## POSITION DESCRIPTION TEMPLATE



|                                      | GOVERNMENT I LOCAI MEAILIT DISLIT   |   |
|--------------------------------------|---|---|
| POSITION TITLE                       | Child, and Family Health Nurse (CFHN) CNC1: Nurturing Connections   | Commented [MH1]: This aligns with our abbreviations     |
| STAFFLINK POSITION NO.               | TBC new position  |   |
| COST CENTRE                          | 260695  |   |
| CLASSIFICATION                       | Clinical Nurse Consultant level 1   |   |
| AWARD                                | Public Health Systems Nurses and Midwives (State) Award Health  |   |
| REGISTRATION/LICENCE<br>REQUIREMENTS | Registration with AHPRA   |   |
| VACCINATION<br>CATEGORY              | Category A  |   |
| PRE-EMPLOYMENT<br>SCREENING CHECKS   | Working With Children and National Criminal Record Check  |   |
| RESPONSIBLE TO                       | Perinatal and Infant Mental Health Coordinator/SAFESTART CL   |   |
| RESPONSIBLE FOR                      | Nil   |   |
| PRIMARY PURPOSE OF<br>THE ROLE       | The Nurturing Connections: Caregiver-Child Relationship Service aims to<br>improve outcomes for children and families experiencing caregiver mental<br>health and other psychosocial vulnerabilities through evidence-based<br>assessment and intervention for caregivers and their infants and young<br>children. The team work with caregivers who are pregnant or caring for a<br>child up to age 4. The focus of interventions is on improving responsive<br>caregiver-child relationships and the quality of family relationships;<br>increasing strength, skills and competencies of caregivers and their<br>children and improving caregiver capacity to manage mental health and<br>psychosocial stressors. |   |
|                                      | This Child and Family Health Clinical Nurse Consultant (CFH CNC) position is<br>based in the Perinatal & Infant Mental Health (PIMH) Nurturing<br>Connections (NC) team (Mental Health Clinicians, Peer Worker Social<br>Worker, and Psychiatrists) and works in partnership with identified NC<br>NGO partners.  |   |
|                                      | The CFH CNC will use a partnership approach with families and the NC MDT, and NSLHD CFH team, to ensure that comprehensive primary health care and age-appropriate assessments and CFHN interventions are provided for the family and their children. These strength-based assessments will ensure that any impact of parental vulnerabilities on the health and development of the child are identified early, evidence-based interventions are offered and provided by the most appropriate service available. The CNC will support the NC service and families navigate the range of health and development related services to ensure a seamless and integrated experience for the family.                      |   |
|                                      | Key Accountabilities cannot exceed 3200 characters total  | Commented [MH2]: 3175 characters including spaces used. |
|                                      |   | uscu.   |

| KEY ACCOUNTABILITIES | Clinical Service Provision  |
|----------------------|---|
| (Maximum of 8)       | <ul> <li>Assess, plan, deliver, evaluate the provision of high-quality CFHN care for families in the NC program.</li> <li>Engage early with vulnerable families through a family partnership approach and ensure timely developmental screening of NC children to identify any risks to development.</li> <li>Ensure a Family Partnership based approach (collaborative, strengths based, family focussed) for care is used and underpinned by attachment theory; trauma informed care; infant development; the impact of mental health problems on parenting; parent-infant relationship and culturally sensitive practice principles.</li> <li>Demonstrate advanced clinical reasoning and independent professional judgement skills to enhance the service's ability to manage infant/child needs within families with complex needs.</li> <li>Advocate for children and families.</li> <li>Provide seamless care navigation for vulnerable families to ensure an integrated service response to identified needs.</li> <li>Maintain comprehensive clinical CFHN documentation/data</li> </ul> |
|                      | <ul> <li>Waintain comprehensive clinical of the documentation data</li> <li>Consultation/collaboration and clinical leadership</li> <li>Provide in-depth specialist advice/support regarding CFHN practice to the multi-disciplinary team and act in a consultative role across the service and LHD to ensure delivery of appropriate, high-quality care.</li> <li>Contribute to the development, management, and evaluation of CFHN focussed clinical processes for families and support the integration of NC services within the LHD.</li> <li>Undertake liaison with relevant internal and external stakeholders to encourage cooperation and family focussed service provision</li> </ul>  |
|                      | <ul> <li>Service development and evaluation</li> <li>Participate in strategic/operational planning and reporting/evaluation<br/>in the service, including using consumer feedback and insight,<br/>development of/compliance with policies, procedures, and clinical<br/>practice related to the CFHN practice within NC and the broader CFH<br/>clinical leadership group.</li> <li>Use technology to improve performance and effectiveness, support<br/>the implementation of new systems and technologies.</li> </ul>  |
|                      | <ul> <li>Clinical improvement and research</li> <li>Identify opportunities for improvement in service delivery, develop<br/>and participate in collaborative research and quality improvement<br/>initiatives to enhance CFHN care for identified families.</li> <li>Promote evidence-based practice relevant to the service.</li> <li>Participate in the external research evaluation processes.</li> </ul>  |

|  | Education   |  |  |  |
|--|---|--|--|--|
|  |   | d evaluate targeted education and resources<br>, and professionals.  |  |  |
|  |   | al supervision, and support related to the NC professionals, and students.   |  |  |
|  | Quality and Safety  |  |  |  |
|  | •   | te a culture/practice that reflect organisational<br>rety and wellbeing for staff and consumers.                                     |  |  |
|  | including risk, safety an   | for personal/professional development<br>d quality and participate in evidence- based<br>ance appraisals to continuously improve the |  |  |
|  |   | hat actions do not adversely affect the health mply with instructions, policies/procedures y in the workplace.                       |  |  |
| KEY CHALLENGES<br>(Maximum of 3)       | Establishing a new role and program initiative, working as a CFHN CNC within a mental health service including work to establish respectful, collaborative, and positive relations with Mental Health services and other perinatal and child focussed services, consumers, families/ carers and other key stakeholders. Ensuring continuing professional development of self, and education of NC team and wider services                                 |  |  |  |
|  | with limited resources, competing demands<br>including working across a range of physical<br>y to prioritise and organise tasks to ensure<br>with a specialist client group requiring high<br>oretical knowledge and decisions based on<br>gnising the competing demands of adult and<br>d recommending appropriate courses of<br>parents with a prevention and early<br>he parent and infant while negotiating intra<br>s for the best consumer outcomes |  |  |  |
|  | Working with adults and infants/children (0-5 years) experiencing physi<br>psychological, and emotional distress<br>Maintaining professional boundaries, CFHN scope of practice and perso<br>wellbeing while responding appropriately to consumer expectations.   |  |  |  |
| KEY INTERNAL                           | WHO   | WHY  |  |  |
| <b>RELATIONSHIPS</b><br>(Maximum of 3) | Perinatal and Infant<br>Mental Health Coordinator   | Line manager for the team.   |  |  |

| CYMHS and CYFH Nurse<br>Managers   |   |
|--|---|
| Wallagers  | Professional Nursing leadership   |
| Child Youth and Family<br>Service  | Child Youth and Family nursing connections,<br>broader clinical support and collaboration |
| LHD, Maternity, neonatal<br>and Women's Health<br>Network, Child Youth and<br>Family Services, PARVAN<br>and paediatric Services | Collaboration for integrated care of consumers, families and their children               |

| KEY EXTERNAL   | WHO  | WHY   |  |  |  |
|--|--|---|--|--|--|
| <b>RELATIONSHIPS</b> (Maximum of 2)  | Non-Government<br>Organisation Partners  | Collaborative care for consumers and families.  |  |  |  |
|  | Department of<br>Communities and Justice   | Collaborative care for consumers and families. Ensure child wellbeing and safety issues are identified and reported.  |  |  |  |
| SELECTION CRITERIA<br>(Minimum of 3<br>maximum of 8)   | Consistently demonstrates behaviours that reinforce the CORE Values of our organisation; Collaboration, Openness, Respect and Empowerment Demonstrates these behaviours with all stakeholders; colleagues, direct reports, as well as our patients and consumers, and those that care for them.  |   |  |  |  |
|  | Graduate qualification in Ch   | e Nurses and Midwifery Board of Australia; Post<br>ild and Family Health Nursing and a minimum of<br>uivalent post graduate experience in Child and   |  |  |  |
|  | are experiencing severe and<br>vulnerabilities and the appli<br>infant/child development. D<br>approach to support parent<br>to make informed decisions<br>clinical support and service  | families with infants/children where parents<br>complex mental health and psychosocial<br>ed understanding of the impacts of this on<br>remonstrated ability to use a family partnership<br>s/carers and their families/carers, enable them<br>in relation to their health needs and ensure<br>delivery processes are understood. |  |  |  |
|  | stakeholders, enhancing clir   | vely and collaboratively with a diverse range of<br>ical practice and service delivery.<br>vide high level clinical advice, and consultation  |  |  |  |
| within and external to the organisation and experience in dev<br>education tools or programs to support others in providing se<br>excellence. Proven clinical leadership skills and demonstrated<br>the management of complex clinical issues and the applicatio<br>based practice, advanced critical thinking, and problem-solvin |  |   |  |  |  |
|  | Highly competent computer skills utilising varied software programs and information systems with proven commitment to ensure currency of practice and ability to utilise research / quality improvement strategies and service evaluation processes to effect changes in clinical practice.  |   |  |  |  |
|  | Proven excellent written, oral, and interpersonal skills including the ability<br>to consult and liaise effectively with a diverse range of people and work<br>within a multidisciplinary team applying advanced reasoning skills and<br>independent professional judgement when dealing with situations of a<br>novel, complex or critical nature |   |  |  |  |
|  | Current unrestricted NSW d<br>the LHD  | rivers' licence and willingness to travel across  |  |  |  |

## JOB DEMANDS CHECKLIST

The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a preemployment medical assessment. Identification of possible risk can also assist with the development of a training plan for the occupant to ensure the risks are minimised.

Each position should be assessed at the site as to the incumbent's (or future incumbent's) OHS responsibilities specific to the position. This form is to be completed in consultation with the manager/supervisor of the position being recruited for.

| Infrequent:     | intermittent activity exists for a short time on a very infrequent basis |
|-----------------|--|
| Occasional:     | activity exists up to 1/3 of the time when performing the job            |
| Frequent:       | activity exists between 1/3 and 2/3 of the time when performing the job  |
| Constant:       | activity exists for more than 2/3 or the time when performing the job    |
| Repetitive:     | activity involved repetitive movements                                   |
| Not Applicable: | activity is not required to perform the job                              |

| Physical Demands   | Frequency  |
|--|------------|
| Sitting - remaining in a seated position to perform tasks  | Frequent   |
| Standing - remaining standing without moving about to perform tasks  | Occasional |
| Walking - Floor type: even / uneven / slippery, indoors / outdoors, slopes   | Occasional |
| Running - Floor type: even / uneven / slippery, indoors / outdoors, slopes   | Infrequent |
| Bend/Lean Forward from Waist - Forward bending from the waist to perform tasks                                       | Occasional |
| Trunk Twisting - Turning from the waist while sitting or standing to perform tasks                                   | Occasional |
| Kneeling - remaining in a kneeling posture to perform tasks  | Occasional |
| Squatting / Crouching - Adopting a squatting or crouching posture to perform tasks                                   | Occasional |
| Leg / Foot Movement - Use of leg and / or foot to operate machinery  | Occasional |
| Climbing (stairs/ladders) - Ascend / descend stairs, ladders, steps  | Occasional |
| Lifting / Carrying - Light lifting & carrying: 0 - 9 kg  | Frequent   |
| Lifting / Carrying - Moderate lifting & carrying: 10 - 15 kg   | Infrequent |
| Lifting / Carrying - Heavy lifting & carrying: 16kg & above  | Infrequent |
| Reaching - Arms fully extended forward or raised above shoulder  | Occasional |
| <b>Pushing / Pulling / Restraining</b> - Using force to hold / restrain or move objects toward or away from the body | Occasional |
| Head / Neck Postures - Holding head in a position other than neutral (facing forward)                                | Occasional |
| Hand & Arm Movements - Repetitive movements of hands and arms  | Frequent   |
| Grasping / Fine Manipulation - Gripping, holding, clasping with fingers or hands                                     | Occasional |
| Work At Heights - Using ladders, footstools, scaffolding, or other objects to perform work                           | Infrequent |
| Driving - Operating any motor powered vehicle  | Frequent   |

| Sensory Demands   | Frequency      |  |
|---|----------------|--|
| Sight - Use of sight is an integral part of work performance e.g. Viewing of X-Rays, computer screens | Constant       |  |
| Hearing - Use of hearing is an integral part of work performance e.g. Telephone enquiries             | Frequent       |  |
| Smell - Use of smell is an integral part of work performance e.g. Working with chemicals              | Occasional     |  |
| Taste - Use of taste is an integral part of work performance e.g. Food preparation                    | Not applicable |  |
| Touch - Use of touch is an integral part of work performance  | Frequent       |  |
| Psychosocial Demands  | Frequency      |  |
| Distressed People - e.g. Emergency or grief situations  | Frequent       |  |
| Aggressive & Uncooperative People - e.g. drug / alcohol, dementia, mental illness                     | Frequent       |  |
| Unpredictable People – eg dementia, mental illness, head injuries                                     | Frequent       |  |
| Restraining - involvement in physical containment of patients / clients                               | Infrequent     |  |
| Exposure to Distressing Situations - e.g. Child abuse, viewing dead / mutilated bodies                | Occasional     |  |
| Environmental Demands   | Frequency      |  |
| Dust - Exposure to atmospheric dust   | Not applicable |  |
| Gases - Working with explosive or flammable gases requiring precautionary measures                    | Not applicable |  |
| Fumes - Exposure to noxious or toxic fumes  | Not applicable |  |
| Liquids - Working with corrosive, toxic or poisonous liquids or chemicals requiring PPE               | Not applicable |  |
| Hazardous substances - e.g. Dry chemicals, glues  | Not applicable |  |
| Noise - Environmental / background noise necessitates people raise their voice to be heard            | Occasional     |  |
| Inadequate Lighting - Risk of trips, falls or eyestrain   | Occasional     |  |
| Sunlight - Risk of sunburn exists from spending more than 10 minutes per day in sunlight              | Occasional     |  |
| Extreme Temperatures - Environmental temperatures are less than 15C or more than 35C                  | Occasional     |  |
| Confined Spaces - areas where only one egress (escape route) exists                                   | Occasional     |  |
| Slippery or Uneven Surfaces - Greasy or wet floor surfaces, ramps, uneven ground                      | Infrequent     |  |
| Inadequate Housekeeping - Obstructions to walkways and work areas cause trips and falls               | Occasional     |  |
| Working At Heights - Ladders / stepladders / scaffolding are required to perform tasks                | Not applicable |  |
| Biological Hazards - e.g. exposure to body fluids, bacteria, infectious diseases                      | Occasional     |  |

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