

**Early Childhood Development Workforce
Productivity Commission – Draft Research Report**

Victorian Association of Maternal and Child Health Nurses Comments

Thank you for the opportunity to further comment on the Draft Research Report. The Victorian Association of Maternal and Child Health Nurses are particularly concerned with some of the draft recommendations in *Chapter 12 Child health workforce*.

DRAFT RECOMMENDATION 12.1

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.

The Victorian Association of Maternal and Child Health Nurses agree that there is a lack of research not only regarding the optimal number and timing of child health checks but also in the effectiveness of child health services as was noted on page 221. Surely your recommendation should more clearly articulate how this should be achieved. Funding for appropriate research should be a key recommendation. However the focus of the report on the number and timing of child health checks fails to recognise that the service is not limited to child health checks – health promotion, health education and maternal health and well-being are also major components.

National data collection should focus on child health outcomes as well as other benefits and health outcomes for families. Information technology systems to collect this information should be developed and funded. The ACIR is an excellent example of nationally consistent data regarding a public health outcome for children.

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.

The Victorian model has been successful in recruiting staff in areas of workforce shortage with some municipalities redirecting funds from advertising for staff to providing scholarships. The Victorian Government have clearly identified that scholarships are a worthwhile incentive and has expanded the program in the past 12 months. The report notes on page 229 that there is insufficient data regarding the success of the scholarship program, perhaps it would be astute to gain that data before making a recommendation based on little evidence.

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.

This seems contradictory to one of the key points on page 215 'Although there are shortages of nurses in Australia and worldwide, child health nursing is a relatively attractive nursing speciality. Because of this, the supply of child health nurses is likely to increase in response to any increases in government demand for, and funding of, child health services'.

Therefore it would seem unnecessary to attract child health nurses into the profession by reducing their qualifications and expertise in a highly specialised and complex field of nursing. It would appear that one of the key factors in the attractiveness of child health nursing is related to the remuneration – with the removal of midwifery and therefore less qualifications, it would seem that it would be inevitable that the remuneration for child health nurses would decrease. Doesn't this then defeat the purpose? Surely the attractiveness of this specialty would be less and therefore create less interest which would affect the supply thus creating greater shortages?

The Victorian Association of Maternal and Child Health Nurses does not agree with this draft recommendation. The removal of midwifery and any subsequent loss of remuneration would lead to industrial action in Victoria.

With the unlikely adoption of a national framework, as noted on page 221 there would not be a requirement for standard educational requirements for child health nurses. Child health nurses are unlikely to move between jurisdictions because as noted in the report that they are generally older than other nurses, seek employment locally and are happy with their employment conditions – working hours and remuneration. Whilst child health services in other States are similar they are not the same and may require a different level of qualification to deliver their services. Victorian Maternal and Child Health Nurses are determined to maintain their qualifications because they strongly believe that all of their qualifications are essential in providing the best possible support to families to achieve the best possible outcome for children and all of their qualifications are required to competently deliver the Victorian service model.

Victoria's Maternal and Child Health is recognised worldwide because of the evidence based framework that underpins the program and the highly qualified Maternal and Child Health Nurses that deliver the service outcomes. Midwifery is one of the qualifications that forms part of the foundation of their knowledge and to remove this requirement without sufficient evidence to support this recommendation is a substantial concern of our members.

The Victorian Association of Maternal and Child Health Nurses provided information in their previous submission that outlined the importance of midwifery for maternal and child health nurses for clinical practice. Our members believe that midwifery is critical in providing safe, competent care.

The education of Maternal and Child Health Nurses in Victoria recognises the building of knowledge through the pre requisites of general nursing and midwifery. Maternal and Child Health Nurses recognise the importance of caring for the mother in the postnatal period as she recovers from the birth of the baby. It is equally important to care for and support the mother in the early weeks of transition to her new role, the health of the mother has a direct impact on her ability to care for her baby. Post-natal complications are easily recognised if Maternal and Child Health Nurses have the necessary qualifications. Maternal and Child Health Nurses care for mothers during their reproductive years and often have contact with

women during pregnancy. There are examples of Maternal and Child Health Nurses having employment in both disciplines - midwifery and maternal and child health and this could be seen as the ultimate continuity of care. It makes sense to have a qualification in midwifery as this provides greater flexibility in the workforce especially for nurses in rural or remote areas to work across all nursing disciplines. Direct-entry midwifery has provided very limited employment opportunities and excludes the opportunity to work in rural areas.

Opponents of the requirement for midwifery as a pre-requisite to child health nursing often cite the expense and length of time to complete the necessary qualifications in Victoria as a barrier to attracting maternal and child health nurses. However, removal of the requirement of midwifery in other jurisdictions has not eventuated in an increase in the number of nurses completing the course and filling the workforce shortage. Victoria has a robust scholarship system which addresses work force shortage in specific areas and despite the requirement of midwifery the courses are fully subscribed.

The report also makes the assumption that by reducing the requirements such as midwifery this could potentially increase the number of child health checks undertaken by child health nurses. Victoria, despite having the highest educational requirements, has the highest number of children receiving health checks in Australia - with 99.8% having an initial check after birth and 80-90% receiving checks during the first year of life and 63% receiving a 3 ½ year check.

Surely, this indicates that the model of service delivery and the educational requirements for maternal and child health nurses in Victoria provides the best possible service for children. Removing midwifery is not guaranteed to attract new child health nurses and other options to address this perceived barrier should be investigated.

The Victorian Association of Maternal and Child Health Nurses represents a membership of more than 300 Maternal and Child Health Nurses employed in various sectors (State and local government; Hospitals and Community Health Services). We are very concerned regarding the lack of sufficient detail and evidence to support the recommendations and the limited consultation undertaken by the Productivity Commission particularly with Victorian Maternal and Child Health Nurses. Given the universal nature of the Victorian Maternal and Child Health Service, and many formal links with other childhood services that can only lead to better outcomes for children and their families, it has been disappointing that public sittings were not held in Victoria. We would like the opportunity to share our knowledge of the service to further assist the Commission to understand the strengths of the Victorian Maternal and Child Health Service. Members of the Victorian Association of Maternal and Child Health Nurses would be happy to meet with the Commission to discuss their concerns.

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