The Productivity Commission

Early Childhood Development

Workforce Study

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Melbourne, Vic, 8003

To Whom it May Concern.

Overview

This submission is in response to the current draft report and recommendations being proposed to the "Child Health" workforce. My submission primarily focuses on items 12.2 and 12.3 regarding the role of Victoria's "Maternal and Child" nurses in the provision of services for Children and their families.

From the outset the report incorrectly and dangerously reframes the title of "Maternal and Child Health nurses" to "Child Health nurses " a position from which it goes on to assume that the role of Maternal and Child Health nurses consists only of child health assessments for which midwifery is not necessary.

The report and recommendations fail to acknowledge the dynamic and highly trained Maternal and Child Health workforce as vital and highly educated professionals who are trained extensively to examine, consider and work with the systemic influences that impact child health, development, and well being from a Social model of Health – a perspective that appreciates the vulnerability of infants and young children and their reliance on quality relationships with primary carers, who in turn rely on extended families, skilled community supports, and "good enough" governmental policies and practices , to enable them to provide "good enough" care for their infants and young children.

> "With the care that it receives from its mother each infant is able to have a personal existence, and so begins to build up what might be called a continuity of being. On the basis of this continuity of being the inherited potential gradually develops into an individual infant. If maternal care is not good enough then the infant does not really come into existence, since there is no continuity of being; instead the personality becomes built on the basis of reactions to environmental impingement." (Winnicott, 1960)

Introduction

My name is Catherine Langdon. I have worked as a Maternal and Child Health nurse for 25 years. I have had the privilege of working with thousands of children and their families in a variety of roles from primary centre based practice, enhanced home visiting services, service co-ordination, secondary early parenting settings, tertiary High Risk Infant Parenting Assessment and Skill Development Services, our 24 hour Maternal and Child Health line and in Early Intervention

programs for infants and their families, both as a practitioner and supervisor for less experienced staff, other allied health professionals and early childhood practitioners. In addition to this I have been responsible for designing and implementing specialised infant/parent programs for families with other allied health professionals.

My knowledge, skills and competencies are founded on my underlying clinical experience and education as a Registered General nurse, Registered Midwife, and Community Health Nurse majoring in Child and Family Health.

My midwifery experience was my first taste of "doing less" not more. As with general nursing we were educated in "normal" anatomy and physiology……..but more thoroughly and specifically for infants and mothers -from a medical model, but also from a psychodynamic perspective which drew on systemic contexts which influence normal processes from preconception, conception, through birth and into the early weeks of an infant's life and over this huge transition for families.

Midwifery as a nursing speciality shifts our focus much more from the task orientated nursing role to the therapeutic context of "being with" and not "doing to". It enabled me to experientially begin to evolve from a "task orientated" nurse to a "hands off" practitioner/therapist – being present, observing, wondering about, and allowing natural processes to occur without intervention.

I did my midwifery training after being a community health nurse in district nursing. I saw the work Domiciliary Midwives did and the value for families and wished to work in the community with families in a wellness framework. I enjoyed working with families "on their turf"…..and recognised the value in being available when families got stuck in the everyday struggles to meet their infants dependency and independency needs, while meeting their own needs- physically emotionally and spiritually as individuals, couples, families and communities. Certainly there are tasks involved but there is an art in watching, waiting and wondering, sharing knowledge if needed and gently modelling and coaching.

I didn't actually enjoy going back into the "medical world" of hospital based midwifery, after being out in the community, working as a district nurse. However once I became a Maternal and Child Health nurse I recognised in hindsight how my experiential learning in antenatal, postnatal, intensive care nurseries, clinics and home visiting gave me a very broad variety of learning about normal processes and how things can go well and not so well. This added to my insight into how families might experience the transition to parenting and how a myriad of contextual factors can impact positively and negatively on an infant's world as he/she grows and develops in the context of his/her relationships with family members.

I hold this in mind on a daily basis in my work with infants, young children and their mothers and fathers. Soon after graduating as a midwife I trained as a Community health nurse specialising in Maternal and Child Health –and once again my training encompassed so much more than just the "medical model". Without it I would not have the knowledge, insight, respect and sense of the normal psychodynamic processes that impact this very unique transition for families, and how past and present intrusions and trauma for infant, mother, and families can negatively impact their lives and normal developmental transitions and processes.

In our roles working with families, our clinical knowledge and skills become intrinsic and visceral. It is difficult to pinpoint exactly where they begin and end. In my case ongoing professional development and experiential learning have helped me gain additional skills, competence and confidence at being present, aware, reflective, open and hopefully wiser in how I work with families.

There is a fine line in knowing when to sit back, contain infant and parent anxieties, and not interfere and when to offer information, share considered options, normalise processes, "wonder with parents", reassure, and when to question further to aid parental reflection and intrinsic wisdoms to emerge, as they learn to "see" their infant's emerging capacities.

There is an art to enabling parental skills without intrusion and sharing knowledge appropriately to gently enable confidence in parents as they learn experientially to care for their infants, and manage their own and their infant's dysregulated states. Our skills and competence allows us to walk this line and trust and allow infants and their parents to guide us.

My clinical knowledge informs how I might "wonder with" a parent, or enhance their reflective capacities. Midwifery is such a broad experiential learning experience that enables us to "wonder" about an infant, mother, father's experience and ask the relevant questions to enable them to construct a narrative and give voice to their experience……sometimes wonderful, sometimes traumatic. Sometimes we might give voice to the infant's possible experience to aid parental understanding of their presentation.

I have lost count of the number of times that I have debriefed parents about their experience of the pre conception, pregnancy, birth, and post natal process, sat with and allowed them to speak of their fears, grief, loss, trauma, exhilaration. Without midwifery I would not have the "right" questions to ask to facilitate this process, nor would I have the knowledge to consider and wonder about an infant's possible experience of a particular situation.

Working in a rural area families are seen over years. Families learn to trust that they can come to us with their experiences and that we are able to contain the emotional content and allow them to talk about whatever struggles they might be having in their care for and relationships with their children and in their life journeys and physical and personal development through birth, death, love, loss, joys and sadness…..sometimes major issues- illness, infertility, prematurity, death of a baby through miscarriage, still birth, mental health issues, past and current domestic abuse, financial, relational, emotional, cultural and social pressures are often highlighted during transitions. A parent's world in crisis impacts capacity to be present for their child -anxiety, depression, grief, loss and the "ghosts in the nursery" as coined by Freiberg surface and influence an infant's world. Sometimes minor struggles also get in the way but all are relative in the individual infants and family's world.

An infant gives voice to their experience in their behaviours- regulation and dysregulation in feeding, sleeping, settling, and thriving. The healthy growth and development of infants is not linear and absolute and cannot be measured by key assessments alone, and Maternal and Child Health nurses work with families in a much broader framework, thinking in much more systemic and strategic ways about the social context of the infants world- and work with what infants, mothers and fathers bring to the relationship as individuals. Parents experiences of love, loss, trauma, grief and care in the context of family and community relationships can enable them to respond to their infants or simple operate reactively in their own emotionally dysregulated states.

On a regular basis in my current MCH line role I hold and contain parental dysregulated states and coach them in cognitive behavioural and mindfulness strategies to accept their fears, defuse them and respond to their infants rather than react to them……evidenced based strategies which enable them to sensitively "get out of their own heads and fears" and into their infants world and respond with presence, empathy, calmness and emerging skills and strategies that are contingent on their babies needs rather than any one strategy. There are hundreds of different ways parents can get it "right" for their baby……there is no one size fits all that will provide an economic output.

Our clinical skills and professional evidenced based clinical guidelines enable us to not only assist parents in understanding their infants but also in understanding the origins of their own emotional reactions to this new experience and allows us to facilitate transformation of their own sense of self in the context of this new role. In their journey to being emotionally available and falling in love with their infants early traumas surface and in the moment of "being with" whatever comes up we enable such transformations.

I have gone on to formally train in Lactation Consultancy, Family therapy, Infant and Parent mental health and Psychology together with ongoing professional development opportunities through shorter courses, workshops, conference attendances as I am committed to "Being" the best practitioner I can for the families and colleagues that I work with.

After all my training I still draw on my midwifery knowledge…..which grounds me in non intrusion. I briefly worked in a friend's medical practice a couple of years ago as a practice nurse – once again going back to task based work. The practice nurses I worked with were fun, dynamic and skilled practitioners- some Div 1 Nurses and some Div 2. They were very good at "getting through" patient after patient and "doing " or addressing physical issues and related kindly with "patients" as they did –"brief" health assessments (i.e asking a series of questions which were duly recorded) ,asthma and diabetes education- during which some used a health coaching framework, while time constraints very much limited this model being used effectively , and a series of blood tests, immunization, wound management etc . None had the breadth of skills required to support infants, children and their families in understanding normal processes and assisting with struggles as I did with my specialist training ……..while of course I knew nothing about current wound management, as it was not relevant to what I needed to know to work as a specialist Maternal and Child Health nurse.

I am concerned that the economic reductionist models used by a "productivity" commission in health focus on numbers alone -thoughputs and outputs…….. of "patients" from infancy through to aged care. In general practice there is little time to allow a biopsychosocial perspective to be effectively implemented the way our primary health service has done. The infants, children and families are not "patients" …they are not sick……so are less likely to have a voice in General practice than those who are. To have our role taken back under a medical model, dumbed down , fragmented, devalued, and chopped back to a production line number of child health assessments……by cheaper less skilled labour is so counterproductive, costly and dangerous. It destroys our free, universal, skilled and systemic support of families so highly valued by families evidenced in a myriad of evaluations and studies.

In the past 25 years I have seen huge shifts in families worlds and the worlds infants are being brought into…..Families are overstretched, emotionally, physically and psychologically in a time poor

society bombarded by information overload – often ill informed and lacking knowledge, insight and clarity. They are isolated and under-resourced with relational supports from families, services and communities and bombarded with fear based "health" "advice" that increases parental anxieties. Much fails to consider an infant's development is reliant on healthy secure relationships.

Our service has already been hijacked and fragmented by an economic reductionist model focusing on reduced service provision and the robotic production of measurable outcomes. I cannot be certain what might have happened to the father I sat with about 24 years ago for a couple of hours …….while he told me of his experience of losing his first child – a healthy term boy who was stillborn, and his terror at almost losing his wife as well 3 days earlier to complications. He had spent the past 3 days supporting his wife and protecting his family from his grief and when I turned up greeted me with

….."Where the ……have you been ?

I was a fairly young graduate but an experienced general nurse and midwife. I could only say something like …….sorry I haven't got here sooner for you….but I'm here now….

This beautiful man broke down and sobbed and talked and talked.

I do know that this family went on to have two more children and I was their Maternal and Child Health nurse for many years. Their first son was known to all of us. I am certain that there were many times that visit …prevented significant mental health issues for all members of that family including the children that followed. They grew two healthy well adjusted children……..their daughter graduated from school with my son and that night we shared a bear hug like we had in the middle of town whenever I run into him. His wife said I saved his life……maybe…….who knows…….it's not measurable…..not a tick box for that one.

I've never just done child health assessments without any insight into the social and emotional world of infants. Our Maternal and Child Health service values and is grounded in wellness, normal struggles and issues and well family functioning and child health and development from a psychodynamic and social model of health. We do not just "see infants" we see an infant and "someone" –as Winnicott describes…….someone is most often a mother but also allomothers…..fathers and others who love and care for children and enhance their development in the context of family relationships and experiential learning.

My Maternal and Child Health training was an essential next step in learning about infants and families beyond the early post natal period, and the work I do could not be done without training beyond midwifery. My professional development has also required extensive and ongoing training, learning, growth and development.

I was fortunate in that I trained in general, midwifery and maternal and child heath/community health in an era when graduate and post graduate education was free. I have supervised many midwives on placement who would love to work out in the community but due to family commitments coming first, post graduate Community Family, Maternal and Child Health training is prohibitively expensive without a scholarship. Rather than reduce scholarships it would be wiser to provide more. Certainly the nurses I have personally worked with and mentored to apply for

scholarships and specialise in this area of work have remained in Maternal and Child Health nursing, and continue to do fantastic work supporting families with infants and young children.

As you can see by my qualifications I have a commitment to ongoing learning as do many of my colleagues and many of us have gone on to study outside of "nursing" in family therapy, infant and parent mental health and psychology, psychotherapy, and creative arts therapies – eg, play, dance, music, massage, art therapies. We don't just "do" child health assessments we support infants in the context of their relationship with others - mothers and fathers, couples, families through home and centre based consultations, groupwork , telephone consultations and follow up, and link them to appropriate supports and specialised programs as necessary. We work holistically, creatively, dynamically, systemically and strategically with infants, young children and their families in a myriad of ways and roles and are committed to being our best for families who have positive intentionality to be their best for their infants and young children.

You could segment our role and chop off elements to cheaper labour……..we are aware of that …. in fact you could train a monkey to tick boxes…….but not to have the integrated higher order knowledge, clinical skills, creativity and capacity…… of Victoria's Maternal and Child Health Nurses ……..to draw on our extensive knowledge base and use all our senses to consider what might not be said, to "see" and "hear" infants experiences in families -to ask what needs to be asked, to contain anxieties, normalise fears, consider with, share knowledge and skills and provide education and information about infant, women's and family health and wellbeing. We hold our knowledge suspended but draw on it when needed to normalise struggles and sit with uncertainties….to see what else is there, to hold what cannot be held, and to enable infants, young children and their families to thrive through the loving, caring highly skilled relationships Maternal and Child Health nurses provide.

Summary

We would ask that you appreciate the breadth of our knowledge, skills and competence and review your recommendations in regards to our role in ensuring best practice for Infant and child health and wellbeing. Your focus on our role to provide child health assessment outcomes is narrow and fails to appreciate the breadth and depth of skills, knowledge and capacity required in our universal and enhanced services, early parenting settings and in partnerships with other allied health professionals and organisations in providing a significant and essential role in enabling infant and family health and wellbeing,

We ask that you -

1. Don't reduce our knowledge base, fragment our roles and devalue the extensive context in which infants and young children are supported by our service which creates a skilled and supportive family relationship context in which healthy biopsychosocial child growth and development occurs.

2. Examine and consider existing literature and evaluations which provides extensive evidence of how families utilise and value our service.

3. Appreciate the value and necessity of General and Midwifery training prior to Community Child and Family health training. Facilitate more scholarships to provide midwives with Maternal and Child Health training, rather than less.

4. In addition create professional development opportunities for existing Maternal and Child Health Nurses to continue to further their skills as Infant, Child and Family therapists with additional scholarship opportunities at post graduate level for specific Infant/parent mental health training and professional development in evidenced based therapeutic programs.

If you chose not to consider the comments put forward our free, universal, dynamic and creative Maternal and Child Health service will be at risk. Many of us have trained extensively and can go into private practice etc so the loss will not be ours alone, but the infants, young children, women and families of Victoria that we have serviced will be at loss, without the vital, free, accessible support structure our service provides.

Once again please consider :

> "With the care that it receives from its mother each infant is able to have a personal existence, and so begins to build up what might be called a continuity of being. On the basis of this continuity of being the inherited potential gradually develops into an individual infant. If maternal care is not good enough then the infant does not really come into existence, since there is no continuity of being; instead the personality becomes built on the basis of reactions to environmental impingement." (Winnicott, 1960)

Yours Sincerely

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BA Psych, PG Dip Psych, Dip Family Therapy

Taking the "Midwife" out of our credentials enables you to take the "Maternal" out of our service and the "Mother" out of an Infants world.....without a M...other....an infant cannot survive

****One of our Victorian Maternal and Child Health Nurses, and colleagues Judy Corum has RN, RM and Maternal and Child Health qualifications along with developmental psychiatry, Psychiatric nursing and a Masters in infant and Parent Mental Health. On Saturday 27th August 2011 the Australian Association of Infant Mental Health awarded Judy the Anne Morgan prize for her writings of an infant/parent experience in her Infant Mental Health work in Quetta with Medicins San Frontiere. Judy has made an enormous contribution to Infant and Parent mental health work as an Enhanced Maternal and Child Health Nurse for the City of Casey and in other roles in our Victorian service and mentored many of us to further develop our skills in this vital and much needed area. She is a shining example of our Maternal and Child Health Nurses who are committed to professional competence and clinical excellence in this field.