Overview

This chapter is concerned with one of the most challenging and emotive aspects of child healthcare: that of child maltreatment. The chapter, which is underpinned by a children’s rights perspective, introduces the professional roles and responsibilities of children and young people’s nurses in safeguarding and promoting the welfare of children and young people and seeks to influence a positive and proactive approach. A number of anonymized case examples, drawn from the realities of practice, are provided to illustrate some of the challenges; please note that a chapter on safeguarding children is not an easy read, but it represents a vital competency for children and young people’s nurses.

Introduction

It is argued from a critical standpoint that safeguarding children and young people is everyone’s responsibility and that the universality of health provision in the UK and elsewhere should place children and young people’s nurses at the forefront of prevention of maltreatment and early intervention to support families experiencing difficulties. The challenges faced in achieving this vision are exposed and solutions sought by drawing on the literature concerning child deaths from maltreatment including the highly publicized cases of Victoria Climbié and Peter Connelly.

Reflection points

★ How did you feel when you read the opening lines of this chapter?
★ How confident are you about your role in protecting children and young people?
★ What sources of advice and support on safeguarding children/young people are available to you in your current role?

Safeguarding children and young people is first and foremost everyone’s responsibility; this includes children and young people themselves, their parents, their families and their communities. However, it is clearly also the remit of those whose professional lives bring them into contact with children, young people and
their families. Ensuring that children and young people are safe is challenging work, but it can also be highly rewarding (Hall 2003). Professionals with responsibilities in safeguarding children and young people perform their roles within a range of different settings including health, early years, education, social care, police, probation and the voluntary sector. While working together in the best interests of children, young people and their families means that these professionals share both knowledge and responsibility, this chapter is written for ‘children and young people’s nurses’ (chiefly, but arguably not exclusively, children and young people’s nurses working in hospitals and community settings, child and adolescent mental health practitioners, midwives, health visitors and school nurses). The aim of the chapter is to provide the means to achieve the confidence and ability to successfully, and proactively, safeguard and promote the welfare of children and young people. Although knowledge and understanding of the subject matter is the key to success, it is also important to recognize the emotional burden of this work, and therefore the need to ensure robust clinical supervision and support.

Although deaths from child maltreatment (abuse and neglect) are relatively rare, much of the current direction of travel in terms of policy and practice improvement is linked to lessons learned from serious case reviews, including those related to high-profile enquiries. The chapter thus examines some of the key messages from such reviews within the context of child health practice. Finally, the chapter offers a consideration of how to achieve excellence in safeguarding children and young people practice, through enhanced understanding of the principles for practice, high-quality clinical supervision and new ways of working. It is hoped that readers will be helped to understand the very real potential for children and young people’s nurses to make a positive difference to the lived experiences of children and young people and ensure that they achieve their potential into adulthood.

**Principles for practice**

- Safeguarding children and young people is everyone’s responsibility.
- An understanding of the principles for practice is the key to success.
- Children and young people’s nurses have an important safeguarding role within an interagency context.
- Practitioners need to ensure that they have access to high-quality clinical supervision.

**Principles for safeguarding children practice**

It is important to begin by defining some key terms, including ‘child’ and ‘safeguarding’, before discussing the primacy of the roles and responsibilities of parents. Children and young people’s nurses, in particular, have done much to promote the notion of ‘family-centred’ care, and this has undoubtedly improved the healthcare experiences of children and young people over the past 20 years or so. However, I have previously suggested that ‘child and family-centred care’ may be a
more appropriate concept (Powell 2007), especially because there is the ever-present danger that children and young people’s nurses will be drawn to the pressing needs and difficulties of adults in the family, with the risk of a failure to consider a perspective on the daily lived experience of the child. Successful safeguarding children practice balances support for parents, and parenting, without losing the focus on the centrality of the child/young person, their needs and their right to be protected from harm. This is an approach that is enshrined within recent policy and legislation in the UK. Such policy and legislation reflects a more global initiative; the United Nations Convention on the Rights of the Child (United Nations 1989), which was ratified by the UK in 1991 (http://www2.ohchr.org/english/law/crc.htm). This is explored in more detail in Chapter 4.

Children and their right to protection

The four countries of the UK (England, Wales, Scotland and Northern Ireland) have adopted the legal definition of a child as being an individual who has not yet reached the age of 18 years. This is in line with the Convention and is the definition used within all of the UK’s safeguarding guidance, policy and legislation (HM Government 2006; Welsh Assembly Government 2006; Children and Young People’s Unit 2009; The Scottish Office, undated). The definition can present a challenge in relation to the client group typically served by paediatrics and child health, where young people over the age of 16 years may begin to choose to access, or to make a transition to, healthcare in a range of adult-centric settings. It is therefore essential that safeguarding children awareness reaches those working in ‘adult’ settings who will encounter 16 and 17 year olds in the course of their practice. A recent and notable exception to this age group accessing care in an adult environment is the move within Child and Adolescent Mental Health Services (CAMHS) to provide services up until the age of 18 years. This includes an explicit requirement to ensure that young people under this age who require inpatient care are not admitted to adult mental health facilities (Office of the Children’s Commissioner 2007). It is timely to note that adult practitioners may also find themselves in a situation where they have to take action because of concerns that arise in relation to children and young people whose parents or carers are the primary service user. Ensuring that safeguarding children and young people is seen as everyone’s responsibility, and being in a position to support and supervise practice, is arguably a vital component of the role of children’s leads and children’s champions across all healthcare organizations.

Reflection point

★ Think about the organization in which you practice. Is there 24/7 access to a practitioner with the qualifications and skills to support and advise on all aspects of the care of children and young people, including safeguarding?

It is also important to clarify the situation for unborn children. Although unborn children are not legally defined as children, their needs for safety and protection from harm must still be considered in cases where there is concern about expectant
parents’ ability to ensure the safety and well-being of their child. This would primarily be a responsibility of the midwife and others providing care in the antenatal period, but it is also pertinent to note that in some cases the ‘parent to be’ may be a child themselves, even if they are living independently from their own parents, in the armed forces or, indeed, married.

**What is ‘safeguarding children’?**

It is notable that ‘safeguarding children’ is a term that has increasingly replaced the concept of ‘protecting children’ when referring to the prevention of, and response to, child abuse and neglect (for example I have held the role of Designated Nurse for Safeguarding Children since 2006; my predecessor was a Designated Nurse for Child Protection). However, as will be seen, safeguarding is a term that embraces additional activity surrounding the ‘safety’ of children and is therefore not a direct substitution for practice previously referred to as child protection. Safeguarding children\(^1\) is perhaps best thought of as an umbrella term for a number of different, but related, actions that ensure the well-being of children and young people, all of which may be encompassed within the professional activities of children and young people’s nurses.

A basic definition of safeguarding is provided in a joint inspectorates review of services for children, young people and their families; here, it is suggested that at its simplest safeguarding means ‘keeping children safe from harm such as illness, abuse or injury’ (Commission for Social Care Inspection *et al.* 2005, p.5). However, this definition says little about how this can be achieved. The current statutory guidance for England, *Working Together to Safeguard Children* (HM Government 2010), which was published in 2010, opens by emphasizing that safeguarding children and young people is primarily accomplished through good parenting:

> Patterns of family life vary and there is no single, perfect way to bring up children.  

> Good parenting involves caring for children’s basic needs, keeping them safe and protected, being attentive and showing them warmth and love, encouraging them to express their views and consistently taking these views into account, and providing the stimulation needed for their development and to help them achieve their potential, within a stable environment where they experience consistent guidance and boundaries.  

*(HM Government 2010, p. 29–30)*

The guidance also recognizes that parenting can be challenging and that parents may require support and help. It notes that early engagement and partnership with professionals is of key importance and suggests that where parents seek help from the ‘wide range of services available to families’ this should be seen as a sign of responsibility, not of failure. The need for competent professional judgement, based on a sound assessment of the needs of the child or young person, and the parents’ capacity to respond to these needs, is made clear at the outset. The guidance notes that the requirement for any compulsory intervention in family life should be seen as ‘exceptional’. This is important because it supports the notion that universal

\(^1\)Safeguarding adults is also currently an area of change and expansion.
services, such as those provided by health and education providers, have a key role to play in early intervention and support to families experiencing difficulties (Powell 2007). Other countries in the UK take a similar stance.

**Safeguarding and promoting the welfare of children and young people** is thus seen to encompass a number of separate, but interrelated, activities. According to the guidance this includes: protecting children from maltreatment; preventing impairment of their health and development; and ensuring that they are safe and well cared for (HM Government 2010). The overarching aim of safeguarding work is to make sure that children and young people are able to reach their potential and enter adulthood successfully, and that parents are supported as having key responsibility to ensure that this happens. The broader aspect of safeguarding children practice is perhaps best illustrated through a consideration of the objectives of the ‘be safe’ element of the *Every Child Matters* policy (more details are provided on this below), which include:

- Being safe from maltreatment, neglect, violence and sexual exploitation;
- Being safe from accidental injury and death;
- Being safe from bullying and discrimination;
- Being safe from crime and anti-social behaviour in, and out of, school; and
- Having security, stability and being cared for.

*(HM Government 2004)*

Child protection is clearly seen as an important part of safeguarding, but refers specifically to the actions undertaken to protect children who are at risk of, or suffering from, significant harm. Crucially, the *Working Together* guidance suggests that proactively safeguarding children and promoting their welfare will reduce the need for statutory interventions to protect children. Hence, it appears that in comparison with previous child protection guidance there is considerably more emphasis on promoting welfare and ensuring safety rather than simply recognizing and responding to child abuse and neglect. This has important implications for those children and young people’s nurses who are engaged primarily in preventative services as well as for other, more specialist, health services that provide care for children, young people and their families in a variety of settings.

**Reflection points**

- How do parents learn how to parent?
- What might ‘good parenting’ look like?
- At what point should agencies intervene when parenting is thought to be inadequate?

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**Reflection points**

- Which healthcare practitioners may a child/young person see on their healthcare journey?
- What opportunities may this provide for supporting parents, offering early intervention where there are emerging concerns, or identifying signs of possible child maltreatment?
First, and foremost, however, is a need for practitioners to have an understanding of the nature of childhood and an appreciation that this is not necessarily reflective of a positive, creative, loving and caring experience that supports optimum health and development into adulthood. Although readers are encouraged to access the wider literature on the topic, a brief summary of the key issues is given below.

**Childhood: a golden age?**

The existence of childhood as a separate and distinct chronological stage to adulthood has raised some interesting debates in the literature; these embrace the notion of children’s rights and the role of parents and the state in ensuring that they have a best possible upbringing (see, for example, Archard 2004). The debates on the nature of childhood have not always been favourable to the image of childhood as a golden age of innocence and purity. The following case example is drawn from practice.

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**Case study**

Jodie, a bright and able girl who is 10 years old, often misses school and is beginning to fall behind with her learning; last term her recorded attendance demonstrated a drop from 87% to 62%. Many of these absences are recorded as being ‘unauthorized’. Jodie’s mother, June, is known to suffer from depression and anxiety, and in the past the police have notified agencies (health, social care and education) of some quite serious incidents of domestic abuse. Jodie’s stepfather is thought to have a dependency on alcohol, and both parents smoke heavily. The school nurse visits the home to make an assessment of any health issues that may be preventing her from attending school. An education welfare officer is also in attendance. Jodie is noticed to be thin and unhappy, but anxious to please. It seems that June has been relying on her to be the main carer of her 17 month old half-sibling; this includes taking a key role in feeding, changing and bathing routines. Jodie explains that although she loves her baby brother she is missing her friends and worries about what her teachers will say when she returns to school. The toddler, who appears somewhat grubby and under-occupied, looks to Jodie for comfort in the presence of the two professionals.

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**Reflection points**

- What are the key healthcare needs for each of the members of this family and how can they be best met?
- How might a child like Jodie be supported in returning to school?
The debates about the nature of contemporary childhood often highlight the oppression of children through a lack of human rights afforded to others; this has been linked to their vulnerability to child maltreatment. Examples of the oppression of children include their disenfranchisement, their lack of a say in issues that concern them and the continued use of corporal punishment (i.e. hitting, smacking, and beating) in many societies, including the UK (for a debate on these issues, see Powell 2004; Whiting et al. 2004). Other evidence of children as an oppressed group includes the expectations held by adults of subservience to their elders and their segregation from mainstream society. In 2006 The Children’s Society commissioned a review of childhood in the UK (The Children’s Society 2006). Citing family breakdowns, continuing child poverty, excessive pressure on children to succeed at school, poor provision of child and adolescent mental health services and the promotion of junk food diets that lead to obesity, the report concluded that ‘excessive individualism’ in society was ruining children’s chances of a good childhood (Layard and Dunn 2009). A recent addition to the many sanctions the UK has against children and young people is the mosquito alarm, a device installed within some shopping malls to stop young people congregating in groups (as only infants, children and young people can hear the high-pitched and irritating sound). This initiative has led to a high-publicity campaign to ban their use by the Children’s Commissioner for England. It is issues such as these that underpin the calls for children to have the same basic human rights as adults and feeds directly into the children's rights lobby.

Arguably, however, while supportive of the notion of children’s rights and especially those linked to equality and to choices made within healthcare arenas, there is a pragmatic stance to be taken in recognizing the need for children and young people to also have protective and welfare rights that recognize both their developmental vulnerability and their need for specialist service provision. This takes us back to the importance of the Convention.

Reflection points

- Think about the language used by adults, including children and young people’s nurses, in relation to children and young people. How often do we hear small human beings (i.e. infants) being described as ‘it’; is this term applied to any other groups in our society?
- What do you think about the negative connotation of the word ‘childish’?

The United Nations Convention on the Rights of the Child

The United Nations (UN) Convention on the Rights of the Child (United Nations 1989) establishes the irrefutable rights of children and young people and outlines the actions and responsibilities of governments in ensuring that all services for children are offered in a child-centred, rights-based framework. The UN Convention has been ratified by every country in the world but two, these being Somalia and the
USA. However, it is fair to say that at the time of writing there are indications that the US president (Barack Obama) is preparing to ratify the convention, albeit in the face of opposition from a large body of citizens who vigorously defend the principle of parents’ rights to bring up children in the way in which they choose.

The UN Convention proposes both welfare rights (such as food, healthcare, housing and education) and protective rights (e.g. from child maltreatment) which are embodied in a series of clauses known as ‘Articles’. There is a strong emphasis on ensuring that children and young people have a healthy and safe development into adulthood, together with the provision of extra support for parents and services to meet the needs of children in ‘special circumstances’. This group includes children who are disabled, children in the care system and children who are refugees. In essence, the UN Convention aims to ensure the best outcomes for children and young people everywhere and provides a mandate for governments to achieve this.

The right to freedom from child maltreatment is one of the protective rights and is enshrined in Article 19, which states:

*State parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has care of the child.*

*Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child, and for those who have care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.*

*(United Nations 1989, Article 19)*

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### Key points

- Safeguarding children guidance and legislation applies throughout childhood, i.e. until an individual has reached the age of 18 years. Although unborn babies are not included in the legal definition of ‘a child’, it may be necessary to consider safeguarding needs.
- The UN Convention on the Rights of the Child (United Nations 1989) explicitly promotes the rights of children to protection from harm, as well as outlining the welfare rights that support a healthy development into adulthood.
- Protecting children and young people from maltreatment is part of safeguarding, but safeguarding children is a broader concept.
- Safeguarding children and young people is primarily accomplished through good parenting.
- Contemporary children’s policy is supportive of parenting and families and ensuring positive outcomes for children and young people; there is an emphasis on parental responsibility.
Principles from contemporary policy

The Convention is reflected in contemporary policy, legislation and guidance for the care of children, young people and their families. In the UK, the tragic death of Victoria Climbié in 2000 has been a key driver for a fundamental review of children’s policy and the provision of services to children in recent years. In England, this is reflected in the Every Child Matters policy (HM Government 2004), the National Service Framework for Children, Young People and Maternity Services (Department of Health 2003; Department of Health and Department for Education and Skills 2004) and new legislation; the Children Act 2004 (Office of Public Sector Information 2004). The crux of the policy is that children and young people should be supported to grow up safe and well into adulthood. The Every Child Matters policy reflects a framework of objectives that is based on five key outcomes for children. These outcomes are reported to have been drawn from consultation with children and young people themselves and include the aspirations to:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution and
- achieve economic well-being.

Importantly, each of the outcomes is co-dependent on the others; for example, a child who is not healthy can find it difficult to enjoy and achieve in his or her childhood; and a child who has not achieved is much less likely to achieve economic well-being, and so forth. Thus, children’s nurses and other children and young people’s nurses are seen to be increasingly crucial as key players within the children’s workforce because of their important contribution in protecting and promoting health.

The government has continued to build on the progress of Every Child Matters (HM Government 2004) through a fundamental departmental reorganization and the publication of a Children’s Plan for England (Department for Children, Schools and Families 2007). This has the aspirations to ‘… make this country [England] the best place in the world for children and young people to grow up in’.

The Children’s Plan has five key principles which are broadly in line with the aims of Every Child Matters. These include overt recognition that parents are the ones to bring up children (not governments); that all children are seen to have potential; that more needs to be done to support parents and families; that children and young people should have the opportunities to enjoy their childhood and be prepared for adult life; that services need to be shaped by, and responsive to, children, young people and their families (i.e. not designed around professional boundaries); and that it is always better to prevent failure than deal with a crisis later on.

Reflection points

★ Think about the service that you practise in – how well do you and your team meet the needs of fathers?
★ Do you routinely engage with fathers and how do you ensure that information on their children’s health needs is fed back to them, especially in situations where they are ‘absent’?