

SAFEGUARDING AND PROTECTING CHILDREN, YOUNG PEOPLE & FAMILIES

A Guide for
Nurses and Midwives

Edited by
GILL WATSON & SANDRA RODWELL

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POLICY TO PRACTICE

LYNN KELLY, GILL WATSON
AND SANDRA RODWELL

CHAPTER SUMMARY

Policy is intrinsically related to practice. Policies guide the direction and capacity of practice by setting out clearly expected standards of practice to meet policy outcomes. Health and social care policies are wide ranging and generally informed and developed from an eclectic evidence base, for example national and localised statistics, service user experiences, policy reviews and academic research.

Social welfare policies, encompassing health and social care, inform what are referred to as the universal services, commonly including health, social, educational services and law enforcement. The nature of policies addressing childhood and the family is subject to the changing philosophical, political and moral codes of the day, thus evolving over time to what society perceives acceptable at a specific point in history. The construction of childhood, adolescence and family life in society is frequently challenged within private, social and political arenas and remains the most heavily contested area of social welfare policy in the United Kingdom today.

Over the last 20-year period there has been increased media reporting of high-profile child deaths resulting from abuse and neglect. In many of those cases parental and organisational factors have been uncovered as contributing to child deaths. Organisational failings such as poor leadership and management and limited resources as well poor frontline practices have been identified as compounding vulnerable familial environments with poor outcomes for children.

Nonetheless, as child social welfare policies have evolved so too have the practices of frontline practitioners in both social and health care to reflect the changing status of children in society. Central to policy changes is the status of children as active citizens, actively contributing to decisions about their lives. It is important to consider the relationship between social welfare policy and healthcare practice and how this has influenced individual and inter-professional working in the provision of services for children.

This chapter will address the influences on the development of social welfare policy relating to child welfare such as the rights-based agenda, legislative and policy environment and evidence-based interventions. This chapter concludes by reflecting on emerging themes and challenges for the future.

AIMS OF THIS CHAPTER

Following a brief outline of the historical context in which social welfare policy has evolved, this chapter has two aims. The first aim is to consider the most significant influences on policy and practice, including international conventions and legislation. The second aim is to examine the public health approach used to deliver contemporary child social welfare policy and the preparation of practitioners and health and social care organisations to contribute to meeting policy outcomes relating to child welfare.

Learning outcomes

After reading this chapter and following a period of reflection the reader will be able to:

- Analyse critically the political and social context in which child social welfare and protection professionals operate in the United Kingdom.
- Reflect critically on the quality and adequacy of the response of individual practitioners, organisations and society to safeguarding and protecting children.
- Consider critically the use of the public health approach to delivering contemporary child social welfare policy.
- Analyse critically the preparation of all practitioners to fulfil their roles and responsibility to meet contemporary child social welfare policy.

Key words

child protection; child safeguarding; child welfare; interventions; legislation; policy; political ideology; public health

WHAT IS MEANT BY SOCIAL WELFARE POLICY?

Social welfare policy is the means by which national and local governments set out objectives to meet the welfare, sometimes referred to as social, needs of the population. Within the United Kingdom social policies address education, health, housing, social security and occasionally law and order (Marshall 1998). Much of social policy is organised around the social unit of the family who, until the last century, bore much of the responsibility for the provision of child welfare and protection. However, over the last 100 years, national and local governments have accepted greater responsibilities for child welfare.

The link between child welfare and child protection has not always been transparent. Indeed, until the start of the 21st century child protection was most often aligned to the justice system while child welfare was considered as something quite separate. Child protection was identified as a narrow field, disconnected from other aspects of childhood and the ecology of family life. More recently child protection was recognised as being nested within, and intrinsic to, the welfare of the child (Vincent 2010). Incorporating the welfare and protection of children as one concept by policy makers has widened understanding of the needs of children and increased the responsibilities of a wider welfare workforce to meet children's needs. It was at this time when safeguarding came to be viewed as the all-inclusive umbrella term given to the totality of child welfare and protection. It is important, however, to consider some of the principle historical milestones which have contributed to social welfare policy today.

HISTORICAL SOCIAL WELFARE POLICY MILESTONES IMPACTING ON CHILD WELFARE AND PROTECTION

The English Poor Law was established in 1601 but continued right through in one form or another until 1948. The Poor Law represented what is known as a 'residual model' of welfare. That is, welfare provision for those with nowhere else to turn and no longer able to provide for themselves or their families. The Poor Law was intended to be punitive and to act as a deterrent. Later, an alternative perspective on welfare was considered that took the view that need and dependency were normal conditions in society. This model of welfare is referred to as the 'institutional model' (Spicker 2008). It is on the values of this institutional model of welfare that our present welfare state is based. The Report of the Inter-Departmental Committee on Social Insurance and Allied Services (1942), known more commonly as the Beveridge Report, was an influential document in the founding of the welfare state in the United Kingdom (Beveridge 1942). This report identified five 'giant evils' in society – squalor, ignorance, want, idleness and disease – and went on to propose widespread reform to the system of social welfare to address these evils. This report is commonly acknowledged to be the foundation of the welfare state and subsequently the National Health Service as we understand it today. The focus of this report was to

ensure that citizens were healthy enough to contribute to the economic growth of the United Kingdom. It is interesting to note that children were not viewed with any significance at this time.

Reflective activity

Reflecting upon the five 'great evils' identified by the Beveridge Report (1942), what are the 'great evils' facing us today? Are there any differences?

Following on from Beveridge (1942), two international conventions had a significant influence on contemporary child welfare policies: the United Nations Convention on the Rights of the Child (UNCRC) (1989) and the European Convention on Human Rights (ECHR) (1950). Together, these conventions have informed what is referred to as the rights-based agenda.

Rights-based agenda

In 1991 the government of the United Kingdom ratified and signed up to the UNCRC (1989). In the United Nations Convention on the Rights of the Child (1989) Article 19 sets out the duty of governments to protect children from all forms of violence and abuse by taking the required measures, be they legal, educational, social or administrative. This obligation applies to all children whether they are living with their parents, are looked after or are being cared for by some other arrangement. At the same time the UNCRC (1989) also promotes the importance of the family as the best form of protection for children. Providing appropriate support to families is proffered as a means of ensuring that the rights of children are respected (Henricson and Bainham 2005). While not denying the individual rights of the child, the underlying message to governments set out in the UNCRC (1989) is that policies should reflect the interdependency of families and consider the rights of children within this context and not in isolation (Henricson and Bainham 2005). There is, however, a danger that by focusing on the child within the family situation, responding to the broader issues that are impacting on the family situation may take precedence. In these situations the individual needs of the child may then be lost among the needs of the adults and the family as a whole (Henricson and Bainham 2005).

Within the United Kingdom, the government is also bound by the European Convention on Human Rights (ECHR 1950). The principles set out in ECHR (1950) are set out in the Human Rights Act (1998) in the United Kingdom (HM Government 1998). While the ECHR (1950) does not make specific reference to children, both adults and children have rights within this convention (Henricson and Bainham 2005). Article 3 states that 'no one shall be subject to torture or to inhuman or degrading treatment or punishment' (ECHR 1950), while Article 8 (which is in two

parts) states that ‘everyone has the right to respect for his private and family life, his home and his correspondence’ (ECHR 1950). The second part cautions against undue interference by the authorities unless for reasons stated in Article 8(2), which relate to national interest as well as situations when other individuals’ freedoms and rights are compromised (ECHR 1950). The ECHR (1950) requires governments and service providers to perform a balancing act in order that they do not breach their obligations, particularly with respect to Articles 3, 8(1) and 8(2). Accusations of failure to protect, in line with Article 3, may be levelled at those who know that a child is in need of protection but are found to have not done enough to protect that child. Conversely, if efforts to protect a child are too zealous then an infringement of the human rights of parents may be the charge under Article 8(2); the rights of parents cannot be ignored (Henricson and Bainham 2005).

The rights-based agenda directed through two significant international conventions required governments, organisations and individual practitioners to undertake their duties with respect for the rights of families and individuals within families, be they parents, children or other family members, and not to interfere unduly (Roberts 2001, Lowden 2002, Henricson and Bainham 2005). It is important to note that the notion of what constitutes a family continues to be debated within legal, political and academic settings both within the European Union and the United Kingdom. The government however continues to emphasise the importance of the family with two parents being considered as the key source of welfare and care for children (Roberts 2001). This approach is in accordance with the UNCRC (1989), which also promotes support for the family as the main means of ensuring that the rights of children are upheld (Henricson and Bainham 2005).

Within the United Kingdom many organisations and policy documents focused on children draw on the series of wide reaching statements contained within the UNCRC (1989) and the ECHR (1950) as a means of giving authority to what they do (Foley et al. 2001). While reflecting concern for the welfare of children and issues pertaining to child protection, the principles laid out in the UNCRC (1989) are also aimed at giving children the status of citizenship. This move promotes and supports the view that children who are able to form and give an opinion should have the opportunity to express their views with respect to decisions which affect them, as stated in Article 12 of the UNCRC (1989). The United Kingdom sets out to meet its international obligations through the Human Rights Act 1998 and a number of legislative measures reflecting the principle of placing the welfare and best-interests of children and young people at the centre of policy and practice (Foley et al. 2001; Scottish Executive 2001; Department for Education and Skills 2004).

POLITICAL DEVELOPMENTS IN THE UNITED KINGDOM AND THE SOCIAL WELFARE AGENDA SINCE BEVERIDGE

The Thatcher government of 1979–90 marked the period where United Kingdom turned away from the Beveridge vision of welfare back to a more ‘residual’, also

referred to as neo-liberal, model particularly in relation to social welfare, education, health and community care. At the core of this thinking was the belief that citizens should be responsible for their own welfare and that the State should only intervene as a last resort. In all but exceptional circumstances, individuals should be free to choose the services they require from a range of providers. Health and social care now operated within the concept of a 'free market'. Large-scale privatisation of welfare provision in the United Kingdom took place over this period with a strong emphasis on individualism and responsibility towards immediate family and the wider community, theoretically providing the individual with greater choice.

Reflective activity

Reflecting on the principles underpinning social welfare policy development during the Thatcher administration, what provision was made for supporting child welfare?

Interestingly, it was during Conservative rule that legislation in the form of the Children Act (1989) in England, also influencing Wales and Northern Ireland, and the Children (Scotland) Act (1995) were passed, underpinned by the rights-based agenda. Yet there was little change in policy direction until Labour's 'third way' set the new policy direction towards what we have today.

New Labour: the third way

The United Kingdom electorate rejected neo-liberal ideals and in 1997 the Blair government was elected on a wave of popularity. Under the leadership of Tony Blair the Labour Party reinvented itself as 'New Labour' and claimed to be seeking a new way of governing called the 'third way', viewed as the middle ground between the extremes of neo-liberalism and the post-war welfare state. This new government moved away from developing policies influenced by economics alone towards policies shaped by dimensions of social and economic integration. Equally important at this time were the values placed on equality and opportunities. Hence we witnessed the drive towards social inclusion policies which embrace social investment, participation and reducing inequalities with the potential of improving the quality of life for children and their families.

The move towards addressing inequalities

Wide-ranging policy changes across many areas impacting on health and social care were initiated by New Labour. The independent inquiry into inequalities in health resulted in the Acheson Report (1998). Reducing inequalities was central in all

other policy areas in order that inequalities in health could be reduced. While the Acheson Report (1998) has received some criticism for not sufficiently prioritising changes, Sir Donald Acheson did contribute to the on-going re-establishment of the public health movement in contemporary politics.

A further initiative set up by New Labour was the development of the Social Exclusion Unit (SEU) in 1998 to address what were termed ‘deprived neighbourhoods’ made up of housing estates with significant problems of unemployment, drug use, crime, poor housing and breakdown in community cohesion. The report *Bringing Britain Together* (Social Exclusion Unit 1998) identified that previous social and economic policies had contributed to the breakdown in these neighbourhoods. This and further analysis resulted in the *National Strategy Action Plan* (Social Exclusion Unit 2001) to refocus social and economic resources to improve housing, reduce crime, reduce unemployment and generally re-establish community cohesion through empowerment. Social policies at this time viewed children as a valuable asset for future human investment.

Child welfare

The children’s rights framework (UNCRC 1989) and the Human Rights Act (1998) started to emerge as influencing child welfare policies. During the Labour government new policy direction contributed towards the movement from narrow child protection policies to much wider, all-inclusive child welfare and safeguarding policies (Vincent 2010). The changes in healthcare policy reflected the wider social and economic developments. A significant report regarding healthcare followed the Bristol Inquiry into the deaths of children following heart surgery in Bristol Royal Infirmary reinforced and supported the need for changes to health services for children (Kennedy 2001). Following the changes in healthcare for children and young people came the creation of a parliamentary minister (Member of Parliament) with responsibility for children and young people while a Children’s Commissioner Office was established across the four nations. Starting in the early years of the 21st century, contemporary child welfare policies adopted a much wider approach to safeguarding children rather than the narrower focus of child protection.

Present-day political picture

Britain’s welfare system today represents an interesting mix of principles and influences as the General Election of 2010 did not return a majority government. The Conservatives and Liberal Democrats entered into a formal coalition agreement, the first of its kind for 60 years. Despite declared differences between the two parties, the unifying issue of the coalition has been the need to tackle the fallout from the worldwide economic crisis of 2007–2010.

There is still a relatively strong foundation of welfare state principles. However, in this present climate of challenging fiscal demands, the level of support given to

address the welfare needs of children and their families appears to be reducing. Successive governments have failed to reduce child poverty; relative poverty continues to be problematic for one in four children. Child poverty therefore remains problematic in the United Kingdom and is an area which needs to be addressed by concurrent effective policies.

Reflective activity

What has the coalition administration done to address child welfare since coming into power?

The development of effective policies is directed by a legislative framework.

LEGISLATIVE FRAMEWORK OF CHILD WELFARE

The key legislation informing child protection policy and practice in the United Kingdom today is presented in Figures 1.1 and 1.2. There is not one single piece of legislation which addresses child protection in entirety within the United Kingdom. However, there are a number of legislative acts which have been amended, updated and revoked (NSPCC 2011). Devolution has required all four nations within the United Kingdom to develop separate legislation for the protection of children based on the same principles as set out in the United Nations Convention on the Rights of the Child (1989) and the European Convention of Human Rights (1950). Although they are not legislative acts, conventions are powerful bodies in their own right. The Human Rights Act (1998) also contributed to the principled framework underpinning legislation within and across the United Kingdom.

The Children Act 1989

The Children (Scotland) Act 1995

The Children (Northern Ireland) Order 1995

The Human Rights Act 1998

The Children's Commissioner Acts in England, Wales, Scotland and Northern Ireland in 2001 and 2003

The Children Act (2004)

The Safeguarding Vulnerable Groups Act 2006

The Protection of Vulnerable Groups (Scotland) Act 2007

Figure 1.1 Legislation informing the protection of children

Legislation that protects children and young people from adults who pose a risk to them includes:

The Children and Young Persons Act 1933

The Sex Offenders Act 1997

Figure 1.2 Legislation informing child protection from adults who pose a risk

National reports, reviews and inquiries have a significant impact on the development and implementation of policy into practice, providing a governance function.

National reports, reviews and inquiries into child welfare policy

Two significant reports from within the United Kingdom contributed to social welfare policy development. The first was the audit and review of child protection services within Scotland in 2002. The second report was the inquiry into the death of Victoria Climbié chaired by Lord Laming and published in January 2003. Both had a significant impact on national child protection policy and practice.

The audit and review of child protection services in Scotland resulted in the report *It's Everyone's Job to Make Sure I'm Alright* (Scottish Executive 2002). While areas of good practice were identified, the review panel also illuminated areas of 'significant weaknesses'. The findings led to far-reaching changes in the delivery of children's services in all aspects of health, education and social care in Scotland (*Getting it Right for Every Child*, Scottish Executive 2005) (Vincent 2010). The Laming Inquiry informed the development of wide-reaching child safeguarding policies in England and Wales (*Every Child Matters*, Department for Education and Skills 2003) and more recently in England (*Working Together to Safeguard Children*, Department for Education 2013); Northern Ireland (*Our Children and Young People – Our Shared Responsibility: The Reform Implementation Process in Child Protection Services in Northern Ireland*, Social Services Inspectorate 2006) (Social Services Inspectorate 2006); and in Wales following devolution (*Children and Young People: Rights to Action*, Welsh Assembly Government 2004).

While conventions, political ideology, legislation and a robust evidence base shape policy and practice, the media also reflects and influences societal attitudes.

Influence of the media

The general public also influenced contemporary child social welfare policy development through multi-media outlets which undoubtedly had a significant role in allowing individuals to express concerns and thoughts which ultimately contributed to forming and influencing the attitudes and behaviour of others. Cunningham and Cunningham (2012) reported 800 'substantive' articles in the United Kingdom press about child abuse from July 2010 to July 2011 and the Baby Peter case resulted in over 2,500 articles.

Many of the media reports reviewed appeared to focus mainly on high-profile cases which, in many instances, involved the death of a child. However, these media reports can at times fail to provide a balanced view and invite an emotional reaction, leading to much criticism of professionals responsible for delivering child welfare services. The public are not always aware of all the circumstances which may have a detrimental impact on individual practitioners and the discipline they belong to, for example nurses, doctors, social workers, midwives.

Reflective activity

When considering the detail of media reports into child maltreatment, can you identify what factors are reported more frequently and what factors are often missing?

While criticism of practitioners is warranted in some cases, as reported by Lord Laming following the inquiry into the death of Victoria Climbié (Laming 2003) and the audit and review into child protection (Scottish Executive 2002) in Scotland, there are often other contributing factors which are not reported, such as the unacceptable levels of socioeconomic disadvantage frequently found contributing in some capacity to poor levels of child welfare, or the cut-back in the number of practitioners supporting families.

Reflective activity

How can media reports of child maltreatment provide a more balanced picture of events?

NEW POLICY: A PUBLIC HEALTH APPROACH

Refocusing on child welfare policy has moved away from children ‘at risk’ of maltreatment towards a much wider focus, therefore the development of contemporary child care policies and practices have changed. Identifying children and families in need of support became the mantle in contemporary policy design, thereby supporting prevention as well as reducing the possibility of abuse and neglect from taking place. This crucial change in child welfare policy needed to be all-encompassing and child-centred while at the same time reaching out to every child and family; not just those deemed to be at risk of harm. Policies therefore needed to direct practice and practitioners to adopt a change in approach.

The discipline of Public Health has addressed a number of health and social problems impacting on populations such as housing, education, employment and law enforcement. In his Foreword introducing *Public Health for the 21st Century*,

Professor Mike Kelly stated that ‘Public health has always been political and has always been multi disciplinary’ (2003).

A significant advantage of using a public health approach rests with the use of a conceptual framework which provides a systematic means of assessing populations and developing actions and policies to meet child safeguarding policy outcomes. The approach recognises that child maltreatment is indeed preventable through addressing the risks that contribute to child abuse and neglect, through the introduction of early interventions and multi-professional involvement requiring the engagement of services beyond healthcare (Miller 2003; Scally 2003).

The breadth of the approach transcends other policy areas known to impact on health (Frieden 2010). A public health approach has the ability to impact on the wider social welfare policy agenda influencing the determinants which create healthier lives. Two distinct levels of interventions are noted in the social welfare policy guidance across the United Kingdom: universal and targeted interventions

Universal or targeted interventions

One of the biggest changes in practice, especially for health and educational services, is the introduction of universal and targeted interventions. While this approach was instigated some years before, healthcare services appeared reluctant to become fully involved.

Universal services are those services which are accessible to all children and families. This approach provides a baseline service to all at specific and identified times. In the main, universal provision is the domain of healthcare and educational practitioners. Healthcare is the front-line universal intervention provider for preschool children with the family health visitor recognised as the child/children’s named nurse. For children attending school, universal interventions are provided via educational services. For children with changing needs, other interventions can be introduced by involving other agencies (Vincent and Daniel 2010). One strength of universal services provision is that children requiring greater interventions are not passed from one service to another with a possibility of being ‘lost’ in the process. A further strength is the involvement of healthcare and educational services as the main providers of universal interventions, therefore leaving social workers to target children with the greatest need (Vincent and Daniel 2010).

There are concerns, however, regarding the ability of services to deliver. The evidence supporting the effectiveness of universal provision, in general and also in children’s services, is insufficient (Baker 2011) and more research is required to identify the efficacy of such an approach. Compounding the lack of evidence relating to the efficacy of universal services is the level and quality of preparation given to those providing such services. Munro (2011) highlights that those providing children’s services do not as yet have the relevant competencies to commit fully to their safeguarding roles. While Munro made these comments in relation to universal services, there is evidence which suggests that nurses are not confident or prepared to participate in the protection of children. This situation is a concern. In his report following the Victoria Climbié Inquiry, Lord Laming stated:

There is a huge task to be undertaken to ensure that in each of the services, staff are trained adequately to carry out their duties in the care and protection of children and support to families. A balance between theoretical teaching and practical training should be guaranteed on all training courses. All staff appointed to any of the services where they will be working with children and families must have adequate training for the positions they will fill. However, along with this general requirement of competence to do the job, it is vital that all staff have the benefit of a period of induction that covers, specifically, their roles in protecting children and supporting families. (2003: 11)

Early interventions are considered to be the benchmark of good practice. The use of the term 'early interventions' is perhaps ambiguous; however, a helpful definition of early intervention is offered by the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO):

Intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. Early interventions may occur at any point in a child or young person's life. (2011: 4)

The *Early Intervention: The Next Step* report (Allen 2011) highlights the need for early interventions at different stages in the child's life to develop what he terms their 'foundation years'. However, early interventions are also those interventions used to prevent reoccurrence of conditions leading to poor welfare and development, or worse still maltreatment. Early interventions contribute to limiting long-term impairment.

According to Munro (2011) it is this level of early intervention which is central to delivering contemporary child safeguarding policy. The focus of early interventions is therefore to identify and prevent risk factors recognised as contributing to child maltreatment from impacting negatively on the developing child. However, there is an argument that there is also a need for early interventions to reduce and prevent on-going distress if maltreatment has already occurred, to prevent further on-going abuse, recurrence and long-term impairment. The main focus of early interventions is therefore to reduce risk of harm or indeed reduce the impact of further harm occurring once maltreatment has taken place.

Targeted interventions are more commonly required when children and families are identified, following assessment, to have more complex needs. Multiple-professional and multi-agency involvement is essential in order to mediate risk.

All practitioners in health and social care need to be aware of their roles and responsibilities as well as the roles and responsibilities of others, including families, individual practitioners and organisations.

Capacity of nursing and midwifery practitioners

Along with contemporary child care policy a plethora of supporting documents published across the four home nations explicitly state standards of expected practice

of all practitioners within universal services in order to meet policy outcomes. Competency frameworks are often used as the benchmark, stating the defined behaviours as well as expected and required outcomes to fulfil a specific task. In the case of nurses, midwives and other healthcare practitioners, the National Health Service (NHS) introduced a Knowledge and Skills Framework (KSF) (Department of Health 2004). The framework of defined competencies specifies levels of knowledge and skills required for each defined post-holder within healthcare organisations. This is a generic framework, which explicitly identifies the required competencies, consisting of knowledge, skills and behaviours, relating to core as well as to specific domains of practice.

More specific competency frameworks designed to meet the standards of care in the provision of children and family services have been developed and integrated into the NHS KSF. One example is the *Core Competency Framework for the Protection of Children* (NHS Education for Scotland 2011). A further example was published by the Royal College of Paediatrics and Child Health in 2010, entitled *Safeguarding Children and Young People: Roles and Competences for Health Care Staff*. This framework is an intercollegiate document developed by a large number of disciplines representing nurses, midwives and a number of medical specialist services.

While competency frameworks have a number of strengths in preparing the healthcare workforce, there is one significant issue that must be addressed. Much of the literature defining competencies uses terms such as ‘knowledge’, ‘skills’, ‘attitudes’ and ‘traits’, to name but a few. Yet there is very little acknowledgement of the emotional content of competencies. There is now a growing evidence base which has identified that emotional competencies contribute to our health and well-being in, some would suggest, a significant way. Emotional intelligence which underpins emotional competencies also has a growing evidence base when it comes to decision making. Yet, neither emotional competencies nor emotional intelligence appear to be worth noting when considering the preparation of nursing and midwifery practitioners. Further research into the effectiveness of competency frameworks and their part in the preparation of nurses and midwives in response to the safeguarding agenda is required.

Reflective activity

Reflecting on your own practice, consider how prepared you are to address the universal needs of children in your present clinical placement.

Can you identify what further knowledge and skills you will require to work with children and their families?

EMERGING THEMES

Legislation and contemporary child welfare policies have done much to support the place of children and young people in society. However, there are concerns

that the present and far-reaching economic and social policies will not support the broader requirements of safeguarding children, young people and their families. The on-going evidence acknowledging the level of child poverty would suggest that for some children the risks imposed by disadvantage will continue to impact on their welfare and development. This indicates that their human rights, as well as the rights of childhood, are at risk of being denied. Further research is required to assess the unmet as well as the met needs of children and young people in the United Kingdom.

The educational and developmental preparation of nursing and midwifery practitioners to engage in child safeguarding practices needs to be addressed in full. There is insufficient research to ascertain whether practitioners delivering universal services are effective in their role to meet the needs of children and their families. While the preparation of practitioners has been identified as a priority in a number of government documents, there is a lack of transparency as to how health boards have prepared qualified nursing and midwifery practitioners to work with children and families.

Related to the preparation of nursing and midwifery practitioners is the use of competency frameworks in practice. While such frameworks are commonly used in healthcare education, there is little evidence that specific areas, such as emotional competencies or indeed emotional intelligence, are considered. Yet, there is evidence which suggests that these elements are important when it comes to practice. The emotional influences in decision making in child safeguarding are rarely addressed, thereby leaving a significant gap in our understanding of practice at the point of delivery.

CONCLUSION

This chapter has provided a brief historical review of the development of social welfare policy impacting on child welfare in the United Kingdom. Influential factors such as the rights-based agenda, legislative environment and evidenced-based interventions were discussed.

In response to the evolving political environment, public health was identified as the way to deliver changing policies. Questions around the preparedness of all practitioners to fulfil their roles and responsibilities in relation to the child welfare agenda were asked. The use of knowledge and skills frameworks was set out, but their efficacy was questioned. In particular, the lack of transparency regarding the impact of emotional competencies or indeed emotional intelligence was highlighted and questioned. A number of challenges remain as practitioners appear to be resistant to changing practice despite a raised awareness.

While children and young people have become a focus of policy, and practice development is supported by conventions and legislation, the reality may be more complex. These complexities are explored further in the following chapters.

FURTHER READING

- Barlow, J. and R. Calam (2011) A public health approach to safeguarding in the 21st century. *Child Abuse Review* 20: 238–255.
- Blackie, J. and Patrick, H. (2001) Medical treatment. In E. Sutherland and A. Cleland (ed.), *Children's Rights in Scotland*, 2nd edn. Edinburgh: W. Green/Sweet and Maxwell.
- Brewer, M., J. Browne, Joyce, R. and Sibieta, L. (2010) *Child Poverty in the UK Since 1998/99: Lessons from the Past Decade*. IFS Working Paper. London: Institute for Fiscal Studies.
- Evans, D. (2003) New directions in tackling inequalities in health. In J. Orme, J. Powell, P. Taylor and M. Grey (eds), *Public Health for the 21st Century*. Maidenhead: Open University Press.
- Hall, S. (2011). The march of the neoliberals. *The Guardian*, 12 September.
- Lindsey, D. (1994) *The Welfare of Children*. New York: Oxford University Press.
- Northern Ireland Assembly (1995) *The Children (Northern Ireland) Order*. London: Secretary of State.
- O'Donnell, M., Scott, D. and Stanley, F. (2008) Child abuse and neglect – is it time for a public health approach? *Australia and New Zealand Public Health Journal* 32: 325–330.

REFERENCES

- Acheson, D. (1998) *Independent Inquiry into Inequalities in Health*. London: Directorate of Public Health.
- Allen, G. (2011) *Early Intervention: The Next Step: An Independent Report to Her Majesty's Government*. London: The Cabinet Office.
- Baker, M. (2011) Universal early childhood interventions: What is the evidence base? *Canadian Journal of Economics* 44(4): 1069–1105.
- Beveridge, W. (1942) *Social Insurance and Allied Services*. London: HMSO.
- Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) (2011) *Grasping The Nettle: Early Intervention for Children, Families and Communities*. London: Social Care and Institute for Excellence.
- Cunningham, J. and Cunningham, S. (2012) *Social Policy and Social Work*. London: Learning Matters.
- Department for Education (1989) *The Children Act*. London: HMSO.
- Department for Education (2013) *Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children*. London: The Stationery Office.
- Department for Education and Skills (2003) *Every Child Matters*. London: The Stationery Office.
- Department for Education and Skills (2004) *The Children Act*. London: HMSO.
- Department of Health (2004) *The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process*. London: Crown.
- European Court of Human Rights (1950) *European Convention on Human Rights*. Strasbourg: European Court of Human Rights.
- Foley, P., Roche, J. and Tucker, S. (eds) (2001) *Children in Society: Contemporary Theory, Policy and Practice*. New York: Palgrave in association with The Open University.
- Frieden, T. (2010) A framework for public health action. *American Journal of Public Health* 100(4): 590–595.

- Henricson, C., and Bainham, A. (2005) *The Child and Family Policy Divide: Tensions, Convergence and Rights*. York: Joseph Rowntree Foundation. Available at: www.jrf.org.uk/sites/files/jrf/1859353312.pdf (accessed 31 January 2012).
- HM Government (1998) *The Human Rights Act*. London: HMSO.
- Kelly, M. (2003) Foreword. In J. Orme., P. Taylor, T. Harrison, M. Grey (eds), *Public Health for the 21st Century*. Maidenhead: Open University Press, p.xiv.
- Kennedy, I. (2001) *Learning from Bristol: The Report of the Public Inquiry into Children's Heart Surgery at the Bristol Royal Infirmary 1984–1995*. London: The Stationery Office.
- Laming, Lord (2003) *The Victoria Climbié Inquiry*. London: HMSO.
- Lowden, J. (2002) Children's rights: A decade of dispute. *Journal of Advanced Nursing* 37(1): 100–107.
- Marshall, G. (1998) *Oxford Dictionary of Sociology*. Oxford: Oxford University Press.
- Miller, C. (2003) Public health meets modernisation. In J. Orme, J. Powell, P. Taylor and M. Grey (eds), *Public Health for the 21st Century*. Maidenhead: Open University Press. pp. 31–47.
- Munro, E. (2011) *The Munro Review of Child Protection: Final Report. A Child-centred System*. London: Department of Education.
- NHS Education for Scotland (2011) *Core Competency Framework for the Protection of Children*. Edinburgh: NHS Education for Scotland.
- NSPCC (2011) *Child Abuse and Neglect in the UK Today*. London: NSPCC.
- Roberts, M. (2001) Child care policy. In P. Foley, J. Roche and S. Tucker (eds), *Children in Society; Contemporary Theory Policy and Practice*. New York: Palgrave in association with the Open University. pp.52–64.
- Royal College of Paediatrics and Child Health (2010) *Safeguarding Children and Young People: Roles and Competences for Health Care Staff*. Intercollegiate Document. London: Royal College of Paediatrics and Child Health.
- Scally, G. (2003) Public health: a vision for the future. In J. Orme, J. Powell, P. Taylor and M. Grey (eds), *Public Health for the 21st Century*. Maidenhead: Open University Press. pp. 48–56.
- Scottish Executive (2001) *For Scotland's Children: Better Integrated Services*. Edinburgh: The Stationery Office.
- Scottish Executive (2002) *It's Everyone's Job to Make Sure I'm Alright: Report of the Child Protection Audit and Review*. Edinburgh: Scottish Executive.
- Scottish Executive (2005) *Getting it Right for Every Child: Proposals for Action*. Edinburgh: Scottish Executive.
- Social Exclusion Unit (1998) *Bringing Britain Together: A National Strategy for Neighbourhood Renewal*, Cm 4045. London: The Stationery Office.
- Social Exclusion Unit (2001) *A New Commitment to Neighbourhood Renewal: National Strategy Action Plan*. London: Cabinet Office.
- Social Services Inspectorate (2006) *Our Children and Young People – Our Shared Responsibility: The Reform Implementation Process in Child Protection Services in Northern Ireland*. Belfast: Department of Health, Social Services and Public Safety.
- Spicker, P. (2008) *Social Policy: Themes and Approaches*. Bristol: Policy Press.
- United Nations (1989) *United Nations Convention on the Rights of the Child*. Geneva: United Nations.
- Vincent, S. (2010) An overview of safeguarding and protecting children across the UK. In A. Stafford, S. Vincent and N. Parton (eds), *Child Protection Reform Across the United Kingdom*. Edinburgh: Dunedin Academic.
- Vincent, S. and Daniel, B. (2010) Where now for 'child protection' in Scotland? *Child Abuse Review* 19: 438–456.
- Welsh Assembly Government (2004) *Children and Young People: Rights to Action*. Cardiff: Welsh Assembly Government.