

Submission to the Productivity Commission – Early Childhood Development (EDC) Workforce Study – Draft report

Introduction

My name is Liz Mann and this submission is sent from me individually. I began practicing as a Maternal and Child Health (MCH) nurse since 1982. Throughout the past 21 years I have worked as a Coordinator and/or Manager of Maternal and Child Health and other Family and Children's Services, covering 4 local government areas, the former City of Moorabbin, the City of Kingston, the City of Monash and currently the City of Greater Dandenong.

I completed my Post Graduate Diploma in Community and Child Health Nursing in 1982, being awarded a scholarship from the Department of Health, which enabled me to study whilst providing much needed income to my family. This scholarship significantly impacted on my decision to move from midwifery to maternal and child health.

In 2001 I completed a Post Graduate Diploma in Infant and Parent Mental Health at Melbourne University

My submission is limited to **Chapter 12** of the Early Childhood Development (EDC) Workforce Study - Draft Report,

I am particularly concerned with the draft recommendations **12.2** questioning the value of scholarships for MCH programs of study and **12.3** regarding removal of midwifery as a qualification prerequisite for MCH nurses.

12.2

I have been recruiting MCH nurses for local government MCH services for 25 years. During this time I have seen a significant reduction in the availability of suitable applicants for MCH nurse positions. A recent illustration of this is an advertisement that the City of Greater Dandenong placed in the ANJ journal, which has Australia wide coverage. The advertisement was in the journal for 2 months, one application was received from the first month's edition and none in the second.

If midwives are to be drawn to Maternal and Child Health services, assistance with study costs is a logical step. Midwives working in Victorian public hospitals are entitled to penalty rates for evening and weekend shifts and can salary sacrifice a range of costs such as mortgage and child education costs. Expensive (up to (\$12,000) study costs for the required Post Graduate Diploma in Child and Family Health may therefore be followed by a job that provides less income that they had before.

From my experience, the most effective process for recruitment in recent years has been the offering of scholarships/sponsorships to assist with study expenses required for the Child and Family Health post graduate diploma. For example, between 2007 and 2010, the City of Greater Dandenong has offered

six \$3500 sponsorships. Of these four nurses are now employed by the City of Greater Dandenong and two are employed in MCH services at other Councils.

12.3

I am very concerned regarding the draft recommendation that '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'.

The Victorian Maternal and Child Health program is precisely that: 'maternal and child health'. The program is based on the premise that the service is for the health and wellbeing of the mother as well as the child. It acknowledges the body of knowledge around attachment theory and of the importance of maternal wellbeing and positive family functioning to the child's development; work that has grown from the work originally done by Bowlby back in the 1950s. It is now well understood that the wellbeing and future long term development of the child is closely linked to the bond of attachment with the primary care provider; usually the mother, and that this bond can be adversely affected by poor maternal health and wellbeing or poor family functioning. Therefore in a high quality effective child health service, the child can not be considered in isolation from the mother or primary care provider.

For the service to be effectively delivered therefore, it needs staff that has an understanding, empathy and the particular skills to recognise, support and appropriately refers mothers and their families. Nurses need a sound understanding of the pathway that mothers take, physically, psychologically and emotionally, during the pregnancy, birth, post natal and early parenting stages, and on the impact these stages have on the wellbeing of the child and the whole family.

An example of how this currently works well in Victoria can be seen at the Monash Medical Centre Mother Baby Unit, where currently, as of 26 August 2011, 3 of the 5 mother-baby in patient couples have been referred, directly or indirectly, from nurses within the City of Greater Dandenong MCH service.

As another illustration, City of Greater Dandenong MCH nurses are also referring mothers directly for psychological counselling, when they assess that counselling services are required. This effective initiative has been developed through the Peri natal Depression Program, a partnership with the Greater Monash GP network. This would not be possible if the nurses' qualifications only prepared them to assess the child's health and development.

It is therefore vital that these skills are not lost to the MCH service in Victoria.

Conclusion

It is acknowledged that the current requirement of post graduate diplomas in both Midwifery and Child and Family Health probably present a barrier to nurses

considering working in maternal and child health in Victoria. Also that nurses who have been recently working in similar roles in other countries, eg Health Visitors in the U.K., are usually unable to work as MCH nurses in Victoria without carrying out further study, as they do not have current midwifery registration.

National registration and the development of a National Framework will require all states and territories to demand similar qualifications and expertise of nurses working in this field.

The (draft) National Framework for Universal Child and Family Health Services, June 2009, recognises the importance of maternal wellbeing and includes maternal health screening in the list of service activities (page xiiv)

It would therefore be much more appropriate for the Productivity Commission to recommend that this expertise is required across services in all states and territories of Australia. Also that a comprehensive review of qualifications is required, leading to the development of tertiary courses and options that provide and ensure the necessary expertise, whilst reducing the barriers that exist in Victoria.

I thank the commission for considering my comments above and add that I would appreciate the opportunity to meet with the Commission to further discuss these issues.

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