



## COMPETENCY FRAMEWORK AND BEST PRACTICE GUIDELINES

for Community Nursery Nurses

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## Contents

	Page
Foreword	1
Introduction	2
Competencies	
1. Communication	2
2. Record Keeping and Documentation	4
3. Child Health and Developmental Assessment	5
4. Lifestyle	7
5. Infection Control, Hygiene and Safety	9
6. Safety and Accident Prevention	11
7. Child Mental Health	14
8. Infant Feeding and Nutrition	15
Appendices	
1. CNN Educational Standards for Practice	17
2. Acknowledgements	17

## Foreword

From November 2005 to July 2006, the Unite/CPHVA Community Nursery Nurses Forum came together to formulate a framework of core competencies for community nursery nurses working within the health visiting service. The forum consists of Thelma Sackman, an experienced co-ordinator, and community nursery nurses with a range of experience in their respective roles. Contributions were also sought from other professionals working within primary care.

The document was developed in response to an acknowledged service need, and to identify competencies necessary for best practice. The aim of these guidelines is to provide a general overview of the knowledge and skills that can be reasonably expected from a suitably qualified community nursery nurse in today's health visiting service. It is envisaged that this work will provide a reference point for new and experienced community nursery nurses, health visitors, NHS managers and other professionals with an interest in skill mix.

The framework focuses on eight core areas of practice. It considers the various domains in which contacts take place, and how to acquire and apply the necessary competencies. It does not intend to inform individual or local needs, which will vary. Finally, as a 'working' document, it needs to be considered in the context in which it was written. As the NHS changes so will the role of the community nursery nurse.

**Pam Heslop CNN**  
Unite/CPHVA CNN Forum member

## Introduction

Each competency is set out in four sections; the domain highlights the context of the competency, followed by the actual competencies required to undertake that aspect of the role, how they will be applied in practice and how to acquire the skills and knowledge to practice safely. This document can be used by CNNs to highlight their development requirements, and by others to enable them to have a greater understanding of the role of the CNN in Community NHS Services.

DOMAINS	COMPETENCIES	APPLYING THE COMPETENCIES	ACQUIRING THE KNOWLEDGE AND SKILLS
<p><b>1. COMMUNICATION</b></p> <p>Good communication is central to working with children, young people and their families and carers. It involves listening, questioning, understanding and responding appropriately. It also involves your manner of speaking, body language and the effectiveness of your listening skills. It is also essential to take account of the culture and context that the communication occurs in.</p> <p>Communication is essential within your team, with your managers, and other health professionals, and statutory and voluntary organisations.</p>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Able to communicate professionally at all times.</li> <li>• Clear about your levels of accountability and the role of the NMC registrant or delegating professional.</li> <li>• Aware of environments that may be dangerous or threatening and how to remain safe.</li> <li>• Know how to access relevant interpreters and signing colleagues.</li> </ul> <p><b>Demonstrate Active Listening</b></p> <ul style="list-style-type: none"> <li>• Attentive.</li> <li>• Open body language – good eye contact, nodding, relaxed face, positive and welcoming hand gestures.</li> <li>• Observation and interpretation of others' body language.</li> <li>• Give time for people to speak.</li> <li>• Do not interrupt.</li> <li>• Responsive, reflecting and paraphrasing.</li> <li>• Not distracted by other events/people.</li> <li>• Summarising and explaining.</li> </ul> <p><b>Questioning</b></p> <ul style="list-style-type: none"> <li>• Clarifying – e.g. reason and purpose for the visit/contact.</li> <li>• Use open not closed questions.</li> </ul>	<p><b>Who do you communicate with?</b></p> <p>This will change as you develop your practice and as you become more confident in what the expectations of your role are.</p> <ul style="list-style-type: none"> <li>• The NMC registrant with the accountability for the delegated activities.</li> <li>• The person with parental responsibility.</li> <li>• The child and the siblings.</li> <li>• The extended family and friends (when appropriate and consent has been established).</li> <li>• With the Primary Health Care Team, Allied Health Professionals, voluntary groups and other organisations and with the consent of the child's carer/parent.</li> <li>• As required as set out in the employer policies on Child Protection, Confidentiality and Caldicott. Cooperation with other professionals and statutory agencies is essential.</li> </ul> <p><b>Where will communications take place?</b></p> <ul style="list-style-type: none"> <li>• In the community.</li> <li>• In clinics.</li> <li>• In primary care establishments.</li> <li>• In homes.</li> </ul>	<ul style="list-style-type: none"> <li>• Recognised Child Care and Education qualification. See Appendix 1 for the list.</li> <li>• Communication skills training, including role-play.</li> <li>• Interview technique training.</li> <li>• Child protection training at the appropriate level and according to local policy.</li> <li>• Time to read and understand the relevant employer policies;             <ol style="list-style-type: none"> <li>I. Equality &amp; Diversity</li> <li>II. Child Protection</li> <li>III. Consent</li> <li>IV. Data protection (Caldicott)</li> <li>V. Keeping Safe for employees</li> <li>VI. Delegation and accountability</li> </ol> </li> <li>• Have the support of a CNN mentor and good role model.</li> <li>• Shadow other colleagues and professionals.</li> <li>• Have regular clinical supervision as a group or one-to-one.</li> <li>• Participate in reflective practice, sharing good and challenging.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Appropriate, sensitive and relevant questions.</li> <li>• Establish understanding by reflection and responses.</li> <li>• Do not use jargon.</li> <li>• Be honest.</li> <li>• Use interpreters where English is not spoken.</li> <li>• Use signers when required.</li> <li>• Consultation and negotiation with the client and child.</li> </ul> <p><b>Verbal Presentation and Respect</b></p> <ul style="list-style-type: none"> <li>• Polite and respectful manner.</li> <li>• Be clear and concise.</li> <li>• An appropriate tone of voice.</li> <li>• Use a relevant pace for the conversation.</li> <li>• Use relevant methods – one-to-one, telephone, email, text, and groups.</li> <li>• Be proactive and initiate actions and be prepared to put forward your own judgements.</li> </ul> <p><b>Understanding and Knowledge</b></p> <ul style="list-style-type: none"> <li>• Awareness of cultural diversities.</li> <li>• Knowledge of the requirements of children and families with special needs.</li> <li>• Awareness of the family dynamics in communication and maintaining confidentiality.</li> <li>• Working knowledge of child protection procedures.</li> <li>• Knowledge and understanding of the barriers to communication.</li> </ul>	<ul style="list-style-type: none"> <li>• In nurseries.</li> <li>• In schools.</li> </ul> <p>Wherever it is appropriate.</p>	<p>experiences.</p> <ul style="list-style-type: none"> <li>• Have observational supervision visits whilst in practice and discuss your ability to meet the above criteria.</li> <li>• Write your Personal Development Plan (PDP) that reflects the Knowledge &amp; Skills Framework (KSF) and request support from your employer for you to fulfil your needs.</li> </ul>

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<p><b>2. Record Keeping and Documentation</b></p> <p>Accurate and complete records must also be kept, and be consistent with legislation, local policies and procedures. Good record keeping is essential to ensure continuity and consistency of care for the child and the child's carer.</p> <p>All significant contacts are required to be recorded including group work, one-to-one contacts, telephone calls and clinic/surgery visits.</p> <p>Records must be kept confidential but shared with colleagues as specified in local policies.</p>	<p><b>Competencies</b></p> <ul style="list-style-type: none"> <li>• Have legible writing, using black ink.</li> <li>• Be concise and accurate in your account, only giving the facts not any subjective information. The records should include the purpose of the contact, any observations, evaluation, interventions, and future plans.</li> <li>• Any amendments to the records or diary must be made by crossing through and initialling the error. Correction fluid/Tippex must not be used.</li> <li>• The contact must be written up within 24 hours or as specified in your local policy.</li> <li>• You must enter the venue, date, sign the record and state your designation. Some employers request you print your name first, and then sign at each entry, others will state at the beginning of each new document you must print your name and designation followed by a sample signature. Local policy must be followed.</li> <li>• Under local policies, discussions with the accountable professional (NMC registrant) may be required and then counter-signed by them.</li> <li>• Your employee diary is a legal document and must reflect your daily activities. These diaries are kept for eight years after the last entry.</li> <li>• Be familiar with any local electronic documentation, electronic storage and deletion policies.</li> </ul>	<p><b>Records or documents you may be expected to use</b></p> <p>This will vary with each employer, therefore it is essential that you familiarise yourself with what is expected of you. The likely range of documents could include:</p> <ul style="list-style-type: none"> <li>• Personal child health record.</li> <li>• Employer family health record.</li> <li>• Child health computer data sheets.</li> <li>• Report writing.</li> <li>• Diary management.</li> <li>• Statistical data.</li> <li>• Message recording.</li> <li>• Various local systems such as: birth books, clinic reports, contact slips, referral forms, group evaluation forms, some aspects of the Children's Assessment Framework.</li> </ul> <p><b>Where would you write and keep the records?</b></p> <p>It is essential that records should not be left in a car unattended even whilst on duty nor should they be left in a car overnight. You are accountable for the records whilst they are in your care.</p> <p>All records should be kept in their appropriate establishment.</p> <ul style="list-style-type: none"> <li>• The client's home, e.g. Personal Child Health Record (Red Book)</li> <li>• The clinic, health centre, GP surgery, your base or offices of your employer. They should be in locked cabinets/drawers when not in use.</li> </ul>	<ul style="list-style-type: none"> <li>• Read your local Record Keeping Policy and legal procedures.</li> <li>• Read your local policy on Confidentiality.</li> <li>• Attend training in record keeping, report writing, electronic documentation management, audit and statistical recording.</li> <li>• Check if Amicus/CPHVA is providing training in this area.</li> <li>• Examine a variety of documents that you will be using and discuss these with your CNN mentor/line manager.</li> <li>• Ask what the storage of confidential waste is and what the disposal policy is and how, if any of your paper work relates to it.</li> <li>• Ask to have your recordings reviewed regularly.</li> <li>• Take part in any record keeping audits that are undertaken and accommodate any changes in your style that may be required.</li> </ul>

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		<ul style="list-style-type: none"> <li>• The records may be written in the client's home, in the clinics, health centre, GP surgeries and other offices. Records should not be taken to your home to write up.</li> <li>• Messages should be accurately and promptly recorded and reported to the appropriate person as soon as possible.</li> </ul> <p><b>Policies</b></p> <ul style="list-style-type: none"> <li>• Caldicott requires you to maintain confidentiality. Local policies will be in place to support this.</li> <li>• Confidential waste disposal policy will highlight the need for shredding and not leaving items in the regular rubbish.</li> <li>• Data protection applies to all records.</li> </ul>	
<p><b>3. Child Health and Developmental Assessment</b></p> <p>As a CNN with the appropriate qualifications you are able to undertake child developmental assessments for children from birth to eight years of age. The assessment takes into consideration the physical, emotional,</p>	<p><b>What aspects you need to consider</b></p> <p><b>Physical</b></p> <ul style="list-style-type: none"> <li>• The screening method used by your employer e.g. Mary Sheridan or Denver.</li> <li>• Observations of the child.</li> <li>• Gross motor and fine motor movements and co-ordination.</li> <li>• Vision screening.</li> <li>• Hearing history.</li> <li>• Growth measurements.</li> <li>• Oral/dental development.</li> <li>• Nutritional health.</li> </ul>	<p><b>Where would you carry out these assessments?</b></p> <ul style="list-style-type: none"> <li>• In appropriate child care settings: <ul style="list-style-type: none"> <li>- In the clinic.</li> <li>- In the home.</li> <li>- In the GP surgery.</li> <li>- In the nursery/play group.</li> </ul> </li> </ul> <p><b>Who would be involved?</b></p> <ul style="list-style-type: none"> <li>• The person or carer with parental responsibility.</li> </ul>	<ul style="list-style-type: none"> <li>• As a CNN you should have the appropriate qualifications to undertake this aspect of your job (Appendix 1).</li> <li>• Gain local knowledge about the Child Health Promotion programme by using a mentor or shadowing an experienced colleague.</li> <li>• Undertake further training and development for specific aspects of child assessments and management. For example: <ul style="list-style-type: none"> <li>- Vision screening.</li> </ul> </li> </ul>

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<p>social, intellectual and language development of the child.</p> <p>Parents and carers almost always know their children best, and listen and respond to concerns.</p>	<p><b>Social</b></p> <ul style="list-style-type: none"> <li>• Observation of the child with its carer/parent and where possible other children to establish the child’s ability to interact with others.</li> <li>• Stimulation, play.</li> <li>• Appropriate behaviours.</li> <li>• Social self-care skills.</li> <li>• Environmental factors – housing, transport, community groups, equipment hazards, excessive rubbish lying around.</li> <li>• Hygiene factors – cleanliness, animals/pets.</li> <li>• The family dynamics and support networks.</li> </ul> <p><b>Intellectual</b></p> <ul style="list-style-type: none"> <li>• Observation of the child.</li> <li>• Milestones reached appropriate to age.</li> <li>• Cognitive skills.</li> <li>• Ability to concentrate.</li> </ul> <p><b>Emotional</b></p> <ul style="list-style-type: none"> <li>• Age and stage-appropriate play.</li> <li>• Observation of behaviours.</li> <li>• Appropriate vocalisation.</li> </ul> <p><b>Language</b></p> <ul style="list-style-type: none"> <li>• Vocalisation and speech appropriate to age and stage.</li> <li>• Child’s level of understanding appropriate to age and stage.</li> <li>• Comprehension – understands commands.</li> </ul>	<ul style="list-style-type: none"> <li>• The child.</li> <li>• The CNN.</li> </ul> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Reviewing the child within their environment and identifying any abnormalities or concerns and reporting these to the NMC registrant.</li> <li>• Providing the client with strategies and techniques in managing a child’s developmental and behavioural needs.</li> <li>• Providing advice on the management of childhood illnesses and when to refer to the GP or NMC registrant.</li> <li>• Providing the client with information about the child’s future developmental expectations.</li> </ul>	<ul style="list-style-type: none"> <li>- Emotional and psychological development.</li> <li>- Behaviour management.</li> <li>- The management of childhood illnesses.</li> <li>- Child protection.</li> </ul>

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	<ul style="list-style-type: none"> <li>• The child's listening skills are developing.</li> <li>• Take account of cultural diversity.</li> <li>• Oral development.</li> <li>• Use non-verbal language.</li> </ul> <p><b>Health and Well Being</b></p> <p>Awareness of childhood illnesses and minor ailments and when to refer appropriately.</p>		
<p><b>4. Lifestyle</b></p> <p>As part of a wider health visiting team identify those areas and issues that are known to cause poor health. To encourage a healthy and good quality lifestyle that reflects the culture, attitudes and values of an individual and the community in which they live.</p> <p><b>Smoking Cessation</b></p> <p>To improve the health of the individual and the family and prevent childhood health problems.</p>	<p><b>Smoking Cessation</b></p> <ul style="list-style-type: none"> <li>• Knowledge of the risks of smoking and the impact this has on the family and children's health.</li> <li>• Understand the connection between smoking and Sudden Infant Death Syndrome (SIDS.)</li> <li>• Knowledge of the local smoking cessation services and health visitor support.</li> </ul> <p><b>Exercise</b></p> <ul style="list-style-type: none"> <li>• An understanding of why exercise is important for children and families.</li> <li>• Knowledge of age-appropriate exercises, and physical play for children.</li> <li>• Recognising the child's physical abilities.</li> <li>• Aware of the different environments that will impact on the ability to exercise.</li> <li>• Understanding the barriers to exercise.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Have an understanding of the social and cultural diversity of clients and their values.</li> <li>• Have good communication skills (See: Communication Competency 1).</li> <li>• Use interpreting services or signing where necessary.</li> <li>• Provide relevant details of support services and local facilities.</li> <li>• Always remember the safety of the child comes first.</li> <li>• Lead by example.</li> <li>• Remember many clients will need to see the health visitor or GP for these health issues, as they may need specialist interventions.</li> <li>• If you are the first to identify an issue report it to the client's health visitor as soon as possible and record it in the notes.</li> </ul>	<p><b>Smoking Cessation</b></p> <ul style="list-style-type: none"> <li>• Discussion with the local smoking cessation service and awareness of the relevant local policies.</li> <li>• Shadowing an experienced colleague who works with families helping them identify the difficulties around smoking and individual solutions.</li> </ul> <p><b>Exercise</b></p> <ul style="list-style-type: none"> <li>• Be aware of local children's activity programmes.</li> <li>• Ask you local sports development worker (or equivalent) to attend a CNN meeting to discuss children and exercise.</li> <li>• Liaise with the paediatric physiotherapist to discuss appropriate physical play for children with special needs.</li> </ul>

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<p><b>Exercise</b></p> <p>To encourage early childhood physical activities aimed at improving health and preventing obesity.</p> <p><b>Safe Alcohol Consumption (Adults)</b></p> <p>Have an understanding of the health problems associated with excessive alcohol consumption and the impact these have on the child and family.</p> <p><b>Addictions</b></p> <p>To be aware of addictive behaviours in the family and how these impact on children.</p>	<p><b>Safe Alcohol Consumption (Adults)</b></p> <ul style="list-style-type: none"> <li>• Knowledge of safe levels of alcohol consumption.</li> <li>• Awareness of the impact that excessive drinking can have on the family dynamics.</li> <li>• Knowledge of child protection and awareness of domestic violence associated with excessive alcohol consumption and how to respond to these circumstances.</li> </ul> <p><b>Addictions</b></p> <ul style="list-style-type: none"> <li>• Awareness of the different types of addiction that families may be involved in.</li> <li>• Awareness of the effects of adult addictive behaviour on children.</li> <li>• Have knowledge about addictive behaviour in children.</li> </ul>	<p><b>Where would you provide this support?</b></p> <ul style="list-style-type: none"> <li>• In the client's home.</li> <li>• In clinics or surgeries.</li> <li>• In group activities.</li> <li>• Other appropriate environments and settings.</li> </ul>	<p><b>Safe Alcohol Consumption (Adults)</b></p> <ul style="list-style-type: none"> <li>• Undertake child protection training.</li> <li>• Undertake domestic violence awareness training.</li> <li>• Ask a colleague from mental health services to outline the issues at a CNN meeting/ study day.</li> <li>• Discuss with your mentor your role and responsibilities associated with children in these circumstances.</li> </ul> <p><b>Addictions</b></p> <ul style="list-style-type: none"> <li>• Be aware of local addiction services.</li> </ul>

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<p><b>5. Infection Control, Hygiene and Safety</b></p> <p>Infection control is essential when working in communal settings where there are a wide number of users, and when visiting children and families.</p> <p>Hygiene is essential for the family's health and well-being.</p>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Knowledge of appropriate cleaning materials and solutions to use on specific items of equipment, (e.g. toys, books)</li> <li>• Awareness of personal hand hygiene in relation to infection control.</li> <li>• Awareness of the associated health risks with handling animals, playing in the garden, playgrounds and communal child groups.</li> </ul> <p><b>Home Visiting</b></p> <ul style="list-style-type: none"> <li>• Ensure that the equipment and toys you carry with you are safely maintained and how to access support services if equipment needs checking or specialist cleaning.</li> <li>• Responsible for keeping these play resources and equipment clean when they have been in contact with children and clients.</li> <li>• Able to identify health and safety risks within the home and follow the 'near miss' or 'incident reporting' procedures.</li> </ul> <p><b>Child Health Clinic</b></p> <ul style="list-style-type: none"> <li>• Know how to deal with and clean up after the loss of body fluids and/or solids.</li> <li>• Understand the importance of personal hand cleansing between clients/children.</li> <li>• Provide adequate ventilation in the room and monitor the room temperature.</li> <li>• Clinic toys, books and equipment: see home visiting above.</li> <li>• Health and safety is observed in the clinic and that the area is free from tripping hazards and other risks.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Good hygiene standards need to be applied to all situations at all times.</li> <li>• Notify the appropriate person if good hygiene standards are compromised.</li> <li>• Always carry appropriate cleansing items with you; only those that have been recommended by your employer.</li> <li>• Always document any discussions you have had with the client about hygiene and infection issues.</li> <li>• Report as soon as possible to your NMC registrant any concerns about the child's health and well-being.</li> <li>• When a hazard is identified report this through the appropriate channels.</li> </ul>	<ul style="list-style-type: none"> <li>• Undertake infection control training.</li> <li>• Attend a food handling awareness course.</li> <li>• Follow the Control of Substances Hazardous to Health Policy (COSHH).</li> <li>• Have read and understood the health and safety policy, and the 'near miss' and 'incident reporting' procedure.</li> <li>• Refer to local protocols, policies, procedures and guidelines associated with hygiene and infection control.</li> <li>• Shadow an experienced colleague who works with clients/families helping them identify good hygiene standards and infection management.</li> <li>• Attend update sessions on childhood infections, sterilising techniques, and skin disorders.</li> </ul>

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	<p><b>Infant Feeding and Food Management</b></p> <ul style="list-style-type: none"> <li>• Work with the clients so they are able to understand the importance of hand washing before handling baby’s feeding equipment, milk and food.</li> <li>• Advise clients/families about food handling and storage.</li> <li>• Able to explain the importance of all baby feeding and suckling equipment being washed and sterilised before use.</li> </ul> <p><b>Skin Care</b></p> <ul style="list-style-type: none"> <li>• Able to explain to the client/family about appropriate skin care, especially the eyes, mouth, teeth and nails, nappy changing and genital care, bathing, and toileting.</li> <li>• Able to identify nappy rash, cradle cap, head lice and other skin conditions and know when to refer back to the health visitor or GP.</li> </ul> <p><b>CNN: Personal Hygiene and Care</b></p> <ul style="list-style-type: none"> <li>• Always use effective hand washing and cleansing techniques.</li> <li>• Know the importance of personal hand and skin care; including covering lesions and seek treatment and advice for rashes, and other skin disorders.</li> <li>• Understand that for gastro intestinal disorders, and other infectious illnesses medical advice should be sought.</li> <li>• When sharing kitchen/office/ toilet and other facilities ensure that high personal and environmental hygiene standards are maintained.</li> </ul>		

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<p><b>6. Safety and Accident Prevention</b></p> <p>Safety awareness is to alert clients/carers and children, to the serious issue of childhood accidents and how to prevent them.</p> <p>Accidents are the most common cause of death amongst children between one and five years.</p> <p>Some accidents are more likely to occur at a specific chronological age.</p>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Able to help a client/carer understand the hazards that are always present when you have a baby or child and how to prevent accidents.</li> <li>• Have a basic knowledge of first aid and encourage clients to undertake training in first aid.</li> <li>• Have knowledge of up-to-date safety advice.</li> <li>• Be aware of any local home safety equipment loans scheme.</li> <li>• Encourage the clients to have a realistic understanding of the child's ability to anticipate danger.</li> </ul> <p><b>Choking and Suffocation</b></p> <ul style="list-style-type: none"> <li>• Knowledge of the latest research associated with the prevention of Sudden Infant Death Syndrome.</li> <li>• Understand the dangers of small objects, small or age-inappropriate toys, plastic/ polythene bags, loose ribbons, string or loose threads on clothing and some bedding.</li> <li>• Understand the high risk of peanuts for children under 5 years.</li> </ul> <p><b>Fires, Burns and Scalds</b></p> <ul style="list-style-type: none"> <li>• Identification of risk areas and the use of prevention equipment. <ul style="list-style-type: none"> <li>- Cooker guards, pan positioning, fireguards and safety gates.</li> <li>- Keep out-of-reach hot drinks, hot meals/plates, hot teapots, kettles, hot irons, frying oils.</li> <li>- Keep electrical flexes in good repair and out of reach and plug sockets covered.</li> <li>- Bath water, hot water – temperature observation 54°C or 130°F.</li> </ul> </li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Have an understanding of the social and cultural diversity of the clients and what their own experiences have been.</li> <li>• Have good communication skills (See: Communication Competency 1).</li> <li>• You may have handouts for clients on some of the safety areas highlighted.</li> <li>• Specific one-to-one discussion with the client may be necessary particularly after a visit to an Accident and Emergency Department, Walk-in Centre or GP surgery.</li> <li>• Poster displays highlighting certain safety measures at different times of the year at: <ol style="list-style-type: none"> <li>Play groups, nurseries, schools and other childcare centres.</li> <li>GP surgeries and clinics.</li> </ol> </li> <li>• Parenting group discussions.</li> </ul>	<ul style="list-style-type: none"> <li>• Shadow an experienced colleague who works with clients/families helping them identify appropriate safety standards and accident prevention strategies.</li> <li>• Refresh your knowledge through the 'Birth to Five' book.</li> <li>• Regularly review health and child care journals for the up-to-date guidance.</li> <li>• Access the Child Accident Prevention Trust (CAPT) <a href="http://www.capt.org.uk">www.capt.org.uk</a> and the Royal Society for the Prevention of Accidents (RoSPA) <a href="http://www.rospace.com">www.rospace.com</a> for up-to-date information.</li> <li>• Knowledge of health and safety regulations.</li> <li>• Awareness of NHS and health and safety bulletins and their importance.</li> <li>• Knowledge and involvement in national safety campaigns e.g. sun safety, car seat safety.</li> <li>• Have knowledge of KIDSCAPE – <a href="http://www.kidscape.org.uk">www.kidscape.org.uk</a></li> </ul>

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	<p>- Cigarette smoking.</p> <ul style="list-style-type: none"> <li>• Able to encourage the client to have a fire alarm fitted and for them to check the batteries regularly.</li> </ul> <p><b>Cut Prevention</b></p> <ul style="list-style-type: none"> <li>• Identification of high-risk situations and appropriate safety techniques.</li> <li>• Glass doors need safety glass or film (British Standard Kite mark).</li> <li>• All sharp objects should be out of the child's reach.</li> <li>• Inappropriate feeding utensils such as sharp knives or fine glasses.</li> </ul> <p><b>Poisoning Risks</b></p> <ul style="list-style-type: none"> <li>• Help clients identify at-risk substances, such as medicines, household and garden products and plants. Know of ways to secure these in child safety cupboards or out of reach areas.</li> </ul> <p><b>Falls Prevention</b></p> <ul style="list-style-type: none"> <li>• Help the client identify those areas where slipping, tripping and falls may occur, such as: stairs, wooden/tiled/vinyl floors, rugs/mats, over toys and furniture, windows, door steps and garden obstacles.</li> <li>• Safety gates and play pens to be used appropriately.</li> <li>• Use evidence to help establish a case for strict vigilance/care when using such items as baby walkers.</li> </ul>		

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	<p><b>Drowning Hazards</b></p> <ul style="list-style-type: none"> <li>• Remind clients of those risk areas such as: the bath, a garden pond, the sea or any water and that children must never be left alone near water.</li> </ul> <p><b>Car Safety</b></p> <ul style="list-style-type: none"> <li>• Have knowledge of the current guidance on in-car child safety, and share this with clients.</li> </ul> <p><b>Road Safety Messages</b></p> <ul style="list-style-type: none"> <li>• Reinforce the road safety messages about children's inability to understand the dangers of traffic and highlight what safety messages need to be taken on board.</li> </ul> <p><b>Stranger Danger</b></p> <ul style="list-style-type: none"> <li>• Help clients to teach their children about staying safe and not going with strangers.</li> </ul> <p><b>Sun Awareness</b></p> <ul style="list-style-type: none"> <li>• The sun awareness campaign needs to be encouraged every year as this is evidenced based.</li> <li>• Remind clients that this advice applies to babies of all races.</li> </ul>		

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<p><b>7. Child Mental Health</b></p> <p>As a CNN you will encounter families where the child may be acting inappropriately and needs extra intervention.</p> <p>Be aware of adult mental ill health and personality difficulties that also need to be considered when dealing with the child.</p> <p>The main priority for the CNN is the child with the promotion of positive mental health and well-being.</p>	<p>Following the NMC registrant or another professional's holistic assessment of the child and family, the CNN may be delegated a number of activities. The CNN will need a range of competencies.</p> <p><b>What aspects do you need to consider?</b></p> <ul style="list-style-type: none"> <li>• As part of the child assessment be aware of signs that may indicate mental health difficulties, such as: extremes in behaviour, lack of confidence, lack of self-worth, attention-seeking behaviours, affectionate to strangers outside normal parameters, withdrawn, frozen awareness, lack of communication.</li> <li>• Have awareness of child mental health conditions, e.g. autism, attention deficit disorder, depression, and anxiety.</li> <li>• Knowledge of adult mental illnesses and how they impact on the child, particularly: postnatal depression, substance/alcohol abuse and personality disorders.</li> <li>• Be aware of the family dynamics, poor parenting practice and family stress factors such as bereavement, divorce/separation, and illness/disability.</li> </ul> <p><b>Intervention Competencies</b></p> <ul style="list-style-type: none"> <li>• Excellent child health and development assessment skills and early identification of problems.</li> <li>• Promoting early parent bonding through eye contact, infant massage and communication.</li> <li>• Providing anticipatory guidance to families about normal child development and common difficulties and stress factors, such as: toilet training, sleep routines, food refusal.</li> <li>• Ability to assist families with developing the full potential of their child.</li> <li>• Promoting appropriate play opportunities, modelling 'How to Play'.</li> </ul> <p><b>Communication Skills</b></p> <p>(See competency 1). Report all aspects of CNN interventions to the NMC registrant or the professional who delegated the family for CNN involvement.</p>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Be aware of own professional limitations of knowledge and practice.</li> <li>• Have clear goals that are child focused.</li> <li>• Report to the NMC registrant or other delegatee all outcomes of the intervention as soon as possible.</li> </ul> <p><b>Who would be involved?</b></p> <ul style="list-style-type: none"> <li>• The person with parental responsibility.</li> <li>• The child and perhaps any siblings.</li> <li>• The NMC registrant.</li> <li>• The GP and other specialist medical services such as: Child and Adolescent Psychiatry Services; and Adult Mental Health Services.</li> <li>• Nursery and other child related settings.</li> </ul> <p><b>Where could this take place</b></p> <ul style="list-style-type: none"> <li>• In the family home.</li> <li>• In the clinic or health centre.</li> <li>• Other appropriate settings.</li> </ul> <p><b>How would you apply the competencies?</b></p> <ul style="list-style-type: none"> <li>• Focus on what works well for the child and family.</li> <li>• Provide group activities if they could help.</li> <li>• Always have the child's interest as your first priority.</li> </ul>	<ul style="list-style-type: none"> <li>• Recognised childcare and education qualification (See Appendix 1).</li> <li>• Attend specific behaviour management training.</li> <li>• Attend Safeguarding Children courses.</li> <li>• Have postnatal depression awareness training.</li> <li>• Access regular clinical supervision either one-to-one or as part of a group.</li> <li>• Shadow an experienced colleague.</li> </ul>

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<p><b>8. Infant Feeding and Nutrition</b></p> <p>Good nutrition is fundamental to the good health and well-being of all children. It involves providing guidance and support on first and second stage weaning and could impact on the family diet.</p> <p>This practice is evidence based, following the UK-wide government health departments' guidelines.</p>	<p><b>Supporting Feeding Choices</b></p> <ul style="list-style-type: none"> <li>• Understand and support the choice a mother has made on how to feed her baby with milk.</li> <li>• Have good listening skills and an empathetic approach.</li> <li>• Reinforce hygiene and milk and food management strategies.</li> </ul> <p><b>First Stage Weaning</b></p> <ul style="list-style-type: none"> <li>• Knowledge of the government guidance on infant nutrition and the introduction of solids.</li> <li>• Consideration given to all social, cultural and value systems which may influence weaning choices.</li> <li>• Provide practical advice on the types of food, textures, preparation techniques and equipment. Be prepared to give a demonstration if necessary.</li> <li>• Have knowledge of the best methods of positioning and approaching the baby when solids are introduced and explain these to the carers/parents.</li> <li>• Encourage the carers/parents to be sensitive to the baby's needs and to respond to these appropriately.</li> <li>• Explain to the carer/parent the importance of the introduction of solids, the nutritional benefits and the impact on growth and development.</li> </ul> <p><b>Second Stage Weaning</b></p> <p>In addition to the above</p> <ul style="list-style-type: none"> <li>• Knowledge of the developmental stages of infant feeding and the social aspects of eating.</li> <li>• Able to provide practical tips about the introduction of lumpy foods.</li> <li>• Enable carers/parents to enjoy meal times and provide</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Be aware of the mothers'/parents' access to appropriate preparation and food storage facilities.</li> <li>• Provide one-to-one advice, demonstrations and encouragement.</li> <li>• Provide infant nutrition and feeding within a group health education/parenting programme.</li> <li>• Provide weaning leaflets.</li> <li>• Set up health promotion events to include infant feeding.</li> <li>• Remain objective at all times.</li> </ul> <p><b>Where could this take place?</b></p> <ul style="list-style-type: none"> <li>• In the family home.</li> <li>• In the clinic or health centre.</li> <li>• Other appropriate settings.</li> </ul>	<ul style="list-style-type: none"> <li>• Keep up-to-date with current guidance through the 'Birth to Five' book.</li> <li>• Access paediatric dieticians when special diets are required to provide updates and new information.</li> <li>• Always refer to local policies regarding the use of marketing materials.</li> <li>• Read the Community Practitioner journal to keep abreast of aspects associated with infant feeding.</li> <li>• Read mothers' magazines to keep informed of new products and their content.</li> <li>• Participate in a professional group discussion to ascertain other colleagues' techniques, ideas and advice.</li> </ul>

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	<p>positive strategies to encourage successful feeding.</p> <ul style="list-style-type: none"> <li>• Provide anticipatory information to carers/parents about potential behaviours and difficulties that a child may display.</li> <li>• Identify potential hazards with poor food storage and poor preparation.</li> <li>• Emphasise the risks associated with lack of supervision during meal times.</li> </ul> <p><b>Finger Food Stage</b></p> <p>In addition to the above:</p> <ul style="list-style-type: none"> <li>• Encourage the carers/parents to introduce finger foods at family meal times.</li> <li>• Explain the importance of the carers/parents of being good role models.</li> <li>• Be able to explain the importance of mealtime routines.</li> <li>• Be able to offer advice on the variety of foods, their different textures and tastes.</li> <li>• Teach the mother to recognise the child's non-verbal clues about food and hunger.</li> <li>• Offer appropriate vitamin supplements as recommended in the DH guidance and/or local policy.</li> </ul> <p><b>Family Foods</b></p> <ul style="list-style-type: none"> <li>• Knowledge of the appropriate dietary requirements for the under 5s.</li> <li>• Knowledge of the appropriate interventions to use for behaviour management of a pre-school child.</li> <li>• Ability to encourage the carers/parents to continue to provide good eating and nutritional habits.</li> </ul>		

# CNN Educational Standards for Practice

A nursery nurse is not a qualified/registered nurse.

Any nursery nurse who is working in the community or primary care should have attained one of the following:

- NNEB, now replaced by the Diploma in Childcare and Education (DCE) awarded by CACHE or the HNC in Child Care and Education (Scotland).
- Level 3 BTEC National Diploma in Early Years, awarded by EDEXEL.
- NVQ Level 3 in Early Years and Education, awarded by City & Guilds, CACHE, EDEXEL, and the OU.

The Qualification and Curriculum Authority (QCA) recommend these qualifications as they have the necessary theoretical and practical training in child development. These qualifications have undergone a number of name changes in recent years. If you are in doubt about the qualification, please check with the QCA or the awarding body.

A community nursery nurse may train and be competent in aspects of parenting and health promotion that enables her to work with parents to enhance the health of the family unit.

Ref: The CPHVA, Community Nursery Nurses: A Voluntary Code of Professional Conduct, Feb 2005.  
Published in *Community Practitioner* February 2005: volume 78, number 2.

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