

Thank you for the opportunity to respond to the Productivity Commission Early Childhood Development Workforce Draft report. As clinicians and educators of child and family health nurses, Chapter 12 of the draft report has elements upon which we would like to comment.

La Trobe University is one of two Victorian Universities providing education in Child, Family and Community Nursing for prospective maternal and child health nurses. We see the education of these nurses as an essential element in the primary health care of children and their families. The role of the child and family health nurse extends beyond conducting child health checks and includes a strong primary health care and health promotion focus. The significance and breadth of the role of child and family health nurses does not appear to have been adequately recognised in this report.

In addition, child protection and early intervention services have not been included in this discussion. Although they are not primary health care services, this is an important oversight that we consider could be addressed in the final report as they can also have a significant impact on the overall health and wellbeing of a large proportion of Australia's children.

Comments specific to individual recommendations made in Chapter 12 follow.

Recommendation 12.1 – To ensure the cost effectiveness of child health services and better inform consideration of future child health workforce needs ... 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.

Discussion:

We agree with the need for strong evidence on which to base child and family health services, but increasing this evidence base to an acceptable level to support changes in service provision, incorporating a national framework, will take time. In the mean time, all models should be encouraged to incorporate data collection and evaluation into service delivery to enable constructive analysis of child health outcomes into the future.

The development of the Victorian *Key Ages and Stages Framework* (DEECD, 2009) was strongly guided by the available evidence. This included an examination of the number and timing of child health check visits, as well as the activities carried out within them. Currently the *Key Ages and Stages* project is being evaluated by the Centre for Community Child Health and is in year 2 of a 3 year evaluation project. Improved data collection will further inform changes to the service. The establishment of the Australian Early Development Index (AEDI) and future analysis of their findings will also help inform this discussion.

The discussion around number of recommended visits (page 221-3) seems contradictory. Initial discussion identifies a problem of higher demand in jurisdictions that offer more visits, however these areas were later identified as using advertising to promote greater attendance at visits, suggesting nurse numbers were not as significant an issue in some areas. It is possible that the high level of engagement in the initial early visits (up to 99.8% in Victoria, according to DEECD, 2010) actually indicates that the service is relevant and effective and that families have a good understanding of how the service can benefit them. The evaluation of the Victorian Maternal and Child Health service appears to support this opinion (Department of Human Services, 2006).

The report recognises that there are some jurisdictions that do not employ adequate numbers of nurses to carry out the scheduled visits (page 222), but there is little discussion of why this might be the case, such as fewer nurses living in remote communities. The example used is taken from Western Australia, which already has one of the smallest numbers of funded visits in the country. Using this information to support a reduction in number of visits offered to families is without foundation and seems to recommend an action without any understanding of the cause of the problem, the available evidence or the impact of the proposal.

Conclusion:

The importance of ensuring practice and service provision is evidence based must be recognised. Until more data are available, particularly regarding outcomes, reducing the number of child health checks would be counter-intuitive and should not be implemented.

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.

Discussion

Scholarships to support students undertaking a postgraduate studies in Child, Family and Community Nursing are offered in Victoria. Currently scholarships are primarily offered by:

Australian Government, Department of Health and Ageing: Nursing and Allied Health Scholarship and Support Scheme: Postgraduate to support nurses and midwives to undertake postgraduate studies.

Victorian Government, Department of Education and Early Childhood Development

Local Government particularly in areas where there is an identified need for recruitment.

Provision of the scholarships and their effectiveness in recruitment are evaluated by the providers prior to allocating further funding. Targeted areas tend to be growth corridors where there are high birth rates, rural areas or lower socioeconomic areas and scholarships are offered as a recruitment strategy.

Students undertaking Child, Family and Community nursing courses do not have the opportunity to be employed in the field while studying as is enjoyed by most other postgraduate nursing and midwifery students. This adds to the cost burden as, in addition to time for study, they must also undertake clinical placement, reducing their available hours for paid employment. Most students (approx 95% of the current cohort) also have young families or carer responsibilities for older family members, further adding to their financial considerations as to whether they can undertake the course. Anecdotally, the provision of scholarships frequently means the difference between undertaking the course or not.

Students generally undertake clinical placement in the area granting their scholarship. La Trobe University experience is that scholarships provide the students with the incentive to undertake placement in areas they would not normally consider as a workplace, increasing their likelihood of working in these areas after completion of their qualification. Some scholarships bond the student to an area as a graduate, supporting their transition into the maternal and child health nursing workforce. The support of DEECD in funding scholarships may also free up resources within local government areas to support students in the transition to practice, a recognised area of need. This could be an effective strategy in areas where it is especially difficult to recruit child and family health nurses, such as rural or remote areas, particularly if it involves moving the entire family.

Conclusion:

Planning for and support of students and new graduates is recognised as an important element of recruitment, particularly to areas of greatest need, and should be encouraged. The provision of scholarships is an effective way of achieving this.

Recommendation 12.3 – 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.

Discussion:

Child and family health services vary across Australia. While some areas specifically focus on the health of the mother as an element of primary health care provision, it is not as specifically emphasised in others. Many post-partum women will not see a health professional in any capacity until the child is at least six weeks of age. The Victorian model of early and repeated contact by nurses who are also midwives with maternal and child health qualifications allows a multi-faceted analysis of the health and wellbeing of the whole family in this most vulnerable time. As articulated in DEECD policy documents (DEECD, 2009; DEECD, 2011), the primary health care role of the child and family health nurse includes care of the mother through the perinatal period of all women, regardless of whether or not she is involved in care of a child. This commitment extends beyond the initial postnatal weeks where establishment of lactation, recovery from birth and transition to parenthood are the focus. It recognises that appropriate health promotion in this phase of life requires an understanding of the dynamic nature of lactation, pregnancy, fertility, foetal development, the impact of prematurity on the mother and family as well as the child.

Education in this specialty recognises and builds on the students' previous education and experience in both nursing and midwifery, ensuring a well educated workforce skilled in all aspects of family primary health care, capable of providing the evidence based care so strongly recommended by all levels of government.

Undergraduate nursing education may provide some content related to the perinatal period or childhood health but it is often superficial and may be taught by nurses without expertise

in midwifery. This limits their ability to provide the most contemporary, accurate information available and creates the potential for inaccurate and sometimes misleading information to be passed on to students. This is particularly evident in regard to lactation where many nursing textbooks are written with a limited focus on the importance of breastfeeding for the future health of the child and the mother. The potential lack of breastfeeding knowledge in child health nurses who do not also have midwifery education is of major concern to us. If the importance of midwifery education is no longer to be recognised, it is essential that skills in initiation, support and maintenance of lactation be a key focus of any future child and family health nursing specialty education.

Nurses undergoing education at La Trobe University undertake either a Postgraduate Diploma or clinical Masters Degree in Child, Family and Community Nursing, depending on their level of prior study. Students who have completed a Postgraduate Diploma in Midwifery tend to enrol in the Masters Degree as a natural progression for their studies. Students who enrol in the Postgraduate Diploma tend to be those who completed their midwifery education in a hospital based course, rather than at University. These nurses are likely to be older, but have a greater level of clinical experience in nursing and midwifery than their peers. As identified in Draft Finding 12.1, this is not a cause for concern, just as it would not be of concern in any other area of health care where the workforce has higher levels of education and experience. Rather, it could be seen as an advantage and a logical progression in a career pathway.

Despite discussion to the contrary, there is little or no evidence that midwifery qualification is an obstacle to recruitment or that removing the requirement for both nursing and midwifery registration would increase the number of child health nurses seeking qualification. Areas of specialisation are not monitored nationally, therefore it is difficult to ascertain information about the number of nurses with specialist qualification and who are employed in the field of child, family and community nursing. An assessment of the actual qualifications of nurses currently employed in child and family health services would help inform the discussion and provide information to inform future professional development planning. Career pathways that encourage further education are likely to attract nurses into the field, rather than limit their numbers. Nursing, midwifery and child and family health focus on overlapping, but separate, aspects of health care and are specialty areas which build upon each other.

The demand for Child, Family and Community (CFC) Nursing courses at La Trobe University remains strong and the number of applications is increasing. In the past two years applications for the CFC courses have been higher than for any other postgraduate nursing or midwifery course at La Trobe University. This does not support the Commission's Draft Recommendation 12.3 or key point on page 215 that states a requirement of midwifery in addition to nursing and child health qualifications is an obstacle to recruitment.

As the Child, Family and Community nursing courses were accredited by Nurses' Board of Victoria and structured to build upon previous expertise, maintaining the graduate attributes at their current level would be difficult if the midwifery and nursing registration requirements were removed. It is possible that prospective students would need to complete a transition or bridging subject to ensure the same background knowledge in lactation and perinatal health and development as their peers, adding to the cost of undertaking the qualification and increasing the length of the course. The alternative would be to remove existing material from the content, which would impact on the knowledge and skills of the graduates.

The authors of the document claim that the requirement of a midwifery qualification will result in higher wages, yet it is not possible to ascertain this from the figures provided on page 226 (Figure 12.2) as figures are from varying financial periods. The list shows Victorian Maternal and Child Health Nurses as 3rd on the list and only \$200 *per annum* ahead of Queensland. While excluding allowances and loadings would appear to enable a more accurate comparison, it overlooks other areas of difference in real wage calculations. These factors such as salary sacrifice provisions and transfer of long service and sick leave are available to most nurses. Maternal and child health nurses in Victoria do not normally have access to these benefits, which could impact on the attractiveness of the role to Victorian nurses and deter nurses from other States and Territories from seeking employment in Victoria. The higher rate of pay for Victorian nurses has not been demonstrated in this table, despite being identified in the discussion. It may be more useful to compare the rates of pay for nurses with similar levels of qualification across the country.

There is no evidence to support the claim that demanding a midwifery qualification impacts on recruitment. In Victoria, most graduates who seek employment within the maternal and child health service find employment. The Municipal Association of Victoria Maternal and Child Health Workforce Project has the responsibility of monitoring and improving this rate.

Conclusion:

The three qualifications of nursing, midwifery and child and family health each add separately to the knowledge and skills of child and family health nurses and should be essential in all child and family health nurses. The overall recommendations to exclude midwifery can undermine and devalue the important contribution each element adds to the role and is not supported.

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 ... should receive training in child health.

Discussion:

The need for all Australians to have access to informed primary health care services cannot be understated. We recognise the difficulty this imposes in areas where nurses with postgraduate child health qualifications are scarce. We also acknowledge the value of other health professionals such as Aboriginal Health Workers in providing targeted health services to the community, particularly where access to other health care providers is limited.

The Commission acknowledges there is insufficient material in undergraduate courses to prepare nurses in undertaking child health checks.

Conclusion:

Until sufficient numbers of qualified child and family health nurses are available, the recommendation to educate remote area nurses and Aboriginal health workers in child health checks should be supported. Recognising this, postgraduate qualifications in child

and family health should be the recommended qualification for nurses caring for children in the early years.

In addition, we seek clarification of Table 12.1 in the draft report:

Table 12.1 includes a category entitled 'holds registration'. The meaning of this table is not clear as all nurses are required to hold registration with AHPRA in order to be legally employed.

As neither of the Victorian universities responsible for the education of child and family health nurses was consulted in the development of this report, we encourage the Commission to contact us if there are any areas where they feel we could be of assistance.

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