The future for community children’s nursing: challenges and opportunities

RCN guidance
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- RCN Children and Young People’s Staying Healthy Forum.

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Introduction

This publication is written for professionals, providers, service planners and commissioners involved in developing and designing health services for children and young people (CYP). It sets out the Royal College of Nursing’s (RCN) perspective of contemporary children’s and young people’s nursing services in primary and community settings and the crucial role community children’s nursing (CCN) performs as the bedrock of integrated care closer to home.

In the context of this publication, CCN refers to the provision of nursing care to babies, children and young people from birth to the point of transition to adult services across the four countries of the UK.

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 the CCN team should be available for parents and families to enable them to care for a child at home (RCN, 2009a).

The provisions of the United Nations’ Convention on the rights of the child (1989) set out the minimum entitlements and freedoms that children everywhere have the right to expect; these include the right to survival, to education and development opportunities, to protection from abuse and exploitation, and access to excellent health care services. Appropriate specialist nursing roles and advanced practice in community children and young people’s nursing is a crucial element in the provision of good quality health care services.

Children’s nurses play a pivotal role in an individual’s transition from children’s services to adult services (DH, 2008). Many young people are now living into early adulthood with complex disability and long-term conditions. The special educational needs (SEN) and disability reforms and the Children and Families Act 2014 (the most far reaching child welfare legislation to be considered by parliament for decades) means the Code of Practice (2014) provision for early years now covers the 0-25 age range. This has a significant impact on how services are provided and will test the interface between the practice of children’s nursing and adult nursing.

In 2012, the Department of Health published its Children and young people’s health outcomes strategy for the NHS in England, the recommendations of which have been incorporated within the NHS outcomes framework. The framework clearly identifies the importance of providing nursing care at home to children, regardless of whether this is to reduce the number of children requiring acute admission to hospital or to support children with long-term conditions and disability.

The impact of the Health and Social Care Act (2012), the restructuring of the NHS and the move to clinical commissioning will undoubtedly influence a shift in care from acute to community provision. Never before has there been more emphasis on the importance of nurses in delivering high quality, compassionate care to all patients and their families (DH, 2012a; RCN, 2012a).

Changes to undergraduate nurse education standards (NMC, 2010) mean that in the future all nurses will receive pre-registration preparation to enable them to deliver both primary and community-based care. The decrease in available postgraduate training opportunities combined with funding pressures, however, means that it is essential to reconsider how nurses might acquire the required additional knowledge and skills to undertake leadership and advanced clinical decision-making roles in the community.
International and UK policy and health outcomes

Aligned to the drive to nurse children at home, the shift of care from acute hospitals to community settings is both a global trend and an international priority (RCN, 2013b). The importance and value of nursing children at home has been recognised nationally and internationally for more than 50 years in a variety of channels; government policy, professional bodies, voluntary sector organisations and research evidence (see Table 1).

Despite widespread recognition of the benefits and improved outcomes that result from the provision of CCN for ill and disabled children and the development of community children’s nursing teams, provision across the UK remains fragmented and inequitable.

The RCN is aware there is significant disparity within the scope and delivery of CCN services in the UK. In its 2011 publication *NHS at home: children’s community nursing services*, the Department of Health identifies four groups of ill and disabled children a CCN service should support (see Table 2).

Although some CCN services are successfully delivering equitable, comprehensive and sustainable provision across these four children's groups, a number of locations in the UK still have no CCN service provision. Furthermore, very few of the existing CCN services are able to offer the 24/7 service that is especially critical for end of life care.

**Table 1: Chronology of policy and campaigns**

<table>
<thead>
<tr>
<th>Author/title</th>
<th>Country</th>
<th>Date</th>
<th>Key messages</th>
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| Ministry of Health  
*The welfare of children in hospital: the Platt report* | England | 1959 | • Children should not be admitted to hospital if it can possibly be avoided. |
| House of Commons Health Select Committee  
*Health services for children and young people* | England | 1997 | • All children requiring nursing should have access to a CCN service staffed by qualified children’s nurses wherever they live.  
• This service should be available 24 hours a day, 7 days a week.  
• Every GP should have access to a named community children’s nurse. |
| Department of Health/Department of Education and Skills  
*National service framework standard 6: children and young people who are ill* | England | 2004 | • Children and young people who are ill should receive timely, high quality and effective care as close to home as possible. |
| Welsh Assembly Government  
*National service framework for children, young people and maternity services in Wales* | Wales | 2005 | • A CCN service supports the child’s right to care at home and reduces avoidable hospital admissions. |
| Royal College of Nursing  
*A child’s right to care at home* | All four countries | 2009 | • Every child has a 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 CCN team should be available for parents/families to enable them to care for their child at home. |
Royal College of Nursing/WellChild  
*Better at home campaign*

**All four countries**  
**2009**  
- Timely, high quality and effective care to be delivered in the home where possible.  
- Packages of care should be provided which co-ordinate health, social care and education in a way that meets the individual and ongoing needs of the children and their families.  
- Greater financial investment in children’s nurses to work specifically with this group of vulnerable children and bridge the gap between hospital and community services.

Department of Health  
*NHS at home: children’s community nursing services*  

**England**  
**2011**  
- Currently, few local community children’s nursing services are able to meet the needs of all ill and disabled children and young people.  
- CCN services are the bedrock of the pathways of care for these groups of children.  
- Identification of what safe and sustainable CCN services look like.

Department of Health, Children and Young People Outcomes Forum  
*Recommendations to improve children and young people’s health results: independent report*

**All four countries**  
**2012**  
- The NHS and social care have been designed around the system rather than the individual; the system feels fragmented to children and young people and their families who have to tell their story repeatedly, striving to be heard and get the joined up care they need.  
- Designing and planning health and health care round the needs of the individual child or young person, taking account of their changing needs over time, will improve their experience of the service and their health outcomes – not just at a point at time, but for the longer term – and improve their lives enormously.

Royal College of Nursing  
*Moving care to the community: an international perspective*  

**All four countries**  
**2013**  
- A whole system approach is needed to effectively shift care out of hospitals and provide these services in the community. Nurses play a pivotal role in supporting and promoting better co-ordinated care.  
- Where integrated care models have been successful, there is evidence to show that close collaboration between local authorities, commissioners, service providers and frontline staff have been instrumental in that success.  
- Investments must be made to strengthen the community nursing workforce and priority must be placed on enabling and supporting nurses through education, training and developing leadership skills to ensure the right nurses with the right skills are leading the way.

**Table 2 – Department of Health care categories**

The CCN service needs to provide for all four groups of ill and disabled children identified by the Department of Health:  
1. Children with acute and short-term conditions.  
2. Children with long-term conditions.  
3. Children with disabilities and complex conditions, including those requiring continuing care and neonates.  
Service planning and models of provision

Reliable, accessible and expert CCN provision is vital to families to enable them to care for their child at home (Carter et al., 2009). CCN services are the bedrock of the pathways of care for ill and disabled children (DH, 2011). Service design has, however, more often been driven by local champions rather than a clear national strategic vision and a whole system approach. This has resulted in a diversity of CCN service models across the UK in terms of form, function and development; many teams have arisen on an ad hoc basis through an array of funding streams (Lowe, 2011).

A comprehensive CCN service needs to provide an accessible and equitable service for all four groups of ill and disabled children and young people, and have the flexibility to adapt services when children move from one group to another (DH, 2011).

A comprehensive CCN service forms an integrated part of a co-located wider network of multi-agency child and family services. An integrated service can provide for the existing and future needs of children, ensuring consistent, high quality transitions between services such as hospital and home or between health, social care, education or children’s and adult services (Parker et al., 2012).

Clinical data and activity

Although some local variation will exist, it is imperative that all community-based services are able to demonstrate high quality performance against health outcomes. Collating data on activity and performance provides information intelligence that will empower CCN leaders to drive and shape services to meet the needs of the local population. This will ensure responsive and needs-led service improvements in collaboration with service users, service planners, commissioners and health boards. A variety of information systems are in place in many parts of the UK. It is vital that the interpretation of these data accurately reflects workload activity. Datasets also need to be built that address the acuity and clinical dependency of the growing number of children living at home with increasingly complex medical conditions and who are reliant on medical technology. Demonstrating changes in activity, caseload acuity and complexity must influence commissioning, service planning and service development.

Child, family and cross agency engagement

CCN services need to be designed and developed in partnership with children, young people and their families as well as a range of local stakeholders, organisations and sectors. Embedded and positive relationships with key stakeholders within local primary, secondary and community health services, as well as local authority and voluntary sector organisations, will promote a CCN service model that is comprehensive, safe, sustainable and equitable locally.

Community children’s nurses have particular skills that enable them to work in partnership with children and their families to tailor clinical and care needs within home and community settings.

New opportunities are emerging for community children’s nurses to engage with children and young people and their families in the design of health services to promote safe care, clinical effectiveness and better health outcomes. Engaging with children and families must be a core component of all service delivery to ensure high quality health care delivery (NHS England, 2013; NHS Scotland, 2007).

Community children’s nurses must use local and national parent/carer forums, including disability and young people advisory groups, to achieve effective partnership and co-production models of service design. Consultation processes such as ‘square table’ events have proved to be a successful way of engaging with a wide range of local stakeholders and have been used nationally as part of reviewing children’s palliative care services (TfSL, 2012).
Innovation

Community children’s nurses have a robust history of developing new ways of working to reduce or prevent avoidable hospital admissions for children with long-term conditions, continuing and palliative care needs. Across the UK, innovative models of urgent care pathways for children and young people with acute short-term conditions are being implemented.

Many community children’s nurses working in these emerging models have advanced practice skills and competences; skills that allow them to work closely with GPs and practice nurses to prevent accident and emergency attendances and reduce the need for outpatient appointments. Some community children’s nurses are working within accident and emergency departments and ambulatory care units, promoting early referrals and opportunities for these children to be reviewed at home rather than having to be admitted overnight.

Providing a safe service

As with any community-based service, clinical effectiveness, safety and positive patient experience is imperative to ensuring robust service delivery. Autonomous and lone working requires advanced analytical, critical and professional judgment. There needs to be assurances in place to ensure the ‘competence profile’ of community nurses, allowing every episode of care to be risk assessed (due to the differing environments presented) and enable the community children’s nurse to respond safely to each clinical scenario presented. All care provided, whether by registered nurses or health care assistants, must be fundamentally underpinned and delivered with an accurate evidence base (RCN, 2007; HSE, 2013).

Ensuring a consistency of nursing practice within and across teams is essential for assuring safe clinical practice. Standard operating procedures and organisational policies can provide consistency, but these need to be regularly reviewed and kept up-to-date. Core care planning and individualised evidence-based care plans also promote consistency of practice. It remains the responsibility of the individual community children’s nurse to ensure that when local policy and operational procedures are developed, these are in accord with community clinical practices and environments.

Clinical and safeguarding supervision is an essential core feature of any CCN service. Regular caseload handover and individual patient review and the peer review of practice within the team promotes safe, co-ordinated care, high quality communication and clinically effective practice. While many community children’s nurses gain clinical supervision from more experienced nurses, the advanced nurse practitioner is likely to access clinical supervision from a range of named professionals that include paediatricians, GPs and nurse consultants.

A good CCN service

A good CCN service has the following attributes:

- **a safe service** with consistency of care across environments and professionals; there is clarity of level of autonomy, accountability and responsibility within the teams and professionals with robust community accorded clinical governance
- **a comprehensive service** with integrated and co-ordinated locality care that caters for all four groups of CYP; the service is responsive and flexible to local population needs and accessible seven days a week, with 24-hour provision and an on-call service
- **a sustainable service** with robust workforce planning and development and the innovative use of critical mass of workforce within a locality; the right people with the right skills will be available in the right place at the right time.
The workforce, roles and skill mix

The community children’s nurse

The community children’s nurse should adhere to requirements contained in the guidance *RCN children and young people’s nursing: a philosophy of care* (RCN, 2014) in their work with children, young people, their parents/carers and families and the wider children’s workforce across health, education and social care. The community children’s nurse should be able to engage and communicate with children and young people to enable and ensure service users are able to participate in decisions about care and services (Carter et al., 2009).

The role of the community children’s nurse encompasses education, training, emotional support and expert clinical care and requires high order cognitive skills in relation to decision-making, problem solving and solution finding (Carter et al., 2009).

Over the last 20 years community children’s nurses have viewed completion of a community practice educational programme as the pathway for becoming a community nurse specialist and public health practitioner. Although this route is still recognised today, there is a growing appreciation of the need for different approaches to the acquisition of the additional knowledge and skills individuals might need to develop in order to undertake a community children’s nursing role.

This change of perception has resulted, in part, because of difficulties accessing specialist community nursing courses but is also due to a growing awareness of the range of practice-based and educational opportunities that allow individuals to tailor the acquisition of educational and practice skills to meet the needs of the child in community settings.

Community children’s nurses who have undergone postgraduate degree or masters programmes in community specialist practice are specialists by environment of care, working with a diverse caseload within their community. Others are specialists by disease or health condition, whose work focuses on a particular disease group.

The advanced community children’s nurse practitioner is able to deliver a multiplicity of clinical skills, drawing on a range of child health care competences and advanced clinical decision-making skills across a range of situations and environments for children and young people with acute, long-term, continuing and palliative care nursing needs. More information about specialist and advanced practice nursing for CYP is detailed in the RCN publication *Specialist and advanced practice nursing for children and young people* (2014) which is available at [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications).

Safeguarding children

Community children’s nurses play a key role in safeguarding children from abuse and neglect, working alongside partner agencies to reduce the impact of abuse and health inequalities. As part of a multi-agency team, community children’s nurses and learning disability nurses have particular knowledge and skills in safeguarding children with complex health needs and disability.

Key worker/case manager

The community children’s nurse often undertakes the role of the key worker/case manager for children and young people with complex needs and disability. This role includes continuous multi-agency and professional mediation, ensuring child-centred, co-ordinated care planning and active engagement of children and young people and parent/carers throughout childhood and various transitions.

Learning disability nurses

CCN services recognise the specific contribution and perspective that the registered learning disability nurse offers children and young people with learning disabilities. In particular, the learning disability nurse offers approaches which meet children’s often complex needs in ways that least disrupts their ordinary life (RCN, 2011).
Health care assistants

The role of the health care assistant (HCA) is well established within CCN teams, supporting children and young people in a variety of community settings including schools and continuing care (under delegation from the community children's nurse).

The CCN workforce is diverse and encompasses registered and non-registered practitioners. HCAs make a valuable and important contribution to the delivery of high quality health care, especially within CCN teams responsible for the intense and complex continuing care of children and young people with life limiting/threatening conditions. The responsibility of the HCA is to ensure they are confident, competent and safe to deliver the care delegated to them by the registered CCN (RCN, 2011b).

Increasing demands on health care provision, combined with the growing complexity of that provision, is creating unprecedented challenges for the NHS across the UK and its workforce. Delegation has become a critical competency which must be practiced appropriately and registered practitioners remain accountable under their regulatory bodies (NMC, 2009; GMC, 2006). The National Leadership and Innovation Agency for Health Care (2010) and the Nursing and Midwifery Council (2008) have developed core standards and guidance for clinicians to follow. These guidelines give practitioners a safe governance framework and clear pathways to adhere to when considering the delegation of clinical tasks to non-registered workers.

Community children’s nurses are also required to train the wider children’s workforce on health-related care to enable children with continuing health needs and disabilities to access education and experience ordinary family life and leisure opportunities. The role of health care trainer is a key component of the role of community children’s nursing.

The RCN has developed guidance to assist children’s services on managing children with complex health care needs, especially in relation to the training and delegation of clinical procedures, accountability and governance (RCN, 2012a).

Compassion in practice: Community children’s nurse 6Cs service offer (DH 2014 in press)

Maximising the CCN contribution to high quality, compassionate, excellent health care and promoting improved health and wellbeing outcomes for children is detailed in the Department of Health’s publication Developing a vision and service offer for community children’s nursing (2014).

Workforce planning

In its 2010 position paper on the development of the registered nursing workforce in the community, the RCN states that “local health organisations within each nation must be responsible for determining the registered and non-registered skill mix and structure of population-based teams according to the profile of local health needs. However, this must be done within the parameters of agreed national nursing role frameworks.”

Services need to ensure that the right people, with the right skills and competences, are in the right place at the right time (NHS England and Scotland). Workforce planning processes need to be designed to ensure the ongoing sustainability of the registered nurse and health care assistant workforce in each nation (RCN, 2010). CCN services need to be based upon a robust assessment of local need to ensure which community children’s nurses are able to provide comprehensive, safe and effective care for all CYP within a geographical area.

In 2013, the RCN published its standards on staffing levels for children and young people’s services (RCN 2013a) in which it states that all CCN teams must be led by a registered children’s nurse who has completed a recognisable community education and development programme.

The RCN recommends that for an average-sized district, with a child population of 50,000, a minimum of 20 whole time equivalent (WTE) community children’s nurses are required to provide a holistic CCN service in addition to any individual child-specific continuing care investment (RCN, 2009a; 2009b). Additionally, workforce planning needs to
take into account the ongoing training and education needs of the non-registered workforce, including parents and other agency staff.

**Leadership and professional development**

In 2010, the RCN stated: “Community nursing must be re-invigorated as an exciting career choice for nurses by providing flexible postgraduate education programmes in line with the modernising nursing careers programme, which are adequately funded by health organisations and national governments, including sufficient resource to provide appropriate backfill.”

For the CCN profession to develop, programmes must create ‘fit for the future’ opportunities for the graduate workforce. Postgraduate education needs to accommodate an approach that facilitates the flexible acquisition of knowledge and skills, competency-based education and assessment in practice.

Higher education institutions (HEIs) need to design, develop and deliver flexible face-to-face and online learning programmes which enable community children’s nurses to develop additional knowledge, skill, competence, capability and confidence to undertake the role.

Service and education commissioners must recognise that education and knowledge acquisition cannot be viewed in isolation and is integral to service provision and workforce planning. Adopting an integrated approach will yield a career framework that is desirable to new graduates and ensure a workforce that is fit for the future – this is especially crucial given the shift toward the ‘hospital at home’ agenda and the increasing dependency and acuity of children and young people who are now nursed in community settings.
To deliver a good community children’s nursing service the RCN believes that:

• every child and young person has the right to expect care to be provided at home and supports the care of ill and disabled children being delivered closer to home, where it is clinically appropriate and safe to do so

• CCN services that provide for all ill and disabled children will deliver meaningful health outcomes

• children, young people and their families, as experts of experience, should be consulted throughout service planning and development and be at the heart of decision-making about their own/their child’s health

• children’s nurses play a pivotal role in the delivery of clinically appropriate and safe care across the health and social care continuum

• learning disability nurses with specific child health knowledge and skills also play a central role in the lives of children and young people with learning disabilities, within a needs-led skill-blended CCN service

• providers and commissioners of health care services must undertake robust children’s services workforce planning to reduce the likelihood of a diluted children’s nursing workforce and inappropriate skill mix

• a whole system approach is needed to shift care out of hospitals and re-provide services in the community

• integration and co-ordinated care improves continuity, reduces fragmentation within the health and social care systems and delivers good patient outcomes

• collaboration between local authorities, commissioners, services providers and frontline staff has been instrumental in delivering successful integrated care models.
References and further reading


House of Commons Health Select Committee (1997) *Four separate reports on health services for children and young people, namely: The specific health needs of children and young people; Hospital services for children and young people; Child and adolescent mental health services; Services in the community, home and school*, London: HMSO.


Lowe C (2011) *Developing an innovative, sustainable model for community children’s nursing service provision that will support the shift of care back into the community setting and closer to home*, Chelmsford: NHS Mid Essex.


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