Preparing the Child Health Nurse - fit for the future
Introduction

The purpose of this paper is to reaffirm the Royal College of Nursing’s (RCN) Children and Young People’s Field of Practice’s position on the future preparation of nurses to care for children and young people. The original position statement set out the RCN Children and Young People’s Field of Practice’s view about the most efficient and effective way of addressing the increasing public health and societal challenges facing service commissioners and providers.

The model of preparation reflects shared elements, including core nursing knowledge and skills likely to be required by all registered nurses, along with the increased focus towards enhanced service provision in primary and community care settings.

Why change?

There is increased recognition that to tackle the health of the population in the longer term, key issues including health promotion must be addressed in childhood. Children and young people increasingly have health and social care needs across a range of domains and settings of care demanding practitioners to be able to address issues such as:

- Rising obesity rates amongst children and young people
- Increasing emotional and psychological needs
- Incidence of children and young people with complex health care needs requiring care and support in the community
- Increasing prevalence of disabling conditions and children with long term conditions requiring care closer to home

To meet the future needs of children and young people, nurse education programmes must prepare adaptable, innovative practitioners who are committed to lifelong learning and able to

---

*The RCN Children and Young People Field of Practice encompasses specialty forums and groups of RCN members, and exists to:
- be a focus for RCN members interested in the nursing of children and young people, providing them with networks and opportunities for support, advice and professional development
- be a voice for children’s nursing within the RCN and for nursing within the world of childhood

† Examples include the principles of long term conditions management, first contact and emergency care
‡ Recognising the direction of travel for children’s services such that many more children and young people, with potentially higher levels of acuity will be cared for in the community setting
§ Childhood obesity in the UK has increased significantly since 1995 and continues to do so. In 2002 in the UK, 22 per cent of boys and 28 per cent of girls aged 2 to 15 were either overweight or obese
‴ Recent studies highlight that up to 20% of children and young people have psychological problems
†† The Family Resources Survey 2002-3 estimates that there are approximately 700,000 disabled children under 16 in Great Britain. In the past ten years, the prevalence of severe disability and complex needs has risen. This is due to a number of factors, including increased survival of pre-term babies and increased survival of children after severe trauma or illness. There are up to 6,000 children living at home who are dependent on assistive technology. Children and young people with life-limiting conditions, such as cystic fibrosis, have better life expectancy and improved quality of life, due to improved treatment and support.
‡‡ There has been a significant increase in the number of children and young people diagnosed with Type 1, Type 2 and other variants of diabetes over the last 10-20 years. Asthma prevalence has increased, affecting 1.1 million in the UK – one in ten children.
work across domains\textsuperscript{55} and care settings. Practitioners need to be able to lead, work within and work across teams and work in partnership with families and carers. Additionally practitioners need to be able to manage and disseminate information and knowledge effectively.

It is crucial that a future model:
\begin{itemize}
  \item recognises the individuality, rights and resilience of children and young people
  \item protects children and young people
  \item enables children/young people and carers to be involved in the development, delivery and evaluation of services
  \item is flexible and responsive to current and future health and service needs
  \item enables practitioners to prepare children, young people and families for transitions to adult services
  \item is economically viable\textsuperscript{9}
\end{itemize}
while enabling practitioners to:
\begin{itemize}
  \item assess and meet health and social care needs
  \item provide holistic nursing care
  \item manage care within and across integrated service teams and liaise with external agencies effectively\textsuperscript{10}
\end{itemize}

**Specific preparation for the Child Health Nurse of the future**

Educational programmes need to prepare a nurse to be competent to meet the:
\begin{itemize}
  \item public health\textsuperscript{***} nursing of infants, children and young people within the family: screening, monitoring, prevention, promotion and community child health
  \item ‘illness’ nursing of infants, children and young people (in all settings\textsuperscript{†††}) including long term conditions, urgent and first contact care, high tech nursing interventions, mental illness, palliative care and end of life support\textsuperscript{11}
  \item clinical nursing needs of children and young people with learning disabilities, as well as those with physical or sensory disabilities or communication impairments
  \item emotional and psychological health needs of children and young people within the context in which they live
  \item needs of vulnerable children and young people i.e. those who are at risk of significant harm from abuse and/or neglect, experience domestic violence or are in care
  \item needs of children and young people at points of transition to adult services
\end{itemize}

**Preferred model for preparing the future Child Health Nurse**

We believe that the model of education that will most effectively prepare such nurses has the following elements:
\begin{itemize}
  \item core professional nursing values\textsuperscript{12} and competencies as a continuing thread
\end{itemize}

\textsuperscript{55} Domains include caring for people: with long term conditions; requiring crisis and high tech nursing interventions; requiring end of life support and intervention; requiring urgent access; requiring public and family health (see Macleod Clark 2007)

\textsuperscript{***} Child/young person and family focused public health and health promotion activities

\textsuperscript{†††} This includes acute inpatient settings, day care and ambulatory provision, community and primary care settings, as well as education and social care facilities
• a foundation shared with all other professionals involved in care and support of children, young people and their families (such as social services, education, police and medicine)

• general nursing of children and young people

• public health, 'illness', mental health, learning disability nursing, including the physical, emotional and social development of children and young people

• research, audit, leadership and management skills.

Achieving a balance between core children’s workforce skills and core nursing knowledge and skills, as well as higher level client specific nursing knowledge and skills will be a challenge, but is one that can be achieved by maximising shared learning opportunities.

Outcome

1st level degree and qualification as a child health nurse – prepared to care for children and young people in any setting and capable of working across organisational boundaries and within multi-agency services.

Advantages

A model of preparation which:

• recognises the holistic nature of nursing, with people's responses to and experience of health, illness or disability often being a combination of physiological, psychological, social or spiritual factors

• acknowledges that children and young people are in a developmental stage of their lives requiring care which is significantly different from adults, provided by those who have received specific educational preparation to meet their distinct needs

• increases flexibility within the workforce, with child health nurses able to work across all settings and within integrated children’s services teams

• acknowledges the higher order client specific knowledge and skills required of practitioners at the point of registration to work with children, young people and families within the context in which they live

• facilitates identifiable health outcomes and benefits from child health nurses working with children, young people and their families

Prepared by the RCN’s Children and Young People’s Field of Practice, November 2007

††† This is in line with Government initiatives such as Common Core of Knowledge and Skills and the move towards integrated children’s services inclusive of health, social care, education and voluntary sector provision

‡‡‡ The term paediatric nursing is defined as a nurse who has successfully completed a recognised course of study and practice experience in the nursing care of infants, children and adolescents/young people (PNAE 2005).

**** The Paediatric Nursing Associations of Europe (PNAE) position statement (2007) on Paediatric Nurse Education in Europe states that “there must be flexibility in the application of the EU ‘general’ directives within member states to meet country specific requirements, public expectations and patient safety standards for particular client groups such as children and young people. It is prohibitive therefore for conditions to exist within directives which necessitate nurses across the EU to gain knowledge and skills with only adult patients in order to be recognised as a ‘general nurse’.”

†††† The content of this paper has symmetry with Professor Dame Jill Macleod Clark's personal perspectives as outlined in the RCN Policy Discussion Paper 13/2007
References

1 Royal College of Nursing (2003) Preparing nurses to care for children and young people: Summary position statement by the RCN Children and Young People Field of Practice, RCN, London


