Future Challenges and Rewards for the Enhanced Maternal and Child Health Service

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Enhancing the life chances of Australia’s most vulnerable children through:
research and strategic evaluation
professional education
communication and advocacy
Looking back to see ahead ..

Let us honour the rich legacy of the Maternal and Child Health Service in Victoria, from the vision of the founding mothers in the early twentieth century to the achievements of today. Only by drawing on an understanding of what has made such success possible, will we face the challenges of the future.
Key elements in success of MCHS

• Inspiring and visionary leadership
• Strong public health foundation
• Universal access
• Community respect and acceptance
• State and local government partnership
• A profession with the values, knowledge and skills to adjust to the challenges of changing times
Current Challenges

• To resource both primary and secondary prevention
• To address increasing complexity of problems eg child maltreatment, parental substance abuse/mental illness, housing
• To maintain a focus on the social determinants of health and well-being
• To work closely with other services
• To sustain relationship-based practice
Universal Prevention for all Children/Families

Targeted Prevention and Intervention for Vulnerable Families

Children in need of placement

- Disability
- Families at risk of breakdown
- Special Educational Needs
- Behavioural Problems
- Complex health needs
- Mental Health Issues

Child Protection Intervention
Challenge of resourcing primary and secondary prevention

Trends in several countries to shift maternal and child health or health visitor services from being universal primary prevention services to targeted secondary prevention services. Ultimately this runs the risk of stigmatising the service and reducing its capacity to have a population level impact.
Increasing complexity of problems

• Indications that we are witnessing an increase in complex psycho-social problems such as parental substance abuse, mental illness, domestic violence, child abuse and neglect, imprisonment.

• Of these parental alcohol abuse is probably the largest and least recognised.
Parental Alcohol Abuse

In Australia 13.2% of children (451,621) live in households with at least one adult who regularly binge drinks (Dawe et al, 2006).

Alcohol abuse is involved in approximately 50% of child protection cases in most English speaking countries and is strongly associated with family violence.
Number of children aged 0-17 years in out-of-home care, nationally, 30 June 1997 to 2006
Interrelated nature of problems such as

Low birth weight
Child abuse and neglect
Child behaviour problems
Low literacy
Non-completion of school
Juvenile crime
Drug use
Teenage pregnancy

Durlak (1998) Common risk factors and protective factors in successful prevention programs, American Jnl of Orthopsychiatry, 68, 512-520
Common Risk Factors

• Poor early parent-child attachment
• Low peer and school connectedness
• Little social support
• Parental poverty

Durlak (1998) Common risk factors and protective factors in successful prevention programs, American Jnl of Orthopsychiatry, 68, 512-520
Policy Direction

Increasing interest in population-based, whole-of government strategies of primary, secondary and tertiary prevention, to address inter-related risk factors early in the causal pathways. The enhanced maternal and child health service has a special role to play in this.
To achieve this we need to:

• Transform traditionally child centred services so that they are family centred eg maternal and child health service, early childhood education and care, schools

• Transform traditionally adult-centred services so that they respond to parenting roles and children eg adult mental health, family violence, drug treatment services, corrections
To work closely with other services

We need to address the challenges to inter-agency and inter-professional collaboration:

• Inter-organisational
• Intra-organisational
• Inter-professional
• Inter-personal
• Intra-personal
Relationship-based practice

At the very heart of the role of enhanced maternal and child health nurses is relationship-based practice with parents. This requires:

• Nurses with the prerequisite values, knowledge and skills
• Supportive organisational structures and processes
Evidence relating to relationship qualities in psychotherapy

(Lambert, 1992)
So how does the enhanced maternal and child health service:

• Ensure its practice is based on evidence of effective interventions?
• Address the protective and vulnerability factors in the social environment (eg social support, links to education, housing, employment)?
• Sustain relationship based practice?
• Nurture hope?
Hope in an era in which the spirit of the age is one of fear and despair..

“Institutions of hope refer to sets of rules, norms and practices that ensure that we have some room not only to dream of the extraordinary but also to do the extraordinary.” (Braithwaite, 2004).
And the rewards?

If we are to meet these challenges, the rewards for children, families and communities will be bountiful...