**Project Title- Developing a Compassionate Resilience Health Visiting Framework**

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**Case Study Overview**

The Department of Health has funded a number of interventions aimed at realising the benefits of the expanded Health Visitor workforce. The work is commissioned via Health Education England (HEE) and the development of a *Compassionate Resilience Health Visiting Framework* forms one of those interventions. The Compassionate Resilient Health Visiting Framework is in the process of being developed and will be completed by the 31st March 2015. This project’s ultimate aim is to support compassionate resilient health visitors (HVS) who maximise health outcomes and experiences for children and families, building their resilience.

An example of training that is being developed as part of an innovative project is the workshop entitled *Transforming Stress: How Understanding Our Brain Helps Build Resilience.* The training is designed to explore the unique stresses of health visiting practice, develop practitioners understanding of how the brain functions, how they can train their minds and transform their response to stress. The techniques used to train the mind include self-compassion and mindfulness. Using these tools can enable practitioners to more effectively manage their work stresses. This in turn will influence relationships in teams and organisations. These techniques are supported by a growing body of evidence which indicate improvements in depression, anxiety, health and resilience (Neff 2011, Gilbert 2010). Developing health visitors’ knowledge and skills in using these techniques will enable them to share these with clients at all levels of service provision. This will help to build compassionate resilience in children and families.

**Benefits and Achievements**

Fostering health visitors’ resilience is a complex issue which requires a preventative and solution focused, strengths based approach. This project uses an appreciative inquiry method to identify what is working well, what health visitors (HVs) would like to see happening and to explore how they think this can be achieved and sustained. This is congruent with a resilience building model which suggests considering strengths, aspirations and resources. The project question is: ***How can we effectively support health visitors to build compassionate resilience?***

A draft framework has been developed over the past three months by:

* Consulting our task and finish group members
* Engaging clients, practitioners and an expert advisory panel.
* Undertaking a consultative literature review (Hart & Heaver 2013).
* Conducting national practitioner and provider surveys

This on-going consultative process will continue until 2015 when the final framework will be produced.

**Challenges**

Agreeing a definition of resilience was challenging as resilience is a complex and evolving concept with varied interpretations. For example practitioner’s said resilience could be perceived as a way to “ toughen people up”. Harry Cayton (2014) described how it could applied to individuals who are coping by shutting off to problems. A compassionate response however involves paying attention to suffering and taking action to alleviate it. Hence the framework uses the concept of compassionate resilience which incorporates two components:

1. *Self- compassion, as a key to resilience*
2. *Learning how to maintain resilience in order to sustain compassion, even in challenging situations.* (Paquita De Zulueta 2014, p 2).

This definition was agreed a couple of months after the project started and followed consultation with practitioners, managers and expert advisors. The change in definition shifted the focus of the project and therefore it is important to ensure that sufficient time is allocated at the outset of future projects to agree a definition as soon as possible.

 **Learning, sharing and sustainability**

Research relating to resilience in health visitors is limited. While resilience programmes for individuals can be effective it is important to consider the context of health visiting practice and address the structural and contextual sources of stress that contribute to adversity. Therefore the draft framework adopts a systems approach. There are twenty four components to this framework including six categories and six subcategories which are underpinned by self-compassion, six key skills and the 6C values. The six main categories include: professional identity, organisational culture and leadership, recruitment and retention processes, models of support and compassionate resilient education and training.

The draft framework is presently being reviewed nationally via stakeholder consultations. It is envisaged that Compassionate Resilient Champions will be trained and that regional leads, managers, practice teachers and supervisors will form the first cohort. The stories of compassionate resilient practitioners, teams and organisations will be shared through the communities of practice. Building health visitors’ compassionate resilience is a complex process that requires a preventative, compassionate, strengths based approach. The framework will be delivered and sustained through compassionate resilient leadership, interagency education and practice and a skilled compassionate workforce.

**References**

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**Additional Information**

The draft framework is represented below pictorially. Your views are welcome and please contact Ann Pettit for further information.

**A Compassionate Resilience Health Visiting Framework**

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