



University of Hertfordshire **UH**



BUCKINGHAMSHIRE  
NEW UNIVERSITY  
EST. 1891



# Pan London SCPHN Practice Assessment Document (Health Visiting)

Context document for  
**Insert name of AEI**

**September 2023**

Acknowledgement: This template is based on the one created by the Midwifery Practice Assessment Collaboration for the Midwifery Ongoing Record of Achievement.

## Table of Contents

|   |           |
|---|-----------|
| <b>1. Introduction .....</b>  | <b>3</b>  |
| <b>2. Expectation of proficiency completion for each learning period and flexibilities permitted by the programme.....</b>              | <b>3</b>  |
| <b>3. Student progression .....</b>   | <b>4</b>  |
| <b>4. Grading of practice.....</b>  | <b>4</b>  |
| <b>Annex A - Proficiency completion for each learning period and assessment strategy.....</b>   | <b>5</b>  |
| <b>Sphere A: Autonomous specialist community public health practice.....</b>  | <b>5</b>  |
| <b>Sphere B: Transforming specialist community public health nursing practice: evidence, research, evaluation and translation .....</b> | <b>6</b>  |
| <b>Sphere C: Promoting human rights and addressing inequalities assessment, surveillance and intervention.....</b>                      | <b>7</b>  |
| <b>Sphere D: Population health: enabling, supporting and improving health outcomes across the life course.....</b>                      | <b>8</b>  |
| <b>Sphere E: Advancing Public Health services and promoting healthy places, environments and cultures .....</b>                         | <b>11</b> |
| <b>Sphere F: Leading and collaborating: from investment to action and dissemination.....</b>  | <b>12</b> |

## 1. Introduction

The Specialist Community Public Health Nurse (SCPHN) Pan London Practice Assessment Document (PAD) has been designed by the Pan London group of Approved Education Institutions (AEIs) delivering SCPHN programmes to document the achievement of the proficiencies required by the NMC<sup>1</sup>. The Pan London PAD is designed to enable some flexibility in how each AEI utilises it within the SCPHN programmes being offered. This context document provides the detail regarding local implementation in relation to university regulations and programme structure/requirements.

Introduce the types and length of programme you are validating (e.g. 1 year post-grad, Master's etc) and that you will be using the MORA to document achievement of proficiencies and assess the student's performance in practice.

## 2. Expectation of proficiency completion for each learning period and flexibilities permitted by the programme

The SCPHN PAD does not indicate specific proficiencies that should be achieved within each learning period of the programme. This is in line with the NMC outcomes focused approach<sup>1</sup> and recognises the local variation in programme structure and practice learning opportunities. However, to ensure that students are making sufficient progress towards meeting all proficiencies by the end of the programme, universities may put programme specific guidelines in place.

Students will take opportunities and experiences related to theory/practice to achieve their proficiencies throughout the programme. Guidance may be given related to the most optimal learning period in which to achieve a proficiency. However, this is designed to be flexible. **Therefore, students can complete the proficiencies at any time until the final sign off date at the end of the programme.**

Which proficiencies would you expect students to have demonstrated in each learning period, and how is this managed if students don't achieve? For example, this may be by ensuring that an action plan is utilised.

This needs to be mapped to the programme structure, module learning outcomes and indicative content for the programme. A statement about the PA assessments and communication with the AA during the programme might be helpful to reassure the NMC visitor that there are processes that prevent students 'slipping through the net' with few proficiencies achieved prior to the final learning period.

You could indicate which proficiencies you would anticipate the student to complete in which learning period using the table in Annex A. Remove the annex and refresh the table of contents if this is not required.

---

<sup>1</sup> [NMC \(2022\) Standards of proficiency for specialist community public health nurses](#)

### 3. Student progression

How many practice assessor reviews will there be in the programme/s?

What is the assessment cycle for each learning period?

When are the progress reviews with student, PA and AA scheduled to take place?

Complete table/insert or delete rows as required.

| Learning Period   | Learning Agreement | Practice Assessor Formative Assessment | Practice Assessor Summative Assessment | Progress Review |
|-------------------|--------------------|--|--|-----------------|
| Learning Period 1 |                    |  |  |                 |
| Learning Period 2 |                    |  |  |                 |
| Learning Period 3 |                    |  |  |                 |

Copy the table for each programme

### 4. Grading of practice

Will grading of practice be applied to your programme? If so, which marks are awarded to each of the descriptors? What proportion of the module credits/mark is awarded through the assessment?

If grading is to be applied, complete the following table **inserting the agreed figures for your AEI:**

*Example: BSc*

| Outstanding | Excellent | Very Good | Good | Satisfactory | Unsatisfactory |
|-------------|-----------|-----------|------|--------------|----------------|
|             |           |           |      |              |                |

Level 4-6 descriptors

*Example: MSc*

| Excellent | Good | Satisfactory | Unsatisfactory |
|-----------|------|--------------|----------------|
|           |      |              |                |

Level 7 descriptors

If grading is not applied, delete the tables and insert commentary and update the table of contents.

## Annex A - Proficiency completion for each learning period and assessment flexibility

If required, use this annex to indicate when you expect students to be assessed for a proficiency in each of the learning periods (and potentially when the assessment is repeated in a later period).

In addition, AElS may use further colour coding to indicate where they expect students to be able to demonstrate the proficiency in a practice setting and where it could be achieved through alternative assessment strategies, e.g. simulation, role play (practice+).

Change the wording in the key below to reflect the requirements of your programme.

**Practice:** Proficiencies that students should aim to achieve and demonstrate in a practice setting, which could be in an alternative learning experience

**Practice+:** Proficiencies that may be achieved in a practice setting or via other assessment strategies such as simulation, role play, presentations, which may be followed by reflective discussion with the Practice Assessor

### Sphere A: Autonomous specialist community public health practice

| <i>At the point of registration, the Specialist Community Public Health Nurse will be able to:</i>   | <b>Learning Period 1</b> | <b>Learning Period 2</b> | <b>Learning Period 3</b> |
|--|--------------------------|--------------------------|--------------------------|
| A.1 demonstrate the ability to practice with a high level of autonomy, entrepreneurship and innovation as a specialist community public health nurse   |                          |                          |                          |
| A.2 be an effective ambassador, role model and compassionate leader, and a positive influence on the profession  |                          |                          |                          |
| 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                             |                          |                          |                          |
| 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     |                          |                          |                          |
| 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 |                          |                          |                          |
| A.6 influence and promote health as a fundamental human right and as a shared value through engagement, inclusion and participation  |                          |                          |                          |
| 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                   |                          |                          |                          |

| <i>At the point of registration, the Specialist Community Public Health Nurse will be able to:</i>   | <b>Learning Period 1</b> | <b>Learning Period 2</b> | <b>Learning Period 3</b> |
|--|--------------------------|--------------------------|--------------------------|
| A.8 lead and promote public health provision that is person-centred, anti-discriminatory, culturally competent and inclusive   |                          |                          |                          |
| 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  |                          |                          |                          |
| 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   |                          |                          |                          |
| 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 safe and effective specialist public health nursing practice. |                          |                          |                          |

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

| <i>At the point of registration, the Specialist Community Public Health Nurse will be able to:</i>   | <b>Learning Period 1</b> | <b>Learning Period 2</b> | <b>Learning Period 3</b> |
|--|--------------------------|--------------------------|--------------------------|
| 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  |                          |                          |                          |
| 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  |                          |                          |                          |
| B.3 identify gaps in research, evidence and policy that impact on public health nursing practice and influence how to address these  |                          |                          |                          |
| B.4 utilise and effectively participate in new areas of research across interdisciplinary and interagency teams related to public health priorities and interventions  |                          |                          |                          |
| 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   |                          |                          |                          |
| 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 |                          |                          |                          |
| B.7 critically appraise epidemiological research and demonstrate its use in evidence-based specialist public health nursing practice   |                          |                          |                          |
| 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                                |                          |                          |                          |
| B.9 apply the evidence base theory and principles of public health and nursing practice to support innovative approaches to influence people's motivation, choices and behaviours  |                          |                          |                          |

| <i>At the point of registration, the Specialist Community Public Health Nurse will be able to:</i>  | <b>Learning Period 1</b> | <b>Learning Period 2</b> | <b>Learning Period 3</b> |
|---|--------------------------|--------------------------|--------------------------|
| 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                    |                          |                          |                          |
| 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 |                          |                          |                          |

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

| <i>At the point of registration, the Specialist Community Public Health Nurse will be able to:</i>   | <b>Learning Period 1</b> | <b>Learning Period 2</b> | <b>Learning Period 3</b> |
|--|--------------------------|--------------------------|--------------------------|
| C.1 critically analyse the factors that may lead to inequalities in health outcomes and health inequity and take appropriate action to mitigate their impact on people, communities and populations                          |                          |                          |                          |
| C.2 demonstrate compassionate leadership in applying human rights, equality, diversity and inclusion, to improve the health and wellbeing of people, communities and populations   |                          |                          |                          |
| C.3 appreciate the legal, ethical, moral and spiritual needs and challenges that may be faced when promoting population health, helping to mitigate barriers that enable people and families to live to their full potential |                          |                          |                          |
| 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                                 |                          |                          |                          |
| 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                       |                          |                          |                          |
| 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                |                          |                          |                          |
| C.7 ensure equitable and accessible services for all through improved health literacy communication and networking   |                          |                          |                          |
| C.8 consult with, listen to and support people, communities and populations when assessing, planning and co-producing public health interventions  |                          |                          |                          |
| C.9 use models, evidence and concepts to plan, conduct and evaluate population level interventions to address specific public health issues  |                          |                          |                          |
| C.10 apply understanding of determinants of health to develop culturally responsive and inclusive public health interventions with people, communities and populations   |                          |                          |                          |
| 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.               |                          |                          |                          |

| <i>At the point of registration, the Specialist Community Public Health Nurse will be able to:</i>  | <b>Learning Period 1</b> | <b>Learning Period 2</b> | <b>Learning Period 3</b> |
|---|--------------------------|--------------------------|--------------------------|
| 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 |                          |                          |                          |
| C.HV2 provide support to parents, carers and families in understanding what is needed to secure healthy development and wellbeing of infants and children   |                          |                          |                          |
| 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  |                          |                          |                          |
| 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  |                          |                          |                          |
| 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   |                          |                          |                          |
| 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  |                          |                          |                          |
| C.HV7 initiate appropriate evidence-based person-centred interventions to promote healthy relationships and minimise risks of domestic violence, child maltreatment and other forms of abuse within the family and the developmental impact of parental conflict on children                              |                          |                          |                          |
| 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.  |                          |                          |                          |

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

| <i>At the point of registration, the Specialist Community Public Health Nurse will be able to:</i>   | <b>Learning Period 1</b> | <b>Learning Period 2</b> | <b>Learning Period 3</b> |
|--|--------------------------|--------------------------|--------------------------|
| D.1 recognise, critically evaluate and monitor trends in global and national strategies and programmes for preventative interventions and promotion of health to inform specialist public health practice locally, nationally and globally |                          |                          |                          |
| 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                         |                          |                          |                          |
| D.3 appreciate and use community assets and resources to support positive health and wellbeing of people, communities and populations  |                          |                          |                          |



| <i>At the point of registration, the Specialist Community Public Health Nurse will be able to:</i>  | <b>Learning Period 1</b> | <b>Learning Period 2</b> | <b>Learning Period 3</b> |
|---|--------------------------|--------------------------|--------------------------|
| D.4 in partnership with people, adopt a life course approach when assessing the public health needs of people, communities and populations  |                          |                          |                          |
| 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   |                          |                          |                          |
| D.6 apply specialist knowledge of social prescribing to support individual, community and population health outcomes  |                          |                          |                          |
| 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   |                          |                          |                          |
| 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 outcome  |                          |                          |                          |
| D.9 assess the health status and health literacy of populations across the life course and their related determinants of health   |                          |                          |                          |
| 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   |                          |                          |                          |
| D.11 critically apply knowledge of populations, places, communities and determinants of health to inform key areas of specialist public health practice   |                          |                          |                          |
| D.12 in partnership with communities, develop and implement plans for local communities and populations to positively affect public health outcomes   |                          |                          |                          |
| 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   |                          |                          |                          |
| 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.   |                          |                          |                          |
| 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  |                          |                          |                          |
| 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 |                          |                          |                          |
| 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   |                          |                          |                          |

| <i>At the point of registration, the Specialist Community Public Health Nurse will be able to:</i>   | <b>Learning Period 1</b> | <b>Learning Period 2</b> | <b>Learning Period 3</b> |
|--|--------------------------|--------------------------|--------------------------|
| D.HV4 apply advanced level communication and interpersonal skills to establish trusting relationships which are respectful of families' capabilities, priorities and values  |                          |                          |                          |
| 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 |                          |                          |                          |
| 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, theories and models of attachment and the impacts of positive and enduring parental-child relationships                       |                          |                          |                          |
| 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   |                          |                          |                          |
| 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                    |                          |                          |                          |
| 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   |                          |                          |                          |
| 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  |                          |                          |                          |
| D.HV11 support parents and families who receive a life changing or life limiting diagnosis during 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  |                          |                          |                          |
| 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                    |                          |                          |                          |
| 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  |                          |                          |                          |
| 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  |                          |                          |                          |

| <i>At the point of registration, the Specialist Community Public Health Nurse will be able to:</i>  | <b>Learning Period 1</b> | <b>Learning Period 2</b> | <b>Learning Period 3</b> |
|---|--------------------------|--------------------------|--------------------------|
| D.HV15 provide evidence-based support and advice on child, adolescent and adult sexual and reproductive health and contraception  |                          |                          |                          |
| 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. |                          |                          |                          |

Sphere E: Advancing Public Health services and promoting healthy places, environments and cultures

| <i>At the point of registration, the Specialist Community Public Health Nurse will be able to:</i>  | <b>Learning Period 1</b> | <b>Learning Period 2</b> | <b>Learning Period 3</b> |
|---|--------------------------|--------------------------|--------------------------|
| 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             |                          |                          |                          |
| 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  |                          |                          |                          |
| E.3 demonstrate professional business and financial acumen when developing and presenting business cases to create investment for change and value for money  |                          |                          |                          |
| E.4 tailor nationwide programmes or commission new services that promote healthy cultures, environments and behaviours for local implementation and evaluate their effectiveness  |                          |                          |                          |
| E.5 lead and support a culture of learning and continuous professional development for colleagues, and with interdisciplinary and interagency teams   |                          |                          |                          |
| 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 |                          |                          |                          |
| E.7 promote and lead effective public health workplace cultures that benefit people, communities and populations  |                          |                          |                          |
| 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   |                          |                          |                          |
| E.9 share information regarding communicable diseases and approaches necessary for communicable disease surveillance, infection prevention and control, including immunisation and vaccination programmes   |                          |                          |                          |
| E.10 know how to assess and manage major incidents and outbreaks including contamination and communicable disease across local or wider boundaries  |                          |                          |                          |
| E.11 know how to identify, critically analyse and manage new and enduring hazards and risks to health at local, national and global levels  |                          |                          |                          |

| <i>At the point of registration, the Specialist Community Public Health Nurse will be able to:</i>   | <b>Learning Period 1</b> | <b>Learning Period 2</b> | <b>Learning Period 3</b> |
|--|--------------------------|--------------------------|--------------------------|
| 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.  |                          |                          |                          |
| 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   |                          |                          |                          |
| 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  |                          |                          |                          |
| 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  |                          |                          |                          |
| E.HV4 evaluate community health needs and assets, and advance practice through community profiling, the synthesis and application of data and information, use of informatics, and other techniques  |                          |                          |                          |
| 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. |                          |                          |                          |

### Sphere F: Leading and collaborating: from investment to action and dissemination

| <i>At the point of registration, the Specialist Community Public Health Nurse will be able to:</i>  | <b>Learning Period 1</b> | <b>Learning Period 2</b> | <b>Learning Period 3</b> |
|---|--------------------------|--------------------------|--------------------------|
| F.1 lead public health services that promote and improve the health and wellbeing of people, communities and populations  |                          |                          |                          |
| F.2 lead teams that are effective in delivering public health services, both on their own and in collaboration with others  |                          |                          |                          |
| F.3 assess service requirements influencing and leading on policy development and strategic planning to address population health needs incorporating approaches for prevention and risk management |                          |                          |                          |
| F.4 monitor and report on the outcomes of strategy and policy implementation and make recommendations for improvement including changes to commissioning  |                          |                          |                          |
| F.5 evaluate the efficacy of service provision by triangulating information obtained from audit, continuous improvement activity, governance, risk management and performance monitoring            |                          |                          |                          |
| F.6 compassionately lead and support a culture of critical reflection and continuous professional development that promotes team and interdisciplinary learning                                     |                          |                          |                          |

| <i>At the point of registration, the Specialist Community Public Health Nurse will be able to:</i>  | <b>Learning Period 1</b> | <b>Learning Period 2</b> | <b>Learning Period 3</b> |
|---|--------------------------|--------------------------|--------------------------|
| 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  |                          |                          |                          |
| F.8 use a range of advanced communication skills with people, communities, peers and interdisciplinary and interagency colleagues, including use of digital and other modalities to support communication in virtual and remote environments  |                          |                          |                          |
| F.9 communicate simple and complex public health information in a variety of formats, tailored for different community and population audiences   |                          |                          |                          |
| 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   |                          |                          |                          |
| 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   |                          |                          |                          |
| 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   |                          |                          |                          |
| F.HV3 involve, escalate, report and make decisions with interdisciplinary and interagency teams on the immediate and 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                             |                          |                          |                          |
| 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   |                          |                          |                          |
| 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 a smooth transition between midwifery and health visiting services |                          |                          |                          |
| 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.  |                          |                          |                          |