Tasmanian College of
Child and Family Health Nurses Inc

Ms Angela MacRae
Presiding Commissioner
ECD Workforce
Productivity Commission
MELBOURNE VIC 8003

Dear Ms MacRae

The Tasmanian College of Child and Family Health Nurses (hereafter referred to as 'the College') appreciates the opportunity to provide feedback on the draft Productivity Commission report, *The Early Childhood Development Workforce* (hereafter referred to as 'the Report'). The College is the local professional organisation representing registered nurses who have undertaken post-graduate qualifications in child and family health nursing (CFHN's).

In Tasmania most nurses, with post-graduate qualifications in child and family health, work for the Child Health and Parenting Service (CHAPS) within the state government's Department of Health and Human Services. These nurses are still known as child and family health nurses, not CHAPS' nurses as that is a broader workforce including Enrolled Nurses/Mothercraft Nurses and Registered Nurses working in school screening.

Child and family health nurses deliver universal services and also targeted services. The role of a CFHN is not limited to early childhood development. The Report restricts the role to fit in with the Report's scope and consequently the Report has insufficient information and detail to convey the important role child and family health nurses play in supporting the health and wellbeing of young children and their parents.

The developmental assessments (on which the Report is focused) combined with the transition to parenthood, provide opportunities for the CFHN's to work with parents in relation to health promotion, role modelling, forming new social connections and other family support activities. For instance, CFHN's screen mothers for perinatal depression which may identify suicidal thinking. This means CFHN's need to be able to respond effectively to a suicidal client by encouraging them to become involved with mental health services (often this is a significant feat in itself) and putting strategies in place to maximise the safety of the mother and baby.

CFHN's receive complex and sensitive information from clients and require advanced communication skills e.g. empathy, negotiation and reassurance. These nurses try to influence the long-term health of infants and young children but must

rely on working parents to influence the child's situation. The nursing role is far more sophisticated than routinely assessing a child's development. For instance, parenting may be negatively influenced by housing instability and the CFHN has to ensure the child's safety and wellbeing, by assessing whether there are other challenges underlying the housing concerns (e.g. alcohol use) and determining whether referral to housing services is enough or whether a notification to child protection services may be required. The CFHN may need to advocate for the family's needs with public housing services.

As well as these general concerns, the College has identified specific concerns. First of all there is reference to attendance at child health services being voluntary without the context that would make this statement relevant i.e. that there is a tension between ensuring the child has frequent developmental assessments during the early years of rapid growth and development, and allowing parents to make parenting decisions. As there are similar tensions for child care services and family support services, we suggest the comment about child health services being voluntary should be removed.

There needs to be clarity in the use of terms e.g. on page 216, and to be correct, GP's deliver Primary Care whereas many health workers are involved in primary health care.

On page 217, under the section 'nurses working in child health' definitions/nomenclature needs correcting. Nurses working in Tasmanian community-based, universal well-child services for the 0-5 year olds all hold a post-graduate qualification and are known as Child and Family Health Nurses in Tasmania (not CHAPS nurses as appears on page 216). It would be unsafe for a registered nurse to practice in this are without the post-graduate qualification, however, the National Nursing and Midwifery Board has not legislated the post-graduate qualification as a requirement so positions can only 'desire' the qualification.

Nurses working with children in hospital settings tend to be known as paediatric nurses and may coincidentally hold a child and family health qualification but are more likely to hold a paediatric post-graduate qualification. Nurses working in Tasmanian schools only require registration as a nurse.

Enrolled Nurses / Mothercraft Nurses do not have the skills to undertake health and development assessments and require supervision in practice. The role of EN's and/or Mothercraft Nurses tends to be in parenting centres – facilities providing more intensive parenting support through appointments, day stay or residential care. Mothercraft is not an undergraduate qualification (p218), it is a VET sector qualification.

In Tasmania, we are experiencing a shortage of child and family health nurses, particularly in semi-rural and rural areas. This is contradictory to page 213 of the report. Lack of access to salary packaging is only one Tasmanian difficulty. Northwest registered nurses have shown very little interest in undertaking the graduate diploma in child and family health nursing although the Department of Health and Human Services offers free scholarships to employees and the bulk of the course is offered on-line.

It is not our experience that there is a pool of suitably qualified practice nurses, even though the Commonwealth has been funding practice nurses to undertake the Healthy Kids Check (4 year old check). The College is not aware of practice nurses undertaking the newly funded 3 year old check (page 222) and suggest this information needs to be checked with the Commonwealth.

Child and family health nursing practice has changed significantly over the last decade and nurses with the appropriate post-graduate qualifications who have not been working in the area would struggle to step back into the field without a refresher program.

The College is very concerned that the perception of the Commission is that, in the absence of any nursing shortage, it is acceptable practice for the most disadvantaged children (Aboriginal children living in remote areas) to receive child health services delivered by health workers with little educational preparation.

The College agrees with the Reports' (page 230) recognition of the differences in child health qualifications being problematic. The College's particular concern is that there should be adequate preparation of nurses given the vulnerability of the young client group. This is yet to be acknowledged and addressed by the National Nursing and Midwifery Registration Board.

In Tasmania, Family Support Workers do not have educational preparation in the area of child development. The College suggests that the chapter on Family Support Workers should be removed to be consistent with the scope of the Report. Alternatively the scope could be broadened to include parenting centres: day stay and residential. In Tasmania, parenting centres are day stay only and the staffing includes social workers in some centres.

Research into the effectiveness of child and family health nurses may be sparse but there is plenty of evidence supporting the tools and practices used e.g. Parental Evaluation of Developmental Status, Edinburgh Postnatal Depression Scale.

Again, the College is thankful for the opportunity to comment on the draft report.

Yours faithfully

Ms Raylene Cox
President
29 August 2011