

Leading the Way

A National Strategy for the Future of Children's Nursing in Ireland 2021-2031

Sláinte Leanaí Éireann
CHI
Children's Health Ireland



Office of the
NM Nursing & Midwifery
Services Director



Values in action in children's nursing



Vision for the Future of Children's Nursing

Leading the way in the nursing care of children and their families. We aim to do this by:

- Promoting child and family centred care nationally
 - Supporting and nurturing child health and wellbeing practices, initiatives and services nationally
 - Extending our reach and sharing our knowledge
 - Building partnerships and developing networks
 - Creating seamless journeys through the healthcare system for the child and family
 - Embodying equality, diversity and inclusion
 - Exemplifying care, compassion and commitment
 - Discovering new ways of working and learning
 - Pursuing excellence in clinical practice, professional leadership and scholarship
- 

The mission of children's nursing

Our mission is to deliver world class child and family centred care to children and their families and make a positive impact on children's health and wellbeing.



Strategic priorities



Fostering Innovative and Adaptive Leadership and Workforce Planning

1.

RCNs will work towards and support the integration of care across the services and the implementation of Sláintecare.

2.

RCNs will develop an innovative national children's nursing strategic workforce plan that is evidence-based, contemporary and capable of meeting the needs of children and their families.

3.

RCNs at all levels will be encouraged and supported to engage in innovation and service design to support the delivery of care to children and their families.

4.

RCNs will be supported to lead and strengthen performance, quality and safety measurement and improvement processes that are contemporary and evidenced based.

5.

RCNs will work to support improvements in access to scheduled care, more timely access to care and reductions in the number of children waiting for services.



Advocating as a Voice of Influence in the Care of Children and their Families

6.

RCNs will ensure that child and family centred care is at the core of all service delivery in all settings.

7.

Children and their families will increasingly be included in the development, design and delivery of care, services, education programmes and research.

8.

RCN's will ensure they are a meaningful voice for, and with, the child and family

9.

RCNs will be supported to lead, contribute and consult nationally and internationally, on issues pertaining to care and children's health and wellbeing.

10.

The specific needs of children in the hospital, community and home, and the specific knowledge, skills, competencies and contribution of RCNs to address these needs, should be more clearly articulated, recognised and valued.



Creating Innovative Clinical, Research and Education Pathways for Nurses Caring for Children and their Families

11.

Higher Education Institutions and the Health Service Executive will strive for greater diversity in the undergraduate and graduate student body.

12.

A review/examination of children's nurse's registration programmes to ensure they are reflexive and adaptive to the changing complexity of the needs of the child and family.

13.

Consideration will be given to the development of flexible education pathways for registered nurses with no formal qualification in children's nursing.

14.

Increase capacity on undergraduate and graduate programmes supported by innovative funding models.

15.

Graduate and CPD programmes will be developed in response to changing needs, with increased regional access provided to these programmes.

16.

RCNs will be supported to deliver evidence-based care through engagement in practice development initiatives and research projects; including support in project development and participation and dissemination activities.

The Chief Group Director of Nursing, CHI in partnership with the Office of the Nursing and Midwifery Services Director will, in the first instance, endeavour to initiate an appropriate mechanism to progress, as appropriate, implementation of the projects strategic priorities, objectives and actions.

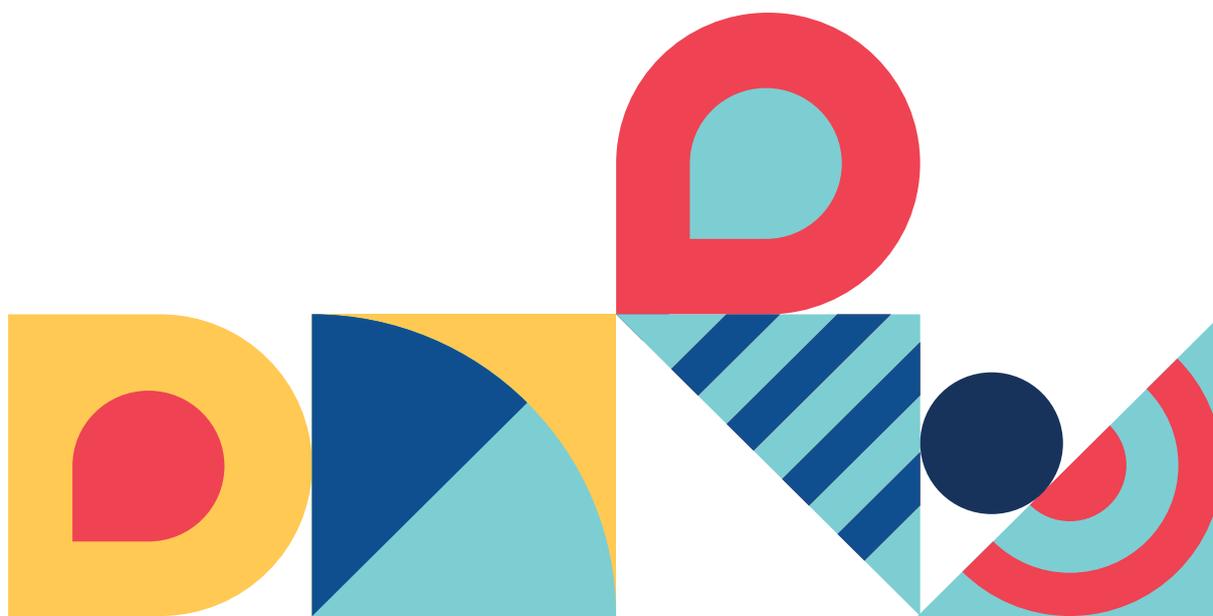
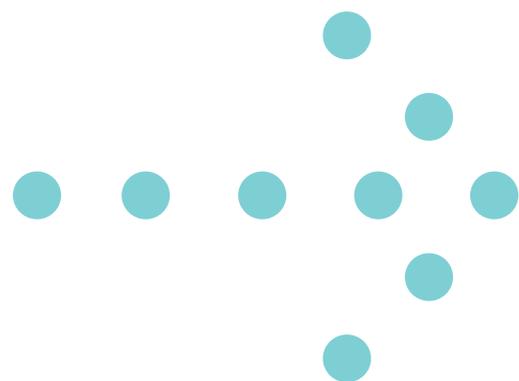
17.

Implementation of the Project's Strategic Priorities, Objectives and Actions



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Children's Nursing in Ireland 2021-2031



Just make BE HAPPY

conversation

Communication

is key

Be aware they might be afraid

in simple words

Talk

Explain

what is going on

BE
in the moment

Have fun with your patient

Don't be mean

Be patient

Know what you are doing

Read our files.

Don't keep asking about our medical history

We need **help** from you so please

Engage more with children!!!

Respond to us.

We are here too
It does not hurt to talk

Show compassion and empathy

help us

Include the **CHILDREN** when talking to the parents!!!!

FIND COMMON GROUND

ATTN

Foreword 1

Messages for Nurses from the Youth Advisory Council

All we want is for our nurses to listen to us, communicate in a clear and appropriate tone and show compassion and care through their actions. When you are explaining something to a child you should be using clear and easy language so that we are fully aware of our status whilst being age appropriate and what I mean by that is, talking to the child instead of the parent. We felt that nurses tend to talk to our parents rather than us, we are the ones going through the procedures so should know what is going on. Instead of asking our parents questions ask us, for example "has Anne eaten today or is Anne in any pain" that sort of thing can be easily answered by a child but sometimes we are overlooked. This is probably the most important advice YAC give to all medical professionals. We know our own bodies better than any other person. So, when a procedure is taking place you should always listen to what the patient is telling you or has to say. Ask questions, be involved, get to know your patient. It truly makes a massive difference when your nurse is interested in you and wants to get to know you.

Some patients are new to the hospital so having compassion with them can turn a scary new environment to a warm and welcoming one. Even just holding the patient's hand or trying to distract them when you are doing a painful procedure can really change the outcome of how they will feel.



A Message From Martin

My name is Martin. I am 13 years old. I do be a regular patient in hospital. To me what makes a good nurse is kindness, patience, listening to the patient to what makes me feel comfortable. I think when nurses are giving kids medication they should explain what they're giving them and what it's for. As a child it's scary getting bloods done. I think nurses need to understand it's not nice. I like when a nurse chats to me and gets to know more about me.

Foreword 2

On behalf of Children's Health Ireland and the Office of the Nursing and Midwifery Services Director we are delighted to present this report *Leading the Way*; A National Strategy for the Future of Children's Nursing in Ireland 2021-2031. This report reflects a significant examination of the role of the Registered Children's Nurse and areas of interdependencies with the other nursing and midwifery professions and has identified the future role of the children's nurse. The Senior Children's Nursing Network identified the untapped resource children's nurses are and their potential to contribute to children's healthcare and wellbeing service development and was the catalyst for this report.

There is a very positive transformative health services environment for children currently underway with the implementation the Model of Care for Paediatric Health Services Provision (HSE/RCPI, 2016) and the opening of the new national children's hospital. Integral to providing high quality healthcare is an understanding of the patients' needs and a service that is responsive to those needs. Throughout the extensive consultation process the central focus was the nursing needs of children and their families into the future. Children's nurses in Ireland hold an unequalled qualification and registration and these unique knowledge, skills and competencies and very strong professional identity emerged as a key support for children and their families in the future. A very positive engagement process allowed for many stakeholders, from a wide variety of disciplines and organisations, to collaborate on the future needs and is an important building block toward integrated care and implementation of *Sláintecare* (Gol, 2017) in the children's services.

The future of children's nursing has been influenced by many people and we would like to take this opportunity to express our sincere appreciation and gratitude to each and every one of them. Firstly, we want to take this opportunity to acknowledge the hard work and dedication of fellow members of the National Steering Committee and Expert Advisory Panel whose knowledge and expertise were invaluable. Special acknowledgement is extended to Ms Grainne Bauer, Chief Director of Nurs-



Ms Tracey Wall,

A/Chief Director of Nursing and Directorate Nurse Lead, Site Triumvirate Leadership Team, Children's Health Ireland.



Dr Geraldine Shaw

Nursing and Midwifery Services Director and Assistant National Director, Office of the Nursing and Midwifery Services Director, Health Services Executive.

ing, Children's Health Ireland for her commitment and support to ensure the progress of this project during a very challenging period with the onset of the pandemic. This project would not have happened without the commitment from its initiators, Ms Suzanne Dempsey, Deputy CEO and Director of Nursing, Mater Misericordiae Hospital, Ms Mary Wynne, former Director Office and Nursing and Midwifery Services Director, and former colleague Ms Susanna Byrne, Director of the Nurse and Midwifery Planning Development Unit, DSKW, who very sadly passed away during the timeframe of this project. Thank you to Dr Colm Henry, Chief Clinical Officer, HSE for his support to advancing this work via ONMSD. We are especially grateful to Caroline Duggan, parent representative for her input at all stages of the project.

A very special thanks to the members of the Youth Advisory Council for their commitment to support the project and their very insightful contributions and wonderful artwork on their graffiti board. On behalf of the National Steering committee and Expert Advisory Panel we would like to acknowledge our deepest appreciation to all those nurses and others around the country and internationally who contributed data and their unique perspectives to the various stages of data gathering. Finally, a special thanks to Rosemarie Sheehan Project Manager, for her unwavering commitment to the project and for compiling of this final report.



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Membership of National Steering Committee

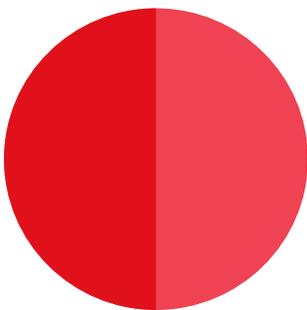
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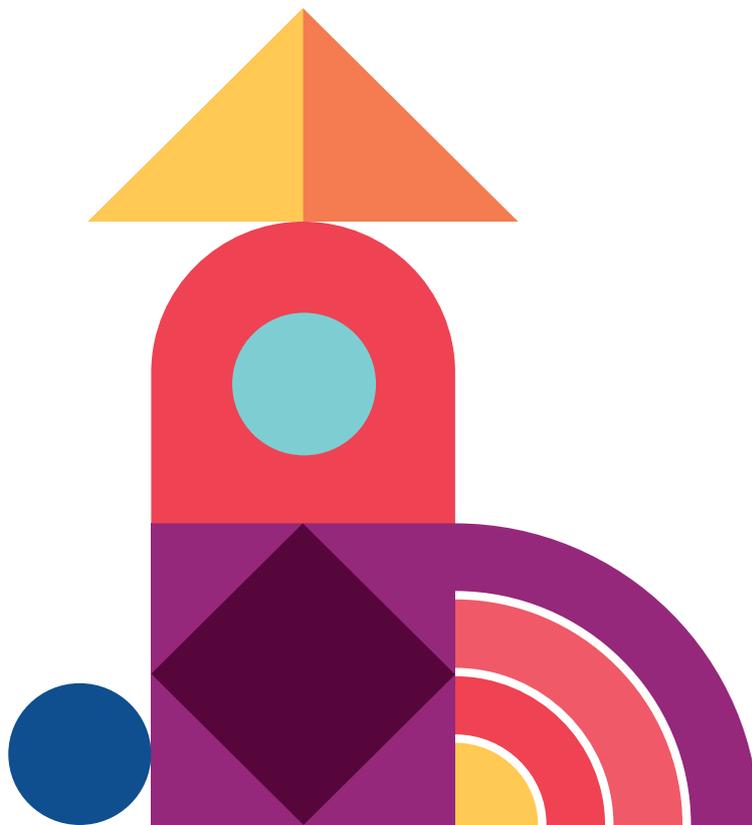


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List of Abbreviations

ADoN	Assistant Director of Nursing
CNM	Clinical Nurse Manager
CHI	Children's Health Ireland
CHNs	Complex Healthcare Needs
CNM	Clinical Nurse Manager
CNS	Clinical Nurse Specialist
CPD	Continuous Professional Development
DoH	Department of Health
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
DoN	Director of Nursing
HCA	Health Care Assistant
EU	European Union
GoI	Government of Ireland
HEI	Higher Education Institution
HIQA	Health Information and Equality Authority
HSE	Health Service Executive
INMO	Irish Nurse and Midwives Organisation
NMBI	Nursing and Midwifery Board of Ireland
NPDD	Nurse Practice Development Department
NMPDU	Nursing and Midwifery Planning and Development Unit
OECD	Organisations for Economic Co-operation and Development
ONMSD	Office of the Nursing and Midwifery Services Director
PHN	Public Health Nurse
RANP	Registered Advanced Nurse Practitioner
RCN	Registered Children's Nurse
RCPI	Royal College of Physicians in Ireland
RM	Registered Midwife
RNID	Registered Nurse Intellectual Disability
RPN	Registered Psychiatry Nurse
SCNN	Senior Children's Nursing Network
SIPTU	Services Industrial Professional and Technical Union
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities

Glossary of Terms

Registered Advanced Nurse Practitioner

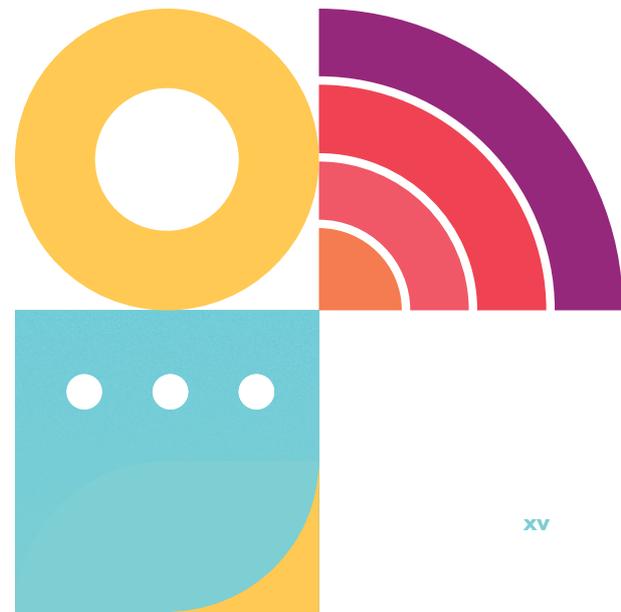
Advanced practice nursing is a career pathway for registered nurses, committed to continuing professional development and clinical supervision, to practice at a higher level of capability as independent, autonomous, and expert practitioners (NMBI, 2017). Registered Advanced Nurse Practitioners (RANPs) have met the NMBI's criteria for registration to enter the Advanced Practice Division of the Register (NMBI, 2017).

Clinical Nurse Specialist

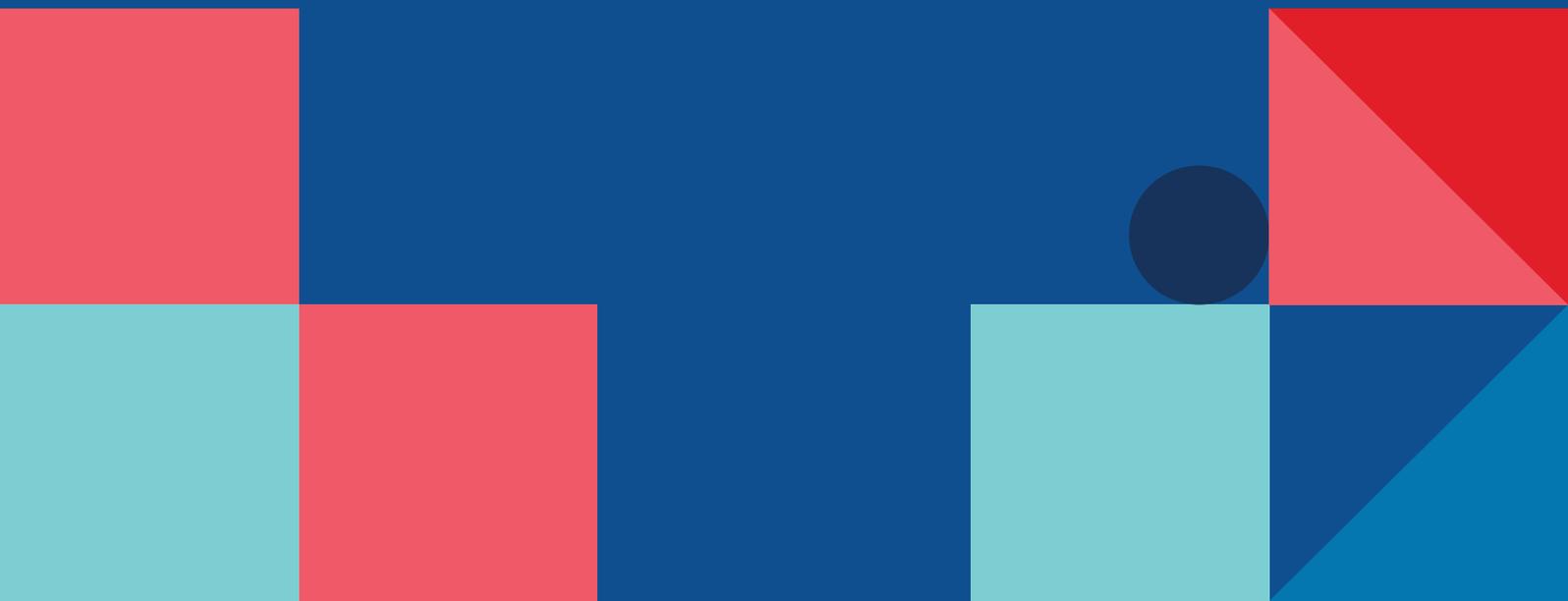
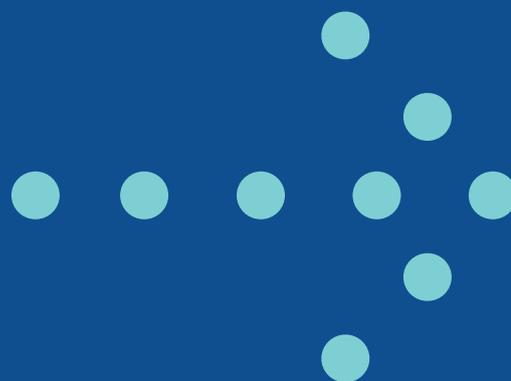
Specialist practice encompasses a major clinical focus, which comprises assessment, planning, delivery and evaluation of care. The area of specialty requires application of specially focused knowledge and skills, required to improve the quality of patient/client care. A nurse specialist has undertaken formal education relevant the area of specialist practice at level 8 or above on the NQAI framework (National Council for Nursing and Midwifery, 2008).

A Note on Terminology

1. For the purposes of this project use of the words **child and children** means a person under the age of 18 years (Children Act, 2001, p 16).
2. **Children's health and wellbeing** was considered: as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. (WHO, 1948, p1).
3. **Children's nursing** refers to Registered Children's Nurses and those working in roles that deliver direct care to children and their families
4. The National Model of Care for Paediatric Healthcare Services (HSE/RCPI, 2016) is referred to as 'the model of care' throughout this document.



Executive Summary



Introduction

This project represents an extensive examination of children's nursing in Ireland. The purpose of this examination was to develop a vision for children's nursing that is responsive to the needs of children and their families and a strategic framework to support implementation of this vision. A broad range of stakeholder perspectives was sought and a scoping review of the literature was conducted.

Context

This project was undertaken during a very positive transformation of health service policy and provision of care to children in Ireland with the implementation of the National Model of Care for Paediatric Healthcare Services developed by the Health Service Executive (HSE) and the Royal College of Physicians in Ireland (RCPI) (2016), Sláintecare Report (Government of Ireland (GoI), 2017), the development of a new children's hospital and the development Overarching Standards of Care for Health and Social Care Provision for Children using the Health and Social Care Services (Health Information and Quality Authority (HIQA) and Mental Health Commission (MHC), 2021). The COVID-19 pandemic has had significant implications for children and their families that have yet to be realised and many of the learnings and new ways of working developed over the pandemic will require further development and enhancement by the children's nurse of the future. The implications of these key policy and service developments informed the project by presenting an opportunity for children's nurses to deliberate on the future of the profession, and how to ensure its contribution for a transformed children's health service.

Design and sample

This project was underway when the COVID-19 pandemic began, which had significant implications on the methodology, data gathering and overall progress of this project. It was co-designed collaboratively with members of the project team from the National Steering Committee and the Expert Advisory Panel. A mixed method consultative design was adopted incorporating two data gathering phases in parallel with the scoping review of the literature due to the onset of the COVID 19 pandemic. Due to the large volume of data gathered we mapped the integrated findings from the consultation process against the recommendations of the literature review which enabled us to identify strategic priorities and objectives to support children's nursing in the future (Table 14/Appendix 5).

Throughout this project, there has been very positive collaboration and engagement with a wide variety of professionals. Therefore, a wide variety of stakeholders offered



a multi-faceted view of the future needs of children and their families across the services incorporating what children and their families need in the future from nurses in the home, community and hospital and the supports and capabilities required to meet these needs. In all over 1000 nurses participated at different stages as well as many other key stakeholders including children.

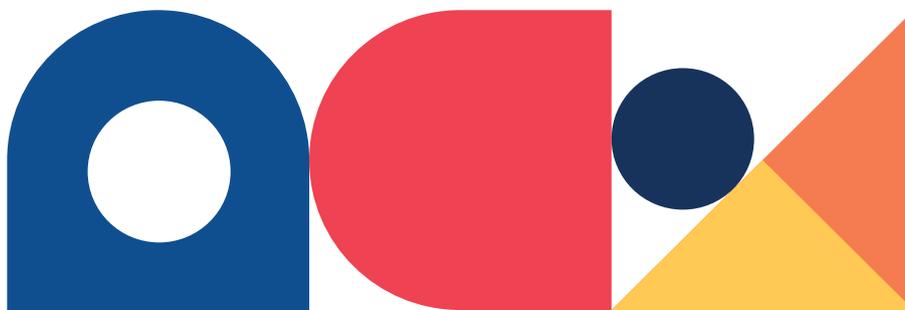
Findings

The findings from the scoping review of the literature and the data sets from the consultations reflect the immense changes taking place in the delivery of healthcare to children in Ireland, the changing demographics and epidemiology of childhood illness and increasing complexity in children's healthcare. They mirror many reported contemporary international issues in child healthcare.

The need for the advancement of the role of the Registered Children's Nurse (RCN) is demonstrated in the findings of this project, and the crucial requirement for them to lead in the enhancement and innovation of children's nursing services, ensuring excellence in care. This will ensure that children's nursing meets the needs of children and their families, and positively influences the health and wellbeing of children and their families living in Ireland.

An important observation of this report is that children's nurses are one core group with a unique knowledge and skill set that provide care to children. However, children's health and wellbeing is the responsibility of many nursing and midwifery professionals as well other many other professions. This presents a national challenge to eliminate variance. The significance of ensuring all children receive a similar standard and core philosophy of child and family centred care by appropriately educated and skilled nursing professionals was highlighted. The importance and willingness of the RCN to engage in interdisciplinary working and learning, partnerships and networks was identified as key to the future of integrated care.

Other significant findings in this report include the need for more inclusive education and professional development pathways for nurses who care for children including those in the wider community. While a strong focus of services and policy reform is a care closer to home model, this report found evidence of the need to also focus on education and workforce planning for nurses working in specialist areas. This includes developing skills in high dependency nursing early in the career of the children's nurse reflecting the complexity and acuity of children presenting to hospital today. The role of the expert nurse as mentor and role model was identified as a key component in supporting and developing early career nurses, and the necessity to support and allow protected time to enable them to fulfil this role was evident. Robust workforce



planning, and development of the role of the Registered Advanced Nurse Practitioner (RANP) across all services was found to be critical to ensure the availability of a sustainable workforce with the capacity and capability to meet the current and future needs of children and their families.

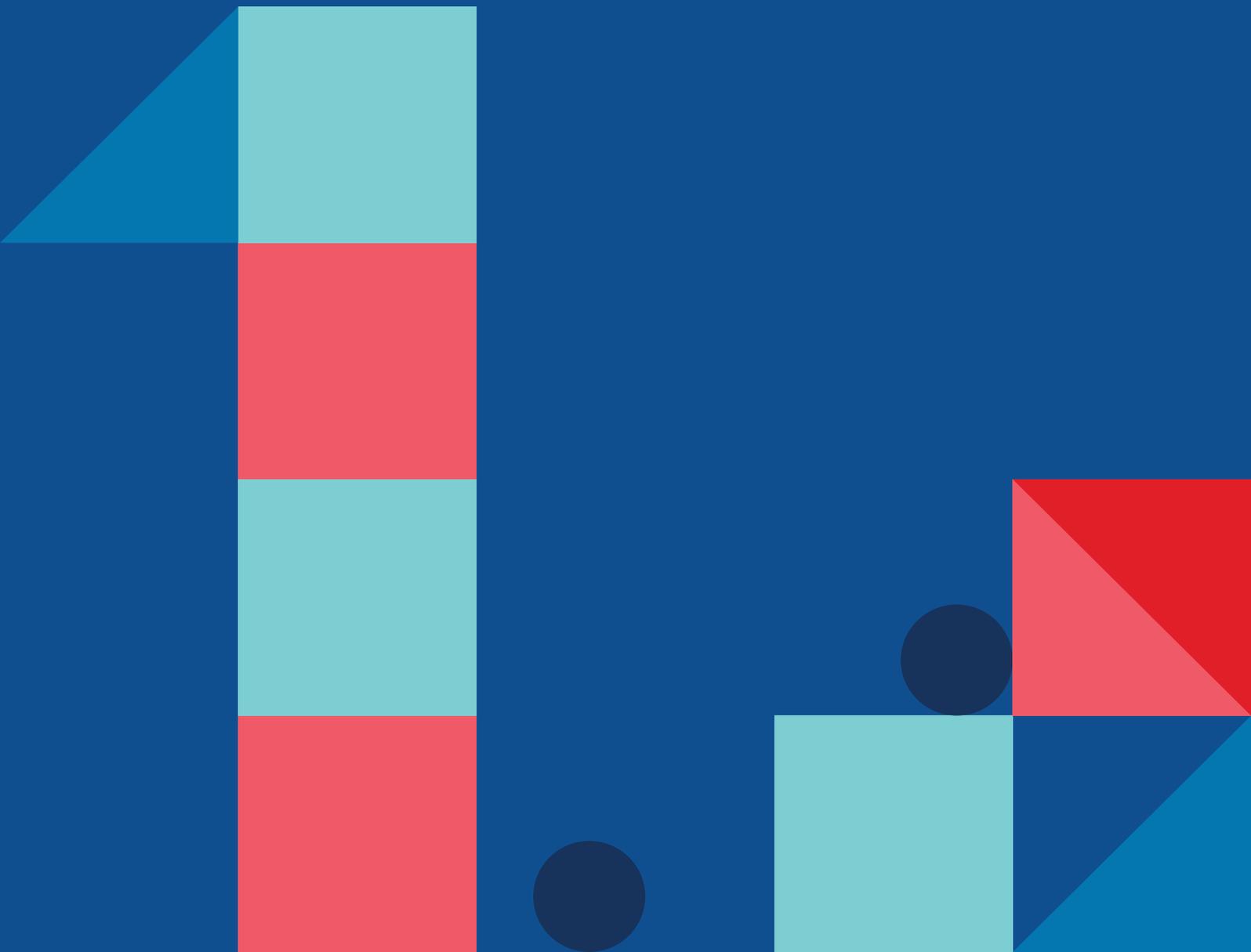
This report reflects many voices, but especially the voice of the child and family by identifying their unique needs and perspectives. It is also significant to highlight the voice of the large number of contributions from children's nurses delivering direct care across wards and the community in this country. A key enabler to support this advancement of the discipline of children's nursing is the very positive professional identity that emerged in the findings, and the value RCNs place on their profession and their role in supporting and meeting the needs of children and their families. Significantly, this project has established that the advancement of excellence in professional leadership, scholarship, clinical practice and innovation in children's nursing is critical to making a difference in the health and well-being of children their families and communities in Ireland.



Chapter 1.



About this project



1.1 Prologue

This project is the first formal examination of children's nursing in Ireland and was jointly sponsored by:

- Children's Health Ireland (CHI).
- Office of the Nursing and Midwifery Services Director (ONMSD), Health Services Executive (HSE).
- Office of the Chief Clinical Officer, HSE

1.2 Project aims and objectives

The aim of this project was to define a nationally agreed vision for the future direction of children's nursing in Ireland and a strategic framework to guide implementation of the vision to:

- Set out a clear vision for the future direction of children's nursing in Ireland that has the child and family at its core receiving high quality, safe, efficient, equitable and effective nursing care in the context of multiple healthcare settings.

The objectives were to:

- Define a nationally agreed vision for the future direction of children's nursing in Ireland based on:
 - A scoping exercise of the current children's nursing service to develop a deeper understanding of children's nursing care provision in Ireland.
 - Collating and synthesising key findings from a scoping review of the international literature and policy evidence.
- Gather and interpret data to identify opportunities, gaps and challenges to support the development of a strategy and to support implementation of the vision.
- Develop a strategic framework that prepares and guides implementation of this future vision consistent with the vision of Sláintecare (GoI, 2017) and the model of Care for Paediatric Healthcare Services in Ireland (HSE/Royal College of Physicians in Ireland (RCPI), 2016).
- Outline an achievable action plan for implementation of the strategic framework and recommendations.
- Collate the findings of the project into a final report.

1.3 Project Scope

Due to the large number of stakeholders in children's healthcare provision in Ireland, the scope and breath of this project was very broad which added to its complexity. The primary focus was on the role of Registered Children's Nurses (RCN) while taking cognisance of the other nursing disciplines including general, public health, mental

health, intellectual disability nurses and midwives who provide a substantial amount of care to children in a variety of healthcare settings including the home.

1.4 Project Strategic Alignment

- Assisted Decision Making (Capacity) Act, (*Government of Ireland, 2015*).
- Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020 (Department of Children, Equality, Disability, Integration and Youth. (*Government of Ireland, 2014*).
- Children's Act. (*Government of Ireland, 2001*).
- Children First: National Guidance for the Protection and Welfare of Children 2017. (*HSE, 2017*).
- Children's Health Bill. (*Government of Ireland, 2018*).
- Committee on the Future of Healthcare Sláintecare Report. (*Government of Ireland, 2017*).
- Constitution of the World Health Organisation. (*World Health Organisation, 1948*).
- Disability Act 2005. (*Government of Ireland, 2005*).
- eHealth Strategy for Ireland. (*Department of Health, 2013*).
- Evidence Review to Inform the Development of Overarching National Standards for the Care and Support of Children using Health and Social Care Services. (*Health Information and Quality Authority and Mental Health Commission, 2021*).
- First Five, A Government Strategy for Babies, Young Children and their Families 2019-2028. (*Government of Ireland, 2018a*).
- Framework for Safe Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Acute Hospitals in Ireland 2018, Final Report and Recommendations by the Task Force on Staffing and Skill Mix for Nursing. (*Department of Health, 2018*).
- Global Code of Practice on the International Recruitment of Health Personnel, World Health Organisation. (*2010*).
- HSE Corporate Plan 2021-2024. (*Health Service Executive 2021*).
- HSE National Service Plan. (*Health Service Executive, 2021*).
- Irish Human Rights and Equality Commission Act 2014, Section 42(1) - Public Sector Equality and Human Rights Duty. (*Government of Ireland, 2014*).
- National Framework for Children and Young People's Participation in Decision-Making. (*Government of Ireland, 2021*).
- National Guideline for Nursing and Midwifery Quality Care Metrics-Children. (*Health Service Executive, 2018*).
- National Healthcare Charter for Paediatric Services. (*Health Service Executive, 2017a*).

- National Maternity Strategy, Creating A Better Future Together, 2016 – 2026. (*Department of Health, 2016*).
- National Standards for Safer Better Healthcare (*Health Information and Quality Authority, 2012*).
- Nurses Act. (*Government of Ireland, 2011*).
- Nursing and Midwifery Board of Ireland, Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. (*2014*).
- Nursing and Midwifery Board of Ireland, Nurse Registration Programmes Standards and Requirements. (*2016*).
- Nursing and Midwifery Board of Ireland, Scope of Nursing and Midwifery Practice Framework. (*2015*).
- Nurse and Midwives Rules. (*Government of Ireland, 2018*).
- The Ombudsman for Children's Office.
- Patient Safety Strategy 2019-2024. (*Health Service Executive, 2019*).
- Policy on Graduate, Specialist and Advanced Nursing & Midwifery Practice Programme. (*Department of Health, 2019*).
- Sharing the Vision: A Mental Health Policy for Everyone. (*Government of Ireland, 2020*).
- Standards for Improving Quality of Care for Children and Adolescents in Healthcare Facilities, World Health Organisation. (*World Health Organisation, 2018*).
- The National Clinical Programme for Paediatrics and Neonatology. (*Health Service Executive*).
- The National Model of Care for Paediatric Healthcare Services in Ireland. (*Health Service Executive /Royal College of Physicians in Ireland, 2016*).
- United Nations Convention on the Rights of the Child. (*UNCRC ,1989*).
- United Nations Convention on the Rights of Persons with Disabilities. (*UNCRPD, 2006*).
- Working Together for Health, A National Strategic Framework for Health and Social Care Workforce Planning. (*Department of Health, 2017*).

1.5 Context of Project

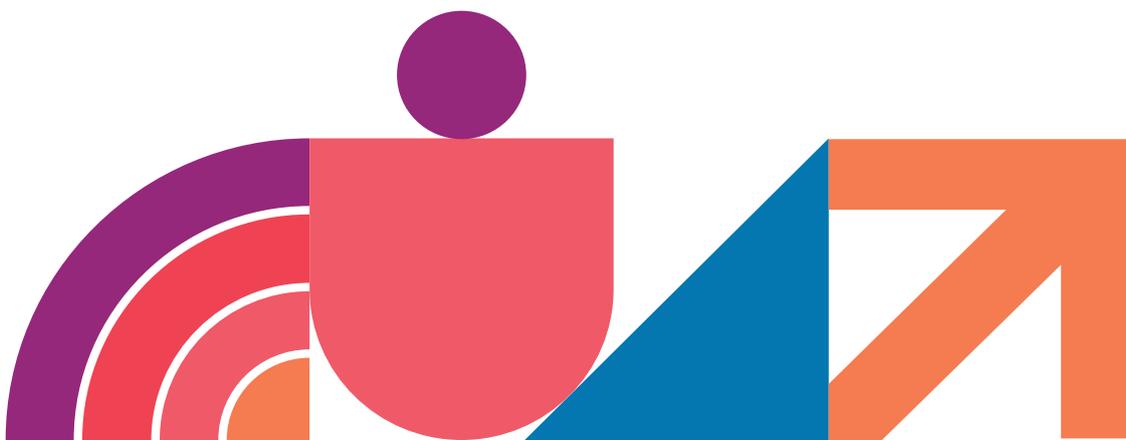
This project was undertaken during a very positive transformation of health service policy and provision of care to children in Ireland with the implementation of the National Model of Care for Paediatric Healthcare Services developed by the HSE and the RCPI (2016), Sláintecare Report (Gol, 2017), the development of a new children's hospital and the development Overarching Standards of Care for Health and Social Care Provision for Children using the Health and Social Care Services (Health Information and Quality Authority (HIQA) and Mental Health Commission (MHC), 2021). The implications of these key policy and service developments informed the project by presenting an opportunity for children's nurses to deliberate on the future of the profession, and to consider how to ensure its contribution for a transformed children's health service.

During the timeframe of this project 2019-2021 nursing has been in a global spotlight with 2020 being designated the International Year of the Nurse by the World Health Organisation (WHO) as well as recognition of nursing's contribution during the COVID-19 pandemic. WHO along with the International Council of Nurses and Nursing Now have now published the first ever report on, the State of the World's Nursing 2020: investing in education, jobs and leadership (WHO, 2020). The key message is that harnessing the full potential of nurses offers the best possibility of transforming health systems globally. This will require policy interventions that enable all nurses to have maximum impact and effectiveness by optimising their scope and leadership, together with investment in education, skills and jobs. This project was underway when the COVID-19 pandemic began and had significant implications on the methodology, data gathering and overall progress of this project.

Chapter One introduces the project, its scope, aims and objectives and steering and advisory groups. Chapter Two sets the context for this report by presenting an overview of the current situation in children's health, policy and service provision and an overview of children's nursing and those who provide nursing care to children and their families. Chapter Three outlines the design and methodology used to progress this project. Chapter Four provides an overview of the demographics of the contributors to the consultation process. Chapter Five sets out the findings from the scoping review of the literature and the extensive consultation process and briefly discusses the findings in the context of the significant transformation occurring in children's health service provision in Ireland. Chapter Six presents the strategic priorities, objectives and actions to progress the profession of children's nursing. Chapter Seven concludes the report.

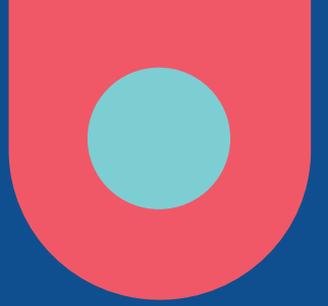
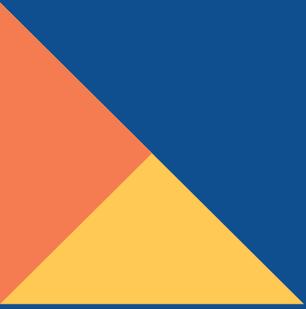
1.6 Project Steering Group and Expert Advisory Panel

The project was supported by a national steering committee established and jointly chaired by the Chief Director of Nursing, CHI and the Director of the ONMSD, HSE, and also an expert advisory panel of RCN's representing a variety of roles across clinical practice, management, education and the community.



Chapter 2.

Background



2.1 Introduction

This chapter sets the context for this report with an overview of trends, the plans for reconfiguration of children's healthcare provision in Ireland and an analysis of children's nursing in Ireland in 2021.

2.2 Children and Families in Ireland

Children up to the age of eighteen account for over a quarter of the Irish population (1,220,907) (DCYA, 2016) and identifies us as having one of the youngest populations in Europe. A vital and productive society is built on the foundation of its children's health, wellbeing and development. Society's attitude to children, and social and economic policy can affect lifelong health and life expectancy (Crisp, 2020). The most effective time to intervene to reduce inequalities and improve health and wellbeing outcomes for life is before birth and in early childhood, and highlights our obligation to ensure children's health and wellbeing is a key priority for our country (RCPI, 2017b). It is also important that as children and young people with long term health and wellbeing issues, mature their transition to the adult services is planned in a coordinated manner to ensure optimum outcomes for future health (Coyne et al, 2019; Coyne and Betz, 2020)

The foundations for virtually every aspect of human development –physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health to educational achievement and economic status.’ (Marmot, 2010. p. 16)

2.3 Children are Unique Individuals

Children are physiologically, psychologically and developmentally different to adults and they experience illness, injury and disability in a different way, making them especially susceptible to harm (Hazinski, 2013). The spectrum of illness affecting children and their response to illness and injury means they can become acutely unwell quickly but they also recover quickly (Hazinski, 2013). Deterioration is usually progressive and caused by hypoxia, and sudden cardiopulmonary arrest is rare (Greater Manchester Critical Care Skills Institute, 2016). When children are sick their unique and complex needs can include requiring extra time for care, extra monitoring, attention to specialised needs and atraumatic care. (Foglia and Milonovich, 2011). There is limited



information available on the ways some illnesses and medicines affect children (HSE/RCPI, 2016). Certain groups of children are at increased risk of sudden acute episodes of deterioration and demand extra care and vigilance. These have been identified by the Greater Manchester Critical Care Skills Institute (2016) as including:

- **Infants under 1, particularly those born prematurely**
- **Those with pre-existing chronic illness e.g. asthma, diabetes, cystic fibrosis, epilepsy**
- **Children with multiple profound disabilities**
- **Children with cardiac abnormalities**
- **Children with chromosomal abnormalities (often associated with undetected or multiple physical abnormalities)**
- **Vulnerable children (safeguarding, homeless etc.)**

After infancy, adolescence is the period of greatest and fastest development and is a period of life with distinct health, developmental needs and rights that requires enhanced care and vigilance particularly as adolescent's transition towards adulthood and adult services (HSE/RCPI, 2018). Children's vulnerability is compounded by the way our society is structured and children are dependent upon the adults around them. They rely on their family for both comfort and to seek out support and advice appropriate to their health needs. They may not be able to articulate their experience of illness, and therefore parents and family can be an invaluable resource to health-care workers in interpreting their needs and are considered collaborative partners in the care of their children (Nursing and Midwifery Board of Ireland (NMBI), 2016, 2018). A fundamental need of the sick or vulnerable child is that their family is included in their care provision as they provide a sense of security (Coyne, 2015) and help to reduce hospital/healthcare related fears such as fear of separation, needles, mistakes, contamination, mutilation, death and operations (Coyne et al., 2012; Coyne, 2006). Effective parenting is a critical protective process predictive of health and wellbeing outcomes for children. When parents are under pressure, it can impact on their ability to parent successfully. Maternal health and wellbeing can have significant impact on foetal brain and organ function. Repeated stress and adversity in utero and in early childhood, such as maltreated children, can cause persistent elevated levels of cortisol in the child and subsequent long-term health and wellbeing issues (RCPI, 2017b). A significant number of families in Ireland are under increasing stress and strain including homeless families, those in poor housing and/or direct provision centres (Brenner and Begley, 2019; Nixon et al., 2019, RCPI, 2019a, b). One in five families are lone parent families (DYCA, 2016; Growing up in Ireland (GUI), 2020). Parents of a sick child face enormous challenges and it can be difficult for parents to advocate for themselves and the supports needed when they are concerned with their child's health and wellbeing (Children in Hospital Ireland, 2020). Parental expectations can be very high in relation to investigations, rapid results, treatments, care and recovery adding further stress to both families and the service providers. Furthermore, the full implications of the COVID 19 pandemic on Irish children and families has yet to be fully realised, including the impact of long-term school closures, social isolation and the many divi-

sions and inequalities that were revealed by the pandemic (HSE, 2020c). A children's nurse led study is ongoing to increase the understanding of strategies that contribute to children and young people's capacity to adjust to societal changes and to identify ways in which children's actions contribute to the capacity of others to adjust to the changes arising from the pandemic (Somanadhan et al., 2020).

2.4 At a Glance - Children's Health and Wellbeing in Ireland

In the latest United Nations Children's Fund (UNICEF) Innocenti annual report card, Ireland ranks 12th among 38 members of the Organisations for Economic Co-operation and Development (OECD) and or European Union (EU) countries for overall child wellbeing outcomes (Gromada et al., 2020). However, Ireland ranks 26th place in terms of mental wellbeing and also scored lower in terms of physical health, achieving 17th place overall. There is a high rate of suicide among Irish teenagers age 15-19-6/100,000 (Gromada et al., 2020). Despite this Irish children's health related behaviours has ranked favourably compared to other countries in many key behaviours such as eating breakfast, low sugar-sweetened soft drink consumption at all ages, tobacco smoking, vigorous physical activity, wearing seat belts and brushing teeth (Gavin et al, 2021). However, areas for concern identified include self-reported problematic social media use, e-cigarette use, being victims of cyberbullying and lower ranking for general health and happiness.

While the vast majority of children in Ireland are healthy, the epidemiology of childhood conditions is changing. Chronic illness/non-communicable disease is increasing and lifestyle related health issues are affecting our children. Mental health issues are rapidly emerging in children and young people and have the potential to overwhelm services (Hudson and Christie, 2017). This have been further exacerbated by the COVID 19 pandemic with anecdotal evidence of referrals being more complex, urgent and presenting with suicidality, self-harm and eating disorders. The proportion of Irish children living with overweight and obesity is one of the highest in Europe with the potential for life-long adverse socioeconomic, psychosocial and health sequela (HSE/RCPI, 2020a). There has also been a surge in Inflammatory Bowel Disease, atopic disease and allergy (HSE/RCPI, 2016). Other morbidities that are increasing include, childhood disability, attention deficit/hyperactivity and autistic spectrum disorders (Leneton and Ehrich, 2015). There is also a worrying trend of inadequate transitions for young people as they move to adult services resulting in poorer long term health related outcomes (Coyne et al., 2018b, 2019; Sheehan et al., 2015; While et al 2017; HIQA/ MHC, 2021). For example, survival rates for adolescents and young people for some cancers are poorer than for younger populations (Department of Health (DoH), 2017a).

Two percent of Irish children are acutely unwell or have complex care needs requiring coordinated supportive care in a variety of settings from the hospital to the home (Hardiman, 2017). The children presenting to hospital are sicker than ever before and advances in technology and medical care have directly impacted on survival rates. As patients become more medically complex, children who were typically found in critical care units in the past are now found in general wards (Foglia and Milonovich, 2011). Genomics is revolutionizing biomedical research, medicine and healthcare globally

Table 1: Irish Children's Health by Numbers



12.1

1,000

BIRTH RATE

(CSO, 2020)

6-8%



The number of children living with a disability and approximately one third of these have multiple disabilities

(National Disability Authority, 2018)

INFANT MORTALITY RATE PER LIVE BIRTHS

3.2

1,000

(CSO, 2020)

Ireland has one of the lowest breastfeeding rates in the world



(HSE, 2016a)

2526

children waiting to be seen in the CAMHS community services

(HSE, 2019a)

CHILD MORTALITY RATE

2.8

10,000

(DCYA, 2016)

8,311

The number of children that are living with a life limiting illness



(HSE, 2020B)

APPROXIMATELY 200

The number of new childhood (0-16) cancer diagnosis ANNUALLY

(DOH, 2017A)

1.6%

OF CHILDREN UNDER 18 ATTEND CAMHS AT ANY ONE TIME

(HSE, 2019a)



over

1500

The number of children admitted to paediatric critical care units annually

(HSE, 2019c)

500



The number of children with complex healthcare needs availing of homecare packages to support care in the home

(HSE, 2019b)

1-5

(HSE/RCPI, 2020a)

The number of children living with overweight or obesity



13,177

The number of new referrals to CAMHS in 2018

(HSE, 2019a)

153

(CSO, 2020)

The number of young people age 15-24 that have died in 2019

8.1%

(CSO, 2020)

The number of children of children aged 0-17 that live in consistent poverty

16%

of children have a chronic illness such as diabetes, asthma or epilepsy

(Hardiman, 2017)

264

THE NUMBER OF CHILDREN AGED 15 AND UNDER THAT DIED IN 2019

(CSO, 2020)

and examples around the world show benefits for patients, society and the economy (Seoighe et al., 2021). The incidence of preterm birth in Ireland is 7% and survivorship from extreme prematurity is increasing while the threshold for foetal viability has progressively lowered over time (HSE/RCPI 2020b). Related to survivorship and significant improvements in care, globally there is a growing cohort of children surviving with significant health needs, functional limitations, requiring technology to assist with living and the need for multiple health support systems (Brenner et al, 2018, 2015). These children have extraordinarily high health care use (Cohen et al., 2012) and frequently enter the healthcare system, seeing a range of different healthcare providers, leaving parents and caregivers to provide a significant amount of advanced care, and the responsibility to navigate a complex and often fragmented healthcare system. The lack of a national register/database causes a significant challenge is identifying the exact number of children who have complex healthcare care (CHNs). (Brenner et al 2021).

2.5 Children's Rights

The priority given to children in Ireland as equal citizens with a valued contribution to make and a voice of their own has been realized through the creation of the Department of Children and Youth Affairs (DCYA) now known as the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). This ensures that children and young people, at a local and national level, have a voice in the design, delivery and monitoring of services and policies that affect their lives.

Underpinning children's nursing practice are beliefs and professional values that are based upon the nature of the child or young person, and their status and rights within both the family and society (NMBI, 2016:2018). A child centred approach is acknowledgement and affirmation of the rights of the child as outlined in United Nations Convention on the Rights of the Child (UNCRC, 1989) (Coyne et al, 2016; Kilkelly and Savage, 2013). In 2012 the natural and imprescriptible rights of all children was incorporated into the Irish constitution some 20 years after the Ireland ratified the UNCRC (1989). Children's rights include the right to highest standard of health and medical care attainable which includes primary and preventative healthcare and the right to contribute their views on all matters that affect them (UNCRC, 1989). To support these rights, the HSE has developed a National Healthcare Charter Paediatric Services (HSE, 2017a) which is based on the UNCRC (1989). The charter is underpinned by the following 3 general understandings:

- 1 The best interest of the child are paramount and healthcare services must be child centred and respect the rights of the child and young people.**
- 2 Children and young people have the right to have their voices heard and taken seriously on matters that affect them.**
- 3 The family is the fundamental group in the lives of children. The family is the environment most conducive to children's growth, health, happiness and development, and must be protected and supported by the healthcare system.**

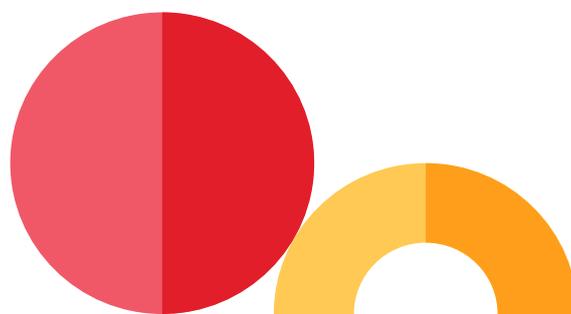
Ensuring the child's right to participate and ensuring they are protected is a balancing act particularly in healthcare (Coyne et al., 2016). Children, are generally silent, and their perspectives of matters that affect their lives are frequently gained through the proxy voices of adults, usually parents/guardians or healthcare professionals (Lambert et al. 2013; Liversley and Long, 2013). There is no national patient experience survey for the children's services. In the past some research has been conducted on Irish children's experiences of hospitalisation and healthcare (Coyne and Kirwan, 2012; Coyne, 2006; Kilkelly and Savage, 2013). In 2017, Joining the Dots, a joint initiative with the Ombudsman for Children (OCO) and the 3 Dublin Children's Hospitals Group Board (CHGB), now part of CHI was conducted (CHGB/OCO, 2018). This survey used a child's rights framework based on the UNCRC (1989), to hear and take account of the views of children and young people as well as parents/guardians, staff and management on a range of issues pertaining to the delivery of services to children and young people in the acute hospital setting. Over 2500 children (age 6-17years) parents and staff participated.

Another initiative is the Youth Advisory Council (YAC), a group of young people who share their experiences as users of hospital services in order to improve the care children and young people receive in the three hospitals in CHI. YAC also feed into the design and delivery of services in the planned new children's hospital. The mission of YAC is ensure young people have a voice and an opportunity to actively contribute to the quality of paediatric care in Ireland. Many hospitals and units around the country are actively engaging with patients and families in the design, planning and delivery of care.

The Assisted Decision Making (Capacity) Act 2015 which is relevant to all health and social care services is about supporting decision-making and maximising a person's capacity to make decisions (Gol, 2015a). It places a legal obligation on health and social care professionals to support a person to make their own decisions as far as possible, and where the person's capacity is in question, to provide all practicable support to facilitate the person to make the particular decision. A review of the National Strategy on Children and Young People's Participation in Decision-Making 2015-2020, notes that children's participation in health and social care services is either limited or is not recorded and shared more widely (DCEDIY, 2019).

2.6 Health and Wellbeing Policy Direction for Children in Ireland

Ireland is in the middle of a national health service transformation with the implementation of a new national policy, Sláintecare (Gol, 2017, 2018b). This policy focuses on a move towards a community-led model, enabling care to be provided closer to home, to be responsive and focused on outcomes with a greater emphasis on prevention and population health improvement.



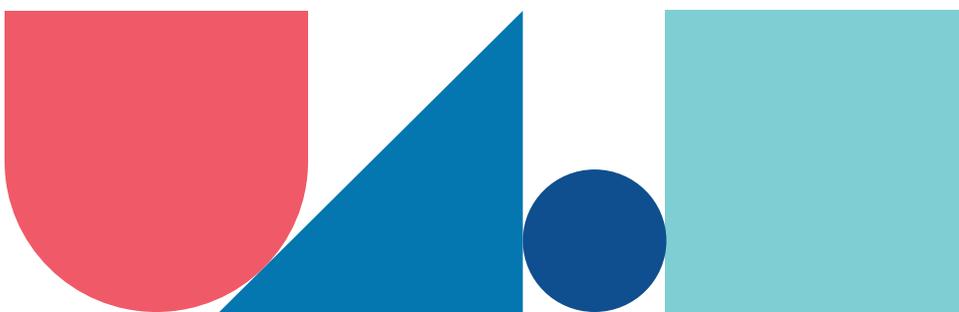
In recent years, several projects and policies have been undertaken by the DoH to set the direction of nursing, confirm nursing values and enhance, advance and support the role of the nurse. These include:

- **Position Paper One Values for Nurses and Midwives in Ireland. (DoH, 2016a).**
- **A Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice. (DoH, 2019).**
- **Framework for Safe Staffing and Skills Mix in General and Specialist Medical and Surgical Care Settings in Ireland. (DoH,2018).**
- **Enhanced Nursing Contract. (The Labour Court, 2019).**

Another key national policy and strategy affecting children's health and wellbeing includes Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020 (GoI, 2014). This represents an overarching national children's policy framework which extends the age-ranges spanning children and young people (0-24 years). The views of a wide range of interests, including those of children and young people themselves, shaped the development of this policy (Coyne et al. 2012). Aligned to this, in 2019 the DCEDIY launched, First Five, A Government Strategy for Babies, Young Children and their Families 2019-2028 (GoI, 2018a). There was engagement with children, age 3-5-years, and below are some of the key findings on their views of life in Ireland which children's nurses must be aware of:

- **Home and family relationships are the best thing about life in Ireland.**
- **Play and friends are important.**
- **They dislike loud noises, dangerous environments, the dark, monsters, being hurt, inactivity, adverse weather, lack of access to play and playground and being away from family.**

Another strategic health priority for Ireland is outlined in the eHealth Strategy (DoH, 2013) which focuses on the integration of all information and knowledge sources involved in delivering healthcare to technology-based solutions. The new children's hospital will be Ireland's first digital hospital in the system and will require the children's nurse of the future to have the skills and competencies for delivery of care using technology-based skills and solutions in a multitude of settings and in new and innovative ways of integration. The COVID 19 pandemic accelerated digital transformation in healthcare.



Practice exemplar:

Sligo University Hospital Paediatric Diabetes Service in 2020

COVID 19 introduced a need for digital transformation to ensure children and their families continued to receive care to manage the child's diabetes. The paediatric diabetes service in collaboration with children and their families, co-designed the service and adapted to new ways of working, which involved embracing the support of technology in care. All the insulin pumps, blood glucose sensors and meters are connected and all members of the multi-disciplinary team can perform instant reviews if issues arise for the child and family. Technology education for the child and family is provided by the nursing team at diagnosis as well as an ongoing support to enable self-management at home. Children and families without access to technology continue to receive care and support to manage their child's diabetes. A hybrid approach has now been adopted for all outpatient clinics. Digital transformation has facilitated early discharge and allows care closer to home for the majority of the patients.

2.7 Service Direction for Children's Healthcare in Ireland

Children's health and wellbeing is addressed via different interfaces in the Irish Health Services; primary care, specialist/emergency care in acute hospitals and/or social care.

Integrated Care

Integrated care is one of the HSE's most significant programmes which aims to join up health and social care services by improving the quality and outcome of care for patients and their immediate families and carers. It is a system of care that critically looks at the impact on health and wellbeing of the patients concerned. Needs are measured and understood therefore services are well co-ordinated, preventive, enabling, anticipatory, planned, and evaluated.

The Integrated Care Programme for Children (ICP-C) has 3 work streams:

- **Healthy Child**
- **Acute Services working group**
- **Community**

In developing a framework for implementation of integrated services for children, the ICP-C has adopted a population segmentation approach to ensure the children's services are planned and delivered based on need, not just those with a specific condition as outlined below (HSE, 2017b).

- **Healthy Child -Advice and Prevention**
e.g. **Immunisation, screening, surveillance, healthy eating, exercise**
- **Vulnerable child with social needs**
e.g. **Safeguarding issues, self-harm, child protection**
- **Child with a single long-term condition.**
e.g. **depression, asthma, constipation, eczema, coeliac disease, diabetes**
- **Child with complex health needs.**
e.g. **Severe neuro-disability, Downs syndrome, multiple food allergies, child on long term ventilation, child with mental health issues**
- **Acute mild-moderately unwell child.**
e.g. **upper respiratory tract infection, viral croup, otitis media, tonsillitis**
- **Acute severely unwell child.**
e.g. **trauma, head injury, surgical emergencies, meningitis, sepsis, drug overdose**
- **Adolescent health.**
e.g. **transition, adolescent mental health**

Essential to integration is a high degree of collaboration between professionals, including crossing professional boundaries, and sectors/agencies involved in children's lives. For example, evidence shows that to improve health and reduce inequality, all children must attend school from a young age and for as long as possible (Didier et al, 2021).

The Model of Care for Paediatric Healthcare Services

The National Model of Care for Paediatric Healthcare Services (HSE/RCPI, 2016) was designed around the differing and unique needs of children, and aims to keep children healthy and out of hospital with strengthened primary and community care. It describes a vision for a high quality, integrated healthcare services for children from birth to adulthood that is child and family centred, timely, safe, effective and efficient. The model supports the development of the new children's hospital, urgent care centres and an integrated national clinical network for paediatrics, with strengthened

and interconnected roles for local and regional paediatric units to ensure equitable provision of high quality, clinically effective care. According to the model of care, children's nurses must take a critical lead in shaping how services are standardised and how children's nursing roles are developed so that children's healthcare services become more equitable (HSE/RCPI, 2016). Children's nurses must be committed to developing new and expanded roles, addressing education needs and work practices involved in shifting from hospital-based children's nursing towards community-based care for children and their families (HSE/RCPI, 2016). Furthermore, the model has made a number of significant recommendations for children's nursing with regard to workforce, continuing professional development (CPD), education, the role of health care assistants and the need to consider the requirement of the designated nurse in charge in a children's ward/hospital having a children's nursing qualification.

Primary Care

Most healthcare interactions for children begin and end with the General Practitioner (GP) who acts as the primary health care provider for all children in the community. GP visits are free of charge to all children under the age of six. Under the National Healthy Childhood Programme there are up to twenty-two contacts with the health services for all children up to their 14th birthday and many of these services are delivered by practice nurses. It was outside the scope of this project to ascertain how many practice nurses hold the RCN qualification. A straw poll conducted in February 2021 of 214 practice nurses, in one Community Healthcare Organisation (CHO) region, identified that 10% were RCNs. A small number (1-2) of Registered Advanced Nurse Practition-

Practice exemplar:

Mercy University Hospital (MUH) Paediatric Oncology Outreach Services

The MUH Paediatric Oncology Outreach Services is an RCN/RANP led service for children and their families. It is the first and only service of its kind in Ireland. In the comfort of the child's home the RCN/RANP carries out holistic assessment and nursing interventions. The RCN/RANP delivers chemotherapy, take bloods, prescribes and performs a range of clinical skills including bespoke innovative solutions to meet the child's and family's needs. Governance for this service is with the MUH. This service has been positively evaluated and offers the child and family the opportunity to continue family life while the children receives ongoing clinical care and treatments. The psychosocial and emotional benefits of this service was found to have a positive impact on the child and family and the valuable contribution of the outreach nursing services. MUH is part of the CHI at Crumlin Shared Care Network. (O'Shea *et al.* 2021).

er's (RANPs) in practice nursing share caseloads of children aged over one year with their GP. Despite the significant role practice nurses play in children's health in local communities, there are limited links between practice nurses and the structures within children's nursing particularly with regard to continuing professional development, education and training related to children's healthcare.

The public health nursing services delivers most of the care to children in the community. However, there are limited child specific public health nursing (PHN) roles in the community. RCNs working in the community are part of the general nursing staff under the governance of the PHN. There are no children's community nursing or intervention teams capable of delivering a rapid and integrated response to a child with an acute episode of illness who requires enhanced services/acute intervention for a defined short period of time. There are some areas in the country where skilled nursing care is delivered by the RCN in the home under the governance of the acute hospital. (see previous page).

Other examples of outreach services to the community delivered by RCNs where governance remains with the acute services include a small numbers of link nurses and the role of the Clinical Nurse Coordinator for Children with Life-Limiting Conditions (CNC).

Practice exemplar:

The Clinical Nurse Coordinator for Children with Life-Limiting Conditions

The Clinical Nurse Coordinator for Children with Life Limiting Conditions role was developed to smooth transitions between services for families caring for a child with a life-limiting condition and in particular those requiring home care at the end of their lives. The aim of the role is to add value to existing services so that children with Life-Limiting Conditions can be cared for in so far as possible in the home setting. The timing of referrals to the service ideally should be early enough to allow a therapeutic relationship develop between the CNC and the family and late enough to ensure the focus of that relationship is on the preparation for and management of the later stages of the child's illness. The CNC coordinates the children's care in collaboration with health care professionals in the acute and commu-

nity settings thus ensuring continuity in care. They act as an informed resource and facilitate education and training as required. There are currently 12 CNC's in place with plans to increase this nursing resource nationally. These posts, which are part of a national programme, are embedded in the local children's services of their managing hospital. The CNC's report professionally to the Director of Nursing or their delegate and clinically to the relevant Paediatric Consultant (every child with a life-limiting illness has their own consultant who is responsible for the medical management of the child). In addition, a lead paediatrician 'Champion' supports the posts at a regional Level.

The final report on the clinical governance and operational arrangement for the provision of palliative care to children with life limiting illness in the home has made some key recommendations for the future (HSE, 2020b). These include an increased and reorganised workforce as well as changes to current practice. The CNC will have key role in coordinating a triumvirate of care between primary care, local children's hospitals and units and adult community palliative care service all working together in a supportive way to care for the child and family.

The care of children with complex healthcare needs (CHNs) in the home is coordinated by the Coordinator for Children with Complex Care Needs under the governance of the PHN. It is not a requirement to be an RCN to hold this post. The complexity of caring for these children in the home cannot be underestimated as the responsibility falls to the parents/guardians in the first instance and then the GP. On a daily basis, parents face complexities and challenges which they have to overcome. This includes taking on roles that in the past might not have been reasonably anticipated as a parenting role such as replacing a gastrostomy tube/button or modifying ventilator settings. This requires sophisticated decision-making skills in order to make clinical judgements about their child's care (Whiting, 2019). HIQA and the MHC have identified that children with CHNs fare less favourably when health and social care services are uncoordinated and inconsistent (HIQA/MHC, 2021). Brenner et al (2021) found that the management of care and the integration of health services for these children is generally insufficient with wide variations in the governance of, and access to, care for these children and their families. There are extensive challenges to providing optimal seamless care. These include, communicating the needs of the child and family at the acute-community interface, confusion over points of accessing care and no defined system of documenting care in a manner that can be accessible for the family and the multidisciplinary team (Brenner et al, 2021). The majority of the care delivered to these children is through a number of agencies although CHO 1 has developed a bespoke model.

Practice exemplar:

Primary Care Division, CHO 1, Services to Children with Complex Healthcare Needs

In 2017 a bespoke model was developed with the appointment of a service manager and case managers to organise the management and governance of care for children with CHNs in this region (Brenner et al, 2021). Extensive training and education was provided to all nurses caring for these children to support high quality care to the children and their families. A review of this quality initiative has demonstrated its success as a model of care for the delivery of high quality care to support the exceptional lives lived by these children and their families (Brenner et al, 2021).

Current standards and requirements for general nurse education (NMBI, 2016) have a limited focus on children and do not prepare nurses adequately to deliver the highly specialised care needed by very sick children with CHNs living at home (Clancy et al, 2021). Furthermore, quality of care received in the home is difficult to determine as there are limited quality care metrics, no community paediatric early warning scores or children's nursing specific key performance indicators in the community. A draft National Quality Assurance Initiative Report has been compiled with a series of recommendations/guidelines/care plans pertaining to the care of these children (HSE, 2019b).

Child and adolescent mental health services (CAMHS) are specialist mental health services for children under 18 years, who have reached the threshold for a diagnosis of moderate to severe mental health disorders and who require the input of a multi-disciplinary mental health team (approximately 2% of the population) (HSE, 2019a). There are four inpatient CAMHS units across the country with 76 beds. However, the majority of CAMHS are community based. Acute liaison psychiatry teams provide care for the growing number of children that present to the acute services with mental health issues such as anxiety, self-harm, suicidal ideation and behavioural /psychosocial issues. Many of these children are admitted to the acute services while awaiting assessment in CAMHS. There are limited numbers of nurses holding a dual RCN/RPN qualification and these children can present significant challenges in their management at acute ward level.



Practice exemplar:

Children's Health Ireland at Temple Street Clinical Nurse Specialist (CNS) Child and Adolescent Mental Health

The CNS in child and adolescent mental health is an integral part of the emergency department mental health team and paediatric liaison psychiatry service. As a role model for children's nursing staff, the CNS provides mental health nursing expertise in the care delivered to children with mental health issues. As well as providing support and education, specific programmes for example the SPACE programme and Decider Skills are also held to support children's nurses caring for these children. An integral part of this role is to bridge the gap between the acute hospital and community service. In the past year, there has been a 25% increase in cases presenting to the emergency department. Furthermore, during the initial COVID 19 lockdown an increase in the complexity of cases was noted.

Services for children with a disability or developmental delay are provided either by the HSE or by voluntary organisations who receive funding from the HSE. Because of the difference in how services have evolved over time, access to services is often inequitable. A national policy document, Progressing Disability Services for Children and Young People (HSE, 2020d), outlines the vision for paediatric disability services in Ireland which includes plans to have children's disability network teams within defined geographical areas. The teams don't include RCNs or Registered Intellectual Disability Nurses (RNID's) or doctors. Annually, a significant number of RNID's undertake the higher diploma in children's nursing programme and thus stronger links are developing between both disciplines of nursing.

To highlight some of the difficulties for the child and family particularly with regard to complex care outlined below is the story of one child's journey through the nursing services today published with the permission of this child's mother.

This is my story

A Child's Journey Through the System

I am 7 years old and I have global developmental delay with complex neurodisabilities. Throughout my childhood I've been well known to the early intervention services and local paediatric ward and I have a long medical history and have been involved with the health and social care services since birth. I have had many interventions from the multi-disciplinary team including physiotherapy, occupational therapy, social workers, speech and language therapy and community disability nursing. When I was five my behaviour changed and I became prone to episodes of self-injurious behaviours. I suffered with issues around wind reflux and wind and had a PEG inserted for feeding. I then developed urinary retention and my mum now performs intermittent catheterisation to relieve this. As I've grown up my condition has deteriorated and I'm now supported by the coordinator for children with life limiting conditions. I have a home care package so I can be cared for at home and my family receive some respite from Jack and Jill, Laura Lynn and Suzanne House.

A part of my disease trajectory I suffer with wind, constipation and venting issues and have a lot of pain. I have been admitted to hospital for long periods of time. Following my most recent admission my home care package was increased to support my care at home.

Since my discharge my home is a very busy place and I see a large number of nurses as well as other health care professionals.

The nurses I meet include:

- Public Health Nurses for developmental checks and equipment
- Disability Liaison early intervention team nurse – psychosocial support and disability related issues
- Jack and Jill Liaison Nurse
- Jack and Jill Home Nurses x3 - who provide direct care
- Home care agency nurse clinical nurse manager who plans the care I need and the governance around that care.
- Home Care Nurses x3 - who provide direct care
- Coordinator for children with life limiting illness
- Complex Care Coordinator -home care package
- LauraLynn clinical nurse's specialist's x 2 - specialist input
- LauraLynn @Home clinical nurse's manager and nurse - who provide direct care
- Clinical nurse specialist, gastrostomy – PEG related issues
- Clinical nurse specialist, pain management
- Clinical nurse specialist neurology, epilepsy management
- Clinical nurse specialist urology, intermittent catheterisation support and education

The other professionals I meet:

- Consultant paediatrician – local hospital
- Consultants - Laura Lyn services
- Consultant tertiary centre, Neurology/Gen Paeds/Urology/Gastro/Palliative/
- Neuro-disability/Pain management Care/Anaesthetics
- Early Intervention Team (Social worker, physiotherapy, nursing, medicine, occupational therapy)

Acute Care

Acute children’s services are provided for nationally in Children’s Health Ireland incorporating three children’s hospitals and urgent care centres; CHI at Connolly, Crumlin, Temple Street and Tallaght, in three regional centres at Galway, Cork and Limerick and 16 local paediatric units in acute hospitals around the country. In total there are:

- 51 Wards
- 871 inpatient beds
- 89-day case beds

Some acute services operate on a national and/or all-Ireland basis. For example, the national paediatric haematology/oncology services located at CHI at Crumlin is supported by 16 shared care children’s units across Ireland who provide essential supportive care and components of treatment for children and their families. (DoH, 2017). The All Island Congenital Heart Disease (CHD) Network is a unique health initiative delivering better outcomes for children with CHD across the island of Ireland. To support the implementation of the model of care for children there are plans underway to establish managed clinical networks (MCNs) to support a networked approach to specific acute based services (HSE/RCPI, 2016). The aim is to align and integrate the MCNs across the acute and community services. A joint integrated programme is being developed between paediatric and adult haematologists/medical oncologists, in partnership with patients and their families, for the care of adolescence and young people with paediatric and adult types cancers (DoH, 2017). A senior nursing joint role between children’s and adult services has been established to support care to adolescents and young people.

Table 2: Total paediatric discharges (≤16 years) from all acute hospitals, 2019, by age group and patient type, including overnight inpatient average length of stay and bed days used.

AGE	Day case N	Inpatients			Total discharges N	
		Same day N	Overnight			
			Mean Length Of Stay (LOS) (days)	Bed days used		
<1 year	3,737	3,343	22,649	6.1	137,394	29,729
1-5 years	16,817	5,529	20,050	2.6	51,888	42,396
6-11 years	16,950	3,801	14,038	2.7	38,059	34,789
12-16 years	16,665	3,549	12,720	3.5	44,012	32,934
All Totals	54,169	16,222	69,457	3.9	271,353	139,848

Mean length of stay and bed days used are based on overnight inpatients only. Overnight- “Bed days used” column is calculated by summing the LOS of the episodes in the respective categories. Day cases and same day inpatients are allocated a length of stay of 0.5 days. (Health Care Pricing Office, HIPE, Information Request H210094).

Practice exemplar:

Children's Health Ireland at Crumlin RCN/RANP in Paediatric Cardiology

The Registered Advanced Nurse Practitioner (RANP) in paediatric cardiology is an experienced practitioner who employs advanced decision-making skills in the clinical environment through interdisciplinary collaboration and caseload management of children with congenital and acquired heart disease. Autonomous clinical patient reviews are performed by the RANP, who conducts a comprehensive health history and physical assessment of patients referred for procedural investigations and treatment - to delineate both surgical and non-surgical clinical trajectories. Responsibilities include admission and referral for appropriate procedural investigations, titration or commencement of medication therapies, referral to allied health professionals/teams, serial evaluation of progress and audit of outcomes. The role of the RANP contributes to the provision of a consistent and accessible service for patients and families living with congenital/acquired heart disease by enhancing safe, patient-centred medical and nursing care, improving patient experience times, quality of life and clinical outcomes.

Paediatric Critical Care Units (PCCUs)

Paediatric critical care (PCC) and high dependency care for neonates, children and young people up to the age of sixteen is provided in CHI and a further high dependency unit in University Hospital Limerick. A number of adult hospitals admit children to their adult critical care units on occasion. The model of care for PCCUs (HSE, 2019c) sets out the surgical and medical services that must be available locally for an adult hospital to care for children who are, or have, the potential to become critically ill. It also sets out the minimum standards required for critically ill children in these hospitals, including staffing. This will have implications for children's nursing in these units in terms of the knowledge, skills and competencies required to care for critically ill children.

Neonatology

Neonatology is recognised as a separate subspecialty of Paediatrics both by the Irish Medical Council and internationally (HSE/RCPI, 2015). There are 19 neonatal intensive care units nationally delivering care to new-born infants. The acute children's services also provide care to sick neonates at ward, high dependency and PCCU level. Neonatal care will be a core speciality in the new children's hospital.

Transport

The Irish Paediatric Acute Transport System (IPATS) transfers critically ill children over 4 weeks corrected gestational age and/or greater than 3.5 kg and the National Neonatal Transport Programme transfers all other neonates. There are approximately 400–450 external transfers of critically ill children into PCCUs annually which include a significant number of neonates less than 4 weeks (HSE, 2019c). All paediatric facilities where undifferentiated paediatric patients present must retain the equipment, designated facilities and competencies to resuscitate, stabilise, and transfer out critically ill children. Nurses who are employed by the hospitals and allocated to work as part of the IPATS remain under the clinical governance of their base hospital, reporting to the Director of Nursing (DON) in that institution. IPATS also transports and repatriates children from abroad. Interdisciplinary training is provided for IPATS to ensure staff are trained and competent in paediatric transport.

Emergency Departments

For many children and their families, the emergency service is the primary contact with the health care system. There are two emergency departments (EDs), an emergency care and urgent care unit in CHI. 129,000 children presented to the emergency departments in CHI during 2019. There are currently eighteen mixed adult and children's EDs in Ireland where acutely ill or injured children from birth up to 16 years of age are, triaged, assessed, stabilised and managed. Approximately, 20–25% of presentations to EDs in adult hospitals are children under the age of 16 (HSE, 2012). Children with minor injuries such as fractures, sprains, minor burns, small cuts and illnesses such as vomiting, diarrhoea and mild asthma can be treated in an urgent care centre (UCC) in CHI or nationally in local injuries (IU) unit or paediatric assessment unit as appropriate. The Emergency Medicine Programme (EMP) (HSE, 2012) strategy report outlines how emergency nursing contributes to the implementation of the programme and it provides a comprehensive outline of nursing roles and clinical skills particular to this specialist area of practice. The role of the RANP is also outlined while the development of advanced practice is considered essential to implementing the EMP strategy across the Emergency Care Network (HSE, 2012). Throughout the country, there is a growing number of RGN/RANPs with a special interest in child health, who assess, treat and care for children with minor injuries in the emergency departments in adult hospitals. The scope of practice of RANPs in the ED/IU is mainly focused on a cohort of ambulant patients with musculoskeletal injuries and conditions. The model of care advocates for an increase in the number of RANPs in the EDs (HSE/RCPI, 2016).



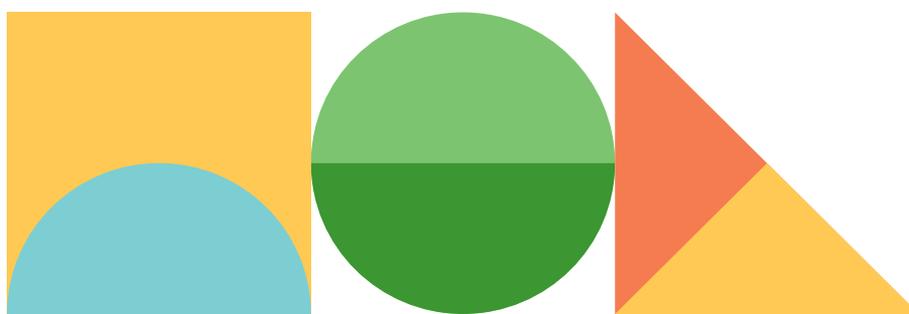
Practice exemplar:

Children's Health Ireland Clinical Nurse Manager II Community GP Liaison

The Community Liaison Nurse plays a pivotal role, in the EDs and UCC in CHI, as a vital link between GPs and Community Care Services to provide continuation of patient focused care. The role has a management, clinical and educational focus and comprises of the delivery, follow up and evaluation of care to patients and their families. These children's nurses provide high quality seamless efficient and effective care for patients and their families through good communication and the provision of immediate information to the GPs and / or Community Care personnel /Medical Social services. They also act as an expert to the ED/UCC on all issues relating to child protection/ child welfare and support all the staff in issues and challenges relating to same.

Ambulatory Care

The model of care advocates for an increase in ambulatory care services available for children and their families (HSE/RCPI, 2016). This offers opportunities for children's nursing to support this model in relation to clinical nursing specialist and advanced practice roles. Throughout the country many paediatric units have now opened short stay paediatric day assessment units for medical and non-traumatic conditions and illnesses. Access to these units is via GP referral.



Practice exemplar:

University Hospital Waterford Paediatric RCN/RANP Ambulatory Care Service

The vision for this role is to support the model of care and keep children out of hospital by providing a link between primary care mainly the GP and the acute services. The RCN/RANP runs planned and drop-in general paediatric clinics in the hospital. More recently clinics are also being held local primary care centres. The RCN/RANP provides telephone support to families. In the hospital the RCN/RANP receives referrals from the paediatric consultants via central referrals and the Paediatric Short Stay Unit.

2.8 Children's Nursing in Ireland in 2021

Children's nursing in Ireland dates back to 1821 with the opening of the Pitt Street Institution, the first teaching hospital for sick children in Ireland and Great Britain (Hollywood, 2011).

The successful children's nurse must have a real love for children, little children cannot be loved too much but they must be loved wisely. The nurse must possess sufficient imagination to enable her to put herself in her little charge's place. She must have a sympathetic understanding of child life, an abundant patience in dealing with children, and keen observation. (Yapp 1915, (p. 107).

Ireland is unique in that it is one of the few countries in the world with an undergraduate, level eight, four-and-a-half-year degree programme, and a post-graduate programme in children's nursing both leading to registration as a children's nurse (NMBI, 2016; 2018). This is in recognition of the requirement for unique knowledge of social, developmental and psychological needs of children and their families and the skills and competencies to deliver high quality, child and family centred care by nurses caring for children.

Children's nursing is a professional, interpersonal caring process that encompasses autonomous and collaborative care of infants, children and young people and their families through the use of a child- and family-centred philosophy, where negotiation of care and participation in care is central to a partnership approach to care with families (NMBI, 2018, p.14).

The role of the children's nurse includes assessment, planning, delivery and evaluation of therapeutic interventions in child health for children experiencing acute and enduring health difficulties and life-limiting conditions (NMBI, 2016; 2018). Children's nurses are required to combine technical competence (e.g. taking time to administer an intravenous antibiotic to reduce pain during this procedure) with making time for the child along with the characteristics that are appreciated by children, such as being fun, cheerful, kind, honest, calm, a good listener and being able to incorporate fun into care activities (Clarke, 2019). Another key function of the children's nurse is to facilitate an environment of care in which children and their families are empowered, through involvement in decision-making and participation in the delivery of nursing care and treatment where appropriate (NMBI, 2016; 2018; Coyne et al., 2018a). The establishment of a trusting therapeutic nurse-child and family relationship, has been shown to be essential as it contributes to patient safety, feeling safe, the delivery of high quality care, positive interactions with the nurse and the likelihood of increased adherence to treatments. (Sheehan and Fealy, 2020).

With child specific knowledge children's nurses develop a clinical acumen to work in many settings where children require care. For example, children's nurses are educated in the application of the principles of health education and health promotion to children and families in primary/community and acute care settings (NMBI, 2016, 2018). This broad in-depth knowledge and skill cannot be gained from experience alone which echoes Benner's (2000) work that to become an expert nurse both formal education and experience are essential. Competence is related to the nurse's scope of practice within the relevant division of the register and is maintained through continuous professional development and is defined by the NMBI as:

the attainment of knowledge, intellectual capacities, practice, skills, integrity and the professional and ethical values required for safe, accountable and effective practice as a registered nurse or registered midwife (NMBI 2015, P.15).



There is no explicit standard in Ireland stating the need for registered children's nurses to care for sick children and a significant amount of care to children is delivered by non-registered children's nurses. There have been several high profile inquiries into serious adverse incidents and deaths relating to the care of children with recommendations that children should be cared for by children's nurses with the requisite knowledge, skills and educational preparation (Clothier, 1994; Department of Health UK, 2001; Carlile, 2002; Department of Health and Children (DoH&C), 2005; Kennedy, 2001; Royal College of Nursing, 2014). According to the Paediatric Nursing Associations of Europe (PNAE) children and their families/guardians have a right to know that the nurse who cares for their child is specifically educated and competent to do so (PNAE, 2015, p.1). There are limited supports outside of the acute services to enable nurses to develop competence in caring for sick children.

Senior Children's Nursing Network

The Senior Children's Nursing Network (SCNN) is a national network of senior children's nurses whose purpose is to positively influence the direction and delivery of children's healthcare in Ireland. Its aim is to provide a strong united voice from children's nursing to ensure that the changes, challenges and opportunities that exist in children's healthcare today are met. Deep understandings of the nature of the work of the children's nurse have developed from consultation with members, including the need for generalist, specialist and advanced nurses in response to the Sláintecare report (Gol, 2017). A flexible approach to care is recognised by the SCNN as the best way to meet individual patient needs. This flexibility relates to the children's nurse's capacity to work in a variety of contexts, to work alone or as part of a multidisciplinary team, or with a range of different professionals and the capacity to move between specialist and generalist functions as required. The need for closer working relationships among all disciplines in nursing and midwifery has been identified by the SCNN which poses opportunities and challenges in relation to education, training and continuous professional development for children's nurses and others who care for children.

Child and family centred care

Children's nursing adopts a family centred care approach (FCC) which is described as

a way of caring for children and their families within health services which ensures that care is planned around the whole family, not just the individual child/young person, and in which all the family members are recognized as care recipients (Shields et al 2006: p. 1318).

There is evidence that FCC enhances the hospital experience for both the child and parents as well as improving their well-being (Shields et al, 2012). O'Connor et al (2019) identified the following in relation to FCC as part of an ongoing Irish PhD study;

- The importance of parental presence with their hospitalised child in the context of providing comfort, emotional support and reassurance for the child.
- Parental willingness to participate in care of their sick child in hospital.
- The value of forming a partnership relationship with members of the healthcare team.
- Family needs, including emotional, informational and physical needs.
- The challenges and barriers experienced when attempting to effectively implement FCC in practice.

Coyne et al (2016) point out that FCC needs to be redirected towards a child and family-centred care (CFCC) approach, which incorporates the rights of the child to participate in all aspects of healthcare delivery in conjunction with the needs of their family. Adopting a child and family-centred approach recognises and focuses on children's agency and rights as well as valuing children's voices, experiences and participation.

Education

In the EU, efforts to harmonise structures and curricula in nursing programmes involved introduction of several directives, which have been revised and updated. These, coupled with the Bologna agreement in 1999, have resulted in the 3 cycle education structure, which is harmonised across all nursing disciplines and the profession of Midwifery:

- Bachelor- Level 8 (NFQ framework)
- Masters- level 9
- Doctoral -Level 10

Access to children's nurse education in the Republic of Ireland has not changed since the Report of the Expert Group on Midwifery and Children's Nurse Education (DoH&C, 2004). Following this report two education pathways to children's nursing were introduced in 2006.

- Direct entry to children's nursing at level 8 as a combined general and children's nursing degree programme offered in four universities (Dublin City University (DCU) Trinity College Dublin (TCD), University College Cork (UCC), University College Dublin (UCD)) and affiliated hospitals, leading to registration as a children's nurses.
- The 12-month, level 8, post-registration programme offered in three universities (DCU, TCD, UCD) and affiliated hospitals, also leading to registration as a children's nurse. All disciplines of nursing and midwifery with the exception of direct entry midwifery graduates, are eligible to apply

The Children's Services Nursing Workforce Planning Supply and Demand Exercise (Children's Hospital Groups (CHG)/HSE, 2018) identified key information with regard to both these programmes including, commissioned places, preference on application, attrition rates, entry points requirements, reasons for non-progression and numbers taking up employment in the children's services following completion of these programmes.

One of the key challenges facing children's nurse education is the procurement of appropriate clinical placements to meet the demands of the children's programmes as well as child placement requirements in other nursing programmes. The model of care (HSE/RCPI, 2016) recommends that undergraduate education programmes for children's nursing must evolve in line with the changing needs of the health service to ensure nurses can care for children in all care settings, particularly with the need to provide increased nursing in the community. It also recommends a review of the nursing undergraduate education programme. This review will need to be integrated in terms of children's nursing research, education, policy and practice and include meaningful participation of children and their families.

Continuing Professional Development

Continuing lifelong learning is an inherent part of nursing and this can be both structured and informal. The Children's Services Nursing Workforce Planning National Supply and Demand Exercise (CHG/HSE, 2018) recommended, as part of staff development, the need to define and explore nursing and healthcare assistant competencies (HCA) required to provide care for children across all healthcare settings. Associated education programmes are needed to ensure proficiency is maintained.

To ensure competence is developed across clinical areas throughout the country, many units have developed their own in-house orientation and adaptation programmes for newly qualified nurses and international recruits to children's nursing services. These locally developed orientation and adaptation programmes includes skills and competency workbooks to be completed in the initial months in a new clinical area. The aim of completing these workbooks is to build on and enhance existing knowledge and skills, and to become competent in the new area.

The Irish universities and third level institutions offer a range of level 8, 9 and 10 programmes to children's nurses. The Centre of Children's Nursing (CCNE), a national centre, based in CHI at Crumlin is part of the Centre for Nursing and Midwifery Education (CNME) group nationally and ONMSD family within the HSE. The vision for the CCNE is to contribute to excellence in child and family centred care through high quality education, training and professional development. The COVID 19 pandemic has created many challenges and opportunities for the CCNE. The CCNE responded by re-designing and delivering online education and training to staff locally and nationally. The CCNE in collaboration with CNMEs nationally and supported by the HSE Palliative Care office has delivered Caring for the Child with a Life Limiting Conditions (CLLC) Level A and B programmes nationally for over ten years.





Practice exemplar:

Children's and Young Peoples Nurses Education Group HSE West, Midwest and Northwest

In 2016 the CNME in Mayo/Roscommon identified a gap in the education of nurses providing care to children in their region. In collaboration with CNME's in Donegal, Sligo, Galway and Limerick, a new Children's and Young Peoples Nurses Education Group HSE West, Midwest and Northwest was established (HSE, 2019e). The purpose of the group is to strategically identify, develop, deliver and evaluate programmes for the professional development of nurses caring for children in response to service needs. The collaborative nature of this group ensures that the programmes address interdisciplinary, interagency and acute and community education needs for those caring for children. The group proactively fosters collaboration and working relationships with the CCNE (HSE, 2019d).

HSEland is an online learning portal developed and run by the HSE. It is available to all healthcare professionals in the Republic of Ireland, both within HSE, Voluntary Hospital Sector, and associated non-government-organisations working in health or allied disciplines. HSEland.ie provides courses and learning resources for healthcare workers in both the hospital and community settings.

In 2020 many of the child specific conferences were cancelled due to the COVID 19 pandemic however, there have been several webinars on child's health and wellbeing made available via the internet. Web based solutions offer an opportunity for more nurses across the country to avail of learning opportunities at a time and place suitable to them.

Many academic institutions offer a variety of leadership education programmes at level 8, 9 and 10. The ONMSD has developed the National Clinical Leadership Centre (NCLC) with bespoke nurse leadership programmes. The HSE has recently established the Health Services Leadership Academy which offers a suite of interdisciplinary leadership development programmes.



Children's Nursing Workforce

Children's nursing is represented across all health and social care services. There are currently 4930 RCNs on the NMBI registrar and in the most recent annual renewal (2021) to the register, 3234 RCNs have indicated that they are practising in the children's division. It was not possible within the scope of this project to determine the work locations of all RCN's although in a survey conducted in 2016 the Irish Nurses and Midwives Organisation (INMO) identified a limited number of RCNs (8.9%) working in a variety of settings outside the acute services including public health, general practice and disability services (INMO, 2016). The Children's Services Nursing Workforce Planning Supply and Demand Exercise (CHG/HSE, 2018) forecast a significant supply and demand gap of appropriately educated nursing staff to provide care to children to implement the model of care for paediatric health service delivery and to facilitate the opening of the new children's hospital. This is estimated at 802 whole time equivalents in the coming years (CHG/HSE, 2018).

Safe Staffing

The development of a national safe staffing tool for the children's services to include recommendations on registered nurse/registered children's nurse skill mix was a key recommendation of the Children's Services Nursing Workforce Planning National Supply and Demand Exercise (CHG/HSE,2018). Currently, Defining staffing levels for children's and young people's services (RCN, 2013) is used as a guide in children's services in Ireland. These guidelines consider age as well as patient acuity. Using these guidelines, the nurse-patient ratio is categorised as follows;

- Under 2 (1 nurse to 3 patients)
- Over 2 (1 nurse to 4 patients)

The final report and recommendations of the Framework for Safe Staffing and skills Mix in General and Specialist Medical and Surgical Care Settings in Ireland (DoH, 2018) is being implemented in stages across services however, children's services are not included in the next number of stages.

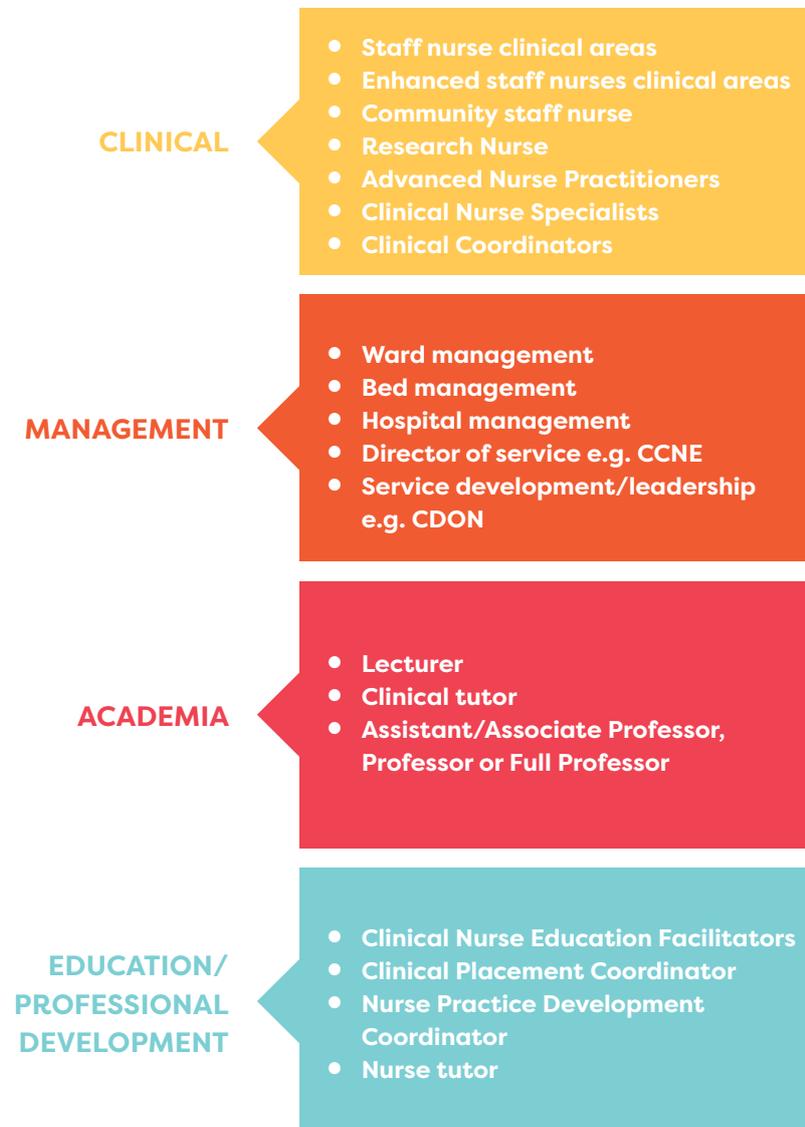
Roles

The Model of Care (HSE/RCPI, 2016) recommends that nursing career pathways, including development of specialist nurses and advanced nurse practitioners and innovative nursing roles to support new ways of working, should be examined and developed further to address specific specialised areas particularly for community nursing. It also recommended that consideration should be given to roles integrating the acute and community sectors (HSE/RCPI, 2016).



The roles available for children’s nurses in Ireland are outlined below.

Table 3: Role profiles available to children’s nurses



Children’s nurses also have the opportunity for expanding their scope of practice which includes nurse prescribing and referral rights for radiological procedures. There are small numbers of nurses mainly RANP’s/CNS’s in children’s services who prescribe and/or have referral rights for radiological procedures.

The policy on the development of graduate to advanced nursing and midwifery practice (DoH, 2019) outlines the need to develop a critical mass of nurses and midwives to address emerging and future service needs including driving integration between services. Although, this policy does not specifically address the needs of children and young people it is seeking a minimum of two per cent RANPs which would equate to

approximately 60 RANPS in children's acute services based on current staffing numbers. Currently in the acute children's services nationally there are 24 RCN/RANPs and 11 candidate RCN/ ANPs. There are small numbers of child specific RCN/RANPs roles in the public health nursing and CAMHS services. There are approximately 200 CNSs or nurses in specialist posts nationally in the acute services in a range of specialities. There are no specific academic pathways for some of the specialist roles in children's services and some programmes are only offered outside the jurisdiction. Consequently, many children's clinical nurse specialist roles have evolved in different ways depending on the service.

Quality

The Model of Care outlines the need for children young people and their families to receive high quality, coordinated services in a safe and suitable environment suited to their age, needs or stage of development. Clinical care should be based on evidence and regularly evaluated using structured methods (HSE/RCPI, 2016). Five essential elements to quality improvement in children's services are outlined to support high quality safe care in children's services (HSE/RCPI, 2016);

- **Patient Partnership**
- **Clinical Leadership**
- **Integrated governance**
- **Improvement of knowledge**
- **Data**

These elements are in line with the National Standards for Safer Better Healthcare (HIQA, 2012). The HSE has developed a framework for improving quality from the front line to board level through a combination of leadership, person and family engagement, staff engagement, use of improvement methods, measuring and governance for quality (HSE, 2016b). To support a culture of quality and safety the Patient Safety Strategy (HSE, 2019e) outlines a vision that all patients using health and social care services will consistently receive the safest care possible.

WHO have developed Standards for Improving Quality of Care for Children and Adolescents in Healthcare Facilities (WHO, 2018). In Ireland HIQA and the MHC have found wide variation in delivering consistent integrated care in children's services. Resources, processes and practices vary in different sectors and geographical areas across Ireland (HIQA/MHC, 2021). As a result, HIQA/MHC (2021) are developing Overarching National Standards for the Care and Support of Children Using Health and Social Care Services in recognition of the need to ensure the quality and safety of care for all children when using health and social care services. These standards will apply to statutory agencies as well as to voluntary and private service providers. These new standards have the potential to support the standardisation of nursing care given to all children and provide a significant opportunity for children's nursing to influence care to children across all nursing services. Most standards of care for nursing outline the role of the nurse and identify educational requirements and core competencies.

The RCN, PNAE and several societies and organisations across the United States of America (USA), Canada and Australia provide standard statements, philosophies of care, guidelines and position statements with regard to children's nursing. The Model of Care (HSE/RCPI, 2016). has recommended the development of national clinical guidelines to be implemented across the system.

Nurse Practice Development Departments (NPDD) in children's services play a significant role in supporting and evaluating safety and high quality care. They also promote culture of FCC. This entails supporting students on clinical placement, staff nurse, CNS and RANP role development, the development of Policies, Procedures and Guidelines (PPGs) and care plans. Not all children's wards/units have access to a children's specific NPDD in their hospital. The ONMSD and Nurse and Midwifery Planning Development Units (NMPDUs) also support nursing practice development, in addition to providing oversight of national initiatives such as quality care metrics, leadership development, nurse prescribing and nursing informatics across the services.

Nursing Metrics

A suite of nationally agreed metrics and indicators have been introduced on a national basis to the children's hospitals and wards to consistently measure nursing care processes for children's nursing (Brenner et al, 2019; HSE, 2018a). These include:

- Medication management
- Nursing care planning
- Healthcare associated infection prevention
- Nutrition
- Pain assessment and management
- Vital signs monitoring/PEWS
- Child and adolescent mental health
- Discharge planning

There are no children's quality care Indicators for children in the community or care delivered in the home although CHO 1 has developed a bespoke set for their service for children with CHNs.

Irish Children's Triage System

The development of the (Irish Children's Triage System(ICTS)) was prompted by the triage experiences of front-line ED nurses caring for children and advanced by the Emergency Nursing Interest Group (ENIG) of the National Emergency Medicine Programme as a safety and quality improvement initiative (HSE, 2016c). The development and testing of the ICTS was conducted under the guidance of a Steering Group composed of stakeholders from within Emergency Medicine and senior clinicians across a number of hospitals. It included extensive stakeholder consultation. The National Emergency Medicine Programme (HSE, 2016c) have recommend that ICTS should be adopted

as the national standard of triage for children and should be implemented in all EDs across Ireland with paediatric attendances. Implementation of the ICTS contributes significantly to paediatric patient care in EDs and promotes safety, quality of care, improved access and improved patient experience of emergency care in Ireland.

Paediatric Early Warning Score

The Paediatric Early Warning System (PEWS), a tool which empowers clinicians to act upon clinical concerns and promoting early recognition of a child with signs of deterioration. PEWS is national clinical guideline designed for use in the acute tertiary, regional and local children's hospital settings (DoH, 2016b; RCPI, 2017a). Lambert et al (2017) has found favourable evidence that the use of PEWS improves clinical and process-based outcomes for clinically deteriorating children. These authors also found that the use of PEWS enhanced multidisciplinary teamwork, communication and confidence in recognising, reporting and making decisions about a clinically deteriorating child (Lambert et al, 2017). An unpublished Irish nursing study found that PEWS education does not replace professional or experiential knowledge, however it did provide a useful guide to the early recognition and appropriate escalation pathway of a deteriorating child, regardless of professional qualification or experience of the nurse, once there is ongoing educational support and quality control (Sheridan, 2019).

2.9 Role of the Healthcare Assistant in the children's services

The introduction of the role of the healthcare assistant (HCA) is not intended to replace or displace the role of nurses or other healthcare professionals. Rather the purpose of the role is to support nurses in the delivery of high quality care and enhanced patient safety (HSE, 2018b). In the children's services, HCAs account for approximately 10 % of the nursing workforce, the scope of the role varies across acute and community service. Several reports have recommended a review of skill mix in the children's services including;

- **The National Model of Care for Paediatric Healthcare Services in Ireland** (HSE/RCPI, 2016).
- **The Children's Services Nursing Workforce Planning National Supply and Demand Exercise** (CHG/HSE, 2018).
- **Review of the Role and Function of Health Care Assistants** (HSE, 2018b).



2.10 Conclusion

This chapter has provided the context for this report. It has presented an overview of children and their families in Ireland today, as well as children's nursing and the on-going transformation that is occurring in children's healthcare provision nationally. This transformation will require children's nurses to work differently in new, enhanced and advanced roles within the multidisciplinary team in a variety of settings as well as alongside other nursing professionals who are not educated or trained in children's nursing. Many challenges exist that children's nurses must address in terms of how to meet the needs of children and their families in this changing context. These needs, and the supports that children's nurses require to meet these needs, informed the methodology of this project and will be discussed in the next chapter.



Chapter 3.

Project • • • Methodology



3.1 Introduction

An overview of the methodology used to develop this report will be presented in this chapter. Information on recruitment, data collection, data analysis and ethics is also provided.

3.2 Project Design

This project was co-designed collaboratively with members of the project team from the National Steering Committee and the Expert Advisory Panel. The needs of children and their families was the central theme for all initiatives. A mixed method consultative design was adopted incorporating two data gathering phases in parallel with the scoping review of the literature due to the onset of the COVID-19 pandemic. Data was gathered using several different consultation approaches;

- **Key stakeholder engagement.**
- **Group workshops.**
- **Anonymous survey.**
- **Invited submissions.**
- **Expert informant interviews.**
- **Scoping review of the literature.**

Several tools outlined below helped to guide the methodologies used to develop the vision and strategic framework for the future direction of children's nursing in Ireland.

Strategic Planning

We used the planning process described by Perera and Peiró (2012) to understand the current children's health services provision in Ireland, the future needs of children and the supports needed to operationalise the identified strategic priorities.

Peoples Needs Defining Change: Health Services Change Guide

The HSE change guide provided practical step by step guidance and templates to support planning and developing this strategy (HSE-Human Resource Division–Organisational Development and Design, 2018). The guide prioritises people's needs as the core platform for delivering sustainable change and co-designing with service users, families, communities and staff.

Design Thinking

Design thinking is a way of thinking and working developed by the Stanford d. school (<https://dschool.stanford.edu/>) to seek to understand the user, challenge assumptions and redefine problems in an attempt to identify alternative strategies and solutions.



3.3 Data Gathering Approaches

First phase of Data Gathering

This phase consisted of data gathered up to 6th March 2020.

Stakeholder engagement

Key stakeholder engagement and conversations were held with individuals, across a broad spectrum of roles and services. A purposeful and snowballing approach was used to identify participants. The aim of this engagement was to develop a better understanding of all aspects of children's healthcare provision across all healthcare settings. This included workshops with CNSs at their annual conference in May 2019.

Consultation with Youth Advisory Council (YAC)

A workshop was held with members of YAC. The goal of this consultation process was to:

Hear children's and young people's views of their experiences of children's nurses and their ideas for the children's nurse of the future.

Vision Workshop 6th March 2020

In consultation with a facilitator this workshop was planned as a World Café using a social constructivist approach. The design principles for this workshop included;

- **Setting the context.**
- **Creating a hospitable space.**
- **Exploring the questions.**
- **Encouraging everyone's contribution.**
- **Connecting diverse perspectives.**
- **Listening together for patterns and insights.**
- **Sharing collective discoveries.**

This workshop brought together over one hundred nurses from a broad range of organisations and nursing professions (Appendix 1). Due to unforeseen circumstances a parent and young person representing YAC were unable to attend.

Second Phase of Data Gathering

Following a pause in the project due to the onset of the COVID 19 pandemic, an extensive consultation with children's nurses and nurses caring for children was conducted from mid-July to November 2020. The topics for discussion outlined below were designed with the members of the National Steering Committee and Expert Advisory Panel and formed the basis for all consultations.

What will children and their families need from children's nurses in the next 5-10 years in relation to:



What supports need to be operationalised to ensure children's nurses can meet these needs?

Group Workshops

Eligibility criteria

The eligibility criteria for attendance at the group workshops was all nurses who care for children in the acute and community setting.

Participants

The group workshop participants were from a non-probability convenience sample with nurses self-selecting to participate. Group workshops were widely advertised within the acute hospitals and nationally, however, due to staffing issues and COVID 19 restrictions widespread engagement with the various staffing groups was challenging with many planned group workshops being cancelled. Despite this, 37 group workshops were conducted. These included a combination of virtual and face to face workshops with undergraduate Children's and General Integrated Nursing interns and Higher Diploma in Children's Nursing students across CHI sites and Cork University Hospital.

Outlined below are the group workshop locations and numbers in attendance.

Table 4: Group Workshop Location and Attendance

Workshop Location	Number of Participants	Percent
SAOLTA University Health Care Group Hospitals	53	26.7%
Our Lady of Lourdes Hospital	27	13.6%
CHI (across four sites)	88	44.4%
Midlands Regional Hospital Portlaoise	13	6.5%
National Orthopaedic Hospital Cappagh	5	2.5%
University Hospital Kerry	12	6.0%

Data Gathering Method: Workshops

The workshops were originally planned as focus groups however, these were amended to brainstorming and discussions to ensure social distancing and to avoid face to face interactions due to COVID 19 restrictions. The facilitator documented key points discussed on a paper flip chart which was later transcribed. Individual demographic forms were completed by the participants.

Survey

As many of the planned workshops were cancelled, units around the country were offered the opportunity for web-based information sessions and to run their own workshops. Due to low uptake, a survey was developed to ensure widespread engagement with children’s nurses and others who care for children. The survey was advertised nationally within the acute children’s services and shared with relevant stakeholders across public health, intellectual disability psychiatric nursing and midwifery services.

Eligibility Criteria

Nurses had the opportunity to self-select to participate in the survey.

Participants

The survey participants were from a non-probability convenience sample. There was a broad representation from children’s services across the country with the largest number (55.5%) from Children’s Health Ireland.

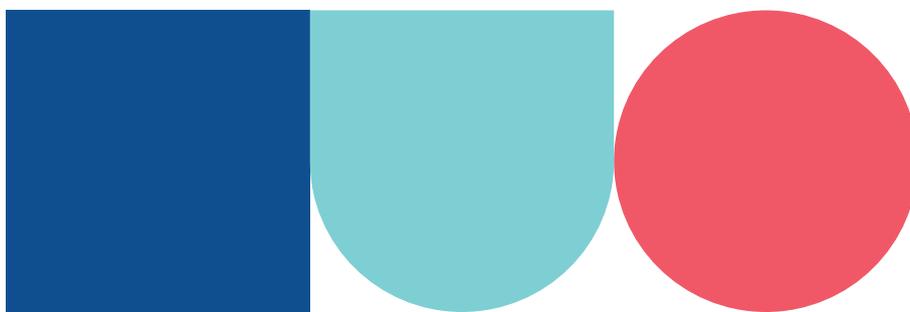


Table 5: Survey Participants

Location	Number of Participants	Percent
SAOLTA University Health Care Group	27	4.4%
South/South West Hospitals Group	57	9.3%
Ireland East Hospital Group	45	7.4%
CHI (across four sites)	339	55.7%
RCSI Hospital Group	6	1%
University of Limerick Hospitals	30	4.9%
Dublin Midlands Hospital Group	13	2.1%
Midwifery Services/NICU	11	1.8%
General Practice	5	0.8%
CAMHS service	8	1.3%
Intellectual Disability Services	9	1.5%
Public Health Nursing	53	8.7%
Higher Education Institutions	5	0.8%

Data Gathering Method: Survey

Survey monkey was used to gather the data. The instrument had 11 items designed to elicit demographic and qualitative data from the participants (Appendix 2).

Submissions

Inclusion Criteria

Submissions were elicited from a broad range of individuals and organisations which were purposefully sampled based on extensive stakeholder analysis and influence mapping. The format of the invitation (Appendix 3) to submit was structured for invitees to give their unique perspectives and insights from their viewpoint as described earlier. The invitation to submit a written submission was sent to twenty-five individuals and organisations. Forty-eight submissions were received electronically representing a very broad range of individuals and organisations (Appendix 3 and 4).

Key Expert Informant interview

Inclusion Criteria

Inclusion criteria for the key informant interviews included that the individual had not previously contributed to other stages in the data gathering process, and that these individuals had unique insights, perspectives, exemplary knowledge in children's

nursing or education systems and/or had made significant contributions in relation to nursing, children's nursing or children's health and wellbeing either in Ireland or internationally.

Participants

A purposeful sampling approach was used to identify all participants. All interviewees had deep insights into the issues pertaining to children's healthcare service provision as it currently stands in Ireland or their local country. They also had expert knowledge of the emerging trends in relation to education, policy, service delivery, research and innovation in optimising the potential to find nurse led solutions to issues in child health and wellbeing in Ireland and internationally.

Data Gathering Method: Key Expert Informant interview

The interviews explored key areas and were guided by key questions outlined below.

Topics for Discussion during expert interviews:

- What it means to be a children's nurse
- Changing patterns of needs for children and their families
- Context of practice for the children's nurse
- Nursing evidence, research and data
- Nursing roles- staff nurse, specialist and advanced, research and joint academic roles
- Nursing leadership
- Nurse education and continuing professional development
- The future of technology enabled care and new ways of working
- Interdisciplinary working
- Nursing support roles
- Innovations in children's health care
- Networking



Literature

A scoping review of evidence on children's nursing practice in various healthcare contexts was undertaken by DCU and UCC to inform the vision and strategic framework for the future direction of children's nursing in Ireland. It was guided by Arksey and O'Malley's (2005) scoping review framework and Levac et al.'s (2010) methodological advancement of the scoping review framework, and included the following five steps: identifying the research question, identifying relevant studies, study selection, charting the data and collating, summarizing and reporting the results. The specific objectives governing this scoping review were:

- 1** Identify a vision for nurses who care for children.
- 2** Map entry-level competencies for nurses who care for children.
- 3** Map the development of expertise and continuing competence for nurses caring for children.
- 4** Identify changing international trends in children's nursing practice and services in line with changing trends in children's health services.
- 5** Determine workforce planning models and career pathways relevant to nursing children and reflective of changing trends in health service delivery.
- 6** Identify changing trends in the educational preparation for children's nurses that are designed to meet changing health service trends.
- 7** Establish consensus and present recommendations to inform the development of a national vision and strategic framework for the future direction of children's nursing in Ireland.

A comprehensive search strategy was developed with five search strings for objectives one to six. The electronic databases MEDLINE and CINAHL were searched along with various grey literature sources. All search strings were limited to publications in English and published within the last 10 years (i.e. from 2009). This generated 6571 documents which after removal of duplicates and a two-step screening process, of titles/abstracts and full-texts yielded 175 documents. A further 58 documents were identified from the grey literature searches. A total of 233 documents were eligible for inclusion in the review. Relevant data were extracted from all documents with sum-

mary tables prepared for objectives one to six. The Project Steering Group and Expert Advisory Panel were invited to give feedback on the draft literature review and revisions were made to incorporate this feedback. Findings were reported narratively and will be presented in Chapter Five.

3.4 Overall Analysis Approach

Qualitative data was gathered from group workshops and a survey of children's nurses across acute and community settings, invited written submissions and expert informant interviews. Digital recordings were transcribed verbatim by a professional transcription service. The data were analysed based on the principles of thematic analysis (Braun and Clarke, 2006). The data were initially read and re-read, noting down initial ideas. This was followed by initial coding of the data for each group to deconstruct the data from its original chronology. The codes were then re-ordered into categories followed by consolidation into a framework of themes for each group. Integration of data was then undertaken to identify overall themes from the data. This involved the development of a matrix of the findings of four data sets to cross check data, through which congruence and dissonance of the findings were explored.

Because of the large volume of data gathered and the time frame for this project the findings of the integrated consultation process were mapped against key recommendations from the scoping literature review to create an integrated matrix which was then used to develop the final recommendations of this project (Appendix 5)

3.5 Ethics

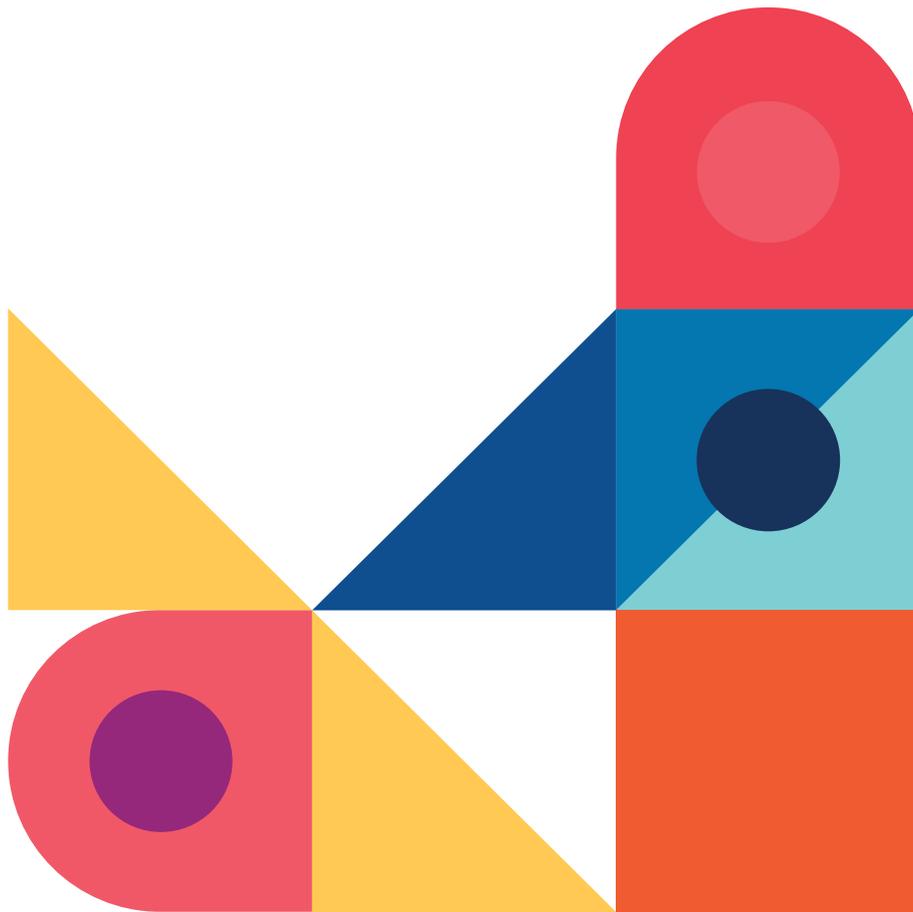
The methodology for this project was consultation and therefore ethical approval was not required. All participants in the project were bound by their professional standards, codes of good practice and code of conducts within their disciplines (NMBI, 2014). By self-selecting participation in the workshops and survey this was deemed as informed consent. All measures were taken to ensure privacy and no identifiable personal information was gathered in the survey. Due to COVID 19, some personal information required for contact tracing purposes only was collected at the group workshops and stored by relevant institutions for the relevant time period. Participants were free to withdraw from any part of the process at any time. All recordings of the expert informant interviews were deleted once transcribed.

Consultation with Youth Advisory Council

The consultation with YAC was planned to ensure the protection of the children's identity at all times. It did not require ethical approval as this was a consultative process. The guidelines on children's participation and the Lundy model described in this document supported the planning and participation in this workshop (OCO, 2018). All children and parents/guardians were given information prior to the consultation and assented to participation (Appendix 6, 7, 8 and 9). The children were assured of their right to withdraw at any time and the YAC steering committee were available for any unforeseen difficulties that could have arisen. No demographic or health related information was sought from the children.

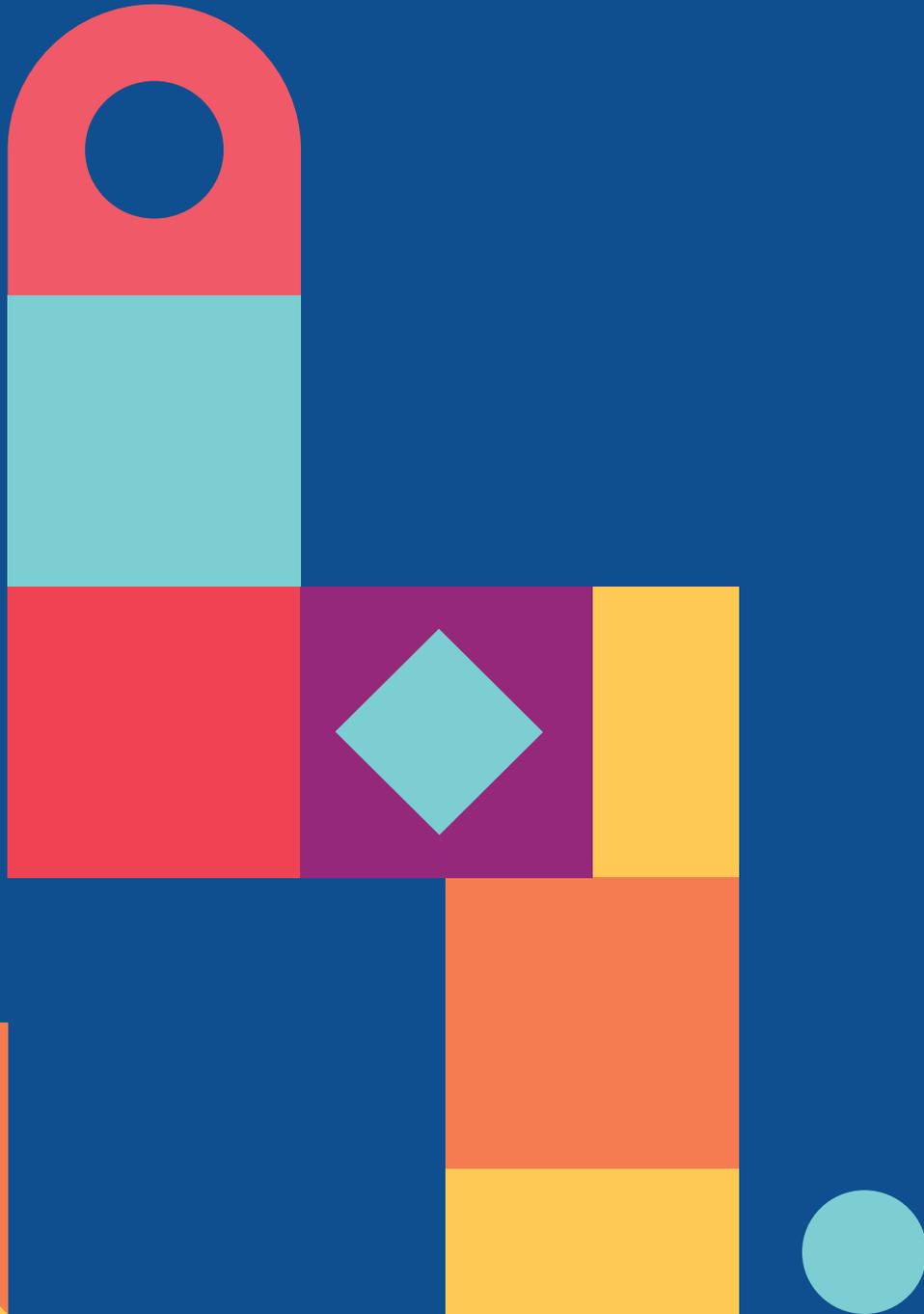
3.6 Conclusion

This chapter details the methods used to gather data in this extensive consultation process which has allowed a critical analysis of the current situation in children's nursing and children's health and wellbeing in the transformative landscape of health service provision for children and their families. Chapter Four outlines the demographic of the participants in the data gathering process. The findings that emerged from all the data sources are presented in Chapter Five, and inform the development of the mission and vision statements and the recommendations of the project.



Chapter 4.

Demographics



4.1 Introduction

This chapter provides an overview of the profile of all participants in this project. In all over 1000 nurses participated at different stages as well as many other key stakeholders.

4.2 First Phase of Data Gathering

During 2019-2020 there was extensive consultation across a variety of stakeholders including;

- Children's Health Ireland
- Children's Health Ireland Family Forum
- Child and Adolescent Mental Health Services
- Children in Hospital Ireland
- Department of Children, Equality, Disability, Integration and Youth
- Department of Health, Office of the Chief Nurse
- Director of Nursing Women's and Children's Network, SAOLTA
- Higher Education Institutions
- Integrated Care Programme
- Nursing Expert Group, HSE
- Intellectual Disability Nursing Services
- Irish Nurse and Midwives Organisation
- Jack and Jill Children's Foundation
- Laura Lynn Ireland Children's Hospice
- Nursing and Midwifery Board of Ireland
- National Clinical Programme for Paediatrics
- National regional and local acute children's services
- National Lead for Palliative Care, HSE
- National Ambulance Services, HSE
- Office of the Ombudsman for Children
- Office of the Nursing and Midwifery Services Director
- Public Health Nursing Services
- Senior Children's Nursing Network
- Voluntary organisations
- YAC

This first phase of stakeholder consultations culminated with 104 attendees attending a large visioning workshop in early March 2020. Participants were predominately female typically, in their mid-late career with a significant amount of experience in their field. Demographics were not collected at this stage of the project as the aim was to gain an understanding of the current situation and this requirement was not included in the initial planning.

Clinical Nurse Specialists

In May 2019, over 100 clinical nurse specialist engaged in workshops related to this project at their national conference. Participants were predominately female and mid-career.

Youth Advisory council

A workshop was held in early March 2020 with the 10 members of the YAC all of whom were under the age of 18. There were five males and five females in attendance.

4.3 Second Phase of Data Gathering

Group Workshops with Children’s Nursing Students

125 Undergraduate Children’s and General Integrated Nursing interns and Higher Diploma in Children’s Nursing students participated in student specific workshops. Demographics were not gathered at these workshops as this was not included as a requirement in the initial project plan which altered due to the onset of the pandemic. The vast majority of participants were female.

Group Workshop participants

198 participants attended the group workshops. A convenience sampling method was used for the workshops with nurse’s self-selecting to attend.

Gender

The vast majority of the of workshop participants identified as female (97%).

Age

Table 6: Group Workshop Age of Participants

Age Group	Number of Participants	Percent
<20 years	3	1.5%
20-29 years	27	13.6%
30-39 years	48	24.2%
40-49 years	70	35.5%
50-59 years	43	21.7%
>60 years	2	1%
Information missing	5	2.5%

Nursing Divisions

The vast majority of participants were RCNs (87.0%).

Education

The participants were highly educated, some with multiple academic awards. Two thirds of the sample were educated to degree level, and another two thirds held a higher diploma or post graduate diploma, whilst 14.1% were educated to master’s level.

Current role

Table 7: Group Workshop Role Profile of Participants

Role Profile	Number of Participants	Percent
Staff Nurse	108	54.5%
Clinical Nurse Manager	37	18.6%
Clinical Nurses Specialist/Nurse in specialist position	28	14.1%
Registered or Candidate Advanced Nurse Practitioner	5	2.5%
Clinical Nurse Educator/Clinical Placement Coordinator	9	4.5%
Assistant Director of Nursing	2	1%
Director of Nursing	3	1.5%
Nurse Tutor	3	1.5%
Other (PHN and Community Nurses)	3	1.5%

Length of experience in children’s nursing

Almost 50% of participants had greater than 20 years’ experience whilst just under 20% had less than 10 years’ experience in children’s nursing.

Survey respondents

The survey findings are based on a convenience sample via survey monkey. A total of 608 surveys were completed. Questionnaires that had some missing data were also included in the analysis.

Gender

The vast majority of the survey respondents identified as female comprising 97.2% (n=591) with those identifying as male respondents comprising 2.8% (n=17).

Age

Table 8: Survey Age Profile of the Respondents

Age Group	Number of Participants	Percent
<20 years	4	0.16%
20-29 years	118	19.4%
30-39 years	158	25.9%
40-49 years	197	31.9%
50-59 years	124	20.3%
>60 years	10	1.6%

Nursing Divisions

Respondents were asked to indicate what division of NMBI Register they were registered. Respondents had the opportunity for multiple entries.

Table 9: Survey Divisions of NMBI Register

Division of NMBI Register	Number of Participants	Percent
Registered Children’s Nurse	447	73.5%
Registered General Nurse	423	69.6%
Registered Intellectual Disability Nurse	58	9.5%
Registered Psychiatric nurse	25	4.1%
Registered Midwife	37	6.0%

Education

The respondents were highly educated. Two thirds of the sample were educated to degree level, four fifths held a higher or post graduate diploma and almost 20% were educated to master’s level.

Current role in professional practice

Table 10: Survey Role Profile of Respondents

Title	Number of Participants	Percent
Supernumerary students	10	1.6%
Inter/Higher diploma student	12	1.9%
Staff Nurse	290	47.7%
Clinical Nurse Manager	88	14.4%
Clinical Nurses Specialist/Nurse in specialist position	79	12.9%
Registered Advanced Nurse Practitioner	18	2.9%
Clinical Nurse Educator/Clinical Placement Coordinator	24	3.5%
Assistant Director of Nursing	16	2.6%
Director of Nursing	7	1.1%
Nurse Tutor	3	0.5%
Nurses Lecturer	2	0.3%
Other	59	9.7%

The vast majority of the respondents (90%) worked in the acute services. Almost 10% of the respondents indicated a variety of roles in; public health and practice nursing; service and programme coordinators; community staff nurse roles and team leaders in disability services. A small number indicated they were, Coordinators for Children with Life Limiting Illness, Lactation Consultants and candidate ANPS.

Length of experience in children's nursing

Over half the respondents had more than 10 years' experience in children's nursing with a large cohort (37%) having more than 20 years.

4.4 The Submissions

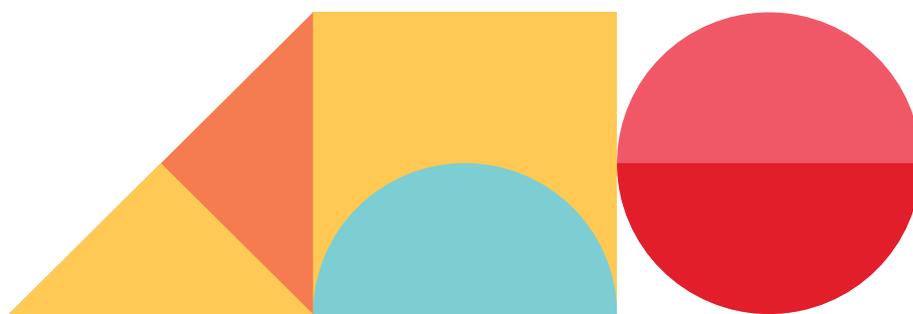
Forty-eight written submissions were received from a wide variety of contributors. These included patient advocacy groups, universities, centres for nurse and midwifery education, children's nursing, public health nursing, practice nursing, intellectual disability nursing, paediatricians, public health medicine, health and social care professionals, ONMSD, HSE, the Office of the Ombudsman for Children and 2 staff representative bodies (Appendix 4).

4.5 Expert Key Informant Interviews

Eight individuals were invited to participate in the key informant interviews and all agreed to participate in the interview process, four from Ireland and four international participants, three from the United Kingdom and one from Australia. There were seven females and one male. These included two international children's nursing academics and two children's nurses in senior international nursing positions.

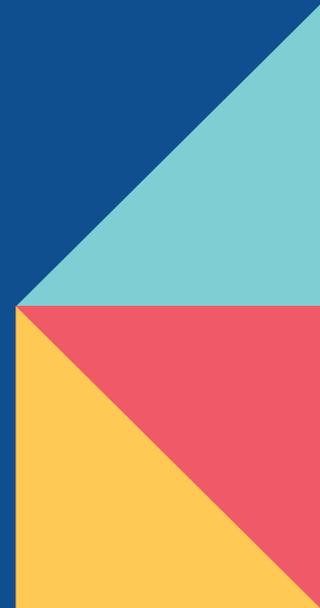
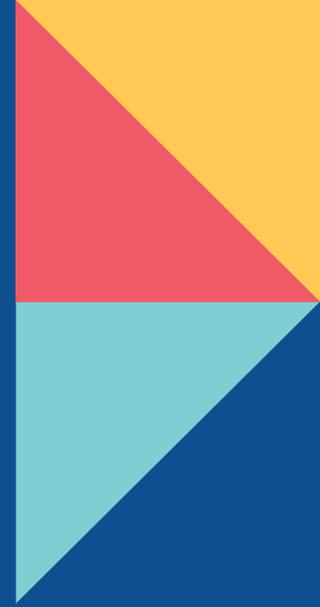
4.6 Summary

This section has provided an overview of the profiles of all the participants whose data was analysed for the purpose of this project. Demographics are provided for the workshop attendance and survey respondents. A wide variety of stakeholders offered a multi-faceted view of the future needs of children and their families across the services incorporating what children and their families need in the future from nurses in the home, community and hospital and the supports and capabilities required to meet these needs. This provides the context for interpreting the findings, presented in Chapter Five, for all the qualitative data sources and also is the basis which informed the future objectives for children's nursing.



Chapter 5.

Findings



5.1 Introduction

The findings of a comprehensive scoping review of the literature, communication and an in-depth consultation process across various stakeholder groups are presented below. Due to the onset of the COVID 19 pandemic the scoping review of the literature and data gathering process were conducted in parallel.

5.2 Findings from the Scoping Review of the Literature

The overall aim of the scoping review of the literature was to inform the development of a national vision and strategic framework for the future direction of children's nursing in Ireland. The key findings of the scoping review reflect consensus across the following thematic areas: vision for nursing children and their families; preparation for entry to children's nursing; career development and progression; developing nursing services for children and families beyond 'acute' hospital services; supporting nurses in non-designated child health settings and without a child-specific qualification; child and family wellbeing; and telehealth in children's nursing. An overview of the findings from the scoping review is presented below (Lambert et al., 2020).

Vision for nurses who care for children

The review established that whilst a vision and strategy must be imbued with the values and ideals that are at the heart of the profession – the essence of children's nursing – child and family centred care, it must also be based on an analysis of societal trends and the likely shape and evolution of the health service in the future. A key finding of the review was that a vision for children's nursing needs to ensure the profession is making a difference in the health and wellbeing of children as well as advancing children's nursing health care services to ensure the national vision outlined in Sláintecare and the Model of Care for Paediatric Health Services (HSE/RCPI, 2016) is realised.

A vision for children's nursing must be primarily about child and family centred care and the human relationships and partnerships both with the family and the wider interprofessional collaborations necessary to deliver a service that is holistic, high quality, co-designed and truly responsive to the needs, choices and decisions of children and their families. It must also ensure diversity, equality and inclusivity for all children and families. The vision espouses children's nursing as leading excellence and innovation in care delivery and enhancing outcomes/making a difference for children and their families by nurses who are world class leaders was a key finding. The review also demonstrates that any advancements in children nursing must be through the integration of practice, education, research and policy. Finally, when developing a vision for the future of children's nursing the review established the requirement for respectful and healthy work environments as key and that the vision needs to be meaningful to members of the profession.

Entry-level competencies for nurses who care for children

Objective two of the scoping review was to map entry-level competencies for the role of nurses who care for children both at undergraduate and graduate level (post-registration). Findings highlighted the importance of lifelong learning and the continued support and competency development opportunities required to advance the knowledge and expertise of entry-level nurses along the novice to expert continuum and across the trajectory from undergraduate nursing to advanced practice. The review identified the core competencies for undergraduate children's nursing education which include the foundational knowledge, skills, attitudes and behaviours for entry into children's nursing and continuing development in the role of the children's nurse, child and family centred care, normal childhood growth and development, childhood illness, health promotion and disease prevention. The critical role and significant contribution of expert nurses in mentoring new graduates in caring for children and families across all settings was emphasised.

The development of competency in core domains to include quality and safety, collaboration and teamwork, leadership, technology and health informatics, research and evidence-based practice was highlighted. Identifying measurable graduate attributes to support learners, preceptors and educational leaders was highlighted as necessary to integrate and advance the graduate children's nurse into professional practice. It was also recognised that specialised areas of practice experiencing staff shortages and/or service expansion require specific training programmes to assist recruitment and retention of staff. To ensure nurses are delivering safe, high quality care these programmes need to establish standards for consistency such as content, preceptor needs and an ability to evaluate outcomes. The review also highlighted the critical need to develop and evaluate graduate programmes for the non-hospital setting including delivering care in isolated settings such as the home.

Findings in the review established the key role of nurse leaders in promoting positive supports such as effective communication, the provision of adequate resources, supportive work environments and organisational incentives in supporting transition and ongoing learning for the graduate nurse. It also demonstrated the importance of nursing leadership addressing barriers to successful transitions of graduate nurses such as poor feedback and challenges with preceptors, strained relations with staff, stress management and lack of self-care. To support care closer to home, creative ways of bringing community-based children's nurses and nurses who care for children together (e.g. online technologies, hybrid approaches; developing regional partnerships etc.) should be considered.



Development of expertise and continuing competence for nurses who care for children

Objective three of this review explored the evidence for expertise and continuing competence for nurses who care for children.

A key finding of this objective was the need for a supportive culture for lifelong learning for children's nurses with the need to maintain registration through evidence of sustained practice, competence and CPD. The trends in the literature focused on CPD relating to:

- Palliative care
- Cultural competence
- Mental Health
- Child behavioural problems

Gaps in CPD for children's nurses were identified in leadership and management development and CPD for non-registered children's nurses caring for children, for example in adult settings such as emergency departments. A requirement to enhance the knowledge, practice skills and to standardise the competencies required to care for children was noted. The value of interdisciplinary training in managing children with complex needs, team working, communication, conflict resolution, and collaboration was highlighted. Expanding the use of simulation and technology was recognised especially for CPD for rare therapies and in rural and remote settings. The review also found the need for competency-based transition programmes with in-built flexibility for nurses, for example, to work in the community setting. The critical importance of further development of the role of the Advanced Nurse Practitioner in how care is provided to children and their families across all healthcare settings was also highlighted. A number of key messages emerged in relation to advanced nursing practice, including the need for:

- Comprehensive training/fellowship programmes for integration of entry-level RANPs to children's, adult and specialty intensive care units.
- Future development of a clinical doctorate programme for RANPS.
- A training needs analysis of potential and existing RANPs caring for children.
- Finding ways to attract undergraduate children's nursing students and practicing registered nurses to become primary care RANPS in caring for children and their families.



Changing international trends in nursing practice for children and services in line with changing trends in children's health services

Objective 4 of this scoping review related to changing international trends in nursing practices and services for children. The predominant trend identified in the review involves health service and government reforms shifting care from secondary to primary care that has resulted in a growth in “care closer to home” for acute and chronically ill children. This requires development in nursing services in various community contexts, as well as community nursing teams and home visiting nursing teams to support care closer to home.

In some countries such as Australia, child and maternal/family health nursing in the community is typically delivered by nurses with child specific qualifications (e.g. Child and Family Nurses) whereas, in other countries, including Ireland, nurses have a broader public health/community nursing qualification (e.g. Norway, Canada, Ireland). Regardless of the context, the review established that nurses have a pivotal co-ordination role to support inter-sectoral and inter-professional delivery of services (e.g. care closer to home/primary care/palliative care/hospital based services/school based nursing) to ensure seamless, continuous integrated health care for children. RANPs in system level coordination was also described. The findings in this theme also identified that CPD is essential to support the role of nurses in delivering nursing and healthcare services to children, particularly in areas of child-specific knowledge and medical complexity, leadership and change management, inter-professional and team working across sectors and information and telehealth technology.

Workforce planning models and career pathways relevant to nursing children and reflective of changing trends in health service delivery

Objective five of this scoping review set out to determine workforce planning models and career pathways relevant to nursing children. The literature is summarised in two sections: (i) workforce planning and (ii) career pathways, while also recognising that there is potential overlap between both of these streams.

Workforce planning:

The need to attract and fund more nurses to develop competencies to care for children, young people and their families was identified. Some of the initiatives for attracting and retaining staff identified included:

- Organisation-centric model of education and practice.
- Specialised children's nursing graduate transition programmes.
- Professional competence and career development opportunities.
- Inter-professional approaches to education.
- Improving the work environment and psychological wellbeing of nurses.
- Providing 'protected time' for CPD was an important strategy to improve recruitment and retention.

- **Developing high-quality nurse mentorship relationships.**
- **Staff rotation strategies.**

The development of children's nurse practitioners/advanced practice nurses was described as an important driver in workforce planning for child healthcare. There was some evidence of the relationship between nurse staffing levels and child patient outcomes and recommendations to increase nurse staffing levels to prevent adverse outcomes for children. The review noted, due to staffing complexity and differences in settings and populations, it can be difficult to automatically apply a single published ratio for nurse staffing in all settings where children receive nursing care. Some consensus in the literature was that workforce plans across all care services be reviewed on an annual basis, or more frequently, when problems are identified; and the need for further research in this area was emphasised.

A shortage of community children's nurses and lack of stable home healthcare nursing for children with medical complexity was shown to contribute to substantial parent/caregiver burden. This indicates the urgent need to identify ways to expand the workforce and training for community-based nurses caring for children; and for the use of alternative models of delivering home healthcare services for children, including development of a new professional identity for community children's nurses/nurses caring for children and families. Other workforce deficits noted were:

- **Child and adolescent mental health community services.**
- **Stressful work environments (e.g. oncology, ICUs).**
- **Paediatric emergency or urgent care within children's hospitals and adult hospital settings.**

The review also emphasised the benefit of shifting from traditional models of care and the potential positive outcomes both for families and for children's nursing (i.e., care closer to home for families, career progression opportunities for RANPs). For future reform, the following was highlighted as important;

- **Recognise service need.**
- **Robust planning.**
- **Appraise options with all stakeholders including the public.**
- **Governance measures.**
- **Access to robust educational preparation for care delivery in all settings.**
- **Assess clinical competence.**
- **Regular clinical supervision.**
- **Plan for evaluation.**

Career pathways

Advanced practice was seen as critical to the future direction of children's nursing. The need to recruit acute care children's RANPs was deemed necessary to meet the demands of specialities and subspecialties. To support advanced practice implementation, a nurse practitioner professional ladder was identified as important for CPD and career development. Also, noted was the need for competency modelling to target development of new RANPs to address workforce planning and governance issues. The low numbers and the need for bespoke RANPs in children's nursing was noted as well as the need for assurance of correct competency levels of existing post holders. Future development and accessibility of accredited training for general RANPs in the treatment of common paediatric emergency presentations was mentioned. The review highlighted the need to standardise licensure, accreditation, credentialing and education guidelines to allow for RANPs professional mobility. It also, identified the need for the development of RANPs in critical care to move beyond traditional physician only models of child health service delivery and must be complementary to other medical/nursing roles. The need for the evolution and expansion of community-based child healthcare nurses and primary care RANPs to meet workforce demands of providing primary care to children and families with increasing complex social and healthcare needs was identified.

Other career pathways identified include the development and implementation of specialist nurse key worker roles with a number of different models (resource dependent) organised along a continuum of in reach and outreach work. The benefit of professional career mapping was discussed in the review and would enable children's nurses to:

- Establish lifelong learning goals.
- Serve the profession and the community.
- Achieve professional excellence and career advancement.
- Assist organisations to retain talented staff.
- Plan for leadership succession.

One strategy identified to increase diversity in the profession particularly with regard to gender, was the need to improve recruitment of men (he/him/they) into children's nursing.

Changing trends in the educational preparation for children's nurses that are designed to meet changing health service trends

Objective 6 of this scoping review was to identify trends specific to educational preparation for children's nursing in relation to changing health service trends. This preparation was considered only in the context of first point of entry to the nursing



profession at undergraduate/pre-registration level. Therefore, educational preparation of qualified nurses for entry to children's nurses was not considered.

Discussions in the literature include the use of simulated learning as an effective approach to skills learning that is being increasingly embedded in nursing curricula. Further developments in this area highlighted:

- **The use of electronic interactive games with young people as avatars.**
- **Problem solving e-simulation.**
- **Service user involvement.**
- **A greater emphasis on student peer-led simulations.**

Trends in clinical placement learning described in the review include innovative approaches to address challenges in:

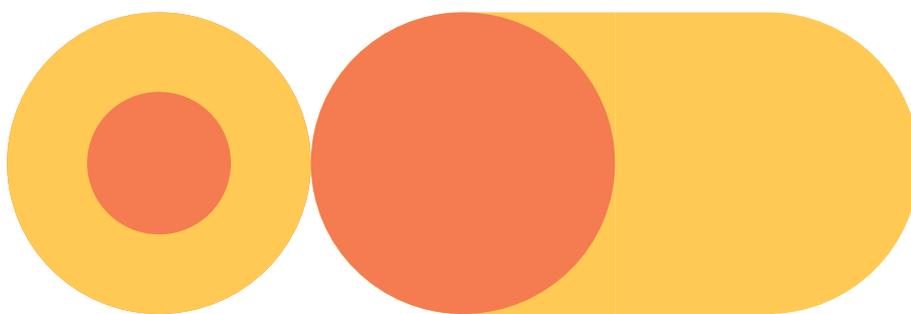
- **Placement capacity.**
- **Peer and collaborative learning.**
- **Community clinical placements.**
- **Graduate attributes of children's nurses to provide high dependency care.**

A need for curricular change to go beyond the current preceptorship model facilitated by qualified nurses and trends towards peer and collaborative learning with students working together and learning from each other while on placement, was indicated.

Other new and innovative learning strategies described include some trends towards use of the arts (e.g., poetry, digital storytelling) to support the development of empathy, compassion, and self-awareness and to facilitate visual and critical thinking and creativity. There was reference to service user involvement in nursing curricula which included children actively participating in teaching sessions by sharing experiences of living with a chronic condition and obtaining children's experiences of nursing care as a strategy for assessing nursing students' performance in care delivery.

Reference to national or major programme reforms in children's nursing education internationally included:

- **Increase in the number of places for children's nursing in higher education in some countries (South Africa) to address high child mortality rates.**



- Emphasis on community nursing in line with primary health care reforms.
- The need to clarify the role of the children's nurse in the health system.
- Development of dual programmes (e.g., children's and neonatal).
- Generic preparation followed by specialist education, although concerns were raised that this would diminish the unique focus of individual disciplines of nursing i.e., child health nursing.

Recommendations from the scoping review of the literature

A series of recommendations collated into seven themes based on the findings of the literature review are presented below (Lambert et al, 2020).

Vision for nursing children and their families

The literature demonstrated that children's nursing should:

- Be child-centred and family-focused with engaged care at its foundation.
- Be relationship based and built on inter-professional and family collaborative partnerships.
- Make a difference to the health and holistic wellbeing of children and their families.
- Include delivery of world class excellence, innovation and leadership for exemplary nursing care.
- Advance child and family nursing and health care through the integration of practice, education, research and policy.

Preparation for entry to children's nursing

- Retain current points of entry to children's nursing in Ireland (i.e., integrated children's and general Bachelor's degree and post-registration higher diploma).
- Review recruitment and retention numbers across these entry points continuously to meet the future supply and demand for children's nursing services in all care settings (hospital, home, community, primary care).
- Prepare children's nurses to be 'fit for purpose' regarding changing trends and the future direction of health service delivery (i.e., community practice, care closer to home, service-user involvement, integrated care across sectors).
- Career development and progression
- Progress the development of children's (child and family) Advanced Nurse Practitioner (ANP) roles to meet future workforce demands; establish career trajectory towards developing ANP roles across all child healthcare settings.



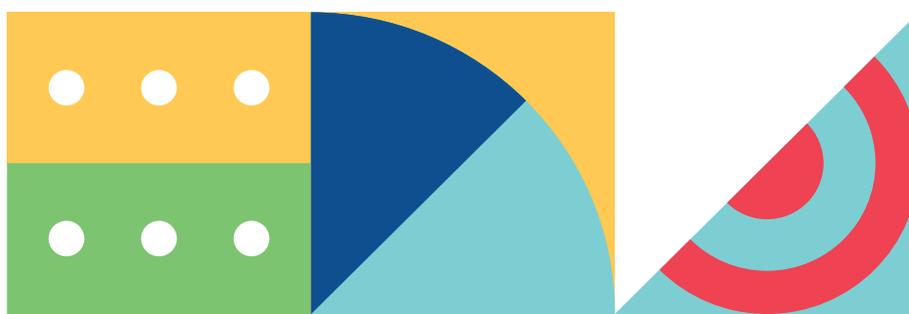
- Support increased programme capacity at Masters level, and explore potential Doctorate support and develop initiatives/incentives to enhance uptake (e.g. funding, career pathways).
- Ensure that competency development for undergraduate, graduate, speciality children's nursing roles and advanced practice traverse entry-level foundational skills to advanced, collaborative and transformative practice.
- Commit to lifelong learning and CPD for nurses working with children through inter-professional education, simulation, use of innovative technology and digital health.
- Consider the specific and multifaceted needs of nurses working in a speciality.
- Develop and evaluate child and family health graduate nurse programmes for non-hospital and for children's nurses working in isolated settings (e.g. home).

Developing nursing services for children and their families beyond 'acute' hospital services

- Invest in children's nurses working in community nursing, child and adolescent mental health, children with complex continuing healthcare needs, palliative care and end-of-life, and in child/adolescent, maternal and family health care in collaboration with other nursing services.
- Enhance integration within and between children's health care teams, services and settings with the development of community child and family nursing teams, home visiting care packages, inter-professional and inter-sectoral working, clear referral pathways and continuity and coordination of care across a range of services and settings.
- Conduct further research to identify where children's nurses are currently engaged in providing care to the child and family outside acute hospital services and to examine the nature of services being provided and existing unmet needs in order to inform workforce requirements, governance, education and career frameworks.

Supporting nurses working with children in non-acute designated child health settings and without a child specific qualification

- All non-designated child health settings encountering children should have a complement of, and collaborative oversight from, registered children's nurses; with access to ongoing professional development relevant to the speciality area within child/family healthcare.
- All nurses who work with children should complete a child and family focused professional development module to enhance a partnership-based approach to care for children and their families.



Child and family wellbeing

- Strong emphasis is needed on engaging with diverse child and family needs and building family strengths with a specific focus on holistic health and wellbeing which takes an ecological, whole population and inclusive health approach to health promotion and illness prevention; recognising that children's health and wellbeing is everyone's responsibility.
- Consideration needs to be given to child and family health and wellbeing nursing roles focusing on the first five years as a priority; with need for expanded roles for Advanced Nurse Practitioners and Clinical Nurse Specialists.
- Professional development is required to support nurses, in all healthcare, community and societal settings, to adopt a partnership model of working with families and understand child specific and family functioning knowledge for preventative child and family health and wellbeing.

Telehealth in children's nursing

- Need for training on the functionality of technology in order to develop nurses' confidence in using e-health to support care delivery (this warrants further research).

5.3 Findings from the consultation process phase 1

The aim of the consultation process was to identify the current and future needs of children and their families and supports required by nursing to enable them to meet these needs. The workshop with YAC and the visioning workshop are presented below.

The first phase of data gathering included:

- Stakeholder conversations and engagement.
- Workshops with Clinical Nurses Specialists.
- Workshop with the YAC.
- Large visioning workshop in March 2020.
- Family Forum.

Workshop with Youth Advisory Council

The children designed a graffiti board with 55 messages for children's nurses (Figure 1). The key themes in the messages presented on the graffiti board and the conversations during the workshop are presented below.

Listening

The children outlined on the graffiti board the need for good listening skills and hearing and acknowledging what the child says. An example a child spoke about at the



Parents voice from family forum representative

Some of the contributions from the parent representative from the family forum are outlined below.

Expert Skills

Parents highlighted that the specialised knowledge and skills of the nurse in any speciality was key and that retaining this expertise and the nurse at ward level was important for the future. They identified that education pathways can help support this.

Child and Family participation

The importance of including the child and family was highlighted as important in supporting the child.

Asking children to input will give them great confidence around advocating for themselves, especially as they transition from children to adult care, for example from Temple Street to Beaumont.

Advocating

The role of the nurse as an advocate was seen as essential.

We certainly felt that the nurses became an extension of our family and advocated for and advised us in every decision. They were our first port of call for a voice of reason and support. It's important for nurses to be acknowledged for this aspect of their role.

Digital Solutions

The importance of digital solutions was mentioned, not just in the climate of COVID-19.

Geographically some families are remote and a long drive to get to Dublin can be stressful with a sick child. Being able to touch base via a video call, have access to online resources etc. to reduce the stress levels would be great. I'm probably thinking too basically on that point but having a parents group with access to a Moodle/Blackboard type resource folder that will remind families of important information etc. would be welcomed I think.

Health and Wellbeing

The importance of a holistic approach to the child's overall health and wellbeing is very important to the child and family.

Navigation

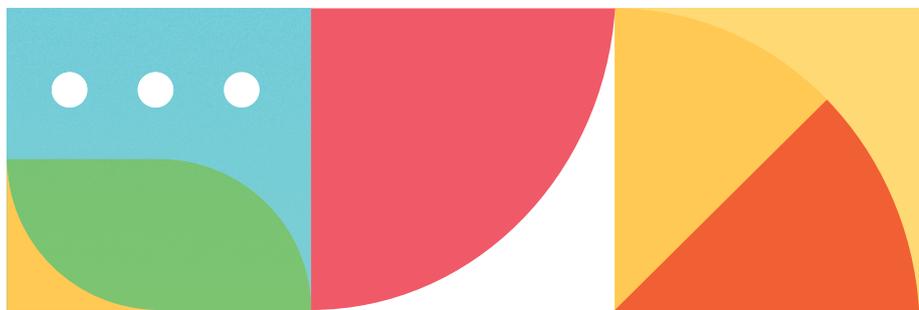
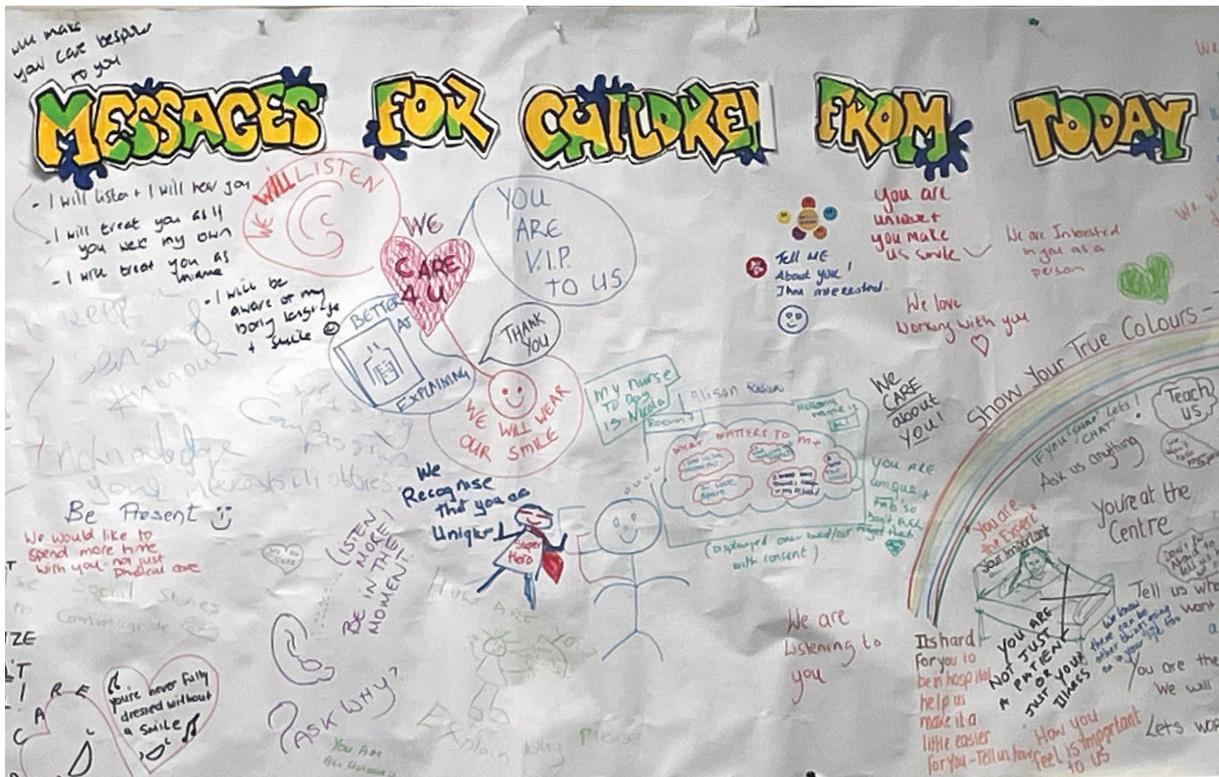
The Health care system can be difficult to navigate and knowing where you, as a parent or family member, can get information can be hard; Small things like showing a basic flowchart of structures or strategies for the future can help to bring clarity where there can be a lot of confusion.

Vision workshop

At the vision workshop, there was very positive collaboration from all attendees and a strong professional identity for the children's nurses emerged when nurses were challenged to respond to the YAC graffiti board. The main messages from nurses to children are captured in figure 2. Key themes that emerged from the workshop participants identified that nurses who work with children:

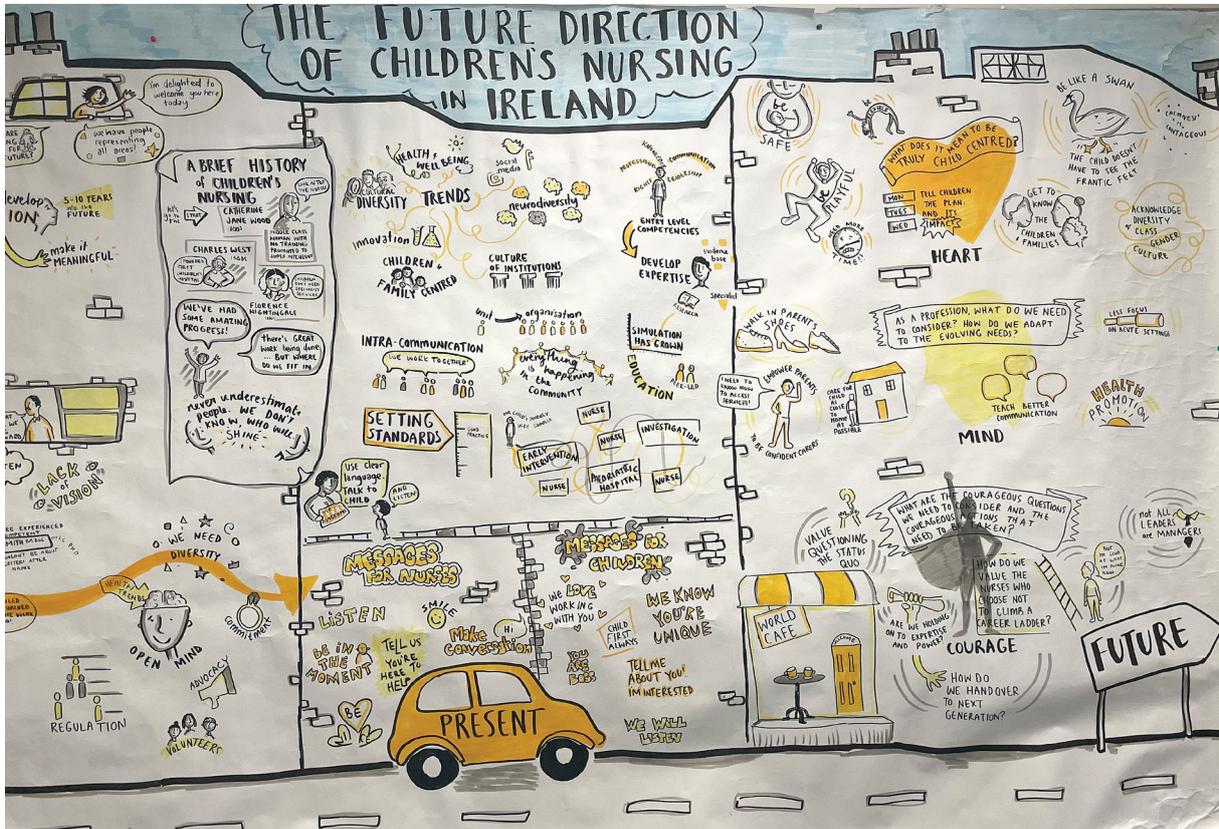
- Value the uniqueness of every child.
- Strive to communicate with children.
- Care about and want to be with children.
- Need time to develop relationships with children.
- Want to help and empower children.

Figure 2: Messages from nurses to children



A graphic artist was engaged to capture the essence of the visioning workshop presented below in figure 3.

Figure 3: Graphic representation of the Vision Workshop



Based on the consultations in phase 1 of data gathering 3 key themes emerged that required deliberation and consideration and informed the second phase of data gathering:

- The model of child and family centred care and what it means for the child and family.
- Professional aspects of the role of the children's nurse including education and scope.
- The need for increased visibility for children's nurses at every level, the leadership capability and skills of the children's nurse and how they can demonstrate their impact through building evidence of outcomes and research.

5.4 Findings from the consultation process phase 2

The second phase of data gathering included;

- Group workshops.
- Open-ended surveys.
- Key informant interviews.
- Written submissions.

Open coding was conducted of all data gathered, in a systematic fashion, to identify pertinent issues. The open codes were grouped into categories and then collated into relevant themes. The categories and themes from each data set are presented in the following tables.

Table 11: Key themes and categories from workshops and survey

Categories	Themes
<ul style="list-style-type: none"> Child and family-centre care Bridge across disciplines Disruptive thinking Ally for marginalised children and families Valuing data Professional opportunities 	<p>Being a children’s nurse</p>
<ul style="list-style-type: none"> Continuity of nursing care Improving complex care services Enhanced out-of-hours community care Mental health chasm Re-imagining school health Developing respite services Enhanced CNS/RANP RANP roles in the community Progressing Standards of care Staffing and retention 	<p>Adapting to changing patterns of needs</p>
<ul style="list-style-type: none"> Non-RCN pathway Digital health / connected teams Lifelong learning Managing data Nursing research development Funding for education and research 	<p>Education and training needs</p>

Table 12: Key themes and categories from invited submissions

Categories	Themes
<ul style="list-style-type: none"> Enhanced child and family-centred care Giving a voice to young people Children influencing research and practice Supporting equality and diversity 	<p>Co-creation of care with the child and family</p>
<ul style="list-style-type: none"> Access to nurse education Fit-for- purpose regulations Interprofessional education Nurse education for community care Incremental education 	<p>Broadening education horizons</p>
<ul style="list-style-type: none"> Digital health Innovative posts to advance research Staffing and retention Developing specialist roles Standards development Nursing documentation Evaluating care 	<p>Leading healthcare reconfiguration</p>



Table 13 : Key themes and categories from expert Informant interviews

Categories	Themes
Social challenges to wellbeing Broader RANP roles Health promotion in the community School involvement	Care following the child and family
Valuing registration programmes Flexibility in education Research skills	Progressing education and valuing evidence
Central communicators Ownership for change Connecting posts across services Taking opportunities to engage	Embracing leadership

The findings from the integration of data from workshops (W), conversations, interviews with key participants (P), surveys (S) and written submissions (WS) are categorised into themes presented below.

A privilege to care

Professional pride was very evident across responses received from nurses caring for children and their families. They frequently referred to the privilege of their unique position in supporting children and their families at the most critical times in their lives. Many spoke of their motivation to care and their commitment to delivering their best for children and their families in their care.

...our ability to be able to adapt to multiple settings and our skill set in looking after the different iterations of childhood gives us an extensive broad knowledge to be able to apply nursing. And I think it enables us then to be able to extend that care and compassion and understanding to looking after the family. (P02)

Reasons for pride in care delivery were illuminated as nurses highlighted the skills, knowledge and therapeutic relationship that underpins the care they deliver which ensures children feel safe and trust the nurse caring for them.

...children's nurses perhaps have a higher commitment to their individual patients than perhaps a lot of other nurses do...because of that relationship that we have, because of that engagement and that trust that we have with families...So you have the potential impact on a life course. And that life courses...is associated with wellbeing and managing health conditions and developmental issues. (PO4)

Allies and advocates for children and their families

Numerous respondents, within and external to nursing, highlighted that the expert knowledge and skills which are essential to the meaningful delivery of child and family centred care are the reason why nurses view themselves as unique allies and advocates for children and their families.

...the skills to provide safe, effective and evidence-based care...and that you understand the developmental process of a child or young person, and that you also understand that that development doesn't happen at a set pattern. (PO1)

Other areas highlighted to by the respondents where nurses identified as allies and advocates included; respecting and honouring children's rights, adapting communication style, advocating for the marginalised, understanding the social determinants of health, and having courage to voice concerns.

..unique position to give voice to the child... (WS29)

....courage to believe in your own intuition no matter what the parameters say...(WS12)

Many respondents highlighted the extra parental support required from nursing and other services. These areas include; the financial and family burden of regular trips to hospital especially to Dublin hospitals; supporting the child with mental health issues; sibling support; parenting skills such as feeding, bathing, managing normal childhood conditions; discussing obesity and caring for children with complex care needs in the home.

....critical areas requiring specific attention that families are struggling with in terms of accessing support and services, nominally, but not limited to, child and adolescent mental health, palliative care and end-of-life, children with life-limiting conditions, rare and complex conditions, disability services and the field of health inequalities and marginalised groups, including health literacy. (WS08)

The need to support adolescents particularly in relation to transitioning to adult services was mentioned in several of the responses.

Special attention should be given to supporting young people as they transition from care in the paediatric hospital to a service in an adult hospital. (WS12)

The importance of having fun and playing with the child was also highlighted across many of the responses. A lack of time due to busy works environments was identified

as a key barrier to using play as a key part of care and necessary to build trusting relationships with children.

For children with chronic illness facing frequent hospitalisation, play is not just nice to have to help pass time, or even a fundamental right, but something that is vital for improving overall wellbeing and meeting developmental goals. (WS12)

Some of the regional/local units situated within adult general hospitals expressed concerns regarding understanding the unique needs of children within their wider hospital community.

...Lack of awareness of the role and skills and expertise of children's nursing. (S375)

Values in children's nursing

The nursing values of care, compassion and commitment were expressed in many responses as key drivers for behaviour as a professional particularly in many of the workshops and survey responses.

...kindness is at the heart of everything you do. Marry theory and clinical experience to give your patients and families the best care... (S122)

....earning children and their families trust by being skilled and competent, kind and compassionate, sensitive and respectful, tenacious and persistent.. (S459)

Many responses mentioned the need for a more holistic approach to child healthcare.

...Children should be cared for as a whole not just the ailment that was originally presented(WS20)

Some challenges to the development of a strong resilient workforce capable of delivering high quality care, managing increasing parental expectations, ethical dilemmas, complexity, transforming policy and service and sicker children were frequently mentioned.

...kindness, less bureaucracy... (S182)

...a safe caring environment to enable all children's nurses to their job effectively. (WS10).



The education of nurses to care for children and their families was a dominant topic across all data gathered. The key issues raised pertained to education pathways, changing education needs, and regulatory support for change.

Education pathways

Many respondents identified the need to increase student numbers to meet workforce demands in children's nursing. Within workshops, and in the written submissions, participants repeatedly highlighted that such an increase needs to incorporate greater diversity in the student body. They identified a specific need for student recruitment drives to encourage more male (he/him/they) applicants and for greater measures to be put in place in hospitals and higher-level institutions to support access to nursing for minority groups. Respondents also advocated for more places to be allocated for level 5/6 career pathways for nursing support roles (HCA) for access into children's nursing.

...campaign and strategies to ensure the structures within the profession are attractive to young men. (WS10)

...special measures to be introduced in Higher Education Institutions to support Traveller and Roma access to training and qualifications as children's nurses. (WS31)

Regional access to education was presented as very challenging. Pockets of innovations were highlighted though overall there was a clear need presented for greater regional accessibility to education to support the espoused Model of Care for children and their families closer to home. This included calls for greater regional accessibility to post-registration education:

To further develop collaboration between Higher Education institute in the regions and the Higher Education Institute aligned with Children's Health Ireland (CHI) to encourage and support nurses who wish to progress their studies, while remaining in the region. (WS38)

There must be strong links forged between CCNE in CHI group and all regional/local paediatric units. (WS23)

Changing education needs

Many submissions and informants also highlighted a need for a greater focus on creating pathways to education for nurses who have extensive experience, but have no formal education, in children's nursing. Some responses recommended that children should only be cared for by RCNs however, the overwhelming majority were in favour of RCNs leading and guiding care. They proposed the development of innovative pathways and solutions to ensure all nurses caring for children had access to continuing professional development to ensure they have the appropriate knowledge, skills and competencies to care for children. There was a sense of frustration in many responses at the lack of a flexible pathway to an RCN qualification for these nurses, with many highlighting the negative impact of this on career opportunities, and for

some their perception of the acceptability in their own work environment.

Reflecting the changing landscape of care delivery, numerous areas were identified for enhanced focus in undergraduate, graduate and CPD programmes. These included issues related to specific care areas and contemporary issues in healthcare delivery including digital health, supporting children and young people with gender issues, care closer to and in the home, and integrated care. Examples given include:

...National learning needs analysis for Children's Nurses working in the community. W(S06)

Psycho-oncology training for paediatric oncology nurses. Essential for nurses to understand the childhood cancer experience (from the child and the parent and sibling viewpoints) and involve children (age appropriate) and families in decision making. (WS11)

A large proportion of workshop and survey responses highlighted the need for mental health/psychological first aid education to enable them to care appropriately for the many children presenting to the acute services with a range of behavioural and mental health issues including self-harm, suicidal ideation and challenging behaviours.

...Combined Children's and Mental Health, and Children's and RNID programmes offered through the HEIs. (WS06)

...Student children's nurses training curriculum should provide students with an awareness of Autistic Spectrum Disorders...existing qualified nurses should also receive up to date training...(WS05)

Throughout the consultations, the words interdisciplinary, intra-disciplinary, multi-disciplinary and transdisciplinary featured frequently. Nurses are at the epicentre of healthcare delivery and many spoke of the need for nursing education to mirror the evolution of integrated care by increasing opportunities for interprofessional education. The value of this was demonstrated in a number of submissions:

Evolvement of nurse-led speciality services/interdisciplinary education that integrates new modalities and technologies, for example, tele-medicine, digital and eHealth will be critical for nurses who provide care to children across all setting. (WS08)

Interprofessional education to ensure we have a shared understanding of the roles that cross across our professional boundaries. (WS10)

Regulatory support for education change

To reflect the changing education needs there were calls by many respondents for more fit-for-purpose professional regulations. This included a call for more lateral thinking by the regulator and educators on innovative placements for undergraduate nursing and more support for incremental and flexible pathways to register as a children's nurse:

Curricula for nursing programmes must reflect the changing nature of health and service delivery, with appropriate clinical placements. A proactive rather than reactive reform of the current curricula, ensuring children's nurses are prepared for the health service which will exist in the future, and are fit for purpose and committed to life-long professional learning. (WS39)



The need to foster strong leadership in children's nursing repeatedly emerged in the data from the workshops, submissions and interviews. A number of areas of significant change in healthcare were highlighted where nurses have opportunities to positively lead change.

Enhancing care delivery closer to home

Many respondents highlighted a need for nursing leadership to support the reconfiguration of community care to enhance care delivery closer to home. This included the development of clinical posts to support areas such as health promotion and access to urgent non-specialist and specialist care.

We need health promotion... health prevention, which might not be the exciting things, they might not be the things that most people think about what we can do for children's health, I think it's really important to the public health side of things. (P06)

...we should really be putting all of our energy into moving specialists, and some acute and general care, out into the community setting. And with that, having that resource led by senior nursing out and around wherever the patient is. So my philosophy would be, my thinking around it is, care follows the patient, the patient doesn't follow the care, which is the way the system is set up at the moment. (P02)

A number of very specific posts were identified for development, including school health nurses, increased child and adolescent mental health posts and an increase in Advanced Nurse Practitioners in the community.

Develop a new Advanced Nurse Practitioner led Hospital to Home team within the acute service to support care beyond the hospital boundaries. (WS10)

There needs to be inter-sectoral collaboration and an example of that is just really working closely with for example schools around education, health promotion and disease prevention. (P05)

Some specific posts at the acute-community interface were also mentioned.

..we should have a general paediatric ANP attached to ambulatory care units/ outpatient services... (WS20)

There were also suggestions for nurse leaders to support enhanced roles in acute and community care for neonatal nurses. This included roles as lactation consultants, neuro-developmental CNSs, and neonatal RANPs to support coordination of discharges to home. Specific mention was also given, in a number of submissions, to the need for nursing leaders to advocate for greater inclusion of RNIDs in any reconfiguration of community care services for children:

An ...RNID should be part of the primary care team to support families in the community who struggle to understand their child's needs with a disability and how best to support them and access support in the community. (WS02)

Safe staffing, retention and development

Participants in workshops, surveys and submissions specifically highlighted the value they place on our student body and newly qualified staff. Supporting and nurturing a respectful working environment for the students and the workforce is essential for positive professional identity and for the future of children's nursing. Issues regarding difficulties of staff retention were highlighted and suggestions to support enhanced retention included enhanced pay and greater funding for professional development. Concern was raised by a number of participants regarding the need for a national safe nurse staffing framework and nationally agreed skill mix ratios across the acute and community children's services.

Leading safer care delivery

The findings indicate a need for nurses to have a greater collective voice regarding the delivery of safe and effective care to children and families in the community. This included reference to the need for greater governance of care delivery from private and voluntary agencies involved in care delivery in the community. It was highlighted that in the absence of national standards of care for children's services there is a risk of fragmented care, geographical inequality and inconsistent care practices.

...paediatrics has so many actors involved and agencies. So it's all about collaboration and it's all about coordination and it's all about integration and it's all about trying to break down the walls and barriers and have a collective voice that actually gets it out there. (P03)

Roles, responsibilities and accountability for the care of the child in the home need to be clearly defined. (WS19)

Central to safer care delivery is the establishment and ongoing development of appropriate IT infrastructure, including point of care testing and data analytics. This was identified as critical to enable children's nursing to learn in action and develop innovative solutions for the services:

... providing real-time feedback on quality, risk, compliance and various other metrics. Moreover, better use of information technology (EHR) to assist with data collection and analysis which can also be used to identify improvement opportunities and support the implementation of the model of care. (WS09)

Access to real time data needs to be improved to enable improvement in service delivery and innovation in practice. (WS19)

The single-patient record was identified as essential to support integrated care:

This means the electronic patient record which includes electronic referrals and tracking with levels of access based on needs of that patient. This will include standardised documentation feedback (e.g. discharge summaries) and coherent documentation of medications prescribed and managed. (WS21)

Connecting posts across services

Developing innovative leadership posts in children's nursing was identified by many as essential to support adaptation to changing patterns in children's nursing. Connected leadership posts were highlighted as important to support an enhanced, collective, strong voice for children's nursing and child health issues; to ensure the continuity of children's nursing faculty; and to support continuous development of critical thinking and research skills to support safe practice. Areas identified for consideration across roles in academia, clinical practice and policy included regional RCN leads, a specific RCN lead in the HSE, and joint professorship posts.

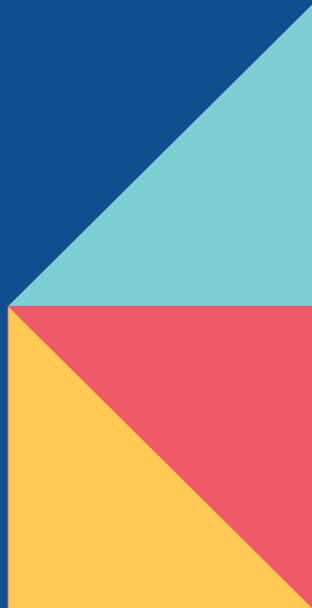
5.5 Summary

The findings presented above, from the scoping review of the literature and the data sets from the consultations reflect the immense changes taking place in the delivery of healthcare to children in Ireland, the changing demographics and epidemiology of childhood illness and increasing complexity in children's healthcare. The need for the advancement of the role of the RCN is demonstrated in the findings of this project, and the crucial requirement for them to lead in the enhancement and innovation of children's nursing services, ensuring excellence in care. This will ensure that children's nursing meets the needs of children and their families, and positively influences the health and wellbeing of children and their families living in Ireland. These needs include care that is child and family centred holistic and focused on child health and well-being, accessible, integrated, inclusive, flexible in terms location, digitally enabled, high quality and evidence based and with the nursing values of care, compassion and commitment at its core. The vision for the future of children's nursing emerged from these key findings Leading the way in the nursing care of children and their families. Areas for consideration to progress the profession and enable implementation of this vision have been identified and reflect the interrelated healthcare issues for children's nurses across healthcare services, research and education. This will include the promotion of RCN led care, enhanced educational pathways, and innovative leadership and workforce planning and these will be presented in the Chapter Six.



Chapter 6.

Strategic Priorities, Objectives and Actions



6.1 Introduction

This project represents an extensive examination of children's nursing in Ireland. The purpose of this examination was to develop a vision for children's nursing that is responsive to the needs of children and their families and a strategic framework to support implementation of this vision. A broad range of stakeholder perspectives was sought and a scoping review of the literature was conducted. The findings mirror many reported contemporary international issues in child healthcare. Due to the large volume of data gathered we mapped the integrated findings from the consultation process against the recommendations of the literature review which enabled us to identify strategic priorities and objectives to support children's nursing in the future (Table 14/Appendix 5). The following strategic priorities have been identified to progress the profession:

Fostering innovative and adaptive leadership and workforce planning.

Advocating as a voice of Influence in the care of children and their Families.

Creating innovative clinical, research and education pathways for nurses caring for children and their families.

The remainder of this chapter is structured under the three strategic priorities with a brief explanation of the importance of each priority, the objectives and actions to progress.

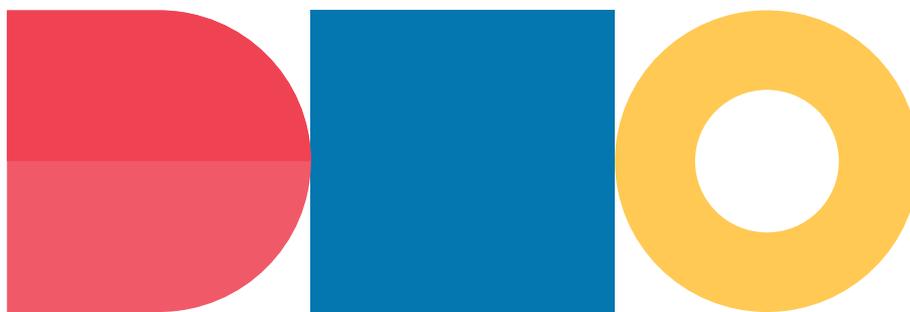


Table 14: Integrated Mapping of Findings–Summary

Recommendations from scoping review of the literature	Integrated consultation findings									
	A voice of influence in the care of children and their families.			Creating innovative, clinical and research education pathways for nurses caring for children and their families.			Fostering innovative and adaptive leadership in nursing and child health.			
	A privilege to care	Allies and advocates for children and their families	Values in children’s nursing	Education pathways	Changing education needs	Regulatory support for change	Enhancing care delivery closer to home	Safe staffing, retention & development	Leading safer care delivery	Connecting posts across services
Vision for nursing children and their families	X	X	X	X	X	X	X	X	X	X
Preparation for entry to children’s nursing.				X	X	X	X	X	X	X
Career development and progression			X	X	X	X	X	X		
Developing nursing services for children and families beyond ‘acute’ hospital services		X	X	X	X	X	X	X	X	X
Supporting nurses working with children in non-designated child health settings and without a child-specific qualification				X	X	X	X	X	X	
Child and family wellbeing	X	X	X	X	X		X	X	X	X
Telehealth in children’s nursing					X	X	X		X	



6.2 Strategic Priority 1

Fostering Innovative and Adaptive Leadership and Workforce Planning

Why is this important for the future direction of children's nursing?

The advancement of excellence in professional leadership, scholarship and clinical practice, and innovation in children's nursing was identified in the findings of this report as critical to making a difference in the health and well-being of children their families and communities in Ireland. Furthermore, the findings also established the critical role the RCN can have in supporting integration across services, sectors and professions through the expansion of networks, collaboration and good communication. Children's nurses working at an advanced level can make a significant contribution to the redesign, development and delivery of new integrated digital accessible services and autonomously manage emerging healthcare needs within the home, primary care, community and hospital settings. This requires national and collective leadership across the profession, a workforce with the capacity and capabilities to deliver high quality care in new and innovative roles and ways of working, and demonstrating impact through data and measurement methods.

Objectives to enable this strategic priority:

1. RCNs will work towards and support the integration of care across the services and the implementation of Sláintecare. Actions to meet this objective include:

- Further develop a culture in children's nursing acute services of actively seeking home based or community solutions for acute care delivery and reducing current hospital centric model of care.
- RCNs will work towards the development of competencies in interprofessional work environments in the community setting.

- Strengthen collaborations with public health nursing to support care in the community.
- Consideration will be given to the formation of an integrated nursing group to explore the potential role of the children's nurse to support care for children in the community particularly with regard to caring for children with short episodes of acute illness that can be managed at home, chronic disease and complex healthcare needs.
- Explore further development of roles that have proven proof of concept to support care for children closer to home. e.g. Coordinator for Children with Life Limiting Illness
- Identify the supporting governance structures required to enable care closer to home and ambulatory care at the acute-community interface for nursing interventions traditionally performed in the acute hospital.
- If more RCN roles are developed in the community, develop as appropriate competency and career frameworks to enable RCNs to lead and deliver care to children in the community as part of the wider community nursing workforce.

2. RCNs will develop an innovative national children's nursing strategic workforce plan that is evidence-based, contemporary and capable of meeting the needs of children and their families. Actions to meet this objective include:

- Compile national workforce data to understand recruitment and retention of children's nurses, monitor turnover rates including international recruitment and supply from education programmes and other nurse sensitive workforce data and to support evidence-based decision making on investment in children's nursing.
- Engage with the office of the Chief Nursing Office (CNO) to progress the development of a national safe nurse staffing framework inclusive of agreed skill mix across acute and community settings.
- Engage with all relevant stakeholders in children's nursing to work towards development of a national children's nursing specific retention framework and address workforce policies related to the issues known to impact nurse's retention in practice settings.
- Develop and enable senior nurse's leadership skills to support a respectful work environment that encourages self-care and empathy amongst members of the profession and use of supports available to all nurses.

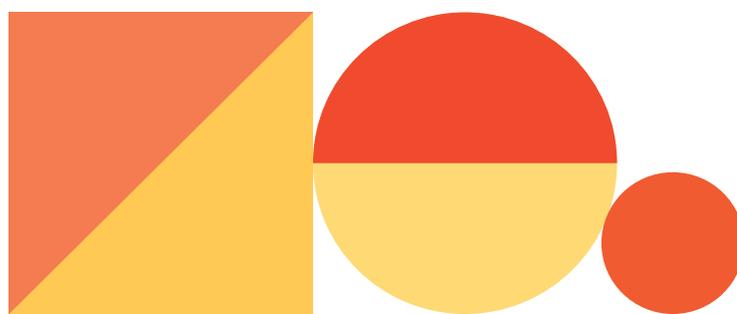
- Implement career planning for early and mid-career children's nurses at all grades. Children's nurse leaders to encourage all children's nurses to utilise supports such as the professional developments planning framework/work books available from the ONMSD in preparation for NMBI plans for implementation of Managing the Maintenance of Professional Competence Scheme (NMBI, 2020).
- Optimise the sustainability of the workforce through continuation of the strong partnerships with HEIs and CCNE/CNMEs.

3. RCNs at all levels will be encouraged and supported to engage in innovation and service design to support the delivery of care to children and their families. Actions to meet this objective include:

- RCNs at all levels will take action to engage in and support digital transformation to support the delivery of care to children and their families.
- RCNS will identify and maximise on the benefits realised by accelerating and enhancing innovative digital technologies to facilitate flexibility within nurse led services for children and their families during the COVID 19 pandemic.
- Collaborate with internationally recognised centres of excellence and organisations engaged in the design and delivery of digital healthcare to facilitate digital learning and seek creative funding solutions to progress innovation.
- Work and collaborate with the ONMSD and external partners to ensure implementation for the digital roadmap for nursing.
- Pursue greater inclusion of all nursing and midwifery disciplines and the multi-disciplinary team in areas of interdependency in the design and delivery of nursing care for children and their families in the acute and community setting.
- Encourage and empower all RCNs as professional leaders through leadership development initiatives and strive to strengthen clinical leadership to ensure robust clinical input into design, implementation and evaluation of services.



- Consideration will be given to the appointment of innovative connecting posts across academic, clinical and policy arenas to support adaptation to changing patterns in children's nursing.
 - Explore the development of a senior RCN role within the ONMSD to consider RCN developments in children's health care and children's nursing across the services delivering care to infants, children and young people.
 - in partnership with CNO, DoH, CHI, and HSE Clinical Programme for Children, explore requirement and impact of senior children's nurse's leadership (DON) roles across the new Regional Health Areas' (RHA's) and to support implementation of the national model of care and Sláintecare.
 - CDON of CHI to work with CHI executive in pursuit of a joint professorship with CHI and HEIs.
- Enhanced nurse, Clinical Nurse Specialist and Advanced Nurse Practitioner roles will be explored and developed in acute and community settings in accordance with national policy and Nursing and Midwifery Board of Ireland criteria in response to identified service need.
- Explore the potential of a leadership role for transition coordinators in both the adult and children's hospitals to work together in planning successful transitions across the specialities and professions and the ongoing support required for adolescence
- Develop role of the HCA in direct care as set out by the HSE (2018b) and support full implementation of any training requirements that may arise from the implementation of the Health Care Assistant Review Final Report 2018 (HSE, 2018b).



4. RCNs will be supported to lead and strengthen performance, quality and safety measurement and improvement processes that are contemporary and evidenced based. Actions to meet this objective include:

- Embed a culture of quality and safety that encourages critical thinking, enquiry and learning from error and near misses in all children's nursing services. Consider developing a national programme of Learning from Excellence for children's services.
- Determine what national data is required by children's nursing to provide meaningful information and advanced analytics to support quality and safety measures and improvement processes.
 - Identify and develop a national minimum set of children's nursing services sensitive key performance indicators in the acute and community settings to support measurement of the impact of children's nursing using the DoH (2017) national framework (Structures, processes and outcomes); thus enabling benchmarking and identification of variance in quality or modes of delivery of care.
- Collaborate with public health nursing to explore the development of quality metrics for children requiring complex care in the home.
- Explore with ECHO colleagues the benefits of international accreditation (e.g. Magnet) including the development of bespoke child rights based children's services accreditation if that is not included in the existing accreditation scope.
- Encourage all nurses who care for children to adopt a holistic approach to care using Making Every Contact Count (MECC) Programme ensuring health promotion and prevention are included in care delivered to children and their families particularly targeting families with greater needs.

5. RCNs will work to support improvements in access to scheduled care, more timely access to care and reductions in the number of children waiting for services. Actions to meet this objective include:

- Explore the advancement and increase in the number of nurse led services through use of supportive data to resource new nurse led pathways to access care.

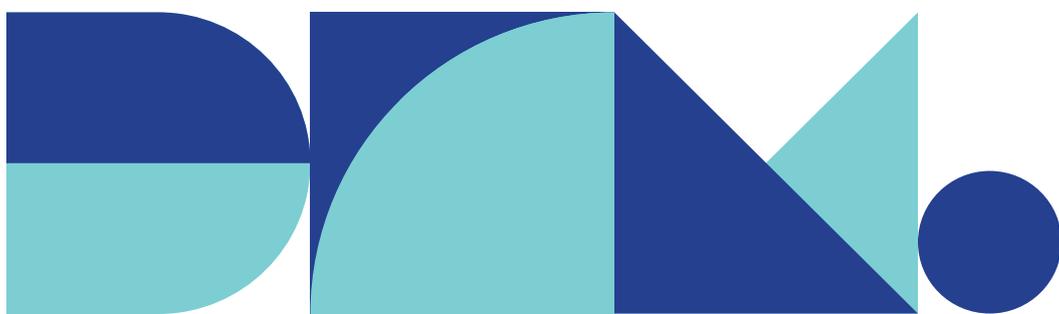


6.3 Strategic Priority 2

Advocating as a Voice of Influence in the Care of Children and their Families

Why is this important for the future direction of children's nursing?

The importance of the unique expert knowledge, skills and competencies of the RCN essential to delivering child and family centred care was found to be key to future child and family health and wellbeing in Ireland. A challenge identified for the future is how to ensure that high quality safe child and family centred care is to the forefront of all care in all healthcare settings delivered by all nurses irrespective of registration/qualification of the nurse/care provider. A specific gap was identified in relation to the absence of national standards of nursing care for children and their families. This gives rise to the risk of fragmented care, geographical inequality and inconsistent care practices across services which are poorly represented by RCN's. Another challenge identified for all healthcare professionals, including RCNs, is how to ensure meaningful participation of children and their families in all services, education and research to ensure high quality healthcare in the future. The findings of this report highlight some of the inequalities in accessing care by vulnerable and disadvantaged families, and demonstrate the need for strong advocates in children's health and related services for these children and their families. This report acknowledges that children's health and wellbeing is the responsibility of many disciplines and professions however, the RCN is uniquely positioned as a voice of influence and advocate for the highest standards of child and family centred care for all children and families (Coyne et al, 2011).



Objectives to enable this strategic priority:

6. RCNs will ensure that child and family centred care is at the core of all service delivery in all settings. Actions to meet this objective include:

- RCNs will support and promote a rights based humanistic approach to all care delivery to children and their families.
- RCNs will pursue the development and implementation of a national philosophy of child and family centred care.

7. Children and their families will increasingly be included in the development, design and delivery of care, services, education programmes and research. Actions to meet this objective include:

- RCNs will partner with children and their family to define, design, provide and evaluate care and support children and their family in self-management of care.
- Highlight to all nurses caring for children the importance of children and their family's participation in care delivery and planning.
- Work with partners to develop a cross-agency plan to enable children and their family's participation in the design and delivery of care, services, education and research in line with The National Implementation Framework for Children and Young People's Participation in Decision-making (DCEDIY, 2021).
- Collaborate with children, families and HSE and other relevant agencies to develop a national child and family patient experience feedback survey similar to adult and maternity services.



8. RCN's will ensure they are a meaningful voice for, and with, the child and family. Actions to meet this objective include:

- Advocate and support children's efforts to participate in information-exchange and healthcare decisions that affect their lives.
- Endeavour to ensure nursing care is inclusive and reflective of multi-culturalism and healthcare needs of a diverse population.
- Review educational offerings at undergraduate, postgraduate and continuing professional development level with relevant stakeholder's to ensure children's rights and advocacy is embedded in all programmes.
- Work with HEIs, CCNE/CNMEs and HSE to develop a suite of advocacy CPD to support nurses in their role as advocates.
- Review SCNN network, function, objectives and role as an advocate for children's health and well-being.

9. RCNs will be supported to lead, contribute and consult nationally and internationally, on issues pertaining to care and children's health and wellbeing. Actions to meet this objective include:

- Collaborate with the ONMSD and the Clinical Programme for Children to facilitate RCN representation/voice in all HSE/DoH activity relevant to children's health and well-being in Ireland.
- Work with, and leverage, the European Children's Hospitals Organisation network to promote and support children's nursing in Ireland and across Europe.



10. The specific needs of children in the hospital, community and home, and the specific knowledge, skills, competencies and contribution of RCNs to address these needs, should be more clearly articulated, recognised and valued. Actions to meet this objective:

- Explore with key stakeholders the development of national children's nursing standards of care which will be aligned to national policy and service standards and direction to ensure the knowledge, skills and competencies of the RCN is central to care delivery in all settings by all nurses who care for children.
- Raise awareness nationally of the issues and complexity of children's care, the lifelong impact, and health and social gain achieved by addressing their particular needs in relation to health and wellbeing at the earliest opportunity in all settings. In particular:
 - Adult regional and local hospitals where children are cared for e.g management of the acutely unwell child; the impact of caring for children with mental health/behavioural issues in an acute setting; staffing.
 - Adult services: to address the need for successful transitions for young people to ensure best health and wellbeing outcomes.
 - Community settings: with regard to palliative care, holistic child and family health and wellbeing, chronic illness, mental health, behavioural issues.
 - Care in the home: caring for children with complex healthcare needs and the impact on the child's and the family's life and specialised care required.
- Pursue greater inclusion of all nursing disciplines and the profession of midwifery in areas of interdependency in the design and delivery of nursing care for children and their families in the acute and community setting.

As a shorter term priority, we make the following recommendation to enable RCNs to lead in the care delivered to children in the community:

- Implementation of the recommendations of the Draft National Quality Assurance Initiative Children with Complex Healthcare Needs Report (HSE, 2019).
- Full implementation of the Clinical governance and operational arrangements for supporting a model of care for children with life limiting conditions towards the end of life in the community in Ireland (HSE, 2020).



6.4 Strategic Priority 3

Creating Innovative Clinical, Research and Education Pathways for Nurses Caring for Children and their Families

Why is this important for the future direction of children's nursing?

This project highlights the changing landscape of child health and wellbeing, particularly the move to community-based care. Nursing education and professional development needs to adapt to these changing patterns. There is increasing diversity within the Irish population and the nursing workforce of the future must be reflective of society. Robust evidence is emerging that demonstrates a diverse workforce, where all staff member's contributions are valued and is linked to good patient care (Kline, 2014). Within the academic community there are several internationally renowned children's nurses conducting research and contributing to national and international reports on a wide variety of topics related to children's care. However, to achieve the vision for this strategy Leading the Way in the Care of Children and their Families there is a need for greater involvement of children's nurses in building world class evidence and research, and to safely bring the children's voice into the centre of interdisciplinary and nursing specific research in order to have real impact on the lives of children and their families in Ireland.

Objectives to enable this strategic priority:

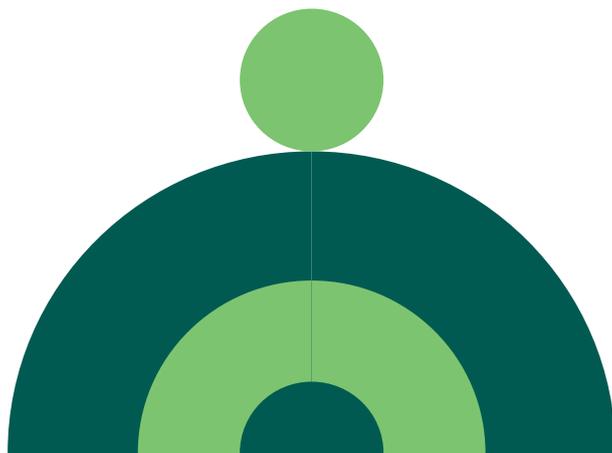
11. Higher Education Institutions and the Health Service Executive will strive for greater diversity in the undergraduate and graduate student body. Actions to meet this objective include:

- HEI and clinical partners to review children's nursing marketing and recruitment strategies to ensure a continued emphasis on widening participation and accessibility to educational opportunities for all groups.

- HEI’s to continue working with access and widening participation in educational services to ensure equality, diversity and inclusion in all policies and practices concerning students in children’s nursing programmes.
- HEI and clinical partners to continue to work collaboratively to ensure comprehensive supports for all students.

12. A review/examination of children’s nurse’s registration programmes to ensure they are reflexive and adaptive to the changing complexity of the needs of the child and family. Actions to meet this objective include:

- Explore alternative points of entry into children’s nursing education programmes and the register; including graduate entry programmes.
- Engage with appropriate policy and regulatory bodies to ensure children’s nursing programmes are contemporary and meet service user needs.
- Continue annual reviews of children’s nursing educational programmes to ensure that they remain relevant, reflexive and adaptive to the changing healthcare needs of children, young people and their families, and national and international benchmarks.
- Continue current CHI centralised application process into the Higher Diploma in Children’s Nursing programme and work with HSE to enhance this system to be responsive and adaptive to change in access to it and /new programmes in the future. Collaborate with midwifery and public health colleagues to gain understanding of the national system for their post graduate registration programmes.
- Collaborate with third level institutes to develop and progress nursing undergraduate and post graduate modules for digital learning.



13. Consideration will be given to the development of flexible education pathways for registered nurses with no formal qualification in children's nursing. Actions to meet this objective include:

- HEIs and clinical partners to engage with NMBI and explore the benefits to reviewing regulations for entry to the RCN register - harmonising children's nursing education with a system of post-registration credentialing of experience to facilitate nurses working to their full scope of practice in dynamic interprofessional teams in children's services.
- Engage with HEIs, NMBI and DoH to examine opportunities for the development of flexible pathways to RCN registration for nurses who care for children that specifies the knowledge, skills and competencies to practice as a children's nurse. These pathways should be inclusive of different pedagogical approaches to teaching and learning, incorporating theoretical and clinical components in a hybrid approach to increase uptake of the programmes regionally in collaboration with clinical sites local to the student.
- Collaborate with NMBI to explore credentialing measures in adaptation programmes that are specific for nurses who are working with children to facilitate international recruitment.

14. Increase capacity on undergraduate and graduate programmes supported by innovative funding models. Actions to meet this objective include:

- HEI and clinical partner sites to collaborate with policy, service and regulatory bodies to:
 - identify the numbers of RCN graduates required to meet service needs.
 - identify capacities for student numbers in light of regulatory standards and requirements for clinical instruction.
 - identify innovative funding models for children's nursing education.
- Innovative clinical placement options that are evidence-based will be explored with NMBI and DoH to ensure RCN supervision requirements do not preclude innovative placements. For example, consider:
 - Placements in regional and local hospitals, the home and community.
 - Virtual and simulated placements.
 - An interdisciplinary clinical supervision framework for clinical placements outside of nursing e.g. Tusla placement.

15. Graduate and CPD programmes will be developed in response to changing needs, with increased regional access provided to these programmes. Actions to meet this objective include:

- Consider a national standardised approach to CPD based on a learning needs analysis that is responsive and adaptable to local needs in the development, delivery, and evaluation of graduate and CPD programmes.
- Explore the development of a national competency framework to support national standards of care for all nurses caring for children.
- Enhance the strong links and collaborations between the HEI, NMPDUs, CNMEs and the regions.
- Consider innovative funding to support new children's nursing programme developments including theoretical and clinical placement components.
- Aim to incorporate flexible blended learning options in all education and CPD programmes to include interprofessional education, simulation, innovative technology and digital health to facilitate course attendance and assessment. Ensure the programmes remain nationally and internationally current and are agile to adapt to changing educational requirements.
- Promote greater regional access to CPD through the creation of a cohesive education strategy between Centre for Children's Nurses Education (CCNE) and the regional Centres for Nurses and Midwifery Education (CNME).
- Consider extending the development of additional regional education groups to support CPD for all nurses caring for children across the acute and community settings to include examination of engagement of specialist co-ordinator (Children's) in each area and governance.
- Embed leadership knowledge, skills, attitudes and behaviours in all programmes and collaborate with the National Centre for Clinical Leadership Centre to ensure children's nurses are participating in leadership development at every level.
- Encourage children's nurses to engage in CPD in areas such as informatics, digital ways of working, design thinking and data analytics to embed creativity and innovation in the profession.
- Explore development of bespoke CPD for RANPs/CNSs to include exploration of future access to PhD and Professional Doctorate programmes.

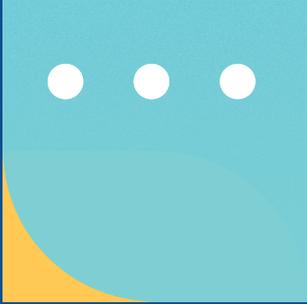
- Continue to address the specific and multi-faceted needs of nurses working in specialised areas through liaison with HEIs and further development of foundational programmes.
- Aim to develop a suite of CPD to support new graduate children's nursing skills and competencies in high dependency care environments.
- Explore the development and evaluation of graduate nursing programmes in child and family centred health for non-hospital and home nursing.
- In collaboration with colleagues in CAMHS, work towards the development of CPD for children's nurses to address caring for children with mental health issues and managing challenging behaviour to support high quality care for these children and their families in the acute services.
- Work with HEI to develop CPD programmes to enable nurses to develop their presentation and critical writing skills to support them with their research dissemination activities.

16. RCNs will be supported to deliver evidence-based care through engagement in practice development initiatives and research projects; including support in project development and participation and dissemination activities. Actions to meet this objective include:

- Explore, establish and sustain clinical and academic research partnerships/ networks locally, nationally and internationally including the Paediatric Academic Health Sciences Network currently under development.
- Consider the development of a children's nursing research priorities plan.
- Embed a culture within children's nursing at all levels of the value of research including protected time to engage in research activities and translation of nursing research into clinical practice, policy, procedures, protocols, guidelines, and care plans
- Encourage inclusion and engagement of RCNs in the Paediatric Academic Health Sciences Centre currently being developed to support education and research partnerships.

- Support and enable the growth of clinical nursing research leadership via mentoring and supervision within the clinical environment and with support of academic partnerships.
- Support and enable the local, national and international dissemination of research via presentations at research and audit days, annual conferences, seminars etc. and publications of research findings in international journals.
- Work towards the development of clear research career pathways for children's nurses, particularly RANPs, PhDs and Professional Doctorates.





Chapter 7.

Conclusion

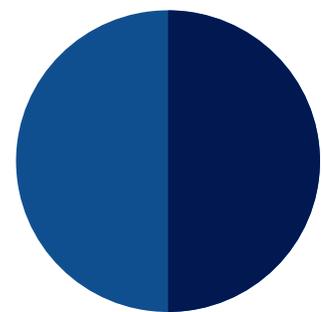


We earnestly believe that improving child health in Ireland will be realised by thinking differently, breaking traditional paradigms and joining together in a shared vision to tackle current and future challenge (HSE/RCPI, 2016, pp. 2).

Children's Health Service Provision is rapidly transforming with the implementation of the model of care (HSE/RCPI, 2016) and government policy Sláintecare (GoI, 2017). Children's nursing practice and education must take cognisance, and adapt and evolve in line with the development of the new children's hospital, urgent care centres, managed clinical networks and new technologies (NMBI, 2016; NMBI, 2018). The proposed establishment of the Paediatric Academic Health Sciences Centre, the Children's Research and Innovation Centre and the Academic Health Science Network present exciting opportunities for children's nursing to engage in building evidence through research that is integrated across care, and education as part of multidisciplinary teams that will improve health and wellbeing outcomes for children across Ireland. Additionally, the growth in complexity of the care needs of the child and family and their increasing expectations requires reflection and consideration. Furthermore, children and their families right to participate and have their views taken account is a key national strategy that children's nurses must take account of (DCEDIY, 2021). The COVID 19 pandemic has had significant implications for children and their families that have yet to be realised and many of the learnings and new ways of working developed over the pandemic will require further development and enhancement by the children's nurse of the future. The implications of these key policy and service development informed the project by presenting an opportunity for children's nurses to deliberate on the future of the profession, and how to ensure its contribution for a transformed children's health service.

This report represents a significant examination of children's nursing in the current context. It outlines the findings and the priorities, objectives and actions required to progress the discipline and profession. The project team sought involvement from all nurses delivering care to children across the range of services, but predominantly in the acute service where a significant proportion of RCNs are based. When identifying the vision for the future of children's nursing, alignment with the principles of the Model of Care (HSE/RCPI, 2016) was key. These include:

- **Integration**
- **Service planning**
- **Prevention strategies**
- **Workforce planning**
- **Research**
- **Networks of Care**



An important observation of this report is that children's nurses are one core group with a unique knowledge and skill set that provide care to children however, children's health and wellbeing is the responsibility of many nursing and midwifery professionals as well as many other professions. This presents a national challenge to eliminate variance. The significance of ensuring all children receive a similar standard and core philosophy of child and family centred care by appropriately educated and skilled nursing professionals was highlighted. A key finding included the need for a holistic approach to children's health and wellbeing by all professionals involved in providing care to children. Building family strengths with a specific focus on child and family health and wellbeing was identified as important for the future. Throughout this project, there has been very positive collaboration and engagement with a wide variety of professionals who share the privilege and pride described by RCNs in their ability to care for children and their families. Interdisciplinary working and learning, partnerships and networks are the building blocks to the future of integrated care described by Sláintecare (Gol, 2017) and the Model of Care (HSE/RCPI, 2016). The findings point towards the expert knowledge skills and competencies of the RCN that will be required to lead, guide and support care across a multitude of healthcare settings; some not evident today, in new and innovative connecting roles and ways of working.

Other significant findings in this report include the need for more inclusive education and professional development pathways for nurses who care for children including those in the wider community with limited access to the structures within children's nursing such as the Centre for Children's Nurse Education. While a strong focus of services and policy reform is towards care closer to home, this report found evidence of the need to also focus on education and workforce planning for nurses working in specialist areas. This includes developing skills in high dependency nursing early in the career of the children's nurse reflecting the complexity and acuity of children presenting to hospital today. The role of the expert nurse as mentor and role model was identified as a key component in supporting and developing early career nurses, and the necessity to support and allow protected time to enable them to fulfil this role was evident. Robust workforce planning, and development of the role of the RANP across all services was found to be critical to ensure the availability of a sustainable workforce with the capacity and capability to meet the current and future needs of children and their families.

This report reflects many voices, but especially the voice of the child and family by identifying their unique needs and perspectives. It is also significant to highlight the voice of the large number of contributions from children's nurses delivering direct care across wards and the community in this country. A key enabler to support this advancement of the discipline of children's nursing is the very positive professional identity that emerged in the findings, and the value RCNs place on their profession and their role in supporting and meeting the needs of children and their families. Significantly, this project has established that the advancement of excellence in professional leadership, scholarship, clinical practice and innovation in children's nursing is critical to making a difference in the health and well-being of children their families and communities in Ireland.

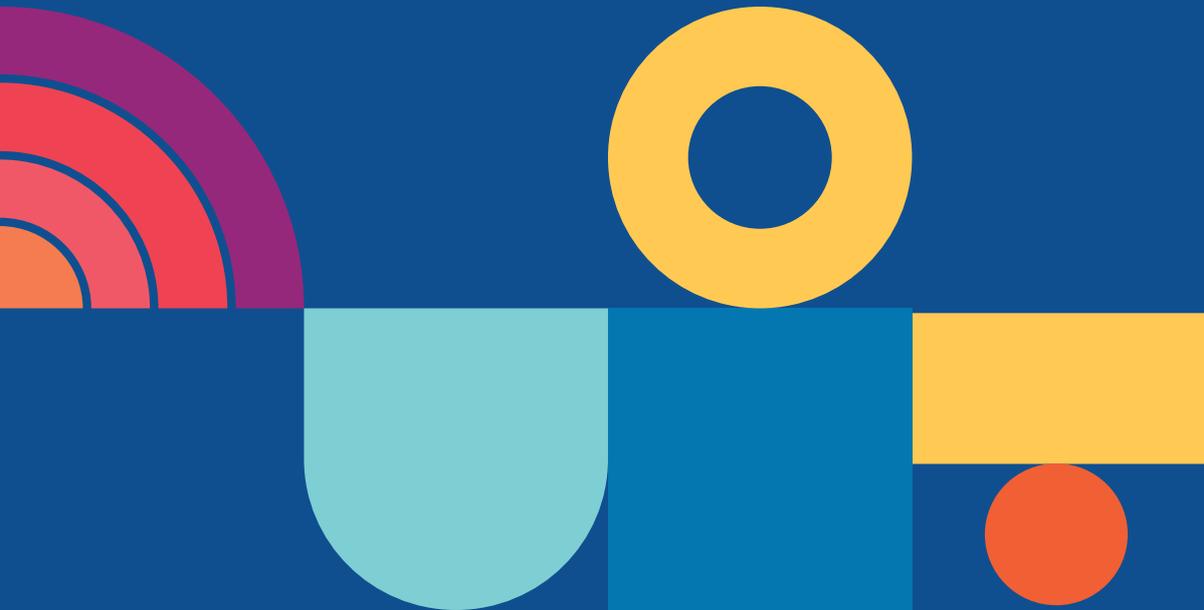
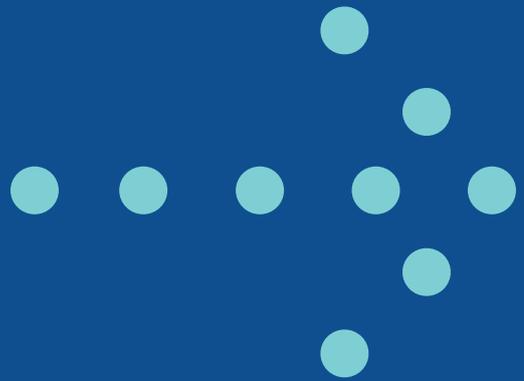
Final Objective

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The Chief Group Director of Nursing, CHI in partnership with the Office of the Nursing and Midwifery Services Director will, in the first instance, endeavour to initiate an appropriate mechanism to progress, as appropriate, implementation of the projects strategic priorities, objectives and actions. Actions to meet this objective include:

- Explore the engagement of a project lead to develop in so far as possible an initial achievable implementation plan.
- Explore the option of a group to assist with the ongoing implementation

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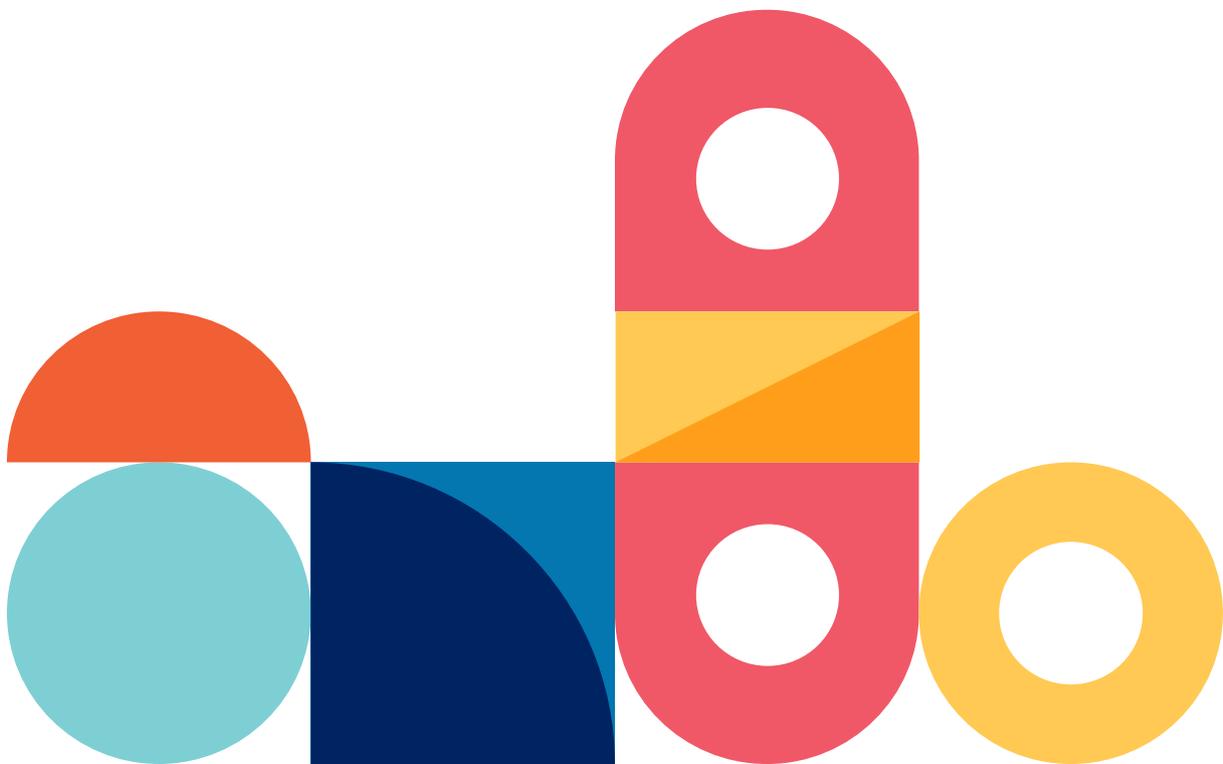
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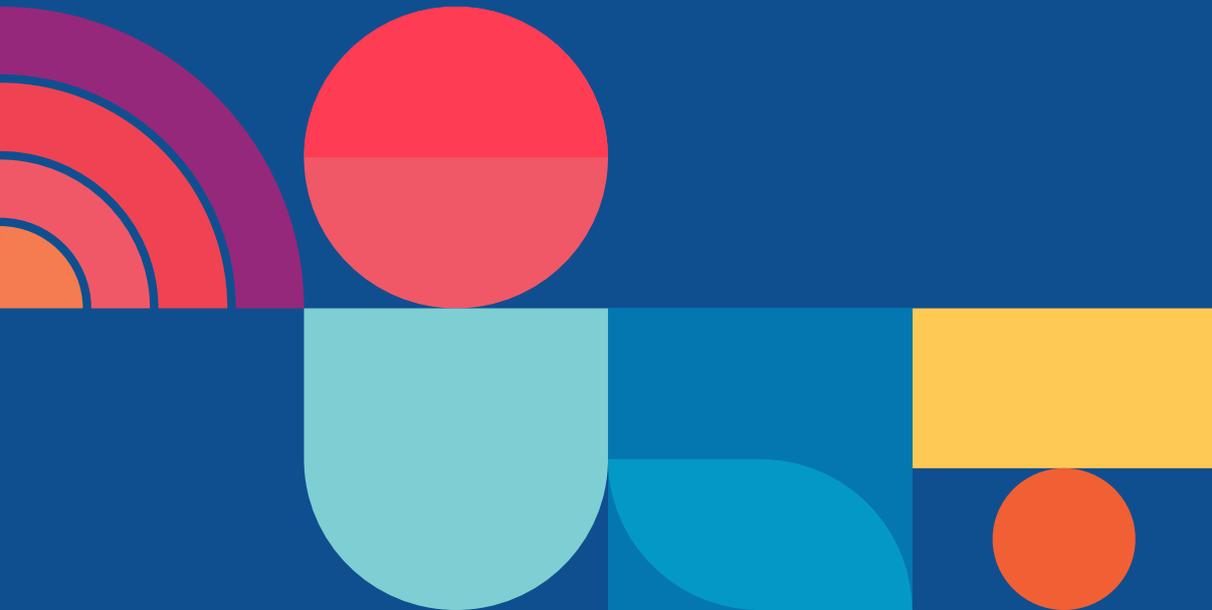
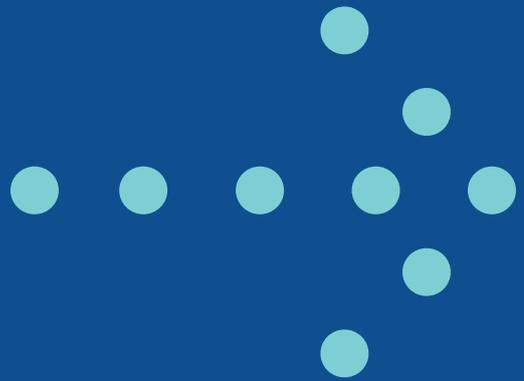
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Appendix



Appendix 1 Attendance by Group at Visioning Workshop March 6th 2020

Children's Health Ireland

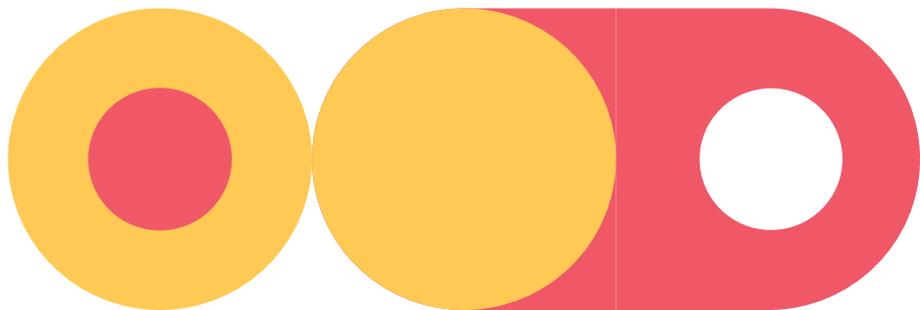
- Chief Director of Nursing
- Directors of Nursing
- Assistant Directors of Nursing
- Advanced Nurse Practitioners
- Clinical Nurse Managers
- Clinical Nurses Education Facilitators
- Clinical Nurse Specialist
- Staff Nurses
- Student Nurses

Regional and Local Paediatric Units (Staff nurses, Clinical nurse managers and Clinical nurse specialists, Advanced Nurse Practitioners, Life limiting Coordinator and Assistant Directors of Nursing)

- Beaumont Hospital
- Cappagh Hospital
- University Hospital Galway
- University Hospital Cork
- Our Lady of Lourdes Hospital, Drogheda
- Midland Regional Hospital, Portlaoise
- Portiuncula University Hospital
- Sligo University Hospital
- Midland Regional Hospital, Mullingar
- South Tipperary General Hospital, Clonmel
- Letterkenny University Hospital
- Waterford University Hospital
- St Luke's General Hospital, Carlow/Kilkenny

Centre for Children's Nurse education and Centres for Nurse and Midwifery education

- Director of Centre for Children's Nurse Education
- Nurse Tutors
- Limerick
- Mayo/Roscommon



Higher Education Institutions

- Trinity College Dublin
- University College Dublin
- Dublin City University
- University College Cork
- University College Galway

Nursing and Midwifery Board of Ireland

Department of Children and Youth Affairs

Office of the Ombudsman for Children

Child and Adolescent Mental Health Services

- Linn Dara
- Drogheda Community CAMHS Service

Public Health Services

- Dublin North
- Complex Care Needs Coordinators

Practice Nurses

- HSE, Practice Nurse Coordinator

Irish Nurses and Midwives Organisation

Maternity Services

- Rotunda Hospital
- Sligo University Hospital
- Portiuncula University Hospital

Intellectual Disability Nursing Services

Hospice Services

- Laura Lynn

Office of Nurse and Midwifery Director

- NMPDU's Dublin, Kildare and West Wicklow, South East
- Nurse Prescribing
- Chief Nursing Information Officer

HSE

- Clinical Programme
- Practice Nurse Coordinator
- National Ambulance and transport



Appendix 2 Survey Questionnaire



The Future Direction of Children's Nursing in Ireland

Please ✓ all that apply

Registrations	<input type="radio"/> RCN <input type="radio"/> RGN <input type="radio"/> RNID <input type="radio"/> RPN <input type="radio"/> RM Other please state _____
Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
Age Group	<input type="radio"/> <20 <input type="radio"/> 20-29 <input type="radio"/> 30-39 <input type="radio"/> 40-49 <input type="radio"/> 50-59 <input type="radio"/> 60-65
Place of Work	Please state your hospital _____
Education and Training Please ✓	<input type="radio"/> Hospital Trained <input type="radio"/> Certificate <input type="radio"/> Bachelor of Nursing Science <input type="radio"/> Higher Diploma <input type="radio"/> Post-Graduate Diploma <input type="radio"/> Masters <input type="radio"/> PhD Other please describe _____
Current Role	<input type="radio"/> Intern/Hdip student <input type="radio"/> Supernumerary student Nurse. Please state year below <input type="radio"/> Staff Nurse <input type="radio"/> Clinical Nurse Manager <input type="radio"/> Clinical Nurse Education Facilitator <input type="radio"/> Clinical Nurse Specialist <input type="radio"/> Advanced Nurse Practitioner <input type="radio"/> Assistant Director of Nursing <input type="radio"/> Nurse Tutor <input type="radio"/> Non nursing medical/HSCP Other please describe _____
Years of nursing Experience Please ✓	<input type="radio"/> <1 year <input type="radio"/> 1-5 years <input type="radio"/> 6-10 years <input type="radio"/> 11-20 years <input type="radio"/> 20 + <input type="radio"/> N/A
What does being a children's nurse mean to you?	
What will children and their families need from nurses in the next 5-10 years? Consider <ul style="list-style-type: none"> • Care in the home (what can be done here) • Care in the community • Care in the hospital (what can be moved to the home or community) 	
What supports need to be in place to ensure children's nurses can meet these needs?	

Appendix 3 Invitation to Participate in Consultation Process- Written Submission

The Future Direction of Children's Nursing in Ireland



Invitation to Participate in the Consultation

To whom it may concern

As a key stakeholder in children's health care services and children's nursing in Ireland we would like to invite you to contribute your views and unique perspectives on the future direction of children's nursing in Ireland.

Background

Children's healthcare in Ireland is changing with the development of the new children's hospital, urgent care centres, an integrated national network for paediatrics and *Sláintecare's* focus towards a community-led model that is responsive and focused on outcomes with a greater emphasis on prevention and population health improvement. In this rapidly changing environment the role of the children's nurse must evolve to ensure the needs of children and their families are met. This presents both opportunities and challenges for children's nursing and the role of the Registered Children's Nurse(RCN) and the other nursing disciplines who care for children.

Children's Health Ireland and the Office of the Nursing and Midwifery Services Director, HSE have initiated a national project to outline a vision and a strategic framework for the future direction of children's nursing in Ireland. A national project steering group has been established to oversee the project on an ongoing basis and this group is supported by an expert advisory panel of senior Registered Children's Nurses (RCN). To date there has been extensive stakeholder engagement culminating in a large visioning workshop in March this year.

We would like to hear your suggestions, important ideas and assessments of the opportunities and challenges for the future direction of children's nursing.

Outlined below are questions to guide your considerations. As this is a broad consultation please focus on the area's most pertinent to your area of expertise/interest.

Key Questions to guide your considerations:

1. **What will children and their families need from children's nurses in the next 5-10 years in relation to:**
 - a. Hospital care?
 - b. Care in the home?
 - c. Care in the community?
2. **What supports need to be in place to ensure children's nurses can meet these needs?**
3. **Any other ideas/comments**

Thank you for taking the time to consider this invitation and we look forward to receiving your submission.

Appendix 4 List of Received Written Submissions

1. Academy of Clinical Science and Laboratory Medicine.
2. Association of Optometrists Ireland.
3. Child and Adolescent Mental Health Services, Linn Dara.
4. Cheeverstown's Children's Nursing Team.
5. Childhood Cancer Foundation.
6. Children in Hospital Ireland.
7. Children's Health Ireland, Advanced Nurses Practitioner Group.
8. Children's Health Ireland, Haematology/Oncology Nursing Team.
9. Children's Health Ireland, Laurel's Clinic.
10. Children's Health Ireland, Ms Suzanne Byrne.
11. Children's Health Ireland, Nursing Executive Team.
12. Children's Health Ireland, Paediatric Forensic Medial Unit Coordinator.
13. Children's Nursing Team, Dublin City University.
14. Children's Nursing Team, School of Nursing & Midwifery, Trinity College Dublin.
15. Children's Nursing, Team in University College Dublin.
16. Director of the Centre of Children's Nurse Education.
17. Dr Angela O'Leary, Principal Medical Officer, Cork Kerry Community Healthcare.
18. Dr Frances McCartan, Consultant Paediatrician, Midlands Regional Hospital Mullingar.
19. Dr Frances Enright, Consultant Paediatrician, Mercy University Hospital, Cork.
20. Dr Maybelle Wallis, Consultant Paediatrician, Wexford General Hospital.
21. Dr Niall Muldoon, Ombudsman for Children.
22. Dr Paula Cahill, Consultant Paediatrician, Portiuncula University Hospital.
23. Dr John Smith, Community Ophthalmic Physician, Louth Community Services.
24. Epilepsy Ireland.
25. Faculty of Paediatrics at the Royal College of Physicians in Ireland.
26. Health Research Charities Ireland.
27. Hospital Group Directors of Nursing and Midwifery.
28. HSE, Health and Social Care Professions.
29. Irish Nurses and Midwifery Organisation(INMO).
30. Irish Society for Autism.
31. Ms Patricia Marteinsson.
32. Mr H Diamond, Parent.
33. Ms Julies McGinley, National Therapeutic Hypothermia and Neonatal Services Lead, National Women and Infants Health Programme.
34. Ms S McNamara, National Rehabilitation Hospital, Dun Laoghaire, Co Dublin.
35. Ms Virginia Pye, National Lead for Public Health Nursing.
36. Neonatal Intensive Care Unit at Our Lady of Lourdes Hospital, Drogheda.
37. Dr Niall Muldoon, Ombudsman for Children.
38. Office of the Nursing and Midwifery Services Director.
39. Pavee Point Traveller and Roma Centre.
40. Practice Nursing Coordinators, HSE.
41. Professor David Coghlan, Consultant Paediatrician, Children's Health Ireland.
42. Regional children's and young people nurse education group West/Midwest/Northwest.
43. Senior Children's Nursing Network.
44. Shaping the Future of Intellectual Disability Nursing, Nursing Group.
45. Shaping the Future of Intellectual Disability Nursing Professional Development and Education Sub Group.
46. Services Industrial Professional Trade Union (SIPTU.)
47. TUSLA.
48. The Rotunda Hospital.

Appendix 5: Integrated Mapping of Findings

Table 15: Integrated Mapping of Findings–Vision for Nursing Children and their Families

Recommendations from scoping review of the literature	Integrated consultation findings									
	A voice of influence in the care of children and their families.			Creating innovative education pathways for nurses caring for children and their families.			Fostering innovative and adaptive leadership in nursing and child health			
	A privilege to care	Allies and advocates for children and their families	Values in children’s nursing	Education pathways	Changing education needs	Regulatory support for change	Enhancing care delivery closer to home	Safe staffing, retention and development	Leading safer care delivery	Connecting posts across services
Child and family wellbeing										
• have child-centred and family-focused engaged care at its foundation and involve consensus from all stakeholders across all settings so that it is meaningful and transformative.	X	X	X	X						
• be relationship based and built on inter-professional and family collaborative partnerships that make a difference to the health and holistic wellbeing of children and their families.	X	X	X		X					
• include the delivery of world class excellence, innovation and leadership for exemplary nursing care that advances child and family nursing and healthcare through the integration of practice, education, research and policy.			X	X	X	X	X	X	X	X

Table 16: Integrated Mapping of Findings–Preparation for Entry to Children’s Nursing

Recommendations from scoping review of the literature	Integrated consultation findings									
	A voice of influence in the care of children and their families.			Creating innovative education pathways for nurses caring for children and their families.			Fostering innovative and adaptive leadership in nursing and child health			
	A privilege to care	Allies and advocates for children and their families	Values in children’s nursing	Education pathways	Changing education needs	Regulatory support for change	Enhancing care delivery closer to home	Safe staffing, retention and development	Leading safer care delivery	Connecting posts across services
Child and family wellbeing										
<ul style="list-style-type: none"> The current points of entry to children’s nursing in Ireland through (a) the integrated children’s and general Bachelor’s degree programme, and (b) post-registration diploma programme need to be retained. 				X		X				
<ul style="list-style-type: none"> Continue to review the intake and retention numbers across the current entry points to meet the supply and demand for children’s nursing services in the future across all care settings (hospital, home, community, primary care etc.). 				X	X		X	X	X	
<ul style="list-style-type: none"> The preparation of children’s nurses needs to be ‘fit for purpose’ regarding changing trends and the future direction of health service delivery, particularly, community practice, closer to home care, service-user involvement, and integrated care across sectors. 				X	X	X	X		X	X

Table 17: Integrated Mapping of Findings–Career Development and Progression

Recommendations from scoping review of the literature	Integrated consultation findings									
	A voice of influence in the care of children and their families.			Creating innovative education pathways for nurses caring for children and their families.			Fostering innovative and adaptive leadership in nursing and child health			
	A privilege to care	Allies and advocates for children and their families	Values in children’s nursing	Education pathways	Changing education needs	Regulatory support for change	Enhancing care delivery closer to home	Safe staffing, retention and development	Leading safer care delivery	Connecting posts across services
Child and family wellbeing										
• The advancement of the role of children’s (child and family) advanced nurse practitioner in Ireland is pivotal to meeting future work-force demands and retention in children’s nursing. In order for this to happen, a career trajectory towards developing these roles, across all care settings, should be established with consideration to priority areas.		X	X	X		X	X	X	X	X
• The facilitation of increased programme level capacity at masters/doctorate (clinical practice) level and initiatives to encourage participation should be advanced. This requires additional incentives to encourage participation including innovative funding models and clearly defined career development pathways.				X	X			X	X	X
• Competency development for undergraduate, graduate (newly qualified), speciality children’s nursing roles and advanced practice must traverse entry-level foundational skills to advanced, collaborative and transformative practice that are child-centred and family-focused rather than medically driven				X	X		X	X	X	X
• A commitment to lifelong learning and continuous professional development for nurses working with children through inter-professional education, simulation, use of innovative technology and digital health is recommended.				X	X	X		X	X	
• With the advent of many speciality areas within child healthcare, consideration of the specific and multi-faceted needs of the nurses working in these specialised areas requires urgent attention. This will enhance their experiences, promote staff retention and ensure a suitably competent nursing workforce into the future. It will also improve the care and experience of children and families accessing these services			X		X		X	X		
• There is the need to develop and evaluate child and family health graduate nurse programmes for non-hospital and for children’s nurses working in isolated settings such as in the home					X		X	X	X	

Table 18: Integrated Mapping of Findings–Developing Nursing Services Beyond Acute Hospital Service

Recommendations from scoping review of the literature	Integrated consultation findings									
	A voice of influence in the care of children and their families.			Creating innovative education pathways for nurses caring for children and their families.			Fostering innovative and adaptive leadership in nursing and child health			
	A privilege to care	Allies and advocates for children and their families	Values in children’s nursing	Education pathways	Changing education needs	Regulatory support for change	Enhancing care delivery closer to home	Safe staffing, retention and development	Leading safer care delivery	Connecting posts across services
Developing nursing services for children and families beyond ‘acute’ hospital services										
<ul style="list-style-type: none"> • A change in the direction of healthcare provision for children (care closer to home) requires children’s nurses to provide care in a range of community/home settings and to a diverse and complex child population. This will require investment in more children’s nurses working in community nursing, child and adolescent mental health, children with complex continuing healthcare needs, palliative care and end-of-life, and in child/adolescent, maternal and family healthcare in collaboration with other nursing services, such as, public health nurses, midwives etc. 			X	X	X	X	X	X	X	X
<ul style="list-style-type: none"> • There is the need to enhance integration within and between children’s healthcare teams, services and settings with the development of community child and family nursing teams, home visiting care packages, inter-professional and inter-sectoral working, clear referral pathways (to and from community nursing teams) and continuity and coordination of care across a range of services and settings 		X	X		X		X	X	X	X
<ul style="list-style-type: none"> • Further research is required to identify where children’s nurses are currently engaged in providing care to the child and family, outside acute hospital services, the nature of the services being provided and existing unmet needs in order to inform workforce requirements, governance, education and career frameworks 							X	X	X	X

Table 19: Integrated Mapping of Findings–Supporting Nurses Working with Children in Non–Designated Child Health Settings and Without a Child Specific Qualification

Recommendations from scoping review of the literature	Integrated consultation findings									
	A voice of influence in the care of children and their families.			Creating innovative education pathways for nurses caring for children and their families.			Fostering innovative and adaptive leadership in nursing and child health			
	A privilege to care	Allies and advocates for children and their families	Values in children’s nursing	Education pathways	Changing education needs	Regulatory support for change	Enhancing care delivery closer to home	Safe staffing, retention and development	Leading safer care delivery	Connecting posts across services
Supporting nurses working with children in non-designated child health settings and without a child-specific qualification										
• It is recommended that all non-designated child health settings that encounter children will have a complement of, and collaborative oversight from, registered children’s nurses; with access to ongoing professional development that is relevant to the specialty area with child/family healthcare.					X	X	X	X	X	
• It is recommended that all nurses who work with children will complete a child and family focused professional development module to enhance a partnership based approach to care for children and their families.					X					

Table 20: Integrated Mapping of Findings– Child and Family Wellbeing

Recommendations from scoping review of the literature	Integrated consultation findings									
	A voice of influence in the care of children and their families.			Creating innovative education pathways for nurses caring for children and their families.			Fostering innovative and adaptive leadership in nursing and child health			
	A privilege to care	Allies and advocates for children and their families	Values in children’s nursing	Education pathways	Changing education needs	Regulatory support for change	Enhancing care delivery closer to home	Safe staffing, retention and development	Leading safer care delivery	Connecting posts across services
Child and family wellbeing										
<ul style="list-style-type: none"> • Strong emphasis is needed on engaging with diverse child and family needs and building family strengths with a specific focus on holistic health and wellbeing which takes an ecological, whole population and inclusive health approach to health promotion and illness prevention; recognising that children’s health and wellbeing is everyone’s responsibility. 	X	X	X		X					
<ul style="list-style-type: none"> • Consideration needs to be given to child and family health and wellbeing nursing roles focusing on the first five years as a priority; this is aligned with the Government of Ireland’s First Five Strategy 2019-2028 for expanded roles for advanced nurse practitioners and clinical nurse specialists. 							X	X	X	X
<ul style="list-style-type: none"> • Professional development is required to support nurses, in all healthcare, community and societal settings, to adopt a partnership model of working with families and understand child specific and family functioning knowledge for preventative child and family health and wellbeing 			X	X	X		X		X	

Table 21: Integrated Mapping of Findings–Telehealth in Children’s Nursing

Recommendations from scoping review of the literature	Integrated consultation findings									
	A voice of influence in the care of children and their families.			Creating innovative education pathways for nurses caring for children and their families.			Fostering innovative and adaptive leadership in nursing and child health			
	A privilege to care	Allies and advocates for children and their families	Values in children’s nursing	Education pathways	Changing education needs	Regulatory support for change	Enhancing care delivery closer to home	Safe staffing, retention and development	Leading safer care delivery	Connecting posts across services
Telehealth in children’s nursing										
• The review highlighted the need for training on the functionality of technology in order to develop nurses’ confidence in using e-health to support their care, however this warrants further research.					X		X		X	

Appendix 6: Consultation with Youth Advisory Council – Children's Information



Information for children and young people

Consultation; We want to hear to the views of the Youth Advisory Council

The Future Direction of Children's Nursing in Ireland

March 4th 11.00-13.00, CHI

Thank you for your participation to date in Children's Health Ireland and all the planning for the new children's hospital. A national project is examining the role of the children's nurse in Ireland. The new hospital and government policy called Sláintecare will require children's nurses to change and provide nursing care in new and different ways.

It is your right to have a say when planning for the future of healthcare and we would like to hear from you as part of this project. We would like to hear, messages you might have for children's nurses based on your experiences and ideas for the future of what an amazing children's nurses would be like from your perspective. We plan to do some art work/graffiti and have a general conversation around what you think [REDACTED] who is the project officer/children's nurse and [REDACTED] a children's nurse lecturer will meet with you.

This process will be confidential and no names or identifying information will be taken but we hope to use any artwork and comments made by you for our final document which will be published and launched later this year if you agree. We also would like if you agree to do an audio recording of the workshop.

We would really appreciate the valuable input from the Youth Advisory Council and look forward to meeting everyone on March 4th in CHI.

We have an assent form for you to sign if you agree to getting involved. We also need your parents/guardians to agree. Please return to [REDACTED] prior to the YAC meeting next week.

Any questions or queries please contact [REDACTED]
[REDACTED] Thank you for taking the time to consider this proposal.

Appendix 7 Consultation with Youth Advisory Council – Children’s Assent



Assent Form
Children and Young People
Consultation with YAC members
On
The Future Direction of Children’s Nursing in Ireland

Name of child or young person _____

I have read and understand the information the children’s nursing strategy project team have provided about the “Consultation with the Youth Advisory Council on The Future Direction of Children’s Nursing in Ireland.” I understand what taking part in this process means for me.

Consent to take part

Please tick the relevant box ✓

- I **agree** to participate in the consultation with YAC on children’s nursing which will be conducted on March 4th 11.00-13.00 in Children’s Health Ireland as part of the scheduled YAC meeting.
- I **agree** the project team can use my art work and comments for inclusion in the final document/ work of the project “The Future Direction of Children’s Nursing in Ireland.”
- I **agree** to an audio recording of the workshop for the purposes of analysis. This recording **will not be used for any other purpose** and will be destroyed once analysed.
- I **do not agree** to participate in the consultation with YAC on children’s nursing which will be conducted on March 4th 11.00-13.00 in Children’s Health Ireland as part of the scheduled YAC meeting.
- I **do not agree** the project team can use my art work and comments for inclusion in the work of the project The Future Direction of Children’s Nursing in Ireland.
- I **do not agree** to an audio recording of the workshop.

Signature _____ Date _____

Please fill out form and return to YAC coordinators [Redacted]

This is a confidential process and no identifying information will be used. Recording will only occur if all participants agree and sign consent. Thank you

Appendix 8: Consultation with Youth Advisory Council- Parents Information

Information for parents

Consultation; We want to hear to the views of the Youth Advisory Council

The Future Direction of Children's Nursing in Ireland

March 4th 11.00-13.00, CHI

Recent developments in children's healthcare in Ireland including Sláintecare, the National Model of Care for Paediatric Healthcare Service and the development of the new children's hospital incorporating the two urgent care centres, will require children's nurses, to deliver nursing care in new and innovative ways and places.

This is a national project examining the role of the children's nurse in Ireland. There would of course be no children's nurses without children and the project team would like to hear their views. The United Nations Convention on The Rights of the Child identified healthcare as an area where children's right to be heard must be respected, protected and realised and we want to respect this right when planning the future for nursing.

The goal of this consultation process is to consult with children's and young people's and hear their messages for children's nurses based on their experiences and their ideas for the future of what an amazing children's nurses would be like from their perspective. We hope to do some art work/graffiti and have general conversations around their ideas for the future. [REDACTED] [REDACTED] who is the project officer and [REDACTED] a children's nurse lecturer will meet the children and young people. Both are children's nurses.

This process will be confidential and no names or identifying information will be taken by the project team. We hope to use any artwork and comments made by the children and young people for our final document which will be published and launched later this year. We would also like to do an audio recording of the workshop to ensure we can capture all the conversations when we analyse the workshop.

We would really appreciate the valuable input from the Youth Advisory Council and look forward to meeting everyone on March 4th in CHI.

We have a consent form for you and an assent form for the children and young people to sign if you agree to your child getting involved. Please return to Susie Black prior to the YAC meeting next week.

Any questions or queries please contact [REDACTED]

[REDACTED] Thank you for taking the time to consider this proposal.

Appendix 9: Consultation with Youth Advisory Council - Parents’ Consent



Consent form
Parents/guardians
Consultation with YAC members
On
The Future Direction of Children’s Nursing in Ireland

Name of child or young person _____

Name of Parent/Guardian _____

I have read and understand the information the children’s nursing strategy project team have provided about the “Consultation with the Youth Advisory Council on The Future Direction of Children’s Nursing in Ireland”. I understand what taking part in this process means for my child/young person.

Consent to take part

Please tick the relevant box ✓

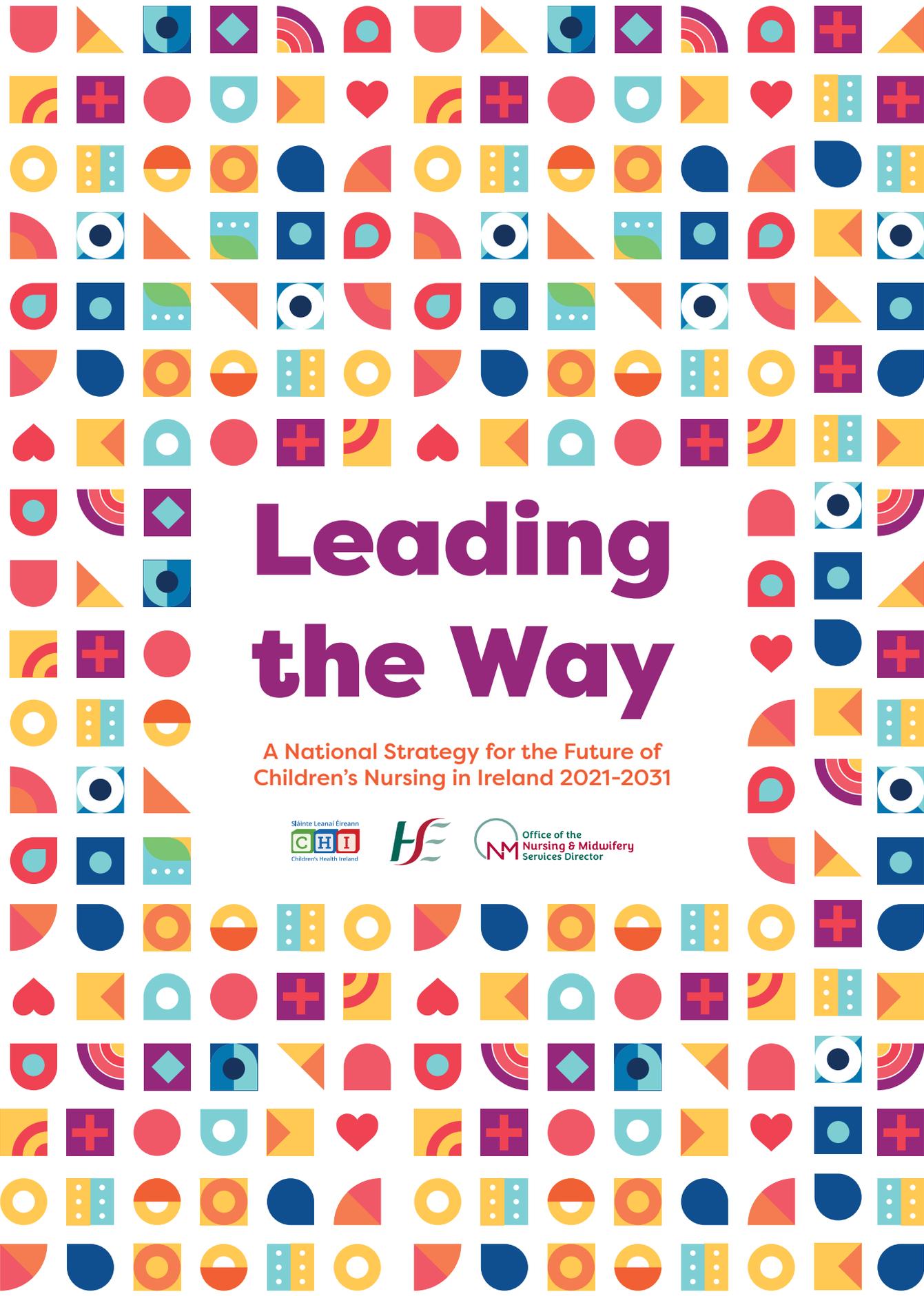
- I **agree** to allow my child/young person named above to participate in the consultation with YAC on children’s nursing which will be conducted on March 4th 11.00-13.00 in Children’s Health Ireland as part of the scheduled YAC meeting.
- I **agree** to an audio recording of the workshop for the purposes of analysis. This recording **will not be used for any other purpose** and will be destroyed once analysed.
- I **do not agree** to allow my child/young person to participate in the consultation with YAC on children’s nursing which will be conducted on March 4th 11.00-13.00 in Children’s Health Ireland as part of the scheduled YAC meeting.
- I **do not agree** to an audio recording of the workshop.

Signature of parent/guardian _____ Date _____

Please fill out form and return to YAC coordinators [Redacted]

****Recording will only occur if all participants agree and sign consent. This is a confidential process and no identifying information will be used.***

Thank you



Leading the Way

A National Strategy for the Future of
Children's Nursing in Ireland 2021-2031



Children's Health Ireland

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St James's Walk,
Rialto,
Dublin,
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Midwifery Services Director**

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