



Early Childhood Development Workforce Study
Productivity Commission
Locked Bag 2
Collins Street East
Melbourne Victoria 8003

Attention: ecdworkforce@pc.gov

18 August 2011

TO WHOM IT MAY CONCERN

**Re: Education and Training Workforce: Early Childhood Development.
Chapter 12: Child Health Workforce**

The following response is submitted by members of the Children, Young People and Families Health services of the Hunter New England Local Health District specifically in relation to Chapter 12 'Child health workforce' of the Productivity Commissions' report *Education and Training Workforce: Early Childhood Development (2011)*.

The response provided by the NSW Child and Family Health State-wide Services Network is noted and supported.

There are several issues identified in Chapter 12: where there is general agreement. The universality of Child Health nurses, their position as 'first point of entry', the changing nature of Child Health nursing, the ageing of this professional group, the variation of numbers and their distribution across the country is acknowledged.

The report overlooks the work of allied health disciplines (and in Newcastle the role of medical officers) providing a range of assessment, early intervention and prevention, screening, surveillance, and treatment services for children and young people within Community Child Health/Child and Family Health services. Within Hunter New England Health Local Health District the Allied Health disciplines (Speech Pathologists, Occupational Therapists, Social Workers, Psychologists, Dieticians) are often co-located with Child and Family Health Nurses and provide extensive intervention for a range of behavioural, developmental, parenting, child protection and psycho-social issues.

To demonstrate the breadth and multidisciplinary nature of Community Child Health/Child and Family services within Hunter New England Local Health District, the following descriptions are given:

- The Kaleidoscope Community Child Health Services provided in the Greater Newcastle cluster include a range of primary, secondary and tertiary services. This includes the Hunter Child Protection and Family Counselling Service, the Level 6 Child Protection service, Out of Home Care clinics, First Steps Parenting (Family Care Cottage), Hunter Orthopaedic School, Child and Family Health team, the Sexualised Behaviour program, Sexual Assault Service, the Paediatric Brain Injury team, the Youth Health Team, Parenting and Families

NSW, Speech Pathology and EIISCA (early intervention service) as well as the Child and Family Health Nursing Team.

- In addition to the Kaleidoscope Greater Newcastle services, there are at least 32 Community Health Centres including 3 identified Child and Family Teams in Armidale, Tamworth and Taree. The Child and Family services in Armidale, Tamworth and Taree have specialist paediatric allied health staff as well as child health nurses. Across the remaining sites, Community Child and Family services are provided by Child and Family Health Nurses and generalist Allied Health clinicians who provide services to adults and children. Assessment and intervention with children and young people by generalist allied health represents a significant (though varying) portion of their work.
- In the last 2 years, Hunter New England Health has introduced 8 new Aboriginal child health programs in Armidale, Cessnock, Lake Macquarie, Moree, Narrabri, Newcastle, Tamworth and Taree. These services are funded either by the Department of Health and Ageing (New Directions Mothers and Babies) and NSW Department of Health (Building Strong Foundations) and involve a Child and Family Health Nurse and Aboriginal Health Education Officer working in partnership to deliver primary health care to Aboriginal families with newborn infants and young children. Significantly, each of these services refers extensively to allied health services for a range of developmental, speech and language, fine or gross motor, nutrition, parenting and psycho-social support.

The emphasis of Child Health Nursing and the omission in acknowledging the role of allied health disciplines working with children and young people is surprising and indicates only a partial picture of community child health services delivered in NSW. Hunter New England Health suggests that the Productivity Commission might consider expanding the current review to analyse the role of allied health disciplines in the delivery of child health services.

The report recognises the regular health checks provided by child health nurses but overlooks that a significant amount of 'other' support work occurs with vulnerable families. A review of recent data provided by 2 part time child health services (each service is funded for 3 days per week) within HNEH for the period 1 July 2010 – 30 June 2011 identified there were 109 and 75 'routine child health checks' conducted by each service. In addition, each site reported 105 and 131 'outside routine child health checks' conducted. Much of this additional support work reflects support and anticipatory guidance for parents including support and monitoring the early signs of depression and anxiety and a broad range of support for parenting issues, support with breastfeeding and nutrition, sleeping and settling techniques as well as a range of child safety and health promotion issues.

Page 218 touches on the role of Practice Nurses working General Practice who may not hold formal qualifications in children's development. In addition to this is the growing number of "clinic nurses" working in pharmacies who may be viewed as equally skilled and more accessible than Child and Family Health Nurses employed by Local Health Districts. The level of clinical governance informing the practice of pharmacy nurses is not well understood.

Hunter New England Health views Child and Family Health Nurses as an integral, highly valued and a dynamic part of the broader Community Child Health services but emphasise they are one part of the broader workforce system of delivering health care to children, young people and families.



Yours sincerely

Prof Trish Davidson

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Hunter New England Local Health District

cc. Mr Michael DiRienzo, Chief Executive, Hunter New England Local Health District.

