Productivity Commission

Education and Training Workforce: Early Childhood Development

Re: Submission in response to the draft report 'Education and Training Workforce: Early Childhood Development'

Prepared by Professor Virginia Schmied, University of Western Sydney on behalf of the Child Health: Researching Universal Services (CHoRUS) study.

This submission is provided in response to the 'Education and Training Workforce: Early Childhood Development' draft report released in June 2011. We write as a team of health professionals, academics and researchers who are currently undertaking a study funded by the Australian Research Council, examining the feasibility of implementing a national approach to universal child and family health services.

Our comments relate to the way in which 'child health services' are represented in the report, particularly the lack of recognition of the diverse range of health professionals who contribute to child health and the focus on child health to the exclusion of the significant work that these health professionals and others do with the families of children who use early childhood development services.

The limited recognition of the range of child health professionals who contribute to early childhood development

The title indicates that the early childhood development workforce is the focus of the report. As recognised in the report, many professional groups contribute to early childhood development however the focus in the report is on the contributions made by the early childhood education and care sector to child development. In contrast, there is far less discussion of the contribution to child development made by 'child health' professionals. Chapter 12 is focused on child health services however the emphasis here is on child health nurses with only a brief mention of other services that support this universal service. We suggest that

more detail is needed in Chapter 12 to more appropriately reflect the range of health professionals providing early childhood development services including primary service providers, e.g. general practitioners and in some instances practice nurses (without child and family health qualifications) as well as secondary and tertiary services such as paediatricians, allied health services including social workers, speech therapists, OTs, perinatal mental health specialists..

The diagram outlining the key components of this workforce (e.g. Figure 1. page XXI) identifies all components of the early childhood education and care sector but does not identify the range of components of child health services or family support services that may contribute to child development. Further, there is no linkage acknowledged between child health and other sectors, other than family support. It is unclear why the link is only made with child health services and family support services. While connections are made between the components of the early childhood education and care sector, it is not clear why child health and family support services appear to work in isolation from the early childhood education and care sector.

The lack of recognition of the extent of the services provided by child health services to child development

Members of our research team were privileged to undertaken the consultations for the final National Framework for Universal Child and Family Health Services. Participants in these consultations emphasised the role of universal child and family health services in the assessment of maternal and family health and well-being, the provision of services and interventions if needed and referral to other services as appropriate. From those consultations the following have been identified as key aspects of the role of the child and family health service in addition to routine developmental screening,

- Promote the parent-child relationship

- Promote parental social and emotional wellbeing with detection of social and emotional distress and mental health problems known to impact on parenting (eg Post Natal Depression)
- Conduct developmental surveillance and health monitoring of children 0 to 8 years of age
- Deliver health promotion activities including primary prevention strategies
- Respond to identified needs by providing short or long term interventions appropriate to the service context, and/or timely and appropriate referral to other services
- Participate in community capacity building activities in response to local needs such as parenting groups or local projects focused on child and family-friendly communities.

The title used in the document to refer to child and family health nurses

The role described above is predominantly undertaken by child and family health nurses in Australia:

In the report the term ‘child health nurses’ is used to refer to the group of nurses who are the predominant providers of universal child and family health services in Australia. We suggest that this is changed to ‘child and family health nurse’. “Child health nurse” is the title often used to refer to a paediatric nurse and is therefore is an inappropriate term to be used in this context. Within Australia as acknowledged in the document (p.216), various titles are used to refer to nurses specifically provide community-based services for young families with children. The title used by the majority of jurisdictions is “child and family health nurse” CFHN. This is a more appropriate term reflecting the core aspects of the CFHN role as supporting the child and the family.

The inclusion of the family

The most pressing issue is the failure to include in the report the importance of the provision of support to families to the developmental outcomes of children. The Commission acknowledges the importance of antenatal care in improving child

overcomes however, then goes on to confirm the focus of the report as being services provided to children from birth to school age.. Information provided by participants in the consultations for the development of the ‘National Framework for Universal Child and Family Health Services’ (Schmied et al 2010) indicated that child health professionals saw the provision of family support in the antenatal period as a core part of their work and an important opportunity to introduce universal services to families.

Early contact with families is seen as integral to the development of a working partnership with families. Working in partnerships with parents is a foundational aspect of child and family health nurse (CFHN) practice**.** This work often commences in the antenatal period to support **“**the development of responsive and sensitive parenting to facilitate the parent-child relationship” (Child and Family Health Nursing Professional Practice Framework 2011–2016). A strength-based and wellness approach is used to work with children and families. The CFHN is equipped to identify variations in health, monitor development, and to provide intervention and referral to other health professionals as required. Unfortunately the role of the “child health nurse” is presented in the report as task focused rather than acknowledging the scope of CFHN practice.

In summary, the key difference between child (and family) health services and early education and childcare services are twofold:

1. The provision of support for child development through direct engagement and interactions with parents, and
2. While child (and family) health services support child development from 0-5, the main clients are families with infants under 12 months of age and hence we engage families much earlier than most early education and child care services

The use of unreliable data to support recommendations throughout the report.

There are numerous examples of unreliable or outdated data being used as evidence to support opinion in the report. Several examples follow to demonstrate this point;

Child health qualifications

Throughout the document the difficulty in obtaining a comprehensive picture of the qualified child health nurse workforce is acknowledged (pages 217, 218, 220). Despite this acknowledgement, existing data has been used to support specific recommendations. For example the following statement was made in relation to practice nurse qualifications “Many nurses with child health qualifications work as practice nurses, mainly because until quite recently, certificates and diplomas in child health nursing were some of the few qualifications that equipped nurses to work in community settings“(p.225). The reference for this statement was Parker et al. 2009. However Parker et al actually stated “most PNs are registered nurses (Div 1) with many having a post-registration qualification – predominantly midwifery, and maternal and child health nursing.” In turn, Parker et al were making reference to data sourced from the following primary sources; Pascoe, et al (2009) who found 3.8% of the practice nurses they surveyed held maternal and child health qualifications and Bonawit and Watson (1996) who report on a Victorian survey of a sample of 96 practice nurses. These numbers are hardly representative of “many” nor is there any discussion around the reasons for practice nurses holding child health qualifications. This data has been used to suggest general practice nurses be thought of as “a reserve pool of child health nurses”.

Workforce shortage

The report describes child health nursing as “one of the more attractive nursing specialities” and supports this with a stakeholder report inferring no shortage of nursing graduates wanting to work in children’s health work. The

stakeholder referred to is the ACPCHN and the document referred to is the 2002 Submission to the National Review of Nursing Education. The segment of the submission referred to in the current document did state “There is no shortage of new graduates wanting to work in children's health care, however there are significant barriers to entry to this area of specialty practice. Nurses are unable to obtain employment in many community child health settings without already having postgraduate qualifications in child health and in some cases midwifery as well”.

The use of this reference is questionable given the report was submitted in 2002 and the ACPCHN although representative of a number of child and family health nurses nationally, is not the sole professional representative body of that group. In addition, critical information was omitted, as later in the same document the following statement is made “some community child health care is being undertaken by generalist community nurses who have no additional education in meeting the health needs of children and their families.” This would appear to indicate workforce shortages are a problem. In fact severe workforce shortages continue to be a problem in many jurisdictions as reported in consultations undertaken for the draft National Framework for Universal Child and Family Health Services Consultation Project Report (Allens consulting, 2008).

Just for clarification on workforce numbers in Child and family health nursing:

There was a 30% decrease in the number of child and family health nurses from 6823 in 2003 to 4686 in 2008 (Australian Institute of Health and Welfare 2005, 2010) despite the birth rate increasing by 16% in that time.

<u>Replacement of CFHN with other workers</u>

The report (p.233) discussed the difficulty of employing dedicated child health nurses in some areas and suggests that child health services will therefore need to be structured and staffed in different ways. Strategies suggested included the visiting child health nurses delivering child health services and in

other areas the existing workforce being trained to provide child health checks. This implies that child health practice is defined by child health checks and denies the scope of practice of the CFHN. Whereas the Allens report (2008) indicated that many of the professional bodies were extremely concerned about replacing CFHN with other workers. The report from the draft consultations for the National Framework for Universal Child and Family Health Services (Allens consulting, 2008) reported one stakeholder noting that the replacement of nurses with less qualified workers undermines the provision of a universal service that provides core services for all children of the same quality. “A truly universal service should offer the same service, with the same competencies to deliver the same outcomes.”

Nurse home visiting

There is a box on page 224 where there is a summary box detailing nurse home visiting. Information here needs to be corrected. It states here that most of the research evidence for nurse home visiting comes from the States. There have been three significant trials of nurse home visiting here in Australia and these studies have contributed to the international literature. The following studies demonstrate good Australian evidence for sustained nurse home visiting and have informed policy and service directions in NSW.

Please refer to:

Armstrong KL, Fraser JA, Dadds MR, Morris J. (1999). A randomized, controlled trial of nurse home visiting to vulnerable families with newborns. Journal of Paediatrics and Child Health, 35(3): 237-244.

Armstrong KL, Fraser JA, Dadds MR, Morris J. (2000). Promoting secure attachment, maternal mood and child health in a vulnerable population: a randomized controlled trial. Journal of Paediatrics and Child Health, 36(6): 555-562.

Kemp L, Harris E, McMahon C, Matthey S, Vimpani G, Anderson T, Schmied V, Aslam H, Zapart S. (2011) Child and family outcomes of a long-term nurse

home visitation program: a randomised controlled trial. Archives of Disease in Childhood, 96:533-540.

Quinlivan JA, Box H, Evans SF. (2003). Postnatal home visits in teenage mothers: a randomised controlled trial. Lancet, 361(9361): 893-900.

Reference to the ARC linkage study

In Chapter 12 there is mention made of the ARC linkage study that is examining the implementation of the national Framework for Universal Child and Family health services. Our study is focused on implementing a national approach as at this stage, the final framework is still under review.

National representation of child and family health nurses

Finally a significant portion of data regarding, in particular, child and family health nurses appears to have been gathered from one jurisdiction and a single professional body rather than through national representation. While this may be the result of a paucity of initial submissions to the commission it raises concerns regarding the soundness of the information gathered.

References

Australian Institute of Health and Welfare (AIHW) (2005). Nursing and midwifery labour force 2003. Cat. no. HWL 31. Canberra: AIHW.

Australian Institute of Health and Welfare (2010). Nursing and midwifery labour force 2008. Cat. no. AUS 130. Canberra: AIHW.

Pascoe T, Hutchinson R, Foley E, Watts I, Whitecross L and Snowdon T: General practice nursing education in Australia. Collegian 2006, 13(2):22–25.

Bonawit V and Watson L: Nurses who work in general medical practices: A Victorian survey. Aust J Adv Nurs 1996, 13(4):28–34.

ACPCHN (Australian Confederation of Paediatric and Child Health Nurses) 2002,*Submission to the National Review of Nursing Education.*

Schmied et al 2010)National Framework for Universal Child and Family Health Services Consultation Project Report)

Allen Consulting 2009, *A (draft) National Framework for Child and Family Health Services*, Report to the Child Health and Wellbeing Subcommittee, Canberra, June.