



Health Visitor Survey

January 2016

Introduction

As part of the Children and Young People Act (Scotland) 2014, Health Visitors have been designated to be the Named Person for all children under 5 in Scotland. Implementation of the Named Person aspects of the Act is due to come into effect in August 2016. There is currently a shortage of Health Visitors across all Scottish Health Boards and the current level of students will not cover that gap. UNISON Scotland carried out a Freedom of Information request to find out the level of vacancies and the number of training places planned for by health boards.

A health visitor must already be a registered nurse or midwife. To become a health visitor they must complete further formal education and training (specialist children's public health nursing). The period of further training lasts 12 months.

Due to historic under-resourcing of health visiting a significant number of registrants have chosen to self-fund their training. As a result, recent 'newly qualified' numbers have struggled to fill existing vacancies in the service. Recent policy initiatives by the Scottish Government have reversed that trend.

In addition to the Freedom of Information request, we carried out an online survey to find out what our members thought of the new proposals and the implication for their workloads. We also asked them what information they had been given by their employers.

Children and Young People Act (Scotland) 2014

The proposals, contained in the Children and Young People (Scotland) Act, aim to give everyone under 18 a Named Person, usually a teacher or health visitor, to oversee them from August 2016. Health visitors will be responsible for children from 0-5 and head teachers from 5-18. He or she would be a contact point if welfare issues needed to be raised with police or social services. There will be an inevitable increase in administrative work for health visitors as they will have to co-ordinate reports from other agencies, such as nurseries, GPs, hospitals, police, etc.

This has been a controversial piece of legislation, with campaigns against it being run in the courts and on social media. UNISON Scotland supported the legislation, believing that it would help ensure that children got the help they needed when they needed it and that it would be done in a co-ordinated way. We did, however, suggest that health visitors were already overworked and, with the addition of the named person role, the situation would be "almost critical". We called for additional staffing levels, particularly amongst health visitors to enable them to carry out this additional role efficiently.

Other policy/professional developments, such as 'Getting it right for every child' (GIRFEC) and the universal pathway have refocused how health visitors work on a daily basis, as the emphasis is placed more on regular contact with children and families with an increased focus on risk and vulnerability.

Freedom of Information request

We surveyed all Area and Island Health Boards in Scotland. First of all, we asked whether Boards had applied the National Caseload Weighting Tool for Health Visiting and if so, what date it was applied. If not, we asked when it would be applied. We also asked for a copy of their results if they were applying the tool.

We asked how many Band 6 Health visitors they employed, how many vacancies each had, how many students had been funded in the previous 5 years, how many failed to complete their training and how many they funded in the previous year. We also asked whether they had received Scottish Government funding to train additional student health visitors, when they had received it and how much had been awarded.

All Health Boards responded to our survey. Most were applying the tool or were about to apply it, but as yet none were able to provide a copy of their results.

- They said that in 2014 there were 1081.52 whole time equivalent (wte) health visitors in post (including 5.5 wte senior Band 7 posts). The whole time equivalent number covers both full and part-time staff.
- There were 150.78 vacancies across Scotland, which is more than 10% of the number of those in post.
- Recent figures produced for 2015 show that there were 250.5 band 7 health visitors in employment and 890 band 6s, making a total of 1140.5 currently in post, with 75 vacancies.
- Between 2010 and 2013 there had been 219 students trained and 199 finishing in 2014 and 2015. Eleven boards had received Scottish Government funding for this, but not all gave amounts.

Survey of Health Visitor Members

Our survey asked 16 questions in total, some only to identify employer and other personal information. Job titles included health visitors (majority), team leaders, student health visitors, public health nurses/health visitors. They came from a cross section of health boards across Scotland. 95% of our respondents were female and only 5% were male. The majority of them were in the 45-54 age bracket (48%) and 24% were aged 55-64. This is a worrying situation, as it will mean a considerable reduction in the numbers employed over the next 10 or so years. Over 70% of them worked full time (37.5 hours) but of these, most worked over their allocated hours, (95%), most regularly over 40 hours although a few worked almost 50 hours, with no overtime rates being paid.

All staff surveyed had concerns about their role. 48% cited reduced staffing; 95% said their workload had increased; 71% said they were covering for vacancies and 57% were worried about cuts in the service they could provide.

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Members said (they had):

- Reduced ability to practice safely and manage stress
- Introduction of a prescriptive timeline of patient contact with insufficient staff
- The Nature and method of the work has changed very much in last 15 years.
- Health Visiting becoming too prescriptive

We asked what they knew about the introduction of the Children and Young Persons (Scotland) Act and the role they would have to play in implementing it. Most had heard of the Act, some knew a little bit about it and some a lot.

Members said:

- Well informed through my HV training
 - I know that I shall become the named professional for under 5s. I am aware that I shall become a 'safe guarder', I am also aware that I shall now be delivering a statutory service
 - Will have huge impact on health visiting services. We are becoming social workers and the named person role will add responsibility and stress to experienced health visitors and probably greater stress to newly qualified health visitors. The amount of information that will be passed to health visitors will be like an avalanche. Education has already been told that the health visitors are the named person and are passing information which isn't health issues on a regular basis. The assessments which will be linked to the named person will be time consuming and complex at a time when core business is increasing with a computer system which isn't fit for purpose. Will put further responsibility onto health visitor more accountability
 - It changes my role to add a lot of new responsibilities. It should however, if the support services are available, make improvements for children and families as it will be more responsive to need.
 - Not in any detail
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48% of respondents said their managers had spoken to them about it and 52% had had no information from their bosses. We asked how they felt the introduction of the legislation would affect their jobs and how it would change their practice.

Our members said:

- Unsure and unlikely any negative impact will be highlighted by managers
- More responsibility Impact on present caseload No training for role
- Already some changes in role with this but don't think a massive impact . Think strange that named person once child at nursery as the nursery would see the child daily and HV has little input.
- huge implications. It will give us greater accountability. I am very worried I will be blamed if anything goes wrong that I as the named person should be aware. The role of health Visiting is based of a relationship with the family. That is the skill we develop. I am worried that because of the legislation that relationship will change and parents will become resentful and refuse the service resulting in conflict. I have no admin support to carry out the admin tasks that is required. The named person will totally change my job. I would expect the job to be re evaluated
- Increased workload is anticipated. This is already impacting my role as various agencies are contacting the HV team to request child's planning meetings and also to report child protection issues which should in fact be highlighted to Social Work.
- Huge increase in workload and responsibilities
- More work in arranging meetings, sending out minutes and time taken to pull all information together.
- It will leave the health visiting service as scapegoats when children are harmed, not meeting their potential or when parents feel they are not getting what they are entitled to, such as nursery places. Health visitors will have responsibility for reports for the children's panel and appear at panel meetings. It will increase staff stress levels with the additional responsibility

- Increase stress as impossible for one professional to have a complete picture of all children's well-being at all times. Possible change in service user perceptions of health visitors role and may affect relationships
 - It will totally change practice. My employer is always saying the named person changed nothing. it is just what you are already doing. This in my view is not the case. I will be inundated with information from other agencies that maybe child protection with the expectation it is my role to further investigate. This is already happening now. I am concerned about education being the named person. What happens on school holidays?
 - Increased reports, increased contacts from parents who are unhappy with partnership agencies. Increased referral. Increased supervision of staff such as staff nurses, nursery nurses and family support staff.
 - We will need to spend more time on each individual child
 - It will make it very difficult to fit everything in, particularly as we are also going to be asked to do extra visits routinely. I am going to have to commission services and be available for all other agencies as lead. I am worried that the universal timeline will suffer. I think I may have to work extra hours to accomplish everything that will be asked
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Interestingly 48% believed the introduction of the Act would be a good thing, with 52% saying they did not think it would.

Members said:

- Easier for people to know who named person is
- Instead of me having to seek out information it will be the responsibility of other agencies to share with me. The problem is I will be inundated
- Potential benefits from having a central point of contact for information. However, it is unknown if the existing HV workforce will have the ability to carry out this role.
- The child's needs will be at the forefront of service delivery, gaps and failings will be highlighted and improvements will be made to look after the child's needs
- Can't see any at present.
- One point of contact for all. Communication enhanced between agencies. Better planning for individual children and families.
- Protecting vulnerable children

When asked what they thought of the legislation, our members said:

- I think health visiting will be a dumping ground from other service as we will be the 'named person'. There will be added responsibility with more isolation of the role
- Expectations of 'named' professional and responsibility involved. Increase workload and expectations from social work and pre 5 colleagues. Workforce issues lack of qualified staff to ensure safe and effective delivery of service
- I think there may be a number of issues which will create excessive amounts of information sharing in a very formalized way. This will I think clog an already stretched system.
- It will make health visitors responsible for enforcing the act and I have lawyer friends who suggest we will be the next PPI. Parents looking to sue someone when they feel they haven't had all their entitled to. Increase in complaints associated with other agencies. This legislation will be more about parents than children
- Named person huge concern. As above, scapegoating, blame culture and taking responsibility that should be parental for children. If works properly speaking on behalf of some children may be okay.

- I would feel I had lost all right as a parent that is a personal view. Difficulty implementing it administration difficulties ie movement of people within the country, Homelessness , Migration of nationalities.
 - our current caseload numbers are too big – My Health Board are currently training many new HV's to reduce caseload sizes, but being the named person and taking all the responsibility for assessing and coordinating needs deserves a reasonable wage more than a band 6!
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We asked if our members had any other comments on their job. Very worryingly, the comments showed a workforce with low morale, facing increased responsibilities, feeling stretched to the limits. Not an opportune moment to add a completely new role to this workforce.

Members said:

- Too many vacancies.
 - The role is changing and a lot more administrative work, sometimes not enough time to do these and your basic work as well
 - The way my employer had over a number of years reduced the number of Health Visitors. We have no staff and have to cover the same amount of work
 - The service is on its knees! There are huge staffing problems and the job has become more stressful and not an enjoyable role. I would say its fire fighting as a service. Gone are the days of proactive approaches to children and young people's health and wellbeing. We are reacting to crisis because we don't know families well enough and there is a serious lack of continuity of care.
 - HVs have been given a new role with significant additional responsibilities and expected to carry this out on the same pay scale. I strongly believe there should be a review and increase of HV banding. I am also concerned that management are not addressing HV concerns. Management frequently state that more HVs will be trained in the next few years, however this will only cover the current vacancies and imminent retirals rather than provide an adequate workforce to implement the new role.
 - Over worked, stressed, new IT system is causing concern! Families are at risk!
 - Expectations are increasing from managers in service delivery however ability to delivery decreasing. In recent weeks introduction of new computer system, national practice model and significant reduced staffing makes me consider leaving profession. Organisation state that they are taking responsibility- this has never been put in writing
 - I love my job and embrace new ways of working. I feel we should be able to take on enhanced levels of autonomy regarding the named person role and universal timeline with stronger formalized models of clinical supervision from our organisation. The current over prescriptive design of care appears to be created by risk averse managers who are not supporting us to utilize our skills and experience to prioritize and deliver care to the most vulnerable
 - At the time that this legislation is coming in they are also adding extra visits to the timeline. They are also training new Health Visitors at Masters Level, and most of us have done training at Masters level, and the complexity of the work is certainly at Masters level, but this was not used in the Agenda for change banding. There is huge lack of morale in the working health visitors, partly due to this and partly due to the constantly increasing and more complex workload. The students who are training are struggling and worrying about their ability to actually do the job. I personally cannot wait till I can retire. The job has changed massively over the years, and the pay does not reflect what we now do.
 - We are overstretched, undervalued and very much underpaid
 - I'm intending to look for different work.
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Conclusion

There is a significant shortage of health visitors in post. With the increase in duties and change in focus in health visitor jobs, the service is becoming more and more stretched.

There will be an inevitable increase in administrative work as, as the 'named person' health visitors will have to collate information from many different sources who deal with children under five, for example, nurseries, GPs, hospitals, and police.

The comments from our members show a workforce with low morale, facing increased responsibilities, feeling stretched to the limits. Adding new and vital child protection responsibilities to the role of health visitors is not sensible at this time.

For further information contact
UNISON Scotland's Bargaining and Campaigns team on 0141 342 2811

