

Supported by



NHS
Health Education England

Career Development Framework

for Health Visitors



Author: Robert Nettleton
April 2015

Developed by the Institute of Health Visiting
on behalf of Health Education England and the
Department of Health

iHV Institute of
Health Visiting
Excellence in Practice

Reader information box

Audience

Health Visitors

Health Visitor service leads, managers and team leaders

Health Visitor service provider human resource managers

Health Visitor Service Providers

Strategic Leads Health Visiting Practice

Health Education England Commissioners (Local Education and Training Boards)

Providers of health visitor education including Higher Education institutions, Private Providers, Charities and other Voluntary Sector Organisations.

Document purpose

This document aims to provide a resource to health visitors to remain engaged with their careers and to inspire and motivate further career development.

Title

Career Development Framework for Health Visitors.

Publication Date

2015

Review Date:

2017

Contents

Executive summary	5
Background	6
Introduction: What are my next steps as a Health Visitor?	7
1 Stories and frameworks: (re)positioning – starting from here	9
2 Projecting the future	18
3 Recollecting from the past	24
4 Questioning the givens – opening the possibilities	26
5 Final reflections	30
Bibliography	31
Appendix: Finding help with your career development	33

The Institute of Health Visiting is a 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.

Acknowledgements

Thanks to all the health visitors who have shared their views and personal stories. Particular thanks are due to Institute of Health Visiting Fellows who have compiled and shared their 'Career Narratives' in writing and on film in order to inspire and motivate health visitors to make the most of health visiting as their career. Thanks too to Fran Jones who collated and edited the career narratives that accompany this document. Thanks to Fleur Morris-Brown for piloting this and other projects safely to shore with unfailing common sense and good humour.

Task and Finish Group

Special thanks to all the members of the task and finish group: Karen Whittaker (Senior Lecturer, University of Central Lancashire); Jacky Knapman, Programme Director, Integrated Workforce Unit - Health Education England, North West; Karen Stansfield, Deputy Director of Reviews, Mott MacDonald; Anita McCrum, Project Manager, Institute of Health Visiting Fellows programme; Emeritus Professor Dame Sarah Cowley.

Robert Nettleton

This framework was commissioned and supported by Health Education England and the Department of Health.
© Institute of Health Visiting, March 2015

Executive Director's Foreword

I really recommend that you give yourself time out to work through this excellent document so that you can maximise its value to your career. It is reflective and reflecting takes time. Allow yourself that time. What has been a joy to me are the number of narratives which have been offered to Robert by our fellows – I really hope that you will be inspired by reading on to embrace the journey to fellowship of the iHV in the future.

Dr Cheryll Adams

Executive Director, Institute of Health Visiting

Executive summary

This document provides a resource that is aimed primarily at health visitors in order to inspire and motivate them to develop their careers as health visitors.

It has been developed from masterclasses undertaken with practitioners at regional conferences provided as part of the Institute of Health Visiting's suite of projects under the overall title 'Making the Most of Health Visiting'. It aims to give recognition that health visiting is a career that contributes to enhancing the life chances of children, their families and communities through a variety of roles including clinical practice, education, research, leadership and management. Moreover, health visitors have key roles and opportunities to lead and develop practice and services in a range of settings and organisations. The Career Development Framework consists of this document and a set of career narratives provided mainly by Fellows of the Institute of Health Visiting (iHV) as examples of how health visitors can make the most of the opportunities for career development.

This resource is structured so as to stimulate fresh thinking about what career development entails with respect to frameworks and pathways already established for the nursing profession. It goes beyond this to engage users in a number of practices to (re)position themselves with respect to the possibilities offered by the contemporary context of health visiting and wider public services. It invites health visitors to engage in exercises to project possible futures and take steps towards realising them. It also invites health visitors to embrace change while drawing on memory and habits formed in the past that give value and direction to health visiting as a profession. Finally, health visitors are invited to take a questioning stance towards the given-ness of the status quo and to remain open to new possibilities.

This resource is complemented by the following Institute of Health Visiting publications all available from the iHV Learning Hub bit.ly/1PDPrwj:

- **National Induction and Preceptor Frameworks**
- **Lifelong Learning in Health Visiting Your 3 step guide to personalising your Continuing Professional Development (CPD)** and accompanying tools for self-assessment of learning needs, planning and recording CPD and reflective practice.
- **Developing Resilience in the Workforce: A Health Visiting Framework - Guide for Employers, Managers and Team Leaders**
- **Developing Resilience with Compassion: A Health Visiting Framework, Practitioners' Document**
- **A National Framework for Continuing Professional Development for Health Visitors - Standards for the High Impact Areas for Early Years**
- **A National Framework for Continuing Professional Development for Health Visitors - Standards to support professional practice**
- **Continuing Professional Development Directory**

It also provides links to a range of other web-based resources that relate to career frameworks in nursing and public health and tools to assist with career development such as social networking or preparation of a curriculum vitae.

Overall, the career development framework provides a resource to inspire and motivate reflection and action to make the most of health visiting as a career at a time of significant change and opportunity for the health visiting profession.

Framework for Career Development for Health Visitors

A resource for making the most of your career in health visiting.

Background

Health Education England commissioned the Institute of Health Visiting to undertake a suite of projects called Making the Most of Health Visiting. The purpose was to maintain and fully realise the benefits of the Health Visitor Implementation Plan: A call to Action, 2011 – 2015 that increases the capacity of the health visiting profession to fulfil its potential to improve the health and wellbeing of children, families and communities. Key to its success and impact over the long term is the retention of health visitors within the workforce and their full engagement with new ways of working, especially within the changing landscape of integrated working with local authorities and wider early years provision.

The prospects of health visiting are exciting, but the demands upon health visiting and health visitors are considerable. Hence the iHV aims to 'Make the Most of Health Visiting' as a profession and a social movement that contributes significantly to improving the life chances of children and their families. A key question for the profession and individual practitioners is 'What next?' The iHV believes that a confident, realistic and practical response to this question is key to making the most of health visiting. Hence the iHV has developed a Career Development Framework for health visitors following their qualification which we hope will inspire and motivate all health visitors at whatever stage of their career.

Aim of the Career Development Framework Resource

The aim of this resource is to motivate and inspire you as a health visitor to be confident, realistic and well informed about how to take your next steps to make the most of health visiting in your career.

You will be able to utilise this resource

- To appreciate your career as a *story* of where you have been; what you are doing now and where you are going.
- To be *realistic* about the unstable context of current professional and organisational life and the opportunities that this presents
- To develop a practical mindset to extend the story of your career development
- To be signposted towards general and specific *resources* that can assist and support career development
- To be inspired by the career narratives of other health visitors and to have an expanded vision of how to '*make the most of health visiting*'.

Introduction: What are my next steps as a Health Visitor?



“Stepping Stones 2” bit.ly/1loghpp by Tim Green aka atoch bit.ly/1bVe4p6 is licensed under CC BY 2.0 bit.ly/1GGc3qZ / cropped

Have you asked yourself the question, ‘What are my next steps in my career as a health visitor? When we consider what next steps to take in our work-lives (or beyond), the chances are that what we find most helpful is to meet and talk to someone like us who has made similar steps.

For example, we may recollect that new entrants to health visiting will frequently speak to someone such as ourselves who has successfully applied to undertake a health visiting course. They will want to know how we prepared; did we have any setbacks; what did it take to undertake the course; and what is it actually like being a health visitor in practice? They may attend an open evening at a local university, or shadow a practising health visitor. Of course, they will also trawl websites for key documents and read as widely as they can on the formal requirements to take the next step and find the options available. But what motivates us all, at whatever stage of our career, is that we can visualise ourselves as someone else, who has taken this next step, and what inspires us is someone who is not unlike ourselves who has faced similar issues and taken those steps and done it for real.

As a qualified health visitor you may well have played your part in the story of an aspiring health visitor. But, what about you? You are committed to health visiting and you want to make the most of health visiting for yourself and for what you believe you have to offer to the health and wellbeing of our communities and others who work towards the same ends. Here, you are invited to connect your own story as a health visitor with the pathways and frameworks available.

How to use this resource

In this resource you will be introduced to frameworks and pathways and a set of four practices to assist in navigating your way through them. The course of a career is viewed as a story or career narrative. You will be able to access a range of health visitors with career narratives to inspire and motivate you as you develop your career, whether with your present employer and job role or in a new role or a different employer. Embedded within the resource are a number of activities to help you extend your own career narrative. These will make use of the principles of health visiting (Council for the Education and Training of Health Visitors, 1977) that we use as practitioners to underpin our every day practice and they will be applied to our own career development.

It will be most useful to work through this resource from beginning to end, initially to get an overview of the five sections or steps. However, it will then be useful to take one step at a time, working through each step. This will give you the opportunity to think about yourself in the context of the contemporary work environment as well as your own more personal development and aspirations. In this way, each step is a preparation for the next one and will help you to become more aware of the possibilities that are open to you and the choices and actions you can take.

There are also additional resources from the Institute of Health Visiting and other sources which you will be able to access. In summary, these will not tell you what to do or think but will help you to know how to think and to act in order to more fully realise your aspirations.

Finally, this resource can be tailored to structure a workshop for groups of staff on request. Enquiries can be made to bit.ly/1zau9Mr

1 Stories and frameworks: (re)positioning – starting from here

We cannot answer the question ‘What ought I to do?’ Before we have first answered the question ‘Of what story or stories am I a part?’

(MacIntyre, 1985: 216)

Stories typically have a beginning, a middle and an end. Although the beginning may seem an obvious place to start, when we are considering the story of our lives, or more specifically our work-lives or careers, we can only consider our stories from where we are NOW, which we can only presume is at some point between the beginning and the end, and is also in a sense the ‘beginning’ of the next stage of the story.

The metaphor of story, narrative or journey is widely adopted when thinking or discussing work-life. Unlike a job description that at least gives the impression of being fixed in a moment time, our actual working lives are in constant motion through time, hence those metaphors that are more organic and developmental can be useful to us.

In this resource we will structure active engagement with our careers in terms of four practices:

- 1 (Re)positioning – Starting from **here**
- 2 Projecting **to** the future
- 3 Recollecting **from** the past
- 4 Questioning the givens – opening the possibilities

These practices correspond roughly to the beginning, middle and end of our stories as shown below:

Recollecting from the past	The beginning of the story	Questioning the givens – opening the possibilities Reflecting critically on the story
(Re)positioning – Starting from here	The middle of the story	
Projecting to the future	The continuing story	

However, the order in which we take these practices will reflect starting from 'here', looking forward, looking back, and reflecting throughout on what is going on.

These practices in themselves provide a framework for career development. They are developed from a number of sources, some of them philosophical; others drawn from career guidance theory; and more especially from a recent research study of achieving professionalism in advanced practice in healthcare (Nettleton, 2012). These ideas have been further put to the test with health visitors who self-selected to participate in four regional master classes on career development.

When someone asks you who you are, you tell your story. That is, you recount your present condition in the light of past memories and future anticipations. You interpret where you are now in light of where you have come from and where you are going to.

(Kearney, 2002: 6).

The steps towards achieving qualification as a health visitor are demanding and sometimes arduous. However, information on these steps is readily available and they are relatively clear, being substantially prescribed by the Nursing and Midwifery Council and supported by an educational infrastructure based upon partnership between the NHS, the NMC and Higher Education Institutions. However, as far as health visiting is concerned, this is a beginning of many possibilities as narrated in this resource. In a rapidly changing landscape of public services in general and the position of health visiting in particular, it can be difficult to chart a way forward. Moreover the traditional linear pattern of career progression has long been inapplicable to a predominantly female workforce. Today, there is a unique combination of new opportunities and challenges. If there is a 'typical' career pattern it is likely to be a combination of steps forward and back, on and off, up and down, and even sideways! To pretend otherwise would be to downplay the realities of professional and personal life.

The fortunes of the profession of health visiting have included advancements and setbacks over many years, and not least in the working lifetimes of the current workforce. Likewise individual practitioners will have mixed fortunes. So, the accounts of career development included here bit.ly/1HZjZX3 seek to give recognition to this. In compiling this resource we have asked a range of practitioners to narrate the key steps in their professional careers. The purpose of this approach is to provide health visitors with stories that are not dissimilar to their own, but provide clear examples of what is possible for them as health visitors.

The NHS which employs almost all health visitors in the UK, already has a career framework for nurses: and this tells us what is meant by a framework with pathways.

Figure 1: Part of the Career Framework for nurses included in the Career Planner for Nurses (bit.ly/1zavIKo)

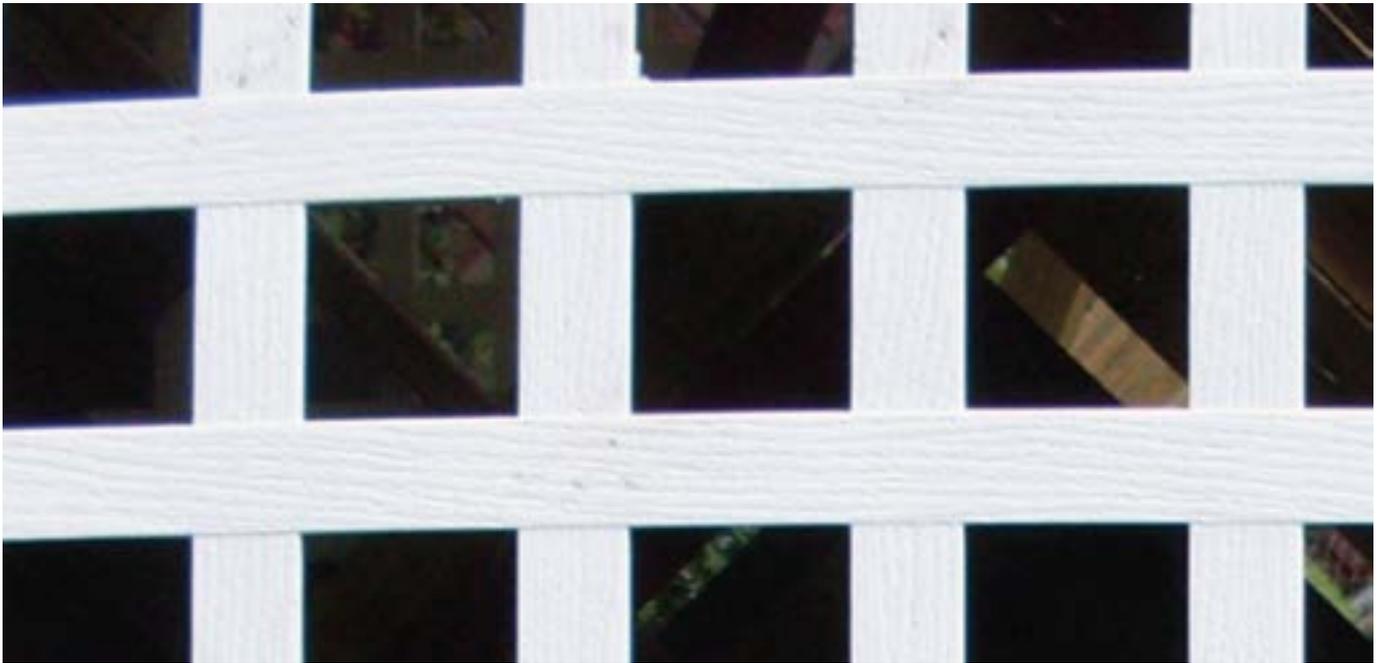
<p>Level 5 Clinical More details Add to career plan</p>	<p>Level 5 Management More details Add to career plan</p>	<p>Level 5 Education More details Add to career plan</p>	<p>Level 5 Research More details Add to career plan</p>
<p>Level 6 Clinical More details Add to career plan</p>	<p>Level 6 Management More details Add to career plan</p>	<p>Level 6 Education More details Add to career plan</p>	<p>Level 6 Research More details Add to career plan</p>
<p>Level 7 Clinical More details Add to career plan</p>	<p>Level 7 Management More details Add to career plan</p>	<p>Level 6 Education More details Add to career plan</p>	<p>Level 7 Research More details Add to career plan</p>
<p>Level 8 Clinical More details Add to career plan</p>	<p>Level 8 Management More details Add to career plan</p>	<p>Level 7 Education More details Add to career plan</p>	<p>Level 8 Research More details Add to career plan</p>

Figure 1 shows part of the framework as presented by the Department of Health on the NHS employers website in its Career Planner for Nurses bit.ly/1zavIKo. There are five ‘segments’ that are not defined by profession, but the broad area of clinical care or service delivery. Family and Public Health is one of these five that corresponds most closely to health visiting, but which includes a number other professional roles. You can see that there are also four job types or career pathways (clinical, management, education and research) at a number of levels that correspond to generic job roles: the levels are not intended to directly correspond to pay band levels or higher education qualification descriptors. So, the combination of vertical pathways x horizontal levels provides a framework with potential for ‘vertical’ progression and ‘horizontal’ movement between pathways. The framework has been applied across the NHS workforce in including nurses (NHS Careers Framework bit.ly/1zbHKmO) and, in Scotland to Public Health Nurses in particular (Career and Development Framework for Public Health Nursing – Health Visiting and School Nursing bit.ly/1NAWV4J), including health visitors.

A similar Career Framework has been developed for public health (Public Health Skills and Career Framework bit.ly/1yIWleQ). These frameworks are populated with details of competencies and knowledge that may be required for particular job roles and levels, in some cases with the types of qualifications or at least qualification level that might be typically required. All these are potentially relevant to health visitors.

The purpose of this resource is to inspire and motivate health visitors. Institute of Health Visiting masterclasses in 2015 attracted health visitors who wished to develop their careers. Few were aware of these frameworks or had found inspiration from them. They provide information that is extrinsic to the practitioner rather than motivation. They appear external and fixed rather than personal and dynamic. Career development on the other hand is a more organic and dynamic metaphor of change linked to the potentialities of the individual. So, the first practice for career development is about positioning the health visitor as an individual and as a member of the profession in relation to the environment in which they find themselves including the structured frameworks made available.

In our Institute of Health Visiting master-class workshops we describe frameworks as a trellis or fence:



We envisage the health visitor as a rose:



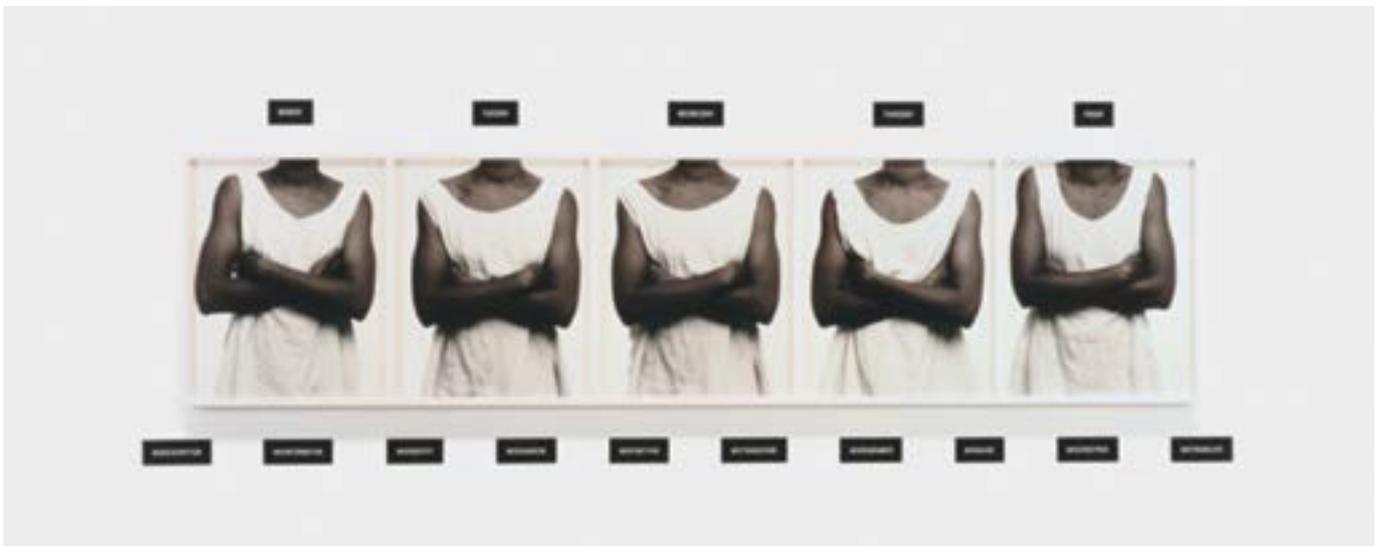
This picture of ‘flourishing’ provides a positive view of the health visitor and the framework that supports it.

“Roses in back 3” bit.ly/1logqcn by claren44 bit.ly/1HZMioO is licensed under CC BY-SA 2.0 bit.ly/1JTqpo5 / cropped and rotated
“Rosey Rose Trellis” bit.ly/1bVcF1V by jpwbee bit.ly/1zqg3wf is licensed under CC BY-NC-SA 2.0 bit.ly/1GGc3qZ

Question: Is this how you think of yourself in your career and the frameworks available to you?

You may feel that the framework does not fit with you; it might seem impersonal.

Figure 2: Lorna Simpson, *Five Day Forecast* (1988). 5 silver gelatin prints, 15 engraved plastic plaques 20 x 24 inches (50.8 x 61 cm). Courtesy of the artist and Salon 94, New York.



In the above photographic artwork by Lorna Simpson a female torso is presented for each day of the working week. Underneath there is a row of evaluative words each with the prefix 'mis' (misdescription, misinformation, misidentify, misdiagnose, misfunction, mistranscribe, misremember, misguage, misconstrue, mistranslate). So, the individual is literally faceless and anonymous, and none of the descriptors quite fits. This is perhaps the extreme opposite of the image of the rose flourishing against the framework of the garden trellis.

The practice of (re)positioning invites us to consider our relationship to the environment in a realistic but active way. If we wish to develop in our career, this implies some kind of change - but also some kind of continuity. Before we identify what these elements of change and continuity are for us, it's important for us to be realistic about where we are now. In particular, we need to appraise the best fit between where we are now and our future professional selves. If we are flourishing, we may feel that there is an excellent fit between our careers and the frameworks that support us. If not, we may feel that there is a gap and that we do not fit with the career framework as we perceive and experience it (for example, in terms of the person specification for a job). This can motivate us to cross the gap, or it may lead us to feel that we have 'nowhere to go', or even to be paralysed in inaction. Before we consider our response to this it important to appraise the reality of this situation.

Judith Butler (2005) suggests that,

If I try to give an account of myself, if I try to make myself recognisable and understandable, then I might begin with a narrative account of my life. But this narrative will be disorientated by what is not mine, or not mine alone.

(Butler, 2005: 37).

What this means for being realistic, is that there is never a perfect fit between me and my situation, because who we are is not just a private matter, but a public and an institutional matter (determined by professions, policy makers, employers and so on). Moreover, the latter public realm is not as stable as it may seem. This can be threatening. In a sense, we cannot see what is coming.

In this connection, it may be helpful to review the following video:

Can you see what's coming? bit.ly/1DdkxEB

The fact that we cannot see what is coming alerts us to the importance of

- 1** having information AND
- 2** the perspective we have on that information.

We can see 'gaps' between the frameworks offered to us and our present position as a risk to be avoided. This can be captured by the warning on London Underground trains to 'Mind the gap'.

Alternatively, we can see gaps as offering possibilities that are not limited by the frameworks on offer to us. We can't see the whole picture, we have to work with what we've got. To be realistic, we have to acknowledge that we have a partial view. Being realistic means that we always have 'incomplete information'. And the information will always change. Leonard Cohen's songs often embody the blend of hope and disappointment we can experience. In his song Anthem, he points out the accurate observation:

*There's a **crack, a crack** in everything; that's how the **light** gets in.*

In other words frameworks may be incomplete, inaccurate and changeable, but 'thank goodness'! If there were no cracks, there would be nowhere for the light to get in!

Health Visitor Career Narrative Case Study

The Career Narratives of health visitors provide examples of when changing circumstances, whether personal or professional require (re)positioning. For example:

Elaine McInnes, Lead Professional Development Officer, Institute of Health Visiting.

Having setbacks, I believe, is a part of growth and over the years many great leaders in health visiting have provided much needed guidance. However, to move forward one must reach into self. I truly believe we each are in control of setbacks. We need to be in the 'now' not the 'past' or the 'future'. Following a 3 year period of great personal trauma which left me with significant post-traumatic stress disorder (PTSD) I reached out to a PhD psychotherapy student to help understand the impact PTSD has on individuals and their families. Following this set back, over a 4 year period, I managed to turn this into a huge positive. It allowed me to support very vulnerable families and through an empowerment model enable them to turn adversity into a positive to benefit not only themselves but more importantly the future outcomes of their children. I would say to my former self – put one foot in front of the other and move forwards. Life is a journey and all our experiences can be used to really make a positive difference.

The Health Visitor Implementation Plan: A Call to Action, (Department of Health, 2011) dramatically repositioned the health visiting profession between 2011 and 2015 by offering many nurses and midwives opportunities to develop their careers by entering health visiting. It has also offered a new four levels framework for service delivery. The new National Health Visiting Core Service Specification 2015/16 bit.ly/1qDcEWe provides a new 'framework' for the commissioning of the health visiting service, including the full implementation of the Department of Health (2009) Healthy Child Programme (another framework that shapes not only service delivery but practice). It has provided opportunities for many health visitors to develop educational roles as Practice teachers or Mentors. These are just some of the more prominent ways in which factors 'external' to individuals and the profession have repositioned us individually and collectively. Much of this was unanticipated. Being realistic involves recognising the unstable and provisional nature of the frameworks for practice that shape our working lives and careers, notwithstanding the apparent authority with which many of them are associated. Other examples could be considered in the context of changes in the funding of higher education; assessment of research quality and eligibility for funding; major reorganisation in the public services combined with dramatically intensified pressures on funding. 2015 will see the transfer of commissioning of health visiting from the NHS to Local Authorities, heralding a major further repositioning of health visiting. At the time of writing, the 'Shape of Caring Review' bit.ly/1I8FEcj chaired by Lord Willis (Health Education England, 2015) indicates possible changes to the education and training of nurses with implications for health visiting, further emphasising that the context for career development is of continuous and multi-dimensional change.

Tennant (2000) argues that for the contemporary professional 'learner / worker'

There is no necessity to search for an invariant or definitive story about this new kind of learner/worker; indeed such a singular narrative would restrain and limit the capacity to explore different relationships. The pedagogy of workplace learning, then, should more properly be based on the kind of self reflection which opens up different ways of punctuating workplace experience and which exhibits readiness to explore multiple perspectives and endorse their co-existence ... releasing them from limiting narrative beliefs provided by either the organisation or the educational institution. (Tennant, 2000: 126).

This is not to say that health visitors need to be passive. (Re)positioning as a practice is about how we actively position ourselves in relation to what we see around us. How and where we position ourselves impacts upon what we see and perceive our environments. The fact that our position is uncertain can be unsettling or disorientating, but it also opens up possibilities. The status quo is changing.

Health visiting principles applied to the practice of (re)positioning

Health visitors are used to **searching for health needs**. Using Bradshaw's (1972) taxonomy of social need we can consider the question: What are our career development needs?

Frameworks can be seen to corresponding to **normative** statements about what defines the requirements for a career in health visiting, but what are our **felt** needs? Can we **express** our needs? Can we articulate these in **normative** terms, for example as granted authority by the 'levels' and 'pathways' in the Career Planner for Nurses bit.ly/1FDZwRO; the public health competencies included in 'PHORCAST' bit.ly/1DCVrAs; or as set out in the person specification for a job description?

What are our **comparative** needs in respect of career development? To whom should we compare ourselves? For example, what are the attributes of other players in our sector of work (e.g. early years practitioners, social workers, psychologists, community outreach workers and so on)?

What is the best fit between ourselves as individuals and the career pathway we are on?

There are several **tools to assist with gaining an understanding of ourselves** in relation to career frameworks and pathways:

'Mindtools' provides a wide array of on-line tools to support your career development. Examples of questions that tools can assist you with include:

What is my best 'fit' in a team?	bit.ly/1PFRGzj
What job roles best suit my personality type?	bit.ly/1DY1X6K
What kind of learner am I?	bit.ly/1JFmqMs
What are my strengths, weaknesses, opportunities and threats (Personal SWOT analysis)?	bit.ly/1PFRWhE

By reflecting on these questions we can apply a further health visiting principle to stimulate our awareness of our carer development needs, including our assets. This can be linked to consideration of our continuing professional development needs (see iHV Lifelong Learning in Health Visiting Your 3 step guide to personalising your Continuing Professional Development bit.ly/1PDPrwj).

2 Projecting the future

This practice involves being actively engaged in our development, or the extension of the story of our professional / working lives.

Improvisatory drama sees the theatre of dramatic action as full of 'offers'. A common example of this would be a hand stretched out towards us. We may reasonably recognise this as the offer of a handshake. However, it is up to us to a) recognise this as such, b) to respond. There are many ways of accept a hand offered to us. Or we may 'block' the offer: we can say 'yes' or 'no' to offers in multiple ways.

Figure 3: Accepting an offer

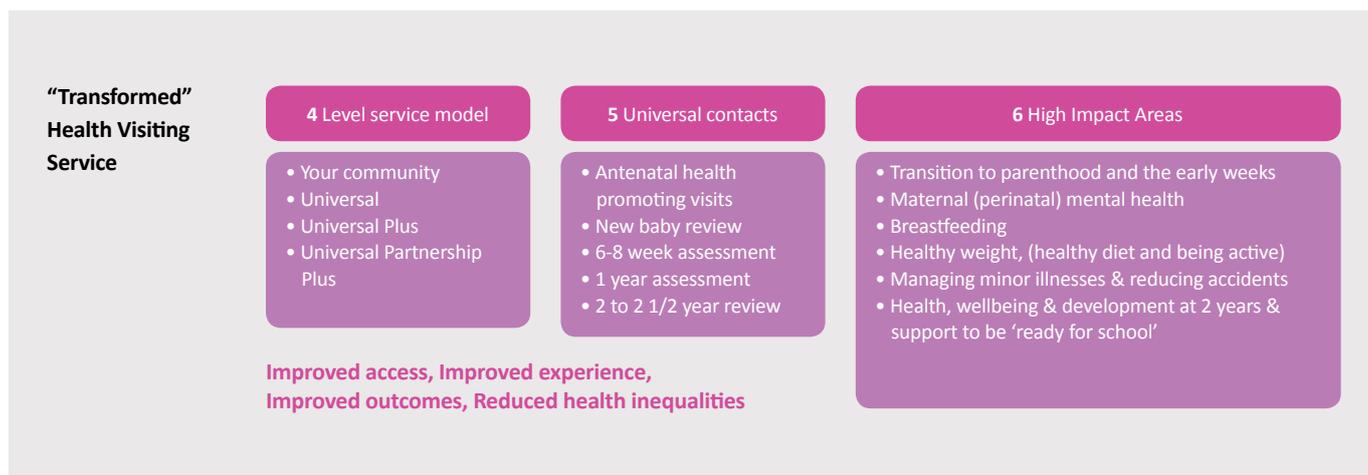


'Offers' available to us are pre-structured to varied extents and we don't have full choice over how they are presented or packaged. Examples of how and where such structures are presented to us are listed below:

- NHS Careers Framework bit.ly/1zbHKmO
- NHS Knowledge and Skills Framework bit.ly/1Hw3DE7
- PHORCaST bit.ly/1EK2isy
- Public Health Skills and Career Framework bit.ly/1yIWleQ
- Career and Development Framework for Public Health Nursing – Health Visiting and School Nursing (Scotland) bit.ly/1NAWV4J
- Career Planner for Nurses bit.ly/1zavIKo
- NMC Standards of Proficiency for Specialist Community Public Health Nursing bit.ly/1E4q1Vy
- Vitae (Research Careers) bit.ly/1EDAF4n
- Competency frameworks and occupational standards e.g. Skills for Health bit.ly/1NGXvxW
- Jobs Market: NHS Jobs bit.ly/1NGYyxN; Jobs.ac.uk bit.ly/1yti3hT; Guardian Jobs; Health Service Journal bit.ly/1yqhBW7; Professional Journals; websites of professional organisations.

If we always say ‘No’ to the offers we encounter, the story of our work-life will come to an end.

We have to find something to say ‘Yes’ to. This is where we can be selective, creative and add value. Health visitors are experts at ‘adding value’ through their ‘routine’ practices and universal services. A model of health visiting based on four levels of service from community capacity building through to universal partnership plus; five mandated contacts; and a focus on six high impact areas may be ‘specified’ bit.ly/1apnnMc for the service, but we offer more than this 4/5/6 model.



How can we also add value and make the most of health visiting in our careers? We can apply the principle of ‘facilitating health enhancing activities’ (CETHV, 1977). We enhance the life chances of children and families; we build community capacity; we offer leadership within and beyond our teams. We do not merely implement policy, but we influence policy affecting health. In our careers we can be ‘more than’ what we are ‘offered’; by ‘over-accepting’ we are making the most of health visiting in our practice and in our careers. The frameworks offered for careers and for specifying health visiting services cannot tell the whole story. We are individually and collectively more than these and we add value when we live out our own stories by finding our own ways to say ‘Yes’ to the offers we encounter.

From past ‘pivot points’ to projecting the future

The career narratives of experienced health visitors include ‘pivot points’ that, in retrospect, have had a key role in developing their careers, setting the direction and taking the ‘next step’. Typically, they relate to the impact of key individual people (e.g. an inspiring leader), an experience (e.g. a personal experience or in practice) or a significant more formal learning (e.g. through studying for a qualification or training in a new skill). All these stories are unfinished. Identifying our own pivot points can help us to project the kind of person, practitioner or knowledge that we envisage for ourselves and what kind of person we wish to emulate or model, experience to gain, or learning to undertake towards our projected career.

Career narrative activities

Activity 1

Consider the career narratives in this resource. bit.ly/1HZjZX3

We hope that in these stories users of the resource will find at least one where they can say,

- This happened or could happen for me
- I recognise a familiar set of circumstances (but also differences)
- I can see the turning point in this story and what steps I can take
- I can see what or who can help me take this step
- I can see there is more than one possible step or outcome
- My next step does not have to be 'up' or 'forward'.
- The next step that I take may be new, but it has more of what is important to me

Write down how these points relate to your own story

What do they reveal to you about

- Your values (what you see as desirable)?
- Your practical skills to make things happen?
- The power and resources available at the time (micro politics)

Write our own Career Narrative or story

Cappuccino time!

Try to write our own Career Narrative or story in the time it takes to drink a large cappuccino (or equivalent!) in a leisurely way. Aim for about 1000 words - keeping brief is harder than writing at length.

Write your story around the following questions, highlighting pivot points that determined the direction taken:

(you can copy and paste these as a skeleton for your narrative).

- What was I doing before I came into health visiting? ('Once upon a time... \ In the beginning ...')
- (brief description of your former self \ background)
- What attracted me to health visiting was...
- What is important to me about health visiting?
- What educational opportunities and \ or qualifications have made a difference to me in my health visiting career? (Try to be specific)
- Who has most influenced me in my health visiting career? (And why?)
- I would like to make the most of health visiting by...
- When I have had set backs, what (or who) helped me to take the next step was...
- My proudest moment as a health visitor was...
- I would say to my former self...

Alternatively you could draw a time-line, or a path or river to depict the a journey through time, highlighting pivot points.

For your next steps, re-visit this story later and identify

- What people have influenced me: what actions do they inspire me to take?
- Are there people I should reach to for inspiration, guidance or advice?
- Are there experiences that I can access that could help me to envisage and take steps towards the future?
- Consider 'shadowing' abt.cm/1J0xl2j opportunities in your organisation or elsewhere.
- Consider accessing mentoring bit.ly/1yrlfhG to support and guide your development
- Consider coaching bit.ly/1yrlfhG to support you in enhancing your work performance in some way
- Consider supervision with a restorative component to help you develop resilience in respect of challenging practice experiences (Visit the iHV Resilience Framework) bit.ly/1PDPrwj
- Consider what formal or informal learning opportunities are available and how you can appraise them (visit the iHV CPD Framework and directory) bit.ly/1PDPrwj
- Consider signposting new staff to the National Induction and Preceptor Frameworks bit.ly/1yoxKv6

Past to Future

When we contemplate the future it can seem impenetrable or confusing. 'If you are not confused, you are misinformed' (anon) has a ring of truth to it in an 'age of supercomplexity' for contemporary professionals (Barnett, 2008:203). This can induce a sense of paralysis for us, so that we become passive. An alternative is to accept and make something 'more' of what is on offer. This amounts to practising two of the seven habits that Stephen Covey attributes to highly effective people: 'being proactive' and 'beginning with the end in mind' (Covey, 2004). The following two activities are based upon Covey's ideas about habits:

Activity 2

Write a Personal Mission Statement/Manifesto

Stephen Covey suggests writing a **Personal Mission Statement** will help us making major, life-directing decisions and provide the basis for making daily decisions in the midst of the circumstances and emotions that affect our lives. A manifesto is a public declaration of intent that has the force of a promise by which we hold ourselves publicly accountable. Being 'professional' means that we are publically accountable for what we promise, or 'profess'. When we create a mission statement of our own and choose to live by it we can flow with changes. A **manifesto** is a commitment to the spirit of what we promise, while allowing for the demands of the changing nature of circumstances.

This activity is based upon Covey's 2nd principle of 'Begin with the end in mind'.

See bit.ly/1OCfgip

My Personal Mission Statement for the next five years

To start your mission statement:

- 1 **Share** with a close colleague or friend one or two key ingredients to be included;
- 2 **Commit** to where and when you will complete your personal mission statement;
- 3 **Complete** your personal Mission Statement in a brief and memorable form.

This is not to be rushed; it is to be kept and to set the compass for the (un)foreseeable future.

Activity 3

Being proactive

This is Covey's first 'habit'.

No one ever ended up on the summit of Mount Everest just going for a stroll. Few of us want to achieve such a spectacular goal, but most of us what to achieve worthwhile goals. At the start of each year, the golfer Rory McIlroy writes his yearly goals on back of a boarding pass.

I put it in my wallet and I memorise them. I don't look at them again until the end of the year...

So in my back pocket in my wallet is a boarding pass with my goals for this year. I don't really want to share them with anyone else. They are just my little goals; I'll try and achieve those and I'll take that boarding pass out at the end of the year and see how well I've done.

See: bit.ly/1b0m0VC

These goals are more immediate than a personal mission statement and motivate pro-activity.

According to Covey, being proactive begins with the circle of influence that is more or less immediately available to you. Proactive people focus their efforts on their 'Circle of Influence'. They work on the things they can do something about: health, children, problems at work and so on. Reactive people focus their efforts in the 'Circle of Concern' – things over which they have little or no control: the national debt, terrorism, the weather. Gaining an awareness of the areas in which we expend our energies in is a giant step in becoming proactive.

This is like being your own 'motivational interviewer'. Of course, we can enlist someone else as our motivational interviewer as a mentor to help us to progress in the right direction, or as a coach to help us to perform more effectively.

Keeping ‘the end in mind’ (mission) so that you’re true to your values, **write down one goal and a step that you can take towards achieving it this month.**

Happenstance refers to events, experiences and encounters that are unanticipated and that can be used as opportunities for new possibilities. We are more likely to notice them if we are curious and not too narrowly focused on a predetermined path of action or set of issues; we are persistent to move round, overcome or avoid obstacles; and we are flexible and able to change course, being optimistic that there are alternatives that can be worthwhile pursuing. In other words, happenstance is not just about luck, but ‘planned happenstance’ describes the way in which ‘chances events’ are more likely to provide new opportunities for us. It is not a catastrophe to ‘fail’ to meet your goals; but having no goals in mind makes ‘planned happenstance’ more unlikely because we won’t notice or take the opportunities. (See: bit.ly/1IJ24ED).

Having a personal mission statement helps us to have a sense of orientation without limiting the possibilities of planned happenstance; setting goals helps us to avoid ‘drift’ and helps focus our attention and energies, providing we do not close ourselves off from fresh unanticipated possibilities.

Having written your goals, and determined your actions, tell someone what you are going to do, thus making yourself more accountable to be true to our intentions and to turn them into actions.

For further information, see:

bit.ly/1yoAE3e

bit.ly/1OxBVsO

Health Visitor Career Narrative Case Study

Bridget Halnan, Infant Feeding lead, Cambridgeshire Community services NHS Trust.

Being in the right place at the right time is only said slightly tongue in cheek. I was living in Cambridge, where I was very fortunate to be employed in the late 1980s/1990s at the Department of Psychiatry, Cambridge University, as a research health visitor. The project lead (Professor Lynne Murray) secured a grant to examine the effectiveness of health visitors who had been given specific training in helping mothers with Post Natal Depression, and compared our interventions as health visitors (two were employed) with trained Counsellors. This gave me real insight into the world of research, so when the opportunity came for me to complete a Masters Degree at the same university in Clinical effectiveness I took it!

This allowed me to really examine in detail, what influences health visitors and how I could then influence the next generation of health visitors, particularly when they are advising mothers about infant feeding. This then led onto a post in the local university.

3 Recollecting from the past

Improvisers may show flexibility and capacity to change, but they can only do so because they are well schooled and practised in a broad repertoire of their art.

They are dependent upon experience and memory. Approximately a half to two thirds of the health visiting profession may have very little memory of health visiting practice to draw upon since they will have entered the profession in the last five years – although of course, they also have much that they bring from their former experience as nurses and wider life experiences. The ‘new’ and the ‘innovative’ can often seem to have more appeal and to win more support than what is ‘old’ or ‘traditional’, although it might be worth remembering that today’s innovation can soon be yesterday’s tradition; and the novel can soon look *passé*. Perpetual prejudice in favour of the ‘new’, leads to a kind of collective Alzheimer’s disease in which we have no idea who we ‘really are’, and are incapable of being trustworthy, because we’ve forgotten what we have promised as a promise-keeping occupation i.e. a profession.

As the philosopher Richard Kearney (2002) puts it, ‘Every moral agent must, after all, have some sense of self identity which perdures over a lifetime of past, present and future – as well as over a communal history of predecessors, contemporaries and successors – if it is to be *capable of making and keeping promises*’ (Kearney, 2002: 151. Emphasis added). Hence, the Career Framework must offer something with which HVs can identify themselves as health visitors as well as *something more* that helps them to envisage how they can make moves beyond the status quo that *makes the most of health visiting*.

This is not always easy. An example can be provided from a study of advanced practitioners (Nettleton, 2012). Here is an extract from the story of a qualified and experienced health visitor undertaking an MSc course to support her role as an advanced practitioner developing a specialist regional service for children with rare inherited disorders.

Health Visitor Career Narrative Case Study (Anon)

This masters programme has helped me to break the glass ceiling of nursing to make it possible for me to do what I could have done as a health visitor 20 years ago. And I’ve had to leave health visiting, which was a big step up from nursing, to step on the bottom rung of medicine.

This exemplifies how over a career the ‘frameworks’ and ‘pathways’ that define what is possible in professional life can and do change. Opportunities can come and go and return in new forms. Professional identity and the practices that are associated with it can likewise wax and wane. However, she accepted the ‘offer’ available to undertake the advanced practice course. It was not identified with health visiting by the framework on offer, but she drew upon her memory to pursue goals that were nonetheless congruent with her long held values as health visitor. Currently, health visiting is more visible in public policy. Hence, this is a time to ‘make the most of health visiting’ *as health visitors*.

In George Orwell's *Nineteen Eighty Four*, Winston, the tragic hero, offers a toast 'To the past!' with O'Brian who turns out to be a Party Official and his future torturer. O'Brian is more than willing to agree: 'The past is more important... For who controls the past, controls the future: who controls the present, controls the past.' (Orwell, 1949: 177, cited in Volf, 1996: 233).

Control over what is remembered has been crucial to the moral crisis related to cultures of compliance as exemplified by the Inquiry into care at mid Staffordshire Hospital (Francis, 2010) and Eileen Munro's (2011) challenge to child protection systems not to prioritise compliance with procedures at the expense of thoughtful and courageous decision-making in practice. In both these contexts, organisations and professions are challenged to not lose grasp of fundamentals of professional practice. As a profession and individuals we need to cultivate memory as a challenge to the status quo and the presumed imperatives of 'the new'. As Lewis Carroll wrote, 'It's a poor sort of memory that only works backwards' (Carroll, 1872 \2007).

The 6 Cs are a contemporary expression of a recovery of values that need to be remembered (Department of Health, 2012). The presentation of Care, Compassion, Competence, Communication, Courage and Commitment is both old and new, or at least an attempted renewal of professional virtues. As such, they can only be recognised at all if there is some memory of what they look like. So (re)positioning means relying on memory, in order to project a future that includes what is worthwhile from what is remembered.

Activity 3

What of the following qualities do you recollect from your career and life experience that is, from your career narrative?

- Care,
- Compassion,
- Competence,
- Communication,
- Courage and
- Commitment.

How can you write them into the story of your future career? Are there other important qualities that you recollect that you believe should be included?

A 'dialogue' with our former, younger self may be instructive! (See: bit.ly/1IaxQXJ).

Health Visitor Career Narrative Case Study

Joanne Stackhouse, Health Visitor Clinical Lead, Walsall Healthcare NHS Trust.

If I had to tell my former self something it would be 'just go for it'. Life is about knock backs but it is how we get back up. How we choose and embrace a new path to follow. I look back at my career and life and wouldn't change a thing. The experiences I have had make me the person I am today and I feel very lucky to have met so many important people on the way.

There may be other skills, qualities, motivations, approaches, knowledge and so on that you recollect that you consider to be important and worthwhile to you and to health visiting. How can you reconnect these things with your career narrative to keep them in play? Are these shared memories? If so, with whom? This may seem whimsical, but it is potentially powerful. Memories of 'matron' after all have been reincorporated in the contemporary roles of modern matron and community matron.

4 Questioning the givens – Opening the possibilities

Before completing this workbook on career development in health visiting, there is one further practice to be considered: Questioning the givens.

When it comes to Career Frameworks, the pathways that lead from here to there over a career, qualifications, competencies, job descriptions and person specifications and so on, we can form a view that these determine what a career is or can be. They certainly seem to be prolific and powerful. Cooper (2008) notes that from at least the 1990s a trend in public policy to demand creative, personalised, responsive and effective care that at the same time is expected to take place within and be guaranteed by a normative framework of regulated consistency. This applies as much to practice (clinical guidelines, protocols), professional education (standards, competencies) as to career development (frameworks and pathways). Cooper argues that such 'frameworks' are 'activity structures' that can, at best, orientate us to key features of what is required to act in a given environment, helping us to be familiar with the prevalent jargon, cultural assumptions and criteria that may be applied to a job, role or indeed our performance. However, he cautions against attempts to achieve misconceived certainty based upon confidence in 'external frameworks' that are always incomplete and subject to change. Rather than trying to read and follow frameworks like a map, he suggests that professionals should develop the skill of map-making. Following Lester (1999), Cooper suggests that 'map-making professionalism' requires aptitudes and abilities of 'enquiry, critique, reflection and reconstruction' (Lester, 1999: 45, cited in Cooper, 2008). As health visitors we are encouraged to develop and practise these through our health visiting education and negotiate our way through uncertain and unpredictable practice situations with families, in homes and multi-agency contexts as a matter of course. We reflect on our practice informally and formally, for example using a variety of modes of supervision. However, we may not apply these capabilities as readily to our own careers. So, what resources do health visitors already have at hand?

Influencing policy affecting health

Influencing policy affecting health is one of the four principles that have underpinned health visiting for decades. Policy comes in many forms (see Harlow and Smith, 2012), but can often be seen as given from authoritative sources with which we must comply and implement. However, the policy process (Davies, 2008) is not one way traffic of policy development, dissemination and implementation from the top down. At the least, health visitors are typically involved in active policy development at a local practice level. But more than this, policy only becomes reality as it is enacted 'on the ground' or 'at street level', so to speak. Recently the work of the sociologist Harold Lipsey has received renewed attention (see Davis, 2008). Lipsey (1980) coined the term 'street level bureaucrat' to describe workers who delivered services at what is now often referred to as 'the front-line'. The reality of the front-line is never fully accounted for by the provisions of policy, but rather much of what makes practice possible occurs within the spaces that are not accounted for by the 'rules' (Dejours, 2006). This is because, practitioners are not (or need not be) passive drones or policy-dupes who unthinkingly carry out the dictates of others, but can be active and resourceful in making things happen.

Applied to our careers, we can be active and resourceful in making a map for our next steps to make the most of health visiting in our careers building on the practices we have outlined in this resource.

To summarise:

- 1** We can review how we are **positioned** and how we position ourselves with respect to a range of 'frameworks' to which this resource points.
 - 1.1** We can utilise the principle of the **search for health needs** and apply this to reviewing our career development needs, objectively as defined 'externally' or normatively and in comparison with other workers \ professionals in the field;
 - 1.2** We can use a variety of tools to learn more of – and present to others – our strengths, capabilities, values and preferences.
- 2** We can **project our future**, for example through having a Personal Mission Statement and setting specific goals.
- 3** We can **recollect** what is important to us individually and professionally to ensure that we incorporate this with our unfolding career narrative.
- 4** Finally we can **question the given-ness** of external frameworks and we can see ourselves as map-makers and not only map-readers of the career possibilities that can be followed.

We can **influence policy affecting health visiting** by actively participating in the policy processes that shape practice and careers locally, and beyond. The NHS is such a huge organisation that it is possible to feel a 'small fish in a large ocean' and that you have little influence. The skill of influencing brokers our relationships with others in our sphere. You can find guidance on influencing in the iHV resource developed as part of the 'Resilience Framework'.

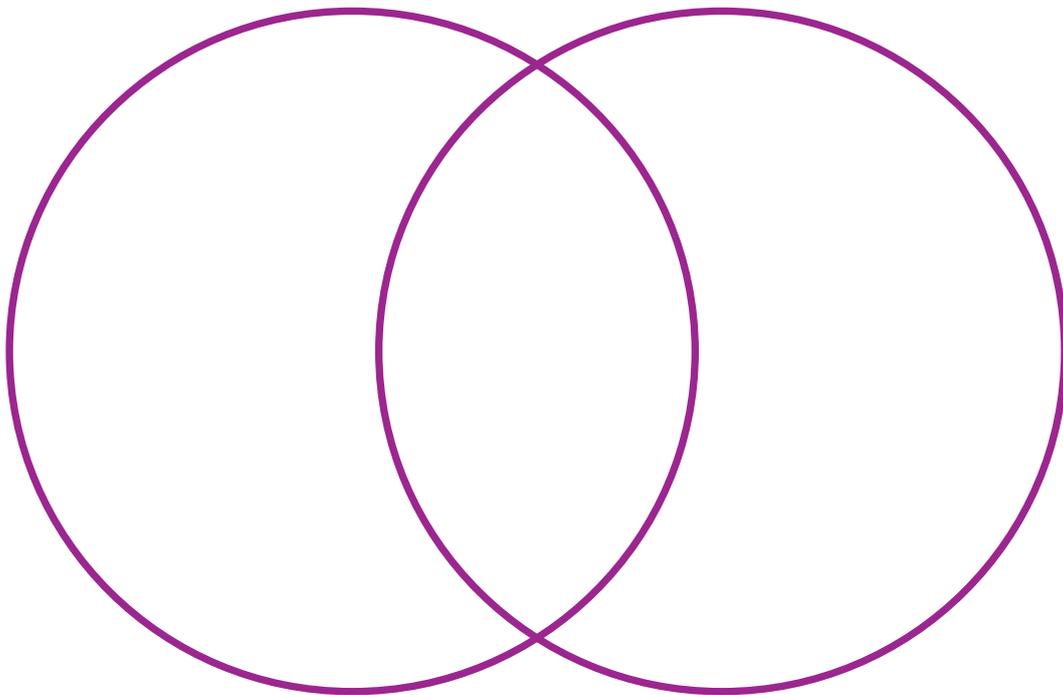
Your sphere of influence can be more defined and powerful if you define it in terms of:

- a)** The people you (potentially) connect to
- b)** The issues that concern you.

Activity 4

Write a list of

- a) The people I connect to who are important to my career: past, present and future.
 - b) The issues that concern me and my career: past, present and future.
- Place your lists in a venn diagram of two overlapping circles.
 - Identify the people and *issues* that fall into the overlapping area. Add in any new *issues* that you think are important and *other people* that you could connect with – either by name, or by description, e.g. service commissioner.
 - Finally identify how could can reach out to *people* with whom there is a shared interest in the *issues* you have identified.



The Institute of Health Visiting offers a number of excellent opportunities to start influencing in this way. It is a small organisation with an extensive and effective network. Specifically:

Communities of practice

The term 'community of practice' (CoP) was coined by Lave and Wenger (1991) and refers to the learning and development that participating within a community of practitioners makes possible. CoPs provide a context in which intentions and actions are brought together around a common issue and where knowledge is developed in and for practice. They may be created within an organisation, but they are not limited to any one organisation. You can visit the iHV 'Learning Hub' to learn more about Communities of Practice and to participate. They are not 'job clubs' but they provide the growing edge for professional practice, and as such induct participants into knowledge that is not limited to subject expertise, but also social and organisational knowledge about expertise and how it is deployed in practice and through professional job roles.

Networking and social media

Joining a Community of Practice is one way in which you can engage in 'Networking'. LinkedIn is a well known and widely used professional online networking platform that you can use to extend your network, to get yourself known and to reach out to others.

Face book and Twitter (and fortnightly iHV Twitter chats) are also platforms for networking in more or less formal ways. (Please see Appendix for further resources).

bit.ly/1LWuGt7 on [fb.me/1EW6ZwJ](https://www.facebook.com/1EW6ZwJ)

5 Final reflections

When considering the frameworks and pathways that structure career opportunities, it may be easy to think that we ‘do not measure up’.

Perhaps we are not or can never be ‘enough’? However, in this resource we have developed the insight that these ‘measures’ are always incomplete and we are always ‘more than’ rather than ‘less than’ these measures. While the prospects for health visiting are uncertain, these conditions offer the very possibilities that would be closed off by certainty. However, this does entail risk and vulnerability.

The researcher Brene Brown (2012) has investigated resilience and vulnerability. In her book ‘Daring Greatly’, she takes inspiration from the speech in 1910 by American President, Theodore Roosevelt.

*It is not the critic who counts, not the man who points out how the strong man stumbles,
or where the doer of deeds could have done them better.*

*The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood;
who strives valiantly; who errs, who comes short again and again,*

*because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who
knows great enthusiasms, the great devotions; who spends himself in a worthy cause;*

*who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails,
at least fails while daring greatly.*

Theodore Roosevelt, 1910 (cited in Brown, 2012).

Brene Brown exhorts us to ‘dare to show up and let ourselves be seen’. This is not dissimilar from ‘making the most of health visiting’. As health visitors we work with parents to help them be ‘good enough’ and thereby provide a ‘secure base’ for their young children to be free to explore their worlds with a sense of adequacy and wholeheartedness. If we are to ‘practise what we preach’, we do not need to be ‘perfect’ to believe that our strengths are more than enough for us to show up and be seen, and even to dare greatly. By making the most of health visiting, we do not only make opportunities for ourselves possible, we make them possible for children in their earliest years and for their families and communities.

Health Visitor Career Narrative Case Study

Chris Gordon, Pathway Lead Health Visiting, University Campus Suffolk (Ipswich).

I had imagined retiring this year. I have always been one for planning my career, I usually think in cycles of five years. They have rarely delivered what I had expected and the same goes for now. There is no way I’m leaving my health visiting career just as things have become so exciting!

Bibliography

- Bradshaw, J. (1972) "A taxonomy of social need, In McLachlan, G. (Ed.) *Problems and progress in medical care*. Seventh series NPHT/Open University Press.
- Brown, B. (2012) *Daring greatly*. London. Penguin.
- Butler, J. (2005) *Giving an account of oneself*. New York. Fordham University Press.
- Carroll, L. (1872 \2007) *Through the looking glass*. Harmondsworth. Penguin.
- Council for the Education and Training of Health Visitors (1977) *An investigation into the principles and practice of health visiting*. London. CETHV.
- Covey, S. R. (2004) *The 7 Habits of Highly Effective People*. London. Simon & Schuster.
- Cooper, B. (2008) Continuing professional development: a critical approach. In S. Fraser and S. Matthews (Eds) *The critical practitioner in social work and health care*. (Chapter 13). London. Sage/Open University.
- Davis, C. (2008) Understanding the policy process. In S. Fraser and S. Matthews (Eds) *The critical practitioner in social work and health care*. (Chapter 12). London. Sage/Open University.
- Dejours, C. (2006) Subjectivity, work, and action. *Critical Horizons* 7:1: 45-62.
- Department of Health (2009) *The Healthy Child Programme: pregnancy and the first five years*. London. Department of Health.
- Department of Health (2011) *Health Visitor Implementation Plan 2011–15: A Call to Action*. London. Department of Health.
- Department of Health (2012). *Compassion in Practice*. Available at: bit.ly/1IBveUj. [Accessed 01.04.2015]
- Department of Health. (2011) *The Health Visitor Implementation Plan 2011-2015; a call to action* Available at: bit.ly/1I2L5wo. Accessed 1.12.14
- Evans, T. (2010) *Professional Discretion in Welfare Services: beyond street-level bureaucracy*. Farnham. Ashgate.
- Francis, R. (2010) *Independent Inquiry into care provided by Mid Staffordshire January 2005-March 2009*. London: The Stationery Office.
- Harlow, J. and Smith, M. (2012) Safeguarding children: debates and dilemmas. In Luker, K. A., Orr, J. and McHugh, G. A., (Eds) *Health Visiting: a rediscovery*. (Chapter 5). Oxford. Wiley-Blackwell.
- Health Education England (2015) *Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants*. bit.ly/1OzOyU1 [Accessed 01.04.2015]
- Hope, P. and Hill, M. (2007) Street level bureaucracy and public accountability. *Public Administration*. 85: 2: 279–299.
- Kearney, R. (2002) *On Stories*. London. Routledge.
-

Lave, J. and Wenger, E. (1991) *Situated Learning: legitimate peripheral participation*. Cambridge. Cambridge University Press.

Lipsky, M. (1980) *Street-level bureaucracy: dilemmas of the individual in public services*. New York. Russell Sage Foundation.

MacIntyre, A. (1985) *After Virtue: a study in moral theory*. (2nd edition). Duckworth. London

Munro, E. (2011) *The Munro Review of Child Protection: Final Report – A child-centred system*. London. Department of Education. bit.ly/1JzGQn [Accessed 008.04.2015].

Nettleton, R.J. (2012) 'Improvising Advanced Practice in Healthcare: an interpretive narrative enquiry into professionalism as an ethico-political accomplishment in the context of education for workforce development.' Unpublished doctoral thesis, Education and Social Research Institute, Manchester Metropolitan University, Manchester.

Nettleton, R. J. (2013) Practice-based learning, but not as we know it: Lessons from improvising advanced practice roles. *International Journal of Practice-based Learning in Health and Social Care*. 1(1), 63-76.

Tennant, M. (2000) Learning to work, working to learn. In C. Symes and J. McIntyre (Eds) *Working knowledge: the new vocationalism and Higher Education*. The Society of Research into Higher Education & Open University. Buckingham.

Volf, M. (1996) *Exclusion and Embrace: a theological exploration of identity, otherness and reconciliation*. Nashville. Abingdon Press.

Wells, S. (2004) *Improvisation: the drama of Christian ethics*. London. SPCK.

Appendix: finding help with your career development

Looking for jobs	NHS Jobs bit.ly/1NGYyxN ; Jobs.ac.uk bit.ly/1yt13hT ; Guardian Jobs bit.ly/1OzSJzo ; Health Service Journal bit.ly/1yqhBW7 ; Professional Journals; websites of professional organisations.
Looking for Curriculum Vitae and interview advice	Graduate careers information and advice bit.ly/1CMau5A bit.ly/1yqfz8D
Looking for learning opportunities	CPD Directory bit.ly/1PDPPrwj
Looking for professional expertise	Communities of Practice bit.ly/1PDPPrwj
Looking for coaching	bit.ly/1ytGdgZ NHS Leadership Academy coaching register: bit.ly/1Dhh1Jr
Looking for mentorship	bit.ly/1ytGdgZ Check with NHS Leadership Academy including local delivery partners: bit.ly/1CI7eJT e.g. bit.ly/1EDzH8j bit.ly/1PZ2s2I
Looking for a shadowing opportunity	Discussion with line manager within the organisation; more widely, using your networking skills.
Looking for inspiration	Career narratives bit.ly/1PDPPrwj Institute of Health Visiting Fellows
Looking for support	iHV Resilience framework bit.ly/1PDPPrwj
Looking for competencies	Skills for Health: bit.ly/1NGXvxW Public Health: bit.ly/1NAWV4J bit.ly/1yIWleQ
Looking for networks	Linkedin linkd.in/1cuJu5A bit.ly/1PDPPrwj
Looking for research career advice	bit.ly/1DGIQ07 Clinical academic careers: bit.ly/1HqoF7c Vitae (Research Careers): bit.ly/1EDAF4n Higher Education Academy: bit.ly/1DMmZiy
Looking further afield	bit.ly/1b201ha

The Institute of Health Visiting is a 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.

Published by

The Institute of Health Visiting
c/o Royal Society for Public Health,
John Snow House,
59 Mansell Street,
London E1 8AN
Email: info@ihv.org.uk