



Royal College
of Nursing

Protection of Nurses Working with Children and Young People

Guidance for nursing staff

CLINICAL PROFESSIONAL RESOURCE





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This publication is due for review in May 2019. To provide feedback on its contents or on your experience of using the publication, please email publications.feedback@rcn.org.uk

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This guidance aims to raise awareness among nurses and their managers of the complex issues surrounding safeguarding in the context of relationships between nurses and children and young people. We include the age range of 0-18 (up to 25 years in line SEND reforms) in this definition and also advocate the need for special consideration in view of children and young people who may have a disability, or other need that affects their mental capacity to make decisions. There are four recognised forms of abuse – neglect, physical injury, emotional abuse and sexual abuse. However, increasingly we are seeing other forms of abuse such as sexual exploitation and gang-related violence. This guidance concentrates on allegations of abuse made against staff eg, smacking a child, inappropriate physical contact.

Nurses do not expect allegations of child abuse to be made against them, but it is important that they acknowledge that such a possibility exists. It is because of the allegation risk that it is in the interest of the nursing profession to tackle issues and develop strategies, which protect both children from harm and professionals from false accusations/allegations. It is also important to recognise that in very rare circumstances allegations made against nurses in relation to sexual abuse may have some foundation.

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Evaluation

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1. Introduction

For the vast majority of nurses, harming those in their care, or even the possibility that another professional/colleague could, is the farthest thing from their minds. However, the RCN recognises that there are child abusers who target young people when they are at their most vulnerable. Abusers of children sometimes actively seek access to children by joining professions such as nursing, medicine, social work and teaching.

While in most identified cases, sexual abuse against children is carried out by men, it is important to recognise that women do it too. It is also important to keep things in perspective – the vast majority of nurses provide high standards in all aspects of caring for children and young people and protecting them from harm.

This is not, of course, just a matter for nurses. It is also relevant to all staff who come into contact with children during their work, for example, teachers who work in hospitals, visitors, complementary therapists, doctors, students on placements, other health care workers, and ancillary workers – child protection is everyone's business. In health care settings, most historical cases of child sexual abuse which have been brought before the courts have occurred in hospitals – but they could happen anywhere. Nursing children and young people in the community is growing with changing need and demand for health care. Nurses work in settings such as schools, children's centres, nurseries, foster homes, secure settings and youth offending institutions. This needs to be acknowledged and this guidance has been written with this in mind.

Where a nurse has been reported as making inappropriate contact with a child (physical or verbal), it may be the result of a misunderstanding. An act may be perfectly innocent, but the incident could lead to concerns about the motives of a particular member of staff. It is always important and necessary to investigate allegations as part of the formal arrangements set out by local authorities.

- **England and Scotland**
Local area designated officers for allegations of abuse against staff (in England) and equivalent in Scotland.
- **Northern Ireland**
Refer to Co-operating to safeguard children. Available at: www.dhsspsni.gov.uk
- **Wales**
Refer to the All Wales Child Protection procedures. Available at: www.awcpp.org.uk

The RCN is aware that even flagging up this sensitive issue could contribute to fears among nurses of showing genuine signs of compassion and caring eg, discouraging them from touching, cuddling, or physically holding children at all. The issue of concern here is inappropriate contact. It is clearly important not to inhibit perfectly natural and appropriate therapeutic behaviour between nurses and children.

However, close working relationships can never emulate close family relationships. Where a child has a background of abuse within their family it can lead to a child misinterpreting close contact/proximity of others. Professional nursing care is different from that between child and parent or other relative/carer and needs to reflect relevant knowledge gained through an assessment of the child and family's relationship.

2. Strategies for minimising risk

Respect for privacy and dignity is a right for all children regardless of age, sex, ethnic background, disability or culture. The intimate nature of many nursing interventions, if not practised in a sensitive and respectful manner, could lead to misinterpretation and occasionally to allegations of abuse.

Wherever possible all nurses and health care staff should follow the principles of good practice below, particularly when their work requires care of an intimate or personal nature. In addition, nurses need to be mindful of their use of personal contact and body language.

- Physical, personal and intimate care should not be undertaken without training, appropriate level of competence, or negotiation with and explanation to the child and the child's main carer.
- In community or institutional settings, whenever possible, a parent, other carer or professional should be present when physical, personal and intimate care is being provided.
- Nurses must be aware that actions with a particular child could be misinterpreted by that child or others. The nature of your task should always be explained and rationale given.
- When touching children or just spending time with them, nurses must be aware of the accepted cultural and social norms for that child and family/culture. Nurses need to be sensitive about inappropriate places, times and situations for touching. In a multicultural society, what is considered normal behaviour differs from individual to individual and between different communities.
- Care should be negotiated between the nurse, parent/carer and child. Assessment is the key to ensuring effective nursing care. Usual practices for intimate and personal care should be established and form the basis for care provided by the nurse.
- As part of a holistic health assessment of need when addressing issues which may be painful or emotional for the child, nurses should always be prepared to stop the conversation, have a safe divert and exit strategy and make sure that the child's parent/carer is aware that they have become distressed, if not present during the assessment. Both the nurse and parent/carer should be able to reflect together and agree how to support the child. Any situation that ends with this response should be documented accurately and clearly and as part of supervision or line management discussion.
- Self care should be promoted, where possible involving the child's main carer.
- Nurses must be aware of a child's reactions and if the child appears uncomfortable, unusually shy or overtly precocious, this must be brought to the attention of other members of the multidisciplinary team and documented.
- Nurses should be aware of the potential for misinterpretation within the context of a wide range of intimate care procedures – including catheter care, administration of rectal medication or bathing. Where appropriate, consent should be obtained from the child and/or parents/carers.
- Children should not be taken on visits outside a hospital without prior consent from the parent/carer and without fulfilling the requirements of local policy, which should include written documentation of the consent.
- Good record keeping and documentation is essential and should be able to stand up to scrutiny.
- The child's personal preferences should be documented in the care plan to ensure consistency of approach. It is also essential that this information is communicated to other professionals where appropriate to share. This should only be shared with permission from parent/carer, for example a child's social care team providing respite/ short break.

- Some children, particularly adolescents and those from non-christian background are likely to prefer a same sex carer. This reflects social, religious and cultural preferences, and should be respected and accommodated when possible.
- In cases of suspected child abuse, specifically sexual abuse, consideration should be given to the gender of the health care worker allocated to that child's care.
- All nurses should have a supervisor, coach, or mentor accessible to them to allow the practitioner to reflect on their practice and to raise awareness of potentially difficult situations. Supervisors should also be in a position to reduce the risk of inappropriate behaviour occurring and dispel misconceptions about normal therapeutic behaviour.
- All nurses should have access to both clinical and safeguarding supervision to meet their employer's clinical governance obligations. In addition nurses themselves may become concerned about safeguarding issues particularly with vulnerable groups. All nurses should familiarise themselves with their employer's policies on dealing with this issue and feel confident in their abilities to report concerns. Further advice and support is available from your local named or designated nurse for safeguarding/child protection adviser or RCN representative. All nurses should ensure that they comply with mandatory child protection training according to local safeguarding board arrangements and the Intercollegiate framework – *Safeguarding Children and Young People: Roles and Competences for Health Care Staff* (RCPCH, 2014 www.rcn.org.uk/publications).
- Nurses working with children and young people should remain guarded about sharing personal information with patients, particularly the use of social media sites and personal contact details, instead contact could be encouraged via employer-based feedback mechanisms or professional support groups.

3. Gender-specific issues

All nurses who work with children of the opposite sex to them, should recognise that they can occasionally be placed in a vulnerable position. This may be particularly so in situations where they are working alone with children or where care is unobserved by colleagues or the child's parents/carers. In these situations it is important to recognise the potential vulnerability of both the child and the practitioner. It may be appropriate to use chaperones or to move care to a safe, observed area. Strategies to deal with these situations ought not to inhibit or compromise the development of normal, therapeutic relationships between nurses and children and their families.

The key to good practice is to exercise common sense guided by principles of clinical supervision and clinical decision making. Nurses should not place themselves in a vulnerable situation where actions could be misinterpreted; this applies equally to male and female nurses.

4. Social media

Social media and networking internet sites are defined as websites and electronic applications that enable users to create and share content or to participate in social networking (www.oxforddictionaries.com). The NMC 2015 Code states that nurses and midwives must “uphold the reputation of your profession at all times”. This means that conduct online and conduct in the real world should be judged in the same way, and should be at a similar high standard. Nurses and midwives will put their registration at risk, and students may jeopardise their ability to join the register, if they:

- share confidential information online
- post inappropriate comments about colleagues or patients
- use social networking sites to bully or intimidate colleagues
- pursue personal relationships with patients or service users either through social media contact or face to face
- distribute sexually explicit material.

5. Employers' responsibilities

Employers should adopt effective and legally compliant recruitment and employment policies and procedures, which ensure effective investigation of any allegations of abuse and reflect current child protection guidelines.

- All nurses who work with children require an enhanced DBS (Disclosure and Barring Service) check – this provides information relating to convictions, cautions, reprimands or warnings recorded on police central records and includes both spent and unspent convictions. The enhanced check will also contain information held by local police forces if it is considered relevant for the post applied for. There is also an option for a check that includes information from the children or adults barred list.

Nurses should also be prepared to have these checks done on a regular basis as specified by their employer. The Lampard report (recommendation 7) recommends this should be every three years (Lampard and Marsden, 2015).

- When employing staff, organisations should always check PIN numbers with the NMC and make rigorous checks of references from previous employers and an examination of previous health care records.
- All settings should have opportunities for continuous professional development, including regular seminars and workshops on minimising risks to children, and being aware of appropriate physical contact.

- Induction programmes should include a training session on child protection and safeguarding issues and local policies. In most settings it would also be appropriate for staff to undertake safeguarding vulnerable adults training as well.
- A non-punitive climate needs to be encouraged which allows staff and patients to freely discuss these issues and make sure their concerns are heard and acted upon, further information on disclosure can be found in the RCN's *Raising Concerns* resources. Available at: www.rcn.org.uk/raisingconcerns
- Staff should be able to access advice and support if they have inappropriate thoughts about children (Verita, 2015) such as the Lucy Faithful Foundation (see useful contacts).

6. Conclusion

The role of nurses is to work in partnership with children, young people and their families. Nurses must be aware that most cases of child abuse are perpetrated by people known to the child. If nurses find themselves the subject of an allegation of abuse against staff, this may be indicative of an underlying problem in the family or within the child's previous experience of adults, with an abuser trying to deflect blame onto the nurse.

Employers need to have a procedure for handling cases where an accusation has been made. These procedures need to balance the need to protect children with the effects on the individual accused, including the long-term consequences if the claim turns out to be false.

If a claim is made against you contact RCN Direct for information and advice on 0345 772 6100. RCN Direct will then contact your region/country office to get support for you.

7. Summary

The incidence of child sexual abuse by nurses is very rare and should never be used as an excuse for discriminating against staff or preventing equal opportunities. Nurses need to have a good understanding of the issues through a continuous programme of education and training and adherence to good nursing practice, particularly in intimate care to ensure the protection of both child and professional.

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Further reading

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Useful contacts and websites

Home Office
www.homeoffice.gov.uk/dbs

NSPCC Child Protection helpline 0808 800 5000
www.nspcc.org.uk

NHS Employers
www.nhsemployers.org/Pages/home.aspx

The Lucy Faithfull Foundation
www.lucyfaithfull.org.uk

The RCN represents nurses and nursing, promotes
excellence in practice and shapes health policies

RCN Online
www.rcn.org.uk

RCN Direct
www.rcn.org.uk/direct
0345 772 6100

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