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Title: Public Health Nurse involvement in a multi-stakeholder community paediatric clinic meeting United Nations Sustainable Development Goals in Ireland

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Background: Health has a central place in the United Nations Sustainable Development Goals (SDGs), particularly SDG 3 which aims to ensure healthy lives and promote wellbeing [1]. The World Health Organisation regard nurses and midwives as a 'force for health' in society's efforts to tackle public health challenges [2]. This study demonstrates the important role Public Health Nurses (PHNs) play in contributing to SDGs through involvement in a novel multi-stakeholder paediatric development clinic set in a disadvantaged Irish community where children are underachieving in several developmental domains. A considerable proportion of developmental delay is avoidable with strong evidence linking child development to socio-economic status [3]. Early detection and intervention can impact on developmental trajectories, improving child, family, and community outcomes [4], and resulting in long-term healthcare cost savings [5]. Strategies to promote child health and well-being go beyond the traditional medical setting and involve community strategies that change the broader environments in which children live [6,7]. Kidscope is the only community paediatric clinic in Ireland to offer free assessment, consultation, and onward referral of children aged 0 to 6 years living in a highly vulnerable community. The Kidscope model of care requires PHNs to provide specialist early years support within a largely generalist role. Through a stakeholder analysis and mapping exercise, this study aimed to understand PHNs roles within Kidscope and to capture their contribution to SDGs.

Methods: An exploratory qualitative stakeholder analysis and mapping exercise guided by Shiller et al.'s Stakeholder Analysis Framework [8] with Schmeer's Stakeholder Analysis Guidelines [9] incorporated. Snowball sampling was used to identify participants (key and secondary stakeholders from a variety of disciplines) who had prior or current involvement with Kidscope. Primary data collection involved scoping interviews (n=5), one focus group (n=6), and one-to-one interviews (n=15). Secondary data sources included meeting minutes, annual reports, work plans, and logic models from partner agencies. A stakeholder power matrix table was developed to capture levels of knowledge, interests, and positions within Kidscope. NVivo 12.0 was used to collate qualitative primary and secondary data, and Braun and Clarke's Framework [10] guided thematic analysis.

Results: Stakeholder mapping and analysis shows PHNs engage with Kidscope at eight levels over three timepoints; delivery, implementation, and clinic review and sustainability. PHNs have played a significant role in the development, coordination, resourcing, delivery, and sustainability of Kidscope. PHNs assist in the development of child and family support plans alongside the medical team, and work in partnership with community agencies to provide a wrap-around system of care for vulnerable families. PHNs are fundamental partners in achieving SDG 3 while also contributing to SDG 10: Reducing Inequalities, SDG 1: No Poverty, SDG 8: Decent Work and Economic Growth, and SDG 17: Partnerships for the Goals.

Conclusion: As key stakeholders within Kidscope, PHNs make a significant contribution to a community paediatric clinic which provides access across the continuum of health care services for highly vulnerable children and families. Findings underscore a shift from the current 'cradle to grave' model of working towards a specialist early years PHN role in the community which can help to improve child outcomes by disrupting the impact exclusion to healthcare has on vulnerable children.

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