific issue that affects a large part of the caseload e.g. teenage parenthood, low immunisation uptake, and talk to some of the parents about the problems they face in relation to the issue. Outline a strategy for working alongside the families/parents to help
3. Contact the public health department and identify community development methods being used by the public health department to promote aspects of community health.

Learning outcome:

9b. Support and empower patients, clients and their carers to influence and use available services, information and skills to the full and to participate in decisions concerning their care.

Examples of ways in which to achieve this learning outcome

1. Collect information about the resources that are available in the local and immediate geographical area and display it in a way that can be used by parents/people on the caseload.

Health Visitor Return to Practice Framework

2. Work closely with the practice teacher to lead the care of a parent/family that are vulnerable because they are feeling powerless and unsupported e.g. a family living in temporary accommodation which may be damp or not secure at night; family where the mother is the victim of domestic abuse.
3. Work alongside Sure Start Children's Centre staff and identify ways in which the centre staff can gather information that will support decisions on support needs.

Learning outcome:

10b. Consider the importance of multi – disciplinary working and teamwork in addressing issues raised by families and individuals who cause increased concern.

Examples of ways in which to achieve this learning outcome

1. Identify ways in which other professionals/practitioners that you meet during a normal working day/week contribute to improving services and outcomes for children and families and how these interfaces can be improved.
2. Critically analyse a serious case review or child protection meeting
3. Critically analyse a core group meeting and/or a child protection case conference for a child/family on the caseload. Consider who is present and why. Should anyone else be present? Consider how decisions are made, and how activity/progress is assessed/monitored. What benefits/ disadvantages of team working/ multi-agency working can be identified in this situation?

Domain c) Influence on policies affecting health

Learning outcome:

11c. Explore issues which perpetuate inequalities in health and work towards ensuring that the health visiting service is acceptable, accessible and appropriate to all clients irrespective of age, gender, culture or social background [Equality Act 2010].

Examples of ways in which to achieve this learning outcome

1. Observe a trust/social enterprise/commissioning consortia board meeting. Identify ways in which strategies and methods of monitoring the work of the community organisation, e.g. by the Care Quality Commission, contributes to reducing inequalities.
2. Meet with a public health strategist in the public health department to discuss public health initiatives to reduce inequalities and consider equality analysis for their own area and field of work.
3. Familiarise yourself with public health reports for the area and prepare a short report about the key issues concerning reduction in inequalities for your colleagues.

Learning outcome:

12c. Identify and select from a range of health and social agencies, those which will assist and improve the care of individuals, groups and communities.

Examples of ways in which to achieve this learning outcome

1. Arrange shadowing visits e.g. with someone from the social services department or from another health agency in the local area. Identify expected outcome from shadowing/visit.

Health Visitor Return to Practice Framework

2. Arrange to spend some time at the Sure Start Children's Centre to better understand contribution and links to delivery of health and wellbeing needs of individuals, groups and the community.
3. Arrange to spend time with a local provider of leisure services and identify way in which this sector could support a community project based on local need.

Learning outcome:

13c. Identify and critically analyse service provision and support for families and groups in the local area or setting.

Examples of ways in which to achieve this learning outcome

1. Universal plus: Additional services that any family may need some of the time, for example care packages for maternal mental health, parenting support and baby/toddler sleep problems – where the health visitor may provide, delegate or refer: compare the needs of families on the caseload in need of additional services and identify the care packages available to these families.
2. Universal partnership plus: Additional services for vulnerable families requiring ongoing support for a range of special needs, for example families at social disadvantage, families with a child with a disability, teenage mothers, adult mental health problems or substance misuse. Profile the caseload to identify families requiring universal partnership plus services and identify whether provision is sufficient/insufficient to meet the needs identified.
3. Contact local Family Nurse Partnership team and identify the methods that they are using to meet the needs of parents/families they are supporting.

Learning outcome:

14c. Work with key personnel in health and other agencies to address and / or achieve agreed health goals and local policies.

Examples of ways in which to achieve this learning outcome

1. Critically appraise the health visitor's contribution to the needs identified in the JSNA and DPH Annual Public Health Report.
2. Critically appraise application of policy into practice, e.g. from the local authority, in relation to health care delivery and practice. Are you seeing evidence of this work in your practice? If not, why not?
3. Attend a local Health and Wellbeing Board meeting and identify how the work of the Board is helping to meet local community needs.

Learning outcome:

15c. Collect and interpret health data and develop and initiate strategies to promote and improve individual and community health and evaluate outcomes.

Examples of ways in which to achieve this learning outcome

1. Gather data about attendance of children with special needs / chronic disease at the local A&E and outline the reasons for attendance.
2. Collect housing data / employment data for the local area and explain what it means in terms of the area and the people living in the area.
3. Arrange to spend some time with the lead for immunisation/teenage pregnancy or other local priority area and look at rates of uptake of the service and how the service is

Health Visitor Return to Practice Framework

marketed. Is low uptake associated with poor marketing? In addition, how could this be improved?

Learning outcome:

16c. Evaluate the success of different research and development strategies to improve health and wellbeing.

Examples of ways in which to achieve this learning outcome

1. Design and execute a search strategy to find research about a specific area of practice e.g. weaning in an ethnic minority group.
2. Present this information in a way that will inform other members of the team.
3. Read a research article, which focuses on an area of practice that you are interested in e.g. breast feeding, peer support, community mothers, parenting support. Consider the ways in which the design of the study and the methods used have influenced the use of the evidence in practice.

Learning outcome:

17c. Use research and development to improve health and wellbeing

Examples of ways in which to achieve this learning outcome

1. Identify research needs locally
2. Think about aspect of your practice and the practice you have observed in the health visitor team. Is it based on research, if so which research and if not/why not?
3. Analyse data that is routinely collected and how this can be used to support innovative service development

Domain d) Facilitation of health – enhancing activities

Learning outcome:

18d. Assess and identify need in situations of complex and multiple needs.

Examples of ways in which to achieve this learning outcome

1. Undertake a new birth home visit and make an assessment of the family/child health and well being. Make decisions and judgements about the care plan generated/care required and justify these during discussion with your practice teacher.
2. Read the child and family records for a family new to the caseload (transferred from another area/ health visitor team) and make an assessment of the needs based on the information available in the records. Visit the family at home to complete an assessment. Outline what the differences are between your assessment and the transfer information and the reasons why this may be the case. Think about how this informs your future practice.
3. Examine the Common Assessment Framework and complete a draft referral form for a family in discussion with your practice teacher.

Learning outcome:

19d. Critically analyse information in order to identify individuals, families and groups who are at risk and in need of further support.

Examples of ways in which to achieve this learning outcome

1. Identify local risk assessment tools used routinely in your area makes it more applicable to daily practice.
2. Arrange to spend time with the Child Protection Nurse Advisor/Nurse Consultant and discuss the outcome of an inquiry into a child death. Consider the relevance of the recommendations of the inquiry for your practice.
3. Consult other sources of local statistics that identify groups and individuals that are at risk/in need of further support e.g. crime statistics, statistics on domestic abuse, statistics from local voluntary organisations e.g. Citizen Advice Bureau e.g. reasons for seeking advice.

Learning outcome:

20d. Demonstrate sensitivity, awareness and understanding of cultural and lifestyle diversity and use these data to influence decisions and judgements about service delivery.

Examples of ways in which to achieve this learning outcome

1. Undertake a consultation with a health advocate in different settings e.g. the home, the child health clinic.
2. Identify the cultural /ethnic group to which the majority of people on your caseload belong. Find out about the customs and practices that these people adhere to
3. Think about the ways in which you feel that you demonstrate cultural and lifestyle sensitivity, awareness, and understanding in your practice. Write a reflective account.

Learning outcome:

21d. Act independently within a multi-disciplinary / multi-agency context to identify public health priorities of local communities in order to plan, deliver, and evaluate programmes to enhance health and social wellbeing.

Examples of ways in which to achieve this learning outcome

1. Read the JSNA and DPH Annual Public Health Report for the local area. What are the health goals how are they to be achieved and how are health visitors contributing?
2. Identify how the HV would lead a team including nursery nurses to deliver the Healthy Child Programme.
3. Undertake a survey e.g. C&YP Plan or JSNA, or Annual PH Report in your area to identify factors in the area, which may support or detract from people's health and social wellbeing.

Learning outcome:

22d. Take the initiative and lead others.

Examples of ways in which to achieve this learning outcome

1. Lead the team for identified periods of time under indirect supervision from your practice teacher (i.e. delegate workload, follow up actions).

Health Visitor Return to Practice Framework

2. Lead the activity during a child health clinic under the indirect supervision of your practice teacher.
3. Take a lead role for an activity within the team, e.g. leading on an area of special interest and disseminate information to other members of the team

Learning outcome:

23d. Analyse accountability issues in relation to management of the specialist community nursing role.

Examples of ways in which to achieve this learning outcome

1. Read the literature about accountability and ways in which to demonstrate accountability in line with the NMC code of professional conduct.
2. Explain accountability to a junior member of the team and give examples from your practice to illustrate the issues. Ask your practice teacher/a colleague to observe and give you feedback.
3. Use an example from your practice and present this to your practice teacher in order to justify the things you did and the things that you did not do. Think about ways in which you have to deal with decisions that you are not entirely happy about. Consider ways in which to record and document these decisions.

Learning outcome:

24d. Manage time and tasks

Examples of ways in which to achieve this learning outcome

1. Plan your activity for a whole day and progress to planning the workload for several days under the indirect supervision of the practice teacher (i.e. includes consultations, record keeping, referrals, and all related communication in relation to client care). Discuss and justify the decisions you make in relation to workload during the reflection sessions with your practice teacher.
2. Plan to do a series of home visits during one morning progressing to the whole day. Think about the factors that you will need to consider in order to make the best use of your time e.g. travel, activity, forward planning. Justify your decisions during the reflection session with your practice teacher.
3. Think about how you respond to different demands placed on you during a child health clinic (drop in event). Consider the actions that you need to take in order to ensure that people are seen in a timely manner and that they feel they have been listened to. Justify your actions during the reflection session with your practice teacher.

Learning outcome:

25d. Demonstrate knowledge of nurse prescribing in relation to identified needs. (Optional)

Examples of ways in which to achieve this learning outcome

1. Observe your practice teacher/other health visitor prescribing during consultations. Consider the actions that need to be taken during the process (e.g. the relevance and importance of record keeping, health promotion and communication within the immediate and wider team).
2. Read the legislation in relation to nurse prescribing (past and present).
3. Consider the importance of nurse prescribing in relation to improving the accessibility of services.

6) Support Structures

6.1) Learning environments

All students should learn through a combination of lectures, seminars, group work, role-play and practice simulation. In the practice situation they must be mentored by experienced HVs with long arm sign off by a practice teacher.

6.2) Learning Contract

A learning contract will be developed partnership with the student, CPT and the university provider, to identify theory and practice needs of the individual student. Not all students will have the same learning needs or need to cover all of the requirements and learning outcomes.

6.3) Professional portfolio

All RtP students who have lapsed registration should complete a professional portfolio, which will form the basis for the assessment of practice during the return to health visitor practice course leading to re-registration within the SCPHN (HV) (and Nursing) parts of the Nursing and Midwifery Council (NMC) register. It also provides the framework for practice experience to be achieved by those RtP HVs who are registered on the SCPHN (HV) register who may complete alternative assessments such as a personal development plan

6.4) Practice Placements

Students should gain practice experience in a placement approved for students (pre-registration/SCPHN(HV)) designated by the NHS Trust for a period of between 3 to 6 months depending on the amount of time they have been out of practice. The length of the practice component will also depend on how many days a week they can do in practice given other demands on their time including caring and work commitments. The practice placement must include provision of the sign-off practice teacher or experienced practitioner supported by a sign-off practice teacher.

Reflective practice, using a recognised model of reflection, should be used by the student throughout the practice component of the course to demonstrate what they have learnt and how they have learnt during the course. The practice component continues throughout the whole of the course.

6.5) Other suggested support documentation for all programmes:

- Guidelines for completing the portfolio and the assessment of practice (student)
- Guidelines for completing the portfolio and the assessment of practice (Practice Teacher)
- Check list for Practice Teacher actions
- Guidance for the Link/Personal Tutor
- Record form for Link/Personal Tutor visits to the placement
- Learning Contract
- Record of days in practice
- Evidence of progression of learning
- Progress report and final assessment of Practice Report
- Diary of experiences

Health Visitor Return to Practice Framework

- Record of additional experience
- Template for Statement from others

Appendix 1 - Standards of Proficiency for SCPHN (HV)

The following table is a representation of the SCPHN (HV) Standards (NMC, 2004)

Domain	Learning outcome (by the end of the course the student should be able to ...)
Search for health needs (a)	1a. Collect, structure and critically analyse data and information about health and wellbeing relating to a defined population and use this data to facilitate judgements and decisions about service delivery.
	2a. Demonstrate an ability to develop and sustain relationships with groups and individuals with the aim of improving health and social well being.
	3a. Initiate the management of cases involving potential or actual physical or psychological abuse and potentially violent situations and settings.
	4a. Search for health needs of individuals, families, groups and communities and stimulate awareness of needs at local and national level.
	5a. Critically appraise frameworks which facilitate decisions and judgements about care delivery in relation to client need.
	6b. Advise on a range of services available at local, regional and national levels to assist with client care needs.
	7b. Demonstrate an ability to communicate with individuals, groups and communities about promoting their health and social well-being.
	8b. Support and empower individuals, families and communities to take appropriate action to influence health care and health promotional activities by means of a community development approach.
	9b. Support and empower patients, clients and their carers to influence and use available services, information and skills to the full and to participate in decisions concerning their care.

Health Visitor Return to Practice Framework

	10b. Consider the importance of multi – disciplinary working and teamwork in addressing issues raised by families and individuals who cause increased concern.
Influence on policies affecting health (c)	11c. Explore issues which perpetuate inequalities in health and work towards ensuring that the community nursing service is acceptable, accessible and appropriate to all clients irrespective of age, gender, culture or social background.
	12c. Identify and select from a range of health and social agencies, those which will assist and improve the care of individuals, groups and communities.
	13c. Identify and critically analyse service provision and support for families and groups in the local area or setting.
	14c. Work with key personnel in health and other agencies to address and / or achieve agreed health goals and local policies.
	15c. Collect and interpret health data and develop and initiate strategies to promote and improve individual and community health and evaluate outcomes.
	16c. Evaluate the success of different <i>research and development strategies to improve health and wellbeing.</i>
	17c. Learn both independently and cooperatively <i>to use research and development to improve health and wellbeing.</i>
Facilitation of health - enhancing activities (d)	18d. Assess and identify need in situations of complex and multiple needs.
	19d. Critically analyse information in order to identify individuals, families and groups who are at risk and in need of further support.
	20d. Demonstrate sensitivity, awareness, and understanding of cultural and lifestyle diversity and use these data to influence decisions and judgements about service delivery.
	21d. Act independently within a multi – disciplinary / multi – agency context to identify public health priorities

Health Visitor Return to Practice Framework

	of local communities in order to plan, deliver, and evaluate programmes to enhance health and social wellbeing (e.g. attendance at a local wellbeing board, or at another multi-agency forum)
	22d. Take the initiative and lead others.
	23d. Analyse accountability issues in relation to management of the specialist community nursing role.
	24d. Manage time and tasks.
	25d. Demonstrate knowledge of nurse prescribing in relation to identified needs.

References

Health Visitor Implementation Plan 2011-15: A Call to Action, February 2011 (Department of Health)

East Midlands Health Visitors Return to Practice Pilot Project Progress Report April 2011

Return to Health Visitor Practice Guidance Notes (City University London)

Return to Health Visitor Practice Guidance Notes (NHS East of England Multi-Deanery)

Standards of proficiency for specialist community public health nurses (NMC, 2004)

Acknowledgements

For major contribution to the content of the Framework.

Ros Bryar, Professor of Community and Primary Care Nursing and Head of Public Health and Primary Care Unit, City University, London

Rita Newland, Senior Lecturer and Programme Director at City University London