

Productivity Commission

Education and Training Workforce: Early Childhood Development

Melton Shire (Victoria) Maternal and Child Health Nurses Submission

The collective of Maternal and Child Health Nurses working for the Melton Shire Council would like to respond to Chapter 12 of the Early Childhood Development Draft Report.

We believe from the outset that the health and wellbeing of all Australian children should be paramount to any National Early Childhood Development Workforce review, to ensure all children have the opportunity to reach their full potential regardless of where they live in Australia. Therefore no community should be provided with a service of less quality or quantity than they currently experience.

The principle of a Universal Primary Health Service is being available to all, all Australian children regardless of where they live.

The Victorian experience and the expertise with added qualifications in Midwifery

It is essential to get the National Childhood Development Strategy right for the future Health of the Nation. To close the gap between Indigenous and non- Indigenous Australians through a truly unique service as the Victorian Maternal and Child Health service currently provides, it is vital for every community to have access to such services. This well planned and resourced public health service provides child-focused family friendly, culturally sensitive, non-stigmatising professional service to families with children 0-6 years. Through a minimum of Ten Key Ages and Stages (KAS) visits, skilled, highly qualified professional staff within a community setting monitor, support, educate and affirm parents in their parenting role. As with any public health service, access to appropriate intervention services needs to be made available to any participant identified with such a need. Universal services in combination with access to early intervention and other allied health services are known to reduce the impact of disability and improve learning and health outcomes.

In Victoria, the commitment of State and local governments to the ongoing provision of exceptional services through the Victorian Maternal and Child Health (MCH) Service has been financially supported on an incremental base in accordance with the population growth, of children 0-6 years. This has occurred regardless of the political makeup of the State of Victoria's Government. Program model, service delivery review and implementation of the new KAS framework, together with ongoing education are an example of the commitment to this program.

Investment in this essential universal service in other States and Territories may not have kept pace with community growth in these respective communities. Also it is to be noted that historically all State and Territory, Maternal and Child Health Nurses were once required to hold Midwifery qualifications.

The qualification requirement to practice as a MCHN in Victoria is to have current registration as a General Nurse (Division 1) and nurse Midwife with the Australian Health Practitioner Regulation Agency (AHPRA), together with a recognised qualification in Maternal and Child Health Nursing. In Victoria this is a minimum requirement as is set out in the DEECD (Department of Education and Early Childhood Development) MCH Program Standards. Victorian Universities cannot accept students into any Maternal and Child Health post graduate or masters' course without first having current registration with AHPRA as a General Nurse (Division 1) and nurse Midwife.

Victoria has continued to grow its General Nurse (Division 1) and nurse Midwife population through recent years. Job satisfaction and strong career pathways together with nurse/midwife to patient staff ratios. Victorian nurse Midwife career development opportunities lead many to choose Maternal and Child Health Nursing to advance their nursing career.

A review of previous individual State and Territory nursing registration board records may inform the commission of the qualification base of pre national registration figures for Maternal and Child Health Nurses across Australia. This information may also better inform the commission to the idea that there is a surplus of practice nurses able to fill the gap for MCHN's. It is more likely that the work that practice nurses are undertaking is specific to management of chronic illness such as diabetic education, wound care and the like, and that whilst immunisation may be a role undertaken by the practice nurse it should not be assumed that she/he is skilled or have education in Maternal, Child and Family health. The allocation of extra time to undertake comprehensive developmental and child health checks will impact on usual clinic practice. The base qualification of a practice nurse may be General Nursing (Division 1) but it may also be that of an Enrolled Nurse (Division 2).

Community development and ongoing support of women in the early post-partum period is of significant importance. Immunisation prompts to ensure timely and complete take up of the national immunisation program, including recent promotion of parental immunisation for Boostrix to protect the young unimmunised infant, due to current Victorian Pertussis epidemic.

Emotional and physical wellbeing are paramount to a healthy transition to parenthood. The Victorian experience offers three key visits in this early post-partum period, where recovery from the physical, social and emotional adjustment to motherhood can be explored with skilled and sensitive midwives with a full

understanding of the mother child dyad in relation to secure attachment within the complexities of family and community.

This is one of the key areas where the Maternal and Child Health Nurse with the experience as a midwife is able to bridge the gap between hospital and family with a variety of birthing experiences, whether infants are remaining in hospital due to prematurity or health issues or discharged home with mother as early as four (4) hours post-delivery. The expertise in infant behaviour, adjustment, recovery and maternal post natal care as well as infant feeding, in particular support of effective breast feeding practices are all skills drawn upon from the midwives knowledge, and should not be underestimated in the seamless care of infant, mother and family. Competent continuation of care in the community is provided to women, infants and the family through the Maternal and Child Health Service.

Data collection and evidence based practice

Financial benefits of every dollar we spend in the early years will save three dollars in tertiary intervention in later years, have been long stated by social economists.

Then there is the uncalculated human value of each citizen reaching their full potential, in a society that values it's most precious and vulnerable.

Historically due to the regular and voluntary take up by the Victorian community of MCH Service, statistical data on immunisation rates, breast feeding rates and participation rates have been gathered over time. Whilst a vigorous data gathering process does exist, a more validated set of data would better reflect outcomes of Victorian MCH practice and that of interventions provided to Victorian children and their families.

This proposed data could provide the additional evidence to support the basis of the existing ten key visits to Victorian children and ultimately all Australian children.

Victorian State wide data is collected annually. The latest published data 2009-2010 indicates the following participation rates for the Victorian 10 Key Ages & Stages Visits: Home Consultation 99.8%; 2 weeks 96.6%; 4 weeks 95.4%; 8 weeks 94.7%; 4 months 91.5%; 8 months 82.7%; 12 months 80.3%; 18 months 71.6%; 2 years 69.1%; 3.5 years 63.1%: (DEECD website)

Within the Melton community there is a significant number of participating Aboriginal or Torres Strait Islander children receiving services from the Melton Maternal and Child Health Service in relation to other Western regional municipalities. (DEECD website)

The regular and well attended Victorian experience offers opportunities to intervene with appropriate referral, developmental and educational information and resources to support parenting. This level of participation allows ongoing health education, parenting support and guidance together with health, growth and developmental

surveillance. Referral to early intervention services where required together with appropriate professional support to assist families through these challenging situations.

Scholarships for postgraduate study

Victoria has experienced an unprecedented increased birth rate in recent years. Melton Shire has undergone a substantial population growth across the age range due partly to affordable housing. Increased pressure in staffing requirements resulted in the MCHN Service. Despite multiple attempts and various strategies being used to engage staff, scholarships have been the most effective source of staff employment in this growing outer Western suburb. In the past eighteen months, four MCHN positions have been filled by recently graduating nurses from the MAV and local government scholarship program. Prior to the scholarship program ongoing advertising programs were costly and resulted in inappropriate applicants and inability to meet requirements. Whilst scholarship remuneration does not cover the full cost of study it does assist the student and provides employees with a degree of commitment post study to the local workforce.

The motivation of the advanced, experienced nurse with General and Midwifery qualification to undertake further study to obtain Graduate Diploma or Masters in Advanced Science in Child, Family and Community Nursing reflects the professional dedication and motivation for the career pathway chosen. Consequence that staff will be of a more mature age but as noted by the commission this in itself is not of concern. The opportunity for financial assistance while studying should be reviewed and expanded in view of the success in recruitment and cost effectiveness found for the Melton Shire.

Concluding Remarks

As this is a response to a draft document of recommendations I would kindly request the opportunity on behalf of my Melton Maternal and Child Health Nurses to address the commission. Due consideration in the area of Maternal, Child and Family Health nursing in a community setting needs to be made due to the complexity of this role and the changing health issues that our communities now face. No longer hygiene, sanitation, neonatal and maternal mortality. The health issues that are seen today are social isolation/displacement, depression, childhood obesity and the subsequent development of chronic diseases presenting earlier. The impact on future health costs will be like no other time before unless due effort is placed in halting this avalanche of preventable illness.

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