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This is the peer reviewed version of the following article:

Lines, L., Hutton, A., & Grant, J. (2021). More than mandatory reporting: the role of children and young people's nurses in responding to child abuse and neglect. *Journal of Children and Young People's Health*, 2(2).

which has been published in final form at
<https://doi.org/10.33235/jcyph.2.2.4-8>

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Manuscript type: Discussion paper

Title: More than mandatory reporting: the role of children and young people's nurses in responding to child abuse and neglect

Abstract

Child abuse and neglect is prevalent in Australia and worldwide, with lasting impacts on individuals, families and communities. Children and young people's nurses work with families in diverse settings and have unique skills and opportunities to prevent, identify and respond to child abuse and neglect. This paper summarises contemporary research, including the authors' own research, to outline how children and young people's nurses are contributing to addressing child abuse and neglect in Australia. Importantly, it highlights key knowledge and skills for children and young people's nurses such as a broader safeguarding approach to improving outcomes for all vulnerable children in Australia.

Introduction

The aim of this discussion paper is to summarise contemporary approaches to addressing child abuse and neglect in Australia, with a specific focus on the roles of the Children and Young People's Nurse (CYPN). A CYPN refers to any nurse working directly with children. CYPN practice encompasses many different approaches to care across diverse settings including schools, hospitals, child and adolescent mental health services, community centres, private and public clinics, and child and family health services. CYPNs in every Australian state and territory have a role in responding to child abuse and neglect. All nurses are mandated reporters of child abuse and neglect, despite some variation in state/territory laws (1). Regardless of these differences, mandatory reporting has an important role in

identifying cases of severe child abuse and neglect. However, multiple inquiries and Royal Commissions have highlighted entrenched systemic problems (2-4). International research suggests that systems based around mandatory reporting are insufficient to resolve the increasing scale and complexity of child abuse in the community (5). In response, Australian federal, state and territory governments have committed to a public health approach that frames child protection as ‘everyone’s business’ through the *National Framework for Protecting Australia’s Children 2009-2020* (6). A public health approach to child abuse promotes and protects the health, safety and wellbeing of all children and provides additional targeted supports for families with further needs (6).

Background

Many factors contribute to the continuing incidence of child abuse and neglect including deprivation, poverty and social exclusion – often impacting multiple generations (7). As such, a public health approach to addressing child abuse and neglect must include strategies to address inequalities across population groups, especially Aboriginal and Torres Strait Islander people who are disproportionately impacted (5, 8). Given different levels of need in families, a public health approach has different tiers, which are 1) universal prevention, 2) early intervention, 3) targeted intervention and 4) statutory responses from child protection services (6). Examples of universal prevention strategies include supporting all children and families through equitable access to health, welfare and early childhood services. In contrast, early intervention and targeted services provide support to families facing additional challenges (5), such as social exclusion, domestic violence and/or homelessness. A statutory response from child protection services can include child removal, but is reserved only for situations where children are at high-risk of severe and immediate harm

(9). The overall aim of a public health approach is that the right balance of universal prevention, early intervention and targeted services will equip families to optimally care for their children and significantly reduce the need for statutory intervention (5).

CYPNs have an important role to play in contributing to this public health response to child abuse and neglect. All registered nurses are guided by the Nursing and Midwifery Board of Australia (NMBA) Standards for Practice which outline registered nurse practice as 'preventative, curative, formative, supportive, restorative and palliative' (10) and can be applied to a public health approach. Similarly, the specialist practice standards of both the Australian College of Children and Young People's Nurses (ACCYPN) and Maternal, Child and Family Health Nurses Australia (MCaFHNA) outline many examples of CYPN practice that corresponds with the goals of a public health approach. These examples include health promotion, parental education/support, advocacy for children/families and ensuring children's voices are heard (11, 12). According to the *National Framework for Protecting Australia's Children 2009-2020*, keeping children safe is 'everyone's business' (6) but specific ways that different professional groups should contribute to this approach is unclear. As such, it is uncertain exactly how CYPNs enact a public health approach to addressing child abuse and neglect. Without a clear understanding of the CYPN role in keeping children safe, it is uncertain what knowledge, attitudes, skills and resources are needed by CYPN to successfully enact change for vulnerable children. The *National Framework for Protecting Australia's Children* provided a plan only to the end of 2020, and as such is now due for review, meaning it is timely to consider ongoing roles and contributions of CYPNs.

In recognition of the lack of clarity around CYPN roles in addressing child abuse and neglect, we recently conducted research to build initial evidence in this area. The first author's PhD thesis entitled 'More than mandatory reporting: nurses' experiences of safeguarding children in Australia' (13), aimed to provide initial insights into the child protection practices of CYPNs. The research used qualitative methods to explore the perceptions and experiences of registered nurses working with children in Australia to learn how they keep children safe from abuse and neglect. The first author (XX) interviewed twenty-one nurses across three Australian states across a range of settings including rural and remote areas, community settings, metropolitan paediatric hospitals and maternal, child and family health services. A detailed discussion of the methods and findings are available in the original thesis (13), and through several publications (14-17). Ethical approval was granted by REDACTED FOR PEER REVIEW.

The key finding from this research was that the roles and responsibilities of CYPNs in keeping children safe extended far beyond mandatory reporting of child abuse (13). Although participants acknowledged mandatory reporting was an important part of their role, they also described working to prevent, identify, intervene early and mitigate the impacts of child abuse and neglect (13). This study and several others (18-20) confirm that CYPNs in Australia are contributing to preventing, addressing and mitigating the impacts of child abuse and neglect above and beyond mandatory reporting. Nevertheless, CYPNs' specific roles in keeping children safe are largely invisible and unexamined in Australian government policies, nursing practice standards and organisational guidelines. This is in contrast to the mandatory reporting responsibilities for CYPNs, which are typically clearly defined by state or territory legislation and employer policies and procedures. The relative

invisibility of the CYPNs role outside of mandatory reporting means CYPNs cannot be adequately prepared, educated, supported and resourced to effectively enact a public health approach to child abuse and neglect.

A safeguarding approach to CYPN practice

A 'safeguarding' approach is one way that CYPN practice could be conceptualised. The United Kingdom (UK) outlines professionals' roles in keeping children safe as 'safeguarding' in the '*Working together to safeguard children*' guidelines (21). In these guidelines, safeguarding is defined as ensuring all children grow up in environments that promote best outcomes whilst intervening to prevent abuse or impairment to children's health and development (21). In this way, the guidelines emphasise a broader view of promoting and protecting the health and wellbeing of all children rather than a 'child protection' focus which aims only to address specific cases of abuse and neglect (21). One benefit of such guidance is that professionals working with children have a shared goal through which to coordinate their collective efforts to promote children's wellbeing and protect children from abuse. However, even though the '*Working together to safeguard children*' guidelines outline organisational roles, they do not outline specific roles of CYPNs in the UK. Thus, CYPN roles in the UK also remain invisible, poorly understood and inadequately researched (22).

It is possible that terms or concepts other than safeguarding may equally encompass the ambitions of a public health approach to addressing child abuse and neglect. However, 'safeguarding' has the benefit of being non-stigmatising because it encompasses support for all children and families rather than only those who are deemed to be 'at-risk'. As such,

safeguarding as it is understood in the UK, could be used to conceptualise Australian CYPN practice instead of the deficit-based language of child protection. A deficit based 'child protection' approach emphasises protection of children from harm, including harms from their parents, and can stigmatise families, making services less welcoming and safe (5). In this way, safeguarding language and approaches could help make services more friendly and accessible for children and families who are already disadvantaged and marginalised (23). CYPN practice is already oriented towards promoting the health and wellbeing of all children and advocating for those at greater risk. This means CYPN are well-placed to make a difference for all Australian children through a safeguarding public health approach.

CYPN roles in safeguarding

Although safeguarding can be part of the public health approach to addressing child abuse and neglect, there is no explicit recognition of the CYPN role in safeguarding. The CYPNs' role in mandatory reporting of abuse is well-recognised, but broader safeguarding practices are not. This is problematic for many reasons. Firstly, in contrast to making a structured report of child abuse, safeguarding requires a highly complex set of skills. Safeguarding requires time-sensitive decision-making within complex and dynamic situations that contain missing and ambiguous information (24, 25). Without clear expectations and guidance for their role in safeguarding, the CYPN profession may be underprepared to effectively enact change for vulnerable children in Australia. This is evident in nurses' reports of anxiety and uncertainty when working to prevent, address and mitigate the impacts of child abuse and neglect. For example, one international literature review (26) found that many nurses felt underprepared to respond to child abuse and neglect.

In Australia, there are many professional development opportunities for CYPNs to improve their knowledge and skills in identifying and responding to child abuse and neglect.

However, as CYPN roles in safeguarding are poorly understood, it is unclear whether existing educational interventions can adequately equip CYPNs for their role. There is evidence that many nurses feel underprepared to respond to child abuse and neglect, even though many have attended education or training (26). Furthermore, studies show that existing educational interventions emphasise factual knowledge rather than development of more complex communication, relational and decision-making skills that nurses require (27).

There is also limited high-quality evaluation that existing educational interventions lead to practice change and better outcomes for children and young people (27).

What skills do CYPNs need to effectively safeguard children?

Although research into the knowledge and skills needed by CYPNs to effectively safeguard children in Australia is limited, there is growing evidence in the area. Our initial exploratory qualitative research has identified some specific characteristics and skills that experienced CYPNs already use to safeguard children (15). These characteristics and skills include relational practice, child-centredness, reflective practice, commitment to professional development and cultural safety(15).

Relational practice

Relational practice refers to nursing practice that intentionally promotes trust, respect and compassion for oneself and others (28). Participants in this study recalled many examples where their communication and therapeutic relationships with families were key to promoting and protecting children's wellbeing. More specifically, CYPNs were often involved

in relational balancing acts, whereby they promoted change for children by engaging in therapeutic relationships with parents (15). These CYPNs experienced tensions between prioritising children's immediate safety and wellbeing, while encouraging parental trust and ongoing engagement with services (15). For example, CYPNs recognised that reporting child abuse and neglect may be necessary to ensure a child's immediate safety, but reporting could also lead to family disengagement with services that support children's longer-term health and development (14). One strategy CYPNs identified to maintain parental engagement was tactfully discussing concerns with parents in non-confrontational ways, such as focussing on the positives before sensitively leading into areas for change (15). The importance of relational skills in safeguarding children has also been highlighted in other recent research (18, 29). This emerging evidence about the importance of relational skills in safeguarding means CYPNs need adequate support, time and resources to enact relational approaches in their practice.

Child-centredness

Although some of the CYPN's relational practices could initially seem parent-centred rather than child-centred, CYPNs explicitly recognise the importance of a child-centred approach (15). A child-centred approach positions children as active agents and individuals within the context of their family, whilst simultaneously recognising that families' and children's needs/preferences can be incompatible (30). CYPNs identify the importance of being child-centred, but found it challenging to consistently apply child-centred approaches (15, 17). The practical, structural and cultural challenges of practising child-centred approaches are well-recognised, as are the potentially tragic consequences for children when child-centred approaches are not maintained (13, 17). One specific challenge CYPNs faced was

maintaining child-centredness in the context of organisation policies. Although CYPNs may conscientiously follow policy in an attempt to safeguard children, in certain situations indiscriminately following policy was harmful for children (17, 26). For example, following policy could promote siloed approaches that did not consider individual needs or collaborate with other services the child was receiving (15). Furthermore, CYPNs explained that parental concerns could appear more urgent and thus overshadow children's interests, especially for very young children who have limited language skills (15).

It is clear that child-centredness is an important component of CYPNs' safeguarding practices. However, it is not enough for CYPNs to acknowledge the importance of child-centredness; CYPNs must also have the knowledge and skills to effectively apply and maintain child-centredness (15). Nursing practice frequently requires decision-making and critical thinking in complex and unpredictable situations (31), and safeguarding children is one important example. Given the complexity of enacting child-centred approaches in safeguarding contexts, CYPNs are required to use their 'reflective, critical thinking and problem-solving...' skills (11) to ensure that children's needs are consistently taken into account. This could include CYPNs ensuring understanding of rationales behind organisational policies to promote judicious application and reflection with colleagues to explore whether they have enacted child-centredness. However, further research is needed to identify how these skills can be best developed and maintained in CYPNs, and whether critical thinking and child-centredness will help improve outcomes for children under CYPNs' care.

Reflective practice and professional development

Other important skills related to CYPNs' commitment to professional development and learning through reflective practice (13, 15, 16). CYPNs recognised that they could always improve, and they used reflective practices to critique and continually advance their safeguarding practices. For many CYPNs, this involved personal reflection on situations they have encountered as well as conversations with their nursing colleagues and/or members of the multidisciplinary team (16). In doing so, CYPNs again used critical-thinking to evaluate their own and others' practice to consider how they might change their practice in future. This was especially important when CYPNs encountered families from diverse cultural backgrounds and who cared for their children in ways that did not conform with the CYPN's views of parenting (16). In these circumstances, many CYPNs articulated the importance of self-reflection to explore how personal values and beliefs could influence assessment of unfamiliar yet not necessarily harmful parenting practices (16). As such, developing CYPNs' critical thinking skills could be a way to enhance their safeguarding practices. However, further research is needed to assess best ways to strengthen CYPNs' critical thinking skills, and whether this impacts on outcomes for vulnerable children.

Cultural safety

Although participants in this study did not explicitly discuss cultural safety, cultural safety is a core CYPN skill for safeguarding children. The lasting impacts of colonisation mean that many Aboriginal families experience greater levels of adversity, and Aboriginal children are almost eight times more likely to receive child protection services (8). Furthermore, Aboriginal people frequently experience culturally unsafe services, discrimination and structural racism when accessing mainstream services (32). In response, Lonne et al. (33) argues that health professionals should enact strengths-based approaches that value

Aboriginal culture to promote cultural safety within health services. Cultural safety refers to providing care where all individuals feel safe, secure and respected, which can promote better access to care and health outcomes for Aboriginal people (34). Embedded within a culturally safe approach are self-reflection and relational practices that build authentic partnerships with Aboriginal people (33). As such, cultural safety and addressing institutional racism should be key priorities for CYPNs to promote better care and outcomes for all Aboriginal children and families.

Conclusion

Child abuse and neglect affects many Australian children and CYPNs are well-placed to make a difference by promoting the health of all children and responding to any additional needs. This approach can be conceptualised as a safeguarding which emphasises supporting all children to reach their full potential, while responding to concerns through relational approaches where possible. Examination of CYPNs' specific roles and responsibilities in safeguarding is especially timely given the need to review the existing National Framework for Protecting Australia's Children which ended in 2020. Initial research in an Australian setting has provided some insight into the attitudes, knowledge and skills that CYPNs require to effectively safeguard children. However, further research is urgently needed to more comprehensively define the nature and scope of CYPNs safeguarding skills, and how CYPNs can most effectively use these skills to promote better outcomes for vulnerable children in Australia.

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