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*Information for primary care
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This leaflet has been written by the RCN Community Children's Nurses Forum and sets out why the provision of community children's nursing (CCN) services has grown, the philosophy underpinning the CCN role, and also includes examples of good practice.

Background

The past few decades have seen considerable growth and innovation for community children's nursing (CCN) services. Provision has risen dramatically – from a total of 25 services in the UK in 1987 to a current total of more than 150 CCN teams in England alone. Only a few (predominantly rural) areas remain without a service.

This progression has been strongly supported by a succession of documents, including two Department of Health reports – *Welfare of children and young people in hospital* (1991) and *Child health in the community* (1996) – and the Audit Commission report, *Children first* (1993).

In 1997, the House of Commons Health Select Committee gave the strongest possible endorsement for CCN service development, observing: “The overall intention must be to introduce, as soon as possible, a home nursing service provided by appropriately qualified staff and available to all children requiring nursing interventions and their families. For many years, there has been such a service available to adults in their own homes. We consider that, as a matter of principle, sick children need and deserve no less,” (paragraph 49).

Introduction

Primary care organisations are responsible for ensuring that children and young people have access to a comprehensive range of health services, which includes the provision of community children's nursing services. This leaflet emphasises the important role that community children's nurses have in helping children to be nursed in their own homes.

Although there are some differences in the provision of these services in the four countries of the UK, the principles outlined in this publication can be applied to all four countries.

The role of CCN services

At present, the NHS Plan (DH, 2000) drives the guiding principles of a radical programme of development in the National Health Service, which has, at its heart, two key strategies. The first is the establishment of a series of national service frameworks (NSFs). This includes the Children's NSF, which is being taken forward by the Children's Task Force (DH, 2002a). The second is the radical realignment of health services expenditure – from hospital-based services into primary care – as set out in *Shifting the balance* (DH, 2001) and equivalent reports and policy initiatives in

Wales (Health and Social Services Committee, 2002), Scotland (Scottish Executive Health Department, 2001 and 2002; Scottish Executive 2001) and Northern Ireland (DHSSPS, 2001). CCN services have enormous potential to support primary care organisations in realising the ambitions of both of these strategies.

There are three key components of primary care nursing that CCN services can be expected to deliver (DH, 2002b).

- 1 First contact/acute assessment, diagnoses, treatment and referral of children.
- 2 Continuing care, chronic disease management and meeting the imperatives of the anticipated Children's National Services Framework.
- 3 Public health/health protection and promotion programmes – working with children and families to improve health and reduce the impact of illness and disability.

The philosophy underpinning the CCN role advocates that children are best nursed in their own home, by appropriately qualified and experienced nurses. The Royal College of Nursing (RCN) and Department of Health share the view that: "CCN services should be led, and predominately staffed, by nurses who possess both registrations as a children's nurse and experience of community nursing," (DH/NHSE, 1996). In addition, since 1996 the Children's Community

Nursing Specialist Practitioner qualification (equivalent to school nurse, health visitor or district nurse) has become more widely available. In time, this qualification will become an essential pre-requisite for practice as a CCN.

The increase in the availability of services has been characterised by the emergence of a range of different models of service provision (RCN, 2001). This has occurred for two reasons. The first is that the Department of Health has been reluctant to adopt a preferred service model, recognising that there are already significant differences in local health service provision and that a 'one-model-fits-all' approach would potentially stifle innovation and the development of new services. The second reason is that local service development has often reflected local priorities and local needs – this is entirely as it should be if children and families are to receive care that is appropriate to their needs.

As a consequence, CCN services may be based in either hospital or community premises, while the services provided may be funded through acute, community, primary care or other channels. Whatever the model, at the core of the service is a clear recognition that in many instances nursing care for children is best delivered in their own homes with their own families at the centre of that care, and with CCNs providing a skilled, specialist resource to both the child and their family.

The role of the nurse

To contribute to the care of children and their families, community children's nurses:

- ◆ provide a skilled nursing resource to both individual children and families and within the community as a whole
- ◆ assess the particular needs of a family that has a child with a health need
- ◆ enable children to be nursed in all community settings – for example, playgroups, nurseries, schools, residential homes, respite care facilities and the child's own home
- ◆ enable children with a debilitating disease to fulfil their potential, enhancing their quality of life
- ◆ provide health promotion for the whole family
- ◆ in co-operation with the family, plan the special nursing needs of a child
- ◆ at the end of life, enable the child to die with dignity in the place of their choosing
- ◆ offer appropriate support and help following bereavement
- ◆ through crisis intervention, offer continual support to families who live with a high level of stress associated with caring for a child with chronic illness
- ◆ enable parents to feel confident and competent when caring for their child
- ◆ teach families to carry out specific nursing care, including hi-tech procedures
- ◆ make effective links within the primary care team – particularly with general practitioners, health visitors and school nurses – and between hospital and community settings
- ◆ help families network with others, reducing feelings of isolation and despair
- ◆ prevent hospital admission and attendance
- ◆ facilitate early discharge
- ◆ support ambulatory care and short-stay admission units, allowing children to return home early following brief episodes of hospital care
- ◆ teach student nurses, community nurses, medical students, general practice trainees and others
- ◆ act as a specialist resource for all health care workers.

Examples of good practice in CCN services

The following are examples of good practice throughout the UK

England

Helping babies who are born prematurely

While increasing numbers of babies survive extremely premature birth, many may develop severe and chronic lung disease. As a result, these babies may need continuous oxygen therapy throughout the first year of life and beyond. Prolonged hospitalisation is likely to have significant adverse effects upon growth and development and should be avoided whenever possible. The community children's nurse is ideally placed to offer a service for this group of children, in close liaison with the health visitor and family doctor.

Offering nursing in the community to children with acute needs

In November 1998, the Manchester CCN service extended its remit, by offering nursing care to children with more acute needs. Now, a member of the team is based in the A&E department of the local children's hospital, between 2.00pm and

8.00pm, six days a week. This allows a joint assessment to be made between the community nurses and the A&E staff, who consider children with acute illnesses in respect of their suitability for home care. Children with viral illness or bronchiolitis, asthma, croup, gastroenteritis, pyrexia, febrile convulsions or herpes stomatitis may be deemed particularly suitable.

Creating a nurse-led clinic for children with chronic constipation

The community children's nurses in Central Manchester Primary Care Trust, in conjunction with the Salford Children's Hospital Trust, have set up a nurse-led clinic to help children with chronic constipation. Based in the hospital's outpatient department, the fortnightly clinic is run by a designated member of the CCN team and a ward nurse from the Booth Hall hospital site. Its aim is to prevent unnecessary admission to the ward, by offering specialist advice and education on an outpatient or community basis. In order to offer a consistent message about treatment and prevention of this common condition, it is anticipated that preventive work will begin in the primary care sector.

Supporting children with life limiting or threatening conditions

In April 1999, community support in Leicestershire and Rutland for children

with life limiting or threatening conditions, and their families, was enhanced with the development of community children's services. Here, the service offers a multi-professional team that encompasses nurses, therapists, a cultural link worker, a play specialist and a team of counselling psychologists. Specific services include everything from acute intervention to long-term support, including respite care. This service model enables children with complex health care needs, and their families, to receive skilled paediatric palliative care in the home, in accordance with their individual needs.

Providing respite care to children and their families

Increasing numbers of CCN services are developing their role in providing respite care to children and families. This is proving to be particularly valuable for the growing number of children who have complex nursing needs and are dependent upon technology – for example, children with gastrostomies, tracheostomies and those receiving parenteral or enteral nutrition. Parents and children alike place great value on having their nursing needs met in a familiar and comfortable home environment.

Developing round-the-clock care

The children's home care service in Havering is working very closely with both NHS Direct and with a recently established

short stay children's assessment unit at Old Church Hospital to build upon an already well-established 24-hour CCN service for the local population.

Helping children with complex needs to be cared for at home

A growing number of children with very complex needs survive being born extremely prematurely or being acutely ill in early infancy. The Transitional Care Unit at Great Ormond Street Hospital is one of a number of centres that is working closely with CCN services in preparing children, their families and teams of trained carers for the transition from hospital to home. Many of these children require supportive mechanical ventilation for all or part of the day, and there is a strong and growing evidence base that their health and development is significantly enhanced by home care, rather than spending many years in hospital.

Scotland

A management pathway for childhood idiopathic constipation

A group of CCNs, specialists in continence and stoma management and complementary therapies nurse specialists recognised the need for a multidisciplinary approach in the management of paediatric idiopathic constipation. The group developed a

management pathway that works in partnership with children and their families.

This nurse-led initiative involved two years of consultation and collaboration with primary and acute health care professionals and has a focus on health promotion and preventive strategies. The management pathway covers all aspects and provides a comprehensive resource for primary and acute health care professionals involved in the treatment of children with idiopathic constipation.

Successful implementation of this initiative will improve health promotion, and preventive and management strategies.

Children receiving home oxygen: a best practice statement

The Nursing and Midwifery Practice Development Unit (NMPDU), in collaboration with the Community Children's Nursing Network and a multi-disciplinary reference group has developed a statement that offers guidance to nurses, midwives and health visitors on best practice relating to the care of children in the community receiving home oxygen therapy (NMPDU, 2002). The statement does not address specific issues relating to home ventilation for tracheostomy care.

Sharing of information between services is key to ensuring best practice, as well as involving and informing parents in all

aspects of care. Children themselves are central to the statement and information provided to them should be appropriate to their age and level of understanding.

The statement covers:

- ◆ initial management plan
- ◆ discharge planning
- ◆ risk assessment and management
- ◆ information for parents/carers
- ◆ provision of equipment and supplies
- ◆ transport of oxygen outside the home
- ◆ use of oxygen therapy at home
- ◆ use of oxygen therapy outside the child's home.

Northern Ireland

Rural and isolated areas

The CCN responds to local needs and services, which includes providing mechanical ventilation, tracheostomy care, management of central lines, enteral feeding, providing intravenous and intramuscular treatments, oxygen therapy, catheterisation and palliative care. CCNs also provide support to children and their families with an orthopaedic condition requiring hip spica, other plaster of paris casts or splints enabling children to be discharged much earlier.

Supporting teachers and carers

Children on mechanical ventilation, oxygen therapy, tracheostomy and enteral feeding are able to attend mainstream schools, where CCNs provide support and training to teachers and carers.

CCN networking

The CCNs throughout Northern Ireland have formed a regional forum that meets regularly to share best practice information and ensure that children in all areas of Northern Ireland receive expert and appropriate care.

Wales

An assessment tool for respite care

Gwent Community Children's Nursing Team has grown in size from two nurses to over 40 nurses and health care assistants since 1986. The Gwent CCN is a generalist team caring for children with a wide range of conditions. A few years ago, in response to a recognised need for families to be offered the option of respite care, the team set up periods of respite care for families of children who needed it.

Recognising the difficulty in equity of service, the team went on to develop a tool that helps to assess and allocate respite care to these families. The tool re-assesses the child every six months and is currently in the evaluation stage. The team plans to produce a report in the near future.

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Further reading

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The RCN has several national forums specialising in paediatric nursing, including the RCN Community Children's Nurses Forum. Becoming a member of a forum enables you to network with colleagues throughout the UK who share your area of interest. You are encouraged to join up to three forums as part of your RCN membership subscription. To find out more call RCN Direct on 0845 772 6100, visit www.rcn.org.uk or fill in section 8 (RCN Forum enrolment) of your membership renewal pack, which comes annually with your new membership card.