

Apologies for my penmanship 'fwi

31 AUG

28 August, 2011

The Productivity Commission

Early Childhood Development

Workforce Study,

Melbourne.

To whom it may concern.

I read with utter dismay the current draft report and recommendations being proposed to the "Child Health" workforce. My submission will focus on items 12.2 and 12.3 regarding the role of Victoria's "Maternal and Child Health Nurses" in the provision of services for children and their families.

Your report incorrectly and dangerously reframes the title of "Maternal and Child Health Nurses" as a position which goes on to assume that the role of the current MCHN consists only of child health assessments for which midwifery is not necessary. The report fails to acknowledge the dynamic and highly educated MCHN workforce as vital and highly educated professional who is skilled to extensively examine, consider and work with systemic influences that impact on child health, development and well being from a primary health model; 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 support and 'good enough' government 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 to existence, since there is no continuity of being; instead the personality becomes built on the basis of reactions to environmental impingement." (Winnicott, 1960)

My name is Sue Whitehead I have been a Registered Nurse for 45 years and a Midwife for 44 years a practicing Maternal and Child Health Nurse for 32 years. My knowledge skills and competencies are founded on the above training; I have continued my education since then to update to tertiary qualifications of Bachelor of Applied Science Advanced Nursing from Monash University in 1991, and a Graduate Diploma of Mental Health Sciences (Infant and Parent Mental Health) from University of Melbourne in 1997. I have worked in city, isolated rural and urban areas and am currently employed back in the city at the Victorian Government Maternal and Child Health Telephone Line Advisory Service. Here I use all my skills listening, empathising, respecting, quietly questioning, guiding, supporting, containing, intervening, and referring for appropriate care for the benefit of the mother/parent infant/child dyad.

I hope the above demonstrates that MCH nurses work with families in a much broader framework, thinking in much more strategic ways about the social context of the infant's world; and work with whilst 'containing' the infant and his parents. An infant /child cannot be adequately assessed in isolation. As parents we experience a continuum of emotions, many associated with pregnancy and childbirth, loss/death and grief. Without midwifery experience how can a "Child Health" nurse adequately 'contain' any parent and child?

I ask that you appreciate the breadth of our knowledge, skills and competencies and review your recommendations in regard to our role in ensuing best practice for Infant and Child health and wellbeing. I received a minimal government scholarship to study for my Infant Welfare Certificate which helped me greatly. These scholarships should be ongoing for quality care outcomes.

Your focus on our role to provide 'health assessment outcomes' is narrow and fails to appreciate the depth of service and skills we currently offer; our knowledge and the capacity required in our **Victorian universal service** provides for a significant and essential role in enabling infant and family health and wellbeing.

I ask that:

- You don't fragment our role

-examine and consider existing literature which provides extensive evidence of how families value our **unique service in Victoria** and the **accuracy of our referrals** made on behalf of families

-appreciate the value of General and Midwifery registration prior to Maternal and Child Health practice as stated by **Nursing and Midwifery Board of Australia Certificate of Registration**.

Yours sincerely,

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