



NSW Child & Family Health Nursing Clinical Nurse Consultant Network

RESPONSE TO: PRODUCTIVITY COMMISSION DRAFT RESEARCH REPORT – EARLY CHILDHOOD DEVELOPMENT WORKFORCE

Introduction

The NSW Child and Family Health Nursing (CFHN) Clinical Nurse Consultant (CNC) Network is a group of nurse consultants with highly developed clinical knowledge and skills within the speciality of Child and Family Health Nursing. This Network has advisory representatives to multiple committees and working groups related to Child and Family Health Nursing in NSW. Many of the members are also active members of the state association for CFHN (CAFHNA), which is affiliated with the Australian Association of Maternal Child and Family Health Nurses. (AAMCFHN)

The group comprises of CNCs from most Local Health Districts, Tresillian, Karitane, and the Sydney Children's Hospital Network- Westmead Campus and are providing comment on the Productivity Commission Draft Research Report – Early Childhood Development Workforce.

The NSW CFHN CNC Network commends the recognition of the importance of the early years in a child's development and the connection of early parenting capacity to development and learning outcomes for children.

The network supports the Council of Australian Government's (COAG) commitment to a national strategic framework to guide government action on early childhood development, schooling and vocational education and training (VET). This includes any initiative for mandating qualifications and increasing stringent regulatory standards for Early Childhood Development (ECD) services.

The NSW CFHN CNC Network believes minimal recognition of the role and function of the child and family health nurse in the document is reflective of a lack of knowledge in relation to the complexity of the role of the child and family health nurse.

Health services vary in their ability to provide services responsive to their community needs due to staffing and resource restrictions. There are also multiple approaches to meet the individual needs of families. CFHNs are the primary universal contact for families with government funded community based health services and the nurses are part of a multidisciplinary team available to work with families in having their child ready for life and learning at school entry.

In NSW, CFHNs are registered nurses with a postgraduate qualification in the specialist field of child and family health nursing. The majority of NSW CFHNs may also hold additional qualifications in midwifery, lactation, mental health, women's health, public health, community health, paediatrics' etc. Recent documents published by NSW Health 'Child and Family Health Nursing Professional Practice Framework 2011–2016,' and 'NSW Health Supporting Family Early' package (both attached) provide an overview of the complexities of the role, expectations of the nurse and the context of practice within NSW which is reflective of all states of Australia.

Engaging families during the antenatal or postnatal period and providing a universal health postnatal home visit within two weeks of birth for families across NSW recognises CFHNs as being uniquely placed to provide an early intervention family-centered approach.

CFHN practice acknowledges the importance of the child –parent relationship and its influence on the child's learning, social, emotional and physical development throughout life as evidenced in brain development research, attachment theories and current literature. Raising children in a safe environment that promotes learning, physical, emotional growth and wellbeing involves financial, physical, and emotional demands which can pose significant challenges for some parents. Anticipatory guidance is a component of all developmental screening and surveillance contacts with families with young children and provides the opportunity to discuss the next stage of the child's development and how parents may enhance the learning experience of the child through play, interaction and reading.

For parents experiencing problems such as poor mental health, poverty, domestic violence and/or the misuse of substances, parenting challenges can be considerably more difficult. CFHN assessments include assessment of the parent's physical and psychosocial well being, screening for domestic violence and assessment of the child's safety. CFHNs must have an understanding of all of the impacts on parenting, knowledge of local communities

and services and the ability through development of partnerships to facilitate parental support by referral to the most appropriate help available.

In addition to health home visiting, early childhood health clinics, parenting support groups and specific parent groups CFHNs provide specific aboriginal services, telephone help lines, web based mediums, day stay services, sustained home visiting, outreach programs and residential services. These services collaboratively support various help and access points for families, continuity of care and specialised care for families with more complex needs

Comments in relation to document

The inconsistent use of the terms *Child Health Services* and *Child and Family Health Nursing* throughout the document is confusing and unhelpful in ensuring that all relevant disciplines working under the umbrella of child and family health services are clearly identified and /or included.

The Commission was requested to consider and give advice on the factors affecting the current and future demand and supply for the ECD workforce. Even though the document gives reference to maternal and child health (known as child and family Health (CFHNs) in NSW) the commission does not give adequate recognition to the multifaceted work that CFH nurses provide for the family.

CFHNs provide services for families from the birth of their child through to starting school. These services are evidenced based and target the positive impact on the bio-psychosocial developmental trajectory of the infant and child. CFHN services ensure that universal and targeted early intervention family-centred services are provided to all NSW families. These services are only restricted by under employment of qualified CFHN staff to fully accommodate birth rates or to consistently extend services for those families needing further assistance.

Early Engagement

International research (NSW Health, Integrated Primary, and Community Health Policy 2007–2012) clearly shows that supporting families during early childhood will have a lasting positive influence on children in later life. Most significantly there is no stigma attached to accessing parenting assistance from CFHNs as they are a long-established, respected and well accepted part of the Australian community and have been for over 100 years. Parents

and their families recognise CFHNs as the first point of contact for advice and assistance with a new baby thus making these services a crucial part of early childhood health services.

CFHN's are uniquely placed to engage with NSW families during the postnatal period by providing a universal health home visit. With realistic funding for CFHNs Local Health Districts can provide a service that recognises and supports a secure parent-child attachment relationship in the first 3 years of life. The child relies on a secure attachment relationship to enable optimal social, emotional, cognitive and physical development throughout the lifespan.

The eminence of research in early brain development and the recognition of the significance of the parent-child attachment relationship over the last 10 years provides sound evidence of the importance of raising children in a safe and secure environment that promotes physical, socio-emotional, and cognitive growth and wellbeing. CFHNs work with parents to enhance their capacity to be more sensitive, contingent, and responsive to the child's developmental needs. CFHNs are skilled in identifying and facilitating early intervention and prevention strategies that are particularly relevant to families with a poor understanding of effective parenting practices due to the cumulative impact of bio- psycho-social and individual and family challenges, such as unstable mental illness, family violence, social isolation, disability, poverty etc.

CFHN services provide evidence based screening and health surveillance of the child and primary carer using tools such as the: Parent Evaluation of Developmental Status (PEDS), Ages & Stages Questionnaires (ASQ) and Ages & Stages Social =Emotional Questionnaires (ASQ:SE) ASQ , psycho-social screening ,Edinburgh Perinatal Depression Scale(EPDS), and screening for Domestic Violence. These evidence based screening tools provide a comprehensive bio-psychosocial assessment of the child within its environment and their parent [or primary carer]. This is an inclusive family-centred approach that recognises that the child is embedded within a family and the broader community. The CFHN is able to recognise, identify, and provide early support and intervention strategies that help with the adaption to parenthood, the development of the child – parent relationship, the growth and development of the child (physically, emotionally and socially) whilst promoting health and well-being of the family as a whole.

Appropriate distribution of funds, recognition of expertise, links and commonalities across health and education providers will work towards building stronger partnerships and common goals in meeting the needs of the 0-5 population in all developmental and learning areas.

Child health workforce

CFH services follow a primary health care model and while evidence continues to be collected regarding some aspects of the service, the World Health Organisation Declaration of Alma Ata recognised the importance of this model

(http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf). The child health workforce is made up of a variety of professionals (including nurses) such as speech pathologists, occupational therapists, physios, dieticians, GP's, paediatricians, dental care, optometrists etc. individually the care given is beneficial for an immediate response to a health concern for a particular child and family. When a collaborative approach is taken with the child in the centre, all care planning and implementation achieve greater outcomes for the family as a whole.

An ecological perspective of health and development underpins CFHN practice. This considers and values not just the individual child's biopsychosocial capacity, but equally the importance of all environments and interactions the child has within the family, the wider community and society at large. This is a comprehensive view and values the potential positive impact of all services/supports on a child's development. Working collaboratively is strongly recommended as best practice and identifies all service providers as having a 'central' role in child development.

The knowledge and expertise expected for CFHN practice has significantly increased over the past decades to not only allow CFHNs to describe themselves as specialists but also to merit the introduction of CFHNs working as Nurse Practitioners. CFHN's knowledge and skills have kept pace with the current evidence provided by research in the area of child growth and development, early brain development, parent-child attachment theory, social determinants of health, primary health care and health promotion.

The CFHN CNC network would like to emphasise the need to fund further research that looks at longitudinal outcomes of service provision on the physical, social, cognitive and emotional development of the child within the context of their family. This will continue to support advancement and expansion of current service provision in line with increases in population.

The CFHN CNC network supports the principle of educational scholarships for nurses with a focus on ensuring accessibility for rural nurses. In line with national registration nurses must provide evidence of professional development and skill attainment, scholarships targeting

rural nurses would enable access to education to support practice and develop and maintain skills.

It has been mentioned that the age of a CFHN does not affect service provision however; age does indicate a wealth of experience that adds value to clinical practice. The increasing age of the CFHN population does pose retention and succession planning challenges. At present there is a clear lack of new / young nurses working within the speciality of CFHN. It is important to develop a long-term strategy that promotes the CFHN specialty and attract new registered nurse graduates into this important and essential nursing field.

Access to CFH services

Recruiting to remote areas should have a national focus. All Australian families require and deserve an equitable service. Aboriginal Health Workers should be offered access to further professional education and training including an opportunity to become health professionals. NSW has an Aboriginal Nursing and Midwifery Strategy developed as a result of the NSW State Government commitment in 2001 to increase the number of Aboriginal nurses and midwives in rural and remote NSW, to improve the health of Aboriginal women during pregnancy and decrease perinatal morbidity and mortality. This model of care is complementary to other services as it works in partnership with health and the local community (http://www.health.nsw.gov.au/nursing/projects/aboriginal_nam.asp).

This document was developed by:

New South Wales Child and Family Health Nursing Clinical Nurse Consultant Network

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Child and Family Health Nursing

Professional practice framework 2011–2016





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