Evidence shows that the start of life is significant for the development of children. Health visitors play an essential role in supporting children and their families through this time to ensure the best possible start.

The Government has committed to recruit an extra 4,200 health visitors by 2015, to improve outcomes for children, families and communities. The *Health visitor implementation plan 2011–15, a call to action*, describes how this target will be met through increased training commissions.

Overall, the growth in training places has gone well for 2011/12, but the required trajectory increases significantly until 2015. Ensuring student commissions are filled and there are enough employment opportunities for students on completion of their training is critical to the success of the initiative.

The Department of Health has worked in partnership with an advisory group to examine options to help mitigate this risk. A variety of models adopted across the country were reviewed in order to identify a good practice approach set out in this briefing, which is additionally supported by the national health visitor task force.

This briefing outlines an approach that employers can take – offering employment at the point of recruitment to health visitor training. It describes the employment model, its benefits and what you need to consider if you decide to implement this approach.

**Why use this model?**

- The number of students required to be trained and working in the service will increase significantly for the September 2012 and 2013/14 intakes.
- It provides a commitment of employment to students.
- Undecided potential applicants have increased confidence to move into the profession.
- It demonstrates your commitment to the implementation plan to service and education commissioners.
- Students are more likely to remain in employment with your organisation, reducing the need for a lengthy and expensive recruitment process.
- It can reduce attrition rates from courses.
- The morale of existing staff can be improved by demonstrating the commitment to increased numbers of students and health visitors.
Background
The evidence over recent years shows that a child’s early years experience has a significant impact on their development and that early interventions in children’s health can lead to improved health and wellbeing in later years. The Government acknowledges the importance of this and has pledged to increase the number of health visitors in England, making it a key priority in the NHS Operating Framework.

In February 2011, the Department of Health published the Health visitor implementation plan 2011–15, a call to action. This set out the vision of the new health visitor service, a call to action for stakeholders, and detailed the Government’s commitment to recruit an extra 4,200 whole time equivalent (WTE) health visitors by 2015.

An increase of approximately 50 per cent in the existing workforce is needed by 2015. The current response by candidates wishing to enter the health visiting profession has been positive, with required student education commissions having been filled to date. However, challenges remain as the trajectory required to meet the target will need further increases in the number of student health visitors.

One of the challenges in achieving this target is attracting students to the profession, particularly during a period of significant transition for the NHS, when job security is a priority for many staff, especially if they already have a substantive role.

We have looked at ways employers are seeking to instil confidence in prospective students, whether they be nurses in substantive posts or those who have newly qualified, to encourage those suited to the profession to undertake health visitor training.* One way would be to offer a form of employment linked to health visitor training to provide the necessary confidence for those considering entering the profession.

After reviewing existing practice around the country and considering the experience of other initiatives where different employment models have been used, the advisory group recommended a model which is outlined in the box on the right. This was adopted by the Department of Health’s health visiting programme board.

Benefits
Employers who have used this approach have found that it provides a commitment to the recruited students in terms of offers of employment, encouraging those who might previously have been undecided or had concerns about securing a role.

The offer is likely to provide a ‘psychological contract’ with the employer, encouraging students to remain with the employer once they have completed their training, something which has caused difficulties for some organisations in the past. Attrition is likely to be slightly reduced by removing uncertainty around future career prospects.

Communicating the approach can lead to increased morale, allaying the concerns of existing staff, and can supplement other retention strategies. It increases staff engagement in the recruitment of students, helping ensure that students meet service needs from the beginning.

It will help organisations meet the requirements of the NHS Operating Framework in meeting the targets outlined in the implementation plan and can be an incentive for commissioners and service providers to create posts.

Implementation
For those organisations wishing to implement the employment model, the following section outlines some issues you will need to consider and actions to take before starting the scheme.

Considerations prior to recruitment
Integrated planning: Initially, it is important to be clear about the number of training commissions and the required increase in WTE health visitors your organisation is expected to

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*This brief refers to health visitor training. By this we mean specialist community public health nurse training.
deliver, as this will determine the number of students employed at the start of the process. It will be helpful to involve commissioners at this stage of the process to ensure expectations are clearly understood by both parties.

**Understanding your workforce:** Having an understanding of which current staff are expected to retire during the period will be helpful, so those roles can be factored into the process. It is also worthwhile considering the expected attrition rates for the course. Having all of this information will prepare employers to deal with potential under- or over-supply of health visitors from the course.

Knowledge of the number of health visitors who currently operate flexible or part-time working arrangements will be needed to plan for responding to requests from students. While employers should consider flexible working requests and meet the needs of individuals, these decisions need to be taken based on the requirements of the service.

**Working with partners:** Employers will need to work closely in partnership with their education providers during the selection process. This is critical to the success of the initiative. Successful candidates will need to meet the requirements of the person specification and have the ability to study on the

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**The suggested employment model: from training to practice**

- The sponsoring service provider will offer employment at the point of entry to health visitor training to each student accepted onto a health visitor training programme between September 2012 and January 2014.
- Arrangements where neighbouring service providers are recruiting for another trust can and should continue. Individuals can be employed by the service provider and seconded to another organisation for training purposes, then return to work for the original sponsoring employer when they qualify.
- Employment would continue post training on a substantive basis (not fixed-term) on the condition that the student has successfully completed their training and obtained appropriate registration with the Nursing and Midwifery Council (NMC).
- Employment would be subject to meeting the required standards set out in the relevant person specification and standard employment checks (for example, disclosure checks, occupational health clearance and right to work in the UK).
- A block recruitment process for each student intake should be carried out by employers, working in partnership with the education providers.
- Roles can be either full-time or part-time but should be based on the needs of the service, balanced against the need to offer individuals flexible working arrangements. Establishing and communicating this at the beginning of the employment process will ensure all parties are aware of suitable, available positions.
- Although employers can continue to use this scheme after the timeframe of the Health visitor implementation plan, it is recommended that the scheme commences from September 2012 and expires in January 2014.
- Employers would continue to use Agenda for Change terms and conditions.
course. Any communications and marketing material for the course/employment should make reference to the scheme and its terms, to help attract a wide range of suitable applicants.

Other partner organisations should be kept informed of the process (see ‘Partner responsibilities’ box below). If neighbouring service providers are hosting students on behalf of others, they can also be included in the planning and recruitment process at an early stage.

Keeping your team informed:
We recommend existing health visiting staff should also be informed of the process, including mentors and practice teachers. Involving them in the design of the recruitment process, wherever possible, will encourage buy-in and improve morale. Staff side representatives can also be invaluable in introducing the model and can play a useful role in the implementation team.

Planning for selection: We recommend that the overall selection process is led by the employer, with one set of interviews for both their training place and employment. The education provider needs to be included at an early stage to develop a joint approach and meet the deadlines of both the academic intake and recruitment process. It is worth considering that the time taken from advertising posts to completing the selection and recruitment process can take 12 weeks or more. This includes the time needed to complete necessary checks and notice periods of individuals. It will be helpful to have a reserve list, as some applicants may have applied to more than one organisation or may choose to withdraw their application.

Person specification: It is essential that a clear person specification is developed as it will be used as part of the recruitment process. These should build in the requirements of the employer as well as attributes identified by the education provider. The Department of Health document, *Professional and personal attributes of a health visitor*, may be useful when developing the person specification and/or selection process. Having a robust selection process based on a well-constructed person specification is essential for ensuring the quality of the future workforce.

Equity of access: Broadly, there are three groups of nursing candidates who will wish to access health visitor training: nurses in substantive posts; nursing students who have recently qualified or are about to qualify; and health visitors wishing to access return to practice courses. Although we recognise that return to practice

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**Partner responsibilities**

**Strategic health authorities** will continue to lead on the coordination of education commissions and be responsible for the assurance process and the performance management of primary care trust clusters. From April 2013, **local education and training boards** will be responsible for education commissions and workforce planning in their areas.

**Primary care trusts** will commission health visiting services from local providers and identify investment for the increased health visiting service, including staffing, and ensure that this is captured in the operating plan. As part of the commissioning process they will identify outcomes expected from the growth of the health visiting service.

Commissioning of health visiting services will move to **local authorities** from April 2015. During the transition period (April 2013 to April 2015) the **NHS Commissioning Board** will hold commissioning responsibility.
will require a slightly different recruitment process, each of the three groups should be able to equally access this model and be treated in a similar manner.

**Considerations prior to appointment**

**Contractual arrangements:**
Using Agenda for Change standard terms of employment, employers should build into the contract the stipulation that continuation of employment after the period of training is conditional on the individual having qualified and being on the appropriate part of the NMC register. You may already have similar terms that address this from other training positions, for example cognitive psychotherapists who are employed at the point of entry to training.

Some employers who run similar schemes ask for a commitment to the organisation once training has been completed. This is something that is left to local consideration but it is worth noting that contractual terms of this nature are often unenforceable.

**Supporting students:**
Employers should develop a local procedure for managing students who do not pass or complete the course. There should be reasonable procedures in place that support students who fail the course. Measures could include the opportunity to re-sit the course, perhaps providing tailored support for the elements the student is finding difficult or redeployment into another area if appropriate.

**Further information**
For more information about the model, including frequently asked questions surrounding the process, visit [www.nhsemployers.org/healthvisiting](http://www.nhsemployers.org/healthvisiting)

If you have any questions about the process or want to keep us informed of your progress, contact us at RecruitmentandRetention@nhsemployers.org

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From training to practice: checklist

Considerations prior to recruitment

1. Integrated planning
   - ☐ Clarify the number of your training commissions and the required increase in health visitor numbers.
   - ☐ Review your current health visiting workforce retirement intentions.
   - ☐ Identify previous course attrition figures.

2. Understanding your workforce
   - ☐ Obtain information on current health visitor flexible working arrangements.

3. Working with partners
   - ☐ Meet with education providers to explain intentions, plan together and initiate partnership working.
   - ☐ Inform and work with partner organisations, such as neighbouring providers who are sharing recruitment.

4. Keeping your team informed
   - ☐ Communicate with staff, mentors, practice teachers and staff side representatives. Involve them in the process where possible.
   - ☐ Update employer and education provider communications and marketing material to inform students of the arrangement.

5. Planning for selection
   - ☐ Plan timeframes for implementation and start early.
   - ☐ Arrange block student recruitment.
   - ☐ Ensure you have a reserve list.

6. Person specification
   - ☐ Develop a clear person specification and share it with the education provider.

Considerations prior to appointment

1. Contractual arrangements
   - ☐ Build qualification/registration stipulation into the employment contract.

2. Supporting students
   - ☐ Review local policies on failing students.
   - ☐ Review available support for failing students.
Personal and professional attributes for consideration as part of the recruitment and selection process into health visiting programmes, Department of Health (March 2012): www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133150

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

Contact us

For more information on how to get involved in our work, email getinvolved@nhsemployers.org

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