

Caring for Children and Young People

Guidance for nurses working in the independent sector

CLINICAL PROFESSIONAL RESOURCE



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This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

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Introduction

This Royal College of Nursing (RCN) publication is an update of previous guidance (RCN, 2013a) and reflects current guidance relating to the care of children in hospital settings. The guidance identifies key points for organising children and young people's health care services in independent settings (including hospitals and clinics).

Following the Health and Social Care Act England in 2012 the range of independent care providers and the number of children and young people potentially accessing health care in the independent sector was enabled. Independent and voluntary organisations could provide services for children and young people in the four countries of the United Kingdom (UK) in England, Wales, Northern Ireland and Scotland and it was deemed important that all providers deliver high quality services to meet the needs of children and young people accessing them. To monitor the safety and quality of services within the independent sector, there are continuous audits in the four countries of the UK by their individual bodies:

- England – The Care Quality Commission (CQC).
- Northern Ireland – The Regulation and Quality Improvement Authority (RQIA).
- Scotland – Healthcare Improvement Scotland (HIS).
- Wales – Health Inspectorate Wales (HIW).

The RCN, the Royal College of Paediatrics and Child Health (RCPCH) and other charitable organisations also maintain close observation of children and young people's health services by continuous monitoring and the publication of findings (Action for Children, 2018; RCN, 2014; RCPCH, 2020; Together for Short Lives, 2018).

Definition of children

The UK Government adopted the definition of children stated in the United Nations Convention on the Rights of the Child (UNCRC) (UN, 1989). The British Association for Community Child Health (BACCH) define the term children as, 'all children and young people up to 18 years of age' (BACCH, 1995) and this can extend to 25 years of age (Department of Health, 2012; Scottish Government, 2014). Further explanation is given by the UNCRC (1995) and the Scottish Government (2014) who state that 'childhood' covers the period of life up to the age of 18 years, with special consideration given to young people up to the age of 25 years diagnosed with long-term conditions or those who have been in the care of, and looked after by, local authorities.

Principles for caring for children and young people

Safe and effective high-quality service provision for children must acknowledge the following:

- the United Nations Convention on the Rights of the Child (UNCRC, 1989)
- the Children Act (1989; 1995; 2004), the Children and Young People (Scotland) Act 2014 and the Children's Services Co-operation Act (Northern Ireland) 2015
- children's psychological and physiological needs should be considered holistically, with recognition that they differ from those of adults (NHS Confederation, 2012; RCN, 2013b; RCPCH, 2020)

- the views of children, young people, families and carers receiving services must be taken into account (DH, 2012; NHS Confederation, 2012; Scottish Government, 2016)
- putting children, young people, families and carers at the centre of health care delivery is crucial to age-appropriate service provision (NHS England, 2016a; RCPCH, 2018, Northumbria Healthcare NHS Trust, 2018)
- leadership and involvement from a senior member of staff who has ultimate responsibility in the delivery of children and young people's care and the maintenance of quality standards in the hospital or company (Francis, 2013; NMC, 2018; RCN, 2013b; RCN, 2014).

Organising services for children and young people

Many factors need to be addressed when delivering services to children and young people. With safety being paramount, organising services should consider the following key areas: the volume of admissions; specialist provision; the age of patients; good communication (with both the patient and their family); assessment of the environment, facilities and equipment; operation procedures; outpatient care, and pain management. A philosophy of care must also always be followed when caring for children, young people and their families. This must include age-appropriate care and the physical and emotional wellbeing needs of children and young people (RCN, 2021 (being published early 2021)).

Safety of care

Hospitals and independent health care providers should:

- demonstrate a governance framework that provides clear guidance for preventing risks and enhances the quality of care in children and young people's services (CQC, 2017; RCPCH, 2018)
- establish formal arrangements for peer support and care reviews, with lead clinicians, nurses and play specialists working in designated children's wards, facilities and departments (RCN, 2013b; RCN, 2019)
- recognise and follow key career framework and revalidation guidance, for example: *Shape of Caring* (HEE and NMC, 2015), *Everyone Matters: 2020 Health Workforce Vision* (Scottish Government, 2016) and the *Standards framework for nursing and midwifery education* (Nursing and Midwifery Council, 2018)
- provide training in root cause analysis, risk assessment and incident reporting as recommended by patient pathways and the Serious Incident Framework (Healthcare Improvement Scotland, 2014; NHS England, 2016a; NHS England, 2016b)
- provide equitable services for children and young people to those available within NHS settings (RCN, 2016).

Volume of child admissions

Considerable risks are associated with infrequent paediatric (RCPCH, 2017) and surgical practice; treatment or surgery for children and young people must be provided in hospitals and clinics that are able to offer designated specialist children's services and expertise (NHS England, 2015; RCPCH, 2017).

Specialist service provision

Children and young people with pre-existing medical conditions are generally admitted to specialist paediatric services and designated departments with expertise in the specialist condition (RCPCH, 2017).

Age of patients

It is generally accepted that children under the age of three should only be admitted to specialist paediatric units due to the increased risk of anaesthetic problems that occur in younger children's care (Royal College of Anaesthetists, 2020).

The RCPCH (2017) recommends that, where children under the age of three are admitted for health care or seen in outpatient departments, children's nurses and paediatricians must always be on duty. The Royal College of Anaesthetists (RCA) (2013) state that there are anatomical and physiological differences in infants and pre-pubertal children (below the ages of eight to twelve years). Their care requires careful fluid and drug calculations and the availability of specialist equipment. This necessitates that the appropriate equipment and staff with the appropriate skills are provided in health settings where children's care is managed (RCS England, 2010a; RCS England 2010b; RCS England, 2013; RCPCH, 2017).

Keeping patients and families informed

Children, young people and their parents and carers should have access to written and verbal information about the treatment their child is receiving. Care should be tailored to an individual child or young person's needs and it is important that the hospital and clinic provide information which is suited to different ages and cultures. Appropriate information should be available in a range of languages and formats to suit the age and stage of development (Bristol Royal Infirmary Inquiry, 2001; Care Quality Commission, 2017; NHS Confederation, 2012).

Adequately prepare children and young people for hospital admission and procedures. This can be done by using a pre-admission clinic or a virtual tour via a website. A play specialist should be employed to assist in the preparation of children for procedures (DH, 2004; RCS England, 2007; RCS England, 2013; RCPCH, 2015).

Discharge procedures should be in place to ensure that children and young people only remain in hospital if their care cannot be provided at home. Where ongoing care at home is required, arrange prior to discharge and provide the family with detailed written information (in an appropriate language and format) regarding post-treatment care and any action to be taken in an emergency.

Environment, facilities and equipment

It is essential to use age and size appropriate equipment for the diagnosis and treatment of children and their conditions (NHS England, 2014; RCPCH, 2017). Provision should include:

- designated rooms or areas separate and distinct from adult patient areas; areas should be decorated in a child and young person-friendly manner
- an area for play and recreation, with toys and games for children and young people of different ages and cognitive abilities as appropriate
- suitable facilities should be available for young people, including education and recreational facilities (DH, 2004; DH, 2012; NHS England, 2014; RCoA, 2020)

- accommodation close to the child's bed or room so that a parent/carer can remain with their child in hospital (DH, 2004)
- designated areas for treatment of children and young people, with readily available child-sized equipment, including emergency drugs and resuscitation equipment (NHS England, 2014).

Operations

Children and young people should be scheduled on a dedicated children's list for surgery. Where this is not possible, children and young people should be scheduled at the beginning or end of mixed children and adult lists and to meet the needs of the child and family (RCS England, 2013). In addition, the following protocols should be adhered to:

- children and young people should fast for as short a time as possible before surgery, with fasting times decided in consultation with the anaesthetist (RCS England, 2013)
- children and young people should not be cared for alongside adults in recovery areas, and parents/carers should be allowed to visit their child in the recovery area (RCOA, 2020)
- a paediatric early warning tool should be used post-operatively to monitor the child's condition and detect early signs of deterioration (Healthcare Improvement Scotland, 2014)
- facilities should provide short-term high dependency care in the event of a child becoming critically unwell. A policy should be in place regarding stabilisation and transfer to a specialist children's intensive care facility (SPSPP, 2014; NHS England, 2014).

Outpatient care

Children and young people's outpatient appointments should be held in dedicated children's outpatient sessions. If an outpatient clinic is mixed, children's appointments should be grouped together at the beginning or end of the clinic (RCS England, 2013). The environment should allow for separation from adult waiting areas and treatment should only be provided by staff with the relevant knowledge, skills and experience in children and young people's care (NMC, 2016; NMC 2018).

Pain management

All staff caring for children and young people must understand the importance of adequate pain control in children and should receive training in the assessment and management of pain in children (RCN, 2009). In addition, organisations caring for children and young people should have a pain management protocol to ensure that children receive adequate and appropriate analgesia (RCN, 2009).

Pain management procedures

- A local anaesthetic cream should be applied prior to intravenous cannulation or the taking of blood.
- Analgesia should be administered orally, intravenously or rectally once consent is agreed (NHS Scotland, 2006) and intramuscular (IM) injections should be avoided where possible.
- A pain assessment tool should be used to suit the age and cognitive ability of the individual child or young person. Where a child is unable to communicate pain, a tool incorporating physiological and behavioural indicators should be used (RCN, 2009; RCN, 2017).
- Pain assessment should be regular and include the child's response to pain relief (RCN, 2009). Age-appropriate verbal and written advice, and instructions on the management of pain post discharge, should be given to the child or young person and their family. Take-home medication and/or a prescription for analgesia should be given on discharge home (mychildisinpain, 2017).

Consent

It is very important that staff looking after children and young people understand the issues of consent. Prior to any treatment or procedure, the consent of the child or young person (where possible) and the child's parents or carers must be obtained (NHS Scotland, 2006). Consent for the treatment is usually obtained from the person who holds parental responsibility for the child/young person (RCPCH, 2017). Ensure all discussions with the child/young person and their family regarding consent is documented in the child's health record (NCEPOD, 2011).

Anyone over the age of 16 can consent to treatment or care (Family Law Reform Act, 1987). Anyone under the age of 16 in England and Wales may be able to consent to treatment provided they understand the nature and consequences of the treatment (Gillick v Norwich and Wisbech Health Authority, 1985). Anyone under the age of 16 in Scotland may be able to consent to the treatment provided they understand the nature and consequences of the treatment (Age of Legal Capacity (Scotland) Act, 1991; Children and Young People Act (Scotland) 2014).

When a child or young person under the age of 16 does not understand the nature of the treatment, consent can be provided by another person with parental responsibility (see: Who has parental responsibility?). When a person under the age of 16 refuses treatment, there are complex legal rules that may allow another person to provide consent if this is in the child's best interests. This area is problematic, and each case needs individual assessment and can be referred to the Court of Protection (DH, 2001).

Who has parental responsibility?

Mothers automatically have parental responsibility for their children. Fathers also have parental responsibility if they were married to the mother when the child was born or are named on the birth certificate after a specific date, which varies across the UK. Unmarried fathers do not automatically have parental responsibility but can arrange a parental responsibility agreement with the mother or can apply to a court for parental responsibility.

The points above apply to same-sex couples in civil partnerships or who live together.

However, individuals looking after the child (for example, grandparents) do not have parental responsibility but parents can authorise them to make medical decisions for the child. In addition, social services may be responsible for a child in some circumstances, or the child may be a ward of court.

Detailed information on parental rights and responsibilities can be found online at: gov.uk and gov.scot

Nursing, medical and allied health professional staffing

When providing appropriate staffing for the care of children and young people, independent sector providers should ensure:

- a senior children's nurse is involved in the planning and development of children and young people's service provision and works in collaboration with local NHS children's services (RCN, 2013b)
- registered children's nursing staff numbers equate to those required in a similar NHS service, such as community or theatres (RCN, 2013b)
- a registered children's nurse, with the appropriate knowledge and skills, must be employed to manage the care of children and young people nursed in an adult ward (RCN, 2013b), access to a senior children's nurse should be available at all times for advice and a named consultant paediatrician involved – to ensure good standards of practice are attained and maintained (RCPCH, 2011; RCPCH, 2015a). Allied health professional staff must have current knowledge and practice in the care of children and young people when providing treatment
- the Registrar Medical Officer holds an Advanced Paediatric Life Support (APLS) course certificate
- formal links, care pathways and emergency care pathways are established with the children's ward/unit at the local NHS hospital for advice and support. Through these links, registered children's nurses working in the independent sector service can be given periods of rotation working in the NHS hospital in order to maintain their skills and gain appropriate clinical supervision
- a children's nurse bank is established to complement the full-time staff, so there is cover available for increased activity and acuity, sickness, maternity leave, training and holidays
- formal links are established with a local university to provide opportunities for children's nursing students to gain experience within the independent sector.

Safeguarding children and young people

All staff providing care to children and young people should be subject to a criminal record check through the Disclosure and Barring Service and Protection of Vulnerable Groups [PVG]. More information is available online at: gov.uk and gov.scot

Safeguarding checks

- A reference should be obtained from the current or most recent employer and any gaps in employment explained. Further references may be required, depending on the employment history and confirmation of employment dates.
- All staff providing care to children and young people should have a pre-employment health assessment before appointment.
- Professional registration and the 'right to work' checks must be undertaken.

- Employers should refer to a copy of the local area safeguarding procedures and local safeguarding children board (LSCB) or equivalent for additional information and guidance.
- The organisation should have a named professional responsible for overseeing local practice and training (HM Government, 2013).

Staff training and education

If staff training and education cannot be provided in-house it should be arranged with an independent children's nurse consultant or local NHS hospital. Training should be given to all staff providing care to children and young people on appointment and annually for skills updating (NMC, 2016). Self-directed learning is also recommended.

On appointment

Staff providing care to children and young people should have a good understanding of the following areas:

- communicating with children, young people and families
- consent issues in children and young people's care, including parental responsibility
- safeguarding children and children's rights (RCN, 2019)
- paediatric emergency and resuscitation techniques
- paediatric drug dosages and drug administration
- paediatric pain assessment and management of pain
- taking and recording of vital signs in children and young people of all ages (RCN, 2017)
- moving and handling techniques
- health and safety issues
- paediatric patient safety and quality improvement.

Annual updates

Training for staff providing care to children and young people should as a minimum cover the following areas:

- safeguarding children and children's rights (RCN, 2019)
- paediatric emergency and resuscitation techniques
- paediatric drug dosages and drug administration
- paediatric patient safety and quality improvement.

Clinical governance

Clear systems and processes should be in place for ensuring high quality care and risk reduction in relation to children and young people in hospital (RCN, 2013b and RCN, 2014). This will include clear lines of responsibility and accountability for the care of children, policies and procedures and risk management guidance for staff in relation to:

- the provision of clinical care across all departments
- staffing requirements when children and young people are admitted
- nurse recruitment
- nurse education and training
- information for children and young people
- gathering patient feedback to contribute to service monitoring
- service improvement
- complaints management
- dealing with emergencies.

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UNICEF UK (1995) *The United Nations Convention on the Rights of the Child*. [online] Available at: www.unicef.org.uk/what-we-do/un-convention-child-rights

Welsh Assembly Government (2005) *National service framework for children, young people and maternity services in Wales*. Cardiff: WAG. Available at: www.wales.nhs.uk

Useful websites

Care Quality Commission

cqc.org.uk

Department of Health, Social Services and Public Safety (a body of the Northern Ireland Executive)

www.gov.uk/government/organisations/department-of-health-social-services-and-public-safety

Health and Social Care Act 2012

www.legislation.gov.uk/ukpga/2012/7

NHS Toolkit for producing patient information

www.uea.ac.uk/documents/746480/2855738/Toolkit_for_producing_patient_information.pdf

Nursing and Midwifery Council – Standards framework for nursing and midwifery education

www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education

Royal College of Paediatrics and Child Health – Mental health

www.rcpch.ac.uk/topic/mental-health

Royal College of Paediatrics and Child Health – State of Child Health

stateofchildhealth.rcpch.ac.uk/evidence/nations/wales

stateofchildhealth.rcpch.ac.uk/evidence/nations/england

stateofchildhealth.rcpch.ac.uk/evidence/nations/northern-ireland

stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-SCOTLAND-3-04.03.20.pdf

Further information relating to all aspects of this guidance can be found on the RCN website at: www.rcn.org.uk

RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This updated publication is for nurses working in the independent sector and identifies key points for organising children and young people's health care services in independent settings, which include hospitals and clinics.

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The Nine Quality Standards

This publication has met the nine quality standards of the quality framework for RCN professional publications. For more information, or to request further details on how the nine quality standards have been met in relation to this particular professional publication, please contact publicationsfeedback@rcn.org.uk

Evaluation

The authors would value any feedback you have about this publication. Please contact publicationsfeedback@rcn.org.uk clearly stating which publication you are commenting on.

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