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First Steps Early Intervention and Community Psychology Service

Introduction

- In 2011 City and Hackney's health visiting service became one of three early implementer sites in London for the Health Visitor Implementation Plan: A Call to Action. This is a national service transformation programme that runs from 2011-2015 and aims to grow the health visiting workforce, for health visitors to lead the delivery of the Healthy Child Programme, to return to intensive early intervention work starting with targeted support in the antenatal period, particularly for vulnerable pregnant women, children and families and to improve partnership working across health, children's social care and education services.
- First Steps was commissioned to train all of City and Hackney's health visiting, community nursing and nursery nursing staff in the Solihull Approach (Douglas, 2012). The package of training and follow up consultation has aimed to develop the knowledge and skills of City and Hackney's workforce to enable them to provide proactive primary prevention and evidence based early intervention to parents with children under the age of 5.

Research aims

- For practitioners to reflect on current knowledge, skills and practice.
- To provide a feedback loop from practitioners to senior managers.

Method

- The Director of Research and Development at Homerton University agreed that the Trust would sponsor the study and gave approval for the conduct of the study.
- The sample consisted of 68 primary healthcare professionals who completed the training. The study employed a non-experimental design.

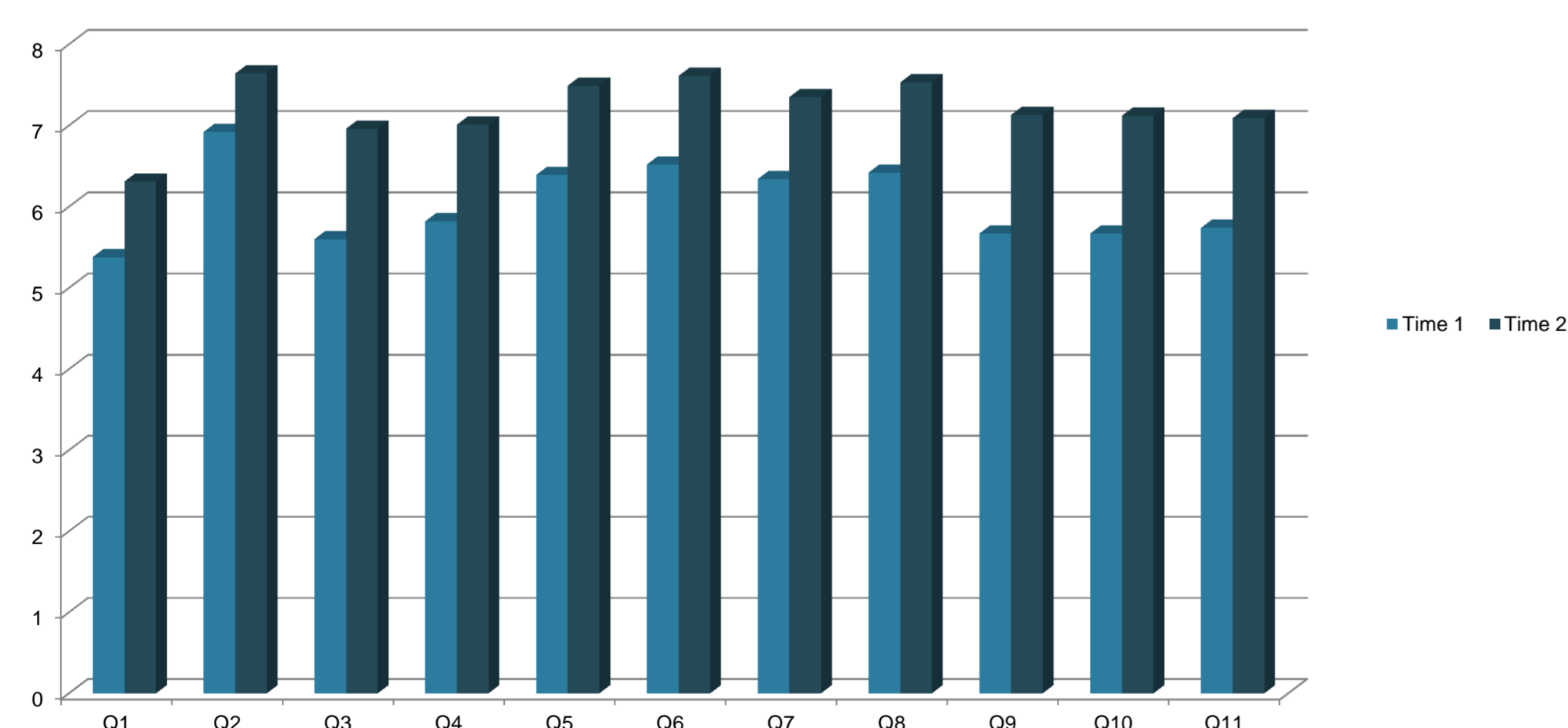
Measures

- Evaluation Questionnaire (Drea, Bourne & Lumsden, 2012).

Quantitative Results

- 96% of participants completed the questionnaires.
- A paired sample t-test indicated that there was a statistically significant improvement in Healthcare Professionals' scores between Day 1 (M = 6.02 SD=1.35) and Day 2 (M= 7.17 SD=1.25); $t(65) = -11.119$ $p=.000$. Table 1 shows the mean score for each question on Day 1 compared with Day 2. These results indicate that Healthcare Professionals' perception of their knowledge, skills and confidence (in relation to the aims/learning objectives of the Solihull Training) significantly increased following completion of the Solihull training.

Table 1: Health care professionals' scores before (Time 1) and after Solihull Training (Time 2) N = 65



Questions

- Q1 Overall, how well supported do you feel in your clinical work?
 Q2 To what extent are you aware of your own emotions when working with children and families?
 Q3 To what extent do you currently draw on theoretical frameworks to help you understand child/families' difficulties?
 Q4 How knowledgeable are you about the key stages of emotional and physical development in children aged 0-5 years?
 Q5 How knowledgeable are you about factors that may positively impact on the emotional and psychological well-being of children and families?
 Q6 How knowledgeable are you about factors that may impact negatively on the emotional and psychological well-being of children and families?
 Q7 How confident are you in your ability to speak with others about your professional knowledge and skills?
 Q8 How well do you understand parent-child interactions and how this impacts on a child's development and well-being?
 Q9 To what extent do you feel confident supporting parents when they experience strong emotions?
 Q10 How confident do you feel in supporting parents to find their own solutions to their problems?
 Q11 To what extent do you feel that you have a wide range of skills and knowledge to draw upon?

Qualitative Results

Practitioners were asked if there were any things that could help them to do their work better with families. A thematic analysis of healthcare professionals' responses to this question revealed the following four themes:

'Are there any things that could help you to do your work better with families?'

Theme 1	Theme 2	Theme 3	Theme 4
<u>Need more knowledge, skills and training</u>	<u>Need more time to support families</u>	<u>Need more Supervision and Support</u>	<u>Need Improved Communication and Partnership working</u>
Lack of existing skills and knowledge (prior to Solihull Training)	Need more direct time for spending with families	Clinical Supervision from senior management	Improved Communication within the team
Child Development	Manageable workload and Increased staffing levels	Support from colleagues and the wider team	Improved communication and partnership working with external agencies
Evidence-based framework and further training	More efficient systems	Acknowledging the emotional impact of work	External sources of support
Cultural Awareness		On-going support to embed The Solihull Approach	
More resources			
Increased knowledge (Post Solihull Training)			

Some examples of practitioners' responses:

'I need to learn more about how parents and children's interactions influence development...'

'I would like an evidence based framework to refer to so that I can feel confident that I will give families the support that they need'

'I need more exposure and training on problems encountered by families and how I can respond. I need to learn more about positive parenting and attachment...'

'Having more time to spend with families in order to listen, empathise and support them'.

'More front line staff to free time and capacity to enable us to support children and families.'

'To work well we need excellent supervision and support' 'Better acknowledgment of the complexity and emotional impact of our work on practitioners and that acknowledgment being translated into action'.

'Continue to build upon knowledge of Solihull Approach, have support of more experienced users of the approach and update sessions'.

'Effective collaboration with other professionals to ensure improved client satisfaction'

Conclusions and Responses

This stage of the evaluation of the project has identified four principle areas of need from the responses of the healthcare professionals who completed the questionnaire. The first theme that emerged from the analysis of the healthcare professionals' responses was a need for increased knowledge and understanding. The First Steps team have therefore offered additional support to the healthcare professionals trained with six weekly follow-up consultation sessions

The second theme that emerged from the data was a need for more time to support families. Some practitioners reported feeling overwhelmed by their workload and reported only feeling able to carry out essential target driven tasks. 25 additional health visitors are in the process of being recruited to the Trust and it is hoped that this will result in practitioners having more time to support families in the near future.

The third theme that emerged from the data and was communicated verbally by many of the healthcare professionals during the training was a need for supervision and a greater level of support with their work. Discussions are currently underway to explore the adoption of a Restorative Supervision model for the health visiting teams in City and Hackney from 2014.

The final theme was the need for improved communication and partnership working. The First Steps team have recently begun offering the opportunity for clinical psychologists and healthcare professionals to work jointly with some families who require early intervention. Parents' experiences of working with practitioners using the Solihull Approach in City and Hackney are currently being evaluated.

Acknowledgements

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