Submission to Productivity Commission

Introduction

My name is Helen Watson and I am a practising Maternal and Child Health Nurse with over 15 years experience. I have been employed for over 8 years as Team Leader to manage the Council's Maternal and Child Health Program. We have 2000 birth per year and enjoy high participation rates across the Victorian framework of 10 Key Ages and Stages. We also offer dedicated support in breastfeeding, early parenting workshops and postnatal depression. We employ 23 MCH nurses working part time with an effective full time rate of 15.2

I am registered as a general nurse and a midwife with the Australian Health Practitioner Regulation Authority. I completed a hospital based certificate in the 1970s and an English midwifery certificate in the early 1980s. I returned to Australia and completed a Diploma in Community Nursing. In the 1990s I completed a graduate diploma in Child, Family and Community nursing and qualified as an internationally qualified lactation consultant. Later, I completed the Victorian Nurse Immuniser Certificate and an Advanced Diploma in Business Studies

I have worked in various areas of nursing including emergency and aged care as well as maternal and Child Health. I have worked aboard.

Overview

My submission is limited to Chapter 12 of the Early Childhood Development Draft Report and what is termed the 'Child Health Workforce"

I find the recommendations 12.2 and 12.3 particularly worrying.

'Dumbing' down a work force is an unusual precedent.

Each component of the prerequisites of Maternal and Child Health qualifications enables the nurse to build trusting relationships to support children through supporting mothers and their families. Obviously the report does not question the qualification as general nurse, division 1, but questions the necessity of midwifery. I find this frustrating. Generally the mother holds the health of her family but her own health issues need to be addressed to do this. Since the beginning of the human race women have had ongoing health issues once they have birthed. Often families with young children have very tight budgets and seeking health professional services is not always prioritised in the family budget. Combining the universal platform with free access allows all families to seek information and support within a non judgemental framework. My experiences as a practitioner and manager of the Maternal and Child Health Services through a number of settings, strongly reinforces this argument.

Using appropriately qualified professionals at entry points to the service system promotes better use of secondary and tertiary services. Using the universal platform, vulnerability can be identified without sigma and the family engaged in meaningful support to improves outcomes for our children and the country's future. Meaningful support requires the professional to use a myriad of skills and professional body of evidence to facilitate engagement

I strongly support the scholarship as a recruitment strategy

I manage the Councils scholarship program or offering 2 scholarships per year over the last 10 years. It has been one of a number of successful strategies to address the Councils MCH work force issues. Currently there are no vacancies unlike 5 years ago where there were permanent vacancies and recruitment was extremely competitive.

Draft recommendation 12.3

I am strongly opposed to removal of midwifery as a qualification prerequisite for MCH nurses and understand that my qualification in midwifery has provided me with the knowledge and skills to practice as a MCH nurse. Rather than a barrier, I would argue that it is an essential component of the necessary

qualifications as is general nursing. Working in the community often in isolation, I can recall numerous situations both in my supervisor capacity and in my personal experience where midwifery qualification and general nursing provided the critical body of knowledge to address the arising issues.

Drawing from my own person experience in the field, I recall home visiting a family on day 5 where the woman was discharged form hospital on day 2 from hospital following the delivery of her baby. With routine questioning she told me she was bleeding but did not want to tell her family as she did not want to go back to hospital. Careful evaluation of her blood loss calling on my midwifery experience caused me to persuade her to consult with her family and her doctor to have her readmitted for a medical procedure to cease the bleeding. She also needed a blood transfusion and much support to breastfeed her baby.
Midwifery knowledge also addresses the new born. I visited a young mother and baby where the baby was heavily jaundiced and lethargic. Mother told me she had seen the doctor earlier that day and he said the baby was OK. I sort permission and spoke to the doctor to request an urgent review. The baby was urgently admitted to hospital and under phototherapy lights that night.
While both situations are not usual having the knowledge to evaluate the issues and redirect the woman and family back to the doctor improved the outcomes for the mother and child.
More general use of midwifery knowledge in my practice is to facilitate with the debriefing process of the woman and her family around her experiences of labour with understanding and expertise. This often allows her to move on or deal with issues as she approaches her subsequent pregnancy and delivery. Grounding in midwifery assists with understanding of disability, genetics, physical trauma and injury of labour, mental illness and postnatal depression. All these things can have long term impacts on the mother and her family. The clinician with the appropriate body of knowledge and understanding is able to offer the appropriate depth of support. I am please I can offer my clients this knowledge. As a manager of the MCH service, I know it is important to have highly qualified staff with appropriate qualifications and the breath of life experience to support families through their parenting experiences.

In response to Recommendation 12.2

I have copied some background taken from a Council Report. The scholarship program has been a very successful strategy for this Council where surrounding Councils continue to struggle to attract staff.

Background:

In 2002, a MCH Workforce Taskforce was established by the Department of Human Services to address a state-wide shortage of Maternal and Child Health Nurses which was having a direct impact on service delivery and resulting in permanent nurses having a higher workload then tolerable due to inadequate staffing levels. In 2003, DHS did a workforce analysis of the Maternal and Child Health Nurses who worked in local government to determine the current and future workforce requirements. The findings revealed current and predicted future workforce shortages of Maternal and Child Health Nurses particularly in the rural areas. A number of key strategies were identified in 2004 from the findings of the workforce assessment to address the predicted deficit supply of Maternal and Child Health Care Nurses including:

Strategy 1. Recruitment strategies aimed at improving the supply of local government MCH Nurses including the development of the scholarship program, re-entry courses, university open day programs and marketing programs aimed at stimulating interest.

Strategy 2. Retention strategies aimed at improving the retention of local government MCH Nurses including improved reflective practice and the development of preceptor roles and models to manage competing work demands

Strategy 3. Labour market strategies aimed at improving the long term supply of local government nurses including a review of the range and extent of the services performed by MCH Nurses in local government MCH services, career path development and the provision of adequate education places

Strategy 4. Service provision strategies aimed at introducing aspects of the Governments Children First policy.

As a result of these strategies, the Maternal and Child Health Workforce Project to support recruitment and retention was developed by representatives of the MCHN DHS/MAV Maternal and Child Health Service Improvement Implementation Advisory Group. The aim of this project was to address the current and projected deficit of MCH nurses in local government settings by:

- monitoring the re-entry program uptake and subsequent placements within the local government MCH Service
- actively raising the profile of MCH Nursing within the local government particularly in rural areas
- developing approaches within local government, which will assist new graduates in their transition and early phases of employment, and also improve the retention of MCH nurses in local government
- Identify strategies to support local governments to improve the availability of MCH nurses for permanent relief positions, particularly in rural communities.
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As a result of this task force the MCH services in the Southern Metropolitan Region annually offer financial scholarships to midwives undertaking post-graduate studies in Child & Family Health.

By the completion of 2010, this Council have sponsored eighteen midwives to undertake MCH studies and are now in the unique position of having MCH students' graduating with no permanent positions to offer. Whilst some MCH graduates find positions with other municipalities, many go back to the hospital system for job security. Analysis of present staffing shows that the council will again experience shortages due to natural attrition in the next three to five years. Sponsored students have no contractual obligation to the sponsoring council and with no current vacancies new strategies need to be developed to retain council's investment in the future workforce of the service.

In line with strategy 2, a partnership was developed to deliver a mentoring program within existing budgetary constraints of the three municipal MCH services. One of the selection criteria for the sponsorship program was that they lived in the municipality. The graduating students indicating they would like to work locally due to family commitments, was a driving force behind the concept of a joint graduate program.

In 2011, a 'loosely' structured Graduate Program using action research framework is being offered to first year MCH graduates, aimed at providing support, blocks of centre time with an experienced MCH nurse preceptor, clinical supervision & mentoring as a group; across the three local government MCH services.

Conclusion

I thank the commission for considering my comments. However, I am surprised and concerned at the limited consultation undertaken by the Productivity Commission with Maternal and Child Health nurses in Victoria with no public meetings scheduled. I would appreciate the opportunity to attend.

I also hope that your final recommendations do not undervalue the quality of support that families with young children need and deserve as they struggle with parenting in our ever changing world. Highly qualified nurses working in the community have proven to be successful accepted to walk with and support families.