

## 1. Moreland Context

The City of Moreland is located in the northern region of Melbourne. The estimated residential population is 150,838 people. Moreland had 2,451 birth notifications in 2010/2011 and 12,760 families were enrolled in the Maternal and Child Health Service (M&CH) in financial year ending 2011.

Moreland Council employs 23 universal M&CH Nurses which is 18.04 EFT. The service also employs 1 EFT M&CH Nurse and a Division 2 Lactation Consultant within the Enhanced M&CH service. The service has an M&CH Nurse Coordinator and a MCH Nurse Unit Manager. All nurses have midwifery, nursing and a post graduate qualification in M&CH. The nurses work within Council owned or leased premises. No M&CH Nurses work within general practise within Moreland.

Moreland offers the 10 funded Key Ages and Stages (KAS) Visits plus additional consultations for families that are undergoing transition to parenting and vulnerable, high risk families. The

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service provides centre appointments, home visiting and group work. Underpinning the service delivery are the theoretical models of family centred practise and strength based practise.

The Australian Early Development Index indicates that Moreland has 1 in 10 children vulnerable on one domain and 1 in 5 vulnerable on 2 domains (Local Government Area Summary Sheet, Australian Early Development Index, and City of Moreland)

This Council has had a 28% increase in birth rates since 2000. There has been a 21 % drop in additional visits due to the high demand for the KAS Visits.

### **Moreland City Council Early Years Strategy 2011-2015**

The strategy states that Moreland is committed to providing support to families and communities to nurture the growth, development, participation and overall well being of Moreland's infants and children. Council aims to provide appropriate high quality accessible services The Strategy's key themes are:

- o Population Outcomes
  - Improving the Health and Wellbeing and Educational Outcomes of Moreland's children. One of Moreland's strategic priorities is to promote healthy parent/child attachment to enhance the psychological wellbeing of children and families
  
- o Service System performance
  - Developing an integrated and effective early years service systems
  
- o Developing an Integrated and Effective Early Years Service System
  - Ensure adequate provision of early Years Services to meet community need
  
- o Recruiting and retaining a skilled workforce
  - One of Moreland's strategic priorities is to maintain and upgrade skills and knowledge of staff

## **2. Focus of this Submission**

This submission addresses the following aspects of the Productivity Commission, Early Childhood Development Workforce Draft Report June 2011 Chapter 12.

12.2 Demand for Child Health Nurses – universal child health service

12.3 Supply of Child Health Nurses

12.4 Training and workforce planning for child health nurses

## **3. Comments**

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## 12.2 Demand for Child Health Nurses – universal child health service

- It has been Moreland's experience that the demand for additional visits above the KAS visits remains high. Anecdotally nurses report that they undertake much of the family centred practise and strengths based practise during the additional rather than KAS visits

## 12.3 Supply of Child Health Nurses

- Moreland has had considerable difficulties recruiting M&CH Nurses, partly due to strong competition from other Councils and also due to Moreland not being in the area that M&CH Nurses tend to reside.
- Moreland has implemented several strategies:
  - Recruitment bonus for staff who refer in an M&CH Nurse
  - Carry- over of some entitlements if moving from the hospital to local government system
  - A sign on bonus for nurses moving into permanent positions

## 12.4 Training and workforce planning for child health nurses

- Scholarships
  - Moreland has implemented a scholarship system which has had several benefits. As Moreland has had a number of vacant positions DEECD has also provided a scholarship in some years.
    - It has been the most effective method of recruiting quality staff.
    - There has been a change in the demographics of the Unit with several younger women starting in the service.

### Scholarships offered since 2008

Year	Applicant numbers	Council Scholarship offered	DEECD Scholarship offered	Currently employed
2008	2	1	Not available	1
2009	2	1	1	2
2010	3	1	Not available	1
2011	4	1	1	Currently studying x2

- Requirement for child health nurses to also be midwives

- Midwifery training provides a crucial body of knowledge to improve the health and wellbeing of the family unit
- Moreland considers that employing staff trained in midwifery increases the quality of service that Council provides to service users and is an essential element for the work the nurses are required to undertake.
- Council acknowledges that requiring midwifery makes recruitment difficult and the costs of employing higher
- Current M&CH Nurses have spent considerable time acquiring their relevant qualifications and developed the necessary skills to perform their role. A Masters level education provides someone with an ability to assess, analyse, plan and implement actions or solutions to complex problems. Nurses may need to do in isolated, unsupported and sometimes difficult circumstances.

Nurses in the Moreland service use their midwifery knowledge and skills to assist families with:

- breastfeeding issues
  - formula feeding issues
  - neonatal issues such as the unwell neonate
  - the jaundiced neonate,
  - early attachment and bonding issues issue
  - the physical and emotional health of the mother
  - puerperal psychoses
  - depression
  - incontinence
- Moreland's demographic and AEDI data suggest that the nurses are dealing with complex family issues – physical developmental, emotional, social.
  - If a level of training is to be removed as a requirement, considerable thought should go into extending and augmenting the length of educational training as an M&CH
  - There is a strong cross-over between midwifery and M&CH Nursing. Both the midwifery role and that of the Victorian M&CH service have probably contributed to the following:

"in relation to health and wellbeing...infant mortality rates are lower in Victoria than in the rest of Australia. SIDS deaths have shown a declining trend and Victorian children are reaching the minimum expected level (90%) of vaccination coverage at 24-27 months"

"The State of Victoria's Children Report of 2006 4.2 Para 2

- The dearth of evidence of the impact of the service does not imply that midwifery is not required. It indicates the need to undertake research into the impact of the role prior to changes being made.

### **Examples**

- A woman attends an appointment with depression/anxiety at a 6 month visit. She has had ongoing physical sequelae from the birth process. The nurse assesses that an understanding of the birth process may help the woman to cope with her experience. She is able to provide the woman with a better understanding of the anatomy and physiology of the birth process that reassures the woman that, whilst difficult wasn't the result of malpractice or neglect by her carers during the birth
- A nurse facilitates a new parent group for parents with 2-5month old babies. The women are debriefing on their experiences during pregnancy and birth. The nurse is able to offer information on pregnancy and birth and the neonatal period
- A Nurse undertakes an assessment of an 8 week old infant. The infant has a cephalhaematoma and considerable moulding of the sutures. The nurse is able to talk about how the skull has plates that override each other to enable passage through the birth canal.

### **Conclusion**

Moreland Council believes that the role of the M&CH Nurse is a complex one and has a significant impact on the lives of families. The level and type of education of nurses ensures the provision of a high quality high impact service to families. Midwifery is seen as essential for the provision of high quality services to families.

Council welcomes the opportunity to provide input into the important issue of the Early Childhood Workforce and look forward to reading the final report.



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