The assistant practitioner role in children and young people’s services

Working party report and recommendations for practice
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The health care support worker (HCSW) workforce is expanding, and the role needs to be developed within a recognised career framework in order to meet the needs of children and young people. The assistant practitioner (AP) role was implemented to complement the work of registered professionals across health and social care in acute and community settings. There is a predicted shortfall of hands-on nurses to deliver high-quality care to children and young people.

The Royal College of Nursing (RCN) children and young people's field of practice established a working party to examine the assistant practitioner role in children and young people's services and make recommendations for practice. An event was held at RCN Congress in April 2011. Key recommendations are highlighted in this publication.

There is confusion around the role and definition of assistant practitioners across the UK. The RCN children and young people's field of practice consulted on a definition for the assistant practitioner (child) to complement the Skills for Health definition:

“An assistant practitioner (child) is specifically educated to deliver health and social care to children, young people and their families across a variety of settings. The assistant practitioner will work flexibly across patient pathways to deliver aspects of care and may undertake skills previously within the remit of registered practitioners.”

A variety of assistant practitioner roles have developed in children and young people's services in the acute and community setting. There is a need for core standards to address the specific needs of children and young people to complement the Skills for Health Assistant Practitioner core standards. Job descriptions, competences and recruitment criteria need to be underpinned by a generic understanding of the assistant practitioner (child) role and matched to Agenda for Change criteria.

A disparity in training and education standards also exists. Feedback from education leads and assistant practitioners, advocate for more flexible inter-professional foundation degrees that integrate assistant practitioner (child) education with adult trainees but also provide pathways for children and young people. This will support the development of practice-focused assistant practitioners with transferable skills and competences. In particular, the unique physiological, developmental, mental health and psychosocial needs of children and young people need to be addressed.

Assistant practitioners (child) can enhance the delivery of high-quality care to children and young people and contribute and deliver on improved outcomes. There are concerning examples of assistant practitioners with no experience or training in the care of children and young people allocated to acute services to replace registered children's nurses for financial efficiencies. Safe staffing levels and skill mix must be monitored. Clarification of children and young people specific standards and the assistant practitioner (child) role should reduce confusion and minimise risk. Effective communication and partnership working between managers, educationalists, clinical leaders, and teams is essential for successful implementation of the role.

Regulation of HCSWs and assistant practitioners is high on the Government agenda, with planned proposals for a code of conduct and minimum training standards in England. By 2013 voluntary register(s) will be established. The RCN supports statutory regulation, a code of conduct, minimum training standards and registration for HCSWs and assistant practitioners. Confusion around delegation and accountability continues to be problematic despite published guidance.

Excellent examples of implementing the assistant practitioner (child) role and the benefits to children and young people exist. Further scoping of the role in children and young people's services is needed as national scoping exercises have concentrated on adult services. Evaluation of the impact of the assistant practitioner role in children and young people's services is recommended together with listening to the views of children, young people and families themselves.
Introduction

This publication examines the background and development of the assistant practitioner role in children and young people’s services and looks at key policy issues and recommendations for future development and implementation. The unique needs of children and young people are central throughout.

In 2009, the RCN Children and Young People’s Professional Issues Forum submitted a project bid to examine the role of the assistant practitioner in children and young people’s services. All five children and young people’s forums: professional issues, specialist care, acute care, continuing care and community care, and staying healthy came together to highlight the need to review the role and make recommendations for practice as a key RCN Council priority for children and young people. This publication represents the position of the RCN children and young people’s field of practice.

The project group represented expert opinion across the whole spectrum of the RCN children and young people’s field of practice. The aims and objectives of the project included:

• examining the role of the assistant practitioner in children and young people’s services
• reviewing current implementation in practice
• considering key drivers
• reviewing the impact on quality, improvement, productivity and prevention (QIPP)
• making recommendations for effective implementation in children and young people’s services, incorporating guidance on:
  – education and training requirements
  – competences and clinical tasks
  – career progression
  – recruitment and integration of the role
  – workforce planning.
• regulation and delegation.

Material and inspiration behind this document has been taken from a number of round table discussions held at the RCN involving representatives from the Children and Young People’s Field of Practice, lead experts in the role of the assistant practitioner and advisers in children and young people’s services. In addition, findings from an event held at RCN Congress 2011 have provided significant information on current practice and opinion.

The event included a presentation discussing, “Is the role of the assistant practitioner relevant to children and young people?” Four key questions were debated.

1. Do you currently work with, or know of, any assistant practitioners in your organisation? Or are you an assistant practitioner?
   If so, please share with your group your understanding of their/your role.

2. What clinical procedures do you feel should be within the remit of an assistant practitioner and how should they differ from a health care assistant or support worker?

3. Do you think the role should be regulated in any way?
   Have a brief discussion and share your thoughts, for example regulation, code of practice, employer regulation or other.

4. What training and education should an assistant practitioner working with children and young people have?

We are grateful for the contribution of participants at this event and have used these findings, in collaboration with conclusions from the overall project, to inform many of the recommendations in this document.
Background

In recent years, health care support worker (HCSW) roles have developed considerably across health and social care (Spilsbury et al, 2010; Ferry et al, 2010a). The numbers of HCSWs delivering nursing care has more than doubled in England since 1997 (Buchan & Seccombe, 2006). More flexibility in the workforce at all levels is being encouraged, while at the same time financial restraints within ever increasing health and social care demand are exerting unprecedented pressure on limited NHS resources (Spilsbury et al, 2009; Ferry et al, 2010a). Getting the correct ratio and overall number of skills, competences and roles fit for purpose in the nursing family is imperative. Nurse managers are faced with important decisions on both funding split and skill-mix ratios for registered nurses and health care support staff (Buchan, 2008; Stratton, 2008).

It is widely recognised that the expanding HCSW workforce needs to be developed within a recognised career framework in order to meet the needs of patients and deliver on the QIPP agenda (RCN, 2007a; Spilsbury et al, 2009). The assistant practitioner role was introduced in the UK in 2002 to complement the work of registered professionals across health and social care in both the acute and community setting (DH, 2006a; Mackinnon and Kearney, 2009). In addition, the role has provided a career pathway for the development of HCSWs, plus the opportunity to progress into pre-registration nurse training in the future (SfH, 2009b; Ferry et al, 2010b).

Assistant practitioners work at level 4 of the NHS career framework developed by Skills for Health. The term “assistant practitioner” is sometimes used in the job title, but is also a generic term applied to staff working in level 4 roles (Spilsbury et al, 2009; Wakefield et al, 2009). Assistant practitioners work in a broad range of areas – primarily, but not exclusively, with patient contact. In clinical areas they will usually be managed by a health care professional, for example, a dietician, nurse, occupational therapist, midwife, physiotherapist, operating department practitioner, or health care scientist (SfH, 2011). In the simplest terms, assistant practitioners are higher level support workers with a remit to deliver protocol-based clinical care and undertake activities previously within the remit of registered practitioners (RCN, 2007a).

Definition

There is disparity and confusion around the definition of assistant practitioners or associate practitioners (Selfe et al, 2008; Mackinnon and Kearney, 2009a). Skills for Health (2009) published core standards for assistant practitioners. The standards were informed by a scoping exercise and consultation across England (Mackinnon and Kearney, 2009). Ambiguity around the title and definition of the role was highlighted in the report with a recommendation that all assistant practitioners, and those working in similar roles but with different job titles, should achieve the same core standards. This should ensure consistency of practice and responsibility. The published standards included a comprehensive definition of the role and title:

“An assistant practitioner is a worker who competently delivers health and social care to, and for, people. They have a required level of knowledge and skill beyond that of the traditional health care assistant or support worker. The assistant practitioner would be able to deliver elements of health and social care and undertake clinical work in domains that have previously only been within the remit of registered professionals. The assistant practitioner may transcend professional boundaries. They are accountable to themselves, their employer, and, more importantly, the people they serve.” (SfH, 2009).

The RCN children and young people’s field of practice has reviewed the definition of the role in children and young people’s services and agreed on the following title and definition to complement the Skills for Health definition and to ensure that the specific needs of children and young people are recognised:

“An assistant practitioner (child) is specifically educated to deliver health and social care to children, young people and their families across a variety of settings. The assistant practitioner will work flexibly across patient pathways to deliver aspects of care and may undertake skills previously within the remit of registered practitioners.”
Drivers

There are a number of key drivers for the introduction of the role of the assistant practitioner in health and social care:

• the escalating demand for nursing skills (Macleod Clark, 2009)
• roles needing to be refocused to patient pathways (Macleod Clark, 2009)
• the need to work more flexibly across different settings within health and social care (DH, 2006a; Spilsbury et al, 2009)
• an ageing workforce (Buchan, 2008)
• economic constraints due to advancements in technology, increasing public expectations, ageing population (Shields and Watson, 2008)
• cost of health care, skill mix, efficiency and productivity (Buchan, 2007)
• refocusing of the care delivery roles and team skill mix to meet the challenges of the next decade (Buchan, 2008; NHS Employers, 2009)
• modernising nursing careers – updating career pathways and choice, preparing nurses to lead a changing health care system and modernising the nursing image (DH, 2006a)
• all-graduate profession requiring reprofiling of NHS workforce and redesign of roles (Buchan and Seccombe, 2009; Ferry et al, 2010b)
• increasing emphasis and investment on education and training for all health care staff, particularly HCSWs (DH, 2006b; DH, 2008b).

The potential impact of an all-graduate workforce at the point of entry is well documented (Griffiths and Robinson, 2010; Maben and Griffiths, 2008). It has been suggested that the development of a workforce with higher level analytical skills and decision making will result in both fewer successful applicants to nursing and faster promotion (Longley et al, 2007; Maben and Griffiths, 2008). When reviewed in the context of policy direction, described in *NHS Next Stage Review* (DH, 2008a) and *A High Quality Workforce* (DH, 2008b), how do we ensure that we deliver on the need for a more enabled, compassionate and empowered workforce with a predicted shortage of “hands-on nurses”? The assistant practitioner role may be crucial in addressing the predicted workforce gap, will help widen the entry gate for nursing (NHS Employers, 2009) and deliver on the QIPP agenda.

Children and young people’s services are faced with the same challenges and drivers, but there are some specific issues unique to children and young people.

• The need to contribute and deliver on the improvement of outcomes for children, young people, their families and carers, within the National Service Framework for Children (DH, 2003a) and the Every Child Matters agenda (Department for Education and Skills, 2004).
• Increased focus towards service provision in primary and community settings (RCN, 2003).
• Safeguarding children and young people by multi-agency and inter-professional working across the sectors (Laming, 2009).
• Rising obesity rates (RCN, 2007b).
• Increasing incidence of children and young people with complex health care needs, including technology dependent children, for example: long-term ventilated children requiring continuing care in the community and acute admission into hospital (Wallis et al, 2011).
• Supporting the needs of carers and families with children with complex health care needs, disabling conditions and long-term conditions requiring care closer to home (RCN, 2008a).
• Increasing acuity and dependency of children and young people in the acute sector (RCN, 2011a).
• Rise in mental health needs in children and young people. One in 10 children and young people will experience behavioural, emotional and mental health problems at some point in their lives (RCN, 2009c).
• Palliative care needs for children and young people. Recent reviews clearly demonstrate that families would prefer their child to die at home. Currently only 19 per cent are supported to do so with 74 per cent dying in a hospital or hospice setting (DH, 2007).
• The transition of high-quality care from child through to adolescent and adulthood (RCN, 2004).
• Addressing the unique health promotion needs of children and young people in order to tackle the long-term health of the population (RCN, 2007b).
These are just some of the key issues for care provision in children and young people’s services. While the RCN children and young people’s field of practice acknowledges and supports the need for the assistant practitioner role, it is vital that any role development within the health and social care workforce considers the impact on children and young people, their carers and families. The project group examined the role development of assistant practitioners specifically in children and young people’s services.

Role development

Scoping exercise

A mapping exercise of the introduction of assistant practitioners in acute NHS (hospital) trusts in England was undertaken in 2007 (Spilsbury et al, 2009). The study involved a national census via an emailed questionnaire to directors of nursing; with an 85 per cent response rate from all 10 English strategic health authorities (SHAs). The assistant practitioner role had been implemented in 46 per cent (n=66) of trusts and 22 per cent (n=31) had plans to implement the role before 2009. Where trusts had not implemented the role reasons for opposition included: no perceived need, insufficient evidence of the effectiveness of the role, financial constraints, and professional and patient safety apprehensions (Spilsbury et al, 2009).

The questionnaire also asked participants to identify the areas where the assistant practitioners work, the following were highlighted:

- medical wards
- surgical wards
- intensive care
- A&E
- care of the elderly
- rehabilitation
- maternity
- outpatient departments
- theatres
- other.

It is unfortunate that children and young people were not highlighted as a specific group in the mapping exercise, especially as the feedback demonstrated that a number of trusts had either implemented, or planned to implement, the assistant practitioner role in children and young people’s services. The publication recognised that respondents identified children and young people, therapies and imaging as additional specialties currently employing assistant practitioners. It is of note that no national scoping exercise of assistant practitioners in children and young people’s services has been conducted and, while this document
covers some of the role development in children and young people’s services, it is not a comprehensive review.

The RCN children and young people’s field of practice recommends future national scoping exercises are conducted specifically for children and young people’s services.

Examples of role development in children and young people’s services

As already mentioned, the assistant practitioner role was originally introduced to complement the work of registered professionals and work across professional groups in both hospital and community settings (DH, 2004). In practice the role has developed for a variety of needs and within differing contexts. Below are some examples of job description summaries and role development in children and young people’s services.

• The Band 4 Senior community children’s support worker role in Islington NHS Primary Care Trust was developed to provide training and support for Band 3 support workers including: training and assessing competency, identifying learning needs, addressing issues and reporting back to the manager. A registered nurse completes the final assessments and signs the support worker off as competent (Myers, 2009).

One of the reasons this role developed was because some parents had a negative view of the health care assistant title and were more confident with the community children’s support worker title. The role was not tied to health and as such allowed for close interagency working. The role aimed to achieve a smoother, seamless service between health, social care and education. The role was developed to suit the needs of the child, young person and family rather than expecting them to fit in with the current structures (Myers, 2009).

• Assistant practitioner Band 4 Children’s Continuing Care Team, Lister Hospital, QEII Hospital and Children’s Services in East and North Hertfordshire NHS Trust.

This role was developed to function at a higher competency level than that of other children’s support workers, and actively participate in the multidisciplinary team to provide a seamless service. The assistant practitioner assists the registered nurse in planning, implementation and evaluation of nursing care and collaborates with others to meet the needs of patients and their families. In addition, the assistant practitioner participates in the development of self and others and provides individualised basic nursing care to children in the community.

Enhanced skill requirements specified in the job description included: tracheostomy care, stoma care, competence utilising suction equipment, infusion pump devices, pulse oximetry, non-invasive ventilator equipment, oxygen concentrators and humidification systems, enteral feeding, airway maintenance, passive exercise, supporting communication eg Makaton sign language, care of urinary catheter, paediatric basic life support and mentorship skills.

Despite the obvious similarities in the above two roles only one title recognises the generic term of assistant practitioner. This was a repetitive theme in a number of job descriptions and has made the role in children and young people’s services difficult to scope. In order to map the development and implementation of the assistant practitioner role in children and young people’s services effectively standardisation of terminology and title would be of benefit. Spilsbury et al (2009) also identified inconsistency in use of the assistant practitioner title in adult services. Standardising use of the title would help children, young people and families recognise a generic role.

• Assistant practitioner (child) (Band 4), Derby Hospitals NHS Foundation Trust. The job description is generic across the trust covering neonates, children and young people within a variety of clinical settings. The job purpose describes provision of holistic care under the supervision of a registered nurse. The Children’s Directorate covers: inpatients, outpatients, an emergency department, day care, intensive care, high dependency, complex surgery, and a development centre providing therapeutic care to children and young people with complex special needs. The generic job description also highlights specific protocols that the assistant practitioner is expected to work with.

• The assistant practitioner (child) (Band 4), University Hospitals Bristol NHS Foundation Trust. The job description is also generic across the trust and covers all settings within the acute children’s hospital.
These are just two examples of the assistant practitioner role in the acute children and young people's sector. There are similarities between the two job descriptions, title and the generic approach to implementation. On discussion with managers and educators at Bristol the role has been implemented with agreed generic competences that are relevant to all areas of practice within a whole service strategy. Specific competences relevant to specialist areas have been developed to support the assistant practitioner roles locally. The implementation of the role in Bristol and Derby has taken a strategic approach using Agenda for Change level 2 Knowledge and Skills Framework. On examining the job descriptions, neither trust has made specific reference to the core standards for assistant practitioners published by Skills for Health (2009).

Interestingly, the assistant practitioner job descriptions at Great Ormond Street Children’s Hospital, London have concentrated more on administrative and housekeeping type duties with minimal clinical responsibility. In administrative roles the assistant practitioner will be involved in auditing standards, maintaining the environment and supporting the nursing team with administrative duties.

The community setting for children and young people has seen a number of assistant practitioner roles developing to meet the needs of disabled children: for example, supporting the role of speech and language therapists and contributing to the care of children with complex care needs, such as long-term ventilation. In addition, assistant practitioner roles are developing to support health visitors, school nurses and midwives. It used to be difficult to find assistant practitioner roles working in children and young people’s mental health services, however, a number of assistant practitioners training in child and adolescent mental health services (CAMHs) have been identified.

Neonatal intensive care and children’s intensive care have approached the role in a variety of ways. Some neonatal units have developed their nursery nurses with NNEB qualification to take on more advanced assistant practitioner roles and neonatal networks are also starting to look at a technical assistant practitioner to support all the equipment in critical care areas. Similarly, children’s intensive care areas have adopted a diverse approach with some units developing band 4 assistant practitioners to take on advanced clinical tasks supporting the registered practitioners, for example, buddy ing in intensive care - taking two patients together with the registered children’s nurse in Bristol Children’s Hospital. Other centres have utilised “senior HCSWs” with NVQ 3 to take on similar duties but focusing on developing the HCSWs’ skills to care for children on long-term ventilation, for example, King’s College NHS Foundation Trust and University Hospital Southampton NHS Foundation Trust.

On reviewing a number of job descriptions in children and young people’s services the RCN children and young people’s field of practice recommends a generic approach to the creation of job descriptions across children and young people’s services. It needs to reflect the scope and responsibility expected of the assistant practitioner and should be regularly reviewed (Skills for Health, 2009). The job description needs to have core generic responsibilities and competency levels but also incorporate sections that are specific to the requirements of individual services. Too much generalisation can be stifling to creativity and innovation; there needs to be room for developing assistant practitioners with unique skills and areas of expertise. This is in line with the core standards for assistant practitioners published in 2009 by Skills for Health, which recognise the need for assistant practitioners to have consistency of function and level of responsibility:

- the role of the assistant practitioner should be recognised and valued in its own right
- candidates who have the capability to undertake the job should be recruited to an appropriate post of employment and training programme
- the education and training of assistant practitioners should support the development of a practice-focused, competent individual
- the assistant practitioner should be acting at the appropriate level on the career framework
- the assistant practitioner should be competent in specific areas
- the assistant practitioner should be enabled to develop within their role and progression routes should be available.

For more specific information on Skills for Health Core Standards for assistant practitioners go to www.skillsforhealth.org.uk

The RCN children and young people’s field of practice supports the core standards for assistant practitioners produced by Skills for Health but recommends that specific
standards for assistant practitioners working with children and young people need to be developed in parallel. It is essential that the unique needs of children, young people and their families are acknowledged and understood by assistant practitioners who work predominantly in children and young people’s services.

The working party identified disparity in banding, career progression and training and education standards for the role. Some trusts have developed a “senior support worker role” at band 3. Portsmouth and Southampton Children’s Hospital had HCSWs working at Band 3 or Band 4 level undertaking advanced competences, for example, nasogastric feeding, caring for babies in head box oxygen, supporting new mothers with breast feeding, tracheostomy care, suctioning, and caring for children with long-term ventilation requirements. Often the HCSWs had achieved agreed local competences and were trained to NVQ level 3 in health and social care, however, further education and career progression opportunities were not understood or available. Similar disparities exist in adult services, the Mackinnon partnership (Mackinnon and Kearney, 2009) identified individuals working at Band 3 after successful completion of a foundation degree on the basis that no Band 4 job was available. Other individuals were performing what was effectively an assistant practitioner job but not recognised at Band 4.

The RCN children and young people’s field of practice advocates equality in pay and banding for assistant practitioners in children and young people’s services at Band 4. Banding should be linked to formal job evaluation and Agenda for Change criteria, particularly where posts may be new and may need to go through local procedures within the national framework of Agenda for Change. Continuous professional development and access to clearer education and training standards needs to be agreed.

A number of publications have identified regional differences in qualifications and training for assistant practitioner roles (Mackinnon and Kearney, 2009; Ferry et al, 2010b). The same disparity is true in children and young people’s services, notably varying between foundation degree qualification or NVQ level 3 normally in health and social care. As is true in adult services, the foundation degree was the most prevalent preparation route for assistant practitioners in children and young people’s services across health and social care. Some service providers were unaware of the existence of the Skills for Health core standards for education and training.

The RCN children and young people’s field of practice recommends that all assistant practitioners are educated and trained in line with Standard 3 of the Skills for Health Core Standards for assistant practitioners.

**Standard 3**

The education and training of assistant practitioners should support the development of a practice-focused, competent individual.

- Education should be work-based and employer-led.
- Education and training should be at level 5 on the Qualification and Credit Framework (QCF) equivalent to foundation degrees or higher national diplomas.
- Duration of training should normally be two years.
- Programme providers should consider each applicant as an individual and where possible AP(E)L should be applied.
- While in training, the trainees should be recognised as learners and be supported to develop their newly-acquired skills as part of the care team.

(Mackinnon and Kearney, 2009)

Arguably, the most imperative recommendation is that assistant practitioners working with children and young people are trained to address the unique physical and emotional needs of children, young people and their
families. In practice this is not always the case. At the RCN Congress fringe event in 2011 on the role of assistant practitioners in children and young people’s services, one nurse (who preferred to remain anonymous) revealed that a trust appointed five assistant practitioners in children and young people’s acute services but they had no specific training, experience or education relevant to children and young people. The assistant practitioners were allocated to a children’s department to replace five registered children’s nurses purely as a cost-saving exercise. The nurse wanted the identity of the trust to remain confidential. This highlights the risk of implementing the assistant practitioner role purely for cost-saving measures rather than following a considered workforce and quality driven agenda. Nurse leaders need to ensure that they prepare the children and young people’s workforce effectively for current and future needs. This includes preparing a workforce of assistant practitioners (child) and ensuring that agreed standards for education and training are met.

Preparing the child health nurse – fit for the future (RCN, 2007b) recognised that shared learning opportunities needed to be increased in order to achieve an increasingly flexible children’s workforce that facilitates distinguishable health outcomes and benefits for children, young people and their families. Assistant practitioners (child) are part of the nursing family and need to be trained and educated to deliver care that acknowledges and understands that children and young people are significantly different from adults. The RCN children and young people’s field of practice advocates increased development of foundation degree programmes that are either solely developed for children and young people or have pathways within them for understanding different perspectives and issues, and educators there believe there is value to a general foundation degree with pathways for children and young people. At the University of Manchester, assistant practitioner trainees found the generic modules very useful for their individual roles, ie service focused. In addition, this approach possibly provides a more flexible career pathway. Assistant practitioners covering children and young people’s services need to adopt a strategic approach to the role of the assistant practitioner and collaborate with education providers to develop enough programmes to cover the needs of children and young people’s services across health and social care.

This is a challenge as some foundation degree programmes specifically developed for children and young people have been stopped due to the need for more flexible approaches to access. Senior managers involved in workforce planning in children and young people’s services need to urgently agree the way forward considering the predicted shortfall of hands-on nurses together with the increasing demand for health and social care.

The foundation degree at London South Bank University is no longer available due to shortage of numbers. However, the university has adopted a flexible pathway approach to their generic foundation degree programmes which address the specific needs of children and young people. As of 2012, 140 trainees are enrolled on the acute care programme, including trainee assistant practitioners working in children and young people’s services. Recent interest from children and young people’s service providers has resulted in the university adapting the programme further to ensure it meets the local requirements. The programme incorporates work-based learning and addresses the skills and education required by adopting a shared learning approach between the university and local employer. This will be in the form of a number of core modules and a mixture of on and off pathways, together with completion of agreed local competences relevant to areas of practice.

Feedback from group discussions and email consultation to RCN chairs of forums and key experts in assistant practitioner education supports a foundation degree either specifically for children and young people or integration into a general foundation degree with pathways for children and young people. At the University of Manchester, assistant practitioner trainees found the generic modules very useful for understanding different perspectives and issues, and educators there believe there is value to a general foundation degree with a children and young people’s pathway. It appears to provide more transferable skills to other areas while still developing and enhancing the specialist skills for their individual roles, ie service focused. In addition, this approach possibly provides a more flexible career pathway.

The RCN children and young people’s field of practice recommends inter-professional shared learning methods, utilising children and young people’s pathways with a flexible approach. Collaboration between education providers and employers is essential.

In addition, it is important that assistant practitioners receive recognition and assurance that their roles are valued and transferable. This would be enhanced by the clarification of education and training standards. Also, the Qualification and Credit Framework (QCF) should provide a structure upon which vocational qualifications will be recognised and funded (Ferry et al, 2010a), with clearer career progression by standardising competences across qualifications. All assistant practitioners working with children and young people must have children and young
people specific knowledge, skills and competences regardless of the approach taken to training and education. This should result in a flexible and cohesive assistant practitioner workforce that is trained to meet the unique needs of children and young people across health and social care.

Quality, innovation, productivity and prevention (QIPP)

It is vital that the impact of the assistant practitioner role on quality and value for money is monitored and evaluated specifically in children and young people’s services. The QIPP agenda advocates developing solutions to improve quality, innovation, productivity and prevention (DH, 2009). The Government has reaffirmed the need to place quality of care at the heart of the NHS. The White Paper, *Equity and Excellence: Liberating the NHS* (DH, 2009) emphasises that quality cannot be delivered through top down targets but by refocusing power and accountability to the frontline. The QIPP programme is all about ensuring that each pound spent is used to bring maximum benefit and quality of care to patients. The NHS needs to achieve up to £20 billion of efficiency savings by 2015 through a focus on quality, innovation, productivity and prevention. According to the QIPP agenda “every saving made will be reinvested in patient care by supporting frontline staff, funding innovative treatments and giving patients more choice.”

The NHS Plan (DH, 2000) identified the need to plan and deliver health care with the patient at the centre. Service provision needed to be redesigned around patient pathways across the health and social care sector, transcending traditional boundaries whether in the acute or community setting. Patient choice, quality and value for money remain at the heart of the health service and any new role needs to be evaluated to ensure it is delivering positively.

Impact of the assistant practitioner in practice

Assistant practitioners work at the frontline of care delivery, within a role that has been specifically designed to work across professional boundaries in health and social care (Selfe et al, 2008). Early evaluations of the assistant practitioner role (Benson, 2004; Hassan et al, 2006) all focused on trainees. The first evaluation of fully-qualified
assistant practitioners who had undertaken foundation degrees was undertaken by the University of Central Lancashire (UCLan) in 2008 and highlighted some good practice exemplars:

- providing more hands-on nursing skills
- undertaking non-complex pre-operative assessments
- taking the lead in health promotion activities
- being second attendant at home births
- providing on-call night service to support midwives.

Equally, focus group findings with service users were positive, particularly in the following examples:

- identifying service users’ needs
- development of strong relationships with service users
- continuity of care
- having more extended time to spend with service users
- a reduced power differential between the assistant practitioner and the service user.

(Selfe et al, 2008)

A case study

The report looked in more detail at a number of case studies. One case study examined the impact of the assistant practitioner working with children and young people in a primary care trust setting. The assistant practitioner worked within a speech and language therapy team providing care in an urban setting. The assistant practitioner started her career as a nursery nurse and completed her foundation degree in 2006. She was highly satisfied with her job and keen to undertake an honours degree in speech and language therapy. In her role the assistant practitioner was able to see children who were on the waiting list for a registered speech and language therapist. She worked with families to develop techniques to be used at home. There was excellent uptake of this service and it often meant that the children no longer required an appointment with a registered speech and language therapist. Service users expressed great satisfaction with the role, particularly highlighting the approachability of the assistant practitioner and the development of strong partnership relationships.

There are clear opportunities to develop flexible assistant practitioner roles around the needs of children, young people and their families. For example, the number of technology dependent children is on the increase (Wallis et al, 2011). These children need to be cared for in hospital and in a home environment, whenever possible, by people trained to understand the unique needs of children, young people and their families. In the home setting children may well deteriorate and need an acute admission into hospital. An assistant practitioner would be able to bridge the gap between home and the acute sector by working across both disciplines, providing continuity of care, reduced anxiety and potentially improved standards and outcomes.

In addition, HCSWs need training and support in these roles whether in the community or the acute sector. Assistant practitioners are perfectly positioned to work across these sectors and disciplines supporting HCSWs, registered nurses, social workers, families and other members of the team around the child to deliver high-quality holistic care. Assistant practitioners are also well placed to make recommendations for improvement and deliver on the QIPP agenda.

The RCN children and young people’s field of practice recommends further evaluation of the impact of the assistant practitioner role in children and young people’s services particularly the impact on quality. It is vital that we take into account the views of children, young people, their families, other health and social care professionals, HCSWs and assistant practitioners themselves.
Workforce planning

It is predicted that the number of registered health care professionals will fall, creating a shortage of hands-on nurses to deliver high-quality care to children and young people (Buchan and Seccombe, 2009). Professor Dame Jill McLeod Clark presented this challenge at an RCN policy event in October 2008 entitled The Future Nurse Workforce (Macleod Clark, 2009). Challenging statistics were presented:

“Demand for nursing intervention increases by 50 per cent by 2020 to support those with long-term conditions.” This would equal a 50 per cent growth in registered nurses to sustain the current shape of the workforce, this would mean recruiting every 18 year old or changing the shape of the workforce, for example, slowly reduce registered nurse numbers over time and incrementally increasing nursing assistant/assistant nurse numbers”.

The assistant practitioner role should enhance the delivery of high-quality care to children and young people. The RCN Children and Young People Field of Practice recommends national clarification of the broad aims of the role to reduce confusion and highlight the benefits to organisations, while supporting flexible, local role development. Assistant practitioners have the potential to bridge the ensuing workforce gap but in order for this to be achieved safely and effectively, local leaders will need to ensure clarity of roles and good communication across their respective organisations to ensure assistant practitioners are integrated within nursing teams (Spilsbury et al, 2010).

It is imperative that an appropriate and safe skill mix is provided when caring for sick and vulnerable children and young people. A study by Karen Stratton (2008) identified that indicators of quality and nurse staffing levels in paediatrics are distinct from adults. Key findings from seven academic children’s hospitals supported a strong inverse relationship between the proportion of hours of paediatric nursing care delivered by registered nurses and the rate of occurrence of central line (P < .001) and bloodstream infections (P < .05). This study did not look specifically at the impact of the assistant practitioner role but does highlight the importance of ensuring safe and appropriate staffing levels and skill mix when caring for children and young people in the acute sector in particular.

It is essential that the skills of untrained support staff, notably HCSWs, are enhanced and developed in light of the predicted shortfall in children’s nurses. A scoping exercise of assistant practitioners commissioned by the RCN in 2010 identified a number of trusts that were developing assistant practitioner programmes in order to enhance and develop the skills of their HCSWs who were keen to have an increased challenge and responsibility (Royal College of Nursing, 2010). The assistant practitioner (child) role provides an opportunity to deliver a highly-trained and competent workforce, as long as clear standards for ratios, roles and responsibility are agreed and adhered to.

Recruitment and selection criteria need to be considered carefully to ensure fairness and equity and, in particular, safeguard the needs of children and young people. In the feedback from the event at Congress 2011 there are examples of assistant practitioners with no specific training in the care of children and young people, working in an acute care setting (having replaced registered children’s nurses purely as a cost-saving measure). The RCN children and young people’s field of practice warns that this practice must be prevented from happening further as it fails to acknowledge the unique skills required to deliver care at an assistant practitioner level to children and young people. Assistant practitioners in all settings need to be recruited with selection criteria designed to meet the needs of this vulnerable group. This is synonymous with the battles that children and young people’s services have had to endure in the past to ensure that nurses are fit for purpose and safely recruited (RCN, 2007b).
Assistant practitioners are expected to independently undertake protocol-based care under the supervision of registered practitioners and be educated to foundation degree level (SfH, 2009). They also have a supervisory role for HCSWs. The impact of the role on public safety and health and social care outcomes has to be monitored (RCN, 2009a). While some of the difficulties in assessing the positive and/or negative impact of the assistant practitioner role have been discussed here, further research is required to examine this, particularly in vulnerable groups such as children and young people. Assistant practitioners are in a position of trust and the nature of their work brings them into intimate contact with members of the public. As such the regulation of this role (and HCSWs) is high on the political agenda (RCN, 2009a; DH, 2011).

The RN endorsed the view that all HCSWs need to be regulated and that the regulation of assistant practitioners should be treated as a priority (RCN, 2007a). Currently, there are varied approaches to regulation, codes of practice and core standards for HCSWs and assistant practitioners across England, Scotland, Wales and Northern Ireland.

- NHS Scotland has introduced mandatory induction standards, a code of conduct for HCSWs and code of practice for employers for bands 1 – 4. (NHS only) (NHS Scotland, 2009a; 2009b).
- NHS Wales has introduced a code of conduct for HCSWs and a code of practice for employers. (NHS only) (NHS Wales, 2008).
- Northern Ireland has the advantage of united organisations for health and social care. Professionally led regulation via Northern Ireland Social Care Council (RCN, 2011b).
- England has core standards for assistant practitioners (SfH, 2009a) and has plans to implement voluntary regulation for HCSWs including assistant practitioners by 2013 (RCN, 2011b).

Voluntary registration of HCSWs is high on Health Secretary, Andrew Lansley’s agenda in England. If proposals go through, Skills for Health and Skills for Care will develop a code of conduct and minimum training standards for HCSWs and assistant practitioners in England (RCN, 2011b). By 2013 voluntary register(s) will be established, using these training standards as part of their criteria for inclusion on a register. A survey undertaken by the RCN in 2009 indicated that 85 per cent of HCSWs felt they should be regulated and 89 per cent were prepared to pay towards professional registration (RCN, 2009b). The RCN submitted an amendment to the Health and Social Care Bill as it believes that statutory regulation remains the best approach both for the public, HCSWs and assistant practitioners (RCN, 2011b).

The Nursing and Midwifery Council (NMC) has welcomed moves to develop common training standards and a code of conduct for health care support workers in the NHS in England.

Professor Tony Hazell, Chair of the NMC said:

“Patients, carers and the general public will welcome any initiative that enhances the skills, knowledge and competence of health care support workers. The recent announcement that Skills for Health and Skills for Care have been commissioned to develop a project on this issue is a definite step in the right direction.”

“We look forward to working with the professions, the public, the Department of Health (England) and the Council for Healthcare Regulatory Excellence (CHRE), to ensure that proposals for assured voluntary registration are an effective mechanism for public protection.”

“We also welcome the enthusiasm of the Department of Health (England) for our development of a delegation standard for nurses and midwives, as this work will need to progress in concert with the Skills for Health and Skills for Care project.”

(NMC, 2011)

www.nmc-uk.org.uk

Arguably, one of the biggest stumbling blocks to both acceptance and confidence in practice of the assistant practitioner role in the wider nursing family is the lack of understanding around delegation and accountability. The RCN Adviser for HCSWs and Assistant Practitioners commissioned a film to help registered nurses, HCSWs and assistant practitioners improve their understanding of their
roles in accepting responsibility for delegation and completion of tasks.

The film can be viewed at [www.rcn.org.uk/hca](http://www.rcn.org.uk/hca). It is also supported by a leaflet *Accountability and delegation: what you need to know*, and a fold out delegation checklist. Both are available to download from the website, or to order from RCN Direct (quote publication codes: 003 942; 003 944 respectively).

RCN guidance (RCN, 2011a) discusses the basic principles of delegation and accountability. The guidance highlights that the registered nurse is accountable for the process of delegation rather than the actual performance of the delegated task. Some straightforward check points for delegation are:

- Is it in the best interests of the patient to delegate the task?
- Does the person being delegated to understand the task and how it is to be performed?
- Do they have the skills and ability to perform the task competently?
- Do they accept responsibility to perform the task competently?

Currently HCSWs take on the responsibility for delivering much of the care previously within the remit of registered practitioners. Assistant practitioners should provide health and social care professionals with a new, highly trained and educated workforce to assist them, providing hands-on care and helping to develop and support the HCSWs in the team.

**Skills and competences**

In 2008, the RCN produced guidance on the delegation of clinical procedures for children and young people. This included a comprehensive list of which procedures could be taught and delegated to non-health qualified staff following a child-specific assessment of clinical risk (Royal College of Nursing, 2008b). The role of the assistant practitioner sets a new challenge as their training and education is more advanced than traditional HCSW roles and needs to be recognised as such (Mackinnon and Kearney, 2009; Spilsbury et al, 2010).

The RCN children and young people’s field of practice recommends a less prescriptive approach to skill sets. Core standards and competences for assistant practitioners (child) at Band 4 urgently need to be developed to ensure common understanding and implementation of the role by employers, to protect assistant practitioners, and to meet and safeguard the needs of children and young people. Consideration and further risk assessments need to be made at local level for specific assistant practitioner roles.

Standards 3 and 5 of the Skills for Health core standards (2009) go some way to addressing a benchmark for education and training together with agreed generic competences, however, in their current form there is no reference to children and young people specifically. The Skills for Health team, in discussion with the RCN children and young people’s field of practice members, recognised that there was a need for CYP specific standards.

The RCN children and young people’s field of practice recommends additional standards to be developed that specifically address this risk and ensure that assistant practitioners working with children and young people are trained and competent to do so. This is also relevant for other fields of practice such as mental health.
Awareness and barriers to implementation

Long-term success in implementation of the assistant practitioner role will require positive movement in addressing a number of concerns and barriers within the wider nursing family (RCN, 2009b). A common theme in the literature, round table discussions and in practice has been confusion about the nature of the assistant practitioner role (Selke et al, 2008). Often discussions revolve around what it is not rather than what the post can offer and how to implement the role safely and effectively.

The University of Manchester experienced problems with their first cohort in children and young people’s services. The main contributing factors were: senior management having a vision of the future service but not communicating this effectively to frontline staff; and a lack of understanding from teams about the role (which was seen as a threat and, as a result, trainees were often not well supported, particularly in the first year). This changed as the programme continued, but the lack of effective communication within the service led to a lot of distrust about the emerging role. The usual concerns about safe delegation, role clarity, boundaries and appropriate training opportunities were highlighted. In addition, there was a lack of mentors to support the trainees once they had started to progress through the course, particularly where one of the trainees was developing a skill that was previously not practised by the team, and needed an external mentor to sign off competences.

Getting the foundation degree right was also an issue. The trainees were already experienced, qualified nursery nurses and though the specialist modules in the foundation degree had been taken from the children’s nursing pathway, they did not fully meet their requirements – it was too basic for their level of knowledge, understanding and experience. There was no mental health aspect to the children and young people’s section of the course and this element was felt to be essential. This is being addressed by the University ready for the next cohort.

Children and young people’s health care pathways need to be clearly identified so that new roles can be established. If this is done, then assistant practitioner job descriptions could be developed which outline the knowledge, skills and competences required to service local need (Wakefield et al, 2009). It is recommended that this work is undertaken by ward sisters/charge nurses, in partnership with their nursing team, so that there is buy-in at grass roots level for the role (Thurgate et al., 2011). It is vital that clinical teams are made aware of role boundaries and competences that can be attributed to the assistant practitioner and take an active part in the work-based learning supervision they need. This approach should ensure that any education package facilitates the development and achievement of suitable knowledge and skills necessary to undertake the assistant practitioner role competently in their local teams. This development would also provide established HCSWs (at band 1 to 3) with a career pathway allowing them to progress from generalist to a support team member with specialist responsibilities.

It is accepted that some registered children’s nurses may be concerned about assistant practitioners undertaking aspects of care which had previously been in their domain (Thurgate and MacGregor, 2011). However, with clear job descriptions, role boundaries and competency assessment, these fears should be addressed. Concern from this group of nurses may reflect the long battle registered children’s nurses have endured in the UK for recognition as a nursing specialty. Beginning in 1878, when child nurse training commenced at the Hospital for Sick Children, Great Ormond Street, the struggle lasted until the advent of direct entry to child nurse training in Project 2000 in the late 1990s (Glasper, 2010).

For the implementation of the assistant practitioner role to be successful in the children and young people’s health care sector, there needs to be clear understanding by team members and their managers of how it could enhance children and young people’s experience of primary and secondary health care. A service evaluation of five managers working in specialist health care services by Thurgate et al. (2011) identified that, for the successful implementation of the role, clinical managers need to:

• be involved in all aspects of the recruitment process
• have a clear vision of what the new role would achieve in their local service and the competences it would require
• write clear job descriptions

Long-term success in implementation of the assistant practitioner role will require positive movement in addressing a number of concerns and barriers within the wider nursing family (RCN, 2009b). A common theme in the literature, round table discussions and in practice has been confusion about the nature of the assistant practitioner role (Selke et al, 2008). Often discussions revolve around what it is not rather than what the post can offer and how to implement the role safely and effectively.
• provide a mentor who understood the position of the assistant practitioner in the clinical team
• be involved in developing a responsive training programme with the local HEI.

The RCN children and young people's field of practice believes that it is important to listen and respond to views of concern around the implementation of the assistant practitioner role in children and young people's services. Assistant practitioners should not be implemented in the workforce as a quick fix solution to financial efficiency targets or simply to fill the workforce gaps. The role needs to be implemented with care and consideration to the unique vulnerable needs of children and young people including physical, developmental, mental health and psychosocial factors. Education and training, recruitment, and practice standards in the various settings need to produce a workforce fit for purpose whether it is delivered by a doctor, a nurse, an assistant practitioner, a HCSW or any member of the health and social care team.
Conclusions

Assistant practitioners are a workforce that nurse managers can consider employing when patient dependency and care needs have been assessed, whether in a hospital or home setting. The future NHS workforce will require a different skills set and competences to meet ever increasing patient acuity and demand for health care. The experienced registered children’s nurses will need to enhance their practice and some will take on advanced nurse practitioner roles to meet gaps in the reduction of junior medical staff as highlighted in Facing the Future, a review of paediatric services by the Royal College of Paediatrics and Child Health (2011). A trained support workforce to assist the registered practitioner is an option and there is no reason why these practitioners cannot deliver high-quality patient care with the support, supervision and direction of registered children’s nurses.

The assistant practitioner role needs to be implemented with a long-term vision and planned for effectively. Key factors to success will include:

- clarity of role to reduce confusion and highlight potential areas of benefit, while maintaining flexibility locally
- assistant practitioner champions to support implementation locally with registered children’s nurses and other practitioners supporting the development of assistant practitioners
- employers and managers with a shared understanding of the role within their organisation
- partnership between employers and educationalists
- national regulation and registration of assistant practitioners
- national and local standardisation of the training and educational requirements of assistant practitioners in CYP services to support the development of practice-focused assistant practitioners with transferable skills and competences
- good communication across organisations at all levels to ensure assistant practitioners are integrated into the workforce and their roles are understood and valued
- clear, transparent recruitment and selection criteria specific to meet the needs of children and young people and ensure equity

- national and local consideration of continuing development opportunities for assistant practitioners to support career progression and aspirations.

Assistant practitioners are in a unique position to be trained to work across professional boundaries and across health and social care sectors. This is a clear strength in the vision for the role and, if implemented effectively, should support children and young people through specific care pathways. If embraced with the recommendations described throughout this publication, there is a clear opportunity to enhance the experience of health and social care for children young people and their families. Roles delivered and focused around care pathways with children and young people at the centre will improve communication, providing a quality service and consistency and reducing the number of faces the children, young people and their families need to have contact with. This is in the best interests of children, young people and their families.

The RCN children and young people’s field of practice recommends future evaluation of the impact of the assistant practitioner role on children and young people to ensure the role is monitored effectively. Voluntary registration is a move in the right direction but ultimately assistant practitioners will need to be identified on a compulsory register. Only then can both the needs of the public and the assistant practitioners themselves be protected and recognised.
Recommendations

- All assistant practitioners in children’s services must have completed a children and young people’s specific education programme.
- Assistant practitioners (child) must be trained to foundation degree standard.
- Higher education institutions (HEIs) to provide flexibility and inter-professional learning in foundation degree programmes to accommodate the needs of learners in children and young people’s services; ideally integrated into adult programmes.
- Future national scoping exercises of assistant practitioners to include children and young people’s services.
- The RCN children and young people’s field of practice definition for assistant practitioner (child) to be implemented and recognised nationally.
- Skills for Health core standards for assistant practitioner (child) need to be established alongside the generic standards.
- Any assistant practitioner role development within the health and social care workforce must consider the impact on children and young people.
- Publication of a core generic job description for assistant practitioner (child) with separate sections to meet the needs of individual services.
- Equality in pay and banding for assistant practitioner (child) linked to formal job evaluation and Agenda for Change criteria.
- Career progression, training and education opportunities to be available to HCSWs in children and young people’s services to enhance skills and improve quality.
- Children and young people’s leaders to collaborate with education providers on a strategic approach to the implementation of the assistant practitioner (child) role.
- Assistant practitioners working with children must be trained and competent to address the unique physical and emotional needs of children, young people and their families.
- Evaluation of the impact of the assistant practitioner role in children and young people’s services.
- Listening to the views of children, young people and their families.

- Clear standards for ratios and skill mix in children and young people’s services to be adhered to.
- Establish clear recruitment and selection criteria.
- Statutory regulation and a code of practice for all HCSWs and assistant practitioners.
- Clinical teams to be aware of role boundaries and competences and involved in development of assistant practitioners.
- Assistant practitioners (child) to be integrated and supported into the workforce with assistant practitioner champions facilitating this transition whenever possible.
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