

Health visiting assessment—unpacking critical attributes in health visitor needs assessment practice: A case study

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Abstract

Background: Assessment of family health need is a central feature of health visiting practice in which a range of skills, knowledge and judgements are used. These assessments are pivotal in uncovering need, safeguarding children and in determining levels of health intervention to be offered to children and their families by the health visiting service in the UK.

Objectives: The central focus of this paper is to outline the critical attributes of the basic principles that underpin health visiting assessment practice that emerged as part of a case study enquiry.

Design: A case study design informed by a constructivist methodology was used to examine health visitors' professional judgements and use of formal guidelines in identifying health needs and prioritising families requiring extra health visiting support.

Settings: The main study was conducted in three community Trust case sites in England, UK, with pilot work being undertaken in a fourth site.

Methods and participants: Fifteen health visitors participated in the main study and data were collected during 56 observed home visits to families receiving extra health visiting support. Separate in-depth interviews were conducted with the health visitors, pre- and post-home contacts, while 53 client interviews also took place.

Results/conclusions: The analysis suggests that there are certain fundamental elements associated with the majority of health visitor assessments and these have been termed assessment principles. These characteristics are integral to, and provide the basis upon which health visitors' assessments are conducted and professional judgement is formed. They reflect the basic principles of health visiting assessment practice, which exist despite the constraints and realities of the practice context and can be differentiated from the activity centred methods of assessment processes.

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Keywords: Professional judgement; Needs assessment; Health visiting; Assessment principles; Constructivist enquiry

What is already known about the topic?

- Accurate assessment of family health need is a core health visiting skill, requiring considerable knowledge and expertise.
- Health visitor assessments are of crucial importance in uncovering need, safeguarding children and in

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determining levels of health intervention to be offered to children and their families.

- Research was needed to examine health visiting assessment practices in the real-life setting and incorporate client and health visitor views of need which can differ.

What this paper adds

- It addresses a gap in the literature and unpacks some of the underpinning features of health visiting needs assessment practice.
- A unique case study approach, interviewing health visitors both pre- and post-observed home visits and by seeking the client perspective.
- Detail about seven fundamental elements, termed assessment principles, that are integral to, and provide the basis upon which health visitors' assessments are conducted and professional judgement is formed.

1. Introduction

It is widely acknowledged that assessment of family health need is a central feature of health visiting practice (NMC, 2002). These assessments are crucial in identifying children and families in need and in determining the nature and level of intervention to be offered to families by the health visiting service. This paper will outline the critical attributes of the basic principles that underpin health visiting assessment practice which emerged from a case study enquiry conducted to examine health visitors' professional judgements and use of formal guidelines for identifying families in need.

The paper begins by examining the background literature on needs assessment practice, before providing an overview of the case study research design. Data analysis offered several insights into how health visitors make health needs assessments and results suggest that assessment is a complex, interactive and serial activity. This paper outlines seven principles that emerged through data analysis, these features appear central to health visiting assessment practice and continuously appeared within the data. These characteristics appear inherent to the nature of assessment. They are integral to, and provide the basis upon which health visitors' assessments are conducted and professional judgement is formed. Another paper (under review by IJNS) moves on to explore in more detail the intricacies of health visiting assessment processes.

2. Background literature

Since its inception in the UK in the middle of the 19th century, health visiting's roots have been firmly

embedded in public health work (Cowley and Appleton, 2000; Brocklehurst, 2004). A health visitor is a registered nurse who has undertaken a further post-registration specialist practitioner qualification, focussing specifically on child and family health promotion, public health issues and disease prevention. Currently, the majority of health visitors work in the community employed by a range of primary care organisations. All pre-school aged children and their families are allocated to a health visiting caseload for purposes of health promotion and preventive care; with other groups being included depending on local policy. Central to the role is a focus on the identification and assessment of health need and when the service is properly resourced, health visitors are extremely well placed to identify children's needs and recognise parenting and other family difficulties (Home Office, 1998). Professional practice requires health visitors to accurately assess health and social need, accept responsibility for professional judgement and be accountable for their professional actions (NMC, 2002).

An initial review of the literature revealed that although the health visiting literature has many references to the term professional judgement there is little evidence of the topic having received a detailed analysis. There is a paucity of health visiting research in this area, with only a limited number of studies investigating how health visitors identify and make assessments of children and family health needs. Indeed it was only in 1993 that Chalmers (1993, p. 144) noted that no empirical evidence existed "*which provides clarification of how health visitors conceptualise needs and the actual practice strategies used to search out needs.*" This was surprising in view of the fact that since the implementation of the NHS and Community Care Act (1990) there has been considerable interest surrounding the impact of needs assessment in health care policy and practice. Since the early 1990s, research in this area in health visiting has focussed broadly on 'needs assessment' (Chalmers, 1993; Cowley et al., 1995, 2000a,b; Carney et al., 1996), or assessment of family 'vulnerability' (Appleton, 1995, 1999; Williams, 1997; Newland and Cowley, 2003; Brocklehurst et al., 2004).

However, existing empirical research is beginning to build up an emerging picture of the complexity of health visiting assessment practices. For example, while Primary Care Trusts as employers of health visitors have been keen to promote the development and use of vulnerability assessment tools, clinical practice guidelines and other assessment protocols early research has revealed health visitors relying mainly on professional judgement when assessing the needs of children and families (Appleton, 1993). A national survey found that while 63% of NHS Trusts had developed some guidance to assist health visitors in their assessments of vulnerable families, this guidance is largely subjective and not evidence based (Appleton, 1997, 2000).

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