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Sustainable Development Goals in Ireland: How Public Health Nurses Are Contributing Through Engagement in an Interagency Community Pediatric Clinic

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Abstract

Introduction: United Nations Sustainable Development Goals (SDGs) were adopted as a plan of action for people, planet, and prosperity by 2030. SDG 3 aims to ensure healthy lives and promote well-being for all ages, and other goals focus on reduction of inequality, abolition of poverty, decent work for all, and building effective, accountable, and inclusive institutions. A community pediatric clinic, Kidscope, was established in a vulnerable Irish community offering free developmental assessment and onward referral of children 0 to 6 years. The Kidscope model involves multiagency input with local public health nurses (PHNs) acting as fundamental partners in the provision of specialist early years support to vulnerable children and families. This study evaluates PHN involvement in Kidscope in the context of SDGs.

Objective: To record and understand PHN roles within Kidscope and to capture their contribution to achieving SDGs in a disadvantaged Irish community.

Methods: Qualitative stakeholder analysis and mapping design. Snowball sampling identified participants. Data collection involved scoping interviews, questionnaires, one-to-one interviews, and a focus group. A Stakeholder Matrix Table was developed in line with the guiding framework. Transcripts were thematically analyzed.

Results: PHNs are key stakeholders in Kidscope contributing to clinic development, delivery, and sustainability. Six themes were identified: lead referrers, in-clinic support, learning and education, child and family follow-up, specialist early years role, and partnership working. PHNs contribute to six SDGs through the Kidscope model.

Conclusion: PHNs are fundamental partners in achieving SDGs in a disadvantaged Irish community through ameliorating childhood developmental delay by intercepting the gap within Ireland's early intervention system and disrupting the impact exclusion to healthcare has on vulnerable children and their families. Findings underscore a shift from the current "cradle to grave" model of working toward a specialist early years PHN role.

Keywords

community nursing, pediatrics, practice, vulnerable populations, sustainable development goals, public health nurses

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Introduction

United Nations Sustainable Development Goals (SDGs) were developed as "a blueprint to achieve a better and more sustainable future for all people and the world by 2030" (United Nations, 2022). Health is a core theme throughout SDGs. SDG 3 aims to ensure healthy lives and promote well-being for all ages, and other goals focus on the reduction of inequality (10), access to quality early childhood development (4), abolition of poverty (1), decent work

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for all (8), and building effective, accountable, and inclusive institutions at all levels (16; United Nations, 2022). For children growing up in disadvantaged areas, many are not afforded the level of care required to ensure they meet their developmental potential (Tomlinson et al., 2019). Research shows the most critical period for brain development is conception to age six years (Negussie et al., 2019) and that a considerable proportion of developmental delay is avoidable with strong evidence linking child development to socioeconomic circumstances (Shonkoff & Garner, 2012; Sukkar et al., 2017).

Children and families made vulnerable by multiple intersecting social determinants of health face both social and structural challenges in accessing healthcare (World Health Organisation, 2020). Early intervention disability services in Ireland are delivered by both statutory and nongovernmental agencies with wide variation and no national consistency in service provision (Carroll et al., 2013). Families from more affluent backgrounds access early intervention services faster through paid private assessment and intervention (Buckley et al., 2022). The Irish Health Service Executive states, "there is a wide variation in the services available in different parts of the country and for different categories of disability. Consequently, some children and their families fall through the cracks or have little or no access to services" (Health Service Executive, 2016).

Kidscope is a novel interagency pediatric clinic set in a disadvantaged Irish community in southern Ireland where children are underachieving in several developmental domains (Buckley & Curtin, 2018). Kidscope aims to intercept gaps in the national prevention and early intervention system by addressing the healthcare needs of vulnerable children and their families through free and accessible health and developmental assessment, follow-up care, and appropriate and timely onward referral (Buckley et al., 2022). Kidscope's interdisciplinary team is made up of public health nurses (PHNs), pediatricians, speech and language therapists, community health workers, child and family support practitioners, and medical students. Using an interdisciplinary, child and family centered model of care, Kidscope provides a wrap-around service for children and families within their locality (Buckley et al., 2022). PHNs have played a significant role in the implementation of Kidscope since its establishment in 2010. Kidscope's child and family centered model of care requires PHNs to provide specialist early years support to vulnerable children and families within a largely generalist role.

Review of Literature

In Ireland, PHNs provide core nursing and midwifery care in the community working from a "cradle to grave" model that spans the lifecycle (McDonald et al., 2013). Health promotion is an essential role of PHNs due to their ideal position in the community to offer such services (Irish Nurses and Midwives Organisation, 2013), and research conducted by Phelan (2014) highlights the potential role of PHNs in providing family centered care. That said, due to PHN interaction with a multitude of community groups and their range of responsibilities, a lack of clarity and problems articulating the boundaries of the PHN role continue to exist (Nic Philibin et al., 2010). Giltenane et al. (2015) further emphasize the limited evidence available on the role of PHNs in health promotion activities in Ireland. By examining PHN engagement and their role as early years specialists within the Kidscope model, this study aims to capture and understand PHN's contribution to SDGs and health-promoting activities in a disadvantaged Irish community.

Methods

Study design: An exploratory qualitative stakeholder analysis and mapping design (Schmeer, 2001) was used; a recommended approach to generate knowledge about the involvement of actors, individuals, and organizations involved in healthcare interventions (Brugha & Varvasovszky, 2000). This study emerged from a larger stakeholder analysis project examining wider stakeholder involvement in Kidscope. This paper uses data specifically related to PHN roles and contributions to Kidscope.

Research question: How have PHNs contributed to achieving SDGs through engagement in a community pediatric clinic in a disadvantaged Irish community?

Conceptual and guiding frameworks: Schmeer's guidelines for conducting a stakeholder analysis were used to guide participant identification and visual mapping (Schmeer, 2001). Pearse's (2019) illustration of deductive thematic analysis in qualitative research assisted data collection and analysis. Based on the exploratory qualitative nature of the study, in contrast to traditional quantitative stakeholder analyses, this hybrid approach offered additional guidance for deductive thematic analysis.

Sample: Snowball sampling was used to identify participants. Initial names for inclusion were retrieved from scoping interviews with individuals ($n = 5$) known to have extensive knowledge of Kidscope and its main actors. Additional names emerged from the focus group and one-to-one interviews. The open list of names developed alongside data collection activities was reduced following consultation and agreement that the level of information required was retrieved.

Inclusion criteria: Participants were key and secondary stakeholders from a variety of agencies who had prior or current involvement in Kidscope. In line with Schmeer's (2001) framework, a key stakeholder was defined as "a stakeholder who has to power to prevent the project from achieving its full set of objectives and potentially may cause the project to fail," and a secondary stakeholder was defined as "a stakeholder important to the organisation but may be one of many with that status, may have

a less significant role and may not work directly with the project."

Data collection: Authors decided on propositions to be researched a priori and questions required to capture this information. Interview and focus group schedules were generated using a preliminary codebook at the ideation phase of the study, considering all predefined propositions. The development of a question matrix ensured questions solicited a response relevant to testing the propositions of the research identified by the working group.

The exploratory nature of the study supported the collection of different types of data. Data collection tools included sociodemographic forms completed by participants, scoping interviews ($n = 5$), questionnaires completed by medical students unavailable for participation in interviews ($n = 5$), one focus group ($n = 6$), and semistructured one-to-one interviews ($n = 15$). Once identified through the snowball process, participants were contacted and invited to take part in either the focus group or an interview. Key stakeholders were invited to participate in one-to-one interviews, and secondary stakeholders were invited to a focus group. An information sheet was provided to each participant outlining the purpose of the study, the intended use of the data, and the researcher's contact details. The lead researcher was responsible for conducting the focus group and interviews. Another member of the working group acted as a nonparticipant observer when necessary.

Data Analysis

Stakeholder Matrix Tables: Data obtained directly from the seven participating PHNs were entered into Stakeholder Matrix Tables. Stakeholder Matrix Table A (Supplemental File 1) provides an overview of PHN positions, knowledge, and engagement. Stakeholder Matrix Table B (Supplemental File 2) provides an overview of PHN interests, contributions, and power within the clinic. This table captured and quantified levels of knowledge, interests, positions, alliances, resources, and leadership status within Kidscope. Definitions for each characteristic within matrix tables were decided by the working group (Supplemental File 3). Matrix tables were developed concurrent with the focus group and interviews in order to identify "key" and "secondary" stakeholders for participation in the study.

Interviews, Focus Group, and Questionnaires: Perspectives on the roles and contributions of PHNs were extracted from interview and focus group transcripts and open-ended questions in medical student questionnaires. NVivo 12.0 was used to collate transcripts for thematic analysis. In line with Pearse's (2019) deductive thematic analysis approach, initial themes were extracted deductively and matched to themes within the preliminary codebook. In an inductive approach, guided by Braun and Clarke's (2006, 2019) framework, line-by-line coding of transcripts was conducted to identify further themes and subthemes. At this point, patterns in the data were identified, as well as a theory to explain these patterns. The preliminary codebook was expanded into a coding memorandum whereby each code had a label, a name, a description of qualifiers, and exclusions that demonstrate when it occurs or not.

Trustworthiness of Data: During the report writing phase, peer debriefings took place whereby one PHN and another stakeholder checked themes and provided comments. Feedback contributed to study conclusions and ensured credibility and dependability. An extensive methodology section encourages the transferability of qualitative inquiry and provides sufficient detail for others to adopt similar approaches. Confirmability was enhanced by the lead researcher collating field notes and personal reflections on data collection processes. This reflexive journal was useful for cross-checking data and assisted in the analysis and write-up. This aligned with Braun and Clarke's recent commentary on their thematic analysis framework in which they underscored the importance of reflexivity to unpack thematic assumptions and positionings (Braun & Clarke, 2019).

Reporting: Findings are reported in line with Schmeer's (2001) framework. PHN knowledge, interests, positions, alliances, resources, and leadership status are reported in the Stakeholder Matrix Table using data directly from the seven PHNs. For concept mapping and capturing PHN contributions and roles, we used primary data from all stakeholders specifically related to PHN engagement in Kidscope. PHN contributions to achieving SDGs through Kidscope are outlined. Findings are discussed in the context of existing evidence on the topic.

Ethical Considerations: Fully informed consent was obtained by providing participants with an information sheet outlining study details, data usage and retention details, and researcher details for follow-up questions and information. Written consent was obtained. Ethical approval was received from the Clinical Research Ethics Committee of the associated teaching hospitals.

Results

Sample Characteristics

Twenty-two stakeholders participated in a focus group ($n = 7$) and one-to-one interviews ($n = 15$) between February and May 2022. Seven PHNs were among the participants, two contributed to the focus group and five took part in one-to-one interviews. Two were PHN managers, three were practicing PHNs in the Kidscope catchment area, one was linked with the local area-based childhood program, and one had previously conducted a clinical placement within Kidscope. Focus group participants also included two speech and language therapists, one infant-parent support worker, one academic, and one service manager. Interview participants also included three community health workers, one

speech and language therapist, three pediatricians, and three service managers. Perspectives were obtained from five medical students.

Stakeholder Mapping

PHN Stakeholder Matrix Tables. Matrix Tables are provided in Supplemental Files 1 and 2, and heading definitions are provided in Supplemental File 3. Among the seven PHNs, four held external positions, and three held internal positions in Kidscope. Five PHNs had "significant" levels of knowledge about the clinic, and two PHNs had "some" knowledge mainly relevant to their specific area of work for the clinic. Six areas of engagement with Kidscope were noted: development, delivery, coordination, education, follow-up, and review. The majority of PHNs contributed to coordination and clinic review and sustainability, two PHNs engaged in educational elements within the clinic, and one PHN noted engagement during clinic development. The advantages and disadvantages of contributing to Kidscope were captured in column G. All PHNs reported "educational" and "capacity building" elements as the main advantages. Other advantages included access to vulnerable families who often did not attend routine PHN appointments. Two PHNs involved in clinic coordination noted disadvantages in terms of the "resource-heavy nature" of the role requiring two PHNs to allocate one day per week to Kidscope. Column H recorded alliances defined as "collaborations to meet the same objective." The average number of alliances was six, and one PHN noted eight alliances that supported their work in Kidscope. PHN's provision of resources to Kidscope was recorded in column I. The majority of PHNs provided "some" resources and were "one of several persons that makes decisions regarding these resources." Two PHNs provided "many" resources and "have the ability to make decisions regarding the provision of resources." These PHNs had "high" levels of power and the ability to "affect the implementation of Kidscope." Three of the four remaining PHNs had "medium power" and one had "little power."

PHN Roles and Contribution to Kidscope

Visual Mapping. Using the stakeholder matrix table, focus group, and interview data, we developed a map of PHN engagement outlining roles and contributions within Kidscope. Figure 1 shows PHN engagement at eight levels over three time points: development, delivery, and clinic review and sustainability.

PHNs were identified as key stakeholders in the development of Kidscope. The local PHN Department is the lead referring agency and is responsible for organizing appointments and providing resources such as developmental questionnaires, medical assessment instruments, and annual calibration of instruments. PHNs are involved in educational elements within the clinic. They acquire significant levels of learning regarding child health and development from the pediatrician and interdisciplinary team, and Kidscope facilitates placements for PHNs who pursue academic courses in community child health. Additionally, PHNs employed by the local area-based childhood program deliver an Infant

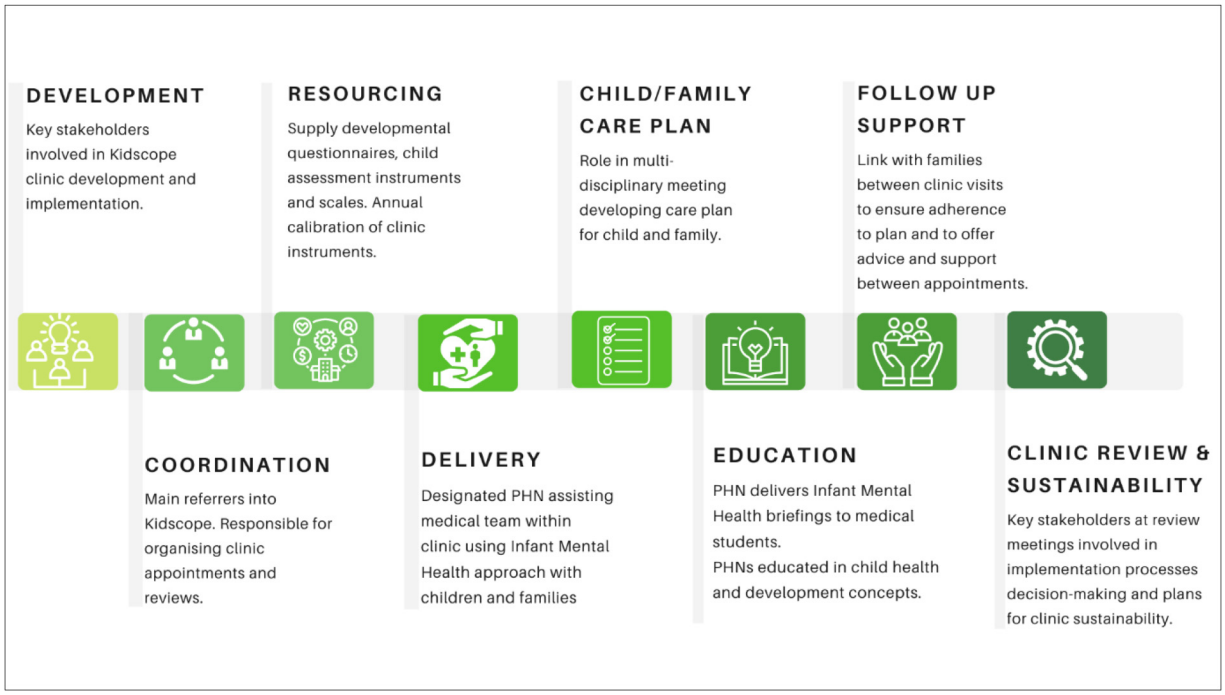

Figure 1. Mapping public health nurse (PHN) roles and contribution to Kidscope.

Mental Health briefing to medical students prior to their placement. PHNs also deliver clinical services within Kidscope, assisting the interdisciplinary team with consultations. PHNs attend postclinic interagency meetings to support the development of child and family care plans, and they provide follow-up care and support to families in between Kidscope appointments. Finally, PHNs were found to be key contributors to biannual clinic review meetings which ensured clinic progression and sustainability.

Thematic Analysis. Predetermined themes that elicited frequent matches through deductive analysis, and the main themes that emerged from inductive thematic analysis are available in Table 1.

Clinic Development. The role of PHNs in the development and initial implementation of Kidscope was discussed frequently in interviews. The innovative nature of the local PHN department was found to be a motivating factor in their initial commitment to Kidscope. One interviewee noted,

> In the homes, we could physically see the deprivation families were facing and how these were impacting children's health and development… when the idea of Kidscope came about we were happy to be one of the main stakeholders at the table. (PHN, Interview, March 22)

Community health workers and service managers involved in clinic development commented on PHN engagement and leadership at this point.

Lead Referring Agency. Another significant theme was the role of the PHN department as the main referring agent. Several PHNs discussed the referral process and the resources required to fulfill this duty. At the routine PHN check-up, children with developmental concerns were identified and offered an appointment in Kidscope. The PHN administrator was responsible for arranging appointments with families. In postclinic meetings, PHNs received the follow-up appointment date from the pediatrician and fed this information back to their administrator to ensure a review appointment was organized. Some PHNs noted the resource-heavy nature of these activities, "it can be quite time consuming and requires two members of staff dedicating one full day each week" (PHN, Interview, March 22).

In-Clinic Support. The in-clinic role of PHNs was frequently mentioned by stakeholders. Pediatricians and the multidisciplinary team reported the value of having a PHN onsite, assisting with consultations, and providing advice about issues such as sleep, feeding, weaning, and toilet training. One pediatrician discussed the value of PHNs developing sleep hygiene handouts for families, explaining the content during clinic consultations, and following up with

Table 1. Themes.

Theme	Exemplar quote
Clinic development	"The PHNs were integral at the development phase. It was a very novel idea, the PHN department was very innovative, they were core stakeholders around the table during those initial discussions" Community Health Worker, Interview, March 22
Lead referring agency	"Through routine developmental checks, we identify children with developmental concerns and organise appointments at Kidscope" PHN, Interview, February 22
In-clinic support	"As a partner agency, Let's Grow Together have a designated PHN in Kidscope. The PHN provides care and support to families in clinic, building trusting relationships and linking them in with local family support services" Service Manager, Focus Group, February 22
Learning and education	"We are community health practitioners with a very generalist role….the value of the clinic in terms of learning about child health and development was amazing. We were able to incorporate this learning into our everyday practice with children and families" PHN, Interview, March 22
Child and family follow-up support	"Knowing PHNs have that link to families between appointments facilitates important follow-up care. PHNs ensure families are on track with health care plans developed in Kidscope, for example sleep hygiene practices, weaning, belly time etc." Paediatrician, Interview, April 22
Specialist early years PHN	"PHNs involved with Kidscope are practicing a specialist early years and child development role in this community". Paediatrician, Interview, May 22
Collaboration and partnership working	"A huge strength of community working, we're all trying to avoid silo-based working. It's often overwhelming for families, they may not be ready to accept a diagnosis or to hear the care plan. We all work together with that family between appointments on that journey" PHN, Focus Group, February 22

families between appointments, "knowing the PHN will work with the family during appointments is fantastic, it saves the family time as the plan is being enacted properly with professional support, and it saves us time at review appointments" (Paediatrician, Interview, May 22). As one PHN providing in-clinic support was linked to the local area-based childhood program, this opened new opportunities for referring families to the service and facilitated stronger working relationships between the two services.

Learning and Education. PHNs regarded the learning acquired through Kidscope as one of the main advantages of their involvement. The child health and development learning provided by the pediatrician and multidisciplinary team was reported to increase professional capacities and inform PHN practice with all children and families in the community. A PHN who conducted a placement within Kidscope regarded the experience as extremely beneficial, "I normally work in another area, being able to gain experience working with vulnerable children and families has been so useful, I have learned so much" (PHN, Interview, April 22). Finally, medical students commented on the value of receiving an Infant Mental Health briefing from PHNs, "it was really interesting to learn about crucial role the bond between child and guardian plays in the development of the child" (Medical student 4).

Child and Family Follow-up Support. Pediatricians and interdisciplinary team members frequently commented on the importance of PHNs linking with families between Kidscope appointments. These touchpoints supported families' adherence to the care plan. Assistance with sleep hygiene practices was of significant value. PHNs recalled assisting some families to fully understand the advice provided and implement actions within the care plan,

> Input between appointments to assist families, or to reiterate the advice provided in clinic, is really helpful as the family don't have to wait until the next appointment to have their questions answered … it ensures time efficiency and effectiveness of the plan. (PHN, Interview, May 22).

Specialist Early Years Role. Several stakeholders commented on the expanding role of PHNs involved with Kidscope and its evolution from a more generalist role in the community to a specialist early years and child development role. This aligned with PHN's comments regarding the learning they have acquired through Kidscope and how this has impacted their practice with all families in the community.

Collaboration and Partnership Working

PHNs reported time points such as clinic development, delivery, postclinic meetings, and clinic review as opportunities for collaboration and joint work with other agencies. Of note, professional relationships developed through Kidscope were found to facilitate greater access by PHNs to harder-to-reach families. Partnerships developed through Kidscope also led to increased information sharing about local child and family support. Due to increased touchpoints with families and access to homes, PHN feedback regarding families social and environmental contexts was regarded as invaluable by the interdisciplinary team, "this is essential for understanding the context in which the child is developing and to inform the care plan" (Paediatrician, Interview, March 22).

PHN Contribution to SDGs

Stakeholder mapping and data analysis show that PHNs are fundamental partners in contributing to six SDGs through the Kidscope model.

SDG 1: No Poverty and *SDG 8: Decent Work and Economic Growth*: The Kidscope catchment area has a history of long-term and significant levels of deprivation (Pobal, 2019). As an integrated and interactive agenda, SDGs aim to tackle poverty by addressing its root causes (Chan, 2016). Through the Kidscope model, PHNs assisted in ameliorating the impacts of poverty on child, family, and community outcomes. Equally, the area experiences significantly high rates of unemployment (Pobal, 2019). Health economics underscores the long-term positive impacts of prevention and early intervention on economic growth and cost savings (Heckman & Masterov, 2007). As PHNs are partners in addressing avoidable developmental delays during the most critical period of development, they are contributing to the work and economic prospects of future generations living in this area.

SDG 3: Ensuring Healthy Lives and Well-Being: By engaging and supporting vulnerable children and their families, PHNs promote life-long health and well-being outcomes. In 2016, Dr. Margaret Chan, Director-General of the World Health Organisation stated, "Health is an endpoint that reflects the success of multiple other goals. Because the social, economic, and environmental determinants of health are so broad, progress in improving health is a reliable indicator of progress in implementing the overall agenda" (Chan, 2016, p. 1).

SDG 4: Quality Education. Target 4.2 includes goals to ensure all girls and boys have access to quality early childhood development. Educational offerings and knowledge sharing among Kidscope's interdisciplinary team resulted in the enhancement of PHNs' professional skills and practice, facilitating their delivery of specialist, high-quality, early years support to young children and their families attending Kidscope and across the wider community.

SDG 16: Peace, Justice, and Strong Institutions: The Kidscope model has been found to be an effective, accountable, and inclusive organization. Working in collaboration with a wide range of partners from health, community, and

academic institutions, PHNs contribute to the inclusivity and sustainability of Kidscope, and the building of strong working relationships between services and across sectors.

SDG 17: Partnerships for the Goals: SDGs recognize that health challenges can no longer be addressed by the health sector acting alone (Chan, 2016). Partnerships are essential to making the agenda a reality (UN, 2022). The Kidscope model encourages partnerships between a multitude of disciplines across health, academic, and community organizations. As core members of Kidscope's interdisciplinary team, PHNs work in partnership with local child and family support services to achieve the same objectives and contribute collectively to the same SDGs.

Discussion

The World Health Organisation regards nurses and midwives as a "force for health in society's efforts to tackle the public health challenges of our time" (WHO, 2000). One of Ireland's biggest public health challenges of recent years, and a challenge that threatens meeting SDG commitments, particularly health equity, is the disjointed early intervention system. In March 2022, a national debate on the assessment of needs for children reported, "the current situation represents a gross and unjustifiable inequity in healthcare provision, where children whose parents cannot afford to pay privately are at a significant disadvantage in accessing the supports which they need and deserve" (Dail Eireann, 2022). Findings from our study identify PHNs as key contributors to a novel community pediatric clinic that sees children from a highly vulnerable Irish community receive health and developmental assessment and onward referral by a consultant pediatrician in their locality in a timely and effective manner.

This study contributes to the growing body of evidence on PHN's contribution to SDGs. Recent studies have focused on PHNs' role in ameliorating the effects of COVID-19 (Osingada & Porta, 2020; Schenk et al., 2021; Sensor et al., 2021). Our findings support much of the evidence, underscoring the important role PHNs can play as agents for change in the community. Also aligned with the findings of this study, Upvall and Luzincourt (2019) examined the impact of an academic–community health partnership which was found to be an exemplar of strengthening the health of communities and beginning realizing SDGs at a local level. In contrast to studies that infer SDGs have influenced prioritizations in nursing practice since 2015 (Rosa & Hassmiller, 2020), our study highlights how PHNs in the south of Ireland have been working toward these goals since 2010. Becoming partners in the development and implementation of Kidscope demonstrates the innovative and forward-thinking nature of PHNs, their commitment and dedication to improving the outcomes of vulnerable children and families, and how they serve as agents for change at individual and population health levels.

Our findings underscore a shift in PHN provision in Ireland from the current "cradle to grave" model of working (McDonald et al., 2013) toward a specialist early years PHN role. This evolving role contributes to improving child outcomes by intercepting the gap within Ireland's early intervention system. The specialist versus generalist debate in the community has been ongoing for several years. In 2012, a national report by the Department of Children and Youth Affairs concluded that the current generalist role of PHNs is seen as a serious disadvantage from a child and family perspective as the curative role constantly takes precedence (DCYA, 2003). Equally, Clancy et al. (2013) argued that the debate should not be specialist or generalist, rather the model should be specialist and generalist. Both universal and targeted child health intervention programs have been found to improve maternal and child health and reduce health inequalities (Shonkoff & Garner, 2012). Targeted interventions, particularly in disadvantaged areas, offer profound effects on reducing inequalities across the life course (Shonkoff & Garner, 2012). The World Health Organisation's European Region Child and Adolescent Health Strategy 2015–2020 states,

> Targeted efforts to break or disrupt negative intergenerational cycles that are created by or contribute to health inequities, such as poor early childhood development, will promote the development of young people who are healthy, confident, socially competent and secure in their relationships and who in turn create the conditions for similarly healthy future generations as parents, grandparents, and caregivers. (WHO, 2014, p. 40)

Interestingly, findings from our study suggest a shift to a more specialized early years PHN role in Ireland may not only contribute to ameliorating the more immediate early intervention issues, but also heighten opportunities for Ireland to meet its longer-term SDG commitments.

Overall, our findings suggest a shift from generalist to more specialized roles within Public Health Nursing in Ireland is warranted, specifically in the area of early childhood development. For this shift to come to fruition, all levels of nursing must be involved. In terms of policy, PHN's contribution to community pediatric initiatives aligns with the competency framework for PHNs in Ireland, particularly domains of competence such as holistic approaches to care, interpersonal relationships, and professional development (NMBI, 2022). Equally, the Irish Health Service Executive's transformation agenda, Slaintecare, underscores the importance of high-quality, multidisciplinary, and cross-service healthcare planning and delivery for children and families (Department of Health, 2021). Teaching institutions must adapt curricula to include modules with an increased focus on early childhood health and development and opportunities for community-based pediatric placements at undergraduate and postgraduate level must also be offered. As Harris

et al. (2022, p. 322) state, "students and practicing professional nurses must have opportunities to do internships, residencies, and placements and have other forms of experience that interface with non-governmental organisations and other agencies in their localities." Local public health nursing sectors must be appropriately funded and resourced, and long-term strategies should be developed to ensure the effective implementation of specialized early years PHNs in the community.

Strengths and Limitations

This study adds to the body of evidence on the work of PHNs in Ireland. Nic Philibin et al. (2010) discuss the difficulty of evaluating the role and work of Irish PHNs compared with community nurses with similar roles internationally due to the few comparable studies available. By providing an in-depth account of PHNs' roles and contributions within Kidscope, our study can serve as a useful Irish-based comparison. In addition, the qualitative nature of the stakeholder analysis design facilitated a more in-depth understanding of PHN engagement. Brugha and Varvasovszky (2000) explain that traditional stakeholder analyses adopt a more structured quantitative approach through which the nuances of healthcare interventions may often not be adequately captured.

Due to the retrospective element of the analysis, recall and perceptions may be influenced by events in the intervening period, and by current positions and interests (Brugha & Varvasovszky, 2000). Finally, the environment, the context of the analysis, and stakeholder interests, alliances, and influence are subject to change, therefore the relevance of this analysis for informing healthcare planning or policy may decrease over time.

Implications for Practice

Broadly, findings can be used to advocate for the development of a specialist early years PHN role, particularly in disadvantaged communities, based on the benefits of improving child, family, and community outcomes and achieving longer-term SDGs in Ireland. More specifically, our study provides a roadmap for nurse managers and healthcare leaders on how PHNs can be effective stakeholders in more specialized early years healthcare initiatives within community settings. From development to delivery, resourcing, education, and sustainability, findings illustrate the varying levels of PHN contribution and the resources and commitment required from nursing teams. In line with this, findings can be used by nurse managers to develop an early years specialist PHN strategy in which the necessary policies are developed, resources are allocated, and PHN responsibilities are clearly outlined. Finally, findings highlight the value to PHNs of engaging with interagency models of community pediatric healthcare in terms of increased collaboration with other child and family support practitioners, improved levels of child development knowledge, and access to more vulnerable families in the community who are often difficult to engage. With these benefits in mind, nurse managers are encouraged to develop systems that aid PHN capacities and practice through more integrated, collaborative working in the community.

Conclusion

We aimed to examine PHNs' roles within Kidscope and to capture their contribution to achieving SDGs in a disadvantaged area of a large city in the Republic of Ireland. Through a qualitative stakeholder analysis and mapping exercise, we found that PHNs are key stakeholders within the Kidscope model and contribute at multiple levels. By working within this interdisciplinary family centered model, PHNs have become more specialized in early childhood providing vital support for families of young children. This shift from the current "cradle to grave" model of working toward a specialist early years PHN role has huge potential to improve child, family, and community outcomes. By intercepting the gap within Ireland's early intervention system and disrupting the impact exclusion to healthcare has on vulnerable children, we will move closer to achieving core SDGs.

Author Contributions

LB took the lead in writing the manuscript. All authors provided critical feedback and helped shape the analysis, results, and reporting. All authors reviewed and approved the final version of the manuscript.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Ethical Statement

Ethical approval has been granted by the Clinical Research Ethics Committee of the Cork Teaching Hospitals, University College Cork, Ireland.

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Supplemental Material

Supplemental material for this article is available online.

References

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Brugha, R., & Varvasovszky, Z. (2000). Stakeholder analysis: A review. *Health Policy and Planning*, *15*(3), 239–246. https://doi.org/10.1093/heapol/15.3.239

Buckley, L., & Curtin, M. (2018). Learning together: Young Knocknaheeny process evaluation, 2015–17. Young Knocknaheeny ABC Programme. http://youngknocknaheeny.ie/wpcontent/uploads/2015/03/Learning-Together-YK Process-Evaluation-2015-to-2017-1.pdf

Buckley, L., Gibson, L., Cornally, N., Harford, K., & Curtin, M. (2022). The KidScope study: An analysis of a community paediatric clinic set in a disadvantaged area of Ireland. *The Boolean*. https://doi.org/10.33178/boolean.2022.1.19

c, E. C., Potter, T. M., Cook, C., Huffling, K., & Rosa, W. E. (2021). Nurses Promoting Inclusive, Safe, Resilient, and Sustainable Cities and Communities: Taking Action on COVID-19, Systemic Racism, and Climate Change: A closer look at the targets of SDG 11. *The American journal of nursing*, *121*(7), 66.

Carroll, C., Murphy, G., & Sixsmith, J. (2013). The progression of early intervention disability services in Ireland. *Infants and Young Children*, *26*(1), 17–27. https://doi.org/10.1097/IYC.0b013e3182736ce6

Chan, M. (2016). Health in the sustainable development goals. Commentary by Margaret Chan, Director-General WHO. https://apps.who.int/mediacentre/commentaries/2016/health-sustainable goals/en/index.html

Clancy, A., Leahy-Warren, P., Day, M. R., & Mulcahy, H. (2013). Primary health care: Comparing public health nursing models in Ireland and Norway. *Nursing Research and Practice*, *2013*, Article ID 426107. https://doi.org/10.1155/2013/426107

Dail Eireann. (2022, March 8). Assessment of needs for children with special education requirements: Motion assessment of needs for children with special education requirements: Motion (Resumed) [Private Members] – Dáil Éireann (33rd Dáil) Tuesday, 8 March 2022 – Houses of the Oireachtas. https://www.oireachtas.ie/en/debates/debate/dail/2022-03-08/20/.

DCYA. (2003). From vision to action, strengthening the nursing contribution to public health. Department of Children and Youth Affairs. http://hdl.handle.net/10147/45494

Department of Health. (2021). Sláintecare implementation strategy and action plan 2021–2023. Department of Health. https://www.gov.ie/en/publication/6996b-slaintecare implementation-strategy-and-action-plan-2021-2023/

Giltenane, M., Kelly, M., & Dowling, M. (2015). Public health nurses' (PHNs) experiences of their role as part of a primary care team (PCT) in Ireland. *Australian Journal of Advanced Nursing*, *32*(3), 6–15. https://www.ajan.com.au/archive/Vol32/Issue3/323.pdf#page=7

Harris, O. O., Bialous, S. A., Muench, U., Chapman, S., & Dawson-Rose, C. (2022). Climate change, public health, health policy, and nurses training. *American Journal of Public Health*, *112*(S3), S321–S327. https://doi.org/10.2105/AJPH.2022.306826

Health Service Executive. (2016). National policy on access to services for children & young people with disability & developmental delay. Health Service Executive. http://www.disabilityawareness.ie/images/documents/AccessPolicyCYWithDisabilit DevelopmentalDelay.pdf

Heckman, J. J., & Masterov, D. V. (2007). The productivity argument for investing in young children. *Review of Agricultural Economics*, *29*(3), 446–493. https://doi.org/10.1111/j.1467-9353.2007.00359.x

Irish Nurses and Midwives Organisation. (2013). *A snapshot of public health nursing and community registered general nursing in Ireland*. Professional Development Centre and Library, Irish Nurses and Midwives Organisation.

McDonald, A., Frazer, K., & Cowley, D. S. (2013). Caseload management: An approach to making community needs visible. *British Journal of Community Nursing*, *18*(3), 140–147. https://doi.org/10.12968/BJCN.2013.18.3.140

Negussie, Y., Geller, A., & DeVoe, J. E. (Eds.). (2019). Healthy development from conception through early childhood. In: *Vibrant and healthy kids: Aligning science, practice, and policy to advance health equity*. National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK551480/

Nic Philibin, C. A., Griffiths, C., Byrne, G., Horan, P., Brady, A.-M., & Begley, C. (2010). The role of the public health nurse in a changing society. *Journal of Advanced Nursing*, *66*(4), 743–752. https://doi.org/10.1111/j.1365-2648.2009.05226.x

NMBI. (2022). Public health nursing and education programme standards and requirements. Nursing and Midwifery Board of Ireland. https://www.nmbi.ie/NMBI/media/NMBI/public-health-nursing-educationprogramme-standards-requirements.pdf?ext=.pdf

Osingada, C. P., & Porta, C. M. (2020). Nursing and sustainable development goals (SDGs) in a COVID-19 world: The state of the science and a call for nursing to lead. *Public Health Nursing*, *37*(5), 799–805. https://doi.org/10.1111/phn.12776

Pearse, N. (2019). An illustration of a deductive pattern matching procedure in qualitative leadership research. *The Electronic Journal of Business Research Methods*, *17*(3), 143–154. https://doi.org/10.34190/RM.19.006

Phelan, A. (2014). Examining the synergy of practice: The Irish public health nurse's potential from the first postnatal visit and beyond. *Global Pediatric Health*, *1*, 2333794X14553623. https://doi.org/10.1177/2333794X14553623

Pobal. (2019). Small area population statistics. Pobal. https://data.gov.ie/dataset/pobal-hp-deprivation-index

Rosa, W. E., & Hassmiller, S. B. (2020). The sustainable development goals and building a culture of health. *The American Journal of Nursing*, *120*(6), 69–71. https://doi.org/10.1097/01.NAJ.0000668772.33792.1f

Schmeer, K. (2001). *Stakeholder analysis guidelines*. WHO. https://www.academia.edu/28157521/Stakeholder_Analysis_Guidelines

Sensor, C. S., Branden, P. S., Clary-Muronda, V., Hawkins, J. E., Fitzgerald, D., Shimek, A. M., Al-Itani, D., Madigan, E. A., & Rosa, W. E. (2021). Nurses achieving the sustainable development goals: The United Nations and Sigma. *AJN, American Journal of Nursing*, *121*(4), 65–68. https://doi.org/10.1097/01.NAJ.0000742544.07615.db

Shonkoff, J. P., & Garner, A. S. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, *129*(1), e232–e246. https://doi.org/10.1542/peds.2011-2663

Sukkar, H., Dunst, C. J., & Kirkby, J. (Eds.). (2017). *Early childhood intervention: Working with families of young children with special needs*. Routledge.

Tomlinson, M., Darmstadt, G. L., Yousafzai, A. K., Daelmans, B., Britto, P., Gordon, S. L., Tablante, E., & Dua, T. (2019). Global research priorities to accelerate programming to improve early childhood development in the sustainable development era: A CHNRI exercise. *Journal of Global Health*, *9*(2), 020703. https://doi.org/10.7189/jogh.09.020703

United Nations. (2022). Progress towards the sustainable development goals. https://sustainabledevelopment.un.org/content/documents/29858SG_SDG_Progress Report_2022.pdf

Upvall, M. J., & Luzincourt, G. (2019). Global citizens, healthy communities: Integrating the sustainable development goals into the nursing curriculum. *Nursing Outlook*, *67*(6), 649–657.

WHO. (2000). *Munich Declaration: nurses and midwives—a force for health*. World Health Organization. https://www.who.int

WHO. (2014). *Investing in children: The European child and adolescent health strategy 2015 2020*. World Health Organisation Regional Office for Europe. (EUR/RC64/12). http://www.euro.who.int/en/health-topics/Life-stages/child-and adolescent-health/policy/investing-in-children-theeuropean-child-and-adolescent health-strategy-20152020

WHO. (2020). *Reducing inequities in health across the life-course: Early years, childhood and adolescence*. WHO Regional Office for Europe. https://www.who.int