Reflections on *The Journey*

I was very privileged to be invited to attend the MCaFHNA Conference, taking part in workshops, presentations and meeting some fantastic colleagues. A special privilege was to be asked to offer some reflections on *The Journey* at the close of the conference and this short article shares some of those reflections.

Nurses are central to the “public health journey” and we considered this journey over time, over the world and, of course, through the life course and getting the best start for all our children. The evidence is clear that investing in maternity and the early years enables the best chance of a healthy and happy life; where every person will have an opportunity to fulfil their potential, and where we will see population health outcomes improve and health inequalities reduce.

The conference brought to life our shared purpose in the mission of “Best Start” and enabled us to consider the maternity and childhood journey as one underpinned by the values of respect and relationships. These values were powerfully articulated in words like “the baby as a precious gift” and “respecting our environment so that it is one which welcomes our children” and demonstrated through behaviours like care, continuity and collaboration.

Organisations such as the WHO, International Council of Nurses and International Council of Midwives have described the potential nurses and midwives to be a “vital resource for health” and a “vital force for change”. During the MCaFHNA Conference, we heard fantastic examples of how this “vital potential” is being achieved and of the opportunities for the future. Our journey to be “the best workforce we can be” is driven by applying evidence, continuing education and compassionate practice and leadership.

We can describe this as “A Journey from and to…”

In Western societies, we are moving from a public health world where the main challenge was communicable disease to one where this challenge is about non-communicable diseases, like obesity. We are moving from models of leadership based on hierarchy and status to ones of distributed leadership based on relationships, effective partnerships and influence at all levels.

During the conference, we heard some excellent examples of the journey from care and service models where a risk paradigm is prominent to one based on assets and from "telling and doing unto" towards conversation and co-production. We saw how this has moved us from describing communities as hard to engage to approaches where with communities we co-design accessible relevant services and how this moves us from topic/illness-based services to developing holistic care and building healthy places.

In order for nurses’ and midwives’ “vital potential” to be fully realised we need to move from a situation where the prevention and the population health role of all nurses and midwives is “invisible” to ensuring it is embedded in all practice and to make this highly visible. We need to be confident in our skills in building relationships and partnerships and seize new leadership opportunities for change that benefits our children, families and communities. We heard that much has been achieved but there is much to do and how we need to move from incrementalism to radical transformation, leveraging new technologies. The passion of the MCaFHNA nurses and midwives to give all children and families the best start on their life journey will be a vital component of this transformation.

Viv Bennett
Director of Nursing,
Public Health England,
Principal Advisor on Public Health Nursing.
Copyright of Australian Journal of Child & Family Health Nursing is the property of Cambridge Publishing and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder’s express written permission. However, users may print, download, or email articles for individual use.