

Submission to the Productivity Commission, Early Childhood Development Workforce Study, Draft Report (June 2011)

My submission is limited to Chapter 12 of the Early Childhood Development draft report, and the "Child Health Workforce".

My name is Wilma Hills and I have practised as a maternal and child health nurse in Victoria for 25 years. I have worked in rural, regional and metropolitan locations, including Cobram, Echuca, Shepparton, Mooroopna, Toolamba, Tungamah, St James, Hampton Park, Seymour, Kilmore, Frankston and Mulgrave.

I am registered as a midwife and nurse with the Australian Health Practitioner Regulation Authority.

I completed my General Nursing Certificate at Albury Base Hospital in 1972 and completed my Midwifery Certificate at Preston and Northcote Community Hospital in 1973. Additionally, I completed my Diploma of Applied Science (Community Health Nursing) at Phillip Institute of Technology in 1983.

Re draft recommendation 12.2 **Scholarships for postgraduate study in child health nursing may encourage a small number of additional nurses to obtain qualifications in child health or to practice in areas of high demand. The cost effectiveness of scholarships as a method of achieving this goal should be assessed by governments before any expansion of scholarship programs:**

It may be the author's view that only a small number of additional nurses may be encouraged to obtain qualifications in child health or to practise in areas of high demand, but where is the evidence?

As for cost effectiveness, I quote from the Victorian Association of Maternal and Child Health Nurses submission: "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".

As a result of this assessment, in 2004 more scholarships were made available - surely the continuation of the availability of these scholarships offered by DEEC and local government is due to the success of this strategy?

I was fortunate to be able to complete my diploma over 2 years at minimal cost, which influenced my decision to become a MCH nurse, due to my personal circumstances.

I was in my early thirties, with 2 young children, married to a soldier who had health difficulties associated with his service in Vietnam.

If fees were on a par with the current situation, my financial situation would have been a barrier to undertaking the course necessary to practise competently in this role.

Therefore I support the continuation of scholarships for postgraduate study in child and family health nursing.

The need for scholarships will be even higher if as mooted in the current political climate, postgraduate students are denied access to the Higher Education Scheme.

I agree with recommendation 12.1 that **to ensure the cost effectiveness of child health services and better inform consideration of future child health workforce needs, state and territory governments should seek to improve the evidence base for child health services, in particular to determine the optimal number and timing of child health checks.**

In 2006 the Victorian Department of Education and Early Childhood introduced the 10 Key Ages and Stages (KAS) framework and in 2009 rolled out the revised KAS framework. "The new framework set out new evidence based activities for each of the ten age and stage visits with additional emphasis on health promotion across a range of domains that address both maternal and child health and wellbeing" (Maternal and Child Health Service: Practice Guidelines 2009).

In 2009 training for maternal and child health nurses in Victoria included presentations on the use of PEDS (Parents Evaluation of Developmental Status).

In the PEDS booklet, supplied to parents, Dr Estelle Irving, Senior Research Fellow/Senior Project Officer, Centre for Community Health, Royal Children's Hospital, Melbourne, is quoted as saying "research tells us that sharing your concerns about your child can help your Maternal and Child Health nurse understand your child better, and may also help pick up any problems early on".

As far as I am aware, there has been at least one KPMG evaluation of Key Ages and Stages.

Recommendation 12.3 of the draft report **In order to reduce unnecessary obstacles to attracting new child health nurses, state and territory governments should not require child health nurses to have qualifications in midwifery in addition to their qualification in nursing and in child health..**

I believe that this recommendation would reduce the quality of the Victorian MCH nursing service, which in no small part, is dependent upon the robust qualification requirements and educational preparation of Victorian MCH nurses.

The early brain development of a child, particularly in the first 3 years, is impaired if the interaction between parent and child is suboptimal.

Healthy interaction between parent and child stimulates brain development in both.

As a midwife I have seen the unfortunate effects of puerperal psychosis and postnatal depression on the family, and I am sure that this experience has assisted me in detecting emotional health problems in the mother as a maternal and child health nurse.

Early recognition and treatment of emotional and psychological problems in the mother is needed to reduce the impact of these conditions on the child's development.

Re draft recommendation 12.4 **In areas where children are unlikely to have access to a child health nurse, other health professionals, such as remote area nurses and Aboriginal health workers, should receive training in child health:**

I agree that it would be good for these health professionals to have training in child health, but also that efforts be made to attract highly qualified nurses to these areas by providing incentives such as those offered to general practitioners.

Again, scholarships to upgrade qualifications are important to assist with the removal of financial barriers to study experienced by nurses living in remote areas.

In addition to my comments I would like to endorse the submissions made to the Commission by the Australian Nursing Federation, Victorian Association of Maternal and Child Health Nurses and Helene Rogers.

I thank the Commission for the opportunity to comment on the draft report.

I am disappointed however at the lack of consultation undertaken by the Productivity Commission with Victorian MCH nurses.

I trust that the quality of the Early Childhood Development Workforce is maintained or improved by the final recommendations of the Productivity Commission, as young

children are the most vulnerable members of our society, and deserve the best care and services to be provided for their healthy future.