



University of
South Australia

Australian Centre for
Child Protection

Professionals Protecting Children

*Child Protection and
Nursing and Midwifery Education
in Australia*



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Australian Government
Department of Innovation
Industry, Science and Research

Improving the lives of vulnerable children



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By Professor John Daly

Nurses and midwives have always played a vital role in caring for families and children, and our roles have evolved with changing societal needs and unfolding knowledge. Child abuse and neglect is not a new social problem but it is now more likely to be recognised as such. It raises complex and sensitive issues for all professions which work with families and children.

Our knowledge about child abuse and neglect has increased in recent years. We now understand that it is relatively common in many communities. We now also understand that child maltreatment can have very serious consequences in terms of the immediate suffering of children, the long-term effects on adult physical and mental health, and have an impact on subsequent generations.

The emergence of a public health approach in the field of child protection is opening new and exciting opportunities for nursing and midwifery to make a major contribution in the prevention and identification of, and response to, the problem of child abuse and neglect. This is true regardless of whether the child or the parent is our primary focus, our area of specialisation and whether we are working in acute care or community settings.

Nurses and midwives are in a unique position to reduce some of the key risk factors and increase some of the key protective factors associated with child abuse and neglect. These include identifying and reducing stressors during pregnancy, strengthening parent-infant attachment, enhancing parenting capacity and reducing social isolation. It also includes recognising and ameliorating the impact of parental chronic illness, substance dependence and mental health problems on parenting capacity.

Protecting and enhancing the well-being of children is now a major national priority, and increasing attention is being given to workforce development across a broad range of professions helping to protect and nurture children. We need to educate and support our practitioners so that they have the necessary values, knowledge and skills to work effectively with vulnerable children and their families.

*With research strongly supporting the benefits of early intervention strategies, and with the recent release of *Protecting Children is Everyone's Business: The National Framework for Protecting Australia's Children*, this report on the child protection related content in Australian nursing and midwifery courses is very timely. It highlights a number of significant gaps in our programs. As we move towards a national accreditation framework, it is vital that as a profession we act promptly to address these gaps and ensure that nursing and midwifery practice is underpinned by the best available knowledge. I trust that this report will be a catalyst for action.*



Professor John Daly

Chair, Council of Deans of Nursing and Midwifery, Australia and New Zealand

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Executive Summary



In response to increasing concerns about child abuse and neglect, the University of South Australia and the Australian Government established the Australian Centre for Child Protection. Core funding for the first decade of operation has been provided by the Australian Government, currently through the Department of Innovation, Industry, Science and Research.

The Centre's professional education initiative, *Professionals Protecting Children*, supports a broad range of professions, including teaching, nursing and midwifery, psychology, social work, childcare and medicine to address the needs of all children who have experienced, or are at risk of, abuse or neglect.

In support of this outcome the initiative investigates:

<i>Focus Question</i>	<i>Strategy</i>
What is currently being taught about child protection within professional education programs?	Map the undergraduate and graduate courses in relevant disciplines across Australia to identify the curriculum content that promotes professional competence for preventing, recognising and responding to child protection issues
What do professionals know, think and do about protecting children?	Explore, promote and evaluate processes for effectively enhancing professionals' child protection knowledge, beliefs and practices
Where does child protection fit into the respective professional education programs and who takes responsibility for its delivery?	Promote quality teaching and effective learning about child protection and diffuse exemplary models of professional practice through the development of high quality curriculum support materials

Purpose and Content of Current Study

This publication addresses and provides insights into the first question only. As child protection content has previously never been mapped at the national level, this study provides a valuable benchmark. Specifically, it explores the extent to which child protection content is currently incorporated throughout nursing and midwifery education programs. Given the increasing diversity

of nursing and midwifery roles, this study also provides vital insights into existing challenges and potential opportunities in the area. It provides a strong evidence base from which to inform and launch future directions and actions, with the ultimate aim of strengthening the capacity of the profession to respond to the needs of vulnerable children.

Serious concerns have been raised in recent years in Australia, as elsewhere, about the deleterious life and health outcomes for children who are victims of, or considered to be vulnerable and at-risk of abuse and neglect. As a result of Federal reports published over the past few years and major reviews conducted in most States and Territories, recommendations have been made to (a) establish early intervention protocols and services in Australia, which address child well-being issues and assist in the prevention of child abuse and neglect, (b) equip the nursing and midwifery workforce with the training to enable them to provide early intervention and preventative services, (c) establish national criteria for the education of nurses and midwives in regard to child protection, (d) develop national standards and competencies for nurses and midwives and (e) incorporate innovative, successful and exemplary models which address child well-being issues across all health services (Children Youth & Women's Health Service, 2005; Department of Human Services, 2001; Keane & Chapman, 2008; National Public Health Partnership, 2005; Schmied et al., 2008).

Nurses and midwives play an essential part in prevention and early intervention strategies circumventing the long-term effects of child abuse and neglect. The capacity to prevent abuse and neglect requires an autonomous, informed and proactive workforce that can recognise the signs of abuse and neglect and is prepared to intervene (Department of Human Services, 2001). All health professionals and other professional groups that come into contact with children and their families have a shared responsibility for protecting and intervening on behalf of children (Department of Human Services, 2001).

In view of these recommendations, and in support of the Centre's mission, all faculties/schools of nursing and midwifery education across Australia were invited to help map child protection-related content in nursing and midwifery education programs. The research design and process undertaken has engaged and hopefully will continue to engage, key stakeholders across a range of professions in discussing and exploring associated issues and potential areas of interest and action.

The full account of findings begins with a brief review of literature on child protection and nursing and midwifery education nationally and internationally. It then presents the analysis and results of the curriculum mapping survey data, and outlines issues raised in the subsequent National Nursing and Midwifery Education and Child Protection Forum.

The Research Process

Stage 1 encompassed the research design phase. Specifically it examined previous studies and relevant findings, in addition to -

- scoping the sample group
- identifying the content to be mapped
- establishing time frames, and
- planning subsequent actions and outcomes

Stage 2 involved the actual mapping of child protection content in tertiary education. To date this methodology and data collection approach has been undertaken in teacher education, social work education, psychology education and nursing and midwifery education.

The Council of Deans of Nursing and Midwifery, Australia and New Zealand, offered in principle support to the curriculum mapping project. After being contacted by the Australian Centre for Child Protection, Schools of Nursing and Midwifery nominated a liaison person in their respective school/faculty to coordinate the completion of surveys. The survey data was collected in the months following November 2007 and therefore relates to programs as taught in 2007.

To maximise input from the profession, a roundtable forum was held on 12 March 2008.

The forum enabled:

- preliminary results from the survey mapping process to be presented
- discussion of perceived barriers and facilitators for including relevant content across a range of undergraduate and graduate programs
- the establishment of networks to explore future actions and direction
- the identification and promotion of good practice in the delivery of child protection content in nursing and midwifery education.

Participants were invited to submit expressions of interest for potential collaborative projects with the Australian Centre for Child Protection.

The final stage of the process incorporates the analysis, evaluation, reporting and dissemination of results. The input provided by the nursing and midwifery profession and the findings elicited from this study are providing the foundation for current curriculum standards and curriculum development projects.

Participants in the Project

Invitations to participate in the mapping of child protection content were sent to 34 universities across Australia offering nursing and midwifery education programs at the undergraduate, graduate and postgraduate level. Of this number 28 universities responded and completed questionnaires relating to a total of 55 nursing education programs.

Given that there were a number of nursing programs offered across different schools, and in order to facilitate effective data analysis, and future discussion of findings, preliminary exploration of the data was conducted to establish the most effective way to categorise programs.

As such, investigations confirmed that all programs mapped could be assigned to one of four categories, Nursing, Midwifery, Nursing in Health Sciences, and Nursing in Mental Health.

Examination of the data revealed that the majority of programs mapped were offered within schools of nursing (61.8%), with just under a third representing midwifery programs (30.9%) and a small number offered as part of a Mental Health (3.6%) or Health Sciences Program (3.6%). The majority of surveys represented primarily undergraduate awards (67.3%), which is not surprising given the greater number of nursing and midwifery programs offered at this level of education.

Response patterns also revealed that all States and Territories were represented in the data.

Roundtable Participants

All Universities which had participated in the study were invited to send a representative to attend a National Roundtable Forum to discuss the facilitators and barriers to including child protection content in nursing and midwifery education programs. The Australian Centre for Child Protection facilitated the Forum, with a total of 24 universities being represented and 38 participants taking part. This included Deans or Heads of Schools of Nursing and Midwifery, or their nominated representative, nurse educators and clinical nurses, in addition to representatives from the Council of Deans of Nursing and Midwifery Australia and New Zealand, the Nurses Board of South Australia, and industry and family support services groups.

Findings related to the Delivery of Child Protection-related Content

As a result of earlier trialling and refinement, the survey instrument was organised into five sections (see Appendix 1).

Section 1A identified discrete or stand alone courses specifically addressing the prevention, identification or response to child abuse and neglect. Findings from this section revealed that:

- no discrete (stand alone) child protection courses/units were reported as being offered by the schools and faculties that returned surveys.

Section 1B identified courses, units or subjects that addressed child protection issues explicitly in an integrated teaching and learning context. The findings show that:

- 43 (78%) of the 55 nursing and midwifery educational programs mapped reported providing integrated child protection content
- when data was examined by the type of program, 26 (76%) of the 34 nursing programs and 13 (76%) of the 17 midwifery programs mapped reported offering integrated child protection content
- 94 courses/units providing integrated child protection content were reported across the 55 programs. Of the 94 courses/units
 - 89 (95%) were recorded as being offered within core components of the program
 - 75 reported time allocated to teaching child protection content. Of these courses/units, 66 (88%) allocated less than 20 per cent of unit time to the teaching of child protection content
 - 89 (95%) were delivered by university staff.

On the basis that many child protection issues and concerns may be discussed incidentally throughout an award program, Section 2 provided a list of risk factors and proactive strategies associated with child abuse and neglect that could potentially be addressed but may not necessarily be documented in course curriculum guidelines. The format utilised a model which placed the child within the family and the community. Respondents were asked to record if the strategies and factors listed in this section were 'taught but not linked' to child protection or if the issues were explicitly 'linked' to child protection.

Examination of this data revealed that 23% of the programs mapped include information about risk/protective factors specifically linked to child protection. A further 19% of programs include

information about risk/protective factors. These factors, however, were not specifically linked to child protection issues. It is important to note that no conclusions can be drawn with regard to the connections students make to child protection and the need to respond to the issues, nor the extent of the learning that occurs when content is delivered in this manner. Where content is delivered incidentally but not explicitly linked to child protection, opportunities exist whereby the content could be conceptually linked to child protection.

Further exploration of the data highlighted that the majority of students are not exposed to information about risk factors and proactive strategies regardless of the type of degree, that is undergraduate, graduate and postgraduate, or the category of degree, that is nursing, midwifery, nursing in health sciences, and nursing in mental health.

The final two sections of the survey provided the opportunity for respondents to record comments, issues or concerns related to child protection in nursing and midwifery education, and to indicate any curriculum issues their school or faculty were interested in exploring at a National Roundtable Forum.

A range of comments were recorded. Topics highlighted included:

- the need to address the complex and sensitive issues related to child protection within a supportive culture
- the need to build and maintain collaborative partnerships with all stakeholders
- the development of new units of study in child protection at undergraduate, graduate and postgraduate levels that complement codes of practice, and further provide students with the skills and understanding to meet their legal and professional requirements
- exploring merits of addressing child protection issues through interdisciplinary, cross university and practice based learning, including exploring the interrelationships between social issues such as mental health and child protection
- addressing practical constraints such as resource and time constraints; and
- broadening the notion of child protection beyond mandatory notification.

Facilitators and Barriers to Change

Facilitators and barriers to incorporating child protection content in nursing and midwifery education were highlighted in the literature, National Roundtable Forum discussions and survey responses.

Barriers

Competing demands and practical constraints

Working in silos

Narrow perceptions of child protection across the health care sector

Increasing scope of work undertaken by nurses and midwives

Facilitators

- Building communication pathways and collaborative partnerships
- Supportive structures
- Quality accessible resources
- Engaging in work place learning
- Training and Development

Future Research Directions

In acknowledging the multifaceted nature of child protection, participants strongly supported the need for research to inform future directions in nursing and midwifery education. Subsequently, the following questions were raised in survey responses and forum discussions, and identified as areas requiring further examination:

- What minimum requirements are necessary, both with regard to skill base and understanding, in order for nursing and midwifery graduates to be able to competently and confidently address child protection issues?
- How can educators capitalise on opportunities available through clinical placements, and accurately monitor students' exposure to, and evaluate student learning related to, child protection to ensure minimum requirements are achieved?
- How can practical complexities be efficiently addressed to best utilise available resources and address differences in professional requirements across States and Territories?
- What resources are required to facilitate the learning and teaching of child protection-related content, and how can the uptake of the resources be maximised? For example, investigation into establishing national standards and competency requirements in child protection which can inform the development of curriculum materials
- What should professional development look like for both novice and experienced nurses and midwives, to complement the codes of practice, and further build their capacity to meet the needs of vulnerable and at risk children and families?
- What support does the nursing and midwifery profession require to build their understanding about the broader context of child well-being, early intervention and prevention of child abuse and neglect?
- What are the merits of various delivery approaches, including multidisciplinary approaches, to effectively and holistically incorporate child protection content?
- How can educators effectively manage the sensitivities and complexities that sometimes arise when addressing child protection issues?
- What indirect or direct impact, if any, do issues associated with addressing child protection have on the profession, including retention and recruitment rates, and how can they be proactively addressed?

Participants also acknowledged the need to explore and promote innovative and successful practices and programs which address child protection and child well-being issues.

Conclusions

Throughout this research project, stakeholders in the nursing and midwifery profession, including educators, industry employers and registration boards have had the opportunity to engage in professional conversations to:

- reflect upon current practices, and identify exemplary approaches that address child protection issues within nursing and midwifery education programs. This was considered a valuable exercise in helping to develop a strengths based approach to building the capacity of the profession
- ascertain potential directions and courses of action to promote child protection and child well-being in nursing and midwifery education programs.

Additionally, the research process provided impetus and collegial support in addressing child protection, particularly as it was considered to be an area of increasing concern for the nursing and midwifery education community, and the broader community in general. A collaborative approach to addressing child protection and child well-being issues in nursing and midwifery education programs was supported and encouraged, and a unified commitment to continue exploring opportunities that would progress current nursing and midwifery practices and theories was conveyed.

Ensuring that practitioners feel adequately prepared to engage in, and implement proactive preventative strategies and have the skills and understanding to instigate early interventions, to improve health and life outcomes for vulnerable children and families, was also identified as a major priority.

While participants acknowledged the challenges, such as resource constraints and competing demands, the critical importance of implementing a coordinated and coherent approach was expressed. The need to promote child protection in nursing and midwifery education programs also became evident throughout the study. In particular, discussions highlighted opportunities for interventions, and further established that nurses and midwives have a vital role to play in helping to prevent and respond to child abuse and neglect.

Ongoing efforts to shift the focus from the current emphasis on the identification-report paradigm to one that promotes holistic and community based early intervention strategies and responses, in addition to preventative measures, was highlighted by participants. However, the complex nature of child protection was also discussed, with participants acknowledging the professional dilemmas and personal conflicts which can arise when nurses and midwives, in fulfilling their role of providing patient care, come across actual or suspected child abuse or neglect. The need to consider and address the implications these issues have for the profession, particularly with regard to training and development in pre- and post- qualifying nursing and midwifery programs, and retention and recruitment issues, requires further investigation and action.

The need to build on current research, and the merits of having an Australian and international evidence-base inform future directions was expressed by participants. Establishing effective teaching practices in the area of child protection, and determining the nature of support structures required

to ensure that the nursing and midwifery profession is able to implement successful preventative practices was considered to be an essential strategy. While participants acknowledged that the non-domain specific nature of the content could present additional challenges, it also became apparent that this could expose opportunities for exploring creative and sustainable ways to deliver content, including multidisciplinary approaches.

In view of the proposed changes to the registration of health professionals across Australia and New Zealand, this research has the potential to provide the foundation from which to launch future directions and actions across nursing and midwifery programs in relation to child protection.

The Australian Centre for Child Protection looks forward to working collaboratively with the nursing and midwifery profession to help build the capacity of nurses and midwives to respond to child protection and child well-being issues.

Recommendations emerging from the Study

To enhance the capacity of the nursing and midwifery profession and to equip nurses and midwives with the skills and knowledge to meet the needs of vulnerable children and families competently and confidently, the following is required:

- 1) collaboration among stakeholders to explore and establish minimum national standards and competencies for all graduating nurses and midwives, regardless of their field of practice
- 2) consideration of the broader notions of child protection, including prevention, early intervention, proactive strategies and overall child well-being
- 3) ongoing professional conversations between schools of nursing and midwifery and professional bodies as a way of establishing coordinated future directions and actions
- 4) resources be committed to supporting quality research which addresses issues, opportunities and challenges outlined in this publication.





Background

Spanning both prevention and response to child abuse and neglect, the Professional Education initiative of the Australian Centre for Child Protection, *Professionals Protecting Children*, aims to translate evidence based research into practice by assisting a broad range of professions in preparing graduates and practitioners to prevent and respond to child abuse and neglect confidently and effectively. The Centre is currently collaborating with professions including teaching, nursing and midwifery, psychology, social work, child care and medicine. This study on nursing and midwifery education is one of a series based on the curriculum mapping of child protection related content in pre- and post- qualifying courses.

In support of the Centre's mission to enhance life opportunities for children in Australia who have experienced, or are at risk of abuse and neglect, the Australian Centre for Child Protection is collaborating with key stakeholders including educational providers, registration bodies, employer groups, and professional organisations to:

- map how the prevention, identification and response to child abuse and neglect is addressed within undergraduate and graduate education programs across a broad range of professions
- explore how professionals can best be prepared for working with vulnerable children and their families
- identify elements of good practice, exemplary teaching and learning practices, and resource development opportunities for the promotion of effective practice in relation to child abuse and neglect issues across a broad range of professional programs.

This investigation is underpinned by three key questions:

- 1) What is currently being taught about child protection within professional education programs?
- 2) What do professionals know, think and do about protecting children?
- 3) Where does child protection fit into the respective professional education programs and who takes responsibility for its delivery?

Australian Context and Impetus for Change

Serious concerns have been raised in recent years in Australia, as elsewhere, about the deleterious life and health outcomes for children who are victims of, or considered to be vulnerable and at-risk of abuse and neglect. As a result of Federal reports published over the past few years and several major reviews conducted in most States and Territories of health service provision, recommendations have been made to (a) establish early intervention protocols and services in Australia, which address child well-being issues and assist in the prevention of child abuse and neglect, (b) equip the nursing and midwifery workforce with the training to enable them to provide early intervention and preventative services, (c) establish national criteria for the education of nurses and midwives in regard to child protection, (d) develop national standards and competencies for nurses and midwives, and (e) incorporate innovative, successful and exemplary models which address child well-being issues across all health services (Children Youth & Women's Health Service, 2005; Department of Human Services, 2001; Keane & Chapman, 2008; National Public Health Partnership, 2005; Schmied et al., 2008).

In view of these recommendations, and in support of the Centre's mission, all faculties/schools of nursing and midwifery education across Australia were invited to help map child protection related content in nursing and midwifery education programs. This publication presents and discusses the findings from the survey data and further outlines the issues raised at a National Nursing and Midwifery and Child Protection Roundtable Forum.

Timeliness of this study

In 2008 the Council of Australian Governments (COAG) agreed to introduce a single national registration and accreditation scheme for health professionals by July 2010. The scheme aims to:

- address concerns related to health workforce skills shortages
- support workforce mobility
- provide greater safeguards for the public, and
- promote a more flexible, responsive and sustainable health workforce.

The proposal of a national registration scheme has initiated a major review of current policies, procedures, standards and competencies. This national agenda and period of transition provides an optimal opportunity for the Australian Centre for Child Protection to work collaboratively with relevant stakeholders including Schools of Nursing and Midwifery, the Council of Deans of Nursing and Midwifery and accrediting agencies to raise the profile of child protection-related issues. Furthermore, this is an appropriate time to reflect on child protection content within Nursing and Midwifery programs, and to build the capacity of nurses and midwives to prevent and respond to the needs of our most vulnerable children.

Within this context, the mapping of child protection-related content in nursing and midwifery education programs is very timely.

Child Abuse and Neglect – A Serious Problem

There were 55,120 substantiated notifications of child maltreatment cases in Australia in 2007-08 (Australian Institute of Health and Welfare, 2009). While the most accurate statistics reflect the number of suspected child abuse cases reported to statutory child protection authorities, many more children not known to statutory child protection services are at risk. These include children exposed to family violence and social disadvantage, such as instances where one or both parents may be exhibiting mental health problems and/or drug and alcohol dependence.

With an estimated 13% of Australian children living in a household in which at least one adult is regularly binge drinking, and recent research suggesting that parental substance misuse significantly increases the likelihood of child abuse and neglect, the importance of broadening the way we perceive and approach child protection-related issues becomes clearly apparent (Dawe, Harnett, & Frye, 2008). Alarming in some Australian states, one in five children is the subject of a notification to statutory child protection services by the age of eighteen, with approximately 20% of these being 'substantiated' as cases of child abuse or neglect (Australian Institute of Health and Welfare, 2009). In addition, there are over 30,000 children in Australia in state care at one point in time, double the number a decade ago, with Indigenous children nine times more likely to be in state care than other children (Australian Institute of Health and Welfare, 2009; O'Donnell, Scott, & Stanley, 2008).

An ongoing challenge facing current child protection systems in Australia is their struggle to provide effective and timely support to families and children. This is particularly problematic as services attempt to respond to the overwhelming and escalating demand within the context of serious staff shortages and an overloaded child protection system. A negative by-product of this reliance on tertiary response is the inability to sustain this system. Hence, there is a critical imperative to address these issues in order to reverse the current trend and provide services that are universal and preventative.

Examining opportunities in health related services where early intervention can be implemented is potentially part of the solution, particularly as nurses and midwives are often among the first professional group to become aware of a family struggling to parent, especially in infancy and the preschool years, when the risk of serious physical abuse and neglect is greatest.

Furthermore, research shows that children who do not have access to social or family support and who also experience poverty, ill health, disruptive, violent or drug and alcohol affected family settings, are more likely to be exposed to a range of risk factors in early life that can set in motion negative physical, mental, dental and social outcomes (Marmot & Wilkinson, 2006; National Public Health Partnership, 2005). Research has found that those children most at risk, can, and often do, benefit from early interventions that provide coordinated and integrated support for vulnerable children (Children Youth & Women's Health Service, 2005). Early intervention programs such as nurse home visiting are cost effective, integral strategies in promoting optimal child development, and preventing abuse and neglect (Jack, DiCenso, & Lohfeld, 2005). Furthermore, they have the potential to intercept the trajectory leading to poorer life outcomes. Given the importance and effectiveness of such interventions, the role of nurses and midwives is undoubtedly paramount in helping our most vulnerable and at risk children enjoy their right to healthy and positive well-being.

The long-term health effects of abuse and neglect have recently come to the fore in Australia. Specifically, two key Senate reports (Commonwealth of Australia, 2004, 2005) and a number of Federal and State/Territory reports have informed current and future directions in addressing child protection-related issues (Children Youth & Women's Health Service, 2005; Department of Human Services, 2001; National Public Health Partnership, 2005). As the cost of health care continues to increase in Australia, there is a growing realisation that factors such as child abuse and neglect represent preventable increases in this economic burden (Australian Institute of Health and Welfare, 2007). Moreover, there is an increasing awareness of both the short and long-term cost, directly and indirectly associated with the prevalence of child abuse and neglect in our society, as determined from both a financial and human cost benefit perspective. In 2001 to 2002 in Australia, the total cost of child abuse and neglect was estimated at \$4,929 million (Keatsdale Pty Ltd, 2003), although the true cost, in terms of the personal impact of child abuse and neglect on victims is not able to be accurately calculated, with research suggesting that the impact can be intergenerational. In 2005-06 the total health expenditure was \$87 billion and constituted 9.05% of Gross Domestic Product (Australian Institute of Health and Welfare, 2007).

Nursing and Midwifery and Child Protection

The professional roles of nurses and midwives cover a broad range of skills and expertise. In addition, the wide range of health settings and the extensive nature of services that nurses and midwives provide, including home visiting, community care and acute care, uniquely place them as a professional group often the first to connect with a new family unit. They are also one of the few professional groups to engage with all children under the age of five years, through antenatal care, neonatal care, infant care, early childhood health, accident and emergency services and parent/carer education services. Beyond this, nurses and midwives have parents as their primary patients. In some areas such as mental health nursing there is the potential to work with adults in relation to their parenting capacity. Family centred models of practice have strengthened the potential to work holistically with families with dependent children.

There is a professional expectation that nurses and midwives facilitate optimal health outcomes across and within the various health care settings, which incorporates broader social factors and contexts (Australian Nursing & Midwifery Council, 2007). In regard to child protection, nurses and midwives have a professional duty of care to all children, and in most Australian jurisdictions are legally required to report suspected child maltreatment. With 4.1 million children and young people in Australia under the age of 15 years (Australian Bureau of Statistics, 2008b), it is critical that all nursing and midwifery practitioners are equipped to prevent and respond to child abuse and neglect.

While research suggests that nurses and midwives willingly identify families facing adversity that may be in need of early intervention programs, much of the available research highlights a reluctance on the part of health professionals to report suspected child abuse and neglect (Feng & Levine, 2004; Keane & Chapman, 2008; Lazenbatt & Freeman, 2006). This reluctance to engage with the reporting process is most likely influenced by various factors including: the belief that it will not be beneficial to the child and family; the attitudes of colleagues; the work context and setting; and the lack of skills in recognising abuse and neglect and potential risk factors. Feng & Levine (2004) found that nurses and midwives were more likely to report if employed in accident and emergency services, and if supported by other staff when reporting. However, more recently Keane and Chapman (2008) highlighted the shortage of skills among accident and emergency nurses and midwives in recognising abuse and/or neglect among at-risk children.

Professional dilemmas also surface where nurses or midwives are required to build trusting, professional relationships with the parent and child while simultaneously faced with the legal and professional obligation to report suspected or actual child abuse and neglect. The complexities associated with meeting and responding to the needs of vulnerable children and families can, and sometimes does, lead to a conflict of interest, resulting in nurses being reluctant to make notifications (Jack, DiCenso, & Lohfeld, 2005).

While not discounting these concerns, nor the merits of identification and reporting processes, increased awareness of the broader notions of child protection which are inclusive of proactive preventative and early intervention strategies, are crucial if we are to reduce potential risk factors and strengthen the overall capacity of families. With the emergence of a public health approach to child protection, the role of nurses and midwives in the primary and secondary prevention of child abuse and neglect is receiving increasing attention (O'Donnell, Scott, & Stanley, 2008).

The Contemporary Role of Nurses and Midwives

Statistics also show that in the past decade the nursing workforce has risen by 6% (Australian Bureau of Statistics, 2008a). With approximately 230,578 nurses and midwives registered in Australia according to the 2005 Australian Institute of Health and Welfare Nursing and Midwifery Labour Force Census (Australian Institute of Health and Welfare, 2008) there is a very real need to understand how nurses and midwives are being prepared to address child protection-related issues, regardless of the field of practice.

In today's context, nurses and midwives are increasingly working across diverse fields, and in many instances are also required to work autonomously with families and children, within their role of promoting and providing safe and effective care (Australian Nursing & Midwifery Council, 2007). Despite this reality, and the increasing requirement of nurses and midwives to work within the community in universal health services, there has been little research into the role of nurses within this context (Schmied et al., 2008). Furthermore, given their key role as service providers, there has been limited investigation into the challenges they may face, and the skills, knowledge and understandings they may require in order to perform these duties confidently and competently (Power, Parry, & Nixon, 2007; Schmied et al., 2008).

As professionals, nurses and midwives strive to provide holistic care which incorporates the psychological, physical, emotional, social, spiritual and cultural needs of all clients. In addition to maintaining competent care across a variety of community and social settings, they are also required to provide appropriate referrals to help bridge the gap between community supports and acute care settings (Australian Nursing & Midwifery Council, 2007). They provide client advocacy and public health information (Schmied et al., 2008), and are expected to respond to public health principles, including the promotion of child protection, breast feeding, protective health behaviours, and the prevention of domestic violence, and drug and alcohol abuse. Within the context of Australia's universal health care system, nurses and midwives undertake their roles and responsibilities knowing that they are legally and professionally responsible and accountable in terms of their professional practice. Regarding early intervention, nurses and midwives working with children and/or their families also have a professional obligation to educate and promote public health.

While universal health care has been a pillar of Australia's health system since the 1970s, recent developments in this area have led to early intervention being considered a necessary strategy in achieving progressive health reforms. A greater awareness of the long term benefits of early intervention is being translated into practice in current universal health care initiatives, whereby

early interventions are offered to all families (Department of Human Services, 2001). This includes providing families and children with various levels of support and education.

Regarding families and children facing adversity, this is particularly important, as recent research suggests that families and children who are at significant risk are now presenting at services with more complex needs than they were ten years ago (Keane & Chapman, 2008; Marmot & Wilkinson, 2006). As described earlier, these complex issues include parental mental health and substance dependence problems, and highlight the need for a range of strategies, including interdisciplinary approaches, to support families and children who present with multiple psychosocial conditions.

In the area of child protection, nurses and midwives provide the majority of primary prevention services. These services include, but are not restricted to, antenatal services, neonatal intensive care, home visiting services, paediatric and child health nursing, maternal and child health services, school nurse programs and community health services, accident, emergency and acute care. These services provide opportunities for nurses and midwives to implement early intervention strategies. As such, nurses and midwives are integral to the delivery of early intervention strategies. They are able to address abuse and neglect by collaborating with community and acute care services to provide intervention and support programs. Furthermore, nurses and midwives have the opportunity to make an assessment of a child's ongoing safety and well-being and the parent's capacity to support, protect and care for their child.

Consequently, there is a broad range of skills and knowledge required by all nurses and midwives to:

- provide timely and appropriate information in a respectful and confidential manner
- advocate on behalf of the child
- ensure appropriate care and access to services is provided
- provide a continuity of care for the child and family which incorporates a holistic view of family and community
- engage with multidisciplinary teams and service providers.

Adopting a holistic approach to addressing child protection issues, whereby the notion of child protection and well-being is broadened to include preventative measures, including reducing potential risk factors and promoting proactive strategies, is critical in ensuring that the needs of vulnerable children are met.

As evidence continues to support long term and cost effective benefits of early intervention (Children Youth & Women's Health Service, 2005; Kemp, Anderson, Travaglia, & Harris, 2005; Olds, 2006), Australian governments are increasingly investing in preventative measures and proactive services for families that aim to prevent child abuse and neglect.

The use of more comprehensive and universal systems of care provision, such as universal home visiting, provides a broader range of services without the stigma that accompanies more targeted interventions (Children Youth & Women's Health Service, 2005). Successful examples of early intervention, such as the home visiting program also provide a proactive strategy which engages and supports vulnerable families and at risk infants (Jack, DiCenso, & Lohfeld, 2005). The capacity to build on a family's strengths and parenting skills are realised and effective both in regard to the cost of home visiting programs and the program achieving its aims successfully (Barnes, Rowe, & Roden, 2008; Heaman & Chalmers, 2006; Wise, da Silva, Webster, & Sanson, 2005). Although it is difficult to quantify, it is estimated that for every dollar spent in early intervention between \$7-\$16 is saved in future health costs (Children Youth & Women's Health Service, 2005;

Keatsdale Pty Ltd, 2003; Winter, 2008; Wise, da Silva, Webster, & Sanson, 2005). While there may be many factors which impact on the success of early intervention programs, research shows that the quality of the education nurses and midwives receive directly impacts on their capacity to intervene and support the success of these cost effective programs (Baverstock, Bartle, Boyd, & Finlay, 2008; Crisp & Lister, 2005; Keane & Chapman, 2008; Long et al., 2006; Power, Parry, & Nixon, 2007; Taylor & Daniel, 2006). This may ultimately be a crucial factor in achieving successful outcomes, and implementing effective programs.

Accompanying the use of increasingly complex interventions is the expectation that nurses and midwives perform psycho-social intervention assessments using tools that determine the level of need, methods of referral, and the nature of the intervention required. A concern emanating from this change in roles, is the training received to use these assessments (Power, Parry, & Nixon, 2007). For these reasons relevant, current and evidence informed training, and ongoing education and mentoring structures are required to assist nurses and midwives fulfil their evolving professional roles and responsibilities to enable them to provide the broader systems of support required for families with complex and multiple issues (Children Youth & Women's Health Service, 2005; Department of Human Services, 2003; Keane & Chapman, 2008; Long et al., 2006).

Further investigations and research which inform nursing and midwifery practice, pre- and post-qualifying content and training in the area of child protection within contemporary nursing and midwifery roles, is required to help build the capacity of the profession to confidently and competently address child well-being issues. It is important to note that the evolving role and increasing expectations of nurses and midwives also has implications for nursing and midwifery education programs, confirming that this is an optimal time for:

- engaging in discussions with relevant stakeholders in the profession about child well-being and child protection-related issues
- mapping child protection-related content across nursing and midwifery programs.

Nursing and Midwifery Education and Child Protection

In 2007 the total number of international and domestic nursing and midwifery students enrolled in pre-registration courses in Australia was 11,939 (Department of Education Science and Training, 2007). In Australia nurses and midwives make up 55% of the healthcare workforce (Gaynor, 2007) and as such there is a high likelihood of nursing and midwifery graduates coming into contact with children and their families. Therefore they have the opportunity to enhance primary and universal early intervention strategies.

However, although nurses and midwives play an integral part in health promotion, and in supporting and educating families, they do not always feel confident, and are at times reluctant to intervene in what are often complex circumstances. While research suggests that nurses and midwives often under-report, more concerning are the reasons explaining this, which include a lack of knowledge and feeling inadequately prepared to effectively intervene and provide familial support (Keane & Chapman, 2008; Long et al., 2006; Power, Parry, & Nixon, 2007).

In an effort to recognise and prevent child abuse and neglect in families deemed at risk, an identification tool was implemented in a South Australian general hospital. An evaluation of nurses and midwives attitudes to the referral tool and early intervention was conducted. Although the nurses and midwives overwhelmingly supported early intervention and referral, they stated that

their levels of education both at undergraduate, postgraduate and in-service levels did not provide them with the necessary skills to fulfil the expectations expressed by the community and the acute care system. The evaluation also found that nurses and midwives were often uncomfortable in asking 'personal questions' of a 'psychosocial' nature, as they felt untrained (Power, Parry, & Nixon, 2007). Conversely, although nurses were hesitant to ask the questions regarding child protection issues, the women in the antenatal clinic who were surveyed, found it both acceptable and appropriate as a midwifery and nursing staff activity (Power, Parry, & Nixon, 2007). Once again a concern expressed by nurses and midwives was the lack of education they received enabling them to feel comfortable or confident in addressing the psychosocial issues and subsequently meeting the expectations of nursing, management and the community (Crisp & Lister, 2005; Power, Parry, & Nixon, 2007; Schmied et al., 2008).

To ensure that services are able to successfully and effectively provide early intervention programs, nurses and midwives require an understanding of the social determinants of health that precede child protection concerns (Laming, 2003), knowledge of the aetiology and the skills to recognise abuse and neglect (Keane & Chapman, 2008). Given the importance of early intervention in child protection and the need to support families to prevent further abuse and neglect, reluctance to intervene on behalf of a child can have serious and lifelong consequences. As such, any factors which contribute to nurses and midwives disengaging from child protection-related issues need to be urgently addressed, and further highlight the importance of education and training in this area.

Research internationally (e.g., Baverstock, Bartle, Boyd, & Finlay, 2008; Crisp & Lister, 2005; Feng & Levine, 2004; Long et al., 2006) has also outlined several key issues involved in building the capacity of the nursing and midwifery profession to prevent, recognise and respond to child abuse and neglect. These include:

- the need for a broad and consistent knowledge base regarding the recognition of what constitutes child abuse and neglect, and early intervention strategies
- the current limited extent of the training related to child protection which incorporates broader notions of child well-being and protection
- identifying and addressing the factors which may contribute to a reluctance by nurses and midwives to report suspected or actual child abuse and neglect
- the need to build the capacity of nurses and midwives to enable them to confidently and competently implement early intervention strategies
- a current knowledge of community support services that are available to families, which support early intervention, the protection of children and build family networks and capacity.

Australian Studies of Child Protection in Nursing and Midwifery Education

Improving the knowledge and skills of key workers is vital in ensuring that health services address the well-being and developmental needs of children, in an effort to circumvent the adverse health outcomes in adults (Cashmore, Scott, & Calvert, 2008; National Public Health Partnership, 2005). Developing a skilled workforce for all professionals that come into contact with children either directly or indirectly through the care of adults is an important strategic direction for workforce planning in the future (Children Youth & Women's Health Service, 2005; National Public Health Partnership, 2005). Expanding the knowledge of health sector workers, beyond that of mandatory

notification towards preventative early intervention strategies will assist in the development of the skills needed to act in a child-centred manner (Cashmore, Scott, & Calvert, 2008).

The National Public Health Strategic Framework for Children 2005-2008 has also reinforced the importance of early intervention in preventing the deleterious long-term health problems of vulnerable children and their families. Specifically, this framework outlines the connections between early intervention, the prevention of long term health effects and the professional educational outcomes of nurses and midwives and their capacity to establish relationships with, and support vulnerable children and their families. Nurses and midwives are seen as integral in the strengthening of a family's capacity to provide and care for its children, with the education of nurses and midwives considered the cornerstone of this capacity (Long et al., 2006; National Public Health Partnership, 2005).

Despite the need to incorporate and address child protection issues in the future planning of universal health care services, and the extensive literature which highlights the important role of nurses and midwives in providing those services, there is a dearth of Australian research into child protection education at the tertiary level. This is concerning, given the significance education has in preparing nurses and midwives to fulfil the strategic directions of universal health services envisaged by governments and employers.

There are however, some research findings which reinforce the importance nurses and midwives place on training, and the value of education in helping nurses and midwives build the understanding, knowledge base and skills they require to enable them to competently protect, and intervene on behalf of children:

- Keane & Chapman (2008) examined the extent to which Australian nurses working in Emergency Departments could recognise signs of abuse and neglect and further explored the implications this has for the future training of nurses. They highlighted that substantial specific indicators of physical abuse and neglect were often overlooked or not recognised by nursing staff in the Emergency Departments participating in this study. Further findings suggest that relevant knowledge and education programs are essential in assisting Emergency Department staff become familiar with signs of child abuse and neglect, and actively intervene to prevent further abuse and neglect
- Ziegler, Sammut and Piper (2005) in examining child injury cases found that in cases where injury had occurred, little or no information was documented in the case notes regarding the extent of injury. Furthermore, little or no further investigation, such as bone scans were conducted, nor was any form of follow up provided, despite the fact that up to 75% of the children presenting had a past history of injury. The staff did not investigate the injuries consistently or thoroughly and child abuse was not investigated or even suspected by the Emergency Department staff
- Power, Parry & Nixon's (2007) mixed methods study evaluated the extent to which nurses, midwives and doctors in a general hospital were comfortable using an assessment tool and referral process that identified at risk infants and mothers. Most of the clients interviewed were wholeheartedly supportive of nurses and midwives asking questions of a psychosocial nature. However, while staff were enthusiastic and positive about the usefulness of the tool, and felt assured about the tools' effectiveness, the majority of nurses and midwives felt their education both at an undergraduate, postgraduate, and in-service level was inadequate to prepare them for this task

- Kemp, Anderson, Travaglia & Harris (2005) studied the competencies required in maintaining a sustainable, long-term home visiting program in Australia. To achieve this generalist qualification, nurses required expertise in: child development, referral agencies, holistic assessment, and the knowledge and skills to know how, and when, to intervene in a 'strengths based' approach. They found that nurses needed training regarding the utilisation of a comprehensive biopsychosocial care delivery model that incorporated an interdisciplinary team focus, and an attitude open to working collaboratively with the family and other disciplines.

The research findings in all of the above-mentioned studies highlight the gaps in existing educational practices. They also reveal the need to build the knowledge base, skills and competencies of nursing and midwifery staff to enable them to effectively facilitate intervention programs. Findings suggest that the lack of available training around child protection, also undermines the sustainability of the universal and preventative services provided (Kemp, Anderson, Travaglia, & Harris, 2005; Power, Parry, & Nixon, 2007). The failure to recognise abuse and neglect was also believed to be a fundamental stumbling block in initiating early intervention strategies and practices (Keane & Chapman, 2008; Ziegler, Sammut, & Piper, 2005).

Additionally, processes and procedures which support information sharing, the development of interagency knowledge and inter-professional and cross disciplinary education are often inadequate (Long et al., 2006).

Recent international studies (Crisp & Lister, 2005; Feng & Levine, 2004; Long et al., 2006) suggest that the exploration of the current curriculum and a further broadening of the education base of nurses and midwives is the first critical step in ensuring sustainable, universal, early intervention practices.

International Studies of Child Protection in Nursing and Midwifery Education

As in the Australian context, international research confirms that nurses and midwives often feel their education and in-service training is inadequate when dealing with issues of child protection and child abuse and neglect (Baverstock, Bartle, Boyd, & Finlay, 2008; Crisp & Lister, 2005; Feng & Levine, 2004; Long et al., 2006).

Long et al (2006) highlighted the relevant existing standards for nurses, midwives and health visitors in the United Kingdom who work with other professional groups to prevent child abuse and neglect. They identified the need for interagency educational standards that would provide nurses, midwives and health visitors with a broader understanding of interagency knowledge, and which would enable them to establish connections to facilitate coordinated child protection interventions. Gaps identified were thought to be partly due to the lack of explicit interagency training. Furthermore, Long et al (2006) found that the current education provided to nurse and midwives fell short of recommendations made by Lord Laming (2003) preventing child deaths from abuse and neglect.

Crisp and Lister (2005) in the UK found a lack of public health interventions regarding the identification and detection of abuse and neglect. They also found that nurses were often faced with professional dilemmas when working with families, specifically when dealing with child protection-related issues. Nurses felt more at ease when adopting a supportive professional role

in their interactions with families, as opposed to having to formally address suspected child abuse and neglect issues through notification and reporting processes. There was also a lack of consensus amongst nursing participants as to the extent of their role in child protection; with researchers concluding that child protection was the responsibility of the broader nursing and midwifery community as well as the role of dedicated health visitors.

In the United Kingdom, in the wake of the death of Victoria Climbié, the Laming Report (Laming, 2003) noted there was a reluctance by nurses to identify, recognise, document and report abuse and neglect. This has led to a national review of undergraduate, postgraduate and in-service educational processes and standards for nurses and midwives (Baverstock, Bartle, Boyd, & Finlay, 2008; Long et al., 2006). United States researchers Rzepnicki & Johnson (2005) suggest the most common errors made in child protection cases is the failure to report, and in some instances this results in the serious injury or death of a child. This failure to report child abuse and neglect was also explored in a Taiwanese study by Feng & Levine (2004) who found that nursing staff readily accepted their responsibility to report, but did not feel adequately trained or prepared to do so. Whilst all the nurses involved in the study were aware of their legal responsibilities to report, nurses stated a lack of clarity regarding the identification and notification processes, and a lack of confidence in the capacity of legal services to intervene. Further Feng & Levine (2004) highlighted the lack of undergraduate and in-service education in addressing indicators of abuse and neglect, and that this further contributed to the reluctance of nurses to notify and report child abuse and neglect.



Conclusion

Key points emerging from the literature include:

- the recognition that nurses and midwives are ideally placed to provide universal and early intervention strategies that can provide better health and life outcomes for all children, especially vulnerable children
- the importance of training nurses and midwives to build their capacity to provide early intervention to assist at-risk children and their families
- strong and continuing concerns about nurses and midwives not being adequately trained to respond to, or identify child abuse and neglect
- the merits of developing interagency and collaborative practices to support children who have been exposed to, or have experienced abuse and/or neglect
- the need for Australian research to determine how child protection issues are currently being addressed in nursing and midwifery education.

This study addresses some of the identified gaps and issues related to the inclusion of child protection-related content in nursing and midwifery education programs, and will further enable stakeholders to examine the baseline of what is being taught, and options to build the capacity of nurses and midwives to proactively respond to and address child well-being issues.

Aims and Purpose of Research

Prior to this initiative, the extent to which child protection issues have been included in the curriculum of nursing and midwifery education courses and programs had not been mapped at the national level. The principal aims of the study were to:

- identify discrete, integrated and incidental child protection course content
- examine perceived facilitators and barriers to the inclusion of child protection course content
- investigate planned and potential future directions and resource requirements for the effective inclusion of child protection components.



Key issues:

- to protect children, a broader notion of intervention, beyond identification and reporting requirements of nursing and midwifery practice needs to be adopted
- within nursing and midwifery education a child centred focus is needed, namely, child well-being and responding to the needs of children and their families and communities
- the welfare of children from a lifespan perspective depends on the quality and effectiveness of the support, and the levels of early intervention available to them through primary and universal health services
- nurses and midwives can feel they lack basic skills in abuse and neglect recognition and lack confidence or feel unprepared to work with, and respond to protecting, vulnerable and at-risk children and young people
- child protection content in nursing and midwifery education has never been examined at the national level.



In order to facilitate future comparisons of data across disciplines, the same questions addressed in the mapping of child protection issues in other professions across Australia were also applied to this study, namely:

- 1) What aspects of child protection are currently being addressed in nursing and midwifery education courses across Australia, and how are they delivered within the curriculum?
- 2) What are the perceived facilitators or barriers for the inclusion of child protection content into the core curricula of nursing and midwifery education?
- 3) What does the nursing and midwifery education community recommend to facilitate the advancement and effective inclusion of child protection components?

As in each of the other professions a roundtable approach was adopted. The rationale for each approach is discussed in the following sections. Readers of the companion studies will find the following section to be a replication, and may wish to proceed to the next chapter.

Curriculum Mapping

Overview

Curriculum, whether documented or not, is the sum total of decisions made about which activities are included or excluded (English, 1980) in an educational program.

Curriculum mapping is a systematic approach used to describe the content taught, the sequence in which it is taught, and the amount of time spent teaching it (English, 1980). The underlying thesis is that the quantity of instructional time affects student knowledge and achievement in an identified area of learning, and that any judgements or future actions should be based on accurate information of what actually happens (Clough, James, & Witcher, 1996) rather than simply examining course outlines of intended curriculum.

Essentially when collated and analysed, curriculum mapping data can indicate the time spent and the order in which students encounter topics. It also permits estimations of the amount of variance within and between functional units of analysis, that is, faculties, schools or courses. Fundamentally,

the data generated by curriculum mapping techniques can be used to identify and address curricula gaps, overlaps, and desired as opposed to inadvertent repetition.

Curriculum mapping can be applied at two distinct levels of interest – the macro (e.g., national, state or discipline) and the micro (e.g., faculty, school, or clinical placement) level. Though the macro and the micro levels are connected, and the functional units of analysis at each level is interchangeable according to context (i.e., a faculty may be defined as macro in a local university study but as micro within a national or international study) the process nevertheless provides the same picture (Jacobs, 1997). Namely, the process makes the curriculum transparent and provides a broad picture of what students experience within a particular context or program of study.

It is important to note, however, that in general, curriculum mapping techniques will tell us what, when and in which sequence content is provided to students but not what they have learned. Notwithstanding this limitation, the curriculum mapping approach was considered an effective and theoretically appropriate way to map when and how child protection content is delivered at the national level for two reasons.

Firstly, the process promotes the identification of resource requirements and secondly, the procedure may potentially support the effective inclusion of child protection components in programs.

Thirdly, in adopting the curriculum mapping approach there is the potential to promote ‘second-order’ change. This type of change both defines a given problem, and challenges the status quo of practice in order to find a solution (Marzano, Waters, & McNulty, 2005). In particular, it is contended that participation in curriculum mapping initiatives can be the process by which we reflect upon, revise or change fundamental assumptions, perspectives and views (Weinbaum, 2004 cited in Hale, 2006). According to Hale (2006), curriculum mapping initiatives therefore, can form the cornerstone of sustainable change when combined with sound leadership, the development of a shared vision and collaborative inquiry. It was considered therefore, that such an outcome would highlight the need for child protection curriculum content within and across university-based nursing and midwifery education faculties and schools, thereby providing further support for the adoption of the proposed research method.

The Process in Action

When designing and undertaking a curriculum mapping study, there are three fundamental stages in the process:

- 1) the research and development stage which involves the -
 - investigation of previous studies and consideration of the findings
 - scoping the range of participants
 - determination of the content to be mapped
 - establishment of timeframes for implementation
 - planning subsequent actions and outcomes
- 2) the actual mapping stage during which -
 - survey instruments are developed, trialled and evaluated
 - curriculum maps are generated based on skills, processes and content actually taught

- 3) the analysis, evaluation, and dissemination stage which incorporates -
- reflecting upon the curriculum taught, methodologies, materials and standards being met
 - reporting of the findings
 - planning to revise or re-evaluate as appropriate.

Examples of Curriculum Mapping in Similar Contexts

Curriculum mapping processes have been used in various university contexts to demonstrate how faculties and schools are developing graduate knowledge and skills. For example, the mapping of graduate attributes in the medicine, nursing and health sciences postgraduate coursework degree curriculum at Monash University (Krasey, Jackson, & McCall, 2006); the generic skills fostered in the BEd (Early Childhood) curriculum at Macquarie University (Sumsion & Goodfellow, 2002), and the graduate attributes in the Arts curriculum offered at the University of New South Wales (Forsyth, 2006). The Learning and Teaching Unit of the University of NSW advocate curriculum mapping for 'initiating processes and discussions with colleagues about embedding graduate attributes into the curriculum' (UNSW Website, 2007).

Although the curriculum mapping process is descriptive by nature and does not perceive teaching and learning as static, there are some issues in applying the process to content that is:

- a) not necessarily core to the nursing and midwifery education award or program, and
- b) which can be interpreted or delivered in highly idiosyncratic ways.

Comparisons can be drawn between the mapping of child protection content and the mapping of non-discipline specific graduate qualities in higher education subjects. Specifically, like the 'top down' approach prevalent in the adoption of graduate qualities outlined by Barrie (2006), many faculties and schools have responded to legal mandates that child protection issues be addressed. For example, in most States and Territories there is a requirement that certain professionals working with children undergo police checks and that mandatory notification workshops are completed by university students prior to a practicum placement. Beyond meeting such legal requirements, there may be no single understanding of child protection held by academics asked to contribute data to a curriculum mapping exercise. It was anticipated that the extent and manner in which university teaching and learning processes actually develop child protection related knowledge and outcomes would be unclear and contestable.

The considerations of such issues suggested that simply asking for information about child protection courses could yield little valuable data. Given that people could perceive child protection differently, it was determined that the concept needed to be contextualised and made explicit within the proposed curriculum mapping process. In support of this aim, it was decided to conduct a trial to determine the most effective way of meeting this requirement (see Research and Development Section for details).

Roundtable Approach

Overview

A Roundtable is designed to bring together and engage interested participants in a structured discussion.

The process is intended to provide a 'safe space' for the consideration of how change may be managed and its likely outcomes and impact (McAvinia, 2003). The process offers additional benefits including:

- the opportunity to collate extensive information about the facilitators that may progress, and the barriers that may impede, any planned or desired change in practice
- a collective knowledge base and group who can prioritise issues and generate feasible solutions that take into account resource implications
- the dissemination of information by members of the Roundtable through their personal and professional networks
- the facilitation of structural change within their respective institutions.

(Centre for Learning and Teaching, 2002)

Carter and Mistry (2001) noted that respondents in their study distinguished between Roundtables as an 'approach' and a 'methodology'. The former was perceived as an opportunity to articulate aspirations and associated with dispersed leadership and collegiality, while the latter notion suggested managed directiveness. On the basis of this finding, the notion of a Roundtable 'approach' was adopted as being an option fully consistent with the Centre's aims and mission.

Research and Development

Feasibility

It was determined that a national and comprehensive depiction of child protection content in higher education programs was required. To this end, strategies to gain the support of higher education providers were explored.

Given the issues raised in the previous section, and the diverse range of education courses and pedagogical approaches adopted across Australia, it was determined that the curriculum mapping survey instrument needed to simultaneously:

- contextualise child protection broadly to include preventative and proactive approaches in addition to identification and response training
- provide multiple pathways for respondents to report both explicit and implicit coverage of child protection topics and issues.

Survey Design and Development

Through an iterative process of development, trial and refinement, the survey was designed to extrapolate the nature and extent of child protection content included in an identified education program. It was determined that one survey should be completed for each award or program offered by the targeted school or faculty.

The first two sections, namely Sections 1A and 1B, sought details of courses that have elements of child protection explicitly stated in course curriculum outlines or program syllabi. The next section, Section 2, asked for information about issues which may be raised or covered throughout the education program or award, but were not explicitly stated in any course or program documentation. The final two sections, Sections 3 and 4 provided an opportunity for respondents to raise issues, concerns or share information regarding the approach to child protection not covered in previous sections. The following overview provides details of the type and nature of data collected. The content of the survey instrument is provided in Appendix 1.

Section 1A – Discrete Courses

Section 1A identified discrete, or stand-alone courses specifically designed to address the prevention, identification and professional response to child abuse and neglect.

Examples of courses for inclusion in this section were:

- compulsory child abuse identification and reporting programs, or 'one-off' mandatory notification training courses
- subjects in which the content is **fully dedicated** to the exploration of the prevention, identification or response to child abuse and neglect within a professional context.

Section 1B – Integrated Approaches to Child Protection

In Section 1B respondents were asked to indicate courses, units or subjects offered within the nominated award program that addressed child protection issues explicitly within an integrated teaching and learning context.

This enabled the identification of broader courses/subjects/units that specifically listed one or more child abuse and neglect topics in the course booklet as part of a lecture, tutorial and or assessment tasks. Examples included:

- the impact of domestic violence on children is listed in Week 2 of a semester-long 'Working with Individuals, Families and Groups' course
- preventing child abuse and neglect in children whose parents are mentally ill and the child protection responsibilities of general nurses and mental health nurses in treating adult with a mental illness.

Section 2 - Child Protection-related Content

In order to contextualise child protection issues in multiple ways, a number of risk factors and proactive strategies associated with child abuse and neglect were listed in Section 2. The list was drawn from contemporary literature and existing categorisations of child protection-related risk

factors and indicators, particularly Bronfenbrenner's (1979) ecological model which places the child within the family, within the community (see Table 2.1).

Table 2.1 Broad categorisations of child abuse and neglect indicators and risk factors

Source	Broad Categories of Risk Factors
Warner, J. (2003) An Initial Assessment of the Extent to Which Risk Factors, Frequently Identified in Research, Are Taken into Account When Assessing Risk in Child Protection Cases <i>Journal of Social Work</i> , 3 (3): 339–363	Child Parent/Carer Demographics Environment
Cameron, G. & Karabanow, J. (2003) The Nature and Effectiveness of Program Models for Adolescents at Risk of Entering the Formal Child Protection System <i>Child Welfare</i> , LXXXII, No. 4, July/August	Childhood and adolescent problem behaviours Difficulties with peers Parents substance abuse & maltreatment history Family problems Step-parents Lack of social integration Neighbourhood disintegration Lack of economic resources
Powell, C. (2003) Early Indicators of Child Abuse and Neglect: A Multi-Professional Delphi Study <i>Child Abuse Review</i> , 12: 25–40	Physical Behavioural and Developmental Parental factors Other
Keane C & Chapman R (2008) Evaluating nurses' knowledge and skills in the detection of abuse in the Emergency Department. <i>International Emergency Nursing</i> , 16: 5-13.	Doubling of reports Significant lack of detection and lack of intervention increases risk

Respondents were asked to record if any factors listed were referred to, or discussed with students during the course of the education program. For example, the impact of family and environmental issues on the child may be discussed in various contexts throughout the degree/award program with no reference to child protection. If the respondents believe this to be the case they were asked to mark the box in the first column: 'Taught but Not Linked'.

If, however, the impact of family and environmental issues or domestic violence on the child is discussed explicitly in terms of child abuse and neglect factors, then respondents were asked to mark the box in the second column: 'Linked to Child Protection'. It was also made clear to the respondents that only one box should be marked for any factor or strategy.

As the list of risk factors and proactive strategies associated with child abuse and neglect provided in Section 2 cannot be comprehensive or exhaustive of all possible issues covered, extra spaces were provided for participants to nominate additional factors or relevant strategies.

Section 3 - Comments, Issues and Concerns

This section provided the opportunity for respondents to record any comments, issues or concerns related to child protection in the identified education curriculum. In addition any future curriculum changes that may have been planned, or innovative approaches that the respondents wanted to share could be included in this section.

Section 4 - Further Exploration

The final section invited respondents to discuss any Child Protection curriculum issues that their school or faculty were interested in exploring further. It also provided an opportunity to record any opportunities, challenges or dilemmas that they wished to raise or discuss at the Roundtable forum.

Trial of Survey Instrument

The survey instrument was evaluated prior to distribution to universities across Australia by means of a small-scale trial. The purpose of the trial was to:

- evaluate the design and format of the survey instrument
- identify any gaps or omissions in instructions or data entry requirements
- establish the average time required to complete the survey
- determine the relevance and quality of data the survey would yield.

In support of the above outcomes, the child protection content was mapped by a small sample of educators. On the basis of feedback, minor modifications were made to the survey instrument.

Seeking Support

The Council of Deans of Nursing and Midwifery Australia and New Zealand gave in-principle support to the mapping of child protection curriculum content in nursing and midwifery programs across Australia. This support included agreement that the Council would provide the names and contact details of the Deans/Heads of Schools and their personal assistants in order for the provision of a key liaison person to be negotiated. This key liaison person assisted in the dissemination and collection of the survey data, and further assisted in disseminating information related to the roundtable forum to their school/faculty.

To conceptualise the survey within a nursing and midwifery education framework, the survey was shown to nominated members of the Council of Deans of Nursing and Midwifery for comments and amendments. This was an essential part of the process as it helped to ensure that the instrument reflected a nursing and midwifery context and conformed to the contemporary approaches within the nursing and midwifery education programs.

Roundtable Approach – Procedure

The second stage of the process involved the organisation of a National Nursing and Midwifery Education and Child Protection Roundtable Forum to support -

- the dissemination of preliminary survey results
- a structured discussion of how nursing and midwifery graduates can be better prepared to meet their standards and competencies and respond effectively to child abuse and neglect both legally and professionally
- the exploration of strategies for advancing child protection and student well-being in nursing and midwifery education programs that build on current good practice in a collegial atmosphere
- the identification and prioritisation of resource needs (i.e., what participants believe is needed to make child protection an integral part of the nursing and midwifery education program)
- the development of a collaborative network of researchers, practitioners and faculties/schools to support the ongoing process of integrating child protection into nursing and midwifery education programs.

The forum was organised to coincide with the annual conference of the Council of Deans of Nursing and Midwifery, which was held in Adelaide. The invited participants included the Deans or Heads of Schools/Departments (or his/her nominee) and one staff member from each school/department /faculty that provided data. Representatives from industry and the Nurses' Boards of Australia were also present. In order to promote participation by a wide range of professional educators, participants were offered financial support to attend. This included return airfares and accommodation costs.

The organisation of the five-hour forum included a keynote address by Professor Lesley Barclay, Professor of Health Services Development Charles Darwin University, and Professor Dorothy Scott, Director of the Australian Centre for Child Protection. A presentation of the preliminary results of the curriculum mapping survey was also made by staff from the Australian Centre for Child Protection. At the completion of the forum, expressions of interest were invited for future collaborative ventures within and between schools/faculties and the Australian Centre for Child Protection.



Selecting Participants

As a prelude to inviting faculties and schools of nursing and midwifery to participate in the initiative, an email was sent to the Heads of Schools requesting the nomination of a contact person to whom all future correspondence could be directed. Those who did not respond within a specified time received follow up reminders via emails and telephone calls requesting the required information.

A list of nursing and midwifery education programs identified as relevant to the mapping of child protection content was generated by accessing University websites. An email was then sent to the nominated liaison person by the Australian Centre for Child Protection to:

- confirm the list of nursing and midwifery education programs
- ensure that the list of programs was current and did not include any discontinued programs and
- ascertain that all nursing and midwifery education programs were included in the sample.

Details regarding the delivery and return of the surveys were confirmed and any programs not verified were deleted from the curriculum mapping list.

Distribution of Surveys

In November 2007, a letter of introduction, the required number of survey forms and return postage paid envelopes were sent to all contact people in each targeted faculty/school. A period of four months was allowed for the return of surveys. An extended time was allocated for returning surveys due to the dissemination of surveys occurring prior to end of year holidays. Those who did not respond within this timeframe received follow-up reminders.

Response Patterns and Trends

Surveys were sent to 34 universities across Australia offering pre- and post-registration nursing and midwifery education programs. The child protection subjects mapped were taught throughout undergraduate, graduate and postgraduate nursing and midwifery programs.

Response Rates

All States and Territories were sent surveys, and are represented in the sample.

A total of 28 of the 34 universities (82.4%) returned surveys.

Nursing and Midwifery Education Programs Represented in the Sample

Universities were asked to specify the program type on their survey responses.

Given that there were a number of nursing programs offered across different schools, preliminary exploration of the data was conducted to facilitate data analysis, and further inform the most effective way to categorise programs.

Investigation confirmed that all programs mapped could be assigned to one of four categories, Nursing, Midwifery, Nursing in Health Sciences and Nursing in Mental Health programs as detailed in Table 3.1.

Table 3.1 Description of broad categories

Broad Category	Description
Nursing	Bachelor of Nursing
	Bachelor of Science (Nursing) (Honours)
	Bachelor of Nursing (Honours)
	Advanced Diploma in Nursing
	Registered Nurse Degree Conversion
	Diploma Conversion
	Bachelor of Nursing Studies Post Registration
	Diploma in Nursing
	Bachelor of Nursing/ Bachelor of Arts
	Bachelor of Arts and Master of Nursing
	Bachelor of Nursing (Graduate Entry)
	Bachelor of Nursing/Bachelor of Commerce
	Master of Nursing Practice (Graduate Entry)
	Graduate Certificate in Nursing (Child and Family)
	Master of Nursing Practice (Nurse Practitioner)
	Master of Clinical Nursing Practice
	Graduate Certificate in Human Services (Child Welfare)
Graduate Diploma in Nursing	
Graduate Diploma in Nursing (Child and Family)	
Midwifery	Bachelor of Midwifery
	Bachelor Midwifery (Honours)
	Bachelor of Nursing/Bachelor of Midwifery
	Graduate Diploma in Midwifery
	Master of Midwifery (Graduate Entry)

Nursing in Health Sciences	Bachelor of Nursing/Health Sciences Bachelor of Nursing/Bachelor of Paramedics Bachelor of Nursing/Bachelor of Public Health Bachelor of Nursing and Health Sciences Bachelor of Nursing and Health Services Management Bachelor of Nursing/Bachelor of Applied Science (in Human Movement Studies) Bachelor of Arts/Nursing/Health Sciences (Aboriginal Studies)
Nursing in Mental Health	Master of Nursing (Mental Health – Practitioner) Bachelor of Nursing/ Bachelor of Applied Science (Psychology) Graduate Certificate in Nursing (Mental Health) Protection Graduate Diploma in Nursing (Mental Health)

NB The broader categories of Nursing, Midwifery, Mental Health Nursing and Health Sciences Nursing provide a broad description of the areas and degrees mapped. Caution is recommended when viewing these categories as some Masters of Nursing and Midwifery are pre-registration courses

Examination of the data revealed that the majority of programs mapped were offered within the broad category of Nursing (n=34), followed by Midwifery programs (n=17) and a small number offered as part of a Mental Health (n=2) or Health Science Program (n=2).

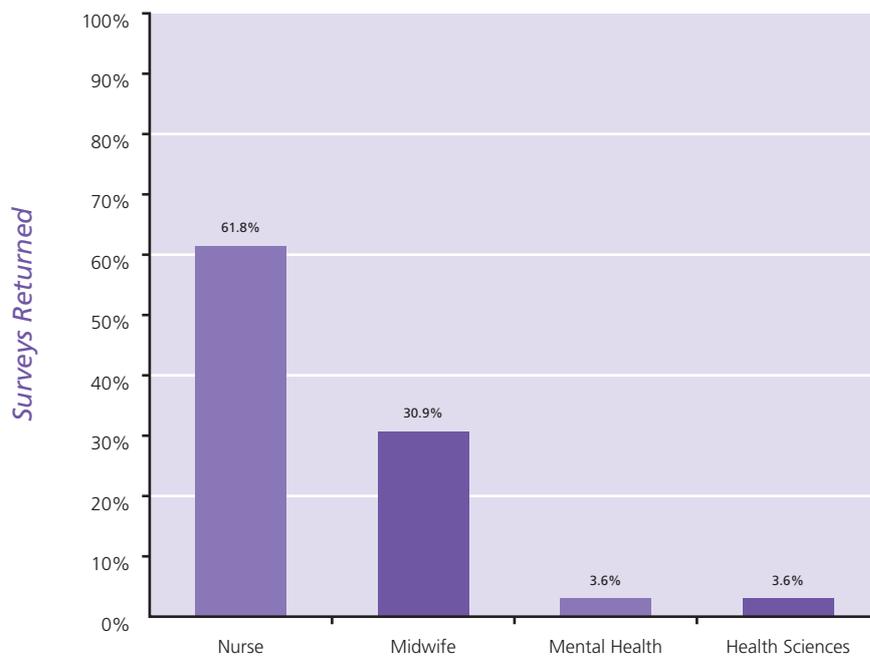


Figure 3.1 Surveys returned by broad categories of nursing and midwifery education programs (n=55)

Type and Length of Degree and Awards represented in the sample

Universities were also asked to indicate the type and length of the degree on the survey form. Given the diversity of awards under consideration, and to further facilitate the analysis of data each degree program was assigned to one of the following descriptive groupings (See Table 3.2).

Table 3.2 Broad categories for type and length of degree or award

Category	Type of Award
Undergraduate programs	Bachelor awards (3-4+ year & conversion awards)
Graduate programs	Graduate Entry/Certificate/Diploma awards
Postgraduate programs	Masters programs

As detailed in Figure 3.2 the surveys mapped represented primarily undergraduate awards. This is not surprising given that undergraduate awards provide one of the main educational pathways leading to nursing and midwifery registration in Australia.

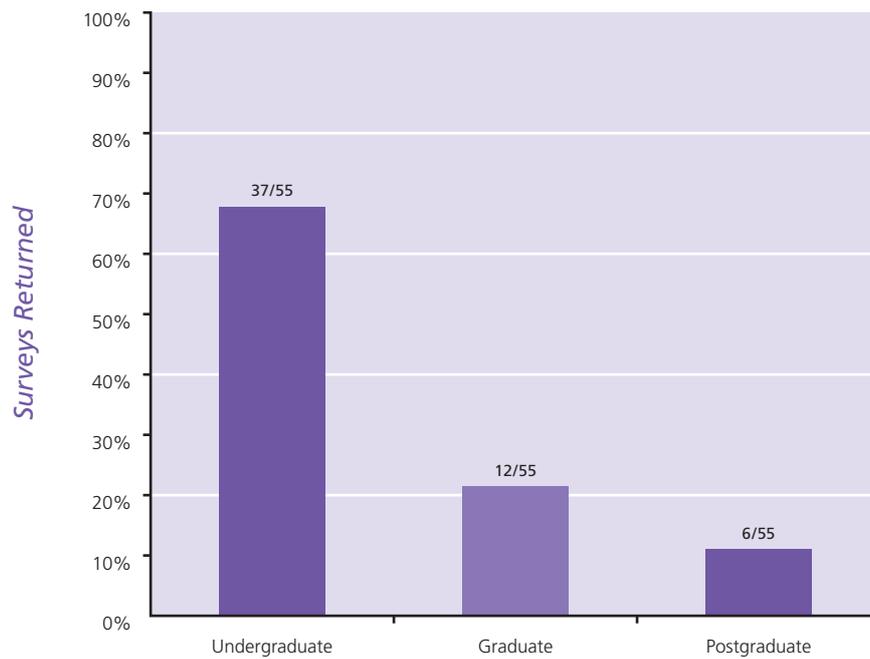


Figure 3.2 Surveys Returned by Type of Degree (n=55)



Key results:

- surveys were distributed to 34 Universities across Australia, offering nursing and midwifery education programs
- a total of 28 universities responded to the survey, representing 55 programs of study
- the majority of the surveys returned represented undergraduate programs.





In order to facilitate discussion and reflect the data collection process, the analysis of data is organised as follows:

- Section 1A Discrete Child Protection Courses
- Section 1B Integrated Approaches to Child Protection
- Section 2 Child Protection-related Content
- Section 3 Comments, Issues and Concerns
- Section 4 Further Exploration

The discussion of the National Nursing and Midwifery Education and Child Protection Roundtable forum follows the report of survey analyses.

Software Packages

Analysis of the data was undertaken using SPSS Version 15 (2007) and Microsoft Office Excel (2007).

Overview of Data Entry and Analysis

Given the large numbers of nursing and midwifery programs offered across Australia various analytical techniques were used to examine the data. The techniques included descriptive, frequency and cross tabulation procedures. Furthermore, Analysis of Variance and Tukey-HSD post hoc procedures were conducted to further facilitate investigation of the data. Although other options for analysis were possible these were not utilised for two main reasons. Firstly, there was concern that the confidentiality of universities and schools could be compromised given the small number of providers in some States and Territories and secondly, additional analytical procedures were not considered necessary in order to achieve the aims of this research study.

To further facilitate comparative analysis across and within areas of interest, percentages have been used throughout Sections 1A, 1B and 2.

Section 1A Discrete Child Protection Courses

In order to determine the extent of discrete or stand-alone courses offered to nursing and midwifery students across Australia, schools and faculties were asked to identify courses that specifically addressed child abuse and neglect issues. For each subject, course or program identified, specific information was requested that detailed the following:

- the timing of the unit within the overall nursing and midwifery education program
- the number of hours dedicated to the unit or course
- who was responsible for delivery of the content, i.e., university staff or external providers
- if the course of study was core or elective, and
- the average number of students who participate in the course annually.

Discrete Child Protection Units/Courses

Initial analysis of data revealed that there were no discrete (stand-alone) child protection courses reported by the schools and faculties of nursing and midwifery that returned surveys (Refer to Table 3.1 for details regarding the categories).

It is worth noting that a small number of programs indicated a reliance on clinical placements to provide students with exposure to child protection content.



Key finding:

- no discrete (stand-alone) child protection courses were reported by the schools and faculties of nursing and midwifery that returned surveys.

Section 1B Integrated Approaches to Child Protection

In contrast to discrete child protection content, to examine the extent to which child protection is integrated into nursing and midwifery education courses across Australia, nursing and midwifery educators were asked to identify courses/units that addressed child abuse and neglect issues using an integrated approach. For each course or program identified, specific information was requested that detailed the following:

- the timing of the unit within the overall nursing and midwifery education program
- the percentage of time dedicated to the unit or course
- who was responsible for delivery of the content, i.e., university staff or external providers
- if the course of study was core or elective
- the average number of students who participate in the course annually.

Integrated Child Protection Content – Program Level

Forty three of the fifty five nursing and midwifery education programs reported integrated content. Further breakdown of the data revealed that the majority of students across all programs have some exposure to integrated child protection content. (See Figure 4.1).

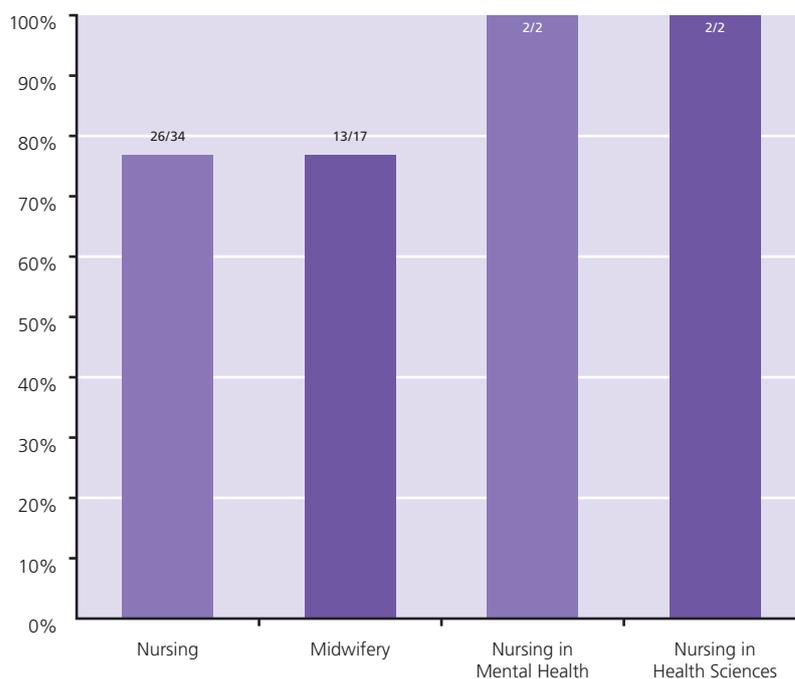


Figure 4.1 Integrated child protection content by type of nursing and midwifery education program (n=55)

In examining integrated child protection content within the type of degree (see Figure 4.2), analysis revealed that the majority of nursing and midwifery degrees reported providing integrated child protection content.

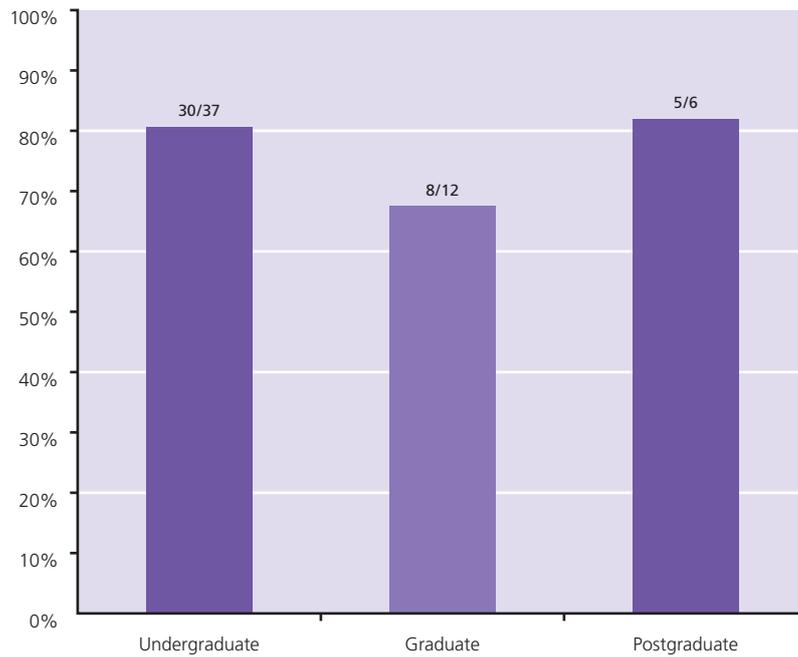


Figure 4.2 Integrated child protection content within type of degree (n=55)

Integrated Child Protection Content – Course/Unit Level

A total of 94 courses/units offering integrated child protection content were reported across the 43 programs as follows:

- 16 programs provided the content within 1 course/unit
- 14 programs provided the content across 2 courses/units
- 8 programs provided the content across 3 courses/units
- 1 program provided the content across 4 courses/units
- 2 programs provided the content across 5 courses/units
- 2 programs provided the content across 6 courses/units.

NB. It is important to note that a larger number of courses/units does not necessarily equate to more time allocated to integrated child protection content.

In instances where integrated child protection content was reported, the extent to which university staff or external providers delivered the content was mapped. The results outlined in Figure 4.3 indicate that the majority of integrated child protection content offered across all nursing and midwifery programs is delivered by university staff (n=72). 'Other' incorporates courses delivered by both university staff and external providers.

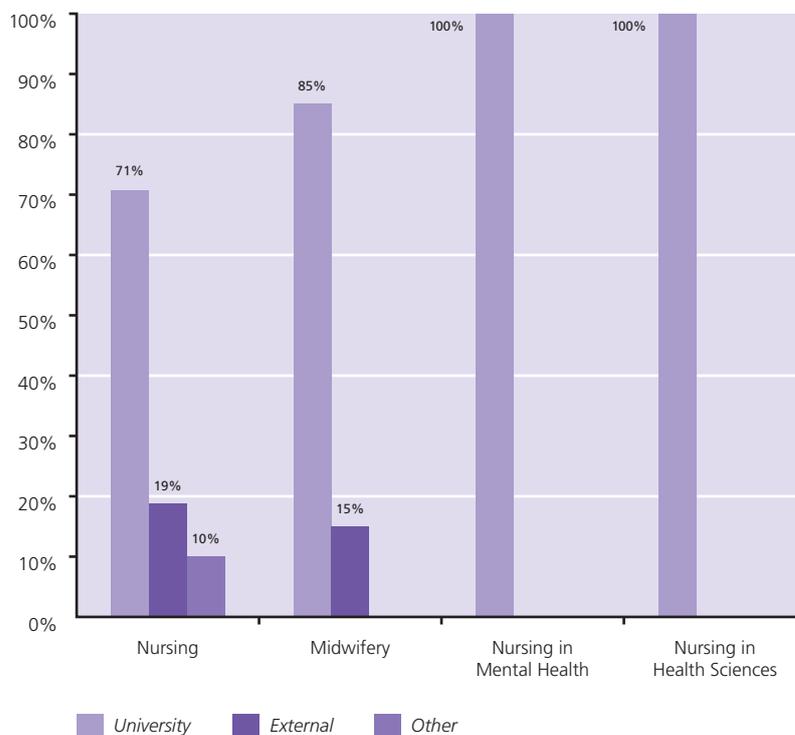


Figure 4.3 Integrated child protection by delivery agent (n=93, data missing for one course/unit)

Furthermore, where respondents reported integrated child protection content, specific details relating to the core or elective status of the unit were also requested. Eighty nine of the 94 courses/units (95%) providing integrated child protection content were core courses/units. Data relating to the core or elective status was missing for one course/unit.

Ninety three percent (n=54) of courses/units offering integrated child protection content within programs leading to RN registration were provided as core components of the curriculum. One hundred percent of Midwifery (n=27), Mental Health (n=4) and Nursing in Health Sciences (n=4) courses/units, reported offering integrated child protection content, as core components of the curriculum.

Further analysis was conducted to gain additional insights into the extent to which students are exposed to integrated child protection content. To facilitate the discussion, the percentage of time allocated to the teaching of this content was grouped. Figure 4.4 reveals that the majority of nursing and midwifery education programs reported allocating less than 30% of time to the teaching of this content, with a large proportion of programs reporting between 3 to 10% of time dedicated to the delivery of associated content.

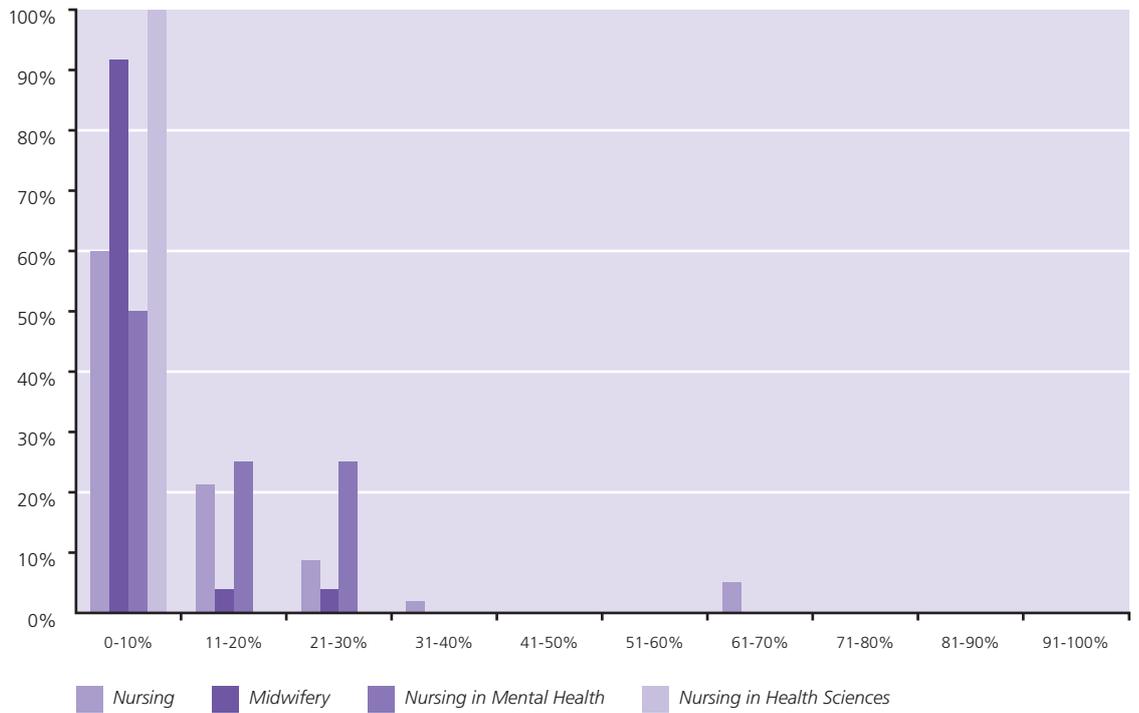


Figure 4.4 Time allocated to integrated child protection content by type of program (n=75, data missing for 19 courses/units)

Specifically, investigations revealed that of those courses/units which reported providing integrated child protection content, the vast majority (>88%) allocated equal to or less than 20% of time to the teaching of associated content.

A similar trend to that highlighted in Figure 4.4 was noted when data was analysed according to the type of degree.



Key findings:

78% of nursing and midwifery education programs reported providing integrated child protection content

Of the programs reporting integrated child protection content:

- 95% of courses/units providing integrated child protection content within the programs were offered as core units of study
- most allocated less than 20% of course/unit time to the delivery of this content
- the majority of integrated child protection content was delivered by university personnel.

Section 2 Child Protection-related Content

Section 2 of the survey listed a number of risk factors and proactive strategies associated with child abuse and neglect that may be addressed incidentally throughout a program but not documented in course curriculum guidelines.

In order to facilitate and simplify the discussion of data that reflects major areas of interest, intermediate levels were incorporated into macro levels of analysis, such as Child-centred Issues (including child development and mental and behavioural issues), Family/Environmental Issues (e.g., family, community, violence, neglect and dealing with difference) and Professional Issues (namely prevention strategies and professional roles and responsibilities).

Table 4.1 Categorisation of child protection-related content items

Macro Level	Intermediate Level	Micro Level
Child-centred Issues	Child Development	developmental delay <ul style="list-style-type: none"> – low weight for age; failure to thrive – premature birth, low birth weight, sibling mortality – slow to walk, talk; poor literacy / numeracy for age learning or physical disability <ul style="list-style-type: none"> – child – parents / primary caregiver / siblings child's personal, social and emotional development <ul style="list-style-type: none"> aggressive / high levels of conflict undue fear of adults excessive shyness / timidity withdrawn or wary / lacks curiosity miserable, unhappy extreme anxiety about abandonment resilience (very high or very low) low self esteem / poor self-concept
	Mental/Behavioural Issues	unrealistic parental expectations of the child <ul style="list-style-type: none"> depression, anxiety, ADHD, hyperactivity cruel to animals sudden changes in behaviour extreme attention seeking behaviour persistent anti-social behaviour / bullying foraging or hoarding food / eating disorders substance abuse rocking / head banging / self harm stealing / making up stories running away inappropriate sexualised behaviour encopresis (soiling) / enuresis (bedwetting) mental health problems – parents / siblings substance abuse – alcohol / drug problems in the family school attendance problems
Family / Environmental Issues	Family/Community	family structure-stable / transient / reconstituted, etc <ul style="list-style-type: none"> maternal youth / teenage parents / sole parents, etc low income / benefit dependent / financial problems parents / caregivers socially isolated serious parent-child and / or inter-parental conflict role of child in family (e.g. child as carer) inadequate medical treatment or basic health care Over attendance at health services inadequate supervision or safety provisions in home parent / carer abused / in out-of-home care as a child poor housing, community resources or networks
	Violence	physical violence in family <ul style="list-style-type: none"> excessive physical / emotional punishment exposure to extreme / uncontrolled anger and aggression constant criticism, belittling, teasing of a child exposure to media abuse / violence (e.g. TV / internet) parental aggression / conflict with people in authority criminal record / criminal activity in the home

Macro Level	Intermediate Level	Micro Level
	Neglect	parental inability or disinterest in caring for children parent / carer who puts their own needs first child not collected from hospital, public places
	Dealing with Difference	gender <ul style="list-style-type: none"> – using non-sexualised language – societal expectations – socialisation - femininity / masculinity sexuality and homophobia disadvantage - economic / social cultural and linguistic diversity racism (vilification, stereotyping, prejudice) providing a safe and inclusive environment for all developing effective social skills implementing specialised support programs for – <ul style="list-style-type: none"> – health access plans for children under Guardianship – special needs / disability programs for parents / children – impact of isolation, exclusion, remote/regional locations
	Prevention strategies	health and well-being programs <ul style="list-style-type: none"> – nutrition – its effect on behaviour and development – mental health awareness projects / community support – bullying and / or personal protection programs – sexual or gender-based harassment prevention programs – inclusivity initiatives – protective behaviours programs parenting programs (inc. literacy and numeracy programs) community partnerships, building and planning initiatives
Professional Issues	Professional Roles	knowledge of hospital / community health & CP services knowledge of CP policies, responsibilities and procedures contributing to society values, ethos, culture, structures contributing to child welfare and well-being establishing relationships with allied health professionals establishing relationships with children / parents / caregivers / extended family establishing relationships with community members / community services and providers harm minimisation; risk management addressing / managing incidents of victimisation and abuse negotiation and conflict resolution proactive strategies when abuse and neglect is suspected awareness training - impact of child abuse and neglect strategies for working with abuse / neglected children forensic note taking training and case note maintenance training in vicarious traumatisation aetiology of different forms of abuse

Analysis of Risk Factors and Strategies

Percentages were used to compare the degree of linkage to child protection when examining trends across items at the micro, intermediate and macro level of analysis (representing 52 respondents reporting on 88 survey items). At the micro level of analysis, figure 4.5 shows that over half of risk/protective factors (reflected by individual items) were not taught in any nursing education program and approximately one fifth were included in programs but not linked to child protection.

Close to one quarter of programs include information about risk and protective factors that were specifically linked to child protection.

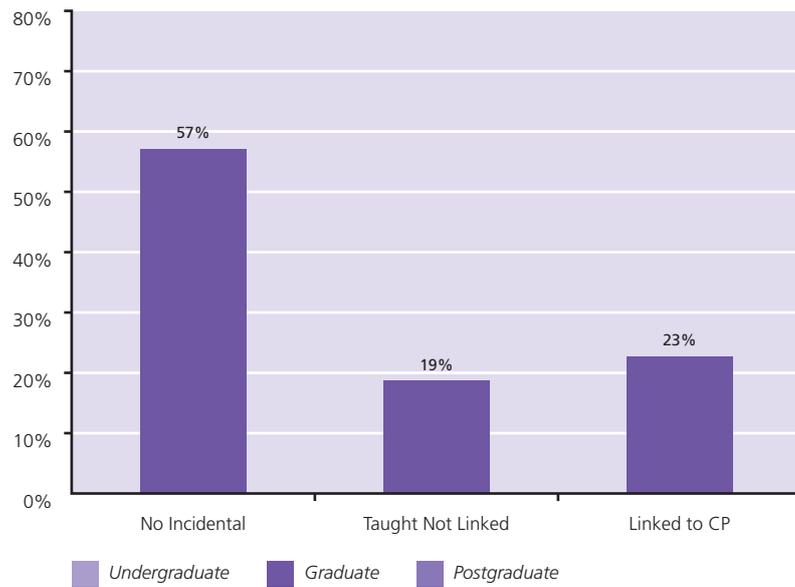


Figure 4.5 Item responses by level of linkage to child protection (n=4576)

Grouped Risk Factors and Strategies

Initial analysis at the macro level revealed that ‘Professional Issues’ were less likely than other risk factors and strategies to be taught in nursing education programs. However, with removal of the intermediate level factor ‘Forensic Note Taking’ from the analysis there was little difference between the percentages of risk factors and strategies at the macro level that were not taught, taught but not linked to child protection and linked to child protection across the levels as shown in figure 4.6.

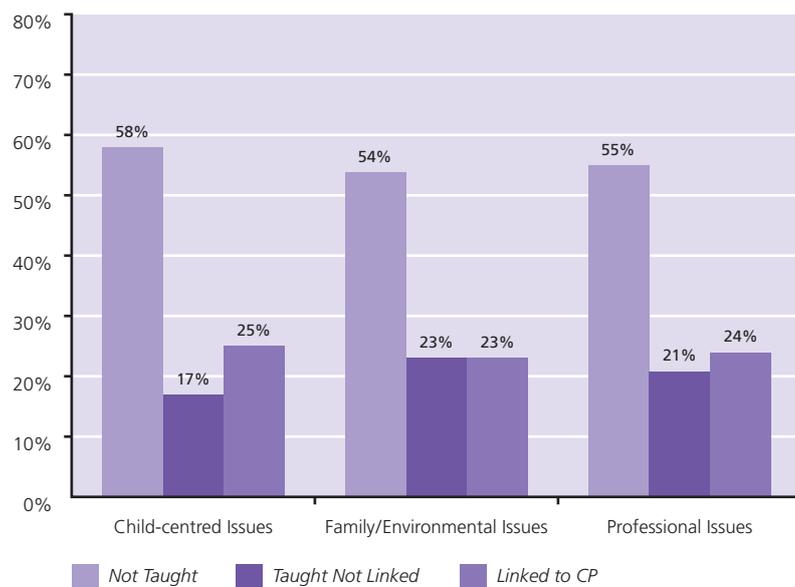


Figure 4.6 Item responses by level of linkage to child protection at the macro level (forensic note taking removed for this analysis) (n=4576)

Intermediate level analysis showed that the groupings 'Dealing with Difference', 'Prevention Strategies' and 'Forensic Note Taking' represent the least likely risk factors and strategies to be taught and linked to child protection as shown in Table 4.2. On the other hand, risk factors and strategies under the groupings 'Violence' and 'Professional Roles' are most likely to be taught and linked to child protection.

Table 4.2 Percentage of item responses linked to child protection at intermediate level risk factors and strategies

Risk Factors and Strategies	Percentage linked to child protection
Violence	33%
Professional Roles	32%
Family/Community	28%
Neglect	28%
Mental/Behavioural Issues	27%
Child Development	24%
Dealing with Difference	13%
Prevention Strategies	13%
Forensic Note Taking	12%

Child Protection-related Content: Nursing, Midwifery, Mental Health and Health Sciences

To determine the significance of trends at the micro, intermediate and macro levels, continuous scores were calculated and the data was subjected to an analysis of variance (ANOVA) and Tukey-HSD post hoc analysis procedures. No statistically significant difference between Nursing and Midwifery programs and no statistically significant difference between the types of degrees was found.

Therefore while the following discussion of the percentages of the total number of all risk factors and proactive strategies is of interest within the context of this study, it is important to keep in mind that no statistical significance is inferred.

Examination of how incidental child protection-related content was distributed across the types of nursing and midwifery education programs indicated that 'Nursing in Mental Health' programs reported addressing a greater number of risk factors and proactive strategies associated with child abuse and neglect (see Figure 4.7). However it is important to note that the data for 'Nursing in Mental Health' represents two programs only, one of which reported teaching and linking 77% of the risk factors and strategies listed, to child protection. Similarly the 'Nursing in Health Sciences' data is representative of two programs only, one of which reported teaching and linking 56% of the risk factors and strategies listed, to child protection, the other reported linking no risk factors and strategies to child protection.

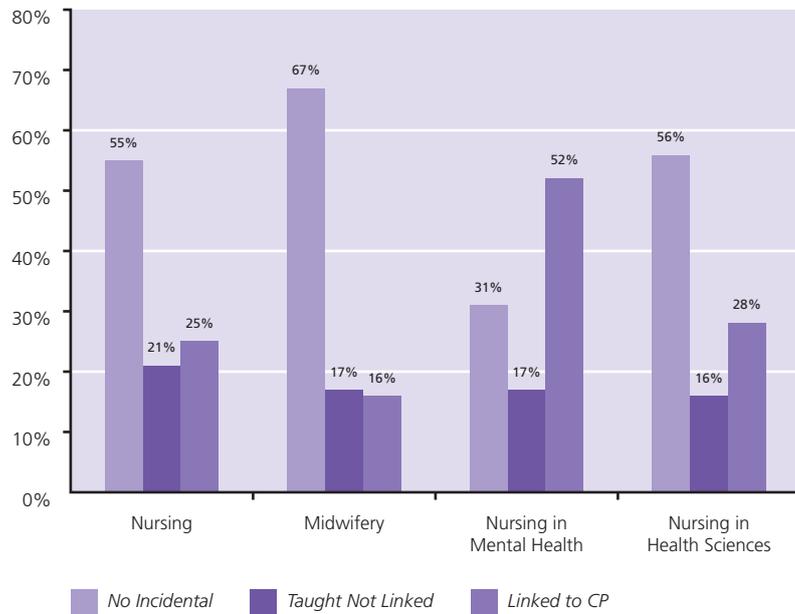


Figure 4.7 All child protection related factors by type of program

In cases where incidental risk factors and proactive strategies were addressed but not necessarily linked to child protection, descriptive analysis revealed opportunities exist for this content to be explicitly linked to child protection and child well-being.

Child Protection-related Content: By Degree

Investigation of the trends across nursing and midwifery degrees (see Figure 4.8) revealed that students enrolled in undergraduate programs are most likely to be exposed to incidental child protection-related content followed by students enrolled in post graduate programs, remembering that these differences are not statistically significant.

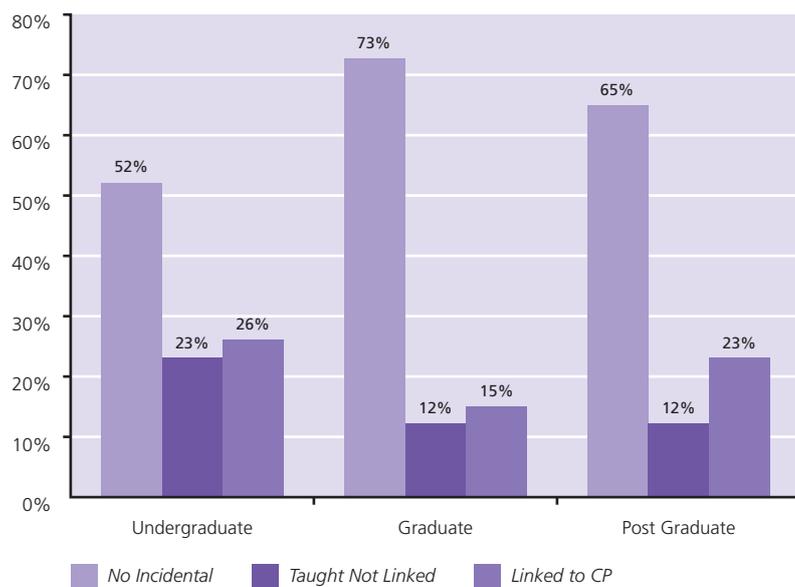


Figure 4.8 All child protection-related factors by type of degree

Further Comments recorded in Section 2

At the end of section 2 of the survey, space was allocated for respondents to document other relevant curriculum topics that were not previously recorded, but were considered to be relevant to the nursing or midwifery program being mapped.

No additional risk factors or strategies were identified by any of the respondents.



Key findings:

- 23% of programs include information about risk and protective factors that are specifically linked to child protection
- 19% of programs include information about risk and protective factors that are not specifically linked to child protection.
- where incidental child protection factors and strategies have been addressed, opportunities exist across all programs and awards for the content to be linked to child protection and child well-being.

Section 3 *Comments / Issues / Concerns*

Existing constraints

While acknowledging the need to increase awareness about child protection-related issues in nursing and midwifery programs, challenges were identified in trying to find ways to address a broad range of issues and concerns, some of which may be directly or indirectly associated with child protection. This was especially noted in programs of a shorter duration, where consideration of time restrictions was required when determining content for inclusion.

Due to competing demands, it was noted by respondents that in some instances, courses and units such as 'Mandatory Reporting', not essential for registration, were withdrawn from a program. In some cases there were attempts to integrate the associated content into existing curriculum, though at times it is not necessarily evident when, where or how the content was being incorporated.

Meeting Legal Requirements

The importance of nursing and midwifery graduates being adequately prepared to fulfil their legal obligations within their professional roles and responsibility, regardless of their field of practice, was perceived to be paramount. The need for information and resources to support this required learning was an area identified as requiring further investigation.

Resource Development

Developing a universal resource package on child protection for implementation across all nursing and midwifery programs in Australia was seen as crucial in achieving consistency, both in content and delivery approach. Furthermore, there was an identified need for resources which support educators to integrate associated content within existing courses and units. It was further noted that initiatives that support the development of generic material would also be beneficial.

Examples were also identified whereby content which incorporated practical experiences within a self-directed learning approach was offered to students via an on-line medium.

Collaborative Partnerships

The importance of establishing and maintaining relationships with health organisations, services and employers was highlighted, particularly in cases where students participated in clinical placements. Ensuring that students met the requirements for working in various settings was crucial. An example included students attending mandatory notification education training as part of their employment contract with the health service. The merits of engaging guest speakers from community groups to deliver relevant content were also acknowledged.

Issues related to child protection content

The importance of nursing and midwifery students fully understanding their role and responsibilities with regard to child protection, regardless of whether or not they work in the area of child health, was noted. It was further suggested that disseminating information to assist students develop the skills, and appreciate the importance of this role, was essential.

Although some respondents indicated that child protection content may not necessarily be explicitly taught within a program, examples were provided which highlighted various ways students were exposed to associated content.

In some instances respondents elaborated on the integrated content offered to students enrolled in specific programs. In these cases the comments suggested that the focus was predominately on the legal obligations and responsibilities of nurses and midwives.

The importance of addressing child protection-related issues in nursing and midwifery programs was acknowledged. Notably, finding ways to better integrate associated content into existing courses/units was expressed.

Respondents further highlighted a number of complex factors, which help to explain why in some instances there was little or no exposure to child protection issues in the programs mapped. This included resource constraints and the need to build the capacity of nursing and midwifery educators to address specific issues around child protection.

Course Content

Interest was expressed in relation to:

- identifying and addressing the explicit and implicit risk factors and proactive strategies related to child protection, including drug and alcohol use, firearm legislation, communication skills, and exploring ways to link this content to child well-being issues
- including courses/units that address some of the broader skills and strategies required of nursing and midwifery practitioners, which enable them to support and empower vulnerable individuals, e.g., content which builds the capacity of practitioners to effectively communicate with adult clients, as a strong foundation for building supportive, professional relationships. It was further highlighted that access to some courses already offered were provided State/Territory wide
- exploring ways to ensure that current content, including those courses incorporating a focus on notification and reporting processes, continue to be offered in existing programs
- highlighting the merits of clinical placements and capitalising on the opportunities for students to engage in workplace learning
- identifying ways to integrate child protection-related content into existing courses/units.

The Challenges

The issues and concerns identified included:

- accessing resources and appropriate personnel to deliver content. It was acknowledged that engaging staff from the child protection field to deliver aspects of curriculum was difficult, as they are already overwhelmed with demanding work loads
- addressing funding constraints which impact on resources available and courses offered to nursing and midwifery students
- exploring ways to share information across States and Territories: specifically noted was the importance of conducting criminal authority checks with interstate students
- investigating ways to provide opportunities which facilitate the sharing of successful practices to further promote teaching strategies and delivery methods that raise awareness in the area. A number of respondents identified courses and units which incorporate child well-being and child protection-related content, and in particular issues associated with child development, mental and behavioural characteristics were mentioned
- identifying when, where and how child protection content is integrated in units and courses to ensure that students are provided with opportunities to build on existing knowledge, skills and strategies, particularly as a number of respondents described courses/units which integrated aspects associated with child protection. This would further help to eliminate unintentional repetition or unplanned omissions of relevant content

- ensuring that content remains relevant and current so that students are learning about the latest policies and procedures which enable them to fulfil their legal obligations competently. An example included linking mandatory education notification training with learning that occurs within programs.

Section 4 Further Exploration

On the 12th March 2008, a National Nursing and Midwifery Education and Child Protection Roundtable Forum was held at the National Wine Centre in Adelaide from 10:00am – 2:30pm. All schools of Nursing and Midwifery that had responded to the survey were invited to participate. Subsequently, the forum was attended by 38 participants representing 24 Universities, the Council of Deans of Nursing and Midwifery of Australia and New Zealand, and representatives from State and Territory nursing and midwifery accrediting agencies and employer groups.

Discussion

The discussion focused on:

- preliminary findings from the national curriculum mapping survey
- the need to consider child protection-related issues within a national framework
- exploring how child protection issues can be incorporated within nursing and midwifery standards and accreditation requirements
- developing a holistic perspective of child well-being and child protection.

Topics

Issues identified by participants included:

- the need to draw parallels between initiating early intervention strategies and the development of multidisciplinary standards of knowledge in other under-represented areas such as aged care assessment and referral processes
- the need to develop national guidelines which would inform generic and specialist nursing and midwifery programs and courses
- the need to address a range of practical complexities, including time constraints and increasing demands to include more content (it was perceived that this could compromise the quality and depth of coverage)
- shifting the focus of topics away from the current emphasis on reporting and notification and the biomedical model of health, towards content which builds students' capacity to address issues in a holistic and child centred approach. For example, incorporating family relationship topics with child protection issues and content
- the need to consider new and innovative international and national programs which simultaneously address multidisciplinary issues, child protection and early intervention

- consideration of employers' perspectives which highlight the need for a consumer focus rather than the legislative requirements for nursing and midwifery
- the importance of assisting all nursing and midwifery graduates to develop an awareness of the antecedents of child abuse and neglect and the need to consider attachment theory as a major strategy in preventing child abuse and neglect. Further highlighted was the need for students to develop understandings that health care encompasses more than the care of the individual, and that knowledge related to the social determinants of health and population health strategies was an important inclusion in any educational program
- acknowledgement that the current focus in nursing is predominately on the individual. It was further noted that the shift towards community nursing and early intervention requires both a bottom up approach from the educators to address child protection and a top down approach, particularly with regard to the development of new national standards and the new national registration board
- recognising the merits of clinical placements which provide nursing and midwifery students with invaluable opportunities to gain competencies in a wide range of areas. However, it was noted that the exposure to child protection content acquired solely within a clinical placement context did not necessarily provide all students with a consistent knowledge and skill foundation
- the acknowledgment that not all care is provided by professionally trained staff and that often registered nurses and midwives are overseeing the delivery of care rather than having direct involvement. It was acknowledged that in some instances workforce constraints impact and influence expectations and requirements of professional roles. It was further noted that in some workplace contexts processes and procedures are not necessarily supportive of best practice in child protection. The significant disparity between the literature and practice was also mentioned
- addressing issues associated with the retention, recruitment and ageing work force in nursing was perceived to be paramount, especially given that the difficulties which can be encountered when assisting children and families can be further compounded by a diminishing workforce under pressure of time constraints
- the importance of approaching the teaching of child protection content sensitively without overwhelming students was seen to be preferable. The need to address complex issues related to child protection within a supportive culture was seen as critically important
- it was acknowledged that the broader focus on child protection is often given minimal attention in the curriculum, particularly within the areas of general nursing. Encouragingly, it was identified that the need for a broader focus is already being addressed in some mental health programs and midwifery programs
- the role of mandatory notification and the need to ensure students are prepared and able to confidently and competently meet their legal obligations.

Looking forward

Participants in the forum provided several suggestions for addressing some of the identified challenges and complexities, and further noted areas that warranted further exploration.

These included:

- providing and developing support structures and addressing barriers that prevent nurses and midwives reporting abuse and neglect, especially in instances where a close rapport has been developed with a family
- the development of readily accessible resources. Further noted was the need to incorporate readings and assignments that focus on identifying community resources for vulnerable families. Participants also acknowledged the importance of developing multimedia and interdisciplinary materials that traverse a variety of health professions, health initiatives and situations. For example, the development of multi professional interactive DVDs and websites that enable access to a variety of scenarios from multiple perspectives would enable the nursing and midwifery students to understand the complexities of early intervention, the possible courses of action and the consequences that arise from the lack of intervention
- developing interdisciplinary core topics that provide information to a wider range of students including generalist nursing students, community health nursing students, health science students and medical students
- given the time lag required for the introduction of new courses/units, introducing materials within existing topics was perceived to be a way of addressing issues such as early intervention in a timely manner
- developing a broader focus on community and family resources and relationships was considered necessary in addressing early intervention and attachment theories
- the development of accredited in-service programs that could provide credit status towards professional development was seen as beneficial for both the employer and registered nurse or midwife
- the importance of establishing multidisciplinary affiliations and collaborations between different health professionals, the employers and the schools of nursing and midwifery was also seen as imperative in developing productive partnerships that would enhance current practices in early intervention and child protection
- involving government health services and departments as well as non government services and private health providers in the development of relevant course content could assist in ensuring that nurses and midwives are provided with comprehensive early intervention and child protection skills. Industry and tertiary participation in the development of course content may further assist nurses and midwives to fulfil their professional standards, competencies and responsibilities
- broadening the way child protection is defined and perceived and exploring ways to shift the current paradigm from a focus predominately on tertiary response to child protection to the consideration of child well-being and preventative strategies and interventions
- the role of the media in promoting positive outcomes in the area of child protection.

Participants overwhelmingly appreciated the need to incorporate child protection-related content and expressed a commitment to exploring opportunities for the inclusion of this content in their nursing and midwifery programs.

Suggestions and comments directly quoted from respondents and participants:

A national approach is required in how we teach child protection-related content in nursing programs

A challenge is the ever increasing breadth of content decreases the depth (of coverage)

The consumer voice in child protection-related content is important

We have a duty of care to students affected by content

It is important to help students identify their professional responsibility

It is important to develop capacity (of students) to deal with difficult issues

Need to consider consequences for nurses and midwives and the absence of support structures

The need to advocate for models of care

Psychosocial assessment - teaching this in a way which links different topics, including child protection

Exploring opportunities to identify child protection champions or champions for children





Throughout the curriculum mapping and national roundtable forum process we appreciated the commitment, support and contributions from nursing, midwifery, mental health and health sciences educators who willingly collaborated with us to provide the data and associated findings detailed in this publication. We would like to acknowledge the input from various stakeholders, including practitioners, representatives from the industry sector and registration and accrediting boards at the National Roundtable Forum. The conclusion and recommendations presented here are based on the survey responses, forum participants' ideas and suggestions, as well as our own interpretation of the data.

The findings from the study are drawn together and discussed in relation to the three key questions, namely:

- 1) What aspects of child protection are being addressed currently in nursing and midwifery education courses across Australia, and how are they delivered within the curriculum?
- 2) What are the perceived facilitators or barriers for the inclusion of child protection content into the core curricula of nursing and midwifery education?
- 3) What does the nursing and midwifery education community recommend to facilitate the advancement and effective inclusion of child protection components into future nursing and midwifery programs?

With approximately eighty percent of the universities involved in the mapping process, the high response rate and research design enabled comprehensive collection of data which addressed all three questions. Furthermore, crucial insights were provided into the way in which child protection and child well-being issues were being incorporated into nursing and midwifery education programs across Australian universities at the time of data collection. These critical factors enabled the aims and purpose of the study to be successfully realised.

In acknowledging that the primary aim of the curriculum mapping study was to identify child protection content in nursing and midwifery education programs, a further advantage of the survey design was that it allowed for additional specific and important details to be collected. This included information relating to the teaching and learning approach, allocation of time, delivery agents, course status and enrolment details. It is intended that the analysis and discussion of these aspects will help to provide a more complete picture of the way in which child protection and well-being

issues were addressed in nursing and midwifery education programs at the time of data collection, and will provide a useful evidence-base to inform future directions.

In raising awareness about child protection in nursing and midwifery education programs, it is anticipated that there is also potential for longer-term benefits and outcomes of the study. These may include:

- subsequent developments which build and enrich child protection content in nursing and midwifery programs to support the preparation of graduates to work effectively with vulnerable children and their families
- promoting greater opportunity for children at risk of abuse and neglect to receive support from nursing and midwifery professionals, who have the required understanding and skill set to help improve and enhance life and health outcomes for these children.

The roundtable forum also provided the opportunity for participants to engage in discussions related to the barriers and facilitators for change in this area. Valuable insights were shared that have and will continue to inform future directions and strategies for incorporating child protection content in nursing and midwifery education. As a result we look forward to working collaboratively with nursing and midwifery educators across Australia in the future.



What aspects of child protection are being addressed currently in Australian nursing and midwifery education courses, and how are they delivered within the curriculum?

This section considers and discusses the findings and insights gained throughout the curriculum mapping process and roundtable forum. In appreciating the valuable information provided by respondents and participants, it is important to note that the researchers have made no conclusions or judgments, with regard to the merits or limitations of any approach reported.

Aspects Addressed

Building the capacity of nurses and midwives to work effectively with children and families at risk of, or experiencing abuse or neglect, and preparing and providing support for the profession to confidently intervene and provide early intervention strategies, was identified as an important aspect within the nursing and midwifery education framework.

Investigations and exploration of the data and related issues revealed that:

- there are no courses/units/subjects offered by the programs mapped that are dedicated solely to the provision of child protection content in nursing and midwifery education
- just over three quarters of nursing and midwifery education programs provide some form of integrated child protection content
- across all nursing and midwifery education programs the time allocated to the teaching of integrated child protection content was generally less than 20 per cent

- approximately a quarter of nursing and midwifery education programs include incidental information about risk and protective factors specifically linked to child protection.

It is acknowledged, and important to note, that no assumptions can be made with regard to the learning that occurs, irrespective of how the content is delivered, that is discretely, integrally or incidentally.

Not surprisingly a number of issues that emerged from the analysis of data were also highlighted by participants at the National Roundtable Forum. In particular, the merits of providing support structures, and the required knowledge and skills, to enable novice and experienced nurses and midwives to address the complex and sensitive issues associated with child protection, was identified as being critically important. It was further perceived that increasing expectations about the role of nurses and midwives was creating additional challenges for the profession, including issues related to retention and recruitment.

In addition, raising awareness and building the capacity of the profession to consider child protection within a broader context of a child centred and child well-being approach was perceived to be a fundamental strategy in improving and enhancing health outcomes for children facing adversity.

Delivery Approach

Participants in the Roundtable and respondents both acknowledged existing challenges and issues related to including and delivering child protection curriculum across nursing and midwifery programs. In addition to managing practical complexities, such as time and resource constraints, the importance of developing a consistent and holistic approach to addressing child well-being and child protection was identified as requiring further investigation.

Analysis of the delivery approaches revealed that:

- the nursing and midwifery education programs mapped did not report allocating any time to the teaching of discrete child protection content. In real terms this suggests that -
 - almost all of the 23,547 potential nursing and midwifery graduates in any given year, may not be exposed to any discrete teaching or learning in the area of child protection
- findings revealed that 78 percent of nursing and midwifery education programs reported integrated child protection-related content, further inspection of the data revealed that -
 - of the programs that reported providing integrated content, 95 percent of this content is offered as part of the core curriculum
- regardless of the type of nursing and midwifery program, 57 percent or more of the students enrolled in these programs have no exposure to any incidental child protection-related content
- where incidental content is addressed but not necessarily linked to child well-being and child protection, there is potential for educators to link the content to child protection and well-being to further help students build conceptual understandings to inform proactive practice.

The results suggest that a significant percentage of nursing students do not have the opportunity to engage in learning related to child protection and child well-being notwithstanding recognition of the need to provide opportunities for all students to develop a comprehensive understanding of issues associated with addressing child abuse and neglect and build the capacity of the profession.

These issues are particularly important, as the recently developed code of ethics for nurses and midwives in Australia highlights the commitment of the profession to respect, promote, protect and uphold the fundamental rights of people, with the code for midwives specifically noting the rights of women and their infants. With the evolving roles of nurses and midwives, ensuring that they are adequately prepared to respond effectively to the needs of children and young people at risk of abuse and neglect was a sentiment which was strongly supported.

What are the perceived barriers or facilitators for the inclusion of child protection content into core curricula?

A range of barriers and facilitators were highlighted in the survey responses, in the literature, and the National Nursing and Midwifery Education and Child Protection Roundtable Forum. These are outlined below.

Barriers

Competing demands and practical constraints

In addressing the need to incorporate child protection content, efforts to explore and find ways to overcome some of the practical complexities, including resource requirements, funding and time constraints, were seen as critical. While appreciating the competing demands placed on nursing and midwifery programs, participants also highlighted the importance of ensuring that students had the opportunity to engage with learning about child protection issues, beyond that which is considered surface learning.

In some instances where competing demands had resulted in discrete child protection content being withdrawn from the existing curriculum, subsequent attempts to integrate associated content created dilemmas for educators.. These dilemmas included the need to address inconsistencies, both in the nature and extent of content provided, and finding effective and accurate ways to monitor students learning. However, regardless of the issues that surfaced, educators remained committed to overcoming the identified challenges.

Working in Silos

Establishing effective ways to share information, at all levels, including building efficient pathways for communication across States and Territories was strongly endorsed by participants. Exploring the potential for multidisciplinary and cross agency collaborative partnerships to facilitate effective approaches in addressing child protection issues was further supported.

Adopting a universal and coordinated approach to engage and support nurses and midwives to address child well-being issues was further highlighted. With the study revealing considerable variation in the delivery and focus of child protection content across nursing and midwifery programs, developing a national framework and minimum standards in child protection was seen as a way to improve consistency. It was also considered an efficient and effective way of ensuring that graduate nurses and midwives had the opportunity throughout their award to develop

understandings and a skill-set to prevent and respond competently and confidently to child abuse and neglect.

Participants acknowledged the importance of finding ways to share and promote exemplary practices that address child well-being issues as a way of strengthening the capacity of the profession. Collaborating with others was also seen as a way of ensuring the content included in programs remains current and relevant.

Narrow perceptions of child protection across the health care sector

The importance of preparing nursing and midwifery graduates to be able to meet their legal and registration requirements was undisputed, however, it was noted that this often led to program content focused on identification and reporting procedures and processes. While not underestimating the benefits of such content, participants discussed the importance of broadening the nature of the content delivered, particularly if programs were to build the capacity of the profession to be proactive in preventing and responding to child abuse and neglect.

Participants also expressed concern that the predominately adult centric nature of courses may provide limited opportunities for students to address broader aspects of child protection, such as family/environmental issues. Ensuring that the child's perspective was considered and incorporated into content was perceived to be essential in helping nurses and midwives develop a comprehensive understanding of the complexities and sensitivities in addressing child abuse and neglect.

Furthermore, the importance of students developing an appreciation of the long-term impact child abuse and neglect has on health outcomes and the associated costs for the health system, was also noted. It was perceived that exposure to broader notions and issues associated with child protection could complement the implementation of early intervention strategies, and further help to contextualise the role of nurses and midwives in responding to child well-being issues.

The need to raise awareness and build the capacity of the whole profession and specifically adult focused services to acknowledge and address child abuse and neglect was also identified as a critical strategy.

Increasing scope of work undertaken by nurses and midwives

With the shift towards community nursing, and the promotion of a public health approach to child protection, addressing challenges such as workplace constraints, changing and evolving roles of nurses and midwives, an ageing workforce, and retention and recruitment issues, require coordinated efforts. The need to find ways to support nurses and midwives is critical. This becomes particularly evident when facing and addressing complex and sensitive issues in domains such as child protection.

It was further noted that these issues also have implications for nursing and midwifery education programs. The need for nursing and midwifery educators to allocate time and resources to address these issues, and further ensuring that graduates are prepared and aware of current issues was identified as an important priority.

Facilitators

Building communication pathways and collaborative partnerships

The imperative to establish collaborative partnerships with various stakeholders across the health sector was noted. Building a professional culture which encourages, facilitates and provides opportunities for a wide range of health professionals to work together was perceived to be a useful strategy in addressing child protection issues.

With the current focus on national accreditation for nurses and midwives it was seen as an opportune time to engage the profession in discussions about developing standards and competencies for addressing child protection.

Exploring opportunities for multi-disciplinary approaches to teaching child protection content was considered worthwhile, as it was perceived as a way to share expertise and maximise the use of resources.

Supportive structures

The critical need for supportive structures across the profession was strongly endorsed. Participants highlighted some of the professional dilemmas which can surface when nurses and midwives are required to address child protection issues. Particular challenges were identified when nurses and midwives need to report suspected or actual child abuse and neglect, while trying to establish and/or maintain professional, trusting relationships with patients.

Quality, accessible resources

Having access to current, quality resources which support the learning related to the broader notions of child protection was identified as an important requirement.

Providing opportunities for a wide range of interested stakeholders to contribute to the development of relevant course material was seen as a way of ensuring that coherent, and consistent curriculum frameworks were established. It was also felt that collaborative development of content would increase the likelihood of ownership and uptake of materials, and would further enhance the learning outcomes for nursing and midwifery students.

In acknowledging the need to support the profession to understand the broader notions of child protection, participants suggested that teaching resources should incorporate the child's perspective, and provide examples of early intervention. This was seen as a way to support a shift in the paradigm, from one which focuses predominately on identification and reporting to one which considers and promotes overall child well-being.

Engaging in work place learning

Students having access to clinical placements and gaining practical experiences within a supported and guided learning framework was considered to be invaluable. Maximising the opportunity to develop understanding of a wide range of issues, including child protection, and further building their skill base, was seen to be necessary.

Training and development

Developing and providing accredited programs in the area of child protection and well-being for both novice and experienced practitioners was suggested. This would provide the opportunity for nurses and midwives to have access to up-to-date developments and practices in the area, in addition to providing opportunities for the development of professional networks.



What does the nursing and midwifery education community recommend to facilitate the advancement and effective inclusion of child protection components into future nursing and midwifery programs?

In acknowledging the multifaceted nature of child protection, participants strongly supported the need for research to inform future directions in nursing and midwifery education. Subsequently, the following questions were raised and identified as areas requiring further examination:

- What minimum requirements are necessary, both with regard to skill base and understanding, in order for nursing and midwifery graduates to be able to address child protection issues competently and confidently?
- How can educators capitalise on opportunities available through clinical placements, and accurately monitor and evaluate students' exposure and learning related to child protection content and issues, thereby ensuring minimum requirements are achieved?
- How can practical complexities be addressed efficiently to best utilise available resources and address differences in professional requirements across States and Territories?
- What resources are required to facilitate the learning and teaching of child protection-related content, and how can the uptake of the resources be maximised? For example, investigation into establishing national standards and competency requirements in child protection, which can subsequently inform the development of curriculum materials
- What should professional development look like for both novice and experienced nurses and midwives, to complement the codes of practice, and further build their capacity to meet the needs of vulnerable and at risk children and families?
- What support does the nursing and midwifery profession require to build their understanding about the broader context of child well-being, early intervention and prevention of child abuse and neglect?
- What are the merits of various delivery approaches, including multidisciplinary approaches, to effectively and holistically incorporate child protection content?
- How can educators effectively manage the sensitivities and complexities that sometimes arise when addressing child protection issues?
- What indirect or direct impact, if any, do issues associated with addressing child protection have on the profession, including retention and recruitment rates, and how can they be proactively addressed?

Participants also acknowledged the need to explore and promote innovative and successful practices and programs which address child protection and child well-being issues.

Strengths and limitations of the Research study

It is recommended that the limitations and strengths of the study be considered within the context of the aims and broader scope of the research project. As child protection content had previously not been mapped across nursing and midwifery education programs in Australia, the study has provided the profession with benchmark data that can be used to inform both future directions, and current practices and resource development. It also has the potential to be utilised as baseline data for future comparative analysis in the area of child protection content and nursing and midwifery education.

It is generally accepted that the way in which content is delivered, the nature of content, and the extent to which content is included in education programs continues to evolve to reflect contemporary practices and innovative research. In acknowledging that nursing and midwifery education programs do not exist in isolation, nor are they static, it is important for readers to keep in mind that the information collected during the study is indicative of nursing and midwifery education at the time of data collection, and reflects participants' responses and perspectives.

There are a number of strengths and advantages of the research design. These include:

- the utilisation of two different data collection methods, namely surveys and a roundtable forum to accurately establish the extent and nature of child protection content in nursing and midwifery education
- the potential to inform the evidence and knowledge base of content and practice related to child protection in nursing and midwifery education across Australia
- opportunities provided to engage representatives from the profession and pool together collective insights and expertise in finding viable ways to address identified challenges. Specifically a collegial forum whereby nursing and midwifery educators and practitioners had the opportunity to share innovative and successful practices in the area of child protection.

Throughout the process of data collection and analysis, additional areas requiring further investigation were exposed. For example, issues and questions which emerged related to:

- the perceived or actual merits and challenges associated with various delivery methods, including discrete, integrated, and learning through multidisciplinary approaches
- finding ways to raise the awareness and build the capacity of all nurses and midwives to address child protection issues, regardless of their field of practice
- exploring ways of maximising opportunities to link child protection to existing content in nursing and midwifery programs
- managing the non-domain specific nature of child protection content, where any additional child protection curriculum should be incorporated, and at what stage of a nursing or midwifery program it should be addressed

- examining how students' learning or understanding about child protection issues can be evaluated within and across nursing and midwifery award programs
- investigating the role of accredited, externally provided child protection courses. Specifically, what content should be incorporated in such courses and who should be responsible for delivering the content?
- how the profession determines what child protection-related content should be included in nursing and midwifery education programs and what constitutes quality teaching in this area.

Conclusions

Throughout this research project, stakeholders in the nursing and midwifery profession, including educators, industry employers and registration boards have had the opportunity to engage in professional conversations to:

- reflect upon current practices, and identify exemplary approaches that address child protection issues within nursing and midwifery education programs. This was considered a valuable exercise in helping to develop a strengths-based approach to building the capacity of the profession, and
- ascertain potential directions and courses of action to promote child protection and child well-being in nursing and midwifery education programs.

Additionally, the research process provided impetus and collegial support in addressing child protection, particularly as it was considered to be an area of increasing concern for the nursing and midwifery education community, and the broader community in general. A collaborative approach to addressing child protection and child well-being issues in nursing and midwifery education programs was supported and encouraged, and a unified commitment to continue exploring opportunities that would progress current nursing and midwifery practices and theories was conveyed.

Also identified as a major priority were ways to ensure that practitioners feel adequately prepared to engage in, and implement proactive preventative strategies, and have the skills and understanding to instigate early interventions designed to improve health and life outcomes for vulnerable children and families.

While participants acknowledged the challenges, such as resource constraints and competing demands, the critical importance of implementing a coordinated and coherent approach was expressed. The need to promote child protection in nursing and midwifery education programs also became evident throughout the study. In particular, discussions highlighting opportunities for interventions further established that nurses and midwives have a vital role to play in helping to prevent child abuse and neglect.

Ongoing efforts to shift the focus from the current emphasis on identification and reporting paradigm to one that promotes holistic and community based early intervention strategies and responses, in addition to preventative measures was highlighted by participants. The complex nature of child protection, however, was also discussed with participants acknowledging the professional dilemmas and personal conflicts that can arise, when nurses and midwives fulfilling their role of providing patient care come across actual or suspected child abuse or neglect. The need to consider

and address the implications these issues have for the profession, particularly with regard to training and development in pre- and post-qualifying nursing and midwifery programs, and retention and recruitment issues, requires further investigation and action.

The need to build on current research, and the merits of having an Australian and international evidence-base to inform future directions was expressed by participants. An essential strategy was considered to be the establishment of effective teaching practices in the area of child protection, and determining the nature of support structures required to ensure that the nursing and midwifery profession is able to implement successful preventative practices. While participants acknowledged that the non-domain specific nature of the content could present additional challenges, it also became apparent that this could expose opportunities for exploring creative and sustainable ways to deliver content, including multidisciplinary approaches.

In view of the proposed changes to the registration of health professionals across Australia and New Zealand, this research, its processes, and its findings, is a potential foundation from which to launch future directions and actions across nursing and midwifery programs.

The Australian Centre for Child Protection looks forward to supporting the nursing and midwifery profession to address the challenges, and to build on opportunities to develop the capacity of nurses and midwives to respond to child protection and child well-being issues among Australia's most vulnerable children and families.

Recommendations emerging from the Study

To enhance the capacity of the nursing and midwifery profession and to equip nurses and midwives with the skills and knowledge to meet the needs of vulnerable children and families competently and confidently the following is required:

- 1) collaboration among stakeholders to explore and establish minimum national standards and competencies for all graduating nurses and midwives, regardless of their field of practice
- 2) consideration of the broader notions of child protection, including prevention, early intervention, proactive strategies and overall child well-being
- 3) ongoing professional conversations between Schools of Nursing and Midwifery and professional bodies as a way of establishing coordinated future directions and actions
- 4) resources be committed to supporting quality research which addresses the issues and challenges outlined in this publication.

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Survey Instrument

Title Page:

Child Protection and Nursing and Midwifery Education

Code *(assigned by researchers upon receipt of completed survey)*

University

Faculty / school

Campus

Degree award

Program length

FTE student enrolment

Section 1A: Child Protection - Discrete courses/subjects/units.

(Please attach relevant course / subject / unit outlines and documentation.)

Course title

Study period / semester

Year (1-4)

Course duration (weeks / hours)

Delivered by (e.g. university staff / external provider)

Core / Elective

Number of places available annually and

If Elective - Average annual enrolment

Section 1B: Integrated Approach to Child Protection – courses / subjects / units.

(Please attach relevant course / subject / unit outlines and documentation.)

Title of course unit

Study period/semester

Year (1-4)

Course duration (weeks / hours / % of time)

Delivered by (e.g. university staff / external provider)

Core / Elective

Number of places available annually and

If Elective - Average annual enrolment

Section 2: Child Protection-related Content.

Only one box should be marked for any factor / strategy.

(N.B. If not addressed – leave both boxes blank).

Taught but not linked to Child Protection / Linked to Child Protection.

Child Development - physical / cognitive

Low weight for age, failure to thrive

Premature birth, low birth weight, sibling mortality

Slow to walk, talk; poor literacy/numeracy for age

Learning or Physical Disability

Child

Parents / primary caregiver / siblings

Child's personal, social and emotional development

Aggressive / high levels of conflict

Undue fear of adults

Excessive shyness / timidity

Withdrawn or wary / lacks curiosity

Miserable, unhappy

Extreme anxiety about abandonment

Resilience (very high or very low)

Low self-esteem / poor self-concept

Unrealistic parental expectations of the child

Domestic / Family violence: exposure to

Physical violence in family

Excessive physical / emotional punishment

Extreme / uncontrolled anger and aggression

Constant criticism, belittling, teasing of a child

Exposure to media abuse / violence (e.g. TV / Internet)

Parental aggression / conflict with people in authority

Criminal record / criminal activity in the home

Neglect

Parental inability or disinterest in caring for children

Parent / carer who puts their own needs first

Child not collected from hospital, public places

Mental / Behavioural issues

Child-centred

Depression, anxiety, ADHD, hyperactivity

Cruel to animals

Sudden changes in behaviour

Extreme attention seeking behaviour

Persistent anti-social behaviour / bullying

Foraging or hoarding food / eating disorders

Substance abuse

Rocking / head banging / self-harm

Stealing / makes up stories

Running away

Inappropriate sexualised behaviour

Encopresis (soiling) / enuresis (bedwetting)

Mental health problems – parents / siblings

Substance abuse – alcohol / drug problems in the family

School attendance problems

Family / Environmental Issues

Family structure - stable / transient / reconstituted, etc

Maternal youth / teenage parents / sole parents, etc

Low income / benefit dependent / financial problems

Indigenous history / disadvantage (e.g. Stolen Generation)

Parents / caregivers socially isolated

Serious parent-child and / or inter-parental conflict

Role of child in family (e.g. child as carer)

Inadequate medical treatment or basic health care

- Over attendance at health services
- Inadequate supervision or safety provisions in home
- Parent / carer abused/in out-of-home care as a child
- Poor housing, community resources or networks

Dealing with Difference

- Gender
 - using non-sexualised language
 - societal expectations
 - socialisation – femininity / masculinity
- Sexuality and Homophobia
- Disadvantage – economic / social
- Cultural and linguistic diversity
- Racism (vilification; stereotyping, prejudice)
- Providing a safe and inclusive environment for all
- Developing effective social skills
- Implementing specialised support programs
 - health access plans for children under Guardianship
 - special Needs / Disability Programs for parents / children
 - impact of isolation, exclusion, remote/regional locations

Proactive prevention strategies

- Health and wellbeing- programs
- Nutrition – its effect on behaviour and development
- Mental health awareness projects / community support
- Bullying and / or personal protection programs
- Sexual or gender-based harassment
- Inclusivity initiatives
- Protective behaviours programs
- Parenting programs
- Community partnerships, building and planning initiatives

Professional Role/Responsibilities

- Knowledge of hospital / community health & CP services
- Knowledge of CP policies, responsibilities and procedures
- Contributing positively to -
 - society values, ethos, cultures, structures
 - child welfare and well-being
- Establishing positive relationships with
 - allied health professionals
 - children / parents / caregivers / extended family
- Establishing relationships with community members / community services and providers
- Harm minimisation; risk management
- Addressing / managing incidents of victimisation and abuse
- Negotiation and conflict resolution

Training in Forensic Note Taking and Selfcare

- Proactive strategies when abuse and neglect is suspected
- Awareness training - impact of child abuse and neglect
- Strategies for working with abuse / neglected children
- Forensic note taking training and case note maintenance
- Training in vicarious traumatisation
- Aetiology of different forms of abuse

Other:

Section 3

Comments / issues / concerns related to child protection in nursing and midwifery education curriculum.

(Discuss any future curriculum changes that may be planned or innovative approaches that you want to share here).

Section 4

Child protection curriculum issues that your School / Faculty is interested in exploring further: (Detail any opportunities, challenges or dilemmas here that you may wish to discuss in a future Roundtable meeting).



Professionals Protecting Children



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childprotection/](http://www.unisa.edu.au/childprotection/)

