

# Current Awareness Bulletin

# CHILD COMMUNITY HEALTH SERVICES

This bulletin includes recent guidelines and government documents, systematic reviews and articles from selected journals and websites. Other bulletins are available and can be found online on our [Library Services webpage](#)

**This is not an exhaustive list and if you require more information on a specific topic Library Services can carry out a full literature search for you.**

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## Key Journals - 'Ctrl Click' to jump directly to the journal's website

[Archives of Disease in Childhood](#) (monthly) Some articles available with *OpenAthens*

[Child and Family Social Work](#) (quarterly)

[Child: Care, Health and Development](#) (bimonthly)

[Child Development](#) (quarterly)

[Children's Health Care](#) (quarterly)

[Community Practitioner](#) (monthly)

[Health and Social Care in the Community](#) (6 issues annually)

[Journal of Child and Family Studies](#) (6 issues annually)

[Journal of Child Health Care](#) (quarterly)

[Nursing Children and Young People](#) (bimonthly)

[Journal of Paediatrics and Child Health](#) (monthly)

[Pediatrics](#) (monthly)

### [National Paediatric Diabetes Audit \(NPDA\) PREM report](#)

#### **Royal College of Paediatrics and Child Health**

The first NPDA Parent and Patient Reported Experience Measures (PREM) report presents findings from surveys completed by children and young people with diabetes, and their parents and carers, between 1 February and 31 July 2019, on the care provided by the paediatric diabetes services they attend.

### [RCPCH publishes advice to help new parents during the pandemic](#)

#### **Royal College of Paediatrics and Child Health**

The Royal College of Paediatrics and Child Health (RCPCH) has joined forces with the British Association of Perinatal Medicine (BAPM – part of the RCPCH), the Institute of Health Visiting (iHV), and the Royal College of General Practitioners (RCGP) to produce a 'fridge poster', which signposts when and where parents should seek help for babies aged three months and under.

### [New E-Learning programme to support the transition of families from neonatal units to home](#)

#### **Institute of Health Visiting**

The Institute of Health Visiting and Tiny Lives Trust have worked in partnership with HEE E-Learning for Healthcare to develop a new e-learning session for health visitors working with families to transition from neonatal units to home.

The e-learning session aims to raise awareness of the health visitor's role in supporting sick and preterm babies. It is intended to complement existing e-Learning for Healthcare training programmes, which are referred to during the session.

The resource was coproduced in partnership with parents of babies who have been on neonatal units.

### [Children's rights in Great Britain: submission to the UN](#)

#### **Equality and Human Rights Commission**

This report looks at the state of children's rights in Great Britain and makes recommendations for change. It covers:

- the equality and human rights framework
- living standards
- education
- children in institutions
- youth justice
- refugee and migrant children
- health
- violence and personal safety

## Systematic Reviews

### [Mechanically assisted walking training for walking, participation, and quality of life in children with cerebral palsy](#)

Hsiu-Ching Chiu Louise Ada Theofani A Bania

#### Cochrane Systematic Reviews

##### Abstract

**Background** Cerebral palsy is the most common physical disability in childhood. Mechanically assisted walking training can be provided with or without body weight support to enable children with cerebral palsy to perform repetitive practice of complex gait cycles. It is important to examine the effects of mechanically assisted walking training to identify evidence-based treatments to improve walking performance.

**Objectives** To assess the effects of mechanically assisted walking training compared to control for walking, participation, and quality of life in children with cerebral palsy 3 to 18 years of age.

**Search methods** In January 2020, we searched CENTRAL, MEDLINE, Embase, six other databases, and two trials registers. We handsearched conference abstracts and checked reference lists of included studies.

**Selection criteria** Randomized controlled trials (RCTs) or quasi-RCTs, including cross-over trials, comparing any type of mechanically assisted walking training (with or without body weight support) with no walking training or the same dose of overground walking training in children with cerebral palsy (classified as Gross Motor Function Classification System [GMFCS] Levels I to IV) 3 to 18 years of age.

**Data collection and analysis** We used standard methodological procedures expected by Cochrane.

**Main results** This review includes 17 studies with 451 participants (GMFCS Levels I to IV; mean age range 4 to 14 years) from outpatient settings. The duration of the intervention period (4 to 12 weeks) ranged widely, as did intensity of training in terms of both length (15 minutes to 40 minutes) and frequency (two to five times a week) of sessions. Six studies were funded by grants, three had no funding support, and eight did not report information on funding. Due to the nature of the intervention, all studies were at high risk of performance bias.

Mechanically assisted walking training without body weight support versus no walking training

Four studies (100 participants) assessed this comparison. Compared to no walking, mechanically assisted walking training without body weight support increased walking speed (mean difference [MD] 0.05 meter per second [m/s] [change scores], 95% confidence interval [CI] 0.03 to 0.07; 1 study, 10 participants; moderate-quality evidence) as measured by the Biodex Gait Trainer 2™ (Biodex, Shirley, NY, USA) and improved gross motor function (standardized MD [SMD] 1.30 [postintervention scores], 95% CI 0.49 to 2.11; 2 studies, 60 participants; low-quality evidence) postintervention. One study (30 participants) reported no adverse events (low-quality evidence). No study measured participation or quality of life.

Mechanically assisted walking training without body weight support versus the same dose of overground walking training

Two studies (55 participants) assessed this comparison. Compared to the same dose of overground walking, mechanically assisted walking training without body weight support increased walking speed (MD 0.25 m/s [change or postintervention scores], 95% CI 0.13 to 0.37; 2 studies, 55 participants; moderate-quality evidence) as assessed by the 6-minute walk test or Vicon gait analysis. It also improved gross motor function (MD 11.90% [change scores], 95% CI 2.98 to 20.82; 1 study, 35 participants; moderate-quality evidence) as assessed by the

Gross Motor Function Measure (GMFM) and participation (MD 8.20 [change scores], 95% CI 5.69 to 10.71; 1 study, 35 participants; moderate-quality evidence) as assessed by the Pediatric Evaluation of Disability Inventory (scored from 0 to 59), compared to the same dose of overground walking training. No study measured adverse events or quality of life.

Mechanically assisted walking training with body weight support versus no walking training

Eight studies (210 participants) assessed this comparison. Compared to no walking training, mechanically assisted walking training with body weight support increased walking speed (MD 0.07 m/s [change and postintervention scores], 95% CI 0.06 to 0.08; 7 studies, 161 participants; moderate-quality evidence) as assessed by the 10-meter or 8-meter walk test. There were no differences between groups in gross motor function (MD 1.09% [change and postintervention scores], 95% CI -0.57 to 2.75; 3 studies, 58 participants; low-quality evidence) as assessed by the GMFM; participation (SMD 0.33 [change scores], 95% CI -0.27 to 0.93; 2 studies, 44 participants; low-quality evidence); and quality of life (MD 9.50% [change scores], 95% CI -4.03 to 23.03; 1 study, 26 participants; low-quality evidence) as assessed by the Pediatric Quality of Life Cerebral Palsy Module (scored 0 [bad] to 100 [good]). Three studies (56 participants) reported no adverse events (low-quality evidence).

Mechanically assisted walking training with body weight support versus the same dose of overground walking training

Three studies (86 participants) assessed this comparison. There were no differences between groups in walking speed (MD -0.02 m/s [change and postintervention scores], 95% CI -0.08 to 0.04; 3 studies, 78 participants; low-quality evidence) as assessed by the 10-meter or 5-minute walk test; gross motor function (MD -0.73% [postintervention scores], 95% CI -14.38 to 12.92; 2 studies, 52 participants; low-quality evidence) as assessed by the GMFM; and participation (MD -4.74 [change scores], 95% CI -11.89 to 2.41; 1 study, 26 participants; moderate-quality evidence) as assessed by the School Function Assessment (scored from 19 to 76). No study measured adverse events or quality of life.

**Authors' conclusions** Compared with no walking, mechanically assisted walking training probably results in small increases in walking speed (with or without body weight support) and may improve gross motor function (with body weight support). Compared with the same dose of overground walking, mechanically assisted walking training with body weight support may result in little to no difference in walking speed and gross motor function, although two studies found that mechanically assisted walking training without body weight support is probably more effective than the same dose of overground walking training for walking speed and gross motor function. Not many studies reported adverse events, although those that did appeared to show no differences between groups. The results are largely not clinically significant, sample sizes are small, and risk of bias and intensity of intervention vary across studies, making it hard to draw robust conclusions. Mechanically assisted walking training is a means to undertake high-intensity, repetitive, task-specific training and may be useful for children with poor concentration.

## Article Abstracts

Access to full text pdfs is given only where available through NHS core content or library subscriptions. For access to articles that do not have this facility, please contact the library service. Click on the titles for further information or access?

### [Keeping paediatric diabetes on the radar: Delivering virtual peer reviews and quality improvement during COVID-19](#)

Heather Clark, Matt Oultram, Nhung Vu, Andrea Srur

#### Diabetes Care for Children and Young People

##### Abstract

National Diabetes Quality Programme team members discuss how they are continuing to deliver the programme, taking a virtual approach to improve care and outcomes

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The Royal College of Paediatrics and Child Health National Diabetes Quality Programme (NDQP) aims to improve care, outcomes and quality of life for children and young people (CYP) with diabetes and their families. The programme consists of two elements: a quality improvement collaborative and a quality assurance workstream that includes an annual self-assessment and peer review visit to paediatric diabetes units in England and Wales. Following the COVID-19 outbreak, face-to-face activities were postponed. To maintain programme delivery and ethos, the NDQP team has developed a new virtual approach that continues to be refined in response to stakeholder feedback.

### [Experiences of healthcare, including palliative care, of children with life-limiting and life-threatening conditions and their families: a longitudinal qualitative investigation](#)

Sarah Mitchell, Anne-Marie Slowther, Jane Coad, Jeremy Dale

#### **Archives of Disease in Childhood**

##### **Abstract**

**Objectives** To understand the experiences and perceptions of healthcare services of children with life-limiting and life-threatening conditions and their family members, including palliative care.

**Design** Longitudinal qualitative interview study with children and their family members. Up to three in-depth interviews were conducted over 13 months with each child and family. Data were analysed using thematic analysis.

**Setting** Community and hospital settings in the West Midlands, UK.

**Participants** Children with a diverse range of life-limiting and life-threatening conditions, aged between 5 and 18 years, and their family members.

**Findings** 31 participants from 14 families including 10 children took part in 41 interviews. Two children died during the course of the study. Children accepted their conditions as part of life and had other priorities for living. Experiences of ‘fighting’ a fragmented healthcare system that focused on the biomedical aspects of their care were described. The possibility of death was rarely openly discussed. Palliative care tended to be conceptualised as a distinct service or phase of a child’s condition, rather than a broad approach. Access to palliative care depended on the availability of specialist services, and on trusted interpersonal relationships with healthcare professionals who could share uncertainty and the family’s emotional burden.

**Conclusions** There is an urgent need to create a more child and family centred approach that enables palliative care to be truly integrated into the wider healthcare of children with life-limiting and life-threatening conditions. Trusted, interpersonal relationships with healthcare professionals, and more effective coordination of care are fundamental to achieving this, and should be valued and enabled throughout the healthcare system.

### [Outcomes at five to eight years of age for children with Hirschsprung’s disease](#)

Benjamin Saul Raywood Allin, Charles Opondo, Timothy John Bradnock, Simon Edward Kenny, Jennifer J Kurinczuk, Gregor M Walker, Marian Knight, NETS2HD collaboration

#### **Archives of Disease in Childhood**

##### **Abstract**

**Objective** This study describes core outcomes of Hirschsprung’s disease (HD) in a UK-wide cohort of primary school-aged children.

**Design** A prospective cohort study conducted from 1 October 2010 to 30 September 2012. Outcomes data were collected from parents and clinicians when children were 5–8 years of age, and combined with data collected at birth, and 28 days and 1 year post diagnosis.

**Setting** All 28 UK and Irish paediatric surgical centres.

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**Participants** Children with histologically proven HD diagnosed at <6 months of age.

**Main outcome measures** NETS1HD core outcomes.

**Results** Data were returned for 239 (78%) of 305 children. Twelve children (5%) died prior to 5 years of age.

Of the 227 surviving children, 30 (13%) had a stoma and 21 (9%) were incontinent of urine. Of the 197 children without a stoma, 155 (79%) maintained bowel movements without enemas/washouts, while 124 (63%) reported faecal incontinence. Of the 214 surviving children who had undergone a pull-through operation, 95 (44%) underwent  $\geq 1$  unplanned reoperation. 89 unplanned reoperations (27%) were major/complex.

Of the 83 children with returned PedsQL scores, 37 (49%) had quality of life scores, and 31 (42%) had psychological well-being scores, that were  $\geq 1$  SD lower than the reference population mean for children without HD.

**Conclusion** This study gives a realistic picture of population outcomes of HD in primary school-aged children in the UK/Ireland. The high rates of faecal incontinence, unplanned procedures and low quality of life scores are sobering. Ensuring clinicians address the bladder, bowel and psychological problems experienced by children should be a priority.

### [Communication tools used in childhood obesity discussions: A scoping review](#)

Katherine MacTavish, Alexandra Cistrone, Shauna Kingsnorth, Amy C. McPherson

#### **Child: Care, Health and Development**

##### **Abstract**

**Background** Paediatric healthcare professionals (HCPs) play an essential role in the prevention and management of childhood obesity; however, many report considerable barriers to having weight-related conversations, including a lack of confidence. One way to address this is to use communication tools, such as charts, pictures and handouts. This scoping review's objective was to identify the extent and nature of available tools in the published literature that aimed to support HCPs in having positive weight-related conversations with children and families.

**Methods** CINAHL, Medline and PsycINFO were systematically searched from 2005 to 2019. Articles were selected based on (a) use of an identified communication tool; (b) tool designed for use with children between the ages of 2 and 18 and/or their parents; (c) tool designed to be used in weight-related discussions; and (d) tool designed to be used by HCPs in a formal healthcare setting.

**Results** Of the 3,596 articles yielded after deduplication, 13 unique communication tools were identified. Tools were grouped according to three themes: (a) help communicate child's weight status; (b) provide a communication framework for HCPs; and (c) actively engage children and/or parents in discussions. Many of the tools were recently developed and had not been evaluated in clinical practice. The clinical utility of each tool was evaluated.

**Conclusion** This study identified 13 communication tools HCPs could use when having weight-related discussions. However, there was a lack of evaluation and clinical utility. Only one tool had high clinical utility, and not all tools would be recommended for use in practice.

### **A comparison study: caregiver functioning and family resilience among families of children with cystic fibrosis, asthma, and healthy controls**

Mallory Schneider, Jessica Simpson, Kimberly Zlomke

#### **Children's Health Care**

##### **Abstract**

Caregivers of children with cystic fibrosis (CF) are at risk for psychosocial difficulties, which has

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been related to poorer child well-being and medical adherence. The present study utilized the National Survey of Children's Health (NSCH) to examine self-reported differences in caregiver functioning among a matched sample of caregivers of youth with CF, asthma, and healthy controls (N = 114). CF caregivers reported poorer mental health and more parenting aggravation. Among CF caregivers, poorer caregiver mental health predicted less family resilience, which in turn, predicted more parenting aggravation. Findings have implications for prevention screening and brief interventions within pulmonary medicine.

### [Impact of medical home-consistent care and child condition on select health, community, and family level outcomes among children with special health care needs](#)

Rebecca Wells, Patricia Daniel, Brian Barger, Catherine E. Rice, Maitreyi Bandlamudi, Daniel Crimmins

#### **Children's Health Care**

##### **Abstract**

Using the 2009/2010 National Survey of Children with Special Health Care Needs (CSHCN), we investigated the impact of medical home-consistent care and child condition on five outcomes for CSHCN (n = 32,299). Models suggested that medical home-consistent care predicted increased odds of preventive services receipt, no unmet health or family support needs, ease of use of community-based services, and shared decision-making. Despite these positive effects, disparities persisted based on insurance, condition complexity, and household income. These findings illustrate the positive impacts of medical home-consistent care on children yet remind health professionals of the unique family circumstances that ultimately impact health and wellbeing.

### ["The child's got a complete circle around him". The care of younger children \(5–11 years\) with CFS/ME. A qualitative study comparing families', teachers' and clinicians' perspectives'](#)

Amberly Brigden BSc, MSc, Alison Shaw BA, MSc, PhD, Rebecca Barnes BSc, PgDip, PhD, Emma Anderson BA, MSc, DHealthPsych, Esther Crawley BA, BM BCh, PhD

#### **Health and Social Care in the Community**

##### **Abstract**

Society needs to improve the care of children with complex needs. Guidelines recommend integrating care across health and educational settings, however, there is little research on whether this is achieved or how this can be done in practice. Our aim was to address this gap by examining how the care of children (aged 5–11 years) with Chronic Fatigue Syndrome/ Myalgic Encephalomyelitis (CFS/ME) is shared across home, education and health settings, in order to generate recommendations for integrating care. We undertook semi-structured interviews with families (22 participants), teachers (11 participants) and healthcare providers (9 participants), analysing the data thematically and comparatively. Our analysis of the data was informed by a socio-ecological perspective as we sought to understand the complexity of the relationships and systems around the child. The first theme focuses on the child ("individual level"); child-centred care is seen as essential whilst acknowledging that the child has limited capacity to manage their own care. The second theme presents the distinct roles of parents, teachers and clinicians ("interpersonal and organisational levels"). The third describes how these three levels interact in the management of the child's care, in the context of the health and education systems and policies ("policy levels"). The fourth explores optimal ways to integrate care across home, school and clinical settings. In conclusion, there is opportunity to support a child with complex health needs by targeting the systems around the child; parents, teachers and clinicians, as well as education and health policy that can enable shared-care. Involving schools in assessment, communicating diagnosis across settings and using a stepped-care approach to integrated care may be beneficial. Further work is needed to explore these

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recommendations, with attention to the policy factors that may act as barriers and enablers.

## **The Subjective Well-Being of Adolescent Canadians with Disabilities**

Amber Savage, David McConnell, Eric Emerson, Gwynnyth Llewellyn

### **Journal of Child and Family Studies**

#### **Abstract**

In line with growing interest in subjective well-being (SWB) as a goal of public policy, a substantial research base examining the correlates, effects and determinants of adolescent SWB is beginning to develop. However, there is a dearth of data on the SWB of adolescents with disabilities. The limited available data suggest that adolescents with disabilities in high-income countries face a heightened risk of poorer SWB relative to peers without disabilities. Few studies have investigated potential causes of disability-based differences in adolescent SWB. This lack of research may be due, in part, to the widely held but now contested assumption that disability is inherently negative and therefore a direct cause of poorer SWB. Utilising data from the Canadian National Longitudinal Survey of Children and Youth, this study investigated the potential mediating role of adverse life conditions, including socioeconomic disadvantage, impoverished peer relationships, and peer victimisation. Employing structural equation modelling, the study found evidence consistent with a causal chain running from early childhood disability, through adverse life conditions, to poorer adolescent SWB. The findings suggest that poorer SWB in adolescents with disabilities cannot be assumed or attributed to disability in any straightforward way. With equivalent means, including economic and social resources, adolescents with disabilities may enjoy levels of SWB that are not significantly different from their peers without disabilities.

## **[Interacting with parents in Sweden who hesitate or refrain from vaccinating their child](#)**

Gudrun Rudolfsson, Veronika Karlsson

### **Journal of Child Health Care**

#### **Abstract**

The purpose of this study was to explore nurses' experiences of encountering parents who are hesitant about or refrain from vaccinating their child. A qualitative approach was chosen and data collected through individual, semi-structured interviews with 12 nurses. The text was analyzed using thematic analysis. Three themes emerged from the interviews: giving room and time for acknowledging parents' insecurity concerning vaccination, striving to approach the parents' position with tact, and a struggle between feelings of failure and respect for the parents' view. The findings indicate that it was crucial to give time, be tactful when meeting parents, as well as to appear credible and up-to-date. The nurses wanted to be open and respect the parents' views on vaccination but found it difficult and frustrating to be unable to reach out with their message because their quest was to protect the child.

## **[Physiotherapy: At what cost? Parents experience of performing chest physiotherapy for infants with cystic fibrosis](#)**

Kristen Andrews, Megan Smith, Narelle S Cox

### **Journal of Child Health Care**

#### **Abstract**

Physiotherapy is one of the most burdensome aspects of cystic fibrosis (CF) care. Healthcare requirements for older children with CF are reported to impact parental quality of life and physiotherapy adherence. How parents of infants experience performing chest physiotherapy as a part of CF care is unknown. This study aimed to explore the experience of performing chest physiotherapy for parents of infants with CF. In this study, 13 parents of infants (aged 1–2



years) with CF participated in one in-depth semi-structured interview and completed a daily diary for five days. Principles of hermeneutic phenomenology guided interpretation of interview transcripts, diary entries, and field notes. For these parents, being responsible for performing chest physiotherapy was an ever-present experience of pressure, doubt, and guilt. Managing chest physiotherapy resulted in sacrifices that were perceived by parents as an expected and necessary part of meeting the healthcare needs of their child. Despite perceived sacrifices, performing chest physiotherapy was also experienced by parents as an opportunity to positively impact the health of their child. Awareness of parental perceptions and experiences of chest physiotherapy in CF may enhance the personalization of physiotherapy and minimize burden.

## [Parental feeding concerns of infants and young children with oesophageal atresia](#)

Jessica Menzies, Jennifer Hughes

### **Journal of Paediatrics and Child Health**

#### **Abstract**

**Aim** Feeding problems have been described in young children with oesophageal atresia (OA). The primary aim of this study was to determine the specific concerns of parents and carers of infants and young children with OA regarding introducing solids and moving up to family foods.

**Methods** A questionnaire was developed for parents and carers of infants and children with OA, aged 12 months to 6 years. Questionnaires were completed by 20 parents attending a multidisciplinary OA clinic between June 2016 and June 2017. Demographics and parental concern regarding feeding milestones were collected. The Montreal Children's Hospital Feeding Scale was completed.

**Results** The majority of children (95%) had type C OA. Eleven (55%) parents agreed/strongly agreed that they were concerned about their child's feeding prior to the introduction of solids and about moving to more textured solids. The most common concern was choking and food impaction for both time points. Twelve (60%) parents agreed/strongly agreed that the majority of mealtimes in their child's first 1–2 years of life were stressful. Thirteen (65%) parents reported avoiding particular foods due to their child's OA. The majority of children (n = 17) had no feeding difficulty according to an objective scale, and the rest had minor difficulty.

**Conclusions** Parental concern around feeding still exists in infants and children without a severe feeding difficulty. Multidisciplinary involvement, including a dietitian and speech pathologist, from an early age is important for infants and children with OA.

## [Transitioning from paediatric to adult services with cystic fibrosis or bronchiectasis: What is the impact on engagement and health outcomes?](#)

Rochelle Moss, Bridget Farrant, Catherine A Byrnes

### **Journal of Paediatrics and Child Health**

#### **Abstract**

**Aim** To determine whether the transfer of young people with cystic fibrosis (CF) or bronchiectasis from paediatric to adult services is associated with changes in service engagement and/or health outcomes.

**Methods** Young people aged  $\geq 15$  years of age with CF or bronchiectasis who transferred from the Auckland-based paediatric service (Starship Children's Hospital) to one of three Auckland-based District Health Boards between 2005 and 2012 were identified and included if they had 3 years care both pre-transfer and post-transfer care. Transfer preparation, service engagement (clinics scheduled, clinics attended) and health outcomes (lung function, hospitalisations) were collected per annum.

**Results** Fifty-seven young people transferred in this period with 46 meeting inclusion criteria (CF n = 20, bronchiectasis n = 26). The CF group had better transfer documentation, were

transferred at an older age (11 months older  $P < 0.0001$  95%CI: 6.7 months, 14.7 months), were 20 times more likely to attend clinics ( $P < 0.0001$ , 95%CI: 7.8, 66.1) and had 3–4 more clinics scheduled pre-transfer ( $P < 0.0001$ , 95%CI: 3.4, 4.9) and post-transfer ( $P < 0.0001$ , 95%CI: 2.4, 3.8) despite having less severe respiratory disease as measured by FEV1 for each year ( $P < 0.01$ , 95%CI: 0.34, 1.22).

**Conclusion** The transfer of young people with CF to adult services did not affect health engagement or outcomes, in contrast to those with bronchiectasis. Use of a formalised transfer process, more clinic appointments offered and greater resources for CF may be responsible for this difference. Comprehensive transition with purposeful, planned movement and developmentally appropriate care is a key goal.

## **E- Book Resources (EBSCO and Kortext Collections)**

**OpenAthens Login Required**

### **[Oxford Handbook of Primary Care and Community Nursing](#) Second Edition 2014**

Vari Drennan, Claire Goodman

Chapters range from common adult health problems to vulnerable groups with extra needs, medicine management, and nurse prescribing. The handbook includes information on how health and social care services are organised and funded, from common technical care procedures to complex situations requiring practical, concise guidance. This is the essential guide to all aspects of the nurse's role. For the new edition material on end of life care has been revised and expanded, with more focus on care of dying children. It also includes new clinical topics such as nursing technology, dependent children at home, and frailty.

### **[Introduction to Community Nursing Practice](#) 2012**

Jane Arnott

This book will introduce the skills required to work with the challenges of community nurse activities, from working in people's homes, organizing yourself, working with carers, assessment skills and working with other professions.

### **[Healthy Places, Healthy People : A Handbook for Culturally Informed Community Nursing Practice](#) 2011**

Dreher, Melanie Creagan, Skemp, Lisa Elaine, Sigma Theta Tau International

This is a concise, how-to book about cultural competency for community health nursing practice. It is written for undergraduate and graduate nursing students and practicing nurses who are not familiar with population-based, culturally sensitive nursing care. Each chapter of this book begins with a paragraph overview and learning objectives. Tables, boxes, and illustrations are used throughout the book to highlight key information.

### **[Children and Young People's Nursing: Principles for Practice](#) 2<sup>nd</sup> Edition**

Alyson Davies, Ruth Davies

Underpinned by a rights-based approach, this essential text critically analyses the theory and practice of children and young people's nursing from several perspectives - public health, acute and community based care, education and research. Chapters address the clinical, legal, ethical, political and professional issues and controversies which impact on the care delivered to children, young people and their families both nationally and internationally. This new edition continues to promote reflection and critical thinking about the practice of children's nursing and professional development.

Elizabeth Gormley-Fleming (Editor), Deborah Martin (Editor)

Providing up to date, evidence-based information on a wide range of clinical skills that are required by today's children's nurses, this comprehensive and accessible text makes it easy for the reader to grasp the fundamentals in order to meet the care needs of the child and family, both in the hospital and community setting.

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