



Applying the NMC Standards of Proficiency for Specialist Community Public Health Nurses in Health Visiting Practice: A Practical Resource

March 2026

Reader Information

This Institute of Health Visiting resource provides practical suggestions of examples of health visiting practice mapped to the NMC Standards of Proficiency for Specialist Community Public Health Nurses (SCPHNs) (NMC 2022). The purpose of this resource is to:

- list a range of examples of health visiting practice, mapped to the NMC Standards of Proficiency for SCPHNs, to assist students with identifying learning opportunities and developing learning plans and actions to achieve proficiency against each standard
- support practice assessors and practice supervisors who facilitate learning opportunities and develop joint learning plans to enable timely and successful student progression
- provide a professional development resource to assist NMC-registered health visitors with preceptorship and revalidation processes and demonstrating compliance with the NMC Standards of Proficiency for SCPHNs

Please note: The examples provided in this resource are to illustrate possible suggestions only. The examples are not exhaustive or mandatory, and there is no expectation that they are used. Students may have alternative or similar examples, including those drawn from their own practice experiences or case examinations, which may demonstrate evidence across multiple spheres. It is recommended that this resource is used in conjunction with professional dialogue between students, practice assessors, and supervisors. Individuals are encouraged to exercise professional judgement and adapt any approaches to suit their local context.

The Institute of Health Visiting offers a wide range of resources, and learning and development training programmes to support practitioners in their professional development. See <https://ihv.org.uk/> for more information or contact info@ihv.org.uk or training@ihv.org.uk

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Sphere of influence A: Autonomous specialist community public health nursing practice

Sphere of Influence	Examples of Practice
<p>A.1 demonstrate the ability to practice with a high level of autonomy, entrepreneurship and innovation as a specialist community public health nurse</p>	<ul style="list-style-type: none"> ▪ Demonstrate advanced skills and knowledge in independently observing, assessing, planning, delivering, and evaluating care for babies, children, and families, while recognising when to seek guidance. ▪ Make important practice decisions independently. Refer to appropriate evidence and policy when explaining things. ▪ Use evidence-based assessment frameworks to identify and understand family and community health needs. Be able to critique the relevance and value of frameworks when applied to practice situations. ▪ Recognise and analyse health inequalities, exploring innovative and evidence-informed approaches that may help to improve outcomes for babies, children, families and communities. ▪ Contribute actively to service improvement activities by reflecting on practice, identifying areas for development, and engaging in discussions and activities about potential changes.
<p>A.2 be an effective ambassador, role model and compassionate leader, and a positive influence on the profession</p>	<ul style="list-style-type: none"> ▪ Demonstrate leadership in an area of practice. ▪ Role model effective team working by using clear, respectful, and culturally-sensitive communication that supports shared understanding. ▪ Apply principles of compassionate leadership by encouraging colleagues, contributing positively to team morale, and demonstrating empathy in everyday interactions. ▪ Advocate for the role of health visiting at every opportunity, for example, with families or during meetings with partner agencies, by clearly explaining your role and the vital contribution of health visiting to government health missions of prevention and early intervention.

	<ul style="list-style-type: none"> ▪ Provide informal support to colleagues, including new starters and students, by offering guidance, sharing knowledge, and contributing to a positive learning environment. ▪ Consistently show integrity, accountability, and engagement with evidence-based practice, ensuring actions align with professional standards and current research.
<p>A.3 use an expanded knowledge of the links between global and national socio-economic and political strategies and policies and public health to drive and influence their own field of SCPHN practice</p>	<ul style="list-style-type: none"> ▪ When tailoring support for families experiencing multiple disadvantages, make decisions that are mindful of policies concerning early years, poverty and health inequalities. Demonstrate action that can make the most of policy opportunities as well as work around limits. ▪ Demonstrate action that is sensitive to the socio-economic determinants of health, to ensure that interventions are relevant to the local need. ▪ Contribute to the development of interventions that address key social determinants of health, such as housing, education, and employment, drawing on evidence and relevant public health frameworks. ▪ Demonstrate an understanding of global and national influences on health, including awareness of global strategies such as the WHO ‘Health for All’ agenda and the United Nations Sustainable Development Goals, national child health programmes, and other relevant policies and strategies aimed at improving health and reducing health inequalities.
<p>A.4 select and apply relevant legal, regulatory and governance requirements, policies and ethical frameworks to their specialist community public health practice, differentiating between the devolved legislatures of the UK</p>	<ul style="list-style-type: none"> ▪ Demonstrate a clear understanding of safeguarding legislation and local safeguarding procedures, applying them appropriately, seeking supervision, and senior guidance when required. ▪ Adhere to GDPR requirements and confidentiality principles when handling, recording, and sharing sensitive information about babies, children and families. ▪ Demonstrate an awareness of independent regulatory bodies that ensure healthcare services provide safe, effective, compassionate, responsive, high-quality care. Participate in quality review processes such as how they are implemented, monitored, and evidenced within the service.

	<ul style="list-style-type: none"> ▪ Consistently apply relevant legal, regulatory, governance, and ethical frameworks to ensure that practice remains safe, effective, equitable, and aligned with professional standards. ▪ Maintain high-quality record keeping in line with the NMC Code, ensuring documentation is clear, accurate, timely, and reflective of professional accountability.
<p>A.5 lead on the application of legislation, guidance and advice regarding sustainable development goals, including environmental factors and other pollutants that affect the health and wellbeing of people now and in the future</p>	<ul style="list-style-type: none"> ▪ Demonstrate an understanding of environmental factors that impact infant, child and family health, such as smoking in the home, poor housing and air pollution, explain how these conditions affect health and lead evidence-based actions to reduce their impact. ▪ Provide examples of public health messages and national health recommendations, demonstrating leadership of application in practice to support behaviour change and improve health outcomes for babies, children and families. ▪ Instigate discussions and actions relating to sustainability within the service, critically consider how environmental factors influence infant, child and family health and long-term wellbeing, and the wider public health agenda.
<p>A.6 influence and promote health as a fundamental human right and as a shared value through engagement, inclusion and participation</p>	<ul style="list-style-type: none"> ▪ Promote health at every contact, take a rights-based approach, drawing on legislation, current evidence and policy guidance, tailoring care to meet individual needs. ▪ Advocate for fair, equitable and accessible universal health visiting services to meet the needs of all families, with additional services to support the needs of families experiencing disadvantage, vulnerability, or at risk of discrimination and exclusion. ▪ Demonstrate inclusive and culturally sensitive practices that uphold dignity and respect diversity, ensuring that the voices of marginalised or under-represented families are recognised and considered. ▪ Promote and facilitate inclusion by involving parents and carers in co-producing aspects of local health initiatives, supporting services to reflect the diverse needs and experiences of the community.

	<ul style="list-style-type: none"> ▪ Apply appropriate feedback mechanisms to gather views on both service delivery and individual health visiting practice, reflecting on this information to identify areas for improvement.
<p>A.7 make professional judgements and decisions, and work in complex, unfamiliar and unpredictable environments, proactively identifying actions and solutions to problems that may have many interacting factors</p>	<ul style="list-style-type: none"> ▪ Demonstrate advanced communication skills and reasoned professional judgements when managing complex situations and critically reflect on these situations during supervisory meetings. ▪ Work in partnership with families and recognise changing needs, adjust priorities, and contribute to flexible plans that respond appropriately to both immediate concerns and longer-term support. ▪ Demonstrate professional judgement in challenging situations by drawing on evidence, ethical principles, and relevant risk assessments (clinical, safeguarding, environmental, and social) to inform timely decisions and collaborate effectively within multi-agency systems. ▪ Show proficiency in conducting comprehensive risk assessments, identifying levels of immediate and long-term risk, and supporting the implementation of action plans that safeguard babies and children while promoting holistic family wellbeing.
<p>A.8 lead and promote public health provision that is person-centred, anti-discriminatory, culturally competent and inclusive</p>	<ul style="list-style-type: none"> ▪ Lead and role model culturally sensitive practice. Tailor health information and interventions to reflect families' cultural preferences, beliefs, and communication needs, while ensuring recommendations remain aligned with current evidence-based practice. ▪ Actively promote inclusive and non-discriminatory practice, sensitively challenging situations, written communications or policies when they do not reflect equity, diversity, inclusion, or best practice principles. ▪ Deliver trauma-informed and strengths-based approaches that respect cultural values, language needs, and lived experiences, supporting families in a way that promotes empowerment, safety, and facilitates trusting relationships. ▪ Support a psychologically safe and inclusive team culture, valuing differences, using culturally-respectful language, challenging stereotypes or assumptions where they arise.

<p>A.9 demonstrate critical awareness of stigma and the potential for bias, taking action where necessary to educate others and resolve issues arising from both</p>	<ul style="list-style-type: none"> ▪ Complete reflective exercises that provide evidence of self-appraisal following client contacts, assessments, and health-promotion conversations. Use critiquing methods to identify where unconscious bias or assumptions may have influenced communication or decision-making. Develop action plans to improve practice. ▪ Identify and explain practice situations where and how discriminatory attitudes, unconscious bias, or stigma may impact care, engagement, and equity. Recognise situations where additional vigilance or adaptation is required to ensure fairness. ▪ Use person-centred, strengths-based language and adapt communication to avoid stereotyping or stigmatising phrasing, promoting dignity, understanding, and equitable engagement. ▪ Demonstrate awareness of local resolution policies and guidance relating to stigma and bias. ▪ Practise allyship by demonstrating intentional action to support, amplify, and advocate for marginalised or underrepresented groups.
<p>A.10 recognise the need for and lead on action to provide reasonable adjustments for people, groups and communities, influencing public health policy change and best practice</p>	<ul style="list-style-type: none"> ▪ Contribute to team or service meetings by highlighting where reasonable adjustments are needed, influencing small-scale policy or procedural changes and evidencing how these adaptations improve accessibility and practice. ▪ Lead working groups established to address service delivery challenges. ▪ Work collaboratively with service users and key stakeholders to co-design reasonable adjustments, such as interpreter use, accessible formats, flexible appointments, or home-based contacts, to ensure services are responsive to individual and community needs.
<p>A.11 demonstrate the advanced numeracy, literacy, digital and technological skills required to meet the needs of people, communities and the wider population, to ensure</p>	<ul style="list-style-type: none"> ▪ Use organisational digital systems and equipment confidently to document practice accurately and communicate effectively with professionals across the multi-agency network. ▪ Critically analyse local and national data to identify emerging trends and contribute to team discussions on service planning, caseload priorities, and population-health needs.

safe and effective specialist public health nursing practice

- Identify and use accessible, evidence-based digital resources to signpost individuals and families to relevant health information, ensuring suitability for diverse needs and abilities.

Sphere of influence B: Transforming specialist community public health nursing practice: evidence, research, evaluation and translation

B.1 assess the impact and benefits of local and national health and other policies on the health and wellbeing of people, communities and populations

- When participating in professional meetings and discussions, demonstrate a knowledge of and ability to critique relevant country-specific and UK-wide national child and family health policy - this will be specific for each UK nation and assess how their priorities and recommendations influence local service provision, delivery and population-health outcomes.
- Analyse local population data to develop a community profile that identifies the health needs of specific groups, neighbourhoods, and vulnerable populations, informing targeted public health responses.
- Use local outcome data (e.g., healthy weight, nutrition, developmental metrics) to identify gaps between national policy intentions and local 0–5 service delivery, highlighting areas where further alignment or adaptation is required.
- Reflect on how local and national health policies across the life course address, or fail to address, health inequalities, accessibility barriers, and cultural relevance for diverse communities.
- Contribute to the collection of high-quality data through accurate clinical documentation and participation in pilot projects, supporting evaluation of public health nursing interventions and informing policy-aligned service improvement.

B.2 identify, evaluate and proficiently use multiple sources of evidence and research relevant to people, communities and populations to inform specialist community public health nursing practice

- Incorporate current research, policy, and guidance into reflective entries within the Practice Assessment Document (PAD), demonstrating critical evaluation of evidence and its application to practice.
- Share up-to-date evidence with colleagues during team learning sessions or journal clubs, supporting evidence-based discussion and collective learning.
- Contribute to knowledge translation and use evidence relating to the wider determinants of health, such as domestic abuse, poverty, housing or mental health, to inform assessments and interpret risk in a broader public health context.
- Use a range of evidence sources, such as NICE guidance, local public health data, and iHV resources, to prepare for home visits, ensuring information is current, accurate, and tailored to the family's needs.
- Critically discuss the quality, relevance, and limitations of evidence with practice supervisor/assessor, considering how each source informs decision-making and documenting the rationale in accordance with local policy.

B.3 identify gaps in research, evidence and policy that impact on public health nursing practice and influence how to address these

- Identify gaps within national frameworks such as national Healthy Child Programmes and highlight areas requiring further research or policy development, proposing practical actions to strengthen alignment with population needs.
- Review local and national datasets to determine whether relevant evidence exists, identify gaps in information, for example, vaccination uptake or housing overcrowding, and suggest ways to obtain or improve data quality.
- Present findings on identified evidence or policy gaps to colleagues and lead discussions on their implications, disseminating insights through concise reports, posters, or team presentations.

	<ul style="list-style-type: none"> ▪ Contribute to reviewing iHV resources or similar professional guidance to ensure local service materials remain aligned with best practice and incorporate emerging evidence where guidance is limited or evolving. ▪ Select a public health topic (e.g., SIDS, infant feeding, jaundice, motor development, immunisations) and undertake a structured evidence review, critically appraising the evidence to ensure advice remains current, acknowledging areas where research is limited or inconclusive.
<p>B.4 utilise and effectively participate in new areas of research across interdisciplinary and interagency teams related to public health priorities and interventions</p>	<ul style="list-style-type: none"> ▪ Share learning gained from alternative placements or training with the wider team, highlighting implications for health visiting practice and emerging research priorities. ▪ Support data-collection activities such as focus groups or surveys, contributing to research and evaluation processes within interdisciplinary or interagency projects. ▪ Explore how new research findings can be integrated into routine health visiting contacts and share key evidence-based messages with colleagues to promote consistency across the team. ▪ Maintain awareness of wider research developments within and beyond health visiting that may influence service delivery or support for families, and discuss their relevance with colleagues. ▪ Actively seek opportunities to engage with teams involved in public health initiatives or research projects to enhance understanding of emerging evidence and interdisciplinary approaches.
<p>B.5 use reliable data, statistics and informatics to lead on and support policies and programmes that improve the health outcomes of people, communities and populations</p>	<ul style="list-style-type: none"> ▪ Demonstrate knowledge of key public-health datasets and interpret this information to assess local health needs and identify priority areas for targeted intervention. ▪ Identify and use reliable topic-specific data sources (including a range of quantitative and qualitative data sources), such as Domestic Abuse, Stalking, and Honour-Based Abuse (DASH) assessments, local Key Performance Indicators (KPIs), to understand service demand and inform evidence-based planning. ▪ Interpret public-health data at neighbourhood, regional, and national levels, including deprivation indices, to understand contextual differences and their impact on population-health outcomes.

	<ul style="list-style-type: none"> ▪ Join relevant working groups/professional meetings to present clear and engaging data summaries using charts, trend analyses, or visual dashboards – alongside qualitative data to support team discussions and inform shared decision-making. ▪ Apply awareness of geographical variations in public health need during assessments and use local intelligence to guide appropriate referrals, signposting, and service planning.
<p>B.6 identify where insufficient information and data is available to inform public health priorities and national intervention strategies and how this may be addressed by refining data sets or in recognising the need for further study</p>	<ul style="list-style-type: none"> ▪ Identify areas where data collection is incomplete or inconsistent and reflect on underlying reasons, such as recording practices or system constraints. Propose practical actions to improve data quality. ▪ Recognise gaps in existing evidence and propose sector-led improvement approaches or research priorities (with research questions) to address areas where knowledge is limited or outdated. ▪ Reflect on barriers to effective data collection, including equity, diversity and inclusion considerations and suggest improvements to ensure more complete and representative data. ▪ Engage in professional discussions, including opportunities to liaise with commissioners, to highlight data gaps and contribute to conversations about improving information systems and public health priorities. ▪ Identify gaps in data relating to health inequalities, such as incomplete information on ethnicity, socio-economic status, or geographical differences and highlight implications for understanding population need. ▪ Demonstrate accurate and complete data collection during initial health assessments to contribute robustly to national statistics and support reliable surveillance of public health priorities.
<p>B.7 critically appraise epidemiological research and demonstrate its use in evidence-based specialist public health nursing practice</p>	<ul style="list-style-type: none"> ▪ Critically appraise local public health data and reports, evaluating their methodology, data quality, and relevance to population-health priorities to improve health and reduce inequalities. ▪ Analyse data using principles of epidemiological theory and reflect with practice assessor/supervisor on how this informs risk assessment, trend interpretation (for the population and specific groups

	<p>experiencing inequalities in access to healthcare and outcomes), to support evidence-based decision-making.</p> <ul style="list-style-type: none"> ▪ Apply knowledge of epidemiological concepts, such as incidence, prevalence, and risk factors to practice areas like immunisation uptake and breastfeeding trends, reflecting on how these strengthen evidence-based care. ▪ Participate actively in professional meetings and forums, contributing epidemiological insights to discussions on population health trends, service needs, and intervention planning. ▪ Select and critically appraise an epidemiological study relevant to public health priorities, such as childhood obesity or immunisation uptake, and interpret the findings to inform SCPHN practice and health-promotion messaging.
<p>B.8 synthesise and apply knowledge from research, evaluation, audit and global innovation that leads to improvements in the health of people, communities and populations and addresses health inequalities</p>	<ul style="list-style-type: none"> ▪ Demonstrate understanding of local population health and inequalities, and evidence actions taken in practice to address them (e.g., targeted outreach, adapted resources, co-production). ▪ Implement evidence-based practice approaches and programmes, adapting delivery to local needs and evaluating reach and impact within the local community. ▪ Synthesise local audit findings, national research, and international best practice to design targeted immunisation outreach, or targeted language development initiative, infant feeding initiative or accident prevention initiative, documenting rationale and outcomes (e.g., uptake in local communities). ▪ Apply systematic reviews, epidemiological studies, and NICE/iHV guidance to inform practice changes, and evaluate effects on access, quality, and equity. ▪ Disseminate synthesised learning through concise briefings or team sessions, highlighting what to adopt, adapt, or cease, and proposing next steps for service improvement.
<p>B.9 apply the evidence base theory and principles of public health and nursing practice to support</p>	<ul style="list-style-type: none"> ▪ Discuss with PS/PA family case studies that evidence an understanding and application of health behaviour theory, strengths-based partnership approaches, and evidence-based behaviour change

innovative approaches to influence people's motivation, choices and behaviours

models. Show how to apply knowledge and skills required to support families' motivation, choices, and sustained behaviour change.

- Use structured Family Health Needs Assessments and a guided conversation approach (rather than a 'tick box' approach) to identify risk and resilience factors, building on families' strengths, and opportunities for change, informing tailored interventions.
- Apply motivational-interviewing or Family Partnership Model (client-centred approach to communication) techniques to explore ambivalence, enhance intrinsic motivation, and support families to set achievable, health-promoting goals.
- Explore what matters most to families and build on their strengths and preferences to co-create healthier, sustainable habits, using motivational and strengths-based principles.
- Use restorative-practice principles, including single session approaches, to build trust, enhance family agency, and support collaborative behaviour change planning.

B.10 critically appraise the evidence that informs new innovations in public health programmes, including genomics, and evaluate early success measures and impact on population health outcomes

- Demonstrate understanding of the NHS Genomic Medicine Service, including available tests and local referral pathways, and appraise how genomic advances contribute to early identification of risk and improved health outcomes.
- Review evidence on outcomes for children in care, such as the impact of placement stability on health and development, and evaluate how innovative, evidence-based approaches can support improved and timely interventions.
- Critically appraise the evidence underpinning clinical and public health guidelines, considering their strengths, limitations, and likely impact on population-health outcomes.
- Apply genomic knowledge during assessments by recognising biological and hereditary influences on health and development, supporting early identification of risk and appropriate intervention planning.

	<ul style="list-style-type: none"> ▪ Identify developmental patterns or family histories suggestive of genetic conditions and make timely referrals to genomic services in line with evidence-based pathways. ▪ Engage with and promote public health screening programmes, such as newborn blood spot screening, newborn physical examination screening or cervical screening, to understand the evidence base, early success measures, and population level impact of genomic and metabolic screening initiatives.
<p>B.11 share outcomes and lessons learned from audit, research and evaluation in specialist public health nursing practice locally and nationally and across sectors through professional and peer reviewed processes.</p>	<ul style="list-style-type: none"> ▪ Participate in incident or serious-case review discussions, identifying key lessons learned and contributing to the dissemination of findings across the team to support safer practice. ▪ Engage in local, regional, or national research and quality-improvement forums, contributing reflections and sharing insights to support learning. ▪ Present audit or evaluation findings to colleagues through concise reports, posters, or presentations, facilitating discussion and supporting shared understanding of outcomes. ▪ Produce clear summaries of lessons learned, highlighting strengths and areas for improvement, and disseminate these across relevant teams to support shared learning and consistent practice. ▪ Contribute to service-improvement case examples for organisational review, reflecting on impact, transferable learning, and how findings can inform wider public health practice.

Sphere of influence C: Promoting human rights and addressing inequalities: assessment, surveillance and intervention

<p>C.1 critically analyse the factors that may lead to inequalities in health outcomes and health inequity and take appropriate action to mitigate</p>	<ul style="list-style-type: none"> ▪ Assess social and environmental factors contributing to health inequities and plan, deliver, and review targeted interventions, such as referrals to baby banks or food banks, to reduce immediate and longer-term disadvantage.
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their impact on people, communities and populations

- Identify barriers faced by families in temporary accommodation, such as transport, instability, and lack of privacy, and mitigate these by offering flexible alternatives including home visits and community-based appointments.
- Use local population data and case trend analysis (e.g., Windshield survey findings) to prioritise home visits in high need areas and discuss patterns with practice assessor/supervisor/team lead to support equitable allocation of service resources.
- Apply understanding of how parental health issues, such as mental illness, substance misuse, or chronic conditions, contribute to health inequalities and incorporate this into analysis and care planning decisions.
- Analyse geographical barriers, such as rural isolation, transport limitations, and reduced service availability, and integrate this into care planning to ensure equitable access for families across different locations.

C.2 demonstrate compassionate leadership in applying human rights, equality, diversity and inclusion, to improve the health and wellbeing of people, communities and populations

- Demonstrate compassionate leadership by delivering inclusive, evidence-based group interventions that promote equitable access to health information and reduce disparities in early years outcomes.
- Advocate for the rights and wellbeing of the child in multi-agency forums, ensuring their voice is central to decision-making and that human rights and equality principles guide all actions taken.
- Promote equality and inclusion by advocating for culturally appropriate and accessible parent support resources, ensuring delivery methods and environments meet the needs of diverse and underserved families.
- Apply inclusive communication principles by adapting information to meet varied language, literacy and learning needs, using interpreters and accessible materials to ensure equitable engagement.
- Lead with compassion by using restorative and partnership-based approaches to co-produce plans with families, upholding dignity, promoting autonomy, and strengthening their ability to overcome inequities.

C.3 appreciate the legal, ethical, moral and spiritual needs and challenges that may be faced when promoting population health, helping to mitigate barriers to enable people and families to live to their full potential

- Maintain accurate, confidential records in line with legal and ethical standards, while demonstrating sensitivity to families’ religious beliefs, values and individual needs.
- Provide culturally sensitive, non-judgemental information and guidance that respects family beliefs while ensuring safety and adherence to policy and evidence-based public health guidance.
- Adapt service delivery to accommodate cultural and spiritual practices, such as religious festivals, while working respectfully with families’ beliefs and values to support equitable access to care.
- Respect parental autonomy while promoting public health by offering clear, evidence-based information in a supportive, non-judgemental manner that enables informed decision-making.

C.4 assess the impact of complexity and comorbidity and their impact on people, communities and populations, in order to share knowledge and lead on person-centred public health approaches

- Whilst discussing case allocation with PS/PA, recognise how interacting factors, such as parental mental health, housing instability, and emerging child development concerns, contribute to complexity and inform the level and type of health visiting support required.
- Assess how challenges such as disability, parental mental health, communication difficulties or low health literacy impact engagement, and use this insight to tailor person-centred and accessible interventions.
- Adapt communication and intervention approaches by providing clear explanations, breaking information into manageable steps. Ensure any connection to other services is accessible and relevant to each family’s circumstances.
- Collaborate with multidisciplinary teams, such as early help, GPs, mental health and specialist services, to understand family health needs and coordinate action to address the multifaceted needs of families experiencing complexity.
- Use population-level data to identify trends in complexity and comorbidity and advocate for targeted, person-centred public health interventions.

C.5 develop, promote and support opportunities to educate individuals on the risks to themselves and others of the abuse of tobacco, alcohol and other substances and potentially addictive behaviours

- Demonstrate proactive and opportunistic tailored action to address concerns or risks associated with addictive behaviours.
- Apply evidence-based knowledge of the health impacts of addictive behaviours to deliver tailored interventions that support individuals to reduce risk and make informed choices.
- Support parents' learning and understanding of the impact of addiction and second-hand smoke on child health, using clear, non-judgemental communication to promote safer environments. Provide brief interventions, connect to stop smoking services, and offer follow-up encouragement.
- Provide clear, evidence-based information on alcohol and substance use during pregnancy and the postnatal period, adapting explanations to the parent's level of understanding and readiness to change.
- Promote harm reduction strategies, such as reducing alcohol intake and minimising exposure to smoke in the home, and highlight relevant community and digital support options to empower families.

C.6 conduct, interpret and evaluate health assessment and screening, surveillance and profiling checks and interventions, and immunisation and vaccination programmes for people, communities and populations

- Apply knowledge of the Routine Childhood Immunisation Schedule to promote vaccine uptake, address barriers, and use evidence-based guidance to inform discussions with families.
- Conduct routine child development assessments across all developmental domains, accurately interpreting typical and atypical milestones to inform surveillance, early identification of need and timely intervention.
- Record assessment outcomes accurately to contribute to population level surveillance, supporting service monitoring, planning, and early identification of public health trends.
- Review immunisation clinic attendance patterns, identify barriers impacting uptake, and suggest practical improvements, such as clearer reminders or flexible appointment options to enhance accessibility and uptake.

	<ul style="list-style-type: none"> ▪ Use community profiling to identify local health risks, screening needs, and inequalities, informing targeted assessment and vaccination strategies.
<p>C.7 ensure equitable and accessible services for all through improved health literacy communication and networking</p>	<ul style="list-style-type: none"> ▪ Apply a public health approach to managing minor illness by providing clear, accessible health literacy support, ensuring families, including those with lower literacy, language needs or limited-service access, can understand symptoms, use self-care strategies and know when and where to seek further help. ▪ Make timely and appropriate referrals to ensure families can access the most suitable support, reducing barriers, and promoting equitable service access. ▪ Link families with relevant community resources, such as children’s centres and peer-support groups, and follow up to identify and address access barriers, including transport or confidence issues. ▪ Share strategies with colleagues to simplify communication and support families with lower health literacy, improving the accessibility and inclusivity of service interactions. ▪ Collaborate with partner agencies to ensure families receive coordinated, timely support from the most appropriate professionals, enhancing access and continuity of care.
<p>C.8 consult with, listen to and support people, communities and populations when assessing, planning and co-producing public health interventions</p>	<ul style="list-style-type: none"> ▪ Gather feedback from service users and local communities by attending children’s and family groups, using their views to inform and refine public health interventions. ▪ Work collaboratively with early help partners, such as family centres, community charities, Home-Start and Citizens Advice Bureau, to coordinate support for families with complex needs and work in partnership with families and services to develop person-centred plans. ▪ Co-produce a health-promotion session, such as introduction to solids foods, toilet training or play workshop, with local parents by gathering their views on topics, cultural practices and preferred delivery formats, then incorporating their feedback into the session design.

	<ul style="list-style-type: none"> ▪ Evaluate the impact of changes made to group interventions, noting improvements in engagement and understanding, and share outcomes with the wider team to support continuous service development. ▪ Engage in multi-agency early help and safeguarding processes to co-produce coordinated plans that reflect the needs and priorities of children and families.
<p>C.9 use models, evidence and concepts to plan, conduct and evaluate population level interventions to address specific public health issues</p>	<ul style="list-style-type: none"> ▪ Use evidence-based models to plan and deliver population-focused interventions, to address identified public health needs. ▪ Monitor local demographic data, such as age distribution of parents or planned housing developments, to anticipate emerging needs and inform population-level service planning. ▪ Apply public health planning principles to use resources efficiently, considering service constraints while prioritising interventions that maximise population impact. ▪ Adapt health messaging, clinic schedules and outreach methods in response to evaluation findings to improve accessibility and engagement across priority population groups.
<p>C.10 apply understanding of determinants of health to develop culturally responsive and inclusive public health interventions with people, communities and populations</p>	<ul style="list-style-type: none"> ▪ Make timely referrals and connect families with relevant local resources, ensuring interventions reflect cultural, social and environmental determinants of health. ▪ Collaborate with Inclusion Teams and Specialist Health Visitors to support vulnerable groups, ensuring interventions are culturally responsive and address wider determinants impacting health and access. ▪ Provide evidence-based advice that incorporates family values, cultural identity, and social circumstances, ensuring guidance is accurate, respectful and reflective of wider determinants of health. ▪ Use Family Health Needs Assessment and early help assessment tools to analyse how wider determinants of health shape family wellbeing and influence access to services, informing inclusive and targeted interventions.

	<ul style="list-style-type: none"> Assess the cultural appropriateness of community provisions, such as food banks, to identify gaps and advocate for adjustments that better meet the needs of diverse families.
<p>C.11 lead on identifying vulnerable people, families, communities and populations and take action to support, safeguard and protect them, and coordinate timely care and other responsive support when needed</p>	<ul style="list-style-type: none"> Use the Family Health Needs Assessments to identify unmet or hidden vulnerabilities and determine the level of support or safeguarding action required. Identify signs of vulnerability, such as communication difficulties, social isolation, inconsistent engagement, or unmet additional needs, through routine contacts, and escalate concerns promptly to agree appropriate safeguarding actions. Maintain clear, factual documentation of observations, decisions and actions in line with policy to ensure timely information sharing, continuity of care, and safe safeguarding practice. Conduct safeguarding risk assessments in accordance with local protocols and share concerns promptly with the multi-agency safeguarding team to coordinate timely and appropriate protective action.
<p>C.HV1 critically analyse and apply evidence-based knowledge of the determinants of health, intergenerational cycles of deprivation and health inequalities that affect the mental, physical, cognitive, behavioural, social, and spiritual health and wellbeing of children, parents, carers and families</p>	<ul style="list-style-type: none"> Contribute to multi-agency meetings focused on an unborn child, by sharing information and analysing risks and vulnerabilities, considering older children’s needs and intergenerational patterns that influence family health and wellbeing. Analyse how wider determinants such as poverty, insecure housing, parental mental health and social isolation can affect a family’s ability to meet their child’s needs, and use this analysis to inform supervision and intervention planning. Partake in sharing observations in supervision and case discussions to support the team’s collective understanding of how structural inequalities are influencing family engagement and child outcomes. Provide evidence-informed support to vulnerable families by addressing social, economic, environmental and cultural determinants including income, education, housing, employment and healthcare access, to improve holistic wellbeing.

<p>C.HV2 provide support to parents, carers and families in understanding what is needed to secure healthy development and wellbeing of infants and children</p>	<ul style="list-style-type: none"> ▪ Assess child development from 0–5 years, developing clinical skills augmented by evidence-based tools, and working in partnership with families to gain a full picture of a child’s strengths and needs. Provide tailored guidance to help parents optimise their child’s health, development, and wellbeing. ▪ Provide evidence-based information on immunisations, offering open, supportive discussions to address vaccine hesitancy, misinformation, and concerns about efficacy. ▪ Explain key aspects of healthy infant development, such as safe sleep, responsive caregiving, communication, feeding and routines, in clear, accessible language, using visual tools (e.g., brain development videos) to enhance understanding of positive early interaction.
<p>C.HV3 continually assess and skilfully adapt to different environments and complex situations in order to identify and advocate for those families most at risk, while at all times safeguarding the welfare of the child and others at risk</p>	<ul style="list-style-type: none"> ▪ Conduct home-based assessments during home visits, identifying risks of physical or emotional harm and following safeguarding procedures, including referrals to specialist services when required. ▪ Identify emerging risks, such as inconsistent parental supervision of child/ren or parental distress, and escalate concerns promptly through agreed safeguarding pathways while maintaining a supportive, non-judgemental approach with the family. ▪ Adapt interventions in response to changing family circumstances and feedback, ensuring the child’s voice and welfare remain central to all decisions and actions.
<p>C.HV4 play a significant role in promoting mental health for parents, families, infants and children during the perinatal period and in the assessment and early identification of perinatal mental ill health</p>	<ul style="list-style-type: none"> ▪ Initiate sensitive, inclusive discussions about emotional wellbeing with parents/carers to build trust and elicit need – taking a whole family approach to include the mental health needs of fathers and co-parents. ▪ Promote positive perinatal mental health by creating safe, non-judgemental opportunities for parents to discuss emotional wellbeing. ▪ Use evidence-based approaches and locally-approved screening tools to identify early indicators of perinatal mental ill health, including ‘red flags’ for suicide and serious mental illness, through skilled conversation, observation and validated screening tools.

	<ul style="list-style-type: none"> ▪ Work with families to plan the most appropriate response, based on the level of need, which may include health visitor-led interventions and/ or connecting families to wider system support, including community-based interventions and referrals to specialist services where indicated. ▪ Follow local mental health pathways, and escalate concerns promptly to ensure early intervention.
<p>C.HV5 provide care and support to infants, children, parents and families where appropriate and facilitate access to specialist mental health services according to the level of need</p>	<ul style="list-style-type: none"> ▪ Listen and offer a supportive, non-judgemental space for parents experiencing low mood or anxiety, validating their feelings and normalising help-seeking behaviours. ▪ Facilitate timely referrals to appropriate specialist mental health services and ensure parents understand the referral process and what support will be available. ▪ Offer supportive discussions and basic evidence-based coping strategies, and provide evidence-based self-help resources or peer-support options tailored to the family's level of need.
<p>C.HV6 promote infant mental health and early identification of infant distress, providing support to families to enable them to prioritise and respond to their infant's needs</p>	<ul style="list-style-type: none"> ▪ In partnership with parents, observe infant cues, such as gaze aversion, crying patterns and body tension, and discuss with parents what these signals may indicate about the infant's needs or distress. Follow local policies for assessment tools for infant mental health and pathways for specialist support where this is indicated, for example, from specialist health visitors and/ or parent-infant specialist teams. ▪ Explain the relationship between early interactions, emotional regulation and attachment, adapting explanations to parental understanding and encouraging sensitive, consistent responses to build confidence and promote secure bonding. ▪ Support parents to recognise signs of hunger, tiredness, overstimulation and distress, providing practical strategies that promote soothing, responsive and developmentally attuned care.
<p>C.HV7 initiate appropriate evidence-based person-centred interventions to promote healthy relationships and minimise risks of domestic violence, child</p>	<ul style="list-style-type: none"> ▪ Use skilled assessment and sensitive enquiry to identify risk factors within the family environment, including unhealthy relationship dynamics and patterns of parental conflict.

<p>maltreatment and other forms of abuse within the family and the developmental impact of parental conflict on children</p>	<ul style="list-style-type: none"> ▪ Provide person-centred interventions, such as guidance on healthy relationship dynamics, emotional regulation, and communication strategies, aligned with evidence-based guidance. ▪ Facilitate timely access to specialist services including domestic abuse support, Early Help, and family-support pathways, to ensure parents receive appropriate help at the earliest opportunity. ▪ Illustrate through reflective discussion the ability to create a safe, confidential environment that enables parents to disclose concerns and seek support without fear of judgement.
<p>C.HV8 use their professional judgement to observe, recognise and respond to signs of abuse and neglect across the life course, recognising that individual safeguarding needs will differ</p>	<ul style="list-style-type: none"> ▪ Maintain up-to-date mandated safeguarding training and competencies, applying local assessment and referral processes confidently when concerns arise. ▪ Use professional curiosity and skilled observation to identify potential indicators of abuse, neglect or unmet safeguarding needs in the family and across the life course. ▪ Apply professional curiosity to explore emerging safeguarding concerns and develop a clear chronology of evidence to inform risk analysis and decision-making. ▪ Illustrate through reflective discussion the prioritisation of child welfare at all times and demonstrate authoritative safeguarding leadership when escalating and responding to concerns.

Sphere of influence D: Population health: enabling, supporting and improving health outcomes of people across the life course

<p>D.1 recognise, critically evaluate and monitor trends in global and national strategies and programmes for preventative interventions and</p>	<ul style="list-style-type: none"> ▪ Critically appraise national health strategies — such as the Baby Friendly Initiative — and integrate key principles into local public health practice.
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<p>promotion of health to inform specialist public health practice locally, nationally and globally</p>	<ul style="list-style-type: none"> ▪ Monitor local public health datasets, such as healthy weight, infant feeding and smoking in pregnancy data, to identify emerging needs and inform targeted preventative interventions. ▪ Review updates to national immunisation strategies and evaluate their implications for local delivery models and population level outcomes. ▪ Collect accurate infant-feeding and immunisation data to support surveillance, contribute to national monitoring programmes and guide local service planning. ▪ Align local public health interventions with global frameworks, such as the WHO International Code of Marketing of Breast-milk substitutes, UN Sustainable Development Goals, and national strategies to ensure coherence and maximise population-health impact.
<p>D.2 recognise and accommodate any future developments in the application of genomics into their SCPHN practice to support prevention and early intervention in the health of the population across the life course</p>	<ul style="list-style-type: none"> ▪ Explore family health history during assessments to identify potential hereditary risks and consider how genomic developments may enhance early intervention. ▪ Partake in sharing evidence (such as PAD entries) to demonstrate keeping up to date with emerging genomic developments and consider how advances may inform personalised prevention, early identification, and the evolution of future health visiting practice. ▪ Partake in sharing key genomic learning with colleagues to support team understanding of future implications for assessment, screening, and family-centred care. ▪ Reflect on the ethical, equity and access implications of genomic developments, recognising the need for inclusive, non-discriminatory implementation that protects autonomy and reduces health inequalities. ▪ Contribute to genomic-linked data collection and screening programmes (in line with local failsafe mechanisms), such as newborn blood spot and childhood surveillance, to inform targeted future public-health interventions.
<p>D.3 appreciate and use community assets and resources to support positive health and wellbeing of</p>	<ul style="list-style-type: none"> ▪ Identify and maintain up-to-date knowledge of local community assets, such as parenting groups, peer support networks, family centres and SEND-friendly services, to support holistic wellbeing.

<p>people, communities and populations</p>	<ul style="list-style-type: none"> ▪ Connect families with appropriate community resources based on their needs, interests and accessibility requirements, including transport, timing and sensory-friendly considerations. ▪ Follow up sensitively to understand whether families were able to engage with community resources, exploring and addressing barriers such as confidence, transport or cultural factors. ▪ Demonstrate different ways of connecting new parents with local baby groups and breastfeeding support networks to promote social connection, confidence and positive health behaviours.
<p>D.4 in partnership with people, adopt a life course approach when assessing the public health needs of people, communities and populations</p>	<ul style="list-style-type: none"> ▪ Use motivational-interviewing techniques and family partnership approaches to explore family priorities and support behaviour change within a life-course context. ▪ Explain how early experiences, such as feeding, sleep, attachment and play, shape long-term health and development, tailoring discussions to each family’s level of understanding. ▪ Co-produce wellbeing plans with parents, supporting them to prioritise their needs and set their own goals, while highlighting longer-term life-course benefits, such as emotional regulation, early learning and physical health. ▪ Review progress at subsequent contacts, acknowledging achievements and adjusting plans to reflect what is working well and any emerging challenges. ▪ Engage with community groups to understand specific population needs and incorporate these insights into life-course-informed public-health assessments.
<p>D.5 empower people, communities and populations to connect effectively with local initiatives, support networks, community assets, programmes and resources that support their health and wellbeing</p>	<ul style="list-style-type: none"> ▪ Make timely referrals and connect families to appropriate community resources to enhance their health and wellbeing. ▪ When planning strategies that facilitate social connection within communities, draw on theories such as the development of self-efficacy, social capital and human ecology to support planned action. ▪ Encourage parents to access local support to meet their needs – for example, to engage with local groups and community resources, such as baby groups, SEND sessions or perinatal wellbeing

	<p>activities, explaining the evidence-based benefits. Work with parents to understand their experiences, reinforce positive steps, and address any barriers or concerns.</p> <ul style="list-style-type: none"> ▪ Ensure information about local initiatives is accessible and easy to understand, including the use of multilingual or adapted materials where required. ▪ Maintain up-to-date knowledge of local community assets, including support groups, charities, leisure facilities and cultural organisations and share relevant information with families.
<p>D.6 apply specialist knowledge of social prescribing to support individual, community and population health outcomes</p>	<ul style="list-style-type: none"> ▪ Develop knowledge on non-clinical social prescribing options, such as walking groups, community cafés, peer-led meet ups or financial advice sessions available locally. ▪ Recommend appropriate social prescribing options- tailoring to each family’s goals, needs and confidence- explaining how they can enhance mental health, physical activity and social connectedness, for example, suggesting a wellbeing walking group for a parent experiencing low mood or isolation. ▪ Work in partnership with families to review benefits or challenges of recommended social prescribing options, and identify further community-based options, or alternative targeted or specialist support based on the level of need. ▪ Report on barriers to access, such as transport, cost, language and accessibility, ensuring suggestions are realistic and inclusive.
<p>D.7 critically apply knowledge of behavioural, psychological and social sciences to the health of people across the life course, and to communities and populations, to enhance collaborative, strength-based therapeutic relationships</p>	<ul style="list-style-type: none"> ▪ Develop strengths-based therapeutic relationships that recognise family capabilities, promote collaboration, and support shared decision-making. ▪ In partnership with families, develop strengths-based support plans that reflect their values, cultural context and lived experience, promoting autonomy and meaningful shared decision-making. ▪ Critically reflect on the quality of therapeutic engagement, considering factors such as communication style, power dynamics and relational safety to enhance future practice and improve outcomes.

	<ul style="list-style-type: none"> ▪ Apply psychological theory, such as early attachment, parental support and early intervention principles, to guide strengths-based, developmentally-informed practice. ▪ Use behavioural change frameworks, motivational interviewing, and family partnership approaches to support parents in setting goals and making health changes.
<p>D.8 appreciate the importance of medicines management with respect to administration, optimisation and reconciliation, and the positive impact of correct medicines management on people’s current and future health outcomes</p>	<ul style="list-style-type: none"> ▪ Using a public health approach, apply evidence-based knowledge of minor illnesses, safety-netting advice and appropriate medicines use to support families to improve their health literacy and safely manage common health conditions. ▪ Use reputable resources to provide accurate guidance on medicine safety during breastfeeding. ▪ Recognise the limits of the SCPHN public health role in medicines management and signpost to GPs or prescribing clinicians when specialist advice or review is required. ▪ Provide evidence-based advice on safe storage, administration and adherence to medicines, helping families establish routines that minimise risk and optimise health outcomes. ▪ Collaborate with pharmacists, health visitor prescribers, GPs and practice nurses to support safe medicines management and ensure consistent, person-centred advice, including safety-netting advice on actions to take if a child’s condition changes.
<p>D.9 assess the health status and health literacy of populations across the life course and their related determinants of health</p>	<ul style="list-style-type: none"> ▪ Identify indicators of lower health literacy during routine contacts and adapt communication using clear language, visual aids and demonstration to support understanding. ▪ Explore parental understanding of key messages, invite parents to explain in their own words what they understand and clarify where more tailored support and information is required. ▪ Assess families’ ability to access, understand and use health information, such as immunisation guidance, to ensure they can make informed decisions that support positive health outcomes. ▪ Seek to understand community health literacy needs and preferences, including how different groups access and interpret health information, to inform tailored and inclusive communication approaches.

<p>D.10 use culturally appropriate, evidence-based approaches to assess, support and monitor the health and wellbeing of people, and appropriately refer to specialist services if necessary</p>	<ul style="list-style-type: none"> ▪ Use evidence-based Family Health Needs Assessments at all contacts to identify health needs and provide culturally appropriate support, making timely referrals where necessary. ▪ Recognise how cultural beliefs and practices influence health behaviours, diet, and perceptions of wellbeing, and adapt assessments and advice accordingly. ▪ Use validated, culturally adapted assessment tools, such as translated mental health screening instruments, to ensure monitoring and support are accurate, sensitive and inclusive.
<p>D.11 critically apply knowledge of populations, places, communities and determinants of health to inform key areas of specialist public health practice</p>	<ul style="list-style-type: none"> ▪ Critically apply local population and community data, including deprivation patterns, service access, cultural context and SEND prevalence, to prioritise outreach and tailor interventions for groups most in need. ▪ Share population level insights with colleagues and partner agencies to inform resource allocation, service planning and coordinated responses to local health inequities. ▪ Identify families at heightened risk due to social or economic disadvantage and use this knowledge to inform targeted, person-centred support. ▪ Use epidemiological data and community insight to conduct robust health needs assessments that guide specialist public health priorities.
<p>D.12 in partnership with communities, develop and implement plans for local communities and populations to positively affect public health outcomes</p>	<ul style="list-style-type: none"> ▪ Participate in multidisciplinary community meetings to collaboratively identify local needs and contribute to the development of targeted public health plans. ▪ Evaluate community engagement by analysing attendance, feedback and demographic data, using emerging themes to inform future public health planning and outreach. ▪ Identify and mobilise local strengths, cultural assets and community resources to support co-produced interventions that enhance population health outcomes.

<p>D.13 lead on and contribute to policy and reporting into environmental, social-structural factors, and individual behaviours that impact on the health of people across the life course</p>	<ul style="list-style-type: none"> ▪ Contribute to service-level reporting by analysing how housing conditions, financial pressures and social isolation affect child and family health, using insights from practice and family feedback. ▪ Develop practical recommendations, such as improved signposting pathways and stronger links with housing services, to address risks related to damp, overcrowding and other environmental determinants. ▪ Use frontline data to identify population needs and advocate for families through local and wider policy discussions, highlighting the impact of social-structural factors on health outcomes.
<p>D.14 use data and observation to evaluate the effectiveness and acceptability of services that seek to improve health outcomes of their intended users, and be able to identify trends or a need for improvement</p>	<ul style="list-style-type: none"> ▪ Observe and report on clinic flow and accessibility to identify practical barriers impacting family engagement and service acceptability. ▪ Participate in audit and apply quality improvement methods and evaluation processes to assess service performance and inform improvements. ▪ Collect and analyse health record data systematically to identify trends in health outcomes and evaluate the effectiveness of current service delivery. ▪ Use data and population indicators, such as immunisation uptake, childhood obesity and dental health measures, to identify areas requiring targeted improvement.
<p>D.HV1 demonstrate specialist knowledge and understanding of infant and child anatomy, physiology, genetics, genomics and development when undertaking programmed health assessment and development reviews</p>	<ul style="list-style-type: none"> ▪ Apply specialist knowledge of infant and child anatomy, physiology, developmental milestones, and signs of atypical development – including the intersectionality of the wider determinants of health and family factors- to conduct comprehensive assessments of child health and development during key contacts. ▪ Interpret assessment findings using knowledge of typical and atypical development, including genetic and genomic influences, to identify when further exploration or support is needed. ▪ Escalate concerns and initiate timely referrals when deviations from expected developmental patterns are identified, ensuring early access to appropriate pathways.

	<ul style="list-style-type: none"> ▪ Alongside practitioner clinical skills, observation and discussion with parents/ carers, use validated developmental screening tools (these will be locally determined) to inform assessments of all domains of child development. ▪ Review and consider family history and presenting features that may indicate genetic or inherited conditions, and advocate for appropriate assessment, support and referral.
<p>D.HV2 apply specialist knowledge and use validated tools to deliver holistic health assessments and programmed health and development reviews, working in partnership with parents and families to promote health and identify emergent and existing concerns including vulnerability and inequality, and facilitate and prioritise support and/ or early intervention for the child and family as appropriate</p>	<ul style="list-style-type: none"> ▪ Alongside practitioner clinical skills, observation and discussion with parents/ carers, use validated assessment tools to deliver holistic, strengths-based health and development reviews, identifying emerging needs, vulnerabilities and inequalities early. ▪ Work in partnership with parents and carers, ensuring they actively contribute to assessment, shared decision-making and planning next steps. ▪ Prioritise support and early intervention according to the child’s needs, family context and identified risks, ensuring timely access to appropriate services.
<p>D.HV3 assess for early signs of atypical patterns of development, or significant anomalies that may result in disability or emotional, physical or developmental health needs or risks, and deliver evidence-based anticipatory guidance or targeted intervention tailored to individual and family circumstances and needs</p>	<ul style="list-style-type: none"> ▪ Identify early indicators of atypical or delayed development through observation, validated tools, and parent discussion, taking account of context and known risk factors. ▪ Facilitate timely access to early intervention or specialist services, ensuring families received appropriate assessment, support and monitoring. ▪ Review progress with families and adapt plans as needed, maintaining continuity and ensuring interventions remain relevant and effective. ▪ Demonstrate cultural sensitivity and professional curiosity when making assessments to minimise the risk of error (false positives and false negatives).

<p>D.HV4 apply advanced level communication and interpersonal skills to establish trusting relationships which are respectful of families' capabilities, priorities and values</p>	<ul style="list-style-type: none"> ▪ Use advanced communication skills, such as appropriate body language, active listening, empathy, clear sensitive communication, to build trusting, collaborative relationships with families. ▪ Adapt communication to reflect cultural preferences, language preferences and family priorities, ensuring interactions remain respectful, inclusive and family centred. ▪ Demonstrate cultural sensitivity and understanding of communication preferences, identifying appropriate strategies to ensure effective, timely, two-way communication. ▪ Support families with access to written resources and interpreter services to enable effective communication in a language of their choice.
<p>D.HV5 work in partnership with families to continually assess and appraise the impact of known strengths, changing circumstances and relationships on child and family health and wellbeing and adapt support accordingly, acknowledging the needs of the family as a whole and prioritising support on the basis of immediate and continuing risk and need</p>	<ul style="list-style-type: none"> ▪ Demonstrate collaborative working with families to review strengths, stressors and changing circumstances, recognising how these impact child and family wellbeing. ▪ Work in partnership with families to adapt support plans in response to emerging risks or needs, prioritising immediate safety and ensuring timely referral to appropriate services. ▪ Use a family-centred approach that combines partnership working and continuous assessment to prioritise care based on identified risks and needs. ▪ Identify protective factors, such as family support, resilience and positive relationships, and use these to inform tailored, strengths-based support.
<p>D.HV6 work in partnership with families to promote, educate and support sensitive, responsive relationships between parents and their children through the application of specialist knowledge of early emotional development,</p>	<ul style="list-style-type: none"> ▪ Promote sensitive, responsive parent–infant interactions using specialist evidence-based knowledge of attachment and early emotional development. ▪ Explain key concepts in accessible, practical ways so parents understand how their responses support emotional regulation, bonding, and healthy development.

<p>theories and models of attachment and the impacts of positive and enduring parental-child relationships</p>	<ul style="list-style-type: none"> ▪ Reinforce and build on parental strengths and capabilities, adopting a strengths-based approach rather than a deficit focus, using evidenced approaches such as the Family Partnership Model. ▪ Use case examination to consider the variation in parental readiness to engage with different parenting interventions.
<p>D.HV7 evaluate the effects of trauma on child development and how they adjust to those effects, and work in partnership with children and families who are affected by trauma to strengthen their resilience</p>	<ul style="list-style-type: none"> ▪ Apply trauma-informed principles and knowledge of the long-term impact of Adverse Childhood Experiences (ACEs) to understand how trauma affects child development and family functioning. ▪ Provide supportive, trauma-informed guidance to families, recognising how past experiences may shape current coping, relationships and parenting. ▪ Monitor wellbeing over time and adapt support to strengthen resilience, stability and emotional safety for both the child and the family. ▪ Assess for indicators of ACEs in children and adults to understand how parental trauma may influence parenting capacity and tailor interventions accordingly.
<p>D.HV8 critically apply specialist knowledge of the anatomy, neurodevelopment, physiology and epigenetics relevant to infant nutrition, including the implications of infant feeding, weaning and early food behaviour for optimum child and maternal health, child physical and socio-emotional development and future behaviour patterns</p>	<ul style="list-style-type: none"> ▪ Explain how feeding patterns and early food behaviours influence long-term physical, socio-emotional and behavioural outcomes, using clear and accessible language for families. ▪ Provide targeted, evidence-based nutritional guidance tailored to the child’s developmental stage, health needs and family context. ▪ Apply specialist knowledge of digestive maturity, oral motor development and growth patterns when using WHO-aligned infant feeding guidance to support families with introducing solid foods.

	<ul style="list-style-type: none"> ▪ Promote responsive feeding practices that support emotional regulation, strengthen attachment and foster positive early relationships. ▪ Encourage positive, developmentally appropriate eating experiences that help shape healthy lifelong food preferences and behaviours.
<p>D.HV9 using a strength-based approach support children and families to identify risks to healthy weight in childhood, promoting family nutrition and supporting them to make optimum and available choices, referring to other services according to need and risk</p>	<ul style="list-style-type: none"> ▪ Build trusting, non-judgemental relationships, recognising barriers (e.g., cost, time, housing, culture) that affect a family’s ability to make healthy choices. ▪ Monitor progress and encourage small, achievable goals, reinforcing confidence and sustainable behaviour change. ▪ Use a family-centred, strengths-based approach to address healthy weight risks, empowering families to make informed nutrition and activity choices. Observe, plot and discuss growth using WHO/UK growth charts, explaining patterns sensitively and agreeing next steps with parents/carers. ▪ Refer to dietitians, community weight management programmes, or specialist paediatric services based on assessed need and risk.
<p>D.HV10 work in partnership with families to support positive, nurturing child and family relationships, and in promoting the benefits for children learning life skills in the home environment</p>	<ul style="list-style-type: none"> ▪ Co-create practical, achievable strategies with parents to strengthen nurturing relationships and support the home learning environment. ▪ Review progress with families, acknowledge improvements and reinforce confidence, consistency and positive parenting practices. ▪ Promote the value of play, shared routines and everyday activities in supporting bonding and early life-skills development. ▪ Connect families with evidence-based parenting programmes to enhance skills, confidence and the quality of home interactions.
<p>D.HV11 support parents and families who receive a life changing or life limiting diagnosis during</p>	<ul style="list-style-type: none"> ▪ Provide compassionate, strengths-based support to families receiving life-changing or life-limiting diagnoses, ensuring care remains sensitive, respectful and responsive to their needs.

<p>pregnancy and in the early years, and in partnership with them use a strength-based and empowering approach to respond to their needs, which may be complex</p>	<ul style="list-style-type: none"> ▪ Work in partnership with families to understand and honour their wishes and priorities- and work collaboratively with the wider multi-disciplinary team, advocating for these during care planning and multi-agency discussions. ▪ Work with specialist services, including palliative care, hospice support and relevant clinical teams, to ensure holistic and continuous support. ▪ Maintain regular follow-up, adjusting support as circumstances, emotions and family needs evolve. ▪ Ensure awareness of local children’s hospice and specialist local and national support services to offer appropriate information and connections when required.
<p>D.HV12 use specialist knowledge to facilitate access to a range of appropriate and effective available resources to support children, parents and families with additional needs due to mental and/or physical ill health, learning disabilities or physical disability, and/or those living with multiple, complex, long term conditions</p>	<ul style="list-style-type: none"> ▪ Maintain up-to-date knowledge of local services, specialist groups and support pathways for families with additional needs. ▪ Work with multiple agencies to streamline pathways, reduce access barriers and ensure families receive timely, appropriate support. ▪ Facilitate and advocate for access to specialist services, supporting a sustained multi-agency approach with regular review of progress and evolving needs.
<p>D.HV13 support children, parents and families to develop motivation and self-advocacy when raising awareness of opportunities for local grants, financial support and other local community assets and services</p>	<ul style="list-style-type: none"> ▪ Raise awareness of local grants, financial support and community assets, tailoring information to each family’s needs and circumstances. ▪ Through case discussion, provide evidence of how families have been guided in successfully accessing support and helped to maximise the benefits of available resources. ▪ Provide evidence of encouraging self-advocacy and support for families to navigate application and referral processes with growing confidence and independence.

<p>D.HV14 advise parents, carers and families on symptom identification and relief, enabling them to manage minor illnesses and injuries safely and effectively, and in knowing when to seek support for further treatment where necessary</p>	<ul style="list-style-type: none"> ▪ Provide evidence-based safety advice and accident-prevention guidance during routine contacts to reduce the risk of common injuries. ▪ Give clear, accessible information on identifying and interpreting common childhood symptoms, such as fever, cough, vomiting, rashes and minor injuries. ▪ Inform families about safe, appropriate over-the-counter symptom-relief strategies and advise on when and how to access GP, out of hours or emergency services if symptoms worsen or do not improve.
<p>D.HV15 provide evidence-based support and advice on child, adolescent and adult sexual and reproductive health and contraception</p>	<ul style="list-style-type: none"> ▪ Provide evidence-based, age-appropriate advice on sexual and reproductive health as part of routine contacts with parents, adolescents and adults. ▪ Demonstrate knowledge of contraception, discussing options sensitively at new birth visits and other contacts, making every contact count, and connecting with appropriate services for further support. ▪ Connect families with appropriate specialist or community sexual health services to ensure timely access to contraception, STI testing or additional support as needed.
<p>D.HV16 provide evidence-based support to bereaved parents, children and families in the event of miscarriage, stillbirth or parental death and refer to additional support as appropriate</p>	<ul style="list-style-type: none"> ▪ Demonstrate knowledge of the CONI (Care of Next Infant) programme and local bereavement support pathways for parents following baby loss. ▪ Offer compassionate, trauma-informed emotional support, creating space for families to express grief and acknowledging varied grief responses. ▪ Provide clear information on bereavement processes and grief reactions, connecting parents sensitively to appropriate resources. ▪ Connect families with specialist bereavement services and community networks based on family need and preference, ensuring timely follow-up. ▪ Maintain up-to-date knowledge of local and national bereavement services to enable responsive, family-centred referrals and ongoing support.

Sphere of influence E: Advancing public health services and promoting healthy places, environments and cultures

<p>E.1 critically appraise and apply strategies and initiatives that improve home, community and workplace cultures and environments to enhance the health and wellbeing of people and communities in the places they live, learn and work</p>	<ul style="list-style-type: none"> ▪ Apply evidence-based safe sleep and home safety initiatives during visits, tailoring advice to each family’s context and the child’s developmental stage. ▪ Promote safer home environments by identifying risks sensitively and working collaboratively with families to reduce hazards and strengthen protective factors. ▪ Advocate for community initiatives, such as breastfeeding friendly spaces and smoke-free zones, that enhance local health and wellbeing. ▪ Connect families to relevant community resources, including food banks, parenting programmes and mental health support, to address wider determinants of health. ▪ Raise awareness of workplace wellbeing resources, such as the Employee Assistance Programme (EAP), to support staff mental health and a healthier work culture.
<p>E.2 critically appraise the use of new and assistive technologies that support and influence people’s choices for their own health and wellbeing, and assist with access to services</p>	<ul style="list-style-type: none"> ▪ Connect families to trusted, evidence-based digital and assistive technologies, such as online health visitor chat functions, NHS App vaccination records, and virtual antenatal or parenting sessions, to support informed health choices and improve access to services. ▪ Evaluate digital access and digital literacy barriers for families and offer suitable alternatives or adjustments to ensure equitable access to technology-enabled support.

	<ul style="list-style-type: none"> ▪ Facilitate required adjustments, including accessibility tools or Access to Work provisions, to enable effective use of digital health resources. ▪ Demonstrate understanding of the risks and limitations of technology, enabling balanced discussions with parents of under 5s on age-appropriate tech use. ▪ Critically appraise and review child development apps with parents, discussing appropriate use, data privacy considerations and how to interpret information safely.
<p>E.3 demonstrate professional business and financial acumen when developing and presenting business cases to create investment for change and value for money</p>	<ul style="list-style-type: none"> ▪ Understand cost-benefit analysis when proposing new public health initiatives based on identified need, with a clear vision and purpose to demonstrate financial viability and potential return on investment. ▪ Contribute evidence to business case development, illustrating the need, vision, purpose, cost effectiveness and anticipated impact/ outcomes of the proposed initiative. ▪ Present concise, evidence-based findings to stakeholders to support informed commissioning and decision-making. ▪ Demonstrate responsible use of office and service resources, modelling efficient and value-for-money practice. ▪ Contribute to service-improvement proposals by analysing data (e.g., missed appointments), estimating efficiencies from solutions such as text-reminder systems, and presenting value-for-money recommendations to team leads.
<p>E.4 tailor nationwide programmes or commission new services that promote healthy cultures, environments and behaviours for local implementation and evaluate their effectiveness</p>	<ul style="list-style-type: none"> ▪ Demonstrate understanding of commissioning processes by shadowing Service Leads or commissioners and exploring how national priorities are translated into local public health services. ▪ Adapt national programmes, such as smoke-free homes, healthy weight, breastfeeding or parent–infant mental health, into equity-focused local initiatives that meet community needs.

	<ul style="list-style-type: none"> ▪ Use quality improvement methodologies, such as the PDSA cycle, to test small scale service changes and refine them based on learning. ▪ Evaluate engagement and acceptability of local initiatives through parent and partner feedback, using insights to strengthen delivery and impact. ▪ Compare local population profiles with national data and initiatives to ensure alignment, identify gaps and inform commissioning decisions.
<p>E.5 lead and support a culture of learning and continuous professional development for colleagues, and with interdisciplinary and interagency teams</p>	<ul style="list-style-type: none"> ▪ Report and provide evidence of full compliance with mandatory and role-specific training, modelling professional responsibility for continuous development. ▪ Participate actively in professional meetings and forums, contributing to shared learning and service-wide development. ▪ Share key learning from safeguarding, perinatal mental health and other specialist training during team meetings, encouraging reflective discussion to strengthen practice. ▪ Work collaboratively with health visitors, early years teams, midwifery, schools, CAMHS, housing, and voluntary and faith-based organisations to support joint learning and consistent public health approaches. ▪ Facilitate reflective learning sessions, for example on supporting children with SEND, to build team confidence, capability and inclusive practice.
<p>E.6 recognise individual abilities and learning needs when applying the standards of education and training for pre- and post-registration nursing, midwifery and nursing associate students, in order to educate, supervise and assess effectively</p>	<ul style="list-style-type: none"> ▪ Attend practice education team meetings to develop understanding of organisational education standards and expectations for learners. ▪ Support the creation of a positive, inclusive learning environment that enables students to participate confidently and safely in practice. ▪ Adapt supervision approaches to individual learning needs, using visual aids, case examples, SWOT tools or self-assessment questionnaires to promote accessible and personalised learning.

	<ul style="list-style-type: none"> ▪ Provide clear, constructive feedback aligned with professional standards to guide development and support learner progression. ▪ Record learner progress accurately and tailor development plans accordingly, sharing relevant updates with the practice assessor/supervisor where appropriate.
<p>E.7 promote and lead effective public health workplace cultures that benefit people, communities and populations</p>	<ul style="list-style-type: none"> ▪ Implement wellbeing-focused workload management by using reflective discussion and demand and capacity data to support equitable caseload allocation and maintain service quality for families. ▪ Lead the adoption of inclusive, trauma-informed communication practices, modelling these approaches in meetings and supervision to strengthen collaboration and family-centred decision-making. ▪ Develop consistent information sharing pathways and joint working processes to reduce duplication, improve continuity and enhance outcomes for children and families. ▪ Promote team wellbeing during periods of high pressure by encouraging the use of peer support, reflective spaces and supervision opportunities.
<p>E.8 advance public health through identifying sustainable development goals and prepare to take action on risks to the environment and its impact on the health and wellbeing of people</p>	<ul style="list-style-type: none"> ▪ Promote sustainable practice by identifying opportunities within service delivery – such as maximising the use of digital technologies where appropriate, efficient digital documentation, reduced printing, and low-waste approaches. ▪ Demonstrate focused approaches to improve sustainable choices in the earliest years – for example, supporting families to initiate timely toilet training to reduce the burden of disposable nappies on landfill, safe disposal of nappies, medications and household waste, and promoting breastfeeding to reduce environmental impact and promote community safety. ▪ Connect families with active travel options and other environmentally friendly choices that support both health and sustainability.

	<ul style="list-style-type: none"> ▪ Support families to minimise environmental risks and their impacts on health outcomes- for example, to address the impacts of air pollution and cold, damp and mouldy homes on respiratory and cardiovascular illness. ▪ Identify relevant Sustainable Development Goals and plan public health initiatives, such as Food Banks or Baby Banks, that promote health equity, reduce waste and strengthen community resilience.
<p>E.9 share information regarding communicable diseases and approaches necessary for communicable disease surveillance, infection prevention and control, including immunisation and vaccination programmes</p>	<ul style="list-style-type: none"> ▪ Demonstrate up-to-date knowledge of the routine childhood immunisation schedule and promote the benefits of vaccination using clear, evidence-based messages. ▪ Provide timely updates to families about communicable disease outbreaks (e.g., measles) and reinforce the importance of immunisation and completing scheduled vaccines. ▪ Partake in sharing infection prevention and control advice, such as hand hygiene, respiratory etiquette and household isolation guidance, during periods of increased seasonal illness and when working with vulnerable groups, including very young babies. ▪ Promote childhood vaccinations and address vaccine hesitancy using reputable, evidence-based resources, ensuring timely referral to immunisation services when needed. ▪ Identify and fulfil notifiable disease reporting requirements by escalating suspected communicable diseases to public health authorities to support surveillance, investigation and contact-tracing processes. ▪ Summarise learning from shadow practice nursing teams to strengthen understanding of vaccination delivery, cold-chain management and infection control procedures. ▪ Where appropriate, contribute to domiciliary immunisation programmes – evaluating the impact of this approach on population uptake.
<p>E.10 know how to assess and manage major incidents and outbreaks including contamination</p>	<ul style="list-style-type: none"> ▪ Demonstrate understanding of major incident and outbreak response by reviewing and contributing to service plans and local escalation processes.

and communicable disease across local or wider boundaries

- Apply infection control procedures appropriately, including correct use of PPE and adherence to service protocols during outbreaks.
- Promote routine and transmission-based precautions, such as hygiene measures, isolation guidance and environmental cleaning, to reduce spread within homes and community settings.
- Provide clear information, reassurance and signposting to affected or at-risk families to support adherence to control measures and reduce anxiety during incidents or outbreaks.
- Report on learning about outbreak management knowledge by spending time with public health teams (e.g., contact tracing or health protection units) to understand surveillance, case management and cross-boundary coordination.
- Consider the wider impacts of the response, to ensure that families with babies and young children are supported.

E.11 know how to identify, critically analyse and manage new and enduring hazards and risks to health at local, national and global levels

- Demonstrate understanding of health hazards and risks at local, national and global levels, and how these are monitored and managed within public health and safeguarding frameworks.
- Identify emerging risks for the 0-5 population, such as rising respiratory illness, unsafe infant products or increasing home-safety incidents, and raise these within the team for collective action.
- Review local and national guidance and evidence on infection trends, safe sleep alerts and environmental hazards, translating key messages into clear, practical actions for colleagues and families.
- Complete lone working risk assessments and follow organisational procedures to ensure personal safety and effective hazard mitigation.
- Recognise safeguarding and environmental risks during home visits, such as overcrowding, damp, or domestic abuse, and escalate concerns appropriately through established referral pathways.

<p>E.12 plan for emergencies and pandemic threats to population health taking account of the direct and wider risk, impacts and hierarchy of controls on health and wellbeing and service provision.</p>	<ul style="list-style-type: none"> ▪ Maintain up-to-date understanding of local pandemic and emergency plans by participating in team briefings, reviewing major incident guidance and sharing key updates with colleagues. ▪ Review and consider the wider impacts of the response, and apply learning from COVID-19 and national pandemic simulation exercises, to ensure that families with babies and young children are supported- including communication challenges, digital exclusion and disrupted contact schedules, to strengthen emergency preparedness. ▪ Contribute to service-wide contingency planning to ensure essential visits (e.g., new birth, safeguarding, targeted support) can continue safely during emergencies or system pressures. ▪ Develop flexible pathways, such as remote triage, modified clinic models and prioritisation frameworks, to maintain continuity of care for vulnerable families during disruption. ▪ Consider wider emergency impacts, including increased inequalities, parental anxiety and reduced access to community services, and integrate mitigation strategies into planning to protect child and family wellbeing.
<p>E.HV1 work in partnership with parents and carers to promote child safety, reduce risk behaviours and enhance awareness of the differentials of risk in relation to the child's age, stage of development and home environment</p>	<ul style="list-style-type: none"> ▪ Work collaboratively with parents to review the home environment and highlight how safety risks shift as their child becomes more mobile and develops new skills. ▪ Provide clear, practical and tailored safety advice that enables parents to make informed adjustments to daily routines to promote a safer home environment. ▪ Deliver age and circumstance-appropriate guidance on safe sleep, car seat use and accident prevention, adapting information to each family's context. ▪ Complete home safety assessments at key contacts, such as the new birth visit, offering stage-appropriate safe sleep and accident prevention advice and connecting families to safety equipment schemes where available. ▪ Use evidence-informed resources (e.g., Child Accident Prevention Trust materials and safety boards) to support discussions about developmental risk and preventative strategies.

<p>E.HV2 respect parents’ and carers’ need for autonomy and control with sensitivity to a wide range of attitudes, values, beliefs, expectations, faiths, cultures and approaches to parenting, using a transparent approach whilst simultaneously safeguarding the welfare of the children at all times</p>	<ul style="list-style-type: none"> ▪ Use the locally agreed assessment framework and safeguarding tools to inform transparent, evidence-based decision-making while maintaining a child-centred focus. ▪ Approach sensitive topics with openness and respect, acknowledging parents’ beliefs, values, cultural practices and parenting approaches while clearly explaining evidence-based recommendations. ▪ Use transparent and collaborative communication to explore concerns, balancing parental autonomy with professional responsibility to safeguard and promote the child’s welfare. ▪ Apply strengths-based communication to discuss parenting preferences, such as feeding or sleep practices, respecting cultural approaches while clearly outlining safeguarding expectations and escalating concerns where child welfare risks are identified. ▪ Demonstrate an ability to work in line with equality, diversity and inclusion policies to ensure all interactions respect parental identity, culture and belief systems while upholding child-safety responsibilities.
<p>E.HV3 demonstrate sensitivity and respect for privacy in assessing whether the child or family’s home situation and environment is appropriate for facilitating and encouraging open discussion and disclosure of personal issues</p>	<ul style="list-style-type: none"> ▪ Use sensitive, trauma-informed questioning, such as screening for domestic abuse at the new birth visit and subsequent opportunities, only when privacy and safety are assured. ▪ Maintain confidentiality and build trust by adapting pace, tone and communication style to help parents feel safe when discussing personal concerns. ▪ Conduct challenging or sensitive conversations in a private, comfortable setting where parents are not overheard or placed at risk. ▪ Plan home visits with consideration of household dynamics, using professional judgement to postpone or rearrange discussions about issues such as perinatal mental health or domestic abuse when privacy cannot be maintained.
<p>E.HV4 evaluate community health needs and assets, and advance practice through community</p>	<ul style="list-style-type: none"> ▪ Use local data, informatics tools and community profiling techniques to identify unmet needs, health inequalities and existing strengths within the 0-5 population.

<p>profiling, the synthesis and application of data and information, use of informatics, and other techniques</p>	<ul style="list-style-type: none"> ▪ Synthesise findings and share them with partners and commissioners to support coordinated planning and prioritisation of services. ▪ Propose clear, evidence-informed priority actions based on data analysis, community feedback and professional insight. ▪ Review public health and service usage data to identify areas of low uptake of mandated contacts and share findings with the team to inform targeted outreach activity.
<p>E.HV5 develop sustainable and innovative health visiting strategies that contribute to place-based complex interventions and improve public health outcomes for children and families, reporting outcomes and areas for improvement in line with local and national governance and audit requirements</p>	<ul style="list-style-type: none"> ▪ Deliver place-based interventions, such as listening visits for postnatal depression, tailored to family need and local community context. ▪ Develop and pilot innovative outreach approaches that address specific local challenges (e.g., rural isolation, underserved communities or SEND-related access barriers). ▪ Contribute to national and local audits to ensure governance standards are met and service impact is monitored effectively. ▪ Support the development of targeted support pathways, for example, for socially isolated families, by piloting virtual group sessions and reporting outcomes through evaluation meetings and audit processes.

Sphere of influence F: Leading and collaborating: from investment to action and dissemination

<p>F.1 lead public health services that promote and improve the health and wellbeing of people, communities and populations</p>	<ul style="list-style-type: none"> ▪ Demonstrate leadership in delivering the national preventative child health programme (this is specific to each UK nation) across teams and partner agencies, coordinating universal, targeted and specialist pathways to reduce inequalities and optimise child health outcomes.
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	<ul style="list-style-type: none"> ▪ Identify unmet public health needs, such as maternal mental health or feeding support, and ensure coordinated referral to appropriate services to improve outcomes for families. ▪ Lead improvements to access pathways for priority groups, including families with SEND or experiencing health inequalities, by mapping barriers, revising referral routes, and strengthening early identification. ▪ Lead the design and delivery of evidence-based, culturally-responsive parent-support programmes aligned with national public health guidance. ▪ Monitor population level outcomes using routine data, feedback and disparity analysis, sharing learning with senior managers, commissioners and partners to inform ongoing service development and apply insights from action learning.
<p>F.2 lead teams that are effective in delivering public health services, both on their own and in collaboration with others</p>	<ul style="list-style-type: none"> ▪ Undertake leadership responsibilities and line management within the team and demonstrate leadership skills, coordinating and delegating work such as in a team huddle and support the team to deliver public health interventions and services. ▪ Participate and contribute in clinical, safeguarding and restorative supervision to strengthen reflective practice, decision-making and team capability. ▪ Coordinate multi-agency outreach with children’s centres, Family Support services and voluntary partners to maximise reach and engagement with vulnerable families. ▪ Clarify roles, responsibilities and shared objectives across teams, establishing consistent communication channels and effective feedback mechanisms. ▪ Review programme delivery using performance data and practitioner feedback, making iterative improvements to enhance engagement, quality and outcomes. ▪ Apply transformational leadership principles to inspire, motivate and guide teams through a clear vision, innovation and collaborative practice.
<p>F.3 assess service requirements, influencing and leading on policy development and strategic planning to address population health needs</p>	<ul style="list-style-type: none"> ▪ Conduct comprehensive health needs assessments using caseload tools, family feedback, epidemiological data and local population profiles to identify priority areas such as child development, maternal mental health and immunisation uptake.

<p>incorporating approaches for prevention and risk management</p>	<ul style="list-style-type: none"> ▪ Analyse perinatal mental health data, service use patterns and unmet need, generating proposals to strengthen referral pathways and identify targeted intervention points. ▪ Contribute to strategic planning with local partners, advocating for the needs of neurodivergent parents and families with SEND within policy and service-development discussions. ▪ Document agreed actions and support implementation planning, embedding prevention-focused, risk-aware approaches informed by structured risk assessments and mitigation processes. ▪ Participate in incident reporting and reviews, using learning to inform service-level risk management and drive improvements in safety, governance and prevention.
<p>F.4 monitor and report on the outcomes of strategy and policy implementation and make recommendations for improvement including changes to commissioning</p>	<ul style="list-style-type: none"> ▪ Contribute to strategic and commissioning meetings, such as service lead, task and finish, or staff engagement groups, to review progress against policy and service priorities. ▪ Produce concise outcome reports for audits or pilot programmes (e.g., Red Book or safer-sleep audits), analysing engagement trends, inequalities and family reported outcomes. ▪ Develop evidence-driven recommendations to refine services, including improvements to care pathways, enhanced targeting of SEND families, and more accessible delivery formats. ▪ Monitor the impact of commissioning decisions and track how changes translate into practice, identifying where further adjustment is required. ▪ Track key public health indicators, such as breastfeeding, immunisation, developmental and safeguarding data, to evaluate policy impact and inform recommendations for commissioning.
<p>F.5 evaluate the efficacy of service provision by triangulating information obtained from audit, continuous improvement activity, governance, risk management and performance monitoring</p>	<ul style="list-style-type: none"> ▪ Work with Service Leads to develop understanding of audit, governance, risk management and performance-monitoring processes, and how they inform quality improvement. ▪ Triangulate audit findings with parent experience data and safeguarding reports to evaluate the quality, safety and effectiveness of home visiting services. ▪ Monitor the impact of service changes through repeat audits and supervision feedback, identifying sustained improvements or further areas for development. ▪ Use audit processes to review records, practice and outcomes against benchmarks, identifying gaps in policy adherence and opportunities for improvement.

	<ul style="list-style-type: none"> ▪ Promote accountability, safety and ethical practice by engaging positively with audit findings and supporting continuous improvement activity.
<p>F.6 compassionately lead and support a culture of critical reflection and continuous professional development that promotes team and interdisciplinary learning</p>	<ul style="list-style-type: none"> ▪ Facilitate structured reflective sessions that support practitioners to critically analyse complex cases and integrate evidence-based approaches into practice. ▪ Promote a culture of peer support, group supervision and professional curiosity, using multi-agency safeguarding reviews and complex cases as shared learning opportunities. ▪ Outline learning gained from reflective discussions and embed it into team training plans, supervision content and ongoing professional development activity. ▪ Demonstrate compassionate leadership through open, humble and empathetic reflective practice, modelling psychological safety and continuous learning. ▪ Maintain up-to-date training and encourage others to engage in continuous professional development to strengthen collective capability.
<p>F.7 build alliances and partnerships that support equality, diversity and inclusion, collaboration and sharing of new ideas and innovations and be able to agree shared goals and priorities</p>	<ul style="list-style-type: none"> ▪ Build alliances and partnerships that champion equality, diversity and inclusion, using relational leadership to foster collaboration and innovation. ▪ Work collaboratively with Family Hubs, early years services, voluntary organisations and community groups to improve access for families from minoritised backgrounds and those experiencing social disadvantage. ▪ Co-design inclusive parent programmes with community leaders, SEND organisations and voluntary sector partners, ensuring diverse parent voices shape content and delivery. ▪ Develop shared objectives with partners, focused on reducing health inequalities and improving early years outcomes for minoritised and SEND families. ▪ Review progress regularly with partners, evaluating impact and adjusting shared priorities and actions collaboratively.
<p>F.8 use a range of advanced communication skills with people, communities, peers and interdisciplinary and interagency</p>	<ul style="list-style-type: none"> ▪ Deliver interactive virtual antenatal and early years sessions (in addition to mandated face-to-face core contacts), supporting digital inclusion and troubleshooting access challenges for families who may be vulnerable or digitally excluded.

<p>colleagues, including use of digital and other modalities to support communication in virtual and remote environments</p>	<ul style="list-style-type: none"> ▪ Use clear language, visual aids and interpreter services, and apply teach-back techniques to ensure parents and carers understand key information across virtual and face-to-face contacts. ▪ Collect and analyse participant feedback to refine online content, improve digital delivery methods and strengthen engagement. ▪ Use digital tools, including virtual platforms, PHN websites and ChatHealth, to augment face-to-face services and support effective communication with families, peers and interagency colleagues.
<p>F.9 communicate simple and complex public health information in a variety of formats, tailored for different community and population audiences</p>	<ul style="list-style-type: none"> ▪ Deliver tailored public health messages during home visits and group sessions using written materials, visual aids and digital tools, adapted for different learning styles, literacy levels, languages, and cultural or religious needs. ▪ Work effectively with interpreters to ensure accurate, culturally sensitive communication with families who use English as an additional language. ▪ Develop accessible, easy-read and neurodiversity-affirming resources for families with low literacy or complex needs, while producing data-rich briefs for commissioners and strategic partners. ▪ Adapt the content, tone and format of information to suit diverse audiences, including parents, professionals, voluntary sector colleagues and strategic leaders. ▪ Evaluate the reach and impact of communication using surveys, service-user and practitioner feedback, and digital analytics to inform co-produced ongoing refinement.
<p>F.10 use a range of techniques to influence, challenge, and persuade peers and senior stakeholders in relation to public health strategies and policies that affect people, communities and populations</p>	<ul style="list-style-type: none"> ▪ Contribute to strategic forums — such as change boards, staff forums and task-and-finish groups — to influence service priorities and public health policy decisions. ▪ Use clear data visualisation, case examples, and audit findings to identify gaps and present an evidence-based rationale for service improvements (focused on need, vision and purpose) and support discussions with peers and senior leaders. ▪ Review and report on practice issues and improvement ideas — such as barriers to appointment accessibility — during team and cross-agency meetings, contributing to solution-focused planning. ▪ Secure additional resources and cross-sector support by presenting persuasive, evidence-informed arguments and working collaboratively to agree strategic next steps.

<p>F.HV1 lead creative, flexible approaches to engage parents and carers in child health promotion programmes, providing advice and support to enable co-design and collective decision-making</p>	<ul style="list-style-type: none"> ▪ Incorporate parent and child views into assessment, planning and delivery by offering flexible appointment options, virtual follow-ups and shared goal setting to increase engagement and attendance. ▪ Support families, particularly parents of children with SEND, to shape programme content, ensuring their lived experience directly informs service development. ▪ Use co-production and experience-based co-design methods to support quality improvement, with parent-engagement initiatives using creative, culturally attuned formats such as workshops, flexible session structures and interactive activities. ▪ Monitor engagement patterns and outcomes to evaluate the inclusivity and effectiveness of child-health promotion programmes. ▪ Lead interactive, hands-on health promotion activities, such as infant feeding demonstrations, play-based learning sessions, parenting workshops and baby massage groups, to enhance participation and shared decision-making.
<p>F.HV2 lead discussions and collaborate on the development of services for children with high impact health and care needs and ensure workforce readiness for implementation</p>	<ul style="list-style-type: none"> ▪ Lead discussions with peers following engagement with stakeholders, service leads and policy makers, ensuring strategic or policy changes are clearly communicated and understood. ▪ Support workforce development by contributing to planning of enhanced support pathways, protocols and guidance for children with complex or high-impact health needs. ▪ Support the development and delivery of staff training to ensure consistent, confident implementation of new pathways and service developments. ▪ Use implementation feedback and workforce insight to refine processes and strengthen cross-agency collaboration. ▪ Delegate responsibilities across bands 3, 4 and 5 team members, ensuring clarity of role (working within scope of practice), competence and accountability for delegation decisions.
<p>F.HV3 involve, escalate, report and make decisions with interdisciplinary and interagency teams on the immediate and</p>	<ul style="list-style-type: none"> ▪ Apply professional curiosity by asking open, non-judgemental questions and observing family dynamics, the home environment and parent–child interactions, documenting concerns clearly and factually.

<p>continuing risk of domestic violence, child maltreatment and other forms of abuse to the safety of infants, children and families and collaborate on all necessary actions</p>	<ul style="list-style-type: none"> ▪ Identify safeguarding concerns during contacts and escalate promptly using local safeguarding procedures, contributing to multi-agency strategy discussions and ongoing safety planning. ▪ Use local safeguarding assessment tools and escalation processes where required to support timely, risk informed decision-making. ▪ Escalate concerns to the duty safeguarding adviser, providing accurate contextual information to inform multi-agency assessments and actions. ▪ Engage in alternative learning experiences, such as children’s services, MARAC, MASH or domestic abuse teams, and reflect on how multi-agency communication, risk reviews and safety planning processes support family safety.
<p>F.HV4 lead interdisciplinary and interagency discussions and make decisions regarding the referral, transfer, support and management of children and families where there are complex mental or physical health needs and/or concerns</p>	<ul style="list-style-type: none"> ▪ Lead interagency discussions for families with complex mental and physical health needs, ensuring holistic assessment, the child’s voice is central, and coordinated planning, referral and follow-up are agreed. ▪ Oversee referrals to specialist services, ensuring clarity of roles, responsibilities and effective handover to support continuity of care. ▪ Monitor outcomes and adapt plans in response to emerging or escalating needs, ensuring ongoing coordination across agencies. ▪ Provide oversight of cases held by community health workers and staff nurses, offering guidance and support when referral to specialist services is required. ▪ Demonstrate leadership in coordinating referrals, transfer of care and ongoing support for families with complex social, physical or mental health needs.
<p>F.HV5 work in partnership with midwives and other interdisciplinary and interagency teams and services during the antenatal period and first days of the infant’s life to ensure consistency and continuity of care for infants, parents and carers, and</p>	<ul style="list-style-type: none"> ▪ Collaborate closely with midwives during the antenatal and early postnatal period to ensure seamless transition and continuity of care, particularly for families with vulnerabilities or additional needs. ▪ Gather and evaluate family feedback to identify improvements needed within maternity to health visiting pathways and strengthen consistency across services. ▪ Identify and escalate communication issues that may impact the quality or continuity of care, supporting timely resolution.

<p>a smooth transition between midwifery and health visiting services</p>	<ul style="list-style-type: none"> ▪ Participate in unborn planning and maternity concern meetings alongside midwives, social workers and other professionals to coordinate early support and risk management. ▪ Promote consistent, evidence-based breastfeeding and feeding guidance across health visiting services to minimise conflicting information and enhance parental confidence.
<p>F.HV6 work in partnership with school nurses to ensure the transition of support for the child and family from the health visitor to the school nursing service is positive, seamless and effective</p>	<ul style="list-style-type: none"> ▪ Ensure a timely and seamless transition to school nursing through clear communication, collaborative planning and continuity of care for children with additional or complex needs. ▪ Work jointly with school nursing colleagues to plan transitions for children with SEND or safeguarding concerns, agreeing roles and responsibilities to maintain uninterrupted support. ▪ Follow local transition pathways and timelines, completing comprehensive handover documentation and sharing relevant family information to support effective transfer. ▪ Respond promptly to follow up queries from school nurses and provide additional context where needed to strengthen continuity of care. ▪ Check in with families post-transition to confirm a positive handover experience and identify any residual support needs.



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