

Submission to the Productivity Commission, Early Childhood Development Workforce Draft Report

My name is Elizabeth Fraser Palk and I have worked with families in the community both in Victoria and in the UK since 1984.

I completed a three year course in general nursing in 1979, and additionally completed a fourteen month paediatric course leading to registration in sick children's nursing in 1981.

Desiring to work with families in the community I completed a twelve week obstetric certificate in 1984, an entry requirement for education in health visiting. Studying for twelve months full time at Lancashire University I gained a Post Graduate Diploma in Health Visiting in 1985.

I migrated to Australia in 1990 and found I was ineligible to work as a maternal & child health nurse in Victoria without a completing a full midwifery course.

I completed a Graduate Diploma, Applied Science, Midwifery at RMIT in 1992 and was then able to register to work in maternal & child health in Victoria.

I have since also completed a Bachelor of Nursing, Post Registration, at Monash University in 1995.

I am a registered nurse and midwife with the Australian Health Practitioner Regulation Authority and am currently employed as a team leader of a multidisciplinary maternal & child health service incorporating, maternal & child health nurses, immunisation nurses, early parenting workers, early childhood educators, and administrative officers.

My submission is limited to Chapter 12 of the Early Childhood Development Draft Report, the Child Health Workforce; wherein my expertise and sphere of influence lie.

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 introduction of the revised Key Ages and Stages Framework in Victoria (2009) has ensured an evidence-based universal Maternal & Child Health Service. A series of ten comprehensive Key Age and Stage consultations are offered from the immediate post partum period to 4 years.

“Guidance for revising the timing and content of physical health assessments within the universal MCH Service’s Key Ages and Stages schedule was provided by the National Health and Medical Research Council (NHMRC) publication, *Child Health Screening and Surveillance: A Critical Review of the Evidence* (2002). This publication presents a detailed review of the evidence relating to screening a wide range of childhood diseases or conditions including physiological, biochemical or metabolic birth anomalies to language, height and weight. For many conditions in childhood that can benefit from early detection and intervention, the age at which they appear can vary depending on children’s individual rates of maturation. Some conditions, themselves, may fluctuate according to biological or environmental factors. For this

reason there is a move away from the pass/fail concept of tests at single time-points towards a more flexible, longitudinal process of periodic assessment or “surveillance”. Surveillance activities are broad in scope and, besides physical examination and growth measurement, include eliciting parent concerns, informal observations and the administration of tests and procedures. The NHMRC document confirms that such periodic assessment has value in identifying not only children with a condition requiring intervention, but also children at biological or environmental risk of acquiring the condition who could benefit from secondary prevention activities. The document cautions that surveillance activities, although more flexible and longitudinal than one-off screening tests, should be conducted within an evidence-based framework and should adhere to the evidence-based principle that each such activity should lead to more benefit than harm. Furthermore, surveillance activities must be directly appropriate for the early detection of clearly defined and specific problems which would not be expected to be reliably detected at a single point because they may develop or fluctuate over time. (Ref. NHMRC (2002), pp 221-224)” DEECD 2009.

Since the Victorian maternal & child health service key ages and stages framework is evidence based it will naturally be periodically reviewed and developed in line with new research findings. Therefore any research into the efficacy of child and family health services to improve child health outcomes is to be welcomed.

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.

My experience in Victoria has been that the scholarship program has been very successful. My employers in local government were quick to see the difficulties the maternal & child health service was experiencing with an ageing workforce, increasing demand for part time employment, requests for increased annual leave and the financial burden of self funding tertiary education. For nine years we have been sponsoring two to three midwives annually to take up education in Child, Family and Community Health Nursing. Our team has gone from a period of chronic staff shortages to full establishment. The sponsorship funding is now a feature of the recurrent M&CH Service budget. I would recommend the Commission investigate further the success of local sponsorships by Victorian Municipalities.

One note of caution – I am aware as we recruit local midwives to join the maternal & child health workforce that we are depleting the already stretched Maternity Services sector.

Draft 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.

This is a very contentious issue in Victoria where I am in a minority in the belief that completion of a full midwifery course of study is a barrier to the recruitment of nurses to work in the Child, Family and Community Health field.

Having worked in health visiting in the United Kingdom where the entry requirement was general nurse registration plus a twelve week obstetric nurse certificate or midwifery, and later working for the last 20 years in the Victorian maternal & child health service after completing a graduate diploma in midwifery in Australia I feel ably qualified to make a submission on this particular draft recommendation.

The twelve week obstetric nurse course gave intended health visitor candidates an overview of the perinatal period; prenatal care, pregnancy, birth and the postnatal period, including infant feeding and family development. In all aspects the course combined classroom lectures and clinical placement with hands on experience except for labour and birth where the obstetric nurse student was an observer.

Combined with prior learning, (I worked as a qualified paediatric nurse for five years ;) I believe this short obstetric course fully prepared me for entry to study health visiting.

Completing a 12 month, full-time post graduate health visiting course prepared me to work with families with young children in the community. I was able to develop close working relationships with other health primary health professionals to promote health and wellbeing in a public health nursing role. I was could competently recognise deviations from the normal during the antenatal and post partum periods and refer women to the most appropriate services.

It was a great disappointment to me to find that I was unable to practice in the same profession in Victoria without undergoing a full twelve month midwifery education. During the twelve month post graduate diploma I can honestly state that the only new skills and competencies I developed were in the area of birth.

It appeared to me that there was a duplication of care across the maternity services - maternal & child health services continuum with maternal & child health nurses claiming to provide maternity care though obviously limited and unfunded.

I believe that a Post Graduate Tertiary course in Child, Family and Community Health Nursing is an *essential* component in preparing Registered Nurses to work in the community providing holistic and family centred nursing care to families. Rather than reducing the requirement for the post graduate masters and post graduate diploma level studies these courses could easily be expanded to include perinatal health, mental health, and paediatric health units.

Qualified paediatric, mental health nurses and nurses from the acute sectors have equally transferable specialist skills highly relevant to participate in the child and family health nurse workforce. These specialist nurses and indeed midwives could receive recognition of prior learning when enrolling in the comprehensive course.

It is my belief that the child and family health nurse workforce would become more multidimensional and enriched by these developments with increased skills and competencies. I also believe that the quality of the service hangs on the quality of this course rather than the current prerequisite midwifery qualification.

I am aware of several nurses who have worked in health visiting in the United Kingdom who are unable to practice as maternal & child health nurses in Victoria whose skills and competencies are equal to or superior to their maternal & child health nurse colleagues especially when working with vulnerable families and communities. These highly competent child and family health nurses are employed in maternal & child health teams, though are not able to deliver the ten, key ages and stages consultations. I know of others who are employed in Early Parenting Centres. All make a very effective contribution to the quality of services provided to Victoria families often in leadership roles.

The prerequisite to be a registered midwife is indeed an obstacle to attracting new child & family health nurses.

In conclusion I would like to thank the Commission for considering my comments and would welcome the opportunity to make a submission in person in any public sittings that the commission may hold with Child & Family Health Nurses in Australia.

Elizabeth Fraser Palk 29th August 2011.