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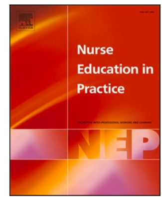

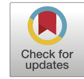

Graduate qualities for preservice health and welfare professionals for collaborative prevention and early intervention for child maltreatment: A qualitative study

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A R T I C L E I N F O

Keywords:
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Social worker
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A B S T R A C T

Aim: This study explored Australian nursing, midwifery and social work perspectives on needs within pre-service education to enable interprofessional public health responses to child maltreatment.

Background: Child maltreatment is a global public health concern, but little is known about how well health and welfare professionals are equipped for interprofessional responses to child maltreatment during initial pre-service qualification.

Design: Qualitative, World Café approach with online roundtable discussions.

Methods: Twenty-five participants attended one of three online roundtables in October 2023. Participants were nurses, midwives and social workers from Australia with expertise in tertiary education, professional regulation and/or child protection. Data were analysed through inductive thematic analysis.

Results: Graduates are not well-equipped during their pre-service education for collaborative responses to child maltreatment. Findings identified four core areas of focus so health and welfare professionals can effectively collaborate to respond to child maltreatment. Core areas are described as graduate qualities and encompass broad domains of knowledge, skills and values which are transferable across multiple areas of practice.

Conclusions: Our study proposes core qualities which are essential for health and welfare professional pre-service education to equip graduates for collaborative responses to child maltreatment. Key barriers included lack of shared interprofessional language and priorities, meaning future work should establish consensus on essential knowledge, skills and values. A shared understanding which acknowledges disciplinary nuances is vital to inform curriculum that equips future professionals to collaboratively mitigate harms from child maltreatment.

1. Introduction

Child maltreatment is an international concern impacting more than one billion children annually, with lifelong impacts (Haslam et al., 2023; Hillis et al., 2016). The World Health Organization defined child maltreatment as all '*physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power*' (World Health Organization, 2022). Approaches to child maltreatment have historically focussed on diagnosing and treating individual cases of child maltreatment following Kempe and colleagues' well-known 'battered

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child syndrome' (Runyan and Runyan, 2019). Conceptualising child maltreatment as a diagnosis attributable to particular causes led to development of legislative responses and mandatory reporting for instances of child maltreatment (Mathews, 2015).

More contemporary understandings of child maltreatment recognise links to children and families' broader socioeconomic circumstances, with maltreatment more prevalent in populations experiencing social and economic adversities (Featherstone et al., 2017; Toikko et al., 2024). The combined traumas of child maltreatment and punitive systemic responses that do not address underlying causes of maltreatment perpetuate overrepresentation of marginalised populations and compound the impacts of intergenerational trauma and disadvantage (Duthie et al., 2019; Lonne et al., 2021). Consequently, there is an imperative for comprehensive public health responses for child maltreatment emphasising universal and targeted supports to reduce harms of child maltreatment (Commonwealth of Australia., 2021; Higgins et al., 2022).

An Australian public health response is based on a three-tiered system of universal, targeted and tertiary supports informed by *Safe and Supported: National Framework for Protecting Australia's Children 2021–2031* (Commonwealth of Australia., 2021; Russ et al., 2022). Universal supports are available to all families, while targeted supports provide additional services to families with identified risk-factors (Daro and Karter, 2019). The tertiary tier is reserved for children at severe risk of harm requiring immediate safety planning and statutory intervention (Higgins et al., 2019). However, due to chronic under-investment in universal and targeted supports, children are referred to tertiary services in growing numbers (Australian Institute of Health and Welfare., 2022). Key challenges within the universal and targeted sectors include under-resourcing, inadequate collaboration and professionals who are poorly prepared and supported for working with families who have multiple, complex needs (Russ et al., 2022; Stevens and Gahan, 2024). Families experiencing adversity require coordinated interprofessional, intersectoral responses to comprehensively address their needs and build capacity for effective parenting (Merkel-Holguin et al., 2019). Professionals require specific knowledge, skills and values for effective interprofessional collaboration, which the World Health Organization. (2010) defines as '*multiple health workers from different professional backgrounds work[ing] together with patients, families, carers and communities to deliver the highest quality of care*'.

Ideally, professionals would collaborate to respond to children and families' needs through prevention, early support and/or statutory responses within complex and changing circumstances (Munro, 2019). Therefore, it is important to understand what preparation professionals receive during their preservice education (i.e. prior to initial qualification). Consequently, our study explored nursing, midwifery and social work preservice education to identify whether curriculum incorporates collaborative interprofessional public health responses to child maltreatment. Phase One was an exploratory survey of child protection curriculum for preservice nurses, midwives and social workers in Australia (under review). Phase Two subsequently explored key professionals' perspectives around what is needed in curriculum for child protection IPE for health and welfare health professionals in Australia. Phase Two produced two key findings; one relating to broader sociocultural contexts that shape interprofessional collaboration for child protection in Australian preservice curriculum (under review) and the second finding about professionals' perspectives regarding specific knowledge, skills and values required by graduates to enact a public health response to child maltreatment in Australia. To effectively address this pervasive issue, there is a growing need to shift towards preventive strategies that focus on early intervention and broader curriculum change. This paper presents the knowledge, skills and values perceived necessary within health and welfare professional preservice education for graduates to enact interprofessional public health responses to child maltreatment in their workplace.

2. Methods

2.1. Study design

This qualitative descriptive study adapted the World Café methodology (World Cafe Community Foundation., 2015). A qualitative descriptive approach (Thorne, 2013) informed by World Café methodology enabled rich dialogue amongst researchers and participants to build in-depth insights into the phenomena. The World Café methodology is based on the premise that every existing system possesses an inherent capability to create its own effective strategies (World Cafe Community Foundation., 2015). Hence the design of the World Café methodology provided the ability to engage professionals with the wisdom, knowledge and creativity required to solve their own challenges (Schieffer et al., 2004). We adapted the seven stages of the World Café methodology: setting the context, creating a hospitable space, exploring questions that matter, encouraging everyone's contributions, connecting diverse perspectives, listening for patterns and insights and sharing collective discoveries (World Cafe Community Foundation., 2015). A detailed step-by-step outline of how this methodology was employed is available in a separate publication (under review).

2.2. Participant recruitment

Invitations to participate in the study were sent via email to key Australian professionals. Participants were opportunistically selected professionals who provide preservice university nursing, midwifery and/or social work education, leaders from national professional organisations/associations (such as Australian College of Nursing, Australian College of Midwives, Australian Association of Social Workers), published researchers in child protection and practitioners working in child protection.

2.3. Data collection

We conducted three online roundtable discussions spanning over three days (October 2023) using Microsoft Teams. All roundtables had interprofessional representation, with at least one midwife, nurse and social worker present in each session and total length ranged 85–110 minutes. On each day, the principal investigator (LL) started the session with presentation of findings (approximately 10 minutes) from the earlier phases of the study (Authors' own, under review). Subsequently, the large roundtable discussion group was divided into smaller participant groups for focused discussions (approximately 30 minutes). The aim of the smaller group discussions was first, to brainstorm what is needed to equip future health and welfare health professionals for collaborative early intervention and responses to child maltreatment and second, to identify potential barriers, facilitators and contextual factors having an impact on preservice education. Within these smaller groups, a facilitator and a scribe were designated. The roundtables were informed by a discussion guide (see Table 1). After each small group session, participants reconvened into the larger group to discuss the main themes and insights that emerged from the discussions. These larger group discussions, lasting between 30 and 85 minutes, were facilitated by the all-female researcher team (LL, LZ, DH, NSand MC) and were audio/video recorded by Microsoft Teams. Additionally, we collected notes from the scribes from the small group discussions and facilitators' notes. Participants were also encouraged to share further thoughts with the principal investigator via email, but transcripts were not returned to participants.

2.4. Data management and analysis

We downloaded transcripts of the roundtable discussions from Microsoft Teams. Transcripts were checked for completeness and accuracy by two authors (LL& TK). Complete transcripts together with small

Table 1
Questions guiding small group discussions.

1. What stood out MOST in the project findings?
2. How well are Australia's future (preservice) health and allied health professionals currently prepared for collaborative prevention, early intervention and responses for child abuse?
3. What are existing strengths and challenges of preparing future health and allied health professionals for collaborative prevention, early intervention and responses for child abuse?
4. What specific content or approaches are needed to equip future health and allied health professionals for collaborative prevention, early intervention and responses for child abuse?
5. If you could 'wave a magic wand', what changes would you make to preservice health and allied health education so that graduates are better equipped for collaborative work in child protection?
6. What is needed to make these (above) changes to preservice health and allied health education happen?
7. What challenges do you foresee arising around interprofessional education in child protection for health and allied health professionals?
8. How could these challenges be addressed?
9. Any other points you would like to add?

group discussion notes, facilitator notes and individual participant notes were saved in NVivo (version 12) software for analysis. Data were analysed inductively by two of the authors (LL& TK) using thematic analysis (Braun and Clarke, 2023). In accordance with Braun and Clarke (2023), analytical phases included familiarisation with the data and independent line-by-line coding (LL& TK) followed by regular meetings to identify differences and establish consensus through discussion. When some initial key themes and subthemes had been developed, these were discussed with the broader research team. These team discussions established consensus for two major findings each with its own distinct themes; one major finding is reported in this manuscript and the other is reported elsewhere (authors own work, under review).

2.5. Ethical considerations

This study was approved by Flinders University Human Research Ethics Committee (Project 5930). Individuals interested in participation were emailed the consent form and full study details. Invitees wishing to participate indicated informed consent by returning signed consent forms prior to participation in roundtable discussions.

3. Results

3.1. Demographic characteristics

Twenty-five individuals representing nurses (n=13), midwives (n=4), social workers (n=6) and other health disciplines, participated in one of three (n=3) roundtable discussions held in October 2023. Participants held various roles within universal, targeted or statutory services, including education (n=10), research (n=2), practice (n=11) or other roles (n=2) thus contributing richness to the interprofessional dialogue (summarised in Table 2). Additionally, researchers from two of the three disciplines (nursing, midwifery or social work) facilitated every roundtable discussion. No participants withdrew from the study.

Inductive thematic analysis identified two key findings: 1) broad sociocultural contextual factors that impact professionals' responses to child maltreatment (under review) and 2) knowledge, skills and values graduates require to enact interprofessional prevention and early support for child maltreatment. This manuscript reports the second major finding relating to participants' perceptions about knowledge, skills and values graduates require to work interprofessionally to prevent and respond to child maltreatment. The domains of knowledge, skills and values are used to structure subtheme findings (Lonne et al., 2020; World Health Organization., 2010) because all three are core to reforming the current child protection workforce and system. Graduate qualities are summarised in Table 3 and discussed narratively in-text. Further examples of how the findings were supported by indicative quotes is available in the Supplementary Online information.

Table 2
Summary of participant characteristics.

Profession		Role	
Nurse	n=13	Educator	n=10
Midwife	n=3	Practitioner	n=11
Social worker	n=6	Researcher	n=2
Other	n=3	Other	n=2

* 'other' was represented by a health researcher, dietician and practice development professional

3.2. Graduate Quality One: graduates are advocates for transformational system change for a public health response

At the core of knowledge, skills and values underpinning interprofessional responses to child maltreatment, was the acknowledgement that graduates start their careers working within a '*stretched and stressed*' (Roundtable (RT) 1) system. Although a public health response is preferable, the current crisis-driven, case-based approach, Australian systems and structures remain orientated towards statutory interventions rather than appropriately resourcing comprehensive universal and early support for families (RT 1–3). Consequently, while the system is not yet demonstrating a public health response, graduates need to be equipped with knowledge and confidence to influence and lead change.

Preparing professionals to be advocates for public health approaches to child maltreatment is twofold. First, curriculum should contextualise child protection as '*early help*' (RT 1) where all professionals are part of the community working together to support children to thrive. Second, graduates should be ready for the emotionally and mentally demanding practice of child protection. Participants shared examples of the emotional challenges of professional practice, such as one nurse confronted by child neglect: '*there was neglect for a whole family of children… that was pretty overwhelming*' (RT 3). Similarly, a midwife highlighted the distressing '*impact[s] on midwives when children are removed at birth*' (RT 2). However, future professionals will encounter not only the emotional intensity of child protection practice, but also moral challenges that arise when working in a risk-averse, stigmatised area. Participants highlighted the need to prepare graduates for practice in contexts with high levels of burnout (RT 3) and systemic cultures of '*shaming and blaming*' (RT 1). Consequently, curriculum for interprofessional public health responses to child maltreatment must prepare graduates to mitigate and respond to impacts on their own wellbeing.

3.3. Graduate Quality Two: graduates have knowledge and skills for the complexities and nuances of child protection practice

All three roundtables included discussions about the complexities of working with families when there were concerns about child maltreatment. Participants believed that graduates '*don't feel prepared straight out of university*' (RT 2) because there are '*different roles that support families and children and different levels – one topic on child abuse will not meet the needs*' (RT 3). Furthermore, participants highlighted that child protection content can be covered '*from a theoretical perspective*' but '*on the ground*' (RT 2) graduates may not be able to translate knowledge into practice, with the need to '*be mindful of theory versus clinical gap*' (RT 3).

Practice challenges included working with complexity, such as working across multiple services, disciplinary siloes and the multidimensional nature of families' support needs. For example, graduates are

Table 3
Summary of graduate qualities required for interprofessional public health responses to child maltreatment.

Graduate quality	Domain		
	Knowledge	*Skill*	*Values*
Graduate Quality One: Graduates are advocates for transformational system change for a public health response.	Graduates understand strengths and limitations of current child protection systems, inclusive of strategies to mitigate harmful impacts on self, colleagues and families.	Graduates advocate on behalf of children, families and communities for systems change towards a public health response.	Graduates acknowledge social injustices of current crisis-oriented child protection systems, inclusive of relational and cultural harms for children, families and communities.
	Graduates understand definition, structure and evidence for public health responses for child maltreatment.	Graduates have communication skills to talk about child protection in non-stigmatising, strengths-based ways which dismantle language of blame and acknowledge the complex interplay of individual and societal factors.	Graduates acknowledge the role of a public health response to advance equity of supports for all families, so children thrive within their own families, communities and cultures.
Graduate Quality Two: Graduates have knowledge and skills appropriate for the complexities and nuances of child protection practice.	Graduates have awareness of the complexities of child protection structures, strengthened by knowledge of where to find further information and when to seek clarification.	Graduates have foundational skills for working with children and families that are applicable to a broad range of contexts.	Graduates acknowledge it takes time to consolidate theoretical knowledge into practice, and are proactive in seeking guidance.
		Graduates have skills for sensitive engagement and communication with families when there are concerns about children's wellbeing.	Graduates acknowledge that the ultimate goal of child protection is building family and community capacity that enables children to thrive.
Graduate Quality Three: Graduates are reflective practitioners equipped for lifelong learning in child protection.	Graduates understand the importance of lifelong learning for continued professional development of self and others.	Graduates use critical reflection to identify own areas of strengths and limitations to guide ongoing professional development.	Graduates acknowledge their need for ongoing development, and are proactive in seeking professional development opportunities.
		Graduate use critical reflection to explore how past experiences shape their practice to mitigate unintentional adverse impacts on families.	Graduates acknowledge their need for ongoing critical reflection to improve practice and are proactive seeking mentoring and/or debriefing with interprofessional colleagues.
Graduate Quality Four: Graduates understand and enact their interprofessional role in prevention and early support	Graduates have knowledge of their own and other professions' unique and collaborative roles in a public health response to child maltreatment.	Graduates have skills for interprofessional working, including communication, collaboration and conflict resolution.	Graduates accept responsibility for enacting prevention and early support opportunities within their scope of practice.
	Graduates have knowledge of their role in mandatory reporting of maltreatment within the broader context of a public health response.	Graduates have skills for relational practices that build therapeutic partnerships with families.	

expected to navigate a '*complex matrix of legislation/regulation'* (RT 3) in '*a confusing array of responsibilities, both legislatively and institutionally*' (RT 1). Communication and relationships with families were highlighted as an essential but complex skillset in child protection practice: '*how do we actually talk to someone about, you know, "we've noticed this, or you've mentioned this" and explore that further without… pointing the finger'* (RT 1). Key suggestions to develop graduates' skills in sensitive communication that maintains family trust and engagement included authentic learning experiences like case studies and clinical simulations. Ideally, case studies and clinical simulations would be delivered in an interprofessional learning context (RT 1–3) and developed in partnership with families who have lived experiences (RT 2). In this way, further content aligned with a public health response could be incorporated: '*focus of the sim [simulation] would be on early identification, engagement, intervention planning with a view to family strengthening as a preventative measure*' (RT 1).

3.4. Graduate Quality Three: graduates are reflective practitioners equipped for lifelong learning in child protection

Given the complexities of interprofessional public health responses to child maltreatment, participants highlighted the importance of lifelong learning to build on foundations of preservice education. One participant explained '*undergraduate is the foundation – [but] cannot fully equip students. Graduates need mentoring, support, ongoing training and education, development*' (RT 3). Instead, participants suggested there could be an emphasis on core skills relevant to all areas of practice: '*which skills are transferrable across multiple sectors like… child protection and disability'* (RT 2). Core skills could be embedded throughout preservice curriculum as a foundational skillset to scaffold future learning. In doing so, graduates can be equipped with foundational skills for a public health response to child maltreatment, underpinned by skills of critical reflection to identify and respond to lifelong learning needs.

Lifelong learning extended beyond graduates' knowledge and skills into an awareness and critical reflection on the impacts of their own experiences and biases. Some participants highlighted how professionals' '*attitudes come from so many different places'* (RT 1), inclusive of their own childhood experiences. Furthermore, students have misconceptions about profiles of abusers, with participants believing students have '*kind of a persona or a view about what [an abusive] person looks like… oh this person who's come in and hasn't showered or has a… strong smell to them, mustn't be looking after their children*' (RT 1). Participants

highlighted the role that interprofessional reflection could play in facilitating discussions to dismantle and '*challenge some of those attitudes*' (RT 1). Part of reflective practice was linked to self-care, acknowledging child protection is emotive and graduates need skills to identify when self or interprofessional colleagues require support by knowing '*how to care for each other*' (RT 2).

3.5. Graduate Quality Four: graduates understand and enact their interprofessional role in prevention and early support

Participants believed it was essential for graduates to understand their own and others' unique disciplinary responsibilities in a public health response: '*you need to know what each other's role is to not have duplication or to make sure that things aren't missed*' (RT 3). Although participants acknowledged the need for each discipline to take responsibility for certain elements of prevention and early support, there was a lack of shared understanding of respective disciplinary roles. As such, this revealed a curriculum gap from collectively '*not being sure whose scope of practice this [child protection] falls in and everybody kind of deferring to the social workers*' (RT 2). Furthermore, professionals need to understand different disciplinary cultures and how language shapes different disciplinary approaches: '[the] t*erms we use decide who does it, it's not my job… the role that HCPs [health care professionals] have within that system*' (RT 1). Consequently, approaches providing effective interprofessional public health responses therefore require skills of '*communication, teamwork, collaboration, conflict resolution*' (RT 2) developed through interprofessional learning.

Another knowledge requirement for graduates arose from current teachings of a narrow conceptualisation of child protection as reporting abuse without the acknowledgement of the supportive roles in family preservation: '*we fall down in our curriculum by [not] marrying [mandatory reporting] up with the fact that all families at some stage or other need help*' (RT 1). Although many prevention and early intervention activities are already embedded into the daily work of frontline professionals, these activities were not understood in the context of child protection. For example, activities like '*holding [sic] relationships with patients*' (RT 2) or working to provide '*support over a long period of time to try and mitigate those flagged concerns early*' (RT 3). Importantly, the frontline professionals' roles meant: '*often it's you that's got the existing relationship with the family, so you're best placed therefore to actually help*' (RT 1). Holistic care often required leveraging the support of other disciplines informed by knowledge of the '*actions that certain professionals can take… within their scope of practice and then bringing that together in a collaboration sense to build up, like a complete puzzle picture*' (RT 2). If graduates are to effectively enact a public health response to child maltreatment, they need to understand mandatory reporting in the broader interprofessional context of early support and their unique role in supporting children to thrive.

4. Discussion

Our qualitative study explored professionals' perspectives about what is needed in preservice education to equip Australian health and welfare professionals to enact interprofessional public health responses to child maltreatment. Specifically, this manuscript reported on professionals' perspectives about knowledge, skills and values needed for effective interprofessional practice within this public health response. Most importantly, findings highlighted the complexity of skills required by graduates, including the importance of critical reflection on their own and others' roles/responsibilities and the challenges of practicing in current crisis-driven, siloed systems. Findings informed the development of Graduate Qualities for professionals who will work with children and families. These Graduate Qualities represent an initial foundation requiring refinement through robust interprofessional discussions and empirical research to ensure accurate representation of the breadth of essential preservice knowledge, skills and values for a public health response to child maltreatment. Continued collaboration and ongoing research are crucial to further refine these Graduate Qualities, ensuring they evolve to meet the dynamic needs of professionals working to protect children and foster effective interprofessional public health responses to child maltreatment.

Our study findings further exemplified the need for all sectors and disciplines to reframe responsibility for child maltreatment away from statutory child protection services. When child protection is conceptualised as reporting, it reduces any responsibility individuals have for providing practical support to families that could build capacity and promote family preservation (Melton, 2005; Parton and Williams., 2019). Instead, child protection practice needs to be conceptualised and taught as day-to-day, strengths-based preventative and capacity building to which all professionals uniquely and collaboratively contribute (Lines et al., 2020; Lonne et al., 2020). Like many other studies, participants in our study described the disconnect between disciplines and a lack of understanding of each other's roles and responsibilities in child protection. In practice, interprofessional collaboration can harness the most effective client relationships and enable caring and planning to be shared and based on the most appropriate professional expertise (World Health Organization., 2010). Holistic case management is especially important for families who have complex and multiple adversities requiring interprofessional and intersectoral approaches (Hood et al., 2017; Jones et al., 2024); however this is not taught in preservice education (Lines et al., 2024).

Working with children and families is core to many professionals' roles across universal, targeted and statutory services (Russ et al., 2022; Walsh., 2019). Although not all professionals are child specialists, even non-specialist professionals require foundational skills for prevention and early support when their adult clients experience adversities that have an impact on children (Loveday et al., 2023; Schickedanz et al., 2019). In fact, child protection work congruent with a public health approach is much more likely to flourish outside of crisis-orientated child protection organisations (Kelleher et al., 2012; Seekamp et al., 2023). For example, schools, community health centres and nurse/-midwife home-visiting are more likely to engage children and families whose circumstances place them at risk but have not escalated to the point of statutory child protection intervention (Hood et al., 2017; Walsh., 2019). In this liminal space, much work can be done to prevent child maltreatment, but for work in this space to reach its full potential, all professionals must have requisite skills and knowledge to work effectively with children and families (Lines et al., 2024; Loveday et al., 2023). Core challenges include the breadth and complexity of essential theoretical knowledge coupled with the challenges of applying theory to complex family and organisational contexts (Lonne et al., 2020; Munro, 2019).

For specific professions who will constitute primary, targeted and statutory child protection workforce, there needs to be a greater curriculum focus on the knowledge and skills required to work with children and families (Walsh., 2019). This focus should include working with children and families across a broad range of contexts and circumstances, not just within the narrow frame of child protection wherein harm to the child has usually already occurred (Lonne et al., 2020; Massi et al., 2023). Even subjects focusing on research and policy can provide contextual framing and scaffolding of foundational concepts essential to child protection, but also broadly applicable across practice settings. Examples of foundational skills and concepts include cultural safety, trauma informed practice, public health approaches and interprofessional working (Lonne et al., 2021, 2020; Walsh., 2019). Introducing these core concepts relevant to all professions provides the basis for scaffolding learning in child protection, as well as other key disciplinary specific areas (Grant et al., 2018). Such subjects can subsequently dovetail into more practice-based subjects where students develop skills to engage with families in non-stigmatising and culturally safe ways that strengthen protective factors in parenting practices and family functioning (Australian institute of Family Studies., 2020; Keedle

et al., 2023).

Child protection does not occur in a professional vacuum and the child protection workforce is comprised of multiple disciplines and professions (Russ et al., 2022; Walsh., 2019). Hence, there is a need to recognise the value of interprofessional education and training at preservice level and beyond (World Health Organization., 2010). In some countries, such as the United Kingdom (UK), government policies have proposed that if professionals in the child protection workforce are to work together effectively, they should be educated together (Carpenter et al., 2010; Charles and Horwath 2009, cited in Walsh. 2019). There are several examples of preservice students from diverse disciplines learning interprofessionally in one subject of core relevance, but this has not happened in a consolidated manner in child protection (Lines et al., 2024). Prevention and early support are relevant to all child and family-serving professionals inclusive of nurses, midwives, doctors, welfare professionals and teachers (Grant et al., 2018; Her Majesty's Government., 2023; Russ et al., 2022). Consequently, there is much to be gained from the development of an interprofessional child protection subject delivered in relevant preservice programs (Walsh., 2019). However, there is first a need to collaboratively map out what qualities are required by all graduates and the discipline specific nuances so there is consistency to underpin effective collaboration. Such a subject would foster the cross-fertilisation of knowledge and skills in the provision of early support to families at risk in the liminal space between identification of risk and escalation to child protection authorities (Lonne et al., 2020). Further work is needed to identify consistent core interprofessional qualities for collaborative prevention and early support.

5. Strengths and limitations

This study has many strengths, including that it is the first study to explore professionals' perspectives of how to prepare the future workforce for interprofessional public health responses for child maltreatment. Furthermore, the study's diversity of facilitators and participants led to rich dialogue informed by many different perspectives. In particular, the interprofessional research team and participants enhances credibility and transferability of findings which represent shared perspectives from nursing, midwifery and social work professions. As such, findings demonstrate potential for successful establishment of a shared interprofessional vision which enhances graduate capacity to collaboratively mitigate the impacts of child maltreatment.

One limitation is that only professionals specifically interested in preventing child maltreatment would have participated, thus findings will not reflect perspectives of professionals with other areas of focus. Similarly, participants were primarily from nursing, midwifery and social work, thus results do not capture perspectives of other core professions such as doctors, psychologists and teachers. Although we have proposed a framework of initial core graduate qualities, this will need further development with a wide network of stakeholders, inclusive of families with lived experiences. To ensure the framework's effectiveness and relevance, future research should incorporate the perspectives of a broader range of professionals and those directly affected by child maltreatment, ultimately creating a more comprehensive and inclusive approach to workforce preparation.

6. Conclusion

Professionals who will work with children and families are not adequately prepared during preservice education for interprofessional work with children and families to prevent child maltreatment. Concepts and skills for working with children and families inclusive of cultural safety, trauma informed practice, public health approaches and interprofessional working are core to preventing child maltreatment and are also foundational to many other areas of practice. Core concepts for working with children and families need to be integrated into curriculum to improve graduates' capacity to reduce harm from child maltreatment through comprehensive public health responses. However, a key challenge is a lack of consistency across disciplines and sectors to inform essential qualities and interprofessional conceptualisations to underpin responses to child maltreatment. Further work is needed to comprehensively define shared knowledge, skills and values for all graduates with acknowledgement of the unique disciplinary specific nuances. These shared understandings can subsequently inform curriculum and pedagogies to effectively equip our future interprofessional health and welfare workforce to mitigate harms from child maltreatment.

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CRediT authorship contribution statement

Nina Sivertsen: Writing – review & editing, Methodology, Investigation. **Tracy Kakyo:** Writing – review & editing, Writing – original draft, Visualization, Formal analysis, Data curation. **Lauren Lines:** Writing – review & editing, Writing – original draft, Project administration, Investigation, Formal analysis, Conceptualization. **Megan Cooper:** Writing – review & editing, Investigation. **Helen McLaren:** Writing – review & editing, Methodology, Investigation. **Julian Grant:** Writing – review & editing, Supervision, Methodology. **Donna Hartz:** Writing – review & editing, Methodology, Investigation. **Lana Zannettino:** Writing – review & editing, Investigation, Formal analysis. **Alison Hutton:** Writing – review & editing, Methodology.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.nepr.2024.104176.

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