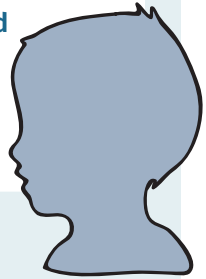


Recognizing and Responding to Child Maltreatment in Home Visiting Practice

Nurse-Family Partnership® (NFP) public health nurses (PHNs) are aware of their **legal responsibilities as mandated reporters** to contact local child protection services (CPS) about suspected or observed child maltreatment.

Analysis of NFP PHN narratives resulted in **identification of nursing strategies** to navigate the complex practice terrain of how to recognize and respond to child maltreatment.



Laying the Groundwork: Providing Anticipatory Guidance

Around enrolment, PHNs discuss their role as mandated reporters and provide information about infant safety, sensitive parenting, prevention of child maltreatment, and supportive services.

“I lay the groundwork with my clients beforehand, even in the initial consent when we talk about it [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 that [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.”



Walking the Line: Considering Child Maltreatment

PHNs sometimes experience ambivalence about the need to contact CPS when historical/current risks for maltreatment are identified, yet there are no clear patterns of unsafe parenting and there are observations of mothers implementing strategies to increase infant safety.

During the process of considering maltreatment, PHNs:

- Carefully assess and document situation and risks
- Strategize to increase supports in place for family
- Increase maternal understanding of sensitive and safe parenting strategies

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**Making Sure:
Consulting with Other Professionals**

When considering maltreatment, PHNs consistently consult other professionals including NFP nurses and supervisors or other health care/social service providers working with the client.

A common practice is to contact the CPS agency to discuss a “hypothetical” case or to ask for guidance on when a situation should move from “considering” to “suspecting” maltreatment.



**Making the Call:
Mandatory Reporting**

Following assessment and consultation, the level of concern may change to “suspecting” or “observing” maltreatment.

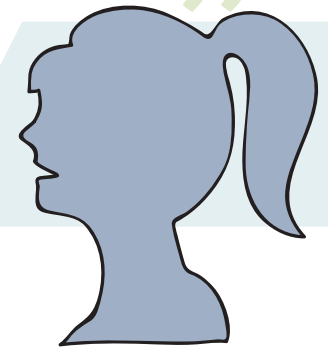
If it is safe to do so, PHNs express a preference for transparency and informing the mother (family) about the need to make a report to CPS.

Nurses need to also determine *who* makes the call to CPS:

- Depending on the type of maltreatment, supporting the mother to call CPS with a request for support or services
- If safe to do so, making the call with the mother present

Nurses place a high value on providing detailed assessment information and highlighting maternal strengths, balanced with child protection concerns when speaking with a CPS social worker.

“If it works out, the best thing to do is to report with the parent present. Make the phone call together. Do the report together. Be very open with them. Because that’s how you’re going to maintain that relationship way better than if you try and do it behind someone’s back.”

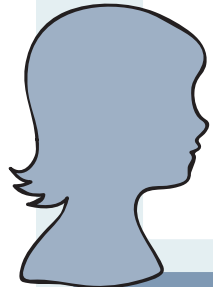


**Treading Carefully:
Maintaining the Nurse-Client Relationship**

At the time of, or following, a mandated report, PHNs may “tread carefully” with clients, recognizing that their action may result in a client leaving NFP or becoming “guarded” during her home visit.

For clients who stay in the program, PHNs may:

- Collaborate with the CPS team to develop safety plan for infant
- Provide support to the family
- Continue home visiting to provide information to family on how to address identified risks and to strengthen parenting skills



Common Practice Challenges for NFP PHNs Related to Mandated Reporting

1: Who makes the report? **2:** How and when to report? **3:** Being aware of, in the context of child protection, the potential negative consequences of a report for a mother **4:** The potential that the nurse-client relationship will be fractured and the client will be at risk of leaving the program **5:** Managing inconsistent CPS responses from an often overburdened child welfare system, particularly for women & children exposed to intimate partner violence