



THE NURSE'S GAZE IN PROTECTION OF CHILDREN AND YOUNG AT RISK, PESPECTIVE OF THE ESSAY DONE

OLHAR DO ENFERMEIRO NA PROTEÇÃO DE CRIANÇAS E JOVENS EM RISCO, PERSPECTIVA DO ENSAIO REALIZADO

MIRADA DE LA ENFERMERA EN LA PROTECCIÓN DE LA INFANCIA Y LA JUVENTUD EN RIESGO, PERSPECTIVA DEL ENSAYO REALIZADO

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ABSTRACT

Objective: to implement a project of community intervention health in ambit of the Health Centers. **Methodology:** it could be developed a local intervention, in order to enhance the systemic intervention network, a multidisciplinary perspective of training of several health professionals, building on a sustained basis for some time advocated by WHO and international conventions of great interest, specially, Bangkok, Jakarta and Ottawa. A project of this nature has to do with the urgent need to operationalize / standardize the intervention at the level of Primary Health Care, as first-level entities to identify, signaling and routing / resolution of this issue as emerging in the current social. Its development was directed to the nursing community as an object of study focusing on health promotion with the planning of training aimed at multidisciplinary team. We respected the International Standards for publications in accordance with the Treaty of Helsinki. **Conclusion:** it should be noted the recognition and the importance of the nurses' role in the integration of work groups of such nature as a pivot element to its attainment, assuming, according to their Code of Ethics, the duty to know the populations' needs, enhancing answers to the health problems identified, cooperating with the multidisciplinary team in programs that, assertively, respond to the needs detected in the same community. **Descriptors:** family; children; health promotion.

RESUMO

Objetivo: implementar um projeto de intervenção comunitária a nível de Centros de Saúde. **Metodologia:** desenvolveu-se uma intervenção local, com o intuito de potenciar a intervenção sistémica em rede, numa perspetiva transdisciplinar de formação dos vários técnicos de saúde, assentando numa base sustentada há já algum tempo pela OMS e advogada em convenções internacionais de sumo interesse, nomeadamente, Bangucoque, Otawa e Jacarta. Um projeto desta natureza prende-se com a necessidade imperiosa de operacionalizar/uniformizar a intervenção ao nível dos Cuidados de Saúde Primários, como entidades de primeiro nível na identificação, na sinalização e no encaminhamento/resolução desta problemática tão emergente na atual conjuntura social. O seu desenvolvimento foi direcionado para a enfermagem comunitária, enquanto objeto de estudo centrado na promoção da saúde com o planeamento de formações dirigidas à equipa multiprofissional. Foram respeitadas as Normas Internacionais de publicações de acordo com o Tratado de Helsinque. **Conclusão:** salienta-se o reconhecimento e a importância do papel do enfermeiro como elemento pivô na sua consecução, assumindo, de acordo com o seu Código Deontológico, o dever de conhecer as necessidades da população, potenciando respostas para problemas de saúde identificados, colaborando com a equipa transdisciplinar em programas que respondam assertivamente às necessidades detectadas nessa mesma comunidade. **Descritores:** família; criança; promoção da saúde.

RESUMEN

Objetivo: implementar un proyecto de intervención en los Centros Comunitarios de Salud. El desarrollo de un trabajo de esta naturaleza se relaciona con la necesidad imperiosa de cumplir con concepción una red de centros de apoyo para niños y jóvenes en situación de riesgo. **Método:** para su elaboración se desarrolló una intervención local. Tiene la intención de promover una red de intervención sistémica, una perspectiva transdisciplinaria, sustentada por las convenciones internacionales de la OMS y el mayor interés, a saber, Bangkok, Ottawa y Yakarta. Un proyecto de esta naturaleza se refiere a la urgente necesidad de llevar a la práctica / normalizar la intervención en el nivel de Atención Primaria de Salud como una entidad de nivel superior en la identificación, señalización y encaminhamiento y resolución de este problema como emergente en el contexto social actual. Su desarrollo fue dirigido a la enfermería de la comunidad, su objeto de estudio se centró en la promoción de salud. Las normas internacionales de la publicación habían sido respetadas de acuerdo con tratada a Helsinque. **Conclusión:** es de destacar el reconocimiento y la importancia del papel de la enfermera en la integración de los grupos de trabajo como un giro a su encuentro asumiendo de acuerdo con su Código Deontológico, el deber de conocer las necesidades de la población, mejorando las respuestas a los problemas de salud identificados, colaborando con el equipo interdisciplinario en los programas que responden asertivamente a las necesidades identificadas en la misma comunidad. **Descritores:** familia; niños; promoción de la salud.

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INTRODUCTION

This present article is developed from the gaze of the nurse specialist in community health, and, in particular, as a result of work performed from the design of a project of Community Health Promotion to be developed, with the goal of implementing the intervention in the field of mistreatments of children and young at risk.

The universal nature in recognition of the children's rights, as subjects of law, is, nowadays, an acquired granting and a relevant acquisition of the civilization. These child's rights were not always recognized, because in the past it was considered a human being lower than the others and, often, it was rejected, depending on the culture in which it was inserted.¹⁸

From this perspective, it emerges a competent effort, committed and very conscious of all those who, as representatives of international and national systems for the promotion and protection of children's rights, advocate the realization of this purpose. It is also the path of responses to ensure this right that this project is integrated, making it imperative that we should ensure continuity of care and empowerment of community partners to deal with vulnerable groups, like in the case of children and young people, so that we could obtain health gains. It is, therefore, considered that this premise is supported by a greater investment in primary prevention / health promotion, being in this perspective that the primary health care must be considered first level entities in the promotion of these rights and in the protection of children and young at risk.

The Convention on the Child's Rights adopted by the General Assembly of the United Nations on 20th November, 1989, and ratified by Portugal on 21st September, 1990, defines in its Article nº 1 that children are individuals under 18 years old, unless if it is anticipated, pursuant to law, the majority.²

It appears, increasingly, a greater awareness on the part of today's society for the Rights and the needs of children, by means of an increased accountability and protection of their welfare.³

The legal status of appreciation of the child, in the last years of the twentieth century, finds an understanding of childhood as a constructed reality in society, and individually understood according to gender, social class or other factors. Letting, thus, of being regarded as a universal condition, recognizing its heterogeneity, as opposed to a

universally acknowledged reality from the biological perspective.⁴

With regard to the National and International Law, a child is defined as an autonomous subject of fundamental rights and the family is like emotional and educational support and, furthermore, an essential socializing. It is the task of the State, community, institutions, every professional, every citizen, to participate in the rights of the child and its family.

According to the Convention on the Child's Rights, it is essential to promote the welfare of children and families, by ensuring the response to their specific needs. The responsibilities arising from the care in all measures should be appropriate for that to the child is guaranteed protection and, furthermore, the care necessary for its own welfare, taking into account the rights and duties of parents, legal guardians or other persons who have legally his position throughout its development.²

Aware of the importance of the recognition these measures / actions, about which no one question its importance, it is known, however, that the rights and protection of children is not always provided. This assertion is supported by several national and international entities; the parties have argued that the mistreatments to the children and young people are understood, nowadays, as a real public health problem in worldwide ambit.⁵

Violence can occur throughout the life cycle, globally, without distribution of class, ethnicity, economic level, religion or education. This phenomenon, in its various forms of expression is, currently, regarded as one of the major public health problems, directly or indirectly involving individuals of all ages, of both genders, having immediate and serious implications for health and the psychosocial development of individuals, families, communities and countries. It is considered, thus, a form of violation of the Human Rights and freedom of human dignity, limiting the recognition of such rights.³

Indeed, the need to reflect on the role of family, principles, procedures and methodologies in the context of ensuring the forwarding / monitoring of children at risk, for a long time, has been considered by all institutions involved and in an integrated perspective.

The concept of family in today's society has long ceased to have traditional conceptual meaning to which it was accustomed. The paradigm shift has resulted in another quite

different gaze from the classic model father, mother and children, leaving a gap for various forms of organization of family structure.⁶ We face this new reality, from which the family is treated as a system in itself and will change and adapting itself to reality and to the time, and it is very difficult to find a concrete and consensual definition, opting to use a holistic perspective, focusing on what is valued as direct actors in the role that various types of family are exercising in their household.

A family is a group of human beings considered as social unit or a collective whole made up of members related by blood, emotional bonds or legal unions, including those people that make significant parts of the group.⁷

It is regarded as the natural and fundamental unit of society, as an organization based on relationships defined by birth and by marriage, a kinship unit mobilized to resist to the time. The long duration of family experience that, somehow, exists in worldwide level and encompass all and each one of the individuals, the intimacy of contacts and the social and legal obligations imposed by the competence of the family, make this unit like an institution that encompasses the majority of the population.⁸⁻⁹

Being a family like a system which is integrated by multiple subsystems (individual, parental, marital and fraternal) is also inserted in more extensive others, such as the community and society. Its degree of openness varies according to its own organization, because the family has its own dynamic and self-organizational capability that permits to itself an individuality and autonomy. It might be considered, so, that the family plays two different types of functions:

- ◆ Internal function (development and protection of its members).

- ◆ External function (socialization, adequacy and transmission of culture associated with it), developing, thus, the creation of a feeling of belonging to the group and an individualisation / empowerment of its members.¹⁰⁻¹²

It is noteworthy to add the view of the systemic perspective which sees families as a social whole.

The systemic social perspective includes families as a social whole with particularities and unique needs, which in turn are part of a wider set of influences and formal and informal social networks. All its components

are interdependent and influence each other mutually.¹³

The family life cycle is also another relevant concept when it should be reflected on this thematic. Not being a recent concept, it should be reminded, to respond to the current challenge of the new family dynamics.

The family life cycle is a sequence where it should be expected changes in family organization, which in its historical evolution imply changes that arise and have to do with the evolution of the members who comprise the family.¹⁰

The health problems of the family are intertwined. Thus, conservation and improvement of family activity consists, often, in a major concern of primary care, being the general activity of the family, that is to say, the ease from which it can move as a unit for solving its own problems and maximize the potential of its members, it will influence deeply in the possibilities for health issues. The family is a product of time and environment. So, it is recognized the relevant role that it occupies as preferential group in the health cares of community, given its inter-relationship with the several actors involved in the issue under consideration - family, child and community health nurse.

In most contexts where the nurses develop their professional activity, their focus, directly or indirectly, is centralized in the family, taking into consideration its entire health, development, and how it contributes to society. Caring of family is one of the essential interests of nursing, and the family context allows the intervention on the needs of the family unit and each of the members who compose it.¹⁴

We highlight the nurse's role as manager and organizer of the resources that enable strengthening of family forces, as dynamic social systems and proactive in their life processes. It should be evidenced as health promoters, by the achievement of its performance in outreach work with families.

In this perspective, the primary health care should facilitate the access to pedagogical interventions, adapting programs and projects to each particular reality as a fundamental response to the promotion and empowerment of parents in the performance of basic functions, maintenance of life, education, stimulation, emotional support, supervision and environmental structuring.

METHODOLOGY

In pursuing of the above stated and searching for strategies that enable an integrated intervention in response to the needs of the child, since their rights are not respected, and in seek of a training to the multidisciplinary team for the early identification of children and young at risk situations, we chose to draw, according to project methodology, a conceptualization that intends to solve the real problem of the mistreatments identified. This methodology is based on the resolution of problems so that they (young) acquire skills and personal competences for the resolution / transformation, which can gives us the prediction of a change in a real situation.¹

It is noteworthy to add that another one of the strategic objectives, that encouraged the implementation of the community intervention project in this area, was the fact that this issue is a priority, as organizational mission, and outfitting in the alignment of the Portuguese national health system.

RESULTS E DISCUSSION

In this intervention project were developed training activities along with the multiprofessional team, in order to qualify its members.

The development of a work of this nature is linked to the identified need to operationalize the intervention in the field of care for the child that is a victim of mistreatment. It is noteworthy to note the recognition and importance of the nurse's role in the integration of working groups, as pivotal element for achieving them. Being responsible to the community in health promotion and prioritization of nursing care, the nurse assumes a duty to meet the population's needs, participating and guiding on the answers to the health problems encountered, by collaborating with the multidisciplinary team in programs that respond, assertively, to the needs detected in this same community.¹⁵

Thus, a major goal of the health team and community partners is to intervene at the first level of identification, signaling and forwarding / resolution of this issue too much emerging in the current social status. In seeking to organize responses to this issue, we could identify at first time the need to organize / standardize procedures so that, from the beginning of the intervention, there was a common language that may allow a more efficient communication among the different elements of health team,

empowering them for a rigorous assessment of situations.

Thus, we focused on the training of professionals, and it is considered as one of the essential tools for the development of the quality of health care provided. From which, the multidisciplinary team also undertook structured values and, acquired professional skills, improving the collective performance. To the achievement of the previously stated, the following interventions were outlined:

- Promote coordinated actions among the institutions with responsibilities for intervention in the mistreatments of children and young.
- Motivate the multiprofessional team for a concrete action on prevention and intervention in the mistreatments of children and young.
- Describe the most important basic concepts about the mistreatments (definition, types, signs, symptoms and indicators).
- Facilitate the processes of identification and intervention, indicating when, how, and who should intervene in a given situation that was observed.
- Standardize the procedures for identification and intervention.

The development of these interventions enabled the discussion in team about the potentialities of this type of intervention at the level of Primary Health Care as an entity with expertise in childhood and youth, with special emphasis on professional groups that deal directly with the age groups concerned, highlighting the nurses' role in childhood health, school health, community health, as holders of specific knowledge in these fields and with a holistic view of the issue.

Since then, we evidenced like relevant the contextualization of the problem of the mistreatments of children and young at the local level, exploring the realities of each health center and examining how to meet the needs identified at three levels, theoretical, technical and functional.

We could say that seemed relevant the planning of training activities directed to the multiprofessional team of all health centers, encouraging the reflection on the various theoretical issues, as well as discussing the potentialities of this type of intervention in a perspective of sensitizing the several professionals about the benefits of a functional articulation so that we can work early in the detection, signaling and resolution of problems. The emphasis given to the

standardization of procedures and to the promotion of coordinated actions among different entities with responsibility for intervene in this area have been seen by all stakeholders as the cornerstone for future effectuation, implementation / operationalization of prevention actions in the mistreatments in these age groups.

The trainings performed enabled an understanding of the phenomenon under study, clarifying the concepts, defining the protocols of articulation, in order to standardize the procedures.

Thus, the centers of supporting children and young people at risk develop its activities with technical and organizational autonomy, in cooperation with the functional units of the group of health centers, without upsetting the need for inter-institutional and inter-sectorial, which are indispensable for the fulfillment of their mission.

In order to maximize the human resources, the experiences and knowledge, these elements of these centers should match directly with those are involved in the early intervention teams, in the Health Program for Child and Youth, Immunization, School Health,

Maternal Health, as well as health elements that are represented in the Commissions for the Protection of Children and Youth of the five health centers in which the community intervention project was developed.

After that the forms of communication and coordination between the teams were identified and, then, created and that the constitution of the Centers of Support for Children and Youth at Risk was clarified, it should be presented, subsequently, the acting protocol to be implemented in case of identification of a risk situation.

The identification of risk contexts and whenever there is suspicion or be observed a situation of mistreatment in child / young person, either through signaling made by any entity of first level or by the own teams of Centers of Support for Children and Youth at Risk (it is usually denominated in Portugal: Support Nuclei for Children and Youngsters at risk), from the own Health Center, it should be developed a set of procedures, such as presented in the Figure 1.

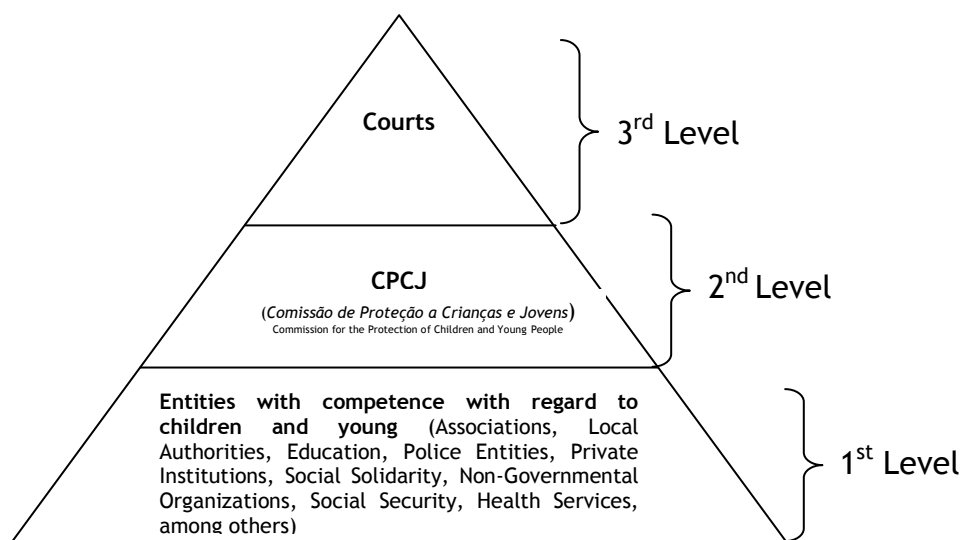


Figure 1. Intervention levels.¹⁶

Given that the intervention process is developed in several stages, the same should be referenced through a logical sequence, in order to comply with the goal identified as standardization of procedures:

- **Signaling** - this should be one of the elements of the Center of Support for Children and Youth at Risk from the Health Center, through the use of signaling instruments created for this purpose, and available in the thematic dossier distributed by each Health Center. This signaling also may be made verbally through the informal network, and it will be transmitted with all

relevant information that will serve to identify the risk situation, and the professional who receives the verbal signaling must filling the respective instruments adopted.

- **Screening Meeting** - through the emergence of each signaling, the Center of Support for Children and Youth at Risk will proceed with its analysis, as well as design the most appropriate intervention and should elect a responsible of case from the team that will lead the process in assessment. The professional responsible for the case will aim the communication among the several

partners of 1st and 2nd level; taking into account that the intervention be performed quickly enough for avoiding serious consequences for the child / young signalized.

- **Data Collection** - the necessary compilation of information that consolidate the signaling in question; will take into account the filling of a registration form that contains the social identification of the family, the identification of the child and their caregivers(stakeholders), family history and family dynamic, history of child development, the genogram and if there were previous interventions.

Take into account all functional units are equipped with computer systems: *Sistema Informático de Apoio Médico - SAM*, *Sistema de Apoio à Prática de Enfermagem - SAPE*, *Sistema Informático das Unidades de Saúde - SINUS*, all the necessary information for fulfilling these instruments may be obtained through these bases, avoiding duplication of information and enhancing the available resources.

It should also be noted that the multidisciplinary team designated as responsible for Centers of Support for Children and Youth at Risk will proceeding the detailed description of the situation, in order to support, effectively, the Intervention Plan to the child / young person and family.

It is expected that the team coordinator of the Centers of Support for Children and Youth at Risk will have the responsibility to assist / advise all internal and external teams and schedule monthly the work meetings.

Still has to proceed with the monitoring and assessment of activities carried out by different centers and proceed with them forwarding to the National Commission of Monitoring of the General Health Directorate, the entity which is responsible for the agglutination of all information at national level(in Portugal).

Assessment and monitoring of the Centers of Support for Children and Youth at risk, at local level, should be a regular process, involving all stakeholders, in order to promote exchange, foster moments of reflection, allowing the manifestation of doubts, critics and suggestions for the improvement of the entire process.

CONCLUSION

The issue on the mistreatments of children and young constitute itself as an area of particular interest to the nurse who is

specialist in Community Health, interest that stems from believing that all children and youth have the right to get a happy life and, consequently, a healthy life.

Specially, this is a motivating purpose, so the reality shows that it is far from being achieved, because the statistics show evidences of a greater number of cases with regard to the the issue of mistreatment corroborated by the subsequent economic and social degradation, it is not an encouraging factor for the resolution of this phenomenon.

Aware of this reality, we started the design and implementation of the project which aims to give response to this issue in the context of Primary Health Care, as the first level of health intervention, inserted in the community and establishing a networking.

It is now an initiated project, from which it is hoped to contribute to get a better caring to the children or young people, who by having not assured their rights may be at risk.

In this perspective, it was clear the organizational commitment and the involvement of the multiprofessional team in alignment with organizational priorities, with a sense to improve the care provided and achieve health gains. It also expresses a professional responsibility, in which the Nurse Specialist in Community Nursing has an essential role in the four areas of competence: professional responsibility, ethics and legal, continuous quality improvement, care management and development of professional learnings.¹⁷

The design of this project allowed mobilizing and consolidating all of these skills, integrating the knowledge and strategic decisions based in a systemic and sustainable view.

It should be expected that materializes its implementation, and potentiate the work tools, through which, the professionals can identify in an integrative and depth way the several problems / situations and draw up appropriate interventions in case of mistreatments.

Thus, we intend to strengthen the streamlining of processes and procedures in the network, which enable to favor the implementation of common strategies of action and effective functional articulation.

It is intended, simultaneously, to establish articulation ways that consolidate cooperation among the several community organizations, structures and programs, in order to contribute to the prevention of mistreatments of children and young, as well as for the

development of good practice in the provision of care.

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