RECOMMENDED NATIONAL CURRICULUM
Specialist Community Public Health Nursing - Health Visiting/School Nursing
(0-19 child public health nursing services)

Royal College of Nursing

March 2019

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Reader Information

Audience

Curriculum developers
Providers of health visitor education including higher education institutes, private providers, charities and other voluntary sector organisations
Health visitor and school nurse service providers
Strategic leads for health visiting and school nursing practice
Local Authority and NHS Commissioners of services and professional education
Health visitors and school nurses
Professional regulators
Professional associations
UK and national government health departments and their agencies

Document Purpose

Best practice recommendations

Title

Recommended National Curriculum: Specialist Community Public Health Nursing - Health Visiting/School Nursing (0-19 Child Public Health Nursing Services)

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Introduction

This document presents a Recommended National Curriculum (from here-on referred to as 'the curriculum') for Specialist Community Public Health Nursing – Health Visiting and School Nursing (SCPHN). It is presented in two sections:

Section 1

This introduces the background, approach and methods adopted in designing the curriculum including the guiding philosophy shaping its content. In addition, it provides more detail of the knowledge, skills and attributes identified as key to the recommendations for developing and enhancing SCPHN education.

Section 2

This operationalises the material generated in terms of skills and knowledge, linked to the evidence, theory and philosophical commitments outlined in Section 1. Together, these Sections are intended to provide a summary of the curriculum proposed for preparing health visitors and school nurses for delivering universal public health services for 0-19-year olds. The sections are a product of the partnership between the Institute of Health Visiting (iHV), Unite/Community Practitioner Health Visitor Association (CPHVA), United Kingdom Standing Conference (UKSC), National Forum of School Health Educators (NFSHE), School and Public Health Nurses Association (SAPHNA) and the Royal College of Nursing (RCN). Throughout the project, these stakeholders and their wider constituencies, have been engaged and informed the workplan to maximise relevance and applicability of the outcomes.

Section 1: Background to Designing the Curriculum

1.1 The Value of Health Visiting and School Nursing

Health visitors and school nurses provide invaluable services to all children and families (Public Health England [PHE], 2018) across the four countries of the United Kingdom and are described as a "Child Public Health Field Force" by the Director of Nursing, Public Health England (Bennett, 2017). They are key universal public health services that should be invested in as part of a national strategy to improve maternal health before and after pregnancy, help to tackle child poverty and inequality, and address avoidable child deaths (Royal College of Paediatrics and Child Health, 2018). The evidence for health visiting is robust. It focuses on how important health visitors are for preventative work within public health and where they are skilled at providing significant support and public health interventions within the preschool period to families, communities and individuals (Cowley et al, 2015). School nurses are particularly valued for their capacity to work with school-age children and young people delivering public health interventions and improving health outcomes. School nursing is valued as a non-stigmatising service working in collaboration with other health and education professionals (RCN, 2017).

1.2 Process of developing the curriculum

The curriculum was developed as a multi-stakeholder process including professional bodies and associations, higher education institutes (HEIs), educator groups, other professions and included employers, commissioners and providers of professional education. Users of professional education were also involved, including students and practice teachers via university partners. All stakeholders were asked to draw upon their service user networks and processes to inform their contributions. The Stakeholder Group adopted an evidence-based approach. It embraced the evidence base summated in the Why Health Visiting? review (Cowley, et al, 2013) of 30 years of research in health visiting and applied to school nursing (see Section 2.2). It also generated its own evidence within the scope and limitations of the Stakeholder Group and its constituent networks. There was no dedicated resource available to fund the project so it depended entirely on goodwill and *pro bono* contributions.

The project was overseen by a wide national Stakeholder Group encompassing each of the four nations in the UK. The Stakeholder Group set itself the following ambitions:

The National Curriculum for 0-19 Health Visitors/School Nurses Stakeholder Group will endorse a national curriculum to be available to be delivered by HEIs to educate Specialist Community Public Health Nurses (SCPHN), specifically health visitors and school nurses which will:

- Ensure that the curriculum is consistent with current evidence;
- Ensure consultation with HEIs through the UKSC network;
- Demonstrate consistency with the National Midwifery Council (NMC) (2004) Standards for SCPHN (Health Visitor/School Nurse);
- Demonstrate consistency with the Public Health Knowledge and Skills Framework;
- Detail the specific content to be covered;
- Ensure the existing evidence base in relation to content specific subjects has been reviewed;
- Evidence the selection of the strongest models for intervention for particular topic areas.

(Stakeholder Group Terms of Reference, 2016)

A writing group of educators was also convened to develop the core content, meeting twice over the lifetime of the project. There was also engagement with an expanded range of stakeholders at an interactive engagement event to test the emerging shape of the core content of the curriculum. The final draft was further tested by a call-out to a selection of groups including lecturers, students, service leaders, practice teachers and service users with whom they are connected.

In sum, the curriculum reflects a multiplicity of views and perspectives. The approach used consensus-building methods and, whilst there remains a diversity of views and contexts from which they arise, the final document provides a broadly agreed view from across the profession about the necessary components of a curriculum for preparing health visitors and school nurses. As such, it provides a firm basis for future developments in individual HEIs and, at a national level, should changes be proposed in regulation or programme content. This resulted in three 'diamonds' presented in Section 2.

To inform this work, several preliminary workstreams were completed to:

1. Scope the current health and social context and trends impacting on the future role of the health visitor/school nurse (Horizon Scan)
2. Survey programme leaders for SCPHN across the four nations
3. Appraise of a sample (n=10) of existing curricula across the UK

1.3 A Horizon Scan

The first workstream reviewed the policy context across the four nations and provided an overview of commissioned services for health visiting and school nursing within the UK-based on documentary analysis and some primary survey data on new and emerging models of service provision for 0-19s on the delivery of commissioned services (health visiting and school nursing).

1.3.1 The Contextual Challenges

The right number of health visitors and school nurses are required to be available, responsive and accessible to all families, communities and individuals for effective universal service provision. Within England, potential further Government budget cuts of 2.5% (2018-20) aimed at public health services (Buck, 2018) could affect the range of health visiting and school nursing service provision through a reduction in local authority (LA) funding. This is in addition to the changes that are occurring to the commissioning of education programmes for health visiting and school nursing, which has the potential to reduce the numbers in both services.

A meeting of the curriculum (0-19) Stakeholder Group in March 2017 identified that the delivery of commissioned services varied across England, Northern Ireland, Scotland and Wales depending on which part of the country they are situated. Services also varied between local authorities (LAs), especially within England. The nature of an integrated service provision was noted by the curriculum (0-19) Stakeholder Group as an important consideration, particularly for health visiting and school nursing services in more rural areas. It was also identified that there is a lack of a working definition of integration for 0-19 services applicable across the UK, considering what this means for providers, commissioners, HEIs and other key stakeholders.

1.3.2 The curriculum requirement

Higher Education Institutions (HEIs) involved in developing and delivering SCPHN educational programmes need a curriculum that reflects current policy and that can respond quickly to the pace and speed of emerging models of service delivery across the UK. Ultimately, the curriculum should support programmes to have longevity, flexibility, and meet the needs of a health visiting and school nursing workforce when students exit the programme. With other emerging training models such as apprenticeships (in England), the curriculum needs to be appropriate, timely and continue to focus on improving outcomes for children, families and communities. This also includes meeting the needs of families, children and young people through service integration within health, education and social sectors (Messenger and Molloy, 2014).

The curriculum requirement is strengthened by professional consensus across the UK at a time when service delivery is increasingly reflective of variability across the devolved administrations and localised commissioning across 150 separate local authorities in England. At the completion of this project (December 2018), the NMC is progressing with its Programme of Change for Education which includes a new Standards Framework for Nursing and Midwifery and new Standards for Student Support and Supervision that can be anticipated to impact upon the current SCPHN model of education in practice; and, in prospect, a review of the Standards of Proficiency for SCPHN by the NMC. Newly-developed standards for an apprenticeship-style preparation add another variation to the already variable scene. Protection of the public requires that service users across the UK can have confidence in the knowledge, skills and attributes of health visitors and school nurses wherever they practice. This document distils the distinctive content, level and context of curricula to prepare practitioners beyond the level of initial registration as a nurse and / or midwife presently regulated under the rubric of the SCPHN part of the professional register by the NMC. As a robust statement and current professional consensus about necessary programme requirements, it can serve as a reference point from which to develop new standards, as well as new curricula.

1.4 Survey of SCPHN Programme Leaders and analysis of curricula

Workstreams 2 and 3 developed agreed criteria to evaluate curricula across the UK informed by stakeholders representing health visiting and school nursing educators. Twenty-four UK HEIs providing the SCPHN programme responded to the survey of programme leaders conducted in

2016. All institutions responding to the survey provided both the health visitor and school nurse pathways and the opportunity to study the SCPHN educational programme as a postgraduate course. Twenty institutions also provided the course as an undergraduate bachelor's degree and four institutions only offer the postgraduate option (mainly as a postgraduate diploma). All the institutions reported sharing most or all of the modules delivered with other courses. That is, 13 institutions reported sharing all modules; nine institutions shared more than 50% of the modules; and two institutions offered a SCPHN course where 50% was shared with another course. Commonly shared modules were with those students completing the Community Specialist Practitioner course for preparing district nurses, general practice nurses and community children's nurses. A minority of SCPHN programmes included modules delivered to other health professionals and or social work students. Most SCPHN programmes were delivered face-to-face (n=15), though nine (38%) included remote teaching methods. There was only one programme that was delivered by remote methods alone.

1.4.1 Appraisal of a sample of existing curricula across the UK

A smaller sample of five HEIs were invited to provide more detailed information about the SCPHN courses provided. This revealed that the structure for courses was commonly organised against the NMC domains for practice as stated within the standards document (NMC, 2004). When modules were shared with other courses, these typically covered the topics of: research, leadership, safeguarding, child development and public health/health promotion. The modules that included topics such as infant feeding, obesity, immunisation, accident prevention, postnatal depression and domestic violence were commonly included within practice-specific modules. The Community practitioner nurse prescribers (V100) qualification was incorporated within all programmes, however a prescribing module was not a compulsory element in all courses. In one example, health visitor students could select either a safeguarding module or a prescribing module, however this option was not open to school nurses who were required to complete the safeguarding module. Each of the curricula reviewed included a range of assessments and all programmes included written and Objective Structured Clinical Examinations (OSCE), reflective writing, portfolio development and written assignment in an essay format. Novel approaches were also included such as: patchwork text analysis, serious case review evaluation and group presentations with service users contributing to assessment.

The intelligence generated as a result of the survey and existing curricula examination was presented to a UK-wide group of educators who worked together to develop the core content for the new recommended national curriculum. The UK-wide group of educators met in two workshops to develop, through exercises based on consensus-building methodology (Buchecker et al 2010; Clark, 2012), the content reflecting knowledge, skills and attributes required of SCPHNs as health visitors and school nurses.

The iHV acted as secretariat to the Stakeholder Group, collating and mapping outputs of workstreams to formulate the curriculum. This included mapping content in relation to the current NMC Standards for Proficiency, the Skills and Knowledge Framework for Public Health, educational themes derived from the Why Health Visiting? programme of research (Cowley et al, 2015; Whittaker et al, 2017; Malone et al, 2016), the European framework for quality standards in school health services and competences for school health professionals (WHO, 2014) and the developing Apprenticeship Standard for SCPHN in England overseen by the Institute for Apprenticeships. At the completion of this project (December, 2018), this document provides an authoritative consensus position to inform the NMC's review of the Standards of Proficiency for SCPHN as part of its Programme of Change for Education.

Section 2: The Recommended National Curriculum

2.1 The purpose and use of the Recommended National Curriculum

The purpose of the curriculum is to establish consensus across all stakeholders on the knowledge, skills and attributes required for health visitors and school nurses grounded in professional practice, accumulated wealth of research evidence and expert opinion to guide programme development across the UK. Crucially, this evidence includes research specifically focused on service user experience (Donetto et al, 2013) and all stakeholders committed to bring to the project their own learning from engagement with service user groups. The primary audience for this document consists of those groups and individuals involved in developing health visiting and school nursing (SCPHN) programmes. Therefore, it is aligned with service models as commissioned by service providers and references other frameworks that programme developers will need to take into account. It reflects the weight of evidence that has become available since the NMC Standards of Proficiency were first developed and published in 2004, as well as the experience of delivering programmes and services in a much diversified UK policy context. It is therefore expected that the curriculum will inform the NMC's evaluation and review of the Standards of Proficiency as part of its Programme of Change for Education.

2.2 The Knowledge, Skills and Attributes of the SCPHN in health visiting and school nursing

The Stakeholder Group achieved early consensus that the knowledge, skills and attributes required of SCPHNs in health visiting and school nursing rest on a shared orientation to practice, expressed through core practices in the delivery of care. These embody the philosophy of practice that distinguishes health visiting and school nursing as an extant mode of professional practice and occupational identity. Therefore, we commend this orientation to practice and its core practices, identified and illuminated by Cowley et al, 2015, as central to any curriculum philosophy adopted by programme developers.

In what follows, we outline the orientation to practice and associated core practices in the distinctive context of practice and in relation to the level of practice expected of SCPHNs.

We then outline:

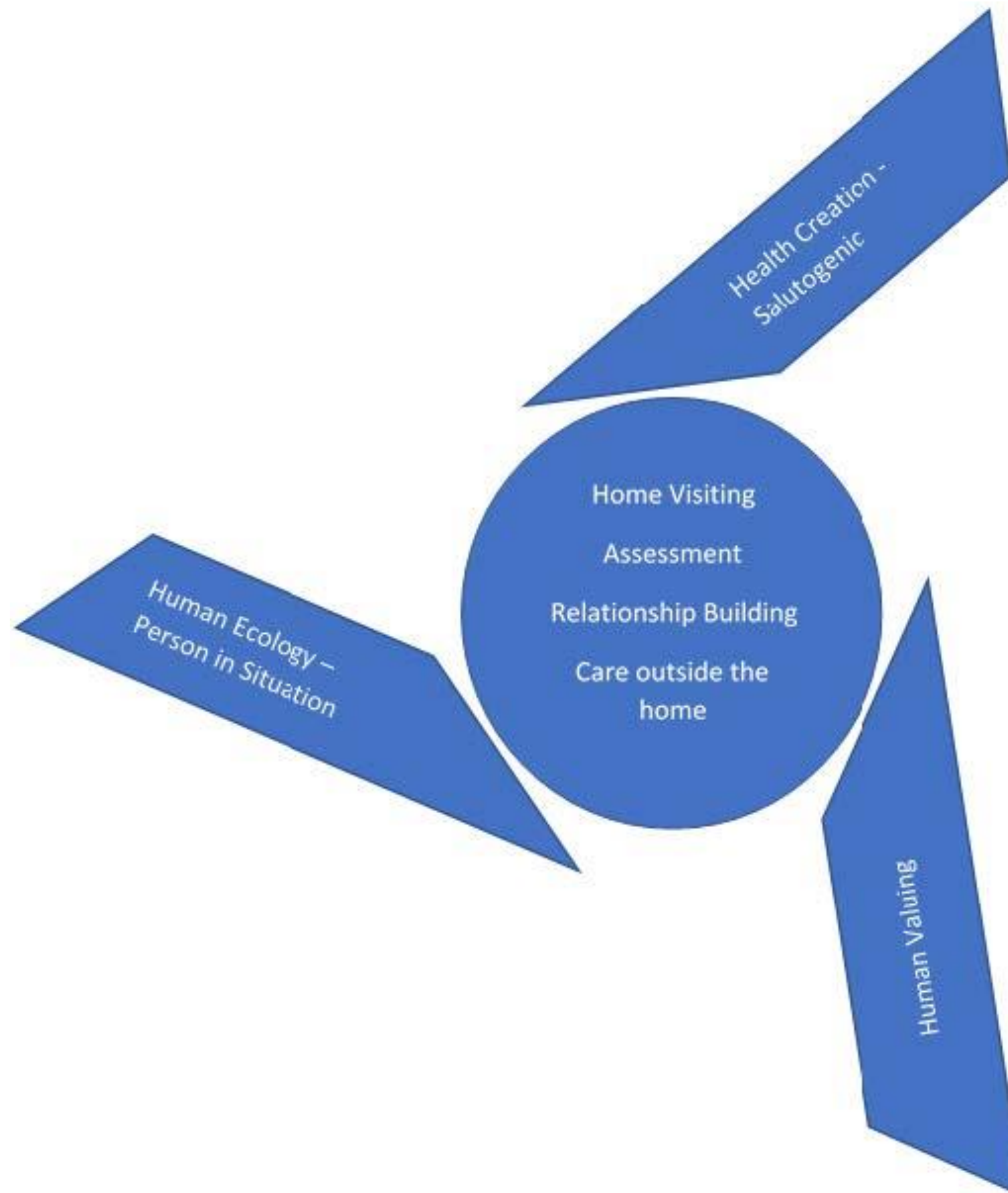
- The evidence base for this context and level of practice;
- A knowledge 'diamond';
- A skills 'diamond'; and
- An attributes 'diamond'.

Each of the above is accompanied by a brief exposition.

2.2.1 Health visiting and school nursing ‘orientation to practice’

Health visiting and school nursing have much in common with nursing, midwifery and other health professions, but can be distinguished as a higher level of practice that incorporates and adds to shared knowledge, skills and values in distinctive ways as shown schematically below (see Figure 1).

Figure 1: Visual schema representing the orientation for practice and process of care delivery (Cowley et al, 2015).



Thirty years of accumulated research demonstrates a consistent orientation to practice in health visiting that practitioners and leaders in school nursing consider applies equally to them:

i) A ‘salutogenic’ (i.e. health-creating) approach: proactive, identifying and building strengths and resources (personal and situational) and being solution-focused.

ii) Demonstrating a positive regard for others (human valuing), through keeping the person in mind and shifting (the health visitor’s or school nurse’s) focus to align with the needs of clients / families, recognising the potential for unmet need, actively seeking out potential strengths, maintaining hope.

iii) Recognising the person-in-situation (human ecology) through a continuing process, always taking account of the individual and their personal and situational circumstances, whether acting in the client’s space, the community or the workplace including the school or other setting.

This philosophical orientation is expressed in the practice knowledge developed by health visitors and school nurses in their core practices.

2.2.2 Core practices

i) Cultivating health visitor / school nurse-client relationships, which incorporates:
ii) Health visitor home visiting or school nurse outreach within schools and other settings such as clinics, Children’s Centres and non-formal community settings;
iii) Assessing health needs as both a process and mode of intervention at levels extending from individual through to population levels.

This orientation and unique combination of practices set apart health visiting and school nursing, with their focus on health rather than illness, from other workers in health and social care, making them the most appropriate workers to deliver and lead national child health promotion programmes such as the Healthy Child Programme (Department of Health, 2009). These components within a proactive, relationship-based approach to personalised public health enhance and clarify the **‘service journey’** for parents/families, children and young people (Cowley et al, 2018b). That is, it enables them to exercise their own agency to access and use health visiting and school nursing services and, through them, to more effectively utilise other services. This is of particular importance for

families, children and young people who may otherwise find services hard to reach or access.

2.3 Context and level of practice

The context of practice relates to the complexity of the level of practice. Context includes:

- Focus on ‘proportionate universalism’ (Marmot, 2010), that is, working across the population universally, identifying and facilitating prevention and health enhancement through graded levels of early intervention.

- Providing a personalised public health service at key stages of human development within an undifferentiated population-based caseload[1], often in uncontrolled or indeterminate environments such as the home, street, hostel.

- Leading and delivering preventative health programmes across boundaries defined by services, professions and provider organisations by orientating practice towards where people live and the determinants of health.

- Identifying and managing risk in conjunction and partnership with service users and with other services within policy frameworks.

- Operating across the spectrum of need, complexity and risk experienced by children and families at some of the most formative and sensitive or vulnerable periods of life.

- Utilising a very wide knowledge base to be able to respond effectively to the undifferentiated range of health issues within the client base and service context. This includes using clinical knowledge and skill in assessment and prescribing, for example, in support of managing minor illnesses.

2.4 Evidence-Based Practice

Health visiting and school nursing is grounded in evidence-based practice (EBP) and professionalism beyond the level of initial registration in nursing and midwifery. EBP provides the foundation for:

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[1] Health visitors and school nurses initiate care within unstructured population groups, undifferentiated by prior referral or assessment (for example, by a doctor), need, risk or ‘targeting’ .

1. The public health principles of proportionate universalism applied to service design and service delivery, this being a tiered approach. 'Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this *proportionate universalism*' (Marmot, 2010, emphasis added). Hence, health visitors and school nurses take a *tiered* approach to a universal preventative service that 'decades of brain science and developmental research suggest is most likely to ensure the health and wellbeing of young children' and beyond (Harvard Center on the Developing Child, 2007) combined with 'strengthening the capacities of caregivers and communities' The Foundations of Lifelong Health Are Built in Early Childhood

2. The spine of the service is a series of regular planned universal health visitor and school nurse reviews of the health and development of each child and young person in dialogue with their parents and family, often in the home or school setting when key transitions occur, at which evidence suggests health outcomes are determined and are open to influence (Public Health England, 2018).

3. Health needs are widely distributed within the normal population, including Adverse Childhood Experiences (ACEs)[2] and exposure to social, emotional and physical challenges within the environment that children experience in their everyday lives. Therefore, health visitors and school nurses utilise their skills to search for and identify health needs and provide personalised proportionate supportive care, support and facilitation, autonomously and in partnership with others.

4. Health needs assessment is a process that involves collecting, analysing and making use of evidence to guide practice; to engage the resources and capabilities of clients; evaluate service performance; measure outcomes; and to inform policy.

5. Health visitors and school nurses make use of a suite of evidence-based interventions and skills within the overall service offer that contribute to positive health outcomes at individual, family and community levels.

6. Health visitors and school nurses use evidence to influence policy affecting health at local level and beyond in advanced roles of strategic leadership for commissioning and / or business development.

[2] http://www.wales.nhs.uk/sitesplus/888/page/88504

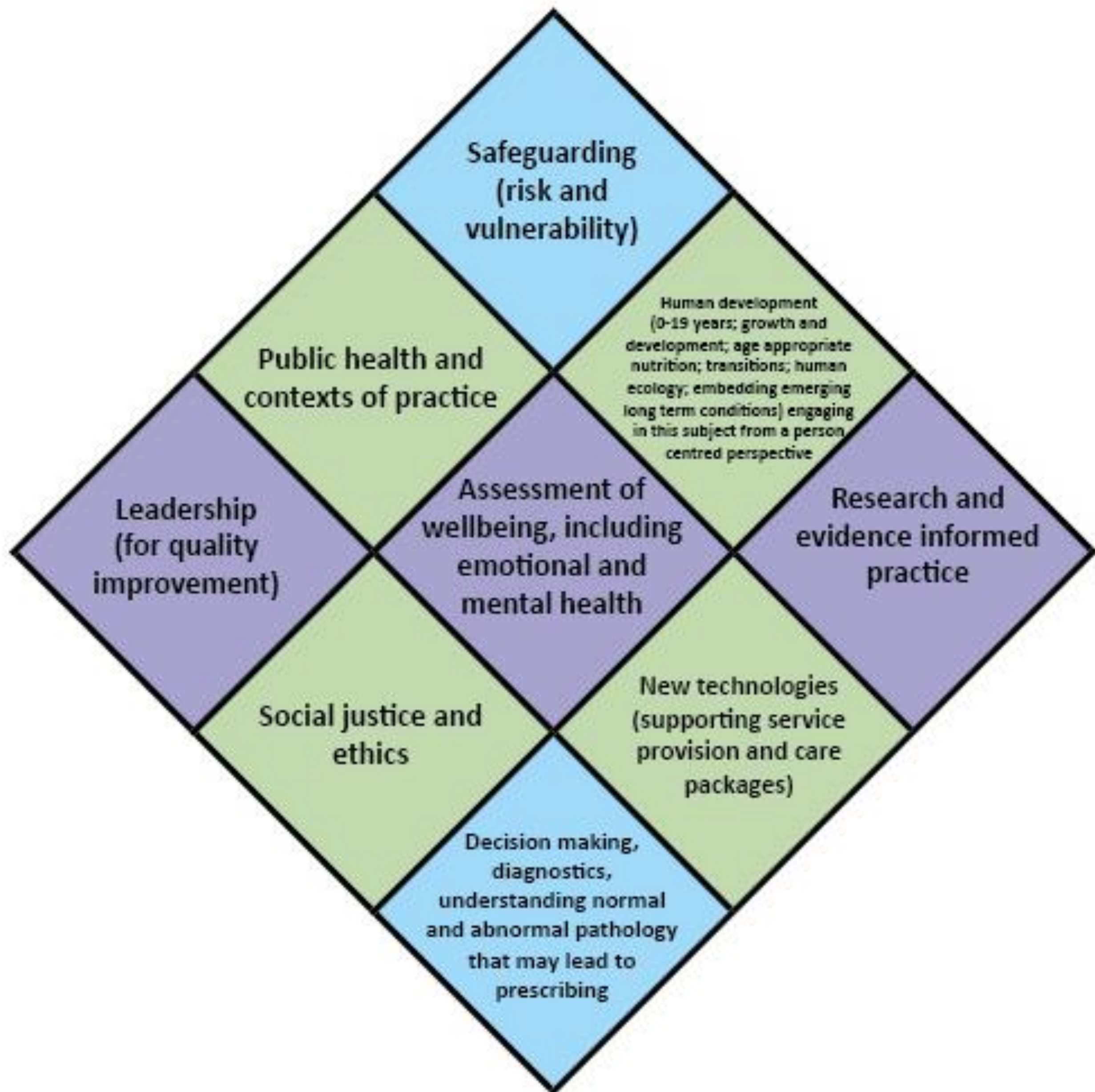
7. Health visitors and school nurses use evidence that the quality of relationships experienced by clients is key to the acceptability and effectiveness of the service they offer and to outcomes at individual, family and community levels.

Underpinning professional practice are the requisite knowledge, skills and attributes. The three 'diamonds' set out below were developed in a series of workshops for SCPHN educators. This followed in the footsteps of the consensus methodology adopted by educators who developed the principles of health visiting (Council for the Education and Training of Health Visitors (CETHV), 1977) forty years ago, which serve presently as domains in the NMC standards of proficiency. Ranking individual components for priority was attempted, but in practice this was found to vary according to context of application, and so no hierarchy should be inferred.

2.5 Knowledge of a Specialist Community Public Health Nurse – Health Visitor and School Nurse

In order to determine the key knowledge of a SCPHN (health visiting and school nursing), it was felt the following areas must be considered (see also Figure 2):

Figure 2: Knowledge of a Specialist Community Public Health Nurse – health visitor and school nurse



Knowledge exposition

It is emphasised that the diamond themes are broad, and all elements should be interwoven throughout the programme. The knowledge developed through formal education would build on existing knowledge gained through prior related study and work experience. For example, it is expected that human development would have been introduced within a pre-registration nursing or midwifery curricula. The 0-19 curriculum would support development of knowledge of individual **human development** specific to the prenatal and postnatal periods, preschool, school and college years. The term **human development** was identified as a broad term to capture the need for knowledge about growth and development and associated factors, such as nutrition,

genetics, social and emotional environments influencing healthy development and risks for abnormal pathology.

Assessing needs, including emotional wellbeing is identified as a separate topic, but would be closely aligned to understanding human development and thereby identifying realistic expectations depending on life-stage.

The above would be supported by two further key topics of research and leadership, often regarded as fundamental to those adopting a specialist practitioner role.

Research is key to achieving evidence-informed practice through knowledge of how to implement, as well as generate reliable and valid evidence, through service audit, evaluation and / or empirical research.

Leadership and a strong leadership identity are key for championing service quality, stimulating innovation and, where required, supporting change.

Communication, although not made explicit in the headings, would feature in most of the key topics and particularly as part of knowledge on human development (capacities at life stages), safeguarding, assessing needs and leadership (modes and styles of communication matched to context), and technology and ethics (protecting safety of information and public rights). (Communication as a set of skills is elaborated further below).

Likewise, an existing understanding of **technology** to aid recording and systems of reporting for achieving care delivery would be anticipated. In addition, innovations in the use of 'new technologies' will be embraced to support screening, diagnosis and care planning (for example, in the emerging field of genomics), as well as delivery of key information, building of social connectivity, and new ways of interacting with health and cultural systems, with due regard to emerging risks of the relatively unregulated spaces of new media.

A priority identified for knowledge development was an understanding of what leads to and makes people vulnerable and at risk from harm that would require actions to **safeguard** their wellbeing and interests, including trauma-informed care.

To deliver a service that accommodates the variety of situations (or ecology) surrounding people's lives, an understanding of **public health** is necessary to appreciate the factors determining impacts on the health of children, young people, their families and communities.

To complement knowledge and understanding of public health, needs assessment, vulnerability, service quality and research practice, another key topic concerning **social justice and ethical practice** will be necessary. Its inclusion will enable the learner to appreciate the reasoning and rationale for practice.

Critical to this will be the subject of **decision making** and assessment as part of forming a diagnosis or formulation of needs and taking action.

Together, knowledge of social justice, ethics and decision making will aid an ability to appraise whether planned care is in line with acceptable service goals and governance requirements. Where required, decision making and producing a diagnosis would also form fundamental knowledge for **prescribing**, but as a key topic, this may vary depending on the role of a health visitor or school nurse and local priorities.

2.6 Skills of a Specialist Community Public Health Nurse – Health Visitor and School Nurse

To determine the key skills of a health visitor or school nurse (SCPHN) it was felt the following areas must be considered (see Figure 3), including:

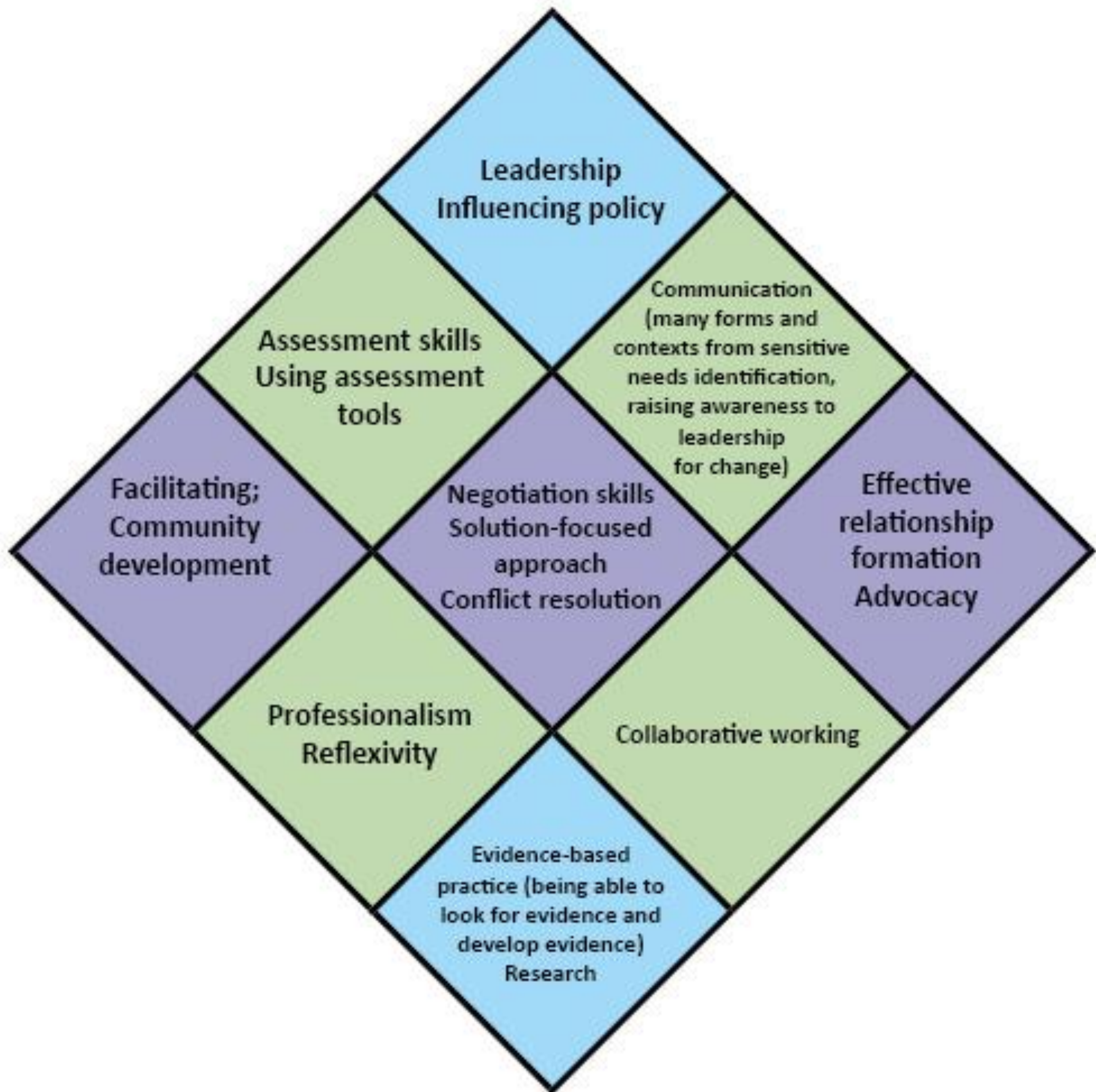
1) Consideration of what skills applicants bring to the programme from their Nursing and Midwifery preparation programmes and life skills (such as being person-centred, professional and self-reflective and aware);

2) The development of existing skills (such as communication skills in the context of home visiting or health needs assessment with well children and young people);

3) The 0-19 programme should facilitate ways of acquiring new skills (such as community development, higher-level leadership across boundaries, confronting parental resistance where there is failure to safeguard children);

4) The extent to which skills should be framed broadly (e.g. ‘communication’); grouped in clusters of discrete but related skills; or listed as prescribed skills or as indicative or a combination).

Figure 3: Skills of a Specialist Community Public Health Nurse – health visitor and school nurse



Skills exposition

The skills identified reflect the knowledge and attributes applied in practice. It is appropriate that the development of the skills of a health visitor or school nurse (SCPHN) are threaded throughout the practice element of the curriculum while being supported by the theoretical taught curriculum. While they may be included in specific competencies associated with a topic, intervention or programme, we believe that they should not be reduced to such competencies without being firmly grounded in the service orientation and core practices of health visiting and school nursing.

The NMC (2018) has set out its expectations for the proficiencies of all future nurses in respect of "Communication and Relationship Management skills". In doing so, in Annex A of the Standards, the Council *states that the level of expertise and knowledge required will vary depending on the chosen field of practice. Registered nurses must be able to demonstrate these skills to an appropriate level for their intended field(s) of practice.*

The generic skills of a health visitor or school nurse (SCPHN) can be mapped across all curricula within all higher education institutions to reinforce consistency within the SCPHN Nursing and Midwifery Council (NMC) (2004) Standards of Proficiency and in ways that can be detailed within clinical practice assessment documents. While the ***level of skills*** developed will build on prior knowledge, skills and attributes of the registered nurse or midwife, entrants to SCPHN preparation come from any of the five fields of practice (four nursing fields, plus midwifery), and so have developed relational and management expertise in very different contexts (Malone, et al, 2016). Therefore, these skills require further development to reflect the ***contextualisation of skills to community public health practice*** - especially the orientation to practice and core practices identified from the review of cumulative research evidence on health visiting and school nursing practice and their applicability to health visiting or school nursing (SCPHN) practice, 0-19.

Leadership has already been identified in terms of knowledge. Leadership understood as a skill particularly relates to **influencing policy affecting health,** this being one of the four domains of the NMC standards of proficiency (previously 'principles of practice'). This reflects a self-conscious orientation to health-producing activities and environments that health visitors and school nurses seek to develop through their influence (the ecological orientation to the person-in-situation, for example recognising how individual needs and experiences relate to trends within a whole school or neighbourhood and developing a community of practice to develop collaborative responses). The Healthy Child Programme (HCP) is strengthened by being led by health visitors and school nurses who operate in the home, schools and the community at the level of service delivery and across professional, agency and provider boundaries at the level of service organisation. Health visitors and school nurses need the ability and autonomy to shift their focus from one child or family member to another in a contact, or to vary it according to emerging needs, say of a child or young person, or the concerns of a parent. The **autonomy and flexibility to shift focus** from a previously unidentified or hidden need, even while undertaking apparently routine activities, enables health visitors and school nurses to accommodate service users' perspectives *and* meet the public health expectations of service commissioners. This is a form of clinical leadership that takes its authority from expert clinical knowledge and skill and applies it beyond the scope of prescribed tasks and at a level of education beyond training in prescribed competencies.

The primary vehicles for leadership within the sphere of influence for health visitors and school nurses are the social processes of leadership, e.g. *the communication and relationship management skills that are particularly critical to effective practice in health visiting and school nursing.* **Effective relationship formation** requires initiating, developing, renewing, sustaining and ending relationships with clients at key points of developmental transition or life events likely to have lasting impact for health and wellbeing. These skills are also applicable to the collaborative working for health improvement in partnership with service managers, commissioners, team colleagues and other services and frontline workers.

Although client contacts may be infrequent and episodic, health visitors and school nurses aim to maintain service continuity from the client perspective. This requires communication and relationship management skills to cultivate relationships with individuals, communities and populations to empower them to access and use services and to navigate the '**service journey'** (Cowley, et al. 2018) that may involve multiple professionals, agencies and settings.

The contextualisation of these skills in health visiting and school nursing applies to the need to build **relationships of trust** based on empathic communication, including when care has not been solicited by clients; while undertaking **assessments** for personally or culturally sensitive topics; and, when needed, challenging client accounts to safeguard others.

Assessment in health visiting and school nursing blends the collection of information, for example through interviewing, listening and questioning, with a mode of intervention in itself. These are combined in the two principles/domains of 'search for health needs' and 'stimulation of the awareness of health needs', respectively.

Needs assessment requires skilled use of a variety of **assessment tools** ranging from interpersonal skills through more technical procedures requiring specific training. Promotional interviewing and the use of promotional guides (Davis et al, 2005) are examples of how health visitors and school nurses can both assess needs and stimulate awareness of these needs in order to 'match agendas' and form a therapeutic alliance to work towards health-enhancing goals.

Leadership for change is, therefore, deeply embedded in the everyday practice of health visitors and school nurses as they engage with their clientele, but also extends effective relationship formation in the professional or organisational domain.

Establishing a collaborative, therapeutic alliance with clients (e.g. family, child or young person) can be particularly challenging at this ***level of practice*** when public health or social policy requirements are sometimes in tension with the felt needs, perceptions or motivations of clients,

for example, in respect of immunisation programmes or mandatory guidance on safeguarding. Furthermore, such interactions often take place in unregulated spaces such as the home, street or drop-in clinic where the practitioner is required to act authoritatively without direct support.

Health visitors and school nurses need to employ their communication and relationship management skills across the *spectrum of human development* from infancy, through childhood and adolescence and into adulthood. These need to be applied not only with individuals but with groups and families where there are powerful dynamics to be assessed and negotiated.

Negotiation skills, solution-focused approaches and conflict resolution to establish **collaborative working** applies not only to working with clients but also with communities and other professionals and agencies. Health visitors, and school nurses to a marked degree, achieve their influence through working with others over whom they have no direct authority and where shared values, goals and cultural references cannot be assumed to apply.

In the **multi-agency arena of practice**, health visitors and school nurses also need to establish effective **collaborative relationships** with agencies and professionals whose language, values and priorities may be at variance with each other. For example, the term 'supervision' can be employed differently in nursing, midwifery, health visiting, the Family Nurse Partnership, mental health services including Child and Adolescent Mental Health Services (CAMHS), social work, probation and so on; the indicators of 'school readiness' or 'attainment' applied to children are contestable but are embedded in institutional agendas in education; and 'early help' may be construed as early or late intervention according to professional perspective.

Health visitors and school nurses lead and deliver preventative health programmes **across boundaries defined by services, professions and organisations** by orientating practice towards where people live and the determinants of health. Hence, communication skills and relationship management apply to the **leadership** challenge of SCPHNs in health visiting and school nursing to be confident of their **leadership identity** and to promote 'collective leadership' beyond their own profession and agency to advance the health of children, families and communities.

Advocacy comes into play to give voice to children, young people and others whose needs may go unrecognised, be misunderstood or marginalised. Skills of **facilitation** are deeply embedded in the practice knowledge of health visitors and school nurses (reflecting the domain/principle of 'facilitating health-enhancing activities'). This involves supporting individuals, groups and communities to speak for themselves, recognise their strengths and draw on their assets to meet their own health needs or access services while exercising their rights and responsibilities.

Community development has a strong tradition within the profession that is frequently marginalised by service priorities focused on individual risks, e.g. safeguarding work. Nevertheless, the evidence for effective programme design in child and family public health supports the criticality of community capabilities alongside the continuum of preventative activities from health promotion, through early intervention to safeguarding and protective services. The potential for realising the skills of health visitors and school nurses in community development is contingent upon a system-wide recognition of the value of this ecological approach to the person-in-situation. Community development is an extension and application of the health-creating (salutogenic) orientation to practice and seeing the person-in-situation or the ecological orientation to practice. **Needs assessment** is, therefore, not only the skill of identifying problems or deficits, but of stimulating awareness of strengths and assets and mobilising resources for health with, and for, communities and their members.

We have addressed **evidence-based practice (EBP)** as a topic in its own right, suffice to add that **being able to look for and develop evidence** is part of the skill set of health visitors and school nurses (HVs and SNs) - combining their academic skills with local knowledge and their personalised delivery and leadership of child and family public health programmes (such as the Healthy Child Programme in England and equivalent programmes in Scotland, Wales and Northern Ireland). **Research** is an obvious source of formal evidence which professional programmes equip HVs and SNs to access, appraise and utilise in practice. This further informs their clinical leadership so that practice reflects best evidence tailored to the context of practice in which the quality of relationships is of central importance.

Professionalism applies to being responsible and accountable. The particular challenge to professionalism in health visiting and school nursing comes from the context and level of practice outlined previously. Health visitors and school nurses exercise a high degree of initiative and autonomy in proactively offering an unsolicited service to a clientele not predicated on pre-existing need or demand in highly diverse and unregulated environments. In this context, they need to make judgements about priorities and demonstrate persistence in seeking out vulnerable children and families, frequently dealing with sensitive issues and potentially conflicting agendas in the practice and professional arenas.

This requires high levels of **reflexivity,** that is, heightened self-awareness to be mindful of the dynamics of power between the practitioner and the client, family, other agencies and their own role. The interests of children and their developmental level of understanding of their interests can be at variance with adults such as parents or other carers and in multi-agency arenas.

Reflexive professionalism requires that health visitors and school nurses take responsibility for judgements, decision making and professional behaviour at this level of complexity.

These skills will need to be observed and assessed by the practice assessor and others, e.g. practice supervisors in terms of key skills and in any written reflective accounts of work or other evidence presented by the student to show how the SCPHN standards have been achieved. In Appendix 1 we provide reference points that may be used by HEIs in constructing their practice assessment documentation.

2.7 Attributes of a Specialist Community Public Health Nurse – Health Visitor and School Nurse

Determination of the key attributes of a health visitor or school nurse (SCPHN) takes into account:

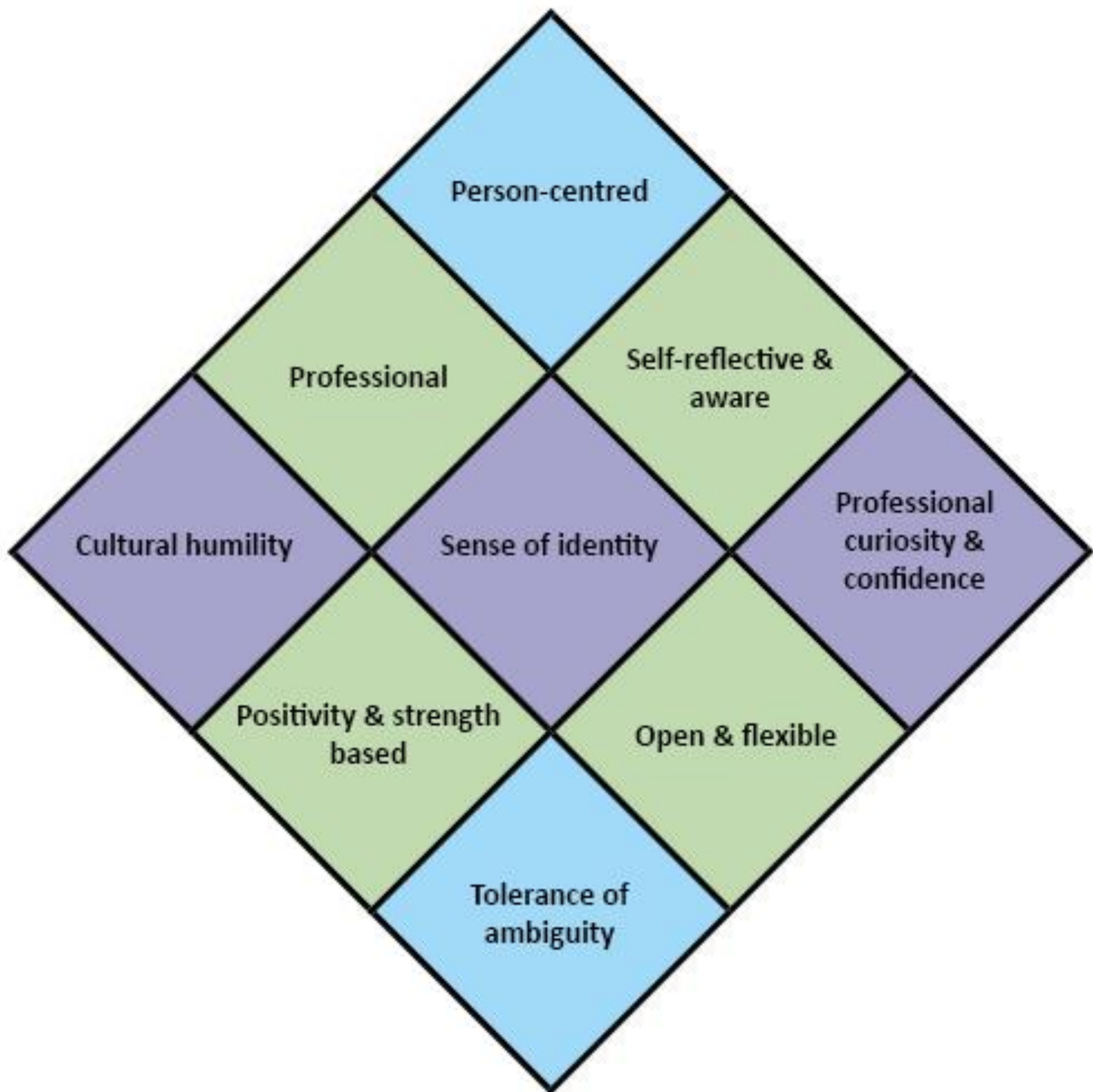
1. Whether applicants bring certain attributes to the programme from their Nursing and Midwifery preparation programmes and other professional/academic expertise and/or life experience (such as being person-centred, professional and self-reflective and aware);

2. The development of existing attributes (such as cultural humility, positivity, and being open and flexible).

The 0-19 programme should facilitate ways of acquiring, developing and evidencing such attributes commencing with the selection process to identify candidates who have or can develop the required attributes to operate in multiple settings. Health visiting and school nursing (SCPHN) are commissioned in different ways in the four countries of the UK but in all cases, they are part of the wider public health workforce, of children's services, of primary and community care. Additionally, they collaborate across local government, NHS and the third sector, whilst (in some cases) being employed in different settings, including private and social enterprises. All must adhere to the NMC Code and demonstrate the NMC standards of proficiency in their role.

The identified attributes are shown in Figure 4.

Figure 4: Attributes of a Specialist Community Public Health Nurse – health visitor and school nurse



Attributes exposition

Person-centred: This includes placing the growing **child or young person** at the centre of practice in the context of their **family, community and culture**. This attribute is an essential basis for the advanced core skill of health visitors and school nurses, which is to build trusting **relationships** built on empathic communication, including when care has not been solicited by clients; while undertaking assessments for personally or culturally sensitive topics; and, when needed, challenging client accounts to safeguard others.

Cultural humility: Practitioners must be receptive to and respectful towards the health experience of very diverse cultures, unmediated by the institutional context of clinical

environments such as the hospital or clinic. At the same time, practitioners need to make judgements about where cultural relativism and legal frameworks and human rights can come into conflict in order to protect children and families. Reducing discrimination, oppressive practices and inequality are fundamental principles of health visiting and school nursing.

Self-reflective and self-aware: Practice requires practitioners to have a very highly developed awareness of how their sense of self can impinge on their interpretation of health needs and behaviours as they deal with the social, emotional and cultural dimensions of health and wellbeing.

They also need to practise mindful care for their own **resilience** and capacity for **compassion** in their relationships with clients and colleagues when subject to stress.

Professional curiosity and confidence: Practitioners must be able to call into question behaviour or care that places children or other vulnerable persons at risk of significant harm and to take action based on well-informed judgment in concert with others.

Positivity and strength-based: Practitioners must be able to promote health and wellbeing that builds on individual human potential and the health assets of families and communities, even under adverse circumstances, to build resilience and capacity for health. Health visitors and school nurses must be able to **advocate** for health and wellbeing in ways that enhance the assets, capabilities and resilience of clients and communities.

Open and flexible: Practitioners working with individuals and families within an **undifferentiated population-based caseload** must be able to work in non-routine based work patterns and be responsive to the emerging needs of families and service requirements, while keeping clear line of sight on key deliverables.

Tolerance of ambiguity[3]: The context of practice requires a positive embrace of ambiguity in balancing clinical and other commitments in decision making and actions while achieving a working objectivity in relation to needs assessments, professional ethics, legal frameworks and evidence-based practice, for example by making effective use of clinical supervision.

[3] Tolerance of ambiguity is the ability to be open to more than one interpretation of an event or situation. This is essential for the varied and unpredictable nature of an undifferentiated caseload, diverse populations and multiple settings for practice delivery. Ambiguity is common within such contexts and is a feature of the practice situation, not of the practitioners' response, which needs to retain clarity.

Professional: Practitioners must exercise their professional **accountability** in ways that are congruent with the NMC Code for nurses and midwives and their philosophy of practice as health visitors and school nurses embodied in their orientation to practice, taking responsibility for the **integrity** of their behaviours and decisions, often taking place outside of direct observation, for example in the home or other community settings.

They must also set, monitor and take responsibility for enhancement of **standards of care** in the context of **leadership** of skill-mix teams, delegated responsibility and multi-agency partnership working.

Identity: Health visitors and school nurses routinely practise across, or at the boundaries of other areas of occupational activity or agency jurisdictions. This is essential to their capacity to facilitate patient/client journeys across these boundaries. A strong sense of **professional identity** is required to keep in view the commitment to universal primary prevention without being diverted to accept proxy responsibility for other agencies or groups that provide more 'targeted' services when demand is high and resources are constrained. Professional identity for HVs and SNs must include '**leadership identity'** as they retain a strong sense of directedness set by their professional orientation to practice within a highly dynamic and open-ended practice environment, mobilising resources for health with families, the skill-mix team and multi-professional colleagues across agency boundaries.

2.7.1 Attributes within professional practice and the SCPHN programme

Attributes as outlined do not simply reside within individuals, but they develop and are expressed within a relational context of practice. They are called forth and nurtured by a collegiate culture and effective professional supervision which includes, but is not limited to, safeguarding supervision that maintains a focus on the child and child safety. Effective supervision will have an emotionally restorative function and will be provided by individuals with the ability to create a culture of learning. It will develop strengths and solution-focused strategies to utilise the full scope of their leadership potential; and provide constructive feedback and challenge to health visitors and school nurses using advanced communication skills to facilitate reflective supervision. The embedding of these attributes with professional practice provides the context in which the SCPHN programme can support their development for students. The development of the attributes of a SCPHN need to be threaded throughout the programme to inform recruitment and selection of potential students, as well as the theoretical taught curriculum and practice experience. They can be mapped across various assessments in

order to clearly highlight where they would be assessed and demonstrated by the SCPHN student contextualised to practice.

While it is acknowledged that each HEI will interpret national guidance in order to develop its own curriculum, the attributes of the SCPHN can be mapped across all curricula within all HEIs. In addition, and potentially more importantly, these attributes will also need to be mapped to the SCPHN NMC (2004) Standards of Proficiency and be detailed within clinical practice assessment documents. These attributes will then need to be observed and assessed by the practice teacher/practice assessor and others in any reflective pieces of work and in evidence presented by the student to show how the SCPHN standards have been achieved.

Appendix 2 of this document undertakes mapping against the domains of the current NMC (2004) Standards of Proficiency as well the Skills and Knowledge Framework for Public Health (2016).

Section 3: Conclusion and recommendations

This document draws its strength from the input from all stakeholders in the delivery of health visiting and school nursing services across the United Kingdom. The process of developing this document has been deliberative and, as such, encompassed substantial diversity and variability in the context of policy, resourcing and service delivery. An outcome of this is that it is difficult to determine finely grained detail about the content of a recommended national curriculum. On the other hand, it has fostered the distillation of the shared orientation to practice and core practices embraced by health visitors and school nurses across all four nations. These are rooted in the growing evidence base for universal primary preventative child public health delivered in a highly personalised manner. This recognises the centrality of the quality of relationships that infants, children and young people experience with those who care for them and the social and material environment in which they grow up. It likewise recognises the centrality of the quality of relationships that health visitors and school nurses develop and sustain with children, families and other services.

The context and level of practice that this entails requires a curriculum that is distinctive and extends beyond the level of initial registration as a nurse or midwife. Academically, this requires a level of knowledge at postgraduate level and, in practice, it requires a level of preparation to lead and deliver care in highly contingent environments in order to be responsive to the wide spectrum of client and community health needs, to lead across professional and organisational boundaries, and to provide evidence-based care in partnership with both service users and other professionals and agencies.

The Stakeholder Group recognises that the current status of educational preparation of health visitors and school nurses is subject to a highly dynamic range of influences across the four nations of the UK and the many commissioning authorities in England. We, therefore, do not present this document as a static 'final word'. There is much more that could be included in a curriculum, for example in relation to teaching and learning, assessment, detailed content of knowledge and skills inventories, quality assurance and so on. We recognise there are other authoritative sources informing such decisions. We, therefore, commend this document to programme developers and wider stakeholders to inform their work. In particular we:

- commend this document to the Nursing and Midwifery Council as it proceeds with its Programme of Change for Education and reviews the Standards for Specialist Community Public Health Nursing;
- endorse health visiting and school nursing as a distinctive level and form of practice that warrants regulation, to assure the public of the professional standards that they can expect of registrants prepared for and practising as health visitors and school nurses.

Next Steps

- The document will be published online and hosted by the Institute of Health Visiting that has initiated the Curriculum Project and provided the secretariat.
- The iHV will use its good offices to also post on its website related resources and examples of good practice that stakeholders have shared, with their permission (see Appendix 1).
- The iHV will supplement the document by inviting stakeholders to contribute to the growing repository of sources of evidence for health visiting and school nursing practice and education.
- The iHV will determine with stakeholders subsequent dates and processes for the review of the document and relevant updates in the light of developments in professional education.

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Appendix 1: Curriculum reference points supporting the National Recommended Curriculum

NMC Standards

Standards of Proficiency for Specialist Community Public Health Nurses

https://www.nmc.org.uk/standards/standards-for-post-registration/standards-of-proficiency-for-specialist-community-public-health-nurses/

Standards framework for nursing and midwifery education (Part 1 of Realising professionalism: Standards for education and training)

https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/

Standards for student supervision and assessment (Part 2 of Realising professionalism: Standards for education and training)

https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/

Skills and Knowledge Framework for Public Health

https://www.gov.uk/government/publications/public-health-skills-and-knowledge-framework-phskf

Self-assessment tool for Health Visitors (Scotland)

http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4089149/247c1ebd-ee2b-4c4b-abdd-56c58066f624.pdf

School Nursing Practice self-assessment tool (Scotland)

http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4089148/502d2909-af19-4bee-b3c9-b1ce4791ea5c.pdf

NHS Education for Scotland Community of Practice

http://www.knowledge.scot.nhs.uk/child-services/communities-of-practice/health-visiting-and-school-nursing/5-to-18-years.aspx

Healthy Child Wales Quality Assurance Programme

http://fis.ceredigion.gov.uk/wp-content/uploads/2016/09/29690_Healthy-Child-Wales_combined.pdf

Vision for health visiting and framework for school nursing in Wales

https://gov.wales/topics/health/professionals/nursing/early/?lang=en

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(Refers to All-Wales Clinical Portfolio).

Institute for Apprenticeships – Apprenticeship Standard for SCPHN (England)

https://www.instituteforapprenticeships.org/apprenticeship-standards/specialist-community-and-public-health-nurse/

Institute of Health Visiting

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Appendix 2: Mapping of Skills across the *Why Health Visiting?* research, educators, public health and NMC Standards

<table>
<tr><th>Skills derived from Why Health Visiting? programme of research</th><th>Skills identified by SCPHN HV&SN educators</th><th>Public Health Skills and Knowledge Framework</th><th>NMC Standards of proficiency (2004)</th></tr>
<tr><td>Assessment Skills
(Assessment as event and as process / intervention)</td><td>Assessment skills
Using assessment tools
Facilitating;
Community Development</td><td>KSFA1:(all) Measure, monitor and report population health and wellbeing; health needs, risks and inequalities; and use of services.

KSFA2:(all) Promote population and community health and wellbeing addressing the wider determinants of health and wellbeing.</td><td>NMC Domain: Search for Health Needs
Principle: Surveillance and assessment of the population’s health and wellbeing
• Collect and structure data and information on the health and wellbeing and related needs of a defined population.
• Analyse, interpret and communicate data and information on the health and wellbeing and related needs of a defined population.
• Develop and sustain relationships with groups and individuals with the aim of improving health and social wellbeing.
• Identify individuals, families and groups who are at risk and in need of further support.
• Undertake screening of individuals and populations and respond appropriately to findings

NMC Domain: Stimulation of awareness of health needs
Principle: Working with, and for, communities to improve health and wellbeing
• Communicate with individuals, groups and communities about promoting their health and wellbeing.
• Raise awareness about the actions that groups and individuals can take to improve their health and social wellbeing.
• Develop capacity and confidence of individuals and groups, including families and communities, to influence and use available services, information and skills, acting as advocate where appropriate.</td></tr>
</table>

Skills derived from Why Health Visiting? programme of research	Skills identified by SCPHN HV&SN educators	Public Health Skills and Knowledge Framework	NMC Standards of proficiency (2004)
Relationship Skills	Effective relationship formation Communication Advocacy		**NMC Domain: Search for health needs** *Principle: Surveillance and assessment of the population's health and wellbeing* • Develop and sustain relationships with groups and individuals with the aim of improving health and social wellbeing. **NMC Domain: Stimulation of awareness of health needs [Individual / family level]** *Principle: Working with, and for, communities to improve health and wellbeing* • Communicate with individuals, groups and communities about promoting their health and wellbeing. • Raise awareness about the actions that groups and individuals can take to improve their health and social wellbeing. • Develop capacity and confidence of individuals and groups, including families and communities, to influence and use available services, information and skills, acting as advocate where appropriate.
Access and service journey skills (Includes HV home visiting and other work outside the home such as clinics and non-formal community settings or SN outreach within schools and other settings)	Negotiation skills Solution-focused approach Conflict Resolution Collaborative Working Leadership Influencing policy	**(KSF A5.3, A5.4 & A5.5; B1.3; B1.5)** • A5.3: Engage stakeholders (including service users) in service design and development, to deliver accessible and equitable person-centred services. • A5.4: Develop and / or	**NMC Domain: Stimulation of awareness of health needs [Individual / family level]** *Principle: Collaborative working for health and wellbeing* • Raise awareness about health and social wellbeing and related factors, services and resources. • Develop, sustain and evaluate collaborative work.

Skills derived from Why Health Visiting? programme of research	Skills identified by SCPHN HV&SN educators	Public Health Skills and Knowledge Framework	NMC Standards of proficiency (2004)
		implement standards, protocols and procedures, incorporating national 'best practice' guidance into local systems. • A5.5 Quality assure and audit services and interventions to control risks and improve their quality and effectiveness. • B1.3 Develop and implement action plans with, and for, specific groups and communities, to deliver outcomes identified in strategies and policies. • B1.4 Influence or lead on policy development and strategic planning, creating opportunities to address health needs and risks, promote health and build approaches to prevention. • B1.5 Monitor and report	**NMC Domain: Facilitation of health-enhancing activities [Individual / family level]** *Principle: Developing quality and risk management within an evaluative culture* • Prevent, identify and minimise risk of interpersonal abuse or violence, safeguarding children and other vulnerable people, initiating the management of cases involving actual or potential abuse or violence where needed. **NMC Domain: Facilitation of health-enhancing activities [Community / school / population levels]** *Principle: Developing quality and risk management within an evaluative culture* • Strategic leadership for health and wellbeing. • Apply leadership skills and manage projects. *Principle: Strategic leadership for health and wellbeing* • Apply leadership skills and manage projects to improve health and wellbeing. • Plan, deliver and evaluate programmes to improve the health and wellbeing of individuals and groups. *Principle: Ethically managing self, people and resources to improve health and wellbeing* • Manage teams, individuals and resources ethically and effectively.

Skills derived from Why Health Visiting? programme of research	Skills identified by SCPHN HV&SN educators	Public Health Skills and Knowledge Framework	NMC Standards of proficiency (2004)
		on the progress and outcomes of strategy and policy implementation, making recommendations for improvement. **KSF** A2:(all) Promote population and community health and wellbeing addressing the wider determinants of health and wellbeing.	**NMC Domain: Stimulation of awareness of health needs [Community / school / population levels]** *Principle: Collaborative working for health and wellbeing* • Raise awareness about health and social wellbeing and related factors, services and resources. • Develop, sustain and evaluate collaborative work. **NMC Domain: Influence on policies affecting health** *Principle: Developing health programmes and services and reducing inequalities* • Work with others to plan, implement and evaluate programmes and projects to improve health and wellbeing. • Identify and evaluate service provision and support networks for individuals, families and groups in the local area or setting. *Principle: Policy and strategy development and implementation to improve health and wellbeing* • Appraise policies and recommend changes to improve health and wellbeing. • Interpret and apply health and safety legislation and approved codes of practice with regard for the environment, wellbeing and protection of those who work with the wider community. • Contribute to policy development. • Influence policies affecting health. *Principle: Research and development to improve health and wellbeing* • Develop, implement, evaluate and improve practice on the basis of research, evidence and evaluation.

Skills derived from Why Health Visiting? programme of research	Skills identified by SCPHN HV&SN educators	Public Health Skills and Knowledge Framework	NMC Standards of proficiency (2004)
			NMC Domain: Facilitation of health-enhancing activities *Principle: Promoting and protecting the population's health and wellbeing* • Work in partnership with others to prevent the occurrence of needs and risks related to health and wellbeing. • Work in partnership with others to protect the public's health and wellbeing from specific risks.
Evidence-based interventions and programmes (skills that operationalise orientation to practice and core practices)	Evidence-based practice Research	Specific interventions within national child public health programme, e.g. the Healthy Child Programme	• Specific interventions within national child public health programme, e.g. the Healthy Child Programme

Appendix 3: Curriculum Project Stakeholder Group

(*Reference Group Members)

NAME	POSITION/ORGANISATION
Professor Ros Bryar **(Chair, Stakeholder Group)**	Trustee of the Institute of Health Visiting
*Dr Karen Stansfield	Head of Department, Education and Quality – Institute of Health Visiting - (Project Manager), until June 2018
*Victoria Gilroy	Projects and Evaluation Lead, Institute of Health Visiting
Jean Cowie	Scottish representative, NHS Education for Scotland
Yvonne Savage	Royal College of Paediatrics and Child Health
*Jane Wright	National Forum of School Health Educators
Dr Lynn Sayer	United Kingdom Standing Conference on Specialist Community Public Health Nurse Education (UKSC)
Joy Murray	Chair, United Kingdom Standing Conference on Specialist Community Public Health Nurse Education (UKSC)
Jackie Brocklehurst	Health Education England
Dr Robert Nettleton	Education Lead, Institute of Health Visiting
*Dr Karen Whittaker	Reader in Child and Family Health, University of Central Lancashire
Mary Rafferty	Northern Ireland representative – Health and Social Care – Public Health Agency
Mary Saunders	Queens Nursing Institute - Project Manager
*Maggie Coates	Community Practitioners and Health Visitors Association (CPHVA) / Unite
Helen Donovan	Professional Lead for Public Health Nursing, Royal College of Nursing
Teresa Owen	Executive Director of Public Health, Wales
*Dr Denise Knight	Royal College of Nursing
Jill Beswick	School and Public Health Nurses Association (SAPHNA)
Professor Dame Sarah Cowley	Trustee of the Institute of Health Visiting
Lynn Hoppenbrouwers	Strategic Health Lead, Contact a Family
Penny Greenwood	Public Health England, Associate Lead Nurse – Children and Young People and Families
Dr Cheryll Adams, CBE	Executive Director, Institute of Health Visiting
Carmel Lloyd	Royal College of Midwives (RCM)
Donna Taylor	Lead Nurse / Senior Public Health Practitioner, Blackpool Council
Anne Bender	Nursing and Midwifery Council (NMC)
Mary Malone	Florence Nightingale Faculty of Nursing and Midwifery at King's College, London / (UKSC)
Lorraine Mulroney	Senior Children and Young People’s Lead, NHS England
Rosalind Godson	Professional Officer, Community Practitioners and Health Visitors Association (CPHVA) / Unite

NAME	POSITION/ORGANISATION
Obi Amadi	Lead Professional Officer, Community Practitioners and Health Visitors Association (CPHVA) / Unite
Rachel Cullum	Policy Coordinator Association of Directors of Public Health
Nicola Close	Chief Executive at Association of Directors of Public Health (ADPHA)
Sharon White	Professional Officer, School and Public Health Nurses Association (SAPHNA)
Una Turbitt	Assistant Director for Nursing, Midwifery and Allied Health Professionals, Public Health Agency (PHA), Northern Ireland
Susan Key	Associate Director, NHS Education for Scotland
Victoria Strong	Nursing and Midwifery Council
Susan Jones, MBE	Wales Representative- Lead Nurse School Nursing Service
*Maxine Jamieson	Associate Professor, Primary and Community Care, London South Bank University