



Australian Nursing Federation (Victorian Branch)

## Schools Workforce: Productivity Commission Draft Research Report.

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## **Introduction**

The Australian Nursing Federation (ANF) was established in 1924. The ANF is the largest industrial and professional organisation in Australia for nurses and midwives, with Branches in each state and territory of Australia.

The Australian Nursing Federation (Victorian Branch) represents in excess of 63,000 nurses, midwives and personal care workers (the latter predominantly in the private residential aged care sector). The Australian Nursing Federation nationally represents in excess of 214,000 members and we are the largest union in Australia representing workers in the health sector. Our members are employed in a wide range of enterprises in urban, rural and community care locations in both the public and private health and aged care sectors.

The Australian Nursing Federation participates in the development of policy relating to nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

The core business for the Australian Nursing Federation is the representation of the professional and industrial interests of our members and the professions of nursing and midwifery. Additionally, the Australian Nursing Federation (Vic Branch) is a registered training organisation and contributes to vocational education and training of enrolled nurses, and professional development for registered and enrolled nurses and registered midwives.

The Australian Nursing Federation (Vic Branch) represents the interests of nurses, midwives and maternal and child health nurses that are employed by local and state government and to work as school nurses in catholic, independent and State schools and therefore has an interest in any reform to the schools workforce in Victoria that as an impact on school nursing care of children and young people in our schools. Registered and enrolled nurses and registered midwives form the largest health profession in Australia, providing care to people throughout their lifespan and across all geographical localities nationally<sup>1</sup>.

The depth and breadth of nursing and midwifery practice reaches into: people's homes, schools, general practice, local councils and communities, industry, offshore territories, aged care, retrieval services, rural and remote communities, Aboriginal and Torres Strait Islander health services, hospitals, the armed forces, universities, mental health facilities, statutory authorities, general businesses, and professional organisations.

The Australian Nursing Federation (Vic Branch) is pleased to provide comment to the Productivity Commission's draft research report on Schools Workforce (November 2011).

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1. Australian Nursing Federation (2010) Submission to Consultation by the Department for Education, Employment and Workplace Relations in the Discussion Papers: An Indicator Framework for Higher Education Performance Funding; and, Measuring Socio-economic Status of Higher Education Students.

[http://www.anf.org.au/pdf/submissions/2010/Sub\\_High\\_Education\\_Indicator\\_Framework.pdf](http://www.anf.org.au/pdf/submissions/2010/Sub_High_Education_Indicator_Framework.pdf) Accessed 13.2.12

## **Limitation of Commentary**

The Australian Nursing Federation (Vic Branch) will limit its commentary to the role of nursing professionals in the Primary and Secondary Schools Nursing Workforce Programs.

## **What is School Nursing?**

School nurses work with both individuals and groups of students. The work of a school nurse involves primary health care, health promotion, health education, environmental health and safety, emergency/crisis management, service delivery and resource management and may include first aid, sports health and health counselling<sup>2</sup>.

School nursing programs were first developed in Victoria almost 100 years ago in 1913 as an adjunct to the school medical programs of the time. During the 1920's the role of the school nurse had extended to include hygiene inspectors of school children around metropolitan Melbourne. The Victorian public sector school nursing program has been through many metamorphoses since that time<sup>3</sup>.

In the Victorian context, school nurses have developed their own subset of professional practice standards. The professional practice standards have been developed by and for school nurses working in Victoria<sup>4</sup>. The standards reflect desired and achievable levels of performance and specifications. The Victorian school nurses standards can be further developed as they are used or reviewed and or when data becomes available from school nursing research and quality improvement activities<sup>5</sup>. Each standard has a number of descriptors linked to describe the key elements of the standard in ways that are possible to measure. In some cases, examples of behaviour or actions which can demonstrate the standard are included following the descriptor. Each standard is followed by a number of readings and resources for further information on that particular practice area. In Victoria, school nurses access and utilise the standards to guide and benchmark their practice within organisational and national guidelines and expected care outcomes. The Australian Nursing Federation (Vic Branch) supports the national expansion of the school nursing standards - currently being developed, to guide school nurses' practice on a national scale.

## **Primary School Nursing Program**

The Primary School Nursing Program (PSNP), Department of Education and Early Childhood Development (DEECD) in Victoria plays an important role in the identification of children at risk, and intervention and referral to health and support services. The PSNP is a universal service provided to all children attending government, catholic or independent primary schools and English language centre schools. These programs are designed to offer:

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2. Victorian School Nurses Australian Nursing Federation (Victorian Branch) Special Interest Group (2010). *School Nursing Professional Practice Standards*.
  3. Victorian Government Department of Human Services. (2006). *Secondary School Nurses Professional Practice Standards*.
  4. Ibid.
  5. Ibid.

- ✚ A health assessment of all children in the prep year of primary school. This assessment is conducted via a School Entrant Health Questionnaire (SEHQ) which the primary school provides to every family of a new prep student to complete;
- ✚ Advice and information to parents and teachers on children's health;
- ✚ Development of strategies to assist families to access local family support centres;
- ✚ Referral to specialist services if required;
- ✚ Health promotion and education.

The PSNP offers enormous potential for health professionals (specifically registered nurses) to assess the health and wellbeing of young children through primary health care assessment, provide health education, environmental health and safety, emergency/crisis management, service delivery and resource management and offer care that may include sports health, health counselling, and identify children at risk of neglect or child abuse.

The capacity of the program to fully realise any functions beyond screening for children is severely limited by the current existing funding mechanisms.

In addition to the above - independent catholic and government schools have also chosen to employ nurses in their school nurse programs. Their roles may include:

- ✚ Undertake a student health assessment;
- ✚ Education of parents, staff and students in respect of health promotion, nutrition and wellbeing;
- ✚ Promotion of student wellbeing;
- ✚ Referring to other health services or specialists as required;
- ✚ Assisting schools to develop policy and procedure that promotes optimal health (i.e. management and prevention of anaphylaxis).

School nurses are well situated to develop trusting relationships with individual students and are well positioned to make timely and accurate health and risk assessments in order to support them achieving their developmental milestones within the school environment. The Australian Nursing Federation (Vic Branch) believe additional investments must be made in the Victorian PSNP, and assert there is scope in the system for registered nurses to move beyond their screening and referral function - to fully engage with families, teaching and pastoral care staff about student wellbeing- and ultimately improve their capacity to implement interventions or referrals that may reduce or prevent child/adolescent health within the current Primary School Nurse Programs or at the very least, provide for early intervention.

Furthermore, within the Primary School Nursing Program, registered nurses work across local government boundaries and could be responsible for the health assessments of students within 20 to 30 primary schools or more quantitatively put - between 1,000 to 1,200 prep students.

### **Secondary School Nursing Program**

In 1994, the Victorian government began to withdraw funding for the secondary school nurse program and by 1998 it was abolished all together. It was not until 1999, with a change of State government that the program recommenced with 100 funded positions to service 200 state secondary schools. The re-introduction of the Victorian Secondary School Nursing Program was based on research findings showing that nurses made a difference to outcome in adolescent health<sup>6</sup>.

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6. Victorian Government Department of Human Services. (2006). *Secondary School Nurses Professional Practice Standards*.

It is now well established that the Secondary School Nursing Program (SSNP) plays an important role in the identification of adolescents at risk and intervention through referral to health and support services.

The SSNP program is operated through the Department of Education and Early Childhood Development (DEECD) in Victoria and has wide-ranging intentions to:

- ✚ Reduce the negative health outcomes of risk taking behaviors amongst young people such as drug or alcohol abuse, smoking, eating disorders, obesity , depression, suicide and injuries;
- ✚ Prevent ill health by ensuring co-ordination between the school and community based health and support services;
- ✚ Support the school and community to address contemporary health or social issues facing young children;
- ✚ Provide primary health care through professional clinical nursing such as assessment, care, referral and support;
- ✚ Assist in the transition from primary to secondary school;
- ✚ The specific role of the nurses within the SSNP may include:
  - Individual health counseling;
  - health promotion and planning;
  - small group work focusing on discussion and education with students; as well as;
  - providing a resource and referral system for students, staff and families.

Registered nurses employed within the operations of SSNP are well placed to develop relationships of trust with the students they assess and consequently are well positioned to identify protective and risk factors and also to implement strategies to reduce or prevent ill health from occurring or continuing. In addition, registered nurses are well placed to assess and identify any health concerns or conditions that may inhibit the ability of the student to fulfill; their educational potential, and work with teachers, parents, students and other health professionals to develop strategies or healthcare plans to overcome them, for example - obesity.

Within Victoria, due to funding restrictions, there is a constraint to the SSNP service, which is limited to provide just 100 specialist registered nurse positions to 199 *vulnerable* schools across Victoria<sup>7</sup>. The program does not extend into every government secondary school leaving well over 100 secondary schools without dedicated funding for a secondary school nurse. This represents a significant shortfall of the service which we believe must be a concern to the Productivity Commission review as a high priority for improvement in the future.

Conversely, there are a number of government, independent and catholic secondary schools that see the significance of the school nurse program and employ registered nurses independently of government funded SSNP to enhance the services that they are able to provide to their students and families.

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7. Education and Training Committee, Parliament of Victoria (2010). *Final Report Inquiry into the Potential for Developing Opportunities for Schools to Become a Focus for Promoting Healthy Community Living*.

Government funding to the school nursing programs currently facilitates the program to offer health screening, triage and referral to appropriate support or child protection services.

Despite the critical function provided by the SSNP these programs are not universally provided in all secondary school sectors in Victoria. The effect of limiting registered nurses employed in school nursing programs restricts the opportunity for 'vulnerable' students that may be at risk to be identified and has a correlation to the direct effect of denying all other schools- and students - the manifest benefits of the secondary school nurse programs.

The registered nurses workload associated with completing the required assessments is not insignificant, consequently leaving very limited opportunity for face to face contact with students and their families identified at risk or needing support and interventions to assist them reach their full learning potential – let alone time to provide active case management or more intensive follow up when a need is identified.

For that reason, the Australian Nursing Federation (Vic Branch) strongly supports opportunities to strengthen the service delivery already provided by the PSNP, to ensure it is better resourced to enable registered nurses greater opportunity for direct contact with vulnerable children and their families. Likewise, registered nurses employed within the school nurses programs have the opportunity to established relationships with at risk students, and have the knowledge of community support services and are able to liaise with school teaching and support staff to maximize outcomes for vulnerable students<sup>8</sup>.

The Australian Nursing Federation (Vic Branch) supports the recommendation by KPMG (2009) that a registered nurse be allocated and employed in all Victorian secondary schools<sup>9</sup>.

### **School Nursing Workforce**

It is the view of the Australian Nursing Federation (Vic Branch) that the provision of an appropriately educated and qualified nursing and midwifery workforce must be available and matched with the funding within the context of the Australian education system, in sufficient numbers to equal the health and wellbeing needs of the student enrolment population within the school systems. We believe this is the foundation to enhancing the ability of school health and wellbeing services to make early interventions around child and adolescent health, detect health issues like physical or mental health and put steps in place to guide these vulnerable students in the right direction for their mental and physical health and aid their learning within the Australian education system – whether public, catholic or independent schools.

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8. Australian Nursing Federation Victorian Branch (2010). *Submission into Protecting Victoria's Vulnerable Children Inquiry*.
  9. The Victorian Association of Maternal and Child Health Nurses (2010). *Competency Standards for the Maternal and Child Health Nurse in Victoria*
  10. KPMG. (2009) *Department of Education and Early Childhood Development Review of the Secondary School Nursing Program Final Report - Executive Summary*.
  11. Department of Education and Early Childhood Development Victoria. (2003) *The Enhanced Maternal and Child Health Service Guidelines, 2003 – 2004*.
  12. Department of Education and Early Childhood Development Victoria (2009). *Maternal and Child Health Service: Practice Guidelines 2009*

It is vital that existing school nursing/health services providing assessments, care, advice and support to school aged children and adolescents, are in a position to ensure that their services expand and adapt to any increased demand. Demand for service is logically likely to arise from the significant increase in birth notifications, and from the Australian population growth. Whilst the PSNP provides valuable health screening for children attending prep year in government, independent and catholic schools, the capacity of this service to identify and make early interventions around child health and wellbeing issues should be strengthened through further government investment.

In providing a more focused and intensive level of support for vulnerable families experiencing parenting difficulties - and children identified as being at risk of harm – school nurses perform a critical function in the prevention and early intervention of child and adolescent health and wellbeing issues and must feature significantly in reform aimed to improve child and adolescent health and wellbeing.

The Australian Nursing Federation (Vic Branch) is of the view that the provision of an appropriately skilled and qualified nursing workforce in sufficient numbers to match the care needs of a growing population is the cornerstone to enhancing the ability of school nursing services to promote child and adolescent health and wellbeing and make timely interventions.

Contemporary research shows the educational preparation of nurses is a significant determinant in effective prevention and management of child health and wellbeing<sup>10</sup>. It is critical that any reform ensures that appropriately educated and qualified school nurses, are deployed across the schools sectors in sufficient numbers to match the increasing care demands of vulnerable or at risk children/adolescents and their families.

Rigorous workforce planning must occur between health services, education providers, community services, and government departments giving regard to key factors affecting demand for school nursing services and providing care and support to children, adolescents and their families at risk, when planning for the supply of the whole nursing (inclusive of school nursing) workforce. Registered nurses employed as within school nursing programs monitor progressive milestones in childhood and adolescent development and health care through assessing for:

- ✚ optimal social and emotional development i.e. healthy teeth, gums and weight,
- ✚ optimal physical health;
- ✚ safe from injury and harm;
- ✚ Healthy lifestyle;
- ✚ Parent involvement and promotion of child health during development stages;
- ✚ Mental health;
- ✚ Family functioning;
- ✚ Early intervention into child health needs; and
- ✚ Adequate support for vulnerable teenagers<sup>11</sup>.

The increase in birth rate has obvious implications on health services providing care and support to children and families. Workforce planning must therefore ensure that the school nursing workforce increases commensurate with existing and projected increases in birth notifications, and ensure this

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13. Plitz, A. and Wachtel, T. (2009) *Barriers that Inhibit Nurses Reporting Suspected Cases of Child abuse and Neglect*, Australian Journal of Advanced Nursing Vol. 26, No. 3: 93 – 100

14. Department of Education and Early Childhood Development (2010). *Towards a Health and Wellbeing Service Framework: A discussion Paper for Consultation*.

workforce is deployed in sufficient numbers to provide timely and quality school nursing support and care.

Measures to enhance the attraction, recruitment and retention of registered nurses in sufficient numbers to meet existing and projected demand is vital to the success of the school nursing programs and must be supported to continue and keep pace with demand, both now and into the future.

### **Conclusion**

There is conclusive evidence available demonstrating that more qualified nurses and nursing support staff leads to better and more positive health outcomes for school children and adolescents and directly correlates to the quality and quantity of care they receive.

Strengthening the capacity of existing primary and secondary school nursing services to meet existing and projected demand, and to provide timely and quality early intervention is the linchpin to preventing and reducing child and adolescent ill health and to identify childhood developmental issues early.

Registered nurses, midwives and MCH nurses have unparalleled ability to make early interventions in the critical formative years of a child's life and beyond and refer children into the appropriate support health services for interventions to maximise a child's full potential.

It is the opinion of the Australian Nursing Federation (Vic Branch) that by seriously addressing the quality outcomes, school nurses will be better placed to deliver on the ongoing and changing needs of child and adolescent mental and physical health.

The Australian Nursing Federation (Vic Branch) would be grateful if the Productivity Commission would keep us informed of the progress of this Draft research reports development.