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Title: An exploratory study investigating perceptions, opinions and experiences of safeguarding education within pre-registration children's nursing curricula.

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Abstract

Aim: To explore perceptions, opinions and experiences of safeguarding education within pre-registration children's nursing curricula.

Methods: Using a qualitative research method, an online questionnaire, was developed and disseminated to pre-registration children's nursing students to complete via an weblink which was added to their programme virtual learning environment (VLE).

Findings: This study, highlighted the need to integrate other pedagogies within safeguarding education. This includes, implementing more practical based workshops within University, such as, completing safeguarding referrals to social care and undertaking case vignettes from a multi-professional perspective.

Conclusion: Therefore, the recommendation from this study, for future safeguarding education in pre-registration children's nursing curricula includes; incorporating a hybrid experiential learning approach, through problem and simulation based (PBL-SBL) learning, to support the theory to practice divide and ensure practitioners are fit for practice.

Keywords: student, nursing, child health, safeguarding, education, training.

Background:

Safeguarding children and young people is a fundamental component of the nurse's role (Nursing & Midwifery Council, NMC 2015) as they '*have a responsibility to safeguard and promote children and young people's welfare*' (Royal College of Paediatrics and Child Health, RCPCH 2014: 2). Hence, they are uniquely placed to recognise, identify and assess the many aspects of risk, children and young people are vulnerable to, in our current society which includes physical, sexual and emotional abuse, neglect, child sexual exploitation through to a range of psychological and emotional disorders.

Therefore, it is essential that nurses receive a range of '*flexible learning opportunities to acquire and maintain safeguarding skills, knowledge, attitudes and values*' (RCPCH 2014:10) required to undertake their professional role in practice (McGarry et al; 2015). However, '*evidence suggests that professionals working with children and young people such as health, social work, education and medicine report undergraduate education historically tends to be inadequate in preparing them in their safeguarding role in practice*' (Morgan and Spargo 2017: 227). Thus, signifying the need to review this fundamental aspect of pre-registration nursing education, in order to ensure practitioners are fit for practice on registration (NMC 2015).

Literature Review:

The introduction of the following Acts of Parliament '*Children Act 1989*' and '*Children Act 2004*' provides the legislative framework to the safeguarding and child protection system. The Children Act 2004 underpins statutory guidance such as '*Working together to safeguard children*' (HM Government 2015) and the '*safeguarding children and young people intercollegiate document*' (RCPCH 2014) which were introduced to provide clarity on professional roles and responsibilities, as well as identifying safeguarding competences required for health care staff working with children and young people.

Despite this framework being in place, it still has not successfully halted the number of safeguarding issues still seen in practice to date, as the number of children and young people on a child protection plan has increased over the last year by 1.5% to 51,080 (DfE 2017). This increase may be due to *'improvements in recognition and responses to safeguarding concerns amongst professionals resulting in more referrals or it could relate to the progression of referrals to initial assessment by social care, due to anxiety within the system'* (Munro and Manful 2010: 8). This example magnifies differences between safeguarding education and training, as upon reviewing the literature on safeguarding, some studies refer to training, whilst others refer to education (Lines et al 2017). What is evident is the two must go hand in hand, in order to bridge the theory to practice divide. As is a misconception, that if professionals simply follow procedures, this will improve outcomes for children (Munro 2011). Therefore, a comprehensive approach to safeguarding is required through education on evidence-based practice and research (Munro 2011). This approach provides theoretical underpinning and supports the development of professional curiosity (Brandon et al 2010) and the use of advanced cognitive skills (Dekker 2002) when aligned to training on policies and procedures in practice (McGarry et al 2015).

The focus on professional education as a mechanism for developing the future workforce in their roles in safeguarding, has been continually highlighted within several safeguarding and child protection reviews (Munro 2011; HM Government 2015) and public enquiries such as the Francis Report (2013) on Mid Staffordshire Foundation NHS Trust, despite the latter focusing on adult safeguarding. Additionally, a plethora of serious case reviews (National Society for the Prevention of Cruelty to Children, NSPCC, no date), over the last few decades, repeatedly highlight the same themes and recommendations for future safeguarding practice.

This includes professionals from all children's services such as health, education and social work, needing to improve multidisciplinary communication and collaboration (Munro 2005). Hence, the shape of caring review commissioned by Health Education England, sets out Lord Willis's 34 recommendations on ensuring high quality education and training for nurses and care assistants, through creating 'flexibility in pre-registration education' (Willis 2015:4), thus prompting proposals for change to the standards for nurse education (NMC 2017).

Therefore, the focus on professional education provides the rationale for this study, as the aim is to explore perceptions, opinions and experiences of safeguarding education, from pre-registration children's nursing students, so that common themes and patterns from the data, can support and develop nursing curricula for the future workforce.

Aim:

The aim of this study is to explore perceptions, opinions and experiences of safeguarding education within pre-registration children's nursing curricula.

Methods:

This small-scale qualitative research study adopted a phenomenological methodology to explore '*perceptions, opinions and the 'lived experiences'*' (Jasper 1994: 309) of children's nursing students, in order to '*gain new insights, discover new ideas and increase knowledge'*' (Burns & Grove 1987: 38) of safeguarding education within pre-registration children's nursing curricula. Participants for this study were selected using a purposeful (homogeneous) sampling technique, which involved identifying individuals who were from a similar subgroup and were especially knowledgeable about or have experience of the phenomenon of interest (Cresswell 2009).

Therefore, the inclusion criteria involved participants who were student nurses currently undertaking their pre-registration training in the child field of nursing in any of the year groups 1, 2 or 3 at the affiliated higher education institution within the North West of England. Following permission being sought from the children's nursing programme lead, a variety of approaches were adopted to recruit participants to the study, such as producing information leaflets, attending taught sessions within the programme to discuss with the nursing students the proposed study, and the generation of a weblink which was added to the programme blackboard site (VLE) for students to view, which also provided access to the study information sheet, consent form and the study questionnaire.

Nine students (n=9), took part in the online questionnaire during the study. Of these, 22% were from years one (n=2) and three (n=2) and 56% were from year two (n=5). The participants were specifically asked about their perceptions and opinions on what safeguarding education they had received during their pre-registration training, such as what had been most beneficial and what needed further development. Aligned to this, questions were asked relating to any prior experience of safeguarding education and training they had received in their previous roles, as well as what safeguarding issues they had experienced the most in practice when nursing children and young people during their clinical placements.

An online questionnaire was developed to gather qualitative data from the participants, as the aim was to collect pilot data to inform future data collection and analysis processes for the researchers PhD studies. This method of data collection was used as this approach has several benefits such as scale and accessibility, it is an ideal method for a small sample of participants

who can access the questionnaire whilst in University or at home on various modes of technology.

Moreover, it is cost effective, no cost for printing or postage charges as participants accessed the information sheet, consent form and study questionnaire via a weblink. The only demographic information requested from the participants was to confirm they were a children's nursing student at the University. There was no risk of breaching confidentiality as participants responses were coded using a unique identification number, which was protected and stored according to the University research policy.

Data analysis was completed using a grounded theory method, which involved reviewing the data collected over multiple stages, following a process of identifying interrelationships between categories of information (Charmaz 2006). Whilst traditionally grounded theory is usually a method of data analysis for interviews, this is not exclusive, as any data collection method can be used (Dick 2005). The first stage of the data analysis process involved open coding the responses from participants whom had taken part in the online questionnaire to explore all topics which identified key categories. Secondly, by axial coding, links between common themes and the categories were identified, which resulted in the final stage, this being selective coding which identified two core categories in the data from this study (Table One).

Ethical Considerations:

Prior to undertaking this study, ethical approval had been obtained and granted by the University Ethics Board at the Higher Education Institution where the study was completed.

Table 1: Table of Categories and Themes;

Preparation for Practice	Multi-Professional Roles and Responsibilities
<ul style="list-style-type: none">• How to complete a referral and criteria for safeguarding thresholds,• Case Vignettes/Workshops• Raise awareness of behavioural indicators of distress such as self-harm and suicidal ideation and links to the toxic trio.	<ul style="list-style-type: none">• Professional roles & responsibilities in safeguarding,• Multi-disciplinary team meetings,• Inter-professional and Uni-professional safeguarding education.

Findings:

It is evident from the participants responses that safeguarding education is a strong thread throughout the children’s nursing curricula, which utilises a blended learning approach and incorporates ‘*module and online learning*’ (Participant 3) and ‘*individual study days in University and on placement*’ (Participant 2) throughout all year groups during their pre-registration nurse training.

However, the findings suggest that whilst safeguarding education is being provided, there is a need to incorporate more themes relating to mental health, specifically self-harm, suicidal ideation and parental factors linked to the ‘toxic trio’ which refers to parental mental health, domestic abuse and parental substance misuse (Brandon et al 2012). This is due to participants being asked to rank in order of priority between (1 least number of safeguarding concerns through to 12 most number of safeguarding concerns) they had experienced when nursing children and young people during placement over the last twelve months.

The findings showed that 33% of participants had ranked self-harm and suicidal ideation as the highest number of most frequent safeguarding concerns they had encountered in practice whilst on placement, *'I feel there is more needed to raise awareness of the safeguarding aspects of mental health'* (Participant 3). The second highest ranking number of most frequent safeguarding concerns identified by 22% of participants were related to parental factors which include parental mental health, domestic abuse and substance misuse. This correlates with the findings in the following research biennial report *'new learning from serious case reviews'* where analysis of 139 reports, identified over *'three quarters (86%) of children and young people were seriously harmed or died as a result of the toxic trio'* – parental mental health, domestic abuse and misuse of alcohol and/or drugs (Brandon et al 2012:36). Additionally, this report also identified self-harm and suicidal ideation in children as *'behavioural indicators of distress'* and identify a link to parental mental health (Brandon et al 2012: 68).

This highlights the need to integrate other teaching and learning activities into safeguarding education such as case vignettes, which involve safeguarding risk assessments in conjunction with the completion of safeguarding referrals: *'Going through safeguarding referrals for different case scenarios and being shown how to complete them in a university setting'* (Participant 7). *'More information on the process of referral and the criteria that is needed to be met (safeguarding hub)'* (Participant 8).

Aligned to this, participants identified the need to understand other professional roles in practice (RCPCH 2014; HM Government 2015) : *'It is good to understand other professional's views and policies regarding safeguarding'* (Participant 1) and *'it would be good to be able to relate to how other professional's work'* (Participant 2), which could include *'more*

involvement in safeguarding referrals and multi-disciplinary team (MDT) meetings' (Participant 4).

Finally, 89% of participants agreed that all safeguarding education at the University should become multi-professional with other programmes such as Education, Social Work, Youth Work: *'It is not just nurses who should be looking out for children, everyone plays a part in this and that with good communication information can be shared to help safeguard children'* (Participant 8).

'Yes it would be beneficial because safeguarding is everyone's responsibility and a big part of it is MDT working, so to understand the different roles before coming into practice, would be hugely beneficial' (Participant 4). One participant agreed that education should be multi-professional, but also uni-professional as well: *'I think other courses should receive the information but the session also needs to be specific to our roles as a nurse'* (Participant 7).

Limitations:

On reflection, there were some limitations to this study, such as the data collection method, as semi-structured interviews could have been used instead to explore categories and themes identified, however this small-scale research was intended as a pilot study with the aim of moving onto one to one interviews for the second phase of the researcher's PhD studies.

Similarly, using the chosen data collection method – questionnaires, does mean that data should be taken on face value, as it cannot be independently verified, albeit, this is one of the key components of qualitative research, which is to reveal and uncover the subjective reality of the phenomenon (Creswell 2009).

Finally, generalisability, is a limitation within this study due to both the low response rate and sample of participants, who were all undertaking their nurse training at the same University, this may '*prevent the findings from being extrapolated to the overall population*' (Faber and Fonseca 2014: 27). Nonetheless, it is evident that there is a general lack of research in the effectiveness of safeguarding education for pre-registration children's nursing programmes, and the evidence (Vulliamy and Sullivan 2000; Paavilainen et al; 2002; McGarry et al; 2015; Morgan and Spargo 2017;) suggests these small-scale findings are consistent with the few studies available, in relation to preparing professionals for their safeguarding role in practice.

Discussion:

There were two core categories which were threaded throughout this study, these were: preparation for practice and multi-professional roles and responsibilities (Table One). The first category, preparation for practice, has been echoed in other studies relating to safeguarding education, which identifies professionals not feeling prepared for their safeguarding role in practice after their pre-registration training (Vulliamy and Sullivan 2000; Paavilainen et al 2002; McGarry et al 2015; Morgan and Spargo 2017).

Participants in this study, report safeguarding education being provided consistently throughout their pre-registration training over the three years, in both the University and Practice setting, via a blended educational approach, which includes; modules, individual sessions, online learning, study days and workshops. However, the findings identify the need to incorporate other teaching and learning activities to support the link from theory to practice through including more workshops which integrate practical based activities such as case vignettes, completing safeguarding referral forms in the University setting and understanding threshold criteria when making referrals to safeguarding leads.

Another interesting finding was the number of concerns children student nurses have encountered whilst on placement relating to mental health, prompting the need to raise awareness of this public health issue within the wider safeguarding curricula, as education on child sexual exploitation, mental health and safeguarding/child protection are all ‘inextricably linked’ (Littler 2016: 411).

The second category within the findings, identified participants would like further education on other professional roles and responsibilities in safeguarding, as it is ‘everyone’s business’ and individually each professional and service hold different pieces of the jigsaw puzzle (Wilson et al 2008, cited in Lines et al 2017). Therefore, there is a need to have an understanding of each other roles and responsibilities, so that professionals can work collaboratively (HM Government 2015), to ensure the needs of the child are addressed effectively.

An example of this, could be through implementing an experiential learning theory framework (Kolb 1984) which is based upon a four- stage learning cycle, as the foundations for safeguarding education, as the focus would be on the students touching on the following bases; concrete experience, reflective observation, abstract conceptualisation and active experimentation (Kolb 1984, Table Two).

The first stage, concrete experience, concentrates on new experiences or reinterpretation of experiences (Kolb 1984), therefore recommendations could include student nurses undertaking a problem based learning workshop which would present a complex safeguarding case vignette for the group to discuss and undertake problem solving through identifying the key safeguarding issues and factors. Then in the second stage, reflective observation, student nurses

would continue the problem based learning approach by having a period of reflection and thinking time on the vignette presented in the previous session, which will support the identification of inconsistencies of experience and understanding (Kolb 1984). Both stages highlight this student led teaching activity as providing an '*environment where the problem drives the learning*' (Woods 2005) by '*combining the acquisition of knowledge with the development of generic skills and attitudes*' (Wood 2003: 326).

In the third stage, there is a shift towards simulation '*which is a central component of experiential learning, as essentially this is anywhere where an environment, setting or task can be simulated*' (Walsh 2016). In this stage, abstract conceptualisation, this involves developing a new idea or modifying an existing concept, through the practical task of completing a safeguarding referral to social care based upon the safeguarding case vignette presented in stage one.

This leads onto the final stage, active experimentation, by introducing students from other professionals training programmes such as social work, police, youth work, medicine and education to come to the session to form a mock child protection case conference, which is focused on the child at risk of harm presented in the safeguarding case vignette in stage one, this enables the application of knowledge and experience gained from the previous stages to be applied to the mock environment (Kolb 1984).

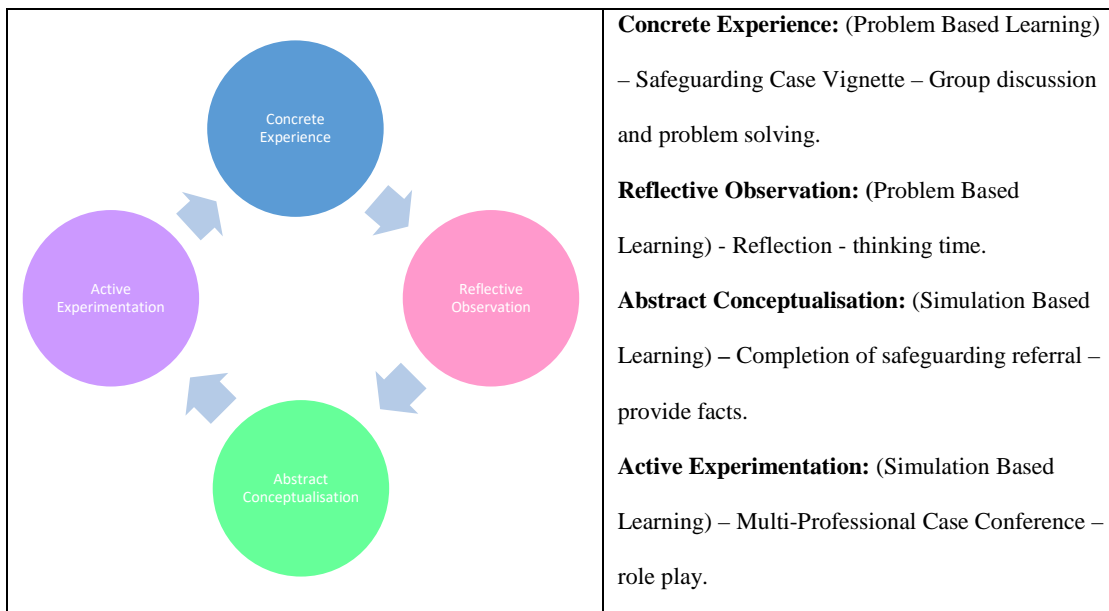
Pedagogies such as problem and simulation based learning, incorporate all students learning styles; activist, reflectionist, theorist and pragmatist (Honey and Mumford 1982) and are integrated in a variety of healthcare programmes. Both approaches should be considered within safeguarding education as this supports critical thinking, peer assessment, problem solving

skills, as well as, providing a hands-on experience, which supports assessment and management skills and helps students identify gaps in their existing knowledge (Seybert et al 2012) .

Simulation based learning is not a new concept in safeguarding education, as previous studies have highlighted this within acute settings for qualified practitioners, as part of mandatory training (Thomson et al 2014; Woodman et al 2017), however, this same concept needs to be explored and researched within safeguarding education in pre-registration nursing curricula, to ascertain if this supports student nurses to become competent in safeguarding, before they qualify as Registered Nurses in clinical practice.

Table 2: Experiential Learning (Kolb 1984)

Safeguarding Education (Hybrid of Problem and Simulation Based Learning – PBL-SBL)



Conclusion:

This study explored the perceptions, opinions and experiences of safeguarding education within pre-registration children's nursing curricula. The participants identified the need to integrate more practice based workshops within existing safeguarding education, in order to support the development of their role as a practitioner once qualified. Other themes highlighted include, adopting both a multi-professional and uni-professional approach to safeguarding education to support the knowledge and understanding of other professional roles and responsibilities in safeguarding children and young people. Finally, all topics such as for instance; mental health and parental factors, which include the toxic trio should be intertwined in safeguarding education, as they are all inextricably linked.

Recommendations:

Therefore, recommendations from this study, include introducing a hybrid experiential learning approach (Kolb 1984) within safeguarding education for pre-registration children's nursing curricula which consists of both problem and simulation based learning (PBL-SBL), as *'learning is a process whereby knowledge is created through the transformation of experience'* (Kolb 1984: 38). This proposal would incorporate all the categories and themes highlighted in this study (Table One), which included more workshops on case vignettes, practical completion of a referral form, understanding professional roles and responsibilities, multi-disciplinary team meetings and providing both a multi-professional and uni-professional approach to safeguarding education.

Implications for practice:

- Recognising differences between safeguarding training and education,
- Integrating problem and simulation based learning into safeguarding education within pre-registration children nursing programmes,
- Adopting a combined approach to safeguarding education – multi-professional and uni-professional.
- Incorporating children and young people's mental health and the link with the toxic trio within safeguarding education.

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Conflict of interest

None declared

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