



Navigating Child Safety Concerns with Cultural Humility

A critical public health nursing role is to provide information on injury and disease prevention strategies. There is a potential for tension between health care professionals and families when a conflict exists between suggested evidence-based health promotion/injury prevention strategies and behaviours/actions that hold cultural value for the family. This tension may be exacerbated when a public health nurse has safety concerns about the infant/child's well-being because of the caregiver's approach to parenting or caregiving. This document helps the home visiting public health nurse to maintain an approach of cultural humility while addressing safety concerns with families.

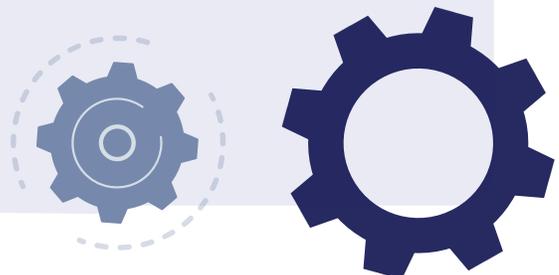
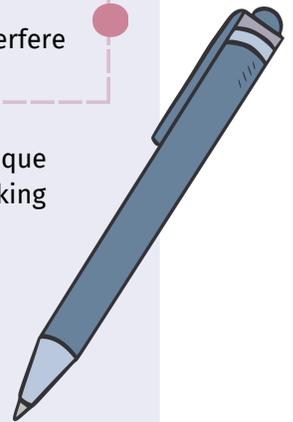
Maintaining Standards of Care

This practice guidance outlines suggested nursing actions and is not meant to replace, amend, or distract from nurses' regulatory, policy, and legal requirements when responding to safety issues in the home. If any of the following suggestions are incongruent with these requirements, it is important to adhere to local best practices and legal and professional obligations. This approach ensures that a desire to be culturally humble does not interfere with a nurse's standards of care.

The user of this document is encouraged to adapt suggestions to their unique nurse-client relationship and to the scenario at hand. This may include taking swift action, if necessary.

Use your nursing judgment in these scenarios and access reflective supervision and consultation to ensure you are providing safe, high-quality care, and consider embedding cultural humility in your follow-up with the family where possible.

This document is meant to be part of a larger discussion about client safety concerns within public health nursing. This guide may also be used during reflective practice and reflective supervision to self-assess different stages of the nurse's response to safety concerns.



Nursing Actions

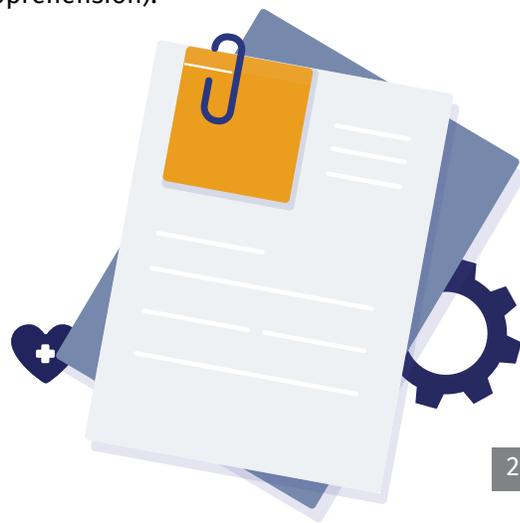
Before the Concern Arises - On Your Own:

- ✓ Invest time and energy into developing your cultural humility. See PHN-PREP resource [Strategies to Embed Cultural Humility in Home Visits](#), for additional information.
- ✓ Be aware of your legal and ethical obligations, and any policies and procedures related to the situation.
- ✓ Seek knowledge and be prepared to provide culturally safe care around issues of child welfare:
 - 💡 Some families have little experience with Canadian policies around child welfare or family violence or hold dissimilar views for various reasons. Seek to develop an awareness of the possible discrepancies in clients' understanding of Canada's child welfare policies relative to the client's cultural origin, and the family and systemic factors that further contribute to the client's contextual lens.¹
 - 💡 Develop an understanding of potential barriers to disclosure of violence (e.g., intimate partner violence) and help-seeking that members of various cultures may experience.^{2,3}
 - 💡 Recognize that the definition of harm, child maltreatment, and neglect may vary across cultures⁴, and develop confidence in describing the definitions of these terms in your practice^{5,6}. Anticipate clients' questions about laws, expectations, and resources in your jurisdiction's context.
- ✓ Know your local resources:
 - 💡 Search for trustworthy, evidence-informed resources that support your practice – whether those resources are for your own learning, or can be used to support the families you serve.



Before the Concern Arises - With the Client:

- ✓ Engage the relationship: Build trust, transparency, and rapport.
 - 💡 **Manage expectations about communication in crisis:** When you first meet a family, introduce your role, your scope, your limitations, your commitment to confidentiality, and your duty to report or legal obligations to report suspected or observed child maltreatment.
 - 💡 Guide your client through the steps involved in reporting and invite any questions, statements of discrepancy in values, or concerns. Reassure the client that every effort will be made to maintain therapeutic relationships and preserve service to the family before, during, and after any safety reporting. Ensure you inform the client that you may not be able to preserve the relationship in some instances (e.g., When the nurse's safety is at risk; or if you must discontinue services when your program eligibility requires that the child be in the care of the client, in cases of apprehension).
- ✓ Improve your assessments:
 - 💡 Ensure that your assessment of family strengths and opportunities includes cultural values, beliefs, and practices. Safety concerns can sometimes be discovered when nurses ask about traditional healing therapies, their own child protective practices, family member roles, disciplinary practices, sleeping and feeding practices, and expectations of their child.



Upon Noticing the Concern:



Adjust the following approach according to how the client feels upon learning that you have a concern. Consider their emotional state and capacity to take on conversation/additional information at the time and maintain a therapeutic stance. Offer to continue the conversation later (and make concrete plans for this) if the client is resistant to further conversation.

✓ Before jumping into action, check in with yourself:

 **Take a moment:** Breathe. Are you feeling activated? How can you self-regulate in the moment, to maintain quality of care? Attend to any feeling of a need for control in the situation. Let your 'doing' be for the good of the client and the safety of the client and child and others, not solely as a means of regulating your own self. If the situation allows it, take a second to attend to your body, to take a step back, zoom out, and restate your goals and intentions to yourself. This is how you get from 'just doing' to 'doing' and maintaining openness, presence, and continuing to model a healthy secure nurse-client relationship.

✓ Clarify the Issue:

 **Ask open-ended questions:** Use questions to gain a deeper understanding of the cultural practice. Seek to understand the client's values associated with the practice, and how important the practice is to them. Discern whether the practice is a method of coping with other strenuous factors in their life rather than an enduring cultural practice. Acknowledge your cultural knowledge gaps and seek a better understanding.

 **Use appropriate language and mannerisms:** Cultural protocols may exist when discussing sensitive topics (e.g., physical or sexual abuse of child, exposure to intimate partner violence). Attempt to honour these cultural protocols if possible.

- Clients may have a gendered preference when discussing topics of a sexual nature. Check in with the family about the appropriateness of your communication and any sensitivities you should be aware of.

 **Reiterate your role and scope:** Explain the limitations and requirements of your job related to safety.

 **Remember to look at the full picture:** Are you giving too much credit to cultural influences in this safety issue and not exploring other reasons why the parent does not see this as a safety issue? Does the parent 'see' and 'hear' the infant, and their thoughts, feelings, perspective, and needs? Do you have to work on modelling reflective functioning? Are you too focused on what the client 'does' and not how the client understands or thinks about their child and their needs?

✓ **Focus on family-centered care:** Reassure the client that your priority is the well-being of the child and the child's family/caregivers.

✓ Look for shared values and strengths:

 **Identify common ground:** Look for areas where your goals and the client's values align. Ground this in the family service plan goals.

"Can we explore options, because I imagine your infant's safety is important for both of us."

 **Highlight client strengths:** Recognize the client's existing strategies and resources and share with the client how those strengths can be protective. Link this back to your shared values.



✔ Share best practices and use shared decision-making:

💡 **Share relevant research that supports best practices:** Provide culturally sensitive information that supports safety.

💡 **Co-create solutions:** Collaborate with the client to find alternative solutions that respect cultural values while ensuring safety.

✔ **Ongoing collaboration:** Assure the client of your ongoing support in navigating the situation, even with involvement of other services, including child protective services.

✔ **Check in with the client:** Help your client manage their energy and their needs as they navigate difficult circumstances. If a client disclosed a difficult topic to you, thank them and acknowledge how much energy it took for them to disclose.



“Can we take a moment to check in with your needs. What does your body need right now? Do you feel your needs are being met?”



✔ Complete any required reporting:

💡 Remind the client of your first conversation about your duty to report and the steps involved. Reiterate your role in the process, and ways you can support the family. Offer system navigation support if possible.

💡 If possible and safe, offer to involve the client in the reporting process (e.g., Invite the client to be on the phone call to child protection services and rehearse with the client what you will disclose).

💡 When reporting, always start the call by describing the strengths and protective factors present in the family. Inform the client that this is your approach before making the call, and seek client consent to include any additional contextual information not legally required to be included in reporting.

✔ If possible, maintain transparency and open communication:

💡 Book a follow-up visit. Clearly articulate the goals of the next visit.

💡 Provide updates to the family regarding any further communication with other services.

✔ Advocate for supportive resources:

💡 Advocate for culturally-responsive services

💡 Explain the scope of other services

💡 Be aware of what resources clients may access, e.g., Ontario Association of Children’s Aid Societies resources for families⁷

💡 **Attempt to offer a warm hand-off:** Offer to start the conversation with other services



After the Event:

✓ Seek consultation and reflective supervision:

💡 If you are unsure whether a concern warrants reporting or whether services would be a good fit, seek out consultation with the appropriate supports (e.g., Child protection services for any child harm concerns, or anonymously consult with local supports for intimate partner violence regarding availability and suitability of services).

💡 **Reflective supervision:** Engage in self-reflection and access reflective supervision. Access case consultation if needed, use your learnings and the expertise of colleagues to continue to improve your practice. Share your experience of cultural humility in your own practice.



Case Application

During a recent home visit with a 32-week pregnant couple expecting their first child, the public health nurse asks about their plans for childbirth. The couple shares with the nurse that they are planning to have an unattended home delivery - a practice they describe as typical within their culture.

The couple states that, in preparation, they have completed childbirth classes at a local hospital to learn strategies for non-pharmacological pain management and are completing an extensive home delivery virtual training course. They also explain that they are planning to leave the placenta attached to the newborn until the umbilical cord ages and detaches from the infant through a natural process, recognized in their culture as a Lotus Birth.

In reviewing the historical notes, the nurse notices that the couple initiated prenatal care at 8 weeks gestation, have maintained regular prenatal visits, and have experienced an uneventful pregnancy.

Interventions and Rationales

Acknowledge and respect the couple's cultural practices surrounding childbirth:



“Thank you for sharing your childbirth plans with me and for teaching me something new. I had not heard the term Lotus Birth until you mentioned it today. I’m so honoured to be able to witness all the ways that families, including yours, prepare for a birth that honours and protects their baby. I heard you both saying that your plans are important to you as they align with your cultural values.”

Rationale: Cultural safety involves respecting and honouring the beliefs and practices of individuals, families, and communities, even if they differ from one's own cultural norms.

Acknowledging what is shared about a cultural practice helps to build trust.

Assume positive intent or recognize good intention by affirming steps they've taken to maintain their cultural practice and their commitment to learn strategies for a safe delivery:



"I can see that you're both committed to your plans for childbirth through your efforts to locate resources, and to participate in education and training. It shows that you recognize the importance of being as prepared as possible and that you've put a lot of thought into your decision."

Rationale: Acknowledging the couple's plans affirms steps they've taken to maintain their cultural practice and highlights the commitment they've shown to prepare.

Approach with curiosity to learn more about what guides the couple's decision-making, what they already know about risks and benefits, and to learn about their culture from personal lived experiences.

"Can you share more about what you know about the childbirth experiences and related outcomes from members of your cultural group who have similar beliefs about childbirth and have experienced a home delivery that is safe for them and their baby?"

Rationale: Asking open ended questions helps you to gather information in a nonjudgmental way and helps you to gather additional insight from the family's perspective.



"I'm wondering what your thoughts and plans are if something unexpected happens? Would you be open to receiving additional information you may need from me to support emergency planning?"

Rationale: This approach provides an opportunity to assess for knowledge gaps and provides a gateway to critical conversations related to emergency preparedness such as excessive bleeding, fetal distress, or maternal complications including sepsis, or infant sepsis (e.g., increased risk of bacterial infection when umbilical cord linked to placenta remain attached to infant). It also provides an opportunity to offer information on when to seek medical assistance and the importance of having a plan in place for transferring to a healthcare facility, as needed. Offering education and support allows the couple to make informed decisions while promoting their autonomy and well-being.

"I understand that you initiated prenatal care early and that you've kept your routine prenatal visits with your primary provider. I also understand that you've had a healthy pregnancy. Can you tell me a little more about the discussions you and your provider have had about your plans?"

Rationale: This question encourages transparency and collaboration with primary care and reminds the family of professional boundaries and expectations. It also opens opportunities to gather information about services that may support culturally diverse childbirth practices and ensures the couple has access to support from professionals who understand and respect their cultural beliefs.

Additional Readings:

- Ontario Ministry of Health. (August 2021). *Reporting child abuse and neglect: It's Your Duty [Fact Sheet]*. (Pub. No. 300783). Queen's Printer for Ontario. Retrieved from: <https://files.ontario.ca/pdf-3/mccss-report-child-abuse-and-neglect-en-2022-03-31.pdf>
- Jack, S.M, & Proulx, J., on behalf of the PHN-PREP Project Team. (2021). Intimate partner violence: Immediate response to a disclosure [<https://phnprep.ca/resources/ipv-disclosure-immediate-response>]. School of Nursing, McMaster University.
- Shepherd, J. & Jack, S.M on behalf of the PHN-PREP Project Team (2021). Reflective Supervision Checklist: Public Health Nurses [Professional Resource]. School of Nursing, McMaster University. [<https://phnprep.ca/resources/reflective-supervision-phns/>]
- Government of Ontario. (2023). Services delivered: One Vision One Voice program. Retrieved from: <https://www.ontario.ca/document/mccss-service-objectives-child-welfare-and-protection/services-delivered-one-vision-one>



To Learn More About Lotus Births, see:

- Monroe, K., Rubin, A., Mychaliska, K., Skoczylas, M., Burrows, H. (2019). Lotus Birth: A case series report on umbilical nonseverance. *Clinical Pediatrics*, 58(1), 88-94. doi:[10.1177/0009922818806843](https://doi.org/10.1177/0009922818806843)
- Kyejo, W., Rubagumya, D., Mwalo, C., Moshi, L., Kaguta, M., Mgonja, M., & Jaiswal, S. (2022). “Do not detach the placenta from my baby's cord” - Lotus birth case series from Tanzania tertiary hospital. *International Journal of Surgery Case Reports*, 99(1),107630. <https://doi.org/10.1016/j.ijscr.2022.107630>

References:

- ¹ Okeke-Ihejirika, P., Yohani, S., Muster, J., Ndem, A., Chambers, T., & Pow, V. (2020). A Scoping Review on Intimate Partner Violence in Canada's Immigrant Communities. *Trauma, Violence, & Abuse*, 21(4), 788-810. <https://doi.org/10.1177/1524838018789156>
- ² Government of Ontario. (2017). Child, Youth and Family Services Act, 2017, S.O. 2017, c.14, Sched. 1, s.125(1).
- ³ Green, J., Satyen, L., & Toumbourou, J. W. (2024). Influence of Cultural Norms on Formal Service Engagement Among Survivors of Intimate Partner Violence: A Qualitative Meta-synthesis. *Trauma, Violence, & Abuse*, 25(1), 738-751. <https://doi.org/10.1177/15248380231162971>
- ⁴ International Society for the Prevention of Child Abuse and Neglect. (2021). World perspectives on child abuse (14th ed.). ISPCAN.
- ⁵ Ontario Association of Children's Aid Societies. (2017). Ontario Child Welfare Eligibility Spectrum. Toronto, ON: OACAS. Retrieved from: <https://www.oacas.org/wp-content/uploads/2019/12/Eligibility-Spectrum-2021-EN.pdf>
- ⁶ Hulley, J., Bailey, L., Kirkman, G., Gibbs, G. R., Gomersall, T., Latif, A., & Jones, A. (2023). Intimate Partner Violence and Barriers to Help-Seeking Among Black, Asian, Minority Ethnic and Immigrant Women: A Qualitative Metasynthesis of Global Research. *Trauma, Violence, & Abuse*, 24(2), 1001-1015. <https://doi.org/10.1177/15248380211050590>
- ⁷ Ontario Association of Children's Aid Societies. (2023). One Vision One Voice: Navigating the Child Welfare System – A guide for Ontario's Black community. Retrieved from: <https://linck.org/wp-content/uploads/2023/04/OVOV-Navigating-Child-Welfare.pdf>

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