

# THE BIG QUESTION

THIS MONTH WE ASK

What are your concerns about the workforce in your profession?

**HEATHER BANTON**

RN, SCPHN school nurse, Cambridgeshire Community Services NHS Trust



**I** started my SCPHN training in 2016 following many years of working within the NHS. Right from the offset it was clear that resources were

tight and unanswered questions remained about long-term plans and ongoing funding. I have felt the ‘squeeze’ of career uncertainty more so in this role than in any of my previous professional guises, which is something that leaves me endlessly incredulous.

The role of public health has never been as pertinent as now, at a time of unending growth in understanding of factors which influence health and an increased onus on the individual to make informed, empowered and responsible lifestyle choices. Couple this with greater comprehension of the social determinants of health in terms of childhood experiences and exposure to adverse events during formative years, with unprecedented numbers of referrals to CAMHS and the message is clear that health support for school-aged children is paramount. School nurses are uniquely placed to facilitate health awareness, support families and bridge the gap between education and integration to the adult community, yet the resources are just not there to deliver this in a meaningful way.

**Without significant investment in this area of healthcare the ongoing needs of our nation’s children and young people will fail to be comprehensively and proactively addressed.**

**GERI WALSHE**

SCPHN school nurse, Southend-on-Sea Borough Council



**I** am proud to be a SCPHN and found that my training provided me with valuable insight into the world of public health, as well as the confidence and

knowledge to fulfil this role.

Having worked alongside many skilled and experienced school nurses who have not yet completed their SCPHN, I wonder to what extent this affects their confidence in practice and impacts their desire to continue as school nurses. Numbers have consistently fallen over recent years, and SCPHN school nurse recruitment is increasingly challenging. In many parts of the country, nurses are working in school nursing roles without the relevant qualification and sometimes with minimal training – I am not aware of any areas that mirror this with health visiting services, posing the question whether organisations value school nurse contributions as highly as that of HVs. Cuts to public health budgets add further pressure and are likely to cause poorer health outcomes and may prevent children and young people from achieving their full potential.

**To raise the profile of the school nurse, we must safeguard our professional role by advocating for investment in the education and development of school nurses.** This investment would significantly decrease future health and social care costs. It will also enable the workforce to provide children, young people and families with a service that is accessible, visible and – most importantly – reliable.

**DORCAS MAPONDERA**

Senior lecturer, School of Health Sciences, University of Brighton



**H** health visiting is unique in its continuity in supporting parents, infants and children – yet dynamic in its partnerships between acute and social care

sectors. The value of the health visitor’s role was recognised and threats to decreasing numbers were mitigated by the Health visitor implementation plan (Department of Health, 2011). From this, new staff numbers provided the human resource, with evidence-based interventions to meet population health needs.

Changes in the sociopolitical climate have resulted in funding cuts to local authorities and disinvestment in health visiting. Proposals to grow the workforce, mobilise the profession and align delivery systems are only partly fulfilled.

Local authority funding cuts are reported as up to 60p out of £1 (Local Government Association, 2018). Of households affected by housing benefit caps, 60% are single-parent homes (DWP, 2019). Health visiting provides a professional buffer for families, mitigating links between deprivation and poor health outcomes. **With less staff and increased need, aspirations and standards of the HV role risk being compromised.**

Services are developing in a mosaic style (Macdonald, 2018) as some mandated HV checks are delivered by fellow healthcare staff. This promotes skill-mix and caters to some population health needs. We need a more qualitative approach in ensuring that not only are standards met, but that HVs are supported, sustained and valued.