

## **Children’s Nursing Preparing, Educating and developing the Children’s Nursing workforce for the Future Webinar – Exploring the Future Together 28/10/25**

**Facilitated by:** Kath Evans, Director of Children’s Nursing, Barts Health & Clinical Lead for Babies, Children and Young People (NEL ICS)

**Co-hosted with:** Dr Jean Davies, Chair of the Association of British Paediatric Nurses (ABPN)

The webinar brought together children’s nursing leaders, educators, and practitioners from across the UK to explore contemporary challenges, workforce needs, and opportunities to shape the future of children’s nursing.

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### **Opening Reflections – The Power of Collective Voice**

Kath Evans welcomed participants, encouraging active discussion and the sharing of local insights to “influence, lobby, and learn from one another.” She highlighted the vital role of children’s nurses in promoting health and wellbeing for the UK’s 15 million children and young people—around a quarter of the population.

Kath reflected on her work across Barts Health, North East London, and NHS England (London Region), championing participation and amplifying children’s and families’ voices. She was warmly welcomed by Dr Jean Davies into her new role as Deputy Chair of ABPN.

Jean emphasised ABPN’s commitment to listening to both the workforce and families, acknowledging the complexity of the system: “These are difficult times, and we want to get to the heart of the problems—recognising the wicked issues and unintended consequences that come with system challenges.”

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### **Key Themes from the Discussion**

#### **1. The Workforce Picture**

- Approximately **57,000 children’s nurses** are currently on the NMC register, though not all practise in child health.
- By comparison, there are **97,000 mental health nurses** and **16,000 learning disability nurses** registered.
- Shortages in **health visiting (~6,300)** and **school nursing (~2,000)** in England are impacting children’s public health services.

#### **2. The Need for Child-Focused Expertise Across All Settings**

- Many children’s first contact with healthcare is through non-paediatric-trained staff, leading to missed early signs of illness.
- International comparisons (e.g., Finland and Sweden) show improved outcomes where children’s nurses are the first point of contact.
- Participants called for stronger **child health education for all healthcare professionals** and improved paediatric exposure for medical trainees.

### 3. Public Health Nursing Under Strain

- Persistent workforce shortages and non-ring-fenced public health grants have diluted expertise through skill-mix models.
- Participants called for protected professional titles for qualified school nurses and renewed investment in the Healthy Child Programme.

### 4. Building Trust and Emotional Connection

- Sophia Touzani (Barts Health) highlighted that **building trust with children and families** is central to high-quality care.
- Participants reinforced the importance of **trauma-informed approaches** and “making every contact count.”

### 5. Training and Pre-Registration Priorities

- The next generation of children’s nurses need greater access to **community placements, emotional resilience training, and interprofessional learning**.
- Structured development pathways and restorative supervision networks were viewed as essential to **retention and wellbeing**.

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### Fit for Children and Young People’s Project – Strengthening Pre-Registration Education

**Evidence Gaps and National Concern**  
Sarah presented the Fit for CYP Project, a research programme addressing the decline of child-specific content in pre-registration nursing courses.

#### Findings included:

- No published UK or international evidence defining effective children’s nurse preparation.
- 35% of respondents reported decreased child-specific content post-NMC standards.
- Significant global variation in children’s nursing education models.

Sarah urged collective action to **strengthen the evidence base** for educating and preparing children’s nurses.

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### Recruitment Realities and Student Experience

Jean Davies reported continued enthusiasm for children’s nursing in regions like Wales (supported by bursaries and guaranteed employment). However, financial pressures in England have led to **course closures and reduced placement capacity**.

Charlotte Bramanis (University of West London) added:

- Some newly qualified nurses struggle to find jobs despite strong applicant interest.
- Early training can feel too generic, delaying meaningful paediatric exposure.
- Postgraduate and field-specific education remain essential yet inconsistent nationally.

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## Transition to Practice and Preceptorship

Eneida (Royal London Hospital) described a well-established **paediatric and neonatal preceptorship programme**, now including local hospices:

- Participation from internationally trained nurses is increasing.
- Recruitment challenges persist, with fewer posts despite high applicant numbers.
- Preceptorships are valued for **restorative supervision and peer support**.

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## Professional Nurse Advocates (PNA) and Supervision

- Embedding the **PNA role** remains challenging due to limited time allocation.
- Success has been achieved where **restorative supervision** is integrated into study days and structured programmes.
- Sophia Touzani described her **Empower Programme**, supporting Band 5–6 nurses to develop leadership and team management skills.
- Dena Raffe (Hertfordshire Community NHS Trust) shared that linking PNAs to incident reviews has **normalised reflective practice and enhanced psychological safety**.

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## Community Nursing Perspectives

Ibi Paul-Worika (Barts Health) and Rebecca Mortimer (Oxleas) highlighted that **community-based children's nursing** is under-recognised and under-resourced despite delivering hospital-equivalent care at home.

- Investment in **community education, development roles, and infrastructure** is essential.
- Stronger **professional identity and visibility** for community children's nursing is needed.

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## Looking Ahead: Strengthening Community Nursing, Partnerships, and Education

Rebecca Mortimer described how **neighbourhood care models** require community nurses with advanced clinical, emotional, and communication skills to support families autonomously.

Kath Evans reinforced that **neighbourhood teams must include children's community nurses, health visitors, school nurses, and clinical nurse specialists** as integral MDT members.

Jean Davies and Kath Evans acknowledged the vital role of **charity partnerships** (e.g., Roald Dahl's Marvellous Children's Charity, WellChild) in sustaining specialist posts and providing continuity for children with complex needs.

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## Reflections on Pre-Registration Education

Participants revisited the **Common Foundation Programme (CFP)**, which offered broader cross-field experience. While nostalgic for its interprofessional strengths, speakers agreed any revival would need to **align with modern standards and placement realities**.

Charlotte Bramanis advocated for **university–hospital partnerships** to bridge theory and practice. Jean Davies noted that the current NMC standards embed **150 hours of interprofessional learning**, but their impact could be enhanced.

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## Closing Reflections and Collective Ambition

Kath Evans and Jean Davies closed with gratitude for the rich exchange of ideas and reaffirmed the shared commitment to the children’s nursing profession.

Participants shared their “**magic wand wishes**” for the future — to be published on the ABPN website — and a collective call to action emerged:

- Advocate nationally for **children’s nursing as a distinct and essential field**.
- Invest in **education, supervision, and community infrastructure**.
- Connect and collaborate through **ABPN and national networks**.

“As children’s nurses, we have deep insight and influence. Let’s use that collective strength — across practice, education, and leadership — to ensure children and young people receive the best possible care, wherever they are.”  
— Kath Evans, Director of Children’s Nursing, Barts Health

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## Summary of Key Themes from the discussion/chat box

### 1. Mental Health, Neurodiversity, and Complexity

- Mental health is a major concern, with increasing acuity and unmet needs.
- Greater understanding of **neurodiversity, autism, and ADHD** is required.
- Children’s nurses need **psychological literacy**, trauma-informed care, and holistic family support.

### 2. Public Health Nursing and Workforce Gaps

- Critical shortages in **Health Visitors (HV) and School Nurses (SN)**.
- Non-ring-fenced funding and skill-mix models dilute expertise.
- Public Health Nursing is still largely adult-focused; **strategic reform is required**.
- Call for a **long-term national plan** for HV and SN workforce growth and retention.

### 3. Early Intervention and Prevention

- Investment should **shift from treatment to prevention**.
- Prevention is central to **NHS sustainability**.
- Healthy Child Programme is key but inconsistently delivered.

#### 4. Primary Care and Access

- Lack of children’s nursing expertise in primary care leads to missed early signs.
- Youth-friendly services and staff training are essential.
- More **joined-up working** across tertiary, community, and primary care is needed.

#### 5. Education, Placements, and Student Experience

- Placement capacity limits student exposure.
- Maintaining **child-specific content** in curricula is a challenge.
- Calls for: better mentor preparation, protected educator time, and investment in PDN roles.

#### 6. Education Models and Future Pathways

- Debate around **CFP vs field-specific models**.
- Suggestions: dual-pathway (CYP + adults), combined CYP–mental health courses, research on educational models.
- Need for **protected funding and study leave**.

#### 7. Transition and Lifespan Continuity

- Fragmented transition to adult services.
- Need **life-course approaches** and integrated pre-/post-registration training.

#### 8. Workforce Wellbeing, Leadership, and Development

- Empower nurses to lead.
- Expand **PNA programmes** and structured leadership pathways.
- Ensure **protected development time, study leave, and wellbeing resources**.

#### 9. System Challenges and Equity

- Fragmented IT systems hinder care continuity.
- Poverty, housing, and cultural diversity affect children’s outcomes.
- Workforce should reflect cultural diversity.
- Multi-sector collaboration is essential.

#### 10. Magic Wand Wishes (Aspirations)

- Safe staffing and protected educator time.
- Fully implemented PNA service across all settings.
- Culturally diverse workforce.
- Greater focus on palliative care and end-of-life education.
- True collaboration across sectors.
- Updated career guidance and evidence-based curricula.

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#### References

[Inaugural Survey of School Nursing – The Forgotten Frontline | SAPHNA – School And Public Health Nurses Association](#)

[UK CCN Network – supporting children and young people with SEND in schools | SAPHNA – School And Public Health Nurses Association](#)

[New tools for enabling a good learning environment | SAPHNA – School And Public Health Nurses Association](#)