Extending the Scope of Health Visiting and School Nursing Practice Within a 0–19 Service

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Extending the scope of health visiting and school nursing practice within a 0-19 service

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Abstract

Background: In 2018 one local authority in the north of England introduced an initiative for health visitors and school nurses (SCPHN) to work in the other field of practice.

Aims: To explore professionals' and managers' views about the introduction, benefits and challenges of extended SCPHN practice

Methods: Semi-structured interviews with health visitors, school nurses, practice teachers, mentors and managers undertaking or supporting this initiative (n= 18) and one focus group with 8 SCPHNs working within the 0-19 service. These were audio-

recorded, transcribed and thematically analysed.

Findings: Workplace learning was challenging. Support from colleagues, mentors and practice teachers was crucial. Additional skills and knowledge were valued. SCPHNs gained confidence in working with children and families across the 0-19 age range.

Conclusions: Additional skills enabled SCPHNs to deliver a more streamlined service to families with children aged 0-19 but concerns about workforce capacity and diluting professional roles remain.

Keywords: Health visiting, School nursing, Extended Roles, Professional development, 0-19 services

Key points- You must supply 4–6 full sentences that adequately summarise the major themes of your article

Reflective questions*: (Please supply 3–5 questions based on your article that readers can use for reflective notes or discussion, which may be used to count towards their NMC revalidation*

- What do you think are the benefits of a 0-19 public health nursing role?
- What are the disadvantages of a 0-19 public health nursing role?
- How can educators support a 0-19 public health nursing role?

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Background

In England the organization and delivery of universal health services for the 0-19 age group is changing (Royal College of Nursing 2017; Bryar et al. 2017; Children's Commissioner 2016). Drivers for this have included public sector austerity measures, changes to how services are commissioned, reductions in workforce numbers and developments in information technology (Abdu & Cooper 2016; Pearson 2016; Farnsworth & Irving 2015). Many children's services are now planned and configured on a 0-19 basis (Local Government Association 2015) to improve service delivery and outcomes for children and families.

Health visitors and school nurses – who have a specialist post-registration qualification (known as Specialist Community Public Health Nursing -SCPHN) - are the key professionals who deliver universal health services for the 0-19 age group (Department of Health 2009; Public Health England 2016a; 2016b). The integrated service model for health visiting and school nursing (Public Health England 2016a) outlines the 'progressive universal' approach to service delivery (Marmot 2010), and the high impact areas where health visitors and school nurses have a significant

impact on health and wellbeing and improving outcomes for children, families and communities. Integrating services is, however, complex (Hood 2014). Despite this policy shift, health visiting has, largely, maintained its focus upon the early years delivering services to children under 5 years. A shrinking workforce of school nurses deliver specialist public health nursing for those aged 5-19 years. One important issue is the skills and capacity of the workforce to deliver 0-19 services (Voogd et al. 2015).

One way to address this is to extend the skills and knowledge of health visitors and school nurses so they can work effectively with children of all ages. This builds upon the competency framework embedded in SCPHN education programmes and although some universities have been developing packages to support workplace learning for extended practice overall uptake is unknown and research in this area is lacking. Sheffield Hallam University have developed a workplace learning package that builds upon the SCPHN competencies (NMC 2004; 2006). Aimed at both health visitors and school nurses it requires them to undertake 50 days of practice in the other discipline and complete a portfolio. This will enable them to develop skills and knowledge to deliver services to children and young people across the 0-19 age range. This initiative, referred to in this paper as extended SCPHN practice, was introduced in one local authority in the north of England in 2018.

Aims

To explore professionals' and managers' views about the introduction, benefits and challenges of extended SCPHN practice.

Methods

Between June 2018-March 2020 we carried out 18 semi-structured interviews with SCPHNs undertaking extended practice and managers, practice teachers and mentors involved in introducing and supporting this initiative. Six of these interviews were with SCPHNs who commenced the practice learning package (4 HVs and 2 SNs). Follow up interviews were undertaken with three SCPHNs; two following completion and a further one prior to maternity leave. These interviews focused upon experiences of workplace learning and changes to their work with children and families. The nine interviews with managers, practice teachers and mentors explored the educational, professional and organizational issues associated with the extended practice initiative. In addition, a focus group with eight SCPHNs who work within the 0-19 service explored their views about the extended practice initiative. The interviews, undertaken face to face or by telephone, and the focus group were audio-recorded, transcribed and fully anonymised. Data was analysed using a thematic approach (Braun & Clarke 2006).

The study received approval from Sheffield Hallam University Faculty of Health and Wellbeing ethics committee (No. ER6951748) and followed established ethical principles such as establishing informed consent and ensuring confidentiality and anonymity for all research participants and study data. Data from interviews with managers, practice teachers and mentors are numbered 1-9; interviews with SCPHNs undertaking the extended practice are numbered SCPHN 1-6; data from the focus

group is labelled FG 1-8. Some data extracts have been edited to ensure confidentiality.

Findings

The paper presents key findings under the following headings: professional development and workplace learning; capacity; and continuity of care.

Professional development and workplace learning

Learning within the workplace required careful organization to enable SCPHNs to focus upon the other field of practice, identify learning opportunities and develop new skills and knowledge. Initially staff were given one day a week for this but difficulties in creating a coherent learning experience were evident.

> I feel like I'm kind of working backwards… So like the eight to 12 months and the two-year assessments I'm quite confident with; I just haven't had the opportunity with the antenatals and the new births [yet]. (SCPHN 4).

After a few weeks this was changed and placements were organised in longer blocks of time rather than single days.

The organisation of school nursing and health visiting teams impacted upon workplace learning. Some already shared an office space or on-line diaries and this

helped with identifying learning opportunities. Where SCPHNs were not co-located with staff in the other field of practice this created logistical issues and the learning experience felt disjointed.

Those doing the extended practice were supported by a mentor from the other field of practice with assessment undertaken by a practice teacher. These relationships were crucial in helping SCPHNs identify learning opportunities and develop new skills.

> I'm quite happy with everything. (name of practice teacher) absolutely fantastic. I feel really well supported. And I think all the competencies and everything, it's quite clear to me, you know, what I need to do to get these things (SCPHN 6).

Support from the wider team, despite often being very busy, was also valued.

As well as achieving competencies during the practice placement SCPHNs were also required to complete a portfolio demonstrating their application of theory to practice (NMC 2006). This was time consuming and some would have liked more guidance about what was required.

> …. a half day or a day at uni would be good. Just to go through the expectations and what your competencies are (SCPHN 6).

Those undertaking the practice learning package valued the opportunity it provided for reflection and personal and professional development.

> it just makes you think a little bit more because you do become complacent, I think. You get used to one way of working …. it makes you think a little bit more. …a bit more conscientious as a practitioner (SCPHN 1).

Wider benefits for the workforce were also envisaged as the process would build confidence and enhance skills and knowledge of those involved.

> it's a really good opportunity for us to refresh skills and I think there's nothing better in terms of reinforcing skills knowledge and development than mentoring and tutoring other staff and peers (1).

However workplace learning also came with its challenges; these included 'switching off' from their caseload work, for which they had continued responsibility, so they could concentrate on the other field of practice.

> …. it was really difficult for her to get in the zone of really understanding what she was seeing… So what I suggested was that she blocked out the same day every week, that she tried to forget about health visiting for that day of the week and just think about almost being a school nurse student and working alongside the experienced school nurse (5).

Having the skills and knowledge to work in both health visiting and school nursing would benefit those seeking future career progression particularly in specialist roles such as child safeguarding. There were no immediate personal benefits though such as additional remuneration or recognition. There were also doubts about whether

extended practice would be recognised if they moved to a different employer. The role of the NMC, who regulate the profession laying down the scope of practice and standards for education, in relation to extended SCPHN practice was also questioned.

> if it's a good idea, if this is how we should be working, why aren't NMC moving to make it that you introduce it across the board. Because I've not even heard that they're even starting that journey (FG5).

Capacity

One of the drivers for the introduction of extended practice was the reduction in numbers of school nurses within the workforce.

> it's really been beneficial in our team. We've only had one person done health visiting to school nursing …. we now cover 0-19 on duty and it's been a massive asset having someone else, because we've only got one school nurse currently in our team, so having that knowledge of the practicalities …has been really good (FG4).

The benefits for health visiting were less obvious

> I can appreciate it in respect of school nursing, because of school nursing numbers diminishing, but I think I sometimes still struggle to think about it any other way, because I almost think we've got that covered to a certain extent (FG8)

As well as questioning the reasons for school nurses to undertake extended practice there was also some distrust of the overall intention

> I think the challenges are getting staff to feel that there isn't an ulterior motive to this. I could imagine some staff are probably thinking it's just a way of getting more out of us. (9).

The capacity of the workforce to provide a SCPHN service across the 0-19 age range and undertake and support the extended practice initiative was a key theme. Initially few staff were interested in extending their practice and these were mainly health visitors. Participants suggested some staff did not wish to engage with the initiative either because they did not wish to undertake further study or work with a different age group of children.

> some people are quite worried that if they do the extended practice that they'll be doing a lot older children and missing out on doing, what they actually wanted to do and trained to do as in health visiting (SCPHN 6).

Initial uncertainties about what the workplace learning involved probably also contributed to staff reluctance to participate.

Health visitors and school nurses were already extremely busy and there were concerns extended practice would reduce their overall capacity to undertake their core work and dilute their skills and roles.

> Jack of all trades and master of none. I do think about you're dipping your toe in lots of things or you're working across lots of services, agencies and age ranges and all that but do you really become a master at what you're doing? (2).

Capacity to undertake and complete the workplace learning was also a challenge as SCPHNs had to juggle this with the competing demands of their caseload.

> it has been quite stressful for that reason, is just having time to sit down and write the reflections and getting all that work on top of everything else…Where when you've got some safeguarding coming through anyway, which we can see because they're on the system, you then get distracted. (SCPHN 4).

Reduced staff capacity due to sickness/absence was also an issue

> this week I'm the only school nurse actually within the team. So it's going to be really difficult for me to have that time to do the under-5s' sections just because of what comes in. As I say, safeguarding, it takes priority (SCPHN 4).

The capacity of mentors and practice teachers to support SCPHNs undertaking extended practice was also limited. This was time consuming and one participant suggested it needed to be included within workload plans.

> Time needs to be factored in the whole way up, not just for the student, but for the mentors because when you're teaching it takes up more time. Directing students towards NICE guidelines, towards looking at relevant policies and procedures and also then for the person who's meeting with them and doing sign off, that's taking more time out of their diary and that's the time factors that are not factored in to the capacity (5).

There were also few practice teachers within the organisation and this raised questions about overall capacity if the initiative was extended across the SCPHN workforce. Limited organisational shift to accommodate new skills and knowledge was also highlighted

> I don't think there's the capacity either to do the full role I think, because health visitors have got a caseload and they're managing that caseload and if they are extending practice, my experience so far is that the actual time spent in health visiting is not lessened in order to reflect spending time in school nursing. So they've not really thought it out. I think it's evolving as we have gone along really (FG7).

Continuity of Care

Another driver for introducing extended SCPHN practice was to improve continuity of care for a family. Staff who are *'skilled and competent and confident to work across an age range and a whole family'* (2) would be able to provide a more seamless service and duplication of work between health visitors and school nurses would be avoided.

> There's definitely benefits, especially for families and other professionals as well. They're dealing with one 'go to person', if they're on child in need plans or there's core groups. (SCPHN 2).

> there's an early help on at the minute and it's quite complicated, early help, and there's two under-2s …. I feel more confident doing it with the under-2s

> and taking up that ownership really without having a health visitor there (SCPHN 4).

Those undertaking extended practice reported benefits in being able to continue working with a family particularly if children had complex needs or there were safeguarding concerns. This was particularly the case for health visitors.

> with families that are on sort of the universal plus caseloads, you need that continuity. I think it's been valuable really with (name of SCPHN), especially with children with complex needs, that families have needed that person. And there's been issues in the past, so then to pass on to school nursing, we don't offer that same input into those children's lives that health visiting do. Which probably needs looking at for ourselves as well. (FG7)

Undertaking the extended practice package led to some changes in the focus and scope of SCPHNs work and they reported feeling more confident working with children across the 0-19 age range. Extended practice SCPHNs were also able to provide a timely response to families rather than them having to refer them to a school nurse or health visitor. It was also helpful for partner agencies such as schools

> I think it's the continuity. Schools will have met health visitors, if they've got children with additional needs they will have been in to Early Help meetings, so they'll already have met that health visitor, then once they get to five, often it would be then handed to us, working as we did previously. But now they've got the continuity, especially with the really complex cases and they know who to contact. (FG7)

Whilst participants were generally positive about the benefits of the initiative for families and children there were concerns that some young people may be wary of talking to a SCPHN who also visits their family

> …. if they're at school but they know this person sees their parents and in the house, they're not necessarily likely to come and divulge anything that they don't want parents and families to know (1).

This participant did stress however that other school nurses were available explaining the initiative '*isn't replacing anything else we're doing'* (1). Another potential concern was the client-professional relationship

> if the relationship broke down it's maybe a bit more difficult because it's not, they don't have two people that they can rely upon, they've only got one person and if they don't have that relationship, although that can be managed anyway can't it? (SCPHN 4).

Whilst the organisation had in place ways to monitor this through service user feedback, a poor client-professional relationship would be problematic as extended practice SCPHNs could potentially have long term involvement with a family. There were also concerns raised that clients and families may be confused about roles and who to access services from.

> I think there will be challenges in getting used to a different way of working and the approach, who it is that they need to approach within that service as we all get used to different service changes (SCPHN 5).

Discussion

The shift to integrated 0-19 children's services across England has created challenges for health visiting and school nursing who have largely continued with age bounded practice. Despite the NMC enabling SCPHNs to develop their skills and practice in the other field (NMC 2006) there has been no debate about this and research is lacking. This study examined professionals' and managers' views about the introduction, benefits and challenges of extended SCPHN practice and our findings raise important questions for policy, practice and education in this field.

Undertaken in one local authority following a period of change impacting on the SCPHN workforce there were tensions in introducing yet another change. Some staff were reluctant to be involved and uncertainties about the professional and practical implications of skilling health visitors and school nurses to work with children across the 0-19 age range were evident. One of the drivers for this initiative was reduced staff capacity and this also created a challenging context for staff who were supporting or undertaking the extended practice learning.

Our study found extended SCPHN practice has benefits for families and children; these include continuity of care and avoiding duplication of professional involvement

and work (such as attending meetings). For families with complex needs having the same professional work with them over a long period provides a promising context for the establishment of trusting therapeutic relationships. The extended practice SCPHNs were able to contribute to relieving pressures on the wider team picking up cases in allocation and through the duty rota and this enabled families to receive a more timely response. But the main focus of their involvement was with families who had additional needs, particularly those on universal plus and universal partnership plus levels of care delivery (Public Health England 2016a). Further research is needed to establish if families value long-term continuity of care from a SCPHN and if it improves outcomes. The impact of long term involvement on practitioners also requires evaluation particularly in child protection work where drift and burnout can lead to suboptimal practice (McFadden et al. 2015).

Extending practice skills and knowledge was undertaken through workplace learning. Whilst this builds upon models already used in SCPHN education there were particular challenges for staff who were doing this alongside their continued caseload responsibilities. Practice teachers and mentors play an important role in supporting, teaching and assessing students yet their contribution and hard work is often invisible. Our findings suggest they too require support and time to undertake this role. This reflects previous work by Morton (2013). The temporal and spatial organisation of placement and learning opportunities also requires careful consideration. Our study found longer placement blocks and co-location with mentors provided the most amenable experience. As Donetto et al (2017) the ideal learning environment should offer 'immediate access to guidance and advice as well as time and space for reflective and constructive peer support' (Donetto et al 2017, p.75).

The extended SCPHN practice initiative, which aimed to supplement and not replace existing professional roles, was introduced against a policy background that emphasised service and role integration and a shift to 0-19 models for commissioning and planning service delivery. Despite this our research found resistance to further change and a level of dissatisfaction amongst staff that additional skills which enabled them to become more flexible workers was not associated with reimbursement or reward. Professional education in this area is regulated by the NMC and despite this policy background they continue to support health visitors and school nurses holding a single SCPHN qualification on the professional register (NMC 2006). Given existing workforce constraints, changing population health needs and the wider policy context this needs to be questioned as does the future directions for the SCPHN profession within 0-19 services. This is a matter of urgency given the need to strengthen services for both early years and school aged children (Children's Commissioner 2020; Royal College of Paediatrics and Child Health 2020).

Study Limitations

This was a small study undertaken in one local authority. Limitations include not being able to access views of service users and external partners. These were in the original study plan but were not achieved due to recruitment difficulties and the low numbers of staff undertaking extended practice.

Conclusion

Additional skills enables health visitors and school nurses to deliver a more streamlined, responsive and personalised service to families with children aged 0-19. Continuity of care is enhanced and the provision of timely care from a highly skilled health visitor or school nurse can enhance health outcomes for children and young people. At a time of increased need and fiscal restraint further research and investment is required to support such practice initiatives in order to ensure a fairer and more equitable delivery of services for families with children aged 0-19 years.

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