

An exploration of support systems for nursing staff working in safeguarding children

Aim

To explore the experiences of nurses undertaking safeguarding children work in a district general hospital.

Method

A phenomenological study using semi-structured interviews was undertaken and the data thematically reviewed. The study recruited eight participants (n=8) who were hospital based nurses.

Findings

The study identified the significant emotional impact of safeguarding work being experienced by nurses. Without support this impact can be long lasting and adversely affect staff. Nurses access a number of individual support systems in relation to safeguarding children work.

Conclusion

To support nurses, an understanding and acceptance of the impact of their safeguarding children work is required. Safeguarding children work is emotive and has lasting effects for individuals, therefore managers are required to promote access to systems of support and eliminate the barriers which can prevent nurses accessing this support.

Background

Multi-agency activity to safeguard children is increasing in the United Kingdom, with a growing number of children now subject to child protection plans or in local authority care (Radford et al 2013, Bentley et al 2017). The number of cases managed through the criminal justice system or attracting media attention, demonstrate abuse and neglect of children is extensive and significant (Brandon et al 2008, HM Government 2018).

Through their work, healthcare professionals encounter children who are at risk of, or subject to, abuse and neglect (Hempton and Williams 2011). Professionals are required to be able to recognise the indicators the child may have been abused or neglected, and know what to do (Mott and Thomas 2014, Tingle 2016). The role of the safeguarding lead is to provide advice, support and direction to staff in relation to safeguarding children matters. As an experienced children's nurse, the author had often encountered cases of child abuse and neglect, and consequently recognised the psychological and emotional impact on professionals dealing with such cases. Whilst for most staff encountering an abused child will not be an everyday occurrence, it was acknowledged that just one encounter with an abused child can impact significantly on the staff involved (Conrad and Kellar-Guenter 2006).

Literature review

Literature suggests professionals experience stress when caring for sick children, dealing with family and other professionals, whilst simultaneously remembering to follow procedures (Rowse 2009). This can result in staff feeling pressured and

fearing getting it wrong, or feeling judged and vulnerable when asking for advice (Bradbury-Jones 2013). Anxieties can arise from a perceived lack of information or poor communication regarding the case progress (Rowse 2009), with staff feeling unsupported and isolated when dealing with these families (Gibbs 2001). Stressors within safeguarding work include; a negative media portrayal of workers, making decisions on difficult challenging situations, and managing large unpredictable workloads (Martinez 2004). Additionally, stress can be felt from within the organisational structure, climate or management styles (Boyas et al 2012). Workers can be psychologically affected by severe events including end of life care and non-accidental injury (Rowse 2009).

The provision of emotional support to staff is an area which is not always recognised or adequately addressed (Ellett et al 2007, Mott and Thomas 2013). Lack of access to support systems in healthcare generally, and specifically in safeguarding children work, can lead to compassion fatigue and burnout (Conrad and Kellar-Guenter 2006). Where workers experience prolonged feelings of stress and burnout, the consequences can include emotional exhaustion; low morale and staff retention issues (Munnagi et al 2018).

In order to feel supported, nurses need access to strong leadership with recognition of their health and wellbeing needs (Wallbank and Hatton, 2011). This emotional support is commonly sought from trusted knowledgeable individuals (Rowse, 2009). A number of studies focus on safeguarding children supervision as a support system (Green-Lister and Crisp, 2005, Bradbury-Jones, 2013), with workers similarly needing to feel cared for and valued in order for effective supervision (Gibbs, 2001). The aim of this study was to explore the subject of nurses receiving support in dealing with the impact of safeguarding children matters.

Aim

This small scale study aimed to explore the impact of nurses' experience of safeguarding children work and identify what support is accessed by nurses.

Methods

Adopting a qualitative study design permitted the exploration of the nurse's real life experience of safeguarding and recognition of support needs and the systems accessed when managing safeguarding children matters (Vaismoradi et al, 2013). Within the qualitative paradigm, a phenomenological study approach enabled the participants' lived experiences to be captured (Holloway, 2004).

Participant recruitment

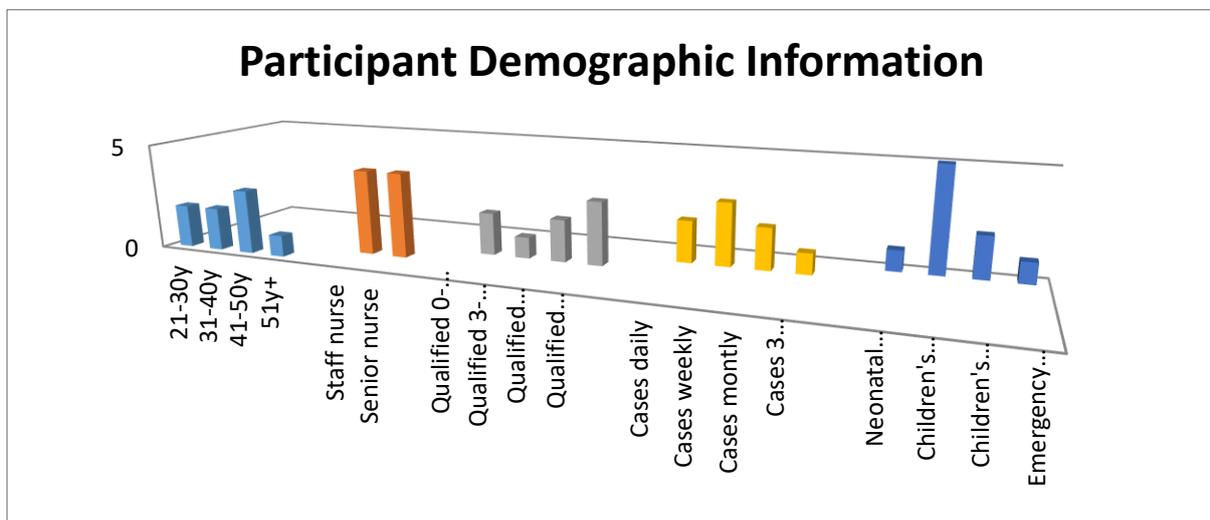
Reflecting the study aims, potential participants were required to have had experience in safeguarding children cases, resulting in a purposive sample (Tai and Ajjawi 2016). Participants were approached indirectly via written invitations with study information distributed through department heads. Eight participants (n=8) were recruited to the study each of whom were nurses working in children's areas. These areas included neonates, children's in-patients, children's out-patients and Emergency Department. . A small sample size was considered acceptable due to the limited variability of participants (Holloway and Wheeler 2010).

Data collection and analysis

Face to face semi-structured interviews were undertaken and audio-recorded enabling participants to describe experiences in their own words and at their own pace (Holloway 2004). To allow participants some control over the process, they were able to choose the interview location (Rowse 2009) with each selecting a private area.

An interview guide was developed to support the interview structure (Holloway and Wheeler 2010). The interviews commenced with a series of socio demographic questions. These factors were sought in order to support the analysis of themes and patterns of responses. All the nurses interviewed were female and had been in their current post between 6 weeks and 20 years. Details of the participant’s age range, position held, length of time post qualification and frequency of encountering safeguarding cases are summarised in table 1 below.

Table 1



Questions subsequently explored how safeguarding work impacted staff and followed by an exploration of the support systems staff were accessing. The audio-recordings were transcribed to form a verbatim account capturing rich data (Holloway and Wheeler 2010). Anonymity was maintained through application of a participant code and number (Holloway 2004). To support the interview data analysis, the emerging themes and categories were identified and grouped using application of a coding framework (Smith and Firth 2011). Thematic analysis was undertaken as this grouping of recurring data supported the identification, analysis and interpretation of the emerging patterns of meaning or “themes” (Braun and Clark 2017).

Ethical considerations

In order to address the ethical principles (Department of Health 2005), and prior to study commencement, ethical approval was granted through the University School Research Ethics Panel. This included the measures to ensure participants would be protected from harm, give informed consent and that their participation would be voluntary with confidentiality and anonymity maintained (Holloway 2004). Additionally NHS ethical approval was sought and granted by the NHS organisation which hosted the study.

It was identified there was a potential risk to participants in respect of triggering recollections of difficult situations, either professionally through difficult cases, or personally through their own experience of abuse (Department of Health 2005). To mitigate this risk, details of support agencies were sourced by the interviewer to be available if required. In addition, access to the Employee Health and Wellbeing Service for participants was secured in advance of undertaking the interviews. As the author did not directly line manage the participants, this helped to avoid staff feeling pressurised to take part or fearing their practice would be judged if it was disclosed (Rowse 2009).

Findings

The themes which emerged from the data were related to the emotional impact of safeguarding work and the support systems accessed by the nurses. The findings of the study demonstrated working with safeguarding children cases can have a considerable emotional impact on nursing staff and staff were accessing a number of diverse support systems.

The emotional impact of safeguarding work

Emotional impact related to stressors identified in safeguarding work; including recognising abuse and neglect, the severity of cases and preconceptions held regarding the length of experience determining the impact on nurses. For example, the assumption held by some nurses that more experienced nurses could better cope with safeguarding emotional effects.

Participants acknowledged that children mostly presented for reasons other than abuse or neglect. The expectation to be continually aware, and recognise indicators of child abuse was a particular stressor;

“You are always aware... it’s really difficult. You rely on what you perceive are issues... I might not like the way that parent is talking to that child... but maybe that’s normal... It’s trying to work out what’s going on”, Nurse 1.

Nurses directly involved in the management of children subjected to abuse acknowledged the impact;

“It affects you because of what you see, hear and are involved with. It’s not always pleasant”, Nurse 3.

It was revealed that the level of impact could be dependent on the severity of the case;

“Those that come in on a plan probably don’t affect staff as much as those that present as a non-accidental injury...they can be traumatic...depending on the injuries”, Nurse 6.

When asked how working with safeguarding children cases affected them, participants described sometimes taking home the emotions and having lasting memories;

“...some cases where I have chaperoned, I take that home more...you think this could be my child... it does affect you”, Nurse 1.

Conversely, a minority described not feeling emotionally impacted by cases, and not allowing it to affect their professional and personal behaviour responding;

“it’s hard to explain... it affects me... but not enough to make any difference to judgement...or how I react to others”, Nurse 2.

When asked how participants felt working with safeguarding children cases affected their colleagues, it was perceived by one junior nurse the more experienced nurses appeared to better manage their feelings and emotions;

“it didn’t seem to affect them, they would be concerned... but didn’t seem distressed... they were very professional, I put that down to experience... it’s not they don’t care but they are able to leave it at work”, Nurse 4.

This was not however supported by the more experienced participants who highlighted the impact and a requirement for support at all levels;

“It does affect staff, particularly when we have seen lots for examinations... that can seem a really hard day. Some have more experience... but we all need support”, Nurse 3.

Fear of “getting it wrong” was identified by nurses as a significant factor. Nurses disclosed anxieties regarding a fear of failing to act on indicators of abuse;

“I worried we weren’t doing enough... maybe agencies weren’t doing enough... you feel it’s not sorted... there is no clear plan, then you worry more”, Nurse 4.

Support systems accessed by nurses

A diverse range of individual methods of support were accessed including; case discussion, safeguarding team support, safeguarding children supervision and safeguarding training.

Nurses identified being able to discuss a case with someone as particularly important;

“I talk to colleagues... or to management... or the safeguarding team... just chat to them about it”, Nurse 1.

Being able to share experiences with colleagues was valued as a support system, particularly between both nursing and medical colleagues;

“Sharing thoughts, feelings and ideas... I think the closeness between the nurses and doctors helps, being able to discuss it with them... that inadvertent support”, Nurse 6.

Support from senior colleagues was seen as beneficial to the nurses. However, in accessing this support, junior staff needed to feel they could trust their senior colleagues. One nurse identified inconsistencies between senior staff caused anxiety;

“Different people have different attitudes... sometimes if I talk to one of the senior nurses about it...I know who will take it more seriously... some will kind of downgrade it... others will see it the same”, Nurse 4.

All participants identified support was available from the safeguarding children team. Visibility and accessibility to the safeguarding children team was highlighted as

important, with the safeguarding children team considered to be accessible and visible to the staff which enabled support and provision of guidance and advice;

“Having that openness with the staff... knowing the safeguarding children team are accessible...to pick up the phone and run something past ... the safeguarding team is good, they come onto the ward... so they know the team are there...and able to help... support is not something you do as a reaction to an event it’s an ongoing process and learning”, Nurse 6.

Both individual and group safeguarding supervision had been experienced by participants. Those who had experienced group safeguarding supervision identified benefit in being able to learn from others;

“...you understand other’s experiences ... even though you may never have come across a case like that, you are learning from the staff going through it... so in the future if you come through that again you’re going to remember..., you’re going to know what to do”, Nurse 2.

Nurses who brought cases to the safeguarding supervision session spoke positively;

“It was really useful for staff to offload and move through thought processes... did I do it right... Could I have done it differently...? What support could I have got?” Nurse 6.

Where the safeguarding children team assisted in the facilitation of the safeguarding supervision this was recognised as beneficial;

“the safeguarding team were there and helped guide us... there were things that they wished they had known before taking some actions... there were some miscommunications as well... it was useful to allow everyone to work out what would we do next time”, Nurse 6.

Informal adhoc support using safeguarding supervision was recognised as being provided by some nurses to their colleagues. This was considered to be of particular benefit in busy areas where it was not always possible to release staff to the scheduled safeguarding supervision sessions. One nurse recognised the demands of a busy area but also highlighted the benefit of safeguarding supervision;

“I think the staff are too busy... it’s really important because there are so many cases each week... on my night shifts I am discussing cases with staff and giving them support through supervision”, Nurse 7.

Five participants had experienced debriefs following safeguarding children cases and considered debrief to be a supportive system for staff. It was considered beneficial that staff took away a clear understanding of the situation, the reasoning behind the actions and the outcome of the case;

“The outcome definitely helps, nobody needs to go home with what, ifs and buts... if they go home with it... it will jeopardise their work... in the future and their confidence”, Nurse 2.

Participants experienced, through reflection on a case in the debrief session, a feeling of mutual support and of being able to air their feelings and emotions, recognising this could only be shared with other professionals;

“You get it off your chest... obviously you have a confidential thing so you can’t go and chat to your other half about it... you can reflect back... you can look at how things have been done”, Nurse 4.

Participants identified safeguarding children training as a means of providing support in safeguarding children cases, both for new and existing staff;

“I don’t think you can have enough training..... things are always changing and I think you can never know enough ... new starters as well, trying to get them a mix of training sessions... but there is always a lot of training on which is great”, Nurse 3.

Within both safeguarding supervision and the debrief process, a negative element emerged with nurses experiencing doubt and uncertainty with a fear of “getting it wrong”. The nurses interviewed demonstrated this negative aspect when having to recount a difficult situation and then receiving criticism for their actions as one nurse highlighted;

“Probably being told that you should have done something better, maybe it hit you personally... remembering you have to be professional and you’re having to rethink it... you’re forced to relive it”, Nurse 2.

It was recognised by the participants that there were influencing factors which could prevent or restrict staff accessing support in safeguarding children cases. These factors included a feeling of being judged about their actions, perhaps having done the wrong thing, or worrying that someone might criticise their actions;

“I think safeguarding can be a massive grey area... you don’t want to put your foot in it... you don’t want to discuss it in case you have made a wrong move”, Nurse 5.

Anxieties regarding processes to follow, within safeguarding children practice were a recurring issue;

“...staff worry they are going to be told off because they have done the wrong thing. Maybe not followed the process... safeguarding is never clear cut it’s not like you are taking bloods and you do x y and z... I think there is always doubt, especially if the case has not gone as smoothly as it should... I think there is always fear you’re going to get into trouble for that, not doing what I should have done”, Nurse 6.

It was recognised that in seeking support there was a fear of being seen to be failing, or not coping with a situation;

“...there is still a bit of stigma around seeking support... it’s not a failing..., you can better yourself by seeking support... having insight... sometimes you don’t realise something has affected you”, Nurse 8.

Discussion

Emotional impact of safeguarding work

The findings reported in this study, which highlight the continued emotional impact that safeguarding children work can have, are consistent with studies by Gibbs (2001), and Wallbank and Hatton (2011) which identified involvement in safeguarding children work having a deep lasting impact both personally and

professionally. Study participants were affected by the nature and extent of the abuse they saw in the children encountered. In an attempt to protect themselves from the emotional impact this work could bring, some nurses noted their colleagues tried to avoid being exposed to safeguarding children work. Rowse (2009) similarly identified staff experienced stress in different ways dependent on levels of intensity, and therefore avoided involvement in a situation dependent on their past experiences of a similar situation.

Without support to manage this impact, nurses can become stressed, and prolonged stress can lead to nurses experiencing difficulty with emotional engagement in future cases (Wallbank and Hatton 2011). The study findings confirmed nurses required support regardless of experience, a requirement supported by Gibbs, who found staff that had been exposed to the demands of child protection work for long periods, in addition to less experienced workers, required support and opportunity to reflect on their experiences Gibbs (2001).

It was recognised through this study not all workers were affected by safeguarding children work. A commonality between those reporting little emotional impact, was in them each having a structured support system to manage safeguarding children cases. These nurses held senior roles and each proactively sought support from the safeguarding children team. The study undertaken by Gibbs, although featuring child protection workers rather than nurses, similarly concluded those staff who felt valued and cared for through their support were more successful at managing the workload of safeguarding children (Gibbs 2001).

A prominent theme to emerge from this study was a fear of “getting it wrong”. Participants were fearful of missing the signs and indicators of child abuse, or not knowing how to manage the case or which procedures to follow. Additionally, the participants felt emotionally affected when they considered not enough was being done either by themselves or other agencies in order to protect the children. This was also reflected in the study by Lines et al (2016) who discovered when signs of abuse and neglect are vague, nurses worry about reporting suspicions of abuse which might be unfounded.

Support systems accessed by nurses

The provision of appropriate support to safeguarding children workers is necessary to reduce burnout and stress; therefore staff must acknowledge the emotional impact of such work (Hooper et al 2010, Bradbury-Jones 2013, Thomas and Mott 2013). Having someone to talk to regarding a particular safeguarding children experience was valued by all participants, a support method also highlighted by Rowse (2009).

Participants wanted to be able to talk about what had happened in relation to individual cases, and were aggrieved when opportunity to do so was prevented. To be most effective and to promote resilience in these nurses, it is necessary that the individuals leading these discussions, in addition to informing practice, allow nurses opportunity to feel valued and doing a good job (Gibbs 2001).

Participants sought support in managing their emotions from their colleagues. This is due to their timely availability, experience and understanding of the role (Taylor et al 2016). Whilst the participants recognised the support available from their colleagues, there were certain factors which emerged as essential attributes in those colleagues. Senior nurses in children’s areas, who were often those required to

support junior staff out of hours, are required to be knowledgeable, confident and consistent and staff need to feel they can trust their advice. These requirements were similarly identified by Green-Lister and Crisp in their study of community nurses (2005).

Participants recognised however, whilst their colleagues and managers could be supportive, they were not specialists in safeguarding children matters and each participant acknowledged additional positive support was available from the safeguarding children team. The work of Rowse also identified the safeguarding children team roles as being pivotal in staff's ability to manage practically and cope emotionally (Rowse 2009).

Participants in this study reported finding the safeguarding children team to be knowledgeable, supportive, approachable and visible, attributes all identified as also being important to nurses in the literature (Green-Lister and Crisp 2005). One participant suggested the safeguarding children team should contact them proactively following their involvement in any safeguarding children case. Whilst in this study a single nurse highlighted this approach, the study by Rowse (2009) similarly identified participants believing the safeguarding children professionals should know when staff have been or are involved in a safeguarding children case.

The majority of the participants had experienced safeguarding children supervision either as part of a group supervision session or on an individual one to one basis (Gibbs 2001, Bradbury-Jones 2013). It is evident that nurses who stated they felt little emotional impact from safeguarding children work, were those who were regularly accessing safeguarding children supervision. Green-Lister and Crisp (2005) promoted the use of safeguarding supervision, however identified variation in the quality of safeguarding supervision offered to nurses. A variation in the quality of supervision was experienced by participants in this study who reported a lack of sound facilitation leads to supervision becoming a "gossip or moaning" session.

Debriefing following stressful incidents offers a standardised structured approach for discussing thoughts and emotions with skilled professionals (Hawker et al 2010). Debriefs specifically surrounding safeguarding children cases did not appear in the literature reviewed, however, safeguarding children debriefs had been positively experienced by the majority of nurses interviewed. To avoid negativity, participants suggested debriefs need to be timely, facilitated by an individual who can guide participants through the process, have the right people present, and avoid participants feeling that they could do better, consistent with the study by Tannenbaum and Cerasoli (2013) which identified similar requirements for effectivity of the debrief process.

It is noted from this study that the safeguarding children supervision experienced by the nurses was similar to the debrief process described and it is apparent that debriefs being held were actually fulfilling the core functions of group safeguarding children supervision.

Safeguarding children training provision was not specifically identified in the literature as a support method; however in this study training was disclosed by both junior and senior nurses as being of benefit. Senior nurses were particularly keen and made efforts to ensure junior colleagues accessed a variety of individual training opportunities and junior nurses welcomed the opportunity to discuss the subject further.

Limitations

On reflection it is acknowledged there are limitations in this study. Despite the small sample size, the participants were based in a range of children's areas and had differing length of experience. The findings, whilst informed from a single site study are not subject to generalisability, are however replicated in the limited available literature (Holloway and Wheeler 2010). It is acknowledged the single discipline studied and the findings may not be transferrable to other contexts (Noble and Smith 2015). Replication of this study with a larger population and amongst other disciplines would address this.

Recommendations and implications for practice

Nurses who are involved in safeguarding children cases need to be able to think clearly and make decisions within challenging environments (Wallbank and Hatton 2011). Any sense of anxiety or unease regarding safeguarding children cases can undermine good practice, therefore a system to ensure assurance of good practice needs to be standard in all service provision (Laming 2009). This assurance of good practice can be achieved through promotion and access to the support methods described here. Within the author's clinical area a system of safeguarding children supervision using the Morrison 4x4x4 model is facilitated (Morrison 2005). Fortnightly sessions are offered by members of the safeguarding children team, with staff able to request adhoc supervision between dates. It is however recognised that the competing demands of a busy clinical area can make this difficult to deliver.

Conclusion

The study findings indicate safeguarding children work can have a significant emotional impact on nurses and this impact may be long lasting. Safeguarding can be a daily part of the work of a children's nurse and other healthcare professionals and is known to often cause anxiety in those working with children. Understanding how we can better support children's nurses and others involved in safeguarding may help support health care professional to be more effective in safeguarding while protecting them from the negative effects. It is therefore imperative nurses are supported in the work they do to safeguard children. Systems of support need to be properly facilitated and those who are delivering support must have the necessary skills. Overwhelmingly, nurses value being able to reflect and discuss their experiences of safeguarding children work with knowledgeable and supportive individuals and this is achieved through a variety of means. It is necessary that team leaders and nurse managers seek to tackle the barriers which limit nurses accessing support in safeguarding children work.

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