



CYPNAUK POSITION PAPER

The education of children's nurses in the UK: Current position and future directions

I commence by stating two propositions; first that sick children require special nursing and second that sick children's nurses require special training (Wood 1888).

**CYPNAUK
Manchester
June 2017**

THE CONTEXT OF THIS POSITION PAPER

This paper outlines the CYPNAUK position on the future of children's nursing and the education of children's nurses in the UK. It builds on the Association of Chief Children's Nurses (ACCN) (UK) responses to the 2007 NMC review of pre-registration nursing¹ incorporates the CYPNAUK response to *Raising the Bar*² and is written in the context of the current Nursing and Midwifery Council (NMC) UK-wide consultation on the future competencies and standards for nurses.

BACKGROUND

The Health and Wellbeing of Children and Young People in the UK

In 2013 there were 10.44 million children under the age of 16 in the UK³ and in 2014 one in five of these children were living in poverty⁴. It is established that poverty and deprivation lead to poor health and wellbeing outcomes^{5, 6, 7} impacting on rates of mortality, long term illness, and on public health issues such dental health⁸ and obesity^{9, 10}

Despite the strategy to reduce health inequalities in England⁷ the health and wellbeing of children and young people the UK is falling behind many western European countries in terms of infant mortality rates, and emergency admissions and deaths associated with childhood asthma¹¹. In England, one in three children aged 10-11 years is overweight or obese¹² and there are rising numbers of children and young people with type 1 diabetes mellitus¹¹. Medical advances mean that more children are living longer with complex health needs that require careful management to promote the best possible quality of life, since the poor management of long-term conditions in childhood can have severe health implications for adulthood¹³. Currently, between 14% and 23% of children and young people in the UK have special or additional educational needs¹⁴.

THE HEALTH NEEDS OF CHILDREN YOUNG PEOPLE AND FAMILIES

The health service needs of children differ significantly from the needs of adults. They have a relatively high rate of contact with health services for preventive care or management of acute illness and a high likelihood of requiring hospital admission at some time during childhood¹⁵. They are more likely to be admitted to hospital in an emergency than for planned admission, but their health journey may involve moving between primary care and secondary or tertiary centres.

There are also rising numbers of disabled children and young people with complex needs and life-limiting conditions in the UK^{16, 13} and these families pose new nursing challenges in the hospital and home environment and in terms of end of life care. Access to family-friendly pathways between home and formal treatment environments is therefore crucial. Children and young people with complex needs require assessment of physical, social, psychological and emotional needs in the context of their cognitive ability, with the aim of helping them to live well with life-limiting conditions before and during transition to adulthood and adult services. Young people have been vocal about their demands for the management of this phase of their care¹⁷ rightly expecting the same level of facilitation of independent living with professional support that they have experienced from birth or early childhood.

The voice of children and young people in health care delivery is paramount to its success as a service. Children and young people are acutely aware of their treatment by healthcare professionals, the unsatisfactory nature of delays, and the cost of their treatment¹⁸ and when asked about their expectations of the service, recurrent themes include availability of and access to services; clinical quality; communication, confidentiality and respect; involvement in decision making; wellbeing; and transition^{19 20}. Although their understanding of their rights when using NHS services may be limited, children and young people state clearly that they want information and child-friendly care from people they know and trust and who treat them with respect²⁰.

The Health Needs of Children Young People and Families: The CYPNAUK Position

Whilst we acknowledge the increasing health and social care needs of the whole population, our imperative is to secure the best outcomes for children and young people, and we are committed to supporting the work of the Children and Young People's Health Outcomes Forum²¹.

We uphold the position of UNICEF²² which states that Society's future is linked intimately to infant and child health, and that healthcare for children *must be provided by individuals with appropriate knowledge and skills*.

We support the UK Government commitment to Article 24 of the United Nations (UN) (1989) Convention on the Rights of the Child²³ which sets out the right of children and young people to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation. We also support the recommendation by Clothier²⁴ that in acute hospital settings there should be two qualified children's nurses on duty during every shift.

We maintain that the needs of children, young people and their families are of paramount importance in the development and design of current and future services, and that their first-hand testimony is indispensable in this activity.

MEETING THESE NEEDS

According to the NHS constitution²⁵, all patients have a right to a professional standard of care provided by appropriately qualified and experienced staff. For children and young people this includes providing an age-appropriate environment for these interactions²⁶.

Health care needs of children and young people in the UK are currently undertaken by a variety of qualified health professionals including children's nurses, health visitors, school nurses, practice nurses and mental health nurses. Health visiting and school nursing are both specialist community public health roles with specific NMC competencies, with health visiting focused on children under 5 years in the home setting and school nursing being delivered specifically in schools. These are both vital roles, and in both there is increasing emphasis on safeguarding and the mental health of children and young.

It is of concern that the number of health visitors and school nurses has fallen significantly over the last year²⁷ despite the publication of the 2011 – 2015 Health Visitor Implementation Plan²⁸ and that there are other healthcare professionals caring for children and young people who are not adequately trained and skilled in the physical and mental health needs of children and young people to undertake their work safely and effectively²¹. The shortage of qualified children's nurses leads inevitably to other nursing colleagues including children and young people in their remit.

The knowledge and skills required to nurse children and young people

The fundamental skills and values required of children's nurses are outlined in the current NMC standards, and field specific competencies²⁹. Their unique contribution to care includes a knowledge and understanding of growth and development, anatomy, physiology and pathophysiology of the birth to 19 year age group. They must safely apply this knowledge to a wide variety of clinical conditions in order to meet the physical and psychological needs of the child or young person. They require the skills to manage care in the home, in educational settings and in institutional environments, appreciating the social, political and cultural context and complex family networks impacting on health and healthcare delivery to this group. Since childhood is shaped by primary relationships with parents or guardians, peers and others, family-centred care is a fundamental concept that guides children's nursing.

Children's nurses are also health educators and health promoters and are fundamental to the process of negotiating self-management and care within the child-parent/carer-nurse triad and in a multiplicity of care arrangements. Given the clear link between newborn health, childhood health and health in adulthood these roles are of vital importance to whole communities in terms of reducing the illness burdens which would otherwise be borne into adulthood and older age¹¹. Children's nurses exert a cost-effective, positive impact on the major health problems of the adult population.

Qualified children's nurses have consistent responsibility for care or care management in both inpatient and home settings and they are skilled advocates for children, young people and their families, facilitating informed consent and active involvement in health and social care decisions. This is particularly important in circumstances that include the intensity of acute illness, the complexity of long-term conditions, often-neglected mental health challenges, disability, and safeguarding concerns. This aspect of children's nursing has become increasingly complex, requiring much greater awareness not only of recognition of abusing situations but also of the impact of domestic abuse on the child³⁰. Child sexual exploitation³¹; the impact of caring responsibilities in the young carer³²; increasing awareness of female genital mutilation³³; cyber bullying³⁴; internet pornography; abuse linked to spiritual or religious beliefs; and child trafficking and abduction^{35, 36} all compound the issue. Professionals with a responsibility to protect children and young people should also be able to scrutinize the quality of services and develop improved future services to reduce the risk of future harm to children and young people³⁷.

Meeting these needs:

The CYPNAUK Position

There can be no doubt that those nurses who are committed to working with adults must develop expertise and experience specific to their chosen population. They too require a programme of preparation that allows them sufficient curriculum allocation and patient contact time to develop these attributes. A generic nursing programme is insufficient for any field of practice in nursing.

It is clear that the roles of children's nurses outlined above require outstanding communication skills and great sensitivity in order to work in partnership with young people, parents and a multitude of other professionals to bring about the best outcomes for children and young people. Children's nurses must also demonstrate professional attributes beyond those of a generic professional nurse. We ask that policy makers recognise the increasingly complex nature of this field of nursing, the potential impact that this work exerts through the life-course, and the implications of this on the requirements for preparation of the workforce.

We maintain that children's nursing should not be considered a 'specialism' but rather as generic care relating to the specific age periods of childhood and adolescence. Indeed there are many areas of specialist nursing practice for qualified children's nurses.

We hold that children's nurses require extensive preparation for practice in order to develop a sound understanding of the challenges to health and wellbeing, complex disease processes, and experiences of illness and disability that occur in the lives of children and young people.

We believe that the children's nursing degree programme, whether undergraduate or graduate entry, is the preferred core qualification upon which specialist qualifications should build – for reasons that are both financial and educational.

We maintain that all pre-registration nursing and midwifery education should include safeguarding children and young people training, and support the use of the intercollegiate document³⁷ that underpins educational curricula to guide this provision.

We acknowledge growing concern that children and young adults are at increasing risk of a range of mental health issues including suicide and self-harm^{38 39} and recognise the need to consider how adults with physical and mental health problems may affect the wellbeing of their children. It is our position that a significant increase in mental health input is required in the undergraduate children's nursing curriculum, particularly given the increasing numbers of children with mental health issues who attend emergency departments or are admitted to general paediatric inpatient environments. Better linked-up working between these two fields is essential, and we support our mental health nursing colleagues³⁹ in recommending that more input should be incorporated into mental health undergraduate education programmes regarding children and young people.

Future preparation of nurses to work with children and young people should place children’s views at the centre of decision-making in order to send a strong message that children and young people are valued as equal partners and appreciated as key stakeholders. They should be empowered to make recommendations regarding policy changes, and invited to inspect, modify and or validate all preparation programmes to ensure that future children’s nurses are fit for purpose. Such action chimes with the policy direction of NHS England⁴⁰, Office of the Children’s Commissioner⁴¹, and the Department of Health⁴² that children and young people be acknowledged as assets rather than service users.

EDUCATING THE FUTURE NURSE FOR CHILDREN AND YOUNG PEOPLE

Access to, and financing of traditional routes into nurse education across the UK has recently undergone radical change. This includes the introduction of apprenticeships and nursing associate programmes in England, the withdrawal of the NHS bursary for undergraduate nursing programmes in England⁴³, and the linking of educational bursaries to employment obligations after graduation in Wales⁴⁴. Opportunities for graduate entry to pre-registration Masters Programmes and are now available in some institutions as are integrated Masters programmes.

Although there were 50,341 registered children’s nurses in the UK in March 2017 (Table 1) recruitment and retention of qualified children’s nurses is currently in crisis.

Table 1: Children’s nursing practitioners on the professional register

Child Nurse	Female	Male	Unknown
Registered Nurse - Children	47310	1748	1
Specialist Practitioner - Children's Nursing	420	14	
Specialist Practitioner - Community Children’s Nursing	822	26	
Total	48552	1788	1

(Source: NMC 2017 as a FOI request)

Whilst children and young people make up approximately 25% of the population, only 5% of registered nurses have a children’s nursing qualification. This points to a drastic under-provision, and is a major factor in lack of achievement of the outcomes that we seek to maintain and which parents, carers and voluntary organisations rightly demand. There is a chronic shortage of qualified children’s nurses, and more are needed. In 2015 there was a 6.9% gap identified between supply and demand for children’s nurses⁴⁵. The same report shows a 46.9% gap for children’s nurses in community settings despite the expansion of many community children’s nursing teams. The majority of newly qualified children’s nurses continue to take up first destination posts in institutional settings despite recommendations that they are fit for practice in all settings upon qualification.

However, recruitment of individuals onto children’s nursing programmes is healthy, with many HEIs oversubscribed to this field of practice despite having admissions tariffs that are

often higher than all other fields. Regardless, children's nurse educators, alongside their mental health nursing academic colleagues, have come under increasing pressure to justify the utility of the direct entry field-specific nursing qualification when a 'generic' nursing qualification is potentially being advocated as a cheaper or more flexible option.

An essential component of these programmes is the availability of qualified nurses to support students in practice. Children's nursing students require placements where children are cared for and they should be supervised and assessed by qualified children's nurses. There is a lack of qualified children's nurses working in areas such as neonatal units and in CAMHS services in parts of the UK, which, with reference to NMC Standards to Support Learning and Assessment in Practice for mentorship⁴⁶, limits the potential for assessment of children's nursing students.

Students currently experience a 50:50 split between theory and practice hours but potential changes to requirements following the UK's exit from the EU may impact on this. The existing cap of 300 hours of simulated practice is also subject to the current consultation on educational standards for nursing. Previous concerns that essential skills could not be fully explored and developed in simulated practice have reduced since simulation pedagogy has progressed exponentially in HEIs in recent times. This is perhaps fortuitous given the extensive list of potential clinical skills in which undergraduates of the future will be expected to demonstrate competence on completion of their programme.

Europe

The European Association for Children in Hospital (Article 8) states that Children shall be cared for by staff whose training and skills enable them to respond to the physical, emotional and developmental needs of children and families⁴⁷. However, there is a wide variation in the educational preparation of children's nurses for practice across the 28 EU member states. There are 8 countries where children and young people are cared for by qualified general (adult) nurses who have not undergone specific educational programmes related to children and young people⁴⁸ raising concerns that they are not sufficiently prepared for practise as children's nurses. 19 countries do provide specific children's nursing education programmes, but 15 of these only allow access to them following qualification as a general (adult) nurse. The UK is one of only 4 countries in the EU (with Austria, Germany, and Italy) providing direct access at undergraduate level to children's nursing. In this regard, we argue that the UK is currently an example of good practice which is also cost-effective. In countries where post-registration preparation is fully-funded and with sufficient places to fill the service need, a post-registration option may work well. If there were such adequate provision in the UK this could be viable, though an expensive and perhaps inefficient option. The reality is that there is no adequate provision or funding and no plans to provide these.

Educating the Future Nurse for Children and Young people:

The CYPNAUK Position

We believe that children and young people across the UK should have access to appropriately trained staff in line with the NHS constitution²⁵. We share the concern that future legislative changes required to accommodate the registration of nursing associates might pave the way for a single 'generic' nurse registration³⁹ and support the statement that that any generic model of nurse preparation would run contrary to current child health

policy recommendations¹ all of which assert that no-one should work with children without a recognized qualification.

We maintain that just as adult nursing requires the full three years of undergraduate preparation to address the panoply of skills, knowledge and experience required for competent practice with the adult population, so the nursing of children and young people requires the identical significant and focused training period. The current three year programme, which already includes generous time for core and generic learning and insight into other fields of practice, could not be shortened and still be expected to produce the same high-quality results.

We believe that greater efforts should be made to provide opportunities for children's nursing students to care for children and young people in mental health settings.

We recognise the current recruitment crisis in children's nursing services and are aware of service drivers to plug these gaps through commissioning a variety of post-registration programmes to enable qualified adult nurses to register as children's nurses. However, we maintain that whilst the post-registration approach to child health nursing following generic pre-registration preparation has been seen to work effectively for some professions and some countries, in UK nursing this would be a retrograde step, and a costly option for which there is no funding source. Moreover, the training period would be lengthened extensively, and the competent body to provision such an award (as is the process in other professions) does not exist currently. Whether or not student self-funding funding persists, we maintain that time or financial resources should not be wasted studying for a qualification that is unlikely to be used.

Given the Health Education England 50% budget reduction for continuing professional development for nurses, midwives and allied health professionals in 2016-17, with further cuts expected, there is little capacity to implement post registration provision for specific children's nursing education.

We call for an investment in graduate education, maintaining the need for national and NMC investment in post-registration educational pathways to support professional growth in children and young people's nurses.

CYPNAUK Key Messages

The Context

- The UK is falling behind many western European countries in terms of infant mortality rates, emergency admissions and deaths associated with childhood asthma. Children's nurses have a crucial role to play in reversing this trend, for example, by recognising and responding rapidly to signs of increased risk or deterioration.
- More children are living longer with complex health needs. The nursing response has developed alongside this to maintain effective management, promoting health and quality of life. This is important for the reduction of negative consequences in adulthood.
- The increasing number of disabled children and young people with complex needs and life-limiting conditions in the UK has prompted advancements in the children's nursing role to meet the associated challenges in both hospital and home environments.
- Children and young adults are at increasing risk of a range of mental health problems including suicide and self-harm. The wellbeing of children can also be affected by physical and mental health problems in their parents. The wellbeing of young carers is an increasing concern.
- Problems in recruitment and retention of qualified children's nurses leave many services in crisis. We believe that plugging the gaps in these services with qualified adult nurses should be viewed as a problem rather than a solution.

The Central Imperative

- As children's nurses, our core imperative is to secure the best health and wellbeing outcomes for children and young people. Our concerns about policy, strategy and nurse education arise entirely from this aspiration.
- In order that the best outcomes may be achieved, healthcare for children must be provided by individuals with appropriate knowledge and skills. The shortage of qualified children's nurses leads inevitably to other nursing colleagues including children and young people in their remit.

The Needs of Children and Young People

- The needs of children and young people vary from birth to early adulthood, requiring understanding of development, anatomy, pathophysiology, psychological wellbeing and social interaction.
- Care and support of independence need to be provided in the home, in educational settings and in institutional environments, taking into account the social, political and cultural context, and complex family networks. Since childhood is shaped by primary relationships with parents or guardians, peers and others, family-centred care is a fundamental expectation.

The Requirements of Children's Nurse

- Qualified children's nurses have consistent responsibility for care or care management in both inpatient and home settings and they are skilled advocates for children, young people and their families, facilitating informed consent and active involvement in health and social care decisions. This is particularly important in circumstances that include the intensity of acute illness, the complexity of long-term conditions, often-neglected mental health challenges, disability, and safeguarding concerns.
- It is clear that the roles of children's nurses outlined above require outstanding communication skills and great sensitivity in order to work in partnership with young people, parents and a multitude of other professionals to bring about the best outcomes for children and young people. Children's nurses, too, must demonstrate professional attributes beyond those of a generic professional nurse. We ask that policy makers recognise the increasingly complex nature of this field of nursing, the potential impact that this work exerts through the life-course, and the implications of this on the requirements for preparation of the workforce.

Strategic Responses

- Children's nurses require extensive preparation for an increasingly complex and expanding field of practice, addressing complex disease processes, new challenges to health and wellbeing, and extended survival with disability. The current, stretched curriculum requires significant supplementation with mental health input to address increased recognition of depression, self-harm, and suicide among young people.
- The current three year programme, which already includes generous time for core and generic learning and insight into other fields of practice, could not be shortened and still be expected to produce the same high-quality results
- Future preparation of nurses to work with children and young people should place children's views at the centre of decision-making in order to send a strong message that children and young people are valued as equal partners and appreciated as key stakeholders
- A generic nursing programme is insufficient for any field of practice in the increasingly complex arena nursing. Children's nursing should not be considered a sub-speciality of general nursing, but rather as generic care relating to the specific age periods of childhood and adolescence which itself includes integral fields of highly specialist practice.
- Whilst children and young people make up approximately 25% of the population, only 5% of registered nurses have a children's nursing qualification. There is a chronic shortage of qualified children's nurses, and a 6.9% gap has been identified between supply and demand. The gap for children's nurses in community settings is approaching 50%.

- These factors all support the need for continuation of direct entry field-specific nursing qualification together with strategic efforts to increase this provision, yet a generic nurse qualification is repeatedly advocated as a cheaper or more flexible option.
- A post-registration option as either the main or a supplemental programme of preparation for children's nursing might be effective if adequately provisioned, but would be wasteful and costly as the primary choice, particularly since the vast majority of students of children's nursing have this field as their sole aspiration. Moreover, the training period would be lengthened extensively, and the competent body to provision such an award does not exist currently.

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Dr Angela Darvill (University of Huddersfield)

Dr Jane Davies (Cardiff University)

Paula Dawson (Nottingham University)

Bernadette Henderson (University of Bedfordshire)

Dr Joan Livesley (University of Salford)

Nick Medforth (Liverpool John Moores University)

Katie McGhee (University of East Anglia)

Maira McLoughlin (University of Salford)

Dr Duncan Randall (University of Southampton)

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CYPNAUK June 2017