

# Community child health nursing: exploring the way forward

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## Abstract

Community child health nurses (CHNs) provide integral support for children and families in Australia during the early years across diverse physical, psychosocial and cultural environments. Working in partnership with parents facilitates provision of evidence-based nursing support during childhood which impacts on lifelong health trajectories. It is important that this specialised role is supported within the nursing profession and underpinned by tertiary level postgraduate studies prior to entry to child health practice, which enables appropriate responsiveness to the needs and preferences of children and their families.

## Introduction

The importance of the early years between birth and school entry is vital for children and their families. Support for healthy physical, psychosocial and cultural environments is necessary to facilitate ongoing positive lifelong developmental health. This paper will explore the specialised child, family and community support given by community-based child health nurses (CHNs) through continuous universal and targeted care throughout the early years. It also advocates for enhanced endorsement of this speciality area of nursing that contributes significantly to child and family health and lifelong health trajectories.

## Background

In Australia, CHNs have differences in titles in each state, such as child and family health nurses, maternal child and family health nurses and community CHNs (Hooker 2021; CAHS 2021; Clendon and Munns 2023). Within this paper, the generic CHN will be used.

## Child health nursing practice

CHNs are predominately the first point of contact for families in the community following the birth of their children. Embedded in a relational and salutogenic approach, CHNs have distinct

holistic clinical practice, with core preventative health and early intervention skills. These are facilitated by a range of evidence-based assessment tools able to identify health and wellbeing needs of children, parents and families, and their surrounding communities (Wightman, Hutton and Grant 2022; Clendon and Munns 2023). Through trusting partnership approaches, they are able to provide holistic comprehensive primary healthcare (PHC) strategies to help families during the range of children's developmental stages, also referring families to multidisciplinary teams when needed. CHNs work across a variety of clinical activities and settings, including community clinics, undertaking one-on-one or group consultations, family homes, peer support programs, day stay and residential units, offering parents free access to universal and targeted partnership support (Fraser, Grant and Mannix 2016; CAHS 2022). Their work has progressed from historical monitoring and surveillance of children's growth and development to include managing increasingly complex situations for vulnerable children and families, most notably in the areas of parental, infant and children's mental health (Schmied et al. 2014; Fraser, Grant and Mannix 2016; Wightman, Hutton and Grant 2022).

CHNs are focused towards working alongside parents to develop enabling physical, psychosocial and environmental strategies for their children within a range of cultural contexts. As such, within this specialty area of practice, they have an advanced understanding of child and family health and development and how biological, psychosocial and ecological factors from conception to age 5 influence optimal lifelong health trajectories for children (MCaFHNA 2022; Hemady et al. 2022; Australian Prevention Partnership Centre 2022). The effects of biological embedding are being increasingly recognised where early developmental environments shape persistent and enduring epigenetic modifications in children's health and wellbeing (Shonkoff, Slopen and Williams 2021; Tomlinson et al. 2021). Research has demonstrated the importance of developmental health prevention and early intervention in the first 2000 days, with a range of learning, behavioural and employment disadvantages influencing biological embedding being evident from infancy to adulthood (Department of Health 2019; Australian Prevention Partnership Centre 2022). Adverse childhood experiences reduce people's abilities to adapt to everyday stressors, with a marked risk of developing chronic diseases such as diabetes, heart disease, cardiovascular disease and mental health issues in adulthood (Phillips-Beck et al. 2019; Epel et al. 2018). However, in recent

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years, these are noticeably being diagnosed in the middle years of schooling and adolescence (AIHW 2020). Stress responsiveness also has a marked effect on brain development in the early years, with chronic stress leading to allostasis and allostatic overload, particularly where there are no family protective systems in place (McEwen and Akil 2020; Clendon and Munns 2023; Centre on the Developing Child 2021).

### **Determinants of health**

Adverse geographical, environmental, economic and psychosocial determinants of health can critically impact on families' abilities to create protective, safe and healthy environments for their children's growth and development, influencing areas such as development of trust, resilience and school readiness (Munns and Tallon 2020; Shonkoff, Slopen and Williams 2021). These long-term impacts also strongly effect the ability of children to positively parent their future children and contribute to adolescent depression, along with both maternal and paternal perinatal anxiety and depression in their prospective pregnancies (Lanjekar et al. 2022; Greene et al. 2020). Without the salutogenic and trusted partnership approaches of child health nursing support, there are risks that early intervention and possible multidisciplinary referrals for these issues may not take place, with these vulnerable parents being at high risk of acquiring inappropriate parenting behaviours with continuing intergenerational harm to children's physical and psychosocial health outcomes (Greene et al. 2020; Hemady et al. 2022; Wightman, Hutton and Grant 2022).

### **Comprehensive primary healthcare**

When working with children, their families and communities, CHNs are cognisant of the need to work within a comprehensive PHC framework. The principles of PHC underpin their practice and seek to facilitate equitable social circumstances with equal healthcare access along with family and community empowerment (Clendon and Munns 2023). Factors influencing healthy growth and development such as positive perinatal and infant mental health, nutrition and attachment are negatively affected through adverse social determinants of health, including family and domestic violence, disrupted family relationships, poverty, housing, food insecurity and trauma (Rickwood and Thomas 2019; Department of Health 2019). Core knowledge and skills within CHNs' scope of practice enable sound PHC-informed clinical decision making within these complex environments (Stevenson and Myors 2022).

Notably, CHNs focus on a strengths-based approach to care, working in partnership with parents and communities to enhance self-determination towards their parenting roles and the health and wellbeing of their children. A key feature of child health nursing practice is intersectoral collaboration and interdisciplinary practice, promoting respectful cooperation between different sectors of communities supporting families, including partnerships with parents (Clendon and Munns 2023; McKillop and Munns 2021). When working with a range of health practitioners in the early years, CHNs play an integral role in care planning for children, their parents and whole communities using their salutogenic, PHC and strengths-based practice skills and are ideally placed to take a lead role in facilitating interdisciplinary health promoting activities for families and communities (Clendon and Munns 2023).

### **Importance of child health nursing**

CHNs have a comprehensive understanding of the effects of social, cultural and environmental determinants of health and their impact on families and children in the early years and seek to improve the subsequent disadvantage within their clinical practice (MCaFHNA 2022). A recent scoping review exploring how CHNs care for children and families from birth to 5 years drew attention to the complexity of the work involved. It was found that CHNs were best able to facilitate realistic and affordable strategies when working in partnership with parents within a comprehensive PHC framework. This enabled early identification and intervention in addition to strengths-based health promoting strategies for the physical and psychosocial wellbeing of children, their families and surrounding communities, such as facilitating group activities to help parents collectively create healthy wellbeing activities. Significantly, these approaches significantly enhanced the capacity of families to meet the needs of their children (Wightman, Hutton and Grant 2022; Clendon and Munns 2023).

CHNs practise independently and in intersectoral partnership with other health and non-health professionals, needing a diverse range of evidence-based knowledge and unique practice skills to identify and manage the complex needs of children and their families (Wightman, Hutton and Grant 2022). This requires skilful clinical judgement and flexible clinical decision-making using evidence-informed assessment tools to establish appropriate care needed for children and their parents to reduce risk from complex biopsychosocial factors (NSW Child and Family Health Nursing Clinical Nurse Consultant Network and Child and Family Health Nurses Association (NSW) 2022).

As such, it is vital that CHNs' pre-entry education into this professional area is at postgraduate level, beginning with a Graduate Certificate or Postgraduate Diploma, with encouragement to develop further competencies with Masters and PhD studies. This is supported by the Australian College of Nursing (ACN 2021), where the unique specialised nursing skills needed for child health practice gained only through registered nurses completing postgraduate child health studies are highlighted. In particular, CHN practice needs to be recognised as a nursing specialty, reinforcing the requirement for tertiary qualifications prior to practice which enable appropriate responsiveness to the diverse needs and preferences of children, their families and communities. Additionally, it is incumbent that suitably qualified CHNs develop the curricula for and coordinate postgraduate courses as they are best able to identify the optimal mix of skills and supporting evidence for child health nursing in the community. If their specialisation is not acknowledged and strengthened, there is a risk of other health and non-health professionals re-defining their nursing roles (Grant 2013), with potential to compromise the quality and effectiveness of child health practice outcomes.

These challenges to the unique role of child health nursing are made by others seeking to find best practice pathways for families in the first 2000 days. Of note is the current debate regarding the progression of non-nursing direct entry midwives into child health practice which is advocated by the Australian College of Midwives (ACM 2022), however not supported by the Australian College of Nursing, Maternal, Child and Family Health Nurses

Australia and the Australian College of Children and Young People's Nursing (ACN 2021). Registered nurses and registered midwives have independent and discrete standards and scopes of practice for supporting childbearing families in the antenatal period and the early years (ACN 2021). It is recommended that the professional organisations of child health nursing, midwifery and others such as mental health nursing work in partnership to explore these differences to avoid fragmented approaches to child health practice and provide national guidance to education and workforce providers.

As identified by Grant (2013, p. 8), the goal of CHNs in Australia is to be recognised as a nursing practice specialisation able to support children and their families through evidence-based knowledge and practice. Recommendations were made to develop national professional practice standards supporting criteria for recognition of specialty areas of nursing practice (National Nursing and Nursing Education Taskforce 2006; Grant 2013). In caring for children and their families, CHN practice differs substantially from other nursing and midwifery roles. It is noted that additional research needs to be undertaken to further quantify these differences (Wightman, Hutton and Grant 2022); however, there is sufficient current evidence to demonstrate role differentiation for CHNs through the application of the *National standards of practice for maternal, child and family health nurses in Australia* (Grant, Mitchell and Cuthbertson 2017; MCaFHNA 2022). Following individual state-based practice standards being used for many years, in 2017, Maternal, Child and Family Health Nurses Australia (MCaFHNA) researched and developed national CHN professional standards which also recognise the unique qualities of practice in each state through elements within each of the standards (Grant, Mitchell and Cuthbertson 2017; MCaFHNA 2022).

These standards are also supported by the New South Wales Child and Family Health Nursing Professional Practice Framework (NSW Child and Family Health Nursing Clinical Nurse Consultant Network and Child and Family Health Nurses Association (NSW) 2022) and demonstrate criteria for a specialisation framework as outlined by the National Education Taskforce (2006). These point to the ability of the child health nursing professional group being able to develop standards for their own specialist professional practice and maintain ongoing tertiary curriculum development and professional activities (Grant 2013).

## Conclusion

The expertise of community CHNs provides evidence-based support for families and children during one of the most vulnerable periods of their lives. Infant, child and lifelong health trajectories are positively enhanced or negatively impacted during the early years, with CHNs being in a pivotal position to guide parents and children through strengths-based, non-judgemental approaches to care. Child health nursing is a complex and specialised role where it is vital that the nurses' practising competencies are recognised as unique to supporting children and families and are underpinned by tertiary level postgraduate studies. Children and parents' distinctive developmental health and wellbeing challenges necessitate specialty child health nursing practice in order to reduce the risk of fragmented service delivery and improve outcomes for children and their families.

## Conflict of interest

The authors declare no conflicts of interest.

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