



Pathway development review report

A pan-London student Specialist Community Public Health Nurse (SCPHN) recruitment project

# Recruiting student SCPHNs in London

## A roadmap to success

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## 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

We would like to thank NHS England Workforce Training and Education Directorate (NHSE WTED) for their generous funding of this project.

We would also like to say a huge heartfelt thank you to everyone who took the time out of their busy days to participate in our surveys, and attend our focus groups and 1:1 interviews.

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# 1.0 Executive Summary

SCPHN health visitor (HV) workforce numbers in England have dropped by almost 40% since 2015 and the school nursing (SN) workforce has experienced similar losses<sup>1</sup>. London is one of the hardest hit areas and services are struggling to fill significant gaps in SCPHN substantive posts. Across London, services have also reported that they are struggling to recruit to student SCPHN places which is exacerbating the problem.

There are many hypotheses about the key drivers for student SCPHN recruitment struggles in London, yet these have not been fully explored. This pathway development review aims to map the current pathway on how nurses find out about becoming a SCPHN in London, identify the enablers and barriers of student SCPHN recruitment, and make recommendations for improving the SCPHN student recruitment pathway.

To achieve the objectives of this review, qualitative methods were predominantly used to improve our understanding of the current situation and its significance to different people to help shape and inform the recommendations for a new pan-London student SCPHN recruitment pathway. The review drew on the principles of implementation science, using Normalisation Process Theory (NPT) to inform its data collection and analysis. NPT was selected as an appropriate implementation theory for use within the SCPHN context as it addresses the reality of healthcare provision within highly contextualised organisational environments that are facing considerable pressures and multiple competing demands.

Data were collected from three key groups in London, comprising higher education institute (HEI) leads, provider leads and SCPHN students using:

1. Three Focus groups (n=21)
2. 1:1 semi-structured interviews (n=6)
3. Online surveys (n=53)

Our findings were mapped onto the NPT constructs and tested through further member validation (n=4) as a means of error reduction. This provided confirmation that they reflected the reality of their experiences.

## **Current pathway for nurses interested in becoming a SCPHN in London**

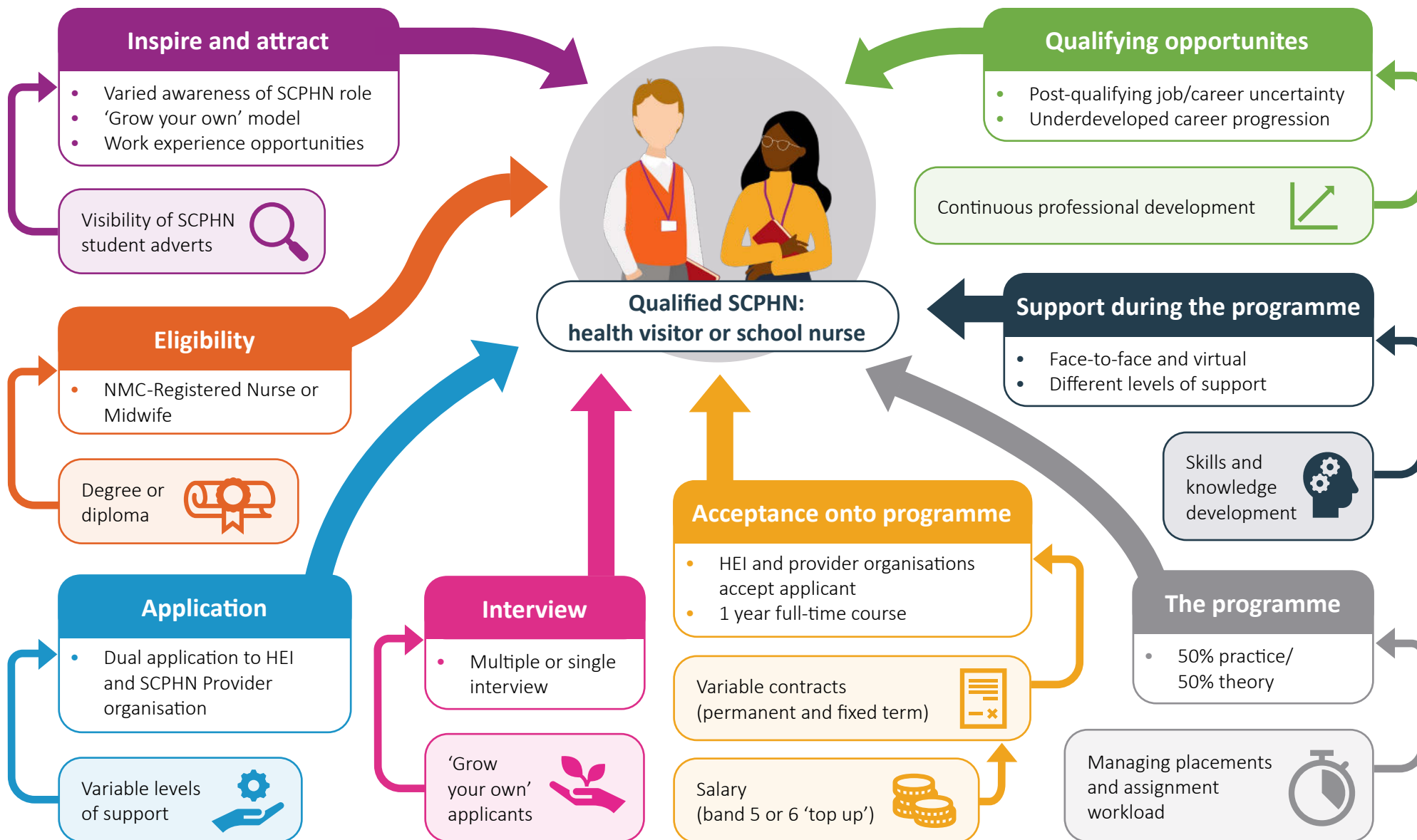
This review has shown that student SCPHN recruitment in London is complex and there are many different paths and routes that nurses take to find out about becoming a SCPHN in London.

Students' experiences and terms and conditions were influenced by how they applied for SCPHN training, where they were working, and the practices of different SCPHN HEI training and placement providers. For example, this affected how much students were paid on the SCPHN course and whether they had a permanent contract. Some London Boroughs also offered internal career progression opportunities to support Registered Nurses who aspired to have a career as a SCPHN ('grow your own' models) – these were considered to be beneficial to these students, but this option was not available in all areas.

The infographics on pages 4, 5 and 6 describe the current pathway for nurses who aspire to be a SCPHN health visitor or school nurse in London, the key enablers and barriers and our recommendations.

# Current pathway for future Specialist Community Public Health Nurses (SCPHN) in London

The current pathway is complex and not linear



## Key finding of the pathway development review using implementation science

The review drew on implementation science, using Normalisation Process Theory (NPT) to investigate the processes by which new ways of working are embedded in practice and become normalised and 'taken for granted'. The findings are shown under the following four NPT constructs:

### Coherence

(Making sense of the role)

- Motivation/sense making**
  - to 'make a difference' for families and children
  - career progression
- Understanding of the role**
  - poor understanding of HV/SN
  - 'grow your own'
- Positive differentiation from current role**
  - focus on prevention, early intervention and public health
  - family friendly
  - working in community
- Perception of SCPHN as an attractive career**
  - workforce pressures/shortages
  - raising the profile of the role
  - wider political instability/unclear national policy for SCPHN

### Cognitive participation

(Finding out about the SCPHN course and enrolling)

- Awareness of Student SCPHN opportunities**
  - NHS Jobs
  - job fairs
  - recruitment days
  - word of mouth
  - poor advertising
  - limited use of social media
  - varying advert times
- Preparedness for course and HV/SN role**
  - internal career progression/ 'grow your own' model
  - limited information
  - fear of going back to university
- Support for application**
  - straightforward application process
  - linking practice placement and university application to make this easier
  - communication from university
- Salary implications**
  - advertised salary band 5
  - salary cut detracts more experienced applicants

### Collective action

(Making it work in practice)

- Skills and knowledge development**
  - personalised: to address gaps in learning
  - academic and practice learning
  - prescribing
  - passion for the role is a key motivator
  - supportive staff
  - creative teaching
  - assessor supervisor role vs Practice teacher
- Workability - Fitting it all in**
  - high workload
  - academic vs. practice
  - Covid impacts
- Allocation of resources**
  - financial impact
  - travel
  - accommodating learning needs

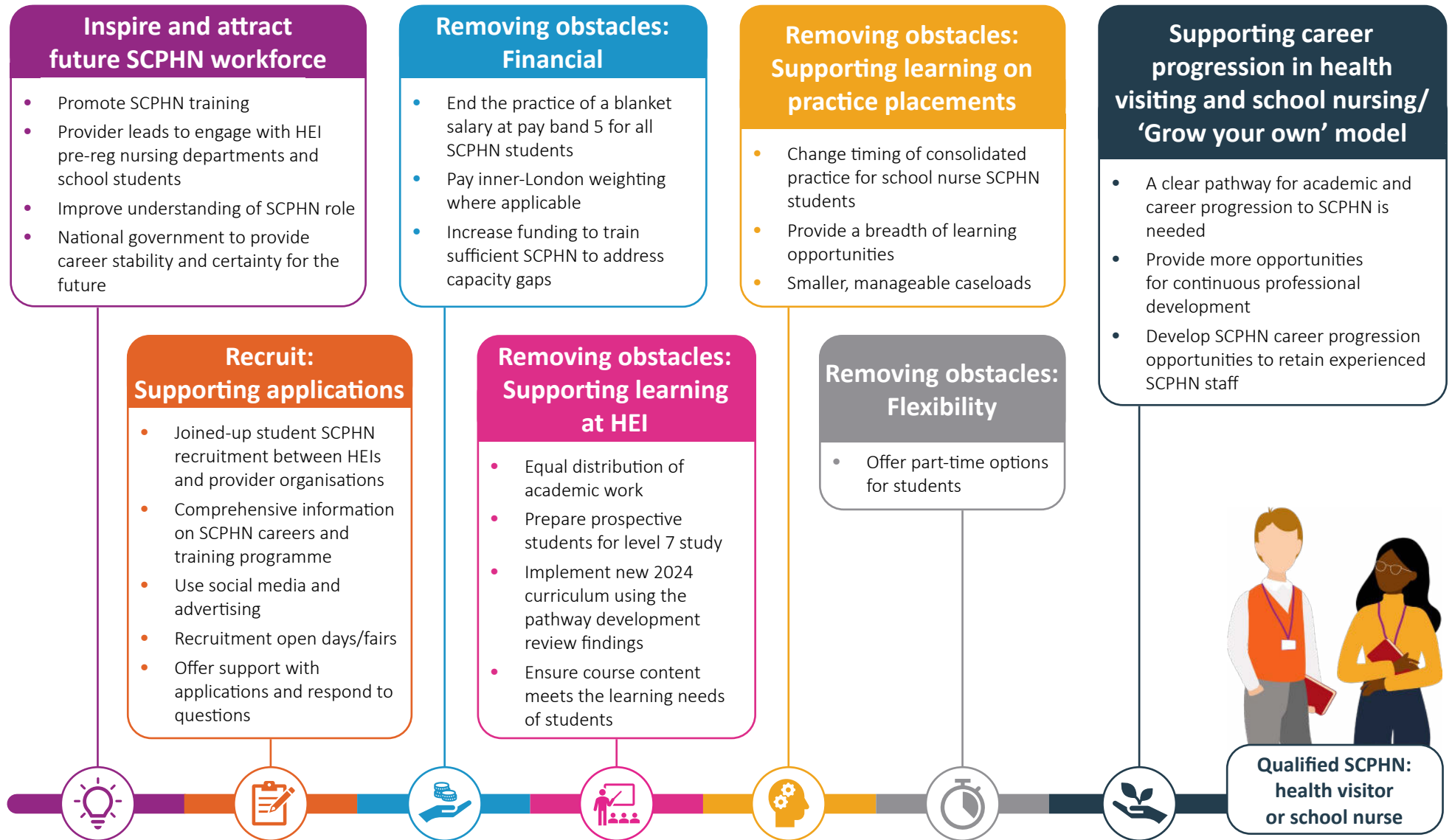
### Reflexive monitoring

(Understanding the effects of the SCPHN training programme)

- Motivators and barriers to programme success**
  - jobs guaranteed
  - SCPHN career progression opportunities
  - following band 6 (level 7 study)
  - personal drive to complete - linked to motivators
  - fixed-term contracts on course
  - organised placements - lack of choice
  - contracts differ after completion
  - national SCPHN job insecurity
- Ongoing evaluation, learning and improvement**
  - informal feedback mechanisms for learning and quality improvement
  - lack of consistency across London

# Recommendations for improvement to the student SCPHN recruitment pathway

Consistency across all London Boroughs is needed to ensure equity of experience and opportunity.



## 2.0 Introduction

The Institute of Health Visiting (iHV) was awarded funding by Health Education England, London to complete a pathway development review of student SCPHN recruitment in the capital city. The timing of this project was critical because the health visiting, and school nursing, workforce is under enormous pressure due to significant national workforce shortages. Workforce capacity issues have been further exacerbated by rising levels of need experienced by babies, children and young people, and their families<sup>2,3</sup>, requiring SCPHN support in the wake of the pandemic and cost-of-living crisis.

This pathway development review aims to identify the enablers and barriers of student SCPHN recruitment, as well as the current pathway on how nurses find out about becoming a SCPHN in London.

Our findings will help to shape and inform the development of a pan-London pathway to support the recruitment of student SCPHNs. Whilst this scoping review will provide information on the unique context of student SCPHN recruitment in London, it is also hoped that the findings will provide transferable learning to SCPHN providers and HEIs across the UK who may be experiencing similar issues.

## 3.0 Background and aims

Whilst the SCPHN workforce crisis is of national concern, London is one of the areas that has been hit the hardest and services are struggling to fill significant gaps in SCPHN substantive posts. Across London, services are also struggling to recruit to student SCPHN places, which is exacerbating the problem.

As a consequence, London has a high spend on agency health visitors and school nurses compared to other parts of the country, and services are experiencing significant pressure to deliver the Healthy Child Programme which is so important to 'give every child the best start in life'.

There are many hypotheses as to what the key drivers are behind the SCPHN recruitment struggles in London, yet these have never been fully explored. Understanding the key enablers and barriers will help to shape and inform a new pan-London SCPHN recruitment pathway.

This pathway development review aims to provide a greater understanding of the key drivers of student SCPHN recruitment challenges within London. The review's aims were to:

- Map the current pathway on how nurses find out about becoming a SCPHN in London.
- Identify the key enablers and barriers of student SCPHN recruitment in London.
- Make recommendations for improving the student SCPHN recruitment pathway.

## 4.0 Methods

The review drew on implementation science and used predominantly qualitative methods to identify the enablers and barriers to student SCPHN recruitment in London. Implementation science can be defined as "the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services"<sup>4</sup>.

Normalisation Process Theory (NPT) is now widely used in healthcare settings to investigate the processes by which new ways of working are embedded in practice and become normalised and 'taken for granted'<sup>5</sup>. NPT was selected as the preferred implementation framework for this review as it considers the reality of healthcare provision within highly contextualised organisational environments, often operationalised under pressure, involving complex interactions, and multiple competing demands<sup>6</sup>. The four NPT constructs are:

- **Coherence** - How student SCPHNs make sense of the role including understanding of what the role entails, role differentiation (how SCPHN differs from their current role – including perceived benefits), and motivation
- **Cognitive participation** - How student SCPHNs find out about the course and the enablers and barriers to enrolment
- **Collective action** - How the training programme works in practice, for example, what ‘work’ needs to be done to take student SCPHNs successfully through the training, including skills and knowledge development, workability (fitting everything in) and meeting practical needs (finance, travel and learning needs)
- **Reflexive monitoring** - Motivators and barriers to completion and retention, evaluation of the success of the training programme and continuous learning to support rerecruitment strategies

## Recruitment:

Due to the tight timeframe of the project, and the use of of predominantly qualitative methods to extend available knowledge, purposive sampling was used. This approach does not seek to generalise to the whole population, but instead to select a group who are likely to demonstrate or add insight to the area of study by prior knowledge of matters related to the area of inquiry.

The aim was to reach ‘data sufficiency’ that would provide sufficient insight into the topic with multiple views and a range of participants. Data were collected from a range of sites drawn from the 16 providers and 7 HEIs in the pan-London area – and from the perspectives of students, as well as provider and HEI leads .

HEIs and others, including the School and Public Health Nurses Association (SAPHNA) were asked to support recruitment to student focus groups, and volunteers were also recruited through the student survey disseminated by the iHV. Purposive sampling was also impacted by the availability of key individuals to attend the focus groups or a 1:1 interview within the limited timescale.

All participants were provided with a participant information sheet outlining the review aims, methods, potentials risks and benefits, data collection procedure and ethical considerations, along with a consent form. Informed consent was received from all participants before any data were collected.

## Data collection and analysis

Data were collected using focus groups, 1:1 interviews using Zoom/ MS Teams, and online questionnaires (see Figure 1). The interview/ focus group/ questionnaire schedule included open and closed questions and prompts as the responses were largely unknown and their use enabled participants to express their own views, reasons and explanations. The questions were drawn from the NPT constructs to ensure a thorough exploration of all aspects of the student SCPHN recruitment process.

**Figure 1.** Data collection methods

	<p><b>Three Focus groups were held using semi-structured interviews:</b></p> <ul style="list-style-type: none"> <li>• Focus group one - for student SCPHNs (n=5)</li> <li>• Focus group two - for SCPHN provider and HEI leads (n=8)</li> <li>• Focus group three - for SCPHN provider and HEI leads (n=8)</li> </ul>
	<p><b>Six 1:1 telephone/MS Teams/Zoom interviews using semi-structured interviews</b> (audio-recorded) were held with key HEI leads and SCPHN service representatives to capture those who were unable to attend scheduled focus groups.</p>
	<p><b>Two questionnaire surveys were disseminated;</b> one for student SCPHNs (n=25) and the second for provider and HEI leads (n=28) (total response rate n= 53) to capture additional themes that may not have been expressed in the focus groups or 1:1 interviews.</p>

The focus groups and interviews were audio-recorded and transcribed verbatim. The surveys provided an additional means to collate experiences and views to supplement the findings from the focus groups and interviews. Initial analysis was inductive with key constructs then mapped onto the NPT framework which provided an explanatory model for analysis.

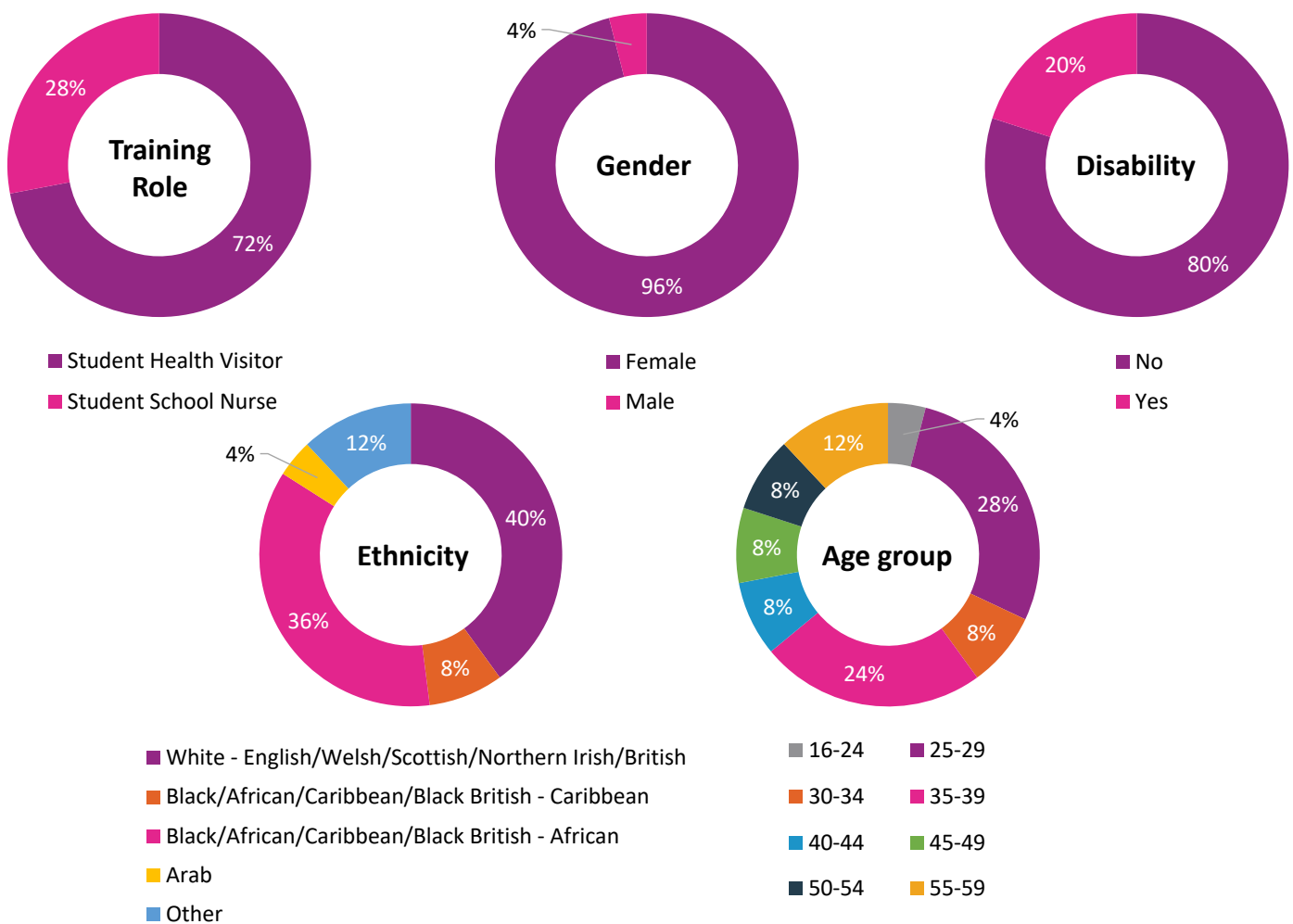
Quantitative demographic data were also captured from all participants.

Member Validation (n=4) of identified themes was undertaken to confirm that the findings reflected the reality of their experiences. The identified themes were shared with 2 funders representing NHS England Workforce Training and Education Directorate (NHSE WTED) and two other participants: one was a student SCPHN and the other was a provider lead.

## Sample demographics

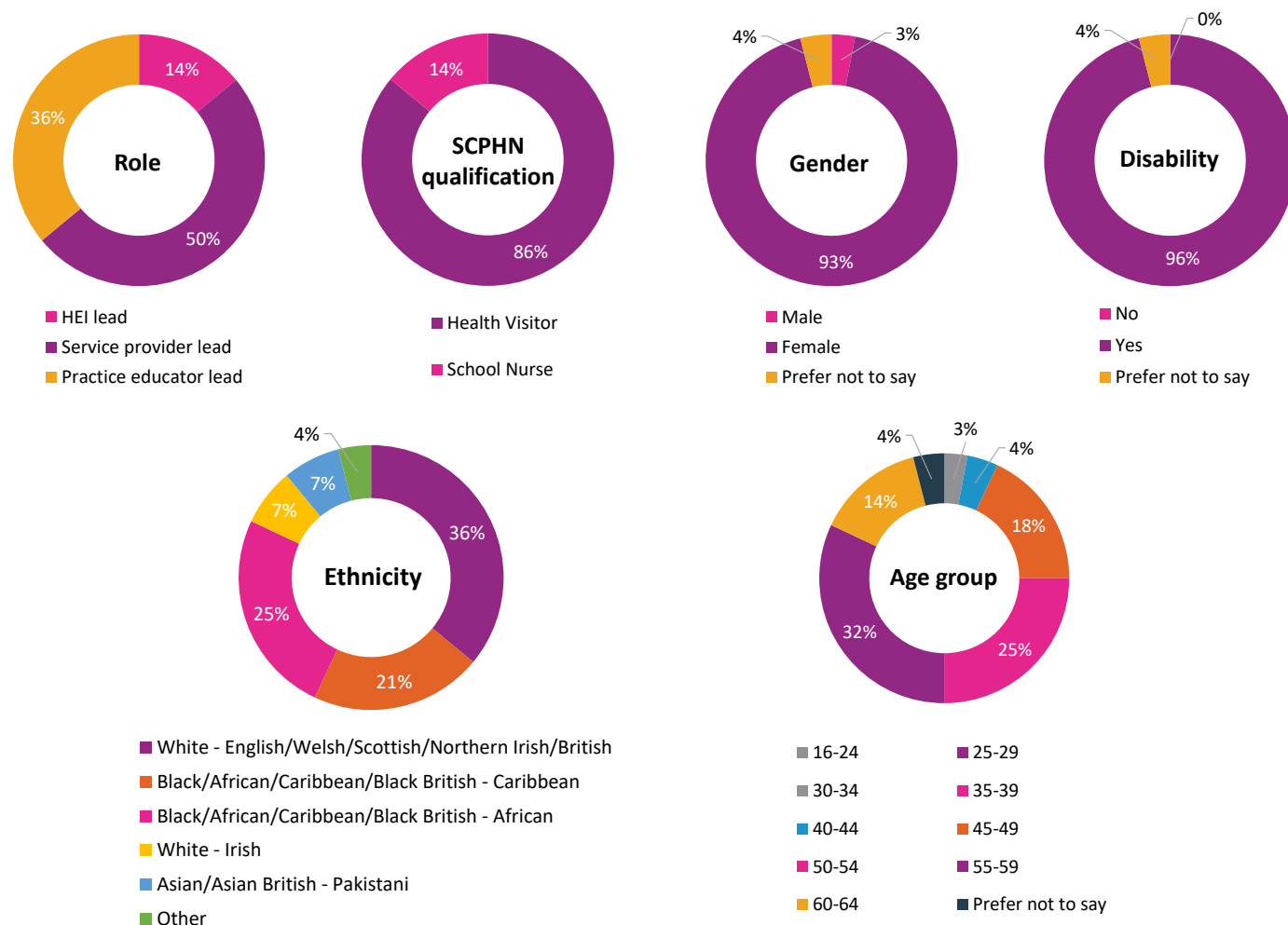
**Figure 2.** Demographic details of student SCPHN respondents

### Background information



**Figure 3.** Demographic details of HEI and provider lead survey respondents

### Background information



## 5.0 Findings

The findings are presented using the four NPT constructs. The findings will focus on the key themes considered to have the greatest influence on student SCPHN recruitment as it is beyond the scope of this project to report all the results from each construct. While some themes resonated across more than one NPT construct, findings will be reported within the construct that was most central to each theme.

### 5.1 Coherence

This construct describes the sense-making work that nurses engage in when they first start thinking about becoming a SCPHN. Participants who attended the focus groups or a 1:1 interview identified key themes for wanting to become a SCPHN which were also echoed in the survey results. These themes have been grouped into 3 sub-components:

- Motivation/ role differentiation
- Understanding of the role
- Perception of the role

**a. Motivation/ role differentiation**

Table 1 outlines the key motivating factors for nurses who were thinking about applying for the SCPHN training course. These were broadly grouped into two themes:

- **Motivation:**
  - » The psychological motivation to ‘make a difference’ to babies, children, young people and families
  - » Career progression
- **Role differentiation of SCPHN from their current role with perceived benefits including:**
  - » A focus on prevention, early intervention and public health
  - » Family friendly working hours (not working nights or weekends)
  - » Working in the community - perception of greater autonomy

**Table 1.** Key reasons for nurses to become a SCPHN

Reasons for nurses to become a SCPHN: key themes		
Focus group - themes	Student SCPHN survey response rate to key theme	Key quotes from participants
To work in prevention, early intervention and public health.	72%	<i>“I believe in public health and preventative health”</i> (Student focus group)
To ‘make a difference’ for babies, children, young people and families.	68%	<i>“I believe in it quite passionately”</i> (Student focus group)
Family friendly (Not working nights or weekends)	68%	<i>“They are coming because of the hours because it’s 9 to 5 and no weekends, no bank holidays etc.”</i> (HEI & Provider lead focus group)
Working in the community - perception of greater autonomy	64%	<i>“I have meetings with groups of students, and I think it’s about the autonomy, the flexibility that the community has to offer.”</i> (Student focus group)
Career progression	56%	<i>“So, some of them are very much it’s a career progression. So quite a lot of them have been in children’s nursing and they’ve worked their way through. We’re seeing increasing numbers who have been staff nurses in health visiting or school nursing teams. So again, it’s career progression”</i> (HEI lead)

The top three motivators for nurses wanting to join the SCPHN training programme were:

1. Wanting to work in public health.
2. Motivated to ‘make a difference’ for babies, children, and families.
3. Family friendly (not working nights or weekends).

These key motivators align with other national work that promotes SCPHN careers:

- [SCPHN \(Health Visitor\) NHS Health Careers](#)
- [SCPHN \(School Nurse\) NHS Health Careers](#)
- The iHV films: [‘Voices from practice’](#) and [‘Health visiting in your community’](#)
- [www.nurses.co.uk](http://www.nurses.co.uk)- things to consider before becoming a school nurse

**b. Understanding the role of the SCPHN**

The review highlighted that many prospective applicants lacked awareness of the role of SCPHN. This was raised by participants in the 1:1 interviews and focus groups, and reinforced by the survey findings:



*People know what a nurse on the ward does, people know what midwives do, to an extent, and people know what certain doctors do but if you say you are a school nurse, oh, you are just doing injections and putting on plasters and giving icepacks. Health visitor? Well that doesn't even have nursing in the title...*

(Student focus group)



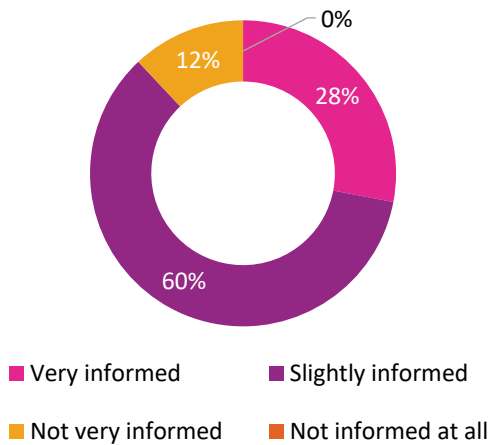
*I am really not convinced that most of them quite understand what they are getting involved in and what they are about to embark on.*

(HEI & Provider lead focus group)

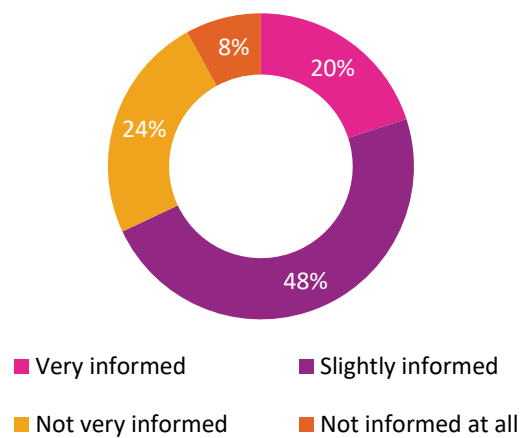
The student survey results showed that 72% of student SCPHNs were 'slightly informed' or 'not very informed' at all about the SCPHN role and the programme before applying (see figure 4)

**Figure 4.** Understanding of the SCPHN role

**Understanding of role before applying**



**Understanding of programme before applying**



Only 8% of students surveyed had all the information they needed. Students stated they wanted more information on:

- Current challenges of the role (64%)
- Placements (56%)
- Current opportunities of the role (52%)

Interestingly, data from the focus groups and 1:1 interviews highlighted that nurses who had worked in a SCPHN team as a Registered Nurse, prior to applying for the SCPHN training programme, had a significantly improved understanding of the role:



*I've worked in the service for getting on for two years now, so not very long, but I've got a pretty good understanding of the role.*

(Student health visitor)



*I feel quite lucky in the aspect that I had that previous experience as a nurse in the school nursing team. I think that helped me massively because if I'd come from the outside, I just wouldn't have had that experience.*

(Student school nurse)

Of the students surveyed, prior to applying for SCPHN training:

- 28% had previous experience of working in health visiting.
- 32% had previous experience of working in school nursing.
- 32% had no experience of SCPHN.

The consensus from the data show that those who had no experience of health visiting or school nursing practice had less understanding of the SCPHN role and the training programme. However, some research<sup>7</sup> has shown, for those coming to health visiting with previous clinical experience, that this adjustment can be seen as problematic, putting a strain on the teacher-student relationship. For example, some students require additional support in their transition from a post as an experienced clinician to a student role where a different skill set, and level of practice, is required. As a result, whilst their understanding of health visiting and school nursing may be better than those who have never worked in the field before, their transition to the role of SCPHN may present different challenges that require adjustments.

### c. Perceptions of SCPHN as an attractive career

The focus groups and 1:1 interviews highlighted themes about how nurses perceived SCPHN as an attractive long-term career option, or not. Key themes included:

- Uncertainty about the future of SCPHN
- Workforce shortages

These two themes are intrinsically linked, with the workforce shortages creating and exacerbating uncertainty about the future of a career in SCPHN. In 2019, it was documented that the workforce crisis and wider changes to the healthcare landscape introduced uncertainty around both the future shape of HVs' roles and job security<sup>8</sup>, and recent data show a further downward trend in SCPHN workforce numbers<sup>9</sup>.

A clear and long-term commitment to health visiting and school nursing, as valued professions, is needed from national government to provide career stability and certainty for the future. This uncertainty is worsening, rather than getting better. The quotes below illustrate these concerns about this worsening picture.



*The thing that I find defeats me a bit is just the situation of the workforce. Why am I saying 'just'??... that makes me feel overwhelmed... What will my caseload look like? and will I be able to do the job in the way that I want to do the job and give each family everything? or is it going to be so diluted that this job is going to make me feel like... almost dissatisfied*

(Student focus group)



*The role is becoming more like that of a Social Worker not a nurse. The Public Health role is quickly disappearing. Many health visitors are now extremely disillusioned with their role.*

(Health visiting lead)

From a student SCPHN perspective, not knowing if they will have a job when they finish their course adds another layer of uncertainty about the SCPHN role. One student SCPHN described the uncertainty as a possible barrier for nurses applying for the SCPHN training, especially with the cost-of-living crisis and people needing job security now more than ever:



*I'm just thinking about this week. And at the end of the course, we want to plan... and then I don't know if I'm going to have a job...*

(Student focus group)

## 5.2 Cognitive participation

This construct describes how student SCPHNs find out about the SCPHN course and enrol on it, whilst identifying ‘what’ and ‘who’ helps. The four sub-components identified as being the most influential for student SCPHN recruitment are:

- a. Awareness of student SCPHN opportunities
- b. Salary implications
- c. Support for application
- d. Preparedness for course and HV/SN role

**Table 2.** Outlines the key enablers and barriers identified as four sub-components

Cognitive participation: sub-components	Key enablers identified	Key barriers identified
<b>Awareness of student SCPHN opportunities</b>	Word of mouth (current student SCPHN)	Poor advertising
	Job fairs and recruitment days	Limited use of social media
	Internal career progression	Varying advert times
	NHS jobs	Limited information provided
<b>Salary implications</b>	Increased salary for student SCPHNs who were early into their nursing career	Drop in salary for experienced nurses
<b>Support for application</b>	Straightforward application process	Long process
	Linking practice placement and university application makes it easier	Not enough advice from HEI on practice placements
	Good communication from HEI	Poor communication between HEI and provider
	Point of contact available	Lack of point of contact
<b>Preparedness for course and HV/SN role</b>	Internal career progression	Limited information
	Clear information and support for learning from HEI	Fear of going back to university

### a. Awareness of student SCPHN opportunities: reaching prospective students

60% of student SCPHNs found the most useful information about the training programme came from ‘word of mouth’ through speaking with a current SCPHN.



*So was it pretty much word of mouth ... and then had to go and look for where you could do that.*  
(Student focus group)

40% of students reported that NHS jobs was a useful source of information, but they highlighted how poor advertising can hinder the process:



*I didn't see it advertised. I do use social media, I hadn't seen it on there, and searching for it on the two university websites was really difficult.*

(Student health visitor)

89% of HEI and provider leads reported that they advertised the student SCPHN programme on NHS jobs:



*Yeah, it's NHS jobs. You go on and you get all of your students that way.*

(HEI & Provider lead focus group)

Using social media platforms to promote the student SCPHN training programme was proposed as a means to reach more potential students. Students reported that NHS jobs is limited as it only reaches nurses who are looking for opportunities and those who knew that student SCPHN posts had been advertised. One lead acknowledged this, and stated:



*We have recently started to use social media platforms like LinkedIn and Twitter to advertise, as we have realised that recruitment has become quite difficult.*

(HEI & Provider lead focus group)

## b. Salary implications

The salary theme resonated with student SCPHN and HEI and provider leads. During focus groups and 1:1 interviews, it became clear that the significant drop in salary to a band 5 (for nurses who were already working at band 6 or band 7) had 'put them off' from applying. This was also echoed in the survey results, where 79% of HEI and provider leads identified the pay band reduction in training as the biggest barrier to applying for the SCPHN programme.

Only 20% of student SCPHNs identified salary as a motivator to apply for the SCPHN training. This most likely came from student SCPHNs who were early into their nursing career and had not yet been promoted to a band 6 or band 7 nurse prior to starting the SCPHN training programme. Only 29% of provider leads stated that they offered additional salary incentives during the SCPHN training. However, one provider lead in the focus group stated they had been 'given authorisation to pay annex 21 band 6 during the SCPHN training course', to attract and motivate potential student SCPHNs and experienced nurses to apply to their Borough in London.

## c. Support for application

24% of students stated that good communication channels between the HEI and provider organisations made their application process easier, with almost an equal number of students (28%) stating that poor communication in this area made their application process harder.

Furthermore, 36% of students highlighted concerns that they were unable to speak to a contact person if they had any queries about the training programme compared to 64% of HEI and provider leads who stated they had a clear point of contact for students who wanted advice. This suggests a disconnect between the HEIs' intentions and perceived experiences, and the students' actual experiences.

**d. Preparedness for course and HV/ SN role**

Some students reported a fear of going back to university and this was exacerbated by lack of information on the requirements of the course from HEIs and providers, and limited understanding of the role of HV/SN described earlier. Conversely, students who had progressed through internal career progression opportunities by working previously in HV/SN teams, and those who received information on support for learning from the HEI, reported feeling better prepared for the course.

## 5.3 Collective action

This construct describes how it works in practice – what ‘work’ needs to be done to take student SCPHNs successfully through the training.

In our survey, we asked questions about the training programme (see Table 3):

**Table 3:** Survey responses about the training programme

Question	Response from students	Response from HEI and provider leads
Are you able to participate fully in the training programme?	92% stated they are able to participate either ‘ <i>all of the time</i> ’ or ‘ <i>most of the time</i> ’	89% stated students are able to participate either ‘ <i>all of the time</i> ’ or ‘ <i>most of the time</i> ’
How confident are you during the training programme?	56% are feeling confident either ‘ <i>most of the time</i> ’ or ‘ <i>all of the time</i> ’, with 44% stating they either ‘ <i>sometimes</i> ’ or ‘ <i>rarely</i> ’ feel confident	55% stated students are feeling confident most of the time, with 41% stating students sometimes feel confident
How motivated are you during the training programme?	75% are feeling motivated either ‘ <i>most of the time</i> ’ or ‘ <i>all of the time</i> ’	92% stated students are feeling motivated either ‘ <i>most of the time</i> ’ or ‘ <i>all of the time</i> ’

The findings illustrate that generally the student and the HEI and provider leads are aligned around perceptions of confidence and levels of participation in the programme. Levels of confidence received the lowest rating. There was a small discrepancy between the HEI and provider leads ratings of student motivation, compared to the students’ own rating - however, both scored relatively highly in this area.

Within the NPT construct of collective action, the key enablers and barriers on the training programme were identified (see Table 4):

**Table 4.** Key enablers and barriers for the training programme

Collective action: sub-components	Key enablers identified	Key barriers identified
<b>Skills and knowledge development</b>	Preparation as a SCPHN	Gaps in learning
	Passion is a key motivator	Prescribing module
	Creative teaching	Covid impacts – shift to virtual working
<b>Supportive staff</b>	Assessor and supervisor versus practice teacher	Assessor and supervisor versus practice teacher
<b>Workability: fitting it all in</b>		High workload
		Academic vs practice
<b>Allocation of resources</b>	Accommodating needs	Financial struggles - IT
		Travel

**a. Skills and Knowledge development:**

- **The training does prepare students for qualifying (enabler)**

Students from the focus group said that the training programme is preparing them for qualifying as a SCPHN:



*Yeah. I haven't come across anything that I think, why are we doing this? This is such a waste.*

(Student health visitor)



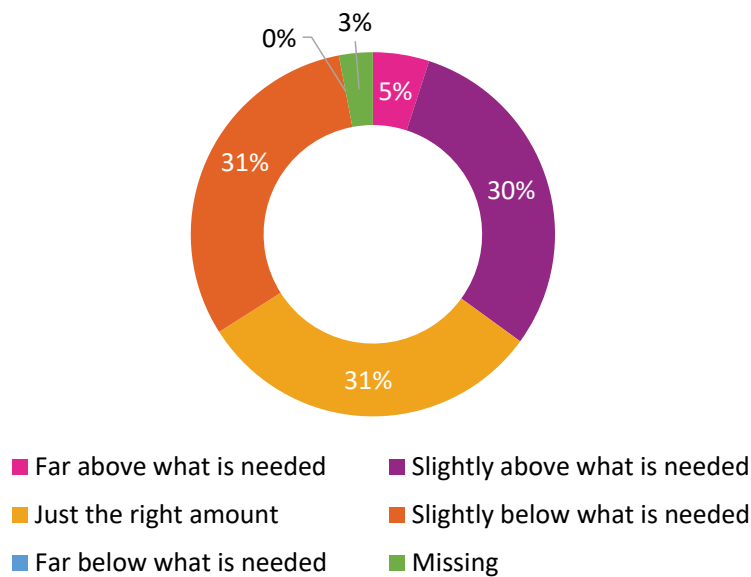
*Yeah, I think it will do because you know I've been practising for years and I've been doing this and that and you think you know it all but this consolidates it.*

(Student focus group)

The perspective of HEI or provider leads is quite divided about whether the training prepares students for qualifying as a SCPHN, with almost a third stating that the training is slightly below what is needed for students to work as a qualified SCPHN (see Figure 5).

**Figure 5.** Perspective of HEI and provider leads

**Prepare students to work as SCPHN**



- **Passion for the role is a key motivator (enabler)**

Passion for the SCPHN role was a golden thread throughout all interviews and the questionnaire surveys, and it was identified as a key enabler under the construct of coherence (making sense of the role). One student reflected:



*Yeah, so for me it's actually doing those home visits and meeting the families... it keeps me going.*

(Student focus group)

Despite the students' passion for the role, only 40% of students stated they have job satisfaction. This could possibly be linked to the workforce shortages and the difference between what student SCPHNs want to deliver in practice versus what they are actually able to deliver due to capacity and resourcing issues.

- **Creative teaching (enabler)**

Students described how they were motivated with different teaching and learning styles, rather than the traditional 'chalk and talk' method:



*Lots of guest speakers. So we've had a few on safeguarding. We've had a man from an alcohol and drug misuse service in the borough, which was really helpful, and I'm going to be going there, being exposed to different work environments that I've not seen before.*  
(Student school nurse)



*So some of the interactive sessions, they're really helpful. It's quite nice because normally you go into the lecture room and just sit in your normal space. So they've mixed it up a little bit and it's quite nice that you're doing the interactive work.*  
(Student school nurse)

- **Virtual working (barrier)**

The pandemic accelerated the use of digital platforms for SCPHN services. HEI and provider leads all spoke about how digital platforms had impacted on student learning opportunities, informal supervision, and general support. The HEI and provider leads described how current student SCPHNs 'don't know any different now', which was seen as a negative and they felt that students were missing out on vital learning opportunities. HEI and provider leads both reflected on how much learning a student would experience in an office with other SCPHNs through opportunities such as listening to phone calls and observing how SCPHN practitioners managed challenging conversations with parents and other professionals.



*I think people sort of working remotely and not being in offices has had an impact on learning and students coming out the other end perhaps not being as well prepared as they may have been previously.*  
(HEI & Provider leads focus group)

- **Gaps in learning (barrier)**

Students and HEI and provider leads described gaps in learning, particularly with safeguarding and child development:



*I mean, I have heard students say, especially health visitors, that they don't get that much on child development.*  
(HEI and provider lead focus group)



*There is not enough time (due to staff shortages) to apply all learning and ideals to practice. Eg research module and policy module.*  
(HEI and provider lead focus group)



*They don't do any safeguarding modules, and I have said that to the university before. Because safeguarding is such a big part of the work [yeah], and there should be.*  
(HEI and provider lead focus group)

## b. Supportive staff:

- **Support from key people**

Support from key people for students really shone through as a key enabler for the successful completion of the SCPHN training. 68% of students highlighted how the relationship with, and support from, colleagues/practice mentor works well for them. Both support in practice, as well as support from the university, were considered to be equally important factors for student learning and programme success. One student health visitor reflected on her support from her university:



*The university I'm at is just so amazing. They're really supportive... you know, 'You've got this, you're going to be fine, don't you worry, the door is always open.*

(Student health visitor)

- **Assessor and supervisor versus practice teacher (enabler)**

This was recognised as an enabler because the assessor and supervisor model provides the students with more exposure to different qualified SCPHNs, rather than the student solely learning from one practice teacher. 60% of students rated their relationship with their practice assessor as an enabler for the SCPHN training programme. One provider lead shared their thoughts about this model:



*And then also, some practice teachers made students feel dependent upon them. So I think... because you learn different things from different people... it's a good thing. I mean, the enablers are- it's trying to get more people.*

(Provider lead)

- **Assessor and supervisor versus practice teacher (barrier)**

Whilst this key theme was considered to be an enabler for some students, it was perceived as a barrier by others. When viewed as a barrier, it was linked to workforce shortages in practice and the use of a supervisor was seen as a cheaper means of ensuring students were provided with support. One provider lead described the realities of ensuring students had an allocated practice assessor and practice supervisor during their placements:



*Yeah, I mean, the biggest thing has been the assessors and supervisors... Each student has to have two people. And so when you've got a lot of vacancies in a team, then that causes a problem, because, you know, if you've got two students in a team, that's four members of staff. And then the supervisors didn't want to take on the role, because they felt that they weren't being paid. That causes conflict.*

(Provider lead)

For students who have learning needs, having an assessor and a supervisor was particularly challenging in practice:



*Having 2 Practice Supervisors that have different standards is not good for my learning and progression because I have dyslexia. I have worked with the team but found it difficult to flow with a particular person who has no idea of supporting students with dyslexia.*

(Student SCPHN interview)

The consistency of practice was highlighted as a concern for students who had a practice assessor and practice supervisor rather than a practice teacher:



*I found I was having a lot of... a bit of a battle with my practice assessor, my supervisor was like yeah that looks great, go for it, but then my assessor would be like well it's not in keeping with the borough.*

(Student focus group)

**c. Workability/fitting it all in (barrier):**

- **High workload**

60% of student SCPHNs reported that the workload during the programme was either 'far above' or 'slightly above' what is needed:



*The programme is intense and a lot to do in short-time.*

(Student focus group)



*It's quite an intense course and I think that maybe people just don't... maybe I didn't appreciate how intense it was going to be.*

(Student focus group)



*For a pay as a Band 6 and the intensity and the huge workload of the programme is questionable.*

(Student SCPHN survey)



*The workload/course work is not well paced - assignments all due at the same time.*

(Student SCPHN survey)

- **Academic versus practice (barrier)**

Students reflected on the realities of practice (with resource and capacity issues) which contrasted with the 'ideal practice' that is taught in university. It was felt that this provided unrealistic expectations and led to disappointment when students were unable to experience and provide best practice:



*I feel there is disconnect between university and practice. Not able to aspire to 'gold standards' set by university due to pressures in practice and it's brilliant and we are learning everything that's the best, you know, how to be the best health visitor and in the reality of being out with your health visitors in placement is sadly it's just everyone is so worn and yeah the workforce is struggling.*

(Student focus group)

- **Prescribing (barrier)**

There was a difference of opinion regarding the prescribing module. The consensus from the leads was that prescribing was an essential component of the training course which had huge benefits in practice including credibility with the wider workforce, such as GPs, and also an effective way to support families in need of help with minor illnesses. However, the overwhelming response from student SCPHNs was that the prescribing module was very time consuming within an already packed SCPHN training programme. Students reported that the time taken on the prescribing module would have been better spent on topics that were core to SCPHN. Many felt that prescribing was not essential to the SCPHN qualification and was either not needed, or should be completed as a separate module before or after SCPHN training.



*We're part of the prescribing lot. I honestly don't see the point of doing it, because I haven't really seen any prescribing, but obviously it's part of the standards, and that's what we're doing at the moment.*

(Student health visitor)



*So I don't know what my mark was on that and we have been given the option, actually, of the prescribing, the V100. We had the option this year to opt out because it's a zero credit module.*

(Student school nurse)

The provider leads acknowledged that the workforce shortages, and the introduction of skill mix, had impacted on prescribing opportunities in practice. It is understandable, if students are not seeing prescribing in practice, that they may not see its value and worth.

**d. Allocation of resources:**

- **Accommodating learning needs (enabler):**

68% of students stated that the learning and development opportunities and teaching from the university worked well for them. A strong theme that came out from the focus groups and 1:1 interviews was how 'accommodating needs' was a key enabler for students. One student shares her inspiring story:



*I had always had a fear of academic work, and this had put me off applying for the SCPHN training course. It held me back for a number of years. Then I just decided to do it – it was now or never. I applied and was successful and then commenced the course. Quite early on, my university picked up dyslexia in my written work. They have supported and helped me and, so far, I have passed all of my theory work and my confidence is growing. I can't believe the fear of academic work held me back for so long.*

(Student health visitor)

The HEI and provider lead focus group also highlighted the importance of accommodating needs:



*We have a really good relationship with our HEI. So, we do have regular meetings and bring in and triangulate this, but in terms of extenuating circumstances, we are flexible if they need an extension.*

(HEI and provider lead focus group)

- **Financial struggles impact on engagement (barrier)**

One provider lead raised concerns that some students did not have access to a laptop until they started their placement. As a result, they were unable to participate fully in the programme until this was received. They highlighted that it is almost taken for granted now that everyone has a laptop. However, with the current cost-of-living crisis, financial hardship may affect students from having the basic requirements to enable them to participate in the training programme; alongside IT equipment, this might also affect access to Wi-Fi and data connectivity charges.

- **Travel (barrier)**

Travelling in and out of London was identified as key barrier in terms of financial cost and time. This is highlighted in the following quote from a student:



*You know, spending a year in the city is one thing, spending two years driving in and out ... for myself, it's going to be somewhere between an hour and a half and two and a half hours of travelling a day, on top of the work day.*  
(Student health visitor)

## 5.4 Reflexive monitoring

This construct explores what is done to understand the effects of the SCPHN training programme, focusing on evaluation of the programme's success and identifying areas for improvement.

Two key sub-components were identified:

- a. Motivators and barriers to completion and retention
- b. Ongoing evaluation, learning and improvement

### a. Motivators and barriers to completion and retention

- **Job prospects**

Disparities between the London Boroughs on whether future posts as SCPHN were guaranteed on completion of the course were apparent. Some students had a contract that guaranteed employment on completion of the course and tied them into a contract with a specified organisation for 2 years. Other London Boroughs only provided students with a one-year fixed-term contract for the duration of the SCPHN course. There was a general consensus that one-year fixed-term contracts were a barrier to recruiting student SCPHNs, due to the current financial uncertainties and the cost-of-living crisis.

The examples below show the differences of future job prospects of two students currently on the SCPHN training programme in London:



*I'm not obliged to stay, I've read my contract very well, there's no mention of being guaranteed a job or the obligation to stay, which is good and bad at the same time, because I can take my qualification and off I go but at the same time you think well I'm not.*  
(Student focus group)



*Yes, it's in my contract that I need to stay in the trust for two years.*  
(Student focus group)

- **SCPHN career progression opportunities following band 6 (level 7 study) enabler and barrier:**

There was variation between areas on SCPHN career development opportunities to retain experienced SCPHN staff, with limited SCPHN posts above band 6 (specialist practice, leadership, teaching and research).

The impact of forthcoming plans for SCPHN training courses to become level 7 study only, with level 6 study no longer available, was identified as a strong theme. In terms of future job prospects for student SCPHNs, having a level 7 qualification was considered to be very advantageous, particularly if SCPHNs are looking to be promoted into more senior leadership positions. However, it was noted that level 7 study may prevent nurses who do not have a level 6 qualification from applying to do the training programme. These potential candidates could be brilliant future health visitors or school nurses, but they will be unable to apply as they don't meet the academic entry criteria.

One lead provided some insight into this:



*I find that my concern, as a barrier, I think is that all students have to do level seven and I think that might create a barrier I think with some of our [band 5 nurses] who are not at level six. And it maybe for us, as organisations, to actually get some infrastructure in place to make sure that they are ready to arrive at level seven learning.*  
(HEI & Provider lead focus group)

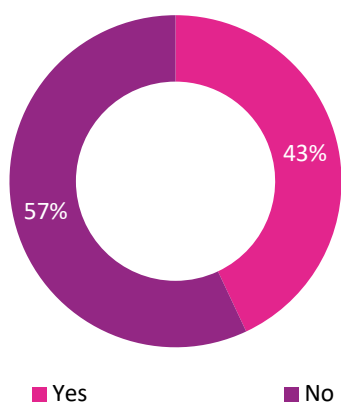
**b. Ongoing evaluation, learning and improvement**

- Quality improvement**

Quality improvement can deliver sustained improvements, not only in the quality, experience, productivity and outcomes of care, but also in the lives of the people working in healthcare<sup>10</sup>. We asked HEI and provider leads if they collect information on students’ experiences and the effectiveness of the recruitment process and training programme, including data collection. More than half stated they do not have any local mechanisms for data collection to support ongoing learning and improvement for student SCPHN recruitment and training (see Figure 6).

**Figure 6.** Local quality improvement

**Local quality improvement**



Many leads talked about ‘informal’ feedback mechanisms, through practice teachers or assessors sharing learning from student experiences and then changing practice for the next cohort of students. One provider lead reflected when it was ‘Call to action’<sup>11</sup>, every local area had formal feedback mechanisms in place for all students but once the national programme finished this was no longer a requirement. One HEI lead shared one of the ‘informal’ methods used:

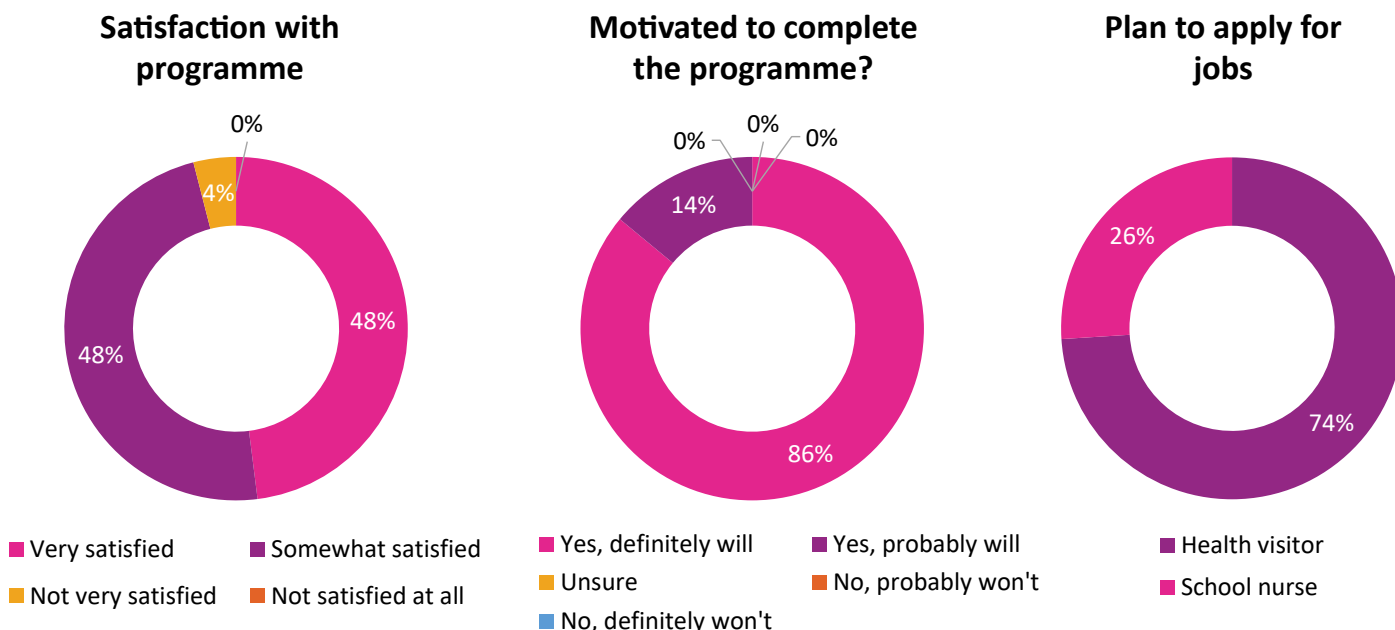


*We’ve used tablets, it can be as informal as a message on Blackboard, the virtual learning environment, which is even less formal than an email. But emails are fine. We’ve accepted any way of getting feedback, just to keep that coming because we are continually wanting to check in with what could be better.*  
(HEI lead interview)

• **Evaluation:**

Figure 7 shows student SCPHNs' thoughts on their training programme. It was encouraging to see that 96% of student SCPHNs were satisfied with the training programme, with 86% feeling motivated to complete the training. It was a huge positive to see that all of the students surveyed planned to apply for a SCPHN job and remain within the profession once they had qualified.

**Figure 7.** Student SCPHNs' thoughts on the training programme



## 6.0 Conclusion

There have been many hypotheses on the key drivers behind the challenges of SCPHN recruitment. This pathway development review has provided greater understanding of the key enablers and barriers to student SCPHN recruitment in London. Our recommendations are based on the experiences of student SCPHNs, HEI and provider leads, and their suggestions for changes that are needed to improve student SCPHN recruitment in London.

The current pathway for nurses to find out how to become a SCPHN is complex, with wide disparities between the approaches and incentives offered by different HEIs and provider organisations across the London Boroughs. This affects student salaries during SCPHN training. The blanket application of a mid-band 5 pay point for all SCPHN students acts as a perverse disincentive for experienced nurses working at band 6 or above who may be interested in pursuing a SCPHN career. This barrier needs addressing, as attracting experienced nurses with transferable skills will bring considerable benefits to the profession and help to address the current and forecasted losses of experienced SCPHNs. Prospective students are also dissuaded from applying due to short-term contracts and a lack of any guarantee of employment after they have successfully completed the course. Also, it is Borough dependent as to whether student SCPHNs are part of an internal career progression (grow your own) model.

A lack of consistency across all London Boroughs was identified as a strong theme during data analysis and represents a golden thread across all key recommendations.

It was reassuring to see that despite the different approaches and pathways that student SCPHNs have taken to be part of the training programme, once enrolled, their experience is very positive with nearly all students rating that they are satisfied or very satisfied with the programme. This is something that the London Boroughs should be proud of, especially when considering the wider context and current workforce challenges.

To improve student SCPHN recruitment and retention, it is recommended that a pan-London recruitment strategy and pathway is developed to address the key barriers and strengthen the enabling factors identified in this review. The findings from this review will help inform and shape this work and may also provide transferable learning to other areas across the UK who are experiencing similar SCPHN recruitment challenges.

It is hoped that these efforts to strengthen student SCPHN recruitment will, in turn, improve workforce capacity in health visiting and school nursing across London. To achieve maximum impact, these efforts need to be augmented with actions to strengthen all stages of the career pipeline for health visiting and school nursing. To reduce the current rate of workforce attrition, actions are also needed to plug the 'leaky bucket' and retain experienced SCPHNs through improved job satisfaction and career progression opportunities. A clear and long-term commitment to health visiting and school nursing, as valued professions, is also needed from national government to provide career stability and certainty for the future. This will help rebuild these services and enable the delivery of the Healthy Child Programme in its fullest form to ensure every child has 'the best start in life'.

## 7.0 Recommendations for improvement

Consistency across all London Boroughs is needed to ensure equity of experience and opportunity.

The following recommendations are based on the views and experiences of student SCPHNs, HEI and provider leads, and their suggestions for changes that are needed to improve student SCPHN recruitment in London.

### 1. Inspire and attract future SCPHN workforce:

- Promote SCPHN training and HV/SN as attractive career opportunities to pre-registration (pre-reg) nurses: SSCPHN HEI/provider leads to engage with HEI pre-reg nursing departments, third-year nursing students and school students
- Provide an effective learning environment for student nurses to experience, and learn more about, careers in SCPHN: Pre-reg nursing curriculum to include SCPHN placements
- Campaign to improve understanding of SCPHN role – promote attractive HV/SN career opportunities
- A clear and long-term commitment to health visiting and school nursing, as valued professions, is needed from national government to provide career stability and certainty for the future

### 2. Recruit: Supporting applications

- Ensure joined-up student SCPHN recruitment between HEIs and provider organisations
- Provide comprehensive information on SCPHN careers, training programme details, application process and funding to prospective students – encourage applicants to speak to you in advance
- Maximising reach: Use social media and advertising, alongside recruitment open days/fairs, to promote SCPHN training and provide opportunities for potential candidates to have their questions answered
- Provide clear information on the SCPHN training programme, including HEI and practice placement requirements, to applicants during interview

### 3. Removing obstacles: Financial

- End the practice of a blanket salary at pay band 5 for all SCPHN students. This represents a pay cut for more experienced prospective applicants working as band 6 nurses. To avoid a pay cut for these nurses, employers should maintain the band 6 salary and Agenda for Change (or equivalent) spine point for these applicants
- Pay inner-London weighting where applicable
- Increase funding for the SCPHN course

### 4. Removing obstacles: Supporting learning at HEI:

- More equal distribution of academic work (evenly spreading out exams and assignment submissions)
- Develop an education infrastructure and pathway to prepare prospective students for level 7 study
- HEI and provider leads would benefit from working together to implement the new 2024 curriculum using the pathway development review findings
- Ensure course content meets the learning needs of students in each specific branch of SCPHN, particularly when modules are combined 0-19

### 5. Removing obstacles: Supporting learning on practice placements:

- To change timing of consolidated practice (August does not work for student school nurses, as all schools are closed)
- Provide a breadth of learning opportunities, including working with other SCPHNs in placement, not just the practice assessor
- Ensure students have smaller, manageable caseloads to support their learning

### 6. Removing obstacles: Flexibility

- Offer part-time options for students who would prefer this

### 7. Supporting career progression in health visiting and school nursing/'Grow your own' model:

- A clear pathway for academic and career progression to SCPHN is needed, with multiple entry points from Nursing Associate, Registered Nurse (RN) and shortened RN/HV courses for graduates
- Provide more opportunities for career development posts for RNs working within health visiting and school nursing, with automatic progression to student SCPHN after one year in post
- Develop SCPHN career progression opportunities to retain experienced SCPHN staff: Expand opportunities with SCPHN posts above band 6 (specialist practice, leadership, teaching and research)

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