



# Family Nursing & Home Care

## **Standard Operating Procedures**

### **MECSH Programme**

April 2022

## Document Profile

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## Version Control / Changes Made

Date	Version	Summary of changes made
April 2022	1	New SOPs

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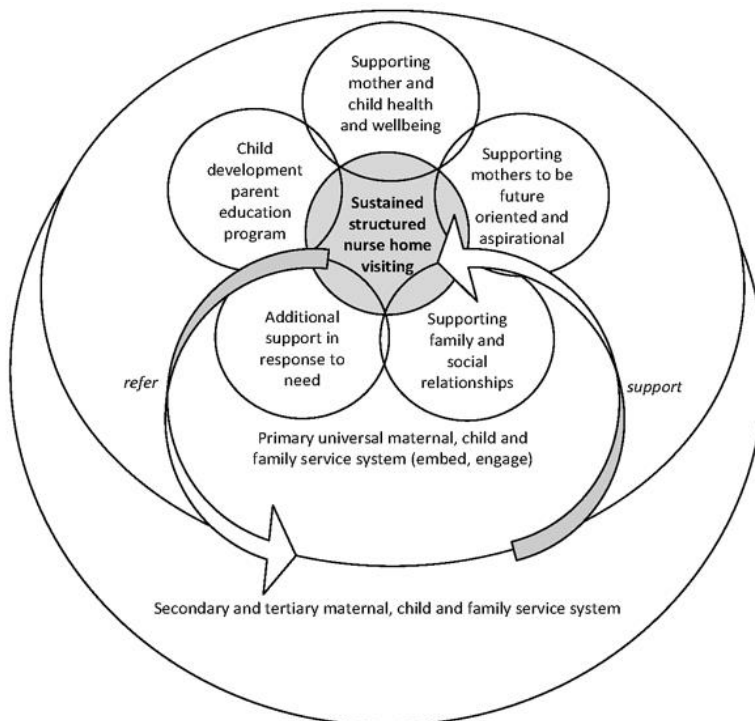
## Introduction

Maternal Early Childhood Sustained Home-Visiting (MECSH) is a structured programme of sustained nurse home visiting for families identified to be at risk of poorer maternal and child health and development outcomes. It is delivered as part of a comprehensive, integrated approach to services for young children and their families.

MECSH was originally developed and is licenced by the University of New South Wales (UNSW) in Australia. Organisations are provided with support through the licence and implementation support package. Granting of a licence signifies a commitment by the licenced service to delivery of a quality intervention and service systems to meet the needs of vulnerable families in their community.

Key components of the scheme include:

- ✓ Supporting mother and child health and wellbeing
- ✓ Supporting mothers to be future oriented and aspirational
- ✓ Supporting family and social relationships
- ✓ Additional support in response to need
- ✓ Child development parent education



In 2015 Family Nursing & Home Care (FNHC) introduced the MECSH Programme in Jersey, commissioned by the Government of Jersey. The programme draws together the best available evidence on the importance of the early years, children's health and development, the types of support parents need, parent-infant interaction and holistic, ecological approaches to supporting families to establish the foundations of a positive life trajectory for their children.

The MECSH programme is delivered by a dedicated team of Health Visitors (HVs) who have undertaken additional training as MECSH Practitioners.

A MECSH Mental Health Practitioner (MHP) works alongside to support MECSH clients who require additional mental health support (as per MECSH MHP SOPs).

Community Staff Nurses and Community Nursery Nurses also support the delivery of the model under the supervision of the named HV.

These Standard Operating Procedures (SOPs) have been developed to support delivery of the MECSH Programme.

## SOP 1 Programme Outline and Client Eligibility

### **Purpose**

This SOP outlines the MECOSH Programme and client eligibility.

### **Scope**

This SOP applies to MECOSH Practitioners and members of the skill mix team involved in the delivery of the MECOSH Programme to parents and families.

### **Core Requirements**

MECOSH is an early intervention programme that supports best outcomes for mothers, parents, children and families. The caseload build, client relational engagement, fidelity to visiting pattern and delivery of the programme by trained HV practitioners is key to the programme outcomes. FNHC delivers the MECOSH programme under licence from UNSW.

Access onto the programme is through the named Health Visitor for the family. They will discuss access to the programme with the mother/father/parent in detail so a decision is made together around the support available to the family for the first two years of the child's life.

The offer of MECOSH intervention to eligible mothers/parents and families is available from 20 weeks of pregnancy up to eight weeks post discharge from hospital.

Eligibility is based on population screening and assessment which is conducted for all pregnant mothers. Mothers are assessed to be eligible for the offer of MECOSH if they meet specific criteria (Appendix 1) and also:

- ✓ as an outcome of the HV's professional assessment of the clients eligibility
- ✓ that the client and the HV have assessed the aspiration to be on the programme and understand the aim is to achieve the best outcomes for the parents and child
- ✓ that the offer is from 20 weeks of pregnancy and up to eight weeks of age and is a 'soft offer' as eligibility is assessed by the HV over time

## SOP 2 Programme Delivery

### **Purpose**

This SOP outlines the delivery of the programme and the requirements to meet the fidelity of the licence.

### **Scope**

This SOP applies to MECSH Practitioners and members of the skill mix team involved in the delivery of the MECSH Programme to parents and families.

### **Core Requirements**

The family participating on MECSH is offered a named HV (MECSH Practitioner) who will work with them throughout the two-year delivery of the programme. Each Practitioner will follow the guidance as set out in FNHC MECSH Programme Service Schedule, a copy of which is issued to all MECSH Practitioners (Appendix 2).

Other key members of the Health Visiting team such as the MECSH Mental Health Practitioner (MHP), Community Staff Nurse (CSN) and Community Nursery Nurse (CCN) will support the programme at specific times. This will be with oversight of the named HV.

The programme is based on a bio-socio-ecological model and consists of structured antenatal and postnatal home visits alongside group activities and integrated educational programmes such as “Learning to Communicate” and “Healthy Beginnings”. Parents will be given a “Learning to Communicate” Parent Handbook (Appendix 3) to help them to develop their child’s communication skills during their first 12 months.

Questionnaires such as the Parent Satisfaction Questionnaire (PSQ) (Appendix 4), Parent Enablement Instrument (PEI) (Appendix 5) and the Ability to Adapt and Self Manage (ASM) Questionnaire (Appendix 6) are integral to the programme and clients will be requested to complete these at identified intervals.

The programme can be ended at the client’s request. An ASM Questionnaire should be completed with the client and reasons for leaving the programme early will be captured on EMIS. The HV Team Lead should be made aware of any safeguarding concerns and Endings should be discussed in supervision (see SOP 4).

## SOP 3 Staff Training

### **Purpose**

This SOP covers the staff training requirements of the MECSH Programme.

### **Scope**

This SOP applies to MECSH Practitioners and members of the skill mix team involved in the delivery of the MECSH Programme to parents and families.

### **Core Requirements**

All newly appointed members of the HV team are offered a session with the MECSH Lead to introduce them to the Programme, its aims and objectives.

All HVs will complete two of six MECSH e-learning sessions prior to attending specific two day face to face MECSH participatory training. Attendance is for those who deliver the programme and who support the programme i.e Staff nurses and Community Nursery Nurses.

Staff delivering the MECSH Programme are required to complete the six module e-learning MECSH training within six months of receipt of the two day face to face training.

Once training is completed HVs will build their MECSH caseload slowly and steadily over time with each HV taking on two new clients per calendar quarter. Over a two-year period, an expected caseload would be 18 clients at the maximum.

Support will be available from the Health Visitor Team Lead and MECSH trained colleagues and supervision as required further to the mandatory supervision sessions (see SOP 4).

Staff will be encouraged to attend any MECSH events delivered by the local MECSH Lead or visiting UK /Australian MECSH Leads.

Staff will be encouraged to read and/or contribute to the 'MECSH Brief' professional journal.



## SOP 4 Staff Supervision

### **Purpose**

This SOP gives details of the staff supervision requirements of the MECSH Programme Licence in order to support the fidelity and integrity of the programme.

### **Scope**

This SOP applies to MECSH Practitioners and members of the skill mix team involved in the delivery of the MECSH Programme to parents and families.

### **Core Requirements**

The licence requirement is that all HVs attend a total of eight mandatory MECSH supervision sessions per year - six group sessions and two 1 to 1 sessions.

Regular supervision sessions are arranged by the MECSH trained supervisors and MECSH Lead. These are held in group sessions lasting at least an hour. The invitation to these sessions can be extended to other staff that support the programme and is optional.

Supervision includes two one to one sessions with the MECSH Lead to discuss specific casework or overall management and delivery of the programme.

The MECSH MHP will receive monthly 1 to 1 supervision sessions with the MECSH Champion, as well as bi-monthly supervision with a CAMHS psychologist.

The MHP supervisor/supervisee oversees the fidelity and approach of the MECSH model and supports practitioners in using MECSH tools that support programme delivery. This aims to:

- ✓ encourage reflection on engagement with families
- ✓ encourage a solution focused approach to supporting families experiencing difficulty
- ✓ develop an approach that enables families to identify and respond to difficulties in the future

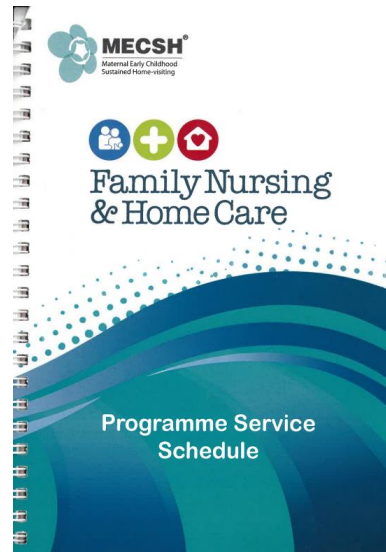
Practitioners can also book additional supervision at other agreed times, to discuss MECSH client work.

All of the above attendance is captured and submitted to the University of Western Sydney research site as part of the licence agreement. Attendance is captured via this link <https://survey.alchemer.com/s3/6422454/Jersey-Staff-Supervision-Survey>

## Appendix 1 Eligibility Criteria for access to MECSH

CRITERIA for access to the MECSH programme		Comment
<ul style="list-style-type: none"> <li>From 20 weeks gestation to eight weeks post-delivery /discharge from hospital.</li> <li>Maternal aspiration</li> <li>Meet criteria identified below.</li> </ul>		
1	There were (a) serious complications during birth. (b)There was separation from the baby after the birth because of health related issues.	
2	Either parent are under 21 years of age	
3	Either partner is not biologically related to the child i.e. surrogate parents, reformed families etc.	
4	There are multiple births or less than 18 months between births of new-born and previous child	
5	There is a child with physical or mental disabilities/challenges	
6	Parent(s) feel isolated with no one to turn to.	
7	There are serious financial problems	
8	Mother or partner have been treated for mental illness or depression. Mother or partner have concerns about their mental health and want long term support.	
9	Parent (s) have a dependency on drugs or alcohol.	
10	Mother or partner were physically, sexually, emotionally abused as a child	
11	Infant is (a) seriously ill (b) premature (c) weighed under 2.5kgs at birth	
12	Single parent	
13	There is an adult in the house with violent tendencies	
14	Either parent/partner are having indifferent feelings about the baby	
Other relevant factors	Smoking in pregnancy Single adult household	

## Appendix 2 FNHC MECSH Programme Service Schedule



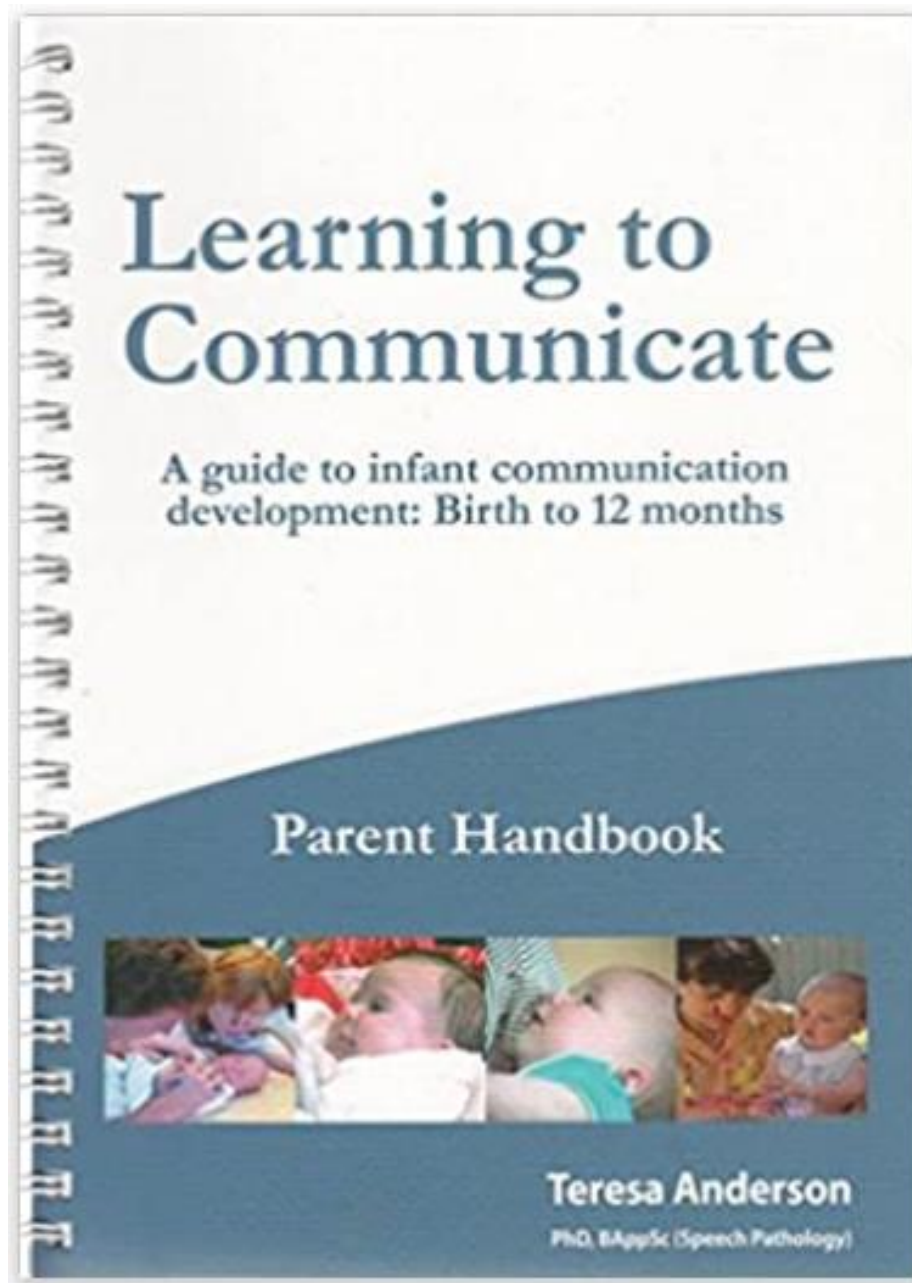
Family Nursing & Home Care Programme Schedule

MECSH visit schedule (weeks)	Scheduled visit date (pencil in when visits are due)	FNHC Healthy Child Programme Universal Visits	Crying and Settling	Learning to Communicate	Promoting First Relationship (V=video feedback)	Healthy Beginnings	Maternal Well-being	Family Violence	Dental Pack	Home Safety Check	Satisfaction, Enablement, Outcome Surveys (PSQ, PEI, ASM)
Antenatal 1		Antenatal home visiting					Wellbeing plan	Screen			ASM
Antenatal 2						30-36 weeks					
Antenatal 3										Checklist	
BIRTH	DOB:	New birth visit			Handout #1						
2					Handout #2						ASM*
3			Sleep problem prevention and routine establishment	Session 1	Handout #3	1 mth		Screen*		Checklist*	
4					Handout #4V						
5											PSQ, PEI
6		6-8 week visit		Session 2			Wellbeing plan	Screen			
8				Session 3	Handout #5V						
10				Session 4		3 mths	Wellbeing plan	Screen			
12		3 month weaning offer		Session 5	Handout #6						
15				Session 6		5 mths					
19				Session 7							
22				Session 8	Handout #7						
26			Sleep Assessment	Session 9		8 mths					
32				Session 10						Checklist	
38			Managing sleep issues (as indicated)	Session 11	Handout #8V	12 mths	Wellbeing plan				
45		9-12 month review		Session 12			Screen	Dental Pack			PSQ, PEI
52 (12 mths)					Handout #9V						
61 (14 mths)					Handout #10						
70 (16 mths)					Handout #11 (or when child into day care/nursery)	18 mths	Wellbeing plan				
78 (18 mths)					Handout #12V #13						
87 (20 mths)					Handout #14 #15	24 mths	Screen			Checklist	
96 (22 mths)											PSQ, PEI, ASM**
104 (24 mths)		2 year review			Handout #16V #17						

\* For postnatal entry

\*\* At 24 months (104 weeks) or on exit from the program if earlier

## Appendix 3 Learning to Communicate Parent Handbook



Learning to communicate video link <http://www.learningtocommunicate.com.au>

## **Appendix 4 Parent Satisfaction Questionnaire (PSQ)**



## PARENT SATISFACTION QUESTIONNAIRE

Please indicate how strongly you **AGREE** or **DISAGREE** with each of the following statements by circling one number on each line.

	STRONGLY AGREE	AGREE	UNCERTAIN	DISAGREE	STRONGLY DISAGREE
a. The nurse health visitor is good about explaining aspects of child care	1	2	3	4	5
b. The care I've been receiving from the nurse health visitor is just about perfect for me	1	2	3	4	5
c. The nurse health visitor acts too businesslike and impersonal towards me	1	2	3	4	5
d. The nurse health visitor treats me in a friendly and courteous manner	1	2	3	4	5
e. Sometimes the nurse health visitor is in too much of a hurry when I see them	1	2	3	4	5
f. The nurse health visitor sometimes ignores what I say	1	2	3	4	5
g. The nurse health visitor usually spends plenty of time with me	1	2	3	4	5
h. I often have to wait around for the nurse health visitor to arrive for my appointment	1	2	3	4	5
i. I am dissatisfied with some things about the care I received from the nurse health visitor	1	2	3	4	5
j. I am able to get assistance from the nurse health visitor when I need it	1	2	3	4	5

Modified from: Pinner, Satisfaction Questionnaire P-Q 161 sec by Armstrong, based on the Short-form 150 developed by Marshall and Hays.  
1. Armstrong JL, Fraser JE, Danks MR, Morris J. Evaluating social appointment, maternal mood and child health in a vulnerable population: a randomized controlled trial. *Journal of Paediatrics and Child Health* 2001;36:555-62.  
2. Marshall LGH, Hays RD. The patient satisfaction questionnaire short form (PQ-15). Santa Monica, CA: RAND, 1994. Available from: <http://www.rand.org/content/dam/rand/pubs/papers/2006/77855.pdf> [Accessed 24 Feb 2012].

Participant form, revised 2013



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Part 5 - Resources



## Appendix 5 Patient Enablement Instrument (PEI) Questionnaire



### PATIENT ENABLEMENT INSTRUMENT

As a result of the recent visit by the nurse health visitor,  
do you feel you are...

	MUCH BETTER	BETTER	SAME OR LESS	NOT APPLICABLE
Able to cope with life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to understand your baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to cope with your baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to keep yourself healthy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	MUCH MORE	MORE	SAME OR LESS	NOT APPLICABLE
Confident about your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to help yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Modified from: Howie JGR, Heaney DJ, Maxwell M, Walker JJ. A comparison of a Patient Enablement instrument (PEI) against two established satisfaction scales as an outcome measure of primary care consultations. *Family Practice* 1994;15: 65-71.



Participant form, July 2012

Part 5 - Resources

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## Appendix 6 Adapt and Self Manage (ASM) Questionnaire

### Adapt and Self Manage (ASM) tool

Please indicate how strongly you AGREE or DISAGREE with each of the following statements

	Strongly disagree	Disagree	Agree	Strongly agree
I feel confident that I can do all the things necessary to manage my baby on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident that I can deal with the emotional demands of parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident that I can get information about my parenting and my child's needs from community resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident that I can ask my health professional (eg nurse, GP, paediatrician, etc.) things about my baby that concern me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident that I can ask my health professional (eg nurse, GP, paediatrician, etc.) things about my own health that concerns me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident that I can discuss openly with my health professional (eg nurse, GP, paediatrician, etc.) any personal problems that may be related to my parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident that I can judge when the changes in my baby mean I should visit a health professional (eg nurse, GP, paediatrician, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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ASM-Survey

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Please indicate how strongly you AGREE or DISAGREE with each of the following statements

	Strongly disagree	Disagree	Agree	Strongly agree
I am willing to consider other ways of doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to accomplish goals I set for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I wanted to change, I am confident that I could do it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have sought out advice and information about changing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As soon as I see a problem or challenge, I start looking for possible solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what I want to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is usually more than one way to accomplish something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can usually find several different possibilities when I want to change something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm good at finding different ways to get what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I call in others for help when I need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable in groups (eg. with other parents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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