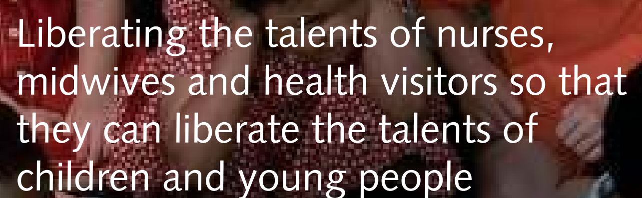
Department of Health

The Chief Nursing Officer's review of the nursing, midwifery and health visiting contribution to vulnerable children and young people



Change for Children – Every child matters

DH INFORMATION READER BOX

Document Purpose	Best Practice Guidance	
ROCR Ref:		**Gateway Ref:** 3244
Title	The Chief Nursing Officer's review of the nursing, midwifery and health visiting contribution to vulnerable children and young people	
Author	Department of Health/User Experience and involvement/Professional Leadership Branch	
Publication Date	03 Aug 2004	
Target Audience	PCT CEs, NHS Trusts CEs, SHA CEs, Care Trusts CEs, WDC CEs, Directors of PH, Directors of Nursing, PCT PEC Chairs, Communications Leads	
Circulation List		
Description	This report sets out the changes that are needed to improve the health and wellbeing of vulnerable children and young people. N.B. This document is being copied to NHS Foundation Trusts for information only	
Cross Ref	The Government Green Paper "Every Child Matters'	
Superceded Docs	N/A	
Action Required	N/A	
Timing	N/A	
Contact Details	Professional Leadership Branch LG33, Wellington House 135-155 Waterloo Road, London SE1 8UG 020 7972 2000	
For Recipient's Use		

The Chief Nursing Officer's review of the nursing, midwifery and health visiting contribution to vulnerable children and young people

Liberating the talents of nurses, midwives and health visitors so that they can liberate the talents of children and young people

Note

The term CAMHS (Child and Adolescent Mental Health Services) is used in two different ways. One is a broad concept embracing all services that contribute to the mental health care of children and young people, whether provided by health, education, social services or other agencies. Hence, it includes those services whose primary function is not mental health care e.g. general practice or schools, referred to as Tier 1 or universal services. The other applies specifically to specialist child and adolescent mental health services at Tiers 2, 3 and 4, and also including specialist social care, educational, voluntary and independent provision for children and young people with mental health problems. For these services, the provision of mental health care to children and young people is their primary function. They are mainly composed of a multidisciplinary workforce with specialist training in child and adolescent mental health. The term CAMHS is used to refer to the broader service concept, and specialist CAMHS to refer to the latter.

The forthcoming NSF will set out clear standards for addressing the mental health needs of children and young people in which nurses will play a key part.

Contents

Foreword 4

Executive summary 5

Introduction 5

Summary of main findings and recommendations 6

1 Background to the CNO's review 11

1. *Every Child Matters* 11
2. The aims of the CNO's review 11
3. The health service context 13
4. The professional context 13
5. The health and wellbeing of children and young people 14
6. Tackling inequalities 15
7. Effective services for vulnerable families and children 15

2 The views of parents, children and stakeholders 17

The views of children and young people 17

The views of parents 18

The views of practitioners and stakeholders 18

Issues relating to specific disciplines or settings 20

3 Main findings and recommendations 22

1. Planning services to eliminate gaps 23
2. Service integration and location 24
3. Competencies of the workforce 25
4. A learning and career framework 26
5. Workforce capacity 26
6. Health visiting 27
7. General practice and other first contact services 28
8. Nursing for vulnerable school-aged children and young people 29
9. Secondary care 30
10. Midwifery services 31
11. The child protection service 32
12. Information technology 33
13. Professional practice 33

Annexes

A. The public health nursing function for children and young people 35

B. The midwifery contribution to vulnerable children 36

C. A new framework for nursing in primary care from *Liberating the Talents* 37

References 38

Note: the quotations used in this report are from the consultations with stakeholders.

Foreword

The Government wants all children to have the best possible start in life. Every child deserves the opportunity to achieve the good outcomes that some children may take for granted, including being healthy. In many ways children are healthier than ever before but inequalities persist from conception and continue throughout life. For children and young people living in poverty and difficult circumstances the picture is particularly worrying. It is here that nurses, midwives and health visitors can make a real difference.

This report reviews the nursing, midwifery and health visiting contribution to supporting vulnerable children and young people. It sets out the changes that are needed to improve their health and wellbeing. Arising out of the Government's Green Paper, *Every Child Matters*, the review outlines a clear strategy for achieving improvements in all services for children and young people.

Nurses, midwives and health visitors play a key role in children and young people's services and their contribution is highly valued. However Lord Laming's inquiry into the death of Victoria Climbié, and subsequently *Every Child Matters*, identified that further work was needed to strengthen the role of nurses, midwives and health visitors in caring for children and young people.

I have taken the needs and wishes of children, young people and their carers as the starting point, followed by the views of the professionals involved in their care and other stakeholder groups. While many opinions are expressed, messages about current problems and deficits in addressing the needs of vulnerable children remain constant throughout. The review shows nurses, midwives, health visitors and other stakeholders are well aware of the issues and have much that is useful to say about solutions. This review sets a strategic direction that prepares the professions for the future.

This report identifies the changes needed if nurses, midwives and health visitors are to improve the outcomes for the most vulnerable children and young people in our society. It is primarily for the professions but they work within a multiprofessional context and cannot deliver these changes alone. They will need the support of employers, workforce planners, educationalists and colleagues in other services and professions. For this reason the report includes recommendations that go beyond the individual practitioner.

I strongly encourage the professions to take account of these recommendations when developing services locally. I know change can be difficult, especially when it requires people to shed traditional practices and relationships and create new working environments. In the course of the review everyone conveyed a sense of urgency. None of us is neutral about the health and wellbeing of the nation's children. They are high on the list of everyone's priorities. Children cannot wait long for us to rise to the challenge of meeting their needs. Their future health is determined for good or ill, with every passing day.

Sarah Mullally
Chief Nursing Officer (England)
Department of Health
London, August 2004

Executive summary

Introduction

1. The Chief Nursing Officer's (CNO) review of the nursing and midwifery contribution to the health and wellbeing of vulnerable children and young people was recommended in the Green Paper, *Every Child Matters*. In keeping with the Green Paper the review considers the needs of children with a wide range of needs, recognising the vital role universal services have in early identification and prevention. It addresses all nurses, midwives and health visitors working in all settings and considers how they can be deployed to complement other services and to maximise benefits for children and young people.

2. The findings and recommendations of the CNO's review set the strategic direction for the professions. The review provides advice for service commissioners, managers and other agencies on how to develop and support an appropriately skilled nursing, midwifery and health visiting workforce to promote the wellbeing of children and young people.

3. The review began by drawing on the views of children and young people. These contributed to a series of consultation events attended by individuals and stakeholders representing nurses, midwives, health visitors, managers, commissioners, educators, policy makers, the voluntary sector and professional and regulatory bodies. Forty organisations ran consultation events around the country, and many individual responses were received. This process made sure that a broad spectrum of opinion was canvassed, while remaining rooted in the views and needs of children and young people themselves.

Summary of main findings and recommendations

The Chief Nursing Officer's review has highlighted a number of fundamental issues.

1. There are **gaps and omissions in services** and in the way nursing, midwifery and health visiting services are presently organised. Specifically there is a need for:

- earlier identification of vulnerability and protective factors in the antenatal period
- more intensive preventive health care for vulnerable families during the antenatal and early postnatal period
- better skills in identifying and supporting vulnerable children and families across the workforce with confidence in taking steps to safeguard children at risk
- more holistic services with improved continuity of care and a greater emphasis on child and adolescent mental health
- a significant increase is needed in the provision of accessible health care for children of school age and better support for their parents
- better child health promotion and protection in general practice
- more action at community level to build health resources for vulnerable children and families.

2. **Care is often fragmented** between health, social care and education, between the hospital and the community and between nurses, midwives and health visitors.

3. There appears to be a **mismatch between the needs and expectations** of vulnerable children, young people and families, and the skills and knowledge of nurses, midwives and health visitors who work with them.

4. **More effective leadership and governance is needed** in areas such as child protection, general practice, inter-professional relations, communication and information sharing.

5. **The lack of integrated, whole workforce planning system** for those working with children makes it hard to secure an adequate workforce for meeting the needs of vulnerable children and young people.

Many of the issues raised during the review are being addressed through the *Every Child Matters Change for Children* programme. This report focuses on the changes needed to enable these professions to take forward *Every Child Matters*. The forthcoming National Service Framework for Children and Maternity and the Public Health White Paper provide further opportunities to strengthen services for children and young people.

In developing these recommendations account has been taken of both the consultation findings and the Government's overall policy for health and children. As money, control and responsibility are handed over to local services, decisions about how services are delivered will be made locally. The recommendations of this review are intended to help inform local decision making.

Summary of recommendations

Based on the findings from the review, there are thirteen main areas where change is needed.

1. Planning services to eliminate gaps
2. Service integration and location
3. Competencies of the workforce
4. A learning and career framework
5. Workforce capacity
6. Health visiting
7. General practice and other first contact nursing services
8. Nursing for vulnerable school-aged children and young people
9. Secondary care
10. Midwifery services
11. The child protection function
12. Information technology
13. Professional practice.

1. Planning services to eliminate gaps

a. There is a need to move away from services planned according to professional roles or titles to planning that

starts with the needs and wishes of children, young people and their families.

b. Vulnerable children and young people need to have access to the three core functions of nursing: first contact and acute care, long-term conditions/continuing care and public health/health promotion. Child and adolescent mental health is an element of each function.

c. The core nursing functions within integrated children's services such as children's trusts, Sure Start and extended schools, should be clarified and clearly articulated.

d. The deployment of resources according to need is necessary if we are to reduce inequalities and improve the health and wellbeing of vulnerable children. At the same time practitioners require a clear set of health outcomes to deliver against.

2. Service integration and location

a. The principle of 'following the child' needs to govern the location of services. However, there is no one way of integrating services, and integrating provision in one direction needs to avoid gaps occurring in another.

b. Integration is needed across a number of boundaries, most importantly between health, social care and education. Fragmentation between hospital and primary care and between nurses, midwives and health visitors should also be addressed. Nurse executive directors and directors of midwifery will need to lead the integration of nursing and midwifery services for vulnerable children and young people.

c. Opportunities for nurses, midwives and health visitors to be co-located in integrated children's teams, such as Sure Start and children's centres are to be maximised, with Primary Care Trusts (PCTs) facilitating the movement of staff.

d. If health visiting services are not located in a general practice a named health visitor will be needed to link general practice with other services for children ensuring effective communication and monitoring of vulnerable children.

e. The role of the practice nurse in relation to children should be strengthened.

f. Nurses, midwives and health visitors have a responsibility to become the lead professional, as described in *Every Child Matters,* for children and families with health and development needs.

g. Frontline teams require the support of appropriate specialist teams.

h. Employers and professional leaders need to help practitioners work through the professional dilemmas associated with working with children at risk.

3. Competencies of the workforce

a. Core competencies for working with vulnerable children and young people are needed. These include child protection, effective communication with children and young people and child development and behaviour. All nurses, midwives and health visitors who come into contact with children and young people will require these competencies. This includes those in generalist settings such as A&E, walk-in centres, NHS Direct and in general practice.

b. School nurses and health visitors working with children and young people require explicit skills for working with this population. Local organisations will need to commission training leading to registration as specialist public health nurses with a child and family focus. This will prepare practitioners to work in both schools and communities allowing for more effective integration of health visiting and school nursing roles.

c. Registered and specialist children's nurses make a valuable contribution to the care of vulnerable children and young people but their competencies in CAMHS, child protection, public health and parenting support need strengthening.

d. Nurses, midwives and health visitors need to develop their leadership skills for working within a multi-agency context at both a strategic and operational level

4. A learning and career framework

a. Listening to children, child protection, promoting emotional wellbeing and effective parenting are learning priorities for nurses, midwives and health visitors.

b. More learning has to take place in a multidisciplinary environment.

c. An integrated career and educational framework for nurses working with children would facilitate movement between first contact and acute care, long term conditions and public health.

d. The development of nurse and midwife consultant posts will provide a cohort of expert practitioners who

can take forward services for vulnerable children and young people.

e. Practitioners need training in how to involve children and young people as active participants in health care.

f. Specific learning to reflect the responsibilities of modern practice, such as the ability to advocate for children and young people, information sharing and new technologies needs to be made available.

5. Workforce capacity

a. Integrated workforce planning for children and young people, carried out across health, social care and education is needed which is based on the needs of children, young people and families.

b. Shortages in the workforce need to be addressed supported by skill mix and targeting of resources.

c. By sharing their skills with other practitioners, including social workers, play workers and teachers; nurses, midwives and health visitors will ensure that health is part of everyone's core competence.

d. PCTs, children's trusts and local authorities are encouraged to work towards having a minimum of one full-time, whole year, qualified school nurse for each cluster or group of primary schools and its secondary school taking account of health needs and school populations.

e. A mix of skills is needed within integrated children's teams encompassing the full spectrum from assistant practitioner to specialist and advanced roles. We will need more nurses, midwives and health visitors working at advanced levels. Parents and children are a valuable part of the health care team and self-care must be supported and promoted.

f. Recruitment and retention schemes are needed for some specialist areas, and flexible retirement programmes made available. Incentives will be needed that support and reward staff working in deprived areas.

6. Health visiting

a. The public health nursing role of health visitors within Sure Start, children's centres, children's trusts and PCTs needs to be more clearly articulated in terms of prevention.

b. It is becoming increasingly difficult for health visitors to work across all population groups. Because of the limited size of the workforce it is time to distinguish between those health visitors responsible for the public health of children and those with wider public health responsibilities.

c. Local organisations will also need to ensure they have sufficient appropriately skilled public health nurses to work on preventive priorities in the wider population.

d. The demands of health visiting in deprived areas need to be recognised, the workforce better supported and resources deployed to reflect need. Action is needed to address recruitment and retention difficulties.

e. Health visitors working with children are required to have specific competencies to work with vulnerable children and parents.

f. Nursing is a pre-requirement for registration as a specialist community public health nurse. Increasing the primary care and public health orientation of pre-registration training for child branch students could benefit vulnerable children and young people.

g. Health visitors need to be given specified health outcomes for vulnerable and disadvantaged children to work towards.

h. Skills development is needed in mental health, listening and communicating with children, working with fathers, supporting the families of children with physical and learning disabilities and leading skill mixed teams.

7. General practice and other first contact services

a. Competencies need to be developed for nurses working with children in general practice and out-of-hours services, in line with NHS Direct and walk-in centres. A self-assessment tool would help nurses identify their existing skills and any gaps that need addressing.

b. Nurses in general practice, out of hours and other primary care settings need access to supervision and support from a registered children's nurse.

c. Nurses in general practice could better use the opportunities that arise during immunisations and in first contact care to give health promotion and parenting messages.

d. Links between general practice and local Sure Start programmes and children's centres are needed and communication systems put in place to identify and monitor vulnerable children.

e. The new primary care contracting opportunities, such as models of PMS, and the Local Improvement Finance Trust scheme (LIFT), can be used to develop accessible services for vulnerable children, young people and families.

f. Practices that find it difficult to meets the needs of vulnerable children and young people can be helped by strengthening nursing, midwifery and health visiting input and by creating links to other services, such as Sure Start.

8. Nursing for vulnerable school-aged children and young people

a. Children's trusts, PCTs and local authorities need to ensure access to services across the three core functions of first contact/acute care, long term conditions and public heath for all school-aged children.

b. PCTs, children's trusts and local authorities are encouraged to work towards having a minimum of one full-time, whole year, qualified school nurse for each cluster or group of primary schools and its secondary school taking account of health needs and school populations.

c. The contribution of nurses within integrated services for school-aged children and young people needs to be clearly articulated.

d. School nurses will be required to lead and/or work in skill-mixed teams with youth workers, health advisers, young people and teachers, social workers and others.

e. Nurses working with school-aged children must have appropriate competencies for working with this age group in particular CAMH.

f. Better linkages with health visitors and others will help support vulnerable children during transitional periods.

g. Immunisation programmes are vital for child health but can place heavy demands on school nurses. PCTs need to work with health protection colleagues and schools to explore most cost-effective and efficient way of delivering these programmes, such as immunisation teams.

9. Secondary care

a. Child protection services should strengthen their focus on nurses in the acute sector, with child protection being part of all nurses' training.

b. A change in culture is needed to support nurses to be more assertive and act on behalf of children.

c. All nurses, including those in neonatal units, need to be able to work preventively with children and parents in areas such as parenting support and attachment.

d. Nurses need to make themselves available to older children and young people, establishing trusting relationships.

e. Children and young people in acute settings would benefit if children's nurses had more skills in mental health and access to specialist Child and Adolescent Mental Health Services (CAMHS).

f. Nurses working with adults will need to consider the needs of children in the family and assess risks that may be present and know what action they need to take to protect vulnerable children and young people.

g. Effective communication across primary and secondary care, with common assessment tools, protocols and information sharing mechanisms will support continuity of care for vulnerable children and young people.

h. Discharge planning needs to be improved and the important role of liaison nurses reviewed.

i. Community children's nursing services need to be better integrated with wider children's services and consideration given to services being managed within the community, reaching into hospitals, in keeping with the principle of following the child.

10. Midwifery services

a. Current measures to address workforce shortages need to continue and resources should be deployed according to need.

b. Integration within children's centres and the use of greater skill mix using maternity care assistants will bring better continuity of care to vulnerable families from early pregnancy through to infancy.

c. Flexible, on-going support following birth should be offered rather than a chronologically pre-determined cut off point.

d. An increase in the number of new and extended roles for midwives, such as midwife consultants for public health, drug misuse and vulnerable families and 'midwives with special interests' could provide better career opportunities for midwives and bring benefits to vulnerable families.

e. When midwives are located in children's centres they tend to be more visible and accessible and able to identify vulnerable children early. Building on the success of their role in Sure Start, consideration should be given to co-locating midwives in children's centres whilst still being managed as a single service providing both community and hospital-based services.

f. Midwives need to work more with fathers and be explicit in their responsibility for the child. While the value of woman-centred care is acknowledged midwives need to assess the needs of the whole family, such as step-parents.

g. Midwives would benefit from additional training in child protection and in preparing and supporting vulnerable groups and families to become parents.

11. The child protection function

a. There is a need to widen the range of nurses able to take up posts as designated child protection nurses supported by the development of competencies for named and designated nurses.

b. Designated nursing posts need to be at a sufficiently senior level, such as having a direct line to the board. They need to have the strategic and leadership skills and authority to act. Access to regular support and supervision is essential for child protection nurses and midwives.

c. A better career framework is needed for child protection specialists and their span of responsibility across PCTs and trusts limited to achieve a realistic workload.

12. Information technology

a. Services for children and young people should engage more fully with new technologies that improve access to services and promote self-care, such as text messaging, email and websites.

b. Nurses, midwives and health visitors will need to have access to the National Programme for Information Technology and within it the NHS Clinical Records Service and Information, Sharing and Referral systems and the necessary software.

c. Integrating children's services and protecting vulnerable children will rely on effective information technology (IT) systems.

13. Professional practice

a. All employers, especially non-NHS and independent contractor employers of nurses, midwives and health visitors need to understand their professional and clinical responsibilities towards this workforce.

b. Nurses, midwives and health visitors working with children and young people need to understand their professional responsibility and accountabilities. This includes speaking out on behalf of children, involving them and their families in their care, challenging poor practice, promoting self-care and supervising non-regulated staff.

The extended recommendations can be found on page 22.

1. Background to the CNO's review

Every Child Matters

Lord Laming's inquiry into the death of Victoria Climbié exposed significant failures in our ability to protect vulnerable children. In the light of the Laming Inquiry (2003), the Government's Green Paper *Every Child Matters* set out a range of proposals to better protect and promote the wellbeing of vulnerable children and young people and maximise their potential.

Lord Laming's report made clear that child protection cannot be separated from policies to improve children's lives as a whole. The Green Paper looked at measures to maximise the overall potential of children, helping them achieve the five outcomes that mattered to them most:

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- economic wellbeing.

In order to achieve these outcomes *Every Child Matters* focused on four main areas for improvement:

- supporting parents and carers
- early intervention and effective protection
- accountability and integration
- workforce reform.

The proposals for workforce reform included a Chief Nursing Officer (CNO) review of the contribution that health visitors and other nurses and midwives can make to children at risk.

The aims of the CNO's review

The CNO review aims to:

- Maximise the contribution of all nurses, midwives and health visitors to promoting and protecting the health and wellbeing of vulnerable children, in the light of the Green Paper and their wider health and health care responsibilities
- Consider the implication of *Every Child Matters* for the practice of these disciplines and ensure they make the fullest possible contribution to its goals

- Review the way in which nursing, midwifery and health visiting services are planned and delivered in the light of the changing landscape of health and social care provision
- Ensure that the needs and preferences of vulnerable children and families are central to the way in which nursing, midwifery and health visiting services are developed
- Help local organisations deploy, develop and support an appropriately skilled nursing, midwifery and health visiting workforce to promote the health and wellbeing of this group
- Provide coherent policy messages for the professions.

Scope

The review looks at a particular section of the overall children's workforce, and does so within a multidisciplinary context, considering how the contribution of nurses, midwives and health visitors can best be integrated with other disciplines and sectors.

The review considers the contribution of all nurses, midwives and health visitors, both generalist and specialist, across all settings, in relation to the health needs of children and young people from preconception to nineteen years of age.

In keeping with the Green Paper, the review considers the needs of children with a wide range of vulnerabilities in the context of the services that nurses, midwives and health visitors provide.

Process

The review engaged a wide range of stakeholders from health and other sectors with an interest in children and young people. It sought the views of nurses, midwives and health visitors from all settings and included generalists, specialist nurses working with children and those working specifically with vulnerable groups such as learning disabilities. It also consulted service managers and those who commission and provide education and training. Stakeholder groups of relevant policy makers and representatives from professional and regulatory bodies helped to inform the progress of the review.

The review took the views of children and young people as its starting point. A wide range of consultations with children and young people were considered, including those undertaken as part of the Children's National Service Framework (NSF) and the large-scale Commission for Health Improvement (CHI) review of feedback from children and young people and their experience and expectations of health care. A full listing of the sources consulted is on the website at www.dh.gov.uk/publicationsandstatistics

Major themes from the consultations with children and young people were fed through to participants at a series of core consultation events through a young people's theatre production. Relevant artwork and videos by a range of children and young people were also used to try to ensure that participants' responses were grounded in the perspectives of children and young people.

In addition to these core events, responses to key consultation questions were invited from individuals and groups and further consultations were run by local and voluntary sector organisations.

Overall around 40 organisations ran consultation events, responses were received from 40 individuals and around 250 people took part in the core stakeholder events. A series of 1:1 interviews were subsequently held with key respondents to seek their views on emerging findings. The findings were analysed according to the key themes identified by those attending

the stakeholder events. The full findings from the consultation are available on the website at www.dh.gov.uk/publicationsandstatistics

The health service context

The recommendations of *Every Child Matters* are being implemented at a time of change for the NHS. Along with the rest of the population, children and young people benefit from the increased investment in health services and better access to health services, reduced waiting times and greater involvement in decision making. The forthcoming Children's National Service Framework (NSF) will, for the first time, set standards for a wide range of services ensuring that all children and young people receive consistent health care wherever they live.

There has been an important shift in the balance of power to local health services, communities and front line staff with 75% of the NHS budget now managed by primary care trusts. A wider range of services is being delivered outside the hospital and new roles, teams and services are providing more integrated and accessible services. The NHS Improvement Plan (2004) which sets out the priorities for the next four years signals a shift to prevention and long term conditions with increased opportunities to improve the health and wellbeing of children and young people.

The professional context

Nurses, midwives and health visitors are major providers of health services for children, young people and families in many different settings such as the home, communities, schools and prisons. They make important contributions across the spectrum from their key role in primary prevention to long term conditions and palliative care.

Their work is predicated on being:

- **personal** – tailoring services to each individual child, family and young person
- **caring** – providing competent care that makes a difference and where people feel they are treated with dignity and respect
- **partners** – sharing information and decisions with children and young people and their families, with colleagues and other services
- **professional** – taking responsibility and accountability, acting on concerns and exercising a duty of care towards children and young people.

Traditional ways of working are changing as nurses, midwives and health visitors take on a variety of new and expanded roles to improve health and health care and provide more accessible and responsive services. Role development has been at the centre of a national programme of work to enhance the nursing and midwifery contribution (DoH, 1999, 2002). A number of policy initiatives are contributing to more effective use of the knowledge, skills and potential of nurses and midwives. These include:

- the new nurse, midwife and health visitor consultant posts
- nurses as the first point of contact in NHS Direct, walk-in centres, general practices and accident and emergency departments
- nurses and midwives undertaking a wider range of responsibilities to speed up care, enhance responsiveness and improve quality

- specialist roles to support key clinical and public health priorities
- more nurses prescribing, referring and ordering investigations
- leading improvements in care and helping to drive up standards.

As these developments continue more practitioners will take on lead roles for children and young people covering long term conditions, first contact and acute care, public health and child protection. Nurses, midwives and health visitors will be working across organisational and professional boundaries, in integrated children centres and leading services for children. We will see them becoming entrepreneurial and self-managing, employed in a wider range of settings and by different employers. At the same time they will need new skills and knowledge to respond to the changing needs and expectations of children, young people, families and communities.

The health and wellbeing of children and young people

The review considers the contribution of nurses, midwives and health visitors in the context of the needs of children and young people to achieve optimal, healthy development including:

adequate nutrition, health care and protection from hazards antenatally

supportive parenting with secure attachment

accessible, effective health care

healthy nutrition

freedom from environmental health threats

protection from accidental and non-accidental injury

protection from infectious diseases

opportunities for play, education and social development

adequate physical activity

information and support in avoiding risky behaviours.

Child health has improved dramatically in the last century and in many ways children in the UK are healthier than they have ever been. Despite this progress, there are new and enduring health threats that disproportionately affect disadvantaged and marginalised children and young people leading to:

- increased rates of some common childhood infections
- high rates of accidental injury
- rapidly increasing levels of obesity
- low levels of physical activity
- increasing rates of smoking among teenage girls
- high rates of alcohol consumption
- growing rates of sexually transmitted disease
- increase in behaviour problems and mental health needs.

A range of different factors also pose risks to children's health, physical and emotional development and compromise their safety. These factors relate to:

- the family: such as domestic violence, substance misuse and adult health problems
- the child: such as disability
- economic and social circumstances: such as poverty, poor housing, lack of education and social isolation.

The presence of these risk factors does not inevitably lead to poor health and social outcomes. Moreover, a child's level of vulnerability is not fixed but varies as family relationships and circumstances change over time. However the presence of multiple risk factors increases a child's vulnerability and evidence consistently shows that access to appropriate, high quality health care is poorest for those who are most vulnerable. It is therefore essential that we tackle the challenge of delivering effective health care to vulnerable and disadvantaged children and young people.

Tackling inequalities

There are major and persistent inequalities in the health of children and young people relating to income and social class, ethnic group and geographical location. These differences begin at conception and continue throughout life. Overall babies born to poorer families are more likely to be born prematurely, are at greater risk of infant mortality and have a greater likelihood of poverty, impaired development and chronic disease in later life, setting up an intergenerational cycle of health inequalities.

The Acheson (1998) inquiry into health inequalities concluded that the best chance of breaking this cycle of disadvantage lay in interventions with children and parents, particularly present and future mothers. Government policy is strongly committed to narrowing overall inequalities in health and wellbeing.

A raft of relevant initiatives has been taken forward including:

- economic policies aimed at eliminating child poverty such as child tax credit
- increasing the availability of nursery and day care provision
- initiatives such as Sure Start, Connexions and the Teenage Pregnancy Strategy that aim to improve opportunities for disadvantaged children and young people
- child health and inequalities targets for infant mortality, smoking in pregnancy, obesity, breast feeding and teenage pregnancy.

The 2002 Cross Cutting Review on health inequalities set out a long-term strategy for tackling health inequalities and recognised that to achieve a real sustained improvement there must be joined up action right across Government.

As a direct result of the Review, Tackling Health Inequalities: A Programme for Action was published in July 2003. It set out a three-year cross Government delivery plan, in the context of a long-term programme, to improve the determinants of health. It also established the foundations required to achieve the challenging national target for 2010 to reduce the gap in infant mortality across social groups, and raise life expectancy in the most disadvantaged areas faster than elsewhere. The Programme for Action identifies supporting mothers, families and children as one of four priority themes to lay the foundations for meeting the 2010 target.

The forthcoming Children's NSF aims to ensure high quality health and welfare provision for all children, whilst the development of children's trusts and children's centres is intended to deliver more integrated, holistic services.

Effective services for vulnerable families and children

Professional contacts and child health initiatives are not of themselves necessarily beneficial – it is the quality of the intervention and its appropriateness and acceptability to the client group that are crucial. This underlines the importance of starting from the perspective of vulnerable children and families in designing services, in order to secure maximum reach and effectiveness.

A number of characteristics have been shown to contribute to the provision of effective services for vulnerable children, young people and families. These are:

- services based on local assessment of needs and involvement of local people
- services that combine intensive support for those who are vulnerable with action to strengthen communities and improve the environment for children and families
- specific initiatives that are designed with target groups to ensure they are acceptable culturally and educationally and that they work through settings that are accessible and appropriate
- training and support for volunteers, peer educators and local networks maximising benefit from community-based initiatives
- comprehensive services that cross professional boundaries and are coherent and easy to use
- where both the structure and individual staff are flexible in their ability to respond to unexpected demands
- where staff have both the time and the skill to establish a relationship of respect and trust with families
- the child is seen as member of family and the family as part of community
- projects that have enthusiastic committed leadership, clearly specified measurable aims and focus on families with high levels of need, typically those who are poor, unsupported and young or have children with special problems
- sustained high quality and quantity of input of input and sufficient continuity to develop a relationship with the individual client (this implies starting a relationship in pregnancy rather than after the child is born)
- the earlier, more intensive and the greater the quality of intervention with disadvantaged children and families, the greater the likelihood of long term success
- services that protect children incorporate systematic assessment, listening to children, effective communication with parents, explicit referrals and sharing of relevant information, good record keeping and clear accountability.

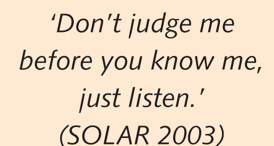
2. The views of parents, children and stakeholders

This review is grounded in the perspectives that parents, children and young people have of their experiences of services and what they think needs to happen. These views formed the basis of discussion by professional stakeholder groups to inform and illuminate their discussion.

The views of children and young people

Key messages from consultations with children and young people showed that they want:

- to be asked about themselves and their opinions
- to be spoken to and listened to in their own right
- services that maintain their confidentiality
- non-judgemental services
- services based in locations that do not compromise their privacy
- information that is appropriate to their age and understanding
- choices about the type and format of information offered, the services they receive, who accompanies them and the professionals who work with them
- to see younger professionals who would understand young people and a desire for peer support
- health professionals who are kind and knowledgeable, who spend time with them and talk to them
- clean, friendly, age appropriate environments
- services where they do not have to make an appointment or be turned away
- services that are easy to get to or that come to them
- services that are fun and offer a range of different provision
- services that offer continuity so they do not have to keep giving the same information.



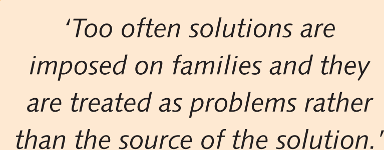
Vulnerable children and young people highlighted particular problems with services that are inaccessible, judgmental or fail to treat them as an individual. Children with disabilities referred to a wish to be offered information and choices about their treatment and care. For looked-after children, lack of privacy was a major issue together with a tendency among professionals to respond to them as a collection of problems outlined in case notes rather than real people with potential. For asylum seeking children, simply gaining information and access to services was a major challenge.

In hospital-based services 'friendly nurses' were seen as one of the best things about being in hospital. References to nursing as part of the community health services were less common and may reflect a lack of clearly identifiable community nursing provision for children and young people. The consultations suggested that children and young people in the community tend to seek help from general practice on a range of emotional and physical health issues as they are unsure where else to turn. However, children and young people are not always satisfied with general practice and referred to lack of trust and confidentiality, difficulty gaining an appointment, lack of respect, and a failure to listen.

The views of parents

Consultations with parents from disadvantaged and marginalised groups suggest that they particularly value services that:

- are non-judgemental
- treat the individual as a person – not a problem
- listen and respond to the parent's needs and do not only focus on the children's needs
- offer continuity of care
- are convenient and available when people need them.



The needs and views of children, young people and families provided an important starting point for a review of the contribution made by nurses, midwives and health visitors and how this contribution could best be strengthened.

The views of practitioners and stakeholders

Practitioners and stakeholders pointed out that the contribution of nurses, midwives and health visitors in children's services is well reflected in the strategy for nursing in primary care (DoH, 2002).

The three core functions described in *Liberating the Talents* are:

- First contact/acute assessment, diagnosis, care, treatment and referral
- Continuing care rehabilitation, chronic disease management and delivering NSFs
- Public health/health protection and promotion programmes that improve health and reduce inequalities.

See Annex C for more details of the framework.

Many spoke of being able to respond to physical, psychological, developmental, environmental and social needs of vulnerable children, as defining the value of what nurses, midwives and health visitors are able to offer.

Other main themes to emerge concerned the following:

- **Nurse deployment** – there was agreement that different models would be needed to meet differing needs, and that the present system generated fragmentation of care. There was

support for children's centres, extended schools and other initiatives that promote working together.

- **Integration of services for vulnerable children** - multidisciplinary integrated teams, organised around the needs of children were favoured by most respondents, and Sure Start was cited as a programme to emulate. At the same time it was recognised there was a danger of integrating in one direction only to create a fracture in another. Many suggestions to promote integration were offered including co-location, joint commissioning, better training and more opportunities to learn together. Children's trusts were thought to offer opportunities by some, but many felt there was a lack of nursing input to their development.

'The families at greatest risk are outside the system …they do not seek help: they cannot handle the bureaucracy and perceived middle class orientation of the health care system: they find that public services are largely irrelevant to their lives.'

- **Information sharing** was noted as a problem and a key area for action. Concerns were expressed about different interpretations of legislation governing data and there was seen to be a need for strong professional leadership to resolve long-standing issues about sharing information between professionals and between organisations.

- **Great importance was placed on effective listening** and developing new ways of communicating with children and young people. It was claimed not all nurses, midwives and health visitors had the appropriate skills to listen to or encourage their participation in service planning and in their own care. Neither were they trained in developing peer support strategies and other effective partnership mechanisms. This was viewed as an important skills gap.

- **Strengthening prevention** was cited as a priority area and population approaches put forward as an important component of achieving this. Examples were given of where community and population based work could deliver benefits for vulnerable children. Nurses have the skills to carry out this work but it was said that this sometimes went unacknowledged by their employers.

- **Workforce capacity** was viewed as an issue with school nursing, Specialist Child and Adolescent Mental Health Services (CAMHS) and midwifery having particular pressures. Difficulties of attracting people to work in areas with high levels of deprivation were a concern, particularly when compounded by poor working conditions. Many suggestions were provided to address this.

- **Lack of resources** were considered a problem, in particular information technology, difficulty accessing small amounts of funding to support health promotion, and access to other services such as out of hours social work.

'There is evidence-based information to demonstrate effectiveness of named and designated nursing role. However there is great variation in how these roles are selected, resourced, accepted and performance managed within organisations.'

- **Greater skill-mix and more multidisciplinary working** was seen by many as a way to enhance care for children. Several highlighted the difficulties of working in new ways with other professional groups and cited joint training and shared competencies as methods for improving this. Working more with support staff was seen as desirable, but needed special attention such as skills accreditation and training programmes to develop this workforce and ensure public protection.

- **Structures to protect children** were highlighted as requiring greater consistency, standardisation and bench-marking across the country. The designated and named nurse roles were thought to need reviewing. Trust boards and senior management needed to understand their own responsibilities for protecting children. Concern was voiced that the impetus lent by the Commission for Health Improvement review following the Laming Report was in danger of being lost.

Issues relating to specific disciplines or settings

As part of the review, practitioners highlighted issues specific to them.

'A woman-centred and community based model of maternity care is more likely to lead to midwives more effectively contributing to the protection of vulnerable children as this model is more responsive to women's needs for information, advice and support for the psychological, social and emotional changes ahead.'

- **Midwives** felt they had much to offer vulnerable children but that being located in acute units hampered their potential. A strong voice for the inclusion of midwives in integrated community based teams, possibly children's centres, ran through their responses. They have great potential to work preventatively with vulnerable children. It was also suggested they should work more closely with fathers.

- **Child and adolescent mental health, and learning disabilities nurses** echoed many of the concerns expressed by midwives in that their contribution was bounded by the manner in which they worked. They sought more contact with other frontline nurses as well as with services for children and young people. CAMHS nurses highlighted their vital role with vulnerable children especially those outside the mainstream system such as asylum seekers and young offenders. They also highlighted the role of adult mental health nurses in relation to the children of the adults in their care and the inherent difficulties in prioritising children's needs.

'Community psychiatric nurses working with adults are in a prime position to view the effects of mental illness within the family and potential impact on children and work closely with their other nursing discipline colleagues to minimise this and recognise potential risk factors ahead.'

- **Nurses working in general practice** suggested that, though they had high levels of interaction with children in clinic settings, they were frequently unaware of which children fell into the vulnerable category. Opportunities for prevention and early intervention were therefore lost. They also drew attention to their lack of training and awareness of vulnerable children and child protection.

'Absolute clarity is required regarding the necessity for practice nurse to attend child protection training.'

'Unfortunately I'm not aware of how many vulnerable children/if we have any in the [GP] practice – which says it all!'

- **School nurses** were regarded as having potential to address the needs of vulnerable children and young people of school age. However, the size of the school nursing workforce in relation to need was seen as a significant barrier to effectiveness. School nurses also sought more opportunities to work with families.

'School nurses have huge child protection caseloads. I have 30 children on the child protection register. There are as many again who are looked-after children'

- **Health visitors** felt themselves to be well-equipped to deliver the aims of *Every Child Matters*, but reported tensions between their work with individual children and families and the wider population and community public health work. Concern was expressed by some about being drawn into 'medical' aspects of care at the expense of primary prevention. Others welcomed the opportunity to respond holistically to a wide range of needs and cited this as a strength and distinguishing feature of health visiting. There was support for working in multidisciplinary teams and for incorporating skill mix.

'It may be that there need to be developed a number of different roles within the health visiting role itself so that health visitors might develop expertise to work with different population groups.'

- **Nurses working in secondary care** were said to have great scope to improve care for vulnerable children, but that their input was not fully developed. Some alluded to finding that their advocacy role for children could present problems in the somewhat more hierarchical setting of a large hospital. Concerns were raised about the role of liaison nurses and there was felt to be insufficient resources, skills and knowledge to properly meet the challenge.

The detailed report of the findings of the review and consultation process can be found on the website at www.dh.gov.uk/publicationsandstatistics

3. Main findings and recommendations

The Chief Nursing Officer's review has highlighted a number of fundamental issues.

1. There are **gaps and omissions in services** and in the way nursing, midwifery and health visiting services are presently organised. Specifically there is a need for:
- earlier identification of vulnerability and protective factors in the antenatal period
- more intensive preventive health care for vulnerable families during the antenatal and early postnatal period
- better skills in identifying and supporting vulnerable children and families across the workforce with confidence in taking steps to safeguard children at risk
- more holistic services with improved continuity of care and a greater emphasis on child and adolescent mental health
- a significant increase is needed in the provision of accessible health care for children of school age and better support for their parents
- better child health promotion and protection in general practice
- more action at community level to build health resources for vulnerable children and families.

2. **Care is often fragmented** between health, social care and education, between the hospital and the community and between nurses, midwives and health visitors.

3. There appears to be a **mismatch between the needs and expectations** of vulnerable children, young people and families, and the skills and knowledge of nurses, midwives and health visitors who work with them.

4. **More effective leadership and governance is needed** in areas such as child protection, general practice, inter-professional relations, communication and information sharing.

5. **The lack of integrated, whole workforce planning system** for those working with children makes it hard to secure an adequate workforce for meeting the needs of vulnerable children and young people.

Many of the issues raised during the review are being addressed through the *Every Child Matters Change for Children* programme. This report focuses on the changes needed to enable these professions to take forward *Every Child Matters*. The forthcoming National Service Framework for Children and Maternity and the Public Health White Paper provide further opportunities to strengthen services for children and young people.

In developing these recommendations account has been taken of both the consultation findings and the Government's overall policy for health and children. As money, control and responsibility are handed over to local services, decisions about how services are delivered will be made locally. The recommendations of this review are intended to help inform local decision making.

Based on the findings from the review, there are thirteen main areas for change. These are:

1. Planning services to eliminate gaps
2. Service integration and location
3. Competencies of the workforce
4. A learning and career framework
5. Workforce capacity
6. Health visiting
7. General practice and other first contact services
8. Nursing for vulnerable school-aged children and young people
9. Secondary care
10. Midwifery services
11. The child protection function
12. Information technology
13. Professional practice.

These priority areas are discussed in detail below. They form the main recommendations of the review, and are summarised at the beginning of this report.

1. Planning services to eliminate gaps

If the contribution of nurses, midwives and health visitors is to be maximised changes are needed in the way the services are planned.

a. The consultation has reaffirmed the relevance of the primary care nursing strategy, *Liberating the Talents* (DoH, 2002), as a useful framework for planning and delivering services for children and young people in both primary care and acute settings. The review has signalled **the need to move away from planning based on title or traditional role to one based on the needs of children, young people and families where their views and choices are taken into account**. Whilst the assessment of individual needs provides a building block for service planning, the importance of epidemiological population based data has been restated on several occasions.

b. Health services, and particularly the nursing and midwifery disciplines, need to be more engaged in integrating health, social and educational services for children. In the consultation people reported that the professions felt left behind and that their unique contribution was not fully understood or recognised. **There is a need to articulate the core nursing, midwifery and health visiting functions within children's services and ensure that vulnerable children and young people have access to high quality health care and public health services wherever they are.**

c. The three core functions described in *Liberating the Talents* provide a useful starting point for planning services for vulnerable children and young people (Annex C). This means **providing access to first contact and acute care, long term conditions/continuing care and public health/preventive services within integrated services**. A nurse, health visitor or midwife may provide all these functions to children and young people, or specialise in one area according to local health needs and circumstances. Promoting psychological and emotional wellbeing is a core element of all three functions.

d. A refocusing on the needs of vulnerable and disadvantaged children and young people will be helped if **resources are deployed according to need and practitioners are given a clear set of health outcomes which they are expected to deliver against**.

2. Service integration and location

The move towards community and school-based integrated children's services has taken on a new momentum with *Every Child Matters*. The CNO review has identified a number of profession specific changes that will support more effective team working and strengthen the health dimensions within joint services. Integration is needed across a number of boundaries, most importantly health, social care and education. There is also a need to overcome the current fragmentation between hospital and primary care, and between nurses, midwives and health visitors.

a. There is strong support for nurses, midwives and health visitors to be **co-located in community and school based integrated children's teams, such as extended schools, Sure Start programmes and children's centres with PCTs facilitating the movement of staff**.

b. A key theme that emerges from this review is the need to 'follow the child'. For too long professional roles and organisational boundaries have dictated where services are provided rather than where vulnerable children and young people are. **'Following the child' is the principle to govern the location of nursing, midwifery and health visiting services**. This means being as close to home as possible, in schools, communities, in surgeries, in Connexions, Sure Start programmes and children's centres, youth justice services and prisons.

c. **Nurses, midwives and health visitors have a responsibility to become the lead professional, as described in** *Every Child Matters*, **for children and families with health and development needs and will be expected to contribute to the common assessment framework**. Who is most appropriate will depend on the needs and wishes of the child, young person and family and the skills of the practitioner.

d. **Frontline teams need to be supported by appropriate specialist services** linked by effective communication networks and opportunities for shared training and skills.

e. There is the risk that by joining up services in one direction, gaps emerge in another. Nowhere is this tension more acutely felt than between community based children's services such as Sure Start and general practice. It was clear from the consultation that **there is no one way of integrating services and much depends on local needs and circumstances**. The review concludes that:

- nurses, midwives and health visitors will need to move away from uni-disciplinary hierarchies to **multiprofessional children's networks and teams** across health, social care and education
- where **general practice patient lists reflect the local community** it is much easier to integrate primary health care with education and social care services
- even if this is not the case **each general practice requires a named health visitor** to link between children's centres, Sure Start and primary care
- the role of the practice nurse has been underdeveloped as regards children and young people. **Strengthening practice nurses skills and developing their roles in child health would bring benefits to children, young people and their families.**

f. Specialist Child and Adolescent Mental Health Services (CAMHS) are vital in the care of vulnerable children and young people and **need to be better integrated into children's services and trusts**.

g. The current division between hospital and primary care undermines continuity of care for children. **PCT Lead Nurses, NHS Trust Nurse Executive Directors and Directors of Midwifery need to work together and take steps to develop integrated services.**

h. Children's nurses, midwives, health visitors and school nurses have much in common yet they tend to be trained and managed separately and their services are often uncoordinated and delivered in different settings. Integrated children's services need to go beyond health visitors and school nurses and routinely involve specialist CAMHS nurses, midwives, learning disabilities nurses, children's nurses and others who have a responsibility for vulnerable children.

i. **Employers and professional leaders need to help practitioners to work through the professional dilemmas** of balancing confidentiality with information sharing and clarifying different professional responsibilities within teams.

j. **Multidisciplinary teams need the right conditions in which to flourish and organisations may wish to consider the benefits self-management and self-direction can bring to team-working.**

3. Competencies of the workforce

There is a need to clarify the competencies required to work with all children and young people. The findings of this review will contribute to the Children's Workforce Unit, based in the Department for Education and Skills, which is undertaking work in this area. Special attention is needed to ensure that the needs of vulnerable children and young people are met wherever they access health care. As diversity in service provision and the number of access points to the NHS increases children are bound to come into contact with nurses who are not qualified in children's nursing.

a. **Core competencies in working with children are needed for all nurses regardless of setting or patient group**. This recognises that **the NHS is a family service**, many adults are parents and health concerns in an adult, in particular mental health, may impact on the child.

b. Some nurses working in generalist settings have **responsibilities for children and need additional competencies to work with children and young people. Nurses in general practice and out of hours services, NHS Direct, walk-in-centres and A&E** need particular competencies including:

- awareness of normal child development and behaviour
- child protection, identifying risk and protective factors
- effective communication and listening to children and young people
- knowing who to contact when concerned about a child
- information sharing
- understanding the key transitions for children and young people, such as adolescence
- health education to promote psychological and emotional wellbeing, nutrition, safety, exercise, immunisation, smoking cessation and sexual health
- supporting effective parenting
- assessing and treating minor injuries and illnesses and knowing when to refer.

c. **School nurses and health visitors i.e. specialist community public health nurses, working with children, young people and families require explicit skills for working with this population**. Local organisations will need to commission training leading to registration as a specialist public health nurse that has a particular child and family focus. This will prepare practitioners to work in both schools and communities allowing for more effective integration of health visiting and school nursing roles.

d. **All nurses and midwives who work with families and children/young people as** generalists and specialists in hospital and primary care need to be able to promote health and provide support to parents and use the best available evidence of effectiveness. Promoting psychological and emotional wellbeing should be a core competence for all.

e. The contribution **registered and specialist children's nurses**, such as neonatal nurses, secondary and tertiary care nurses, make to vulnerable children and young people tends to be underplayed. Their **competencies in CAMHS, child protection, public health and parenting support need strengthening**.

f. **Nurses need to develop their leadership competencies for working within a multi-agency context at both a strategic and operational level.**

4. A learning and career framework

The consultation identified a **wide range of learning needs** for nurses, midwives and health visitors and the need for a more integrated post-registration education framework for working with children and young people. The priorities are:

a. All nurses, midwives and health visitors need regular multiprofessional **child protection training** in the same way as lifting and handling and fire safety.

b. Strengthening skills in **promoting emotional and psychological wellbeing,** listening to children**,** and effective parenting is a priority.

c. More learning has to be delivered in a **multiprofessional and multi-agency environment to improve integrated working**.

d. A **flexible career and educational framework for nurses working with children** is needed so that a nurse can move into public health, first contact care or continuing care or provide all three functions for children, young people and their families.

e. The development of **nurse and midwife consultant posts** will provide a cohort of expert practitioners who can take forward services for vulnerable children and young people.

f. Training in **how to involve children and young people as active participants in health care decisions** is an essential part of learning to work with this age group.

g. Specific learning is needed that reflects **the responsibilities of modern professional practice**:
- confidence to speak out and act on behalf of children
- decision making and professional accountability
- information technology
- ethics
- information sharing across professional boundaries.

5. Workforce capacity

Workforce planning for these professions cannot be seen in isolation from other services and local needs.

a. This review calls for much better **whole-system workforce planning for children and young people's services across health, social care and education, that are based on the needs of children and young people, rather than professional titles or traditional roles**.

b. There are **shortages in aspects of the children's nursing, public health and midwifery workforces that need addressing**. At the same time we have to ensure that the valuable skills of this workforce are used effectively through targeted services and greater skill mix.

c. There are 13,000 health visitors and around 2,500 school nurses, compared with 40,000 social workers for children and families and 440,000 teachers. **A key role of nursing, midwifery and health visiting is to raise everyone's awareness of the health dimension of a child or young person's life**.

d. To **address the shortfall in nursing provision for the school aged child** PCTs, children's trusts and local authorities are encouraged to work towards having at a minimum, one full-time, all year round, qualified school nurse for each cluster or group of primary schools and its secondary school taking account of health needs and school populations.

e. **Skill mix widens the range of skills available to children and young people and should be a central feature of integrated children's teams**. It also provides a wider entry route for recruitment. The support worker/assistant practitioner role is now a core aspect of all health care provision, along with nursery nurses, play staff and new roles such as, nurse/midwifery consultant and 'practitioners with special interest'. These emerging roles provide a useful framework for developing a wider range of career paths and specialist roles for working with vulnerable children.

f. **Parents and children and young people need to be seen as co-producers of health** and their knowledge and skills valued.

g. **Recruitment and retention programmes are needed for specialist areas**, such as school nursing, child protection, neonatal nursing, health visiting, midwifery, specialist CAMHS and deprived communities.

h. There should be **incentives in place for working in deprived areas** recognising that the demands are significantly different from more affluent areas. These incentives could include flexible working, learning opportunities and rotational posts.

i. Faced with an ageing workforce, PCTs and children's trusts will need to develop **flexible retirement programmes and support those wishing to remain in the service**.

6. Health visiting

Health visiting lies at the heart of services for children. The expertise of health visitors is greatly valued but there are many competing demands on this workforce.

a. Health visitors, with their public health nursing and family support skills, are central to integrated children's services. **Their public health nursing role (DoH, 2001) needs to be better articulated within Sure Start programmes and children's centres, children's trusts and PCTs to ensure that vulnerable children have access to their skills**.

b. It is becoming increasingly difficult for health visitors to work across all population groups. Because of the limited size of the workforce **it is time to distinguish between those responsible for the public health of children and those with wider public health responsibilities**.

c. Local organisations will also need to ensure they have **sufficient appropriately skilled public health nurses to work on preventive priorities in the wider population**.

d. PCTs and Workforce Development Confederations (WDCs) will have to take action to **address the recruitment and retention of health visitors in deprived areas** within the context of the wider public health workforce.

e. It has to be recognised that **health visiting in deprived communities is particularly demanding and the workforce needs to be better supported and resources redeployed to reflect need**. This needs to include the use of community budgets that were allocated to PCTs on a recurring basis in 2001 to support local public health activities. See www.dh.gov.uk/publicationsandstatistics and search 'community budgets'.

f. Health visitors/public health nurses working with children and families require **specific competencies to work with children and parents** and to be better integrated within a children's career pathway.

g. Nursing is a pre-requirement for registration as a specialist community public health nurse. Opportunities to **increase the primary care, public health and safeguarding children orientation of pre-registration training** for child branch students could bring benefits to children and young people.

h. **Health visitors need to be given specified health outcomes for vulnerable and disadvantaged children to work towards**, and provided with public health information, support and leadership.

i. **Skills development** is needed in mental health, listening and communicating with children, working with fathers, supporting families with children with physical and learning disabilities and leading skill mixed teams.

7. General practice and other first contact services

In the last year there were 300 million consultations in general practice, making up 90% of the patient experience of the NHS. Children and young people are the highest users of general practice. The role of general practice in first contact and acute care, chronic disease management and prevention provides valuable opportunities for identifying and acting on behalf of children at risk and delivering health promotion and parenting messages.

The review revealed uncertainty about the role of general practice for children and young people. Concerns were raised about the lack of practice nurses with skills to work with children and that valuable opportunities to promote health during immunisations and other contacts were being missed.

The frequency with which nurses mentioned GPs' reluctance to allow them to have training in child protection, raises concerns about whether some GPs are fulfilling their employment responsibilities for nurses and whether nurses are being supported to work within their professional code of conduct.

Strengthening practice nurse competencies to work with children and young people is a priority for this review and action is needed in the following areas:

a. **Competencies for working with children should be developed for nurses in general practice and out of hours, in line with other first contact care services**, such as NHS Direct, and walk-in-centres. A self-assessment tool would help nurses to identify their existing skills and any gaps that need to be addressed.

b. **Nurses in general practice out of hours and other primary care settings should have access to supervision and support from a registered children's nurse**.

c. Nurses in general practice need to **use the opportunities that arise in the course of immunisations and first contact care to give health promotion and parenting messages**.

d. It is important to establish links between general practice and the new integrated children's services and put **communication systems in place to identify and monitor vulnerable children**. Communication systems need to include the wide range of primary care access points, such as out of hours services and walk-in centres. Informal day-to-day contact is needed to promote team working and early discussion on children who may be beginning to causing concern.

e. **The new primary care contracts, such as Personal Medical Services (PMS) and LIFT provide an opportunity to develop services for vulnerable children** e.g. PMS for looked-after children, nurse-led services for children with long term conditions or children's centres that include general medical services.

f. **General practice needs to be promoted as a career option for children's nurses**.

g. When managers and commissioners **identify practices that find it difficult to meet the needs of vulnerable children and young people they can improve provision** by strengthening the nursing, midwifery and health visiting input and linking to other services, such as Sure Start programmes and children's centres and walk in centres.

8. Nursing for vulnerable school-aged children and young people

The most frequently raised issue in the consultation has been the size of the school nursing workforce, is estimated to be between 2,000 and 2,500, which is small compared to their range of responsibilities and the needs of children and young people. At the same time this workforce has been innovative and flexible, ready to respond to the needs of children and new policy initiatives. It is recommended that:

a. Children's trusts, PCTs and local authorities ensure that **school-aged children are provided with access to health services across the three core functions of first contact care, public health and support for people with ongoing health needs**. The principle of 'following the child' will mean considering the needs of young people absent from school or in the youth justice services.

b. PCTs, children's trusts and local authorities are encouraged to work towards having **a minimum of one full-time, whole year, qualified school nurse for each cluster or group of primary schools and its secondary school taking account of health needs and school population**.

c. The contribution of nurses with **integrated services** for school-aged children and young people needs to be clearly articulated.

d. Nurses alone cannot meet the health needs of children and young people. They will need to lead and work in **skill mixed teams** with youth workers, health promotion, young people, teachers, social workers and others.

e. Nurses working with school-aged children need to have particular **competencies to work with children and young people and adolescent health issues, in particular mental health**.

f. Leaders of school health services **should strengthen partnership working with health visitors** and others so that children and young people are better supported during transitional periods.

g. Immunisation programmes are vital for child health but can place considerable demands on school nurses. PCTs need work with health protection colleagues and schools to **explore most cost-effective and efficient way of delivering these programmes, such as immunisation teams**.

9. Secondary care

Nurses working in secondary care often have the opportunity to observe children over a long and intensive period of time. However a number of important factors is undermining their ability to meet the needs of vulnerable children. The following changes would help strengthen their contribution:

a. To focus the delivery of **child protection nursing services more on nurses in the acute sector**.

b. Not all children's nurses are confident and assertive to act on behalf of children and young people. **A change in culture is needed in some acute settings to develop** a supportive and facilitative management style and greater equality between the medical and nursing professions.

c. Nurses in acute settings need to **increase their ability to intervene at the primary level of prevention**, through parenting support, managing common behaviour problems and helping parents to understand and respond to their child's development needs.

d. Neonatal units need to provide an environment that supports attachment and 24-hour parent/child contact. **Neonatal nurses have a proactive role in the future wellbeing of children by boosting the self-esteem of parents, promoting attachment and routinely providing health education**.

e. **Nurses must make themselves available to older children and young people**, establishing trusting relationships and involving them in health care decisions. This will mean having the skills to care for children who are distressed and angry and with learning disabilities.

f. Greater access to specialist CAMHS advice is needed and acute nurses need to improve their skills in Child and Adolescent Mental Health.

Specific settings

Nurses working with adults

Many adults using the NHS are parents and their children may be affected by their health. This is more likely to be the case in settings such as prisons, A&E, substance misuse services, mental health and learning disability services. Nurses need to consider the needs of a child in the family and take action if they think a child may be at risk.

a. Nurses in A&E will need to **assess the family situation and take steps if they think a child is at risk** in situations such as domestic violence or aggressive behaviour. **Recruitment of registered children's nurses in A&E remains a priority**.

b. **Child protection training** needs to be seen as a core part of nurse education.

c. Children and young people may use **services outside designated children's areas**, such as out patients and radiography. This should be considered when designing and reviewing services in secondary care and the views of children and young people sought.

Liaison roles

Effective communication and integrated care across acute and primary care settings is vital for vulnerable children. There are differing views about the role of liaison nurses but the current variation in provision is unacceptable. **PCTs and NHS Trusts need to work together to ensure that services follow the child by**:

a. **Integrating hospital and community children's nursing services** and establishing networks to share skills, improve information sharing and joint learning.

b. **Supporting staff to work in both settings** with career progression based on experience across the hospital and the community.

c. Developing **common assessment tools and protocols for communication and information sharing that are also linked to wider children's services and systems**.

d. Better **discharge planning** that understands the child's social and emotional environment and that those discharging vulnerable children are accountable for effective communication with primary care.

e. Reviewing liaison posts in the context of current fragmentation of care between hospital and the community and the changes that have taken place in primary care services. This role is more than 'paper shuffling' and could include **a leadership role in setting up systems for assessment and discharge planning, bringing together primary care and hospital staff and joint training**.

Specialist and community children's nursing

Nurses who can work in the community and the hospital are able to provide greater continuity and more holistic care. A strong community base and integration with wider children's services is essential if they are to better support vulnerable children.

a. The responsibility of community children's nurses for vulnerable children needs greater emphasis and their **role within integrated community and school-based children's services clarified locally**.

b. Community children's nursing services need to be staffed by **nurses who are competent to work in the community, accessible to local families and who work along side other child and family providers**.

c. Specialist nurses are often acute focused and can be isolated from community colleagues and may not understand the public health and wider needs of children and families. Nurses who have a disease management focus with community out-reach responsibilities need to be **competent to work in a community setting**.

d. **Community children's nursing services need to be better integrated with wider children's services**, including learning disability, and consideration given to services being managed within the community, reaching into hospitals, in keeping with the principle of following the child.

e. An **integrated career pathway and flexible learning programmes** would enable community children's nurses to make a greater contribution to public health and school health.

10. Midwifery services

The potential contribution of midwives in protecting and promoting the health of vulnerable children was seen as 'hugely significant' in the consultation (see Annex B). It was stressed that care delivered during pregnancy and the postnatal period can determine long term health outcomes for children. However current deployment, invisibility within some communities, work pressures and orientation prevented this potential being fulfilled. This needs to be addressed by:

a. Continuing with current measures to **address workforce shortages**.

b. Community midwifery services **planned at a population level based on need**.

c. **Integration within children's centres and greater use of skill mix** using maternity care assistants, will bring better continuity of care to vulnerable families from early pregnancy through to infancy. Families should experience a seamless and integrated midwifery and health visiting service. Continuity could be enhanced by the use of shared support workers and giving families a choice of practitioner.

d. **Flexible, on-going support** following birth needs to be offered rather than a chronologically determined cut-off point.

e. An **increase in the number of new and extended roles for midwives**, such as midwife consultants for public health, drug misuse and vulnerable families and 'midwives with special interests' could provide better career opportunities for midwives and bring benefits to vulnerable families.

f. When midwives are located in children's centres they are more visible and accessible and able to identify vulnerable children early. Building on success of their role in Sure Start, consideration needs to be given to co-locating **midwives in children's centres** whilst still being managed as a single service providing both community and hospital based services.

g. Midwives need to **work more effectively with fathers and be explicit in their responsibility for the child**. While the value of woman-centred care is acknowledged midwives need to assess the needs of the whole family, such as step-parents.

h. **Additional training in child protection** and in preparing and supporting vulnerable groups and families to become parents is needed.

11. The child protection function

The consultation raised concerns regarding the status and role of named and designated child protection nurses. Given the importance of this role in protecting children and young people and supporting the professions in their child protection work the following changes are needed:

a. There is a need to **widen the range of nurses able to take up posts as designated child protection nurses supported by the development of competencies for named and designated nurses**.

b. The designated child protection nurse role is a **senior, strategic role needing the authority** to act on behalf of children and young people with a line of accountability to the trust board. **Designated nurses need strategic and leadership skills and authority to act**.

c. The span of child protection responsibility needs to be assessed to ensure that **roles are achievable and organisations are provided with a responsive and accessible service**.

d. Child protection nursing support needs to be **accessible in a wide range of settings**, including prisons.

e. Child protection nurses need to be given the **opportunity to extend and advance their roles**, mirroring developments elsewhere. This could include taking on clinical roles traditionally undertaken by doctors, implementing CNO's 10 key roles, and developing the nurse/midwife consultant role.

f. A **better career framework and supportive education and training infrastructures** for child protection specialists, nurses and midwives is needed.

g. **Regular support and supervision** is essential to the successful delivery of child protection specialist services.

12. Information technology

The successful integration of services for children and the prevention of vulnerable children falling through the net will depend on effective information technology. The National Programme for IT and within it, the NHS Clinical Records Service (CRS) and the new schemes for Information, Sharing and Assessment, offer a real possibility for integrated services for children and young people across health, social care and education.

a. For this promise to be realised **the nursing and midwifery workforces need access to CRS**. Whilst this is planned within the overall programme it is up to PCTs and trusts to ensure that their workforce has access to CRS and the necessary software.

b. Children and young people are increasingly using new technologies such as text messaging, email and websites for health information. Nurses in schools are already developing and supporting these access routes. All nurses, midwives and health visitors are urged to **use new technologies to enable parents, children and young people to access health advice and information and promote self-care**, such as providing access to developmental reviews on the internet

13. Professional practice

Working with vulnerable children will always be a demanding role. This is becoming more so as a result of changes to professional roles and services. This requires a **re-examination of what it means to be a professional** in an environment where decisions can be difficult and complex. As the landscape of provision becomes more diverse nurses will find themselves employed by non-NHS organisations such as local authority, and the voluntary sector, and in turn may be managing and employing a range of different practitioners themselves. From the consultation a number of concerns were raised that require action:

a. **All employers but particularly non-NHS employers and independent contractors (GPs) need to understand their professional and clinical responsibilities towards this workforce**. This includes:

- providing access to clinical supervision, continuing professional development, professional advice and regular appraisal
- all nurses and midwives having a line of professional accountability to a lead nurse or midwife

- employers understanding the regulatory framework and code of conduct within which all nurses and midwives work and ensuring that staff are appropriately registered
- all staff being provided with a job description that recognises their nursing, midwifery contribution and the competencies required to ensure the safety of children and young people
- the correct recruitment procedures are followed including Criminal Records Bureau checks
- consideration needs to be given to the professional indemnity requirements of nurses and midwives.

b. There are **aspects of being a professional that all nurses, midwives and health visitors working with children and young people need to embrace**:

- speaking out and taking responsibility for acting on behalf of children
- not waiting for consensus and being ready to challenge other professionals
- communicating concerns clearly and working with doctors to develop a common language, both written and verbal
- holding themselves accountable for achieving health outcomes for children and young people
- changing the culture to one of promoting self-care, empowering children and families, involving them in decision making, using tools for assessing health needs such as Family Health Plans
- understanding and exercising their responsibility for the non-registered workforce such as community mothers, peer support workers, assistant practitioners.

Annex A

The public health nursing function for children and young people

In the course of the review the public health nursing function was described as follows:

- to undertake a systematic assessment of the health needs of children in the community, practice or school populations to identify vulnerable groups and deploy resources most effectively
- to carry out a health needs assessment of individual children, young people and the family using the common assessment framework where appropriate
- to identify vulnerable children, young people and families early and provide effective programmes of support and care that protect and promote health and wellbeing
- to involve children, young people and families in decision making
- to be responsible for overseeing and delivering the child health and development programme and other preventive services, including immunisation and vaccination and ensuring access to vulnerable groups
- intervening appropriately when a child's safety or welfare is at risk
- to lead and deliver targeted local public health programmes to address national and local health priorities such as reducing inequalities, smoking cessation and tackling obesity
- to promote access to health services and help vulnerable children and young people navigate the system
- to act as link between integrated children's services, primary health care and the NHS
- to act as the lead professional where it is the choice of child, young person and/or parent or where needs of the child will be best met by a health professional, for example where there are health and development concerns, or to ensure continuity of care
- to support community-based activity that improves the environment within which children live and that impacts on their health and wellbeing (housing, pollution, social networks, safety)
- to promote and support self-care, recognising the important role of families, children and young people as co-producers of health
- to bring nursing and public health expertise to integrated services and initiatives for children and young people, such as Sure Start programmes, extended schools, healthy schools and children's centres.

Annex B

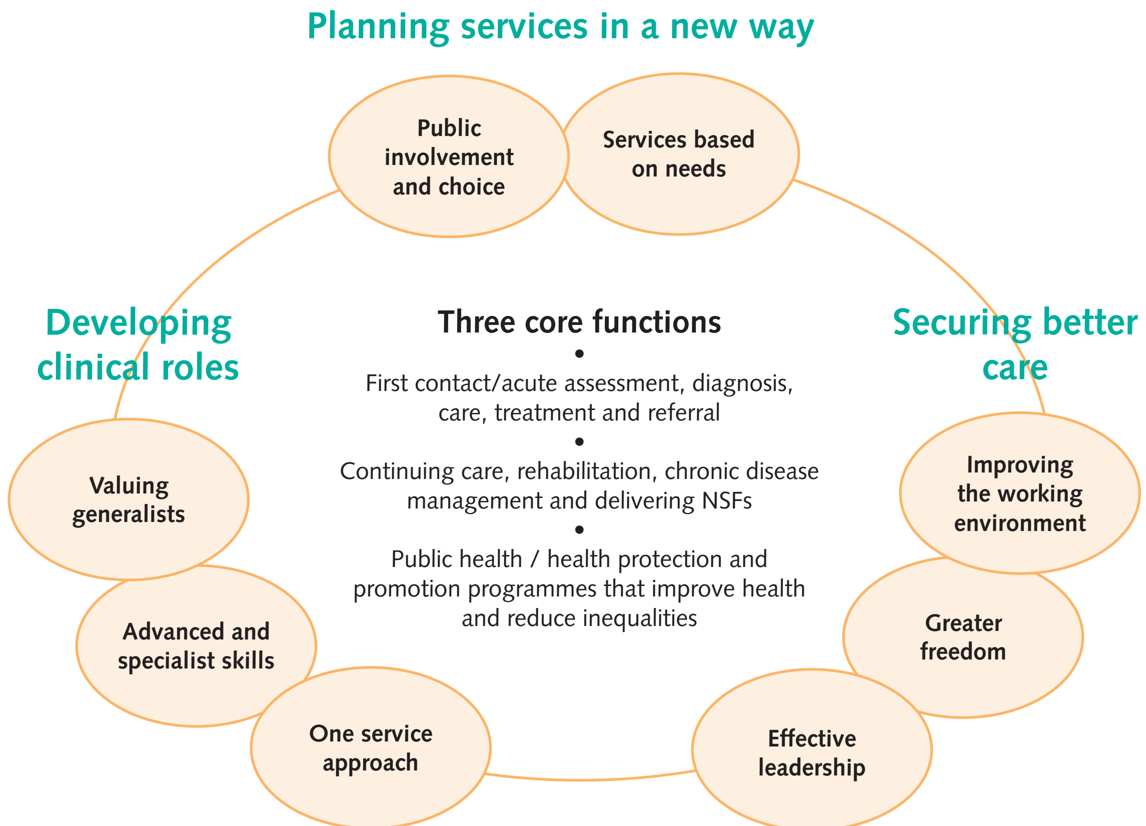
The midwifery contribution to vulnerable children

The consultation highlighted the value of midwifery in terms of their ability to:

- identify vulnerability factors and potential problems during pregnancy and offer support and intervention
- promote foetal wellbeing through delivery of care, screening, support and health promotion, reducing risk of low birth weight by promoting healthy nutrition and smoking cessation in pregnancy
- prepare people for the transition to parenthood and promote realistic expectations
- reduce the risk of family breakdown and domestic violence by helping parents cope with the emotional, financial and physical stresses of pregnancy and early parenthood
- provide appropriately tailored, non-judgemental maternity services for vulnerable groups such as those who misuse drugs and alcohol
- provide appropriate support for teenage parents and work with others to reduce teenage conceptions
- help parents respond to the infant's physical health and emotional needs, teach practical baby-care skills and model caring interactions between parents and infants
- detect health problems in the infant and support parents in these circumstances
- identify concerns about parent/baby dynamics
- intervene appropriately to protect children when their safety is at risk
- identify and support women suffering postnatal depression and mental health problems and refer as necessary
- detect and support women experiencing domestic violence
- signpost vulnerable families to services and promote access to specialist support as needed
- take action at community level to build support networks to improve the health and wellbeing of pregnant women and families with young children.

Annex C

A new framework for nursing in primary care from *Liberating the Talents*



References

Acheson, D. (1998) *Public Health in England: the report of the committee of enquiry into the future development of the public health function*, HMSO: London.

Department of Health (2004) *The NHS Improvement Plan.* London: Department of Health.

Department of Health (2002) *Liberating the Talents: helping Primary Care Trusts and nurses deliver the NHS Plan*, London: Department of Health.

Department of Health (2001) *Health Visitor Practice Development Resource Pack*, London: Department of Health.

Department of Health (1999) *Making a Difference: strengthening the nursing, midwifery and health visiting contribution to health and health care*, London: Department of Health.

The Victoria Climbié Inquiry (2003) Report of an inquiry by Lord Laming presented to Parliament by the Secretary of State for Health and the Secretary of State for the Home Department by Command of Her Majesty

Department for Education and Skills (2003) *Every Child Matters*, London: DfES. Available on www.dfes.gov.uk

SOLAR (2003) *Mind the Gap: health futures for young people in Hounslow*, University of West England and Hounslow Community Health Council.

department for
education and skills
creating opportunity, releasing potential, achieving excellence

© Crown copyright 2004
Produced by the Department of Health
Chlorine free paper

Gateway Ref: 3244

The text of this document may be reproduced without formal permission or charge for personal or in-house use.

First published 2004

Further copies of this document are available from:
Department of Health
PO Box 777
London
SE1 6XH

Telephone: 08701 555 455

e-mail: doh@prolog.uk.com

It is also on the website at
www.dh.gov.uk/publicationsandstatistics

Cover photograph: Sally and Richard Greenhill