

Preparing nurses to care for children at home and community settings

1.0 Introduction

1.1 The RCN represents over 400,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets in the UK. This makes the RCN the largest professional union of nursing staff in the world. The College promotes patient and nursing interests on a wide range of issues by working closely with government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

2.0 Position Statement

2.1 Every Child and young person has the right to expect care to be provided at home unless they need to be admitted to a hospital environment. Appropriate help and support from a children's community nursing team should be available for parents/families to enable them to care for their child at home.

2.2 The desire to support children and young people at home rather than admit to a hospital environment or to facilitate early discharge has been a long held policy priority. In practice however, there is high variability in the availability of community children's nursing teams, with some consisting of one or two community children's nurses making the service particularly vulnerable in times of staff sickness, periods of turnover and more prone to burnout amongst staff.

2.3 Today there are an ever increasing number of children who are ill requiring specialist and complex continuing care. Community children's nurses are being called upon amongst others to support the frontline delivery of urgent care support, long term conditions care and palliative care. In respect of palliative care, recent reviews¹ clearly highlight that families would prefer their child to die at home. At the current time only 19% are supported to do so, with 74% dying in a hospital or hospice setting. There is a need for more joined up commissioning and delivery across hospital and community services, as well as the provision of services in conjunction with local authorities.

2.4 A community children's nurse has been defined as 'a registered children's nurse who has completed a programme of education in community nursing leading to registration with the United Kingdom Central Council for Nursing, Midwifery and Health Visiting and whose main focus of work is predominantly those children requiring treatment

and care for acute and chronic ill health in a home setting'². Prior to specific programmes of education, children's nurses tended to complete District Nursing or Health Visiting programmes to provide them with the additional knowledge and skills to care for children and families in community settings.

2.5 Today, many RN Children programmes prepare registered children's nurses with a foundation in the knowledge and skills to work in the community. Preparing the Child Health Nurse: Fit for the Future³ clearly advocates a shift in preparation emphasising the need for today's practitioners to receive equitable preparation to care for children and young people in community and primary care settings.

2.6 There is increasing recognition that future post-registration programmes will need to build upon the foundation provided at undergraduate level. It is recognised that some practitioners who have not attained knowledge and skill in community nursing within their pre-registration programme will need to undertake a tailored transition or foundation programme. Post-registration and continuing professional development will be required to enable practitioners to work across traditional boundaries and to expand knowledge and skills for community practice in line with the Knowledge and Skills Framework⁴. It is envisaged that practitioners will need to demonstrate knowledge and skills attainment in relation to:

- the context of care, interagency and partnership working within complex multi-agency teams
- working as an independent practitioner: lone working, accountability, professional boundaries, safe delegation and empowering families to care
- assessment, decision-making, clinical reasoning and interpersonal skills
- the Common Assessment Framework, key working and the lead professional role to manage care packages
- environmental assessment, risk assessment and family assessment
- safeguarding children and young people
- promoting child and family well-being, sociological and psychological perspectives
- caring for children with complex health care needs
- communicating with and caring for young adults, including the transition of young people to adult services
- palliative and end of life care, including symptom management and complimentary therapies
- modernising and improving services for children and young people, including commissioning of specialist and community services
- clinical resource management
- nurse prescribing

2.7 There are many myths concerning abilities and knowledge bases of today's practitioners. Registered children's nurses can be and are

employed within community children's nursing teams and primary care settings as their first post following qualification. Teams must give adequate consideration and attention to support required and as with all newly qualified staff appropriate preceptor ship and clinical supervision. Managers must commit appropriate resources to enable safe preceptor ship and supervision acknowledging the complexities of supervision in community care.

- 2.8** The Royal College of Nursing recommends that all Community Children's Nursing teams are led by a registered children's nurse who has completed a recognisable community education and development programme as outlined in 2.6 In the average CCN team the minimum ratio of registered nurse to unregistered staff should not fall below 70:30 percent, with a minimum of 25% of the registered nurse component being Community Children's Nurses who have completed a recognisable community education and development programme (see 2.6).
- 2.9** All Community Children's Nurses must have a primary qualification as a registered children's nurse or be able to clearly demonstrate the equivalent accredited knowledge and skills to meet the requirements of the role. Increasingly however CCN teams are likely to include a range of staff who are not qualified nurses. This might include health care support workers, nursery nurses or assistant practitioners as appropriate to meet the needs of the children and young people receiving the service. In addition, the increasingly diverse nature of CCN caseloads is now beginning to see the inclusion of small but growing numbers of learning disability, mental health and neonatal nurses within these teams. Support workers often form part of the team focused on providing respite care of children with complex health care needs. There should be adequate registered children's nurses in the team to allow for supervision and safe delegation, as well as dedicated clinical educator time available for education and training in proportion to the number of support workers.
- 2.10** Service and workforce planners must work together to commission education programmes to meet changing service need, ensuring sufficient registered children's nurses are available to meet the increasing need for community children's nursing.
- 2.11** In Wales a new approach to the development of 'foundation' skills in community nursing has been adopted in 2009. This model is being adopted across all five higher education providers in Wales and is equivalent to a 30 credit module incorporating both formal taught and practice based elements. Nurses undertaking this programme would have the option of either 'stepping off upon completion of the module in order to further consolidate their learning in practice or alternatively continue to complete a full Degree or Post-Graduate Diploma programme in Community Nursing (including Community Children's Nursing). A similar approach is being considered by at least one Strategic Health Authority in England.

2.12 Members of the CCN team are likely to require a range of skills and experience reflecting the diverse nature of the CCN caseload. Continuing Professional Development for such staff should include both 'generic' post-Registration preparation for their work as a community nurse where required and specific education focussed upon their identified area of clinical practice. In respect of remote and rural communities there is a need to up-skill local practitioners and support staff to be able to provide care competently and confidently, with their practice assessed and supervised by registered children's nurses.

3.0 We are calling for:

- 3.1 Community Children's Nursing services to be available to all children and young people
- 3.2 Recognition of the need for strong strategic and clinical leadership within each Community Children's Nursing service – each service to be lead by a nurse who has completed a recognisable community children's nursing programme
- 3.3 Identification of a clear workforce strategy by Strategic Health Authorities, Health Boards and their equivalents for Community Children's Nursing including the provision of sufficient funding to meet sponsorship and back-fill costs.
- 3.4 The establishment of an education and competency framework for children's nurses working in community settings throughout the UK.

References

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- ¹ Department of Health (2007) Palliative Care Services for Children and Young People in England, London: Department of Health
 - ² UKCC (1994) page 17
 - ³ RCN Children and Young People's Field of Practice (2007) Preparing the Child Health Nurse: Fit for the Future, London: RCN
 - ⁴ Department of Health (2004) The NHS Knowledge and Skills Framework (KSF) and development review process, London: DH

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