

Comment on the Early Childhood Development Workforce

Draft research report

The following provides feedback on specific areas.

Chapter 8

Information request

There is an opportunity to have links to special education services within schools to ensure there is a continuum of care and cross fertilization of professional skills and practice.

Draft recommendation 8.1

There is an imperative that if extra staff are provided then adequate infrastructure to support their practice is also required.

Chapter 9

Recommendation 9.2

It is recommended that in remote areas accommodation should be provided at a government level between health and education. This would provide opportunity for cross fertilization between departments.

Secondly adequate information technology resources need to be available for rural and remote staff.

Chapter 12

Characteristics of the Child Health Workforce

Comment:

ACCYPN has been lobbying for an improvement in the detail of the workforce data collection. We need to identify which nurses work with children and young people and then what specialty area they work in.

The literature on the post graduate qualifications of practice nurses is limited and further research is required to ensure these staff are adequately prepared to undertake child health checks.

Draft Recommendation 12.1

Comment:

— There needs to be uniformity across the states in relation to child health checks.

- Early Child Health services involve far more than child health checks. Whilst these developmental checks underpin child health surveillance, there are other interventions that are delivered universally such as parent education, support, referral and capacity building. These interventions are delivered in both individual and group mode and in multiple settings. The majority of these services are delivered by Child Health Nurses.

Further research in the area is supported to determine

- A national standard on the number and timing of child health checks to achieve positive health outcomes
- The level of educational preparation required to undertake the child health checks to ensure a consistent approach.

Draft Recommendation 12.2

Comment:

- Expansion of a scholarship program is supported. To move to a new specialty area such as child health, nurses often have to reduce their income for a period of time whilst studying. A scholarship program then acts as an incentive to make that move.

Draft recommendation 12.3

Comment:

- This recommendation is supported.
- A national approach to core curriculum for post graduate programs in Child Health Nursing would support this approach.

Draft Finding 12.1

ACCYPN would argue this is still an area of concern as many service areas do not have adequate pathways and workforce development strategies to replace this aging workforce.

Draft Recommendation 12.4

This recommendation is supported

Further Comments

- In Queensland there is a Certificate IV in Maternal and Child Health for Aboriginal Health Workers. This program could be expanded.
- To improve access to Child Health Checks a specific child health check Medicare item should be created. Child Health Nurses could apply to the Commonwealth to be a service provider for this specific intervention.

- To attract Child Health Nurses to rural and remote areas there needs to be adequate infrastructure and support to attract and retain them.

Chapter 13

The recommendation on page xxx to evaluated volunteer and peer led family support programs is strongly supported. The evaluation methodology should be explored to include more qualitative approaches and greater recognition of the approaches that incorporate Aboriginal yarning and feedback.

Draft Recommendations 13.3 and 13.4 (p.XLIX)

Much study and literature is already available about the effectiveness of various family support programs. A literature review is required rather than funding for more short-term research. Funding for the programs to conduct longitudinal studies is worthwhile.

Chapter 14

Workforce for Indigenous (p.XLIX and on)

- It can be important to utilize varied assessment modes to play to the strengths of individual students / workers.
- This workforce should be well linked to other health care workers and childcare workers for support and to obtain information in different manners/modes (written communication not always available) (often more support and relationships are important).
- It is agreed that more leave/flexible leave is required to allow for cultural events which can be lengthy.
- The need for cultural competency training for all staff working in ECEC services is recommended. Additionally, government and non-government agencies need to review their overarching policies to which their staff are required to adhere. If the policies do not allow for culturally sensitive approaches to practice, then their staff are restricted in their culturally competent approaches. If the policies do not allow for degrees of flexibility to accommodate different situations, then cultural training will not be effective.

Contact

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