The Family Nurse Workforce:

A Study for the Family Nurse Partnership National Unit

Dilys Robinson

Linda Miller

Catherine Rickard

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Acknowledgements

The authors are indebted to Professor James Buchan for providing expert advice and to Jose Vila-Belda Montalt for carrying out additional statistical analysis. We would also like to thank everyone who gave up their time to complete the survey questionnaire, be interviewed, or participate in focus groups.

Institute for Employment Studies
Sovereign House
Church Street
Brighton BN1 1UJ
UK

Telephone: +44 (0)1273 763400
Email: askies@employment-studies.co.uk
Website: www.employment-studies.co.uk

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ISBN 978 1 85184 448 7

Contents

Executive Summary 3

The study 3
Activities 4
The workforce 4
Attraction to the role 5
Preparation for the role 5
Role clarity 6
Supervision, teamwork and support 6
Workload 7
Job satisfaction 7
Careers 9
Engagement 9
How do Family Nurses and Supervisors depict and describe their role? 10
Recommendations 11

1 Introduction 13

1.1 The Family Nurse Programme 13
1.2 Background 14
1.3 Extending roles and advancing practice in the health sector 15
1.4 Training for Family Nurse roles 16
1.5 Rewards and frustrations 18
1.6 Next steps/career progression 19
1.7 Aims of this study 19
1.8 Approach 21

2 Workforce Profile 26

2.1 The FNP workforce: posts 26
2.2 The FNP workforce: in post 27
2.3 Job details 30
2.4 Conclusions 31

3 Recruitment and Training 32

3.1 Eligibility 32
3.2 Attraction 34
3.3 Training Programme 37
3.4 Views about training 39
3.5 The senior perspective on recruitment and training 43
3.6 Conclusions 45

4 The Role 47

4.1 Role clarity 47
4.2 External understanding of the role 49
4.3 Feeling valued and involved 52
4.4 Conclusions 53

5 Supervision, Teamwork and Support 54

5.1 The FNP clinical supervision model 54
5.2 Line management and supervisory support 55
5.3 Team working and support 59
5.4 Support from the National Unit 62
5.5 Administration and IT support 62
5.6 Conclusions 64

6 Workload and Well-being 65

6.1 Workload 65
6.2 Work pressures 66
6.3 Health and well-being 69
6.4 Work-life balance 71
6.5 Conclusions 73

7 Job Satisfaction 74

7.1 Views about the job 74
7.2 Components of job satisfaction 76
7.3 Changing views over time 80
7.4 Pros, cons and challenges 80
7.5 The senior perspective 83
7.6 Conclusions 83

8 Careers 85

8.1 Continuing professional development (CPD) 85
8.2 Career development 86
8.3 Career plans 87
8.4 Future workforce requirements 89
8.5 Conclusions 90

9 Engagement 91

9.1 Engagement levels 91
9.2 Engagement analysis 93
9.3 Conclusions 97

10 Words and Pictures 98

10.1 How do Family Nurses and Supervisors depict their role? 98
10.2 How do Family Nurses and Supervisors describe their role? 100

11 Conclusions and Recommendations 101

11.1 Summary of findings 101
11.2 Recommendations 104

12 References 106

Executive Summary

The study

The Family Nurse Partnership (FNP) Programme is an evidence-based, preventative programme for vulnerable young first-time mothers and their families, offering intensive and structured home visiting, from early pregnancy until the child is two, and is delivered by specially trained nurses. It is based on evidence that the first years of life have a long-lasting impact on a child's future health, relationships and happiness. The FNP programme offers high intensity support through frequent structured home visits using practical activities and strength-based methods to change behaviour and tackle the emotional problems that prevent some mothers and fathers caring well for their child.

This study of the Family Nurse workforce was commissioned by the FNP National Unit (FNP NU). There have been several studies to date of the impact and effectiveness of the FNP; this study, of the FNP workforce, has a different focus. If the FNP Programme is to be successful in the longer term it is important to be assured that staff find the FNP attractive, are well prepared for and able to cope with the role, find the role rewarding, and therefore are likely to be positive advocates for working in the FNP and be retained in the long term. This in turn is likely to have further impact in terms of positive outcomes for children and their families.

Therefore the FNP NU commissioned this research to explore workforce issues, especially recruitment, retention and job satisfaction, amongst Family Nurses (FNs) and their Supervisors. In particular, the study explored the way in which factors such as job satisfaction and preparation mediate the attractiveness of these posts and intentions to remain in post. This, together with analyses of current turnover rates, was designed to help the Department of Health (DH) move towards a stable and sustainable workforce and assist with FN workforce planning and expansion up to 2015 and beyond.

Activities

- The link to an online survey was sent, via emails, to the 380 Family Nurses FNs and 73 Supervisors for whom the FNP NU had valid email addresses. This yielded a response rate of 68 per cent (307 fully or partially completed questionnaires). Several questions within the survey questionnaire were identical to those in the national NHS staff survey (National NHS Staff Survey Co-ordination Centre, 2012), enabling comparisons to be made between the 2012 FN survey results and the 2011 (latest available) NHS staff survey results.
- Six focus groups were undertaken: four with FNs, two with FN Supervisors. FNs scheduled to take part in a fifth cancelled focus group emailed their comments in response to the questions in the discussion guide. A total of 26 FNs took part in the focus groups/emailed responses, and 22 FN Supervisors.
- Telephone interviews were conducted with:
  - Six people who had left after working within the FNP as FNs.
  - Nine senior staff with FNP Lead responsibilities.
- Seven individuals (three FNs, three Supervisors, and one person who joined the FNP as an FN and then gained a promotion to Supervisor) agreed to provide 'pen pictures', via telephone interviews.
- Analysis was carried out on workforce data provided by the FNP NU, and wherever possible comparisons were made with nationally-available data. The analyses were carried out in October 2012 with comparisons being made to data from the NHS Staff Survey 2011.

The workforce

As at April 2012, the FNP Programme had been introduced in five 'waves' between April 2007 and January 2012, with waves 2, 3 and 5 each having two parts. Since then, further recruitment has taken place and more is planned, as the Government has pledged to double the number of places on the Programme from around 6,000 places (at end of 11/12) to around 13,000 by 2015. This commitment is set out in the 2011/12 and 2012/13 NHS Operating Frameworks.

The personal details (gender, age and ethnicity) held on the FNP NU database show that the workforce is overwhelmingly female (98.5%) and predominantly white (92.7%). The modal age of respondents is 40 to 49, with half falling into this group; of the other half, two-fifths are younger than 40 and three-fifths are 50 and over.

On average Supervisors are older than FNs; over one-third (41.0%) are in their 50s, and only eight per cent are under 40. A national comparison taken from the Labour Force Survey suggests that the FN workforce is less ethnically mixed than the general workforce of nurses and midwives.

The majority (86%) of the FNP workforce works full time. Since the inception of the Programme in April 2007, 68 people (59 FNs and nine Supervisors) have left their jobs, giving a cumulative turnover rate for the five years of 20 per cent, or roughly four per cent a year. This compares with an annual rate within the wider NHS of 7.8 per cent (Health and Social Care Information Centre, year ended November 2011).

The most frequently-occurring qualification among FNs and Supervisors is that of Health Visitor (certificate or degree), followed by Nurse (General), Midwife, and Nurse (Child). Many FNs and Supervisors have multiple qualifications.

Attraction to the role

The survey asked FNs and Supervisors what had attracted them to the FNP Programme. For FNs, the two most-often cited attractions were 'making a difference' and 'continuity of care/structured programme'. For Supervisors, the main attraction was the 'ethos and principles of the Programme'.

> *It was like a vision of how I wanted to work with young people. Health visiting wasn't doing it for me. You can get closer to the clients with FNP.*

The role is seen as 'not for everyone' as it requires a special sort of person. As one senior lead put it:

> *You need a good, strong Supervisor. It's quite difficult to get exceptionally good clinical people who can also do team-working well, and manage a team. For FNs, you need experienced, thoughtful clinicians ... There's a requirement for lots of emotional intelligence and self-awareness, because the work is deeply challenging. Warmth and curiosity are also important.*

Preparation for the role

FNs and Supervisors are required to be qualified nurses, and the majority (75% of FNs and 90% of Supervisors) have a health visiting background. Several senior leads talked about the importance of being clear around the positioning of the FN teams within the wider service. In particular they commented that their local health visiting services had concerns that they might lose good people to the FNP, although the planned expansion of health visitors had assuaged this to some extent. They were also encouraging the FN teams to share their learning with the wider workforce.

To prepare them for the role, entrants undergo a structured, intensive training programme. Focus group participants were extremely positive about the training.

> *The training is outstanding, really, the quality.*

However, the extended nature of the residential sessions had caused some problems for staff with children.

Role clarity

The FN survey showed that FNs and Supervisors are very clear about their roles. Other health and social care professionals, however, do not seem to have a good understanding of the Programme, which means that new teams have to do a lot of marketing and relationship building:

> *As a team, we pulled together to give a clear message. Fairly quickly, other people got to be very impressed by the team's skills etc.*

Supervision, teamwork and support

The FNP uses a clinical supervision model, and FNs receive frequent supervision (for most who responded to the survey, this meant once a week). In addition, the teams receive psychology supervision, usually once a month. The majority of FNs rate the quality of their supervision highly:

> *I couldn't do the job without weekly supervision from our Supervisor. The psychology supervision is invaluable too, and peer support is also invaluable.*

Many FNs also spoke highly of the support they received from their colleagues in the team.

Supervisors were very positive about the support they had received from the FNP NU. The general view of the National Unit was that they are excellent, 'high calibre'. The Supervisors said that they do feel 'part of the FNP family' and can contact the National Unit when necessary.

Less positive were views about administrative and IT support. Some Supervisors complimented their administrators and saw them as part of the team, but others felt the hours were inadequate or had struggled to recruit a good person. IT support – or the lack of it – was also causing problems, especially given the amount of data that needs to be entered to support the 'fidelity measures'[1].

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[1] These measures relate to the recording and reporting requirements of the FNP license and have two main components: core model elements and fidelity goals.

Workload

The work is intense, and the phrase 'emotional labour' was used on several occasions. FNs and Supervisors commented that, although 25 might seem a small caseload, the intensive nature of the client-nurse relationship meant that they felt a degree of workload pressure:

> *We thought it would be easier, with a lower caseload, but it wasn't. I never got up to full capacity … but it felt as though I did – it was very hard work … We'd be writing things up at 8pm, asking each other, 'How are we going to cope?'*

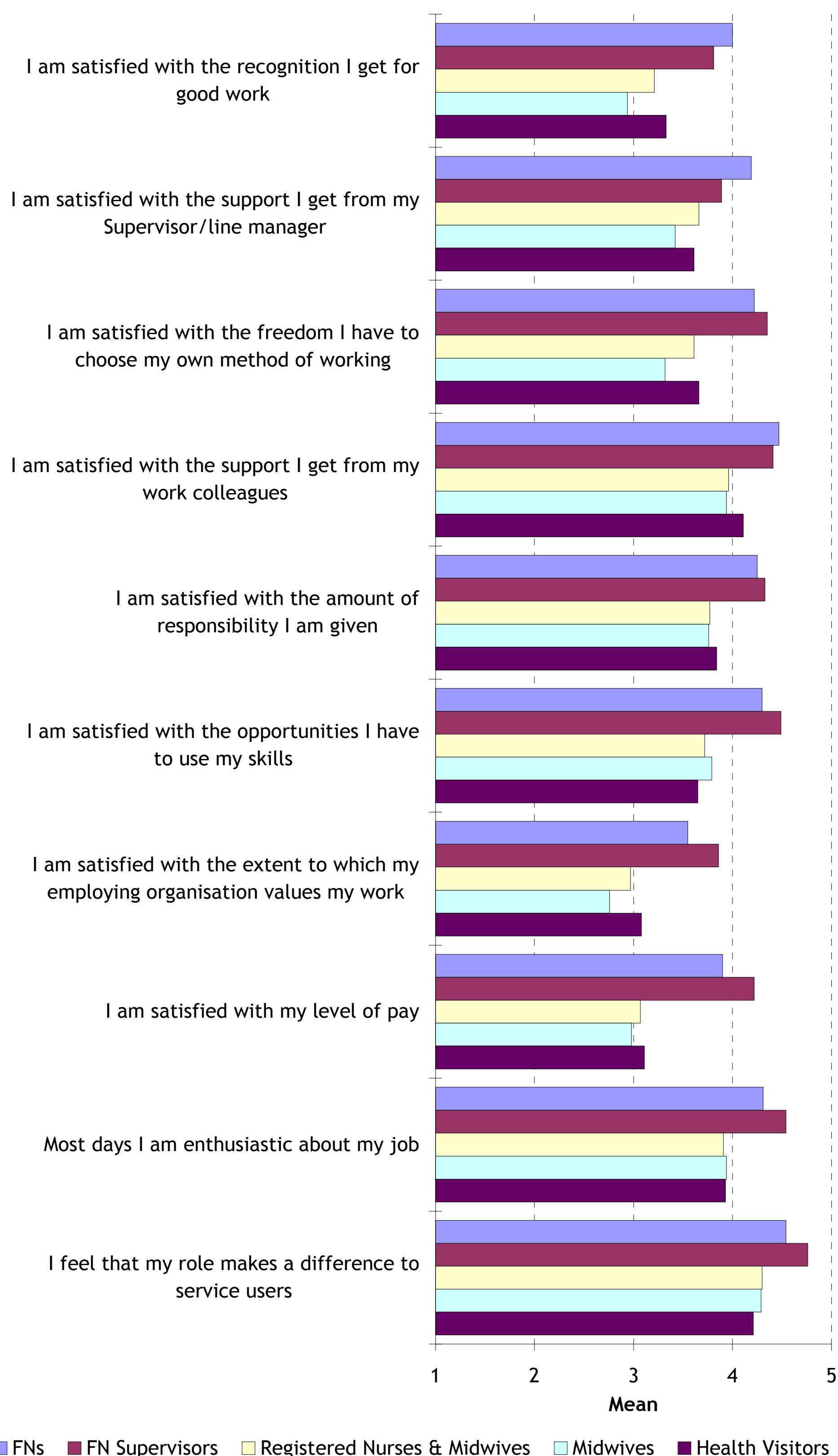
Two-thirds of FNs and almost nine-tenths of Supervisors said they regularly worked more than their contracted hours.

Despite feeling they were under pressure at work, FNs and Supervisors responded positively to the survey statement 'I am confident in my ability to cope with work pressure.' In addition, sickness absence (reported via the survey) is generally low, with the majority having had no or just one day of sickness absence in the past 12 months. However, the demanding nature of the work may mean that FNs and Supervisors will not feel able to stay in post long term; this has implications for future workforce planning, as it is possible that staff may leave in 'waves' as they come to the end of cohorts of clients.

Job satisfaction

Almost four-fifths of respondents said that their role as a FN/Supervisor had mostly or fully met their expectations. Job satisfaction levels, assessed via the survey, were very high – and notably higher than for nurses and midwives in the wider NHS. Figure 1 compares the responses of FNs and Supervisors to the 2012 FN survey, with those of 'all qualified nurses and midwives' and the two sub-groups 'health visitors' and 'midwives' to the 2011 national NHS staff survey. Over 80 per cent of FNs and Supervisors rated their jobs as 'better' or 'much better' than their previous role.

Figure 1: Components of job satisfaction: comparison with national survey results:



Sources: FN Survey 2012, and National NHS Staff Survey 2011

Careers

Most FNs and Supervisors do not want to leave the FNP:

> *I don't want to do anything else; this is the best job I've ever had!*

They are generally positive about aspects related to career development, notably continuing professional development. However, they have some reservations about opportunities for progression within the FNP. In particular, it is hard for FNs to acquire the managerial experience necessary for promotion to a Supervisor post. There are also concerns about where FNs will be able to go if they leave the FNP. Senior leads believe that the FNP NU needs to pay attention to careers for the longer term benefit of the Programme:

> *Career progression needs looking at. There needs to be more of a career path – FNs need to be eligible for Supervisor posts.*

> *Some FNs might like to be a Supervisor but not all will be suitable – it's not a natural career progression. It's a very demanding role, and FNs probably won't be able to stay in it too long.*

> *Going back into health visiting might not be possible if you're in family nursing for a while, not working in health visiting. So where do you go to get an 8A? It needs to be thought about.*

Turnover and career intentions data suggest that around four per cent of FNs and seven per cent of Supervisors will leave each year and require replacement, in addition to the planned major expansion of the Programme between now and 2015.

As the Programme is licensed, people outside the FNP cannot use the tools and materials. However, there is some evidence of shared learning from the FNP:

> *Our FNs have also done some training for health visitors, and worked with them, so that health visitors are better equipped, understand the FN role better and see it in action ... We're trying to align services and techniques.*

Engagement

The engagement statements in the survey attracted very positive responses, as Table 1 (which shows selected statements) shows. The scoring scale is from 1 to 5, with higher scores indicating more positive views.

Table 1: Views on engagement

		FNs	Supervisors	All
I speak highly of working as a FN to my friends	Mean	4.50	4.75	4.55
	No.	202	63	265
I would be confident if my family or friends needed to use our services	Mean	4.61	4.84	4.67
	No.	203	63	266
FNP has a good reputation	Mean	4.47	4.70	4.52
	No.	203	63	266
Working as a FN really inspires the very best in me in the way of job performance	Mean	4.39	4.74	4.48
	No.	203	62	265
I find that my values and FNP's are very similar	Mean	4.54	4.71	4.58
	No.	203	63	266
I try to help my team members whenever I can	Mean	4.69	4.92	4.75
	N	203	63	266
I frequently make suggestions to improve the service we offer	Mean	4.21	4.54	4.29
	No.	203	63	266
Care of service users is FNP's top priority	Mean	4.51	4.86	4.59
	No.	203	63	266
I would recommend FNP as an area to work in	Mean	4.41	4.86	4.52
	No.	203	63	266
I often do more than is required	Mean	4.34	4.65	4.42
	No.	202	63	265

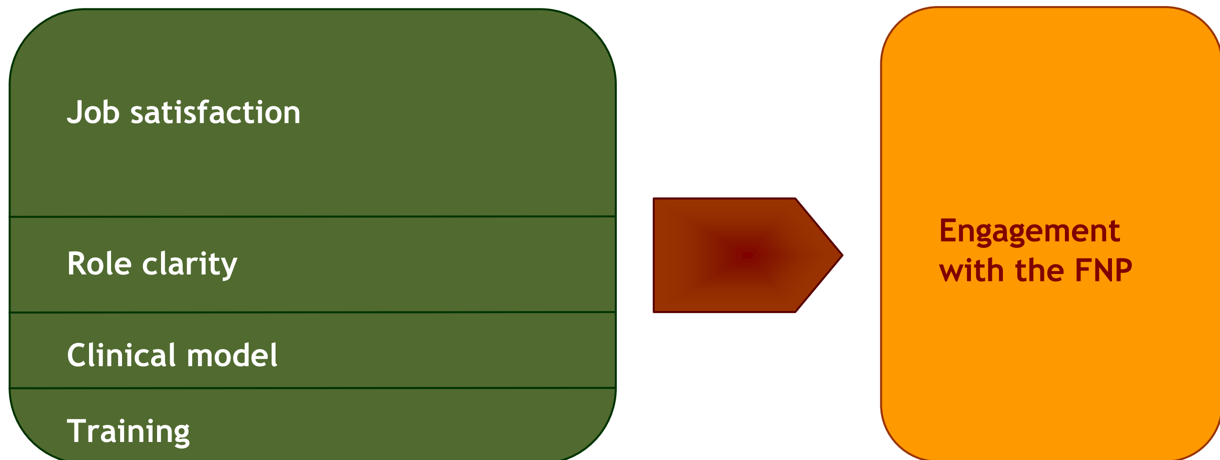
Source: FN survey 2012

An 'engagement drivers' analysis indicates that, overall, the main drivers of these high levels of engagement are job satisfaction, role clarity, the FNP clinical model, and training, with job satisfaction being the strongest driver (Figure 2).

How do Family Nurses and Supervisors depict and describe their role?

During the focus groups and interviews, FNs and Supervisors were asked to draw pictures, or list words and phrases, to describe their roles. What surfaced, from this exercise, were themes around intensity, complexity, aspiration and sheer hard work. The word cloud below (Figure 3) summarises all the recurring words. One notable finding from the pictures was the repeated drawing of hearts (these occurred in half of the drawings), indicating the emotional attachment FNs and Supervisors felt to the Programme.

Figure 2: Engagement drivers: Family Nurses and Supervisors



Source: FN survey 2012

Figure 3: Word cloud

Recommendations

There are no major workforce issues for the FNP NU to tackle, as it is clear that FNs and Supervisors are highly motivated to deliver the FNP Programme to their clients, that they find fulfilment in their jobs and feel valued, and that they are very engaged with the FNP. Judging from the interviewees with leavers, even those who have left the FNP to take up other roles feel positive about the Programme and would recommend the FNP as an area to work.

The following recommendations are designed with a view to making the FNP, and the working lives of FNs and Supervisors, even better.

- The demanding nature of the work may mean that FNs and Supervisors will not feel able to stay in post for very long periods; this has implications for future workforce planning, as it is possible that in future, teams may find that staff leave in 'waves' as they come to the end of cohorts of clients. The FNP NU may therefore wish to consider workload pressures, and work-life balance, as priority areas for action.
- Career progression could become a major issue as the FNP programme grows and matures, in that there are few opportunities for FNs to acquire the sort of experience they need in order to be promoted to Supervisor. There is a risk that FNs will feel obliged to leave the FNP to gain this experience, which would lead to a loss of expertise and training/development investment.
- Although some FNs and Supervisors are happy with their level of administrative support, a substantial number would like more and feel this would enable them to manage their demanding caseload better. Similarly, better IT support (especially given the amount of record-keeping and data entry required to provide evidence for the fidelity measures) would lead to less frustration.
- The requirement for residential training courses makes the FNP less accessible to potential FNs and Supervisors with family/caring responsibilities. As numbers grow it may be possible to arrange more local sessions, but it remains a possibility that the residential aspect is a core part of the team-building process. If so, then it would be advisable for Supervisors to make this requirement clear in the initial information provided to potential applicants.
- Although FNs and Supervisors are very happy with the quality and content of the learning programme, there were some suggestions for additional content or for a change of emphasis with regard to content which the FNP NU might wish to examine.
- The levels of awareness and understanding of the FNP by organisations and other health and social care professionals appears to be fairly low, judging by the survey responses and comments made by focus group participants and interviewees. This had led to a few problems, and some teams had had to spend substantial amounts of time in relationship-building and marketing. This might improve over time as the FNP expands and as more people come into contact with FNs, but in the meantime the FNP NU might like to consider providing – especially to new teams – more material that would explain the Programme and the FN role to outsiders.

1 Introduction

1.1 The Family Nurse Programme

The Family Nurse Partnership (FNP) Programme is an evidence-based, preventative programme for vulnerable young first-time mothers and their families, offering intensive and structured home visiting, from early pregnancy until the child is two, and is delivered by specially trained nurses. It is a key component of the Government's response to safeguarding the children of young mothers.

The FNP Programme is based on evidence that the first years of life have a long-lasting impact on a child's future health, relationships and happiness. Evidence suggests that the approach can break intergenerational patterns of social deprivation, improving the life chances of the most disadvantaged children in our society (Olds et al., 1998).

The FNP offers high intensity support through structured weekly, fortnightly and monthly home visits using practical activities and strength-based methods to change behaviour and tackle the emotional problems that prevent some mothers and fathers caring well for their child. This is the time when early experiences, such as smoking in pregnancy, poor nutrition and poor infant/parent relationships, can affect long-term health, behaviour, development and economic self-sufficiency.

Pioneered in America, the FNP Programme has been implemented in England since 2007. An formative evaluation of the Programme conducted by researchers during 2008 suggested that the programme had positive outcomes. In particular, the Programme was viewed as having been particularly successful in connecting with those young people who were most disaffected and distrustful of health and social services (Barnes, Ball, Meadows, McLeish, Belsky et al, 2008). Following this early assessment the programme was expanded and by January 2012 over 8,000 families across 59 local authority areas had been enrolled on the Programme. Evidence from the Randomised Control Trial evaluations conducted in America (Olds et al, 2010) had persuaded the Government in England in 2012 to increase the number of FNP places available for young mothers to around 13,000 by 2015 with this commitment being set out in the 2011/12 and 2012/13 NHS Operating Frameworks.

The FNP is delivered by specially trained nurses (‘Family Nurses’) and at the heart of the model is the relationship between the client and the Family Nurse (FN). A therapeutic alliance is built, which enables the most vulnerable families to make changes in their health behaviour and emotional development,t and form a positive relationship with their baby.

FNs work intensively with a caseload of 25 clients (per full time equivalent), working with them for up to two and a half years from early pregnancy until their child reaches two years old. Supervisors lead FNP teams of between four and eight FNs and have a small clinical caseload depending on the size of their team. By the end of 2011 there were around 380 FNs and 75 Supervisors in post who had joined the FNP Programme at different time points over the previous four years, with a further 50 due to start in January 2012. By 2015 there are expected to be around 550 FNs and 100 Supervisors in post.

For these posts to be sustainable, however, they must be viewed as attractive career options to nurses – both as a progression option and as a platform for progression. In turn, the pool of potential entrants to these posts, successful role transitioning into and from these posts will depend upon a range of factors, including the availability of appropriate training and of opportunities to gain relevant experience and the support available more widely within the workplace. Retention rates for those entering these roles are likely to be affected by the balance between the rewards and stressors presenting day by day and the supports available, both during training and over the longer term.

Given the intention to further roll out the FNP programme it was important that the Department of Health (DH) gained an understanding of the factors affecting recruitment and retention/turnover rates. Therefore the FNP National Unit (FNP NU) commissioned research to explore workforce issues, especially recruitment, retention and job satisfaction, amongst FNs and their Supervisors. In particular, the study would need to explore the way in which factors such as job satisfaction and preparation mediate the attractiveness of these posts and intentions to remain in post. This information, together with analyses of current turnover rates, will help the DH move towards a stable and sustainable workforce and assist with FN workforce planning and expansion up to 2015 and beyond.

1.2 Background

The FNP Programme is based on David Olds’ Nurse Family Partnership in the United States, where the Programme was developed and has been licensed and in operation for the past 30 years. The Programme has been used to address a range of entrenched health challenges in the USA, along with other ‘Blueprint’

Programmes emanating from the Center for the Study and Prevention of Violence at the University of Colorado[2].

In the UK, concerns about the risks presented to children – and in particular to first children - by young, inexperienced mothers led to the UK Government establishing the FNP Programme, a home visiting Programme for young first-time mothers. The University of Colorado licenses the Programme, with the DH holding the licence in England. The FNP NU trains and supports sites to deliver the Programme and monitors Programme fidelity, i.e. the extent to which sites adhere to the service standards required as part of the terms of the licence.

The FN role was introduced in England in 2007 as a central part of the Programme. Only those with a qualified nursing background are used to deliver the Programme (rather than individuals from other groups within the allied health professions or social care) because, after trialling the scheme in the USA, it was found that the outcomes amongst those clients visited by nurses were generally twice as strong as those visited by other staff groups. In England, people recruited to FN positions typically are drawn from backgrounds in health visiting, midwifery or elsewhere in community health. Therefore, while they may have a nursing background, they may not have been occupying general nursing roles prior to recruitment.

The posts constitute an example of the ways such 'extended' or 'advanced practice' roles have been used within the health sector. In the next section we consider the issues involved in extending roles and practice in the health sector.

1.3 Extending roles and advancing practice in the health sector

Advanced practice roles provide opportunities for personal and professional development for individuals, along with the potential for career advancement. There is evidence too that the opportunities that these roles give can bring real satisfaction to the individuals who take up these positions. Where dissatisfaction arises, this is more often to do with organisational barriers to full utilisation of the individual's skills and competences than it is with the job requirements themselves; in other words, dissatisfaction more often arises in situations where the organisation and/or the job itself are structured in ways that do not allow the individual to use their skills or undertake the actions they feel are required (Miller et al 2000; Miller et al 2009).

As each area that wishes to participate in the FNP Programme has to submit an application to become an FNP site, the risk of such institutional barriers is minor.

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2 http://www.colorado.edu/cspv/blueprints/index.html

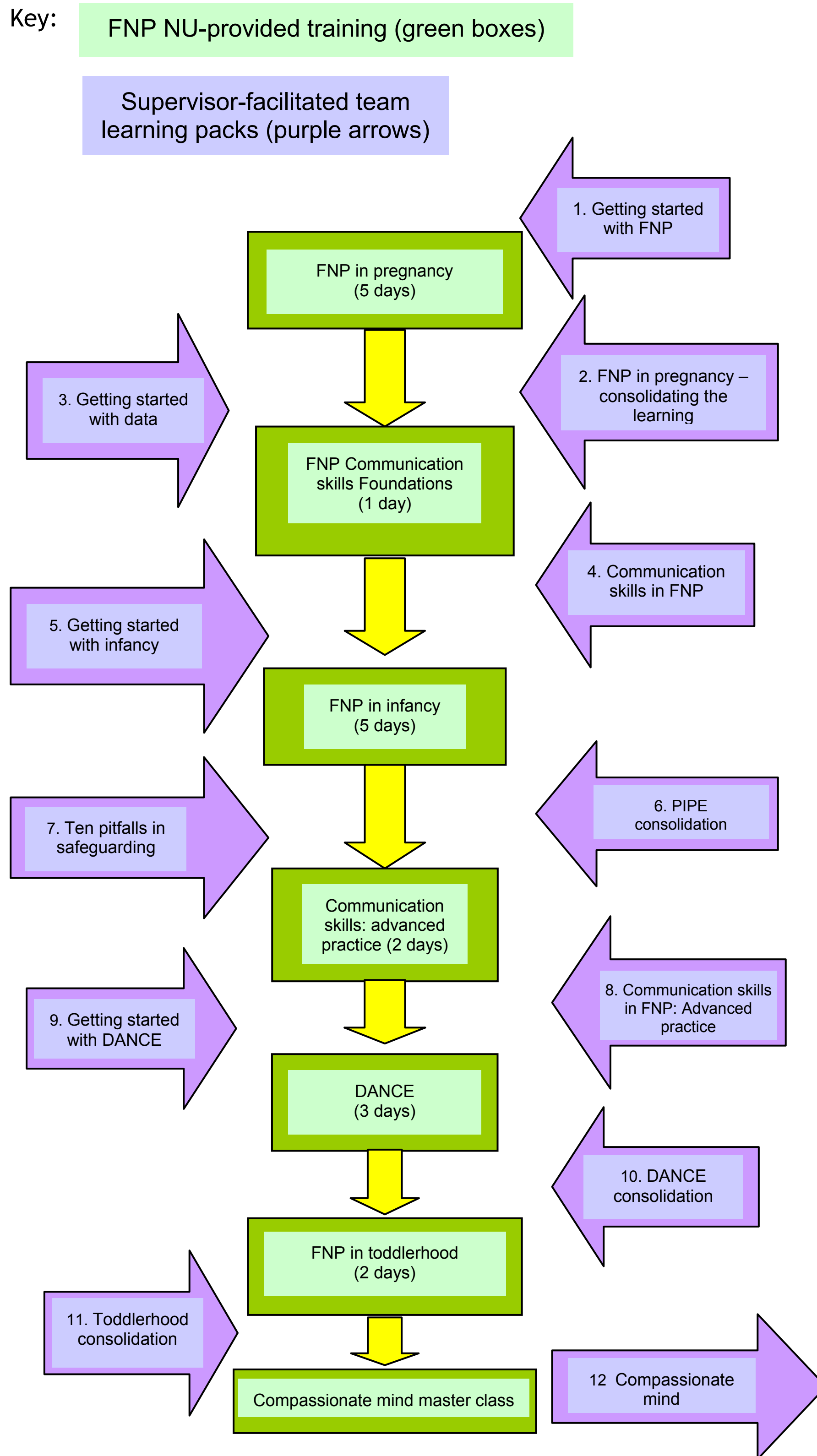
However, while the applying organisation may have a rationale for wishing to introduce the teams and the contributing posts, they sit within the wider health service context, and the extent to which other parts of the overall health landscape support or bar full implementation of these roles may vary. For this reason it was of interest to explore the possibility of barriers as part of the research, as potentially any such findings might inform future workforce planning, work arrangements or training.

1.4 Training for Family Nurse roles

While all advanced practice roles require some form of additional post-registration development (and for some advanced practice roles there is a range of training Programmes and modes available that result ostensibly in the same qualification; see, for example, Miller et al, 2009), for the FN role there is one prescribed Learning Programme. Figure 1.1 summarises this required Learning Programme.

Tight control is required over the learning Programme because it has to comply overall with the licensing agreement with the University of Colorado. However, this can mean that in some cases learners must be prepared to undertake considerable amounts of travel and time away from home. Given that many – indeed most – of the recruits to this Programme are older, more experienced nurses, it seemed likely that the majority would have families. Questions therefore were asked about the accessibility of the Programme to all potential applicants/recruits and the extent to which travel was a factor in any drop-out seen during the training phase. For this reason, training, and the travel required to participate in the training, were included in the questions explored, in particular in the focus group component of the research and the interviews with leavers.

Figure 1.1: FN Learning Programme



Source: FNP National Unit

Note: DANCE is 'Dyadic and Naturalistic Caregiver Experiences', while PIPE is 'Partnership in Parenting Education'.

A further issue that has been identified as a factor affecting drop-out at training stage is the availability – or lack – of personal support during training (Steiner et al., 2008). Brown and Olshansky (1998) have suggested that in the US, when experienced nurses transition into FN roles, feelings can arise of self doubt, vulnerability, anxiety, stress and of turbulence and 'going backwards' as they find themselves in uncertain situations for which they have yet to learn the relevant skills and competences. In the UK, Stiffler et al. (2010) have shown that preceptors provided valuable support for registered nurses moving into advanced practice nurse roles to work with mothers and children; similarly Steiner et al. (2008) found that preceptors were ranked second only to prior life experiences as a positive force supporting their transition from registered nurse to FN.

For this reason the research explored both the potential stresses and the supports available to the individuals during and after training as well as examine participants' views of the modes of training used to deliver the Programme. The decision was taken to include discussions with nurses who had left the FNP Programme, to determine the factors contributing to the decision to withdraw, including the possibility that the demands of training may have contributed to the decision to leave.

1.5 Rewards and frustrations

In almost all of the wider research conducted to date on progression into extended roles, post holders have emphasised the personal gains and sense of achievement they have attained through their development into advanced practice. That said, it was important to ensure that this study captured a balanced view, and so we also wanted to explore any stresses or strains that post holders experience. It has long been recognised that role stress arising from external demands on post holders can be important in shaping individuals' thoughts, feelings and actions relating to a post, such as job satisfaction, dissatisfaction and/or the intent to quit (Lazarus & Folkman 1984) while Hardy and Conway (1988) identified role conflict, role ambiguity, role overload, role incompetence or over-qualification and role incongruity as potential sources of role stress for healthcare professionals. Again, given the fact that the FNs participate in a licensed training Programme with an established track record, designed for the specific requirements of the role, it is unlikely that they would feel either incompetent or over-qualified, but again it is important to at least ask such questions. In addition, as the posts have now been established for just under five years it is an appropriate point at which to examine the extent to which there is any evidence of role conflict, ambiguity or overload.

Chen et al. (2007) explored the relationship between role stress and job satisfaction for nurse specialists and found that role stress variables accounted for almost a quarter of the variance in overall job satisfaction and 27 per cent of variation in

perceived demands and rewards. Role strain, on the other hand, arises primarily from a mismatch between the expectations, resources, capability and values relating to the role. Depending on the extent of (mis)match and the direction (positive or negative) of any difference the consequences can variously be either higher or lower morale, sense of well-being, social functioning and somatic health.

It will be important to examine both role stress and role strain as part of the work, especially given that sickness rates are to be assessed as part of the research to be conducted; the literature points to the potential for role strain in particular to impact on somatic health. Therefore, in addition to comparing sickness rates for FNs and Supervisors we believe it will also be of value to determine whether their sickness rates are any higher or lower than those seen for nursing roles more generally.

1.6 Next steps/career progression

At present the FN and Supervisor posts constitute additional career options for individuals to progress into. The question has to be asked though about future career options for these individuals. While the personal rewards gained by individuals in these posts suggest it is likely that the current cohort will be happy to remain in these posts for some time, nonetheless it has to be recognised that these highly motivated people may wish to consider further career progression in future. What are the career options after a move into family practice? In Oxford, specially trained discharge nurses were introduced to help address 'bed-blocking'; initially nurses found these posts satisfying, but then found that they constituted a career cul-de-sac. Once they had spent some time in these posts they were viewed by the wider nursing community as having moved out of nursing and they then found it difficult to obtain higher grade nursing posts; an entry into management was the only other alternative, which they did not find attractive (Sreenivasan, 1999). Similarly, nurses who had moved into advanced practitioner posts in areas such as peri-operative care practitioner, surgical care practitioner, physician assistant, anaesthesia assistant and endoscopy practitioner found these roles rewarding, but could not see any obvious progression route (Miller et al, 2009). Where new posts exist outside the traditional organisational structure and/or normal reporting lines, further progression can prove difficult. Therefore the work was designed to explore the perceptions of FNs and their Supervisors regarding their future career options.

1.7 Aims of this study

There have been several formative evaluations of the Family Nurse Partnership Programme, although not, as yet, any impact evaluations. Initially, a team from Birkbeck College provided a formative evaluation across three years, feeding into

the final shape and format of the scheme (Ball et al, 2012). Since then, the scheme has started in Scotland and a research team at NatCen (Ormston et al, ongoing) is providing assessments of the potential outcomes of the scheme with regard to the intended target groups. A randomised control trial to assess impact in England was underway at the time of this work.

This study has a quite different focus. If the Programme is to be successful in the longer term it is important to be assured that staff find the programme attractive, are well prepared for and able to cope with the role, find the role rewarding and therefore are likely to be retained in the long term. An examination of turnover rates is required and profiling of applicants, entrants and leavers.

Therefore an aim of this study is to assist the FNP NU and the DH with workforce planning through two main objectives:

- Analysis of FNP National Unit data (nursing registrations and qualifications, job before becoming an FN/Supervisor and when joined and left the FNP Programme) and other data as appropriate to assess turnover rates, sickness rates, background of entrants and destinations of leavers.
- Investigation of FN career aspirations, preparation for the FN and Supervisor positions, role experiences, role and job satisfaction, professional development and progression, and the factors affecting these.

In assessing turnover/retention and sickness rates the focus will need to be on how these posts compare with other nursing posts of similar levels of responsibility within the health service. This will enable the FNP NU and the DH more widely to assess the extent to which turnover in these posts differs from rates in other posts (if at all). If turnover is higher, then it will be important that the research also investigates the factors that may contribute to this. Therefore the research was also designed to consider the issues that may influence subsequent decisions to stay or leave, including: job/role likes and dislikes/satisfaction, initial motivations to move into the FN/Supervisor role; extent to which the role matches individuals' initial expectations; opportunities and rewards; and sources of any stressors or strains encountered.

The study addresses the following questions:

- Workforce planning
  - What is the range of professional and service backgrounds that FNs/Supervisors come from? What is the age cohort of FNs?
  - How long do FNs/Supervisors stay in post? What is the turnover amongst FNs/Supervisors and why do they leave? How does this compare with other relevant nursing and midwifery professions? Can any trends in turnover be identified?

    - How long do FNs/Supervisors see themselves remaining in their roles?
    - Where do FNs/Supervisors go when they leave? How do FNs/Supervisors who have left the FNP to take up roles in other areas of nursing feel the FNP has helped/hindered them in their new role?
    - What are the levels and patterns of sickness amongst FNs/Supervisors, and how do they compare to other nursing professions and work areas?
- Role and job satisfaction
    - What are the motivations for becoming an FN/Supervisor? How does this vary by professional background and by other factors?
    - What are the key motivations amongst FNs/Supervisors in their decisions to continue working in the role? What factors influence those FNs/Supervisors who may be considering leaving, to stay or go?
    - What do FNs/Supervisors like about their jobs and what do they dislike? How satisfied are FNs/Supervisors with their jobs, and how does this compare with other relevant nursing and midwifery professions?
- Professional development
    - Which nursing backgrounds are more represented amongst FNs/Supervisors? What are the barriers to becoming a Supervisor?
    - How do FNs/Supervisors see their future careers? What support would they like?

1.8 Approach

1.8.1 Methodology

The methodology that was agreed with the FNP NU consisted of the following components:

- An online survey of all FNs and their Supervisors (to include some questions taken from the national NHS staff survey on topics such as job satisfaction, to enable a comparison with the wider nursing and midwifery workforce).
- Focus groups with FNs and Supervisors from six FNP sites (optimal selection of areas to be agreed in consultation with FNP NU).
- Telephone interviews with FNP Senior Leads and managers of child health services.

- Telephone interviews with a small sample of people who have dropped out of training or left FN/Supervisor posts to take up other positions, to explore their reasons for doing so.
- Comparison of FNP NU data with national data on key measures such as sickness absence and nurse turnover.
- Mini case studies/pen portraits of FNs and FN Supervisors based on a short question format asking about their jobs, how they got into them, what they like/what could be improved, and what they feel the future holds for them.

This approach had the benefit of generating quantitative data for the FNs and their Supervisors, which would allow comparisons to be made with existing national data for nursing as a whole; and enabling exploration of any emerging issues through the qualitative components of the work. The work would be contextualised within the wider healthcare environment through the interviews with managers of child health services. Any emerging problems with the roles would be explored through the leavers.

The work was undertaken between April and August 2012.

1.8.2 Activities

1.8.2.1 Survey

An online survey was created after agreeing the questions with the FNP NU, and invitations to participate were issued via emails sent by the FNP NU. Valid email addresses were held for 380 current FNs and 73 of the 75 Supervisors, and Supervisors were asked to pass on the invitation to any newer team members whose email addresses might not be known to the FNP NU. The email contained a site secure link which enabled participants to complete and submit their questionnaires. Several questions within the survey questionnaire were taken from the NHS annual staff survey, and comparison were made between the 2012 FN survey results and the 2011 NHS staff survey results.

1.8.2.2 Focus groups

Six focus groups were undertaken: four with FNs, two with FN Supervisors. Individuals scheduled to take part in a fifth focus group with FNs, which had to be cancelled, emailed in their comments in response to the questions in the discussion guide. A total of 26 FNs took part in the focus groups/emailed responses out of a total of 101 FNs contacted within the four regional clusters and 22 FN Supervisors took part (these Supervisors had attended two development events in London and Leeds, and stayed on to participate in the focus groups).

1.8.2.3 Interviews

Telephone interviews were conducted with:

- Six people who had left after working within the FNP as FNs.
- Nine senior staff with FNP Lead responsibilities.

1.8.2.4 Pen pictures

Telephone interviews were undertaken with seven individuals: three FNs, three Supervisors, and one person who joined the FNP as an FN and then gained a promotion to Supervisor. These interviews formed the basis for 'pen pictures' of FNs and Supervisors.

1.8.2.5 FNP NU and national data analysis

Analysis was carried out on workforce data provided by the FNP NU, and a limited amount of comparison proved possible between this dataset and nationally-available data from the NHS Staff Survey 2011.

1.8.3 Limitations of the research approach

1.8.3.1 Limitations of quantitative components

While the intention was to compare some of the findings from the current survey with parallel data from the National Staff Survey dataset, there was one main problem in undertaking this comparison. The optimal comparator for FNs would be nurse practitioners. However, the data provided from the National Staff Survey is not broken down by grade or finely-delineated staff titles. Therefore the data from the survey of FNs and Supervisors were compared with national data for, firstly, 'all qualified nurses and midwives', and secondly, two sub-sets of this group: 'health visitors' and 'midwives'. This is less than ideal, for three main reasons: firstly, the national data will have included entries from some FNs; secondly, the national data will include entries from nurses employed in lower band jobs than FNs; and thirdly, the average length of service in post for FNs and Supervisors is relatively low due to the Programme only having been in existence in the UK since 2007, while some of the respondents to the national survey will have much longer lengths of service. Therefore, the comparison can only be viewed as approximate.

It might also be commented that a sample of 453 is a relatively small basis from which to extrapolate and/or to compare against a national response rate. However, as this constituted almost the entire population of FNs and Supervisors at that time, provided a reasonable response rate was obtained, then it can be assumed

that the responses are representative of the group. It is possible of course that only the more motivated individuals may have responded. However, inspection of the responses does not point to any significant skew. Responses were received from all of the SHA regions. We also noted earlier the fact that valid emails were not available for all FNs, although this was only the case for a small proportion.

1.8.3.2 Limitations of the qualitative components

It is often commented that there can be a strong bias arising from self-selection in any method involving voluntary participation, and we recognise that the current research is potentially open to such criticisms. In the event, a balance of views was gained: while the great majority of participants in the focus groups were enthusiastic about the posts and the work, there was some representation from individuals who were about to leave, about to reduce their hours, or were grappling with difficult personal situations at work. In addition, the interviews with leavers had been designed to enable us to explore the factors that led people to depart the job, giving the opportunity for negative views to be heard. Perhaps the one part of the work in which we failed to gain a balanced viewpoint was in the interviews with senior leads in Children's Services; in response to the invitation to take part in these interviews we received responses only from those in areas that already had teams of FNs operating. Therefore, we were unable to report the views of those in areas without FN teams in place.

On the whole, though, the messages that came through from the various components of the work were overwhelmingly positive. Mostly, throughout the report we give the majority view; where there was any evidence that some disagreed, we note this.

1.8.4 Structure of the report

This report is structured as follows:

- Executive Summary
- Chapter 1 (this chapter): Introduction
- Chapter 2: Workforce profile
- Chapter 3: Recruitment and training
- Chapter 4: Role
- Chapter 5: Supervision, teamwork and support
- Chapter 6: Workload and well-being
- Chapter 7: Job satisfaction

- Chapter 8: Careers
- Chapter 9: Engagement
- Chapter 10: Words and pictures
- Chapter 11: Conclusions and recommendations
- References.

In addition, there are four annexes that have been provided as separate documents:

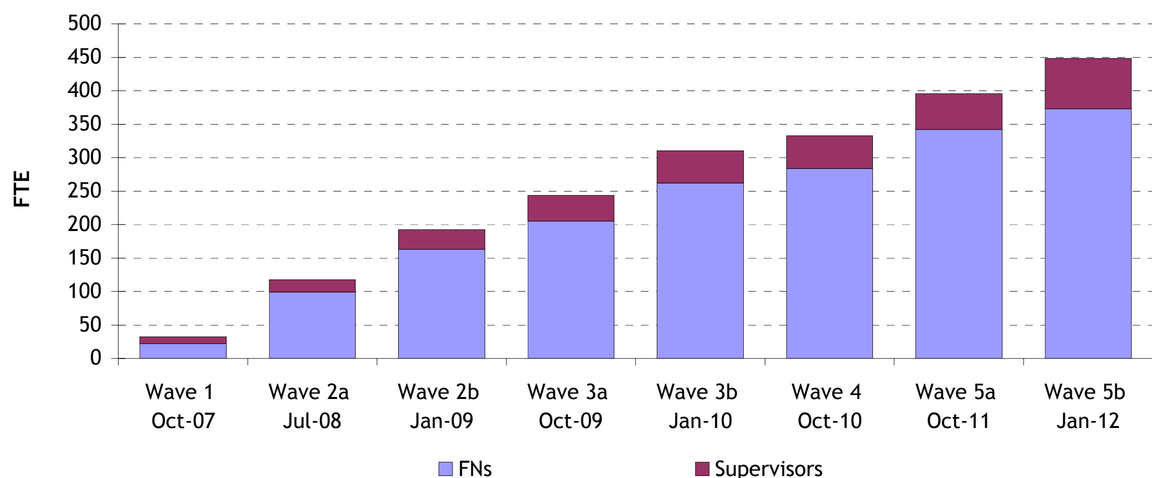
  - Survey annex
  - Focus groups annex
  - Interviews annex
  - Pen pictures annex.

2 Workforce Profile

2.1 The FNP workforce: posts

To date, the FNP Programme has been introduced in five 'waves' between April 2007 and January 2012, although waves 2, 3 and 5 have each had two parts (eg 2a and 2b). The growth in the number of FN and Supervisor posts is shown in Figure 2.1, while the geographic distribution of these posts is detailed in Table 2.1.

Figure 2.1: Growth of the FNP Programme: number of posts by wave



Source: FNP National Unit

Table 2.1: FNP posts (full-time equivalents) at January 2012: geographical distribution

Health region	FNP sites	Supervisor posts	FN posts
East Midlands	Leicester City, North Lincolnshire and NE Lincoln, Derby City 1, Derby City 2, Derbyshire, Nottingham City 1, Nottingham City 2, Northamptonshire	8	40
East of England	Cambridgeshire, Great Yarmouth and Waveney, South East Essex, Peterborough, Norfolk, Hertfordshire	6	30
London	Southwark, Tower Hamlets, Islington, Lambeth, Ealing, Waltham Forest, Lewisham, Barking and Dagenham, Croydon, Haringey, Hounslow, Hammersmith and Fulham, Barnet	13	58
North East	Sunderland, Durham and Darlington 1, Durham and Darlington 2, Tees North, Tees South, Gateshead and South Tyneside	6	34
North West	Manchester 1, Manchester 2, Liverpool, Blackpool, Wirral, Cumbria, Knowsley, Ashton Leigh and Wigan, Bolton, West Cheshire	10	47
South Central	Milton Keynes, Portsmouth, Berkshire East, Southampton, Oxfordshire	5	27
South East Coast	East Sussex - Hastings and Rother, East Sussex - Eastbourne, Eastern and Coastal Kent, Medway, West Sussex	5	25
South West	Cornwall, Plymouth, Swindon	3	17
West Midlands	Birmingham South, Birmingham East and North, Warwickshire, Walsall, Stoke on Trent, Coventry, Sandwell, Telford and Wrekin	8	46
Yorkshire and the Humber	Barnsley, Sheffield, Calderdale, Hull, Leeds, Doncaster, Kirklees, Bradford and Airedale, Rotherham, Wakefield	10.5	50
Total		**74.5**	**374**

Source: FNP National Unit

2.2 The FNP workforce: in post

The FNP NU holds a database containing information about FNs and Supervisors: personal details, qualifications, previous experience, and (if relevant) reasons for leaving and returning. In addition to this the FN survey collected biographical and job details from respondents. These two data sources have been used within this chapter, with some comparisons with nationally-available data. Further

breakdowns of the survey data can be found in the survey annex within the appendices.

2.2.1 Biographical details

At the time point at which the latest data extraction from the FNP NU database occurred (October 2012), records existed for 272 FNs and 63 Supervisors, a total of 335 people from Waves 1 to 5. Comparison with the number of posts (Table 2.1) suggests that a considerable number of FNs and Supervisors (those from Wave 5B and from sites that had expanded in October 2012) had not yet submitted their personal and job details to the FNP NU database. Table 2.1 shows that there were 374 FN posts and 74.5 Supervisor posts at January 2012. The fractional posts in some sites mean that the likely number of individuals in post was at least 450 (375 FNs and 75 Supervisors). In turn this suggests that the FNP NU database was missing records for around 77 FNs and 12 Supervisors.

The personal details (gender, age and ethnicity) of those who are on the database are contained in Table 2.2, which shows that the workforce is predominantly female (98.5%) and white (92.7%). The age profile for FNs shows that half (50.0%) of the nurses are in the 40 to 49 age group; just over a quarter (28.3%) are aged 50 to 59; and just over a sixth (16.3%) are aged between 30 to 39. A small number (4.1%) are aged between 21 and 29; and just 1.7 per cent are aged 60 and over. Nearly half of all Supervisors (47.5%) are in the 40 to 49 age group, too. As might be expected, on average Supervisors are older than FNs; over one-third (41.0%) are in their 50s, and just eight per cent are under 40.

The age profile of FNs and Supervisors is older than the national qualified nursing and midwifery workforce in September 2011, of whom 55.3 per cent were under 45, and 44.7 per cent were 45 and over (Health and Social Care Information Centre, 2012). However, the national age profile of qualified health visitors in September 2011 was much closer to the FN workforce age breakdown: 31.0 per cent under 45, and 69.0 per cent 45 and over (Health and Social Care Information Centre, 2012).

A national comparison taken from the Labour Force Survey suggests that the FN workforce is less ethnically mixed than the general workforce of nurses and midwives, of which 82 per cent are white, ten per cent Asian, six per cent black and three per cent mixed/other. However, there is a closer match with the health visiting workforce as at September 2011, of whom 89 per cent were white and 11 per cent minority ethnic (NHS Information Centre, 2012).

Table 2.2: The FNP Workforce: personal details

	FNs		Supervisors		All	
	No.	%	No.	%	No.	%
Gender						
Female	279	98.9	59	96.7	338	98.5
Male	3	1.1	2	3.3	5	1.5
Age group						
21-29	14	5.0	0	0.0	14	4.1
30-39	51	18.1	5	8.2	56	16.3
40-49	141	50.0	29	47.5	170	49.6
50-59	72	25.5	25	41.0	97	28.3
60-69	4	1.4	2	3.3	6	1.7
Ethnicity						
White	261	92.6	57	93.4	318	92.7
Asian	2	0.7	1	1.6	3	0.9
Black	19	6.7	2	3.3	21	6.1
Mixed	0	0.0	1	1.6	1	0.3
Total	282	100	61	100	343	100

Source: FNP National Unit

At the time point at which the FNP NU invited participation in the FNP survey (24 May 2012), email contact details were held for 453 individuals. The survey received 307 responses in total (including partial responses), representing an overall response rate of 68 per cent. Of this total, approximately three-quarters were FNs and one-quarter Supervisors (see Table 2.3). All of the Supervisors for which the FNP NU held email addresses responded (100%) and just under two thirds (61.6%) of FNs responded.

Table 2.3: Job role of survey respondents

Job held	No. in staff group	No.	As a % of staff group	As a % of all survey respondents
FN	380	234	61.6	76.2
Supervisor	75 (73*)	73	100	23.8
All respondents	420	307	73.1	100.0

Source: FN survey 2012

** note that FNP NU only held valid email addresses for 73 of the 75 supervisors*

Only one respondent was identified as male, although eight respondents did not provide information on their gender (see Table 2.4).

Table 2.4: Gender breakdown

		Female	Male	Unanswered
FN	No.	229	0	5
	%	100.0%	0.0%	2.1%
Supervisor	No.	69	1	3
	%	98.6%	1.4%	4.1%
All respondents	No.	298	1	8
	%	97.1%	0.3%	2.6%

Source: FN survey 2012

2.2.2 Leavers

The data indicate that in total some 68 people (59 FNs and nine Supervisors) had left their jobs since the Programme's inception in April 2007, giving a cumulative turnover rate for five years of 20 per cent, or roughly four per cent a year. It is difficult to work out a more accurate rate due to the way in which the FNP has been set up in waves, and the fact that precise starting and leaving dates are not always entered on the database. This rate compares with an annual turnover within the NHS more widely for the year ending November 2011 of 7.8 per cent (Health and Social Care Information Centre, 2012).

However, of those 68 who had left FNP jobs, five of the FNs had left to take up another FN post at a different site, so had stayed within the FNP Programme, while around half of the remaining 63 leavers had stayed within the NHS: 18 left to work in another specialist area, 11 returned to universal services, and two left to pursue additional training. The destinations of a further 20 are not known: five indicated that they had left the FNP because they had moved away from the area, five had moved to a new site, five had left due to not being able to work as an FN because of family commitments, and five had left because they felt the FNP was not meeting their personal or professional standards. It is possible that some or all of these may have subsequently taken up new posts in the NHS. The residual 17 appear to have left the NHS, for reasons of maternity, sickness, retirement, or leaving nursing, although it is possible that some of these might return after a career break.

2.3 Job details

The majority of survey respondents worked full time. A higher proportion of Supervisors were on full-time contracts (nine-tenths), compared with over four-

fifths of FNs (see Table 2.5). The Labour Force Survey shows that 64 per cent of nurses and midwives overall work full time, and 36 per cent part time, suggesting that part-time working may be less common within the FNP than in nursing and midwifery generally.

Table 2.5: Full time or part time

		Full time	Part time	Unanswered
FN	No.	197	36	1
	%	84.2%	15.4%	0.3%
Supervisor	No.	66	7	0
	%	90.4%	9.6%	0.0%
All respondents	No.	263	43	1
	%	85.7%	14.0%	0.3%

Source: FN survey 2012

Over three-quarters of respondents were employed on permanent contracts, but a higher proportion of FNs was employed on fixed-term contracts than were Supervisors (see Table 2.6).

Table 2.6: Type of contract with employing organisation

		Fixed term	Permanent	Unanswered
FN	No.	55	174	5
	%	23.5%	74.4%	2.1%
Supervisor	No.	9	61	3
	%	12.3%	83.6%	4.1%
Total	No.	64	235	8
	%	20.8%	76.5%	2.6%

Source: FN survey 2012

2.4 Conclusions

The surveys received a good response rate. The modal age of both nurses and supervisors was 40-49, most likely reflecting the extent of experience required in recruits, and closely matching the national age profile for health visitors. There was less ethnic diversity in the two work groups than in the wider nursing and midwifery professions but again the ethnic profile was similar to that for health visitors.

3 Recruitment and Training

This chapter focuses on firstly, eligibility for the roles; secondly, attraction to the FN role; and thirdly, preparation for the role, specifically FNs' and Supervisors' experiences of the learning Programme.

3.1 Eligibility

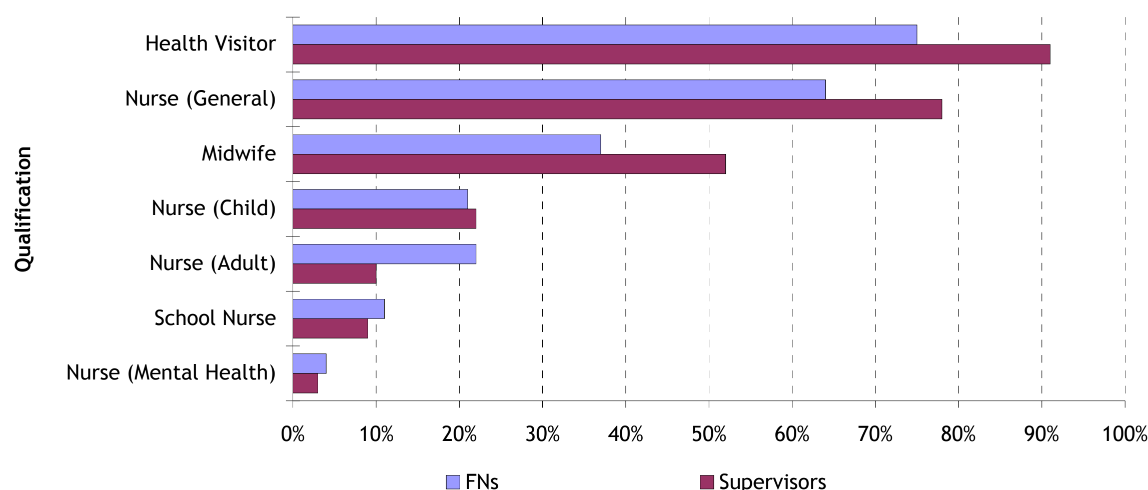
The Core Model Elements for FNP FNs require nurses to be registered with the Nursing and Midwifery Council (NMC), be educated to degree (or equivalent) level and to meet the person specification for a FN. Each team can draw up their own person specification. Similarly, Supervisors are also required to be registered with the NMC, be at least equivalent in education and training to FNs and preferably educated to masters level.

3.1.1 Qualifications and experience

The nursing and midwifery qualifications held by FNs and Supervisors on the FNP NU database are presented in Figure 3.1. This shows that the most frequently-occurring qualification among FNs and Supervisors is that of Health Visitor (certificate or degree), followed by Nurse (General), Midwife, and Nurse (Child). Many FNs and Supervisors have multiple qualifications.

Analysis of the data relating to previous experience indicated that almost all of the workforce (99 per cent of FNs and 97 per cent of Supervisors) have experience of working in the community, and most (69 per cent of FNs and 72 per cent of Supervisors) are experienced in working with teenage parents. Fewer (11 per cent of FNs and 22 per cent of Supervisors) have experience within the Child and Adolescent Mental Health Services, while only a small number (two per cent of FNs and five per cent of Supervisors) are experienced within Named Nurse Safeguarding.

Figure 3.1: Family Nurses and Supervisors: Nursing and Midwifery qualifications[3]



Source: FNP NU database

Table 3.1 shows the breakdown of qualifications amongst respondents to the survey. It can be seen that nearly half of Supervisors held masters' degrees or higher; fewer of the nurses, just 12 per cent, held a post-graduate award.

Table 3.1: Level of academic qualification

		Diploma	First degree (eg BA, BSc)	Masters degree (eg MA, MSc) or higher (eg PhD)	Unanswered
FNs	No.	34	164	28	8
	%	14.5%	70.1%	12.0%	3.4%
Supervisors	No.	6	24	35	8
	%	8.2%	32.9%	48.0%	10.9%
All respondents	No.	40	188	63	16
	%	13.0%	61.2%	20.5%	5.2%

Source: FN survey 2012

Table 3.2 shows the employment background of respondents immediately before entering the FNP role. The data reveal that the great majority of FNs were from a health visiting (50.5% overall) or midwifery (13.6% overall) background. Other previous roles included community nurse and mental health nurse. Most of the Supervisors had a similar background, but in addition typically had either team-leading, supervisory or management experience. A few had come from a clinical education background.

[3] Note: One FN was qualified as a Nurse (Learning Disabilities)

Table 3.2: Last job setting before FNP

		Sure Start/ children's centre	Hospital (midwifery)	Community (midwifery)	Community (health visiting)	Community (school nursing)	Community (other nursing)	Other/ unanswered
FNs	No.	18	7	29	126	16	11	27
	%	7.7%	3.0%	12.4%	53.8%	6.8%	4.7%	11.6%
Supervisors	No.	9	2	4	29	0	9	20
	%	12.3%	2.7%	5.5%	39.7%	0.0%	12.3%	27.4%
Total	No.	27	9	33	155	16	20	12
	%	8.8%	2.9%	10.7%	50.5%	5.2%	6.5%	3.9%

Note: 'other' includes hospital nursing, primary care, residential care, other and missing.

Source: FN survey 2012

The great majority of FNs (67%) and Supervisors (73%) who responded to the survey had at least twenty years experience.

3.2 Attraction

The survey asked FNs and Supervisors what had attracted them to the FNP Programme. For FNs, the two most cited attractions had been 'making a difference' (a third said this) and 'continuity of care/structured Programme' (38% said this). For Supervisors, while 'making a difference' was mentioned by 37 per cent, the ethos and principles of the Programme had been the attraction for the majority (60%). The role and job content had also been an attraction for many Supervisors (35%).

Table 3.3: What attracted FNs and Supervisors to the FNP

	FNs		Supervisors	
	No.	%	No.	%
Making a difference	74	33.3	24	36.9
Client/patient base	92	41.4	15	23.1
Continuity of care/structured Programme	85	38.3	7	10.8
Ethos and principles of FNP	66	29.7	39	60.0
Job satisfaction	14	6.3	3	4.6
Job content/role	36	16.2	23	35.4
Career progression/development	6	2.7	6	9.2
New challenge	14	6.3	4	6.2
Training/learning	15	6.8	3	4.6
Supervision	6	2.7	3	4.6
Autonomy	2	.9	0	.0

	FNs		Supervisors	
	No.	%	No.	%
Other comments/not relevant	1	.5	0	.0

Note: Multiple response option means that percentages sum to > 100 per cent.

Source: FN survey 2012

In the focus groups, the FNs mentioned that having a structured Programme to work around, and the fact that the Programme is evidence based, were both attractions. Also, they liked the fact that '*you get to see the results*' even if it may take a while '*for your efforts to pay off, perhaps two years, until they [the clients] graduate perhaps*'. For some, being able to be part of the testing and the development process was an attraction too.

During interviews with leavers, interviewees referred to the role being a good match for their experience and skills, and to wanting to take their existing roles further:

> *Previously, I'd been a health visitor for 13 years and a community matron for five. I thought it would pull together both roles. Working with young mums – I had a feeling it could make a difference.*

> *I was looking for a change from being a generic health visitor. I wanted to specialise.*

Most of all, though, the FNs referred to the relationship building, the continuity and the fact that in this role they were able to do the sorts of things that they had anticipated being part of their previous roles:

> *It's the relationship building, because it's increasingly difficult to get to know families as well as you should. To have that relationship for two years is really special.*

> *It lends itself to a therapeutic relationship, a new way of thinking, the length of time working one-to-one with clients gives more opportunity to effect change.*

Many of the FNs had come from a background in health visiting. They had been attracted to the role because they felt that the new posts allowed them to do the sorts of things for which they had been trained as a health visitor but had then been unable to put into action:

> *It allows you to use the skills you learnt as a health visitor. The health visitor training prepares you for this but you couldn't really do it as health visitor.*

> *Being able to build up relationships. Health visiting was becoming too shallow and prescriptive.*

> *It was like a vision of how I wanted to work with young people. Health visiting wasn't doing it for me. You can get closer to the clients with FNP.*

Another FN who had come from a midwifery background made similar comments. She had heard about the FNP while working as a teen pregnancy midwife. The

aspect of the midwifery job that she had really liked was the continuity, but the job was 'becoming less and less like that…The midwife job just had less and less of the aspects that I liked.' She had liked working with young clients, so the client group for the FNP Programme had been a further factor which had particularly attracted her. This was echoed by a 'leaver' interviewee:

> *When I first did midwifery, I had my own caseload and loved it. I had continuity with around 40 clients a year. There were different aspects to the role – hospital, community, home births – with lots of autonomy. When I heard about the FNP, I thought it sounded really cool. I liked the idea of working with teenagers and having continuity.*

In the focus groups it emerged that many of the Supervisors had been to the talks given by Kate Billingham (Director for the Family Nurse Programme at the Department of Health) when the Programme was first introduced and this had played a significant role in influencing their decision to apply for Supervisor positions. In particular the vision set out for the FNP had made many Supervisors immediately decide that 'that's the job for me.' In addition, the fact that the FNP was a national Programme had been a real attraction for Supervisors too, and the fact that it constituted a transition from their previous role. Although most of the Supervisors had previously held some form of management, team leading or teaching position prior to taking on the FNP post, the Supervisor position was 'very different'.

> *I previously managed 60 people, now I manage just four, but it's the intensity of the Supervisory role that is very different.*

> *I would not have gone into a management role in my previous job, that style of management was not what I wanted, but this is what I wanted in terms of career development.*

A 'pen picture' interviewee agreed that the attraction of the role was in part its difference from 'normal' managerial jobs:

> *The Supervisor role is different from being a team leader. The team is smaller, but you're the budget-holder and the manager. It combines the supervisor and line manager role. As a Supervisor, you have a restorative as well as a safeguarding and clinical role. You also have a senior management role for your organisation, outside the Programme.*

The Supervisors agreed that what they particularly liked about the Programme was the '*whole concept of early intervention work*' and '*this is what it's all about*'. As with the FNs, those Supervisors who had come from a heath visiting background felt that the FNP Programme allowed them to do what health visiting had originally involved.

> *There's something in us that passionately wants young parents to get it right. That's quite a driving force, belief in the Programme and belief that society wants us to get it right. And helping the young person to get it right is so much more cost-effective than leaving them to get it wrong.*

I could see that the Programme would make a massive difference and I had been a health visitor for so long and it [health visiting] seemed to just be depleting, and the FNP seemed to be more like what health visiting should be like.

One Supervisor said that she went home '*feeling I've done something worthwhile*' and there was general agreement with this. The work is very satisfying but also very tiring: '*emotionally exhausting*' was one expression used.

Another aspect of the role that the Supervisors liked was the fact that, although they were in a managerial position, the role still included clinical work:

It's good being able to have clinical input, that's a big carrot!

The thought that you'd have a team that you could develop in this way and have a clinical caseload.

However, Supervisors felt that more information about the job and the Programme could be made available to potential applicants for Supervisor positions. While those who had joined more recently said that it was easier now to access information about the Programme, nonetheless '*in terms of access to info about the Supervisor role you have to talk to a Supervisor*'.

3.3 Training Programme

In general, the learning Programme is very structured, with inputs at set intervals and in a logical order that unfolds as FNs and Supervisors get to grips with their roles and with the different stages their clients have reached. Much of the learning is team based and led by the Supervisor using work books developed by the FNP NU and includes a significant amount of skills practice. The remainder of the learning is delivered by the FNP NU, with some of the courses being residential. The programme has evolved somewhat since 2007 and so the different waves of family nurses have received slightly different learning inputs, which may impact on their views of the learning programme. Table 3.4 gives a summary of the latest version of the National Learning Programme.

Table **3.4**: Summary of the FNP National Learning Programme for FNs and Supervisors

Component	**When**	**Participants**	**Led by**	**Length**
Supervisor training	Prior to appointment of nurses	Supervisor	FNP National Unit	3 days residential
Preparatory learning materials 'Getting Started With FNP'	Prior to 1st residential training of nurses 'FNP in pregnancy'	Supervisor and family nurses - using FNP materials distributed to supervisors at their initial training	FNP supervisor	5 days in team (including team building and local orientation activities)

Component	When	Participants	Led by	Length
FNP in pregnancy	Prior to enrolling families	Supervisor and family nurses	FNP NU	5 days residential
Learning needs assessment and ‘FNP in pregnancy consolidating the learning’ team learning pack	Post pregnancy training	Supervisor and family nurses	FNP supervisor, with identified learning required provided locally	As required based on the needs of each nurse
Team based training ‘Getting Started With Data’	2 weeks after pregnancy training	Administrator, supervisor and family nurses	FNP supervisor	12-15 hours in team
Supervisor themed learning days	Begins 4/ 6 weeks after pregnancy training	Supervisors	FNP NU	1 day, monthly
Safeguarding supervision training	6/7 weeks after pregnancy training	Supervisors	National experts with FNP NU	2 days residential, 1 day self study, 1 day
Core communication skills training	4/6 weeks post pregnancy training	Family nurses and supervisors	FNP NU	1 day
Team based learning pack - communication skills	To begin following face to face training	Family nurses and supervisors	FNP supervisor	0.5 days x 4 in team
Preparation for infancy training – team based learning pack	1 / 2 weeks prior to infancy training	Supervisor and family nurses	FNP supervisor	3 days in team
Training in FNP infancy programme (including PIPE)	Before babies born (12 weeks after pregnancy training)	Family nurses and supervisors	FNP NU	5 days residential
PIPE team consolidation learning pack	2/3 weeks after infancy training	Family nurses and supervisors	FNP supervisor	2 days in team
Communication skills /MI development	6 weeks after 1st comm. skills training	Family nurses and supervisors	FNP NU	2 days residential
Second Communication skills and MI team learning pack	2/3 weeks following communication skills training	Family nurse and supervisor	FNP supervisor	Half days, on going
Team based learning ‘Getting Started With DANCE’	6/8 weeks after infancy	Family nurses and supervisors	FNP supervisor	3 days in team
DANCE training	7/8 weeks after infancy	Family nurses and supervisors	FNP NU	3 days residential

Component	When	Participants	Led by	Length
DANCE consolidation	Immediately following DANCE training	Family nurses and supervisors	FNP supervisor	3 days in team
Training in toddlerhood programme	Before babies reach 12 months	Family nurses and supervisors	FNP NU	2 days residential
Consolidation for toddlerhood	Immediately following the Toddler training	Family nurses and supervisors	FNP supervisor	2 days in teams
Extending practice workshops	Commencing 12 months into programme delivery for Family nurses, 6 months into delivery for supervisors	Family nurses and supervisors	FNP NU	1 day at 4/6 monthly intervals

Source: FNP Management Manual March 2012

3.4 Views about training

The survey asked respondents three questions about the training they received on the Programme. In general, responses were very positive, falling between agree (4) and strongly agree (5) and indicating that FNs and Supervisors feel that the training had prepared them well for the role and that they had good access to further development to help them improve their practice. Supervisors gave slightly more positive responses than FNs across the three training statements, but all responses were positive and the differences between the two groups were small (see Table 3.5).

Table 3.5: Views on training

		FNs	Supervisors	All
The specialist FN training I have received has prepared me well for my role	Mean	4.30	4.43	4.33
	No.	200	61	261
I have good access to continuing learning and development opportunities	Mean	4.14	4.44	4.21
	No.	200	61	261
The continuing learning and development available to me is helping/will help me to improve my practice	Mean	4.20	4.43	4.25
	No.	198	61	259

Response scale: 1 strongly disagree, 2 disagree, 3 neither agree nor disagree, 4 agree, 5 strongly agree

Source: FN survey 2012

The focus group participants were extremely positive about the training. They had found both quality and content to be extremely good:

> *The training is outstanding, really, the quality.*

I felt quite wowed by the pregnancy training, having not had much opportunity to do training for a while as there was very restricted funding. I felt like I learnt so much. Especially pregnancy, it was exceptional.

Leaver interviewees were similarly positive:

The training was brilliant! It was fantastic, incredible, so good. It taught me ways of working that I'd never come across before. I use motivational interviewing a lot now, eg with patients who are non-compliant. It's fantastic.

Yes, we were definitely prepared well for the role ... It was a huge learning curve. It was amazing – I thought, wow, this is going to be fun! It was brilliant.

We sought feedback on ways in which the training could be improved. While some felt that certain parts of the training could be improved, generally there were only a few suggestions for things that might be added to the current training content:

It could do with a bit more on child development, in terms of helping them to influence the parents, input on emotional and cognitive as well as physical. There's a bit of a gap. The compassionate minds module covers [child development] but you need simple stuff that you can share with the families, in a format that's accessible.

The thing about keeping clients on board and engaged has been difficult. It would be good to have more on that in the training initially.

It's the engagement with clients [that needs more input]. Also, preparing for visits. You can spend an hour preparing for three or four visits.

More help with relationship working as this is a big part of the job.

And some of the training, PIPE, you come to early on … PIPE is more important than facilitation. There needs to be more emphasis on this because you can't get it from books, as you can the other stuff.

I liked the infancy training but I do think there's an issue with the PIPE training. That could have been better.

PIPE and the touchy feely stuff needs more input, we've struggled a bit, we now do a lot on this in our team meetings.

The pregnancy training – some people thought there would be more around the physical aspects, those not from a midwifery background, there wasn't anything in it to help them.

Mainly, though, any criticisms tended to focus on the timing, the intensity and the fact that the training sometimes did not fit in well with the activities in which people were involved at the time. There were accounts of individuals feeling quite shocked by the pace and suggestions that more time should be built in to allow for the consolidation of knowledge and practising of skills:

You'd only just done pregnancy and then it was on into infancy, while still trying to grasp the first bit.

You could hear panic in their voices [the other FNs] as they could not put it into practice.

It's fast and furious, it's at the same time as you are recruiting clients. The training was a bit out of synch with the issues we were dealing with. It could be spread out a bit so that it 'followed the journey.

The first wave training had been even quicker, it's now been expanded, more spread out. But there's not enough consolidation time. Newer nurses are supposed to have one week's consolidation time to let them look at [reflect on] what they've learnt…you do get bombarded and you need time to consolidate and reflect. It's good to have time to go back and ask, 'can I just clarify?'

What's frustrating is that initially you do loads and loads of training and then after that you hardly get anything. There's initially a lot of social networking too, but then it stops and you really miss it. It would be good if there could be something like the buddy days, just talking about what people are doing.

The FNs were asked if they had any recommendations on this point. One recommendation was to have top-up sessions perhaps every six months. In particular, they felt that when there are changes to the curriculum it would be good to have a session to help them understand how and why those changes had been made. It was suggested that these could be delivered regionally or perhaps more locally. They thought that these workshops could either be one whole day every six months, or else perhaps two half days. In addition, several suggested having either a mentor or buddying arrangement:

Initially we had a buddy from the USA and it was nice being able to run things past someone.

The location of the training had caused some problems, not so much the fact that it had been at a distance from their own site but because in some cases the location of the training had involved quite complex travel arrangements. Also, the week-long residential sessions had been difficult for FNs with children:

It's hard when you have children, leaving them for a week. The only way I'd change it is if it could be made more local but I realise there are people coming from all over.

A leaver interviewee commented on the difficulty of having to do so much travelling for training:

…going round the country for meetings/training, and having workshops in London, was a bit of a pain…

The Supervisors also commented on the problems caused by the training for their staff. They said that a few of the FNs had not realised how much residential training there would be and some candidates had apparently withdrawn their applications because of the extensive residential requirement. The Supervisors felt it was '*a big ask*' for FNs with children.

The fact that the residential training had taken place so early on had caused challenges for some. The FNs said there had been a sense that some of the training was rather too intense, and the requirement to be immersed in the training for up to a week at a time was '*a bit like being in a cocoon*'.

Amongst the Supervisors, one said that she believed that the extent of the training they would be required to undertake in the first year had not been made clear when she had been interviewed, and similarly her FNs have been '*shocked and horrified*' by this too. However, in common with the comments from the FNs, all the Supervisors felt that the training had been very good, although some did not like the residential session.

Again the issue of having to travel quite long distances for the training was raised. They assumed that this was largely attributable to the FNP still being in its early days, and that as the FNP grows it should be more feasible to run the training in the regions. Some of the Supervisors had found that at times the training simply added another stressor to an already quite long list:

> *There was a point in December when it was very intense and I was trying to manage annual leave amongst my staff and get going with clients and it was very difficult [to fit in the training too]. It's not the training arrangements that are the problem, it's the location.*

In keeping with the views of the FNs, the Supervisors were generally very complimentary about the training:

> *The training has been fantastic. The training is of a consistently high standard and it gives you what you need when you need it. It's well thought through.*

One Supervisor suggested there was a need for the events to continue on a regular basis:

> *Every so often I need a 'top up'. You need the FNP events to 'get it' again, it's like being plugged into a battery charger. The regularity of the events is important and it's important the frequency isn't diluted.*

As with the FNs, the Supervisors raised the issue of needing some time to reflect, again mentioning the fact that they had been simultaneously establishing the team and trying to keep up with the training:

> *You usually have Supervisor training and then two to three months before recruiting the team. But there was just something about the supervision, something about the cycles and then straight into the pregnancy training, I wonder if there's something like management training as well that might have helped. I might have fared better than others because of my previous management work.*

That Supervisor pointed to the possibility of adding a component to the training that would focus on management. However, on being asked if anything should be added to the training Programme, the initial response of one of the groups of Supervisors had been '*God no!*' They felt the training was already quite extensive and the idea of

even more being added to the Programme filled them with alarm. However, the group did eventually identify some issues that could do with more attention:

> *Well, perhaps. The last time we did training on teams it was painful. You need something on team dynamics as a more integral part of the Programme from the start. Otherwise it can be a toxic topic. Plus you need to be made aware of how emotional the work is and how it may impact on them, self-awareness.*

Some of the Supervisors thought that the training groups had been too big, '*groups of ten or twelve are too intimidating*'. One said that '*some of the nurses were in meltdown*'. Smaller groups for training were generally viewed as better.

There had been one session early on when one of the other [earlier wave] teams had come in '*and did a vaguely disturbing presentation, there was crying, they said how they all went out as a team in the evenings, the clients ring us when we're on holiday …*' This was felt to have given a very bad impression to their own FNs:

> *In a training session you expect people to be professional and I thought this was a bit scary and not helpful and I spoke to my nurses about how we were not going to be like this.*

> *…. and it was against the stuff we'd done on maintaining boundaries.*

However, this issue had apparently already been resolved. The Supervisors had fed this information back to the FNP NU and believed that their comments had been heard and acted upon.

3.5 The senior perspective on recruitment and training

Interviews were conducted with several senior FNP Provider Leads. Their job titles included Head of the Healthy Child Programme in a Community NHS Trust; Head of Universal Children and Families Services and Children's Business Unit Lead in a Community Healthcare CIC (a social enterprise); the Assistant Director, Universal and Safeguarding Children's Services, an NHS Trust; and Pathway Lead, Pregnancy and Early Years at a Partnership NHS Foundation Trust. Nine interviews were undertaken in total. The interviewees offered reflections about the positioning of the FNP within wider universal services:

> *There were some concerns re. how it would fit in with health visiting … The problem is whether you create an elite service ... Higher paid, smaller caseload, it created some tensions … We now need to look at how to integrate into the healthy child pathway and be part of the overall health visiting service.*

> *There is an element of suspicion when these things come along – a gold service versus Cinderella.*

> *There's a conference coming up about child poverty, and there's been a (symbolic) issue around where the FNP stand should be – with Health Visiting or with the LA service for troubled families? In the end we've put the stand in between the two.*

These senior leads also commented that there had been anxieties around other services suffering due to good people being recruited into the FNP, especially from health visiting:

> *We do have an issue with universal services, because we're seen as 'stealing' their best health visitors and midwives, especially health visitors. They're training more but need to train a lot more to get up to speed with their target expansion. They worry about the FNP expanding.*
>
> *It's health visitors and midwives who apply … The FN recruitment has presented a challenge with health visitor recruitment.*
>
> *Initially, budgets were very tight so there were some anxieties among health visitors that some health visitor posts might be lost. Now, with the planned uplift in health visitor numbers, this isn't such an issue.*
>
> *No, other services haven't suffered ... More of an issue for us has been the need to do a massive recruitment of health visitor students.*

In the early days recruitment to the FN and Supervisor roles had not been easy. However, as understanding of the roles had grown, the later waves had attracted larger fields of suitable applicants:

> *At first, [recruitment] was very hard. health visitors were against it and were worried that their jobs would be taken over. Now, it's easy. We had 69 applications for the last Supervisor post and 60 applications for the FN posts.*
>
> *Nurses [have been] fairly easy [to recruit] because it's band 7 and a lot of health visitors have been interested ... The band 7 attracts them and the initial thoughts about the small caseload although it is quite intense.*
>
> *FNP posts (they're band 7) are seen as the top of the tree in the clinical sense. They're for people who really want to hone their skills.*

The senior leads were very clear that the FNP roles were 'different', and required particular skill sets:

> *We try to fit the nurse to the post. They need warmth as well as skills. Young people [here] are involved in the interview process.*
>
> *It's not for everyone – it's very different from mainstream Health Visiting.*
>
> *You need a good, strong Supervisor. It's quite difficult to get exceptionally good clinical people who can also do team-working well, and manage a team. For FNs, you need experienced, thoughtful clinicians. It's a highly complex Programme, you're balancing a lot of things at the same time. It's deeply therapeutic work, in someone's home, looking at the mother and baby in context. There's a requirement for lots of emotional intelligence and self-awareness, because the work is deeply challenging. Warmth and curiosity are also important, and the ability to pick up on cues.*

As most of these senior people had been instrumental in the introduction of FNP teams in their areas, their support for the Programme is unsurprising. However, their degree of enthusiasm was marked:

Changing the world, one baby at a time – this is what it's all about.

If I'd still been a health visitor, it's a job I'd have liked!

I and my manager are both health visitors and felt this was just the best thing, it was why we'd come into Health Visiting. It's evidence-based, you could say why early intervention was so important. It's absolutely what health visitors do.

They praised the FNP training, using very similar terms to those used by FNs and Supervisors. They were very aware of the intensity of the training, and the fact that people had to be away from their homes.

The training is fantastic. They all speak highly of it. They don't take any short cuts – they commit the time to do all the practising etc. It equips them well for a very demanding role. The training itself is emotionally demanding – they're away from home, with lots of new information and difficult subject-matter.

Yes, it really hits the spot! I have personal experience of the extremely high calibre and quality of the trainers …The training is intense, which feels right for the intensity of the work.

One senior lead felt that the Supervisor role was particularly difficult, and that Supervisors required more support, via training, for the many 'hats' they would have to wear:

The difficult bit is around the Supervisor/management role. You're all in it together as part of the team for training, then you have to start managing – it's very difficult for them. The Supervisor needs supporting from the start with this.

3.6 Conclusions

FNs and Supervisors were unanimous in their praise for the content of the learning programme, and this was echoed by the senior leads. There were only a few suggestions for additional content; where there were more concerns was in relation to the timing, intensity and location of the training events. Nonetheless FNs and Supervisors recognised that it was to some extent inevitable that in the early days of an initiative the relatively small numbers of staff, distributed widely across the country, would necessitate people travelling to centrally-located training sessions. There were too few individuals in post to render more localised training cost-effective.

The extended nature of the residential sessions had caused some problems for staff with children. Indeed, some Supervisors had had candidates withdraw when they heard of the extensive nature of the training sessions. As numbers grow it may be possible to arrange more local sessions, which in turn may obviate the need for

overnight stays, making the sessions more accessible for those with children. However it remains a possibility that the residential aspect is a core part of the team building process. If that is the case then the residential requirement may have to stay in place. If so, then it would be advisable for Supervisors to make this requirement clear in the initial information provided to potential applicants.

4 The Role

This chapter covers the perceptions of FNs and Supervisors about their role, specifically the degree to which they are clear about its purpose and objectives, and any mismatch between expectations/preparation and reality. It also includes their views about the wider understanding of the role – by their employing Trust and by other health and social care professionals. In addition, the chapter explores the extent to which FNs and Supervisors feel that they are valued in their role.

4.1 Role clarity

Respondents' feedback on role clarity, involvement and feedback was generally very positive. Most evident was that both FNs and Supervisors felt that they had clarity around the goals and objectives for their jobs and were aware of their work responsibilities (see Table 4.1). FNs appear to get clear feedback about their performance, Supervisors less so.

Table 4.1: Role clarity, involvement and feedback

		FNs	Supervisors	All
I have clear, planned goals and objectives for my job	Mean	4.37	4.44	4.39
	No.	207	63	270
I do not have trouble working out whether I am doing well or poorly in this job*	Mean	3.46	3.60	3.49
	N o.	206	63	269
I am involved in deciding on changes introduced that affect my work area/team	Mean	3.94	4.16	3.99
	N o.	205	63	268
I always know what my work responsibilities are	Mean	4.33	4.30	4.32
	N o.	205	63	268
I am consulted about changes that affect my work area/team	Mean	4.01	4.06	4.02
	N o.	205	63	268

		FNs	Supervisors	All
I get clear feedback about how well I am doing my job	Mean	3.95	3.62	3.87
	N o.	206	63	269

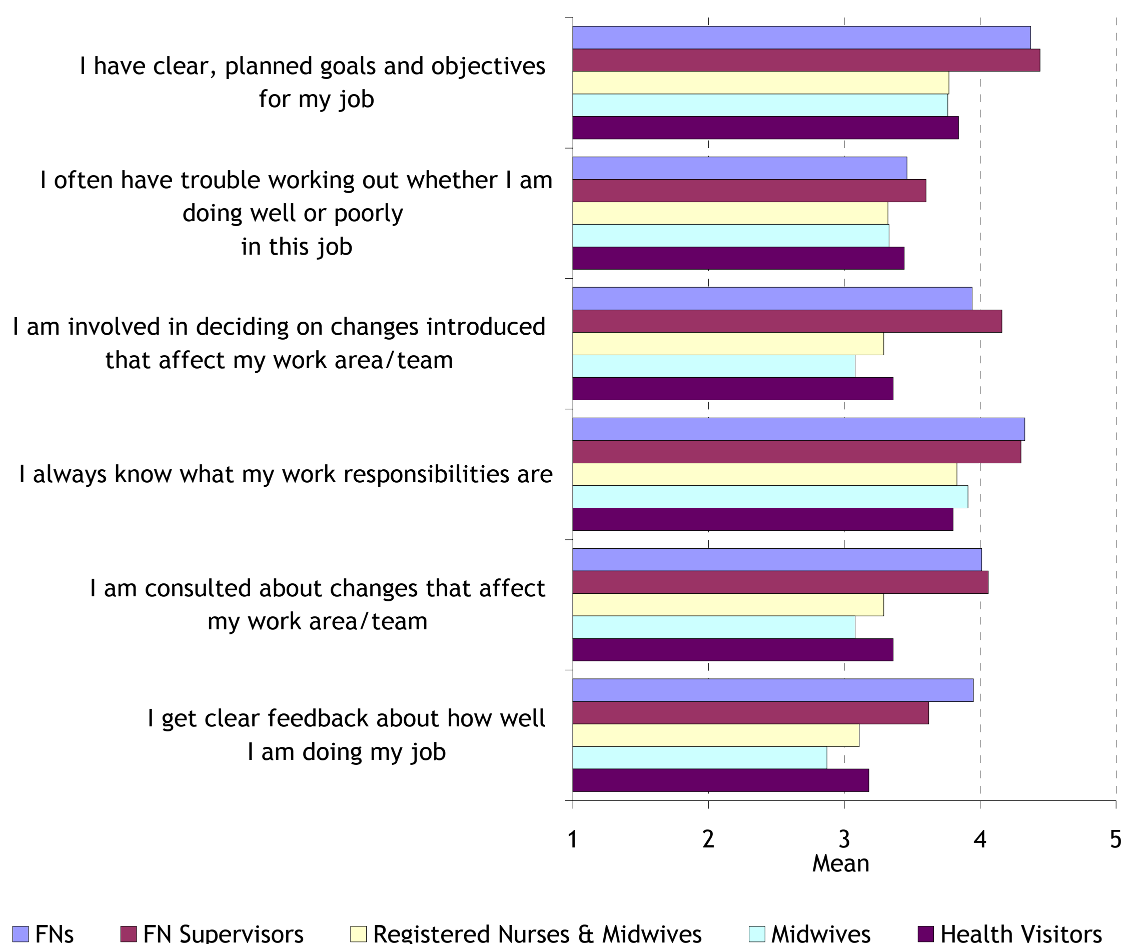
* = this item was originally negatively phrased and a lower score indicated a more positive view; wording and scoring have been reversed to make the wording and direction of scoring in line with the other items. See questionnaire for original wording.

Source: FN survey 2012

4.1.1 National comparison

All six of the 'role clarity' statements were taken from the 2011 National Survey, enabling comparisons to be made with the three comparator groups of 'all qualified nurses and midwives' and the sub-groups 'health visitors' and 'midwives' from the National Survey. Figure 4.1 shows that, for five out of the six statements, FNs and Supervisors are notably more positive than their colleagues in the NHS.

Figure 4.1: Role clarity: comparison with national survey results



Sources: FN Survey 2012, and National NHS Staff Survey 2011

4.2 External understanding of the role

Survey respondents were asked a series of questions aimed at eliciting their views of the way in which their role was perceived within the wider health and social care environment. Two questions asked respondents whether the aims of the FNP Programme were widely understood, firstly within health and social care and second within Children's Services. In general, people were uncertain whether the aims of the Programme were understood externally, with FNs more in agreement that they were not understood than Supervisors. However, there was more confidence among both FNs and Supervisors that their own organisation understood the aims of the FNP; this is perhaps understandable, given that their organisations had presumably bid to have a FN team. There was also agreement that the work done by the FNP was valued by Children's Services and disagreement that other healthcare professionals do not respect Family Nursing. On the question of returning to mainstream work, neither FNs nor Supervisors had clear views about whether they would find it difficult. These questions and the responses received are shown in Table 4.2.

Table 4.2: External understanding and valuing of the role

		FNs	Supervisors	All
The aims of FNP are not clearly understood within health and social care generally	Mean	3.4	3.1	3.3
	No.	199	62	261
The aims of FNP are not clearly understood within Children's Services	Mean	3.4	3.0	3.3
	No.	199	62	261
My organisation has a clear understanding of the aims of FNP	Mean	3.5	3.6	3.5
	No.	199	62	261
Children's Services appreciate the work we do in FNP	Mean	3.5	3.8	3.1
	No.	198	62	260
Healthcare professionals outside FNP do not respect Family Nursing as an area of work	Mean	2.8	2.6	2.7
	No.	198	62	260
I would find it difficult to return to mainstream healthcare because my experience as a FN/Supervisor would not be valued	Mean	3.1	3.1	3.1
	No.	199	62	261

Source: FN survey 2012

The mean scores represent an averaging across the proportions of those who agreed and disagreed. While this gives an impression of the views across the sample, what is less clear is the extent to which this rating is indicative of uncertainty or disagreement amongst respondents. For this reason, Table 4.3 sets out the percentage distribution of responses for these items. Note that, given the very small difference in overall views between FNs and Supervisors, the distribution is shown across all respondents rather than broken down by staff group.

Table 4.3: Distribution of scores for the 'external understanding' measures across the response categories

	Strongly disagree %	Disagree %	Neither agree nor disagree %	Agree %	Strongly agree %
The aims of FNP are not clearly understood within health and social care generally	0.8	22.8	23.0	49.0	4.6
The aims of FNP are not clearly understood within Children's Services	1.1	26.4	21.5	45.2	5.7
My organisation has a clear understanding of the aims of FNP	2.7	10.7	30.7	45.6	10.3
Children's Services appreciate the work we do in FNP	1.2	6.5	36.5	46.9	8.8
Healthcare professionals outside FNP do not respect Family Nursing as an area of work	6.2	35.4	39.6	17.7	1.2
I would find it difficult to return to mainstream healthcare because my experience as a Family Nurse/Supervisor would not be valued	3.1	29.5	29.9	29.5	8.0

Source: FN survey 2012

These views were explored further in the focus groups and interviews. FNs in the focus groups felt that some health professionals viewed the FN role as an 'easy life' because of their client caseload of 25 (compared, for example, to the caseloads of 300, 400 or 600 they reported for health visitors):

> *In general the health visitors have the most negative view. It's because the roles are so similar and because of the caseload issue. Social workers tend to be ok, they value us. We take quite a lot of their role off them. Various children's centres have been helpful. They're interested and very obliging and helpful. They also have a common interest in the teenage population and recognise the need for support.*

The leaver interviews produced a similar picture to some extent, although there were varied opinions and experiences, and the point was also made by some interviewees that, over time, other health professionals changed their views:

> *There was a bit of resentment from health re. the 'only 25 cases' but things did improve. As a team, we pulled together to give a clear message. Fairly quickly, other people got to be very impressed by the team's skills etc., and understood that our reports used a lot of evidence.*

> *It was hard to engage other health professionals – midwives, school nurses, Sure Start etc. It was a bit territorial, with everyone trying to justify their own services. In the end, it was fine, but it took a while ... We had to do a lot of internal marketing. It was a learning curve – presentations, and a lot of reassurance around partnership working rather than taking clients away.*

Others in my team … felt that midwives and health visitors [in this geographical area] were useless, against them etc. This was the 'preferred view'. I didn't feel that – I wasn't negative.

Some FNs had experienced colleagues from other professional groups accusing them of trying to be their clients' friend, of colluding, or of not being aware of the risks posed to children. Unsurprisingly the FNs took such comments to heart.

It's sometimes difficult as we work differently. Other services do not tend to work in a solutions-focused way. They are more reactive and quite often have a blame culture mentality.

Social workers understood if they worked closely with us, but didn't understand safeguarding issues. You knew the family so well, you'd see a family spiralling into crisis, they didn't understand – they'd be reactive only to actual events.

The senior FNP leads also felt that other services did not always understand the nature of the FN role, especially initially. However, over time the status of the teams has grown:

Healthcare workers outside Health Visiting and midwifery, and in particular social workers, don't understand the FN role. It took six months just to get along to a meeting in social care – we kept getting cancelled. Another problem is that social workers assume they're not needed if a FN is involved with a family.

We've experienced some tensions from the LA, which has funded one of the posts. The LA still doesn't 'get' that this is a voluntary Programme – girls don't have to accept the offer.

Within universal services, the FN role is understood well … Children's Centre managers understood the role well. Children's Services (social care, social workers, support workers) has been a bit of a problem. They have a deficit model which is critical and risk averse, whereas FNP has a strengths-based model which is positive and focuses on educating people.

The nurses have grown and developed, are known as a resource and have huge credibility in [this area] as an effective team. And people listen to them: police, local authority.

One point made by several senior leads was that the Programme was licensed, so FNP teams were limited with regard to how much they could share with their colleagues from universal services. They felt it was very important to integrate the FNP teams within the wider service, and were actively doing as much as they could to this end by encouraging the FNP teams to share their learning:

health visitors have been very stressed, they have case loads of 400+, the FNs have 25 … It's difficult for the health visitors to understand without seeing what they're doing and because it's a licensed Programme you can't share the materials with them or have any shadowing. But we are now trying to do joint visits when the child reaches two so more health visitors will have an understanding of what the FNs do. Those who work closely with the FNs 'get it', like the social workers.

Our FNs have also done some training for health visitors, and worked with them, so that health visitors are better equipped, understand the FN role better and see it in action ... We're trying to align services and techniques.

The approach can be shared, for example its strengths-based nature, role play (eg asking about domestic violence, which health visitors find very difficult), motivational interviewing, and how to promote learning within a team. However, some of the actual tools, like the worksheets, are copyrighted and can't be used outside the Programme.

4.3 Feeling valued and involved

Overall, scores for the items that indexed individuals' sense of 'feeling valued and involved' were very high, and it is clear that FNs and Supervisors feel trusted and able to voice their opinions and make suggestions. Supervisors are notably positive about the FNP NU, probably because they were more likely than their FN colleagues to have direct communication with the National Unit. Respondents were less certain though that their employing organisation cared about their well-being (see Table 4.4).

One leaver made a point, very strongly, about the positive and valuing ethos of the FNP, and contrasted that with her current experience:

You feel valued and special. The whole ethos is that how you're treated is how you'll treat your clients. It's a very valuable lesson. Now, though, if I treated my clients the way I'm treated by my Trust, it wouldn't be good!

Table 4.4: Views on feeling valued

		FNs	Supervisors	All
I am trusted to do my job	Mean	4.42	4.60	4.46
	No.	203	63	266
My employing organisation values the work I do in FNP	Mean	3.72	4.00	3.78
	No.	202	63	265
My employing organisation is concerned about my health and well-being	Mean	3.33	3.71	3.42
	No.	201	63	264
I feel able to voice my ideas and opinions within my team	Mean	4.35	4.70	4.44
	No.	201	61	262
The FNP National Unit is receptive to good suggestions from FNs/Supervisors	Mean	4.03	4.67	4.18
	No.	202	63	265
The FNP National Unit communicates effectively with us	Mean	3.90	4.48	4.03
	No.	201	61	262

One of the senior leads also commented about the FNP teams feeling valued:

The whole ethos of the Programme is about valuing people – and this extends to staff, so they feel valued, too.

4.3.1 National comparisons

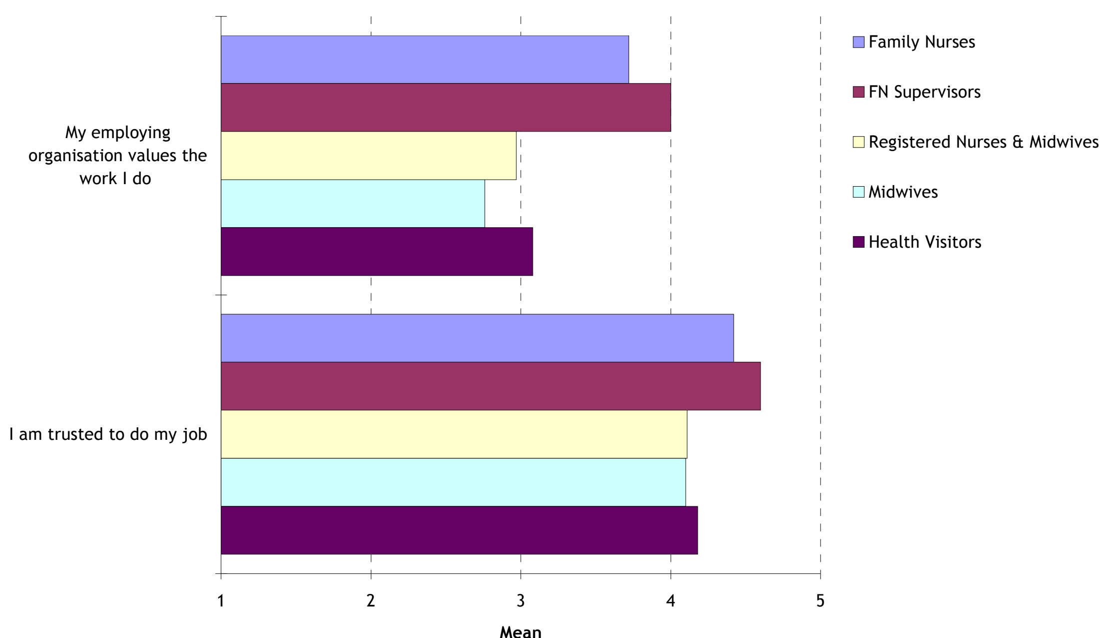
Two statements in the FN survey were taken from the national staff survey and thus comparisons could be made with the wider nursing and supervisory workforce:

I am trusted to do my job

My employing organisation values the work I do

Figure 4.2 displays the results from the surveys of FNs and Supervisors and the results from the 2011 national staff survey. The figure shows that FNs and Supervisors are notably more positive about both aspects than respondents to the national survey, especially about being valued by their employing organisation. They are not only more positive than nurses and midwives as a whole, but also than the two professional groups from which FNs and Supervisors are mostly drawn: health visitors and midwives.

Figure 4.2: Feeling valued: comparison with national survey results



Source: FN survey 2012 and NHS National Staff Survey 2011

4.4 Conclusions

The survey responses, interviews and focus group discussions indicated that the majority of FNs and Supervisors felt valued and that their roles were clear. There was less agreement amongst the participants regarding the extent to which their role and the aims of the Programme were clearly understood outside the organisation. Overall, the FNs and their Supervisors felt more valued and trusted, and clearer about their roles, than individuals in similar jobs elsewhere in the NHS.

5 Supervision, Teamwork and Support

This chapter looks at how FNs and Supervisors are managed. The chapter then explores the experiences and views of FNs and Supervisors and their perceptions of relationships within the team, the factors that affect FNs and Supervisors in their everyday working life, and the support they receive from various potential sources.

5.1 The FNP clinical supervision model

The survey results showed that FNs and Supervisors held positive views of the FNP clinical supervision model. They agreed that the clinical supervision model helped them to cope and to perform well and made them feel supported. Overall they agreed that the supervision model was an improvement on the approaches to performance management they had experienced in their previous roles (Table 5.1).

Table 5.1: Views on FNP clinical supervision model

FNP clinical supervision model…		FNs	Supervisor	All
…helps me to perform well in my role	Mean	4.18	4.27	4.20
	No.	204	62	266
…makes me feel supported	Mean	4.19	4.21	4.20
	No.	203	62	265
…motivates me at work	Mean	3.97	4.18	4.02
	No.	204	61	265
…is an improvement on performance management I have experienced in previous roles	Mean	4.25	4.37	4.28
	No.	204	62	266
…helps me to cope with the emotional challenges of the role	Mean	4.12	4.35	4.18
	No.	203	62	265

Source: FN survey 2012

5.2 Line management and supervisory support

The majority of FNs (80%) and Supervisors (almost 90%) reported that they received regular supervision (Table 5.2).

Table 5.2: Regular supervision received

		Yes	No	Unanswered
FNs	No.	210	2	22
	%	89.7%	.9%	9.4%
Supervisors	No.	59	5	9
	%	80.8%	6.8%	12.3%
All respondents	No.	269	7	31
	%	87.6%	2.3%	10.1%

Source: FN survey 2012

Most FNs (87%) received supervision on a weekly basis while most Supervisors had monthly supervision meetings (Table 5.3).

Table 5.3: Frequency of supervision

	FNs		Supervisors	
	No.	%	No.	%
Weekly or more frequently	182	86.7%	0	0.0%
Fortnightly	25	11.9%	5	8.6%
Monthly	1	0.5%	33	56.9%
Six weekly or less frequently	2	1.0%	3	5.2%
Other	14	6.7%	25	43.1%

Source: FN survey 2012

FNs and Supervisors were asked the extent to which they agreed or disagreed with a series of statements about their Supervisors/line managers. In general, FNs endorsed the statements more strongly than did Supervisors, but even amongst the Supervisors the lowest mean score was only slightly below 4, the score equivalent to 'agree'. In general, FNs and Supervisors agreed that their Supervisors encouraged them to work as a team, could be counted on to give help, gave clear feedback and consulted with them, and were sensitive and supportive (Table 5.4).

Table 5.4: FN and Supervisor views of their line manager

My Supervisor/line manager…..		FN	Supervisor	All
….encourages those who work for her/him to work as a team	Mean	4.28	4.08	4.24
	No.	205	63	268
…can be counted on to help me with a difficult task at work	Mean	4.30	3.97	4.22
	No.	205	63	268
…gives me clear feedback on my work	Mean	4.11	3.76	4.03
	No.	205	63	268
…asks for my opinion before making decisions that affect my work	Mean	4.05	3.78	3.98
	No.	202	63	265
…is supportive in a personal crisis	Mean	4.24	4.10	4.20
	No.	204	63	267
…is sensitive to work/life issues	Mean	4.19	4.05	4.16
	No.	204	63	267
…supports me when things go wrong	Mean	4.16	3.83	4.08
	No.	201	63	264
I have a good working relationship with my Supervisor/line manager	Mean	4.31	4.16	4.28
	No.	202	63	265

Source: FN survey 2012

The focus groups confirmed that, for the majority of the FNs the weekly sessions with their Supervisor were felt to be a really positive part of the support structure:

> *It's a real strength that that structure is there, you need the weekly supervision. Having missed some weekly sessions because my Supervisor was off sick made me really appreciate them, I felt that my 'brain was carrying too much'. I could still do the work and do it safely but you really need someone to go through the cases with, check that you are not ignoring any risks.*

One FN leaver said:

> *Supervision worked very well for me. It was excellent and very, very supportive.*

However, another leaver felt that there was an ambivalence around the Supervisor role:

> *I feel that clinical supervision and management should be separate things – the Supervisor has too many different hats, there are conflicts of interest.*

Access to the psychologist was particularly valued, too:

> *I couldn't do the job without weekly supervision from our Supervisor. The psychology supervision is invaluable too, and peer support is also invaluable.*

The psychologist came monthly, this was really good! We could take difficult cases and work on them together.

The Supervisors gave lower, although still clearly positive, ratings on each of the items shown in Table 5.5 than the FNs. In addition, in the focus groups with Supervisors there were several allusions to the loneliness they experienced in the Supervisor role:

The nurses have each other but the Supervisor is isolated.

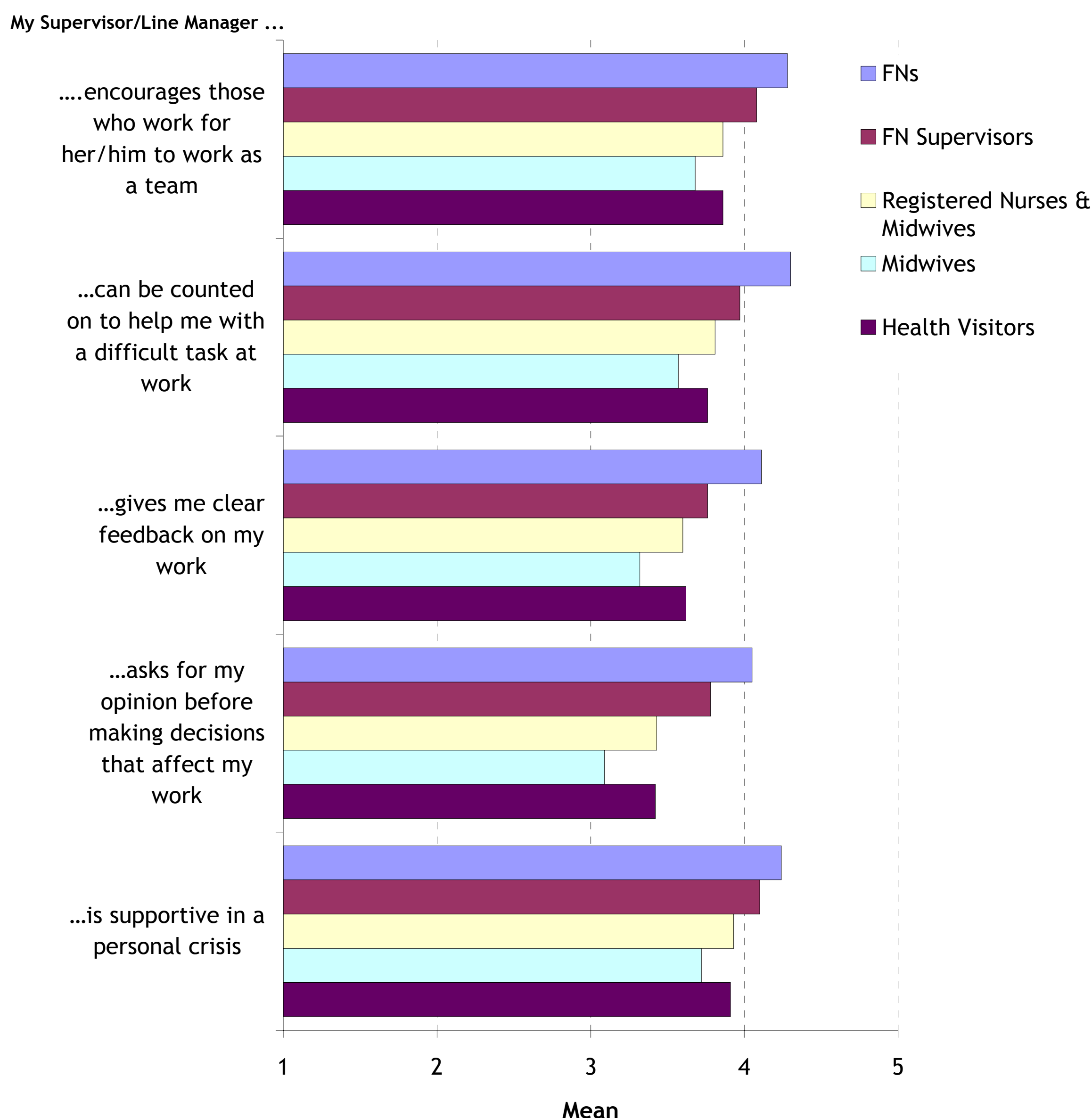
The Supervisor is seen as the person who has to fix everything. It can feel a bit of a lonely place.

In addition to having weekly team meetings and weekly supervision meetings, one team also had a 'skills day' every three months at which they had refresher sessions on communication, PIPE, DANCE, or 'just a general recap'. The FNs from that team felt these meetings were a real help.

5.2.1 National comparisons

A comparison of the results for six of the statements (see Figure 5.1) with the national survey results shows that FNs are notably more positive in response to every statement than their colleagues elsewhere in the NHS. However Supervisors, though clearly positive in their responses, are only a little more positive than their NHS colleagues.

Figure 5.1: Views on line manager: comparison with national survey results



Sources: FN Survey 2012, and NHS National Staff Survey 2011

5.2.2 Preparation and support for the Clinical Supervision role

Supervisors were asked an additional set of questions about the preparation and support they had received for their clinical supervision role. While the mean ratings were positive, and mostly above 4 (equivalent to being between 'agree' and 'strongly agree'), the mean rating for the statement 'I receive good support from my line manager' (3.79) was low in comparison to the other statements about their clinical supervision role (Table 5.6). However, this statement is related to support more generally, rather than specific supervision support.

Table 5.5: Supervisors' views on their clinical supervision role

	Supervisors	
	Mean	No.
I have had appropriate training to help me supervise effectively	4.40	63
I am clear about how to conduct supervision	4.41	63
I receive good support from my line manager	3.79	63
I receive good support from the FNP National Unit	4.46	63

Source: FN survey 2012

In the focus groups, and again in contrast to the majority of the FNs, the Supervisors were not so positive about their meetings with their line managers:

> *The problem is the fact that because it is a discrete project it is difficult for managers to understand it, if they're supportive it's because it's part of their skill set. My line manager is supportive but their understanding of the FN work is limited.*

5.3 Team working and support

Respondents' views on their team and colleagues were very positive. The areas in which they gave lower scores (although still with mean scores above 4 out of 5, meaning that respondents clearly agreed with the statements), were the regularity of meetings to discuss team's effectiveness; the need to communicate closely with one another to achieve team objectives; and feeling part of an efficient team (Table 5.6).

One FN leaver summed up her positive views of team-working:

> *[We] were just a fantastic team – supportive, humorous, hard-working. I felt utterly and completely supported.*

A 'pen picture' interviewee added:

> *The team is an amazing resource – when something's happening that's particularly tricky, the team are fantastic at looking out for each other.*

The FNs in the focus groups felt it was enormously important and beneficial to have people together so that they met as a team. FNs who were based at sites where there were both early and later wave teams on the same site (or nearby) felt that this was particularly beneficial:

> *…and also to have experienced colleagues to help – having the new and the old team together is the best of both worlds.*

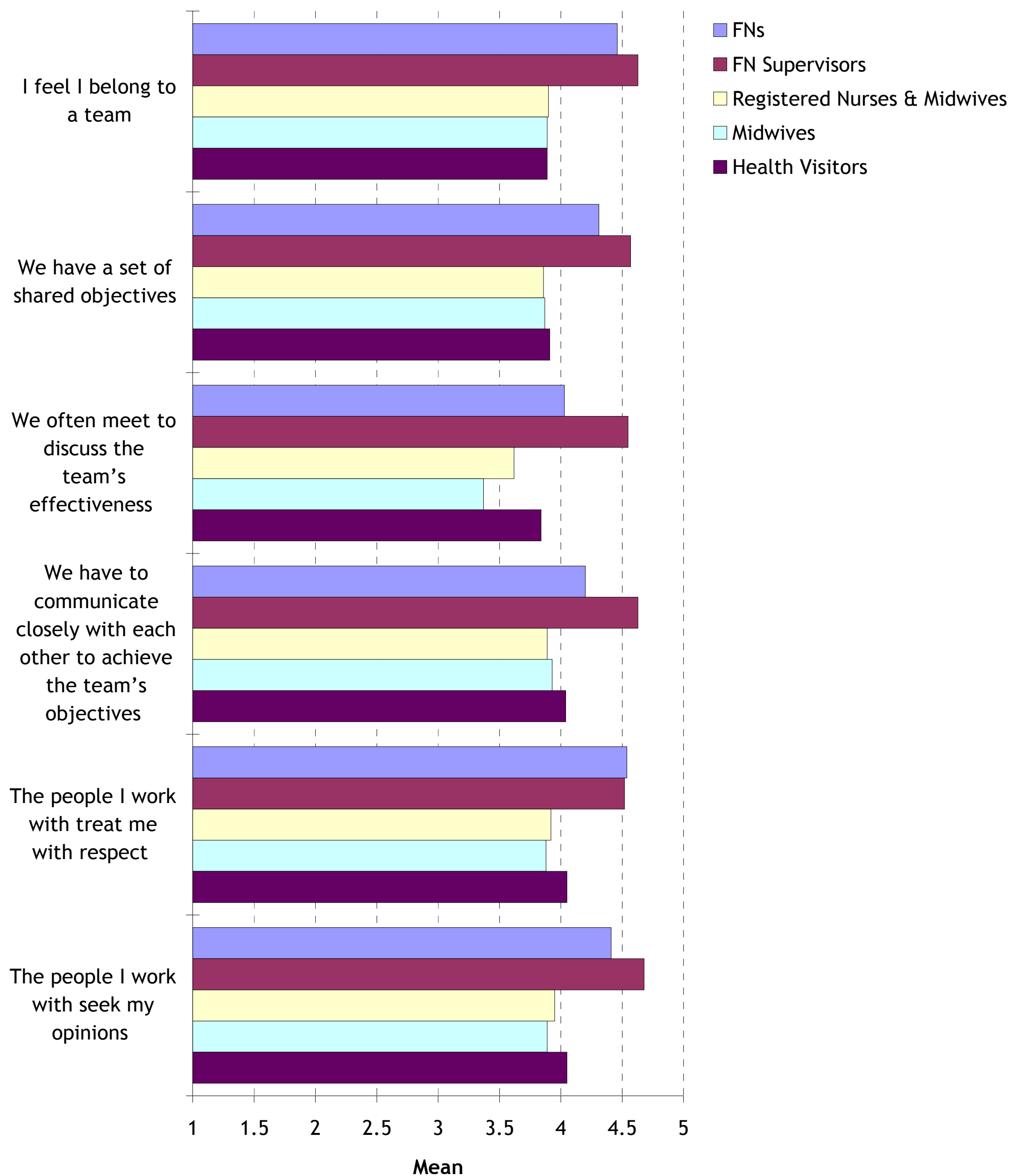
Table 5.6: Team working and colleagues

		FNs	Supervisors	All
I feel I belong to a team	Mean	4.46	4.63	4.50
	No.	207	63	270
We have a set of shared objectives	Mean	4.31	4.57	4.37
	No.	205	63	268
We often meet to discuss the team's effectiveness	Mean	4.03	4.55	4.15
	No.	206	62	268
We have to communicate closely with each other to achieve the team's objectives	Mean	4.20	4.63	4.30
	No.	206	63	269
The people I work with treat me with respect	Mean	4.54	4.52	4.54
	No.	206	63	269
The people I work with seek my opinions	Mean	4.41	4.68	4.47
	No.	206	63	269
I feel part of an efficient team	Mean	4.28	4.51	4.34
	No.	205	63	268
I have a good working relationship with my colleagues	Mean	4.54	4.56	4.54
	No.	206	63	269
My colleagues can be relied upon when things get difficult in my job	Mean	4.52	4.39	4.49
	No.	206	62	268

Source: FN survey 2012

One FN group had a different working arrangement from the others, in that the nurses are dispersed in the community rather than sharing an office base. For that group, not being able to share the daily stresses and strains with their colleagues and offload their feelings constituted a significant additional stress.

Figure 5.2: Team work and support: comparison with national data



Sources: FN Survey 2012, and National NHS Staff Survey 2011

5.3.1 National comparisons

Comparisons of the results for these six statements indicate that Supervisors are much more positive than their wider NHS colleagues about every aspect of team working. For FNs, the difference is clear with regard to four of the statements, but rather less so in response to 'We often meet to discuss the team's effectiveness' and 'We have to communicate closely with each other to achieve the team's objectives'.

5.4 Support from the National Unit

Where the Supervisors were particularly positive was around the support they had received from the FNP NU. The general view of the National Unit was that they are excellent, 'high calibre'. The Supervisors said that they do feel 'part of the FN family' and can contact them when necessary. In particular they felt that the way in which the National Unit facilitated contact between the Supervisors is very good:

> *Without these meetings I would have sunk.*

In particular the Supervisors said there was a level of isolation in their work but the 'easy communication' with the National Unit helped them feel supported:

> *Long may it last! We'll still need it as FNP grows. You need that ongoing support no matter how experienced you are.*

The Supervisors also commented on the 'invaluable support' they had received from the National Unit in helping them to make sense of the data requirements:

> *The data in some places made no sense, and being able to talk to the person in the FN Unit about the data and unpick it was most helpful, understanding what fidelity means.*

The FN leavers, and the pen picture interviewees, were also positive about the FNP NU:

> *The national team is brilliant. We've been incredibly well nurtured through training. They're a really good bunch.*

> *The training and support from the National Unit is excellent.*

The FNP online website was also considered to be good, although 'perhaps not great':

> *It can be difficult to find your way around the site, but will probably get better. It's not the best laid-out site but the Unit has acknowledged this.*

5.5 Administration and IT support

The survey revealed that a significant proportion of FNs and Supervisors were dissatisfied with the level of administrative support available. Less than two-thirds (64.5%) of respondents said that they received the administrative support they needed to do their job. A slightly higher proportion of FNs (26.5%) than Supervisors (21.9%) reported that they lacked the administrative support required (Table 5.7).

Table 5.7: Is there sufficient administrative support?

		Yes	No	Unanswered
FN	No.	150	62	22
	%	64.1%	26.5%	9.4%

		Yes	No	Unanswered
Supervisor	No.	48	16	9
	%	65.8%	21.9%	12.3%
Total	No.	198	78	31
	%	64.5%	25.4%	10.1%

Source: FN survey 2012

These findings were reflected in the focus group discussions. Many of the FNs commented on how valuable it is to have an administrator to deal with the paperwork. Without that support things could become difficult:

> *For us it's good administrative support, you cannot overestimate the importance of that. And functioning systems. You really need someone to say 'X will be due ASQ forms at their next visit' etc.*

Several of the teams had had problems with their administrative support and in some teams this appeared not to have been resolved. It added to the workload burden that FNs and Supervisors had to deal with:

> *We have had to do our own admin and it is terribly frustrating. Our manager does ten hours extra a week on admin, we do several hours extra. We're cross with her manager (the FNP lead) because she's put us in this position.*

However, some interviewees were very positive about their administrators, which supports the overall finding that views about this aspect were mixed:

> *We keep coming together as a team, including our administrator– we're very mutually supportive.*

> *The admin support was good.*

The FNs expressed frustration at the problems they had encountered with IT systems and with seeking help:

> *It would be good if there was someone who would just talk you through your problem, someone you could talk to but instead they send you an email when you can't get into the system and so can't get your email.*

As with the FNs, the Supervisors also spoke of the difficulties they had encountered with administrative and IT support. Many spoke of having had no administrative or IT support for months:

> *We did not have any admin until March this year….that stuff made people's lives more difficult than they needed to be. We were putting the team in place, and planning and developing strategy, without this support.*

Another Supervisor referred to the same problem that one of the FNs had identified, that whereas previously they had been able to call IT and talk to someone, now they had to log a call and wait for them to call back:

There is frustration in the team with this, it's the one big thing.

Several Supervisors reported long-term IT problems, four months in one case, nine months in another:

I don't know what I expected but it has been a lot harder. Working with clients I enjoy, the difficulties are with IT, we have two databases to input into and it's not so easy in the community [ie when with clients] to use the database, even at home it's difficult to use the laptops as they're so slow or so difficult to use, there's always something that doesn't work, there's not good IT backup.

5.6 Conclusions

In general the FNs were clearly happy with the supervisory model in place. Supervisors were a little less satisfied. Some FNs and Supervisors believed that the support provided in terms of administrative capacity and IT support was less than optimal. The FNs found their fellow team members to be sources of strong support. Supervisors were less likely to be receiving the levels of support they required from their line manager. The FNP NU was viewed as a strong source of support, especially for Supervisors. For the majority of aspects, FNs and Supervisors were notably more positive than their colleagues in the wider NHS.

6 Workload and Well-being

The theme of this chapter is the relationship between workload within the FNP, perceived work pressures (including resilience/the ability to cope), and health and well-being.

6.1 Workload

Full time FNs have a caseload of 25 clients (pro rata for part-timers) and Supervisors also have a small caseload of their own, the size depending on the size of the team. During focus groups and interviews, FNs and Supervisors commented that, although 25 seemed a small number of cases compared to the large caseloads that midwives and health visitors have, the intensive nature of the client-nurse relationship meant that they felt a degree of workload pressure:

> *We thought it would be easier, with a lower caseload, but it wasn't. I never got up to full capacity … but it felt as though I did – it was very hard work … We'd be writing things up at 8pm, asking each other, 'How are we going to cope?'*

Two-thirds (68.8%) of FNs and almost nine-tenths of Supervisors (87.7%) who replied to the survey said that they regularly worked more than their contracted hours. The majority of FNs who reported working more than their contracted hours (66%) said that this typically amounted to up to five hours per week, with only five per cent saying they typically worked 11 or more hours overtime. Among Supervisors, 39 per cent worked up to five hours overtime a week, 51 per cent between six and ten hours, and ten per cent 11 or more hours. In almost every case (93 per cent of FNs and 98 per cent of Supervisors), these excess hours were completely unpaid, although 68 per cent of FNs and 48 per cent of Supervisors said they 'always' or 'sometimes' had time off in lieu of unpaid excess hours.

6.2 Work pressures

The survey asked respondents a range of questions concerning the nature of their working life. The items relating to work pressure received some of the lowest (that is, negative) scores. Nonetheless, both FNs and Supervisors reported confidence in their ability to cope with work pressure, particularly Supervisors (mean score 4.13). There was also general agreement that respondents are provided with adequate resources to perform their job (Table 6.1).

Table 6.1: Views on work pressure

		FNs	Supervisors	All
I have adequate materials, supplies and equipment to do my job	Mean	3.76	4.03	3.82
	No.	201	63	264
There are enough staff here for me to do my job properly	Mean	3.61	3.54	3.59
	No.	200	63	263
I am confident in my ability to cope with work pressure	Mean	3.87	4.13	3.93
	No.	199	62	261
I can meet all the conflicting demands on my time at work*	Mean	2.79	2.59	2.74
	No.	201	63	264
I have time to carry out all my work*	Mean	2.75	2.44	2.68
	No.	201	63	264
I [do not] often feel I am under too much work pressure*	Mean	2.91	2.83	2.89
	No.	201	63	264
I have [not] felt under constant strain recently*	Mean	3.29	3.33	3.30
	No.	199	63	262
I [do not] feel emotionally drained by my work*	Mean	3.06	3.32	3.12
	No.	200	63	263
I [do not] feel burned out by my work*	Mean	3.68	3.91	3.74
	No.	199	63	262

* In the original coding for this item, a lower score indicated a more positive view; scoring has been reversed to make the direction of scoring in line with the scores for the other items to facilitate comparison. Wording of these statements have been changed in line with the change in score. Where words have been added post-analysis for purposes of clarification they are shown in brackets. Original statements can be found in the survey questionnaire in the appendices.

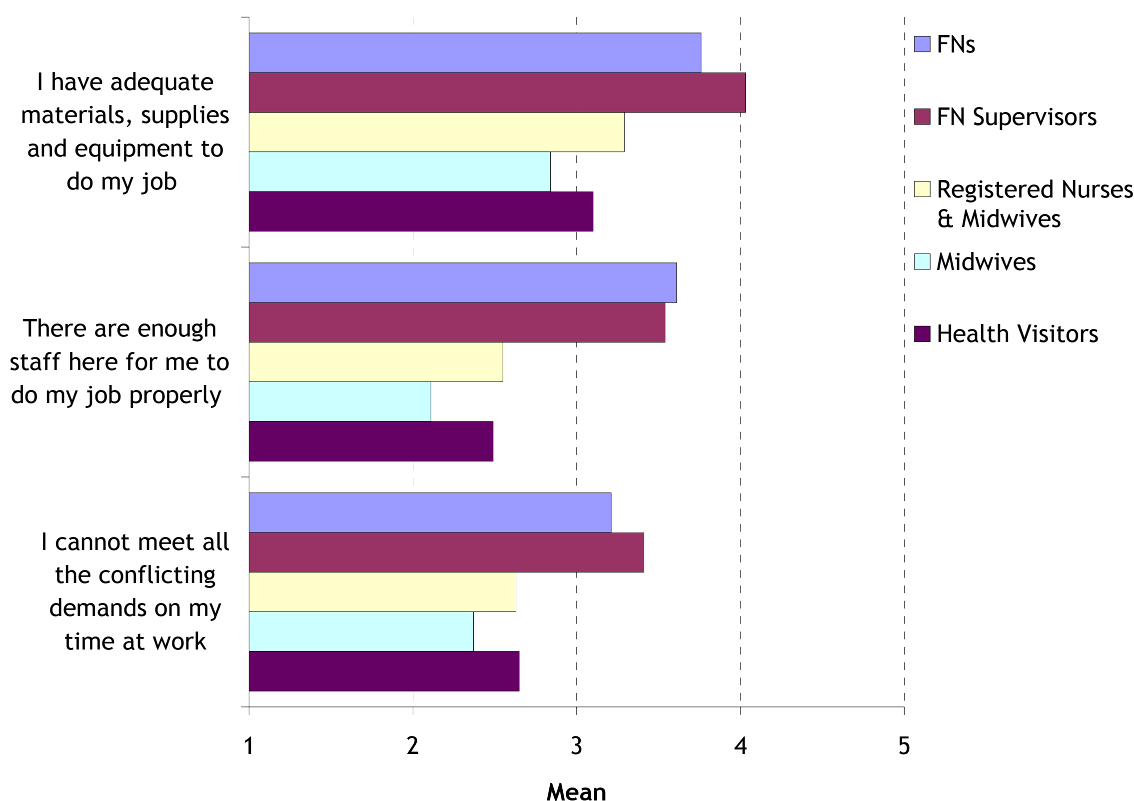
Source: FN survey 2012

The analyses of the survey data revealed that FNs and Supervisors were less than convinced that they could meet all the conflicting demands made of them, or that they had sufficient time to do their work, and some suggestion that they felt under significant work pressure.

6.2.1 National comparisons

Three of the statements in this section of the survey were taken from the NHS National Staff Survey: I have adequate materials, supplies and equipment to do my job; there are enough staff here for me to do my job properly; and I can meet all the conflicting demands on my time at work (note this item has been reversed for presentation in Table 6.1). Figure 6.1 indicates that, for the first two of these three statements, FNs and Supervisors were more positive than their colleagues in the wider NHS. However, they were more likely than staff in the wider NHS to agree with the statement, 'I cannot meet all the conflicting demands on my time at work'.

Figure 6.1: Work pressures: comparison with national results



Sources: FN Survey 2012, and National NHS Staff Survey 2011

6.2.2 Demanding nature of the role

In the focus groups too, while the FNs had spoken openly of the love they had for their jobs, nonetheless they all talked about the extremely demanding nature of the role. This aspect alone was making some of them start to question how long they would be able to cope with the level of demand:

> *It's emotional labour and it is emotionally draining. The emotional impact of this role is like nothing I've ever seen before. That is the thing that would have me thinking I couldn't do this*

forever. And thinking of the three year path for every new client. And for 25 clients. That's the thing that isn't listened to.

Because of the style of the work, and the therapeutic relationship between nurse and client, it was not really appropriate for FNs to take over clients from another FN if there were problems or if the nurse went on holiday. This meant that FNs were subject to even greater pressure before and after going on holiday, and several said they felt constrained to taking no more than one week at a time:

So it is very concentrated working each side of a holiday. I did not appreciate how intense the relationship would be. It's so very emotional.

One possible approach, if this is achievable within the terms of the FNP licence, is to set up a 'bank' of people who have completed their learning programme and worked as an FN before either retiring or moving to a part time job elsewhere; these individuals might be able to provide some cover for holidays and longer term absences due to sickness or maternity.

Some FNs were being held to a requirement to work a minimum of four days a week and this could be difficult to cope with. The emotional exhaustion was already starting to make some people think about how much longer they could contemplate coping with the demanding nature of the work:

I am very tired, partly because previously I was working only three days a week. Now I am going to go down [from five] to four days a week. They would not agree to anything less that that. I will probably do two and a half more years and then stop because it is a demanding job. I don't think I could keep it up, it's not a job you can coast along on. I wouldn't want to be a Supervisor. My Supervisor is good but gosh she works hard.

It was common, during the interviews and focus groups, for FNs to say that they could envisage seeing two cohorts of young mothers through the Programme, but perhaps no more – simply because the work was so demanding and the relationship with the clients so intense. One of the senior leads also commented on the difficulty of carrying out the FN roles over a long period of time:

I wonder about the long term – how many years can an FN sustain this? It's quite intensive – intensive and relentless, especially when the caseload gets up to 25.

Supervisors said that the part of their work that they found the most challenging was confronting people about performance management. The nurturing and developing parts of the role came more easily. In particular, the early emphasis on bonding had served to make this part of the role all the more difficult:

It's like a discrepancy in the role. You're encouraged to be part of the team (although that's changed in later waves), it was about team performance and bonding, going through the training together. With hindsight I should not have been so much of a buddy as it then makes it difficult when you have to do performance management.

Given the comments made by the FNs about the workload and the emotional labour aspect of the work, it is perhaps unsurprising that the Supervisors found that trying to support their FNs was a large component of their jobs and quite a stressful component at that:

> *It gets hard to maintain the expectations of FNs, and when they have big case loads and much complexity [in those cases] then you can struggle….especially when there are new people coming in and they are all at different stages and case loads are increasing and the FNs get tired, so they can struggle a bit.*

> *After having a full case load one was close to burnout, but is now 'graduating' some clients. But the work is very intense and they do have a high workload, and it can be difficult especially when clients start to disengage. Keeping the nurses engaged and recognising it's not personal [if clients disengage] is important.*

6.3 Health and well-being

Monthly statistics from the Health and Social Care Information Centre (HSCIC) for the 12 months to September 2011 indicate that the sickness absence rate for all nursing, midwifery and health visiting staff in England ranged from 4.53 per cent to 5.79 per cent, with an overall average of 4.96 per cent (equivalent to roughly ten days leave a year). In comparison, sickness absence is generally low amongst the respondents, with the majority having had no or just one day of sickness absence in the past 12 months. Some 50 per cent of FNs and 59 per cent of Supervisors have taken no or only one day of absence; almost three-quarters of Supervisors (71.2%) and 58.5 per cent of FNs have had two or fewer days of sickness absence. Only 14 per cent of FNs and 5.5 per cent of Supervisors had taken more sickness leave than this (see Table 6.2).

Table 6.2: Sickness absence in past 12 months

Days sickness absence	FNs		Supervisors	
	No.	%	No.	%
0 days	90	38.5%	36	49.3%
1 day	27	11.5%	7	9.6%
2 days	20	8.5%	9	12.3%
3 days	14	6.0%	0	0.0%
4 days	6	1.7%	3	4.1%
5 days	7	2.1%	3	4.1%
6 to 12 days	14	6.0%	0	0.0%
More than 12 days	18	7.7%	4	5.5%
Unanswered	38	16.2%	11	15.1%

Source: FN survey 2012

Respondents were also asked to rate their own overall health. Over three-quarters of respondents (78.8%) rated their health as 'good', 'very good' or 'excellent'. Almost one quarter of respondents (24.1%) said their health was 'excellent'.

Table 6.3: Rate of overall health of all respondents

Own health rating	No.	%
Excellent	74	24.1
Very good	105	34.2
Good	63	20.5
Fair	17	5.5
Poor	3	1.0
Unanswered	45	14.7

Source: FN survey 2012

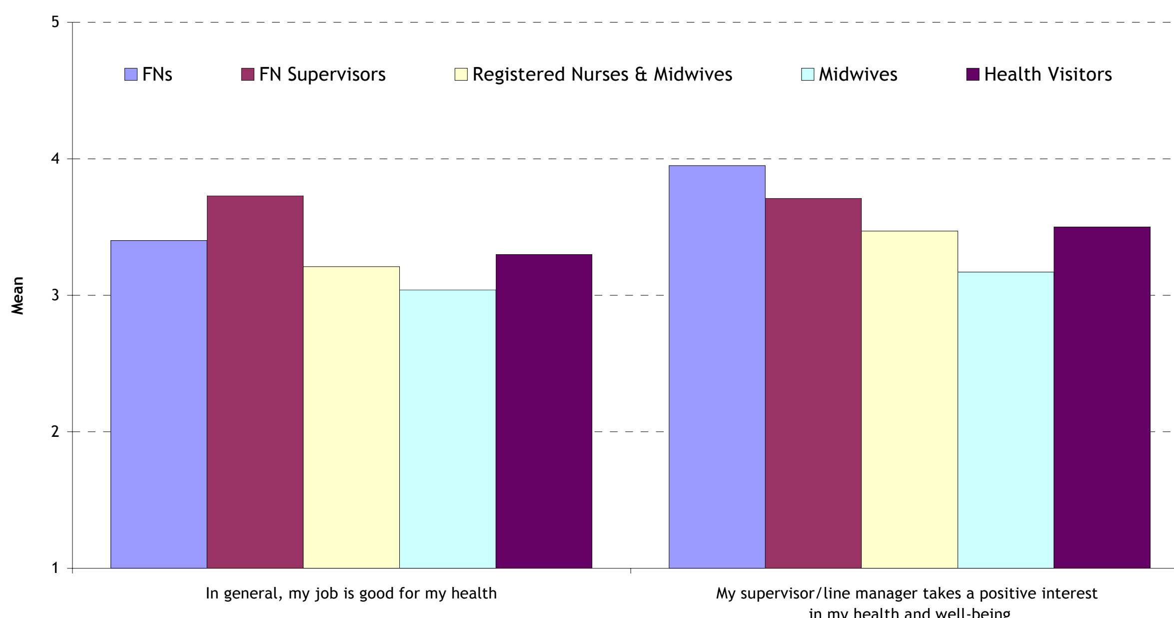
Respondents were asked if they agreed that 'my job is good for my health'. The mean rating for this statement was 3.40 for FNs and 3.73 for Supervisors. Overall, for all respondents the mean score for this statement was 3.48, somewhat below the score indicating general agreement.

The mean score for the statement 'my Supervisor/line manager takes a positive interest in my health and well-being' was 3.95 for FNs and 3.71 for Supervisors. Overall, for all respondents the mean score was 3.90. Again this was below the score that would indicate very clear agreement with the statement.

6.3.1 National comparisons

Comparisons with data from the NHS National Staff Survey (see Figure 6.2) indicate that FNs and Supervisors are somewhat more positive in response to these two statements about health and well-being ('In general my job is good for my health' and 'my Supervisor/line manager takes a positive interest in my health and well-being') than are their colleagues in the wider NHS, but not markedly so.

Figure 6.2: Health: comparison with national results



Sources: FN Survey 2012, and NHS National Staff Survey 2011

6.4 Work-life balance

FNs and Supervisors were asked to indicate whether they agreed or disagreed with a series of statements designed to capture their views on work life balance. Whilst they felt that they could approach their Supervisor/line manager to talk openly about flexible working (FNs more so than Supervisors), their scores regarding their employing organisation's commitment to helping staff achieve a work/home life balance were lower. The score for overall satisfaction with work-life balance was also relatively low, with the mean score for all respondents being 3.45, that is, between 'neither agree or disagree' and 'agree' (Table 6.4). Supervisors are more inclined than FNs to agree that their employing organisation is committed to helping them achieve a good work-life balance, while FNs find it easier to talk to their manager about flexible working than do Supervisors.

Despite finding the work emotionally tiring, FNs and Supervisors were clear about the need to maintain boundaries (for example, not getting too close to clients because of having to say goodbye to them at the end of two and a half years), and some referred to the preparation they had received in this area during their training:

> *We are prepared well.*
>
> *You have to stop, the FNP is quite clear about this.*
>
> *You have to accept you can't do everything – you can't provide everything for the girls.*

Table 6.4: Views on work-life balance

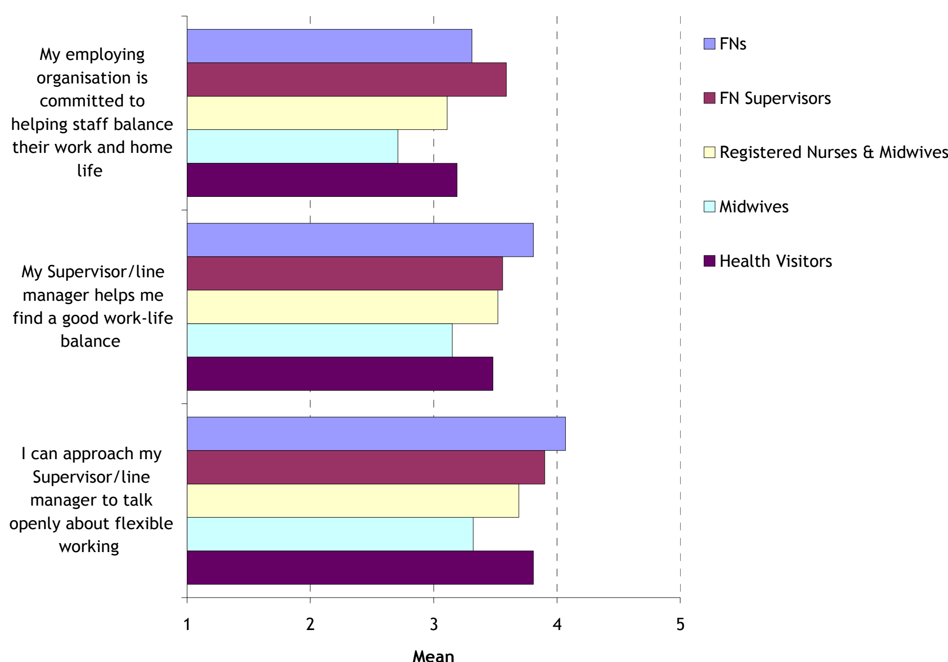
		FNs	Supervisors	All
My employing organisation is committed to helping staff balance their work and home life	Mean	3.31	3.59	3.37
	No.	199	61	260
My Supervisor/line manager helps me find a good work-life balance	Mean	3.81	3.56	3.75
	No.	199	61	260
I can approach my Supervisor/line manager to talk openly about flexible working	Mean	4.07	3.90	4.03
	No.	199	61	260
I am satisfied with my work-life balance	Mean	3.44	3.46	3.45
	No.	199	61	260

Source: FN survey 2012

6.4.1 National comparison

Three of the above four statements were taken from the NHS National Staff Survey and can therefore be compared with national data. Figure 6.3 shows that FNs and Supervisors are somewhat more positive than their colleagues in the wider NHS about all three statements, but the difference is not marked. Of the groups, FNs are more likely to say they can approach their supervisor to talk about work-life balance than any of the comparison groups and their supervisors.

Figure 6.3: Work-life balance



Sources: FN Survey 2012, and National NHS Staff Survey 2011

6.5 Conclusions

The research showed that FNs and Supervisors felt quite pressurised in their jobs and that a substantial number do not appear to have achieved a satisfactory level of work-life balance. At the moment this does not appear to have impacted significantly on their health; confidence in their ability to cope with workload pressures is high, and sickness absence very low. However, the demanding nature of the work may mean that FNs and Supervisors will not feel able to stay in post for very long periods; this has implications for future workforce planning, as it is possible that staff may leave in 'waves' as they come to the end of cohorts of clients. The FNP NU may therefore wish to consider workload pressures, and work-life balance, as areas for action.

7 Job Satisfaction

This chapter explores how FNs and Supervisors feel about their jobs: enjoyment, interest, variety, autonomy, rewards, and sense of doing something worthwhile. It also identifies the aspects of the job that FNs and Supervisors see as the 'best things' and the 'greatest challenges', and analyses their suggestions for improvements to their working lives.

7.1 Views about the job

Almost four-fifths of respondents said that their role as a FN/Supervisor had mostly or fully met their expectations. A higher proportion of Supervisors (45.2%) stated their role had met their expectations fully, compared to FNs (35.5%). About one—tenth if FNs (11.1%) said that their role had met expectations 'only to some extent'; which was a higher proportion compared with Supervisors (2.7%) (Table 7.1)

Table 7.1: Has role as FN/Supervisor met expectations?

Met expectations	FNs		Supervisors	
	No.	%	No.	%
Yes, fully	83	35.5	33	45.2
Yes, mostly	99	42.3	28	38.4
Only to some extent	26	11.1	2	2.7
Too early to say	3	1.3	1	1.4
Total	211	90.2	64	87.7
Unanswered	23	9.8	9	12.3
	234	100.0	73	100.0

Source: FN survey 2012

Survey respondents were also asked how their current role compared to their previous job. Overall, over 80 per cent of respondents rated their current role in FNP as 'better' or 'much better' than their previous job, with the majority of these (51.8%)

rating their current role as 'much better'. Only around three per cent of the whole sample stated their current role was 'worse' or 'much worse' (Table 7.2).

Table 7.2: Current role compared to previous job

		Much better	Better	The same	Worse/ Much worse	Unanswered
FNs	No.	119	74	18	7	16
	%	50.9%	31.6%	7.6%	3.0%	6.8%
Supervisors	No.	40	18	4	2	9
	%	54.8%	24.7%	5.5%	2.7%	12.3%
All respondents	No.	159	92	22	9	25
	%	51.8%	30.0%	7.2%	2.9%	8.1%

Source: FN survey 2012

Looking at individuals' initial reasons for being attracted to the job, amongst FNs who had initially cited 'ethos and principles of FNP' (66) over two thirds now felt their job was much better than their previous job. Amongst those who had been attracted by the client/patient base (51), over 60 per cent now felt that their job was much better than their previous job. Of the 42 nurses who had said that 'making a difference' had attracted them to the role, 59 per cent said their job now was much better than their previous job.

Similarly, amongst the Supervisors, of the 25 who had said that the 'ethos and principles of FNP' was an attraction for them, 68 per cent said their current job was much better than their last job; and of the 16 who had said that 'making a difference' was an important part of the job, 73 per cent now said their current job was much better.

In the focus group discussions the FNs were enthusiastic about the role although they recognised that they faced challenges almost every day:

> *It's better [than my previous job], 100 per cent. You're working in a strengths-based way, although you really need to examine what that means.*

Nonetheless, some of the FNs had been unprepared for how challenging the work would be or how tough some of the clients would be to engage with and work with:

> *With health visiting you don't see [the clients] so often and often it's for other reasons. These clients have huge emotional issues. But other than that, the pressure of the fidelity Programme, getting the numbers in, representing the team...it's very challenging.*

> *The complexity and intensity of the work is on a different level and you do get supervision but I was unprepared for the level and intensity, you do get trained but it is all very intense.*

Although the Supervisors too were happy with their jobs, their reflections on their first reactions whilst in post focused on the complexity and number of demands that

had been made on them at the start. There had been a lot of things for them to deal with all at once:

> *…trying to climb out of the pot into management, recruiting, training, everything.*

There should perhaps have been greater clarity and support:

> *The management file tells you so much but not the nitty-gritty that other people can tell you about.*

There had been assumptions made by the senior leads regarding what had already happened when these things had not in fact happened.

> *At one meeting the commissioner and the implementation lead were saying 'You should have done this', fighting over things that should have happened.*

The Supervisors felt that such issues needed to be more rigorously checked. For example, one team had not had a connection to the Internet when they started and it had been months before they had gained the connection. They had bought laptops but then had been unable to connect them to the Internet:

> *The implementation lead assumed that more had happened than had, it was all very ad-hoc.*

Another said that she had not realised until she went on the Programme training that she had to deal with such basic issues as requisitioning, and when she had realised that she needed to order stock she had found that they had not been allocated a budget code:

> *As soon as you start the Regional Development Lead should come and talk to you about the things you will have to buy. There was no budget code, if we had had some guidance in addition to the 'management file' it would have helped, eg if they told you that you could get this item cheaper from company X than from company Y, rather than having to find it all out for yourself. They should capture the learning from those other waves on a couple of A4 sheets.*

Despite these problems the Supervisors were happy with their jobs. In the next section we consider the factors that contribute towards job satisfaction.

7.2 Components of job satisfaction

Scores related to job satisfaction were high, with the statement: 'I do interesting and challenging work' attracting the highest mean score (mean score = 4.66). The statement attracting the next highest score was that their role makes a difference to service users (mean score 4.59). Lower scores were given to the statements to do with the extent to which the employing organisation understands the work of FNs and the value their employer places on their work. The greatest discrepancies between the scores of FNs and Family Supervisors concerned variety in job; level of pay; the level of support from line manager/Supervisors and the value the employer places on their work (Table 7.3).

Table 7.3: Views on job satisfaction

		FNs	Supervisors	All
I am satisfied with the recognition I get for good work	Mean	4.00	3.81	3.96
	No.	203	63	266
I am satisfied with the support I get from my Supervisor/line manager	Mean	4.19	3.89	4.12
	No.	203	63	266
I am satisfied with the freedom I have to choose my own method of working	Mean	4.22	4.35	4.25
	No.	203	63	266
I am satisfied with the support I get from my work colleagues	Mean	4.47	4.41	4.45
	No.	203	63	266
I am satisfied with the amount of responsibility I am given	Mean	4.25	4.33	4.27
	No.	203	63	266
I am satisfied with the opportunities I have to use my skills	Mean	4.30	4.49	4.34
	No.	203	63	266
I am satisfied with the extent to which my employing organisation values my work	Mean	3.55	3.86	3.62
	No.	201	63	264
I am satisfied with the extent to which my employing organisation understands the work of FNs	Mean	3.22	3.30	3.24
	No.	203	63	266
I am satisfied with my level of pay	Mean	3.90	4.22	3.98
	No.	203	63	266
There is a lot of variety in my job	Mean	4.37	4.70	4.45
	No.	203	63	266
I do interesting and challenging work	Mean	4.63	4.75	4.66
	No.	203	63	266
I get a feeling of accomplishment from my job	Mean	4.42	4.54	4.45
	No.	203	63	266
I find real enjoyment in my job	Mean	4.37	4.56	4.42
	No.	203	63	266
I am seldom bored with my job	Mean	4.39	4.65	4.45
	No.	202	63	265
Most days I am enthusiastic about my job	Mean	4.31	4.54	4.36
	No.	203	63	266
Overall, I am satisfied with my job	Mean	4.32	4.55	4.37
	No.	201	62	263
I feel that my role makes a difference to service users	Mean	4.54	4.76	4.59
	No.	196	63	259

Source: FN survey 2012

Respondents to the survey were asked their reasons for thinking that the job did, or did not, meet their expectations. These reasons allow greater understanding about the aspects of the job that FNs and Supervisors find particularly satisfying. Table 7.4 presents the reasons cited by five or more people. It shows that better than expected training, supervision and client relationships are notable contributors to job satisfaction, while the main reason for disappointment with the job is the demanding and stressful nature of the role.

Table 7.4: Reasons why role has/has not met expectations

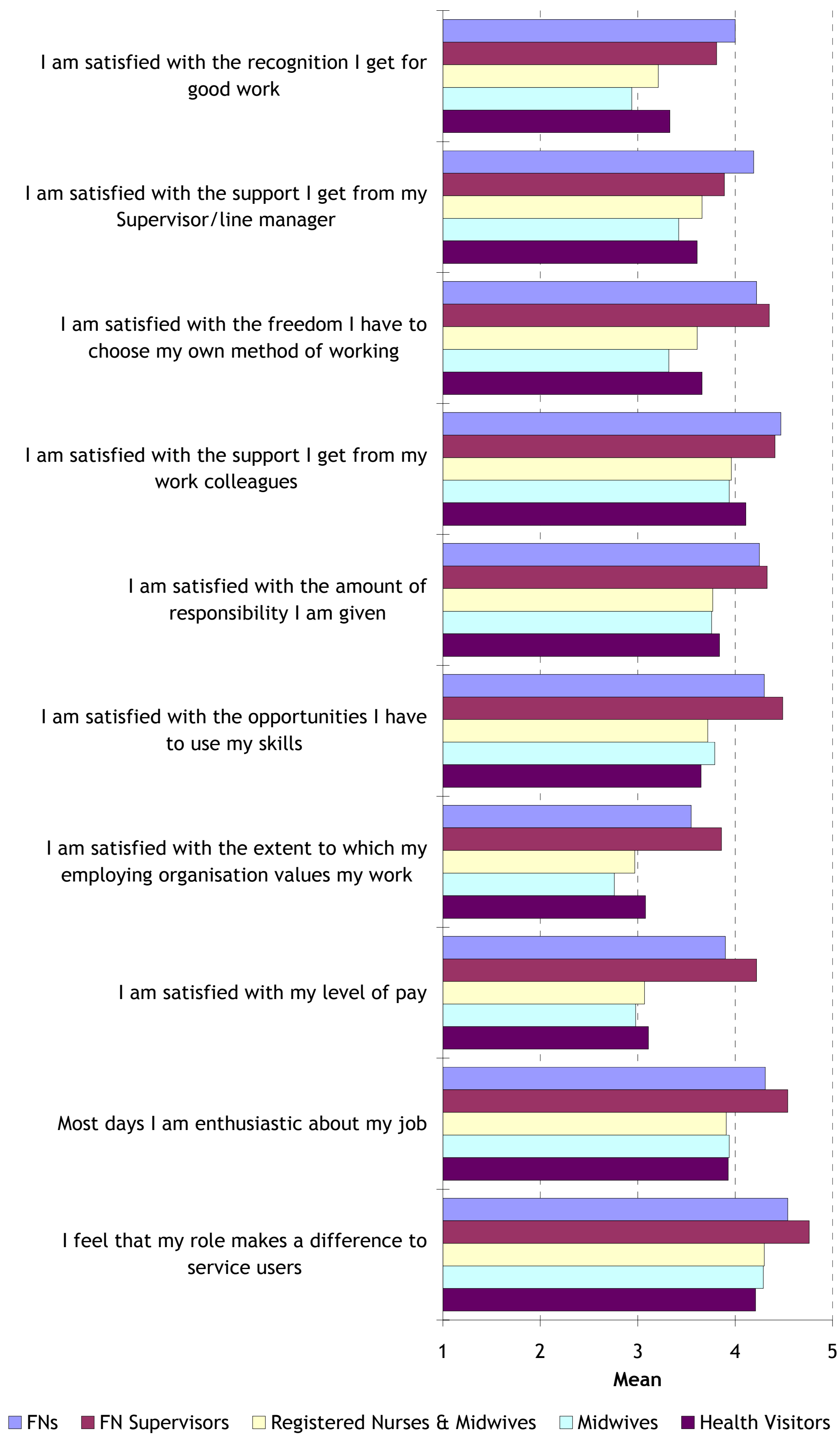
	FNs		Supervisors	
	No.	%	No.	%
Positive				
General positive comments	33	10.3	7	7.0
Making a difference	21	6.5	7	7.0
Better client relationships/enjoy specific client group	35	10.9		
Better supervision/good manager	26	8.1	11	11.0
The FNP Programme/FN role	15	4.7	10	10.0
Increased job satisfaction	15	4.7	6	6.0
Challenging work/caseload	16	5.0	14	14.0
Better training/professional development	37	11.5	18	18.0
Good resources/tools	11	3.4		
Colleagues/teamwork/support from other professionals	10	3.1	5	5.0
Negative				
Lack of supervision/poor managers	6	1.9		
Clients	9	2.8		
Role is too demanding/ stressful/unrealistic expectations	40	12.5	6	6.0
Lack of training/too much training	7	2.2		
Poor work/life balance	7	2.2		

Source: FN survey 2012

7.2.1 National comparison

Ten of the seventeen statements listed in Table 7.3 were taken from the NHS National Staff Survey. Figure 7.1 compares the responses given by FNs and Supervisors with those of their NHS colleagues more widely. It shows that for every one of these statements, FNs and Supervisors are notably more positive than nurses, health visitors and midwives in the wider NHS.

Figure 7.1: Components of Job satisfaction: comparison with national results



Sources: FN Survey 2012, and National NHS Staff Survey 2011

7.3 Changing views over time

The great majority of FNs loved their jobs. While the majority were not actively considering changing their job, the intensity of the role's demands led them to question for how long they could continue in the role. As stated in the previous chapter, the high emotional demand of these jobs has already led several FNs and Supervisors to question how many 'cycles' of clients they would be able to work with before finding they were unable to cope with any further cycles. This is exacerbated by the particularly intense work that is required at the outset – to establish the relationship and ensure the client does not withdraw after sign-up – and at cycle end and termination of the relationship. Two complete cycles appeared to be the point at which both FNs and Supervisors started to question their emotional stamina, although it is also true that some focus group participants and interviewees could not currently envisage working anywhere else, such was their enthusiasm for the role and the FNP:

> *I'm happy where I am.*

> *I don't want to do anything else, this is the best job I've ever had!*

The sense of overload and emotional draining had been compounded for some of the FNs by the minimum working week required at some sites. While the core element of the FNP model requires a minimum of 0.6 FTE, it emerged from the focus groups that some were required to work a minimum of a 0.8 FTE. Some had gone from a previous part-time post into this new, demanding and full-time role (or at least into jobs involving more working hours than they had previously worked) and in some cases they had found this very difficult to cope with; indeed one gave this as the reason she was about to leave the FN role.

> *There's only so many times you can do the FN 'three year cohort' as it's emotionally draining work.*

7.4 Pros, cons and challenges

7.4.1 Best things about the job

Respondents were asked to say, in their own words, what were the best things about working for the FNP. Their various open responses were grouped into common themes and these are shown in Table 7.5 below. For both FNs and Supervisors, one of the most frequently mentioned things was the specialised nature of the work, together with the skills mix and team work, offered by the FNP, which over half of FNs (56.7%) and Supervisors (60.0%) mentioned. For FNs, 'continuity of care' within a 'structured Programme' was the next most-cited aspect of the job, with 54.9 per cent of FNs saying this; however, only 20 per cent of Supervisors mentioned this as a factor. For Supervisors the next most-frequently cited factor was the 'ethos and

principles' of the FNP. Other factors mentioned by significant proportions of respondents were the feeling of 'making a difference' and the 'training and learning' opportunities.

Table 7.5: Themes identified as the best things about working in FNP

	FNs		Supervisors		All	
	No.	%	No.	%	No.	%
Making a difference	55	33.5%	26	47.3%	81	37.0%
Client/patient base	38	23.2%	11	20.0%	49	22.4%
Continuity of care/structured Programme	90	54.9%	11	20.0%	101	46.1%
Ethos and principles of FNP	50	30.5%	29	52.7%	79	36.1%
Job satisfaction	30	18.3%	7	12.7%	37	16.9%
Job content/role	25	15.2%	16	29.1%	41	18.7%
Training/learning	46	28.0%	16	29.1%	62	28.3%
Specialists/skill mix/team work	93	56.7%	33	60.0%	126	57.5%
Supervision	20	12.2%	5	9.1%	25	11.4%
Autonomy	8	4.9%	0	0.0%	8	3.7%
Location/hours	6	3.7%	0	0.0%	6	2.7%

Source: FN survey 2012

7.4.2 Challenges to the role

The emotional demands have already been covered in earlier sections of this report. Clearly this is one of the greatest challenges for individuals in these roles. Some of the FNs had been unprepared for how challenging the work would be or how tough the clients would be to engage and work with:

> *With health visiting you don't see [the clients] so often and often it's for other reasons. These clients have huge emotional issues. But other than that, the pressure of the fidelity Programme, getting the numbers in, representing the team...it's very challenging.*

> *The complexity and intensity of the work is on a different level and you do get supervision but I was unprepared for the level and intensity, you do get trained but it is all very intense.*

The challenges of the role were sometimes not recognised by those who work around the teams. One issue raised by Supervisors was that the job is more difficult than it looks and people outside the Programme did not recognise this:

> *Outsiders see it as an easier job, as it's a small team, but it's more challenging because of the intensity and emotional impact.*

The fact that FNP is a licensed Programme was a double-edged sword. Because it involves the delivery of a licensed Programme the Supervisors are very restricted in terms of what they can or cannot do: '*It's very rigid*'. On the other hand, though, this

had brought benefits: it meant that it was something which employing organisations '*couldn't fudge or water down because of the Licence and the evidence base*'.

Survey respondents were asked to describe, in their own words, the biggest challenges to them in their roles, and these responses were grouped under main themes. Table 7.6 indicates that issues around the role itself, and its associated workload, represent the greatest challenge to both FNs and Supervisors. Clients are also a challenge, especially for FNs, as are time management and the attitudes of other professionals.

Table 7.6: What are the biggest challenges to being a Family Nurse/Supervisor?

	FNs		Supervisors	
	No.	%	No.	%
Supervisor/line manager	9	2.0		
Client base	106	24.0	22	15.5
Workload/FN role/FNP	141	31.9	52	36.6
Time management/hours	49	11.1	15	10.6
Work-life balance	16	3.6		
Teamwork	26	5.9	14	9.9
Resources	14	3.2		
Other professionals	46	10.4	18	12.7
Training/learning	24	5.4	15	10.6

Source: FN survey 2012

7.4.3 What could be improved

Another open-ended question in the survey related to suggestions for improvement. Again, the free-text responses were grouped into themes. Table 7.7 shows that there is no clear 'front runner' for improvement. FNs would like a reduction to their caseload, improvements in the administrative support available, hours and equipment, while the working life of Supervisors would improve if their managers and relationships with other professionals were better; like FNs, they too would like more administrative support.

Table 7.7: What would most improve the quality of working life?

	FNs		Supervisors	
	No.	%	No.	%
Supervisor/line manager/other professionals	33	9.3	17	16.7
Clients/caseload/job role	74	20.8	13	12.7
Admin support	53	14.9	16	15.7
Hours - either more or fewer	49	13.8	10	9.8

	FNs		Supervisors	
	No.	%	No.	%
Location	37	10.4	9	8.8
Equipment/resources/tools	48	13.5	12	11.8
Training and personal development	20	5.6	5	4.9
Working practice	15	4.2	7	6.9
Team/colleagues	14	3.9	5	4.9
Pay/contract/benefits			5	4.9

Source: FN survey 2012

7.5 The senior perspective

The senior leads spoke highly of the Programme and its positive results so far. They felt that the tangible outcomes were very motivating for the FNP teams, and contributed hugely to job satisfaction (for themselves as well as for the FNs and Supervisors):

> *It's quite early days, but we already have some powerful case studies – some heart-stopping stories that have really helped.*

> *We're blessed with a fantastic supervisor and great nurses, we're really looking forward to expanding.*

> *We had an open day recently, which lots of mothers and families attended. It was wonderful to see so many really engaging young women and young men, engaging well with adults and not shouting at their children.*

> *It's reduced potential safeguarding issues, increased breastfeeding rates, and reduced smoking.*

> *What's really powerful, eg at Board meetings, is having case studies and stories of our clients themselves, combined with data. Also, we're finding that our families can talk for themselves, eg they're producing a DVD! When you hear young parents talk, when you see them with their babies, that's when you see the power of the Programme.*

> *It's been jolly hard work but a joy being involved in something so successful.*

7.6 Conclusions

FNs and Supervisors are, in general, very positive and enthusiastic about their roles, and many feel that they do not want to do anything else, at least for the foreseeable future. They are clearly satisfied with almost every aspect of the job, despite its challenges, but do not feel that their employing organisation understands the nature of their work. The senior leads believe that the positive results from the Programme so far are contributing towards the general sense of job satisfaction. There are some indications that the intensely emotional nature of the role may not be sustainable

over very long periods of time (for example after two client cohorts). Comparisons with national staff survey results indicate that FNs and Supervisors are markedly more positive than their wider NHS colleagues across the full range of aspects of job satisfaction.

8 Careers

This chapter examines the views of FNs and Supervisors about their CPD and career progression opportunities, and analyses their career intentions. It is therefore relevant to workforce planning and forecasting, as well as casting light on the opinions of FNs and Supervisors.

8.1 Continuing professional development (CPD)

After the initial intensive training to prepare staff for the roles within the FNP Programme, staff can feel as though they hit a wall as far as training is concerned. We have noted that some teams organise briefing days to keep staff up to date. However, aside from these events (which in any case do not take place in all teams) there could be real challenges gaining access to any further development, either informal or formal.

At an informal level, if FNs wanted to progress within the FNP, they first needed to gain the managerial experience necessary to progress into a Supervisor's position:

> *The job description asks that you have experience of leading a team and the longer you are a FN the further away you get from this, whereas as a health visitor or midwife you would do this.*

> *That's why perhaps you'd move out [from the FNP] then back in, as you'd need the experience. You need management experience.*

Whereas in other jobs in health they might have had the opportunity to become a team leader and develop managerial skills, the FN teams are not organised in the same way – there are the Supervisor and the FN roles only. There is no real opportunity to shadow the role either. At the same time the FNs recognised that they were in relatively high band posts and this too could cause some problems when contemplating the next career move:

> *It's tricky because of the band we are in and what other roles are banded at. There's no particular career pathway and it's not clear that your progression would necessarily be into a*

Supervisor role as the development is not there in supervisory skills. I'm not sure I could build up these skills.

Regarding more formal development options, some had wanted to study on Masters Programmes. However, the nature of the workload and the inability to provide any cover for absent staff meant that FNs could not be released for study.

8.2 Career development

Although there are limited opportunities for career progression within the FNP, views expressed via the survey are positive overall, although there are some areas around career development where relatively low scores (compared to responses in other areas) were returned: the provision of opportunities to progress in the job (mean score 3.35), and whether continuing professional development (CPD) is actively supported by their employing organisation (3.67). However, FNs and Supervisors were clearly positive about the day-to-day management of their training and development, and the support from the team and the FNP NU for their CPD (see Table 8.1).

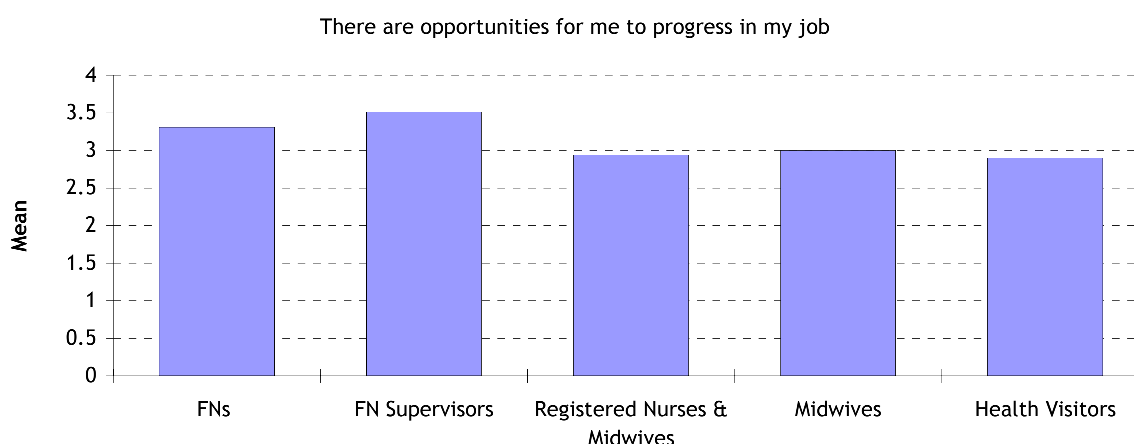
Table 8.1: Views on career development

		FNs	Supervisors	All
There are opportunities for me to progress in my job	Mean	3.31	3.51	3.35
	No.	206	63	269
My Supervisor/line manager takes staff development seriously	Mean	3.95	3.95	3.95
	No.	205	62	267
My training and development needs are regularly discussed	Mean	3.92	3.69	3.86
	No.	204	62	266
My continuing professional development is actively supported by…				
…..my FNP team	Mean	4.13	3.95	4.09
	No.	203	63	266
…..the FNP National Unit	Mean	3.97	4.14	4.01
	No.	203	63	266
…..my employing organisation	Mean	3.62	3.84	3.67
	No.	203	63	266

Source: FN survey 2012

Despite the relatively low scores for 'There are opportunities for me to progress in my job', FNs and Supervisors still return scores that are higher than their colleagues in the wider NHS (see Figure 8.1).

Figure 8.1: Career development



Sources: FN Survey 2012, and National NHS Staff Survey 2011

8.3 Career plans

The majority of individuals who responded to the survey intended to continue working in their current role and FNP site over the next two years (62.2%); similar proportions of FNs and Supervisors said this. Almost one-fifth (17.1%) FNs would like to seek promotion within FNP over the next two years and about one -tenth (11%) Supervisors also stated they will seek promotion in the FNP.

Almost one- tenth Supervisors (9.6%) intended to leave FNP within the next year, a higher proportion than among the FNs (6.4%). Table 8.2 gives their broad career intentions, using the options offered in the questionnaire, for the next few years.

Table 8.2: Career intentions over next two years

	FNs		Supervisors		All	
	No.	%	No.	%	No.	%
Work in FNP, in my current role and site	147	62.8	44	60.3	191	62.2
Work in FNP in my current role at a different site	6	2.6	1	1.4	7	2.3
Work in FNP and seek promotion	40	17.1	8	11.0	48	15.6
Leave FNP within the next year or so	15	6.4	7	9.6	22	7.2
Leave FNP as soon as I can	3	1.3	3	4.1	6	1.0
Unanswered	23	9.8	10	13.7	33	10.7

Source: FN survey 2012

Those supervisors who saw themselves moving on in the next few years were asked what were their longer term career plans. Only a few gave descriptions of their intentions, and these tended to fall into two broad groups: those who wanted to

progress into a more strategic role; and those who want to get involved in the work of the National Unit or the National Unit Training Team.

Many of the FNs were keen to progress into supervisor roles; some were undertaking further training to support this aim and some had already applied for supervisor posts. There was hope that as the programme was rolled out more widely across the UK this would lead to more supervisor posts becoming available and also to the posts becoming available closer to home:

> *I would like to remain within the FNP either in my current role as a Family Nurse or as a Supervisor until I retire but travelling time to and from my current site coupled with extremely long hours is impacting on my work life balance and so hopefully as the FNP rolls out over the UK I will be able to apply to a site nearer to home*

Some of those who had already sought – but not gained – a supervisor post felt they might soon face a quite stark decision.

> *I would like to progress within FNP however unless going to be supervisor then there doesn't appear to be any other progression route which is disappointing. I have already applied for one job and am considering leaving FNP if no opportunities arise.*

The discussions in the focus groups supported the survey findings. While the great majority of FNs and Supervisors were very happy with the work and in many cases seemed to feel it was their 'life's work' (ie the job they had always been seeking), some – particularly those who had been in post for a few years – were starting to contemplate what their next role might be. However, for some it could be difficult to see a way ahead after these roles. Supervisors believed they would most likely have to take a pay cut if they wished to move to another clinical supervision post (as they are in relatively high bands for people supervising small teams). The other option would be to move into mainstream management, which most did not find an attractive option: often they had moved into these posts because they disliked the type of remote management style they had needed to adopt in larger departments.

One problem for FNs seeking a Supervisor's role is that these posts are not very numerous at present (but as indicated above, the Programme is being expanded and more Supervisory posts will become available over the next year or so). There is also little turnover. Of more concern to the FNs was the fact that the way in which the teams were structured – essentially, they were flat structures comprised of Supervisors and FNs with no intermediate level or role – precluded their gaining the type of team leader experience that the job description for Supervisors states is a requirement. In some cases they went so far as to say the FN post 'actively unfitted' them for progression to a Supervisory position.

There was a further (some might say perverse) aspect to the roles. On the one hand the posts were aspirational, rewarding, and typically provided FNs with the types of client involvement they had desired in previous jobs. However, this in itself

constituted a problem. The job was one that FNs had striven to attain; once they arrived, where could they go next, especially in the absence of any obvious developmental route? One Supervisor told of how one of her FNs had left because, she said, the FN role was a 'destination job' not a 'journey job'. For the younger FNs in particular (and by this we mean anyone under the age of 45, in other words with another 20 years or so of working life ahead of them) while they found themselves in their 'dream job' they also found themselves facing a lack of further development, change or progression for the remainder of their time in post. Even were they to find an appropriate development programmes (and funding), secondment was precluded by the types of back-fill issue identified earlier. For some this sense of impending career stagnation was starting to get in the way of the joy of their current job.

The senior leads had also reflected on the longer-term career progression of FNs, and echoed some of the points made during the focus groups. They felt that the FNP NU needed to address the issue of the promotion path from FN to Supervisor, and think about the difficulties FNs might experience if they went back into universal services.

> *Career progression needs looking at. There needs to be more of a career path – FNs need to be eligible for Supervisor posts. This happens [here] because I do the recruitment – I had to get permission from the FNP National Unit to promote FNs to Supervisor posts. The FNs that have become Supervisors are fantastic.*

> *Future careers is an issue. Some FNs might like to be a Supervisor but not all will be suitable – it's not a natural career progression. It's a very demanding role, and FNs probably won't be able to stay in it too long. If they go back to health visiting, they can't in theory use any of the tools.*

> *Going back into health visiting might not be possible if you're in family nursing for a while, not working in health visiting. So where do you go to get an 8A? It needs to be thought about.*

8.4 Future workforce requirements

8.4.1 Planned FNP growth

The FNP Programme has been implemented in England since 2007. It has been introduced in five 'waves' between October 2007 and January 2012, although waves 2, 3 and 5 have each had two parts (2a and 2b, 3a and 3b and 5a and 5b). The current Government is committed to increasing the number of places on the Programme to at least 13,000 by 2015. This commitment is set out in the 2011/12 and 2012/13 NHS Operating Frameworks.

8.4.2 Future recruitment

It is difficult to work out accurate employee turnover rates for the FNP, as the central database does not always contain precise details of starting and leaving dates for FNs

and Supervisors. However, to date the cumulative turnover rate for the five years during which the Programme has been in operation appears to be around 20 per cent, or roughly four per cent a year. Career intentions data collected via the survey would appear to support this figure, in that 7.7 per cent of FNs expressed an intention to leave either as soon as they could, or (more commonly) over the next two years. The likely turnover for Supervisors will probably be a little higher, in that 13.7 per cent intend to leave within the next two years.

The above turnover figures suggest that, in addition to recruiting for the planned expansion of the FNP Programme between now and 2015, annual recruitment to replace around four cent of FNs and seven per cent of Supervisors will be necessary. Two caveats are needed here. Firstly, the focus groups and interviews suggest that FNs will be more likely to leave at certain points, in particular on reaching the end of a cohort of clients, meaning that departures might take place in groups rather than being evenly spaced. Secondly, the current economic situation might mean that some people are remaining in post due to limited opportunities to move, and this 'latent turnover' may result in a greater than expected leaving rate if the recession lifts or if other opportunities present themselves – for example, related to the planned expansion of health visitors.

The majority of FNs and Supervisors (around 75% of FNs and 90% of Supervisors) come from a health visiting background, which appears to have led to tensions at local level in some areas when teams were in the process of being set up. However, the planned expansion of health visiting and the big increase in training posts suggests that the pool of health visitors, from which FNs and Supervisors can be drawn, will enlarge.

8.5 Conclusions

FNs and Supervisors are positive about aspects related to career development, notably CPD, although they have some reservations about opportunities for progression within the FNP. In particular, it is hard for FNs to acquire the managerial experience necessary for promotion to a Supervisor post. Turnover and career intentions data suggest that around four per cent of FNs and seven per cent of Supervisors will leave each year and require replacement, in addition to the planned major expansion of the Programme between now and 2015.

9 Engagement

This chapter takes into account all aspects of working life, to assess the extent to which FNs and Supervisors are engaged with the FNP and their roles. This assessment draws on IES's research into employee engagement and its drivers (Robinson et al, 2004).

9.1 Engagement levels

The engagement statements in the survey attracted very positive responses (see Table 9.1). The statement that attracted the highest score was 'I try to help my team members whenever I can' (mean score 4.75 out of 5 for all respondents: 4.69 for FNs; 4.92 for Supervisors). Confidence in the service provided also attracted a high score from both FNs and Supervisors (mean score 4.67), while FNs and Supervisors are clearly positive advocates of the FNP in that they speak highly of it to their friends, and would recommend it as a place to work. They also identify strongly with the FNP's values and believe that care of service users is the FNP's top priority. Willingness to offer discretionary effort, be involved by making suggestions for improvement, and help other team members and colleagues, are all high.

The results are shown in Table 9.1 and are indicative of very high levels of engagement with the FNP. The overall mean engagement scores (made up of all the engagement statements – see Survey Annex for further details) are 4.4 for FNs and 4.7 for Supervisors. These are notably higher than the scores for 'organisational engagement' normally returned via employee surveys run by IES on behalf of employing organisations, where the range is normally around 3.4 to 3.9; this comparison could be considered a little unfair, however, as the FN survey tested respondents' engagement with the FNP rather than with their employing organisation. It is worth noting that, for all of these measures, the supervisors gave higher responses than did the FNs.

Table 9.1: Views on engagement

		FNs	Supervisors	All
I speak highly of working as a FN to my friends	Mean	4.50	4.75	4.55
	No.	202	63	265
I would be confident if my family or friends needed to use our services	Mean	4.61	4.84	4.67
	No.	203	63	266
FNP has a good reputation	Mean	4.47	4.70	4.52
	No.	203	63	266
I am proud to tell others that I am a FN/Supervisor	Mean	4.54	4.79	4.60
	No.	203	63	266
Working as a FN really inspires the very best in me in the way of job performance	Mean	4.39	4.74	4.48
	No.	203	62	265
I find that my values and FNP's are very similar	Mean	4.54	4.71	4.58
	No.	203	63	266
I try to help my team members whenever I can	Mean	4.69	4.92	4.75
	No.	203	63	266
I try to help colleagues outside the team whenever I can	Mean	4.46	4.76	4.53
	No.	202	63	265
I try to keep abreast of current developments in my area	Mean	4.35	4.68	4.43
	No.	202	63	265
I frequently make suggestions to improve the service we offer	Mean	4.21	4.54	4.29
	No.	203	63	266
I can make suggestions to improve the work of my team	Mean	4.28	4.71	4.38
	No.	203	63	266
There are opportunities for me to show initiative in my role	Mean	4.25	4.60	4.33
	No.	202	63	265
I am able to make improvements happen in my area of work	Mean	4.05	4.54	4.17
	No.	203	63	266
Care of service users is FNP's top priority	Mean	4.51	4.86	4.59
	No.	203	63	266
I would recommend FNP as an area to work in	Mean	4.41	4.86	4.52
	No.	203	63	266
I look forward to going to work	Mean	4.15	4.43	4.22
	No.	203	63	266
I am enthusiastic about my job	Mean	4.36	4.69	4.44
	No.	202	62	264
Time passes quickly when I am working	Mean	4.55	4.78	4.60
	No.	203	63	266

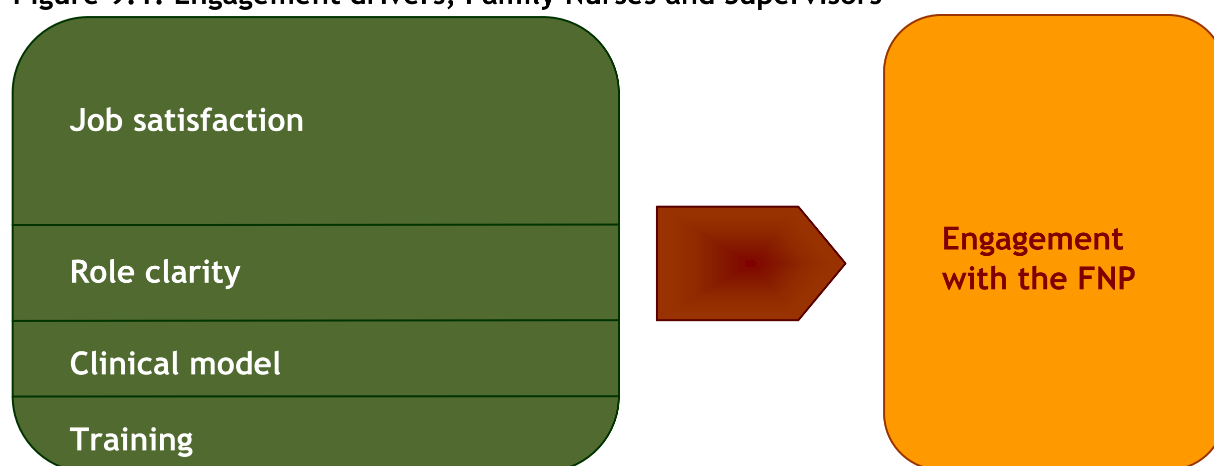
		FNs	Supervisors	All
I often do more than is required	Mean	4.34	4.65	4.42
	No.	202	63	265
I am able to do my job to a standard I am personally pleased with	Mean	4.12	4.22	4.14
	No.	200	63	263
My employing organisation is prepared to be flexible to help us deliver the FNP Programme	Mean	3.68	3.81	3.71
	No.	203	63	266

Source: FN survey 2012

9.2 Engagement analysis

A regression analysis of the drivers of engagement was conducted for the overall data set for supervisors and FNs. This indicated that, overall, the main drivers of these high levels of engagement are job satisfaction, role clarity, the FNP clinical model, and training, with job satisfaction being the strongest driver (Figure 9.1).

Figure 9.1: Engagement drivers, Family Nurses and Supervisors



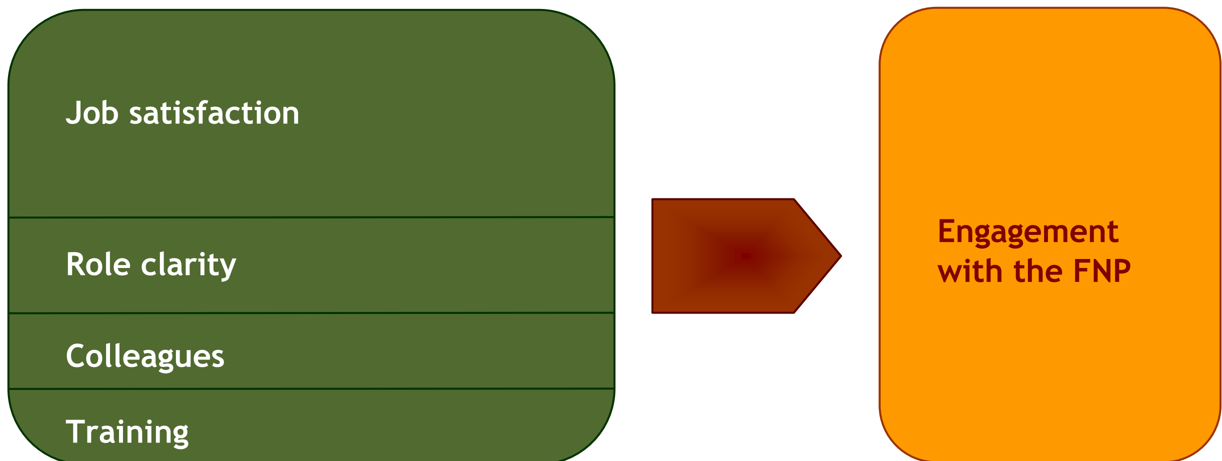
Source: FN survey 2012

Looking at the drivers for FNs however gives a slightly different picture, in that the FNP clinical model does not feature as a driver for them, but their colleagues do. However, as with the supervisors, these are not as important as job satisfaction and role clarity (see Figure 9.2).

It was not possible to carry out the drivers analysis for Supervisors alone, as the group is too small (100 is the minimum size for this type of analysis). Instead, a correlations analysis (showing only those aspects where there is a statistically significant link with engagement) was carried out, and this is presented in Figure 9.3. Correlations are indicative of a link between engagement and the other aspects only, ie it is not possible to say that these aspects are causing Supervisors to be engaged with the FNP, only that there is a strong relationship. In Figure 9.3, the shading in the box (from dark to light green) represents the strength of the correlation, with darker

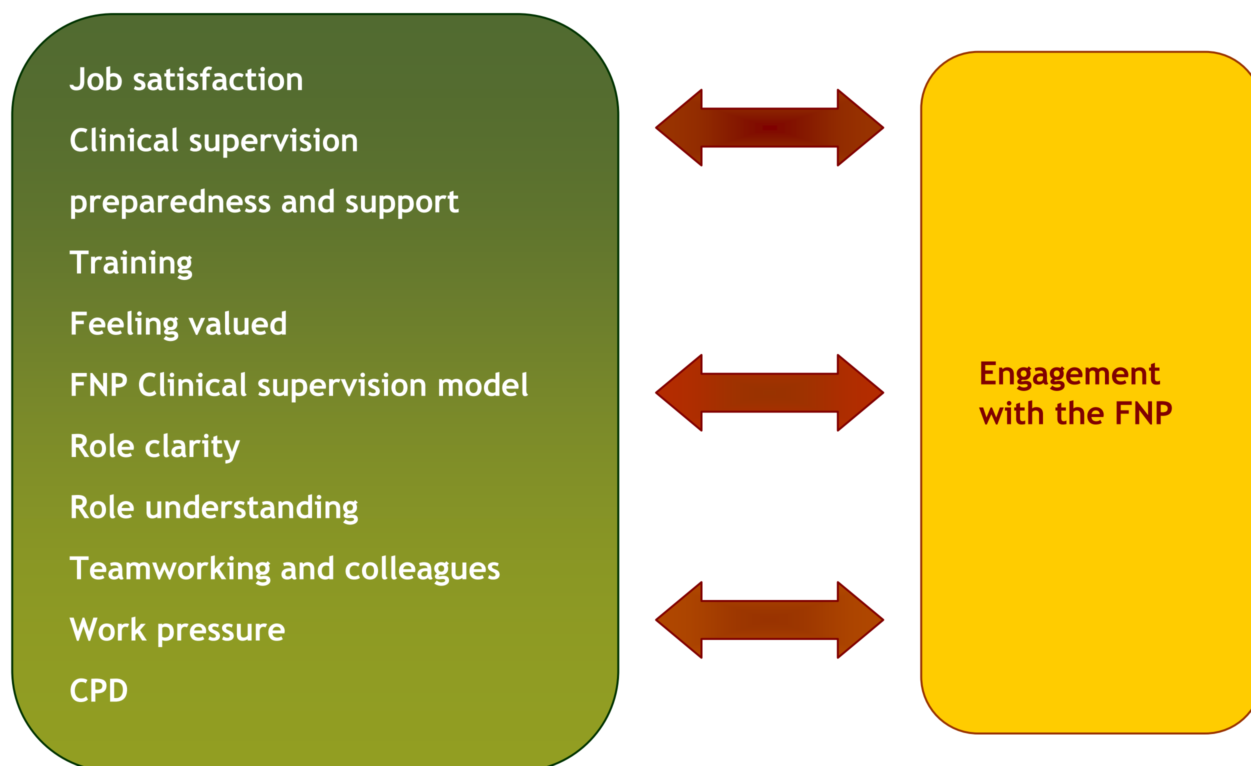
shading representing the stronger links. This analysis suggests that, in addition to job satisfaction, three aspects are particularly important to Supervisors with regard to their overall engagement with the FNP: the preparation and support they get for carrying out their clinical supervision role; the training they receive; and the extent to which they feel valued.

Figure 9.2: Engagement drivers: Family Nurses only



Source: FN survey 2012

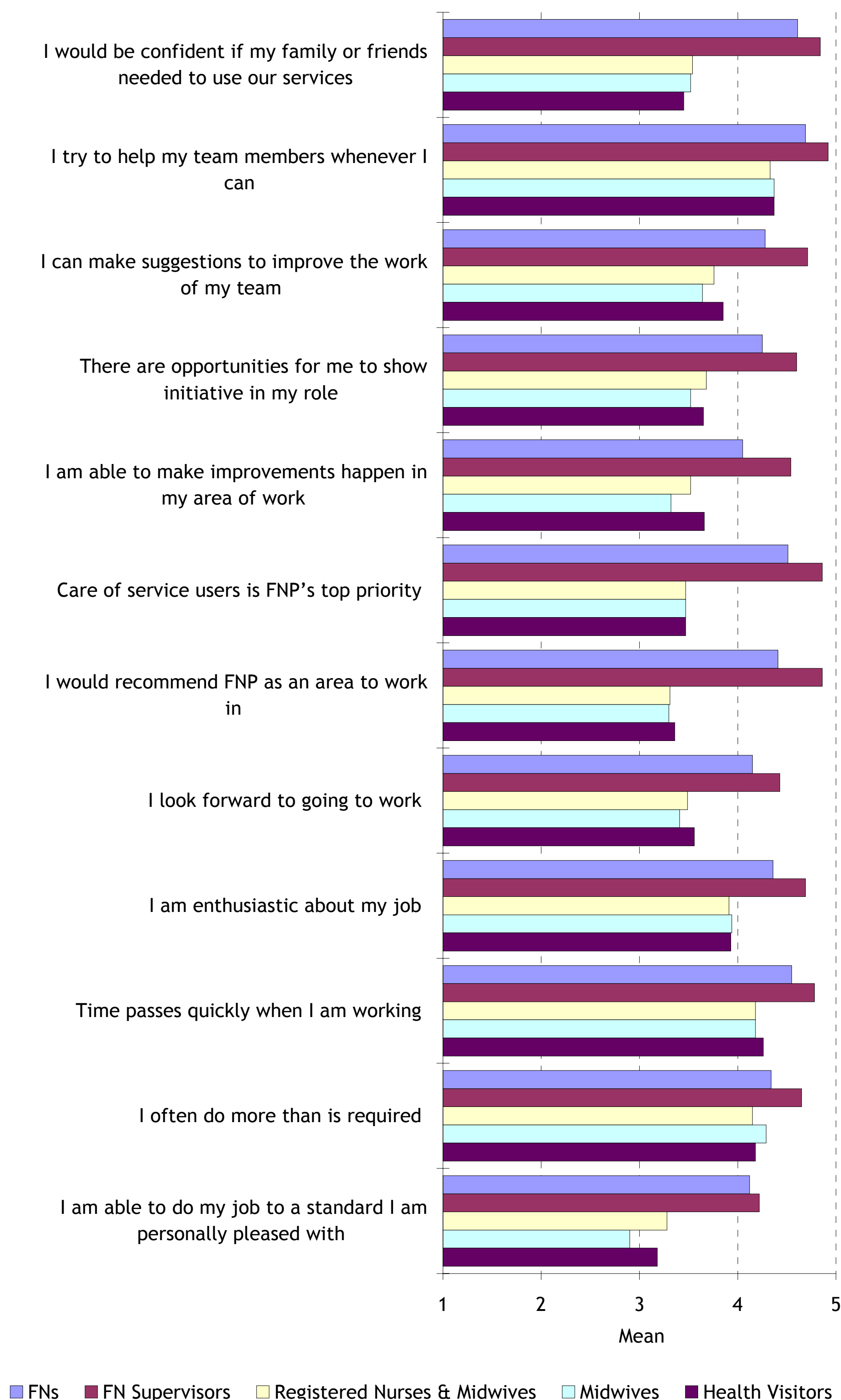
Figure 9.3: Engagement influences: Supervisors only



9.2.1 National comparisons

The twelve engagement items were taken from the National NHS Staff Survey and Figure 9.4 shows the data from the current surveys alongside the data from the 2011 national staff survey. The figure shows very clearly how highly engaged FNs and Supervisors are, in comparison to their colleagues in the wider NHS. One small note of caution, however, is that the NHS staff survey asks about staff's engagement with their employing organisation, while in the FN survey the focus on engagement was the FNP rather than the employer. Nevertheless, they are markedly positive in response to every question, even those that do not specifically relate to the employer (eg the statement often considered to be the 'killer question': I would be confident if my family or friends needed to use our services).

Figure 9.4: Engagement: comparison with national results



Source: FN survey 2012, and NHS National Staff Survey 2011

9.3 Conclusions

FNs and Supervisors are highly engaged with the FNP. The strongest drivers overall are job satisfaction and role clarity. For FNs, colleagues are also very important, while Supervisors also particularly value the preparation and support for their supervisory role. FNs and Supervisors are clearly more engaged than their colleagues in the wider NHS.

10 Words and Pictures

This chapter presents some of the material – pictures and descriptive words – collected via focus groups and interviews. These enable a different presentation, with visual impact, of the views of FNs and Supervisors about their roles. The full set of pictures can be found at the end of the Focus Groups annex.

10.1 How do Family Nurses and Supervisors depict their role?

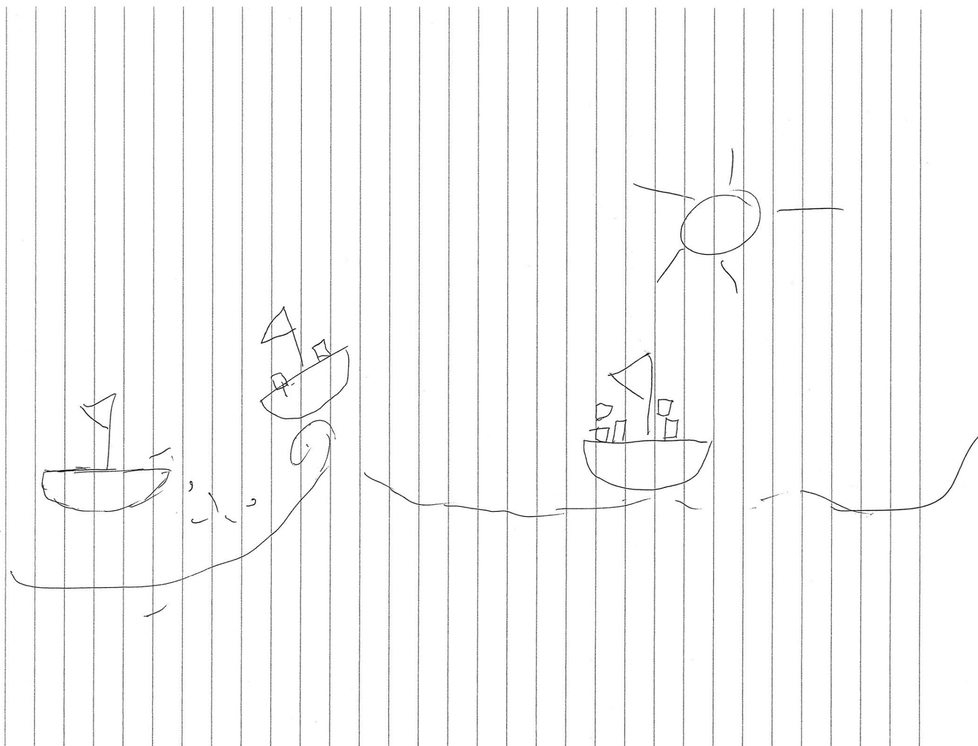
The pictures drawn by FNs and Supervisors fall into two main categories.

- Firstly, one group of pictures illustrate the complexity of the role, and the multiplicity of tasks, people, agencies etc involved. This was represented by many arms juggling, and by small illustrations, within the overall drawing, or different people and activities. Some people, notably Supervisors, also drew several hats to represent the multi-faceted aspects of their role. Figure 10.1 is an example.
- Another group focus more on the journey of the client and the Programme. These use stormy weather, clouds and sunshine – and in one case a wheel rolling down a hill, gathering momentum – to represent the FNP making a difference (see Figure 10.2).

Another notable feature of the drawing is the use of hearts. Half of the drawings included hearts, suggesting that the people who drew these felt strongly emotionally involved with the Programme and its clients.

Figure 10.1: Drawing illustrating complexity and multi-faceted nature of role

Figure 10.2: Drawing illustrating the client journey



10.2 How do Family Nurses and Supervisors describe their role?

The words and phrases used by leaver and pen picture interviewees to describe their jobs have been analysed and used to produce a word cloud (see Figure 10.3). This word cloud illustrates the many different aspects of working in the FNP: the focus on clients, its aspirational emphasis, the emotional connection, the roller coaster nature of the work day-to-day, and above all the hard work involved.

Figure 10.3: Word cloud

11 Conclusions and Recommendations

11.1 Summary of findings

FNs and Supervisors are consistently positive about the FNP and their roles, with findings from the focus groups and interviews supporting the survey data. Figure 11.1 summarises the survey results using key indicators, which group the individual survey statements under themed headings (see the survey annex for further detail). The only area attracting lower scores is that of work pressure. Here, it is apparent from all sources (survey, focus groups and interviews) that FNs and Supervisors feel they have to work very hard, and that the work is emotionally exhausting; however, they remain, overall, confident in their ability to cope with this pressure, which suggests that they feel in control of their workload despite its intensity.

Senior leads are very supportive of the Programme and of their FNP teams, and are starting to see evidence of success among the client group.

The main points from the chapter conclusions are listed below.

- FNs and Supervisors were unanimous in their praise for the content of the training. There were only a few suggestions for additional content; where there were more concerns was in relation to the timing, intensity and location of the training events. The extended nature of the residential sessions had caused some problems for staff with children, and some Supervisors had had candidates withdraw when they heard of the extensive nature of the training sessions.

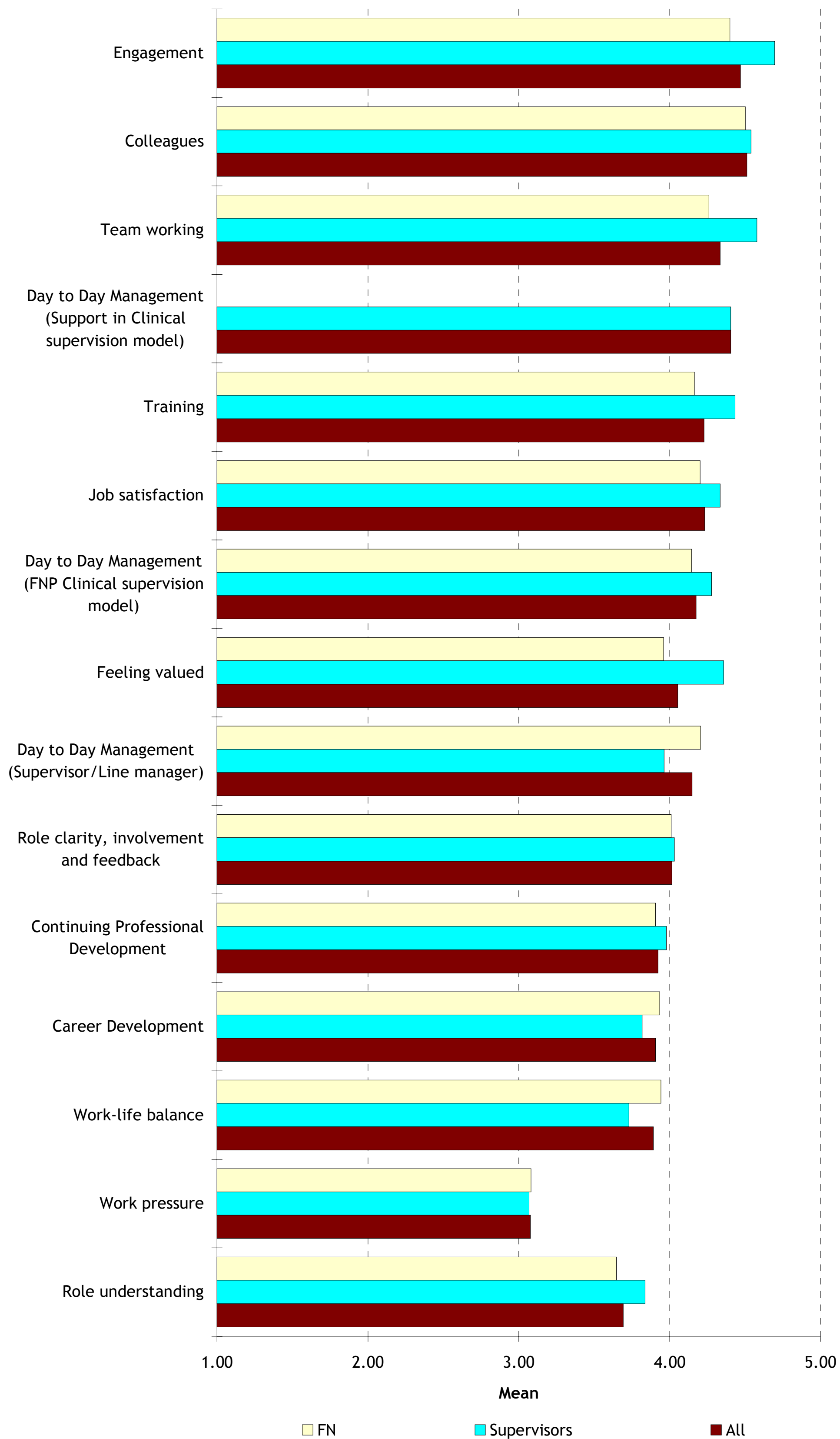
- The majority of FNs and Supervisors felt a high degree of role clarity. There was less agreement amongst the participants regarding the extent to which their role and the aims of the Programme were clearly understood outside the organisation, however. Overall, the FNs and their Supervisors felt more valued and trusted than individuals in similar jobs elsewhere in the NHS.

- In general the FNP supervision model was positively received, although Supervisors were a little less satisfied with the supervision they received than the FNs. Some FNs and Supervisors believed that the support provided in terms of

administrative capacity and IT support was less than optimal. The FNs found their fellow team members to be sources of strong support. Supervisors were less likely to be receiving the levels of support they required from their line manager. The FNP NU was viewed as a strong source of support, especially for Supervisors.

- FNs and Supervisors felt quite a high degree of work pressure in their jobs and that a substantial number do not appear to have achieved a satisfactory level of work-life balance. At the moment this does not appear to have impacted significantly on their health; confidence in their ability to cope with workload pressures is high, and sickness absence very low.
- In terms of job satisfaction, FNs and Supervisors are, in general, very positive and enthusiastic about their roles, and many feel that they do not want to do anything else for the foreseeable future. They are clearly satisfied with almost every aspect of the job, despite its challenges, but do not feel that their employing organisation understands the nature of their work. There are some indications that the intensely emotional nature of the role may not be sustainable over very long periods of time (for example, after two client cohorts).
- FNs and Supervisors are positive about aspects related to career development, notably CPD, although they have some reservations about opportunities for progression within the FNP. In particular, it is hard for FNs to acquire the managerial experience necessary for promotion to a Supervisor post. Turnover and career intentions data suggest that around four per cent of FNs and seven per cent of Supervisors will leave each year and require replacement, in addition to the planned major expansion of the Programme between now and 2015.
- Levels of engagement with the FNP are very high among FNs and Supervisors. The strongest drivers overall are job satisfaction and role clarity. For FNs, colleagues are also very important, while Supervisors also particularly value the preparation and support for their supervisory role.

Figure 11.1: Overall survey results: key indicators



11.2 Recommendations

There are no major current workforce issues for the FNP NU to tackle, as it is clear that FNs and Supervisors are highly motivated to deliver the FNP Programme to their clients, that they find fulfilment in their jobs, and that they are very engaged with the FNP. Judging from the interviews with leavers, even those who have left the FNP to take up other roles feel positive about the Programme and would recommend the FNP as an area to work.

The following recommendations are designed with a view to making the FNP, and the working lives of FNs and Supervisors, even better.

- The demanding nature of the work may mean that FNs and Supervisors will not feel able to stay in post for very long periods; this has implications for future workforce planning, as it is possible that staff may leave in 'waves' as they come to the end of cohorts of clients. The FNP NU may therefore wish to consider workload pressures and work-life balance as priority areas for action.
- Career progression could become a major issue as the FNP grows and matures, in that there are few opportunities for FNs to acquire the sort of experience they need in order to be promoted to Supervisor. There is a risk that FNs will feel obliged to leave the FNP to gain this experience, which would lead to a loss of expertise and training/development investment.
- Although some FNs and Supervisors are happy with their level of administrative support, a substantial number would like more and feel this would enable them to manage their demanding caseload better. Similarly, better IT support (especially given the amount of record-keeping and data entry required to provide evidence for the fidelity measures) would lead to less frustration.
- The requirement for residential training courses makes the FNP less accessible to potential FNs and Supervisors with family/caring responsibilities. As numbers grow it may be possible to arrange more local sessions, but it remains a possibility that the residential aspect is a core part of the team-building process. If so, then it would be advisable for Supervisors to make this requirement clear in the initial information provided to potential applicants.
- Although FNs and Supervisors are very happy with the quality and content of the learning programme, there were some suggestions for additional content or for a change of emphasis with regard to content which the FNP NU might wish to examine.
- The levels of awareness and understanding of the FNP by organisations and other health and social care professionals appears to be fairly low, judging by the survey responses and comments made by focus group participants and interviewees. This had led a few problems, and some teams had had to spend substantial amounts of

time in relationship-building and marketing. This might improve over time as the FNP expands and as more people come into contacts with FNs, but in the meantime the FNP NU might like to consider providing – especially to new teams – more material that would explain the Programme and the FN role to outsiders.

The following three recommendations are possible courses of action within the FNP NU:

- The central workforce databases (for staff in post and leavers) appear to be in need of some attention. There are issues with data quality (eg duplicate entries, and incomplete data for leavers), and records seem not to be always up to date. This issue could become more important in the future, as it is likely that more formalised workforce planning and forecasting will be required as the FNP grows.
- The FN workforce appears less ethnically mixed than the general workforce of nurses and midwives, in particular having a very low percentage of FNs and Supervisors of Asian origin. This may not be a problem if the FNP ethnic mix mirrors that of the client population, so it is recommended that the FNP NU carries out a simple matching exercise to compare the ethnicity of its clients with that of its workforce.
- Workload pressures are high and FN teams find absences difficult to cover. The FNP NU might wish to consider setting up a 'bank' of people who have completed their learning programme and worked as an FN before either retiring or moving to a part time job elsewhere, if this is possible within the terms of the licence.

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