Better childhood health outcomes for young people with chronic disease: A qualitative exploration of the challenges and strategies for managers, professionals and students
We are proud to present the first National Standards for Maternal, Child and Family Health Nursing in Australia.

In 2011 Maternal, Child and Family Health Nurses Australia began the process of bringing together all states and territories into a unified whole, national organisation. Unification required development of national standards for practice that recognised the unique qualities of practice in each jurisdiction and the historical work undertaken by the jurisdictions in maintaining quality and safety in practice.

The MCaFHN standards were developed using Puddy and Wilkins’ (2011) evidence framework, incorporating the best available research evidence, experiential evidence and contextual evidence. In 2012 a literature review was undertaken to explore the role and scope of the maternal, child and family health nurse in developed countries (Fraser, Grant & Mannix 2014). This was followed by a study exploring the experiences of the MCaFHN role in Australia (Fraser, Grant & Mannix 2016).

Parallel to this the research team* and working group** established through MCaFHN and Plunket (New Zealand), met to workshop all existing standards documents, synthesising them with contemporary literature. The resultant draft MCaFHN standards were then distributed for broad consultation to industry, consumers and key stakeholders via an online survey. The 452 responses to this consultation were analysed and synthesised by the research team resulting in a final draft. With the timely release of the new Registered Nurse standards for practice (2016) the structure of the final draft MCaFHN standards was modified to enable use alongside the RN standards. This draft formed the basis of a modified Delphi survey (following Chang et al. 2010) offered to all members of MCaFHN. The Delphi survey reached an average consensus of 97.8% in the first round.

We now present the MCaFHN standards for practice (2017) as a guide for practice, education and research.

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Research Assistance was provided by Ms Sarah Fraser and Ms Lola Bishop
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STANDARD 1

A maternal, child and family health nurse thinks critically, develops and analyses maternal, child and family nursing practice

Maternal child and family health nurses use a variety of thinking strategies and the best available evidence in making decisions and providing safe, quality maternal, child and family nursing practice within family-centred, person-centred and evidence-based frameworks.

1.1 Enacts internationally recognised children's rights, and practices to ensure the best interests of the child are a primary consideration in all decisions relating to the child.

1.2 Practices to promote health, understood to be “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1948), and recognises individual and family health as both a capacity and resource.

1.3 When practising in Australia acknowledges that Aboriginal and Torres Strait Islander peoples are the traditional custodians of the land and respect that the first Australians perspective of health encompasses physical, social, emotional and cultural well-being of individuals, family, and community across the lifespan including the cyclical concept of life and death (CATSINaM).

1.4 Develops respectful, culturally competent practice tailored to the needs of diverse families, including Indigenous families and families who have members who have migrated or are humanitarian entrants to the country.

1.5 Uses evidence-informed knowledge and skills to support nursing process activities: including advanced systematic, holistic assessments; goal identification; planning, implementation and evaluation of the nursing care of children, mothers, fathers and families.

1.6 Develops practice founded on an advanced understanding of child health and development in the early years and the biological, psychosocial, and ecological influences that shape development and practices to enhance optimal health outcomes for the child.

1.7 Develops practice founded on an understanding of the social determinants of health and how these may impact upon children and families. Seeks to ameliorate disadvantage and vulnerability by addressing a range of social economic and environmental factors in practice.

1.8 Develops practice founded on an understanding of population health and the issues known to affect children, mothers, fathers and families.
1.9 Develops evidence-informed nursing practice and provides nursing interventions for issues including but not limited to, feeding and nutrition, sleeping, nurturing, injury prevention, growth, learning, behaviour, discipline, communication, language development, and mental health.

1.10 Develops practice founded on an understanding of health promotion and applies advocacy and empowerment approaches in practice.

1.11 Develops practice founded on an understanding of disease prevention and enacts primary, secondary and tertiary prevention in practice. This includes, but is not limited to health education, immunisation, health surveillance and screening activities.

1.12 Provides individualised family care underpinned by an understanding of family theories, father-inclusive practice and family-centred care. This includes families with blended, single and same-sex structures and a range of functioning.

1.13 Develops practice using partnership approaches to work with families and the community to build capacity and achieve optimal health outcomes for children, mothers, fathers and families.

1.14 Practices maternal, child and family health nursing in accordance with national, jurisdictional, service and organisational legislation, policies and procedures.

1.15 Practices in accordance with relevant professional standards, codes and frameworks, especially those developed for maternal, child and family health nursing practice.

1.16 Produces and maintains accurate clinical documentation according to legislation and organisational policies and procedures and maintains the confidentiality and privacy of client data, particularly related to child protection and child custody matters.

1.17 Completes mandatory reports related to abuse and neglect in accordance with applicable legislation.

1.18 Engages in reflective practice to increase self-awareness of the impact that personal values may have on mothers, children and family members and to analyse and improve maternal, child and family nursing practice.
STANDARD 2

A maternal, child and family health nurse engages in therapeutic and professional relationships

Specialty maternal, child and family health nurse practice is based on purposefully engaging in effective therapeutic and professional relationships. This includes collegial generosity in the context of mutual trust and respect in professional relationships.

2.1 Establishes, maintains and concludes interpersonal relationships with children, mothers, fathers and families demonstrating empathy, respect and interest in families.

2.2 Communicates effectively with children, mothers, fathers and families using sophisticated communication skills and, where necessary, alternate communication methods including professional interpreters.
2.3 Enables families to participate in care and decision making through a negotiated partnership.

2.4 Interacts using effective communication skills to collaboratively plan, implement and evaluate care, including active listening and responding in an appropriate manner.

2.5 Practices to incorporate the personal beliefs, values and goals of families where possible.

2.6 Establishes therapeutic relationships with children, mothers, fathers and families to support, empower and promote health.

2.7 Facilitates groups and engages in group processes and dynamics as part of a therapeutic relationship.

2.8 Engages and builds relationships in the community to enhance community participation and capacity.

2.9 Networks to identify resources and services, within the community relevant to children, mothers, fathers and families.

2.10 Engages in interprofessional practice to assess, plan, and coordinate care for children, mothers, fathers and families, to support them in the community.

2.11 Communicates and collaborates effectively with other health professionals to provide continuity of care.

2.12 Advocates for resources, services and environments that accommodate the diverse backgrounds, needs, abilities and experiences of children, mothers, fathers and families.
STANDARD 3

A maternal, child and family health nurse maintains capacity for maternal, child and family health nursing practice and engages in lifelong learning

Maternal, child and family health nurses, as health professionals, are responsible and accountable for ensuring they are safe, and have the capability for MCaFHN practice. This includes ongoing self-management and responding when there is concern about other MCaFHN capability for practice.

MCaFHNs are responsible for their professional development and contribute to the development of others. They are also responsible for providing information and education to enable parents, children and young people to make decisions and take action in relation to their health.

| 3.1 Engages in professional development relevant to a maternal, child and family health nursing scope of practice. This includes but is not limited to holding relevant tertiary qualifications. |
|---|---|
| 3.2 Participates in clinical supervision and/or peer review processes, demonstrating honesty, integrity, respect, and flexibility. |
| 3.3 Identifies, enacts and leads decisions that improve systems that support practice and the maternal, child and family health nursing workforce. |
| 3.4 Uses and contributes to research and evidence that promotes optimal health outcomes for children, mothers, fathers and families. |
| 3.5 Uses and contributes to local, state/territory and/or national policies, procedures and guidelines that promote optimal healthy outcomes for children, mothers, fathers and families. |
| 3.6 Promotes the development of maternal, child and family health nursing practice through preceptorship and supervision of students, leadership and professional activities. |
| 3.7 Joins and engages with Maternal, Child and Family Health Nurses Australia or other professional associations relevant to primary health care nursing or maternal, child and family health nursing specialty practice. |
| 3.8 Considers and responds in a timely fashion to the health and wellbeing of self and others in relation to the capacity for maternal, child and family health nursing practice. |
STANDARD 4

A Maternal, Child and Family Health Nurse comprehensively conducts maternal, child and family nursing assessments

Maternal, child and family health nurses accurately conduct comprehensive and systematic assessments for children and families. They analyse information and data and communicate outcomes as the basis for MCaFHN practice.

4.1 Uses various interviewing styles and communication skills that incorporate practice experience for the purpose of gathering health histories from children, mothers, fathers and families.

4.2 Uses specialty maternal, child and family health nursing knowledge and skills to undertake systematic, holistic assessments of children, mothers, fathers and families.
4.3 Uses evidence-informed tools to assess and explore maternal wellbeing and health issues.

4.4 Conducts health surveillance and uses evidence-informed assessment methods and screening tools for the early identification of growth, development and/or family relationship issues which may negatively impact upon child and family health.

4.5 Assesses maternal lactation and/or observes breastfeeding to assess maternal lactation and infant feeding.

4.6 Undertakes comprehensive primary health care assessments of infants, children and families including physical and psychosocial assessments to identify strengths, risks and vulnerabilities.

4.7 Assesses and/or observes relationships and interactions within families including attachment relationships.

4.8 Assesses the social determinants of health that impact upon family and community.

4.9 Assesses health literacy of family members.

4.10 Undertakes environmental risk assessments to determine if the family environment is safe.

4.11 Assesses clinical practice environments for professional safety of self and others when conducting visits in the home and community.
STANDARD 5

A maternal, child and family health nurse develops a plan for nursing practice that promotes maternal, child and family health and wellbeing

Maternal, child and family health nurses are responsible for the planning and communication of maternal, child and family health nurse practice. Agreed plans are developed from a partnership approach. They are based on the maternal, child and family health nurses appraisal of comprehensive, relevant information, and evidence that is documented and communicated.

| 5.1 | Uses expert clinical judgement and critical thinking to analyse and interpret child, mother, father and family health history and assessment results. |
| 5.2 | Plans nursing care based on core needs that all children, mothers, fathers and families have in common, as well as their unique presenting needs. |
| 5.3 | Works in partnership and collaboration with families to develop mutually agreed goals and negotiates differences between nurse and family goals. |
| 5.4 | Uses assessment findings as the basis to develop evidence-informed care plans that aim to improve the health and wellbeing of children, mothers, fathers and families. |
| 5.5 | Makes clinical decisions based on evidence-informed knowledge and clinical experience to plan interventions when the client’s decisions contravene safe practice. |
| 5.6 | Collaborates with colleagues and interdisciplinary professionals to facilitate and coordinate care by developing and planning care in response to assessed needs of the community and population. |
| 5.7 | Revises goals and care plans based on evaluation of findings. |
| 5.8 | Demonstrates advanced nursing decision making skills including initiative and autonomy when planning complex care in a broad range of community situations. |
| 5.9 | Plans and enacts group and community events to build social capital and community capacity. |
STANDARD 6

Provides safe, appropriate and responsive quality maternal, child and family health nursing practice

Maternal, child and family health nurses provide and may delegate, quality and ethical goal-directed actions. These are based on comprehensive and systematic assessment, and the best available evidence to achieve planned and agreed outcomes.

6.1 Delivers appropriate, safe nursing care in a range of environments, including clinic, home, residential and community settings.

6.2 Demonstrates awareness, sensitivity and responsiveness to diversity, including an understanding of the impact of the family’s culture, environment and community on the child.

6.3 Delivers maternal, child and family health nursing care to people from diverse backgrounds in a skilful, therapeutic, and culturally...
6.4 Uses advanced facilitation, interviewing and health counselling skills for the development and maintenance of therapeutic relationships.

6.5 Uses strengths-based approaches to develop and maintain partnership with parents to enable nursing care that is responsive to family and children’s needs and circumstances.

6.6 Enables families to provide responsive and sensitive parenting, improve parenting capacity, develop protective factors and build resilience.

6.7 Assists families to recognise the needs of the child in relation to health, wellness, growth and development.

6.8 Supports families to provide developmentally enriching experiences for their children in safe and secure environments.

6.9 Promotes healthy lifestyle choices for families to enhance self-care and well-being.

6.10 Develops and delivers health care messages based on a health literacy assessment of family members.

6.11 Promotes the health and wellbeing of children through the provision of developmentally appropriate health education and anticipatory guidance.

6.12 Explores and challenges family attitudes and behaviours that are not conducive to healthy outcomes for children or that place a child at risk of harm or neglect.
6.13 Addresses identified unsafe situations or situations that place the child at risk of harm or neglect and enacts appropriate interventions, including mandatory reporting.

6.14 Facilitates behaviour change in a family context using motivational interviewing and other techniques where appropriate.

6.15 Uses an early intervention approach to address the identified health needs of children, mothers, fathers and families.

6.16 Provides appropriate referrals for identified needs of children, mothers, fathers and families.

6.17 Acts as a resource and advocate for maternal, child and family health and wellbeing.

6.18 Promotes optimal perinatal mental health for parents and their children.

6.19 Promotes maternal physical and psychosocial health and wellbeing.

6.20 Promotes immunisation and, where indicated, administers immunisation and manages adverse events.

6.21 Promotes public health initiatives including but not limited to oral health, immunisation, safe sleep, child safety and injury prevention.

6.22 Promotes appropriate nutrition and dietary management for children and families.

6.23 Supports mothers and families to breastfeed infants and provides links to community resources and/or referral options where necessary.

6.24 Provides education and guidance on infant and child nutrition consistent with current guidelines including but not limited to the Breast Feeding Hospital Initiative and Community Guidelines, the World Health Organisation guidelines on the promotion of formula and the National Health & Medical Research Council guidelines for the safe use of infant formula.

6.25 Facilitates parenting groups to increase health literacy, social networks and social support.

6.26 Supports children, mothers, fathers and family members to develop linkages with playgroups, childcare, early learning environments and schools.

6.27 Engages with community partners and multidisciplinary teams to build community capacity and social capital to improve and sustain family health.
STANDARD 7

A maternal, child and family health nurse evaluates maternal, child and family outcomes to inform nursing practice

Maternal, child and family health nurses take responsibility for the evaluation of maternal, child and family health nursing practice based on agreed priorities, goals, plans and outcomes and revises practice accordingly.

7.1 Reviews and evaluates progress towards planned goals in partnership with children, mothers, fathers and families.

7.2 Analyses findings from health surveillance and periodic assessments to evaluate progress toward optimal health outcomes for children, mothers, fathers and families.

7.3 Seeks verbal feedback and observes non-verbal feedback from children, mothers, fathers and family members to determine their experiences, satisfaction and cultural safety.

7.4 Seeks feedback from interdisciplinary care teams following referral, to review progress toward optimal health outcomes for children, mothers, fathers and families.

7.5 Evaluates outcomes from and satisfaction with groups.

7.6 Evaluates community capacity building events.
## GLOSSARY

<table>
<thead>
<tr>
<th>Term</th>
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<tbody>
<tr>
<td>Advocacy (for health)</td>
<td>A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme (Nutbeam, 1998, p.353).</td>
</tr>
<tr>
<td>Anticipatory guidance</td>
<td>The information that clinicians give families about what they should expect in their child’s development, what they should do to promote this development and the benefits of these healthy lifestyle and practices (Nelson, Wissow &amp; Cheng, 2003). Routine parent and child education and counselling regarding feeding and nutrition, sleeping, nurturing, injury prevention, growth, learning, behavior, discipline, communication, language development, and toileting (American Academy of Pediatrics as cited in Combs-Orme, Nixon &amp; Herrod, 2011).</td>
</tr>
<tr>
<td>Child/children</td>
<td>A ‘child’ is a ‘person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger’ (United Nations 1990).</td>
</tr>
<tr>
<td>Child health surveillance</td>
<td>The oversight of the physical, social, and emotional health and development of children, measurement and recording of physical growth, monitoring of developmental progress, offering and arranging intervention when necessary, prevention of disease by immunisation and other means, and health education (Hall 1996, p.14).</td>
</tr>
<tr>
<td>Client</td>
<td>Includes, at various times, all members of a presenting family. The presenting ‘client’ may include birth mothers or caregivers fulfilling the maternal role; birth fathers or caregivers fulfilling the paternal role, guardians, grandparents and the accompanying child. The term ‘child’ is used throughout to represent neonates, infants, toddlers and preschool children five years of age and under.</td>
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</tbody>
</table>
Clinical supervision
Clinical supervision is a formal process of professional support and learning that addresses practitioners’ developmental needs in a non-judgemental way. Its aim is to help them increase both their competence and confidence through exchanges with experienced professionals and the use of reflective skills (Butterworth cited in Clifton 2002). Supervision includes managerial supervision, professional supervision and clinically focused supervision (Nursing and Midwifery Board of Australia, 2016).

Community capacity
When health is included in a community’s decision-making regarding organismal structures such as schools, workplaces and other community services (McMurray, 2007).

Community participation
Engaging and building relationships within the community that result in enhanced community capacity, ownership and sustainability (Guzys & Petrie, 2014, p.21).

Continuity of care
Continuity of care is achieved when all appropriate care and treatment interventions are provided in a planned, co-ordinated and consistent manner by staff working across professional/agency boundaries and through the required period of time (Kesby, 2002).

Counselling
The act of providing advice and guidance to a client or their family. It is a therapeutic technique that helps the client recognise and manage stress and that facilitates interpersonal relationships between the client and the family, significant others or the health care team (Adapted from Harris, Nagy and Vardaxis 2010).

Criteria
Criteria in this document means the actions and behaviours of the maternal, child and family health nurse that demonstrate the maternal, child and family health nurse standards for practice (Adapted from Nursing and Midwifery Board of Australia, 2016).

Cultural competence
The ability of an individual to interact effectively across cultures and refers to the ability of individuals and organisations, including the nursing profession and health and educational institutions, to enact cultural safety (National Health & Medical Research Council [NHMRC], 2005).

Cultural safety
An environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening (Williams, 1999).
Disease prevention
Covers measures not only to prevent the occurrence of disease, such as risk factor reduction, but also to arrest its progress and reduce its consequences once established (Nutbeam, 1998).

Early intervention
Intervening early during a key transition point or pathway in an individual’s life (Edgecombe, 2004, p.143).

Empowerment
A process through which people gain greater control over decisions and actions affecting their health (Nutbeam, 1998, p.354).

Evidence-based practice
Assessing and making judgements to translate the best available evidence, with includes the most current, valid and available research findings into practice (Nursing and Midwifery Board of Australia, 2016).

Evidence-informed
When decisions are guided or informed by evidence rather than based solely upon it, and that clients themselves are informed consumers of services (Shlonsky & Ballan, 2011).

Family
The basic unit of society that consists of those individuals, male or female, youth or adult, legally or not legally related, genetically or not genetically related, who are considered by others to represent their significant persons (Langtree, 2015, p. 478).

Family-centred care
An approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families (Institute for Patient and Family Centred Care).

Father
A male parent, a father-in-law, stepfather, or adoptive father, a man who exercises paternal care over other persons; paternal protector or provider (Dictionary.com).

Father-inclusive practice
Aims to value and support men in their role as fathers, actively encourage their participation in programs, and ensure they are appropriately and equally considered in all aspects of service delivery (Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, 2009, p.9).

First Nation's Peoples
Aboriginal and Torres Strait Islander Peoples (CATSINaM).

Foundational
The basis or groundwork of anything, or the base on which some structure rests (Dictionary.com).

Framework
The framework that has been used to support the evidence term used in the standards (Puddy & Wilkins, 2011).
<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>Health</td>
<td>A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1948 cited in Nutbeam, 1998). The first nation’s Peoples perspective of health encompasses physical, social, emotional and cultural wellbeing of individuals, family, and community across the lifespan including the cyclical concept of life and death (CATSINaM).</td>
</tr>
<tr>
<td>Health education</td>
<td>Comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health (Nutbeam, 1998).</td>
</tr>
<tr>
<td>Health literacy</td>
<td>The capacity of a person to understand, access and negotiate her or his health requirements, including navigating the health care system, to maintain optimum health throughout life (Guzys &amp; Petrie, 2014, p.37).</td>
</tr>
<tr>
<td>Health promotion</td>
<td>The process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions (World Health Organization, 2016).</td>
</tr>
<tr>
<td>Infancy/Infant</td>
<td>The period in a child’s life from birth to 12 months (Devitt &amp; Thain, 2011, p. 58).</td>
</tr>
<tr>
<td>Interprofessional practice</td>
<td>Two or more professions working together in a team with a common purpose, commitment and mutual respect (Freeth et al., 2005 cited in Dunston et al., 2009).</td>
</tr>
<tr>
<td>Knowledge</td>
<td>The term knowledge refers to knowing that is in a form that can be shared or communicated to others...The knowledge of a discipline is that which has been collectively judged by standards and criteria shared by members of the discipline community (Chinn &amp; Kramer 2014, p.2).</td>
</tr>
<tr>
<td>Mandatory reporting</td>
<td>A term used to describe the legislative requirement imposed on selected classes of people to report suspected cases of child abuse and neglect to government authorities (Australian Institute of Family Studies, 2016).</td>
</tr>
<tr>
<td>Mental health</td>
<td>Mental health is a relative state of mind in which the person is able to cope with and adjust to the recurrent stresses of everyday life in an acceptable way (Harris, Nagy &amp; Vardaxis 2010).</td>
</tr>
</tbody>
</table>
Motivational interviewing

A client-centred, directive discussion that uses a range of communication techniques to assist the client in recognising and understanding the connection between her or his current lifestyle behaviours and health status (Guzys & Petrie, 2014, p.145).

Mother

A female parent, a mother-in-law, stepmother, or adoptive mother, a term of address for a female parent or a woman having or regarded as having the status, function, or authority of a female parent (Dictionary.com).

Nursing practice

Experiences a nurse encounters in the process of caring for people. Experiences include those of the person receiving care, the nurse, others in the environment and their interactions (Chinn & Kramer 2014, p.264).

Partnership

A respectful, negotiated way of working together that enables choice, participation and equity, within an honest, trusting relationship that is based in empathy, support and reciprocity (Bidmead & Cowley, 2005).

Person-centred

Person-centred care is underpinned by a therapeutic relationship that encompasses mutual trust and understanding between the client and the nurse. This is further supported by treating the client as an individual, protecting the client’s dignity and respecting the client’s rights and preferences (Australian College of Nursing, 2014).

Philosophy

A form of disciplined inquiry or the purpose of discerning general traits of reality and principles of value (Chinn & Kramer 2014, p. 265).

Population health

The health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services (Kindig 2007, p.145).

Preceptorship

Preceptorship is a form of educational relationship which is intended to provide newly qualified (or returning) professionals with three things: (1) Access to an experienced and competent role model; (2) A means by which to build a supportive one-to-one teaching and learning relationship; and (3) A smooth transition from learner to accountable practitioner (Morton-Cooper and Palmer 1993, p.99).
Primary health care (PHC)

Primary health care is socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation (Australian Primary Health Care Research Institute, 2009).

Reflective practice

The goal of reflective practice is always in a positive direction, for the growth and discovery of self and one’s knowledge, progressing the ability to integrate into one’s deepening and expanding practice (Taylor 2005 in Freshwater, Taylor & Sherwood 2008, p. 13).

Scope of practice

Practice in which nurses are educated, competent to perform and permitted by law. The actual scope of practice is influenced by the context in which the nurse practices, the health needs of the people, the level of competence and the confidence of the nurse and the policy requirements of the service provider (Nursing and Midwifery Board of Australia, 2016).

Screening

The term ‘screening’ refers to the ‘the examination of a whole population of apparently healthy children, using simple tests to distinguish those who probably have a condition from those who do not, so that the outcome can be improved by treating the condition before it produces obvious symptoms or signs’ (Hall & Elliman 2006 in Hall, Williams & Elliman 2009).

Social capital

The relationship between people demonstrated through trust, connectedness and the establishment of networks and norms that facilitate reciprocity of cooperation for mutual benefit (WHO, 1998).

Social determinants of health

The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems (World Health Organization, 2016).
<table>
<thead>
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<tr>
<td>Social support</td>
<td>That assistance available to individuals and groups from within communities which can provide a buffer against adverse life events and living conditions, and can provide a positive resource for enhancing the quality of life (Nutbeam, 1998, p. 363).</td>
</tr>
<tr>
<td>Social network</td>
<td>Social relations and links between individuals which may provide access to or mobilization of social support for health (WHO, 1998, p. 20).</td>
</tr>
<tr>
<td>Standards for practice</td>
<td>Standards for practice in this document are the expectations of maternal, child and family health nurse practice. They inform the education standards for maternal, child and family health nurses, the regulation of maternal, child and family health nurses and determination of the maternal, child and family health nurse’s capability for practice, and guide consumers, employers and other stakeholders on what to reasonably expect from a maternal, child and family health nurse in the of the area of maternal, child and family health nursing practice (Adapted from Nursing and Midwifery Board of Australia, 2016).</td>
</tr>
<tr>
<td>Strengths-based approach</td>
<td>A strengths approach is a specific method of working with and resolving problems experienced by the presenting person. It does not attempt to ignore the problems and difficulties. Rather, it attempts to identify the positive basis of the person’s resources (or what may need to be added) and strengths that will lay the basis to address the challenges resulting from the problems (Hammond 2010).</td>
</tr>
<tr>
<td>Surveillance</td>
<td>A detailed examination or investigation for the accurate collection of data to record changes in the character of a particular population at a particular time (Harris, Nagy &amp; Vardaxis 2010, p.1667).</td>
</tr>
<tr>
<td>Therapeutic relationship</td>
<td>In a therapeutic relationship the nurse is sensitive to a person’s situation and purposefully engages with them using knowledge and skills in respect, compassion and kindness. In the relationship the person’s rights and dignity are recognised and respected. The professional nature of the relationship involves recognition of professional boundaries and issues of unequal power (Nursing and Midwifery Board of Australia, 2016).</td>
</tr>
</tbody>
</table>


Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), Retrieved 22th march, 2016, http://catsinam.org.au/


Langtree, T 2015, “Promoting Family Health”, in A Berman, S Snyder, T Levett-Jones, T Dwyer, M Hales, N Harvey, L Moxham, T Park, B Parker, K Reid-Searl, D Stanley (eds), Kozier and Erb’s fundamentals of nursing, 3rd edn, vol 2, Pearson Australia, Victoria.
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