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### Article

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**Should civic engagement placements be considered “business as usual” for nursing education, and if so, how do we develop the initiative?**

**Abstract**

This article discusses the advantages and difficulties of implementing the Clinical Placement Expansion Programme (CPEP) using a long arm supervision model.

Practice learning opportunities were developed in partnership with local community organisations in a spirit of civic engagement. Students developed their understanding of health inequalities, vulnerable populations, and the impact of asset-based community development, whilst contributing positively to the activities of the organisation through involvement in wellbeing initiatives. The model has many additional benefits for students and higher education institutes, including improving student wellbeing and knowledge of services, experiencing alternative leadership models and the potential to widen participation.

To implement a strategy of civic engagement for future health professionals, further research is needed to develop a sustainable framework for non-clinical placements

and Universities will need to expand civic partnerships to affirm their role as anchor institutions for health in the community

Keywords: Nursing Education, Practice Learning, Civic Engagement, Long-arm Supervision, Placement Expansion

## **Introduction**

The increasing pressure on NHS services and a shortage of nurses to provide supervision and assessment for students, has exacerbated the challenge to provide the increased placement capacity required to expand the numbers of student nurses recommended in the NHS Long Term Plan (Morgan, 2022; NHS, 2023; NMC, 2018). Simultaneously, health care is evolving and there is now a shift in the focus of care, from secondary and acute services to community-based services and health promotion (NHS, 2019). Similarly, there is a growing interest in utilising 'grass roots organisations' that contribute to improvements in population health as potential placements. In this context, is it time to consider a broader range of off campus learning environments, to prepare nursing students for 21<sup>st</sup> century practice working within an increasingly integrated environment?

## **Context**

The NHS Long Term Plan (NHS, 2019) signalled new pathways towards integrated service provision that puts people as the heart of services. The resulting Integrated Care Systems (ICS) in the UK have been formed to improve the lives of local people, by bringing together a broad range of stakeholders to develop a cohesive strategy to deliver local health and social care services. The priorities of the new integrated care system privilege a place-based approach to promoting health and preventing ill health, with an emphasis on developing partnerships between health and social care providers (NHS Confederation, 2020). This shift to community partnerships to improve population health, challenges current clinical practice which focuses on clinical care pathways and treatment.

Recommendations on the use of civic engagement in undergraduate health professional training have existed for some time, without widespread implementation. In 1987 the World Health Organisation recommended that health professionals be immersed in the communities they will serve after graduation to better understand the

needs of their patients (WHO, 1987). In 2013 the Institute of Health Equity, identified the need for a fresh approach to how we educate future health professionals, moving away from a focus on the treatment of acute illness to early intervention and the importance of community (Allen et al., 2013). More recently the World Health Organization, (2020), has acknowledged the critical role the nursing workforce will play in achieving the sustainable development goals, by reducing health inequalities and tackling the upstream causes of ill health.

However, if we are to ensure future nurses can effectively contribute to improvements in population health they will require a clear understanding of public health priorities, the wider social determinants of health and the role of community. In 2018 the UK Nursing and Midwifery Council, updated the key competencies for practice to include promoting health and preventing ill health (NMC, 2018) These directives and policy changes require nursing education to consider how to best prepare nursing students for this paradigm shift (Donaghy et al., 2022a), which will include fostering a deeper understanding of community assets, care delivered in the home and social prescribing. Research evidence from the USA, Australia and Canada suggests that when students engage meaningfully in community organisations, they develop a deeper understanding of their future role in health promotion (Donaghy et al., 2022b).

An evaluation of the French model of mandatory civic engagement placement “Service Sanitaire” introduced in 2018 for all medicine and allied health students, found that for this model of civic engagement to deliver effective practice learning and for students to positively contribute to local wellbeing initiatives, the support from staff experienced and qualified in health promotion is considered essential (HCSP, 2021). The French model is based on interprofessional active learning, with a multi-disciplinary team of students participating in local health promotion initiatives aimed at reducing health inequalities which delivers not only placement capacity but contributes to local population health initiatives aimed at reducing health inequalities (Vaillant et al., 2018).

Developing complementary placement learning opportunities outside NHS clinical areas, which challenge students’ perceptions of healthcare, and encourage a deeper reflection on the impact of the wider social determinants is now considered an important aspect of achieving the aims of the NHS Long Term Plan (2019). These placements will also help HEI to achieve sufficient placement capacity to expand student numbers in line with the NHS Long Term Workforce Plan (NHS 2023).

## **Developing placements in non-clinical services**

As a result of changes to the NMC standards for practice learning in 2018, nursing students were required to be supervised and assessed by an NMC registrant (NMC, 2018). Unfortunately, these changes impacted placement capacity as many Private, Independent and Voluntary Organisations (PIVO) such as long-term residential care facilities (elderly, mental health and learning disability), did not employ registered nurses. With the need to increase student numbers to address the nursing shortage in the UK, Health Education England (HEE) funded a number of pilot projects through the Clinical Placement Expansion Programme (CPEP) to understand how social care placement opportunities could be returned to the placement circuit. A long arm supervision model was developed, with Higher Education Institutes (HEIs) employing suitably prepared NMC registered practitioner to supervise and assess nursing students on placement in non-clinical settings where no professional registrant was available; further details on this model can be found in the article by Knight et al., (2022). The HEI staff attended the placement area in person on multiple occasions, working closely with the PIVO staff and student and to complete the assessment. There were logistical and time challenges, but these were overcome by close communication and flexibility by all parties. During the CPEP pilot project HEE funding has covered the additional staffing costs associated with the long arm supervision model but moving forward a sustainable funding model will be required to be maintain the placement capacity created.

Only students who had met their NMC proficiencies were eligible to attend a non-clinical placement, with professional values evaluated by the practice assessor in partnership with staff from the host organisation.

## **Benefits of civic engagement placements in the UK**

The HEE Clinical Placement Expansion Programme (CPEP) in the North West, has included opportunities for nursing students to undertake civic engagement in community organisations. Two specific research evaluations of the pilot project are under review for publication, so this section will simply give an overview of the opportunities available to develop student understanding of vulnerable populations and the broader reach of civic engagement placements for asset-based community development.

To identify local organisations involved in population health and wellbeing initiatives the project leads networked with the Charitable and Voluntary Sector (CVS) associations, the local public health leads, social prescribing networks, the regional social housing providers executive group and the student employability and volunteering team at the HEI. For example, attending one local authority event with organisations providing the “holiday, activity and food” programme resulted in 10 local organisations working with young people signing up to the initiative. LinkedIn networking was also used to network across the local CVS sector, accessing CEO’s of local charities through private messaging.

### **Participation in local health and wellbeing initiatives**

During their 4 week CPEP pilot placement nursing students participated in health promotion initiatives, providing a rich opportunity for them to develop their skills and knowledge whilst contributing to the work of grass roots organisations. Students have helped local charities to connect to other specialist organisations, for example those delivering services for women. Students have produced legacy training materials for staff on autism, dementia, young people’s mental health and menopause. Students have conducted interviews with service users on the impact of their volunteering and their experience of social prescribing. Students have provided one to one coaching in ESOL sessions designed to improve the health literacy of women, specifically aimed at pregnant women or mums with young children.

The organisations have appreciated the nursing students’ health-related knowledge and an understanding of NHS provision, which some charities have found of sufficient value that they are now considering employing a nurse to support their services.

### **Active participation in research activity**

Several organisations have asked students to produce a literature review to inform bid proposals for funding applications to develop services, which has been facilitated by the student’s access to university library services. Students’ active engagement in exploring evidence-based practice, service evaluation, service users experience and bid writing has improved student understanding of research methodology and the importance of evidence to inform funding applications and service delivery.

### **Widening participation in deprived areas**

The NHS People plan (NHS England, 2020) recommends local recruitment and initiatives to expand the primary care and Mental Health workforce. The civic engagement placements have raised the profile of nursing students in the heart of our local communities with students engaging with local people in community centres, youth initiatives and neighbourhood training centres.

Nursing and allied health students are mainly from widening participation priority areas (IMD Q1 and Q2) which would allow them to share their experience of university education with young people from a peer's perspective. Civic engagement placements have the potential to raise local people's interest in careers in health care and increase the aspiration of people from deprived areas and vulnerable groups to consider pathways into higher education.

There is also an imperative to increase the recruitment of male and ethnically diverse students to the nursing profession, which requires positive role models and a change in how the profession is perceived by these communities (Qureshi *et al.*, 2020) Having male and Asian student nurses interacting with local young people has the potential to improve recruitment from these underrepresented groups.

During the pilot, nursing students have been involved in coaching young people who were applying for NHS apprenticeships. They provided support with applications, managing expectation, giving advice, and sharing their experience of university education and the role of the nurse.

### **Student wellbeing and knowledge of services**

It is recognised that there are rising levels of mental health issues with young people (House of Commons Health and Social Care Committee, 2021). Therefore, it is important to improve students' understanding of the services available in local communities which might contribute to their own and their family's wellbeing. Research from France reported that students who delivered a mental health and suicide awareness programme for schoolchildren as part of placement learning, were better equipped to promote supportive behaviours and that their experience reinforced help-seeking behaviours (Wathelet *et al.*, 2022). Hence, students' exposure to wellbeing initiatives may help to reduce crisis situations (reliance on student support services), reduce attrition, and develop a more resilient workforce for the future. Studies have also shown that students personal health behaviours may be positively influenced by

participation in health promoting placements (Lepiller *et al.*, 2020; Chapron *et al.*, 2021)

Students on placement with local organisations delivering wellbeing initiatives have benefitted individually from their placement learning, or shared information with family and friends who have accessed support. This includes information on welfare rights, housing, training opportunities and wellbeing. A student who is a single parent learnt about the health benefits of gardening, forest bathing, and mindfulness, she also learnt how to make fuel savings and cook on a budget. As well as what she had learned for her nursing practice, she stated the placement had helped her in her personal life.

### **Leadership**

Nursing management has been shown to have a direct impact on the quality of patient care, with leadership styles influencing how teams' function and determining the levels of staff satisfaction, wellbeing, retention and burn-out (*Leadership and Leadership Development in Health Care: The Evidence Base*, 2015). The NHS Long term plan (2019) acknowledges the need to develop a culture of compassionate leadership to drive system change. Expanding placement learning would give students the opportunity to experience alternative management styles.

Many organisations involved in the North West Pilot have won awards for service user engagement, inspirational leaders, and staff wellbeing initiatives. Interaction with alternative management structures that privilege collaborative leadership as found in the third sector could help to evolve management styles and structures within the NHS.

Students have felt valued and found their voice heard, during civic engagement placements, experiencing leadership and management structures which challenge the models they have experienced in the NHS. One student described the hierarchy as "flat" with service users having as much influence as staff on the organisation. Students were also inspired by the active involvement and passion of senior management, especially in how they listened and engaged with staff and service users.

### **Moving forward**

Developing partnerships with social housing providers, charities and community organisations reflects the intersection between health and social care and students educated in this way could help to disrupt the boundaries, strengthening integrated



health and social care pathways and inspiring greater inter-agency working. These placements clearly enrich the nursing students' vision of personalised care, develop their communication skills for health promotion, and encourage them to reflect on their personal wellbeing and professional practice.

However, if we are to develop civic engagement placements, students and placement organisations will need support to define learning objectives and develop their skills in community health needs assessment, and in providing health promotion activities. This would help to develop health professionals who see themselves as agents of social justice (Mohammed *et al.*, 2014) and health promotion champions in their future professional practice, whilst actively contributing to population health initiatives.

The community organisations believe the presence of health care students and the HEE learning contract gives them greater legitimacy in the health care arena. Civic engagement placements for health professional students in non-clinical settings is seen by the organisations as a catalyst for greater partnership working between these local community initiatives and Health Care Providers.

Student participation in understanding the resources available in a community and evaluating social prescribing journeys, could provide valuable knowledge to primary care teams. With difficulties in recruitment to primary care roles, direct contact with school nurses, health visitors and other primary care practitioners would allow nursing students to consider these roles as a career destination.

We would recommend that primary care staff be involved in coaching, supervising and assessing students during non-clinical placements as an opportunity to develop local partnerships for population health, social prescribing and to connect communities, as part of the development of primary care networks.

## **Conclusion**

The recommendations to “Build Back Fairer” (Marmot *et al.*, 2020) challenges us to see healthcare in the broader context of society, and this will require health professionals to work with increasingly diverse organisations to deliver place-based solutions to reduce health inequalities. If we are to achieve this paradigm shift in the way care is delivered, is there an argument to make civic engagement mandatory for all nursing and allied health professionals in the UK as it now is in France?

To implement a strategy of civic engagement for future health professionals, further research is needed to develop a sustainable framework for non-clinical placements and Universities will need to expand civic partnerships to affirm their role as anchor institutions for health in the community (NHS Confederation and Civic University Network, 2021) and meet the placement capacity challenges in the UK which will be further tested by the NHS workforce development plan.

Health promotion needs to be a priority of future health and social care delivery to reduce inequalities and decrease the pressure on services (NHS 2019). With approximately 150,000 health care students currently in UK higher education (Bolton *et al.*, 2023), the potential learning opportunities and the mutual benefits for population health civic engagement placements could provide, the strategic decision to invest in this possible solution to placement expansion should be straightforward.

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