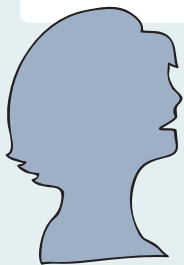


# Public Health Nurses' Roles in the Prevention of Child Maltreatment

In Nurse-Family Partnership® (NFP) public health nurses may identify risk indicators for potential child maltreatment and collaborate to develop plans for safe and competent parenting with the young woman preparing to parent for the first-time. **Common risk indicators for child maltreatment** that public health nurses identify during the prenatal period include: 1) Parental/Family factors: mental health concerns, substance use, histories of childhood maltreatment, current intimate partner violence or family violence, and 2) Social/Environmental factors: extreme poverty, precarious housing.



“As the nurse, I lay the groundwork with my clients beforehand, even in the initial consent we talk about the duty to report child maltreatment but also as we are getting to know each other. If I feel that there are things that might be leading to a child protection issue in the future, then I start talking about it right away, so that it's more of a prevention of what might happen versus dealing with a crisis.”

## Public Health Nurse Strategies Employed During Pregnancy to Prevent Child Maltreatment

- 1 Discuss and role model, using the parallel process, healthy relationships
- 2 Promote client's awareness and knowledge about safe parenting practices
- 3 Identify and discuss unsafe situations or behaviours that may put an infant at-risk for maltreatment and that may eventually require child protection involvement
- 4 Discuss safety planning for women experiencing violence, including intimate partner violence
- 5 Teach coping strategies for stress management and emotional re-fueling
- 6 Connect clients to services and supports such as mental health, substance use counselling, or income supports to address known risks for child maltreatment and to improve overall maternal well-being
- 7 Promote early client engagement and involvement with social supports and services

## Public Health Nurses as Client Advocates



**Nurses recognize** that young clients with past/current involvement with social services/child protection may fear infant apprehension at birth.

In response, **nurses are strong advocates** for clients and work to establish frequent communication and a genuine collaboration with the client's social worker.

When possible, **nurses pro-actively work with social services** to be a part of the process of developing parenting plans with the client during her pregnancy.

With social workers and health care professionals, **NFP nurses communicate about client strengths**, accomplishments and proactive steps the young woman is taking to be a safe and competent parent.