



**The Association of British  
Paediatric Nurses:  
the first 85 years (1938-2023)**

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## Glossary

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ABPN	Association of British Paediatric Nurses
ACCN	Association of Chief Children's Nurses
ACM	Association Certificated Member
AM	Associate Members
ASCHN	Association of Sick Children's Hospital Nurses
BAPS	British Association of Paediatric Surgeons
BPA	British Paediatric Association
DHSS	Department of Health and Social Security
ICN	International Council of Nurses
NCN	National Council of Nurses
RCN	Royal College of Nursing
RCPCH	Royal College of Paediatrics and Child Health
RSCN	Registered Sick Children's Nurse
SEN	State Enrolled Nurse

# Introduction

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**A brief history of the Association of British Paediatric Nurses** is now in its third edition.

It spans the years 1938-2023 and is fondly known as the **Blue Book**.

This third edition, published in 2023, is presented in three parts:

- Part One: 1938-1979 (compiled by Miss M. A. Duncombe MBE, SRN, RSCN)
- Part Two: 1980-2000 (compiled and updated by Katrina McNamara-Goodger RN, RN(C), RHV)
- Part Three: 2000-2023 (compiled and updated by Katrina McNamara-Goodger RN, RN(C), RHV)

Each part has its own Foreword. These Forewords were written at the time of publication.

The layout of this edition includes photographs, other images and 'call outs' that did not appear in the first two editions.

The 'Blue Book' is a live document. The ABPN is always keen to hear from members who can help refine, add, and update its history. Please do get in contact.

# Part One: 1938-1979

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The first brief history of the Association of British Paediatric Nurses - the 'Blue Book' - spanned the years 1938-1979 and was compiled by Miss M.A. Duncombe MBE, SRN, RSCN. In this third edition it appears as Part One.

## Foreword

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The history of the Association of British Paediatric Nurses from its inception to 1975 has been compiled by Margaret Duncombe, President from 1960-1966 and now a Vice President of the Association.

As it was felt that the many changes and events since 1975 should be allowed to reach maturity and conclusions before reporting them as history, they have been included in this volume. It is however our intent to add to the present volume at appropriate intervals.

Miss Duncombe engaged in much painstaking research in preparation for this history and the ABPN wish to record their sincere thanks to her for undertaking this work.

**Mary Thompson, President, ABPN and H.B. Cook, Honorary Secretary, ABPN.**

**April 1979**

# Chapter 1: Beginnings

In the Spring of 1938, a group of matrons of children's hospitals met together at the Princess Elizabeth of York Hospital, Shadwell, in London's East End. This preliminary meeting had been called to discuss the need for an association that could further the interests of sick children's hospital nurses, to enable them to discuss matters pertaining to the nursing of sick children and to encourage social activities and stimulate good will and friendship.

The new Association would work for the principle that children's trained nurse should nurse the sick child. It would strive for the representation of sick children's nurses, in their own right, at the National Council of Nurses of Great Britain and lastly it would "stress the need for a private nurses' cooperation" and a Register for Sick Children's Nurses.

.....the need for an association that could further the interests of sick children's hospital nurses, to enable them to discuss matters pertaining to the nursing of sick children and to encourage social activities and stimulate good will and friendship.

Miss A. M. Coulton, Matron of the hospital was elected President and Chairman, an office she held for nine years, missing only two meetings in that time. Miss D. A. Lane, at that time Matron, The Hospital for Sick Children, Great Ormond Street, London and later to become President of the Association, was nominated Hon Secretary and Miss M. Machell, Matron Chailey Heritage Craft Schools and Hospitals, took the Office of Hon Treasurer. It was ruled that at the end of three years, the officer and Executive Committee members would be elected by vote.

At the meeting the Constitution, annual subscription and membership of the Executive Committee were discussed, and the decisions were presented to the first open meeting held two months later when it was recorded that "79 ladies" were present. By that time 104 applications for membership had come in; three of these could not however be accepted under the terms of the constitution.

## Name of the Association

Initially the Association was known as the "Association of Sick Children's Hospital Nurses" and the name remained unchanged until the end of 1951 when a member of the Executive Committee (Miss Machell) suggested that the title might be changed in order to be less restrictive. At first members felt that the Association was well known by its name and that a change might lead to confusion. The matter was therefore deferred but came up again a year later. Two alternatives were put to the vote of the membership and the result reported at the 15th AGM in May 1953. From that date the Association was known as the "Association of British Paediatric Nurses" (ABPN) and members and officials of interested bodies were duly informed of the change.

The Association name changed from the 'Association of Sick Children's Hospital Nurses' to the 'Association of British Paediatric Nurses' (ABPN) in 1953.

## Membership

The first year of the Association's existence was "a year of grace" during which time:

“Nurse, Matrons of Children’s Hospitals, Sisters and Nurses in recognised Training Schools who had been in office for not less than three consecutive years”

were admitted to membership (1.4.38 to 31.3.39). After that time “members must be RSCN”.

Despite this firm resolution it remained a recurring concern of the Executive Committee to decide on the eligibility of nurses who had worked in recognised Sick Children’s Hospitals for at least three consecutive years but were not Registered Sick Children’s Nurses. Pressure to admit these nurses, dedicated to the care of sick children, grew and in Minutes in 1943 we read that these nurses were:

“To be admitted as full members and no difference was to be made with these members and that they are to be recorded as other members, but in a separate Register”.

Nurses in training would be Associate members. In the same year the number of members reported at the 5th AGM was as follows: 641 members 15 ACM 257 AM. That is to say membership now comprised full members, Associated Certificated Members and Associate Members (see Glossary).

At the 5<sup>th</sup> Annual General Meeting the Association had 641 members. If these, there were 15 Associated Certificated Members and 257 Associate Members.

As time went on, one of the more important developments was the emergence of the State Enrolled Nurse as a valuable member of the paediatric team. She is first mentioned in the Minutes of a meeting held at the General Nursing Council which was attended by a Deputation from the ABPN and BPA. These nurses can qualify for the Roll by virtue of taking the recognised paediatric based training in a “Sick Children’s Nurses” Training School and at the 33rd AGM it was mentioned that they were coming forward in increasing numbers (1972).

Logically the need for a post-enrolment training in the paediatric specialty developed and a course leading to a qualification recognised by the Board of Clinical Studies became available. Members present at the 35th AGM in 1973 agreed to accept these two categories of State Enrolled Nurses into membership as it seemed expedient to welcome all nurse who were continuously engaged in the care of children and to encourage them to join the ABPN. It would be for the Executive to act as arbitrator in cases of doubt with regard to eligibility of an individual.

In 1973, at the 35<sup>th</sup> Annual General Meeting, two categories of State Enrolled Nurses were accepted into membership.

In 1974, Associate Membership was opened to nurses who were not children’s trained but had worked with children in the hospital or community for at least 2 consecutive years.

By 1973 the applications were again coming in from significant numbers of nurses who were working with children but who were not children’s trained. It was felt that these nurses needed the help of the ABPN and that in turn, they had much to contribute to the work and aims of the Association; they should therefore be able to join as associate members, provided they had worked consistently with children for a prolonged period of time. Nurses who fell into this category have been coming forward from specialised areas such as mental handicap, psychiatry, orthopaedics, cardiac surgery, primary health teams and several others.



By 1974, associate membership was therefore open to “Registered and Enrolled Nurses who have worked with children in either Hospital or Community for at least two consecutive years”. Membership figures given by the Hon Treasurer in 1976 show the impact of the decision to widen the membership, and it seems beyond dispute that the ABPN is filling a need and that the tremendous amount of work done by the Executive Committee is fully acknowledged. 1976 Associated members 165 Annual members 628 Life members 473 Total 1266 Subscription: Life membership £30 Annual membership £3.

## The Constitution

As more and more specialties within the nursing profession emerged over the years and as the entire structure of Nurse Management and the Health Services grew and became more sophisticated, it was obvious that, as well as extending the membership, a complete revision of the Constitution would have to be carried out.

The new document which was presented to and accepted by the Membership in 1978 shows distinctly in its wording that a legal document prepared by a solicitor has replaced the more simple one of 40 years ago.

It would be of historical interest to compare the constitution as it stood in 1938 with the one presented at the 39th AGM of the Association in 1978. The first Constitution was published in a small blue booklet and issued to the members. As amendments or changes to the Constitution became necessary, new booklets were issued but the format and colour were the same up to the early 1970's as they were 40 years ago.

## Chapter 2: The ABPN badge

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The suggestions of having a badge for the Association's members came up at one of the earliest meetings of the Executive Committee and a suitable design was sought. Fattorini submitted two sketches one of which was chosen and an order placed for 500 badges, to be ready in time for the 3rd AGM in June 1941. However, when there was a delay in delivery, the order was reduced to 250 at a cost of 4/9d (24.5pence) a badge.

The question whether nurses in training should be allowed to wear the Association's badge as raised in 1947 and it was ruled that they might do so, but that, in the event of a nurse failing to complete her training the badge would be returned.

Much later (1953) a new dye was made by Mr Collard, Printers and the design incorporated in the membership card.

The badge itself came under renewed discussion at that time and it was decided to discontinue its use. It was not until 1976 that some members attending the 38th AGM asked for a suitable badge. The majority vote as minuted reads "[very expensive to produce, what would the design be; when would we wear it?](#)" Nothing further was heard of that suggestion.

### Chain of Office

Great pleasure was expressed by the President and members alike when, at the quarterly meeting in January 1960, Miss Lane was wearing a chain of office for the first time. Miss Lane explained that this was a gift from two members of the Royal Alexandra Hospital for Children, Brighton; Miss E. Cawthorne and Miss M. Janes.

This beautiful President's jewel was chosen from a number of entries submitted for the President's badge. The winning design of the three children's heads encircled by laurel leaves was submitted by the daughter of a Staff Nurse working at the Royal Alexandra Hospital, Brighton and was presented to the Association to make its 21st Birthday. On it is inscribed the motto:

["Valeant ubique liberi"](#)  
([Let Children Everywhere be Made Well](#))".

Miss Lane only wore the Chain on a few occasions as she handed it over to the new President (Miss M. Duncombe) at the AGM only four months later. It was proposed and readily accepted that the inscription become the official motto of the ABPN. Although the Presidential Chain (Jewel) is valued at approximately £100 - it was not until 1974 that the Executive Committee had it insured for an annual premium of £3.



Image added January 2023

## World War Two and the ABPN

It was only eighteen months after the foundation of the Association that war broke out and it is to the credit of the members that the Association grew and became established despite the difficulties caused by the hostilities. There are several instances in which the war and its effect on nursing are mentioned.

Although it was decided (Executive Committee meeting, January 1940) that it was important to continue with the work of the Association it was deemed unwise to have all members meet in London. The 1940 AGM was therefore to be held at four different venues. Those in Bristol, Manchester and London took place but the one to be held in Scotland had to be cancelled “owing to the war crisis on the continent”.

The war inevitably had its effect on nurse training.

By November 1941 out of a pre-war total of 5984 children's beds, 1309 had been lost to Training Purposes.

Daylight raids on London prevented the Executive Committee Meetings from taking place between July 1940 and April 1941. Because of the blackout, the winter meetings in 1942 also made attendance virtually impossible and they were therefore not held. In 1943 it became known that aid might be sent for children in countries “such as Greece and Belgium”. There are no further details but it is recorded that the Executive resolved to ensure that any nurses sent on these missions should be children's trained nurses. The war inevitably had its effect on nurse training. Following a conference at the Ministry of Health in November 1941 a member (Miss Lane) pointed out that owing to the war, out of a pre-war total of 5984 children's beds, 1309 had been lost to Training Purposes. As a result the number of student nurses in children's hospitals had dropped from 1653 to 1349, largely because children's hospitals in London were partially or wholly closed down.

In March 1944 a notice in the Nursing Press announced that all nurses completing general training would be directed by the Appointment Officer, Ministry of Labour to work for a year in either fever hospitals or sanatoria for tuberculosis patients. A letter was sent, asking that Registered Sick Children's Nurses completing their general training might be exempt from this arrangement as they would already have done five or six years training and would be needed in children's hospitals. The Ministry of Labour responded sympathetically to the request.

## Affiliations

The ABPN did not only nominate members to serve on a substantial number of committees and working parties but it was also affiliated to other professional organisations. Among them was the National Council of Nurses (NCN) and through it, the International Council of Nurses (ICN). Others were the Royal College of Nursing, The National Society of Children's Nurseries, The National Baby Welfare Council and the National Association for Maternal and Child Welfare.

The ABPN served on committees and working parties and was affiliated to other national and international professional organisations.

The proceedings of some of these organisations are reported in great detail in the Minutes, and at Quarterly and Annual General Meetings. To some, the Association had to pay affiliation fees and in several instances; this proved a worry to the Honorary Treasurer. Particularly heavy were the dues to the National Council of Nurses which in October 1969 amounted to £143.15.0d (£143.75) per annum and to

the Royal College of Nursing which was £31.10.0d (£31.50) in 1958. The annual subscription of ABPN was at that period 10 shillings (50pence) per annum and Life Membership £8.8.0d (£8.40). The Hon Treasurer's anxiety is therefore easily understood. In January 1963, a new, unified body - RCN and NCN - came into existence. Individual membership now replaced the Association's commitment so freeing money for other purposes.

## ABPN, British Paediatric Association and British Association of Paediatric Surgeons: Relationships

Although there was at no time an official professional link between the Association of British Paediatric Nurses, the British Paediatric Association and the British Association of Paediatric Surgeons, contacts with their medical colleagues were always valued by the Executive. The paediatricians and nurses worked together on many occasions when matters concerning nurse training, policy concerning the special part of the GNC Register for Sick Children's Nurses, the closure of the smaller children's hospitals or individual beds and other subjects of common concern had to be dealt with.

Matters of procedure also led to dialogue and co-operation between the paediatric Associations; a more recent example being the method of prescribing drugs. Although generally speaking the relationship between the ABPN, the BPA and the BAPS have always been friendly and helpful, at times the three bodies did not consult with each other as much as might have seemed desirable.

Examples are inaccuracies in the otherwise valuable publication "Paediatrics in the Seventies" (Sept 1972). When special problems occurred paediatric nursing opinion was usually sought by the nurses' medical colleagues. In a reply to a letter from the ABPN in 1945, for instance, Dr Donald Paterson assured the ABPN of the active support of the BPA and suggested that plans might be made for a joint approach to the GNC. The subject for discussion is not quite clear but may have been concerned with the training of Sick Children's Nurses. Minutes regarding any such approach seemed to have been filed elsewhere. In 1947 there is mention of a further joint meeting to consider the "Report of the Working Party on the Recruitment and training of Nurses". It was decided that a joint memorandum, prepared by Miss Lane and Professor Moncrieff be forwarded to the Minister of Health.

The Minutes do not state the outcome of this decision. "Children's Teaching Beds" was the subject for joint discussion at a meeting in 1952. In this connection there is a letter from the President (Miss Lane) to Professor Moncrieff putting forward

"feelings of the Committee, that children's beds should be in separate units under the supervision of a trained children's nurse in the new general hospitals"!

There follows in the Spring of 1953 an invitation from the Secretary of the Committee on Paediatrics of the Royal College of Physicians, asking the ABPN to submit a memorandum on the "country's need for sick children's trained nurses and where such training should be." Unfortunately no details can be found in the Minutes.

In 1953 the Secretary of the Committee on Paediatrics of the Royal College of Physicians, asked the ABPN to submit a memorandum on the "country's need for sick children's trained nurses and where such training should be."

However, occasioned by the threatened closure of the Princess Louise Hospital, Kensington, a special meeting of a sub-committee of the ABPN supported by the BPA dealt with this question in 1955. Later that year, the BPA asked for figures to support the Executive's concern that an increasing number of children's beds were being opened in general hospitals, whilst some children's hospitals had been closed.

The BPA also asked for particulars of any hospitals which gave a one-year training in paediatric nursing and provided a certificate at the end of that period. The ABPN had already made known their concern to the General Nursing Council. In their reply the Education and Examination Committee voiced the opinion that the increase in children's beds in general hospitals and the closure of beds in children's hospitals could not be regulated by the GNC, who could however ensure that a separate children's ward was provided in those hospitals that were approved training schools.

This matter was also taken to the Ministry of Health but only drew an evasive reply. As no definite facts or figures were available, the matter could not be taken any further. The large number of nurses in general training working in children's wards was raised at the same time as the need to maintain an adequate supply of Senior Paediatric nurses and of retaining training schools for sick children's nurses in all parts of the country.

*The ABPN raised concerns about the need to maintain an adequate supply of Senior Paediatric nurses and of retaining training schools for sick children's nurses in all parts of the country.*

The joint deputation (BPA and ABPN) that waited on the General Nursing Council in July 1960 also asked for greater conformity in schemes of comprehensive training and the paediatric training for enrolled nurses.

Staff numbers in Children's Units and hospitals were brought up again in 1968 and dealt with by a sub-committee.

Five years later (1973) the future of paediatric nurse-training and the recruitment of paediatric nurses exercised the minds of paediatricians once more and the ABPN was invited to send a representative to attend meetings (Miss S. Bates). Discussion ranged over a wide field and it was decided to send the resulting conclusions to the GNC, the BPA, the BAPS and the DHSS. However staffing levels and nurse training were by no means the only subjects on which the paediatric Associations consulted with each other. In 1958 they shared concern over the number of children swallowing brightly coated dangerous tablets and junior aspirins.

During 1975/76 a joint working party was concerned with the prescribing of drugs for children, paediatric dosages and the possibility of producing a card which would be particularly useful in general hospitals where those in charge might not be sufficiently familiar with dosages for children.

## Chapter 3: The ABPN and the GENERAL NURSING COUNCIL (GNC)

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The first recorded communication with the General Nursing Council is a letter from the Registrar (January 1944) stating that the Council was unable to accede to the Association's request for a reduction in the age of admission of candidates to the Final State Examination:

“Since Council strongly deprecate the admission of student nurses to hospital before the age of 18.”

The request had been made after repeated pressure from one member of the Executive Committee (Miss Clieve) notwithstanding the fact, that other matrons had either rejected or, at least, not supported the idea.

At the 4th AGM in April 1942 there is the first indication of anxiety about the possibility that the supplementary part of the Register for Sick Children's Nurses might be closed. The Hon Secretary reported on a meeting at which the subject had been discussed and the Association had been:

At the 4th AGM (April 1942) there is the first indication of anxiety about the possibility that the supplementary part of the Register for Sick Children's Nurses might be closed.

“unanimous in their resolve that the Sick Children's part of the Register must be retained”.

It was resolved that in the event of the

“retrograde step of closure of the special part of the Register becoming a reality.....the Association would ask that a special sign in the Register of the GNC should denote that a nurse had received a recognised course of training in the nursing of sick children”.

This theme recurs many times through the years; indeed, it has hardly been resolved at the time of writing.

The Association was helped in their determination to maintain the special part of the Register by the British Paediatric Association (BPA) who recognised the need for a specially trained nurse. As an example, a correspondence is recorded in 1959 with the Secretary of the BPA (Prof. Watkins) sparked off by a letter received from him. The ABPN held a special meeting for which they prepared figures regarding the number of nurses who had taken the sick children's examination over the previous 10 years. Figures were also obtained of sisters in charge of children's units with and without the special certificate. In this research help was given by the Nuffield Foundation.

Arising from contact between the BPA and ABPN an invitation was received from the Education Committee of the GNC for representatives of each of the two bodies to attend a meeting. This took place on 25th July 1960 and the President (Miss Duncombe) and two tutors (Miss Beazley and Miss Holford) represented the Association three representatives of the BPA were with them. The deputation was received with reserved courtesy. The principal points raised were the threat of closure of the smaller children's hospitals as training schools and the changing pattern of care required by the child attending paediatric hospitals. Once more, the problem was brought up, of the young woman who wished to nurse children but was not attracted to adult nursing. While the ABPN agreed that the comprehensive schemes of training (later referred to as Integrated Schemes) had much to offer, it was still thought desirable that a small number of training schools should be allowed to continue to give a three-year sick children's training.

*The principal points raised were the threat of closure of the smaller children's hospitals as training schools and the changing pattern of care required by the child attending paediatric hospitals.*

A member of the Education Committee made the suggestion that the ABPN might themselves hold examinations and award a special certificate, to replace statutory training and qualification (not agreed). Finally, the imbalance between the number of student nurses in general and those taking Sick Children's training in many paediatric wards was mentioned and the disadvantage of this to the sick child stressed.

*The imbalance between the number of student nurses in general and those taking Sick Children's training in many paediatric wards was mentioned and the disadvantage of this to the sick child stressed.*

For the first time there is mention of a specially trained assistant nurse. The desirability of providing a post registration training of approximately thirteen months duration preferably to take place within a training school for sick children's nurses was accepted with minor reservations. The discussions were reported at a special meeting of matrons and tutors called for this purpose which took place on 13th March 1961. It was decided to prepare for a further meeting with the GNC and this took place in October 1961. The object of this meeting was to discuss once again the training of Sick Children's Nurses and to formulate a definite policy for the future.

The ABPN and BPA who waited on the GNC on the previous occasion made up the deputation. The problem of the number of beds required to give sufficient experience to student nurses, came up from time to time.

Grave concern was felt when it was suggested that 300 beds would be required as this would mean the closure of several training schools, with a resulting reduction of qualified RSCNs and an eventual adverse effect on the care of the sick child. On this the ABPN corresponded with the GNC, not for the first time, in 1967. Two years later the syllabus of training was to be revised and a tutor, a ward sister and a clinical instructor were invited to serve on a committee dealing with the new suggestions, which included experience within the Community. Experimental schemes of integrated training and of 13-month post registration training proliferated in the following years. They were carefully assessed and gradually brought to some uniformity before being accepted and finally established. The two separate examinations for students undertaking the integrated training, was later (1973) replaced by one integrated examination leading to RSCN, SRN.



Further major changes were brought about by the introduction of the practical ward assessments, and by the implementation of the "Salmon Report". By many, the latter was felt to have had a detrimental effect on paediatric nurse training, and therefore also on the patient. A further important development with its repercussions on paediatric nurse training is anticipated when the proposals of the Briggs Committee on Nursing

are eventually passed by Parliament. The Association has given much time and thought to this report and presented a substantial amount of evidence to the Briggs Committee. The President (Miss Beazley) referred to the proposals of the Briggs Committee concerning nurse training at the quarterly meeting in Birmingham in October 1972, when she read some of the relevant passages from the recently published report. It was clear, the President said, that the value of paediatric nurse training and qualification will continue to be recognised. Notwithstanding this announcement, the Association proceeded to:

*"prepare a paper outlining the ways in which the emphasis on the care of children could be realised at all levels of progression in training, as set out in the Report on the Committee on Nursing (sic)".*

In the meantime, the BPA and Association of British Paediatric Surgeons were expressing anxiety about the shortage of suitably trained paediatric nursing staff in some parts of the country. They had set up a working party and asked for a representative of the ABPN to serve on their committee. The final report was to be presented to the GNC and the Department of Health and Social Services. It seemed important that a nurse should take part in the discussions, and it soon became obvious that one of her important contributions was to give guidance on nursing mothers, as these were at times not correctly or fully understood by the medical members (Miss S. Bates).

Directly or indirectly, the ABPN has throughout its history, played a significant part in paediatric thinking, in influencing nurse training and in bringing before, both professional colleagues and the public, the importance of a nurse who has undergone a specific training in the care of the sick child. Not only has a great deal of time of the Executive Committee been spent on discussing and planning nurse training, equally as much time and thought has been spent at special meetings, at the Annual

Conferences and by individuals who have produced papers for publication in the professional press. All stress the needs of sick children who require nursing care of an exceptionally high and very specialised type, one which can only be attained through thorough training in the paediatric field.

*The implementation of the "Salmon Report" was felt to have had a detrimental effect on paediatric nurse training, and therefore also on the patient.*

*The ABPN has influenced nurse training and in bringing before, both professional colleagues and the public, the importance of a nurse who has undergone a specific training in the care of the sick child.*



## Chapter 4: The Registered Sick Children's Nurse and General Training

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Ever since the setting-up of the special Registers of the General Nursing Council for England and Wales, there has been a divergence of views regarding the need for nurses to qualify for the General Register as well as that for Sick Children's Nurses, before being acceptable as Ward Sisters and other senior appointments. Although the Minutes of November 1942 read:

*“Unanimously agreed that a Registered Sick Children's Nurse with only one certificate should be considered as suitable for a post of Ward Sister, provided she had obtained two years additional experience away from her training school”.*

Appointments of this nature were only rarely, if ever, made.

Right up to the 1960's it would take a young woman up to seven years to train to the standard expected for a ward sister's post.

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The ABPN has always demanded that the Sick Children's training, albeit one that is geared to a special age group and that nursing sick children was not merely the care of “*little adults*”. Work with children in sickness even more than in health also calls for natural gifts and qualities of observation, patience, gentleness and love and it is a certain type of girl with these attributes who is drawn to paediatric nursing. The same girls – and young men need not be excluded – often dislike the idea of looking after sick adults and for that reason potential candidates for nurse training are lost to the profession.

This theme recurs throughout the Minutes and only disappears with the advent of combined and integrated training schemes, schemes which were first considered as far back as January 1944.

With the anticipated introduction of the recommendations of the Briggs Committee and the demands arising from the entry into the European Community the paediatric nurse will, no doubt, experience further far-reaching and fundamental changes.

Among the members of the ABPN there were of course many who realised the inevitability of change but there was always a hard core, who insisted on the retention of a three-year paediatric training.

For many years there remained a lack of uniformity when it came to qualified Sick Children's Nurses entering for general training and vice versa. Some training schools insisted on a period in the Preliminary Training School and a full 2yrs, 9mths training. In others, nurses entered as second year students and became eligible for the final state examination (general) at the end of two years. The matter of pay was, of course, closely tied up with the status assigned to these nurses. A further problem was the

*For many years there remained a lack of uniformity when it came to qualified Sick Children's Nurses entering for general training and vice versa..... The matter of pay was, of course, closely tied up with the status assigned to these nurses.*

use that was often made of the expertise of the RSCN who, instead of gaining experience in the general wards, was asked to work in the sick children's unit.

Today, no less than 40 years later, many general nurses deny that there is a need for a specialised paediatric training. In the Minutes of 28th October 1948, a meeting of nurses from the ABPN and the Ministry of Health is recorded which deals with the possibility of closing the supplementary Registers, including that for the sick children's nurses. The recurring discussions on that subject are described in the chapter on the GNC (Chapter 3). The possibility of giving nurses a comprehensive training for a combined RSCN and SRN qualification is first mentioned in 1943. The Sick Children's Hospitals were asked for their views but it would seem that the time did not seem ripe for such a scheme.

Five years later (1948) at the 10th Annual General Meeting, the President (Miss Lane) spoke of a three-year, basic, comprehensive training based on a children's hospital with a period of secondment to a general hospital for adult nursing experience. Before taking up a senior post, a further period of training or experience in the field in which a nurse wished to specialise would be considered essential. It was however not until the late 1960's that, after several experimental schemes, of combined or integrated training had been assessed, these were accepted as suitable by both GNC and ABPN.

The lack of recognition of the sick children's training was reflected in the training allowances and the salary scales of Sick Children's Nurses. While taking three sets of training (Sick Children, general and midwifery) often required for ward sisters' posts, a young woman would continue to be regarded as a nurse in training, so receiving low financial reward. Registered Sick Children's Nurses taking general training were being paid at a lower rate than general nurses taking the Sick Children's training, a matter which the ABPN took up with the Secretary of the Rushcliffe Committee of the Ministry of Health in 1943. No reaction to this approach is minuted and in November 1944 the Hon Secretary of the Children's Group, Special Hospital's Association, commented on the discrepancies in pay and suggested a further approach to the Nursing Salaries Committee (Rushcliffe). When a reply from the Ministry of Health was at last received that:

The lack of recognition of the sick children's training was reflected in the training allowances and the salary scales of Sick Children's Nurses.

**“no alterations in the relative scales for SRNs training as Sick Children's Nurses and Sick Children's Nurses taking general training should be made.”**

A further injustice often occurred when, for salary purposes, matrons of general hospitals graded Registered Sick Children's Nurses as Assistant Nurses even though they were given considerable responsibilities in the wards and there are several instances when nurses approached the ABPN for advice and support. Parallel with the struggle for proper recognition of the RSCN (without general training) in matters of training, senior posts and pay, ran the fight for acceptance of these nurses as full members of the Royal College of Nursing, and the Nation Council of Nurses.

A further injustice often occurred when, for salary purposes, matrons of general hospitals graded Registered Sick Children's Nurses as Assistant Nurses even though they were given considerable responsibilities in the wards.

It does not seem necessary to record details even though a good deal of the Executive Committee's time was devoted to this matter. Suffice it to report that the battle was never won. Only with the introduction of integrated schemes of training, which replaced the three-year specialist training, was the problem automatically resolved.

The Officers of the Association have always taken an active interest in the education of their members and tried to get full recognition and rights for the Registered Sick Children's Nurse who did not also hold the general certificate. Approaches were made to educational bodies asking that advanced course of education be made available to them. We read of such an approach to the Royal College of Nursing with reference to the Sister Tutor Course (1943) (turned down) and in the same year to the University Extension Registrar of the University of London. In the evasive reply to the latter enquiry it was stated that no decision could be made while the Horder Report on Nursing Reconstruction was pending. There is however a copy of a letter from the Essex Education Committee (September 1943), stating that they would be prepared to accept RSCNs on part time course for nurse tutors, saying that they were doing this with the approval of the Royal College of Nursing.

The ABPN has always taken an active interest in the education of their members and tried to get full recognition and rights for the Registered Sick Children's Nurse who did not also hold the general certificate.

Post-registration training in the nursing of sick children for nurses on the general part of the Register of the General Nursing Council was always carefully watched as it was considered of considerable importance. With the introduction of the integrated schemes of training, post registration training became confined to the approved courses of approximately thirteen months duration, provided candidates had had no less than two months paediatric experience during general training. On occasions advertisement for other courses appeared.

### The 26-week Sheffield Course

While awaiting the new training proposals such as the "Briggs Report", the General Nursing Council approved a pilot scheme of training for senior nurses who, while experienced in the care of sick children had for one reason or another never acquired the statutory RSCN qualification.

This was expected to present a serious handicap when seeking promotion within the "Salmon structure". While approving the scheme for a limited period of time, the Association made known their concern about some details of the course and these were discussed and noted at a meeting of members of the ABPN Executive Committee with members of the Education Committee of the General Nursing Council in 1972.

The GNC approved a pilot scheme of training for senior nurses who, while experienced in the care of sick children had for one reason or another never acquired the statutory RSCN qualification..... Some who took the course had been ward sisters in the paediatric field for 20 years.

The pilot scheme was designed to continue for 5 years and at the end of this time it was to be fully assessed. It was thought likely that by then all those interested would have

taken the course while the more recent generation of nurses would have their name on the special part of the Register by virtue of taking either the full, integrated or the 13-month post registration training.

By 1974 the course, based in Sheffield, had proved its value. It is interesting to read that some candidates who were taking the course had been ward sisters in the paediatric field for 20 years. Although the pilot schemes when first planned, had been viewed with some misgiving the scheme was fully accepted by the Association once it had confirmed its value as demand for the course continues there is not any plan to close it at the time of writing (1978).

The demand for higher education in the Paediatric Speciality did not only come from the Association of British Paediatric Nurses.

In June 1950 the World Health Organisation made some enquiries through the International Council of Nurses regarding the possibility of setting up a course leading to a "Diploma in Sick Children's Nursing". Representatives of the ABPN submitted detailed plans to the Education Officer of the Royal College at a meeting in the summer of 1950. It was proposed that the Association would be responsible for the clinical and the Royal College for the theoretical content of the course. The University of London would probably participate in the scheme. It appears that the course would be open in the main (if not exclusively) to nurses from overseas, as suitably qualified Registered Sick Children's Nurses trained in the United Kingdom, could anyway avail themselves of the Diploma of Nursing Course at London University. It seems that attempts to establish such a course were abandoned, possibly because the number of interested nurses was very small.

## Male Paediatric Nurses

The acceptance of male nurses to the paediatric field came about very slowly. In the 1940s their use was acknowledged in orthopaedics and certain other wards for boys upwards of 10yrs, but it was not thought that male nurses would be suitable for babies and young children.

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A male nurse who enquired about sick children's training was referred to the Birmingham Children's Hospital as it was thought that he might be accepted there (1949). The matron (Miss Woods) declared herself willing to consider male applicants but thought there might be objections on the part of her committee, as children of both sexes up to the age of 14 were admitted to the hospital. At that time male nurses were already working in outpatients' departments of children's hospitals and proving very satisfactory; in others male students from the general hospitals came to children's hospitals for paediatric experience.

For many years the committee's views remained divided on the pros and cons of accepting men for paediatric training. That the general climate and opinion must have changed gradually, is borne out by the fact that by 1971 a male RSCN signed the Registers of attendants at a paediatric meeting (Mr Carr from Scotland) and 4 years later the same male RSCN joined the Executive Committee of the Association of British Paediatric Nurses.

## Chapter 5: Local Groups

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When in 1948 the President proposed that local groups should be formed, the suggestion was unanimously accepted. It was thought that one member elected by each local group, should attend meetings of the Executive Committee and give a report on activities at Quarterly and Annual General Meetings.

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Miss Stevens, Matron of Pendlebury Children's Hospital, Manchester, took the proposal up with commendable promptness and succeeded in less than 6 months, in starting a group covering the North of England and Scotland. The first meeting was held in Manchester in March 1949.

It was decided that Aberdeen, Derby, Edinburgh, Glasgow, Hull, Liverpool and Sunderland would be suitable venues for future group Quarterly Meetings. Miss Stevens acted as first Chairman and Treasurer.

The annual subscription was fixed at 2/6d., in addition to 5/- per capita payment to headquarters. Barely six months later the Executive Committee referred an enquiry regarding meetings in Belfast to the Northern Group, as it was felt that Northern Ireland might suitably link up with Northern and Scottish colleagues.

From that time, area reports appear regularly in the Minutes and it is evident that groups met together and arranged lectures and visits over a wide geographical area. Although Scotland did not have a group as such, a very interesting and comprehensive report can be found in the Minutes testifying that paediatric nurses north of the Border were as active and up to date as any of their colleagues in other parts of the British Isles. The Group held regular meetings, which at times took the form of social gatherings or dances and usually had an educational content. Paediatricians and other consultants gave generously of their time, so that over the years, members had a varied and instructive lecture programme.

A specific activity of the Northern Group is worth a separate mention. In September 1950 it was proposed to hold a practical nursing contest between student nurses from children's hospitals in the North and Scotland and Miss Dilys Jones undertook the necessary organising work. The first of these contests took place at Alder Hey Children's Hospital, Liverpool on March 21<sup>st</sup> in 1951. Miss Lane (President ABPN) and Miss M. Woods (Matron, Birmingham Children's Hospital) acted as adjudicators.

*In September 1950 it was proposed to hold a practical nursing contest between student nurses from children's hospitals in the North and Scotland. In 1951 Booth Hall Children's Hospital, Manchester won the first contest.*

The contest aroused considerable interest and the contestants were watched by, amongst others, three Professors of Child Health and several matrons and tutors. It is recorded that the nurses worked to a very high standard. Booth Hall Children's Hospital, Manchester won this first contest with the entrants from the Royal Manchester Children's Hospital as runners-up. By 1954, nine hospitals were taking part in the annual contest, and Alder Hey Children's Hospital, Liverpool became the first holder of the Grace Neill Memorial Trophy. This had been given as a memorial to the work done by the late Miss Neill, a former matron of the Royal Manchester Children's

Hospital, by the Registered Nurses of New Zealand, with the suggestion that it be used in connection with the contest. The nursing contests continued to be an annual event for seven years, with teams from as far afield as Glasgow taking part.

It seems after that a Case-History Competition replaced the practical nursing contest, but with the dissolution of the Northern Group the contests came to an end. The Northern Group had served paediatric nurses in the north well for nine years but circumstances resulted in its discontinuation as a separate entity in 1961.

After that date there is no separate or specific record for some time of paediatric nurses working together in professional groups. However, the need for local groups was raised once more when the high cost of travelling made regular attendance at meetings increasingly difficult.

In 1969 the President (Miss Beazley) reminded members that paediatric nurses were to be found not only in children's hospitals, but also in general hospitals, the public health field, nurseries and residential homes for both healthy and handicapped children. Local groups could serve a valuable purpose in bringing together nurses concerned with the care of children whether they were members of the ABPN or not. It was noted that paediatric nurses had, in fact met together fairly frequently through the years though this seems to have happened without creating formal groups. Encouraged by Miss Beazley's thinking and by a suggestion from Miss Hunter (Scottish Home and Health Department) Miss Thompson in her inaugural, presidential address in April 1974, called for the establishment of branches within the ABPN and it is evident that her call for new activities through them did not fall on deaf ears. Reports from London and the Home Counties, Liverpool, Glasgow and Cardiff soon appear in the Minutes. A map showing the geographical boundaries for every branch was drawn up in 1974. Every new branch was allowed £10 as an initial financial support, but all branches were to be self-supporting after that. It was also decided that, whenever possible, members from local groups should serve on the Executive Committee.

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Reports of activities from all over the United Kingdom appear in the Annual Report for 1976/77.

## Conferences at Home and Abroad

As paediatric nurses learned the value of meetings, both for educational purposes and because they enjoyed an exchange of views and experiences, various conferences were arranged. In June 1951 a reunion of international nurses working with children took place at the Royal Manchester Children's Hospital, lasting a week. Among those attending were nurses who had attended a Paediatric Seminar in Geneva in 1950. These nurses came from Denmark, Sweden,

In June 1951 a reunion of international nurses from Denmark, Sweden, Switzerland, New Zealand and the UK working with children took place at the Royal Manchester Children's Hospital.



Switzerland, New Zealand and the UK. The programme covered a wide field and culminated in a discussion on "The Training of Paediatric Nurses in Various Countries".

Not long after, encouraged by the interest shown in the Conference, an approach was made to Miss Rowe, Executive Secretary at the National Council of Nurses, with a view to organising an International Paediatric Conference based in London, but including visits to children's hospitals in various parts of the UK. The conference took place in July 1952 with seventy participants. A further conference was under discussion by

February 1954, this time to be based on Glasgow and open to nurses from any country. In 1959, the year of the coming of age of the ABPN, the National Council of Nurses assisted the ABPN in arranging an International Study Tour, which proved a great success.

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The arrangements included two big social events (reported in the chapter on anniversaries). In the same year a successful Study Tour in Sweden was organised with the head of the Royal College of Nursing and attended by thirty members under the leadership of the Vice-President Miss A. M. Parker OBE.

In May 1965 the seed was sown for the AGM to be extended to include a weekend conference and the idea was eagerly accepted by the President, Miss M. A. Duncombe. 1966 saw the first of many similar, much acclaimed conference weekends (see appendix for list).

Attendance at Annual General Meetings rose steadily now that there was an added interest. The fact that nurses' earnings had reached a more realistic level may also have played a part in the increase of numbers attending.

The first of these weekend conference took place in 1966 at Somerville College Oxford. The Conference Weekends, now well established and attracting well over 100 participants each year, not only fulfil the main aims and objectives as stated in the Constitution of the ABPN, but also give obvious enjoyment as well as excellent local publicity. Talks on the local history and culture of the cities visited, a formal dinner in the presence of the Mayor and Mayoress and other distinguished guests, visits to the local hospitals and clinics and sight-seeing tours are all part of the programme. Specialists in the treatment and care of children bring the participants up to date. The exchange of ideas, meeting colleagues and generally developing the approach to the Welfare of Children in the broadest sense, is coupled with the discussions on current developments in the National Health Service.

**In 1966 the first AGM that included a weekend conference was held. The conference was held at Somerville College, Oxford.**

The publicity for the importance of paediatric nursing plays a considerable part in engendering greater awareness of, and interest in this specialised branch of nursing. Almost from the beginning these conferences were arranged by Miss F. Long to whose untiring and highly successful work tributes have been paid on many occasions.

## A Special Conference

In 1973 a very special conference was arranged for the purpose of reviewing the progress made since the publication of HM 71/22, "Facilities for Children in Hospital". Workers from every speciality dealing with healthy, sick and handicapped children attended this conference. Paediatricians, educationalists, representatives from the DHSS and workers from the public health field attended the Conference. The Conference revealed to everyone's concern that a great deal remained to be done before the recommendations of HM 71/22 could be regarded as achieved. This conference which was widely reported on radio, television and in the national press took place in London on 14th February 1974

## Tours Abroad

The Association's first tour abroad took place on the instigation of paediatric nurses in Holland and the tour, which was organised by the National Council of Nurses in April 1956, was a great success. Fifty nurses were in the visiting group. Ireland was host to paediatric nurse in Belfast in 1957 and some fifty nurses visited Sweden in the summer of 1964. Individual nurses (members of the ABPN) attended the conferences of the ICN in Rome, Frankfurt, Montreal and Mexico. Miss Duncombe, acting for the President, took the opportunity to call together nurses working with children from many countries at an afternoon reception organised in Montreal, a happy occasion which made it clear, that the specialised training for the paediatric field, as was available in the UK, was both admired and envied by nurses all over the world.

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## Anniversaries

Plans to mark the coming of age of the Association in 1959 were first announced at the quarterly meeting in October 1957. Shortly after that, the National Council of Nurses was asked to organise an International Study course in conjunction with the ABPN. Seven members of the Executive formed a sub-committee, which soon drew up a draft programme and suggested a title for the Conference "Towards Total Health for our Children". The plans included lectures, visits of professional interest and a full social programme. The Study Course started with a reception at the English Speaking Union, of which Princess Alexandra was present. In view of the Princess's forthcoming visit to Australia, an Australian nurse participant of the study course was selected to present HRH with a bouquet of flowers.

*The National Council of Nurses in conjunction with the ABPN organized an International Study course: "Towards Total Health for our Children".*

The study course concluded with a dinner at the Dorchester Hotel, Park Lane. Miss Coulton, Founder President of the ABPN should have been guest of honour but was unable to accept. During the dinner the President announced the receipt of a telegram from Her Majesty the Queen Mother which read:

*"I send my warmest congratulations to the ABPN on the occasion of its 21st Anniversary. The Association has played a leading role in effecting the wonderful change which has taken place in the care of sick children, and it is my hope that it may long continue in this important work".*



On the occasion of the 25th anniversary of the ABPN a wine and cheese party was held in the School of Nursing of the Westminster Hospital. The President (Miss Duncombe) called the occasion a tribute to the women who had started the Association; much had been achieved in the first quarter of a century of its existence, but a great deal would be needed to be done in the coming 25 years. A draw which resulted in a boost of £143 to Association funds was organised for this occasion. The ABPN were greatly assisted in arranging the Reception at the English-Speaking Union and the dinner at the Dorchester Hotel by Cow & Gate and Wilts (Royal Milk) respectively. Both made generous financial contributions.

## Chapter 6: Money Matters

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One of the earliest tasks of the Executive Committee was the fixing of subscription rates. Amounts to be paid every 1st April were: Matrons 10/- Sisters 4/- Nurses 2/-. The Hon Treasurer (Miss Machell) reported at the first open meeting that she had started with £10.13.0d (£10.65) in hand. Ten years elapsed before the subscription rates were increased for nurses (now 5/-) while matrons remained at 10/-.

**Early annual membership rates were: Matrons 10/-, Sisters 4/-, and Nurses 2/-.**

As funds increased money was invested in Defence Bonds and later also in Savings Bonds.

The largest expenses were affiliation e.g., to the Royal College of Nursing (£29.5.0d in 1953) and to the National Council of Nurses (£100.0.0d at that time). Other recurring items which were picked out in the Hon Treasurer's reports to the Executive was the cost of the Quarterly Newsletter which by 1953 had risen to £12.0.0d and the cost of typing the monthly Minutes which at that time amounted to £1.15.0d (£1.75).

A special watch has always had to be kept over Life Membership. Originally fixed at 3½ guineas, it was raised to 5 guineas in 1953 for active members, while retired members aged 60yrs and over who had paid subscriptions for 15yrs, paid only one guinea. Other periodic rises are minuted and at the time of the 40th Anniversary subscription rates are £3.00 Annual and £30.00 Life.

Money matters became steadily more complicated, and sums involved grew with a growing membership, as did the Association's commitments. One such commitment concerned the capitation fees and subscriptions to the Northern Group.

Non-payment of subscriptions was a constant worry for the Hon Treasurer who reported in 1963, that out of a membership of 502 annual and 123 life members, 200 had failed to pay their dues that year.

The routine expenses were not the only ones that had to be met as the activities of the Association increased. We read for instance of financial assistance given to the President and members for the purpose of attending International Congresses and Study Tours. During the International Congress of Nurses in Montreal (1969) the association invited all those nurses concerned with the care of children to an afternoon reception.

The Hon Treasurers deserve praise both for the many years of service they gave and for the competent ways in which they administered the Association's finances. It often meant serious worries. Fund raising efforts such as Bring & Buy sales, draws and donations were needed in order to keep a satisfactory balance.

**Bring & Buy sales, draws and donations were needed in order to keep the Association's accounts in a satisfactory balance.**

In 1963 the possibility of registering as a charity was raised, but when it was found the Association was already exempt from paying Income Tax, the matter was dropped.

By the time the Association had been in existence for 39 years (November 1977) assets had risen from the initial £10.13.0d to £799.14 Current Account £1933.37 Deposit Account £100 Bonds £5000.00 Building Society, In the meantime however the annual subscription had been raised to 12/6 and life membership cost £12.12.0d (1970) and again to £3 annual and £30 life membership (1974). During the first year newly qualified nurses paid £1 and capitation fees were 25p per member.

The longest “serving member” of the ABPN is undoubtedly Mr F. J. Williams ASAA, Chartered Accountant who guided successive Hon Treasurers in their work for 35 years, not accepting anything more than a nominal honorarium for his services. The Association’s grateful appreciation was minuted when Mr Williams had to withdraw in 1974 owing to pressure of work. His successor also offered his services on a voluntary basis (Mr W. T. Ellis of Dolgellau).

In 1977 the Hon Treasurer proposed a gift of £20 as a mark of appreciation to Mr Williams, a proposal which was readily accepted by members of the Executive Committee. It appears that up to 1955, the Hon. Secretary took all Minutes herself and although there is no clear record of anyone typing them, this work seems to have been done voluntarily by the telephonist at Banstead Children’s Hospital. Later on Mrs Baker, Secretary at the Queen Elizabeth Hospital, Hackney Road, attended meetings to take the Minutes. She received £15 per year towards her expenses, an amount, which seems to have remained static up to 1983. By then the work of the Association had grown appreciably and it no longer seemed possible to rely on voluntary help. There was some delay in finding a suitable Minuting Secretary and the matter came up again in 1974. It was thought that 2hrs per week at £1 per hour should cover the work.

Attendance at monthly meetings of the Executive Committee was gradually becoming a burden to members who had to come to London from a distance, as rail fares were constantly increasing. In December 1952 it was therefore decided to set aside £100 per annum for the purpose of helping members with travelling expenses so that the Hon Treasurer might refund them. As a further means of cutting travelling expenses, the President (Miss Duncombe) proposed that meetings be held every other month instead of monthly. The idea was realised a year later, following a revision of the Constitution. It was soon realised that the new arrangements caused a marked improvement in attendance at meetings. Members record their expenses at every meeting and soon after receive a cheque from the Hon. Treasurer.

**In 1952, with rail fares constantly increases members of the Executive Committee were able to be reimbursed for their travel expenses to the monthly meetings.**

Again 10 years later (1973) it was agreed that members attending outside meetings as official representatives of the Association should have all expenses refunded. This decision was later included in the 1978, revised Constitution.

## Chapter 7: Magazine and Newsletter

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Already in the earliest days of the Association there was a suggestion that a journal might be issued and that this could be on sale at general meetings. However, no such journal materialised, largely because of the high cost of producing anything worthwhile.

The idea of having a quarterly magazine arose again at a meeting in February 1951. The contents were to include news of activities, lectures and social events concerning sick children's nurses. After some enquires, the high cost of such a magazine made the project inadvisable and it was decided to start a Newsletter instead (Miss Mitchell was the first editor). A firm of printers gave an estimate for £27 which the Association could not afford and eventually a Newsletter and quarterly Minutes were sent out in duplicated form at a cost of approximately £12. By the following year (1952) we read of an account rendered by Luff & Sons of Windsor for the sum of £10.12.0 for 800 copies of the Newsletter. The Editor had to resign in November 1952 and as the new Editor was not, at the time, a member of the Executive Committee, she was invited to attend meetings on an ex-officio basis (Miss D. Jones). Miss Jones handed over to Miss M. Janes in 1957.

**Miss Mitchell was the first editor of the Association's Newsletter. The Newsletter was started in 1951. It was distributed quarterly with the minutes for the cost of £12 to the Association.**

By 1958 the cost of producing the Newsletter four times a year had risen to £24.14.6 a quarter (Shirley Press, Hove) a sum the Association could only meet if the subscriptions were raised. This possibility should have come up for discussion at the following Annual General Meeting, but was, in fact, not mentioned. Instead, a collection was made towards Association Funds. Soon afterwards the idea of meeting some of the cost of the Newsletter by selling advertising space led to an approach to Cow & Gate and to Wilts. Dairy Co. Both firms agreed to accept the offer.

Throughout the years this Newsletter has kept paediatric nurses acquainted with the activities of the Association. The President (Miss A. Thompson) paid tribute at the 34th AGM in 1974 to the Hon Editor (Miss M. Janes) who had edited the Newsletter most ably for seventeen years. She was followed by Miss S. Bates and a year later by Miss D Grant who was given the support of two sub editors (Miss R. Barrett and Miss D. Young).

In view of the financial burden (£150 for each edition by 1974) the Newsletter imposed on the Association, it was agreed to take up the suggestion made by Miss P. Nuttall of the "Nursing Times", of using the new eight-page supplement now incorporated in the journal, instead of the Newsletter. This could be used twice annually for ABPN news and articles. The first 300 offprints would be free, after that the cost would be £110 for 1000 copies. At the AGM in 1977 it was decided that these extra copies were not needed, as members would be buying the "Nursing Times". It was suggested that "active members" might adopt retired ones, unable to buy the journal. Generally speaking, the new arrangement is deemed satisfactory and a reasonable solution of the cost problem.

**As the cost of the Newsletter rose, the Newsletter was incorporated as an eight-page supplement in the Nursing Times journal. The first editor was Miss Grant.**

After serving as Editor for four years, Miss Grant resigned in the Spring of 1978. She was followed by Miss B. Atkinson.

## Chapter 8: The ABPN and Outside Committees and Working Parties

In a brief history such as this one, it is not possible to go into any detail about the many committees with which the Association had dealings. It is however right to mention that from the earliest days, members took an active part in formulating professional policy. At times they did so as official representatives of the Association, at others they served in their own right but were able to bring to the deliberations of committees their specialised knowledge of paediatric matters and, perhaps equally important, keep in the minds of colleagues and officials, the importance of paediatrics as a special and definite entity. In turn, the information and knowledge acquired by serving on professional committees and working parties enriched them, so that their services to the Association were greatly enhanced. Some instances of such beneficial liaison are particularly worth mention although the list is, of necessity, a very incomplete one and not given in chronological order.

*From the earliest days, members took an active part in formulating professional policy bringing to the deliberations of committees their specialised knowledge of paediatric matters and keeping in the minds of colleagues and officials, the importance of paediatrics as a special and definite entity.*

The Reports and Committees are mentioned by the abbreviated titles which are commonly used by nurses. To give full titles seems unnecessary and would take up additional space: Rushcliffe Committee - later replaced by the Whitley Council The Working Party on Recruitment & Training of Nurses; The Horder Report - The King Edward VII Hospital Fund Area Nurse-Training Committees; The Nuffield Report - Nuffield Foundation Division of Architectural Studies; The Royal College of Nursing Working Party on Salary Structure; The General Nursing Council for England and Wales; The Standing Nursing Advisory Committee of the Ministry of Health The Welfare of Children in Hospital (1958); the Ministry of Health The use of Restraints for Children nursed in Hospital (Ministry of Health, 1965); The Salmon Committee The Safety of Children in Hospital Ministry of Health (1965); The Staffing of Special Care Baby Units (1969) Save the Children Fund - Play Groups in Hospital; Briggs Committee on Nursing; Warnock Committee on the Education of Handicapped Children (1976;); The Halsbury Report "money versus vocation conflict" (1974;); The National Association for the Welfare of Children in Hospital (NAWCH); The Platt Report (1959)

During the 1970s committees and working parties have become ever more numerous and with them the work of members of the Executive Committee has grown considerably. They have become more and more professional as matters of major importance have come up for discussion and far-reaching decisions have to be made or confirmed. Contacts with the Ministry of Health have always been of particular importance. One of the earliest entries in the Minutes refers to correspondence which deals

*One of the earliest entries in the Minutes refers to correspondence about the possible closure of the part of the GNC Register for Sick Children's Nurses, the ABPN pressed for a guarantee that the special training be continued by the GNC, that some specific form of certificate be sanctioned, post-graduate or other, and that such guarantee be included in the proposed new legislation.*

with the possible closure of the part of the GNC Register for Sick Children's Nurses, the ABPN pressing for a guarantee that the special training be continued by the General Nursing Council, that some specific form of certificate be sanctioned, post-graduate or other, and that such guarantee be included in the proposed new legislation.

As an example of the increasing influence of the Association, one instance is here quoted in some detail. In 1964 the Ministry of Health undertook a census. The ABPN was asked to comment on this project. This dealt with three main points and was to take place on a midweek night in June 1964 and be repeated in March 1965. The points were:

- How far different age groups of children were nursed in separate units?
- Why children and adolescents were at times nursed in adult wards?
- How far paediatric and specially trained nurses were engaged in the treatment and care of children?

Such acknowledgement - however slight- of the worth of the ABPN was, of course, greatly appreciated as a good pointer towards the future. From 1971 there has been an informal liaison with the Department of Health and Social Security (DHSS) which proved to be of benefit to both the ABPN and DHSS. Because of the presence of a Nursing Officer of the DHSS at Executive Committee Meetings, there is a growing understanding between the Association and the Department, which must inevitably benefit the sick and handicapped children and is consequently of considerable importance.

## The National Society of Children's Nurseries and the National Baby Welfare Council

A long chapter could be devoted to the business reports of the National Society of Children's Nurseries and the National Baby Welfare Council who have worked in affiliation with the Association of British Paediatric Nurses since the early post-war years. Reports on the meetings and conference of the two bodies are minuted in some detail. While their function was of indisputable importance, it does not seem necessary to report any of them so fully in a history of the ABPN.

Representatives of the Executive Committee and the general membership served on the committees of the above organisations, often devoting much time in doing so and on a number of occasions making notable contributions to their proceedings and work. To be in association with other councils and societies concerned with the care of children was, of course, a logical function of the ABPN and at various times facilitated decisions and interchange of views between them. The close relationship also paved the way to the implementation of certain training schemes, both for paediatric nurses and for nursery nurses wishing to work in hospital either during training or after qualifying.

*To be in association with other councils and societies concerned with the care of children was, of course, a logical function of the ABPN and paved the way to the implementation of certain training schemes, for paediatric nurses and or nursery nurses wishing to work in hospital either during training or after qualifying.*

## Chapter 9: National Council of Nurses for Great Britain and Northern Ireland

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The National Council of Nurses was founded by Miss Bedford-Fenwick in 1904 and it represented the nurses of Great Britain and Northern Ireland at the International Council of Nurses.

The Royal College of Nursing was originally affiliated to and worked closely with the National Council, but in 1963 the two organisations joined to form a new, unified body of nurses, to represent all branches of nursing in the United Kingdom.

The first indication that the Association of Sick Children's Hospital Nurses wished to be affiliated to the National Council of Nurses appears in the Minutes of April 1941. Together with the reply to this request, the Hon. Secretary of the National Council of Nurses enclosed an application form. She promised to lay the application for membership before her Council's next meeting but there would be a delay on account of the War. As nothing further was heard, a letter was sent in April 1942 asking for clarification of the position, and the reason for the lapse in communication was explained by the cessation of Council Meetings due to war conditions.

*The first indication that the Association of Sick Children's Hospital Nurses wished to be affiliated to the National Council of Nurses appears in the Minutes of April 1941. A response was delayed on account of the War. In May 1946 the affiliation of the Association of Sick Children's Hospital Nurses was accepted.*

The Council was "resuscitated" in March 1946 and a new application form was received. In May 1946 it was, at last, possible to record that affiliation of the Association of Sick Children's Hospital Nurses had been accepted. Miss Cochrane asked that a representative to serve on the Grand Council be named. The membership of the ASCHN were duly informed of the successful application and nomination for a representative to serve on the Grand Council of the National Council of Nurses of Great Britain and Northern Ireland were invited. Miss Coulton (President) was elected, and Miss Clieve, Miss Machell and Miss Lane were nominated as delegates. The first dues arising from the Affiliation (£37.16.4) were paid in September 1946.

The Association now became eligible to vote for the officers of the Council and reports on the nomination and elections appear regularly in subsequent Minutes. Much attention was paid to the business of the National Council and lengthy reports were given both at Executive and general meetings of the ASCHN; indeed, there are times when full reports of Grand Council Meetings can be found in the Minutes. The details need not be reported, but two aspects of the affiliation are worth mention. The one is the benefit gained by members through the help given in arranging the study tours as e.g., to Holland, Sweden and Northern Ireland and facilities gained when members attended International Congresses of the International Council of Nurses as for instance in Melbourne, Rome, Frankfurt and Montreal. The other aspect is the considerable financial burden imposed on the Association by the affiliation.

*The affiliation with the Council of Nurses imposed a financial burden on the ABPN.*



By 1949 fees to the Council had risen to £100 per annum, an amount which a relatively small association such as the ABPN found very hard to meet.

By October 1962 the affiliation fee was £143.15.0.

After January 1963 when the new unified body was formed (Royal College of Nursing and National Council of Nurses of Great Britain and Northern Ireland) membership was on an individual basis, the Association had therefore no further dues to pay, a fact that relieved the Hon Treasurer (Miss Tanner) of a perennial worry. The heading "National Council" automatically ceased to feature in the Minutes.

## Chapter 10: Visiting Children in Hospital

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Today it must seem almost unbelievable that in October 1947 deliberations and conclusions concerning the visiting of children in hospital and the provision of play as a right and necessity were still not accepted by the ABPN, a body which should quite naturally be regarded as a policy-maker and watchdog in the field of child welfare. Even 24 years later (1970) the Association is criticised for its lack of forcefulness on these and allied matters.

In October 1947 deliberations and conclusions concerning the visiting of children in hospital and the provision of play as a right and necessity were still not accepted by the ABPN.

In September 1947 stimulated by correspondence with the British Federation of Social Workers the following conclusions were minuted:

1. Parents should not be kept away from very sick children.
2. That too frequent visiting should not be encouraged except in cases where it was felt that the recovery of the child might be retarded.
3. That a great amount of infection was brought into the wards by visitors.
4. That the visiting of children in private wards was in some ways justified as the risk of further infection was lessened by the fact that parents of these children do not customarily come from overcrowded areas.
5. That the Committee should extend an invitation to members of the Federation of Social Workers to visit any of the children's hospitals immediately after any visiting day so that they may see for themselves the full effect of it.

Four months later Miss Robertson, Matron, Queen Elizabeth Hospital for Children, London, on behalf of the ABPN attended a conference arranged by the British Federation of Social Workers in which the problems of separation, the effect of hospitalisation and the break in family links as a cause of maladjustment in later life were discussed. Little progress seems to have been made for some time after this. In a most humane address given on the occasion of a Quarterly Meeting of the Association in Brighton (January 1950) Mr Iver Balfour spoke unequivocally in favour of frequent visiting in all types of children's units. He concluded with the saying "When you put your hand on a child's shoulder, you put it on a mother's heart".

A relaxation in visiting rules was however still not common and in October of the same year (1950) the General Secretary of the Royal College of Nursing wrote to ask for the ABPN's support for a resolution at the Annual General Meeting of the Nation Federation of Women's Institutes, "deploring the lack of facilities for visiting children in hospital". The resolution was supported with the proviso that increased visiting facilities should always be at the discretion of the Ward Sister and the Doctor.

A list of practices in hospitals at which members of the Executive worked showed that at that time these still fell sadly short of the ideals advocated. One consideration was the burden daily visiting might impose on the family budget.

When the National Society for Children's Nurseries asked for the views of the ABPN on visiting children in hospital, the Hon. Secretary was instructed to reply that the Association's views "had been admirably expressed in an article by Miss M. Duncombe in the "Nursing Times" of 16.6.57 as well as in "Nursing

Mirror” of 12.11.54”. In both articles the practices described and strongly advocated would stand up the ideals expected today (1978). It seems only just to say that the change of heart within the nursing profession was due more to the work done by others rather than the ABPN.

Special mention must here be made of the work of Dr Ronald Mackeith - in collaboration with his Ward Sister, Miss M. Duncombe at Guy’s Hospital, James Robertson of the Tavistock Clinic and perhaps most of all, the National Association for the Welfare of Children in Hospital (NAWCH).

## Children in Adult Wards

Closely linked with the twin problems of visiting children in hospital and the effects of separation in early childhood, is the practice of admitting children to adult wards in general hospitals. The reason for so doing is, as a rule, the expertise available in special wards, e.g. ophthalmic, cardiac surgery, burns.

The ABPN deprecated this practice from the outset, pointing out the seriousness of the lack of supervision by paediatricians and paediatric nurses in these special units. In the Minutes of July 1955, we read that the Secretary of the British Paediatric Association thanked the ABPN for their letter of June 1955 in which concern had been expressed about the increasing numbers of children’s beds that were being opened in general hospitals whilst some children’s hospitals were being closed. When the Association sought statistical data from the Ministry of Health it was stated that no relevant figures existed. Replying, the ABPN suggested that a separate column in the hospital returns (SH3) could be used stating the number of children in adult wards. The reply to the suggestion received from the Ministry was both sympathetic and constructive (Nov 1955).

**From the outset, the ABPN deprecated the practice of admitting children to adult wards in general hospitals, pointing out the seriousness of the lack of supervision by paediatricians and paediatric nurses.**

A year later Ministry referred the ABPN to a statistical survey of hospital patients which the Nuffield Foundation was about to carry out. (Dan Mason Report, Nursing Research Committee). The Nuffield Committee agreed to undertake some research into the problem of children in adult wards and to keep in touch with the ABPN.

The deep concern felt about the psychological effect and the lack of adequate paediatric supervision for children admitted to adult wards led to the formation of a Sub-Committee to examine the problems and make recommendations. (Miss Cawthorne and Miss Kirby, Matrons; Miss Andrews, Ward Sister and Miss Worthy, Sister Tutor). They discussed the problems created for the hospital administration and the training of student nurses, as well as the lack of accurate statistics and inadequate paediatric supervision when children were admitted to adult wards. They also noted the inadequacy of provisions for sick adolescent boys and girls. The memorandum resulting from the sub-committee’s discussions was forwarded to the General Nursing Council who stated that they were in general agreement with the views expressed and would be interested in giving the matter further consideration when relevant statistics became available. For some time after that there is no further mention of any move to improve the situation.

In 1966 a new aspect of nursing children in adult wards was raised, when it was reported that children from overseas were being admitted to private beds in specialised adult units (e.g. plastic surgery) because they were not entitled to beds under the National Health Service. It was pointed out that it was possible to designate beds temporarily in children's units as fee-paying beds, thus obviating the need to take children into adult wards. As this arrangement was not universally known, the ABPN undertook to publicise the relevant document. Unfortunately, a letter from a Paediatric Cardiac Specialist received in 1970 showed that the matter remained unresolved, for he complained that his patients frequently lacked the expertise of sick children's nurses. No change can be reported at the time of compiling this history.

In view of the slowness in making urgent improvements in the care of children in hospital it was interesting to note that Miss M Thompson in her inaugural Presidential Address (1974) promised to add a new dimension to the aims and work of the ABPN, when she spoke of her aim of developing the Association's role as a pressure group for children and of making it more widely recognised in an active, advisory capacity.

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## Play

Contemporary thinking on the welfare of children in hospital gives play and occupational therapy a very high rating.

In 1976 the Department of Health and Social Security issued a circular entitled "Play for Children in Hospital". In the circular stress is laid on the need for nurses to be involved in play and it is suggested therefore, that the subject should be included in the nurses' training syllabus. At the same time, it is recommended that nurses should be responsible for the organisation of play and the training of voluntary helpers and that the help of voluntary play leaders should be encouraged.

The Executive Committee while supporting many points in the report, felt that the additional task of organising play and voluntary workers, could not be taken on by the nursing staff in view of the progressively reducing staffing position in hospitals.

*The Executive Committee felt that the additional task of organising play and voluntary workers, could not be taken on by the nursing staff in view of the progressively reducing staffing position in hospitals.*

In a letter to the DHSS, they stated their views and stressed the need for trained, (salaried) play leaders. In her reply the Chief Nursing Officer DHSS (Miss Friend) stated that:

*"the suggestion that a senior nurse should be in charge of play was an interim measure, but that pressure could be brought to bear on local authorities to ensure provision for this".*

In the correspondence concerning the circular on play, the President took the opportunity to express serious concern at the cut back in the number of paediatric nurses being trained, this would have an effect on the

future supply of senior paediatric nurses and would, in its way, affect (among other things) play provisions for children. It was also pointed out that many children were being nursed in general hospitals where the nurse in charge need not have a paediatric training and so would be less likely to be play orientated. Miss Friend in her reply said that she noted the concern expressed and agreed that the reduction in paediatric learners was a short-sighted policy.

# Chapter 11: Requests for Information, Help and Opinions

As the Association became known, requests for information, help and nursing opinion as well as views on appointments and nurse-training came in in growing numbers. Any advice proffered was always given with the welfare of the sick child uppermost in the Executive's mind and, whenever appropriate, stress was laid on the need for specialised fully qualified children's nurses as the right people to care for sick children and to train the next generation of paediatric nurses.

*As appropriate advice proffered focused on the welfare of the sick child and stress laid on the need for specialised fully qualified children's nurses as the right people to care for sick children and to train the next generation of paediatric nurses.*

One of the earliest and historically interesting requests for help and suggestions is minuted in May 1941 when suitable staff were needed for nurseries run by the Anglo-American Relief Fund for London children and mothers.

At another time a letter arrived from Nova Scotia asking whether the Association trained governesses.

Aristoc Ltd sought the Association's opinion on the suitability of children's clothing they were manufacturing. A similar query, which was dealt with great care, came from the "Disabled Living Foundation" who were conducting a research programme into clothing for physically and mentally handicapped children (1964).

What was the policy regarding the use of face masks in children's hospitals? (1965)

What were the paediatric nurses' views on the use of reservoir feeders used in the administration of vitamin syrups to very young children (DHSS 1969)?

Many enquiries were received on vexed questions such as the optimum ratio of student nurses to trained staff (1942) or the status of the Registered Sick Children's Nurse in the children's ward of a general hospital. Was it right that she was being graded as an enrolled nurse? (1959) and was an RSCN correct in refusing to be moved to an adult ward after six years on night duty in a children's ward (1960).

*Questions have been raised about the optimum ratio of student nurses to trained staff (1942) and the status of the Registered Sick Children's Nurse in the children's ward of a general hospital.*

The Science and Art Museum in Barnstaple wanted to know what preparation was needed prior to taking a sick children's nurse training (1949) and a group of school nurses wished to undertake voluntary work in children's hospitals during their vacation. The Royal College of Nursing wanted to know whether these nurses would be welcomed. On many occasions the ABPN was asked to make known vacancies for qualified staff in paediatric hospitals or units.

There was a request for the names of nurses who would be interested in serving on a committee set up to design accommodation for children in hospital (Dr Swift 1973) and the British Federation of Social Workers wished to know about the effect on children and their parents of periods of separation due to illness (1942).

The Association were happy to be asked for their views on such matters as the advisability of re-opening, as a Sick Children's Training School, the Princess Louise Kensington and Paddington Green Hospitals (1948) and they welcomed an invitation from the Department of Health and Social Security to submit evidence to a Committee set up to review Child Health Services (1974).

Invitations to serve on important committees and working parties concerning the welfare of children have already been mentioned in a previous chapter (The ABPN and outside committees and working parties). Through the personal knowledge, which the members of the Executive Committee had of the paediatric field and membership, it was always possible to nominate a paediatric nurse who could make a contribution from her fund of specialist experience.

The selected list (abbreviated titles) given here is intended to show the wide variety of enquiries and correspondence the Association dealt with. There were countless others and a brief list will remind the reader of many of the important Committees and Reports of the Sixties and Seventies:

- The Platt Report
- The Report on the Welfare of Children in Hospital
- A Memorandum on Play in Hospital (Save the Children Fund)
- The Court Report
- The Briggs Committee on Nursing
- The Staffing of Special Care Baby Units.

On all these working parties the Association gave assistance or evidence. A great volume of work is, in fact, done by the Executive Committee members, work that is often not understood or not realised by the general membership.

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## Chapter 12: The ABPN as Watchdogs

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The Association of British Paediatric Nurses has, as a point of policy, always regarded itself as “watchdog” in matters concerning sick children and paediatric nurse training.

Misleading advertisements in the professional press were among these issues. Typical was the following advertisement: “Post graduate experience of six months or a year offered to trained nurses. Certificate on completion of service”. A letter to the Matron of the hospital concerned suggested that the advertisement was misleading as the certificate of RSCN could only be given to general trained nurses who had taken the statutory training and examinations. When no reply to the letter was received, the Hon Secretary was instructed to write to the General Nursing Council voicing the Executive’s concern, as it felt that the ambiguity of such misleading advertisements might be particularly serious in the case of overseas students.

Action was taken about misleading advertisements in the professional press and where the Executive Committee felt that posts had been advertised with the stipulation that applicants should hold a paediatric qualification.

On another occasion a letter of protest went to both the secretary of the Hospital Committee and the Chairman of the Nursing Committee when the posts of Matron and Assistant Matron/Tutor for a hospital and craft school of 300 children’s beds, a number of which were reserved for infants, was advertised with no stipulation that the applicants should hold a paediatric qualification. In other similar instances the sick children’s training might be mentioned as “an advantage” but not as an essential. The Association took action in such instances on more than one occasion.

Even in a publication “Nursing Recruitment Campaign Guide” issued by the Central Office of Information of the Ministry of Health 1959, no mention was made of the training and recruitment of sick children’s nurses. In this instance it was decided to send a letter to the Central Office, enclosing a suitable illustrated article about sick children’s nursing, asking for it to be considered for inclusion in the “Nursing Recruitment Campaign Guide”.

In 1965 the Executive Committee considered the wording in a pamphlet printed in connection with a Ministry of Health Publicity campaign which was likely to discourage potential entrants to Sick Children’s Training. Letters were sent to the Chief Nursing Officer (Miss Raven) and the Publicity Relations Officer at the Ministry pointing this out. As a result, the wording was amended to the satisfaction of the Executive Committee.



## Chapter 13: Miscellaneous

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### The Platt Report

The Report generally known as the “Platt Report” or “The Welfare of Children in Hospital” was published in 1959. Almost every aspect of the physical and emotional needs of children came under discussion in the report and many recommendations were made. Implementation of the recommendations was slow, indeed twenty years on, much remains to be done.

The Platt Report was recognised as being of very great importance by the National Association for the Welfare of Children in Hospital (NAWCH) and much of their work has been based on the recommendations in it. A number of ABPN members served on committees which produced the Platt Report (Miss M. Janes in particular) and a number of study groups were set up to discuss the recommendations and implications. The “Nursing Times” gave “Platt” very welcome space for the publication of articles and the Editor (Miss M. Wenger) organised several discussion group for paediatricians and paediatric nurses.

*A number of ABPN members served on committees which produced the Platt Report (Miss M. Janes in particular)*

### Questionnaire

The Admission to Hospital of Mothers with their Young Children In 1958 the Association of British Paediatric Nurses was pleased to assist the Nuffield, Division of Architectural Studies, in publicising a questionnaire which was sent out to all members of the Association.

### Foreign Nurses

The special paediatric training and qualification available in the UK has often been sought by nurses from other countries. Nurses from the UK on the other hand, frequently wished to travel and they were welcomed in children’s hospitals of the Commonwealth and other countries. Arrangements were often made through National Councils of Nurses who were able to give advice on such matters as Superannuation, Income Tax, Insurance and Health matters. For special paediatric matters reference was often made to the ABPN. One interesting minute concerns the request from the French Embassy which was considering an exchange of nurses between France and England. France was anxious to be given reciprocity but at that time this was not possible. There was also a salary problem: English nurses could not be remunerated in France, while French nurses working in England had to receive the same salary as their English colleagues in a comparable grade. Post-graduate courses in paediatrics leading to a special diploma were considered jointly by the Royal College of Nursing and the Association for Sick Children’s Hospital Nurses, in 1950 (see chapter on the RSCN & General Training).

*One interesting minute concerns the request from the French Embassy which was considering an exchange of nurses between France and England. France was anxious to be given reciprocity but at that time this was not possible. There was also a salary problem.*

## Private Paediatric Nurses

Consultant Paediatricians occasionally preferred to keep their young patients at home and in such instances expert Sick Children's Nurses were needed. In the early days of the Association, it was hoped that a Register might be compiled so that private sick children's nurses would be available on application from a doctor. It seems that no such scheme got off the ground, but it is known that certain children's hospitals had a "Bank" of private nurses on their books.

*In the early days of the Association, it was hoped that a Register might be compiled so that private sick children's nurses would be available on application from a doctor to nurse sick children at home. It seems that no such scheme got off the ground.*

## Special Meetings

The Association of British Paediatric Nurses were frequently asked to send representatives to special meetings and on many occasions were able to instigate and organise meetings and conferences on topical paediatric subjects. Details cannot be given in a brief history, but a partial list may be of interest. The titles usually explain the subject:

- A meeting at the Royal College of Nursing of Representatives of Associations interested in Child Welfare.
- Special Executive Meeting called to discuss a memorandum on the country's need for Sick Children's Trained Nurses, prepared by the Paediatric Committee of the Royal College of Physicians (1953).
- A sub-committee to discuss the nursing of children in adult hospitals (1957).
- A special meeting between Executive Committee matrons and sister tutors of children's training schools (1958) to discuss the future training of paediatric nurses, so that the paediatric representative on the General Nursing Council (Miss G Kirby) might be briefed on the feelings of those concerned with paediatric nurse-training.
- A special meeting on the same subject was called to prepare a memorandum to be presented to the British Paediatric Association (1959)
- A meeting with Professor Watkins of the BPA in October 1959 was a direct result of this.
- A deputation from the ABPN and the BPA waited on the Education Committee of the General Nursing Council when the pattern of future nurse-training, the continuance of children's hospitals as training schools, the introduction of comprehensive schemes and other allied subjects came up for discussion (1960)
- Arising from this there was a similar meeting in 1961. Matrons and Sister Tutors met in March 1961 in order to discuss the comprehensive and post-registration trainings which were currently carried out in sick children's training schools.
- The grading of matrons of children's hospitals following the introduction of the "Salmon Report" was discussed in relation to advice received from officers at the Department of Health and Social Services (1969).

## Chapter 14: A Brief Resume of the Three Years Leading to the 40th Anniversary

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A major development during this time was the formation of branches which has encouraged and promoted participation locally.

The extension of Associate Membership to all nurses who have been working in the paediatric field for at least two years, has encouraged many nurses working in the community to join the Association and their contribution has enhanced our knowledge of the child and his family. For the first time the affairs of the Association have been publicised in the national nursing press through the introduction of our own supplement twice yearly.

Another aid to communication has been the establishment of a News Sheet twice yearly which is circulated to all members. As the Association developed, so it became necessary to redraft the Constitution. The new Constitution was accepted at the 1978 AGM. The Association became registered as a charity in the same year.

As membership of the Association and local activities increased it was agreed to reduce the number of national meetings to two yearly - an Autumn and Spring conference to include the AGM. Activities have extended nationally to include membership of the Joint Committee of Professional Nursing and Midwifery Associations and representation on the Steering Committee which was set up to implement the Regional and Area Nurses and Midwives Advisory Committee. There has also been greater liaison with such bodies as NAWCH; BPA; BAPS; GNC; DHSS; Scottish Home and Health Department and the Welsh Board. The Association has contributed evidence to both the Court and Warnock Committees. Members have given their comments and views on numerous circulars and reports - e.g. Briggs, Royal Commission, Play in Hospital, and verbal evidence was given to the Select Committee in the House of Commons on Violence in the Home to name a few.

Our concern about the reduction in the intake of candidates for the paediatric training due to financial stringencies has been continuously drawn to the attention of the DHSS as this has exacerbated the already inadequate number of practising RSCNs.

The DHSS, as a result of our pressure, has agreed to mount a manpower research project. This should provide information on the movement of the RSCNs and identify those who remain practising in the paediatric field. Members of the Association were represented on the GNC working party which revised the post-basic RSCN syllabus. A code of practice for the NNEB student working in hospital was drawn up by members and submitted to the NNEB.

In May 1979 a special conference was held in conjunction with NAWCH, BPA and BAPS to celebrate the International Year of the Child. The aim of the conference was to express our united concern about the failure to implement the recommendations of various committees since 1959 - that all sick children should be nursed in children's wards or departments by nurses in children's nurses who have received the appropriate training.

In May 1979 a special conference was held in conjunction with NAWCH, BPA and BAPS to celebrate the International Year of the Child. The aim of the conference was to express our united concern about the failure to implement the recommendations of various committees since 1959 - that all sick children should be nursed in children's wards or departments by nurses in children's nurses who have received the appropriate training. A telegram was sent to the Minister of State for Health and Social Security expressing our concern at the failure of the various governments to implement their recommendation concerning the care of children in hospital, and urging that adequate finance be made available for our specialist training.

As a postscript to this conference, it is evident that the Association must continue to demand that all nurses in charge of paediatric wards or departments be RSCN.

**It is evident that the Association must continue to demand that all nurses in charge of paediatric wards or departments be RSCN.**

# Part Two: 1980-2000

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Part Two of this third edition of 'A brief history of the Association of British Paediatric Nurses' spans the years 1980-2008.

This edition was updated by:

Katrina McNamara-Goodger RN, RN(C), RHV

Secretary, ABPN

## Foreword

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Seventy years have passed since the instigation of the Association of British Paediatric Nurses and during that time change to the care of children and young people has been enormous. This has been mirrored in the development of children's nursing and at this time, when the discussion around the need for nurses to be trained in the care of children is raised once again, it seems a suitable time to reflect over the last 70 years. This book, which was originally put together by Miss Duncombe, is a revised edition as it brings the Association's history up to date, not only that it demonstrates the continued commitment of the Association to children and young people's care through its members and its work.

Suzan Smallman

President and Chairman 2008

# Chapter 15: The Years Between (1980-2000)

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## The Policy World

During the 1980's and 1990's there was a period of rapid change, with an emphasis on efficiency initiatives, with value for money and general management styles introduced combined with little evaluation of clinical practice and the effectiveness of clinical interventions. The status of children as individuals with their own rights was first formally acknowledged internationally by the 1989 United Nations Convention on the Rights of the Child (which was ratified by the UK in 1991) and in the UK by the 1989 Children Act.

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The UN Convention recognises that children have a right:

- to take an active part in society
- to services which meet their needs
- to express their views and have them taken into consideration
- to be protected from harm.

The Children Act set out the following principles to be observed in all services provided for children:

- the child has rights
- the welfare of the child is paramount, and the state and parents have a duty to safeguard and promote their welfare
- services are provided in partnership with parents and carers
- all staff work with and support families
- the views of the child, parents and carers are taken into account

In 1991 Department of Health published a report on the welfare of children and young people in hospital. It defined a good quality service for children as being one which:

“provides for the child as a whole, for his or her complete physical and emotional wellbeing and not simply for the condition for which treatment or care is required” [and] “is child and family centred, with children and their families experiencing a ‘seamless web’ of care, treatment and support, as they move through the constituent parts of the NHS”.

The 1991 report contained seven “cardinal principles” which were intended to underpin hospital services for children:

- children should not be in hospital unless it is absolutely necessary
- children requiring admission should receive care of a high standard to facilitate speedy recovery and minimise complications and mortality
- hospital facilities for children should be as accessible as other similar amenities in terms of travelling distance for families

- children should be discharged as soon as socially and clinically appropriate and full support should be given for aftercare
- good child health care is shared with parents/carers • accommodation, facilities and staffing should be appropriate to the needs of children and adolescents and separate from those provided for adults
- children have rights for their privacy to be respected, to be treated with tact and understanding, and to information appropriate to their age, understanding and specific circumstances.

In 1993, the Audit Commission undertook a major investigation of the care of children in hospitals. Its purpose was to investigate the extent of the 1991 report's implementation in practice.

In 1997 the Health Select Committee undertook an inquiry into child health services.

Following a case where a young person was transported around the country seeking an intensive care bed, sadly dying before his parents were able to join him, the Department of Health published 'Bridge to the Future – a national approach to paediatric intensive care' and included a focus on the nursing workforce requirement for this new approach.

## The Education of Children's Nurses

In 1978, informal discussions were held to consider creating a forum for Nurse Tutors in England.

In 1979, agreement was secured from the ABPN Executive Committee, and the Nurse Teachers Group was formed, to share best practice, contribute to National reviews and consultations and facilitate standardisation of Nurse Training across the United Kingdom. The Platt Report identified the need for many more Specialist Nurses to improve nursing care of children. The General Nursing Councils approved shortened training courses for experienced nurses in children's wards / hospitals.

In 1979 the ABPN Nurse Teachers Group was formed, to share best practice, contribute to National reviews and consultations and facilitate standardisation of Nurse Training across the United Kingdom.

The increase in Children's Nurses managing Children's Wards and Clinics, led to greater popularity of the Children's Nursing, improved recruitment and retention of students and more opportunities to develop a clear career pathway.

In the 1970's there were three main routes to Registration as a Registered Sick Children's Nurse: a) Integrated State Registered Nurse and Registered Sick Children's Nurse taking 78 weeks; b) Accelerated course for experienced nurses taking 26 weeks; and c) Post Registration Course for State Registered Nurses taking 52 weeks.

In the 1980's, conjoint validation of programmes with the Higher Education sector, led to the creation of a Diploma in Higher Education

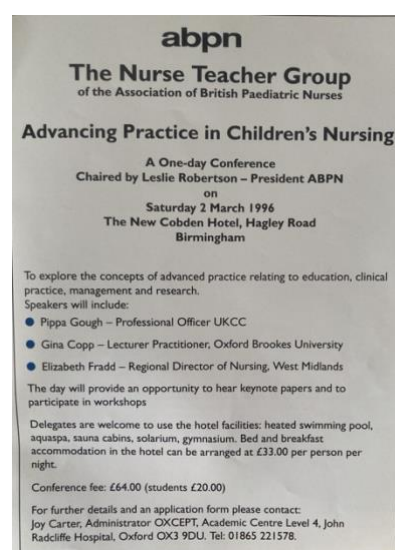


Image added January 2023

or Bachelor's Degree and Registered Nurse in a 3 year course. In the 1990's, Higher Degrees were implemented, enabling students to attain both a Higher Degree as well as their Nurse | Registration in 3 or 4 year course.

Since the 1970's, ABPN Nurse Teachers have been very influential in leading developments; contributing to international debates and facilitating clear career pathways and many specialist educational opportunities. Membership of the Nurse Teacher Group, renamed the Nurse Education Group, steadily increased and at one time had well over 50 members.

Formalisation of the Group led to the creation of a small Executive Committee, with the Chair securing membership of the main ABPN Executive Committee. Regular meetings increased peer support, sharing of best practices, greater contribution to consultations and appointments of members as External Examiners, Panellists for Course Reviews and Validations and other professional activities.

Through the generosity of a founding member of the Group, a scholarship was donated enabling Nurse Teachers to undertake professional activities towards securing a Degree or another Award. Through the development of computerisation, very different working conditions of Nurse Teachers in Higher Education, changing status of students and other issues, members found attendance at meetings increasingly difficult and time consuming. Some of the Group's founder members continued to promote the ABPN throughout the UK and beyond.

## Conferences

Hosting national conferences continued through this period, a full list is included in the Appendices.

## Communication with Members

The [website](#) was developed using a generous legacy from Ginny Colliss who was an enthusiastic and committed member of the ABPN from the 1970's until her untimely death.

The [newsletter](#) has been an important way for the association to keep in touch with its members for many years. Over time it has evolved into a quarterly 4-6 A4 page coloured edition which incorporates national nursing news from the 4 countries as well as information of interest to children's nurses and association news. For many years the newsletter was produced in the form of

The newsletter has been an important way for the association to keep in touch with its members for many years.

Spotlight in Nursing Times. After this Ann England produced the newsletter for many years until 2000 when her editorial was entitled "England's Last Stand". At this point Lesley Sheldon and Jean Robinson took over in a joint venture until Lesley moved to a new job. Since then, Jan Colson has been joint editor with Jean.

The National Consultative Committee held regular meetings with regional and local coordinators meetings taking place until it was disbanded in July 2002.



## Celebrations

The celebrations for the Golden Anniversary featured a Conference held in Birmingham, followed by after-dinner speaker Jeffrey Archer (MP and author), this was also the first conference where nursing students were actively encouraged to participate in the event. The Association's 60th Anniversary (1998) was also celebrated by a Conference, with the keynote speaker Frank Dobson, then Secretary of State for Health.

### A Tribute to Mary Thompson<sup>1</sup>

In 1998, Leslie Robertson, the President at the time, paid tribute to Mary Thompson who had been the President (1974-1979). Leslie's tribute remembers the many contributions that Mary made to the Association and reflected on what a caring person she was and that she had a 'constancy' about her. An excerpt from the tribute states:

History, and I do not think that this is too strong a word to use, shows that Mary's leadership skills as President in the 1970's facilitated the growth both of the organisation itself and of the individual members. She stimulated children's nurses to want to join a professional organisation, be they from a small or large hospital, to want to widen their professional horizons so accepting responsibility for their personal development.

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<sup>1</sup> This entry was added in January 2023.

## Chapter 16: The New Millennium

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As part of the celebrations to mark the 70th Anniversary of the Association (2008), it was decided to reprint the “Blue Book” which had been written to mark the 40th Anniversary and to try to reflect the happenings of the thirty years between the publication of the original history and the reprint.

As part of the celebrations to mark the 70th Anniversary of the Association (2008), it was decided to update and reprint the “Blue Book” which had been written to mark the 40th Anniversary.

### The Policy World

Much has happened in the world of children’s health services, often events have reflected the changing perspectives of childhood and health and well-being, the early years of the new Millennium were marked by the Kennedy and Laming inquiries into the standing and status of children’s health and social care services leading to a shift with services being designed and delivered around the needs of the child and their family as users of the service rather than the needs of the organisations providing the service. Notably nurses were key members of these inquiries.

In January 2003, Lord Laming published his report into the death of child abuse victim Victoria Climbié, which found that health, police and social services missed 12 opportunities to save her, resulting in considerable changes in safeguarding children services.

In 2004 the Children’s National Service Framework was published as Best Practice Guidance in England, children’s nurses were involved throughout the development of the Framework, which led to the publication of 11 standards aiming to ensure fair, high quality and integrated health and social care from pregnancy, right through to adulthood.

### The Education of Children’s Nurses

Everyone has their own interpretation of what helps a child grow and develop and many ideas / remedies have been promoted to improve health. Nurses received an overview of promoting health, management of common ailments and perhaps an opportunity to observe childcare in a small variety of settings.

Whilst care of the ill child has been undertaken since time immemorial, custodial support and social isolation were the norms, rather than the child focused, family involved, social inclusion and partnership for empowerment and independence models that are more prominent in the current societies around the world. It was usual for a training syllabus to be compiled by medical staff, which identified specific content, knowledge and some skills, together with hours recorded to demonstrate assumed competence.

It was usual for a training syllabus to be compiled by medical staff, which identified specific content, knowledge and some skills, together with hours recorded to demonstrate assumed competence.

Gradually, care of the ill child attracted greater consideration from key benefactors and various specialists encouraged major reviews of care practices. Nurse Tutors were recruited to improve the education and training of nurses dedicated to childcare, predominately in institutional settings.

## Conferences and Scholarships

A key objective of the ABPN is to promote the art and science of children and young people's nursing, and to provide facilities for nurses to further their education, skills, and personal and professional development in caring for the needs of sick and well children and young people and their families. The Association believe that this objective can be achieved through the sharing and dissemination of experiences and practices in children's and young people's nursing care and are pleased to be able to continue to offer scholarships, awards & prizes to those working with children and young people. In 2007, the Association linked with the Queen's Nursing Institute awards programme, offering an annual award for those working with children. When looking at the considerable list of annual activities undertaken by the Association, it is apparent that the current approach taken by ABPN is to work in partnership with other organisations, this approach is one seen throughout the history of the organisation but has evolved to jointly sponsoring conferences with others such as the National Blood Service, SPENS, ACT – the Association for Children's Palliative Care.

*A key objective of the ABPN is to promote the art and science of children and young people's nursing, and to provide facilities for nurses to further their education, skills, and personal and professional development in caring for the needs of sick and well children and young people and their families.*

## Links with other Organisations

ABPN continues to play a key role in the activity of the UK Committee on Children's and Young People's Nursing (formerly Joint British Advisory Committee on Children's Nursing), and in our 70th year, ABPN took over the Chairmanship of this group, which was formed to:

- influence policy by discussing issues of mutual concern, sharing information and building coalitions between membership bodies
- raise awareness of the nursing needs of children, young people and their families.
- work towards the improvement of children's and young people's nursing care both in hospital and the community and
- promote and support the education of children's and young people's nurses

Close links also continue with Action for Sick Children (formerly National Association for the Welfare of Children in Hospital) and the Association for Chief Children's Nurses.

## Communication with Members

In 2006 the **updated website** was launched at a Reception held on the London Eye, above the City of London.

The **Journal of Child Health Care**, the official journal of the ABPN, celebrated its 10th birthday in 2006. It is published by Sage Publications. The Journal is an international, peer-reviewed journal which publishes

a wide range of original research or original contributions to the existing literature on the health care of children and their families. The International Editorial Board reflects expertise from across the world and from a range of different professions.

The **newsletter** has been an important way for the association to keep in touch with its members for many years. Over time it has evolved into a quarterly 4-6 A4 page coloured edition which incorporates national nursing news from the 4 countries as well as information of interest to children’s nurses and association news. Over the years with the advent of desk top publishing the time taken to produce the newsletter has reduced. Cut and pasting takes much less time than when scissors and paper and typewriters were used. The job is now shared after many years when it was held by one person. For many years the newsletter was produced in the form of Spotlight in Nursing Times. After this Ann England produced the newsletter for many years until 2000 when her editorial was entitled “England’s Last Stand”. At this point Lesley Sheldon and Jean Robinson took over in a joint venture until Lesley moved to a new job. Since then, Jan Colson has been joint editor with Jean. Looking back over past editions of the newsletter while writing this, it is clear that the newsletter has evolved in layout and presentation, but the content is very much unchanged although we probably have less contribution from members which is something we would love to have. Despite this the newsletter remains an important means of communication for the association.

The National Consultative Committee held regular **meetings** with regional and local coordinators meetings taking place until it was disbanded in July 2002.

The President and Chair roles were merged in 2004.

## Celebrations

The 70th anniversary of the Association saw the AGM & Reception being held at Richard House, London’s first Children’s Hospice, in East End of London, returning to the area where the first meetings were held.

## The Challenge of Involving Children in their Nursing Care

During the past two decades there has been a growing realisation that children, when given the opportunity can be full active members of society (Prout 2001). Slowly this view has been adopted by children’s nurses (Coad & Twycross 2006) and this view of children as, competent partners in their own nursing is starting to influence the way children are nursed.

The promotion of public and patient involvement supported by government policy (Department of Health 2002; 2004), has encouraged children’s nurses to actively engage with children and seek their views on nursing care. Involving children in the development of services is perhaps in its infancy in health care while in social care and education involving children has become more routine (Coad & Houston 2006).

*The promotion of public and patient involvement supported by government policy, has encouraged children’s nurses to actively engage with children and seek their views on nursing care.*

Three themes emerge from research that has asked children about being nursed:

- Fun, connected and competent: children insist, in many studies, that nurses should be fun and have “non-medical chat”.
- The children wanted nurse to connect with them as children, but they also wanted nurses who were competent, who knew about children’s illness (Randall et al 2008).
- Resisting hurtful nursing: Some studies give a sense that nursing is often hurtful for children, that procedures nurses carry out are painful and that this pain disrupts the relationship between children and nurses. Nurses often rebuild the relationship through play and the use of stickers.
- Control: Some studies also report that children feel they lose control when in hospital (Coyne 2006).

Taking children’s views into account as a matter of course is a challenge for all children’s nurses. The social position of children within families, and society more generally means that children’s nurses must negotiate difficult territory between various generations to ensure that children’s voices can be heard in an adult world. Ensuring public and patient involvement is also a challenge for the ABPN. Other larger children’s health organisations are leading the way (Royal College of Paediatrics and Child Health 2005). The aims of the association which were restated in 2004 do allow for the promotion of children’s nursing to the general public including children.

Taking children’s views into account as a matter of course is a challenge for all children’s nurses. The social position of children within families, and society more generally means that children’s nurses must negotiate difficult territory between various generations to ensure that children’s voices can be heard in an adult world.

Translating this objective into action, that ensures children’s voices are heard and action taken, will be the challenge of the next decade.

## The Impact on Children

The memory of being in hospital or being cared for by nurses and others can last a lifetime and at the time of our 70th Anniversary, ABPN invited individuals to share their memories of being cared for across the decades

Decade	Patient	Memory
1920’s	Geny	Geny, had polio as a child- it was called ‘infantile paralysis’ then - in the 1920s, 30s and the early 40s. She was treated in the Dame Agnes Hunt Orthopaedic Hospital in Gobowen, Wales and found that not much changed in conditions there over the decades. She was put into a ward with some T.B. bone cases; one girl was encased in a plaster-cast from chest to ankles. It was the custom in those days to open such wards to the elements, on one side, as fresh air was part of the cure. So that each day, summer and winter, the beds were moved out of the ward she was in and down the slope outside. ‘Pixie’ bonnets and gloves were worn and stone hot-water bottles were provided. The patients were tightly tucked in and told not to move about; she was never there in summertime. She says that the ward sister was very strict. Whereas there were ward-maids to clean the floors, the nurses had to wipe down and dust bed-rails, window-

		frames etc. and they were only allowed to chat whilst making the beds. Meals were adequate, but very dull. Chloroform was the anaesthetic used, which made her feel very sick after operations. Whilst she was there, in early 1940, soldiers volunteered' to sweep the snow off the sloping veranda. It was alleged that whilst doing so, unfortunately, one of them was killed by a fall of snow and ice, off the roof, hitting him in the back of the neck.
1930s	Emily	I went into hospital following an accident on a see-saw, I remember my uncle carrying me to the doctors and then my dad had to ring his employer to ask if they would pay for the ambulance to take me to hospital. If he couldn't have that he was going to ask for an advance of pay, but the ambulance took me to the hospital, I lay on the bed, there was a window at the back of the bed, with lots of noise coming through, and I found out later that it was a metal lift. The doctor said he wouldn't hurt me - but he did. They took me to the ward. That night the air raid sirens sounded, my dad ran to the hospital worried about what would happen to me, he was allowed in as he knew the porter in the ward masters office, they pushed our beds into the middle of the ward, and it was very cold. The next day (Wednesday) my dad visited again. Parents could only visit on a Wednesday and Saturday. There were sandbags against the windows, where relatives peeped through. I remember the nurse combed a boy's hair and then combed my hair with the same comb - he had nits - I saw them running around on his pillow, I thought I should tell my mum. The nurses were Irish, they were quite kind, they wore long blue dresses and white aprons, with different hats for different types of staff, and they had white cuffs on their dresses. The Matron had a little dog, which joined her on the daily visits.
1940s	Emily	Emily was in the local "fever hospital" when breakfast - a slice of bread with "dripping" on, was served - and a mouse jumped onto the side of the enamel plate, "I kicked the plate, which fell on the floor and- the nurse picked up the bread and put it back on the plate. Fortunately for me the boy in the next bed offered to eat it for me! There wasn't much to do - no toys to play with, but that wasn't too unusual - as toys were for Christmas. You didn't have hot water to wash in"
1950s	Tim	I was "corralled in Ottershaw Isolation Hospital (Chertsey, Surrey) for about 6 weeks in spring 1954 with scarlet fever. I remember little of it except that I spent virtually the whole time in one of the single glass partitioned isolation rooms and that my Mother used to come from Southsea every day to see me (looking through the outside window). When I was eventually discharged my favourite bear, which I think had been to New Zealand with me, was incinerated by the hospital"
1960s	Anne	"I was in hospital in 1964 for surgery as a day case - I was put in a cot and was really cross - remember it vividly I wasn't allowed anything to eat and didn't understand why and can remember being terrified in theatre when the surgeon bent down with a mask on and knew my name!"
1970s	Anne	"I burnt myself badly - remember that vividly as well - was tied to the bed like a starfish and wasn't allowed to wear any clothes - the worst bit was every time

		someone walked past the bed (once I was out of isolation cubicle) they tickled my feet - sheer murder!"
2000s	Chris	When I was diagnosed as a diabetic nearly three years ago, aged thirteen, I found my treatment very good. I was first diagnosed when my mother took me into the 'out of hours' surgery at S Hospital. The doctor told both me and my mother that I was diabetic, and from there we drove to the Hospital to the Children's A and E. I remained in hospital for one night and two days and was visited at home by the diabetic nurse the day after being discharged from hospital. Whilst in hospital, I was shown how to administer my insulin injections and was given basic information relating to how I would be affected by diabetes. The only minor problem which occurred during my stay in hospital was relating to where I would receive future care, as H is between the areas covered by S and L, and so this caused small difficulties but did not affect my stay in hospital, only where I would receive care in the time following my diagnosis. Since being diagnosed I have had regular appointments at the hospital which have helped me to understand and treat my diabetes more effectively. Dr. O has been very helpful and is always ready to answer questions and offer information as necessary.

# Part Three: 2000-2023

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Part Three of this third edition of 'A brief history of the Association of British Paediatric Nurses' spans the years 2000-2023.

This edition was updated by:

Katrina McNamara-Goodger RN, RN(C), RHV

Secretary, ABPN

## Foreword

Eighty-five years have passed since the formation of the Association of British Paediatric Nurses and 15 years since the Blue Book was last updated.

Like all other periods in the Association's history, the years between 2000 and 2023 was a time of huge change for children and young people's health care and for the nurses who provided that care. A unique challenge is the way in which children's nurses, other health professionals, health care systems and the Association have had to respond to the COVID-19 pandemic and the global recession. Both factors have negatively impacted upon children and young people's health and health care services.

The last 15 years has also been a time of change for the Association during which it embraced social media forums to promote the Association and its Mission statement.

The Association continues to advocate for children and young people and it remains ambitious in its aspirations to support nurses caring for children, young people and their families.

At the start of our 85<sup>th</sup> year, we are launching our 85th Anniversary Celebrations, our Oral History Project funded by the National Lottery and relaunching our ABPN Fellow award.

Caron Eyre RGN, RSCN, RNT, BSc, MSc, PGCE

Chair, January 2023



## Chapter 17: Challenging Times

In recognition of the continuing presence of the Association well into its ninth decade, this chapter aims to provide an update of activities for history as memories fade. The more recent decades have proven a challenge in the wider world of children's nursing with the return of the all too familiar review and debate over whether the children's nursing should continue to be recognised with a separate registration. The Association advocated strongly that separate registration should continue.

Within the Association the call for members to support the work of the Governance and Development Group has proven difficult, but more recent times have seen interest from younger members and bring hope that the Association will continue to survive and thrive.

The Association welcomes interest from members who wish to support the work of the Governance and Development Group.

Over the past 20 years, the national coordinating Governance and Development group has been the main centre of activity, with regional groups and the Nurse Teacher Group ceasing to exist as nurses found there were increasing demands on time and a reluctance by employers to allow time off to attend 'non-essential' meetings. The Association are pleased to note that more recently the Children and Young People's Nurse Academics UK has been established.

In 2019 the Association's Constitution was revised to bring it in line with current legislation (previous revisions had taken place in 1978, 1991, 1997). The Constitution can be found on the [Key Documents and Policies](#) page on our website.

Following a period where the President/Chairs role were combined (during the 1980's), the roles were again separated in 2017 in recognition of the different activities, with the Chair focusing on operational issues and the President's role being Ambassadorial and strategic. The Vice-President's role ceased during the 1970's.

A decision was made at the AGM in 2022 to cease the Life Membership category for new members. Membership fees for 2022/2023 remain at £40 per annum for Full and Associate Members and a special rate of £50 for students for the duration of their Child Branch Programme.

### Other activities

In 2000 the ABPN ran a competition in which children were invited to send in drawings of the nurse or nurses who had looked after them when they were in hospital. Nurses and play leaders in hospitals encouraged children to take part and the culmination of the competition was that the top pictures were included in the 'Me and My Nurse' Calendar. The winners all received copies of the calendar. The image on the front page of the website is an image from this competition.

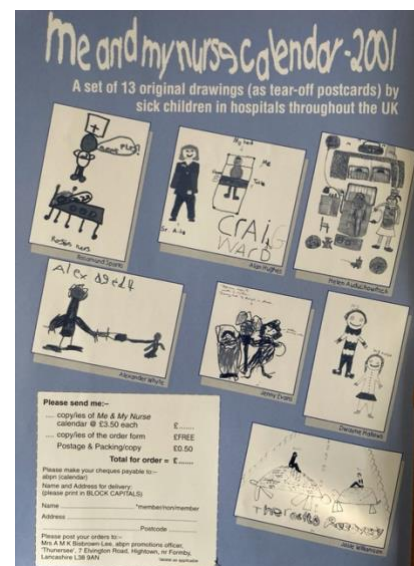


Image added January 2023

## The Policy World

The update chapter in the previous edition noted that the Children's National Service Framework (NSF) was published as Best Practice Guidance in England in 2004. The Framework included 11 standards aiming to ensure fair, high quality and integrated health and social care from pregnancy, right through to adulthood, with an expectation that the standards would be met within a decade. Sadly, the NSF faded from policy expectations and "mandatory" standards were never fully achieved. Policy development in all four UK countries continued but in a more piecemeal approach following devolution of government functions.

In 2008 Department of Health England published 'Better Care: Better Lives, a palliative care strategy for children and young people' and jointly published 'Healthy Lives. Better Future' with Department of Children, Schools and Families.

Between 2010 – 2015 there was considerable change in the policy relating to children and young people with Special Educational Needs, encouraging the consideration of health and social care needs within the educational provision and extended the policy to those up to the age of 25 years. The 'Special Educational Needs and Disability Code of Practice' was published in 2015.

In 2010 the Government published an independent report by Sir Ian Kennedy 'Getting it Right for Children and Young People' which focused on the cultural barriers blocking the improvement of services for children and young people. The review received evidence from children's nurses.

In 2016 Wales passed the 'Nurse Staffing Levels (Wales) Act', recognising the link between nursing numbers and skills mix and patient outcomes, followed by the 'Health and Care (Staffing) (Scotland) Act' in 2019. In 2018 the National Quality Board published 'Safe, Sustainable and Productive Staffing: An improvement resource for children and young people's inpatient wards in acute hospitals'.

The Nursing and Midwifery Council produced Standards for Education and Training in 2018 and in the same year published an updated version of The Code: professional standards of practice and behaviour for nurses, midwives and nursing associates (updated to reflect the regulation of nurse associates).

## Links with other Organisations

The ABPN continued to play a key role in the activity of the UK Committee on Children's and Young People's Nursing (formerly Joint British Advisory Committee on Children's Nursing) until the Committee ceased to exist in February 2020.

Links also continue with the Association for Chief Children's Nurses and with the Children and Young People's Nurse Academics UK and, at the time of writing, the ABPN and ACCN are exploring how to establish closer partnership working.

Key publications include:  
'Better Care: Better Lives, a palliative care strategy for children and young people';  
'Healthy Lives. Better Future';  
'Special Educational Needs and Disability Code of Practice'; and  
'Getting it Right for Children and Young People'

## Workforce Issues

The World Health Organisation recognises that there is a global shortage of nurses, their 2020 report '[State of the World's Nursing](#)' provides an up-to-date view of the world's nursing workforce and commends action to invest in nursing education, jobs and leadership. In the UK the Kings Fund recognises the workforce crisis as being a key limiting factor in tackling backlogs of care. Despite record numbers of nursing students in 2021, more work needs to be done to recognise the workforce requirement for children and young people's health care across the NHS and independent sectors, to improve the retention of staff throughout their careers, consider ways to decrease attrition rates within nursing courses and explore innovative and sustainable ways of drawing people into the profession.

## The Education of Children's Nurses

The Nursing and Midwifery Council are responsible for setting the standards of education, training, conduct and performance for nurses and midwives in UK and nurse associates in England. The NMC set the standards which shape the content and design of nursing programmes and state the competences required of practitioners. They also approve education institutions and programmes.

At the time of writing (2022) the NMC identified seven programmes offering dual awards in pre-registration nursing (adult/child); four programmes offering dual awards in pre-registration nursing (learning disabilities/child); fourteen programmes offering dual awards in pre-registration nursing (mental health/child); 177 programmes offering pre-registration child nursing courses; and two programmes for EU Nurse Adaptation (child).

In 2018 the NMC approved standards of proficiency for nursing associates and opened the nursing associate part of the register in January 2019. Nursing associates have a standalone role as well as supporting registered nurses across a range of settings, but do not have a specific field of nursing. Nurse associates qualify with a Foundation degree which typically involved two years of higher education and learn through a combination of academic education and practice placements. At the time of writing there are 97 programmes for nurse associates.

## Communication with Members

The ABPN [website](#) has continued to provide an important link with members and the children's nursing world, at the time of writing (2022) the Governance and Development Group is looking to appoint a Communications Lead to improve our profile and enhance the links between the Website, Journal, Newsletter and social media.

The [Journal of Child Health Care](#), the official journal of the ABPN, continues to be published by Sage Publications.



**Association of British Paediatric Nurses**  
abpn

HOME THE JOURNAL OF CHILD HEALTH CARE OUR NEWSLETTER MEMBERSHIP AND ENQUIRIES GETTING INVOLVED MORE...

**About the ABPN**  
The ABPN is a UK-based network of children's nurses with a wide membership of experts in clinical practice, education, leadership and research.

**It is the oldest children's nursing association in the world.**

Our aim is to promote the development of children's nursing through evidence-based information about practice and education.

We are an active association that works with its members to influence policy and to lobby for the best educational opportunities for pre- and post-registration education.

Chapter 19 provides an overview of the history of the development of the Journal, written by Prof Bernie Carter who played a key role, along with many other colleagues, in establishing the publication as a well-respected international journal for children's nurses.

The [ABPN Newsletter](#) has been the chosen way for the association to keep in touch with its members for many years. Over time it has evolved into an electronic communication, with one edition mailed to members annually to ensure that the notice of Annual General Meeting reaches all members. After many years of producing the newsletter, Jean Robinson handed over to Danielle Edge who took on the role of creating a new look digital format. The first new look newsletter was published and circulated in November 2020. The newsletter has three to four issues per year and welcomes contributions from the members. Past copies of the newsletter from 2019 can be found on the [Newsletter page](#) on the ABPN website.



The ABPN's Twitter account [@ABPN\\_ChildNurse](#) was opened in February 2015 has provided another way of linking to our members and the global world of children's nursing and child health. At the end of 2022, emerging concerns have been raised about Twitter and the Board agreed to tweet a statement and put a statement on the website (above the Twitter feed) as follows:

*The ABPN is aware of the emerging concerns about Twitter. We do not tolerate hate-speak. We are monitoring the situation to determine if Twitter continues to be a suitable platform for the Association.*

## The Covid-19 Pandemic: Public Health Revisited

The year 2020, Florence Nightingale's bicentennial year was designated by the World Health Organisation (WHO) as the first ever global Year of the Nurse and Midwife. Events were planned throughout the year but had to be postponed or cancelled as the Covid-19 virus, which is believed to have originated in China rapidly spread throughout the world. On 31 December 2019, WHO was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province of China, on 11 March 2020 WHO announced the outbreak should be characterised as a pandemic. Nurses across the UK found themselves at the centre of the response which aimed to ensure the NHS would not be overwhelmed and could provide the care needed by the population. Retired nurses returned to the NMC Register; nurses working in non-patient facing roles returned to the clinical sphere, some children's nurses were transferred into adult care as children and young people appeared to be less affected by the virus. As the virus spread throughout the globe the UK noticed a cluster of cases of a Kawasaki-like disease, subsequently called Paediatric Inflammatory Multisystem Syndrome Temporally associated with SARS-CoV-2 (PIMS-TS) maybe caused by Covid-19.

In 2020 the Royal College of Paediatrics and Child Health published the 'State of Child Health' highlighted the long-term impact on health inequalities on a child's whole life. The focus on public health that occurred during the pandemic is still required to tackle the 21<sup>st</sup> century inequalities in the health of children and young people; obesity, teenage pregnancy and substance misuse provide significant health challenges.

In 2022 polio virus was discovered in wastewater for the first time in four decades, strengthening the call for childhood vaccinations to become a priority again.

## Mental Health Services for Children and Young People

The 21<sup>st</sup> century has seen an increasing awareness of the need to address the mental health of children and young people. The World Health Organisation report that depression, anxiety and behavioural disorders are among the leading causes of illness and disability among adolescents. Despite the prevalence of mental health disorders, these remain largely unrecognised and untreated, although the impact of not addressing the issues is recognised as having a longer-term impact on the physical and mental health of the individuals as adults. With limited specialised services the burden of care will often fall to generic services, with children's nurses continuing to provide care to meet the physical and psychological needs of children, young people and their families while promoting emotional well-being, recognising the need for referral to specialist services and working in close partnership with those providing mental health care and support across all settings.

The 21<sup>st</sup> century has seen an increasing awareness of the need to address the mental health of children and young people.

## Safeguarding

The maltreatment of children continues to create shock headlines in national media, but the gaps in care and interagency working and communication do not seem to be recognised or addressed. The death of Baby P in 2007 a short time after the high-profile death of Victoria Climbié led to a series of reviews, including two reports led by Lord Laming and one by Sir Ian Kennedy and eventually a review of social work by Professor Eileen Munro. Despite the recommendations, a report by NSPCC in 2021 reported an average of 58 child deaths by assault or undetermined intent per year in the UK with child homicides most commonly caused by the child's parent or step parent. Despite the public inquiry into Maria Colwell's death in 1973 where the mantra "It must never happen again", it sadly has, far too many times.

Despite the public inquiry into Maria Colwell's death in 1973 where the mantra "It must never happen again", it sadly has, far too many times.

## Celebrations

It was agreed that celebrating 85 years of existence should be marked by the Association, with a focus on our members, looking back on the history of children's nursing in the UK and looking forward to the future. A range of activities are planned for this special anniversary, these include the updating the Blue Book; hosting an Afternoon Tea event for members and special guests; reintroducing the Fellowship scheme; commencing a Nurse History project and re-establishing partnerships with other professional organisations and commercial companies.



## An update on the Presidential medal

The Presidential medal or jewel as it was sometimes called was first worn in 1960 and has been worn on all special occasions since then. However, when it was realised it was unavailable for the 85<sup>th</sup> anniversary tea party, the Association made the decision to adapt the Past President's medal. The medal is simpler than the original medal but it still contains the motto – “**Valeant ubique liberi**” (Let children everywhere be made well).

An interesting fact. The reworking of the Presidential Medal was undertaken by artisan workers in the historic Birmingham Jewellery Quarter and it was uncertain whether the work would be completed in time for the 85<sup>th</sup> Anniversary celebration. This was because of the artisans were busy creating special pieces to mark the occasion of the Coronation of King Charles III. It fortunately arrived back just in time!

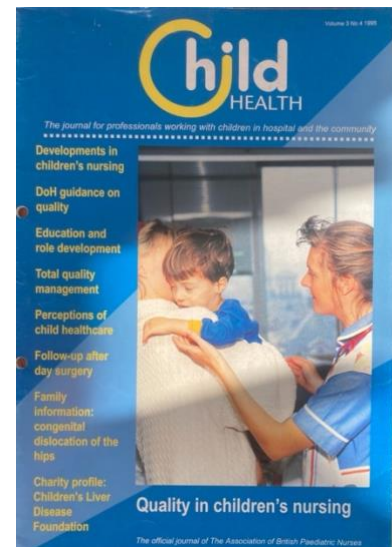


# Chapter 19: A Brief History of the Journal of Child Health Care

In 2023 Journal of Child Health Care will be in its 27<sup>th</sup> year of publication. It has been published by Sage Publications since 2001. However, the ABPN's history of producing a journal goes back well before our association with Sage.

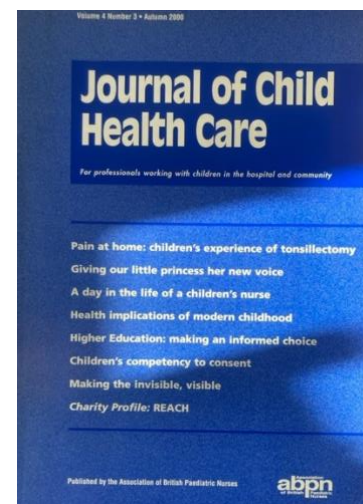
Originally, the ABPN's journal was published under the name **Child Health** by Macmillan Magazines and established in 1992. The Clinical Editors were Steven J Campbell (Lecturer in Child Health Nursing at University of Southampton), Tony Harrison (Nurse Teacher, Tameside General Hospital) and Jenny Leggott (Senior Nurse, Child Health Unit, Leicester Royal Infirmary). Dr Bernie Carter joined the team in 1995.

The content of the journal included the following components: Editorial, Clinical papers, Charity Profile, Family Information, ABPN News, other News, and a Research Roundup. The journal was produced as a magazine format of around 36 pages. The journal proved successful with many children's nurses contributing papers and the journal providing a robust conduit for the dissemination of research, evidence, ideas, and information.



By 1996 the Association's journal had moved to a new publisher (Greycoat Publishing) as Macmillan Magazines had decided to tighten its focus and did not want to continue to publish as child-focused journal. Bernie Carter led this move as the Editor. The journal was rebranded as the **Journal of Child Health Care** and its layout and front cover was changed. However, within a couple of years Greycoat Publishing decided to terminate its contract; it difficult to attract advertising income so was not commercially viable.

Once again, the journal was looking for a new home and there was a period during which the journal had no publisher. Despite the challenges this posed, Bernie Carter and the Editorial Board undertook the editorial and other work in-house and, in 1998-1999, decided that the journal would be printed by PageFast Ltd, a printer based in Lancaster.



The journal continued to be produced in magazine format by throughout the period with Greycoat Publishing and when it was being produced in-house. It had an invited Comment (editorial) and three main sections: Research papers, Review papers and Reflection papers. It continued to have a Charity Profile and it created opportunities for children and families to tell their own stories in a section called 'Speaking for Themselves'. Regular components included book reviews and research and reviews.

On 28<sup>th</sup> June 2001 the ABPN signed a Memorandum of Agreement with Sage Publications. This was the start of a new era in the journal's history. Prof Bernie Carter (Editor-in-Chief), the Editorial Board and the

ABPN were greatly relieved that such a prestigious publisher was now working to create an ambitious international journal. Between 2001 and 2023 the journal has gone from strength-to-strength and this has only been possible due the hard work and efforts of the Editor-in-Chief, Editors, International Editorial Board, the reviewers and, of course, the authors who have submitted papers to the journal.

Highlights include the redesign of the journal which included a new cover design – the now distinctive yellow and blue colourway, a spine meaning that the journal now looked more professional rather than the previous magazine style. Since 2001 the journal has gained an impact factor and this has been steadily increasing reflecting the quality and reputation of the journal. Marks of success include the breadth of topics covered, the range of different disciplines evident in terms of our authors and the international scope of the papers.



The journal is published four times a year (March, June, September and December).

Prof Bernie Carter was Editor-in-Chief of the Journal of Child Health Care for 22 years, stepping down in September 2018 and handing over to Prof Philip Darbyshire. In January 2020, Prof Darbyshire handed the role over to Dr Stephen McKeever who continues in the post today.

A new contract was signed with Sage in 2023, providing better remuneration to the ABPN and a commitment to shift from supplying members with hard copies of the journal to digital copies by 2025.

The Journal of Child Health Care can be found on the [Sage website](#) and more information about the journal can be found on the Journal page of the [ABPN website](#).





# Appendix: Key People and Events

## Presidents

Name	Appointment at time of Presidential Appointment	Dates
Miss M. A. Coulton	Matron, Princess Elizabeth of York Hospital, Banstead, Surrey.	1938-1944
Miss D. A. Lane	Matron, The Hospital for Sick Children, Great Ormond Street, London.	1947-1960
Miss M. A. Duncombe	Lady Superintendent of Nurses, Evelina Children's Hospital of Guy's Hospital, London	1960-1966
Miss C. Beazley	Principal Tutor, Bristol Royal Hospital for Sick Children, Bristol.	1966-1974
Miss M. Thompson	Senior Nursing Officer, The Hospital for Sick Children, Great Ormond Street, London.	1974-1979
Ms M MacCormack	Sheffield Children's Hospital, Sheffield.	1979-1984
Ms E Brewis	The Hospital for Sick Children, Glasgow.	-1988
Ms V Colliss	Ward Sister, Addenbrookes	1988-1992
Ms L Robertson	Education Officer, English National Board.	1993-1998
Ms K Jackson	De Montfort University, Leicester.	1998-2000
Ms R Howard	Director of Nursing, Royal Liverpool Children's Hospital, Liverpool.	2001
Miss S Smallman	Professional Officer for Children's Nursing, UK Central Council for Nursing, Midwifery and Health Visiting.	2002-2008
Mr R Farrelly	Director of Nursing, NHS Greater Glasgow & Clyde, Glasgow.	2008-2017
Professor B Carter	Professor of Children's Nursing, Edge Hill University, Ormskirk.	2020-

## Vice Presidents

Name	Dates
Miss A.M. Coulton	1947
Miss J.I. Clieve	1962
Miss D.A. Lane	1960
Miss A.M. Parker	1974
Miss M.A. Duncombe MBE	1972
Miss M. Machell	1949
Miss C. Beazley	1974
Miss J. Jolly	1976-1978
Miss J.I. Clieve	1944-1962
Miss M. Machell	1949- (died 1952)
Miss A.M. Parker OBE	1962-1974

## Honorary Vice Presidents

Name	Dates
Miss A. M. Coulton	First Hon Vice President 1947
Miss M. Machell	1949
Miss D. A. Lane	1960
Miss J. I. Clieve	1962
Miss M. A. Duncombe MBE	1972
Miss A. M. Parker	1974
Miss C. Beazley	1974
Miss J. Jolly	First active Vice President 1976-1978

## Honorary Conference Secretaries

Name	Appointment	Dates
Miss E. Kilpatrick	Matron, Queen Elizabeth Hospital for Children, Surrey.	1965-1969
Miss F. Long	Assistant Matron, Westminster Children's Hospital London, later Senior Nursing Officer, Brighton.	1970
Mr N. Long	Senior Tutor, Dudley (1988-1990) Director of Education (Children's Nursing) Leicester (1990-1995) and De Montfort University, Leicester (1995-2005). Retired 2005.	1988-2005

## Other roles

Name	Role
Mrs Tomkin Mrs Hunter Mrs Steele Mrs Ray	Clerical Assistants
Mrs J Turner Mrs Bisbrown-Lee	Conference sponsorship/goods and marketing

## Honorary Secretaries

Name	Appointment at time of Hon Sec Appointment	Dates
Miss D.A. Lane	Matron, Hospital for Sick Children, Great Ormond Street, London	1938-1942
Miss E. Joyce	Matron, Evelina Children's Hospital, London	1942-1945
Miss J.G. Robertson	Matron, Queen Elizabeth Hospital, Hackney Road, London.	1942-1947
Miss V. Chapman	Assistant Matron, Surrey County Sanatorium	1947-1950
Miss E.J. Worthy	Tutor, Hospital for Sick Children, Great Ormond Street, London.	1950-1952

Miss M.L. Leavesley (Acting during absence on study leave of Miss Worthy)	Ward Sister, Hospital for Sick Children, Great Ormond Street, London.	1951-1952
Miss I.C.S. Brown	Tutor, Hospital for Sick Children, Great Ormond Street, London.	1952 (April-November)
Miss E. Gale (Asst Hon Sec)	Ward Sister, Hospital for Sick Children, Great Ormond Street, London.	1952-1953
Miss I. Norman (temporary)	Ward Sister, Hospital for Sick Children, Great Ormond Street, London.	1953
Miss B. Manley	Matron, Welgarth Nursery Training College, Golders Green, London	
Miss E. Kilpatrick	Matron, Queen Elizabeth Hospital, Banstead Wood	1955-1970
Miss A.M. Edwards	Matron, Queen Elizabeth Hospital, Hackney Road, London.	1970-1976
Miss H. B. Cook	Nursing Officer Paediatrics King's Health District, London	1976-1980
Ms J. Pettit	Senior Lecturer, Leeds	1980-1986
Ms S. Barlow	Hospital for Sick Children, Great Ormond Street, London.	1988-1989
Vacant	Vacant	1990-1991
Mr A. Harrison		1991-1992
Ms S. Price		1994
Ms C. Hall		1998-
Ms P. Matthews	Southampton University Hospital.	2005-2007
Dr D. Randall	Senior Lecturer, University of Birmingham, Birmingham.	2007-2011
Mrs K. McNamara-Goodger	Director of Service Development, Together for Short Lives.	2011-2019
Mr M. Travis	Staff Nurse, Royal Liverpool Children's Hospital.	2019
Mrs K. McNamara-Goodger	Retired.	2020-2023

## Honorary Treasurers

Name	Appointment at time of Hon Treasurer Appointment	Dates
Miss M. Machell	Matron, Chailey Heritage Croft School, Sussex	1938-1944
Miss I. Rockingham	Night Sister, Evelina Children's Hospital, London	1944-1945
Miss E. Haines	Matron, Home of Recovery, Clacton on Sea	1946-1947
Miss M.W. Hall	Senior Tutor, Alder Hey Hospital, Liverpool	1947-1950
Miss M.A. Bullen	Sister, Royal Liverpool Children's Hospital	1950-1951
Miss Miller	Matron, Victoria Hospital for Sick Children, Tite Street, London	1951-1955
Miss E.F. Tanner	Assistant Matron, Queen Elizabeth Hospital for Children, London	1955-1967
Miss D. Jones	Matron, Children's Hospital Wales	1967-1980
Ms A. Lord	Royal Liverpool Children's Hospital, Liverpool	1980-1985
Ms D. Worthington	Wales	1986-1990
Ms J. Gregson		1990-1992
Ms S. Harle		-1998

Mr H. England	(Honorary Officer)	1998-2002
Ms J. Pettit (Acting)	Senior Lecturer, Leeds University	
Ms K. Jackson	De Montfort University Leicester	2002-2003
Mr N. Long	Principal Lecturer, De Montfort University Leicester. Retired 2005.	2003-2023

## Honorary Auditors

Name	Dates
Mr F. J. Williams FCA	1947-1972
Mr W. S. Ellis	1973-1974
Mr G. G. Terry	1975
Parkar Accountants, Birmingham	
Mr D Dalby	2004-2023 (ongoing)

## Membership Secretaries

Name	Dates
Ms H Storrs	1980
Ms J Blair	1985-1987
Ms H Stuart	1988-1992
Ms J Pettit	
Mr N Long	-2002
Mr R Farrelly	2002-2006
Ms E Moore	-2013
Mr R Farrelly	2013-
Mr J Robinson	

## Honorary Newsletter Editors

Name	Date
Miss M.A. Machell	1951-1952
Miss D. Jones	1952-1954
Miss M. Janes	1954-1971
Miss S. Bates	1971-1975
Miss D. Grant*	1976-1977
Miss B. Atkinson*	1977
Miss M. Thompson	1978
Miss M.N. Mackay	1979-1984
Ms I. Schmalzl	1984 - 1992
Mrs A. England	-2000
Ms L. Sheldon	-1998
Ms J. Robinson	1998-2020
Ms J. Coulson	2000-2011
Ms D. Edge	2020-2022
Prof Bernie Carter	2022-

\* Paediatric News for Nursing Times, published March and September.

## Sub Editors (Newsletter)

Name	Dates
Miss R. Barrett	1974
Miss D. Young	1974-1976
Miss E.L. Lewis	1976-
Miss A.M.L. Taylor (for Scotland Newsheet)	

\* Paediatric News for Nursing Times, published March and September.

Newsheet published January & July.

## Journal Editors

Name	Journal Title (Publisher)	Dates
Dr Steven Campbell Tony Harrison Jenny Leggott	Child Health	1992-1995
Dr Bernie Carter	Child Health	1995
Dr Bernie Carter	Journal of Child Health Care (originally Greycoat Publishing and then in-house publishing)	1996-2001
Prof Bernie Carter	Journal of Child Health Care (Sage Publications)	2001-2018
Prof Philip Darbyshire	Journal of Child Health Care (Sage Publications)	2018-
Dr Stephen McKeever	Journal of Child Health Care (Sage Publications)	-ongoing

## Royal Occasions Mentioned in the Minutes

Date	Minute number	Minute
1952		Death of King George VI. On behalf of the Association, Miss Lane signs the visitors' book at Buckingham Palace
1953		A seat at the Coronation ceremony in Westminster Abbey, allotted to Miss Lane
1957 (6 <sup>th</sup> May)	3.381	H M Queen Elizabeth, the Queen Mother, attends a reception at the Westminster Hospital for all members attending the conference in Rome of the International Council of Nurses
1957 (Oct)	4.65	HM Queen Elizabeth, the Queen Mother, sends a telegram for the 21st Anniversary of the Association
1957	4.57	H R H Princess Alexandra attends a reception of the English-speaking Union given for members of an International Paediatric Study Tour
1998		Anniversary Conference: a message for members was received from HM Queen Elizabeth, the Queen Mother

## Decorations Mentioned in the Minutes

Award	Year	Name
OBE	1961	Miss A. M. Parker (Hon MA).
MBE	1941	Miss Gladys Fletcher
MBE	1941	Miss Ruth Ellis
MBE	1952	Miss Ridge
MBE	1972	Miss Margaret Duncombe

## Annual General Meetings with Weekend Conferences

Year	Location and title of conference	Cost
1966	Somerville College, Oxford.	
1967	Sheffield Halifax Hall Sheffield University.	
1968	Wills Hall, Bristol University, Bristol.	
1969	Queen Elizabeth College, London.	
1970	Scotland, including Yorkshire, Glasgow, Edinburgh	
1971	Birmingham Mason Hall, University Vale Halls of Residence	£9.00
1972	Langdale Hall, Victoria Park, Manchester	£9.50
1973	The University Halls of Residence, Cardiff.	£10.00
1974	University of Liverpool, Liverpool.	£12.00
1975	Brighton College of Education, Brighton. Our Children, Who Cares?	£13.00
1976	Baird Hall of Residence, University of Strathclyde, Glasgow. The Changing Pattern of Paediatrics – The Challenge	£16.00
1977	Connaught Hall, University of Southampton, Southampton. Child Care Today.	£22.00
1978	Castle Leazes Hall, University of Newcastle upon Tyne, Newcastle upon Tyne. Services for Children: the Way Forward	£30.00

## Special Conferences and Study Tours

Year	Location	Other details
1947	Manchester	
1949	Sweden.	International Congress of Nurses
1951	Manchester	Training Paediatric nurses in the Various Countries represented
1952	London	International Paediatric Conference (10days)
1954	Scotland	
1956	Holland	Study Tour
1957	Denmark	
1963		25 <sup>th</sup> Anniversary
1964	Sweden	Study Tour
1965	Frankfurt	International Congress of Nurses
1969	Montreal	International Congress of Nurses
1973	London	Day conference (HM 71/22) Facilities for Children in Hospital
1975		Autumn conference
1976	Guys Hospital, London	“Quality of Life”

1976	Sheffield Children's Hospital, Sheffield	"100 Years as a Children's Hospital
1977	Birmingham	Autumn Conference, "Management of Midland Problems"
1978	Westminster Children's Hospital, London	Autumn Conference, Symposium on work done for bone marrow transplant
1979	London	Spring Conference
1979	Manchester	Autumn Conference
1980	Sheffield	Spring Conference
1980	Royal Marsden, London	Autumn Conference
1981	Great Ormond Street Hospital, London	Spring Conference
1981	Liverpool	Autumn Conference
1983	Glasgow	
1985	Birmingham	
1988		50th Anniversary
1991	Bristol	
1992	Edinburgh	
1993	Warwick	
1996	Portsmouth	
1997	Newcastle	
1998	Liverpool	
1998	London	60th Anniversary
2000	York	"Picking up the Pieces".
2000	Birmingham	
2002	Monkbar Hotel, York	
2003	London	"Agenda for Change in Children's Services"
2003	Prescot	
2003	University of Central England, Birmingham	Students' conference

## Reports of the Committees of Enquiry

- Rushcliffe Nurses' salaries
- Whitley Pay and conditions of service
- Nuffield Work of nurses in hospital wards
- Salmon Senior nursing staff structure
- Halsbury Pay and related conditions of service of nurses and midwives
- Platt Welfare of children in hospital
- Warnock Education of handicapped children and young persons
- Court Fit for the future/Child health services
- Jay Mentally handicapped nursing and care