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10 July 2015

Dr Julian Grant
President
Maternal Child and Family Health Nurses Australia

Email: enquiries@mcafhna.org.au

Dear Julian

DEVELOPING NATIONAL STANDARDS OF PRACTICE FOR MATERNAL, CHILD AND FAMILY HEALTH NURSES IN AUSTRALASIA'S SURVEY

Thank you for providing opportunity for ANMF (Vic Branch) to submit to the Maternal, Child and Family Health Nurses Australia (MCAFHNA) *Developing National Standards of Practice for Maternal, Child and Family Health Nurses in Australasia's Survey*.

The Australian Nursing and Midwifery Federation (ANMF) was initially established in 1924. The ANMF is the largest industrial and professional organisation in Australia for nurses and midwives, with Branches in each state and territory of Australia. The ANMF (Vic Branch) represents in excess of 72,000 nurses, midwives and personal care workers (the latter predominantly in the private residential aged care sector). Relevantly, ANMF (Vic Branch) represents maternal and child health (MCH) nurses across Victoria.

ANMF (Vic Branch) has consulted with Victorian MCH nurse members in reviewing the *Draft National Standards of Practice for Maternal, Child and Family Health Nurses in Australasia* (the Draft Standards) found on line at <https://mdcms.flinders.edu.au/survey2/index.php/44871/lang-en> ANMF has incorporated the considerable feedback of our members in developing a range of suggested amendments for your consideration. These suggested amendments are detailed in Attachment A.

ANMF (Vic Branch) notes that role of MCH nurses (however titled) varies between the states and territories and that these jurisdictions organise, fund and provide services for mothers, children and families in different ways. It is therefore challenging to develop national standards that adequately capture the role of the MCH nurse and a risk that the Draft Standards may be so generic as to undervalue the focus and priorities of MCH nurses from each jurisdiction.

Whilst commending the MCAFHNA Project Team for commencing work on this challenging body of work, ANMF (Vic Branch) is concerned the current iteration of the Draft Standards does not adequately reflect the Victorian MCH nurse focus on maternal and child health. We submit the Draft Standards would be improved by expanding significantly upon:

- the importance of maternal health and wellbeing as a critical influence on the health and wellbeing of children and families
- the importance and interconnectedness of the mother and child relationship as a critical influence on child health and wellbeing
- the role of the maternal and child health nurse in supporting and promoting the health and wellbeing of mothers. This should focus on all aspects of maternal health and wellbeing as detailed in Program Standard 2 of the *Maternal and Child Health Service Programs Standards* (Department of Education and Early Childhood Development and the Municipal Association of Victoria) <http://www.education.vic.gov.au/childhood/professionals/health/Pages/mchpolicy.aspx>

As part of adequately capturing the focus on maternal and child health, we recommend the Draft Standards apply consistent use of the term *maternal, child and family health nurse* (MCFHN) - instead of *child and family health (nurse)*. Reliance on the term *child and family health (nurse)* to describe the practice of MCH nurses is not appropriate in the Victorian context and inconsistent with the nomenclature of MCAFHNA. Used in this way, the term omits the focus on maternal and child health which is intrinsic to the Victorian MCH Service - and the practice of MCH nurses within the Victorian MCH Service.

Additionally, ANMF (Vic Branch) submits the Draft Standards would be improved through inclusion of the following sections:

1. An Introduction which:
 - outlines what roles, sectors and services MCFHNs are employed within throughout Australia. This should highlight that similarities and differences exist in regards to the role and individual scope of practice of MCFHNs throughout Australia. Further, that these similarities and differences present challenges in developing *Draft National Standards of Practice for Maternal, Child and Family Health Nurses in Australasia*
 - contextualises the professional and legislative framework that MCFHNs practice within as a consequence of their registration with the Australian Health Practitioners Regulation Agency (AHPRA) as registered nurses and midwives
 - references existing professional standards that should inform the development of the Draft Standards. For example, the *VAMCHN ANF (Vic Branch) Competency Standards for the Maternal and Child Health Nurse in Victoria* and the various professional Codes, Guidelines and Standards set out by the Nursing and Midwifery Board of Australia and which apply to the practice of MCFHNs as part of their registration with AHPRA as a registered nurse and midwife
2. A Rationale which clarifies:
 - the reason and purpose for developing the Draft Standards. This should specify that the Draft Standards are not intended to achieve a standardised MCFHN role but rather broadly reflect shared aspects of the MCFHN role
 - the intended application of the Draft Standard
3. Terminology and a list of definitions which:
 - lists key terms and their definition within the context of the document. For example, MCFHN, Family and community.

Finally, ANMF (Vic Branch) understands that MCaFHNA is giving consideration to developing a Credentialling Framework to apply to MCFHNs. We look forward to your ongoing consultation regarding this and take this opportunity to reiterate that ANMF (Vic Branch) is not supportive of introducing Credentialling Framework to apply to MCFHNs. Our detailed view on this matter is outlined in the attached document titled *ANMF Position Statement Credentialling for nurses and midwives* found on-line at http://anmf.org.au/documents/policies/PS_Credentialling.pdf

In the interim, ANMF (Vic Branch) Professional Officer Belinda Clark can be contacted on 9275 9333 or via email on bclark@anmfvic.asn.au if you would like to discuss any aspects of our submission.

Yours Sincerely



Paul Gilbert
Acting Branch Secretary, ANMF (Vic Branch)

Attachment A

Developing National Standards of Practice for Maternal, Child and Family Health Nurses in Australasia's Survey

ANMF (Vic Branch) Suggested Amendments 10.7.15

Standard 1 Develop ~~therapeutic~~ trusting relationships with children and families to improve outcomes ~~for children~~

Comment [BC1]: Remove the word therapeutic which is more commonly associated with treating illness.

Statement 1.1 A MCAFHN communicates at an advanced level

Comment [BC2]: How is advanced defined

Cues (examples of standards of practice)

1.1.1 Communicates effectively with clients, the mother, child and family and all individuals and groups involved in the care of the family and members of the health care team using advanced communication skills and alternate communication methods where necessary whilst complying with policy and guidelines.

Comment [BC3]: How is client defined? mother, child and family?

1.1.2 Actively listens and demonstrates effective communication skills including empathy and respect when communicating working with the mother child and family parents and families.

1.1.3 ~~Challenges family decisions that are not conducive to healthy outcomes for children.~~ Recognise and address family decisions that are not conducive to healthy outcomes and provide anticipatory guidance and information to support families achieve optimal health and wellbeing

Comment [BC4]: Remove the word challenge and reword to reflect that MCH nurses may recognise and address family decisions that are not conducive to healthy outcomes and provide anticipatory guidance and information to support families to achieve optimal health, wellbeing

1.1.4 Facilitates behaviour change in a family context using motivational interviewing techniques.

Comment [BC5]: Consider deleting

1.1.5 ~~Agrees on mutual goal setting with families and negotiate disagreements.~~ Works in partnership to develop goals and referral pathways for mothers, children and families.

Comment [BC6]: This is too specific and not a necessary part of the Victorian MCH Service Framework

Comment [BC7]: Remove negotiate disagreements

Uses a professional interpreter according to identified need

Statement 1. 2 A MCAFHN works in partnership with mothers, children and families to achieve therapeutic outcomes

Cues

1.2.1 Works to ~~optimise enable the~~ child and family engagement with maternal, child and family health nursing services to participate in health care through a negotiated partnership relationship.

Comment [BC8]: This is not suitable to the Victorian MCH Service model

1.2.2 Use strength-based approaches to form parent partnerships enabling the provision of services that are responsive to family and children needs and circumstances.

1.2.3 ~~Establish meaningful connections with clients to facilitate therapeutic interactions.~~

Comment [BC9]: Refer instead to Domain 9 of the NMBA National Competency Standards for the Registered Nurse

1.2.4 Establishes, maintains and concludes therapeutic interpersonal relationships with clients demonstrating empathy, trust and respect for the dignity for the child and family and interest in families.

1.2.5 ~~Reviews Evaluates~~ progress toward expected outcomes in partnership with the mother, child and family clients.

1.2.6 Supports the development of responsive and sensitive parenting to facilitate the parent-child relationship.

Demonstrates understanding that the mother and child dyad is an integral component of family functioning and this relationship has fundamental influence on the health and wellbeing outcomes for the child

Statement 1.3 A MCFHN delivers services which are in a culturally safe and respectful sensitive manner

Cues

1.3.1 Understands the principles of social justice and respect the rights and human dignity of all children and families, and the influences of these on health and wellbeing

Demonstrates respect for diversity and appreciate how different cultural and linguistic backgrounds may influence the provision and receipt of care

Comment [BC10]: Refer to *Congress of Aboriginal and Torres Strait Islander Nurses Towards a shared understanding of terms and concepts: Strengthening nursing and midwifery care of Aboriginal and Torres Strait Islander peoples*
<http://catsinam.org.au/static/uploads/files/catsinam-cultural-terms-2014-wfwxifyfbvdf.pdf>

1.3.2 Demonstrates respect for cultural identify in all aspects of MCFH nursing practice

Demonstrates culturally respectful MCFHN practice to ensure Aboriginal and Torres Strait Islander Peoples feel culturally secure, safe and respected Works with families to identify and respond to their individual health needs, respecting culture, diversity, and values.

Comment [BC11]: Refer to value Statement 3 of the NMBA Code of Ethics for Nurses in Australia

1.3.3 Recognises Aboriginal and Torres Strait Islander people s as the traditional owners of the land

Demonstrate awareness and respect that the Aboriginal perspective of health encompasses family, community, spirit, culture and connection to the land. *Health is not just the physical wellbeing of the individual, but the social, emotional and cultural wellbeing of the whole community. This is a whole of life view and it also includes the cyclical concept of life –death –life.* <http://catsinam.org.au/static/uploads/files/catsinam-cultural-terms-2014-wfwxifybvdf.p>

Comment [BC12]: Consider using the definition used in *Congress of Aboriginal and Torres Strait Islander Nurses Towards a shared understanding of terms and concepts: Strengthening nursing and midwifery care of Aboriginal and Torres Strait Islander peoples* <http://catsinam.org.au/static/uploads/files/catsinam-cultural-terms-2014-wfwxifybvdf.pdf>

1.3.4 Provides an accessible and equitable service to all families irrespective of background to reduce risk factors and increase protective factors.

Comment [BC13]: Thy intent of this statement is unclear

1.3.5 Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice. Including role modelling the application of the treaty to nursing practices to others and clearly articulating the significance of health disparities and socio-economic status of Maori families.

1.3.6 Is aware of the specific issues for parents from culturally and linguistically diverse backgrounds and practice nursing in a skilful, therapeutic, and culturally sensitive manner, utilising assistance from professional interpreters where appropriate.

1.3.7 Demonstrates sensitivity to diversity issues, including an understanding of the impact of the family's culture, environment and community on the child.

1.3.8 Practices nursing in a manner that the client determines as being culturally safe, applying and articulating the principles of cultural safety in practice.

1.3.9 Practices to ensure personal beliefs, values and goals of families are upheld, consults with members of cultural group, and enables clients to gain appropriate support.

Comment [BC14]: These are repetitive. Maybe have once sentence that tries to encapsulate culturally safe and respectful practice

1.3.10 Advocates for services and environments that accommodate the full range of children and families with diverse backgrounds, experiences, abilities and needs.

Comment [BC15]: Does this fit here? Is the intent. *Advocates services that provide culturally safe and respectful care*

Statement 1. 4 A MCAFHN applies skills and knowledge for establishing and maintaining therapeutic relationships

Comment [BC16]: Trusting

Cues

1.4.1 Demonstrates knowledge of working in partnership with families and practices using a partnership approach.

1.4.2 Uses advanced facilitation, interviewing and counselling skills in interactions with clients.

Comment [BC17]: Is this the role of the MCH nurse or family therapist?

~~1.4.3 Undertakes interactions using and promoting effective communication skills to plan, implement and evaluate care, including actively listening and responding in an appropriate manner utilising assistance from professional interpreters where appropriate.~~

Comment [BC18]: This is better suited to the communication section.

1.4.4 Demonstrates understanding of one's own personal values, attitudes, qualities and philosophical views, and how these impact on working with families and young children.

Comment [BC19]: Yes but should this go under the cultural safety section?

~~1.4.5 Demonstrates knowledge and skills in working collaboratively to determine health care goals and priorities based on undertake assessments and provide anticipatory guidance, support and information to improve the health and wellbeing of the mother child and family clinical assessment and needs of children and families.~~

1.4.6 Demonstrates knowledge of the importance of human relationships (including the attachment relationship) as the building blocks of healthy development; and the developmental importance of the early years of life and developmental transition periods.

Demonstrates the critical importance of the mother baby and child relationship in influencing health and wellbeing of the mother, child and family

1.4.7 Demonstrates a knowledge of and skill in health counselling and therapeutic relationships.

1.4.8 Has a holistic view of parenting and comprehensive knowledge of the family dynamics.

1.4.9 Assists the family to identify their knowledge, feelings and thoughts at key transition points through the life cycle.

1.4.10 Works effectively and sensitively with infants, toddlers and young children;

Statement 2 Promote health **and wellbeing** for **mothers** children and families within a primary health care framework

Statement 2.1 A MCAFHN builds social capital with families and communities

Cues (examples of standards of practice)

2.1.1 Incorporates community capacity building within practice to sustain and improve family health.

2.1.2 Demonstrates knowledge and understanding of group processes and dynamics; and engages in ongoing education to develop and maintain knowledge, skills and competence in parenting group facilitation.

2.1.3 Demonstrates skills in planning and facilitating parenting groups and collates, analyses and evaluates group outcomes, implementing changes based on evaluation feedback.

Statement 2.2 A MCAFHN is strength focused and builds **child and family client** capacity and resilience

Cues

2.2.1 Uses a strength-based and wellness focus to promote the health and well-being of children and families enabling them to develop their protective factors and build resilience.

2.2.2 Recognises and identifies strength and risk factors that impact on family functioning and parenting styles.

2.2.3 Assists and supports families to identify and take action to improve their parenting capacity and quality of life.

Statement 2.3 A MCAFHN implements public and population health approaches **to care**

Cues

2.3.1 Applies a public health framework in the practice of community health nursing, demonstrating awareness of current issues.

2.3.2 Demonstrates a population health approach that recognises health as a capacity or resource rather than a state, including the recognition of the range of social, economic and physical environmental factors that contribute to health.

Comment [BC20]: Reword to refer to the WHO Social Determinates of Health

2.3.3 Demonstrates knowledge and understanding of primary health care and applies it as an approach in clinical practice when working with children and families.

~~2.3.4 Practices with the knowledge, attitude and skills for the promotion and administration of immunisation including immunisation responsibilities and management of adverse events.~~

Comment [BC21]: Refer below

2.3.5 Demonstrates knowledge and understanding of the importance of early identification and prevention as a population health approach.

~~2.3.6 Incorporates the elements of the social determinants of health into decision making and nursing practice.~~

Comment [BC22]: Imbed into 2.3.2

~~2.3.7 Uses an early intervention approach to identify and address vulnerability the needs of vulnerable families to facilitate equity and access.~~

Comment [BC23]: Consider re wording to include that the MCFHN works in partnership with the family to identify risk factors and to facilitate protective factors

Statement 2.4 A MCFHN develops and maintains skills for health education and health promotion

Cues

~~2.4.1 Demonstrates knowledge of health promotion in all interactions with families and the community.~~

~~2.4.2 Provides anticipatory guidance, information and support to promote optimal health and wellbeing Develops health care messages based on health literacy assessment of the family.~~

~~2.4.3 Participates in and supports initiatives to assist in learning and individual behaviour changes.~~

~~2.4.4 Promotes the health of children and families through the provision of anticipatory guidance.~~

~~2.4.5 Plans, co-ordinates and implements health promotion using multiple approaches into all aspects of nursing care.~~

~~2.4.6 Promotes public health initiatives such as oral health, immunisation, child safety and injury prevention, safe sleeping and healthy lifestyle through linking children and families to services, completing referrals and the provision of information.~~

~~2.4.7 Promotes opportunities to support healthy lifestyle choices; including the importance of recognition of self-care, emotional and physical, of self and colleagues.~~

~~2.4.8 Monitors the physical and emotional health and wellbeing of mothers including in respect of: breastfeeding, incontinence, post natal depression, recovery after childbirth, family planning, partnership relationships, management of fatigue and tiredness and other women's health issues. (Page 25 Maternal and Child Health Service Programs Standards Department of Education and Training and Municipal Association of Victoria~~

Comment [BC24]: As per 2.4.2

Comment [BC25]: Consider referring to page 22 of the *Maternal and Child Health Service Programs Standards Department of Education and Training and Municipal Association of Victoria* <http://www.education.vic.gov.au/childhood/professionals/health/Pages/mchpolicy.aspx>

Comment [BC26]: Consider re wording to say MCH nurses promote mothers and families looking after themselves so that they can adequately provide for the needs of their children? Refer page 22 of the *Maternal and Child Health Service Programs Standards Department of Education and Training and Municipal Association of Victoria* <http://www.education.vic.gov.au/childhood/professionals/health/Pages/mchpolicy.aspx>

<http://www.education.vic.gov.au/childhood/professionals/health/Pages/mchpolicy.aspx>

Statement 2.5 A ~~MCaFHN provides health promotion and education education, support and referral to promote breastfeeding about breastfeeding and infant weight~~

Cues

2.5.1 Provides education on the health benefits of breastfeeding ~~and~~

Provides education, guidance and referral to mothers to support breastfeeding

Utilises knowledge and skills to make early identification and timely intervention to address breastfeeding and lactation issues and concern

Maintains knowledge and skills relating to breastfeeding and lactation including breastfeeding referral pathways

Assesses breastfeeding progress and provides timely guidance, support and referral as required including the benefits of breastfeeding and risks of not breastfeeding and gives guidance on breastfeeding; has the knowledge and skills to identify and address breastfeeding and lactation issues including referral options where necessary.

Supports and promotes maternal health as a critical factor influencing and facilitating breastfeeding

Provides a breastfeeding friendly environment

Insert a new Statement Promote appropriate Nutrition

2.5.2 Provides education and guidance on appropriate nutrition following which is consistent with the NHMRC guidelines for infant and child nutrition

Discuss including the safe and appropriate use of infant formula.

2.5.3 Promotes the nutritional value of a balanced diet for infants, children and families, having regard for cultural diversity and utilising a multidisciplinary team to address the nutritional requirements of a child with complex needs.

Utilises the multidisciplinary team to address the nutritional requirements of the infant and child with complex nutritional needs 2.5.4 ~~Assists parents with nutrition and dietary management in infancy and early childhood and be able to promote family health by promoting appropriate nutrition and physical exercise~~

Comment [BC27]: this is an ambitious sentence. Consider breaking down into separate points Include referrals?

Standard 3 Professional practice to improve health outcomes for children and families

Statement 3.1 A MCFHN maintains legal and ethical practice

Cues (examples of the standards in practice)

3.1.1 Recognises the international Rights of the Child.

3.1.2 Practices maternal, child and family nursing in accordance with legislation and practices specific to children and upholds their rights as a result.

Practices within the professional and legislative framework set out by the Health Practitioner Regulation National Law (Victoria) Act 2009 and applying to playing to registered nurses and midwives through the Australian Health Practitioners Regulation Agency (AHPRA)

3.1.3 Integrates ~~Complies with government and~~ organisational policy and guidelines into MCFHN practice -

3.1.4 Practices in accordance with the standards of the profession

Practices within the professional framework set out by the various professional Codes, Guidelines and Standards set out by the Nursing and Midwifery Board of Australia (NMBA)

~~ethical and professional boundaries, Maintains demonstrates awareness of confidentiality and privacy in accordance with applicable legislation and the nursing and midwifery professional framework and responds to ethical dilemmas relating to clients and works within professional boundaries.~~

3.1.5 Practices to ensure a safe working environment, and identifies unsafe situations and acts accordingly.

3.1.6 Ensures documentation is comprehensive, logical, clear and concise accurate and uses only accepted abbreviations ~~maintains confidentiality of information.~~

Comment [BC28]: Refer domain 10.3 NMBA Competency Standards for the registered nurse

3.1.7 Demonstrates and provides leadership in actions and decisions relating to building the child health workforce and contributes to systems that support nurses with decision making.

Comment [BC29]: The intent of this statement is not clear. Does it mean contribute to policy effecting MCFH nursing

Statement 3.2 A MCFHN undertakes demonstrates continuing professional development and engages in reflective practice of self and the profession

Comment [BC30]: May need to break up these two sections.

Cues

Comment [BC31]: Is this section focussed on reflective practice or CPD

3.2.1 Engages in reflective practice, utilises formal and informal supports to improve self-awareness and knowledge and recognises personal values and beliefs and their potential effect on clients.

3.2.2 Participates in peer review processes, demonstrates honesty, integrity, respect, flexibility, confidence and sensitivity to the effects of change.

Utilizes clinical supervision with an appropriately qualified health professional to aid reflective practice

~~3.2.3 Participates in Enhances professional-professional development in accordance with NMBA CPD Continuing Professional Development Registration Standard of self and others by maintaining up to date skills and knowledge through autonomous and self directed identification of development needs and maintaining a professional portfolio.~~

3.2.4 Provides leadership and facilitation in the management of client care, the profession, in the community.

Comment [BC32]: Move to another section ?

Standard 4 Provision of health care for children and families in the community

Statement 4.1 A MCFHN demonstrates advanced assessment and care planning for mothers, children and families in the community

Cues (examples of the standards of practice)

4.1.1 Completes comprehensive and on-going holistic assessments of children and families whilst promoting and monitoring client-focused outcomes to optimise health.

4.1.2 Demonstrates comprehensive knowledge of maternal, child and family health nursing

~~Utilizes and screening supported by experience and specialist MCFHN skills and knowledge and demonstrates an understanding of the individuals scope of practice gained through postgraduate studies.~~

4.1.3 Assists parents to recognise the needs of the child in relation to their child's health, wellbeing and development.

4.1.4 Initiates early intervention and management strategies that are specific to the family's needs.

4.1.5 Recognises there are a range of influences on children's developmental outcomes, spanning individual and family characteristics and the broader social, economic and physical environments in which children are raised.

4.1.6 Completes mandatory reporting in accordance with applicable legalisation s

~~as indicated based on assessment, and challenge parenting attitudes and behaviours that place the child at risk of harm including physical and emotional risks.~~

4.1.7 Engages in reflective practice to receive feedback on the effectiveness of nursing care and health service delivery.

Comment [BC33]: Include requirements to identify children and families at risk of harm and in intervening early facilitate protective factors

Comment [BC34]: Already addressed in reflective practice section

Statement 4.2 A MCFHN provides holistic comprehensive maternal and child health family health care

Cues

4.2.1 Works collaboratively with mothers, children and families to provide anticipatory guidance support and information and referral pathways to support mothers, children and families to achieve optional health and wweelbing identify strategies and develops health care plans.

4.2.2 ~~Utilises appropriate educational strategies, approaches and materials to enable children and families to make informed decision about care.~~ Works in partnership with families to assist their informed decision making

Comment [BC35]: Works in partnership with families to support them to make informed decisions

4.2.3 Uses advanced professional judgement to ensure clients have adequate explanations of the effects, consequences and alternatives of proposed ~~treatment options~~ whilst facilitating the client's access to appropriate evidence-based interventions.

Comment [BC36]: This is not appropriate to the Victorian MCH nursing context and better suited for an illness model

4.2.4 Collects comprehensive family history, and identifies protective and risk factors, including cases of neglect and abuse and acts on professional observation and judgement through appropriate responses.

4.2.5 Values and works with the family structure ~~as determined by the client.~~

4.2.6 Demonstrates knowledge of family psychosocial issues that may impact on infant and child development, health and wellbeing.

4.2.7 Recognises the core needs that all children and families have in common, as well as the unique needs of each individual child and family.

Insert New Statement to Recognise the role of the father in influencing the health and wellbeing of families and children

Statement 4.3 A MCaFHN promotes maternal health and wellbeing

Cues

Supports optimal physical, emotional and mental health and wellbeing of the mother

Supports the mother in her post birth recovery through holistic assessment, anticipatory guidance and referral as appropriate

Comment [BC37]: Post-partum period

Assists the mother to transition to motherhood

Empowering the mother to care for her infant and young child through providing information, anticipatory guidance and support and referral

4.3.1 Promotes optimal perinatal mental health for ~~the mother parents and and her their~~ children by completing comprehensive primary health care assessments and referrals including a psychosocial assessment to identify strengths, risks, vulnerabilities and emotional distress.

4.3.2 Promotes maternal physical and emotional health and wellbeing using appropriate knowledge, attitudes and skills.

4.3.3 Uses evidence-based tools to aid clinical judgement and decision making in the assessment and exploration of maternal wellbeing and health issues.

4.3.4 Observes and assesses role relationships and interaction patterns within the social context, including the presence ~~possibility~~ of family violence.

Providing mothers with knowledge and skills to prioritise their safety and the safety of their child

~~4.3.5 Facilitates, promotes and supports enabling interactions using a partnership approach in professional relationships through communication, therapeutic interaction and effective collaboration regarding the current and future care of families.~~

Supports mother in respect of family planning and subsequent pregnancies

Statement 4.4 A MCaFHN works in interdisciplinary and multidisciplinary teams to improve health outcomes for mothers, children and families

Cues

4.4.1 Engages with and develops networks with other professionals and services in the local community and encourages social connectedness ~~with parent consent~~.

4.4.2 Collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care, by developing and planning care in response to assessed needs and population health goals.

4.4.3 Recognises key stakeholders in the care of the child and family and effectively collaborates with individuals and groups to support children and families

Supports children and families to develop linkages with playgroups, kindergartens, childcare and schools Ensures collaborative and open communication with colleagues, other health professionals and employing bodies.

Statement 4.5 A MCaFHN demonstrates advanced skills and knowledge

Cues

4.5.1 Uses evidence based knowledge and skills to: provide co-ordinated holistic assessments and work in partnership with mothers and families to support the optimal health and wellbeing of children and families; ~~identify goals; plan strategies; and implement and evaluate the nursing care of children and families.~~

Comment [BC38]: The focus of this section is unclear and the content could be disseminated elsewhere throughout the document avoid repetition

4.5.2 Evaluates progress towards expected health outcomes in consultation with the mother, child, family and/or interdisciplinary health care team utilising specific MCFHN nursing skills and relevant assessment tools.

4.5.3 Applies relevant conceptual frameworks to child health nursing practice and a systematic approach to care including family-centred care, family systems theory and health belief model.

Comment [BC39]: The meaning and relevance of this statement is not clear and should be deleted

4.5.4 Acts as a resource and advocate for family health and wellbeing by providing support information and utilising appropriate referral pathways for identified needs.

4.5.5 Demonstrates advanced nursing decision making in a broad range of complex situations, with autonomous decisions made in the community demonstrating initiative and independence.

4.5.6 Uses expert clinical judgement and critical thinking to analyse and interpret developmental progress whilst performing health surveillance and addressing complex issues.

4.5.7 Monitors the health, wellbeing and development of the infant and child and Recognises signs of ~~implements timely intervention and referrals developmental delay or relationship concerns and develops appropriate interventions and/or referrals.~~

4.5.8 Stimulates positive child experiences and maintains age and developmentally appropriate environments that promote safety, security and optimal health and meet the developmental, psychosocial and health needs of children.

4.5.9 Uses specialist nursing skills including critical thinking, advanced problem solving and motivational interviewing, and evidence based knowledge to provide preventative interventions through ongoing surveillance and early identification.

4.5.10 Makes judgements based on experience and knowledge, especially when the client's decision contravenes safe practice.

Comment [BC40]: The intent of this statement is not clear and it should be deleted in its current form

4.5.11 Performs assessments using specialist techniques and evidence based tools that incorporate practice experience to obtain child and family health history, and to recognise and explore contradictory information.

Comment [BC41]: Such as, better to reference in accordance with scope of practice and organisational policy and guidance

Comment [BC42]: This is trying to achieve too many things. Break it down