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Health Visiting
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Sexual and Reproductive Health

END OF PROJECT REPORT

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About the Institute of Health Visiting

The Institute of Health Visiting is a UK centre of excellence supporting the development of universally high-quality health visiting practice so that health visitors can effectively respond to the health needs of all children, families and communities enabling them to achieve their optimum level of health, thereby reducing health inequalities.

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- » Alison Morton, Executive Director, iHV
- » Emma Senior, Senior Lecturer, Northumbria University Newcastle
- » Shahin Parmer, Sexual Health Facilitator, Public Health England (PHE)
- » Zoe Berrisford, Health Visitor, South Tyneside NHS Foundation Trust
- » Lynn Bainbridge, Health Visitor Area Lead West Locality, Northumbria Trust
- » Dr Anne Lashford, Vice President General Training, Faculty of Sexual and Reproductive Health (FSRH)
- » Judith Stephenson, Margaret Pyke Professor of Sexual & Reproductive Health, University College London (UCL)
- » Mrs Rachael Miller, Parent/carer representative

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EXECUTIVE SUMMARY

Poor sexual and reproductive health is both a cause and consequence of health inequalities for families and a recognised public health issue. Health visitors are well placed to support good sexual and reproductive health as they lead delivery of the universal Healthy Child Programme¹ to all families. However, health visitors report a lack of comprehensive training and education in this area, and a lack of evidence-based resources.

The aim of the project was to develop new resources in a range of formats, using co-production methods to ensure accessibility, increased knowledge, awareness and understanding of sexual and reproductive health within health visiting. This was achieved by:

Project deliverables	Achievement
Establish Steering group to ensure the project met its objectives	<ul style="list-style-type: none"> ✔ Steering group established with membership including: <ul style="list-style-type: none"> • Parents/carers • Health visitors • Subject experts • University Lecturers • Public Health England (PHE) • Faculty of Sexual and Reproductive Health (FSRH)
Scoping of current evidence base about sexual and reproductive health	✔ Current literature and resource review completed
Development and dissemination of a National Survey to health visitors to determine current understanding, knowledge, confidence and training needs about sexual and reproductive health	<ul style="list-style-type: none"> ✔ 100 health visitors responded ✔ Confirmed the need for training and key topic areas to be addressed ✔ Focus group report produced
Development and dissemination of a National Survey to understand the views of parents/carers and to support the development of resources	<ul style="list-style-type: none"> ✔ 50 parents/carers responded ✔ Key themes informed the development of the resources and training for health visitors and families
Gather insights from parent/carer focus group and health visitor focus group	<ul style="list-style-type: none"> ✔ Parent/carer focus group held ✔ Health visitor focus group held ✔ Key themes informed the development of the resources and training for health visitors and families
Insight report	✔ Full Insight Report completed pulling together the findings of the surveys and focus group, which identified the key themes to inform the development of the resources and training experiences of health visitors
Development of a range of resources through co-production, accessible to health visitors and families via the iHV website	Resources to support practice included: <ul style="list-style-type: none"> ✔ A-Z of resources ✔ Literature review ✔ E-learning ✔ 2 Good Practice Points ✔ 2 Infographics ✔ Digital parent/carer leaflet
Develop and deliver a webinar to launch the resources	<ul style="list-style-type: none"> ✔ 121 health visitors attended the webinar (220 registered) ✔ Key topics included postnatal contraception and preconception habits in women ✔ Resources launched at the webinar

Project deliverables	Achievement
Evaluation and impact	<ul style="list-style-type: none"> ✔ 71% of participants completed the post-evaluation questionnaire following the webinar ✔ 100% of health visitors reported that they would recommend the webinar to a colleague ✔ Overall, health visitors recognised the importance of discussing sexual and reproductive health throughout all contacts with families ✔ The key themes of the feedback highlighted the need for further training and resources to support practice on specific areas of sexual and reproductive health, and also the need to share these resources with the wider health visiting team members ✔ 2268 hits/enrolments and 533 full launches of the e-learning ✔ 341 visits to the digital parent/carer leaflet

Next steps and recommendations

The following table provides a summary of the recommendations and potential next steps:

Recommendation	Next steps
Ongoing maintenance of resources, e-learning and parent/carer leaflet	<ul style="list-style-type: none"> » Consider future funding to allow for upkeep and maintenance of resources to ensure they remain contemporary » Consider future funding to enable new resources to be added and developed to continue to meet the needs of the workforce
This evaluation focuses on the immediate delivery. It would be beneficial to consider the impact of the training over time and the impact of the parent/carer leaflet	<ul style="list-style-type: none"> » Investigate opportunities for further funding to complete impact evaluation of the resources and parent/carer leaflet
Promote the e-learning and parent/carer leaflet through the iHV and PHE networks	<ul style="list-style-type: none"> » Continue to signpost to the resources through national networks » iHV to deliver a further Insights webinar to members about sexual and reproductive health
To expand the webinar into a longer training package for the wider health visitor workforce	<ul style="list-style-type: none"> » Investigate opportunities for further funding to develop the webinar into training for wider health visitor rollout
Consider the adaptation to a wider multi-professional audience	<ul style="list-style-type: none"> » Investigate opportunities for further funding to adapt resources to the wider multi-professional early years audience

1. Introduction and background

Since the Institute of Health Visiting (iHV) was launched in 2012, it has developed a reputation as the go-to place for evidence-based guidance to support health visitor practice. In particular, health visitors highly rate the Good Practice Points and Top Tips for Parent on a variety of topics that health visitors use to strengthen and support their practice. This project aimed to fill a gap in iHV resources which currently contain limited information on sexual and reproductive health.

Poor sexual and reproductive health is both a cause and consequence of health inequalities, and is a recognised public health issue. Tackling this issue requires both parents/carers and expectant parents/carers to have access to, and be engaged in, evidence-based advice on sexual and reproductive health and preconception care. One strategy to achieve this outcome utilises the universal reach of health visiting to extend this support to all families, but with a focus on those groups that have been shown to experience poorer outcomes. Although well placed to deliver this support, health visitors have historically reported a lack of comprehensive training and education, as well as a lack of evidence-based resources to support them in achieving better outcomes for families.

This report summarises the insights gained from the scoping phase and the development of the health visitor and parent/carer resources. It will then discuss the dissemination of the resources and the evaluation of this along with the overall project findings. It will conclude with future recommendations and the next steps.

1.1 Background

The iHV was successful in applying for funding from the Public Health England (PHE) Reproductive Health, Sexual Health & HIV Innovation Fund. The aim of the project was to develop new resources in a range of formats, using co-production methods, to ensure accessibility, increase knowledge, awareness and understanding of sexual and reproductive health within health visiting.

The project aimed to achieve this by:

- i. Tailoring current sexual and reproductive health evidence to the health visitor context, collate evidence on sexual and reproductive health of expectant/new parents/carers and its application within health visitor practice.
- ii. Upskilling the workforce - to reduce stigma and increase the knowledge and understanding of sexual and reproductive health of both health visitors and parents/carers through access to the resources and e-learning.
- iii. Evaluate the impact of the resources and e-learning on health visitors' practice and parents'/carers' understanding and access to information.

To achieve this a co-production approach was taken, utilising existing relationships with expectant/new parent/carer groups and health visitors to gain a deeper understanding of their information needs. Evidence-based resources were co-produced to support health visitors' health promotion practice and ensure that the resources are family-centred.

4. Summary of scoping to inform the development of resources

2.1 Approach and method

The project was developed and implemented using the PRINCE2 project management principles. The project was delivered in 5 separate stages, each requiring different approaches and feeding into the developments in the next stage - these included: Inception, Scoping, Development, Delivery, and Evaluation/Reporting.

Shortly before the start of the project, we entered into the COVID-19 pandemic, with the country being in a national lockdown during the inception and scoping stages. This precipitated the need for significant flexibility to the original project planning and approaches we employed throughout the project. These included changing all meetings to virtual via Zoom. When organising the focus groups, and later the webinar, the project needed to take into account "Zoom fatigue" to ensure the best possible engagement.

Engagement by health visitors and parents/carers throughout became more challenging due to national lockdowns and social contact guidance, health visitor redeployment and recovery, home schooling and other mental health and wellbeing factors - which influenced people's abilities and desire to be involved with development of resources, attendance to training and focus groups, or completion of surveys.



2.2 Inception

The first step in the project was to establish the steering group. The purpose of the steering group was to guide the project, by providing governance, strategic oversight, expert guidance and assurance of project delivery, which informed every stage of the project. The project was led by a project manager within the iHV and the Steering Group of experts, comprising:

- Alison Morton, Executive Director, iHV
- Vicky Gilroy, Head of Projects and Evaluation, iHV
- Victoria Jackson, Senior Programme Manager - Projects and Evaluation, iHV
- Emma Senior, Senior Lecturer Specialist Public Health Sexual health nurse, Northumbria University Newcastle
- Shahin Parmer, Sexual Health Facilitator, PHE
- Zoe Berrisford, Health Visitor, South Tyneside NHS Foundation Trust
- Lynn Bainbridge, Health Visitor, Northumbria NHS Trust
- Dr Anne Lashford, Vice President General Training, FSRH
- Judith Stephenson, Margaret Pyke Professor of Sexual & Reproductive Health, UCL Institute for Women's Health
- Mrs Rachael Miller, Parent/carer representative

2.3 Scoping

The scoping stage involved completion of the health visitor and parent/carer surveys and focus groups. Both the health visitor and parent/carer surveys were constructed on the electronic survey platform SurveyMonkey. These surveys were co-developed with the steering group to gather the views and experiences of parents/carers, of the support they have received before, during and between pregnancies from health visitors on sexual, reproductive and preconception health. The surveys also sought to examine the knowledge, understanding and confidence that health visitors have in discussing sexual and reproductive health with families at different stages of their life. The details of the scoping stage can be seen in table 1.

Table 1: Scoping

Stages of Scoping	Outcome
Scoping of health visitor knowledge, understanding and confidence, via national survey	<ul style="list-style-type: none"> ✓ An electronic survey was constructed on SurveyMonkey ✓ Disseminated through the iHV network to maximise reach ✓ 100 professionals completed the survey from across England, Scotland, Wales, Guernsey and Jersey
Scoping of parent/carer views and experiences of the support they have received before, during and between pregnancies, via national survey	<ul style="list-style-type: none"> ✓ An electronic survey was constructed on SurveyMonkey ✓ Disseminated via iHV network and other parenting networks such as Channel Mum ✓ 50 responses received from parents/carers across England and Scotland
Insight groups to gain a deeper understanding of the survey results	<ul style="list-style-type: none"> ✓ Health visitor insight group was attended by 6 health visitors including 2 student health visitors ✓ Parent/carer insight group was attended by 2 parents/carers
NB. The limited reach and response may be due to the fact the survey and insight groups took place at the peak of the first COVID-19 lockdown. It should also be recognised that, although only two parents/carers participated in this insight group, 8 had said they would like to be involved but were unable to attend on the day due to unforeseen and COVID-19 related reasons.	

2.4 Findings from the scoping

2.4.1 Health visitor survey

The findings from the survey highlighted that practitioners identified several gaps in their knowledge, skills and confidence in sexual and reproductive health, i.e., the specific subject of “what” sexual and preconception/reproductive health is.

"It is actually helpful, highlights areas I am confident in and others I am not"

In contrast, when asked about “how” they supported families in practice using strengths-based conversations, based on self-reported findings, practitioners rated their skills and confidence in this area more highly. However, only **55%** of health visitors discussed sexual, preconception and reproductive health with all families, which represents a significant missed opportunity to promote important public health messages.

"There isn't any emphasis on contraception. Everything is based on KPIs and it is very unfortunate as I know that good family spacing is vital - particularly in relation to the success of future pregnancies"

"We are so restricted by time constraints I only really get to discuss contraception at new birth visit and 6-8 week visit making mothers aware how fertile they are in the postnatal period"

Specific gaps in knowledge were identified in several areas which therefore need to be addressed in order to improve health visitors’ capability and provide women and families with a comprehensive service that will improve outcomes for all. These included:

- The specific subject of “what” sexual and preconception/reproductive health is
- Gaps in specific knowledge such as: screening tests; advising on risk factors like consanguineous relationships; supporting women and their partners who have had previous pregnancy complications; postnatal contraception and preconception/the inter-pregnancy period
- Lack of training for health visitors about sexual and reproductive health - this led to decreased confidence in discussing specific sexual and reproductive health topics
- Restraints of wider health visitor work which is impacted by competing priorities and the national pandemic

2.4.2 Parent/carer survey

There was a mixed response from responders about having discussions with health visitors about sexual and reproductive health; **72%** reported having had no discussion about preconception care with their health visitor; **82%** did not discuss reproductive or sexual health with their health visitors before the birth of their baby; and **58%** reported that these topics were not discussed between pregnancies.

The survey sought to understand if parents/carers knew how to contact their health visitor and if they felt confident in asking their health visitors about their reproductive and sexual health. There were mixed responses about knowing how to contact the health visitor, however, the majority of parents/carers did not feel confident in talking to health visitors about their reproductive and sexual health.

"Would be good to be in contact with HV during pregnancy. Then they are familiar with family circumstances in case things go wrong afterwards for example postnatal depression".

"Ladies/couples could benefit from knowing their options & choices. I'd welcome HVs getting the message out there".

2.4.3 Insights summary

Key themes were derived from the insights focus groups to provide higher level contextualisation of the detailed survey findings. It was clear from the survey results that, while health visitors are knowledgeable on a wide range of key public health issues, there are gaps in health visitor knowledge and confidence to use this effectively during the preconception, interpregnancy and postnatal periods. In particular, perceived lack of time, exacerbated by COVID-19 service prioritisation measures and limited opportunity to build trusted relationships with families, directly impact on the support and advice provided to parents/carers.



"Very frustrated that in current service models, with very rigid visiting patterns, time is allocated by management for visits and limited staffing means that this will not be a priority within many organisations".

Health visitors also reported that they were less likely to discuss topics they are not confident in, or have not received recent or adequate training in. For example, the majority of health visitors reported limited training in sexual health, leaving them feeling exposed when questioned on the details of sexual health, sexually transmitted infections and risky sexual behaviours. These findings were confirmed in the focus group with health visitors.

In the survey, many parents/carers reported a lack of confidence in asking their health visitor questions about preconception/reproductive health and sexual health, commenting that they felt unsure whether it was appropriate to do so, or that they would benefit from the input from the health visitor on these topics. There was a disparity between the findings from the two surveys in the reported perceptions of health visitors and parents/carers respectively of the topics discussed in their interactions. The majority of health visitors reported discussing sexual health, preconception and reproductive health with parents/carers, however, the majority of the parents/carers reported that the health visitor had not discussed sexual health, preconception and reproductive health advice. The focus group with parents/carers highlighted a similar view and that the parents/carers were not aware of the role of the health visitor or what to expect in terms of advice on sexual and reproductive health.

2.5 Summary of conclusions and recommendations from the insights and scoping

The insights that were expressed in the scoping were distilled into 6 key findings, which are depicted in image 1. The themes are discussed in full in table 2.

Image 1:

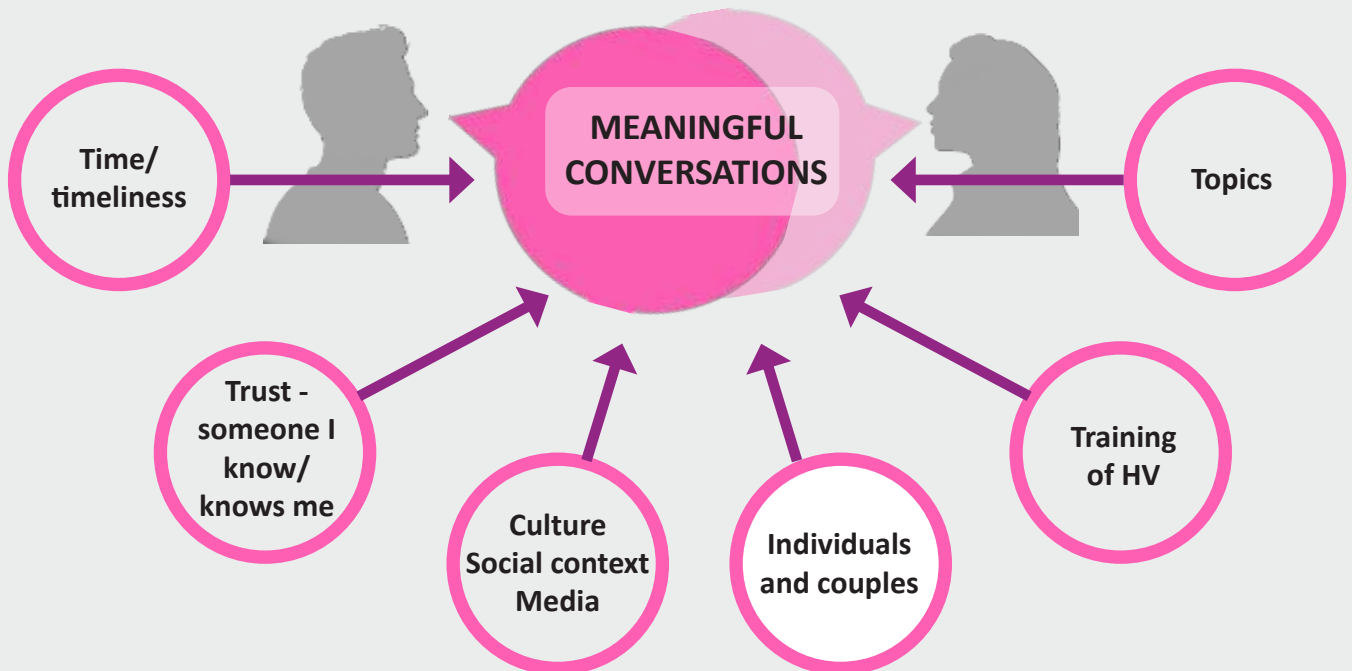


Table 2:

Theme	Description	Recommendation
Time and timeliness	<p>Time refers to the time available to health visitors to address sexual and reproductive health amongst a range of other multiple competing priorities within the Healthy Child Programme and their mandated contacts with families.</p> <p>Timeliness refers to the client/family's readiness to engage with sexual and reproductive health topics during such contacts.</p>	<ul style="list-style-type: none"> • Due to health visitors responding that there is a lack of time to discuss sexual and reproductive health with families and that it is not prioritised within KPIs, a refocus is needed on how sexual and reproductive health can be accommodated within mandated contacts alongside other health topics. • Communication with Local Authority Leads and Commissioners is needed to highlight the importance of all mandated contacts and the full aspects of the Healthy Child Programme, to help informed decision-making when looking at staffing and wider health visitor resources. • Timeliness will be improved with a shared understanding from commissioners, managers and practitioners that sexual and reproductive health is applicable across all mandated Healthy Child Programme contacts, so that reviews encompass holistic family health assessment and not just 'child health checks'. • All mandated contacts are routinely carried out by a Specialist Community Public Health Nurse - Health Visitor and only delegated by exception, with assurances that staff have knowledge and skill to provide meaningful conversations on sexual and reproductive health issues.
Trust - someone I know/who knows me	<p>Trust refers to parental confidence in the health visitor, and the quality of the parent/carer-health visitor relationship.</p> <p>A key issue for parents/carers is knowing what they can expect of health visitors and what the service provides.</p>	<ul style="list-style-type: none"> • Health visitors need to deliver a client-led service to meet needs that are personalised through 'meaningful conversations' with individuals, couples and vulnerable groups. • Parents/carers should be informed clearly at the first contact who health visitors are and what they can do to support them, with appropriate reviews of this at each contact. Establish what will happen between contacts and how health visitors can be contacted if needed. • Continuity of health visitor care needs to be the norm to enable to develop trust between families and health visitors to discuss sensitive issues of sexual and reproductive health. • Home visits need to have a clarity of purpose for parents/carers and should open the discussion on reproductive, preconception and sexual health, with appropriate signposting to specialist services. • Communication should be inclusive of couples as well as respecting individual privacy and confidentiality in accordance with GDPR requirements and safeguarding responsibilities.

Theme	Description	Recommendation
Topics in Sexual and Reproductive Health	The surveys and focus groups highlighted that sexual and reproductive health should not be treated as a single topic, but a wide range of topics.	<ul style="list-style-type: none"> • The wide range of topics in sexual and reproductive health needs to be covered by sources of knowledge and training materials in ways that enable health visitors to be selective. • Not all aspects will be equally relevant to every parent/carer or for every occasion when health visitors engage with them, but practice needs to be personalised to their specific needs at the time that is right for them.
Training of health visitors	<p>Gaps in health visitor knowledge in sexual and reproductive health and their confidence to use this effectively during the preconception period, between pregnancies, and the postnatal period was identified in the scoping.</p> <p>Training received during the Specialist Community Public Health Nurse qualifying programme is not standardised for this (or other specific clinical topics), leaving a marked variability in the knowledge and understanding of health visitors on specific topics.</p>	<ul style="list-style-type: none"> • Standardised training for health visitors in sexual and reproductive health and how to support families is needed. • Health visitors need to be aware of reliable resources and sources of information for their own professional development and to which they can safely and appropriately direct parents/carers and colleagues within their teams and wider services. • Resources and training materials need to present information in ways that promote meaningful conversations - in order to support personalised care that is timely, inclusive and mindful of cultural diversity, social context and media influences.
Individuals and couples	The sensitivity of the subject matter in the context of relationships means that health visitors need to give due weight to views and preferences of individuals and partners.	<ul style="list-style-type: none"> • Women want their partners involved in conversations and there's scope for health visitors to actively facilitate male and same-sex partners' access to information through engagement in meaningful conversations on sexual and reproductive health. • Preferred sources and formats of information may differ within couples and therefore there is need to ensure that the health visitor approach is personalised to the needs and preferences of the individual family to support behaviour change.
Culture, social context and media	Conversations on sexual and reproductive health will only be meaningful when practitioners are culturally aware and sensitive to the social context of their clients and develop critical self-awareness, in order to minimise unconscious bias arising from their own culture, social context and influences from media and personal experiences.	<ul style="list-style-type: none"> • To ensure that services are accessible and inclusive, health visitors need to practise in ways that recognise and address the needs of both partners, the diversity of relationships, sexual preferences, varied family formations and the needs of those, whose sexual and reproductive health may be affected by other health concerns or disabilities. • This is particularly important when engaging with those individuals and groups who do not currently experience easy access to services (for example the Gypsy/Traveller community, asylum seekers and individuals who are not registered with a GP), and consequently do not experience the same health outcomes as the rest of the population. • Due regard should be given to child and adult vulnerability and safeguarding.

For the full report on the scoping stage, please [click here](#) to access the Insight Report.

3. Resource Development

Building on the scoping conclusions and recommendations, it was clear that there is a need for health visitors to have evidence-based resources about sexual and reproductive health - presented in a range of accessible formats, so that they can be easily shared with parents/carers to improve their understanding of what they can talk to their health visitor about. To address these needs, the following resources were developed:

a. A National webinar

To launch the e-learning and additional resources.

b. Development of an e-learning awareness session which will be available on elfh

This will tailor the current sexual and reproductive evidence base to health visiting.

c. Literature review

To guide and inform practice with the evidence.

d. A-Z of useful quality-assured resources and organisations

To be used to support and guide parents and carers.

e. Digital parent/carer leaflet

To equip families with a greater understanding of the health visitor services and the issues that they can discuss with their health visitor during the mandated contacts, as well as signposting details of where they can get further information on sexual and reproductive health.

f. Good Practice Points

Brief evidence-based, peer-reviewed information sheets which are aimed specifically at health visitors, written in collaboration with subject experts. Topics include:

- Postnatal contraception
- Preconception nutrition

3.1 Imagery

Before the development of the resources, it was agreed by the steering group that imagery was needed to support the marketing and brand identity of the resources - aligning them together. One of the parents in the insight work had said that health visitors should

“be there as an overall umbrella to kinda look ... have that window into them, just assess what’s going on and signpost as needed”

The steering group recognised that sexual and reproductive health is also an umbrella term encompassing many different aspects of social, physical, and mental health and wellbeing. The image of umbrellas was agreed and a design commission and agreed by the project steering group. Image 2 shows the design that is to be used across all the resources and publicity.

Image 2:



3.2 E-learning

E-learning was developed by the iHV project team in collaboration with project partner Emma Senior, Subject Expert, and formally reviewed by the steering group. The e-learning was designed to be completed following completion of the [Public Health England: All Our Health Sexual and Reproductive Health module](#) to ensure that all health visitors have understanding of the current needs in this topic and national guidance. The e-learning moves through 3 modules, followed by a test your knowledge quiz:

- a. What is sexual and reproductive health, and why is it important?
- b. Meaningful Conversations
- c. Sexual and reproductive health within health visiting

The aim of the e-learning is to give health visitors the background knowledge of different aspects of sexual and reproductive health and the impact on specific vulnerable groups, then to how to have sensitive and purposeful conversations with parents/carers. The last module consolidates this information and applies it directly to the health visitor's role and how sexual and reproductive health can be discussed at each of the mandated contacts (antenatal visit, new birth visit, 6-8-week review, 9-12-month review and 2-2½-year-review).

The e-learning was designed and developed by Onclick, an e-learning specialist. The final resource is now available on the elearning for healthcare (elfh) learning platform and is accessible to all healthcare professionals across the UK. This final version was reviewed by a member of the Faculty of Sexual and Reproductive Health (FRSH) as a subject expert, independent from the project team and steering group.

The e-learning has been accessed by 2268 practitioners at time of publication.



3.3 Health visitor resources

Each resource, as seen in image 3, was co-produced based on the themes elicited from the insights; they were co-authored with subject experts, from the steering group and specific professionals for their expertise, and peer reviewed by health visitors and parents/carers to ensure they met the requirements of their intended audience. Parents/carers were sourced independently, through expressing an interest to be involved when responding to the survey or from University College London and Tommy's Charity user groups.

Image 3:



All the external links and resources developed as part of the project were subject to a rigorous quality assurance process, see appendix 1. This ensured that the resources aligned with national guidance/policies, and are evidence-based, so that health visitors and families can access them with peace of mind that the resources are safe and trustworthy.

3.4 Digital parent/carer leaflet

As well as ensuring that health visitors have up-to-date evidence-based information, it is important that this information is also shared with parent/carers and that they understand what they can discuss with their health visitor. This was a key insight from the parents/carers that they did not know what they could ask the health visitor about. Therefore, a digital leaflet was produced, see image 4. This was developed through co-design, with parents/carers giving feedback at every stage of the development, alongside the final version being written in plain English supported by Pathways Associates to ensure accessibility.

The leaflet was designed and developed by Chilli, a digital leaflet specialist, and was based on each of the health visitor mandated contacts - helping families to understand what they may like to discuss with their health visitor and also providing signposting to further information on sexual and reproductive health which might be relevant to them at a specific time in their child's life. The leaflet can be accessed [here](#). A range of resources were also developed to help health visitors advertise the leaflet - these include a poster/flyer, stickers for the Personal Health Child Record, an email signature and a PowerPoint slide for GP surgery screens.

Image 4:



At time of publication, the parent/carer leaflet had been visited 341 times.

4. Delivery of the workshops

4.1 Delivery

The project findings and insights, along with the resources developed, were presented in a webinar - this was to allow maximum reach across the country with minimal impact from the restrictions of COVID-19, and aimed to launch the new sexual and reproductive health resources and update health visitor knowledge in the area. Postnatal contraception and preconception care/health were two key topics that health visitors identified they required further training in. The webinar aimed to address this gap with the following objectives to:

- Raise awareness of the specific needs of women in the preconception period
- Update health visitors about contraception in the postnatal period
- Launch resources to support practice

This was achieved by a taught session which included:

- **Overview of project and insights from parents/carers and health visitors**, by Vicky Gilroy (Head of Projects and Evaluation) iHV
- **Postnatal Contraception**, by Dr Annette Thwaites (Academic Clinical Fellow and specialist trainee in sexual and reproductive health) at University College London

- **Health behaviour of UK women planning a pregnancy**, by Angela Flynn, PhD (Research Associate) at the Department of Women and Children's Health Faculty of Life Sciences and Medicine (FoLSM) King's College London
- **Introduction to the resources**, by Vicky Gilroy (Head of Projects and Evaluation) iHV

Throughout the webinar there was the opportunity for attendees to ask questions, with a facilitated Q&A section during the webinar, see appendix 2 for full lesson plan.

The webinar was attended by 121 health visitors from across the UK, for full spread of attendees see map 1. The webinar was recorded - this enabled access through the iHV website as part of the suite of resources to support practice which, at the time of publication, has been accessed 567 times.

Map 1:

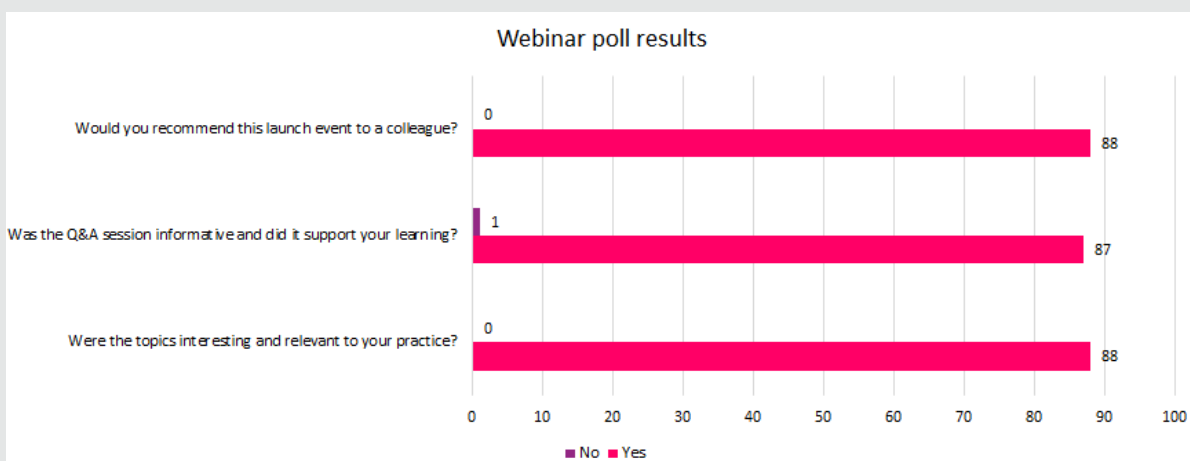


5. Evaluation

5.1 Webinar evaluation

At the end of the webinar, a quick poll was completed by all attendees. As can be seen in graph 1, there was an overall positive response to the webinar with 100% of attendees stating they would recommend the webinar and that the topics were interesting and relevant to practice. And all but one found the Q&A session informative and supportive of their learning.

Graph 1:



5.1.1 Post-evaluation data summary

A formal evaluation of the webinar was conducted by sending attendees an electronic post-evaluation survey, conducted through the JISC online platform. **73%** of attendees responded, their responses cannot be directly compared with the baseline survey conducted as part of the scoping as these may be different participants. However, the questions focused on areas raised in the baseline survey of health visiting teams.

The attendees were asked to rate their knowledge, confidence and understanding on the topics in the webinar using the following scale:

1. Not at all confident
2. Not so confident - have limited knowledge
3. Somewhat confident - I feel there are some gaps in my knowledge/skills
4. Very confident- I am skilled in this area

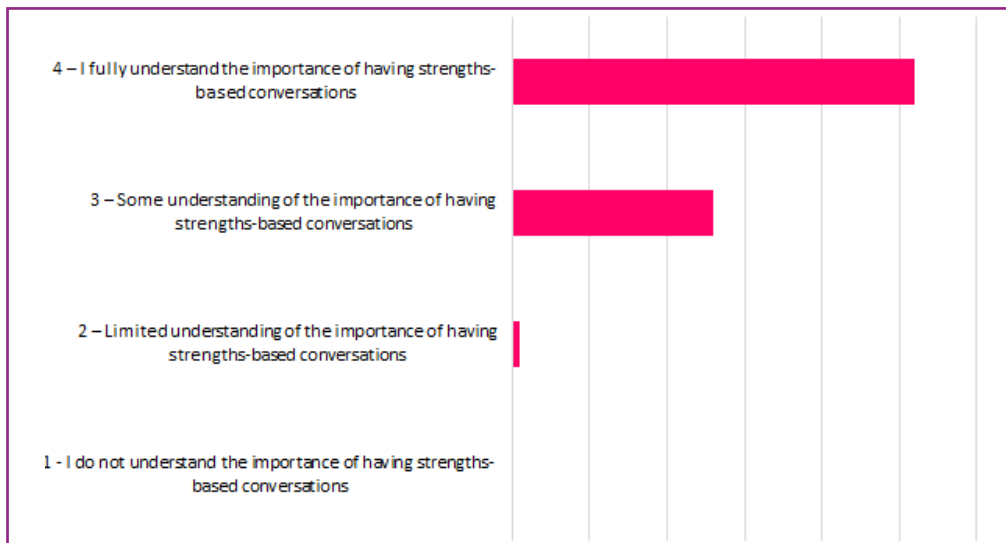
The first questions enquired about practitioner confidence and knowledge, the questions and response can be seen in table 3.

Table 3:

<p>How confident are you in your understanding of perceptions of preconception health?</p>	<table border="1"> <thead> <tr> <th>Confidence Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Very confident- I am skilled in this area</td> <td>16</td> </tr> <tr> <td>Somewhat confident - I feel there are some gaps in my knowledge/ skills</td> <td>58</td> </tr> <tr> <td>Not so confident - have limited knowledge</td> <td>5</td> </tr> <tr> <td>Not at all confident</td> <td>0</td> </tr> </tbody> </table>	Confidence Level	Percentage	Very confident- I am skilled in this area	16	Somewhat confident - I feel there are some gaps in my knowledge/ skills	58	Not so confident - have limited knowledge	5	Not at all confident	0
Confidence Level	Percentage										
Very confident- I am skilled in this area	16										
Somewhat confident - I feel there are some gaps in my knowledge/ skills	58										
Not so confident - have limited knowledge	5										
Not at all confident	0										
<p>How confident are you at discussing postnatal contraception with women?</p>	<table border="1"> <thead> <tr> <th>Confidence Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Very confident- I am skilled in this area</td> <td>16</td> </tr> <tr> <td>Somewhat confident - I feel there are some gaps in my knowledge/ skills</td> <td>58</td> </tr> <tr> <td>Not so confident - have limited knowledge</td> <td>5</td> </tr> <tr> <td>Not at all confident</td> <td>0</td> </tr> </tbody> </table>	Confidence Level	Percentage	Very confident- I am skilled in this area	16	Somewhat confident - I feel there are some gaps in my knowledge/ skills	58	Not so confident - have limited knowledge	5	Not at all confident	0
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Not at all confident	0										

The overall levels of self-reported confidence reported by the webinar attendees appears to be slightly higher than confidence levels previously gathered as part of the project insights. However, confidence levels are topic dependent and confidence in the wider application of sexual and reproductive health advice was lower.

The next question the attendees were asked in the post-webinar attendance survey was “do you understand the importance of having strengths-based conversations with families to support behaviour change and manage risk factors in relation to sexual and reproductive health?”



Clearly, the ability to have ‘strengths-based conversations’ is a transferable skill, but may not be used when knowledge and confidence of the topic areas are lacking. We then asked the participants about discussing sexual and reproductive health and they indicated that the resources would support them discussing this.

99% respondents reported that the resources launched in the webinar will support them to have a strengths-based conversation about sexual and reproductive health with women and their partners.

5.1.2 Post-evaluation qualitative summary

Attendees were asked what they would do differently in their practice following this webinar, this was to enable the respondents to provide more detail on the impact of the training and resources. Overall, this impact was overwhelmingly positive.

Comments indicate that their enhanced confidence leads to a more proactive approach to promoting sexual and reproductive health with clients:

“ensure I have this conversation at each contact to make every contact count (MECC)”

“Discuss pre-conception care and contraception at all mandated contacts, making every contact count”

“Feel I’ll be able to discuss contraception more openly due to having a rationale and statistics to evidence my explanations”

“I will make sure I discuss contraception with women prior and following delivery with confidence”

“Be more proactive about conversations around contraception”

“Talk more with families and ask them what they know”

Responses indicate that deficits in knowledge had been substantially addressed. The impact of this is seen in conversations addressing specific issues and concerns. For example:

“Ensure that I talk to women more thoroughly about contraception rather than just raise an awareness of the need to discuss contraception with their GP 6-8 week postnatal”

“I will be more confident advising women on contraception and discussing options rather than just advising them to ‘be careful’”

“Discuss contraception in more depth at new birth contact.”

“Discuss sexual and reproductive health needs at postnatal and antenatal contact”

Many respondents made reference to their use of the resources: for themselves; for colleagues in the immediate team and more widely; and for signposting clients to further information or services.

Specific examples include:

“Consolidate my knowledge by reviewing the presentation slides and resources once released.”

“Feel more confident discussing this area with families, know where to signpost them to and will use the new resources.”

“As Public Health Lead nurse for the 0-19 service this really made me think about early intervention in health promotion for women planning pregnancy. I will be distributing these new resources to all our health visiting teams in XXX, and where possible using them on social media platforms. I will be linking in with our public health midwives to let them know of this fantastic webinar due to the relevance to their practice as well as health visitors.”

“In my role as service development lead I will ensure HVs are aware of resources, delivering the info/signpost staff to the resources and be including the info in the Antenatal and Postnatal Standard Operating Procedure for use across the Borough”

We asked the attendees that if there was further training available on this topic what would they like to be included? There were many positive responses to the effect that regular updates would be valued. A few specific comments included:

“Tailored information for minority groups”

“pelvic floor exercises”

“Ethical issues”

“healthier eating before pregnancy”

“Supporting women after traumatic birth experience (as part of the multi-disciplinary team)”

Finally, the attendees were given the option to leave feedback on the webinar, what they found beneficial and any other comments. There were numerous highly positive comments exemplified by the following:

“Just grateful to have the opportunity and really appreciate all the work iHV is doing to upskill the HVs on great topics! Thanks all”

“Great webinar, really beneficial, thank you iHV! “

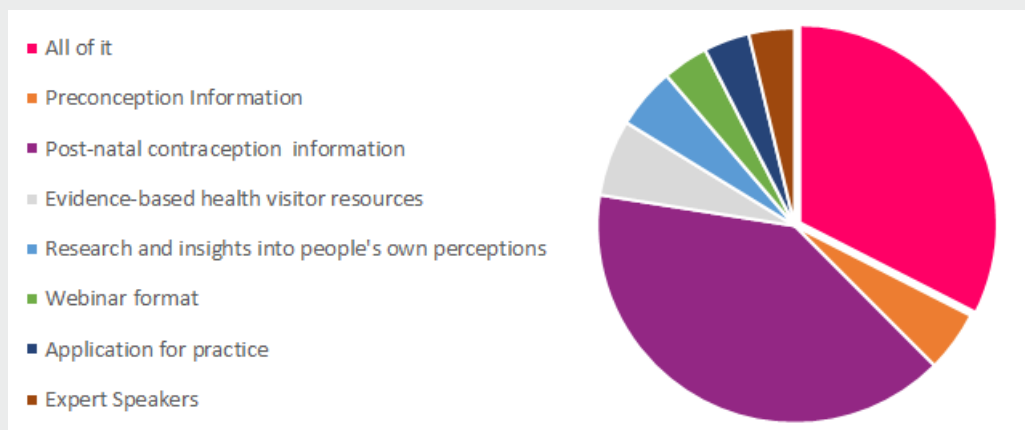
“Thank you I really enjoyed this webinar”

“It was an excellent refresher and very informative and up to date.”

“An informative and well-presented webinar, thank you”

The most beneficial elements of the webinar are shown in graph 2:

Graph 2:



"Found all of it very informative and explored issues I had never thought of previously"

"Good to have an update, great to hear the presenters and fab to see the resources, thanks"

"discussing the idea of health in men and women's reproductive years, signposting to e-learning"

"Relating some of the information to practice base."

"I have never been provided with any training on sexual health at all as a HV so it was all a great help"

"The studies - horrified that contraception was rated low in HV visits"

"The whole thing was very beneficial to my learning journey. I really liked the opportunity for questions and answers and the provision of Q&A's after the session will be great. It was fantastic to have this opportunity with such experts in this field, and fantastic to have up-to-date resources to use with our service users. I particularly liked the care to details in making them age 8 in terms of readability to make them appropriate for a wide target audience."

"The need to drive home the importance of health & wellbeing during preconception, pregnancy and postnatal periods."

"Having the discussions even pre-conception was interesting as I had not considered that"

"I didn't realise a coil could be fitted within 48 hours post partum. I feel it is quite an important part of my role due to the prevention of unwanted pregnancy and impact on children."

"Being informed of the up-to-date data/studies/resources for professionals on the ground"

"Just being able to log in so easily to a well-researched information session and to have different experts sharing their knowledge."

"no one part, the webinar covered some old and new which was great really enjoyed and have looked at FSRH sexual health pages"

5.1.3 Webinar evaluation summary

- I. The data indicates that the webinar launch event met generic and specific gaps in health visitor knowledge and confidence to use it in practice.
- II. This will hopefully support health visitors to feel more confident to initiate conversations about sexual and reproductive health with clients; to meet their information and support needs; and to link clients to further information and/or services.
- III. Existing training provision is highly variable, and the level of knowledge is dependent on prior training and/or experience rather than a systematic approach.
- IV. Regardless of prior exposure to training in this area, participants gained added value in terms of updating, adding new knowledge and integration with their practice as evidenced in the confidence to initiate strengths-based conversations.
- V. The webinar format used was highly effective and the resources were highly rated by the attendees.
- VI. The combination of the webinar and the resources was particularly effective to enable participants envisage how they would practise differently to underpin their own capabilities and to support clients to improve their sexual and reproductive health.
- VII. There is demand for a similar approach to a range of clinical topics on a regular basis.

5.2 E-learning evaluation

At point of publication, a total of **2268** people have enrolled on the e-learning. Of these, 533 successfully fully completed the e-learning. It is anticipated that, as time progresses, more will convert to completed status.

Those who completed the e-learning were offered the opportunity to feedback via a rating tool and an evaluation questionnaire on the elfh platform.



At the time of publication, 19 participants have completed the full evaluation. This was a voluntary evaluation and not a pre-request for completion of the e-learning. It is unknown as to why the evaluation completion rate was low - however, this could be due to a number of factors including, but not limited to, the e-learning may have answered all the attendees' questions and therefore there are no gaps in their knowledge and limited motivation to provide feedback, or external factors, such as workplace constraints, "digital fatigue" or other competing priorities.

5.2.1 Feedback



The overall rating of the learning for accessibility, ease of use and content was **4.3 out of a maximum of 5** - this was completed by all users.

Of the 19 who completed the formal evaluation, 70% of those who accessed the e-learning were health visitors or student health visitors, the rest were members of the health visiting team, as well as a midwife and 2 student nurses. The overall evaluation of the e-learning was positive with **72%** stating it was good or excellent and 22% stating it was satisfactory, **95%** said they would recommend it to a colleague. They all felt that the learning objectives were clear and met the needs of the health visitor role, and they achieved the learning outcomes set out at the start of the e-learning.

The evaluations clearly showed that the e-learning raised the awareness of the health visitor's role in sexual and reproductive health.

"The content raised my awareness of the health visitor's role in sexual and reproductive health"

"I now understand the importance of discussing sexual and reproductive health in all contacts I have with families"

When asked what other content participants would like, **85%** said there was nothing else they would like, a small number of people requested more case studies, more content related to culture and contraception, and more information about treatment of STIs.

General comments on the learning included:

"I really liked the examples of ways to start conversations and things to ask."

"Useful resource and signposts on to other resources the HV can use."

"Great training very informative"

"This was really useful, it enabled me to have more meaningful conversations with families about sexual and reproductive health."

5.3 Feedback from the steering group

A short questionnaire was sent to the steering group members to provide feedback on our engagement, co-production approach and role in the project. This asked 5 questions:

1. Did you feel you were able to influence the development of the project?
2. Were you able to be involved in the creation of the resources?
3. Did you feel that your views were listened to?
4. Were you kept up to date with the development of the project?
5. Did the final resources meet your expectations of what the project was about?

1 = Did not meet your expectations, 5 = Exceeded your expectations.



100% of respondents answered yes for questions 1-4 and rated us as **4.64 out of 5** for question 5 on their expectations of the project. All respondents also stated that they would work with the iHV again on another project.

"It was an absolute pleasure working with the iHV team and other partners. We were kept updated on progress and felt involved throughout the planning of this project. It's fantastic to see the final resource which will be of great support to Health Visitors and will benefit numerous new parents across the country"

"Thank-you so much for involving me and I would very much like working with you in the future."

"This is the first time I have been involved with a steering group, throughout it felt very inclusive and being able to meet virtually worked well for me to be able to fit the meetings into my diary."

"As a Steering Committee member, I was very impressed with the rigour of the project, the quality of the resources that came out of it and the commitment and dedication of the team. I felt fortunate to have a new insight into the way health visitors works."

We are delighted that the engagement has been positive, and it reinforced the importance of co-production as a central component of effective projects which we will build on in the future.

6. Conclusion and key learning

This project has produced resources which are specifically tailored to health visitors. During the project it was noted that other resources are aimed at midwives or specific "at risk" groups. This project has been able to consider the evidence base and apply it to the wider universal population, to enable women and their partners to be supported with information specific to their needs and stage of their family life, and to ensure that they can make informed decisions about their sexual and reproductive health. This is especially important to the interpregnancy period where women and their partners often do not seek out health professional advice. Through equipping health visitors with the knowledge and confidence, every family should have access to evidence-based information and pre-pregnancy health preparation, and highlight the specific needs to "at risk" populations such as teenage parents/carers, same-sex parents/carers, migrant families and minoritised ethnic communities.

There are a number of learnings from this project.

Firstly, there was a lack of awareness, understanding and knowledge of the range of support that women and families could expect with their sexual and reproductive health. From the insights at the start of the project, support is limited and sporadic across the UK with a focus on postnatal contraception, and vitamin intake during pregnancy and when breastfeeding.

Secondly and importantly, there was an appetite for learning demonstrated by the uptake of the webinar and e-learning. The evaluation of both, demonstrating that when health visitors are given evidenced-based information and resources to support practice, they recognised the importance of promoting sexual and reproductive health and are keen to share this with colleagues and families. They also report that they wish to incorporate their learning into practice and consolidate it by investigating the topic further.

Thirdly, the importance of partnership working and co-production. We were really encouraged by the willingness of all those involved to participate and support the development of resources. Partnership was key to the success of this project. Despite the challenges of the COVID-19 pandemic, the project achieved its core aims - this was supported by excellent engagement throughout the project for all stakeholders alongside the update of the resources and webinar.

As with all projects, it is important to reflect on what we would change in future. The pandemic presented significant challenges for our preferred method of focus groups, co-design and collaborative working. These would have been held as face-to-face meetings which would include "world café" and group work to generate ideas and resource development. In future projects, once national restrictions have ended, this will be built back into the co-design process.

Due to the interest in the topic and feedback from the evaluations, it would have been helpful to have offered more than one launch event. Consideration for future projects needs to include further events and possible media to support these whilst remaining accessible and engaging.

Although subject experts were consulted throughout the project, next time, earlier formal review by external experts of the e-learning specifically, should be considered as we left this until later in the process which resulted in some delay. This would ensure all aspects of the subject are covered clearly and in line with specific recommendations.

In future projects, it would be helpful to allow for longer-term impact evaluation, as this is a clear gap within this project's timelines.

We will continue to support our projects collaboratively with involvement from health visitors, parents/carers and the wider stakeholders in the topic area. The resources developed are richer and resonate with the audience with the strong parent/carer voice adding fidelity.

7. Future recommendations and next steps

From the evaluation of the webinar and e-learning, it can be clearly seen that the project has met its aim of addressing the gap in available resources specifically for health visitors in supporting parents/carers with their sexual and reproductive health. However, it has also highlighted that more work, resources and training are needed in this area. Table 4 details the recommendations for continued impact.

Table 4:

Ongoing maintenance of resources, e-learning and parent/carer leaflet	<ul style="list-style-type: none"> » Investigate funding to allow for upkeep and maintenance of resources to ensure they remain current and up to date » Investigate funding to enable new resources to be added and developed to continue to grow to topic information
This evaluation focuses on the immediate delivery. However, it would be beneficial to consider the impact of the training over time and the impact of the parent/carer leaflet.	<ul style="list-style-type: none"> » Investigate opportunities for further funding to complete impact evaluation of the resources and parent/carer leaflet » Promote the e-learning and parent/carer leaflet through the iHV and PHE networks » Continue to signpost to the resources when discussing the needs of the early years » iHV to deliver an Insights webinar to members about sexual and reproductive health » Share learning at the iHV conference
To develop the webinar for wider health visitor training	<ul style="list-style-type: none"> » Investigate opportunities for further funding to develop the webinar into training for wider health visitor rollout » Consider the adaptation to a wider multi-professional audience » Investigate opportunities for further funding to adapt resources to the wider multi-professional early years audience

It is essential to build on the current resources to support longer term impact. To achieve this, there is a need to consider future funding to ensure the fidelity of the current resources and consider how to address the gaps in training highlighted. Engagement with PHE (now known as OHID) to consider further funding opportunities to embed the learning from the project within health visiting would be welcome. The iHV has been approached to consider further webinars and will aim to offer these as part of our membership resources in the future. Sharing the learning is an important next step and the iHV started this by presenting the project at the iHV evidence-based practice conference in September 2021.

APPENDIX 1 - Quality Assurance Process

Quality Assurance Process for Resources

This guide provides the process for reviewing resources to form part of the training toolkits.

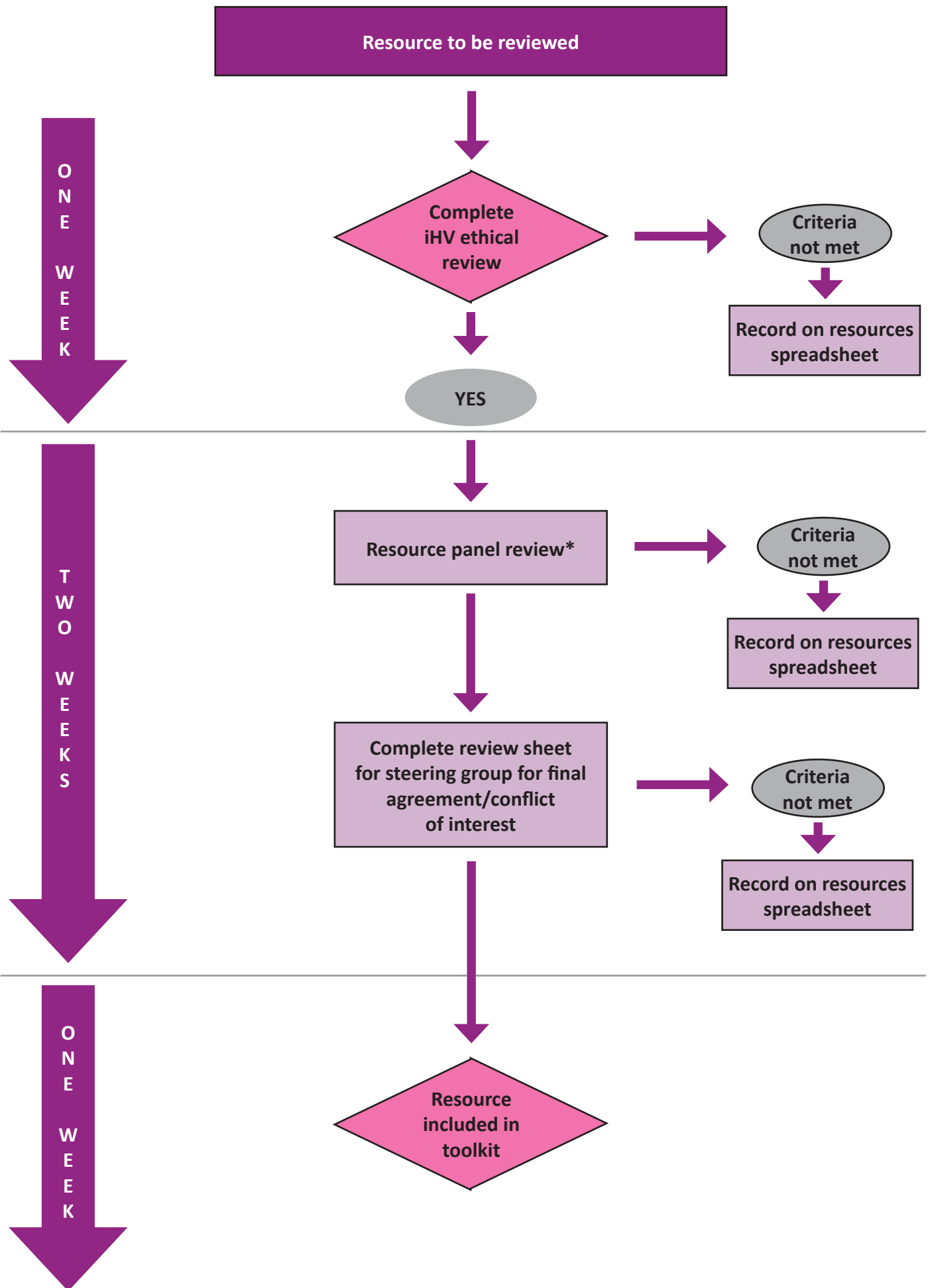
The resource to be reviewed will first go through the ethical review process completed by iHV project team, once the resources passes this stage it will then be reviewed by the resources review panel.

***Resources review panel**

Panel members:

1. Parent from the co-design process
2. Subject expert/Steering group member
3. Health visitor

Review panel to each independently complete the review form available, via this link <https://bit.ly/35GIOav>.



The Institute of Health Visiting Quality Assurance of Resources Form

This form is intended to guide you through the QA process for resources to support projects and be included in publicised resources pack and on the iHV website

Assessor and Resource Details			
Name of Assessor			
Job Title (if appropriate)			
Name of Organisation (if appropriate)			
Title of resource to be reviewed			
Audience of the resource	<input type="checkbox"/> Professional	<input type="checkbox"/> Family	
Resource review by	<input type="checkbox"/> Parent/carer <input type="checkbox"/> Health Visitor	<input type="checkbox"/> iHV team <input type="checkbox"/> Subject expert	
Structure of the resource			
Is the resource clear and easy to follow?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Is the content clear and meaningful, in terms of the target audience?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Is there an appropriate mix of materials?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Does the resource use appropriate language that is non-discriminatory and inclusive?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Assessment			
Does it advertise products or services for commercial gain?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Does it provides advice and guidance	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know		
• Based on up-to-date research and evidence?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know		
• Based on experience of children and/or families?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know		
• Do you think it is appropriate for parents/carers?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
• Do you think it is appropriate for professionals?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Is the resource suitable for those who are part of minority groups, e.g. BME, Gypsy, Roma and Traveller, Deaf and socially deprived communities?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know		
Is the resource suitable for all family members, e.g. the needs of fathers, same sex couples, parents/carers with disabilities, children in care?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know		
Approval of resource			
Please expand on the answers as needed			
I confirm that I recommend this resource is included in the iHV toolkit	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Assessors E-signature:		Date:	

APPENDIX 2 - Awareness Event Lesson Plan

The health visitor's role in the promotion of sexual and reproductive health Webinar Tech Plan			
Time	Activity	Resources and roles: Facilitator/Admin	Resources and roles: Delegate
14:00	Presentation Team arrive	All check they can get in and tech works Control cameras	Bring a cuppa
14:25	Arrival, refreshments, networking	Check name badge on the Zoom and register (and alter if needs). Check and respond to any technical challenges for individual delegates	
14:30	Welcome and introduction of speakers House keeping Overview of the webinar: Aims and learning outcomes	Slide 1-3 – Facilitator introductions of the core team and welcome Slide 4 Facilitator state why here today and Q&A Slide 5 Facilitator explains Q&As Slide 6 Facilitator covers aims and objectives	Slides
14:35	Overview of project and insights from parents/carers and HVs	Slide 7-11 Facilitator present slides	
14:45	Health behaviour of UK women planning a pregnancy	Slide 12 Facilitator introduce Angela Flynn Slide 13-41 Angela Flynn present slides	Slides
15:05	Postnatal Contraception	Slide 42 Facilitator introduce Dr Annette Thwaites Slide 43-66 Dr Annette Thwaites present slides	Slides
15:25	Expert Q&A	Slide 67 Facilitator Facilitate Q&A with speaker panel	Q&A
15:40	Introduction of resources	Slide 68–69 Facilitator present slide and discuss resources	Slides and launch e-learning
15:50	Project Q &A	Slide 70 Facilitator Facilitate Q&A with speaker panel Stop sharing slides	Slides and Q&A
15:55	Summary close and evaluation poll	Slide71 Facilitator closing messages Promote the poll and remind of post-webinar evaluation survey	Slides and poll
16:00	Close		





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