

## *The Value of Nurses' Contribution to Child Protection*

### **EXECUTIVE SUMMARY**

This qualitative study aimed to explore nurses' perceptions of their contribution to child protection and any perceived barriers to that role. Nurses, like others, are mandated reporters of suspected or actual child abuse. Ten nurses whose work involved the care of children and their families were interviewed using a semi-structured, open-ended interview technique. Participants were from acute care, community health and school nursing and they were employed in a range of settings across the Northern Territory.

Interpretive interactionism underpinned the thematic analysis of the interviews. Results of analysis identified three broad areas that impact on the ability of nurses to have an effective role in the protection of children:

- Organisational structures
- Institutional practices; and
- Legislative frameworks

In brief, organisational structures impeded interdisciplinary and inter-agency collaboration thereby limiting the opportunity for safe, effective and evidence-based continuity of care and support for families. Structures that are based on cost centre driven budget imperatives create challenges for professionals who need to take collaborative action to protect children and families.

Institutional practices that impede nurses in their role of child protection were seen to arise through organisational hierarchies, and a lack of departmental guidelines and protocols for these nurses. Constraints in this area also include the lack of appropriate educational preparation and continuing professional development for nurses in the field of child protection. Many nurses feel constrained in their ability to function adequately in a role of protecting children because of lines of authority employed in the workplace. Doctors and nurse managers, particularly in tertiary hospital institutions, appear to disempower nurses. The revolving door syndrome in the tertiary setting that sees Indigenous children re-presenting frequently for avoidable conditions such as infected scabies lesions and failure to thrive has the effect of desensitising nurses' concerns for the protection of this marginalised and disadvantaged section of our community.

Legislative frameworks within the Northern Territory have an influence on information sharing between health professionals. While it is thought by some nurses that the Information Act 2002 presents obstacles to the sharing of information relating to the potential for abuse, or actual abuse of children, it would seem that an inadequate knowledge of the Community Welfare Act 1983 presents the major obstacle to the sharing of information between Family and Children's Services and nurses who are caring for children.

Recommendations arising from this study include collaborative interdisciplinary and inter-agency practices, the development of departmental protocols to support such practice, and nurse-led models of care that aim for early identification of risk factors for child abuse and early primary intervention to improve family functioning.