Dear Sir/ Madam,

My name is Jenny Newell and I am a Victorian Maternal & Child Health Nurse, I have practised as a Maternal & Child Health Nurse (MCHN) for 9 years, working in rural Victoria. I am currently working as a MCHN for the Swan Hill Rural City Council. I completed my General Nursing at St Vincent's Hospital Melbourne in 1981, my Midwifery at Bendigo Base Hospital in 1989, and completed my post graduate Diploma in Child Family and Community Nursing at La Trobe University in 2002.My submission focuses mainly on Chapter 12 of the Early Childhood Draft Report, the Child Health Workforce

Draft Recommendation 12.2

I strongly support the retainment of scholarships in attracting Maternal & Child Health Nurses. Unlike Draft recommendation 12.2, which questions the value of scholarships for MCH programs of study. I was successful in obtaining a Rural Health Scholarship in 1999 which assisted me with some of the expenses associated with studying and travelling 400km's to Melbourne once a month to attend La Trobe University, to complete my Child Family & Community Diploma. Without this scholarship, I would simply not have been able to afford to study, as I was also continuing to nurse and support my family with off farm income. I would like to ask the Productivity Commission how many Rural MCH nurses were consulted to come to this recommendation. I would be very happy to arrange a group of rural MCH nurses who have obtained scholarships to discuss with the commission the merits of such scholarships, and to highlight that without these scholarships tertiary study by distance education, is unaffordable for many rural nurses. Chapter 9 in the draft report points out that increasing the number of training opportunities in rural areas for workers who live or a recruited from rural areas is likely to improve staff retention rates in rural areas. However, the report fails to acknowledge that tertiary training will normally require some travel to the tertiary institutions which are almost always located in urban areas, thus scholarships to assist with travel expenses are still definitely essential as they also assist with tertiary fees, which can be prohibitive to many nurses.

Draft Recommendation 12.3

The overview of the draft report states "that there is little evidence to support that the midwifery qualification of child health nurses in some jurisdictions, leads to better outcomes for children and it is recommended that Midwifery not be required." I am appalled at such a statement. This recommendation obviously is blind to what Midwifery entails which is care of women during pregnancy , labour, birth & post partum period, and also care of the newborn, including infants in neonatal ICU, premature & sick infants, breast feeding support & counselling , and the study of reproductive health .The Victorian Maternal & Child Health nurse has both midwifery & general nursing expertise and knowledge as a basis for her daily practise. Thus, can professionally advise, & refer ante natal clients appropriately, promoting healthy pregnancies, deliveries & aiming for optimal outcomes for both mother and her infant. Infants of course grow into children, whose outcome is definitely affected by his or her prenatal life. The Victorian Maternal and Child Health

Service (MCHS) requires a higher standard of education, experience & skills than all other "Child Health " nurses in Australia. In essence Victoria is the only state where **Maternal** & Child Health Nurses exist. Thus the standard of care delivered to families is of a higher standard than anywhere else in Australia. Victorian MCHN educational requirements equip nurses to provide holistic, family centred, comprehensive care to families & their children they are simply not performing child health and developmental checks. Victorian MCHNs are proud of the high standard of care provided to families and cannot understand how the draft report can recommend lowering of education standards for Maternal and Child Health Nurses(MCHN's) when the government is aware of the importance of the early years and is now demanding higher qualifications of ECD workforce across the country.

"The Victorian Child & Adolescent Outcomes Framework, Department of Education And Early Childhood 2006, comprises 35 outcomes for Victoria's children that are known to be of most importance to their present and future lives. These outcomes relate to children from the prenatal period through to 17 yrs of age"…"these outcomes relate not only to the child, but recognise that the context in which a child lives is fundamental and also measures the influence of the family, the community and society". Pg 13 The State of Victoria's Children, 2009. Optimal antenatal care /infant development, good parental mental health, freedom from exposure to family violence, are some of the outcomes which the framework identifies that sit perfectly within the Victorian MCH Framework which provide families with continuity of care from birth to 4 years. A trusting relationship with the family allows the nurse to provide health promotion advise, often antenatal advise, and referral for both mother , child and family for health , emotional or ante natal concerns . Referrals may include Family Violence, Quit Counselling, Post Natal Depression, Family Support, to name a few. The efficient Victorian Birth Notification system ensures the appropriate Maternal and Child Health Service where the woman resides, is notified of the birth soon after delivery. This process facilitates approximately 98 % families engaging with the MCHS at the initial first Home Visit. In contrast to other states where the family must initiate first contact and engagement rates are lower.

Having worked and in rural isolated areas including Buloke ,Yarriambiack and Swan Hill Shires I have experienced firsthand the many times my midwifery knowledge has enabled me to assess and refer appropriately ensuring healthy outcomes for both mother and babe. As many rural areas are now without GP's and hospitals, many families are travelling 100=250 kilometres to access antenatal care and hospitals which can provide medical, surgical and obstetric services. In rural areas it is essential that the MCHN is a registered general nurse & midwife. Without my general & midwifery experience I would not have recognised Pulmonary Embolus, Deep Vein Thrombosis, Post Partum haemorrhage, Puerperal Psychosis, cardiac abnormalities in a newborn, bowel obstruction, and premature labour to name a few examples of actual client cases I have assessed and referred appropriately, working as a MCHN in a rural area.

Draft recommendation 12.4

In my current work with Aboriginal families in rural Victoria, I am very aware of "the disadvantage that is experienced by many Aboriginal families across the spectrum beginning before birth and continuing throughout life with respect to health, education and contact with the youth justice and child protection systems "pg 12 The State Of Victoria's Children ,2009.In working with Aboriginal

Health workers in the Maternal & Child Health and family services field, both myself and the Aboriginal health workers are working with many families who have complex health & social problems. These Aboriginal health workers require professional skills, qualifications, mentoring & importantly opportunities for professional development and clinical debriefing. Many of the families they work with, often have extremely stressful events occurring frequently in their lives and the Aboriginal health worker must be emotionally & professionally strong to be able to face these sorts of stressors on a regular basis, especially when they are often related to the families they are working with. Unfortunately such opportunities for professional development, mentoring and debriefing are often inadequate, irregular or lacking in rural areas such as ours. However, the Aboriginal Health worker is still expected to provide a high standard of health care to their Aboriginal community. Recommendation 12.4 recommends that in areas where access to a child health nurse is unlikely, Aboriginal health workers should receive training in child health. I believe this should be the case but the training should be professional, and that the worker should be well supported and mentored by qualified health workers such as Maternal & Child Health nurses , mental health workers, and early childhood workers. Rural Aboriginal health workers are entitled to the same standard of qualifications and professional support as non Aboriginal health workers, the government must realise this is essential if Aboriginal people are to experience improved outcomes.

The ECD workforce study "is required to consider and advise on current and future demand and supply of the workforce in particular on skills & knowledge required to meet society's needs…"and to "advise re workforce composition that most effectively delivers desired outcomes." Pg 2 Chapter 1 Introduction-Draft Report. Unlike other states, Victoria does not have a shortage of nurses or midwives, Victoria has in existence a far superior standard of providing Maternal & Child health care to familes than other Australian states. " Maternal & Child Health (MCH) nursing is a relatively attractive nursing speciality, because of this, the supply is likely to increase in response to any increases in government funding for child health nurses" pg XXX1 Overview Draft Report. Logic says that if MCH nursing is an attractive area of nursing and that there is no shortage of nurses or midwives in Victoria, why should our existing high standard of care be compromised?? It is obvious that Victoria should be the model and leader in establishing the same standard of care across Australia.

The government funds thousands of dollars annually for family support, why not fund more Maternal and Child Health Service programs and also Enhanced Maternal and Child health programs based on the Victorian model that already has high participation rates for Key Ages & Stages, refer Maternal and Child Health Services Annual Report 2009-2010,ph 10 for details. Victorian families currently have a superior standard of MCH care, all families across Australia are entitled to the same high standard of care.

Thank you for your consideration of my submission

Jennifer Newell

Maternal and Child Health Nurse

Swan Hill Victoria