

To Safeguard or not to safeguard?



What is safeguarding?

NSPCC states safeguarding is the action taken to promote the welfare of children and protect them from harm it means:

- Protecting children from abuse and maltreatment
- Preventing harm to children's health or development
- Ensuring children grow up with safe and effective care
- Taking action to enable all children and young people to have the best outcomes



Safeguarding for healthcare professionals:

The Royal College of Paediatrics and Child Health produced a document entitled: Safeguarding Children and Young People: Roles and competences for health care staff (2014). It provides competency frameworks for all staff working in healthcare settings and includes what knowledge, skills, attitudes and values are required for each profession. It states healthcare professionals should take into consideration families cultural and religious backgrounds and understand the effects of parental behaviour on children and young people. (Royal College of Paediatrics and Child Health (2014))

Safeguarding is part of everyday practice (NMC Code 2015)



Safeguarding for healthcare professionals (cont.):

Alder Hey Children's **NHS**
NHS Foundation Trust

Each hospital Trust in UK should have a named doctor and nurse for safeguarding as well access to a designated doctor or nurse who are professionals with specific roles and responsibilities for safeguarding children, including the provision of strategic advice and guidance to organisational boards across the health community.



Healthcare professionals caring for chronically ill patients such as those with renal failure actively promote and encourage their patients and families to undertake self care as much as possible .We actively empower the patients and their families to become "professional/expert" patients trying to encourage them to lead as normal a life as possible whilst managing/ coping with their condition.

However what happens when the families do not follow the prescribed treatments or protocols that are provided. What should we do when they start start DNA'ing appointments, not following instructions , not complying with prescribed treatment and even following advice from non professional sources.



The families and patients that we care for will be with us for all of their child's lives, therefore we need to form relationships built on trust, mutual respect and understanding.

If we contact social services the families need to agree to this which can cause the professional relationship to breakdown irreparably. Especially if the family have had a previous negative experience with social services.

Some families will accept social services referral with some gentle persuasion and discussion on how social services may help, however others are adamant they want no referral - where do we go then?



What about the families where social services don't agree with the healthcare professional concerns / worries?

If we follow the guidance from the RCPCH document at what point can we see cultural issues becoming a safeguarding problem ?

Parental behaviour is watched by young children and often copied/learnt when is the right time to say enough is enough when parents are being abusive to healthcare staff and refusing to allow us to provide the appropriate care in front of their child?



Finally I would just like to say that good teamwork is integral to safeguarding our patients, if you have any concerns you should always discuss them within your team . It is also integral that every team member should work together and provide a consistent approach to the patients and their families so that they receive the same instructions for their treatments.

