

Getting it right for children and families

Maximising the contribution of the health visiting team

'Ambition, Action, Achievement'

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DH INFORMATION

Policy	Estates
HR/Workforce Management	Commissioning
Planning/Performance	IM & T
Clinical	Finance
	Social Care/Partnership Working
Document purpose	For information
ROCR ref:	Gateway ref: 12735
Title	Getting it right for children and families
Author	Department of Health/Unite the Union/Community Practitioners' and Health Visitors' Association (CPHVA)
Publication date	14 October 2009
Target audience	PCT CEs, SHA CEs, Directors of Nursing, PCT Chairs
Circulation list	Directors of Adult SSs, GPs, Communications Leads, Emergency Care Leads, Directors of Children's SSs, Higher Education Institutions, Trade Unions eg RCN
Description	This guide is for health visitors and their teams, provider managers, commissioners and educationalists. It sets out the contribution that health visitors and teams can make to health and wellbeing and public health.
Cross reference	N/A
Superseded documents	N/A
Action required	N/A
Timing	N/A
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First published October 2009

Produced by COI for the Department of Health

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Chief Nursing Officer's foreword

In March 2009 Alan Johnson, the then Secretary of State for Health, asked me to lead a programme of action on health visiting. He asked for this to be a joint venture between the Department of Health and Unite the Union/Community Practitioners' and Health Visitors' Association (Unite/CPHVA), and a statement, signed by both organisations, described the areas the programme would cover.

The purpose of the programme is twofold. Firstly, it is part of the Government's plan of action in response to Lord Laming's progress report *The Protection of Children in England*. This builds on commitments made in the child health strategy (*Healthy lives, brighter futures*) to develop the health visiting workforce and to take action to increase its numbers.

Secondly, it gives a prime opportunity to look again at the roles that health visitors and their teams can play in the new landscape of services for children and families, and in the Government's campaign to increase health and wellbeing and reduce health inequalities.

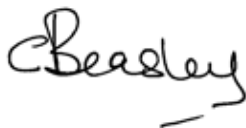
Specifically, the joint statement set out an undertaking for a Department of Health and Unite/CPHVA partnership with the profession, provider organisations and commissioners, to define the key roles of health visitors. The Department of Health is also committed to taking action on promoting health visiting as a career, increasing the numbers in the workforce, developing a career pathway for health visitors and, with others, considering how to educate future recruits and prepare today's health visitors to lead.

I am delighted to be able to show here the first outcomes of this work. The guide defines the health visiting roles in child and family health based on evidence, expert professional advice and wide input from stakeholders. It sets out the contribution that health visitors and teams can make to health and wellbeing and public health, and some of the evidence that underpins their professional practice.

There has been broad consensus on what needs to be done in the future to give a vibrant, motivated and committed health visiting workforce who can play a key part in helping achieve an aspiration held by all: that this should be the best place in the world in which to grow up.

Some of you may wish progress was swifter – particularly in getting more health visitors into the workforce. To you, as Chief Nursing Officer, I can say that this is just the beginning. The programme will go much further. The next phase will act to create a wide understanding of how contemporary health visiting can help deliver improvements in the health of the population, especially the most vulnerable and in particular children. I want us to develop strong partnerships between health visitors, provider managers and commissioners of services for children, families, and health and wellbeing, in order to achieve a shared understanding of what needs to be done. I want health visiting to be a career that appeals to the brightest and the best. I want to restore the confidence of today's health visitors, secure in the knowledge that their future is assured.

I would like to thank everyone who took part in this work, particularly my Unite/CPHVA colleagues, and all of you who gave so generously of your time, expertise and experience, for your help and support. I am grateful to you all and hope you will continue to work with us into the future so that joint ambitions, so clearly set out here, can be fully realised in the coming months and years.

A handwritten signature in black ink that reads "Beasley". The signature is written in a cursive style with a horizontal line underneath the name.

Dame Christine Beasley, Chief Nursing Officer for England

Executive summary

This guide reports on the first phase of the Action on Health Visiting programme and sets out the next steps for the future. It is intended as a handbook for health visitors and their teams, provider managers, commissioners, educationalists and everyone who has an interest in providing a public health programme for children and families. It fulfils a commitment made by the former Secretary of State for Health that he would report to the Community Practitioner and Health Visitors' Association (CPHVA) conference in October 2009 on the progress the programme has made.

The programme is a collaboration between the Department of Health, United Kingdom and the CPHVA and addresses concerns expressed in many quarters that not only had the number of health visitors fallen, but there was also a lack of clarity about key aspects of their role. This concern was lent even greater weight by the Government's response to Lord Laming's progress report, *The Protection of Children in England*, which noted that more health visitors were needed.

The content of the guide has been widely debated among a large representative group of practitioners, managers, commissioners and educationalists, and expresses the consensus reached on the role of the health visitor in the following five areas associated with the Healthy Child Programme (HCP) (formerly known as the Child Health Promotion Programme (CHPP)):

- leading and delivering the universal HCP
- being the named health visitor in Sure Start Children's Centres
- supporting vulnerable families
- defining the specialist skills in protecting children
- creating and developing effective teams.

The guide outlines the basics that need to be in place for health visitors and their teams to practise effectively.

It sets out our ambitions for the service in the five areas above, as well as the health visiting contribution to health and wellbeing and improving public health, delivering evidence-based practice and in creating a sustainable workforce so that we can continue to offer high-quality preventative services for children and families, and enable health visitors to maximise their own contribution.

The guide also describes the actions that have been, or will need to be, taken to realise our ambitions, as well as what will be seen when goals have been achieved.

Finally, the guide lays down the steps that need to be taken in the subsequent phase of the programme to ensure the future of the health visiting workforce and its contribution to successful delivery of the HCP, increasing health and wellbeing, and the reduction of health inequalities.

Introduction

The *Getting it right for children and families* guide is primarily aimed at health visitors and their managers and leaders. It also will be of interest to commissioners and others who want to understand more about how this group of public health workers contribute to the overall health and wellbeing of the population, especially young children and their families. It presents the culmination of a wide-ranging engagement process with all those concerned that there is a workforce able to deliver the Government's public health agenda, in particular the Healthy Child Programme (HCP).

Health visitors are educated and trained to assess the needs of individuals, families, groups and communities. They combine psychosocial and biomedical knowledge to lead and deliver responsive preventative programmes that improve health outcomes and tackle health inequalities. They perform a vital role in the NHS.

The Government is committed to increasing the health visiting workforce, and defining how it contributes to health policy goals. For this reason the **Action on Health Visiting** programme was created. The programme is a collaboration between the Department of Health and Unite the Union/the Community Practitioners' and Health Visitors' Association (CPHVA).

About this guide

This short guide describes what has been achieved so far, examines evidence underpinning health visiting and sets out future actions that will help realise the ambition to provide a world-class health service for infants, children and families.

It builds on the 'Ambition, Action, Achievement' Transforming Community Services (TCS) guides launched in June 2009. Early feedback from the NHS shows that these guides and the accompanying quality

framework are supporting the move to evidence-based services in which quality and value are demonstrated. Practitioners and others involved with health visiting teams asked for a similar approach to be taken by the Action on Health Visiting programme.

This guide draws on the best practice set out in the TCS guides *Transforming Services for Health, Wellbeing and Reducing Inequalities* and *Transforming Services for Children, Young People and their Families* (www.dh.gov.uk/en/Healthcare/Primarycare/TCS/Transformationalguidescoveringixserviceareas/index.htm). Health visiting is pivotal to attaining the ambitions described in each of these guides.

This guide is based on the framework 'Ambition, Action, Achievement'. This means:

- clearly setting out the **ambition**
- **taking action** to realise the ambition, using the best available evidence
- demonstrating and measuring **achievement**.

**The ambition for health visiting is clear. Action has been taken, but there is more to do.
The achievements section at the end of each Ambition defines what success will look like.**

Impetus for change

- Lord Laming's progress report *The Protection of Children in England* (March 2009), and the Select Committee on Health Inequalities, have both called for an increase in the number of health visitors.
- *The NHS in England: The Operating Framework for 2009/10* gives each primary care trust (PCT) responsibility for keeping all adults and children well and for reducing health inequalities.
- The current economic climate means that it is even more important for all practitioners to scrutinise their practice so as:
 - to capitalise on opportunities for health promotion and prevention of ill health
 - to organise their work to be as innovative and productive as possible
 - to ensure that the quality of care people receive is the best it can be.

How the Action on Health Visiting programme supports current policy

1. Children and families

The HCP, led by health visitors, is part of a cross-government strategy to improve the lives of all children in England. It is one of a suite of policies for children and families that include:

- the *National Service Framework for Children, Young People and Maternity Services*
- Every Child Matters
- *The Children's Plan*
- the child health strategy *Healthy lives, brighter futures*.

Healthy Child Programme

The HCP is a clinical and public health programme led by, and dependent on, health professionals. It comprises screening, immunisation, developmental reviews, information and guidance to support parenting, and is the recommended standard for commissioning services for children and families. The HCP is key to delivering the 2008–11 Public Service Agreements (PSAs) for improving health and wellbeing, specifically the indicators for breastfeeding, obesity prevention and improving emotional health and wellbeing. It is a safeguarding programme, contributing to the PSA on the safety of children and young people, and feeds directly into the child health strategy.

The HCP requires effective leadership to provide a holistic, coordinated service that is tailored to individual needs. **It is recommended that this leadership function for a defined population should rest with health visitors** (CHPP, 2008).

2. The NHS Next Stage Review

The Next Stage Review (NSR) calls for the NHS to be as focused on health and wellbeing as it is on treating illness. It places quality at the centre of all healthcare, and emphasises the need for measurement and evaluation in achieving continuous improvement. Health visitors are at the forefront of much of this work.

3. *Our vision for primary and community care*

This is part of the NHS NSR. It highlights the importance of having effective, efficient and comprehensive health services outside hospital. It acknowledges that most people want to get on with their lives, whatever their health status; that they want to receive as much care as possible at or close to home; and that they believe more should be done on prevention. Health visitors are specialists in prevention.

Getting the basics right – every time

It is vitally important to ensure that organisations should have the basics in place to enable practitioners to deliver high-quality care – not doing so compromises people's experience of health services and impedes staff's ability to work as productively as they would like. The HCP should be commissioned effectively, for example by utilising the national model specification. Commissioners and providers should ensure that the basics are in place to deliver effective and efficient prevention services and early intervention.

For example:

- health visiting teams should have the education, training and capacity to deliver service specifications
- local systems need to support delivery of the HCP and health visitors' lead role within it
- health visitors should have the authority to fulfil their key roles as set out in Ambition 1 (see page 14)
- health visitors should have access to regular, appropriate clinical supervision from someone who has sufficient expertise
- when working with children who have a safeguarding plan, health visitors should be supported by the named safeguarding nurse.

The TCS guides set out recommended actions for local organisations to ensure that the basics are in place to deliver the transformation required, as shown overleaf. These are based on evidence and professional consensus. They support practitioners and managers to work together to plan quality, innovation and productivity improvements. In so doing, they should also bear in mind issues of diversity, individuality and culture.

Recommended actions to deliver the basics

- Know about local health needs and plan the work of health visiting teams accordingly. This includes being familiar with the work of public health departments and the Child and Maternal Health Observatory in order to supplement the information held locally on the health needs of the population.
- Have sufficient and appropriately educated and trained staff to lead and deliver effective prevention for children and families.
- Implement new services and approaches to healthcare. Increase access and availability, for example by providing services at times and places convenient for parents.
- Create effective and innovative health and care partnerships; including the third sector, early years workers and others providing services for parents and children. Work in partnership with Children's Trusts and within the local area agreement for children.
- Provide and use IT systems for the personalised care records for child and family – to support public health work, communicate with the public and partner organisations, and reduce time spent on administration.

Achievements

The list below sets out what will be seen when the actions taken have been successful:

- Teamwork is supported by a robust infrastructure that enables health visitors and teams to deliver high-quality care, achieve agreed outcomes, maximise productivity and measure service user experience.
- Variability in quality and productivity is reduced by efficient, effective systems that are clearly described and measured.
- Practitioners have the confidence that these systems will support them when working in the community and allow them to spend the maximum amount of time with children and families.

Ambition

1

To maximise health visitors' contribution to health improvement by defining the key dimensions of their role

The Secretary of State for Health and the President of the CPHVA consider Ambition 1 to be a major strand of work for the programme. This section reports on the actions taken and consensus reached by groups of practitioners, academics, commissioners, parents and other experts. It covers the role of the health visitor in five key areas of work:

- leading and delivering the HCP
- acting as the named health visitor in Sure Start Children's Centres
- supporting vulnerable families and those needing extra support
- using specialist skills to protect children
- creating and developing effective teams.

Actions to maximise the health visiting contribution

Action 1: Define the role of the health visitor in leading and delivering the universal Healthy Child Programme

Health visitors lead the HCP. Their public health background, their ability to combine biomedical and psychosocial knowledge, their understanding of the health system and of child and family health and wellbeing, and their skills in working with individuals and communities, make them uniquely qualified for this work.

Leadership of the HCP involves:

- using a range of skills, knowledge and expertise in working with children and families
- overseeing and delivering the HCP to a defined population
- coordinating and supporting the contribution of others
- quality-assuring services and monitoring outcomes.

The expert contribution of health visitors falls into three main areas:

- **Needs assessment:** Health visitors stratify their population according to need, using public health data, evidence from longitudinal studies, professional judgement, information from other services, and the views of parents. Some families can talk about their needs readily, understand what they can expect from the service, and know when to ask for extra help. Others are ambivalent about preventative care, even though they may have higher levels of need. Health visitors use skilled, empathetic approaches with these families and take the time to gain their confidence. Their specialist knowledge of risk and protective factors and ability to establish trusting relationships ensure that all families receive high-quality support during pregnancy and the vital first few months and years of their child's life.

- **Programme delivery:** Delivering the HCP relies on contributions from health visitors and their teams, GPs, midwives, practice nurses, children's centre staff, early years and family support workers and others. Health visitors are able to work across professions and organisations, uniting the multi-professional and multi-agency team around a common goal, and ensuring that communication and referral systems are in place so that no child or family falls through the net. They also make sure that clinical governance frameworks operate across organisational boundaries and that health visitors can oversee a smooth transition to school health services.
- **The wider public health function:** Health visitors hold a large amount of knowledge about the needs of individuals and groups; this gives them insight into conditions affecting peoples' health in local communities. They are also able to supply information on vulnerable groups such as travellers, refugees, migrants and teenage parents. Utilising this information will enable commissioners to create services that enhance health and wellbeing, reduce health inequalities and are acceptable to local people. Health visitors also contribute to data collection, particularly on the uptake of the HCP and targeted interventions such as obesity reduction. See *Ambition 2*.

Action 2: Define the role of the named health visitor in Sure Start Children's Centres

Sure Start Children's Centres are becoming a universal service available for children and their families which can complement the work of the health visitor. By 2010 there will be one for every community. *Healthy lives, brighter futures* (DH/DCSF, 2009) calls for every Sure Start Children's Centre to have a named health visitor.

Through work with health visitors and stakeholders the following have been found to be key elements of the role:

- membership of the management team to ensure the children's centre can contribute to the delivery of the HCP

- helping to establish the children's centre as a place where health, social care, education and the third sector can come together to achieve the best for local people
- having an information-sharing protocol in place across local children's services
- routinely meeting with the children's centre team to share and act on local knowledge
- establishing effective partnerships between the children's centre, local GPs, the primary healthcare team and maternity services
- ensuring that the children's centre operates as a health-promoting environment to meet the Every Child Matters 'Be healthy' outcome
- coordinating health campaigns, improving information and encouraging the children's centre to offer health promotional events on subjects such as healthy eating, accident prevention and sustaining emotional wellbeing
- delivering a wide range of health services in the children's centre
- offering education and training for children's centre staff.

Action 3: Define the role of the health visitor in supporting vulnerable families and those requiring extra support

Health visitors are skilled at identifying families with high risk and low protective factors, enabling these families to express their needs and deciding how they might best be met.

Some families experience multiple adverse issues such as mental illness, substance misuse, debt, poor housing and domestic violence. Health visitors use their expert professional judgement to agree appropriate levels of additional support, building on parents' strengths.

This support could include:

- encouraging the use of the Common Assessment Framework
- referring families to specialists
- arranging access to support groups, for example those provided in the local Sure Start Children's Centre
- organising practical support – for example working with a nursery nurse on the importance of play
- delegating a small number of focused contacts to a team member and monitoring effectiveness
- offering evidence-based intensive programmes.

Establishing positive partnerships with families takes skill, patience, tenacity and time. Health visitors should use evidence-based methods to create behavioural and psychological changes, setting clear objectives and agreeing with families how they are to be achieved. Where health visitors refer families to services such as parenting programmes, they should review the impact and assess whether the desired outcome has been reached. These are vital steps in monitoring progress and helping health visitors to decide if and when child protection procedures should be enacted.

Health visitors assess a wide range of variables that could impact on the wellbeing of families, including:

- smoking, alcohol and the use of illicit substances
- breastfeeding (or not), weaning and family food behaviour
- factors related to mental health, such as quality of relationship and degree of attachment between mother and father, and between them and their baby. These relationships are intimately linked with postnatal depression and domestic violence
- home environment and safety, such as the potential for accidental and non-accidental injuries, or the opportunities for infants to develop cognitive capacity (language, reasoning etc)
- parenting capacity, skills and knowledge
- wider family support, social isolation, marital or partnership issues and relationships within the family
- practical social factors such as income level, housing, employment and access to services and facilities
- the physical capacity of parents, such as the presence of illness or disability
- the physical health and wellbeing of infants, including immunisation status
- developmental progress of infants, including speech and language, social development and behaviour, fine movements, mobility and coordination

Source: Cowley S. Controversial questions (part three): Is there randomised controlled trial evidence for health visiting? *Community Practitioner* 2009; 82(8): 24–8.

Action 4: Define the specialist skills of the health visitor in protecting children

Health visitors are educated to recognise risk factors, triggers of concern, and signs of abuse and neglect, as well as protective factors. Using this knowledge they can concentrate their activities on the most vulnerable families. Through their preventative work they are often the first to recognise that the risk of harm to children has escalated to the point that safeguarding procedures need to be implemented.

This usually requires knowledge of the family and their circumstances, probably gathered in the home, and is likely to happen because the health visitor recognises the symptoms of a worsening environment. This recognition could range from observation of a lack of progress in improving a child's circumstances, to evidence of actual harm having occurred. Health visitors need time to establish, develop and maintain a successful therapeutic relationship with a family, so that they can consider the situation objectively and use their skills to recognise what is before them.

Health visitors are skilled in establishing clear, open relationships with families, which enable both parents and professionals to be honest about issues and any progress made. This is extremely complex work, which requires high levels of interpersonal skills, including the confidence to challenge parents while retaining their trust, and the ability to assess the family environment through the eyes of the child. This is not done easily or rapidly.

A recurring theme in serious case reviews has been the inadequate sharing of information about vulnerable children. Health visitors should communicate regularly with other professionals and agencies so that a full picture of risks and progress is obtained. They should use their professional judgement to decide what information is shared, and when, with organisations such as children's social care services, nurseries, the police and Sure Start Children's Centres.

‘...ultimately, the safety of a child depends on staff having the time, knowledge and skill to understand the child or young person and their family circumstances.’

Lord Laming, *The Protection of Children in England*, 2009

Health visitors should regularly consider the competence of their team members, guiding them and ensuring that they understand their own roles and responsibilities, the policies and procedures they should conform to, and the legislation surrounding the safeguarding and protection of children. Where health visitors refer families to other services such as parenting programmes, they should review the impact and assess whether the desired outcome has been achieved.

Health visitors should maintain contact with families while formal safeguarding arrangements are in place, ensuring that they receive preventative health interventions. They require all their expertise to sustain a relationship of trust with families, some of whom can be volatile, angry and violent. It is essential to do this so that families receive an effective service during a crisis, and into the future. The emotional impact of this complex area of work should not be underestimated. Health visitors should have access to regular child protection supervision to ensure good practice.

Health visitors contribute to all stages of the child protection process, including serious case reviews, and may be called upon to appear in court to explain the action they have taken. They support the work of the local safeguarding children board through the delivery of multi-agency training programmes and through their membership of working and task subgroups.

Action 5: Create and develop effective teams with a good mix of skills. Ensure that they understand their roles, responsibilities and accountability

Leadership of the HCP gives health visitors the opportunity to manage their own staff and create a team approach across professions and service boundaries. This involves meeting with individuals and organisations contributing to the programme, to generate a shared purpose and common understanding.

Children and families benefit enormously from the broad range of skills offered by different team members, so it is important that health visitors have both the capacity for this work and the enthusiasm to create high-performing teams.

Leadership skills

Health visitors should ensure that each team member has the skills, knowledge and competence to deal with the duties or responsibilities delegated to them. This is particularly important with workers from other agencies who report to different line management. When health visitors delegate work, they remain accountable for the outcome achieved, whoever the employer.

Accountability cannot be exercised if health visitors do not have a sufficient level of authority to assure the practice of others. Health visitors should assure the competence of those in their team, in order for them to be able to delegate safely and work within the requirements of the Nursing and Midwifery Council Code of Professional Conduct (2008).

Case study: AMBITION 1

Northamptonshire Teaching PCT – creating skill-mixed teams and motivating health visitors

Northamptonshire Teaching PCT prepared its health visiting workforce to deliver the HCP. A combination of skill-mixing, recruiting more health visitors, increasing training commissions for students and reviewing case loads means that the PCT is now well placed to offer children and families the universal progressive programme across the county. Significant steps have been the securing of additional resources, the recruitment of team and clinical facilitators, the development of competency packs for staff and nursery nurses, and involving of staff in service redesign and change. The PCT is presently moving towards creating self-managing teams.

'We have improved team participation by creating a climate of constructive debate, focusing on quality, and by continually reviewing and developing strategies for team-based working. The focus is on the clients' experience while acknowledging budgeting and commissioning constraints,' said one health visitor.

Contact Louise Proctor, Managing Director, Community Services: louise.proctor@northants.nhs.uk

Achievements

The list below sets out what will be seen when the actions taken have been successful:

- The HCP is welcomed by families who feel supported and able to make positive changes to their health and wellbeing.
- Children and families are offered preventative services tailored to their needs and all families can access evidence-based programmes.
- Coverage of the HCP is high and it is delivered to a good standard. Parents get support to build a healthy life for their families and benefit from other services in the community.
- Health visiting makes a key contribution to ensuring that the 2008–11 PSA target for improving the health and wellbeing of children is achieved – specifically the indicators for breastfeeding, obesity prevention, and improving emotional health and wellbeing.
- Health visitors and teams are clear about the role they play and the services they provide, and have systems which enable them to report information about uptake and outcomes of the HCP.
- Health visitors can clearly explain the contribution of health visiting and describe the evidence for interventions, and are aware of what constitutes best value; and as a result the contribution of health visitors and their teams as a vital part of the children's workforce is understood and supported by providers, commissioners and partners.
- Health visitors and teams feel confident and well-informed about the latest knowledge in neuroscience, infant development and parenting.
- Health visitors feel that they have the time and independence to lead the HCP and are supported by public health departments, GPs and Sure Start Children's Centres, which all contribute to their work.
- Community health professionals are competent in safeguarding children.

- Sure Start Children's Centres work collaboratively with local primary and community health services, achieving a correspondingly greater impact on health and wellbeing.
- Commissioners receive accurate information about the reach and effectiveness of the HCP.
- Commissioners are alerted to local public health issues and can develop a population response which promotes the health of groups and communities and helps reduce health inequalities.

Ambition

2

To maximise the contribution of health visiting to wellbeing and improving public health

Community services are key to the increased focus on health and wellbeing. As one of the few groups of health professionals educated in public health, health visitors play a lead role in improving health outcomes, both directly through their own work and by supporting and encouraging others such as health trainers, community nurses and allied health professionals. To do this effectively requires time, professional autonomy and recognition of health visitors' skills and leadership in the drive toward improving health outcomes and reducing health inequalities.

Health visitors can play a lead role through, for example, contributing to commissioners' understanding of local health needs and encouraging all professionals to promote health using the high-impact changes listed on pages 28–29. The ambition is that every community practitioner becomes a health-promoting practitioner, using each contact with local people to improve the health of the community as a whole.

The different contributions of the community workforce are shown in figure 1. Health visitors can impact at every level, supporting others and using their expertise in delivering evidence-based interventions and programmes, particularly the HCP.

The principles that guide health visiting practice are:

- the search for health needs
- stimulation of an awareness of health needs
- the influence on policies affecting health
- the facilitation of health-enhancing activities.

Figure 1: Health-promoting practitioners

Public health practitioners will in addition:

Understand and use demographic and epidemiological information

Provide programmes to improve health outcomes for individuals, families and communities

Provide programmes such as the Healthy Child Programme to give infants and children the best start in life

Have a significant role in meeting local targets for health and wellbeing, and in reducing health inequalities

Many practitioners can contribute to secondary and tertiary prevention by:

Helping people minimise the impact of long-term conditions so as to increase wellbeing

Delivering specific programmes such as weight management and smoking cessation

Offering services such as contact tracing and control of infectious disease

All practitioners can maximise their role in promoting health and wellbeing by:

Developing skills in initiating conversations about healthy lifestyle choices

Minimising risks to health and wellbeing for people using their services

Promoting psychological wellbeing in ongoing care

Using strengths-based approaches, employing techniques such as motivational interviewing to stimulate change

Promoting and supporting self-care

Exploring opportunities to work with other organisations to promote health

Actions to achieve the best 'high-impact changes'

The actions below are based on either evidence or expert opinion and service user experience, having been highlighted by those who took part in developing the TCS clinical guides as 'most likely to have the greatest potential to improve care and achieve the highest quality services'.

Many health visitors may already work in some of the ways described; however, this does not happen everywhere all the time. It may be that some health visitors are not commissioned for such work, or that they do not have the time or skills required. Embedding these changes will help support teams and local services in delivering and demonstrating high quality and productivity.

Action 1: High-impact changes for improving health and wellbeing and reducing inequalities

- Embrace the philosophy that promoting health and wellbeing and reducing health inequality are part of every practitioner's role.
- Make full use of 'teachable moments' – opportunities to tackle lifestyle factors when people are receptive.
- Know the range of interventions which can promote positive behaviours.
- Work with local partners to extend the impact of health outcomes.
- Make use of local health data to target and plan work.

Action 2: High-impact changes for children, young people and families

- Ensure that individuals and teams are up to date with the safeguarding arrangements across partner organisations and contribute to the development of systems and processes to ensure they are effective.

- Use creative ways to implement public health programmes, such as the HCP, in order to build the foundation for future health, so reducing later costs to the acute trust of health issues such as poor nutrition, mental illness, obesity, inequalities, substance abuse and negative parenting.
- Make sure that the voices of children, young people and families are central to the planning and evaluation of services, using formal and informal processes.
- Adapt the hours during which community services are accessible to suit the needs of children, young people and families.
- Develop new ways of engaging with families who find it difficult to connect with traditional service arrangements.
- Offer services in a range of settings and through different media, for example SMS, email and online discussion forums.

How can health visitors implement these actions?

- Directly through the services they and their teams deliver and lead
- By contributing to the commissioning of services
- By contributing to the design of services which are evidence-based and respond to the needs of local people
- By ensuring that training plans and continuing professional development incorporate new knowledge and skills around prevention, health promotion, early intervention and public health
- By supporting other practitioners to become health-promoting practitioners.

Case study: AMBITION 2

Somerset PCT – named health visitor in Sure Start Children's Centres

The named health visitor for children's centres in Somerset PCT acts as coordinator, bringing together midwives, GPs, local services and agencies, the centre's staff and public health workers, to plan and work together on the curriculum for the centre. Part of the role of the health visitor is to ensure that health programmes are evidence-based and respond to local needs as well as to national priorities such as breastfeeding, obesity and accident prevention. Working closely with staff at each centre, the named health visitor makes sure that information is harmonised and that all staff take every opportunity to promote health and wellbeing. In Somerset, the named health visitor is seen primarily as a clinical role, and there is one for each of the PCT's 35 children's centres. Other health visitors deliver services in the centre and take part in health promotion events as required.

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Achievements

The list below sets out what will be seen when the actions taken have been successful:

- The HCP is delivered effectively and leads to improved health outcomes and a reduction in health inequality.
- All families who receive the HCP experience a high-quality service and good access to health information, advice and support.
- The HCP is used as a platform for reaching and influencing the wider community, promoting healthy lifestyles and social cohesion.
- The contribution of health visitors in leading the HCP is maximised and recognised through appropriate quality indicators.
- Health visitors contribute to the planning of local services and actively seek to reduce health inequalities. For example, teams have access to, and analysis of, the broader health factors for their population, and can tailor the HCP accordingly.
- Health visitors work with families to address public health challenges. For example, they provide information and advice about healthy eating and obesity prevention, encourage people to access groups and programmes, and stimulate action to ensure that supplies of healthy foods are available locally.
- Health visitors and their teams use evidence-based and locally targeted approaches to make every encounter count.
- Health visitors support professionals in the community to develop the attributes of health-promoting practitioners. This may be through teaching or mentoring.
- There is a reduction in the variation in quality of health services, and contributions to local improvements in health and wellbeing can be demonstrated.

Ambition

3

To deliver evidence-based practice

This section summarises what the relevant evidence is to support prevention and early intervention. It includes new evidence from neuroscience which strongly supports early intervention during the first months and years of life when infants and children are highly susceptible to the impact of their environment and the quality of care they receive.

More than 18,000 studies were analysed by the Health Services Management Centre for the TCS guides, and evidence was extracted for a range of community-based services. Below summarises what works in preventative interventions, including input from additional studies examining health visiting practice itself.

Identification of local priorities and need

Evidence suggests that it is important to have mechanisms to understand the health needs of local people and profile the causes of ill health. Such analysis is a key motivator and driver for change to achieve better outcomes for local families and communities.

Services that meet the diverse social, cultural and health needs of the population

Studies have found that while many interventions have been implemented to target and support different groups, there is no 'magic formula' for enhancing access to care or reducing health inequalities.

Three principles are common across the most successful approaches:

- taking the initiative: targeting populations thought to have high needs for additional support without waiting to be asked

- communicating with local people: asking people about their needs and desires and developing services and systems to address them
- developing partnerships: working with members of targeted communities to develop programmes and approaches they feel are appropriate and sensitive to their particular needs.

These principles also apply to health visiting approaches.

People who are encouraged to participate actively in their healthcare tend to have more favourable outcomes than those who do not. Several studies suggest that appropriate staff training and infrastructure are needed in order to involve service users effectively.

Effective prevention and early intervention

There is good evidence to show that early intervention and effective prevention in childhood can lay the foundation for a healthy life. Advances in neuroscience show how a child's chances in later life are dependent on what happens very early on.

Infants' brains develop rapidly and there are sensitive periods when functions, including emotional controls, are set. As well as the role of genetic factors, this development is directly influenced by the baby's emotional and physical environment and the quality of the relationship with primary care-givers. This is clear evidence that parents should receive appropriate support during pregnancy and the first years of their child's life. The HCP provides an evidence-based programme which will underpin significant positive health outcomes.

There is a policy agreement and professional consensus that health visitors' leadership of the HCP is essential for delivering the interventions it outlines (Barlow J. et al., 2008, *Health-led Parenting Interventions in Pregnancy and Early Years*, University of Warwick).

Improving take-up of services

Many successful Sure Start local programmes were led by the health sector. Health visitors' ability to reach and engage families so that they willingly accessed services has been identified as a key factor in this success.

Acceptability of services

There is good evidence that a universal service is more acceptable to all families. This attitude appears to result from a sense of stigma at being singled out, which inhibits families from taking up services perceived as different but from which they could benefit.

Use of health professionals

Evidence suggests that, when delivering complex programmes to vulnerable children and families, qualified health professionals with high levels of expertise often achieve better outcomes.

Preventing mental illness

The likelihood of infants developing mental illness later on in life is heavily influenced by circumstances in their environment, particularly in the home. The pre-school years are a critical time for establishing a child's emotional resilience. The children of depressed mothers, those who have poor attachment to their parents, and those subject to poor parenting practices are known to be more at risk of future mental illness and contact with the criminal justice system.

‘A large government funded research study has confirmed that health visitors are effective in carrying out mental health assessments and providing counselling interventions to mothers found to be suffering from mild to moderate depression.’

Morrell J et al. 'Clinical effectiveness of health visitor training in psychologically informed approaches for depression in postnatal women – a pragmatic cluster randomised trial in primary care', *BMJ* 2008; 338:a3045

Preventing obesity

How parents feed their children is established when they start eating solid food. The National Institute for Health and Clinical Excellence recommends health visitor-led interventions to promote breastfeeding and establish positive eating habits in young children.

Home visiting

A meta-analysis of research reviews of home visits to families with young children concluded that home visiting was associated with improvements in parenting and cognitive development, a reduction in child behavioural problems and accidental injury, and improved detection and management of postnatal depression.

A randomised controlled trial of monthly supportive visits by health visitors, as compared with a year of support from community groups or care as normal, demonstrated a higher uptake of the service on offer in the home-visited group. This group also used GPs and hospitals less and health visiting and social services more, and were less anxious about child development, their children's eating habits and health issues.

Case study: AMBITION 3

Warwickshire Community Services: Improving access to health visitor care by teaching English as a foreign language

Health visitors in Warwickshire realised that many of their non-English-speaking clients were prevented from accessing healthcare because of language difficulties. As well as increasing their isolation, these difficulties made it hard for mothers to see their GP or take up preventative services for their children. The health visitors instigated a programme to teach health-related English to the mothers, focusing on issues such as making an appointment with the GP or attending the well baby clinic. The health visitors will be monitoring the success of the programme against a range of measures, including improved awareness of and access to services; reduced need for translators; and raised levels of self-esteem and reduced sense of isolation among participants.

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Achievements

The list below sets out what will be seen when the actions taken have been successful:

- Commissioners and providers work together to ensure that where good evidence for an intervention exists, such as in the HCP, it is implemented within local services.
- Health visitors and their teams are educated and resourced to deliver a high-quality service.
- Health visiting teams have access to information on evidence-based practice, conduct audits and demonstrate successful local outcomes.
- The right member of the health visiting team is doing the right thing at the right time.
- The time taken from identifying good practice to widespread implementation is improved.
- Evidence, professional consensus on good practice, experience of service users and productivity tools are rapidly appraised and practice adapted in response so as to increase the effectiveness and productivity of local services.
- Innovation and creativity in delivering best practice are nurtured and flourish.

Ambition

4

To create a sustainable workforce and support people to design and lead high-quality preventative services for children and families

The Government is committed to ensuring that there are sufficient numbers of health visitors in the children and families services workforce. This section reinforces the commitment to increase the number of health visitors and attract the brightest and the best into the profession in the future. Health visitor expertise and leadership of multidisciplinary teams will help to ensure that local communities have services which improve their health, and that they are offered effective universal and progressive services as set out in the HCP.

Actions to recruit and retain a skilled, capable workforce

Action 1: Analyse the workforce and address recruitment and retention

Models are being developed to help workforce planners determine the numbers of health visitors necessary to deliver the HCP in their communities (with realistic workloads). Workload measures will include demographics, indicators of inequality, workforce profiles, skills mix and desired outcomes. Current analysis shows considerable variation in the ratio of health visitors to children under five across England. There are slightly more health visitors in areas of deprivation. The analysis also shows a specific shortage of health visitors in extended urban areas, which commissions will want to explore. Commissioners and workforce planners will want to collaborate to close the gap.

A range of workforce tools can be found at: www.healthcareworkforce.org.

Recruitment and retention

Each strategic health authority (SHA) is looking to see if a return to practice health visiting programmes would assist recruitment. Using data from a range of sources, SHAs are building a picture of local labour markets so they can assess their own needs and target programmes effectively. Recruitment and retention premiums can be considered.

- Flexible retirements are being publicised more widely so that employers can consider the value of offering attractive options to encourage health visitors to remain active for longer.
- Work with the Nursing and Midwifery Council (NMC) and others continues to explore the potential for a fast-track option into health visiting for appropriate candidates.
- The profile of careers in health visiting is starting to be raised, demonstrating the breadth, extent and responsibility of the work. This has begun with a media campaign with a complimentary profile of health visiting in a national newspaper, and NHS Careers focusing on health visiting as career of the month in October 2009. Revitalising the image of health visiting is vital in order to attract new recruits, and health visitors themselves play a crucial role in emphasising the positive aspects of their work.

Action 2: Develop careers in health visiting

Health visitors have said that they need better career progression within their specialty. With the inclusion of other workers in health visiting teams, it is necessary to clarify levels of skill, knowledge, responsibility and competency for different roles.

Career mapping

Health visiting is being mapped against the Modernising Nursing Careers framework, within the public health, children and families pathway.

Work has commenced with the health visiting profession to populate the career framework and the results are being analysed, consulted on and tested. Participants were keen to point out that higher levels of skill, such as those held by health visitors, are not linked to tasks, but consist of exercising advanced levels of judgement, balancing risks, analysing complex situations and handling ambiguity. Health visitors should be able to apply a knowledge of psychological theories and behavioural methodologies to help people improve their health and that of their children and family.

Via the Modernising Nursing Careers framework, opportunities are being explored for practising at higher levels within health visiting. This will require further discussion with the profession, the NMC, academics, employers and others, and will take account of the results of the NMC's review of specialist practice qualifications later this year. In some areas, health visitors are being educated to master's level and the benefits are being considered as part of a universal career pathway.

As part of the Modernising Nursing Careers programme, work is being undertaken to profile health visiting roles. This will demonstrate the attitudes and aptitudes required, as well as the skills, knowledge and competencies needed. This will help to attract the brightest and best into the profession, widening its appeal to a more diverse range of applicants.

Action 3: Develop educational opportunities

Health visitors and those working with them should have access to educational programmes to help them adapt to the new NHS and children's services environment. They should have opportunities for continuing professional development.

In particular, nurses moving from hospital practice services for children and families into the community require adaptation, orientation and skills development programmes, to enable them to work safely and confidently with families. Options are currently being reviewed for tailored programmes that will meet these needs.

The Department of Health and the Royal College of Paediatrics and Child Health (RCPCH) are working together to produce an e-learning programme. Its aim will be to equip everyone in the community children's workforce with the skills and knowledge to deliver the HCP effectively. This builds on the successful e-learning programme already in place for adolescents.

Action 4: Develop leadership capacity

Health visitors need a range of leadership skills. For many health visitors, leadership is not hierarchical, but part of a professional responsibility. All health visitors should be able to:

- stratify their population according to need and be able to use their clinical judgement on priorities, thus managing their workload to achieve the best health outcomes
- delegate and oversee the work of others, monitoring the achievements of a team
- coach and mentor other colleagues
- increase the resources for health in communities
- ensure the delivery of commissioned services
- contribute to health-promoting activities

- lead the health activities of children's centres
- liaise with general practice
- work with local authorities and other partners to safeguard children
- ensure that workers from other agencies deliver their contribution to the required standard.

Others (such as community team leaders and locality managers) have additional line management and business management responsibilities, for which additional training is required.

Leadership competencies are being defined that health visitors require to carry out their work effectively. These include influencing skills, skill-mix analysis ability, team development skills, delegation skills and a sense of accountability. In addition, the TCS programme is working on an approach to leadership development for all community staff, including an e-learning pack to equip practitioners with the knowledge and skills needed to engage in service transformation.

Action 5: Enable staff to lead transformational change

The NSR stated that in order to deliver high-quality services there needs to be a high-quality workforce. It called on front-line staff to design and lead change, and described contemporary professional practice as having three key aspects: practitioner, partner and leader.

For community practitioners, this has been extended into six transformational attributes:

- They are focused on health, wellbeing and addressing health inequalities.
- They are clinical innovators, finding new ways of implementing the HCP.
- They form professional partnerships with organisations and trusting relationships with families.
- They are entrepreneurial, often pushing the boundaries in search of excellence.

- They lead service transformation across professional groups and agencies to deliver integrated, quality care for children.
- They are champions of clinical quality and improvement in outcomes for children.

PCTs and provider managers have been encouraged to create organisations that foster transformational attributes, and that enable staff to lead and generate service improvement. Health visitors are likely to have developed many of these attributes and are well placed to lead change.

Social movement theory

Work is going on with the NHS Institute, professional organisations and a number of PCTs to embed the principles of social movement, a theory which is credited with building commitment to change from the ground up. Social movement theory responds to evidence that a large number of initiatives fail to deliver the hoped-for benefits because the enthusiasm and motivation of those who are being expected to work differently is not there from the outset.

Social movement is about a group of people with a common ideology trying together to achieve certain general goals. Features include:

- energy
- mass
- pace
- momentum
- passion
- commitment
- spread
- sustainability.

Case study: AMBITION 4 **Leicestershire County and Rutland Community Health Services**

Leicestershire County and Rutland Community Health Services responded to a severe shortage of health visitors by developing a return-to-practice programme when traditional recruiting methods failed to deliver sufficient numbers of recruits. The scheme provided financial support and job security to the students, and had the added advantage of getting health visitors into the workforce more quickly than would otherwise have been the case. The health visitors are now successfully employed in the organisation.

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Case study: AMBITION 4 **NHS Islington: Fast-track health visitor training for graduates**

Managers at NHS Islington and course leaders at King's College London worked together to develop a pilot programme to fast-track suitable graduates into health visiting. Students are able to access the two-year accelerated nursing programme for graduates, to gain registration with the NMC. They then move directly into the specialist community public health nurses programme. Practice placements are provided by NHS Islington. The course has elicited a phenomenal response from high-calibre applicants.

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Achievements

The list below sets out what will be seen when the actions taken have been successful:

- SHAs and PCTs develop children's services workforce plans with sufficient numbers of health visitors to ensure that the HCP is effectively delivered, and safeguarding arrangements are robust and meet regulatory standards.
- Training commissions correspond with preparing a workforce to meet these needs.
- The options for the education and training of health visitors are responsive, flexible and produce health visitors who are able to lead and deliver the HCP to the highest possible standard.
- Health visiting becomes the career of choice for candidates with appropriate aptitude and attitudes for this specialist work.
- Health visitors have a clear career pathway that motivates them to stay in the profession and provides them with a rewarding and satisfying career.
- Nurses joining health visitor teams can access appropriate programmes.
- All members of the team are supported and valued for their contribution.

The TCS innovation and leadership award winners are working with the Department of Health to develop and disseminate good practice.

Useful links and further information, including regular updates, can be found at: www.dh.gov.uk/tcs.

Next steps

Next steps: national

The Ambition, Action, Achievement documents launch the Action on Health Visiting programme and set out progress made. In particular, they define the roles of health visitors and their teams, and describe the initial action taken to revitalise the health visiting workforce. However, the work marks a beginning and significant further action is required if ambitions are to be realised. More needs to be done nationally – by the Action on Health Visiting programme partners – and locally – by commissioners, providers, practitioners and team leaders.

Safeguarding

Further work will be undertaken as part of the cross-government and Department of Health actions in respect of the Government response to Lord Laming's progress report (DCSF). The role of health visitors in safeguarding – as set out in this document – will form part of the Department's contribution to the revision of the *Working Together to Safeguard Children* guidance (DCSF, 2007).

Commissioning

We will work with key Department of Health commissioning development programmes to support effective commissioning of the HCP. This will build on work already in progress in response to the commitment concerning commissioning of the HCP in *Healthy lives, brighter futures* (DH/DCSF, 2009). We will make sure actions reflect the definitions of health visitors' responsibilities given in this guide and to their leadership of the HCP.

For example, the following will be addressed:

- how health visitors identify maternal mental health issues including postnatal depression and relationship difficulties, and how they lead and deliver a responsive programme of care that will improve outcomes for children
- how health visiting interventions can support families in dealing with psychological and behavioural issues in young children
- how at a community and population level, health visitors can prioritise, design and develop programmes to improve local health outcomes.

The Department of Health will produce updated commissioning guidance and in addition, in response to requests from practitioners, will develop training for practitioners and team leaders in influencing, business and commissioning skills.

Workforce

There will be a range of programmes to increase the numbers of qualified health visitors, to support and develop the current workforce and to attract the next generation. This will include the following actions.

General

- Increasing training commissions.
- Reviewing and refreshing return-to-practice health visitor programmes.
- Ensuring high-quality clinical placements for students.
- Promoting health visiting as a career through targeted media campaigns.

- Examining the potential for fast-tracking nurses into health visiting in collaboration with the NMC. Developing and extending training and adaptation programmes for staff nurses wishing to work in health visiting teams, and encouraging succession planning in health visiting.
- Mapping health visiting onto the public health and child and family pathway of the Modernising Nursing Careers framework.
- Producing an e-learning package in partnership with the RCPCH for all those delivering the HCP.
- Developing programmes for clinical leaders in community services.

Leadership

- Ensuring that the leadership requirements of health visitors are included in plans to establish clinical fellowships for clinical staff.
- Developing leadership and influencing skills programmes for practitioners and senior clinical leaders.
- Working with the profession to agree the leadership competences required at all levels.

Needs assessment and workforce modelling

- Developing robust approaches to the measurement of health visitor workloads, and measures to relate this to health needs and deprivation.
- The PREview project (commissioned from the HCP) is identifying evidence-based factors in pregnancy and birth that signal outcomes at five years, to plan services and allocate resources at population and community level, according to need.

Strengthening the evidence base, including economic case

The next steps include:

- developing proposals for a large-scale economic appraisal of the evidence base for early intervention
- utilising learning from the Family Nurse Partnership, beginning with an event to explore the specialist skills required for working with families with complex and high-level needs
- taking forward defining research (by the CPHVA) for a better understanding of how to maximise the health visiting contribution.

Next steps: local

Suggested actions for local services as set out in the TCS guides, as well as those that are specific to health visiting teams, are shown below. In all cases, the human rights of the child and the needs of the child are paramount and should be the underpinning principles.

For commissioners

- Promote clinical involvement in commissioning and use the public health skills and community knowledge of health visiting services to inform the commissioning process.
- Work with Children's Trust partners to promote the HCP and prevention services for local families.
- Share the guides with relevant commissioning leads (including practice-based commissioning colleagues and joint commissioning partners) and ensure that the prevention focus is strengthened in local commissioning.
- Specifically ensure that the HCP is commissioned effectively for all local families, drawing on the revised national guidance where appropriate.
- In line with world-class commissioning, incorporate evidence-based changes into local commissioning strategies and, where appropriate, care pathways.

- Discuss and agree with community providers the priority high-impact changes. Build agreed priority areas for action into 2010/11 service specifications and contracts.
- Identify relevant indicators from the community services quality framework indicator set to monitor progress (the assured set available from autumn 2009).
- Carry out a strategic overview of workforce planning for the future children and family services workforce to ensure that it relates to health needs and can deliver the child health strategy and the HCP.

For provider organisations

- Promote partnership and collaborative working across local children's services and Sure Start Children's Centres. In particular, clarify information-sharing roles and responsibilities across organisations, and thresholds for additional services to families.
- Use the TCS guide for health, wellbeing and reducing inequalities services, the TCS guide for children, young people and families, and this guide to undertake a stock-take of the current position locally, and identify priorities for improvement.
- Actively involve local people and communities in any proposals for change.
- Secure widespread clinical, managerial and commissioning support to take forward the agreed service strategies. Build agreed priority areas into 2010/11 service improvement plans and, as appropriate, service contracts.
- Implement a validated 'productivity tool' (such as NHS Institute Productive Community Services or LEAN) and work with practitioners to provide information that demonstrates productivity and improvements in health outcomes.
- Promote continuing professional development through a variety of routes (including emerging e-learning programmes relating to child health) and ensure that health visitors have regular access to the evidence base and clinical supervision.

- Work with SHAs and others to ensure that the future children and family services workforce is robust, relates to health needs and can deliver the child health strategy and the HCP and commissioned services.
- Ensure that clinical governance arrangements support cross-agency working and that lead health visitors are able to have the authority to lead delivery of the HCP.
- Ensure that teams have sufficient resources to work with vulnerable families and to safeguard children.

For practitioners and clinical leaders

- Work with managers and team leaders to design services that meet the requirements of all commissioners.
- Work with Sure Start Children's Centre managers to maximise resources for health.
- Create effective teams, for example make sure that teams know what they are accountable for and have the authority to make decisions. Ensure that all reporting relationships are clear and that each member knows what measures are used to monitor their performance.
- Consider as a team how to take action to improve quality, based on evidence and good practice, and how to measure quality and improvement.
- Identify education, training and development requirements, and agree a plan for addressing them (including access to leadership development training and education).
- Share the Action on Health Visiting programme work and the TCS guides widely with all members of the team, including local delivery partners.
- Get involved with local innovation schemes.
- Consider undertaking a stock-take against the high-impact changes to identify priorities for improvement.
- Where change requires wider action, discuss and agree the priority areas with senior managers.



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298376 1p 2k Oct 09 (CWP)

Produced by COI for the Department of Health

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