

Comments on Productivity Commission Draft Research Report – Early Childhood Development Workforce.

Chapter 12, Pg216 – Paragraph 4: The role of the child health nurse has been described in very simplified terms. The role is in fact far more complex encompassing both the physical and emotional wellbeing of the child and the caregivers. The child health nurse works in partnership with the family to build on their strengths and support them in overcoming any areas of vulnerability. The growing body of evidence regarding early brain development and the importance of the care received during the early years of a child's life is highlighting the importance of the quality of support offered by child health nurses. This is particularly so in regards to supporting and nurturing the attachment between the parent and child which is fundamental in the role of child health nursing.

Chapter 12, Pg 221 – Paragraph 1: Child health services are delivered in many settings not just baby health clinics. In NSW child health nurses are mandated to provide universal home visits to all families. Child health nurses working in Parent Support teams offer extended home visiting.

Chapter 12, Pg 223 – Paragraph 1: A lack of evidence cannot be taken to imply a lack of need. Adequate evaluation of current services would need to take place before any reduction of funding or services occurs.

Chapter 12, Pg 225 – Paragraph 3 - Supply of child health nurses: Understanding of the complex role and issues dealt with by child health nurses needs to happen before so called barriers to entry to child health nursing are removed. Child health nurses come in contact with many complex family issues - past or current abuse, domestic violence, mental health problems to mention a few. Child health nurses are involved in the implementation of health department policies such as Safe start – Supporting families Early and Keep them Safe In

order to deal with these issues there is a need for experience and training not just in qualifications achieved but also in years of nursing experience..

Midwifery as a requirement for child health nursing cannot be removed simply because it is problematic. A background in midwifery provides a child health nurse with valuable insight into the changes that occur in a mother/couples life as they become parents and begin family life. The time spent training and working as a midwife allows for the development of interpersonal skills, communication skills and is valuable for professional development in working in a wellness model of care and in partnership with clients. On page 230 it is stated that additional qualifications require remuneration restricting the numbers employed. This is not the case in NSW where a midwifery qualification in addition to Child and Family Health receives no extra remuneration. Victoria is highlighted as an example to justify this statement when in fact it's nurses are not covered

by a state nursing award and are not the highest paid (see table 12.2)

Chapter 12, Pg 233 – 234 Providing Child Health checks in remote areas. This section promotes a training package of 20 hours in place of Child Health nursing qualification for staff working in rural and remote areas. Rather than accepting that families in these areas should be denied the standard of care offered in urban areas steps should be taken to encourage and attract properly qualified staff.

Other comments from C&FH staff are:

- The report undermines the role of the C&FH nurse
- Over simplifies a very complex speciality
- No recognition of the work C&FH nurses do around psychosocial screening
- C&FH nurses are governed by Dept of Health policy directives ie. Safe start, keep them safe,

breast feeding policy, domestic violence screening

- Report tends to look at “weighing babies only” rather than the holistic view of monitoring the family.
- Does not take into account the mother/infant attachment
- Focus on meeting child health milestones only not the family as a whole
- No mention of the amount of time spent with mothers suffering from PND or any psychosocial assessment that we do as part of NSW DOH policy directives
- It states that well child checks follow a one size fits all approach – this untrue as each family is individual with different needs
- All C&FH staff are trained in family partnerships as set down by NSW Health

