

**Productivity Commission
Education and Training Workforce: Early Childhood Development**

Victorian Association of Maternal and Child Health Nurses Submission

The Victorian Association of Maternal and Child Health Nurses would like to provide some comments in relation to the education and training of the Early Childhood Development workforce, particularly in regard to Maternal and Child Health Nurses in Victoria.

What are some other examples of integrated and co-located services? What are the benefits and limitations of integrating and co-locating ECD services?

In Victoria, maternal and child health nurses are increasingly being located in centres that are co-located with other Early Childhood Services such as Kindergartens and Childcare. The model of service delivery for the MCH program in Victoria is moving away from isolated, one nurse centres to centres that have more than one maternal and child health nurse and where possible other ECD services. This provides a supportive and safe environment for maternal and child health nurses, improves job satisfaction and enhances clinical practice with debriefing and reflective practice opportunities. Additionally, there is the important aspect of collaborative practice with other services which can improve outcomes for children and families. The co-location of ECD services that includes allied health professionals further enhances opportunities for clinical discussion and appropriate and timely referral.

What characteristics describe the child health and family support workforces — in terms of demographics, wages and salaries, working conditions, employment status, staff turnover, unfilled vacancies, and job satisfaction?

Whilst the maternal and child health nurse workforce is aging, the Municipal Association of Victoria (MAV) along with the Department of Education and Early Childhood Development (DEECD) have been active in developing strategies for recruitment and retention of staff in the workforce for several years.

In 2002, an assessment was undertaken by the Department of Human Services to determine the current and future requirements for the Victorian Maternal and Child Health (MCH) nursing workforce. The MCH Nursing Workforce Assessment was undertaken in response to stakeholder concern regarding the current and future availability and demand for nurses to provide local government MCH services. This included local government, the Municipal Association of Victoria (MAV), MCH nurse coordinators and regional departmental officers. In response to this assessment workforce strategies were developed in 2004. Some of the strategies included scholarships for post graduate studies in maternal and child health these are now available from DEECD as well as many local governments. As a result of the implementation of the strategies there are about 80 students completing post graduate courses to qualify to work in the field of maternal and child health nursing every year in Victoria, more than 75% choose to apply for and gain employment as a maternal and child health nurse.

There is high job satisfaction for maternal and child health nurses as well as a high retention rate in many of the municipalities in Victoria - salaries, working conditions, status and professional development opportunities contribute to this outcome. Enterprise Bargain Agreements in Local Government contain various positive conditions of employment for maternal and child health nurses – these have been fought for long and hard over a number of years with the support of the ANF (Vic Branch). Some of the conditions include mentoring programs for new graduates, allocated professional development days, regular clinical supervision, salary structures for career development and qualification allowances for further studies.

Maternal and child health nurses in Victoria may also be employed to provide a telephone support and advice services as operated under direct funding from the Department and Education and Early Childhood Development. The Maternal and Child Health Line is an adjunct service which maintains strong links to the Universal MCH Service.

There are other opportunities for employment in Early Parenting Centres and Community Health Centres. These employers also offer desirable working conditions for maternal and child health nurses in Victoria thus offering a variety of employment options

Department of Human Services. (2004). *Maternal and child health service nursing workforce strategy*. Department of Human Services, Victoria.

***What data collections provide information on the ECD sector and its workforce?
How might these data collections be improved?***

The MCH services staff profile in 2006-2007 showed that 25% of the maternal and child health nurse workforce was over 55 years of age. The distribution of the workforce was 22% <45 years of age; 52% aged between 45 & 55 years. Whilst information is provided annually on workforce demographics by all local governments in Victoria, the information has not been published since 2006-2007.

More information could be collected on the retention of staff for each municipality.

Department of Human Services. (2007). *Maternal and Child Health Services Annual Report-Staff Profile 2006-2007*. Department of Human Services, Victoria.

What factors affect the demand for, and the skills required of, the child health workforce?

The Victorian Maternal and Child Health Nurse workforce has evolved, responding to client need and recently a new evidence based program model of service delivery, with education being developed over time to adequately prepare for such challenges. Today, Victorian Maternal and Child Health Nurses undertake comprehensive post graduate education in preparation for practise in this specialised area. In addition to registration as a General Nurse and Midwife, Victorian maternal and child health nurses must complete as a minimum a Graduate Diploma in Nursing (with studies in Child, Family and Community Health Nursing). However, there is also the scope for further education and it is increasingly more common for nurses to complete a Masters Degree in Child, Family and Community Health Nursing.

Nursing as the educational basis provides the maternal and child health nurse with comprehensive knowledge of both male and female anatomy and physiology, psychological maturation and growth throughout the life cycle. A nurse must understand health and sickness from a medical, nursing and social perspective. This includes the ethical and scientific foundations of the nursing discipline and its professional function. Use of the nursing process aids the nurse in caring for families in the community, recognising that families do not exist in isolation from the broader social determinants of health and wellbeing. The increasing prevalence of chronic disease further impacts on families, and nurses need to be competent in early detection and management of mental, physical and emotional ill health.

Midwifery as a post graduate qualification further enhances the nurse's practice as it encompasses the needs of the mother and baby, family, significant others and community, as identified and negotiated by the woman herself (ANMC, 2006). The maternal and child health nurse understands the mother's pregnancy and birthing experience and this enables a holistic approach to care in the postnatal period. When complications or difficulties occur, the nurse's midwifery background assists in contextualizing her treatment and ongoing care. The post natal period extends for about six weeks during which time mothers are cared for in the community by a maternal and child health nurse. Midwifery knowledge provides a platform from which a mother's physical and emotional health is monitored and managed. Nurses with midwifery qualifications are appropriately educated to support families in the transition to parenting and breastfeeding, both major areas of focus for the maternal and child health nurse in this early post natal period.

Many nurses also hold additional qualifications in such areas as mental health nursing, counselling, family planning, breastfeeding, health promotion and immunisation.

Further tertiary education equips the maternal and child health nurse to work in the community offering a universal non- judgmental public health service. Maternal and child health nurses monitor the health, growth and development of children from birth to school age. The focus of this primary health service is health promotion and prevention and early detection of diseases and /or disorders.

Through family centered practice which engages families in a partnership, the nurses work to support parenting skills and improve developmental outcomes.

This specialised education ensures competence, and informs our practice in a wide range of areas, including:

- a thorough understanding of the social determinants of health
- a thorough understanding of the impact of health promotion on child and family outcomes
- physical and emotional assessment of infants, children, mothers and families.
- developmental assessment of infants and children
- recognition of illness
- a thorough understanding of the impact of illness and disability
- understanding of pregnancy and birth
- transition to parenting
- the ability to offer guidance of parenting
- community strengthening strategies
- a thorough understanding of building social capital

It is the complexity and variety of challenges along with the various activities that encompass the role of the maternal and child health nurse that provide high job satisfaction and retention in the workforce. For maternal and child health nurses to competently provide the care required for families and children today, they require the current level of education, experience and expertise in this specialised field. This pathway to maternal and child health nursing provides career progression opportunities as well as the skills and ability to work with families in a changing environment of complex issues.

Maternal & Child Health Nurse Position Statement; Maternal and Child Health Special Interest group ANF Vic Branch 2007.

Maternal and Child Health Service Program Standards: Department of Education and Early Childhood Development 2009.

Australian Nursing & Midwifery Council (ANMC). (2005). *National Competency Standards for the Registered Nurse*.

Australian Nursing & Midwifery Council (ANMC). (2006). *National Competency Standards for the Registered Midwife*.

Australian Nursing & Midwifery Council (ANMC). (2008). *ANMC continuing competence framework*.

How will increased fertility rates, changing family structures, the introduction of paid parental leave and other demographic, social and policy factors affect the demand for ECD services and ECD workers?

The Victorian Maternal and Child Health Service is a universal service for all Victorian families with children from birth to school age. There is a schedule of consultations at ten key ages and stages, as well as additional support through groups and other activities to promote healthy outcomes for children and their families. The provision of the MCH Service is in partnership with the Department of Education and Early Childhood Development (DEECD), the Municipal Association of Victoria and local government. The funding for the service is provided by both the Department of Education and Early Childhood Development and Local Government.

Local Government has the responsibility for delivering the program in accordance with the Memorandum of Understanding between the Municipal Association of Victoria, representing Local Government Authorities and the Secretary to the Department of Education and Early Childhood Development. The Memorandum of Understanding is a statement of agreed principles governing the partnership between State and Local Government and involves planning, funding and provision of the MCH Service.

Victoria has already experienced an unprecedented increase in births in the last few years. The Victorian Maternal and Child Health Service have been able to respond to the growing demands due to the initiatives implemented for recruitment and retention of the workforce. The model of service delivery offers a universal component as well as flexible components to meet the needs of local communities and to provide additional services for vulnerable families. In addition to the agreed funding of the MCH service, Local Governments may provide additional resources for the MCH Service to respond to the needs of their local communities. This partnership approach to delivering MCH services allows for greater flexibility and opportunities to provide appropriate services for children and families.

Statewide Outcomes for Children Branch. (2007). A preliminary investigation into the recent increase in birth notifications in Victoria. <http://www.office-for-children.vic.gov.au/statewide-outcomes>

To what extent are qualification requirements a barrier to entering the ECD sector?

The main barrier in gaining the qualifications to practice as a maternal and child health nurse is the cost of the University courses. The qualifications required are necessary to practice competently in this specialised field of nursing. In Victoria these qualifications are a requirement according to the MCH Program Standards set out by DEECD. Whereby the delivery of the MCH Program is to be provided by maternal and child health nurses with current registration with the Nursing and Midwifery Board of Australia (NMBA) as both a registered nurse and a registered midwife and to also hold recognised qualifications in maternal and child health nursing.

(Note that university based post graduate MCH education replaced the former Infant Welfare certificate. All nurses holding either a certificate or graduate diploma from an accredited course were eligible for registration with the former Nurses Board of Victoria).

As noted previously, this provides career progression opportunities.

Department of Education and Early Childhood Development 2009, *Maternal and child health service program standards*, Programs and Partnerships Division, Melbourne.

How appropriate are the qualifications required for entry into various ECD occupations? Do differences in qualification requirements restrict workers' ability to move between jurisdictions or ECD sectors?

The qualifications for maternal and child health nurses in Victoria are appropriate for the expectations of the role in working with children and families to achieve optimal health outcomes.

Other jurisdictions in Australia do not require midwifery as a prerequisite for study or the same level of education that leads to practice in maternal and child health nursing. Some may view less educational requirements as an opportunity to increase the workforce; this has not been proved to be the case in other jurisdictions where recruitment and retention is a greater issue than in Victoria.

A number of research studies reviewed by Kearney, York and Deatrick (2000) identified positive outcomes for families particularly when the nurse was well educated and programs were focussed on building a trusting relationship like the Victorian MCH Service model. The researchers found that the most effective home visiting programs, like the Enhanced MCH Service in Victoria, included nurses with advanced education. The longstanding and rigorous twenty year longitudinal research by Olds, Robinson *et al.* (2004) found the benefits for mothers and children were significantly greater in the families visited by nurses with a degree in nursing and experience in community or maternal and child health nursing compared to home visitors without formal qualifications. These studies support the need for the current qualifications required to be a maternal and child health nurse.

To have lesser qualifications would undermine the nurse's ability to competently deliver a MCH program that is currently held in high regard for the outcomes that are achieved for children as well as the high standard of care in dealing with the complexities of parenting today. This is supported by the evaluation of programs delivered by lay home visitors that found issues relating to the lack of qualifications and experience to effectively deliver the program (Woodgate, Heaman, Chalmers and Brown, 2007).

Kearney, M., York, R., & Deatrick, J. (2000). Effects of home visits to vulnerable young families. *Journal of Nursing Scholarship*, 32(4), 369-376.

Olds, D., Kitzman, H., Cole, R., Robinson, J., Sidora, K., Luckey, D., et al. (2004). Effects of nurse home-visiting on maternal life course and child development: Age 6 follow-up results of a randomized trial. *Pediatrics*, 114, 1550-1559.

Olds, D., Robinson, J., Pettitt, L., Luckey, D., Holmberg, J., Ng, R., et al. (2004). Effects of home visits by paraprofessionals and by nurses: Age 4 follow-up results of a randomized trial. *Pediatrics*, 114, 1560-1568.

Woodgate, R., Heaman, M., Chalmers, K., & Brown, J. (2007). Issues related to delivering an early childhood home-visiting program. *The American Journal of Maternal/Child Nursing*, 32(2), 95-101.

Are in-service training and professional development programs meeting workforce development needs? Are there barriers to ECD staff accessing training and development programs? If so, how could such barriers be overcome?

Victorian maternal and child health nurses have the opportunity to attend conferences sponsored by DEECD & MAV. These conferences were developed as a result of a professional development needs analysis of the MCH workforce. They continue to provide appropriate clinical and program updates. DEECD provide additional training as required.

DEECD also provide a 2 day workshop for MCH Nurse Leaders.

Enterprise Agreements may also include an allocation of time for maternal and child health nurses to attend professional development.

Local Governments or employers may also provide training/professional development opportunities. The barrier to accessing training and professional development is time from busy diaries. When there is an influx of births there may not be time available to attend and there may not be sufficient relieving maternal and child health nurses to cover the nurse's position whilst attending the training etc.

Other resources are available via the DEECD website to support the maternal and child health nurse i.e. practice guidelines.

Conferences can be accessed on-line via the webcasts provided by MAV.

Department of Education and Early Childhood Development *Maternal and child health service: Practice Guidelines 2009*, Programs and Partnerships Division Office for Children and Early Childhood Development, Melbourne.

In conclusion

Maternal and child health nurses work as autonomous specialist nurses in the community. They have the competence to provide safe and competent nursing care, based on sound decision making. Such competence is underpinned by extensive comprehensive and specialist nursing and midwifery knowledge.

By supporting mothers and their partners in the transition to parenthood, healthy communities are created for children.

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