Maternal and Child Health Service Professional Development Needs Analysis

Prepared by Clare Keating and Debra Barrow, Effective Change Pty Ltd
September 2005

Published by Office for Children, Victorian Government Department of Human Services
Melbourne Victoria

September 2006

Also published on
www.dhs.vic.gov.au

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Executive summary

This report presents the findings of the Maternal and Child Health Service Professional Development Needs Analysis conducted by Effective Change Pty Ltd for the Department of Human Services and the Municipal Association of Victoria.

The research involved surveying all Maternal and Child Health Service staff across Victoria. Separate surveys were designed for maternal and child health nurses, coordinators, family support/early childhood workers and managers. Detail on the conduct of the project is provided in Chapter 2 Methodology.

This is the first comprehensive survey to be undertaken for the Victorian Maternal and Child Service workforce by the Department of Human Services in ten years.

With 75 per cent of all maternal and child health nurses and 80 per cent of coordinators across the state participating in the survey, it has yielded a comprehensive profile of the workforce and the service.

The primary purpose of the Professional Development Needs Analysis was to identify the professional development needs as reported by staff to support them in implementing the *Future directions for the Maternal and Child Health Service.* The survey results provide a clear picture of these needs. As reported below and through the document, there is a clear, common set of needs evident for staff. Consistent with the key thrust of the *Future directions* policy, maternal and child health staff recognise the need to develop their skills in working with vulnerable families and those families currently under-represented in the service. Further, there is also recognition that leadership and management skills need further improvement.

Summary of key findings

Below is a summary of the key findings of the Maternal and Child Health Service Professional Development Needs Analysis.

Chapter 2: Methodology

KEY FINDING 1:

Three quarters (75%) of the maternal and child health nurse population and 80% of coordinators participated in the Professional Development Needs Analysis, based on available workforce data. These high levels of participation validate the professional development profiles developed for the project and provide rich data for analysis. Calculation of response rates has highlighted gaps in baseline data for the service, such as the total population of the family support/early childhood workforce not being known.

Chapter 3: Maternal and child health nurses

KEY FINDING 2:

Forty-four per cent (44%) of Maternal and Child Health Nurse Survey respondents across Victoria are over 50 years of age and only one quarter are younger than 45 years of age.

When the age results are analysed by region, it is found that the Eastern Metropolitan and Barwon-South Western regions have a higher proportion of nurses aged over 50 compared to statewide results.

With the exception of the Barwon-South Western Region, nurses in rural regions are more likely to be younger than their metropolitan colleagues. One third (33%) of nurses in rural regions, with the exception of Barwon-South Western are under 45 years, compared to 25% of nurses across the state.

KEY FINDING 3:

The data shows that the maternal and child health nurse workforce has considerable experience. Over half of the respondents (57% or 305 respondents, n=526) have more than nine years experience in the service. Almost one third of respondents have between two and eight years experience, while only 12% have less than two years experience.

KEY FINDING 4:

Despite some confusion with the survey questions, the results consistently show that the majority (around 40–50%) of maternal and child health nurses work in single nurse centres. The balance of nurses are more likely to work in a dual nurse centre. Fewer nurses (around 18%) work in a multi-nurse centre.

KEY FINDING 5:

The majority of maternal and child health nurse respondents are employed on a part-time basis (66%). When the results are analysed on full-time/part-time basis alone, there is a higher proportion of full-time staff in metropolitan regions and a higher proportion of part-time staff in the rural regions.

KEY FINDING 6:

The majority of maternal and child health nurse respondents work in either one centre (55%) or two centres (22%). Less than 10% of respondents work in six or more centres.

KEY FINDING 7:

Maternal and child health nurses' highest identified needs for professional development are in relation to:
- engaging with vulnerable families
- partnerships with families
- partnerships with communities and service providers
- management systems.

These professional development needs are essentially found across all demographic characteristics. Given the high response in the survey, noteworthy variations are evident in most areas, with detail provided in the report.

Maternal and child health service managers reinforced the priorities for professional development.

Chapter 4: Maternal and child health coordinators

KEY FINDING 8:

Half of the maternal and child health service coordinator respondents (32 respondents) across Victoria are aged 50 years or younger, and half are 51 years or older. Only 12% are younger than 45 years of age.

While the regional breakdowns deal with sample sizes of 16 or less, and therefore require some caution in interpretation, the regional analysis shows that the Eastern Metropolitan Region has a higher proportion of maternal and child health coordinators aged over 50 compared to statewide figures.

When the data is analysed by a metropolitan/rural breakdown, it is found that, with the exception of the Barwon-South Western Region, maternal and child health coordinators in rural regions are more likely to be younger than their metropolitan colleagues. Between 70% and 80% of maternal and child health coordinators in rural regions, with the exception of Barwon-South Western, are younger than 50 years compared to 50% across the state.

KEY FINDING 9:

The data indicates that most maternal and child health coordinators (85% of the respondents) have eight years or less experience in the role. Over half of the respondents (54% or 35 maternal and child health coordinators, n= 62) have worked in the role for between two and eight years and 28% (or 18 respondents) have been in the role for less than two years.

Only 14% (or nine respondents) have more than nine years experience in the maternal and child health coordinator role.

KEY FINDING 10:

The majority of maternal and child health coordinators are employed on a full-time basis; however, a higher percentage of those employed on a part-time basis are working in rural areas.

KEY FINDING 11:

The majority of maternal and child health coordinators have responsibility for the coordination of more than five maternal and child health centres.

KEY FINDING 12:

Maternal and child health coordinators have identified a high need for professional development activity in areas relating to:
- leading the team to engage vulnerable families
- local planning
- strategic leadership and management.

Cross-tabulated data indicate areas of particular need across:
- the rural regions
- the younger and older age groups
- those with the least experience and those with significant years of experience.

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KEY FINDING 13:

There is general consistency between the areas of need identified by the maternal and child health coordinators for their professional development and those identified by their maternal and child health service managers.

Chapter 5: Family support/early childhood workers

KEY FINDING 14:

The ages of the family support/early childhood workers are quite evenly distributed.

KEY FINDING 15:

Most family support/early childhood workers (78%) have eight years or less experience in the role. Forty-six per cent of respondents have between two and eight years experience and almost one third of this cohort has less than two years experience in the role.

KEY FINDING 16:

Family support /early child workers' identified professional development needs are primarily in the areas of:
- engaging with vulnerable families
- partnerships with families
- local planning processes.

KEY FINDING 17:

Family support/early childhood workers and maternal and child health managers identified consistently similar priorities for the professional development of family support/early childhood workers, with a strong focus on working with families, communities and service providers.

Chapter 6: Managers

KEY FINDING 18:

The majority (66.3%) of the maternal and child health service manager respondents oversee more than six maternal and child health centres.

KEY FINDING 19:

Eighty-one per cent of respondents to the managers survey have responsibility for other community portfolios in addition to the Maternal and Child Health Service.

It is also important to note that more than half of these managers also oversee between six and 20 maternal and child health centres.

KEY FINDING 20:

All respondents (27) indicated that the Maternal and Child Health Service is part of a family and community or human/social services division of the local governments and community health services surveyed.

KEY FINDING 21:

Twenty-three (85%) of the maternal and child health service managers report that their organisation allocates three or more professional development days per annum.

Only one manager reported staff being entitled to fewer than two days professional development per annum.

KEY FINDING 22:

Seventy per cent or more of the maternal and child health managers identified the following areas as training priorities for maternal and child health nurses:
- access and participation
- engaging vulnerable families
- health promotion, early identification and intervention
- partnerships with families
- partnerships with communities and service providers
- local planning
- quality management.

The three components of strategic leadership and management (management systems, professional development and management support, and change management) were **not** considered to be training priorities for maternal and child health nurses.

Seventy per cent or more of the maternal and child health managers identified the following areas as training priorities for maternal and child health coordinators:
- access and participation
- engaging vulnerable families
- partnerships with communities and service providers
- local planning
- quality management
- management systems
- professional development and management support
- change management.

Health promotion and partnerships with families were **not** considered to be training priorities for maternal and child health coordinators.

Sixty-three per cent or more of the maternal and child health managers identified the following areas as training priorities for family support/early childhood workers:
- engaging vulnerable families
- partnerships with families.

The eight remaining areas were **not** considered to be training priorities for family support/early childhood workers.

KEY FINDING 23:

Each workforce group nominated the following as their priorities for professional development independent of the options related to the *Future directions* document:
- regular, up-to-date clinical information
- clinical supervision
- support using relevant information technology systems to support maternal and child health practice.

The maternal and child health managers reflected these priorities in the main.

KEY FINDING 24:

Each workforce group nominated both half and full day workshops as preferred methods for the delivery of professional development activities. All bar the family support/early childhood workers indicated they would prefer activities to be staged at a regional level.

KEY FINDING 25:

Survey respondents replied unequivocally that they would prefer to move the Saturday conference to a weekday. Nurses preferred future focus was on clinical updates, whereas maternal and child health coordinators' and managers' preferred focus was on innovative practice.

Overview of key issues and themes

A range of important issues emerged from the analysis and a breadth of issues was raised through various feedback mechanisms. These are discussed in summary below.

Professional development needs

The highest professional development needs of maternal and child health nurses, coordinators and family support/early childhood workers are presented in Table 1, defined as needs expressed by more than 50% of each of those occupational groups. From these results, the following key issues and themes are evident.

A clear set of common needs

The results of the Professional Development Needs Analysis survey show that the highest identified needs for professional development are concentrated in three of the possible seven key areas:

- engaging vulnerable families and/or families under-represented in the maternal and child health service
- partnerships with families, communities and service providers
- strategic leadership and management of the maternal and child health service.

These results provide clear directions for the subsequent professional development strategy that the State Government will undertake. The results will also inform local and non-government agencies managing the Maternal and Child Health Service about specific professional development activities that are deemed to be appropriately provided at a local level.

A clear profile of occupational roles

The project has also produced a profile of the roles for each of the workforce groups. This can be used to guide recruitment, performance appraisal, clinical supervision and reflective practice within the Maternal and Child Health Service.

Professional development needs specific to the occupations

The results also indicate the areas of need specific to each of the occupational groups. Maternal and child health coordinators identified a higher professional development need in relation to human resource management issues, such as clinical supervision and discipline, while nurses identified needs for professional development in financial systems and succession planning. Family support/early childhood workers, on the other hand, have greater identified needs in relation to client support and service delivery, such as working with vulnerable families, developing partnerships with families and service providers, and local planning.

Metropolitan/rural professional development needs – similarities and differences

For the most part, metropolitan and rural respondents reported similar professional development needs, with the following few notable exceptions.

A greater need for professional development was reported by rural nurses in relation to (engaging) culturally and linguistically diverse families (44% of metropolitan nurses and 64% of rural nurses identified a need for professional development to further improve these skills).

Coordinators in rural regions identified a greater need for professional development in relation to leading the team to: increase participation rates; work with secondary consultation services and engage with parents with mental health issues; and in a range of human resource management systems and identifying training needs. In each of these cases, coordinators in rural regions had around 20% greater identified need than their metropolitan counterparts.

Professional development needs of staff with less than two years experience

The most noticeable differences in reported need for professional development between those nurses with fewer than two years experience and their more experienced colleagues were seen in most areas of local planning processes and in all of the areas in quality management. In these cases, nurses with fewer than two years experience reported higher needs (ranging from 15% – 33%) for professional development than their more experienced colleagues. This was also the case in relation to providing mentoring and preceptorship.

Coordinators with fewer than two years experience reported greater need for professional development (25% greater) than their more experienced peers to develop and implement the following management systems:
* accurate population-based information,
* data supporting service monitoring and development, and
* quality improvement systems, including Best Value.

In addition, coordinators with less than two years experience reported a need of up to 20% greater than those coordinators with more experience in relation to:
* providing professional development, management support and supervision to enable the staff of the Maternal and Child Health Service to:
  * undertake leadership opportunities and roles
  * manage time and set priorities
* undertaking their own leadership opportunities and roles as appropriate.

Skill levels

While the Professional Development Needs Analysis focused on identifying professional development needs, the surveys also elicited information about existing skills. The results for each of the occupational groups provide evidence that the service is supported by a workforce skilled across key areas. For example, each workforce group reported having skills in the assessment and identification of risk and protective factors; understanding and working to the Maternal and Child Health Service program standards; time management; and contributing to positive team culture.

It is also important to note the context for the surveys—they were specifically designed to identify professional development needs relevant to the implementation of the *Future directions* policy. Therefore, the surveys were not designed to identify skill levels or deficits across the full spectrum of each occupational role; rather, they were focused on the new and emerging needs of these roles.

The Saturday Conference

In addition to identifying professional development needs, one of the key areas of the research brief was to elicit views about the Saturday Conference. This quarterly forum has been in operation for at least 20 years, providing clinical and program updates and sharing innovative practice across the maternal and child health workforce. The workforce responded very clearly that they do not want their prime networking and professional development forum held on a Saturday (although a minority supports it being held on the weekend). The responses were often accompanied with comments about the need to support and be involved with their own families, giving up their own time and/or not being paid for attendance.

Calls for a range of supports

Another key theme in the feedback was the call for supports to enhance the role of nurses and staff. These varied, but included requests for support from managers and overarching supports from the Department of Human Services, such as protocols, standards, resources and standardised assessment tools.

Other issues

The project highlighted a range of communication issues. Tasks such as conducting early consultations with the field, establishing a process for ongoing communication with staff about the survey, identifying key contact people, distributing the 1,161 surveys to the workforce and following up returns were more difficult than anticipated, as there is, currently, no clear line of communication from the department to maternal and child health coordinators. In addition, the contractors originally proposed distributing and collecting the surveys electronically. Surveys conducted this way ideally require the respondent to open the document, complete the survey and return it via email. The survey can be downloaded and saved. When this option was discussed further, it was found that this approach would not be feasible. Some staff do not have access to a computer, others are unable to remain connected to the Internet for any length of time, others would not be able to download and save a document. Many could not guarantee that they would have 20–30 minutes of uninterrupted time to complete the survey. These challenges demonstrate a number of communication issues across the service, especially as reliance on electronic communication, and access to information, via the web, grows.

Maternal and child health nurses and coordinators also made suggestions about sharing practice knowledge, research and case studies through electronic means, such as creating databases. It is likely that some of the computer-related issues discussed above would restrict access for some staff to electronic communication methods, should these options be implemented.

The project also highlighted the need to have more accurate baseline data about maternal and child health services, in particular workforce and infrastructure data. The annual reporting process is currently the key mechanism for collecting this data, however, there are significant gaps in knowledge, primarily due to reports not being consistently completed. The conduct of this project, however, highlights how important it is to have a clear sense of key data about the service. This is particularly the case when the service is embarking on major change programs, such as the *Future directions* policy. Accurate baseline data is critical to the monitoring and evaluation of such programs as it allows for the measurement of change over time.

Clear themes relating to pressures felt by staff of the Maternal and Child Health Service have emerged through the wide-ranging contact between the contractors and the workforce. These

contacts included meeting with the Maternal and Child Health Service Improvement Implementation Advisory Group; consultations with the Maternal And Child Health Coordinators' Network; focus groups with the Maternal and Child Health Line staff; staff groups from two metropolitan councils; and consultation with the Wodonga regional meeting. In addition, the contractors have read and classified the comments provided on the 668 returned surveys.

The following observations may contribute to some of these pressures:

⬩ Managers may be managing up to four major community service programs, including the Maternal and Child Health Service, and within that portfolio may be responsible for up to 20 maternal and child health centres.

⬩ Maternal and child health coordinators may be coordinating up to 20 centres and working in both a clinical and management role.

⬩ Two in every five nurses are working at a single nurse centre.

⬩ Two thirds of nurses work part-time.

⬩ Fifty-seven per cent of nurses have nine years or more experience in the role and, accordingly, this is an older workforce, with 45% of nurses aged 51 years or older.

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Table 1: Summary of professional development priorities

	Nurses	Coordinators	Family support workers
Universal access and participation identified by *managers* as a professional development priority for:	☑	☑	

Provide services for children and families, recognising a diversity of need	**Engaging with vulnerable and/or families under-represented in the Maternal and Child Health Service**
	▪ Effectively engage with:
	  ▪ Indigenous families
	  ▪ parents with substance abuse issues, for example, alcohol/drugs
	  ▪ family violence
	  ▪ families experiencing homelessness/transient accommodation
	  ▪ parents with mental health issues.
	▪ Implement innovative approaches for working with vulnerable families, tailored to their needs.
		Engaging with vulnerable and/or families under-represented in the Maternal and Child Health Service
		▪ Lead the team to effectively engage with:
		  ▪ Indigenous families
		  ▪ culturally and linguistically diverse families
		  ▪ teenage parents
		  ▪ parents with substance abuse issues
		  ▪ families experiencing homelessness/transient accommodation.
		▪ Implement innovative approaches for working with vulnerable families, tailored to their needs.
			Engaging with vulnerable and/or families under-represented in the Maternal and Child Health Service
			▪ Effectively engage with:
			  ▪ Indigenous families
			  ▪ parents of a child with a disability
			  ▪ parents with a disability
			  ▪ parents with substance abuse issues eg. alcohol/drugs
			  ▪ families experiencing homelessness/transient accommodation
			  ▪ parents with mental health issues.
			▪ Implement innovative approaches for working with vulnerable families, tailored to their needs.

Engaging with vulnerable and/or families under-represented in the Maternal and Child Health Service identified by *managers* as a professional development priority for:	☑	☑	☑
Prevention, promotion, early detection and intervention identified by *managers* as a professional development priority for:	☑		
Partnerships with families, communities and service providers	**Partnerships with families** ▪ Support the development of effective partnerships that reflect the issues and preferences of all parents including those of Aboriginal descent, culturally and linguistically diverse backgrounds and families with complex needs. **Partnerships with communities and service providers** ▪ Support the development of partnerships with other relevant services (Best Start Projects, Innovations Projects, Primary Care Partnerships and Neighbourhood Renewal Projects).	**Partnerships with families** ▪ Lead the team in the development of effective partnerships that reflect the issues and preferences of all parents including those of Aboriginal descent, culturally and linguistically diverse backgrounds and families with complex needs.	**Partnerships with families** ▪ Support the development of effective partnerships that reflect the issues and preferences of all parents including those of Aboriginal descent, culturally and linguistically diverse backgrounds and families with complex needs. **Partnerships with communities and service providers** ▪ Support the development of partnerships with other relevant services (Best Start Projects, Innovations Projects, Primary Care Partnerships and Neighbourhood Renewal Projects).

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	Nurses	Coordinators	Family support workers
Partnerships with families identified by *managers* as a professional development priority for:	☑	☑	☑
Partnerships with communities and service providers identified by *managers* as a professional development priority for:	☑	☑	
Local planning, flexibility and collaboration			**Local planning** ▪ Contribute to the design of innovative models that support service integration and collaboration that responds to the needs of children and families (for example, co-locating services, common assessment frameworks).
Local planning identified by *managers* as a professional development priority for:	☑	☑	
A quality framework identified by *managers* as a professional development priority for:	☑	☑	

Strategic leadership and management of the Maternal and Child Health Service	**Management systems**
	▪ Work within management systems which support work in an interdisciplinary context:
	  ▪ financial systems.
	
	Human resource management systems
	▪ Succession planning
		Management systems
		▪ Develop and implement management systems which support work in an interdisciplinary context:
		  ▪ data supporting service monitoring and development
		  ▪ quality improvement systems.
		
		Human resource management systems
		▪ Discipline	

Management systems identified by *managers* as a professional development priority for:		☑	
Professional development and management support identified by *managers* as a professional development priority for:	☑	☑	
Change management identified by *managers* as a professional development priority for:		☑	

Chapter 1: Introduction

This report sets out the findings of the Professional Development Needs Analysis for the Victorian Maternal and Child Health Service. This project was conducted by Effective Change Pty Ltd for the Department of Human Services and the Municipal Association of Victoria.

1.1 Project background

The Maternal and Child Health Service plays a pivotal role in supporting children and their families. Maternal and Child Health Service staff must have a sound knowledge of the specialist referral networks and community supports that exist for families at a local level.

Maternal and child health staff are the frontline of primary care for all families with children—assessing health and development, teaching and advising parents, and providing a link to other children's service providers and health professionals. The emphasis of this role is on the early detection, intervention and prevention of physical, emotional and social issues affecting children and families. Maternal and child health staff work with all families with children from birth to school age, supporting them during this often challenging phase of parenting. Staff need to be able to relate to all families, including Indigenous, culturally and linguistically diverse and socially disadvantaged families.

1.1.1 *Future directions for the Victorian Maternal and Child Health Service*

In 2003, the Department of Human Services and the Municipal Association of Victoria undertook the Maternal and Child Health Service Improvement project as part of the implementation of the State Government's *Children First* policy. The key outcome of this project was the development of *Future directions for the Victorian Maternal and Child Health Service* (Department of Human Services, May 2004), which reflected new understandings of early childhood and the needs of contemporary families. The document was designed to guide improvements to the Maternal and Child Health Service for the benefit and wellbeing of children and their families, and to redefine the service within the context of new understandings of early childhood and innovative local approaches to the planning and delivery of services. [1]

1.1.2 Professional development strategy for the Victorian Maternal and Child Health Service

The Professional Development Needs Analysis is the first stage of a coordinated professional development strategy developed to target the workforce delivering the Maternal and Child Health Service. *Future directions* provided the policy context for the Professional Development Needs Analysis. Six Critical Success Factors were identified in the *Future directions* document as underpinning the way forward for the service. These were integrated into a framework for the Professional Development Needs Analysis for the Maternal and Child Health Service workforce.[2]

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[1] Department of Human Services 2004, *Future directions for the Victorian Maternal and Child Health Service*, Department of Human Services, Melbourne.
[2] ibid.

The second stage of the professional development strategy will be to design and deliver outcome-oriented professional development sessions that meet the needs and priorities identified through the Professional Development Needs Analysis survey.[3]

1.2   Project purpose

The purpose of the Maternal and Child Health Service Professional Development Needs Analysis was to:
- Identify the professional development needs to support the maternal and child health workforce to maintain and strengthen their capacity to achieve positive outcomes in service improvements.
- Align the professional development needs of the maternal and child health workforce with the Critical Success Factors outlined in the policy document *Future directions for the Victorian Maternal and Child Health Service* (Department of Human Services, May 2004).
- Prioritise the primary areas of professional development to be undertaken over the next three years across the Maternal and Child Health Service.
- Outline the most appropriate models of professional development that would effectively support the required outcomes of the Maternal and Child Health Service.

The project commenced in January 2005, with final reporting in October 2005.

1.3   Project scope

The Professional Development Needs Analysis has focused on professional development needed by the maternal and child health workforce to assist them in implementing the *Future directions* policy. The project was not intended to survey professional development needs across the full role responsibilities of maternal and child health staff.

The project targeted the professional development needs of:
- maternal and child health nurses
- maternal and child health coordinators
- family support/early childhood workers.

Managers' views have been sought in relation to their professional development priorities for each of these occupational groups.

The project has a statewide focus and has taken the approach of surveying the total workforce rather than selecting or targeting sample groups.

1.4   Project management

The project was conducted by Clare Keating and Debra Barrow of Effective Change Pty Ltd. Day-to-day management and support was provided by Louise Keramaris, Program Policy Advisor, Universal Early Years Services and Partnerships, Office for Children, Department of Human Services.

A Project Management Group oversaw the conduct of the project, and comprised:
- Anthony Raitman, Manager, Universal Early Years Services and Partnerships, Office for Children, Department of Human Services

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[3] Department of Human Services 2004, *Project brief – the Maternal and Child Health Service coordinated professional development strategy: provision of a professional development needs analysis*, Early Years Program, Department of Human Services, p. 1.

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- Louise Keramaris, Program Policy Advisor, Universal Early Years Services and Partnerships, Office for Children, Department of Human Services
- Debra Welsh, Program Policy Advisor, Universal Early Years Services and Partnerships, Office for Children, Department of Human Services
- Sarah Fagan, Project Manager Health, Municipal Association of Victoria.

The Maternal and Child Health Service Improvement Implementation Advisory Group, comprising representatives from rural and metropolitan maternal and child health services, the Maternal and Child Health Service Special Interest Group, the Maternal and Child Health Line, the Maternal and Child Health State Coordinators Network, the Municipal Association of Victoria and Department of Human Services, provided input to the project at key stages. The membership of the Maternal and Child Health Service Improvement Implementation Advisory Group is outlined in Appendix 1.

1.5   Report structure

This report is presented in the following parts:

Executive summary

This contains the key findings, themes and recommendations from the project. It also contains a summary of the professional development priorities as identified by each workforce group of the Maternal and Child Health Service and their maternal and child health service managers.

Methodology

Chapter 2 outlines the background to the project and describes the research approach and methodology. This chapter also details the level of participation of the Maternal and Child Health Service workforce in the Professional Development Needs Analysis.

Findings of the Professional Development Needs Analysis

Chapters 3–5 detail the findings of the Professional Development Needs Analysis for each of the workforce groups:
- maternal and child health nurses
- maternal and child health coordinators
- family support/early childhood workers.

Each of these chapters contains:
- demographic information for each workforce group
- survey results and findings
- professional development priorities identified by each occupational group
- other issues raised by the respondents.

Chapter 6 provides demographic information about maternal and child health service managers and summarises their responses to the needs for professional development for each of the above workforce groups.

Current and preferred professional development

Chapter 7 details the feedback from each workforce group in terms of:
- current professional development activities being undertaken
- other professional development needs identified
- preferred models for the delivery of professional development activities
- the Saturday Conference.

Conclusions

Chapter 8 presents the contractors' conclusions arising from the Maternal and Child Health Professional Development Needs Analysis.

Chapter 2: Methodology

2.1 Introduction

This chapter presents information on the research approach used for the Maternal and Child Health Service Professional Development Needs Analysis. It also provides information on the Critical Success Factors on which the analysis was based. A detailed overview of the methodology is presented as well as information on the level of the workforce's participation in the Professional Development Needs Analysis Survey.

2.2 Research approach

The research methodology for the Professional Development Needs Analysis for the Maternal and Child Health Service workforce was designed to:
- identify the professional development needs of the Maternal and Child Health Service workforce in relation to the *Future directions for the Victorian Maternal and Child Health Service* (Department of Human Services, 2004)
- ensure consistency with the Professional Development Needs Analysis Framework as developed by the Department of Human Services and based on the Critical Success Factors in the *Future directions* document
- integrate the Critical Success Factors within the information collection process
- ensure effective coordination and communication processes across the Victorian Maternal and Child Health Service.

To achieve the requirements of the brief, the contractors conducted a service-wide survey of the workforce, with surveys designed for each of the three major occupational groups: maternal and child health nurses, coordinators and family support/early childhood workers. Managers of maternal and child health services were surveyed to collect demographic data and their views on the priorities for professional development for the three occupational groups.

Confidentiality and privacy protections included conducting the survey via hard copy, providing reply paid envelopes, return of all surveys to the contractors and an embargo on reporting detailed information on groups of fewer than ten respondents. Providing privacy protections is an integral part of the research approach, as it ensures the conduct of ethical research and encourages greater participation from the workforce.

2.3 Critical Success Factors

The surveys for the Professional Development Needs Analysis were predicated upon and developed around the factors considered critical to the successful implementation of the *Future directions for the Victorian Maternal and Child Health Service* (Department of Human Services, 2004).

These Critical Success Factors are:

- **Universal access and participation** in the Maternal and Child Health Service at the key 'ages and stages' for all families and children, with a focus on families not engaged by the service and those with the greatest burden of morbidity and risk.
- **Provide services for children and families, recognising a diversity of need** and engage with all families, including those who are vulnerable and/or under-represented in

the Maternal and Child Health Service, and assertively seek to identify and respond to children at risk of poor outcomes.

▪ **Prevention, promotion, early detection and intervention** in the health and wellbeing of children and their families. Early detection includes identifying both risk and protective factors at the individual, family and community levels.

▪ **Partnerships with families, communities and service providers** which contribute to the capacity and resilience of children and their families and to the responsiveness of the service sector.

▪ **Local planning, flexibility and collaboration** whereby knowledge of local services is developed and Maternal and Child Health Services have the flexibility to, and responsibility for, contributing to and collaborating with local services to better meet the needs of children and their families.

▪ **A quality framework** which will support the implementation of program standards and local governments' best value practices.

A seventh factor was added during the Professional Development Needs Analysis project:

▪ **Strategic leadership and management of the Maternal and Child Health Service,** which includes developing knowledge and competence in appropriate management systems and recognises the responsibility of the individual in undertaking and maintaining their own professional competence.

The Department of Human Services developed the Professional Development Needs Analysis Framework, structured around the Critical Success Factors, to support the professional development strategy. The framework, designed to guide the Professional Development Needs Analysis, outlines the practice skills and knowledge required by the workforce to implement the Critical Success Factors (Appendix 2).

2.4 Research methodology

The project was conducted using the methodology described below.

2.4.1   Establish and implement a project communication strategy

The contractors, in conjunction with the Project Management Group, developed a communication strategy to be implemented across the life of the project (Appendix 3).

The aims of this strategy were to:
▪ provide clarity for all Maternal and Child Health Service staff on the project requirements, timelines and outcomes
▪ promote awareness of, and encourage participation in, the survey
▪ provide opportunities for all staff to provide feedback to the contractors on the survey and project.

The contractors prepared information bulletins to provide information to the workforce at critical stages of the project – commencement, after the initial workforce consultations, prior to the distribution of the survey, and after the conduct of the survey. The information bulletins

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were distributed to the Maternal and Child Health Service workforce via the maternal and child health service coordinators' email network.

Each information bulletin provided:
- background information to the project
- the status of the project to that point in time
- the key people involved at each step
- the requirements of the workforce regarding the project
- the key contact people at both Effective Change Pty Ltd and the Department of Human Services.

An article about the Professional Development Needs Analysis prepared by the contractors was published in the *Early Years FACTS*, a newsletter distributed by the Early Years Branch, Office for Children, Department of Human Services. The information bulletins and the article are in Appendix 3.

The contractors also met with the Maternal and Child Health Service Improvement Implementation Advisory Group and the Statewide Maternal and Child Health Service Coordinators' Group to inform them of the project and its objectives, and to seek their 'buy–in' to the process. These two groups were also kept within the communication loop via email outside of scheduled meeting times.

In addition, the contractors proposed that a 'key contact person' for each service was required to coordinate questions to the contractors, distribute the surveys and provide a contact point for the contractors to follow up if needed. This was discussed at the Coordinators' Network Meeting and, through this discussion, the maternal and child health coordinators offered to act in this role for the duration of the project. This meant they became the conduit for communication between the Project Management Group and their Maternal and Child Health Service and were responsible for:
- distributing surveys to each of their staff
- ensuring all surveys were returned to Effective Change Pty Ltd by the due date.

2.4.2 Scope the professional development needs of the Maternal and Child Health Service workforce

During this phase, Effective Change Pty Ltd, with assistance from Department of Human Services, converted the practice and knowledge requirements outlined in the Professional Development Needs Analysis Framework as developed by Department of Human Services, into professional development profiles for each of the three workforce groups:
- maternal and child health nurses
- maternal and child health coordinators
- family support/early childhood workers.

The contractors conducted a 'scoping workshop' with invited stakeholders and members of the Maternal and Child Health Service Improvement Implementation Advisory Group. The purpose of the focus group was to scope the professional development needs of each Maternal and Child Health Service occupational group, based on the Maternal and Child Health Professional Development Needs Analysis Framework. The discussion focused on two key questions:
1. Do these responsibilities apply to all occupational groups? If not, which ones do these **not** apply to?
2. Do these responsibilities require modification or refinement for any specific occupational group(s)?

Feedback from the scoping workshop was used to refine the profiles. The draft professional development profiles were then presented to the Maternal and Child Health Service Coordinator Network for discussion, where further information was gathered. The profiles were then amended and agreed by the Project Management Group.

2.4.3   Develop draft Professional Development Needs Analysis surveys

The professional development profiles became the basis for the draft surveys. The contractors designed surveys for each of the workforce groups, based on the Critical Success Factors outlined in the *Future directions for the Victorian Maternal and Child Health Service* (Department of Human Services, May 2004).

The survey for maternal and child health service managers asked them to provide their views on priorities for professional development for each of the occupational groups, based on the broad professional development profiles.

The draft surveys included a mix of open and closed questions. They comprised three sections:
- **About you**: collecting demographic information such as gender, age, years worked in the role, Department of Human Services region, employment status, and languages spoken at work.
- **Your professional development needs**: based on the professional development profiles established for each workforce group. Respondents were asked to indicate their skill level for each of the Critical Success Factors.
- **Professional development**: this section sought respondents' views on the priorities for professional development, preferred models for the delivery of professional development, the value of any professional development recently undertaken and the Saturday Conference.

2.4.4   Pilot the Professional Development Needs Analysis surveys

The purpose of the piloting phase was to:
- validate the content of each survey prior to distributing it to the full Maternal and Child Health Service workforce
- obtain qualitative feedback about all aspects of the surveys, including design, instructions, clarity and relevance of the questions, the 'pitch' of the survey and the time it took to complete.

The Professional Development Needs Analysis surveys were piloted with staff from each of the three workforce groups.

The contractors conducted pilots, through focus groups with maternal and child health nurses and coordinators, in the Hume and Eastern Metropolitan regions. Family support/early childhood workers surveys were distributed electronically across a number of metropolitan maternal and child health services, with feedback provided by telephone interviews.

2.4.5   Finalise and distribute the surveys

To finalise the surveys, the feedback from the pilot phase, the Maternal and Child Health Service Improvement Implementation Advisory Group and Department of Human Services staff was discussed with the Project Management Group. This group made the final decisions on changes based on the feedback received. These were incorporated into each of the surveys. The surveys for the Professional Development Needs Analysis are attached at Appendix 4.

Final surveys were then forwarded by mail to all staff of the Victorian Maternal and Child Health Service.

In keeping with the communication strategy, surveys were forwarded to the maternal and child health coordinators, who were responsible for distributing the surveys to each of their staff and ensuring the completed surveys were returned to the contractors by the due date. Surveys were included as part of a package of information sent to maternal and child health service coordinators, comprising:

- a covering letter
- an appropriate number of copies of each of the surveys required by their service
- a copy of the Glossary to be distributed amongst their staff
- the most recent information bulletin
- guidelines to assist them in introducing the survey to staff and encouraging their participation in the project
- an express post envelope for the return of the surveys to the contractors.

The maternal and child health service managers received their copy of the survey electronically, as well as a copy of each of the three workforce group surveys (for information) and the guidelines for completing the surveys. They were required to print the survey, complete it and return it to the coordinator. The covering letters forwarded to the maternal and child health coordinators and managers, the guidelines and Glossary are at Appendix 3.

The surveys were designed for self-completion. The guidelines provided advice to maternal and child health coordinators on conducting the survey with their team. The decision to undertake the survey during a group time, such as a staff meeting, or for each staff member to complete it individually, was left up to each team. The contractors offered phone assistance and received around six phone calls and emails seeking clarification.

The contractors met with the staff of the Department of Human Services Maternal and Child Health Line, rather than mailing out the surveys, to discuss issues or differences raised by the statewide structure of that service. Maternal and Child Health Line staff then completed the surveys during this group discussion. As providers of a statewide service, it was found that some areas of the survey did not apply to their service.

One month was allocated for completion and return of the surveys. Before the closing date, the contractors contacted all services with outstanding surveys to remind them that their surveys were due soon. After the due date, services with outstanding surveys were contacted again. The final cut-off date was extended by one week to accommodate late returns. Surveys received after that extension were not included in the final results.

2.4.6   Collate and analyse the surveys

Surveys were returned by post, directly to the contractors. The contractors were responsible for processing, collating and analysing the survey results. Data tables were produced for each survey, and results were cross-tabulated against key demographic characteristics. The contractors also read and classified all responses to open-ended questions in the surveys.

The draft key findings were presented to the Project Management Group for discussion and to seek guidance on the interpretation of results and relative importance of various findings. The draft findings for the maternal and child health nurses were also presented to the Maternal and Child Health Service Improvement Implementation Advisory Group for their information and feedback.

2.4.7   Prepare draft report

The contractors prepared the survey report in draft form for discussion with the Project Management Group.

2.4.8   Prepare final report

Following receipt of feedback from the Project Management Group, the contractors prepared the final report.

2.5   Response rates

2.5.1   Baseline data

The population sizes of the occupational groups have been calculated in the following way:

- **Nurses:** Department of Human Services estimates of the total number of maternal and child health nurses working in the service across the state (711), based on aggregate annual report data provided by each service.
- **Coordinators:** estimation of one maternal and child health coordinator per service (81).[4]
- **Maternal and child health service manager**: estimation of one manager per service (81).
- **Family support/early childhood workers**: There is currently no definitive data showing how many family support/early childhood workers are in the workforce.

2.5.2   Maternal and child health nurses

A total of 547 surveys out of a possible 711 (representing a response rate of 77%) were returned by maternal and child health nurses, with 16 received too late to be incorporated in the data analysis.

2.5.3   Maternal and child health coordinators

A total of 65 surveys of a possible 81 (representing a response rate of 80%) were returned by maternal and child health coordinators, with one survey too late for the feedback to be incorporated in the data analysis.

Table 2.1 sets out the response rates for the maternal and child health nurse and coordinator cohort by Department of Human Services region.

2.5.4   Family support/early childhood workers

A total of 28 family support/early childhood workers responded to the Professional Development Needs Analysis Survey. No accurate data was available to indicate the potential number of workers in this role in the workforce.

2.5.5   Maternal and child health managers

A total of 28 out of a possible 81 (representing a response rate of 35%) maternal and child health managers responded to the Professional Development Needs Analysis, with one survey received too late for the feedback to be incorporated in the data analysis.

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[4] The Professional Development Needs Analysis asked that team leaders or maternal and child health nurses acting in a coordinator role or with higher duties, respond to the survey as a maternal and child health coordinator. This may explain why the return rate for coordinators in the Southern and North and West metropolitan regions was greater than the number of coordinators.

2.5.6   Overall response rate and validation of professional development profiles

Where it is possible to calculate, the survey has achieved response rates of well over 70%. Given that 40–50% is recognised as an acceptable return rate for self-completed surveys[5], this is an excellent result for the Maternal and Child Health Service. The high level of participation of both nurses and coordinators reflects staff interest in professional development and the effectiveness of the coordination and communication strategies adopted for this project. The result also validates the content of the professional development profiles developed for each of the maternal and child health workforce groups.

KEY FINDING 1:

Three quarters (75%) of the maternal and child health nurse population and 80% of coordinators participated in the Professional Development Needs Analysis, based on available workforce data. These high levels of participation validate the professional development profiles developed for the project and provide rich data for analysis. Calculation of response rates has highlighted gaps in baseline data for the service, such as the total population of the family support/early childhood workforce not being known.

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[5] Warrick and Lininger 1975, cited in Department of Employment, Education and Training 1989, *Training needs analysis* DEET, Victoria

Table 2.1: Maternal and Child Health Nurse and Coordinator Survey response rates by Department of Human Services region

Maternal and child health nurses	Barwon-South Western	Eastern	Southern	North and West	Gippsland	Grampians	Hume	Loddon Mallee	TOTAL
No. of nurses	35	108	142	252	36	34	44	60	711
No. of returns	31	80	110	168	28	32	40	40	531*
Response rate	86%	74%	77%	66%	77%	94%	91%	66%	75%
% total nurses	5%	15%	20%	35%	5%	5%	6%	8%	
% total responses	6%	15%	20%	32%	5%	6%	7%	7%	

Coordinators	Barwon-South Western	Eastern	Southern	North and West	Gippsland	Grampians	Hume	Loddon Mallee	TOTAL
No. of coordinators	9	7	10	15	7	11	12	10	81
No. of returns	6	6	11	16	5	5	10	4	65
Response rate	66%	86%	100%	100%	71%	45%	83%	40%	80%
% total coordinators	11%	9%	12%	18%	9%	13%	15%	12%	
% total responses	9%	9%	17%	25%	8%	8%	15%	6%	

Received within timelines

Notes:

1. Staff numbers are based on figures from the Annual Report 2003–2004.

2. Includes respondents who did not indicate region.

3. Includes respondents working for statewide services.

4. Returns for the Southern and North and West metropolitan regions exceed the known number of coordinators. This may be explained by either errors in the baseline data, or that team leaders and/or respondents acting in the coordinator role responded to the coordinator survey.

Chapter 3: Maternal and child health nurses

3.1   Introduction

This chapter presents the results of the Professional Development Needs Analysis survey for maternal and child health nurses. This survey was completed by 547 respondents across the state. The analysis is based on the 531 surveys received within the timelines, or 75% of the maternal and child health nurse workforce.

This chapter provides demographic information on the maternal and child health nurse cohort responding to the survey. It also presents the findings in relation to professional development needs and respondents' priorities for future professional development.

3.2   Demographics

The Professional Development Needs Analysis survey sought demographic information about maternal and child health nurses in relation to:
- gender
- age
- years worked in the Maternal and Child Health Service
- Department of Human Services region
- local government area (LGA) in which the service is located
- type of centre (single, dual or multi nurse centre or co-located service)
- employment status (permanent full-time, permanent part-time, relieving or contract)
- the number of centres worked across
- languages other than English used in their practice.

3.2.1   Gender

All respondents to this question (n=524) are female.

3.2.2   Age

Table 3.1 sets out the responses recorded in relation to age.

	Q.3 Age	
	# of respondents	Per cent
Under 45	129	24.6
45–50	162	30.9
51–55	117	22.3
56–60	83	15.8
Over 60	33	6.3
Total	524	100.0

Table 3.1: Age of nurse respondents

One quarter (25%) of nurses who responded to the survey are younger than 45 years of age and almost one third (31%) are aged between 45 and 50 years. More than one in five

respondents (22%) are aged between 51 and 55 years. Three quarters of the survey respondents across Victoria are aged 45 years or older (75% or 395 respondents) and 44% (or 233 respondents) are 51 years or older.

When the age results are cross-tabulated by region, it is found that:

▪ while 44% of nurses statewide are over 50 years of age, this figure rises to 51% in the Eastern Metropolitan Region (or 40 out of 79) and 55% in the Barwon-South Western Region (or 17 out of 31)

▪ almost half the respondents from the Southern and North and West metropolitan regions are 51 years or older (48% or 90 out of 187)

▪ only 29% of nurses in the Grampians Region (or 9 out of 31) are over 50 years

▪ almost half the nurses in the Hume Region (18 out of 40, or 45%) are under 45 years of age.

KEY FINDING 2:

Forty-four per cent (44%) of Maternal and Child Health Nurse Survey respondents across Victoria are over 50 years of age compared to only one quarter aged younger than 45 years.

When the age results are analysed by region, it is found that the Eastern Metropolitan Region and Barwon-South Western Region have a higher proportion of nurses aged over 50 compared to statewide results.

With the exception of the Barwon-South Western Region, nurses in rural regions are more likely to be younger than their metropolitan colleagues. One third (33%) of nurses in rural regions, with the exception of Barwon-South Western, are under 45 years, compared to 25% of nurses across the state.

3.2.3   Years worked in the Maternal and Child Health Service
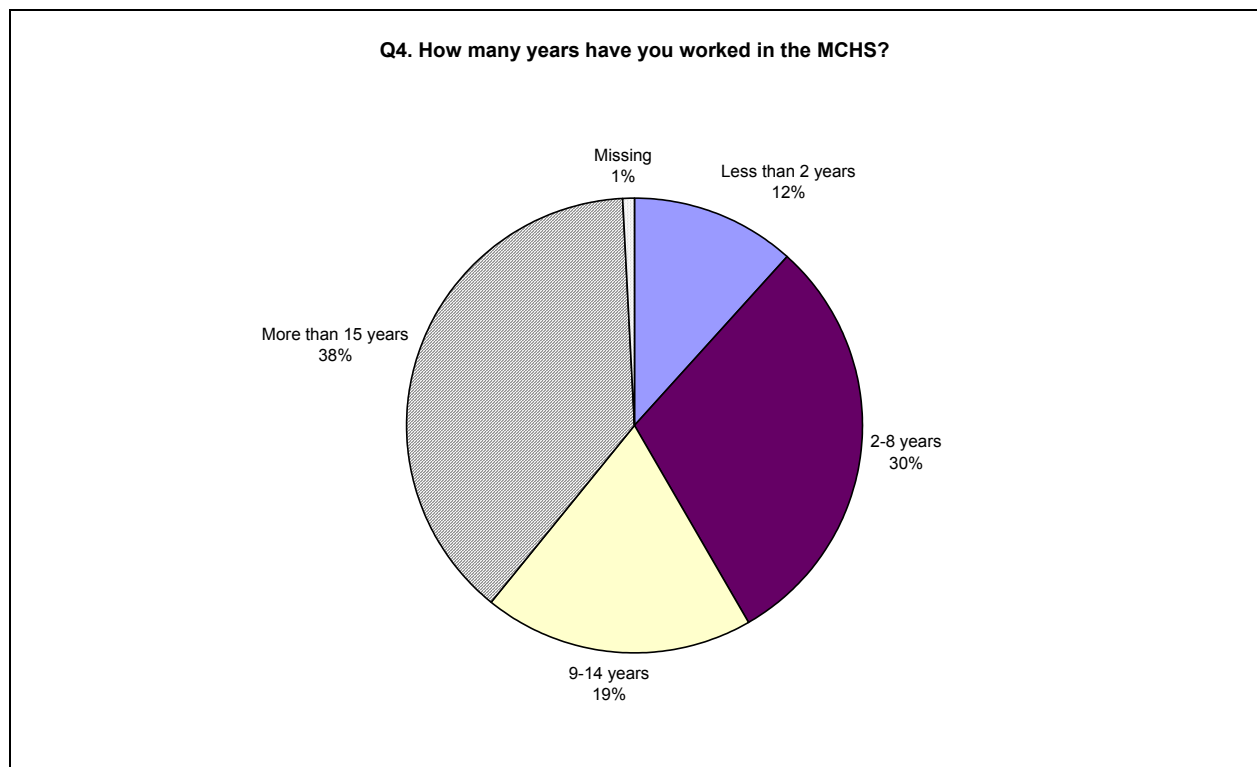
Graph 3.1: Years worked in the Maternal and Child Health Service by nurse respondents

The data shows this is an experienced workforce, with 57% of respondents having more than nine years experience. A further 30% of respondents have worked in the service for between two and eight years; only 12% have worked in the service fewer than two years; and 38% have worked as a maternal and child health nurse for more than 15 years.

KEY FINDING 3:

The data shows that the maternal and child health nurse workforce has considerable experience. Over half of the respondents (57% or 305 respondents, n=526) have more than nine years experience in the service. Almost one third of respondents have between two and eight years experience, while only 12% have less than two years experience.

3.2.4   Department of Human Services regions

Table 3.2 shows the region that respondents work in. The results are consistent with the size of the maternal and child health nurse workforce of the regions. The greatest number of responses was received from the metropolitan regions and, within those, the majority of responses were received from the North and West Metropolitan Region. Nurses from the North and West Metropolitan Region make up 35% of the total workforce. Responses received from this region are consistent with their proportion of the workforce, with 168 responses, representing 32% of total responses. Twenty per cent of the workforce is based in the Southern Metropolitan Region, and respondents from this region made up 21% of the total respondents. Fifteen per cent of respondents were from the Eastern Metropolitan Region and this is consistent with their proportion of the total workforce (15%).

Around 5–7% of respondents are based in the rural regions (28 to 40 respondents), with the highest number of responses received from the Hume and Loddon Mallee regions (7.5% from each). Twenty-eight responses (5.3% of total responses) were received from the Gippsland Region. Again, these results are generally consistent with their proportional representation of the total workforce.

Q5 Which DHS region is your MCH service in?

	# of respondents	Per cent
Barwon-SW	31	5.9
Eastern	80	15.1
Southern	110	20.8
North and West	168	31.8
Gippsland	28	5.3
Grampians	32	6.0
Hume	40	7.6
Loddon Mallee	40	7.6
Total	529	100.0

Table 3.2: Department of Human Services region by nurse respondents

3.2.5   Local government area

Maternal and child health nurse survey responses were recorded from 69 of the 79 LGAs across Victoria and two statewide services. These responses cannot be detailed further for

privacy and confidentiality reasons, as fewer than ten responses were received from some LGAs. However, the results indicate widespread participation from nurses across the state.

3.2.6   Centre type and co-location

Survey respondents were asked to indicate if they work in a single, dual or multi-nurse centre or a co-located service. Table 3.3 gives the type of centre in which respondents work.

The results indicate that the majority of respondents (41%) work in single nurse centres. Almost one quarter of respondents (24%) work in dual nurse centres and 15% work in multi-nurse centres. A further 18% (97 respondents) indicated they work in co-located centres.

Q7. Which of the following best describes the make up of your service?

	# of respondents	Per cent
Single nurse centre	219	42.0
Dual nurse centre	129	24.7
Multi-nurse centre	77	14.8
Co-located service	97	18.6
Total	522	100.0

Table 3.3: Make up of service by nurse respondents

The subsequent survey question asked if the respondent's service is co-located with other services. A total of 347 respondents (67.5%) indicated that their service is co-located and 167 (32.5%) indicated that their service is not co-located. The results suggest some confusion and, in retrospect, indicate that the co-location option should not have been included in the first question (make up of centre). The results would be more meaningful if respondents were asked **only** about number of nurses per centre and **then** whether the service is co-located. This is an important lesson for the design of future surveys. From the results gained, it is likely that the high percentage (67.5%) of co-located services is accurate.

If the 97 co-location responses to the first question are discounted, and the results are recalculated on the basis of the remaining 425 responses, the results show that out of this total:
- 219 (52%) work in a single nurse centre,
- 129 (30%) work in a dual nurse centre
- 77 (18%) work in a multi-nurse centre.

KEY FINDING 4:
Despite some confusion with the survey questions, the results consistently show that the majority (around 40–50%) of maternal and child health nurses work in single nurse centres. The balance of nurses are more likely to work in a dual nurse centre. Fewer nurses (around 18%) work in a multi-nurse centre.

3.2.8   Employment status

Based on the survey results (n=528), two-thirds (66%) of the Maternal and Child Health Service nurse workforce is employed on a permanent part-time capacity. Almost one quarter are employed (23%) in a permanent full-time basis, while 9% are relieving staff and 2% are on contract.

In total, 58 respondents were relieving (48) or contract staff (10), representing 11% of the total respondents. If these two categories of staff are discounted, the results can be analysed further to identify variations in full-time or part-time employment status. Table 3.4 presents the results for full-time and part-time status of nurses in metropolitan and rural regions and statewide.

	Metropolitan regions		Rural regions		Victoria	
	#	%	#	%	#	%
Permanent full-time	97	30	24	17	121	26
Permanent part-time	231	70	118	83	349	74
Total	328	100	142	100	470	100

Table 3.4: Employment status by nurse respondents, excluding relieving and contract responses

These results confirm that most of the workforce is employed on a permanent part-time basis. They also highlight that there is a significantly higher percentage of permanent part-time staff in rural regions. While almost three quarters of respondents (74%) are employed on a permanent part-time basis across the state, this rises to 83% in rural regions compared to 70% in metropolitan regions. Conversely, while around one in four respondents statewide are employed on a permanent full-time basis (26%), in rural regions only 17% of respondents are employed on a permanent full-time basis, compared to 30% in metropolitan regions. Barwon-South Western Region is the only rural region which runs counter to this trend, with 29% of respondents employed on a permanent full-time basis. If Barwon-South Western results are discounted from the aggregate rural figures, then the percentage of permanent full-time staff falls to 13% and permanent part-time rises to 87%.

> **KEY FINDING 5:**
> The majority of maternal and child health nurse respondents are employed on a part-time basis (66%). When the results are analysed on full-time/part-time basis alone, there is a higher proportion of full-time staff in metropolitan regions and a higher proportion of part-time staff in the rural regions.

3.2.9 Number of centres worked across

Respondents were asked to report the number of centres they work across. Table 3.5 shows that more than half (56%) of the survey respondents work in one centre only and 22% work across two centres, representing more than three quarters of the respondents. Of the remaining 22%, 6% work in three centres and 5% in more than ten centres.

No. of centres worked across	Number of respondents	% of total
1	283	55.5
2	114	22.4
3	32	6.3
4	23	4.5
5	12	2.4
6–10	46	9.1
Total	510	100.2%

Table 3.5: Number of centres worked across by nurse respondents

> **KEY FINDING 6:**
> The majority of maternal and child health nurse respondents work in either one centre (55%) or two centres (22%). Less than 10% of respondents work in six or more centres.

3.2.10   Languages other than English

Table 3.6 presents the results for nurses who use a language other than in English in their practice.

Q11. If you speak a language other than English, do you use this in your practice?

	# of respondents	Per cent
Yes	28	6.1
No	434	93.9
Total	462	100.0

Table 3.6: Languages other than English used in practice by nurse respondents

The results show that 28 (6.1%) respondents speak a language other than English and use this in their practice. For 13 respondents the most commonly spoken community language in the Maternal and Child Health Service is Chinese (including Cantonese and Mandarin). The next most frequently spoken languages are Italian and German. One to two respondents reported using languages ranging from European languages (Croatian, Maltese, Polish, French) to Asian languages (Tagalog, Tamil, Malay, Indonesian) and Arabic and Spanish.

3.3 Findings of the Professional Development Needs Analysis Survey

3.3.1   Introduction

This section presents the aggregate results from the Maternal and Child Health Nurse Survey in relation to their professional development needs. The results are presented according to each of the seven Critical Success Factors in the professional development profiles, that is:
- universal access and participation
- provide services for children and families, recognising a diversity of need
- prevention, promotion , early detection and intervention
- partnerships with families, communities and service providers
- local planning, flexibility and collaboration
- a quality framework
- strategic leadership and management of the Maternal and Child Health Service.

For each area of competence, the responses available to maternal and child health nurses were:
- 'I have the skills to do this'
- 'I need professional development to further these skills'
- 'I need professional development to develop these skills'.

3.3.2 Scope of the Maternal and Child Health Service Nurse Survey

The following key points in relation to maternal and child health nurses emerged from the scoping exercise:

- Maternal and child health nurses' key focus is on providing services for children and families.
- There are wide variations in the maternal and child health nurse role across the state. These variations are due to many factors, such as the number of staff in the team; the type of centre (single, dual or multi-nurse); full-time or part-time status of members of the maternal and child health team; and rural and metropolitan issues, for example relating to the demographics of the LGA, distances to be travelled to visit clients, the nature of the abutting service system or the infrastructure in the local area.
- The level of maternal and child health nurse involvement in management functions and activities varies considerably across the state.

While the scoping exercise clearly identified the range of variations, the decision was taken to develop a generic survey suitable for implementation across the state. This would allow for evidence to be collected which identified differences, rather than base this information on what is otherwise anecdotal evidence.

The professional development profile for maternal and child health nurses is at Attachment 1, at the end of this chapter.

3.3.3 Relative level of professional development need

For the purposes of interpreting the Maternal and Child Health Nurse Survey results, professional development needs have been categorised as low, medium or high, relative to the overall results. These categories have been set at the following levels for maternal and child health nurses:

- Low need – if 20–30% of respondents (106–160 responses) need professional development to further or to develop these skills.
- Medium need – if 31–50% of respondents (161–265 responses) need professional development to further or to develop these skills.
- High need – if more than 50% of respondents (more than 266 responses) need professional development to further or to develop these skills.

3.3.4   Universal access and participation

Q12. Access and Participation
n=531

Legend:
- I have the skills to do this
- I need professional development to further improve these skills
- I need professional development to develop these skills
- No response

Y-axis: Share of total responses (%)

Data labels: 12.1: 77, 3; 12.2: 31, 2; 12.3: 139, 5; 12.4: 220, 15; 12.5: 231, 28

12.1	Undertake assessments using approaches that engage and support families
12.2	Promote the Maternal and Child Health Service to all families through consultations at key 'ages and stages' and other activities relevant to local needs and priorities
12.3	Identify barriers and issues that contribute to low participation rates of families at key age and stage consultations
12.4	Develop, implement and monitor interventions to increase participation rates
12.5	Develop networks and protocols between agencies to support family participation

Graph 3.2: Professional development needs of nurses: universal access and participation

Universal access and participation for maternal and child health nurses focuses on undertaking assessments that engage families; promoting the service; identifying barriers and developing interventions to increase participation rates.

Graph 3.2 indicates that there are low to medium professional development needs in this area and, conversely, respondents have the skills required in relation to assessments, promotion of the service and identification of barriers.

Areas where there were medium professional development needs are reported on below.

Develop, implement and monitor interventions to increase participation rate
While 42% of respondents (218 respondents) need professional development to further improve their skills in this area, the following cohorts had higher needs:
- respondents younger than 45 years (53% or 68 out of 128 respondents)
- respondents from the Loddon Mallee Region (55% or 21 out of 38 respondents)
- respondents with less than eight years experience (53% or 115 out of 217 respondents).

Develop networks and protocols between agencies to support family participation
While 45% of respondents (229) need professional development to further improve their skills in this area, the following cohorts had higher needs:
- respondents younger than 45 years (56% or 70 out of 126 respondents)
- respondents from the Loddon Mallee Region (51% or 19 out of 37 respondents)
- respondents with less than eight years experience (53% or 115 out of 215 respondents).

Maternal and child health managers' views
Almost all maternal and child health managers (26 out of 27 managers or 96%) reported that **universal access and participation** is a training priority for maternal and child health nurses.

Further comments
Survey respondents were offered the opportunity to provide further comments on skills, training or support needs in relation to this area. One hundred and eight further comments were recorded. Graph 3A (Attachment 2 at the end of this chapter) categorises the main themes evident in the range of comments. The greatest number of comments (29) related to time pressures felt within the service, typified by comments such as:

> *You can train us all you want but if there is not enough time/money/staff or resources the problem remains.*

A further 16 comments indicated that 'you can always improve/update' and the following indicate the range of other comments:

> *Maternal and Child Health needs to work in multidisciplinary centres to assist in visible access as well as the perceived access to the service.*

> *Low participation rates often relate to poor transport/outdated centres/early return to work of some mothers/poor rapport with nurses/lack of knowledge by nurses as to where to refer clients to other agencies.*

> *One of the issues with the biggest impact on our initial contact with families is poor discharge planning and information dissemination from hospitals – in particular private hospitals.*

3.3.5 Provide services for children and families, recognising a diversity of need

Q13. Engaging with vulnerable families and/or families under-represented in the MCHS
n=531

Legend:
- I have the skills to do this
- I need professional development to further improve these skills
- I need professional development to develop these skills
- No response

13.1 Understand how to recognise the values and beliefs of families and how this impacts upon your engagement with them
13.2 Identify risk factors in early childhood
13.3 Identify protective factors in early childhood
Effectively engage with:
13.4 Indigenous families
13.5 Culturally and Linguistically Diverse families
13.6 Teenage parents
13.7 Parents of a child with a disability
13.8 Parents with a disability
13.9 Parents with substance abuse issues eg. alcohol/drugs
13.10 Family violence
13.11 Families experiencing homelessness/transient accommodation
13.12 Parents with mental health issues
13.13 Implement innovative approaches for working with vulnerable families, tailored to their needs
13.14 Access/work effectively with secondary consultation services, specialist services and other relevant agencies when working with vulnerable families
13.15 Identify when to refer vulnerable families to other services

Graph 3.3: Professional development needs of nurses: engaging with vulnerable families and/or families under-represented in the Maternal and Child Health Service

This Critical Success Factor focuses on engaging vulnerable families or families generally under-represented in the Maternal and Child Health Service. This area emerged as a high priority for professional development for maternal and child health nurses. Graph 3.3 shows that more than half (over 265 respondents) require professional development to improve their skills in six areas:

- Effectively engage with:
  – Indigenous families
  – parents with substance abuse issues
  – family violence
  – families experiencing homelessness/transient accommodation

- – parents with mental health issues
- ▪ Implement innovative approaches for working with vulnerable families, tailored to their needs.

Of the remaining nine areas of competence, five were found to be medium professional development needs, with between 31–50% of respondents requiring some level of professional development.

Within the high priority areas, needs were relatively consistent across various characteristics. Areas where there were variations are reported below.

Effectively engage with Indigenous families
The need for professional development in this area was found to be higher in rural regions (65% compared to 56% across the state and 52% in metropolitan regions). While this was generally a high need across all characteristics, only 30% of the over 60 years cohort (or 10 out of 31 respondents) perceived the need for professional development in this area. However, as this group represents only 6.3% of the total respondents, this needs to be treated with some caution.

Effectively engage with parents with substance abuse issues
The following cohorts had higher professional development needs than the statewide response of 58%:
- ▪ respondents aged 56–60 years (66% or 54 out of 82 respondents)
- ▪ rural regions (64% or 108 out of 169 respondents, compared to 55% in the metropolitan regions), particularly in the Barwon-South Western (74%) and Hume regions (70%)
- ▪ respondents located at single nurse centres (62% or 136 out of 218 respondents).

Only 47% of permanent full-time nurses reported a need for professional development in this area, compared to 63% of permanent part-time nurses.

Effectively engage with families experiencing family violence
The following cohorts had higher professional development needs than the statewide response of 58%:
- ▪ respondents with 2–8 years experience (65% or 92 out of 141 respondents)
- ▪ respondents located at single nurse centres (63% or 126 out of 199 respondents)
- ▪ Barwon-South Western Region (70% or 21 out of 30 respondents).

Effectively engage with families experiencing homelessness/transient accommodation
The following cohorts had higher professional development needs than the statewide response of 60%:
- ▪ respondents younger than 45 years (66% or 84 out of 128 respondents)
- ▪ Barwon-South Western Region (74% or 23 out of 31 respondents) and Hume Region (70% or 28 out of 40 respondents).

Effectively engage with parents with mental health issues
The majority of respondents from Barwon-South Western Region (27 out of 31 respondents or 87%) reported a need for professional development to improve skills in this area, which is significantly higher than the statewide result of 61%.

No significant variations were found in relation to *implementing innovative approaches for working with vulnerable families, tailored to their needs*, with consistently high needs reported, around the statewide average of 61%.

Maternal and child health managers' views

The majority of maternal and child health managers (25 out of 27, or 93%) responded that *engaging vulnerable families* is a priority for professional development for maternal and child health nurses.

Further comments

Graph 3B (Attachment 2 at the end of this chapter) categorises the main themes evident in the 122 further comments recorded in this area. The greatest number of comments (21) expressed the view that 'you can always learn/update your skills'. Others referred to more specific professional development around working with vulnerable families. A number of comments highlighted the need to keep up to date and know the surrounding service systems. Lack of time continued as a theme in a number of the comments. The following indicates the range of comments made in this area:

> *It's hard when you identify a problem, and have nowhere to send them to, for example, one year wait for autistic children to get some help or when you have a severely depressed woman (who doesn't need the CAT team) and she has to be supported for six weeks before services are available.*

> *… the Maternal and Child Health team need to improve their skills and be effective.*

3.3.6 Prevention, promotion, early detection and intervention

Q14. Health promotion, early detection and intervention
n=531

Legend:
- I have the skills to do this
- I need professional development to further improve these skills
- I need professional development to develop these skills
- No response

14.1 Apply knowledge of health promotion and health promotion activities informed by evidence and best practice
14.2 Implement assessment processes that guide early detection of risk and protective factors in early childhood
14.3 Engage families through the provision of appropriate information and advice to support their parenting role and the health and wellbeing of their child

Graph 3.4: Professional development needs of nurses: health promotion, early detection and intervention

This Critical Success Factor focuses on health promotion. The three areas of competence in *prevention, promotion, early detection and intervention* deal with the application of health promotion knowledge and providing advice to clients that supports health and wellbeing.

There were low professional development needs in this area, with the majority of respondents reporting that they have the relevant skills.

Thirty-two per cent (167 respondents) reported a need for professional development to further improve their skills to *implement assessment processes that guide early detection of risk and protective factors in early childhood.* This was a higher professional development need for respondents with less than two years experience (45% of this cohort or 28 out of 62 respondents) and respondents from the Barwon-South Western Region (45% or 14 out of 31). In both cases, however, the cohorts are a relatively small proportion of the total respondents, and therefore these results are to be viewed as indicative.

Maternal and child health managers' views
The majority of maternal and child health managers (23 out of 27, or 85%) responded that *prevention, promotion, early detection and intervention* is a priority for professional development for maternal and child health nurses.

Further comments
Of the 117 further comments recorded in this area (see Graph 3C, Attachment 2 at the end of this chapter)), one in four (26% or 30 comments) indicated that 'you can always learn/update your skills'. Other key themes were 'lack of time' and 'the need for Department of Human Services to develop and implement standardised resources and supports'. The following indicates the range of comments made in this area:

> *(We) need to meet the needs of families – that is, go to shopping centres/libraries/child care centres/family day care/work child care centres to provide the key ages and stages of development to these children outside of the normal centre environment. We may need to change traditional practice to meet the changing needs of the community.*

> *The City of […] offers many opportunities in the above for which I am grateful.*

3.4.7   Partnerships with families, communities and service providers

The four areas of competence in this section deal with partnerships with families and partnerships with communities and service providers.

Partnerships with families

Q15. Partnerships with families
n=531

Legend:
- I have the skills to do this
- I need professional development to further improve these skills
- I need professional development to develop these skills
- No response

Y-axis: Share of total responses (%)

Data labels visible: 180, 2 (for 15.1); 306, 21 (for 15.2)

15.1   Develop family centred approaches which:
- build the capacity and resilience of children and their families
- support the health and wellbeing of mothers
- identify and assist women with issues such as postnatal depression
- promote self-regulatory behaviours
- increase engagement of fathers and other caregivers

15.2   Support the development of effective partnerships that reflect the issues and preference of all parents including those of Aboriginal descent, culturally and linguistically diverse backgrounds and families with complex needs

Graph 3.5: Professional development needs of nurses: partnerships with families

One of the ten areas where more than 50% of all respondents indicated that they need professional development to improve their skills was *Support the development of effective partnerships that reflect the issues and preferences of all parents including those of Aboriginal descent, culturally and linguistically diverse backgrounds and families with complex needs*. While 59% (306 respondents) of all respondents need professional development in this area, 74% from Barwon-South Western Region (or 23 out of 31 respondents) need professional development to improve their skills in this area.

The other area of competence in this section, *developing family-centred approaches,* was a medium need for professional development, with 34% or 180 respondents needing professional development to improve their skills. This result was higher for respondents from the Loddon Mallee Region, with 51% (20 out of 39 respondents) reporting a need for professional development.

Partnerships with communities and service providers
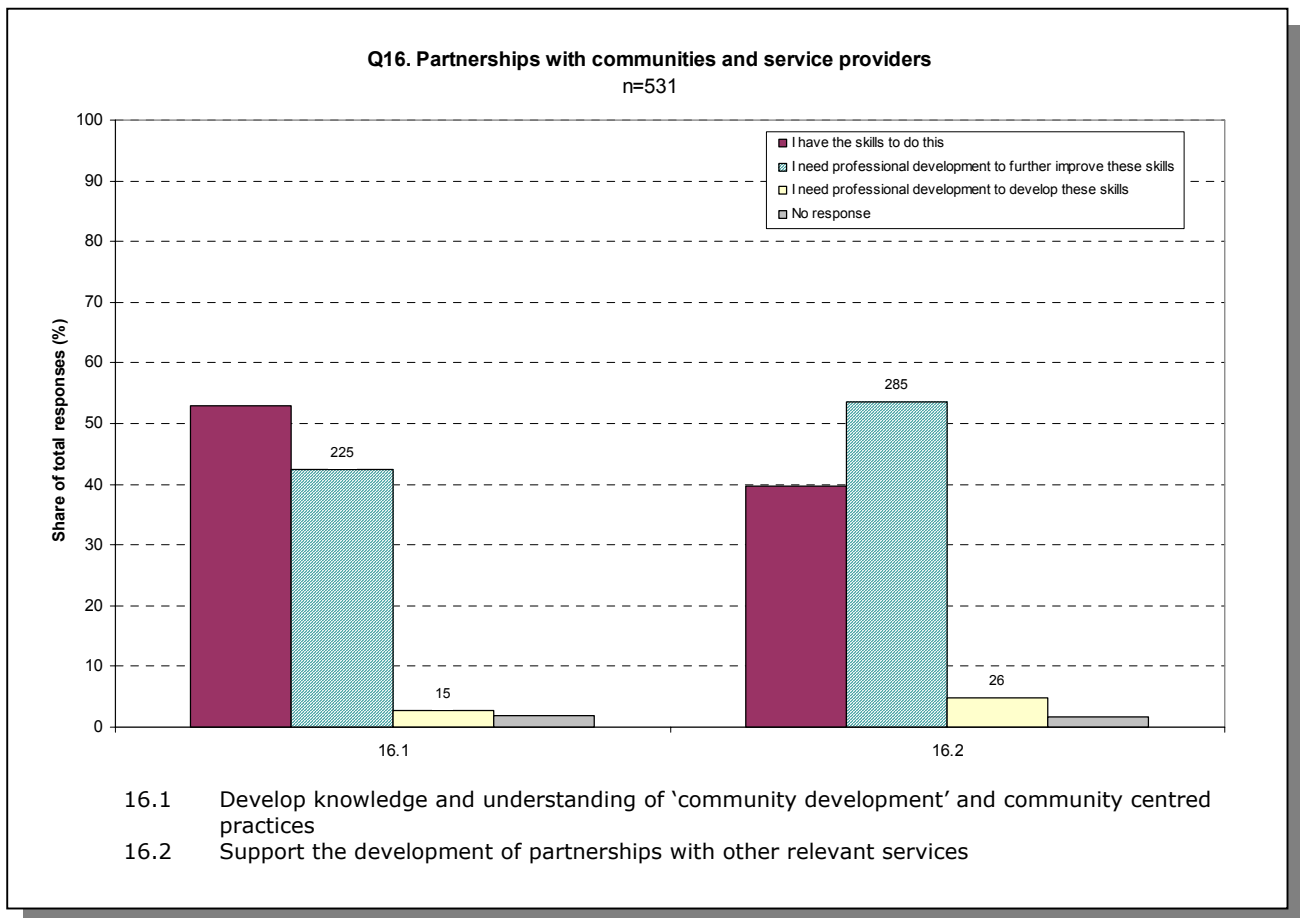
Graph 3.6: Professional development needs of nurses: partnerships with communities and service Providers

Graph 3.6 shows that there are medium to high professional development needs in this area.

High needs for professional development are evident in relation to *supporting the development of partnerships with other relevant services.* More than half (54%) of the respondents reported a need for professional development in this area, however this was even higher for those with less than two years experience (65% or 40 out of 62). When analysed by metropolitan/rural respondents, it is found that this need is lower for rural respondents (48%) than metropolitan respondents (58%).

Forty-three per cent (225 respondents) reported a need for professional development to *develop their knowledge and understanding of community development*. Again, this need was greater for those with less than two years experience (58% or 36 out of 62).

Maternal and child health managers' views
The majority of maternal and child health managers (82% or 22 out of 27 responses) indicated that *partnerships with families* is a priority for professional development for maternal and child health nurses and slightly fewer (74% or 22 respondents) felt that *partnerships with service providers* is a priority for professional development.

Further comments
Of the 92 further comments recorded in this area (see Graph 3D, Attachment 2), nearly one quarter (23%) related to 'lack of time'. The next key theme was that 'you can always

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learn/update your skills'. Other key themes were 'the need for financial support', 'the need to know which community services to refer to – who, when, how' and 'the complexity of the role when working in isolation'. The quotes below illustrate the range of themes expressed:

> *Once again, workloads can be a limiting factor to engagement with other services.*

> *These ideals are luxury items in 'normal' workloads. All skills need updating to remain current.*

> *The profile of maternal and child health nurses should be constantly promoted/highlighted especially with GPs.*

> *There's still a lot of self-centred nurses who are actually promoting reliance on themselves rather than allowing families to build their own resilience etc.*

> *Re 15.2 – while I may have the skills, the families do not and many hours are spent by myself attempting to be accessible (for example, staying open after usual work hours or doing extra home visits) which is ignored by the families.*

> *Perhaps we need Aboriginal and culturally and linguistically diverse health workers as part of our team?*

> *How do you encourage peers that they have these skills. Some don't want to use them as it takes them out of their 'comfort zone'.*

Local planning, flexibility and collaboration
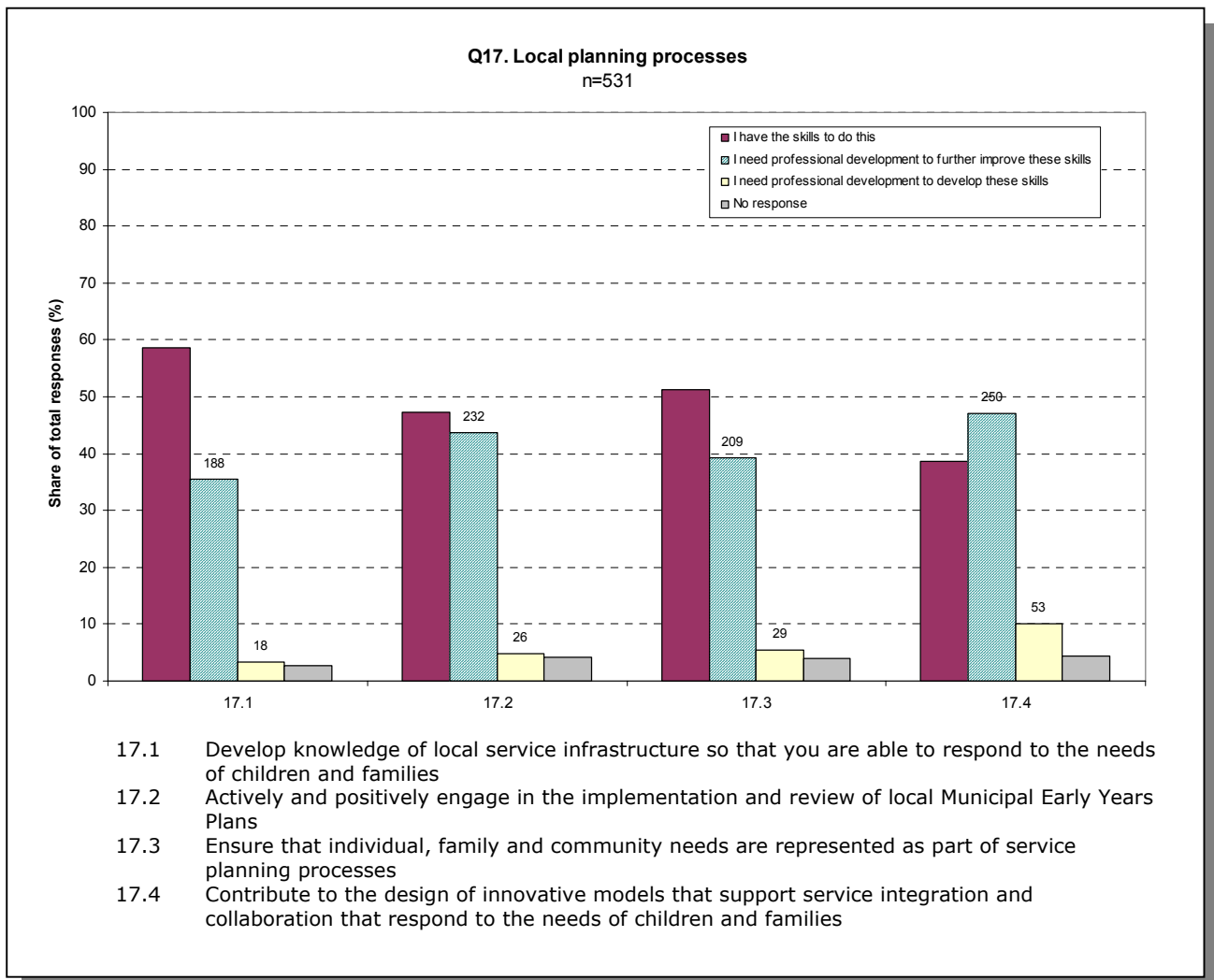
Graph 3.7: Professional development needs of nurses: local planning processes

The competencies in this Critical Success Factor deal with nurses' involvement in planning processes, developing knowledge of the local infrastructure, involvement in the development of Municipal Early Years Plan, representing the needs of families in planning, and contributing to the development of innovative models.

The results show that the needs for professional development are 'medium' in this area, with a range of 36–49% of respondents. However, as Table 3.7 shows, the needs were generally higher for respondents younger than 45, those with eight years or less experience and relieving staff.

	Statewide (n=510)*	< 45 yrs (n=127)	< 2 yrs exp (n=62)	2–8 yrs exp (n=157)	Relieving staff (n=46)
17.1	37%	47%	52%	40%	45%
17.2	46%	53%	61%	47%	54%
17.3	41%	49%	47%	52%	61%
17.4	49%	53%	47%	58%	57%

Table 3.7: Professional development needs for local planning processes
*Note: *average no. of responses*

Maternal and child health managers' views
Seventy per cent (19 out of 27) of maternal and child health managers rated this area as a priority for professional development for maternal and child health nurses. Relative to the other areas, managers assessed this as a lower order priority.

Further comments
Of the 94 further comments recorded in this area (see Graph 3E, Attachment 2), one in four (25% or 23 comments) related to 'lack of time'. 'Having the skills is one thing – opportunity is another (workload constraints as one example)' was typical of these comments.

Thirteen other comments indicated that this area is 'not relevant to the maternal and child health nurse role'. Other key themes were 'the need to meet with others and share with other services' and the 'need to know when, who, how and which community services to refer to'.

3.4.8 A quality framework
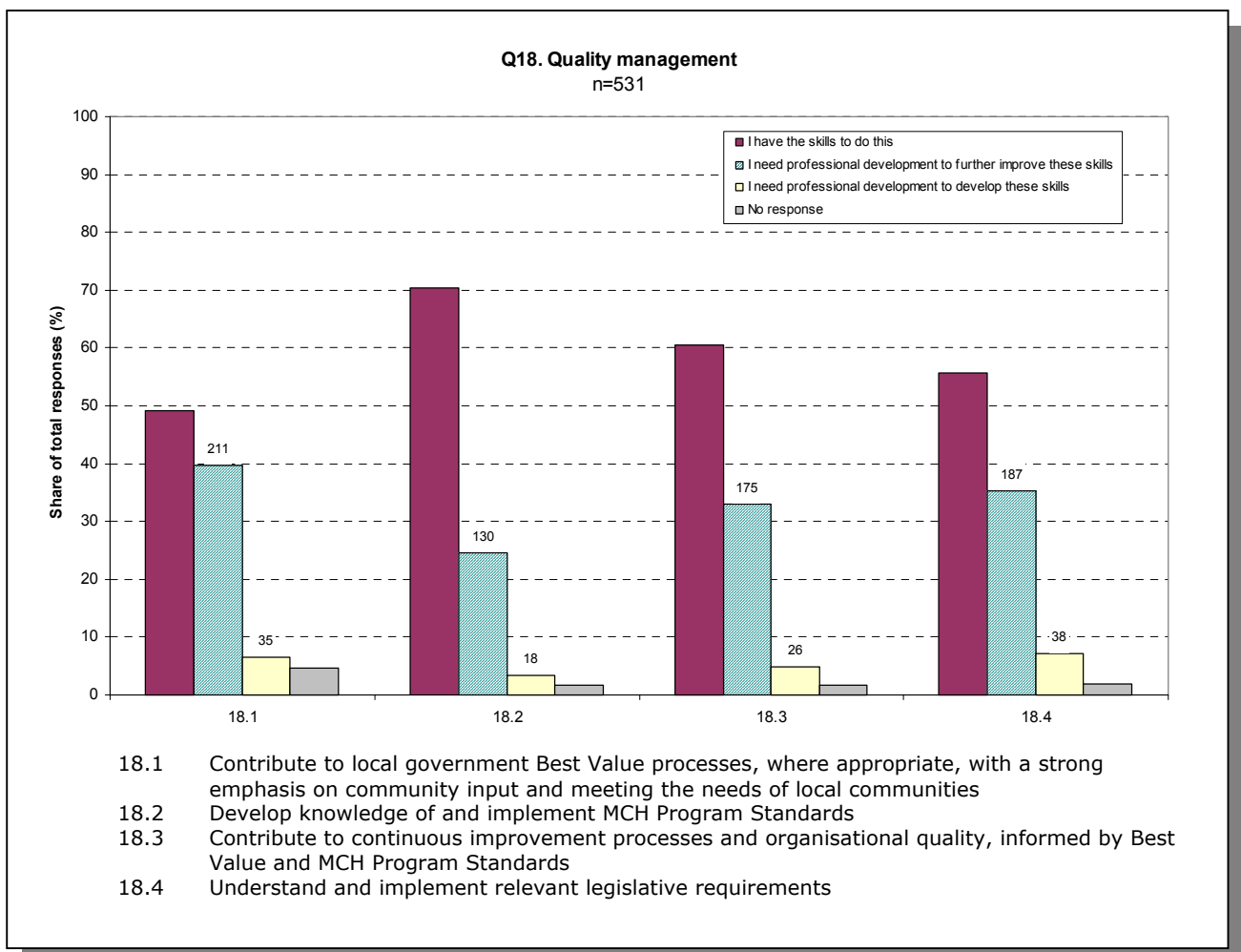
Graph 3.8: Professional development needs of nurses: a quality framework

This Critical Success Factor focuses on contributing to continuous quality improvement through the Best Value process, implementing maternal and child health program standards and relevant legislative requirements.

Professional development needs were low to medium in this area, with between 20–40% of respondents reporting needs.

The greatest need, with 40% of respondents, was in relation to *contributing to Best Value processes*. These needs were higher for respondents aged between 45–50 years (50% or 77 out of 153) and those with less than two years experience (63% or 39 out of 62). Across the regions, half (50% or 20 out of 40) of the Loddon Mallee respondents reported a need in this area.

Maternal and child health managers' views
The majority of maternal and child health managers (23 out of 27, or 85%) responded that *quality management* is a priority for professional development for maternal and child health nurses.

Further comments
As Graph 3F, Attachment 2 shows, fewer comments (54) were recorded in this area (possibly because this was later in the survey). Of those received, a number related to lack of time, others discussed the need for Department of Human Services supports. The following quote also represents a view which was expressed:

> *How do you encourage peers to 'look at the big picture' and not work and think in isolation?*

3.4.10 Strategic leadership and management of the Maternal and Child Health service

This Critical Success Factor focuses on leadership, management systems, professional development and support and change management.

Management systems

Q19. Management systems
n=531

Legend:
- I have the skills to do this
- I need professional development to further improve these skills
- I need professional development to develop these skills
- No response

Work within management systems which support work in an inter-disciplinary context:
19.1   Accurate population-based information
19.2   Data supporting service monitoring and development
19.3   Financial systems
Human Resource Management systems:
19.4   Performance Management
19.5   Grievance
19.6   Discipline
19.7   Succession Planning
19.8   Provide a safe environment for staff and families according to occupational health and safety requirements

Graph 3.9: Professional development needs of nurses: management systems

Graph 3.9 shows that professional development needs in this area are consistently around 40–50%, with the exception of *providing a safe environment for staff and families according to occupational health and safety requirements*, where over 70% of respondents reported that they *have the skills to do this*.

With more than half of the respondents needing professional development, the highest professional development needs are in relation to:
- *19.3 Financial systems*
- *19.7 Succession planning*

The pattern of responses in this area has two distinct differences to other responses – one is that there is a relatively high number of respondents reporting that they 'need professional development to develop these skills'. The other difference is that there is a relatively high number of 'no responses' across these areas (4–8%) of respondents.

When the invalid cases (no response) are discounted and percentages re-calculated on the valid responses only, the training needs are increased by 1–5%, bringing the need for

professional development in relation to *financial systems* to the higher total of 59%. When the 22% who need professional development to develop these skills is added, a total of 81% of respondents need professional development in this area.

Respondents in the 45–50 year age bracket generally have higher needs for professional development across most of the management systems competencies. Trends in relation to years experience are more variable. Respondents with less than two years experience have higher needs in relation to:
▪ *working with accurate population-based information* (53% compared to 46% statewide)
▪ *discipline* (53% compared to 46%)
▪ *succession planning* (62% compared to 57%).

Conversely, this cohort (less than two years experience) has lower than average needs in relation to *financial systems*.

Those with two to eight years experience have higher professional development needs in relation to *financial systems*. Respondents with 9–14 years experience have higher needs in relation to:
▪ *service monitoring and development* (57% compared to 51%)
▪ *financial systems* (65% compared to 60%).

When the results are analysed by region, Gippsland Region respondents have higher needs in relation to all areas with the exception of support with *grievance management*. Hume respondents have higher needs in relation to *financial systems* and *grievances* and Barwon-South Western respondents have higher needs in relation to *succession planning*. However, these figures should be treated with some caution as these respondents make up between 5–8% of the total respondents. No significant variation is evident when looking at the metropolitan/rural differences, although the Eastern Metropolitan Region respondents had slightly higher needs in relation to *performance management*.

Professional development and management support

Q20. Professional Development and Management Support
n=531

Legend:
- I have the skills to do this
- I need professional development to further improve these skills
- I need professional development to develop these skills
- No response

Develop and maintain your professional competence in relation to:
20.1   Contributing to and supporting a positive team culture
20.2   Participating in clinical supervision
20.3   Applying evidence-based practice and training
20.4   Managing time and setting priorities
20.5   Undertaking leadership opportunities/roles as appropriate
Support and monitor new staff:
20.6   provide mentoring
20.7   provide preceptorship
20.8   encourage reflective practice

Graph 3.10: Professional development needs of nurses: professional development and management support

Graph 3.10 shows that there are generally low needs for professional development in this area or, conversely, high skill levels.

The highest professional development need is in relation to *undertaking leadership opportunities/roles as appropriate.* This is a higher professional development need for those with less than two years experience (43% compared to 34%). Professional development needs are higher in the metropolitan regions (36%) compared to the rural regions (30%).

The only other notable variation in this area is that those with less than two years experience have higher professional development needs in relation to providing *preceptorship* (41% compared to 27% statewide).

Change management

Q21. Change Management
n=531

Legend:
- I have the skills to do this
- I need professional development to further improve these skills
- I need professional development to develop these skills
- No response

149

17

21.1

Share of total responses (%)

21.1   Support and contribute to implementation of organisational change
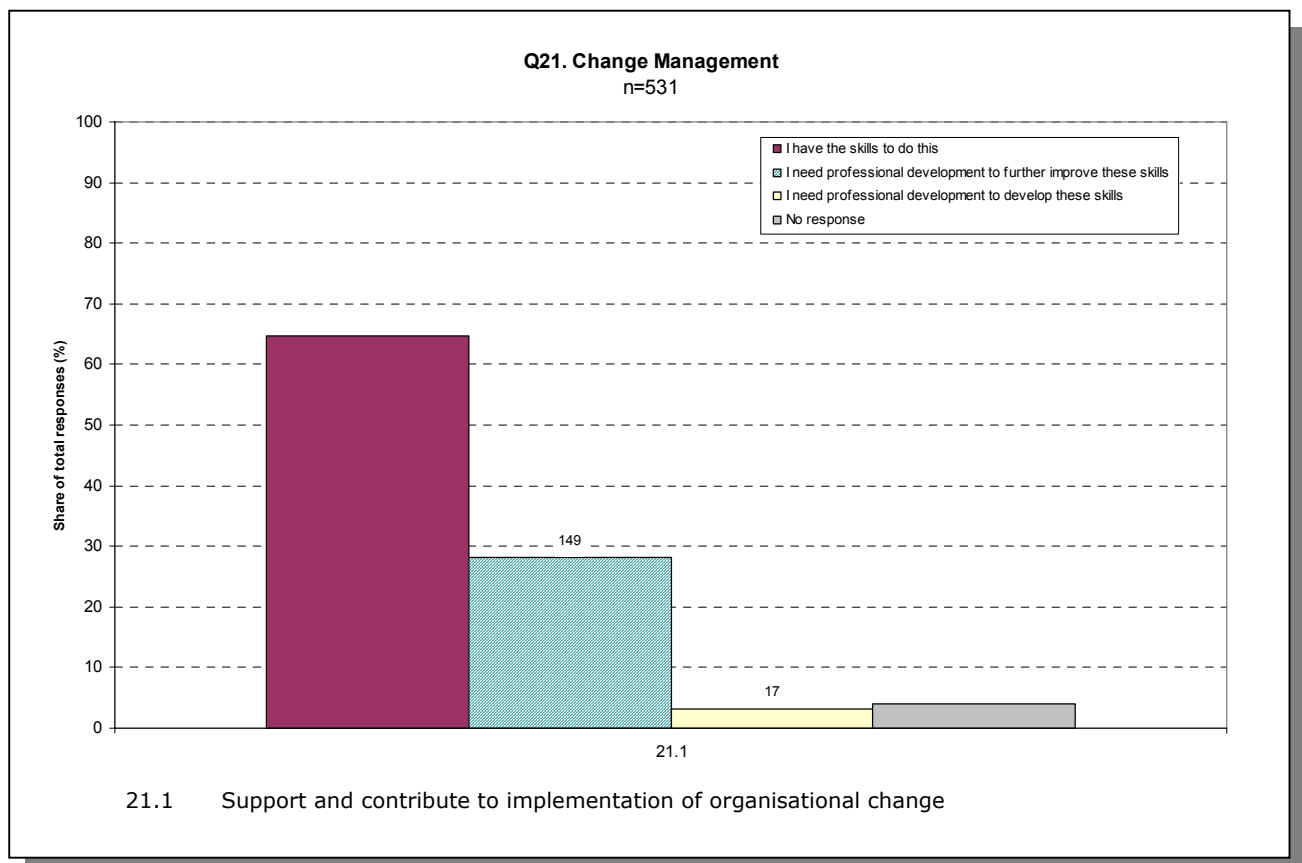
Graph 3.11: Professional development needs of nurses: change management

Graph 3.11 shows that 29% of respondents require professional development in *change management*. There were no significant variations evident in these results.

Maternal and child health managers' views

More managers identified *professional development and management support* as a training priority for maternal and child health nurses (15 out of 27, or 55%) out of the three areas in strategic leadership and management. Only one third of maternal and child health managers (9 out of 27, or 33%) identified *management systems* as a training priority for maternal and child health nurses and ten managers identified *change management* as a training priority.

Further comments

As Graph 3G, Attachment 2 shows, the 66 comments recorded in this area are fairly evenly spread across a range of themes. The following indicate the range of the comments:

> *I have weathered many changes in the service over the years – a united team during change is paramount.*

> *We have a great team – cohesive, enthusiastic, who already practise the above.*

> *Many changes don't really seem to be thought through fully before being implemented. We are trying to work with undercooked strategies while still delivering a quality service.*

3.4 Professional development priorities

In the Maternal and Child Health Survey, maternal and child health nurses were asked to reflect on their responses and identify their top five priorities for professional development in relation the broad areas of the Critical Success Factors.

Table 3.8 presents the **number** of responses for maternal and child health nurses' top three priorities for professional development.

	1st priority	2nd priority	3rd priority
Access and participation	42	51	51
Engaging with vulnerable and/or families under-represented in Maternal and Child Health Service	180	96	64
Health promotion, early detection and intervention	100	72	62
Partnerships with families	49	94	86
Partnerships with communities and service providers	30	60	83
Local planning processes, flexibility and collaboration	22	34	49
Quality management	11	20	25
Management systems	20	25	23
Professional development and management support	42	33	43
Change management	9	15	12
Total	505	500	498

Table 3.8: Nurses' top three professional development priorities

The figures clearly show that *Engaging with vulnerable and/or families under-represented in Maternal and Child Health Service* is the top priority for professional development. This is consistent with the high professional development needs found in this area through the survey and maternal and child health managers' perception of this as a professional development priority.

The results then follow different patterns from the reported professional development needs. *Health promotion* emerges as the second highest priority for professional development. However, the survey results indicate that 70–80% of respondents are skilled in this area and this is not one of the highest areas of need for professional development.

Partnerships with families is a high second priority, as seen in the table above, but the survey results indicate high needs for professional development in this area, which would suggest that this would be a high first priority.

While significant numbers of respondents indicated that they need professional development to improve or develop their skills in *management systems*, very few nominated this as a priority for professional development.

The results from this table create some ambiguity and suggest that there are differences between the areas where respondents have identified they need to improve or develop skills and the type of professional development activities they wish to undertake.

KEY FINDING 7:

Maternal and child health nurses highest needs for professional development are in relation to:

- engaging with vulnerable families
- partnerships with families
- partnerships with communities and service providers
- management systems.

These high professional development needs are essentially found across all demographic characteristics. Given the high response in the survey, noteworthy variations are evident in most areas, with detail provided in the report.

Maternal and child health service managers reinforced the priorities for professional development.

3.5 Other issues

The Professional Development Needs Analysis results raise a number of issues. Demographic data, for example, shows that the maternal and child health workforce is a mature and ageing workforce. This is important information for the overall professional development strategy, as well as localised and regional workforce and succession planning.

'Lack of time' (to implement, to undertake) was the most frequent theme in the comments in relation to access and participation, partnerships and local planning.

The emphasis on continual learning came through in most areas, particularly in the comments for engaging with vulnerable families and health promotion.

Clear themes arose around the need for professional development to improve skills for working with vulnerable families.

A number of comments indicated a resistance on the part of maternal and child health nurses to change or not wanting to move out of their comfort zone, for example:

> *I would like to see some professional development developed around the culture of maternal and child health nursing and how to positively influence it. My personal experience is that collectively we are a whingey, whiney bunch and I certainly am not endeared to attending many specific Maternal and Child Health Nurse educational opportunities. There is a distinct lack of professionalism (a bit strange given that is what most crave to be recognised as!). I get tired of listening to complaints with no constructive suggestions to accompany them.*

Professional development profile – maternal and child health nurse

Universal access and participation

Access and participation
- Undertake assessments using approaches that engage and support families.
- Promote the Maternal and Child Health Service to all families through consultations at key 'ages and stages' and other activities relevant to local needs and priorities.
- Identify barriers and issues that contribute to low participation rates of families at key age and stage consultations.
- Develop, implement and monitor interventions to increase participation rates.
- Develop networks and protocols between agencies to support family participation.

Provide services for children and families, recognising a diversity of need

Engaging with vulnerable and/or families under-represented in the Maternal and Child Health Service
- Understand how to recognise the values and beliefs of families and how this impacts upon your engagement with them.
- Identify risk factors in early childhood.
- Identify protective factors in early childhood.
- Effectively engage with:
  - Indigenous families
  - culturally and linguistically diverse families
  - teenage parents
  - parents of a child with a disability
  - parents with a disability
  - parents with substance abuse issues
  - family violence
  - families experiencing homelessness/transient accommodation
  - parents with mental health issues.
- Implement innovative approaches for working with vulnerable families, tailored to their needs.
- Access/work effectively with secondary consultation services, specialist services and other relevant agencies when working with vulnerable families.
- Identify when to refer vulnerable families to other services.

Prevention, promotion, early detection and intervention

Health promotion, early detection and intervention
- Apply knowledge of health promotion and health promotion activities informed by evidence and best practice.
- Implement assessment processes that guide early detection of risk and protective factors in early childhood.
- Engage families through the provision of appropriate information and advice to support their parenting role and the health and wellbeing of their child.

Partnerships with families, communities and service providers

Partnerships with families
- Develop family-centred approaches which:
  - build the capacity and resilience of children and their families
  - support the health and wellbeing of mothers
  - identify and assist women with issues such as postnatal depression
  - promote self-regulatory behaviours
  - increase engagement of fathers and other caregivers.

- Support the development of effective partnerships that reflect the issues and preferences of all parents, including those of Aboriginal descent, culturally and linguistically diverse backgrounds and families with complex needs.

Partnerships with communities and service providers
- Develop knowledge and understanding of 'community development' and community-centred practices.
- Support the development of partnerships with other relevant services.

Local planning, flexibility and collaboration

Local planning processes
- Develop knowledge of local service infrastructure so that you are able to respond to the needs of children and families.
- Actively and positively engage in the implementation and review of local Municipal Early Years Plans.
- Ensure that individual, family and community needs are represented as part of service planning processes.
- Contribute to the design of innovative models that support service integration and collaboration that responds to the needs of children and families.

A quality framework

Quality management
- Contribute to local government Best Value processes, where appropriate, with a strong emphasis on community input and meeting the needs of local communities.
- Develop knowledge of and implement maternal and child health program standards.
- Contribute to continuous improvement processes and organisational quality, informed by Best Value and maternal and child health program standards.
- Understand and implement relevant legislative requirements.

Strategic leadership and management of the Maternal and Child Health Service

Management systems
- Work within management systems which support work in an inter-disciplinary context:
  - accurate population-based information
  - data supporting service monitoring and development
  - financial systems.
- Human resource management systems:
  - performance management
  - grievance

- discipline
- succession planning.
- Provide a safe environment for staff and families according to occupational health and safety requirements.

Professional development and management support

- Develop and maintain your professional competence in relation to:
  - contributing to and supporting a positive team culture
  - participating in clinical supervision
  - applying evidence-based practice and training
  - managing time and setting priorities
  - undertaking leadership opportunities/roles as appropriate.
- Support and monitor new staff:
  - provide mentoring
  - provide preceptorship
  - encourage reflective practice.

Change management

- Support and contribute to implementation of organisational change.

Further comments by maternal and child health nurses

Q12. Access and Participation - Comments
n=108
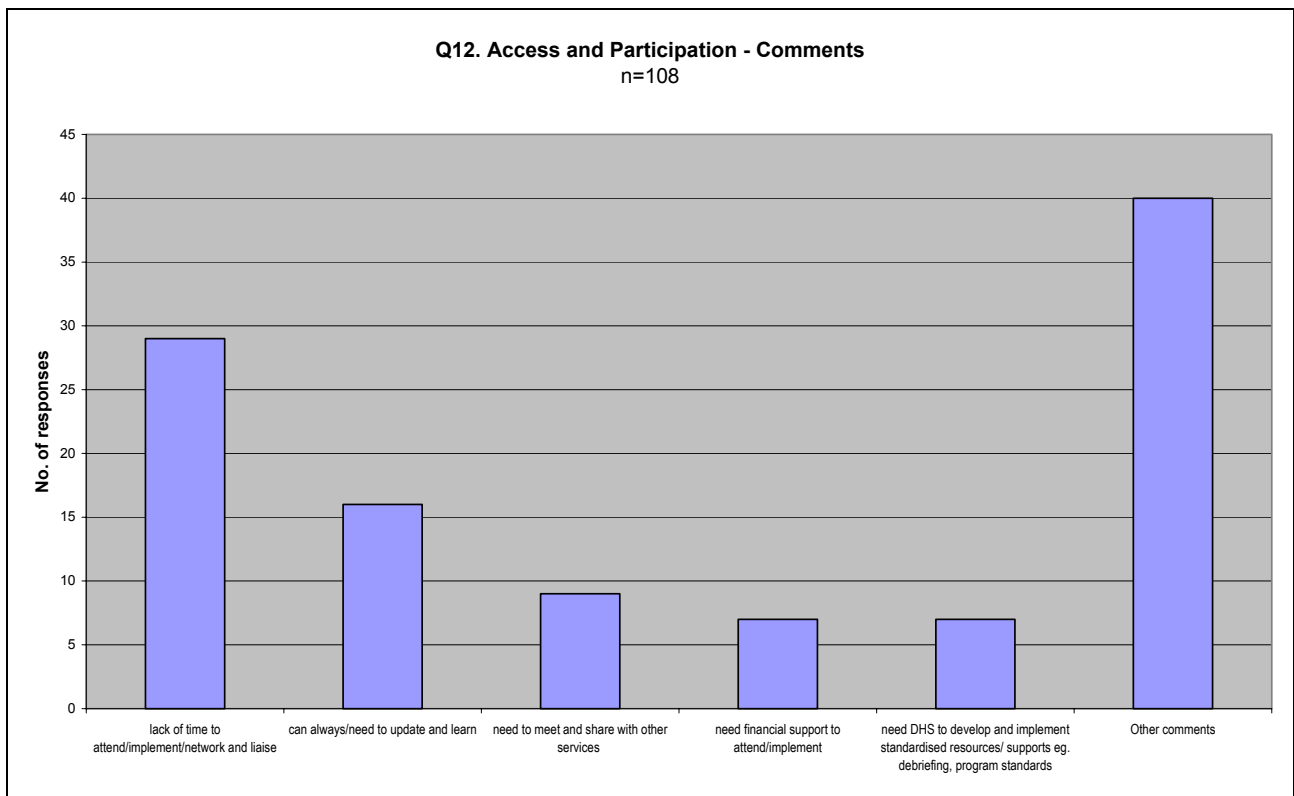
Graph 3A: Further comments – Q12 Access and participation

Q13. Engaging with vulnerable families and/or families under-represented in the MCHS - Comments
n=122
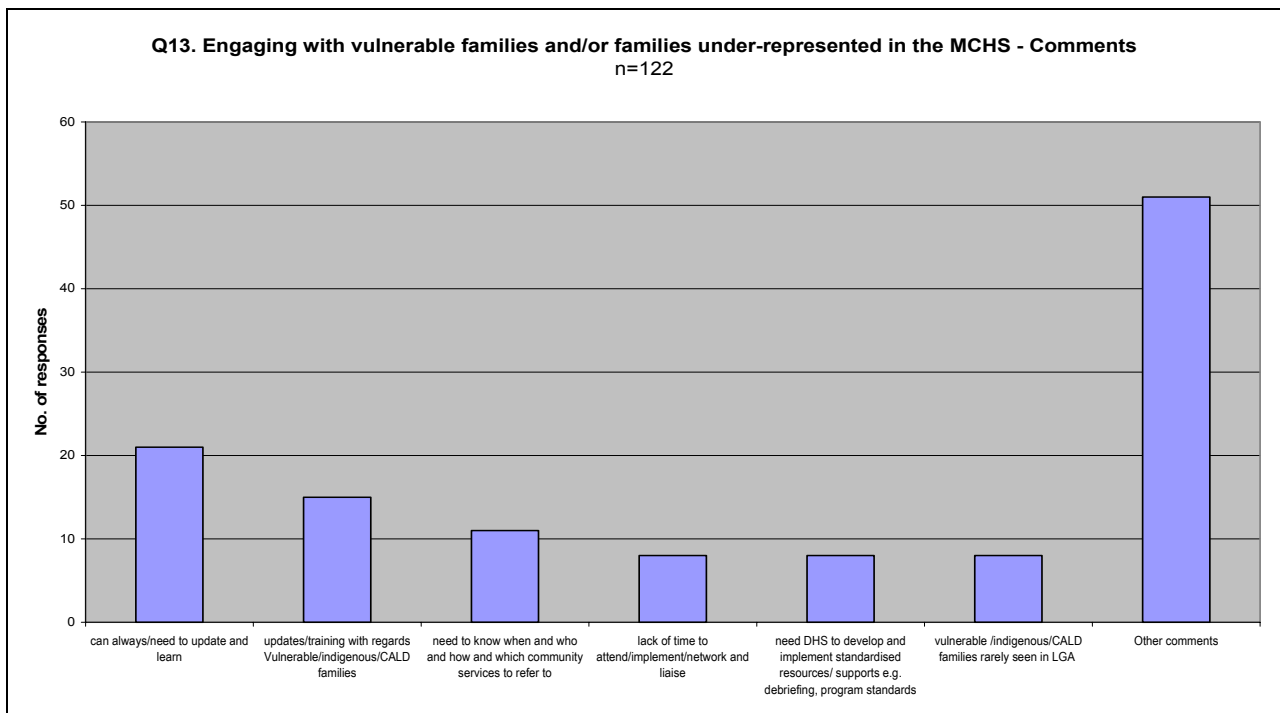
Graph 3B: Further comments – Q13 Engaging with vulnerable families and/or families under–represented in the Maternal and Child Health Service

Q14. Health promotion, early detection and intervention - Comments
n=117
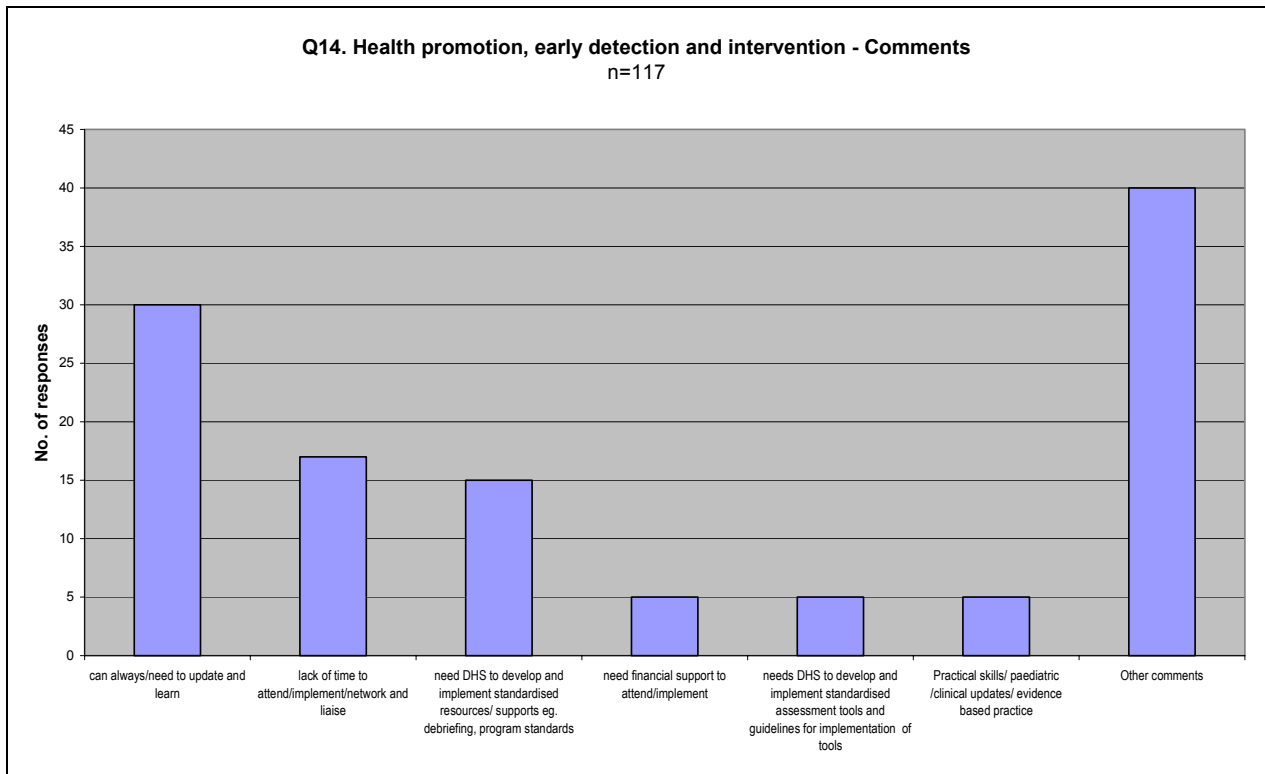
Graph 3C: Further comments – Q14 Health promotion, early detection and intervention

Q15. Partnerships with families/Q16. Partnerships with communities and service providers - Comments
n=92
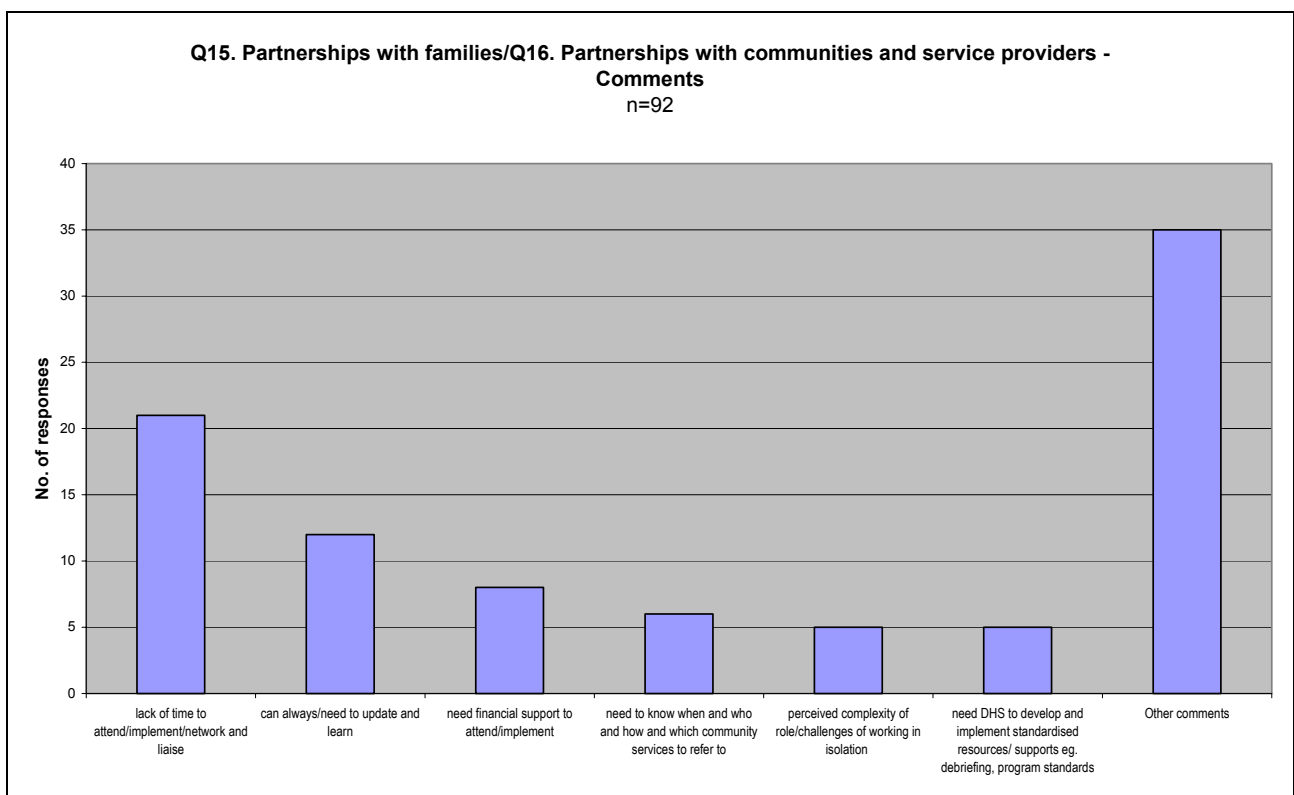
Graph 3D: Further comments – Q15 Partnerships with families, Q16 Partnerships with communities and service providers

Q17. Local planning processes - Comments
n=94
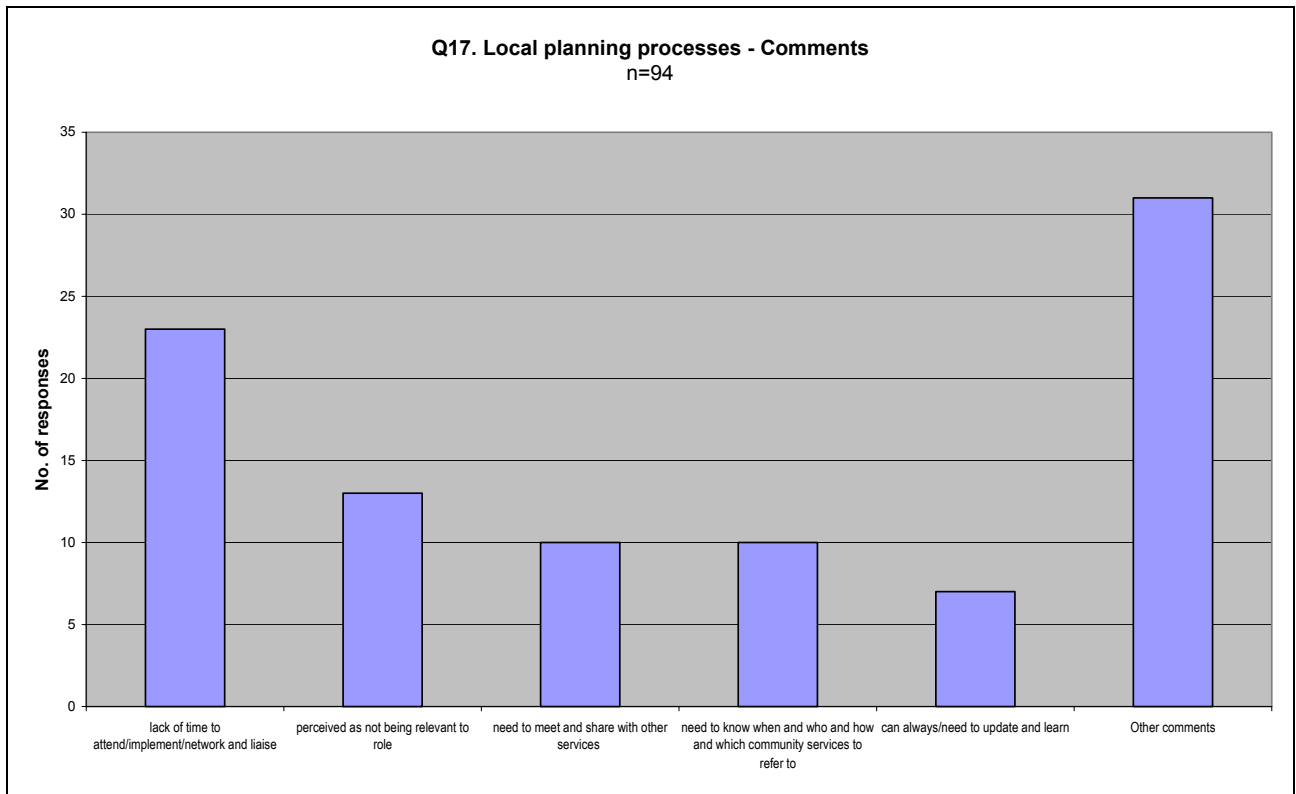
Graph 3E: Further comments – Q17 Local planning processes

Q18. Quality management - Comments
n=54
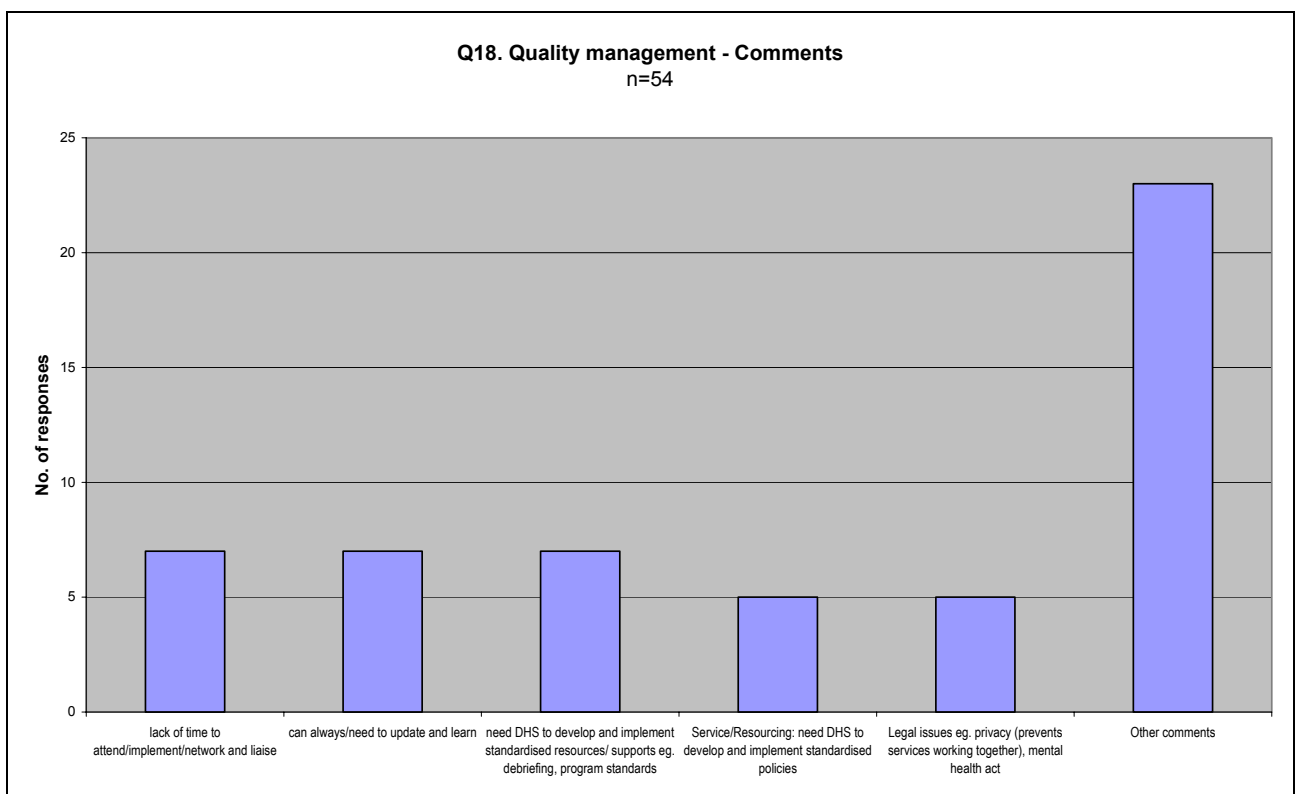
Graph 3F: Further comments – Q18 Quality management

Q20. Professional Development and Management Support/Q21. Change Management - Comments
n=66
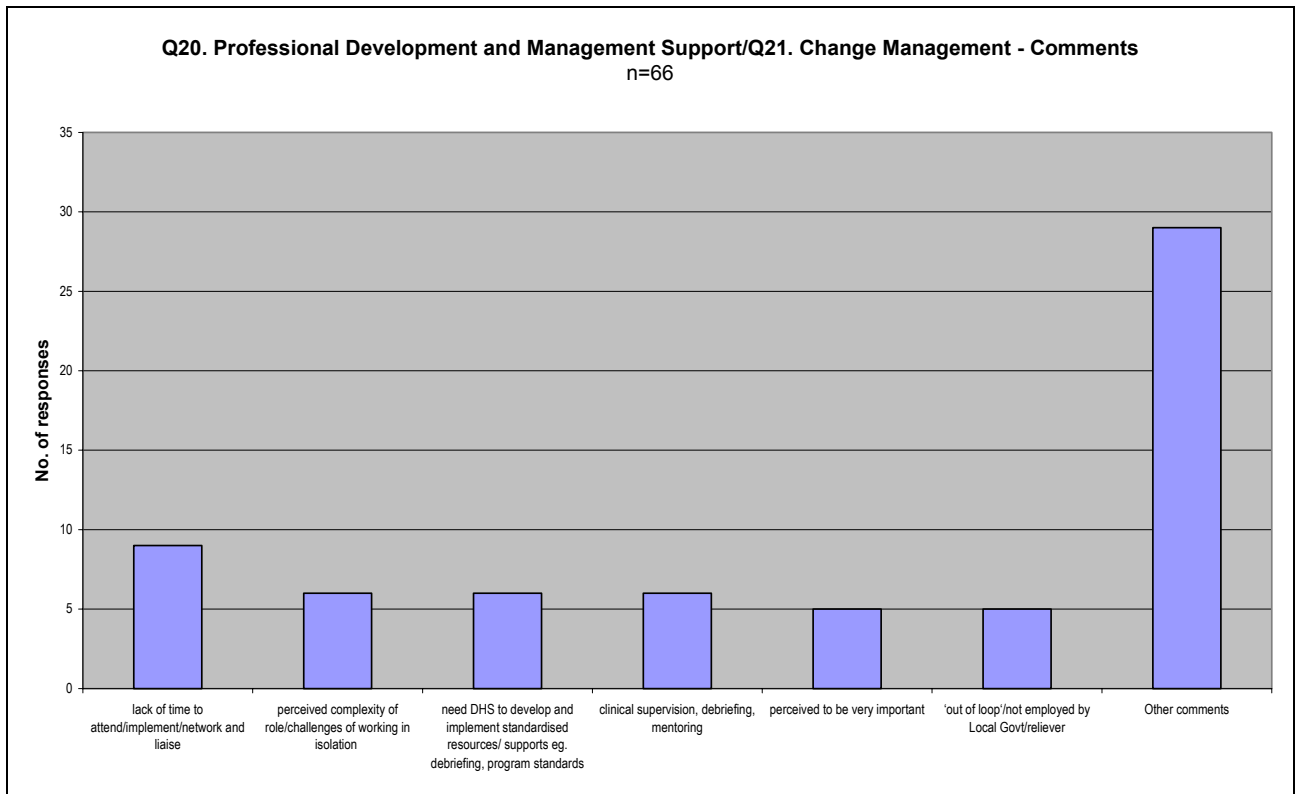
Graph 3G: Further comments – Q20 Management support and Q21 Change management

Chapter 4: Maternal and child health coordinators

4.1 Introduction

This chapter presents the results of the Professional Development Needs Analysis survey for maternal and child health coordinators. This survey was completed by 65 out of a possible 81 respondents across the state. The analysis is based on the 64 surveys received within the timelines, representing a return rate of 80%. This result ensures the validity of the data.

The chapter provides demographic information regarding the maternal and child health coordinator cohort responding to the survey. It also presents the findings in relation to professional development needs, and the priorities for future professional development identified by the maternal and child health coordinators.

4.2 Demographics

The Professional Development Needs Analysis survey sought demographic information about maternal and child health coordinators in relation to:
- gender
- age
- years worked as a coordinator in the Maternal and Child Health Service
- Department of Human Services region
- LGA in which their service is located
- employment status (permanent full-time, permanent part–time, relieving or contract)
- the number of services they coordinate.

The results for these questions are discussed in this section.

4.2.1 Gender

All respondents to this question (n=64) are female.

4.2.2 Age

Table 4.1 sets out the responses recorded in relation to age.

Q3 Age

		# of respondents	Per cent
Valid	Under 45	12	18.8
	45–50	20	31.3
	51–55	17	26.6
	56–60	11	17.2
	Over 60	3	4.7
	Total	63	98.4
Missing	Missing	1	1.6
Total		64	100.0

Table 4.1: Age of coordinator respondents

Half of the coordinator respondents (50% or 32 respondents) are younger than 50 years of age. More than one quarter (26.6%) are aged between 51 and 55 years of age and a further 22% are 56 years or older.

When the age results are cross-tabulated by region, it is found that:
- while 12% of coordinators statewide are under 45 years of age, this figure rises to 60% in the Grampians (or three out of five) and 50% in the Loddon Mallee Region (two out of four)
- 83% of coordinators in the Eastern Metropolitan Region are aged 51 years or older (five out of six)
- only 20% of coordinators in the Grampians (one out of five) and 25% (one out of four) in the Loddon Mallee Region are aged over 50 years of age.

KEY FINDING 8:

Half of the maternal and child health service coordinator respondents (32 respondents) across Victoria are aged 50 years or younger, and half are 51 years or older. Only 12% are younger than 45 years of age.

While the regional breakdowns deal with sample sizes of 16 or less and thus require some caution, the regional analysis shows that the Eastern Metropolitan Region has a higher proportion of coordinators aged over 50 compared to statewide figures.

When the data is analysed by a metropolitan/rural breakdown, it is found that, with the exception of the Barwon-South Western Region, coordinators in rural regions are more likely to be younger than their metropolitan colleagues. Between 70 and 80% of coordinators in rural regions, with the exception of Barwon-South Western, are younger than 50 years compared to 50% across the state.

4.2.3 Years worked as a coordinator in the Maternal and Child Health Service

Table 4.2 shows the number of years respondents have worked as a coordinator in the Maternal and Child Health Service.

Q4. How many years have you worked as a coordinator of the MCHS?

		# of respondents	Per cent
Valid	Less than 2 years	18	28.1
	2–8 years	35	54.7
	9–14 years	8	12.5
	More than 15 years	1	1.6
	Total	62	96.9
Missing	Missing	2	3.1
Total		64	100.0

Table 4.2: Years worked as a maternal and child health coordinator

As the data shows, most of the coordinator workforce (85% or 53 of the 62 respondents to this question) has eight years or less experience in the role. The majority of respondents (54% or 35 coordinators) have worked in the role between two and eight years.

Twenty-eight per cent (28% or 18) of maternal and child health coordinators have been in the role for less than two years.

Fourteen per cent (14% or nine coordinators out of 62) have more than nine years experience in the role and only one maternal and child health coordinator has more than 15 years experience.

KEY FINDING 9:

The data indicates that most maternal and child health coordinators (85% of the respondents) have eight years or less experience in the role. Over half of the respondents (54% or 35 coordinators, n= 62) have worked in the role for between two and eight years and 28% (or 18 respondents) have been in the role for less than two years.

Only 14% (or nine respondents) have more than nine years experience in the coordinator's role.

4.2.4 Department of Human Services region

Consistent with the spread of the workforce, the greater number of survey responses came from the metropolitan regions. High response rates were recorded for the three metropolitan regions, with up to 100% recorded for the Southern and the North and West metropolitan regions. As 40% (or 32 out of 81 coordinators) of the coordinator workforce is based in the metropolitan regions, high metropolitan response rates are important for the validity of the data. High response rates were also recorded for most rural regions, with the exceptions of the Grampians and Loddon Mallee regions; therefore, data from those regions must be viewed with some caution.

Twenty-five per cent (16) of respondents to the Maternal and Child Health Coordinator Professional Development Needs Analysis Survey work in the North and West Metropolitan Region; 17.2% (11) in the Southern Metropolitan Region; 15.6% (10) in the Hume Region; 9.4% (six) in Barwon-South Western and Eastern Metropolitan regions and 7.8% (five) in each of Gippsland, the Grampians and the Loddon Mallee (four) regions.

Q5. Which DHS region is your MCH service in?

		% of respondents	Per cent
Valid	Barwon-SW	6	9.4
	Eastern	6	9.4
	Southern	11	17.2
	North and West	16	25.0
	Gippsland	5	7.8
	Grampians	5	7.8
	Hume	10	15.6
	Loddon Mallee	5	7.8
	Total	64	100.0

Table 4.3: Department of Human Services region by coordinator respondents

4.2.5 Local government area

Maternal and child health coordinator responses were recorded from 60 of the 79 LGAs across Victoria. The responses in this section cannot be detailed further for reasons of privacy and confidentiality as most LGAs have only one coordinator.

4.2.6   Employment status

The survey results indicate that 61% of maternal and child health service coordinators (or 39 coordinators) are employed in a permanent full-time capacity. A further 38% (24) are employed in a permanent part-time capacity and 2% are engaged on contract.

While the majority of coordinators working across the state are employed on a full-time basis, the data indicates the reverse is the case in the Grampians and the Loddon Mallee regions. Response rates in these regions were lower than 50%, so this result may not accurately reflect the regional demographics. The metropolitan/rural analysis, however, confirms that a higher percentage of coordinators working in the rural regions are employed on a part-time basis (55%) than their colleagues in metropolitan regions (25%).

> **KEY FINDING 10:**
> The majority of maternal and child health coordinators are employed on a full-time basis; however, a higher percentage of those employed on a part-time basis are working in rural areas.

4.2.7   Number of centres coordinated

Table 4.4 shows that 23.5% of maternal and child health coordinators (15 coordinators) coordinate between one and five centres, and up to 77% (50) coordinate more than six maternal and child health centres.

Q8. How many centres do you coordinate?

		# of respondents	Per cent
Valid	1	5	7.8
	4	4	6.3
	5	6	9.4
	6–10	23	35.9
	11–20	22	34.4
	More than 20	4	6.3
	Total	64	100.0

Table 4.4: Number of centres coordinated by coordinator respondents

Each of the maternal and child health coordinators based in the Loddon Mallee, Southern Metropolitan Region, North and West Metropolitan Region and Gippsland Region manage more than five centres and 41% (22 coordinators) of these manage more than 11 centres.

Four coordinators across the state are coordinating more than 20 centres as part of their role.

> **KEY FINDING 11:**
> The majority of maternal and child health coordinators have responsibility for the coordination of more than five maternal and child health centres.

4.2.8   Languages other than English

None of the coordinators who responded to the survey identified as speaking a language other than English in their practice.

4.3 Findings of the Professional Development Needs Analysis Survey

4.3.1 Introduction

This section presents the aggregate results from the Maternal and Child Health Service Coordinator Survey in relation to their professional development needs. The results are presented in relation to each of the seven Critical Success Factors, that is:

- universal access and participation
- provide services for children and families, recognising a diversity of need
- prevention, promotion, early detection and intervention
- partnerships with families, communities and service providers
- local planning, flexibility and collaboration
- a quality framework
- strategic leadership and management of the Maternal and Child Health Service.

For each area of competence, the responses available to the coordinators were:

- 'I have the skills to do this'
- 'I need professional development to further these skills'
- 'I need professional development to develop these skills'.

4.3.2 Scope of the Maternal and Child Health Service Coordinator Survey

The key points that emerged from the scoping exercise were that maternal and child health coordinators focus on *leading the team* in:

- their practice
- developing partnerships with communities and service providers
- management functions, including human resource management, service planning, quality management and change management.

The professional development profile for maternal and child health coordinators is in Attachment 1 at the end of this chapter.

4.3.3 Relative level of professional development need

For the purposes of interpreting the maternal and child health coordinator results, professional development needs have been categorised as low, medium or high, relative to the overall results. These categories have been set at the following levels for maternal and child health coordinators:

- Low need – if 20–30% (13–20 responses) need professional development to further or to develop these skills.
- Medium need – if 31–50% (21–33 responses) need professional development to further or to develop these skills.
- High need – if more than 50% (more than 34 responses) need professional development to further or to develop these skills.

The analysis of the results includes an analysis by key demographic characteristics, such as age, experience and region. Given that this reduces the size of the groups to lower numbers, frequently less than ten, caution needs to be exercised in interpreting these results. It may only take the participation of a few more coordinators to change these results. However, given that 80% of the workforce participated in the survey, the cross-tabulated variations are reported to provide more meaningful data. In cases where the groups have fewer than ten

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respondents, it is advised that these should be taken as indicative rather than definitive findings.

4.3.4   Universal access and participation

Q10. Access and Participation
n=64

Lead the MCH team to:
10.1   Undertake assessments using approaches that engage and support families
10.2   Promote the Maternal and Child Health Service to all families through consultations at key 'ages and stages' and other activities relevant to local needs and priorities
10.3   Identify barriers and issues that contribute to low participation rates of families at key age and stage consultations
10.4   Develop, implement and monitor interventions to increase participation rates
10.5   Develop networks and protocols between agencies to support family participation

Graph 4.1: Professional development needs of coordinators: universal access and participation

The focus of universal access and participation is on leading the team to undertake assessments that engage and support families, promote the service and identify barriers and develop interventions to increase participation rates.

As Graph 4.1 indicates, low to medium needs were identified by maternal and child health coordinators for professional development in this area, however 40–50% of respondents identified a need to further improve in the following areas:

- *lead the team to identify barriers and issues that contribute to low participation rates of families*
- *lead the team to develop, implement and monitor interventions to increase rates of participation.*

Within this, higher needs for professional development were identified by those coordinators:

- aged less than 50 years
- in the Loddon Mallee and Hume regions
- with less than nine years experience.

Maternal and child health managers' views

Twenty of the 27 maternal and child health managers view access and participation as a training priority for maternal and child health coordinators.

Further comments

A quarter of coordinators provided comments related to this area and common themes were:

- lack of time to implement
- the need to meet and share with other services.

4.3.5   Provide services for children and families, recognising a diversity of need

Questions in this section sought information about professional development needed to *Lead the team to engage with vulnerable and/or families under-represented in the Maternal and Child Health Service.* Graph 4.2 presents the outcomes for this question.

Q11. Engaging with vulnerable families and/or families under-represented in the MCHS
n=64

Legend:
- I have the skills to do this
- I need professional development to further improve these skills
- I need professional development to develop these skills
- No response

Lead the MCH team to:
11.1 Understand how to recognise the values and beliefs of families and how this impacts upon your engagement with them
11.2 Identify risk factors in early childhood
11.3 Identify protective factors in early childhood
Effectively engage with:
11.4 Indigenous families
11.5 Culturally and Linguistically Diverse families
11.6 Teenage parents
11.7 Parents of a child with a disability
11.8 Parents with a disability
11.9 Parents with substance abuse issues eg. alcohol/drugs
11.10 Family violence
11.11 Families experiencing homelessness/transient accommodation
11.12 Parents with mental health issues

11.13 Implement innovative approaches for working with vulnerable families, tailored to their needs
11.14 Access/work effectively with secondary consultation services, specialist services and other relevant agencies when working with vulnerable families
11.15 Identify when to refer vulnerable families to other services

Graph 4.2: Professional development needs of coordinators: engaging with vulnerable families and/or families under-represented in the service

The coordinators identified medium to high professional development needs in this area.

Coordinators identified a high need for professional development to improve their ability to lead their teams in engaging with each of the following:
- Indigenous families
- culturally and linguistically diverse families
- teenage parents
- parents with substance abuse issues
- families experiencing homelessness/transient accommodation
- parents with mental health issues
- implementing innovative approaches for working with vulnerable families.

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The results for each of these areas are presented below.

Engaging with Indigenous families
High professional development needs were identified by coordinators across all demographic characteristics but were particularly high amongst those:
- in the Eastern Metropolitan, Loddon Mallee and Gippsland regions
- with less than two years experience
- working part-time.

Engaging with culturally and linguistically diverse families
High professional development needs were identified for engaging with culturally and linguistically diverse families across all demographic dimensions but were particularly noted by coordinators in the Gippsland, Loddon Mallee and Hume regions.

Engaging with teenage parents
High professional development needs were identified for engaging with teenage parents across all demographic dimensions but were particularly noted by coordinators:
- in the Eastern, Hume and Loddon Mallee regions
- aged less than 45 years, between 56–60 years and older than 60 years.

Engaging with parents with substance abuse issues
High professional development needs were identified in this area across all demographic dimensions but were particularly noted by coordinators:
- in the Loddon Mallee and Hume regions
- aged less than 45 years old
- those with between nine and 14 years experience.

Engaging with families experiencing homelessness/transient accommodation
High professional development needs were identified in this area across all demographic dimensions but were particularly noted by coordinators:
- in the Eastern Metropolitan and the Loddon Mallee regions
- with less than two years experience.

Engaging with parents with mental health issues
High professional development needs were identified in this area across all demographic dimensions but were particularly noted by coordinators:
- in all rural areas
- with more than 15 years experience.

Implement innovative approaches for working with vulnerable families, tailored to their needs
High professional development needs were identified in this area across all demographic dimensions but were particularly noted by coordinators:
- in the Eastern Metropolitan and all rural regions
- older than 51 years old.

Maternal and child health manager's views
Almost all maternal and child health managers (25 out of 27) see *engaging vulnerable families* as a training priority for coordinators.

Further comments
A little over a quarter of maternal and child health coordinators provided comments related to this area. The common themes were:

- vulnerable/Indigenous families are rarely seen in this LGA
- lack of time to implement/liaise/network
- need to meet and share information with other service
- need to know when and who and how to refer clients to
- need practical skills/clinical updates.

4.3.6   Prevention, promotion, early detection and intervention

This section dealt with the area of health promotion, early detection and intervention. Graph 4.3 shows the results for this question.

Q12. Health promotion, early detection and intervention
n=64

Legend:
- I have the skills to do this
- I need professional development to further improve these skills

Lead the MCH team to:
12.1   Apply knowledge of health promotion and health promotion activities informed by evidence and best practice
12.2   Implement assessment processes that guide early detection of risk and protective factors in early childhood
12.3   Engage families through the provision of appropriate information and advice to support their parenting role and the health and wellbeing of their child

Graph 4.3: Professional development needs of coordinators: health promotion, early detection and intervention

Low to medium professional development needs were identified for this area across all demographic characteristics.

A higher need for professional development was identified by coordinators in the Loddon Mallee, Grampians and Eastern regions for professional development to improve skills to *lead the team to implement assessment processes that guide early detection of risk and protective factors.*

Maternal and child health managers' views

A little under half (48%) of maternal and child health managers view *prevention, promotion, early detection and intervention* as a training need for maternal and child health coordinators.

Further comments

One in five maternal and child health coordinators provided comments in response to this question. The common themes were:

- lack of time to implement
- need practical/clinical skills.

4.3.7   Partnerships with families, communities and service providers

Questions in this section were divided into:

- partnerships with families
- partnerships with communities and service providers*.*

Partnerships with communities and service providers

Q13. Partnerships with families
n=64

13.1   Lead the MCH team to develop family centred approaches which:
- build the capacity and resilience of children and their families
- support the health and wellbeing of mothers
- identify and assist women with issues such as postnatal depression
- promote self-regulatory behaviours
- increase engagement of fathers and other caregivers

13.2   Lead the MCH team in the development of effective partnerships that reflect the issues and preference of all parents including those of Aboriginal descent, culturally and linguistically diverse backgrounds and families with complex needs

Graph 4.4: Professional development needs of coordinators: partnerships with families

Graph 4.4 outlines the coordinators' professional development needs in relation to *partnerships with families*.

Family-centred approaches
Low to medium professional development needs were identified in relation to leading the team to develop family-centred approaches across all characteristics.

Lead the team in the development of effective partnerships to reflect the needs of Indigenous, culturally and linguistically diverse and vulnerable families
High needs for professional development were identified in this area, particularly for those maternal and child health coordinators:

▪ aged less than 50 years old,
▪ with less than two years experience
▪ in the Eastern Metropolitan, Gippsland and Loddon Mallee regions.

Partnerships with communities and service providers

Q14. Partnerships with communities and service providers
n=64

Legend:
- I have the skills to do this
- I need professional development to further improve these skills
- I need professional development to develop these skills
- No response

14.1 Develop knowledge and understanding of 'community development' and community centred practices
14.2 Support the development of partnerships with other relevant services

Graph 4.5: Professional development needs of coordinators: partnerships with communities and service providers

Graph 4.5 shows the professional development needs in relation to *partnerships with communities and service providers*. Low to medium professional development needs were identified in this area across all demographic characteristics.

Maternal and child health managers' views

Just over half (56%) of maternal and child health managers view *partnerships with families* as a training need for maternal and child health coordinators while a greater majority (70% or 19 out of 27) see *partnerships with communities and service providers* as a priority for maternal and child health coordinators.

Further comments

A little less than a quarter of maternal and child health coordinators contributed comments in relation to the *partnerships with communities and service providers*. The common themes were:

- lack of time to implement/network
- perceived complexity of role/challenges of working in isolation.

The following comment is typical of these responses:

> *Rural staff are being completely overwhelmed with the continual ongoing evolution of their position and the expectation that they embrace the spectrum of topics covered in this survey, as well as provide services, attend training, travel, implement, meet increasing performance targets, comply to standards, and so on.*

4.3.8   Local planning, flexibility and collaboration

Graph 4.6 shows the results of the questions relating to *local planning processes*.

Q15. Local planning processes
n=64

Legend:
- I have the skills to do this
- I need professional development to further improve these skills
- I need professional development to develop these skills

15.1   Develop knowledge of local service infrastructure so that you are able to respond to the needs of children and families
15.2   Actively participate in the development, implementation, monitoring and review of Municipal Early Years Plans
15.3   Ensure that individual, family and community needs are represented as part of service infrastructure planning processes
15.4   Contribute to the design of innovative models that support service integration and collaboration that responds to the needs of children and families

Graph 4.6: Professional development needs of coordinators: local planning processes

Maternal and child health coordinators identified medium to high needs for the following areas:
- *ensure individual, family and community needs are represented in service infrastructure planning*

- *contribute to the design of innovative models that support service integration and collaboration that responds to the needs of children and families.*

Higher needs in these areas were identified by maternal and child health coordinators:
- in the Hume and Loddon Mallee regions
- aged over 50 years
- with more than 15 years experience.

Maternal and child health managers' views

The greater majority of maternal and child health managers (78% or 21 out of 27 respondents) view *local planning processes* as a training priority for maternal and child health coordinators.

Further comments

Seventeen per cent of maternal and child health coordinators made a comment in relation to this area, with the key theme being the need for the Department of Human Services to develop and implement standardised polices with reference to resourcing and support for service delivery.

4.3.9   A quality framework

Graph 4.7 shows the professional development needs identified in response to the *quality management* questions.

16.1   Contribute to local government Best Value processes, where appropriate, with a strong emphasis on community input and meeting the needs of local communities
16.2   Develop knowledge of and implement MCH Program Standards
16.3   Contribute to continuous improvement processes and organisational quality, informed by Best Value and MCH Program Standards
16.4   Understand and implement relevant legislative requirements

Graph 4.7: Professional development needs of coordinators: quality management

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Low to medium professional development needs were identified across the four areas of competence in this question.

Understand and implement legislative requirements
Higher needs for professional development in this area were identified by maternal and child health coordinators:
- in rural areas
- aged less than 45 years.

Maternal and child health managers' views
Eighty-five per cent (23 out of 27) see the above quality related areas to be a training priority for maternal and child health coordinators.

Further comments
Twenty–two per cent of maternal and child health coordinators made comment in response to this question. The themes were:
- lack of time to implement
- need management training/mentoring support.

4.3.10 Strategic leadership and management of the Maternal and Child Health Service

This area comprised three sections: management systems, professional development and management support, and change management.

Graph 4.8 outlines the responses received to the *management systems* questions.

Q17. Management systems
n=64

Develop and implement management systems which support work in a inter-disciplinary context:
17.1   Accurate population-based information
17.2   Data supporting service monitoring and development
17.3   Quality improvement systems, incl Best Value
17.4   Financial systems
Human Resource management systems:
17.5   Performance Management
17.6   Clinical Supervision
17.7   Grievance
17.8   Discipline
17.9   Succession Planning
17.10   Monitor and review management systems
17.11   Report on Funding and Service Agreement performance measures
17.12   Identify training and professional development opportunities based upon individual, local or broad service system requirements
17.13   Implement succession planning and integrate with performance review and professional development systems
17.14   Develop and implement OH&S management systems which ensure a safe environment for staff and families within occupational health and safety requirements

Graph 4.8: Professional development needs of coordinators: management systems

Maternal and child health coordinators nominated medium to high professional development needs across all sections of this question except in the following areas:
- *report on funding and service agreement performance measures*
- *identify training and professional development opportunities*
- *develop and implement occupational health and safety management systems.*

High needs for professional development were identified in the following areas:
- *accurate population-based information*
- *data supporting service monitoring and development*
- *quality management systems*
- *financial systems*
- *human resource management systems*

- *monitor and review management systems.*

The need for professional development was consistent across all demographic characteristics, particularly for those maternal and child health coordinators:

- in the rural regions
- in the Eastern Metropolitan Region with regards to discipline and succession planning
- aged less than 45 years
- working part-time.

Professional development and management support

Graph 4.9 shows the responses to this question.

Q18. Professional Development and Management Support
n=64

Legend:
- I have the skills to do this
- I need professional development to further improve these skills
- I need professional development to develop these skills
- No response

Provide professional development, management support and supervision to enable the staff of the MCH service to:
18.1   Contribute to and support a positive team culture
18.2   Model appropriate standards of professional behaviour
18.3   Undertake leadership opportunities / roles as appropriate
18.4   Apply evidence- based practice and training
18.5   Manage time and set priorities
18.6   Lead clinical supervision for the team
18.7   Undertake your own leadership opportunities / roles as appropriate
Support and monitor new staff:
18.8   provide mentoring
18.9   provide preceptorship
18.10   encourage reflective practice

Graph 4.9: Professional development needs of coordinators: professional development and management support

Low to medium needs were identified by maternal and child health coordinators in this area, with the exception of *leading clinical supervision for the team*. The results for this are provided below.

Lead clinical supervision for the team

High needs for professional development were identified by maternal and child health coordinators:

- in the rural regions of Loddon Mallee, Grampians and Gippsland and the Eastern and Southern metropolitan regions
- aged less than 45 years and between 51–55 years
- with less than nine years experience and more than 15 years experience
- working both full-time and part-time.

Maternal and child health coordinator comments

The comment below indicates the comments provided to the open-ended question in this section.

As I have no nursing background is it appropriate to do clinical supervision?

Change management

Graph 4.10 shows the results of the *change management* questions.

Q19. Change Management
n=64

Legend:
- I have the skills to do this
- Need professional development to further improve these skills
- I need professional development to develop these skills

19.1   Develop, implement, monitor and review change management processes
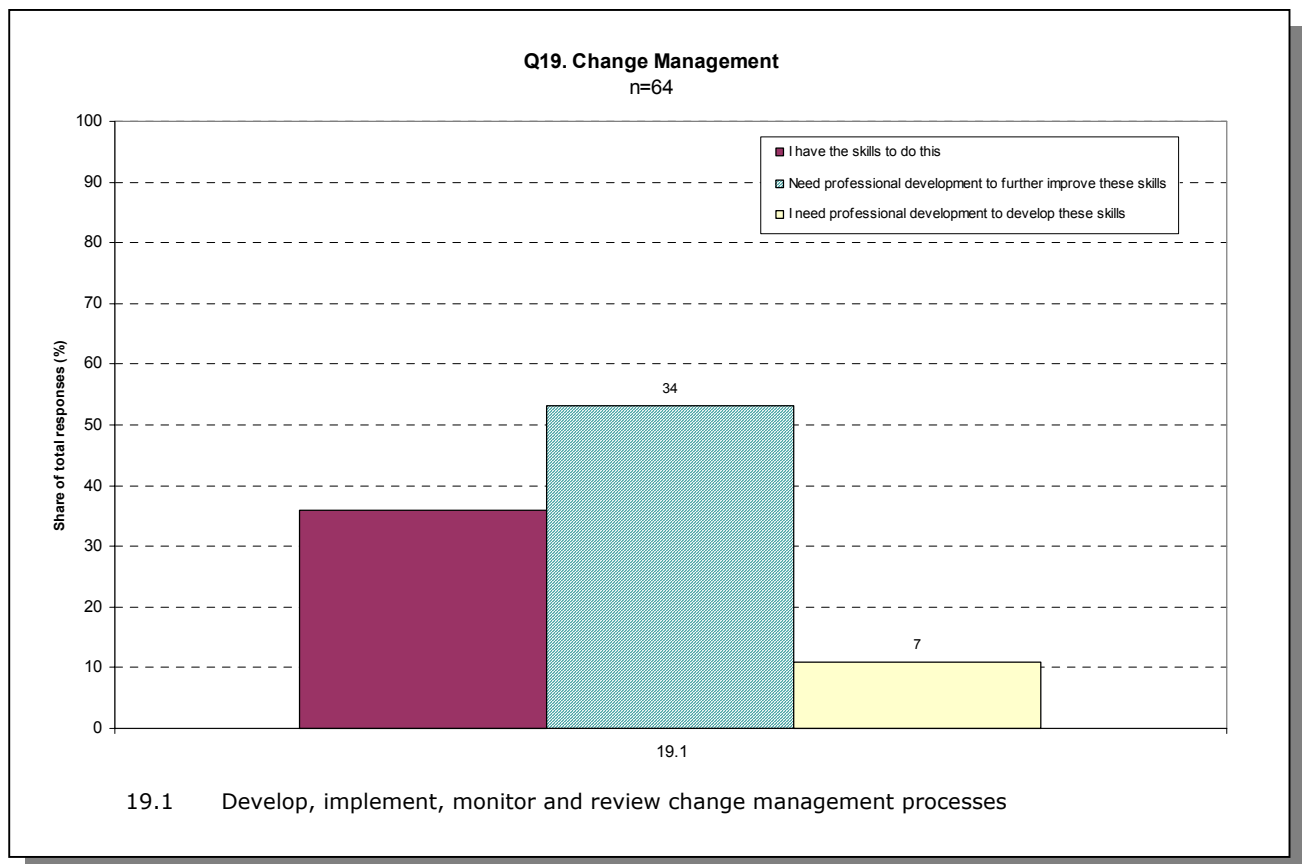
Graph 4.10: Professional development needs of coordinators: change management

A high reported need for professional development was flagged by maternal and child health coordinators across all characteristics, particularly by those:

- in the Loddon Mallee, Grampians, Hume, Eastern and North and West metropolitan regions
- younger than 45 years, aged between 51 and 55 and over 60 years of age
- with less than nine years experience.

Maternal and child health managers' views

Almost all maternal and child health managers (92% or 25 out of 27) view *management systems* as a training priority. A slightly lesser majority nominated *professional development and management support* (78% or 21 out of 27) and *change management* (74% or 20 out of 27) as priorities for training for maternal and child health coordinators.

Further comments

A little under a third of maternal and child health coordinators submitted comments in response to these questions. The common themes were:

- need mentoring support/training in change management
- lack of time to implement and liaise
- supervisors shouldn't do clinical supervision – need someone who is independent.

KEY FINDING 12:

Maternal and child health coordinators have identified a high need for professional development activity in areas relating to:

- leading the team to engage vulnerable families
- local planning
- strategic leadership and management

Cross-tabulated data indicate areas of particular need across:

- the rural regions
- the younger and older age groups
- those with the least experience and those with significant years of experience.

4.4 Professional development priorities

In the Professional Development Needs Analysis Survey, maternal and child health coordinators were asked to reflect on their responses and identify their top five priorities for professional development in relation to the broad areas of the Critical Success Factors.

Table 4.5 presents the number of responses for maternal and child health coordinators' top three priorities for professional development.

Leading the team in:	1st priority	2nd priority	3rd priority
Access and participation	2	6	3
Engaging with vulnerable and/or families under-represented in Maternal and Child Health Service	10	6	6
Health promotion, early detection and intervention	2	6	5
Partnerships with families	6	1	4
Partnerships with communities and service providers	3	4	5
Local planning processes, flexibility and collaboration	2	5	7
Quality management	5	5	6
Management systems	13	12	10
Professional development and management support	8	13	9
Change management	11	4	7
Total	62	62	62

Table 4.5: Maternal and child health coordinators' professional development priorities

These figures clearly show that *management systems, change management* and *leading the team to engage with vulnerable and/or families under-represented in Maternal and Child Health Service* are the top priorities for professional development. This is consistent with the survey findings and maternal and child health managers' perception of professional development priorities. *Professional development and management support* also emerges as a priority area, with 30 respondents nominating this as a first, second or third priority. This is consistent with the survey results, where a high need for professional development was found in relation to *leading clinical supervision for the team.*

While high needs for professional development for *leading the team to develop partnerships with families* were found through the survey, this does not emerge as a priority for maternal and child health coordinators. While maternal and child health managers nominated *local planning* and *quality management* as professional development priorities for maternal and child health coordinators, neither of these are perceived as significant priorities by maternal and child health coordinators. There may be a range of explanations for the divergences evident in these results. One may be that accessing professional development activities may not be seen as the most appropriate method for developing skills; with mentoring or real world practice as possible options. Alternatively, while there may be skill gaps, respondents may also be expressing preferences for areas of professional interest rather than areas they need to develop.

4.4.1   Maternal and Child Health Service managers

A total of 27 maternal and child health managers provided responses to this question. The top five priorities for professional development nominated by maternal and child health managers for maternal and child health coordinators are:
- *management systems* (93% or 25 responses)
- *quality management* (85% or 23 responses)
- *professional development and management support* and *local planning processes* (both 78% or 21 responses)
- *change management* and *access and participation* (both 74% or 20 responses)
- *engaging vulnerable families* and *partnerships with communities and service providers* (both 70% or 19 responses).

KEY FINDING 13:

There is general consistency between the areas of need identified by the coordinators for their professional development and those identified by their maternal and child health managers.

4.5 Other issues

The results raise a number of issues for consideration.

The data indicates that 85% of the respondents have eight years or less experience in the role. Over half of the respondents (54% or 35 maternal and child health coordinators, n= 62) have worked in the role for between two and eight years and 28% (18 respondents) have been in the role for less than two years.

The majority of maternal and child health coordinators have responsibility for the coordination of more than five maternal and child health centres; four maternal and child health coordinators are coordinating more than 20 centres as part of their role.

A higher percentage of maternal and child health coordinators working in the rural regions are employed on a part-time basis (55%) than are their colleagues in the metropolitan regions (25%).

A number of maternal and child health coordinators in rural areas will have to be across both clinical and management roles.

Professional development profile – maternal and child health coordinator

Universal access and participation

Access and participation
- Undertake assessments using approaches that engage and support families.
- Promote the Maternal and Child Health Service to all families through consultations at key 'ages and stages' and other activities relevant to local needs and priorities.
- Identify barriers and issues that contribute to low participation rates of families at key age and stage consultations.
- Develop, implement and monitor interventions to increase participation rates.
- Develop networks and protocols between agencies to support family participation.

Provide services for children and families, recognising a diversity of need

Engaging with vulnerable and /or families under-represented in the MCHS
Lead the maternal and child health team to:
- Understand how to recognise the values and beliefs of families and how this impacts upon their engagement with them.
- Identify risk factors in early childhood.
- Identify protective factors in early childhood.
- Effectively engage with:
  - Indigenous families
  - culturally and linguistically diverse families and teenage parents
  - parents of a child with a disability
  - parents with a disability
  - parents with substance abuse issues
  - family violence
  - families experiencing homelessness/transient accommodation
  - parents with mental health issues.
- Implement innovative approaches for working with vulnerable families, tailored to their needs.
- Access/work effectively with secondary consultation services, specialist services and other relevant agencies when working with vulnerable families.
- Identify when to refer vulnerable families to other services.

Prevention, promotion, early detection and intervention

Health promotion, early detection and intervention
Lead the maternal and child health team to:
- Apply knowledge of health promotion and health promotion activities informed by evidence and best practice.
- Implement assessment processes that guide early detection of risk and protective factors in early childhood.
- Engage families through the provision of appropriate information and advice to support their parenting role and the health and wellbeing of their child.

Partnerships with families, communities and service providers

Partnerships with families
- Lead the maternal and child health team to develop family-centred approaches which:
    - build the capacity and resilience of children and their families
    - support the health and wellbeing of mothers
    - identify and assist women with issues such as postnatal depression.
    - promote self-regulatory behaviours
    - increase engagement of fathers and other caregivers.

- Lead the maternal and child health team in the development of effective partnerships that reflect the issues and preferences of all parents, including those of Aboriginal descent, culturally and linguistically diverse backgrounds and families with complex needs.

Partnerships with communities and service providers
- Develop knowledge and understanding of 'community development' and community-centred practices.
- Support the development of partnerships with other relevant services.

Local planning, flexibility and collaboration

Local planning processes
- Develop knowledge of local service infrastructure so that you can support the maternal and child health team to respond to the needs of children and families.
- Actively participate in the development, implementation, monitoring and review of Municipal Early Years Plans.
- Ensure that individual, family and community needs are represented as part of service infrastructure planning processes.
- Contribute to the design of innovative models that support service integration and collaboration that responds to the needs of children and families.

A quality framework

Quality management
- Contribute to local government Best Value processes where appropriate, with a strong emphasis on community input and meeting the needs of local communities.
- Develop knowledge of and implement maternal and child health program standards.
- Contribute to continuous improvement processes and organisational quality, informed by Best Value and maternal and child health program standards.
- Understand and implement relevant legislative requirements.

Strategic leadership and management of the Maternal and Child Health Service

Management systems
- Develop and implement management systems which support work in a inter-disciplinary context:
    - accurate population-based information
    - data supporting service monitoring and development
    - quality improvement systems, including Best Value
    - financial systems.
- Human resource management systems:

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- performance management
- clinical supervision
- grievance
- discipline
- succession planning.
- Monitor and review management systems.
- Report on Funding and Service Agreement performance measures.
- Identify training and professional development opportunities based upon individual, local or broad service system requirements.
- Implement succession planning and integrate with performance review and professional development systems.
- Develop and implement occupational health and safety management systems which ensure a safe environment for staff and families within occupational health and safety requirements.

Professional development and management support
- Provide professional development, management support and supervision to enable the staff of the Maternal and Child Health Service to:
  - contribute to and support a positive team culture
  - model appropriate standards of professional behaviour
  - undertake leadership opportunities/roles as appropriate
  - apply evidence-based practice and training
  - manage time and set priorities.
- Lead clinical supervision for the team.
- Undertake your own leadership opportunities/roles as appropriate.
- Support and monitor new staff:
  - provide mentoring
  - provide preceptorship
  - encourage reflective practice.

Change management
- Develop, implement, monitor and review change management processes.

Chapter 5: Family support/early childhood workers

5.1 Introduction

This chapter presents the results of the Professional Development Needs Analysis Survey for Family Support/Early Childhood Workers. This survey was completed by 28 respondents across the state.

The chapter provides demographic information regarding the family support/early childhood worker cohort responding to the survey as well as the findings in relation to professional development needs and respondents' priorities for future professional development.

5.2 Demographics

Twenty–eight family support/early childhood workers returned the Professional Development Needs Analysis Survey.

No accurate data was available to indicate the potential number of workers in this role in the workforce, although 130 surveys were distributed to capture the feedback of as many family support/early childhood workers as possible.

The Professional Development Needs Analysis survey sought demographic information about family support/early childhood workers in relation to:
- gender
- age
- years worked in the Maternal and Child Health Service
- Department of Human Services region
- LGA in which their service is located
- whether their service is located with Maternal and Child Health Service
- whether they work with, or in a Maternal and Child Health Service
- employment status (permanent full-time, permanent part–time, relieving or contract)
- the number of centres worked across
- languages other than English used in their practice.

The results for these questions are discussed in this section.

5.2.1 Gender

All 28 family support/early childhood workers to respond to the Professional Development Needs Analysis are female.

5.2.2 Age

Over half (53% or 15 respondents) of the 28 family support/early childhood workers to respond to the Professional Development Needs Analysis are younger than 45 years old. Thirty-six per cent (10 respondents) are aged between 45 and 55 years, and 11% (three respondents) are aged over 56 years.

KEY FINDING 14:
The ages of the family support/early childhood workers are quite evenly distributed.

5.2.3 Years worked in the Maternal and Child Health Service

Thirty-two per cent (nine respondents) of the family support/early childhood workers have worked with the Maternal and Child Health Service for less than two years, while 46% (13 respondents) have worked with the service for between two and eight years. Eleven per cent (three respondents) have worked in the Maternal and Child Health Service for more than nine years.

KEY FINDING 15:

Most family support/early childhood workers (78%) have eight years or less experience in the role. Forty-six per cent of respondents have between two and eight years experience, and almost one third of this cohort has less than two years experience in the role.

5.2.4 Department of Human Services region

As Table 5.1 shows, the greatest numbers (36% or 10 respondents) of family support/early childhood workers are located in the North and West Metropolitan Region. Twenty-five per cent (seven respondents) work in the Southern Metropolitan Region, 11% are based in the Loddon Mallee, 7% are based in each of Barwon-South Western, the Grampians and the Hume regions and one respondent (4%) works in each of the Eastern Metropolitan and Gippsland regions.

Q5. Which Department of Human Services region is your MCH service in?

		# of respondents	Per cent
Valid	Barwon-South West	2	7.1
	Eastern	1	3.6
	Southern	7	25.0
	North and West	10	35.7
	Gippsland	1	3.6
	Grampians	2	7.1
	Hume	2	7.1
	Loddon Mallee	3	10.7
	Total	28	100.0

Table 5.1: Department of Human Services region by family support/early child worker respondents

5.2.5 Local government area

Family support/early childhood worker responses were recorded from 21 of the 79 LGAs across Victoria. The responses in this section cannot be detailed further for reasons of privacy and confidentiality as most LGAs have only one family support/early childhood worker.

5.2.6 Location of service

Family support/early childhood workers were asked to indicate whether they worked in a service which was co-located with a Maternal and Child Health Service. Eighty-five per cent (24 respondents) responded that they work in a co-located service.

The subsequent survey question asked if the respondent worked with or in a Maternal and Child Health Service.

Ninety-three per cent of the family support/early childhood workers (26 respondents) indicated that they either work with or in a Maternal and Child Health Service. Two respondents indicated they worked neither with nor in a Maternal and Child Health Service.

Q7. Is your service co-located with a MCHS?

		# of respondents	Per cent
Valid	Yes	24	85.7
	No	4	14.3
	Total	28	100.0

Table 5.2: Co-located service by family support/early childhood worker respondents

Q8. Do you work with or in a MCHS?

		# of respondents	Per cent
Valid	Yes	26	92.9
	No	2	7.1
	Total	28	100.0

Table 5.3: Work with, or in, a Maternal and Child Health Service by family support/early childhood worker respondents

In retrospect, the questions should have made a distinction between being co-located and working in a Maternal and Child Health Service. The results would have been more meaningful if the respondents were asked if their service was co-located and then only if they worked in a Maternal and Child Health Service. More relevant data might also have been captured had the survey asked about the type of co-located services the workers were based in. This is an important lesson for the design of future surveys for the Maternal and Child Health Service, especially as so little is known of the family support/early childhood worker cohort.

5.2.7   Employment status

The majority (82% or 23) of family support/early childhood workers are employed on a permanent part-time basis. Only 18% (five respondents) are permanent full-time workers.

5.2.8   Number of centres worked across

One quarter (25%) of family support/early childhood workers (seven respondents) work in one centre, and a further 25% work in ten centres. Of the remaining 50%, 11% (three respondents) work across three centres; 7% (two respondents) work across four centres and 18% of respondents work across either five, seven or eight centres. Four respondents (14%) did not answer this question.

5.2.9   Languages other than English

Five family support/early childhood workers speak a language other than English in their professional role.

Languages spoken include Chinese, Vietnamese, French and Creole.

5.3 Findings of the Professional Development Needs Analysis Survey

5.3.1 Introduction

This section of the report presents the aggregate results of the Family Support/Early Childhood Worker Survey for the Maternal and Child Health Professional Development Needs Analysis. The results are presented in relation to each of the Critical Success Factors, that is:

- universal access and participation
- provide services for children and families, recognising a diversity of need
- prevention, promotion , early detection and intervention
- partnerships with families, communities and service providers
- local planning, flexibility and collaboration
- a quality framework
- strategic leadership and management of the Maternal and Child Health Service.

The responses available to the family support/early childhood workers were:

- 'I have the skills to do this'
- 'I need professional development to further these skills'
- 'I need professional development to develop these skills'.

5.3.2 Scope of the Family Support/Early Childhood Worker Survey

The scoping exercise indicated that family support/early childhood workers' key focus is on providing services for children and families.

The professional development profile for family support/early childhood workers is in Attachment 1 at the end of this chapter.

5.3.3 Relative level of professional development need

For the purposes of interpreting the Family Support/Early Childhood Worker Survey results, professional development needs have been categorised as low, medium or high, relative to the overall results. These categories have been set at the following levels for family support/early childhood workers:

- Low need: 20%–30% (between 6–8 responses)
- Medium need: 31%–50% (between 7–14 responses)
- High need: > 50% (more than 15 responses)

The analysis of the results includes an analysis by key demographic characteristics, such as age, experience and region. Given that this reduces the size of the groups to lower numbers, frequently less than ten, caution needs to be exercised in interpreting these results. It may only take the participation of a few more family support/early childhood workers to change these results. In cases where the groups have less than ten respondents, it is advised that these should be taken as indicative rather than definitive findings.

5.3.4 Universal access and participation

Q12. Access and Participation
n=28

Legend:
- I have the skills to do this
- I need professional development to further improve these skills
- I need professional development to develop these skills
- No response

Y-axis: Share of total responses (%)

X-axis categories: 12.1, 12.2, 12.3, 12.4

12.1   Promote the Maternal and Child Health Service to all families through involvement at key 'ages and stages' and other   activities relevant to local needs and priorities
12.2   Identify barriers and issues that contribute to low participation rates of families at key age and stage consultations
12.3   Implement and monitor interventions to increase participation rates
12.4   Support networks and protocols between agencies to support family participation

Graph 5.1: Professional development needs of family support/early childhood workers: access and participation

The focus of universal access and participation for family support/early childhood workers is on promotion of the service and identifying barriers and developing interventions to increase participation rates.

Graph 5.1 shows the professional development needs in relation to this question. The results indicate that family support/early childhood workers see this as a low priority area for professional development.

Maternal and child health managers' views
Fifty-two per cent (or 14 out of 27) of managers view this as a training priority for family support/early childhood workers.

5.3.5 Provide services for children and families, recognising a diversity of need

Q13. Engaging with vulnerable families and/or families under-represented in the MCHS
n=28

Legend:
- I have the skills to do this
- I need professional development to further improve these skills
- I need professional development to develop these skills
- No response

13.1 Understand how to recognise the values and beliefs of families and how this impacts upon your engagement with them
13.2 Identify risk factors in early childhood (see Table 1 overleaf)
13.3 Identify protective factors in early childhood (see Table 2 overleaf)
Effectively engage with:
13.4 Indigenous families
13.5 Culturally and Linguistically Diverse families
13.6 Teenage parents
13.7 Parents of a child with a disability
13.8 Parents with a disability
13.9 Parents with substance abuse issues eg. alcohol/drugs
13.10 Family violence
13.11 Families experiencing homelessness/transient accommodation
13.12 Parents with mental health issues
13.13 Implement innovative approaches for working with vulnerable families, tailored to their needs
13.14 Access/work effectively with secondary consultation services, specialist services and other relevant agencies when working with vulnerable families
13.15 Identify when to refer vulnerable families to other services

Graph 5.2: Professional development needs of family support/early childhood workers: engaging with vulnerable families and/or families under-represented in the service

The practice focus of this question is the engagement of families who are not only vulnerable, but are also generally not well represented within the Maternal and Child Health Service. Graph 5.2 outlines the responses received.

This area is perceived to represent a medium to high priority for professional development by family support/early childhood workers, particularly with regards to:

- *Effectively engage with:*
  - *Indigenous families*

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- – *parents of a child with a disability*
- – *parents with a disability*
- – *parents with substance abuse issues eg. alcohol/drugs*
- – *families experiencing homelessness/transient accommodation*
- – *parents with mental health issues.*
- ▪ *Implement innovative approaches for working with vulnerable families, tailored to their needs.*

Maternal and child health managers' views

The majority of managers (21 out of 27 or 78%) responded that *engaging vulnerable families* is a priority for professional development for family support/early childhood workers.

5.3.6   Prevention, promotion, early detection and intervention
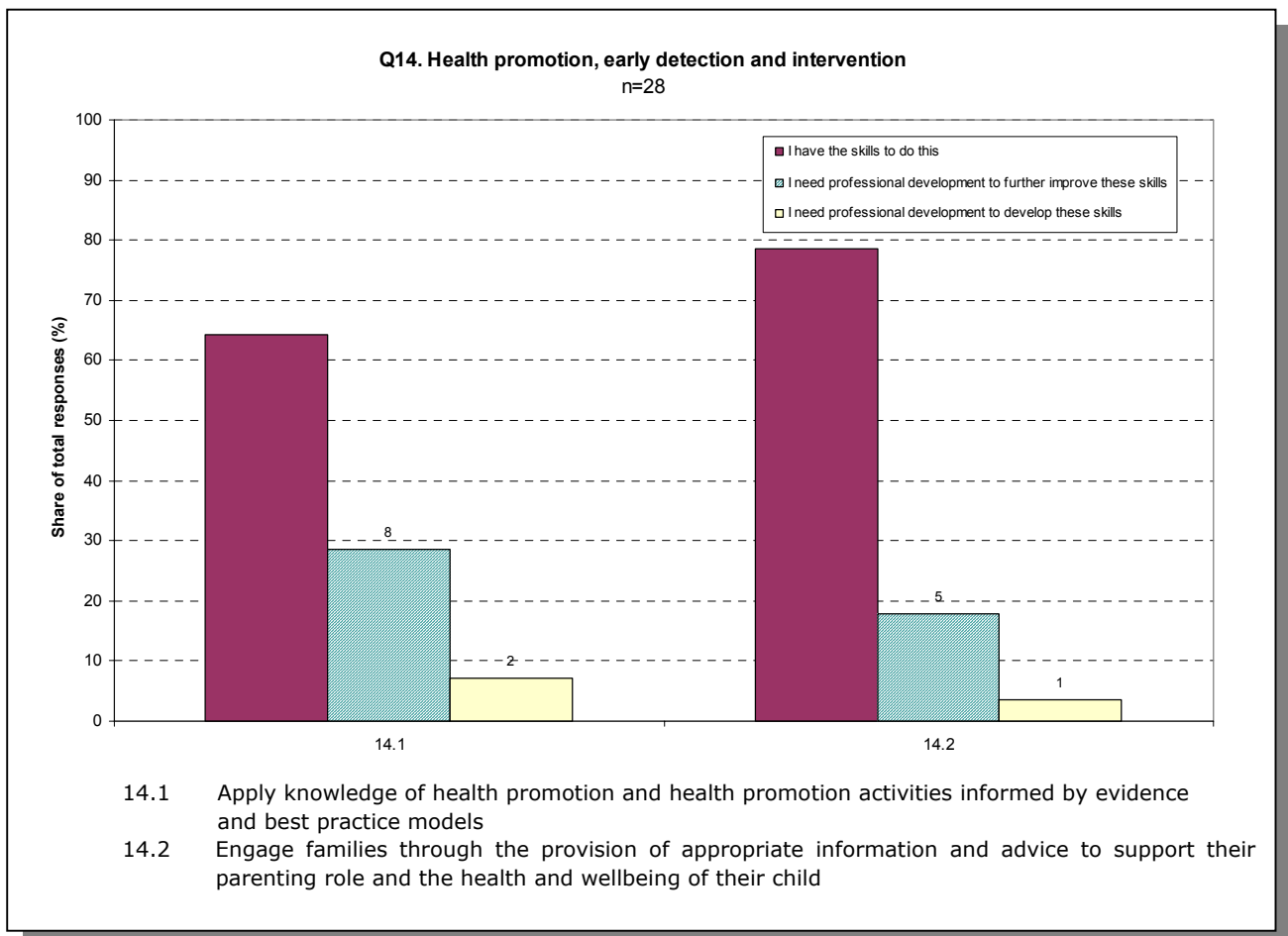
Graph 5.3: Professional development needs of family support/early childhood workers: health promotion, early detection and intervention

The focus of this Critical Success Factor is on health promotion and engaging with families through the provision of appropriate information and advice. Family support/early childhood workers perceive this to represent a low to medium need for professional development. Graph 5.3 provides a summary of the responses to this question.

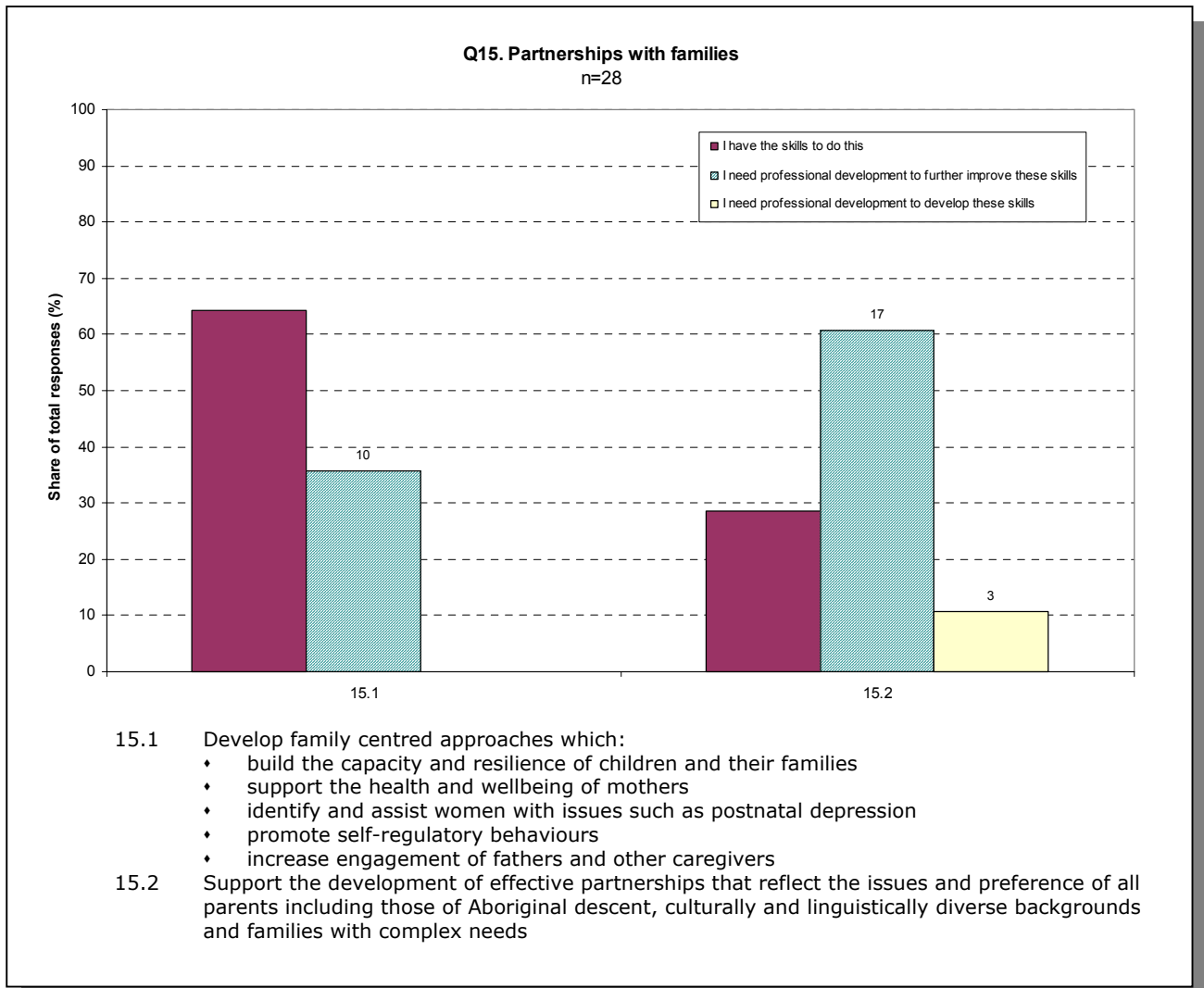**Maternal and child health managers' views**

Over half (15 out of 27 or 56%) of managers indicated that *prevention, promotion, early detection and intervention* is a priority for professional development for this cohort.

5.3.7 Partnerships with families, communities and service providers

Questions in this section were divided into:
- partnerships with families
- partnerships with communities and service providers.

Partnerships with families

Q15. Partnerships with families
n=28

15.1 Develop family centred approaches which:
- build the capacity and resilience of children and their families
- support the health and wellbeing of mothers
- identify and assist women with issues such as postnatal depression
- promote self-regulatory behaviours
- increase engagement of fathers and other caregivers
15.2 Support the development of effective partnerships that reflect the issues and preference of all parents including those of Aboriginal descent, culturally and linguistically diverse backgrounds and families with complex needs
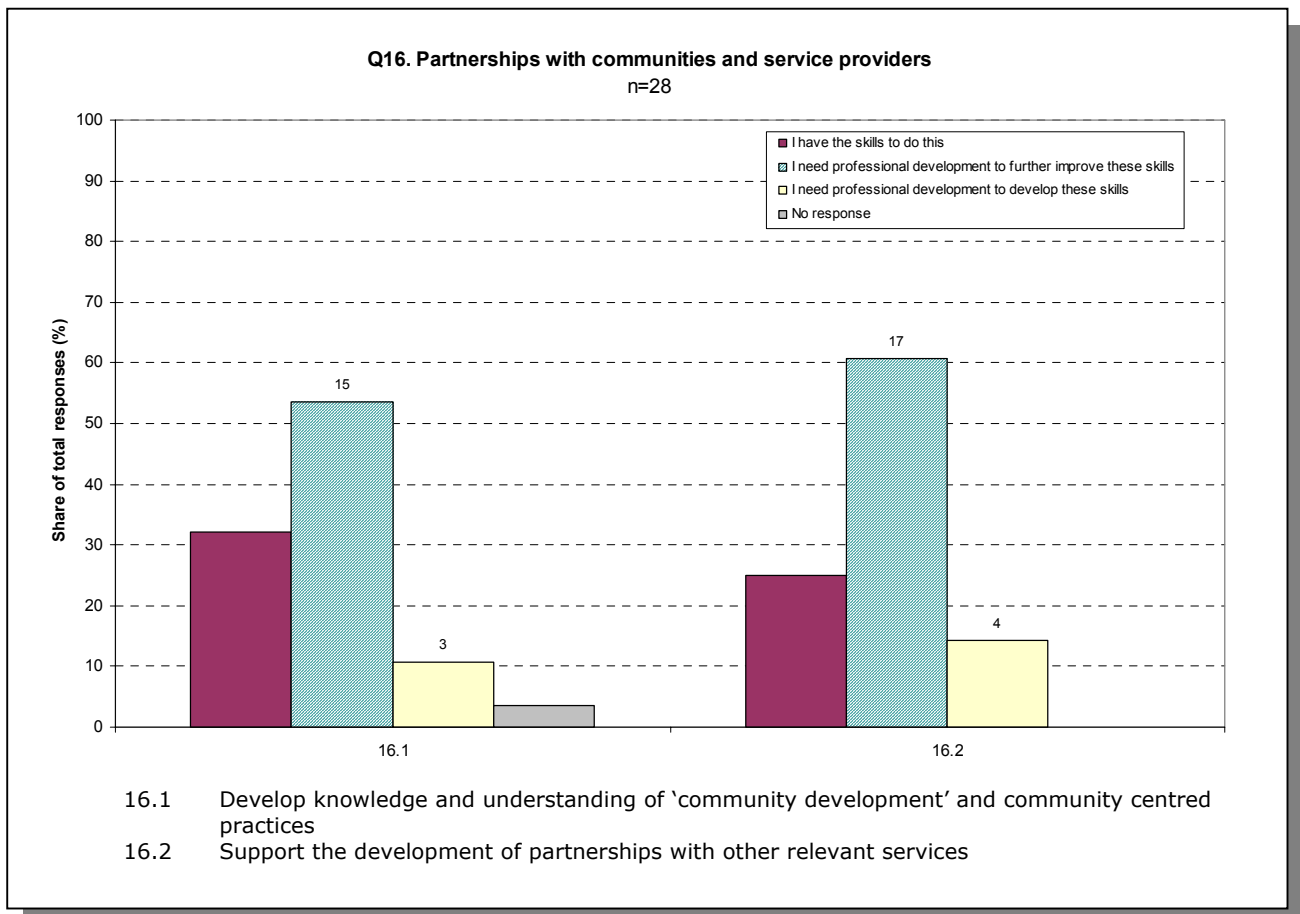
Graph 5.4: Professional development needs of family support/early childhood workers: partnerships with families

Graph 5.4 outlines the responses to the area of *partnerships with families*. This is perceived by family support/early childhood workers to be a high priority area for professional development, particularly in relation to:

- *Supporting the development of effective partnerships that reflect the issues and preferences of all parents including those of Aboriginal descent, culturally and linguistically diverse backgrounds and families with complex needs.*

Partnerships with communities and service providers

Q16. Partnerships with communities and service providers
n=28

Legend:
- I have the skills to do this
- I need professional development to further improve these skills
- I need professional development to develop these skills
- No response

Y-axis: Share of total responses (%)

16.1 — 15, 3
16.2 — 17, 4

16.1 Develop knowledge and understanding of 'community development' and community centred practices
16.2 Support the development of partnerships with other relevant services

Graph 5.5: Professional development needs of family support/early childhood workers: partnerships with communities and service providers
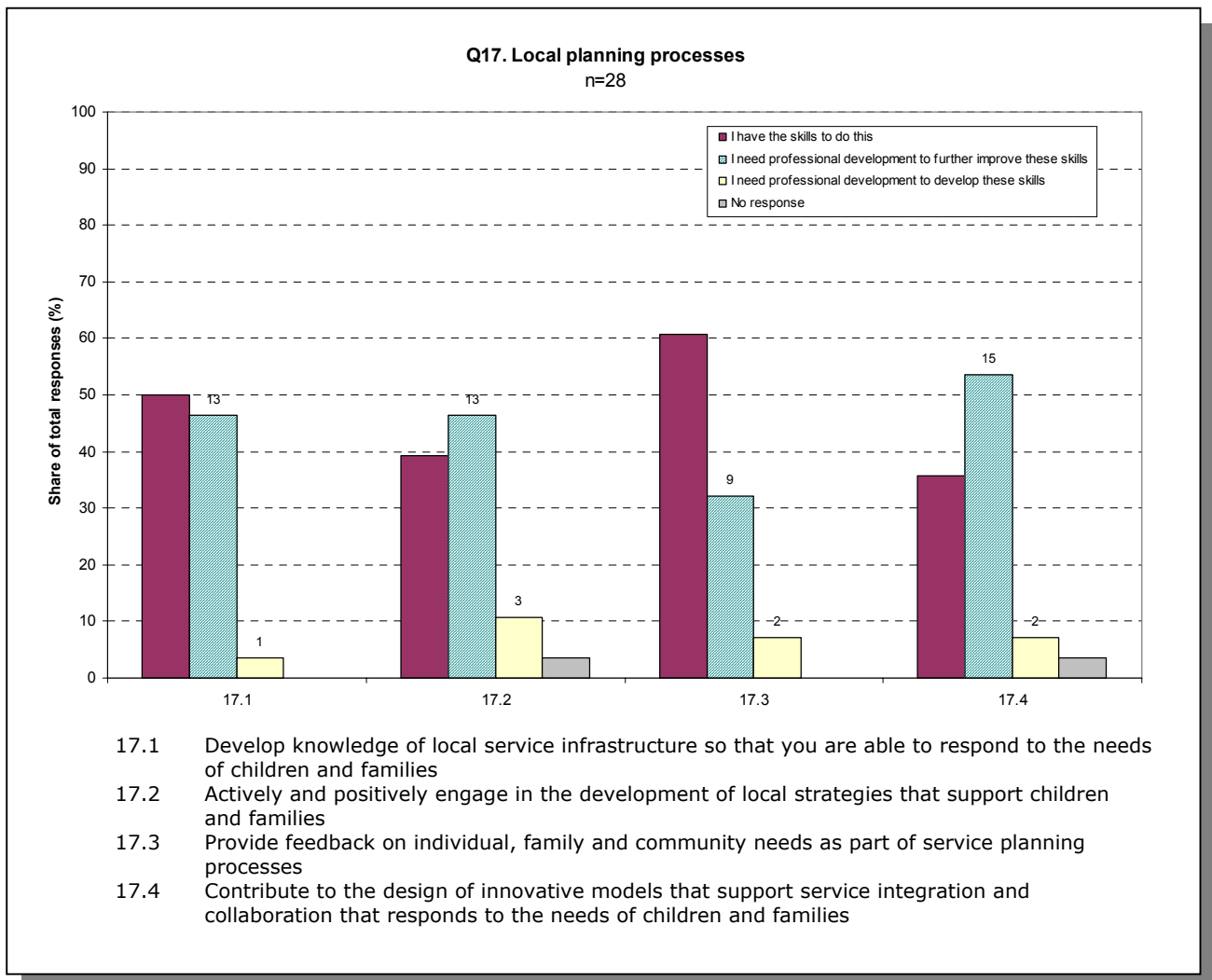
Graph 5.5 shows that both sections of this question were perceived to be high priorities for professional development by family support/early childhood workers, that is:

- *develop knowledge and understanding of 'community development' and community-centred practices*
- *support the development of partnerships with other relevant services (such as Best Start Projects, Innovations Projects, Primary Care Partnerships and Neighborhood Renewal Projects).*

Maternal and child health managers' views

A small majority of managers (17 out of 27 or 63%) indicated that *partnerships with families* is a priority for the professional development of family support/early childhood workers while slightly fewer (14 out of 27 or 52%) see *partnerships with communities and service providers* as a priority area.

5.3.8   Local planning, flexibility and collaboration

Q17. Local planning processes
n=28

Legend:
- I have the skills to do this
- I need professional development to further improve these skills
- I need professional development to develop these skills
- No response

Y-axis: Share of total responses (%)

X-axis categories: 17.1, 17.2, 17.3, 17.4

Data labels shown: 17.1 — 13, 1; 17.2 — 13, 3; 17.3 — 9, 2; 17.4 — 15, 2

17.1   Develop knowledge of local service infrastructure so that you are able to respond to the needs of children and families

17.2   Actively and positively engage in the development of local strategies that support children and families

17.3   Provide feedback on individual, family and community needs as part of service planning processes

17.4   Contribute to the design of innovative models that support service integration and collaboration that responds to the needs of children and families

Graph 5.6: Professional development needs of family support/early childhood workers: local planning processes

The competencies in this area for family support/early childhood workers deal with *developing knowledge of local infrastructure; engaging with the development of local strategies that support children and families;* and *contributing to the design of innovative models that support service integration in relation to the needs of children and families*.

The results show that this is perceived to be a medium to high priority for professional development by family support/early childhood workers, particularly with regards to:
- *contributing to the design of innovative models that support service integration and collaboration that responds to the needs of children and families.*

Maternal and child health managers' views
Only 44% (or 12 out 27) of managers view this as a priority area for family support/early childhood workers' professional development.

5.3.9   A quality framework
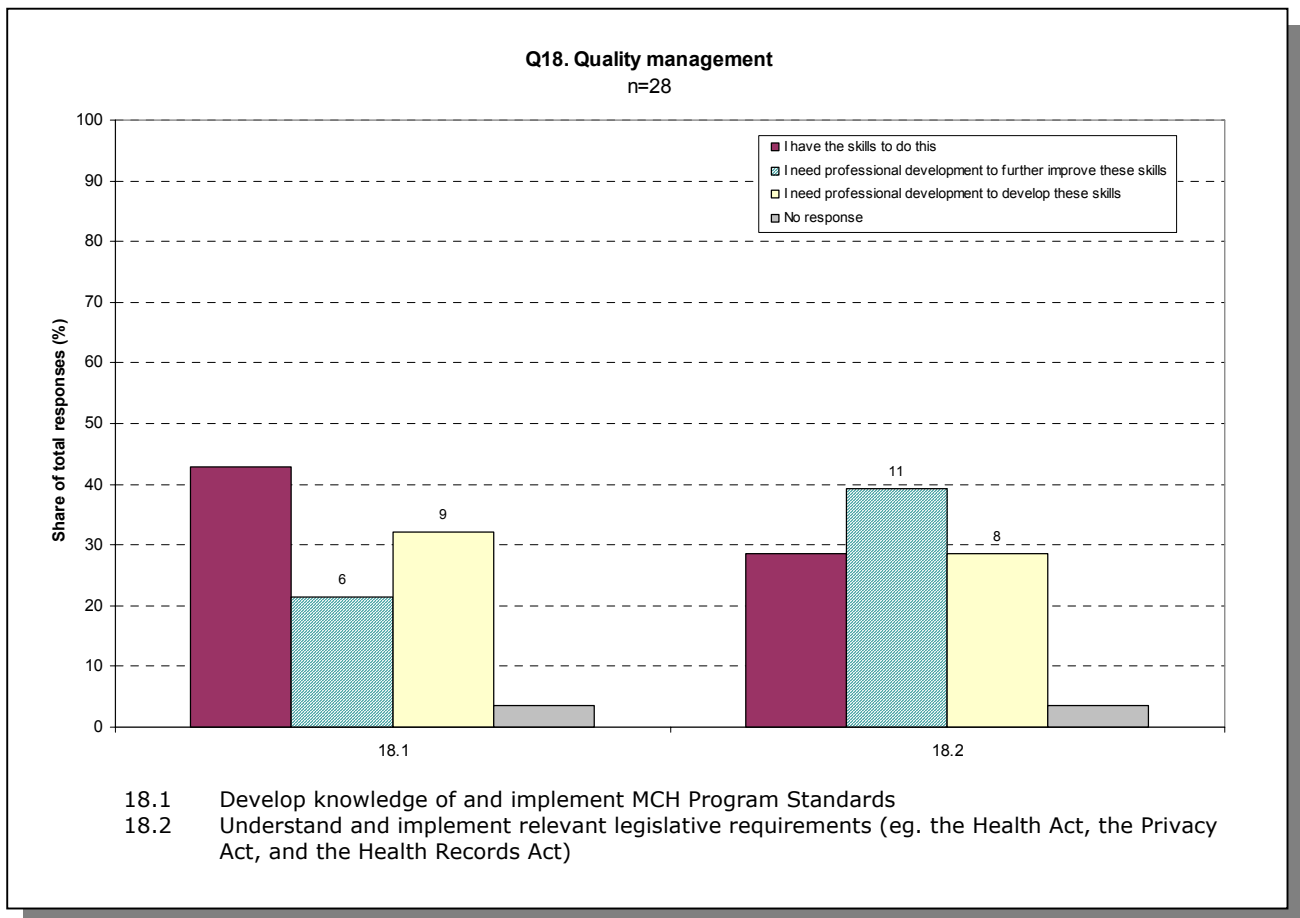
Graph 5.7: Professional development needs of family support/early childhood workers: quality management

The focus of this Critical Success Factor for family support/early childhood workers is knowledge and implementation of program standards and legislative requirements. The results indicate that family support/early childhood workers perceive this to be a medium level priority for their professional development.
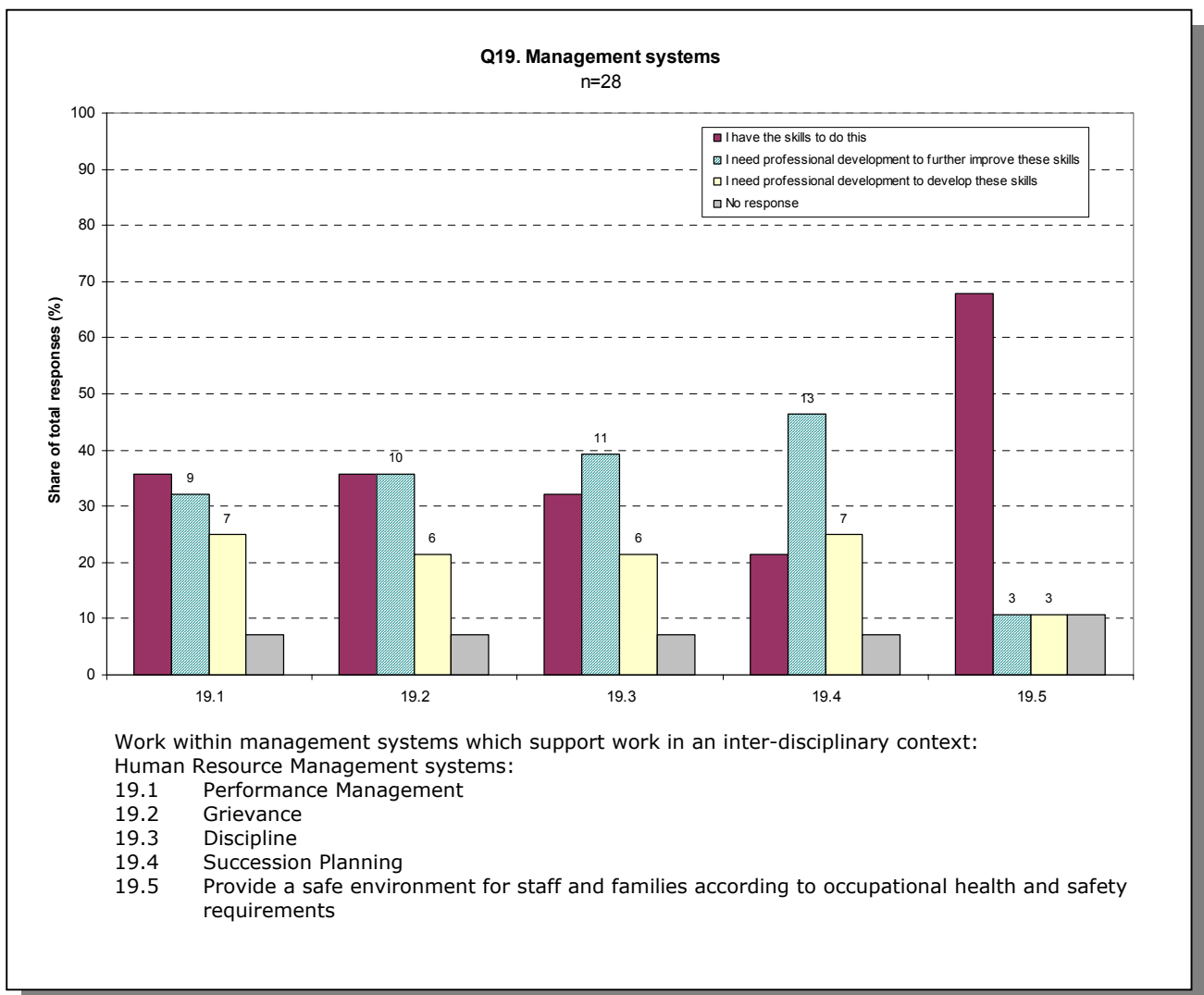
Maternal and child health managers' views
Only 11 out of 27 managers (41%) view this as a priority area for this group.

5.3.10 Strategic leadership and management of the Maternal and Child Health Service

The focus of this area is on *human resource management systems, professional development* and *change management*.
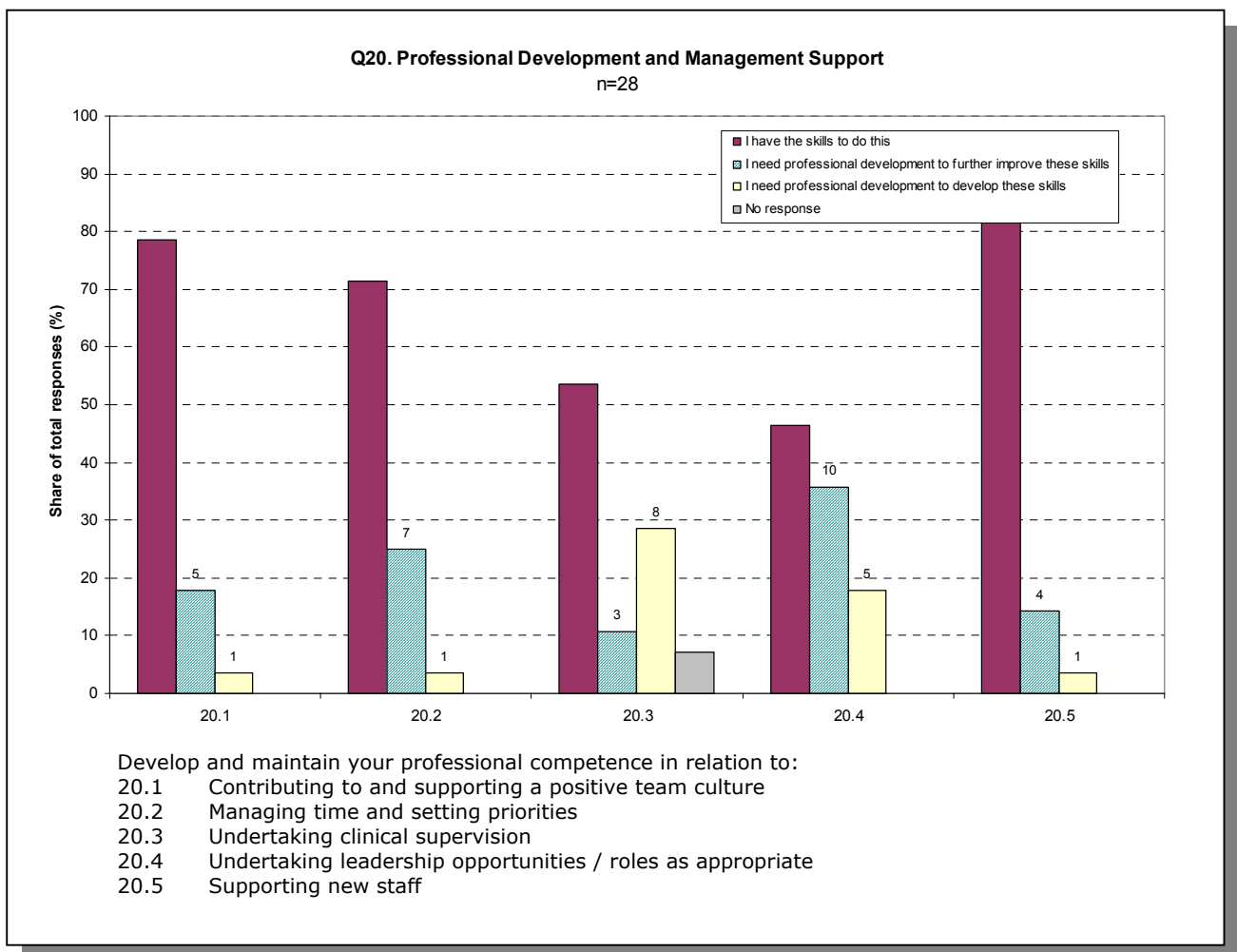
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Management systems

Q19. Management systems
n=28

Work within management systems which support work in an inter-disciplinary context:
Human Resource Management systems:
19.1   Performance Management
19.2   Grievance
19.3   Discipline
19.4   Succession Planning
19.5   Provide a safe environment for staff and families according to occupational health and safety requirements

Graph 5.8: Professional development needs of family support/early childhood workers: management systems

The graph indicates that family support/early childhood workers' professional development needs in this area are consistently between 30–45%, with the exception of *provide a safe environment for staff and families according to occupational health and safety requirements,* where up to 70% of respondents reported they have the skills to do this*.*

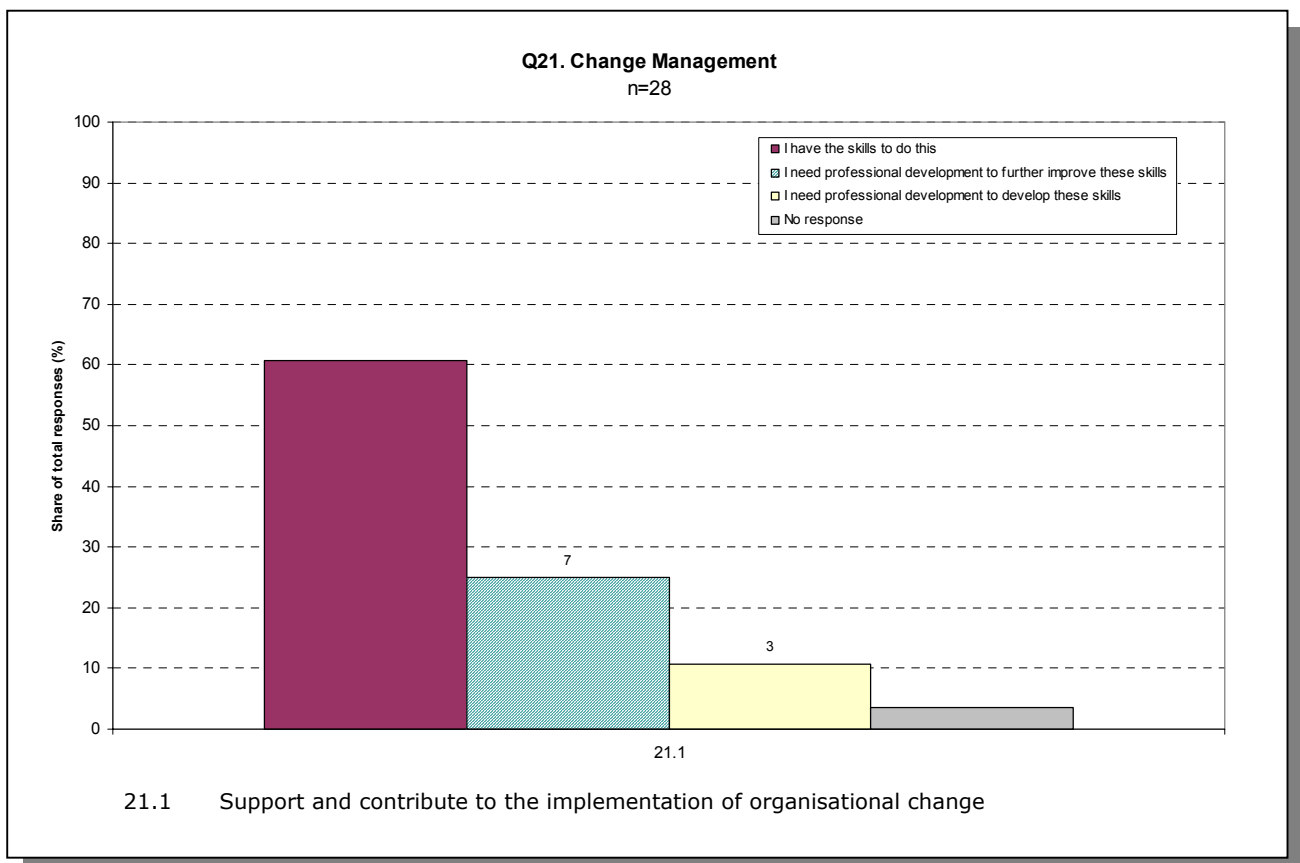## Professional development and management support

Q20. Professional Development and Management Support
n=28

Legend:
- I have the skills to do this
- I need professional development to further improve these skills
- I need professional development to develop these skills
- No response

Develop and maintain your professional competence in relation to:
20.1   Contributing to and supporting a positive team culture
20.2   Managing time and setting priorities
20.3   Undertaking clinical supervision
20.4   Undertaking leadership opportunities / roles as appropriate
20.5   Supporting new staff

Graph 5.9: Professional development needs of family support/early childhood workers: professional development and management support

This is perceived to be a low to medium priority for professional development by family support/early childhood workers with between 70–80% of respondents reporting they have the skills to do this with regards:

- contributing to and supporting a positive team culture
- managing time and setting priorities and
- supporting new staff.

Change management

Graph 5.10: Professional development needs of family support/early childhood workers: change management

Family support/early childhood workers perceived this to be a low priority for their professional development.

Maternal and child health managers' views

Only three or four (12–14%) maternal and child health managers viewed *strategic leadership and management* to be a training priority for family support/early childhood workers.

KEY FINDING 16:

Family support/early child workers' professional development needs are primarily in the areas of:

- engaging vulnerable families
- developing partnerships with families, communities and service providers
- local planning.

5.5 Professional development priorities

This section of the report summarises the priorities for professional development as identified by the family support/early childhood workers and the managers of their Maternal and Child Health Service.

5.5.1 Family support/early childhood workers

A total of 27 family support/early childhood workers responded to this question.

The top five priorities for professional development identified by family support/early childhood workers are:

- *engaging with vulnerable families* (39% or 11 responses)
- *partnerships with families* (36% or 10 responses)
- *access and participation* (32% or nine responses)
- *health promotion, early detection and intervention* (29% or eight responses)
- *partnerships with communities and service providers* (18% or six responses).

The figures clearly indicate that the priorities for family support/early childhood workers' professional development lie in the areas of *engaging with families, health promotion* and *partnerships with communities*, and *local planning*.

5.5.2   Maternal and Child Health Service managers

A total of 27 maternal and child health managers responded to this question.

The top five priorities for professional development nominated for family support/early childhood workers by their managers are:

- *engaging with vulnerable families* (78% or 21 responses*)*
- *partnerships with families* (63% or 17 responses)
- *health promotion, early detection and intervention* (56% or 15 responses)
- *access and participation* (52% or 14 responses)
- *partnerships with communities and service providers* (52% or 14 responses)

The maternal and child health managers' views corroborate the perceptions of the family support/early childhood workers, with the same areas identified, in almost exactly the same order of priority.

> **KEY FINDING 17:**
> Family support/early childhood workers and maternal and child health managers identified consistently similar priorities for the professional development of family support/early childhood workers, with a strong focus on working with families, communities and service providers.

5.6   Other issues

The family support/early childhood workers made few comments in response to the Professional Development Needs Analysis. The comments they did make were primarily with regards to areas of the survey not bearing relevance to their role, such as quality management and management systems.

A number of family support/early childhood workers spoken with during the course of the piloting phase of the project indicated their support for the Professional Development Needs Analysis. They also indicated that, as a group, they tend to come from relevant work arenas and seek independent avenues to develop their knowledge base.

Professional development profile – family support/early childhood workers

Universal access and participation

Access and participation
- Promote the Maternal and Child Health Service to all families through involvement at key 'ages and stages' and other activities relevant to local needs and priorities.
- Identify barriers and issues that contribute to low participation rates of families at key age and stage consultations.
- Implement and monitor interventions to increase participation rates.
- Support networks and protocols between agencies to support family participation.

Provide services for children and families, recognising a diversity of need

Engaging with vulnerable and/or families under-represented in the Maternal and Child Health Service
- Understand how to recognise the values and beliefs of families and how this impacts upon your engagement with them.
- Identify risk factors in early childhood.
- Identify protective factors in early childhood.
- Effectively engage with:
  - Indigenous families
  - culturally and linguistically diverse families
  - teenage parents
  - parents of a child with a disability
  - parents with a disability
  - parents with substance abuse issues
  - family violence
  - families experiencing homelessness/transient accommodation
  - parents with mental health issues.
- Implement innovative approaches for working with vulnerable families, tailored to their needs.
- Access/work effectively with secondary consultation services, specialist services and other relevant agencies when working with vulnerable families.
- Identify when to refer vulnerable families to other services.

Prevention, promotion, early detection and intervention

Health promotion, early detection and intervention
- Apply knowledge of health promotion and health promotion activities informed by evidence and best practice models.
- Engage families through the provision of appropriate information and advice to support their parenting role and the health and wellbeing of their child.

Partnerships with families, communities and service providers

Partnerships with families
- Develop family-centred approaches which:
  - build the capacity and resilience of children and their families
  - support the health and wellbeing of mothers
  - identify and assist women with issues such as postnatal depression
  - promote self-regulatory behaviours
  - increase engagement of fathers and other caregivers.

- Support the development of effective partnerships that reflect the issues and preferences of all parents, including those of Aboriginal descent, culturally and linguistically diverse backgrounds and families with complex needs.

Partnerships with communities and service providers
- Develop knowledge and understanding of 'community development' and community-centred practices.
- Support the development of partnerships with other relevant services.

Local planning, flexibility and collaboration

Local planning processes
- Develop knowledge of local service infrastructure so that you are able to respond to the needs of children and families.
- Actively and positively engage in the development of local strategies that support children and families.
- Provide feedback on individual, family and community needs as part of service planning processes.
- Contribute to the design of innovative models that support service integration and collaboration that responds to the needs of children and families.

A quality framework

Quality management of the Maternal and Child Health Service, using relevant quality frameworks
- Develop knowledge of and implement maternal and child health program standards.
- Understand and implement relevant legislative requirements.

Strategic leadership and management of the Maternal and Child Health Service

Management systems
- Work within management systems which support work in an inter-disciplinary context:
  - Human resource management systems:
    - performance management
    - grievance
    - discipline
    - succession planning.
- Provide a safe environment for staff and families according to occupational health and safety requirements.

Professional development and management support

- Develop and maintain your professional competence in relation to:
    - contributing to and supporting a positive team culture
    - managing time and setting priorities
    - undertaking clinical supervision
    - undertaking leadership opportunities/roles as appropriate
    - supporting new staff.

Change management
- Support and contribute to the implementation of organisational change.

Chapter 6: Maternal and Child Health Service managers

6.1 Introduction

This chapter details the results of the Professional Development Needs Analysis survey for the managers of maternal and child health services.

This chapter provides information about the maternal and child health services managed by the respondents. Using the same survey structure administered to the maternal and child health nurses, coordinators and family support/early childhood workers, managers were asked to nominate whether the areas were training priorities for the three occupational groups. This chapter reports on the priorities for future professional development identified by managers for each of these workforce groups.

6.2 Service information

Twenty-eight of a possible 81 (35%) maternal and child health managers responded to the Maternal and Child Health Service Professional Development Needs Analysis. One maternal and child health manager survey response was received too late for the feedback to be incorporated in the data analysis.

The survey sought service information in relation to:
- the Department of Human Services region and LGA they work within
- the number of centres managed
- the number of equivalent full-time (EFT) staff employed within the Maternal and Child Health Service
- other services managed
- whether the Maternal and Child Health Service is part of the family and community services division
- the number of professional development days allocated per staff member per annum.

6.2.1 Department of Human Services region

More than a quarter of maternal and child health managers who responded to the survey work in the Southern Region.

Five (6%) respondents work in the North and West; four in the Hume Region; three in each of Barwon-South Western and the Grampians regions; two in each of Gippsland and the Loddon Mallee regions and one in the Eastern Metropolitan Region.

Table 6.1 indicates the regions in which the respondents work.

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Q1. Which DHS region is your MCH service in?

		# of respondents	Per cent
Valid	Barwon-SW	3	11.1
	Eastern	1	3.7
	Southern	7	25.9
	North and West	5	18.5
	Gippsland	2	7.4
	Grampians	3	11.1
	Hume	4	14.8
	Loddon Mallee	2	7.4
	Total	27	100.0

Table 6.1 Department of Human Services region

6.2.2 Local government area

Maternal and child health manager responses were recorded from 27 of the 79 LGAs across Victoria. The responses in this section cannot be detailed further for reasons of privacy and confidentiality.

6.2.3 Number of centres managed

As Table 6.2 shows, nine of the 27 (32%) maternal and child health managers to respond to this question in the survey reported managing between 11 and 20 maternal and child health centres. Seven (25%) manage between six and 10 centres; three maternal and child health managers have one centre in their area, another three manage five centres; two maternal and child health managers manage four centres and another two (7%) have more than 20 centres under their management.

Q3. How many centres do you manage?

		# of respondents	Per cent
Valid	1	3	11.1
	4	2	7.4
	5	3	11.1
	6–10	7	25.9
	11–20	9	33.3
	More than 20	2	7.4
	Total	26	96.3
Missing	Missing	1	3.7
Total		27	100.0

Table 6.2: Number of centres managed

> **KEY FINDING 18:**
> The majority (66.3%) of the maternal and child health service manager respondents oversee more than six maternal and child health centres.

6.2.4 Number of EFT employed in Maternal and Child Health Service

Table 6.3 below presents the outcome to this question.

Q4. How many EFT are employed within your MCH Service?

		# of Respondents	Percent
Valid	Fewer than 10	15	55.6
	11-20	10	37.0
	21-30	2	7.4
	Total	27	100.0

Table 6.3: Number of EFT employed

More than half (56% or 15) of the 27 maternal and child health managers to respond to this question reported fewer than ten EFT staff being employed within their Maternal and Child Health Service.

Ten respondents (37%) report between 11 and 20 EFT being employed in their Maternal and Child Health Service and 7% (two respondents) manage a Maternal and Child Health Service EFT of greater than 20.

6.2.5   Other services managed

Twenty-two of the 27 (81%) maternal and child health managers to respond to this question reported managing service areas other than maternal and child health within their portfolio.

Twelve of these 22 (54%) managers have two or more service areas other than Maternal and Child Health Service within their responsibility. Two of the 22 (9%) managers reported managing up to four service areas in addition to Maternal and Child Health Service.

The service types nominated by maternal and child health managers as being in their portfolios were:
- community services, including community liaison, community grants, community centres and development/planning
- child/health and/or family services including early years support, occasional care, before/after school care and immunisation
- aged and disability services, including Home and Community Care (HACC) and community transport
- community health, including allied health, health promotion and men's programs
- sport and recreation
- public/environmental health
- administration
- metro/rural access issues.

KEY FINDING 19:

Eighty-one per cent of respondents to the managers survey have responsibility for other community portfolios in addition to the Maternal and Child Health Service.

More than half of these managers also oversee between six and 20 maternal and child health centres.

6.2.6 Maternal and Child Health Service within the family and community division

Managers were asked if the Maternal and Child Health Service they manage is part of the family and community division of their organisation. Twenty-four of the 27 managers who responded, reported that the service is part of their organisation's family and community services division.

Three other maternal and child health services indicated that they were in one of the following divisions:
▪ social development, including diversity and community partnering
▪ human services
▪ child, family and allied health team.

KEY FINDING 20:

All respondents (27) indicated that the Maternal and Child Health Service is part of a family and community or human/social services division of the local governments and the community health services surveyed.

6.2.7 Number of professional development days allocated per staff member per annum

Table 6.4 details the results of this question.

Q7. How many professional development days are allocated per staff member per annum in your organisation?

		# of respondents	Per cent
Valid	Missing	3	11.1
	1-2	1	3.7
	3-4	10	37.0
	5-6	12	44.4
	More than 6	1	3.7
	Total	27	100.0

Table 6.4: Number of professional development days per annum

Forty-four per cent (12) of maternal and child health managers responded that between five to six days per annum are allocated to staff for professional development activities in their organisation. Another 37% (10) reported that staff are allocated between three and four days per annum for professional development activity.

One maternal and child health manager reported that staff are allocated more than six days for professional activity per annum and another respondent reported that staff are allocated fewer than two days of professional development per annum.

KEY FINDING 21:

Twenty-three (85%) of the maternal and child health service managers report that their organisation allocates three or more professional development days per annum.

Only one manager reported staff being entitled to fewer than two days professional development per annum.

6.3 Findings of the Professional Development Needs Analysis survey

6.3.1 Introduction

The Professional Development Needs Analysis Survey for Maternal and Child Health Managers made up the fourth survey of this project. Surveys for maternal and child health nurses, coordinators and family support/early childhood workers asked respondents to identify their own professional development needs. This fourth survey was designed to seek managers' views about the professional development needs of staff in these key occupational groups, rather than their own professional development needs.

Consistent with the three other Professional Development Needs Analysis surveys, the survey for managers was structured around seven factors considered critical to the successful implementation of the *Future directions for the Victorian Maternal and Child Health Service* (Department of Human Services, May 2004)*.*

These Critical Success Factors are:
- universal access and participation
- provide services for children and families, recognising a diversity of need
- prevention, promotion, early detection and intervention
- partnerships with families, communities and service providers
- local planning, flexibility and collaboration
- a quality framework
- strategic leadership and management of the Maternal and Child Health Service.

6.3.2 Scope of the Maternal and Child Health Managers Survey

Maternal and child health managers were requested to reflect on the professional development needs of nurses, coordinators and family support/early childhood workers in relation to the seven Critical Success Factors. The partnerships area was divided into two components (partnerships with families and partnerships with communities and service providers), and the management area was divided into three components (management systems, professional development and management and change management), bringing the total number of areas to be considered to ten.

The maternal and child health managers were asked to indicate whether any of the ten areas was a training priority for:
- maternal and child health coordinators
- maternal and child health nurses
- family support/early childhood workers.

The managers survey can be found at Appendix 4.

6.4 Professional development priorities

Table 6.5 provides a summary of the priorities for professional development identified by the maternal and child health managers for maternal and child health nurses, coordinators and family support/early childhood workers.

	Nurses	Coordinators	Family support/early childhood workers
Access and participation			
	96%	74%	52%
Provide services for children and families, recognising a diversity of need			
Engaging with vulnerable and/or families under-represented in the Maternal and Child Health Service	93%	70%	78%
Prevention, promotion, early detection and intervention			
Health promotion, early identification and intervention	85%	48%	56%
Partnerships with families, communities and service providers			
Partnerships with families	82%	55%	63%
Partnerships with communities and service providers	74%	70%	52%
Local planning, flexibility and collaboration			
Local planning	70%	78%	44%
A Quality Framework			
Quality management	85%	85%	40%
Strategic leadership and management of the Maternal and Child Health Service			
Management systems	33%	93%	11%
Professional development and management support	56%	78%	15%
Change management	37%	74%	15%

Table 6.5: Priorities for professional development as identified by maternal and child health managers

KEY FINDING 22:

Seventy per cent (70%) or more of the maternal and child health managers identified the following areas as training priorities for **maternal and child health nurses:**
- access and participation
- engaging vulnerable families
- health promotion, early identification and intervention
- partnerships with families
- partnerships with communities and service providers
- local planning
- quality management.

The three components of strategic leadership and management (management systems; professional development and management support, and change management) were **not** considered to be training priorities for maternal and child health nurses.

Seventy per cent (70%) or more of the maternal and child health managers identified the following areas as training priorities for **maternal and child health coordinators**:
- access and participation
- engaging vulnerable families
- partnerships with communities and service providers
- local planning
- quality management
- management systems
- professional development and management support
- change management.

Health promotion and partnerships with families were not considered to be training priorities for maternal and child health coordinators.

Sixty-three per cent (63%) or more of the maternal and child health managers identified the following areas as training priorities for **family support/early childhood workers:**
- engaging vulnerable families
- partnerships with families.

The eight remaining areas were not considered to be training priorities for family support/early childhood workers.

6.5   Other issues

It is apparent from the survey results that maternal and child health managers are likely to manage community services other than a Maternal and Child Health Service. Up to 44% of all the maternal and child health managers responding to this survey have responsibility for two or more community service streams in addition to the maternal and child health services.

In addition, managers are also likely to be responsible for multiple maternal and child health centres. The survey found that two thirds of managers manage more than six centres, and 41% have responsibility for between 11 and 20 centres. This may have a range of workload and management implications, but these issues were not part of the research brief to be investigated.

Another key finding from the survey results is that maternal and child health staff are likely to have access to at least three, and up to six professional development days.

Chapter 7: Current and preferred professional development

7.1 Introduction

This chapter summarises the responses for the final part of the Professional Development Needs Analysis survey. Each maternal and child health workforce group was asked to identify the professional development activities they had undertaken in the six months preceding the survey; their need for professional development outside those relating to the *Future directions* policy; the preferred models and location (regional/metropolitan) for the delivery of professional development activities and their views on the Saturday Conference.

7.2 Professional development activities undertaken in the last six months

The Maternal and Child Health Service workforce was asked to identify the professional development training they had undertaken within the six months preceding the survey.

The many responses were condensed into a list of 34 different categories of professional development activity. These categories can be found in Appendix 5.

These professional development activities covered areas such as:
- conflict resolution, team building, communication and group skills
- allied health information updates/conferences
- regional/local meetings and study days
- computer training
- management training/workplace management/coordinators' meetings
- a range of clinical updates.

Table 7.1 is a summary of the top five most frequently attended professional development activities in the six months preceding the Professional Development Needs Analysis survey, as nominated by maternal and child health nurses and coordinators.

The response rates to this question were:
- maternal and child health nurses – 63% or 447 respondents
- maternal and child health coordinators – 68% or 55 respondents.

Professional development activity	No. of nurses attending	No. of coordinators attending
Maternal and Child Health National Conference	158	24
Computer training		14
Clinical updates	152	22
Management training		24
Regional/local meetings/study days	138	13
Breast feeding – conference/training	93	
Mental health/anxiety management	78	

Table 7.1: Top five recent professional development activities undertaken by nurses and coordinators

The data shows that both maternal and child health nurses and coordinators access a wide range of professional development. The clinical updates category, for example, included updates on:

- Parents' Evaluation of Developmental Status (PEDS)
- Brigance (screening tools for developmental milestones)
- autism
- asthma
- reflux baby
- plagiocephaly
- SIDS
- risk assessment
- child behaviour and development.

Other professional development accessed, relevant to implementation of the *Future directions,* included:

- engaging vulnerable families
- cultural updates
- positive parenting
- dealing with aggressive clients
- domestic violence training
- homelessness/poverty
- drugs and alcohol
- mental health.

In each of the above cases, between 10 and 50 nurses attended each training/professional development session. Though fewer in number (ten or less), maternal and child health nurses also reported attending management training, such as policy updates, mentoring and legal issues.

The maternal and child health nurses' and coordinators' responses were cross-tabulated with the demographic markers of where each respondent was based, that is:

- metropolitan or rural base
- Department of Human Services region.

By and large, the percentages of maternal and child health nurses and coordinators attending these activities in metropolitan and rural regions are similar. However, there are differences in attendance at clinical updates and regional/local meetings between the metropolitan and the rural respondents. While 18% of nurses and 17% of coordinators based in rural regions attended clinical updates in the last six months, only 9% of their metropolitan counterparts attended these activities. Similarly, 14% of nurses and 13% of coordinators based in rural regions attended rural/local meetings; only 9% of metropolitan nurses and 4% of coordinators based in metropolitan regions attended these meetings.

Twenty-three family support/early childhood workers reported on their attendance at professional development activities. Most frequently attended were:

- mental health/anxiety management
- child behaviour/development
- positive parenting
- cultural updates
- engaging vulnerable families
- domestic violence
- parent-infant attachment
- health promotion.

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As a smaller cohort, fewer attended professional development activities, with numbers for the above ranging from three to six.

Most valuable professional development activities
The Maternal and Child Health Service workforce was asked to nominate which of the professional development activities recently undertaken were the most valuable, and why.

Most respondents had attended more than one activity and most identified that 'all activities were valuable' (187 nurses; 17 coordinators). Of those identifying one specific activity, this was most likely to be the Maternal and Child Health Service National Conference for maternal and child health nurses (36 of the 349 or 10%) and coordinators (6 of the 39 or 15%). Other areas considered of value included regional and local meetings, the Breast Feeding Conference and Queen Elizabeth Conferences.

Twenty-two per cent of family support/early childhood workers (5 out of the 23 to respond to this question) identified training on mental health issues to be the most valuable professional development activity they had undertaken.

Why?
Professional development activities were most likely to be considered of value because:
- they were interesting, helpful or relevant
- they provided opportunities to network and/or attend with colleagues from across the region.

Other key reasons for considering professional development activity to be of value included:
- providing new ideas and/or skills
- the opportunity to keep up to date
- thought provoking subject/content
- affirming current practice.

Sharing of learnings
Team meetings were nominated by each group as the most frequent mechanism (between 64–70%) employed for the sharing the learnings gained through professional development activities.

7.3   Other professional development needs

Each workforce group was asked to identify their priorities for professional development independent from those discussed in relation to the *Future directions for the Maternal and Child Health Service*.

Each workforce group nominated the same three top priorities for professional development outside of those related to *Future directions:*
- regular, up to date clinical information
- clinical supervision
- support using relevant information technology systems to support maternal and child health practice.

The maternal and child health managers reflected the choices of up-to-date clinical information and information technology support and added group facilitation skills to their top three priorities, independent of those identified with respect to the *Future directions*.

> **KEY FINDING 23:**
> Each workforce group nominated the following as their priorities for professional development independent of the options related to the *Future directions*:
> - regular, up to date clinical information
> - clinical supervision
> - support using relevant information technology systems to support maternal and child health practice.
>
> The maternal and child health managers reflected these priorities in the main.

7.4 Preferred models for professional development

This question did elicit a high response rate from the three workforce groups.

7.4.1. Maternal and child health nurses

Up to 414 (78%) maternal and child health nurses responded to this question. They nominated the following as the top three preferred models for the delivery of professional development activities:
- full day workshops (236 respondents)
- half day workshops (142 respondents)
- lecture series (64 respondents).

The nurses' preference was that these activities be offered at a regional level.

7.4.2 Maternal and child health coordinators

Forty-eight (75%) maternal and child health coordinators responded to this question. They nominated the following as the top three preferred models for the delivery of professional development activities:
- half day workshops (23 respondents)
- full day workshops (21 respondents)
- coaching/mentoring (nine respondents).

Those who responded indicated they would prefer that both half day and full day workshops be delivered on a regional basis and that coaching/mentoring activities be delivered at a sub-regional level.

7.4.3 Family support/early childhood workers

The family support/early childhood workers who responded to this question nominated the following as the two* preferred models for the delivery of professional development activities:
- full day workshops (16 respondents)
- half day workshops (eight respondents).

Those who responded indicated they would prefer that all be delivered at a metropolitan level.

*Please note that too few family support/early childhood workers completed aspects of this question to result in a reliable summary.

7.4.4 Views of maternal and child health service managers

The maternal and child health managers who responded to this question nominated the following as the top three preferred models for the delivery of professional development activities:

- full day workshops (14 respondents)
- half day workshops (nine respondents)
- lecture series (two respondents).

Those who responded indicated they would prefer that all be delivered at a regional level.

> **KEY FINDING 24:**
> Each workforce group nominated both half day and full day workshops as preferred methods for the delivery of professional development activities. All bar the family support/early childhood workers indicated they would prefer activities to be staged at a regional level.

7.5 Saturday Conference

Maternal and child health coordinators, nurses and managers were asked to comment on the current format, scope and timing of the quarterly Department of Human Services Saturday Conference. Table 7.2 presents the feedback in summary form.

	Nurses	Coordinators	Maternal and child health managers
Future focus	Clinical updates	Innovative practice	Innovative practice
Recent attendance	1–2 times per annum	1–2 times per annum	
Open to all early childhood professionals?	yes	yes	yes
Preferred day	weekday	weekday	weekday

Table 7.2: Saturday Conference

> **KEY FINDING 25:**
> Survey respondents replied unequivocally that they would prefer to move the Saturday Conference to a weekday. Maternal and child health nurses' preferred future focus was on clinical updates, whereas coordinators' and managers' preferred focus was on innovative practice.

Chapter 8: Conclusions

8.1 Introduction

This final chapter presents the conclusions drawn from the Maternal and Child Health Service Professional Development Needs Analysis.

8.2 Achievement of the key aims of the project

The purpose of the Professional Development Needs Analysis was to:

- identify the professional development needs to support the maternal and child health workforce to maintain and strengthen their capacity to achieve positive outcomes in service improvements
- align the professional development needs of the maternal and child health workforce with the Critical Success Factors outlined in the policy document *Future directions for the Victorian Maternal and Child Health Service* (Department of Human Services, May 2004)
- prioritise the primary areas of professional development to be undertaken over the next three years across the Maternal and Child Health Service
- outline the most appropriate models of professional development that would effectively support the required outcomes of the Maternal and Child Health Service.

This report documents the achievement of each of these aims.

The professional development profiles for each of the three occupational groups is a key output of the project. Each of these profiles has aligned areas for professional development with the Critical Success Factors outlined in the *Future directions*. The Professional Development Needs Analysis surveys were structured around these profiles.

The profiles have been soundly validated through the high levels of participation in the survey, positive qualitative feedback received during the piloting of the surveys and from groups such as the Maternal and Child Health Service Improvement Implementation Advisory Group.

Through the survey results, professional development needs of the workforce have been clearly identified, prioritised and documented. This information provides clear directions for the second stage of the professional development strategy, which will focus on the design and delivery of professional development matched to the identified needs and priorities of the Maternal and Child Health Service workforce.

The workforce's views on models for future professional development and on the current Saturday Conference format have also been clearly provided.

Through all of the above, it is clear that the project has fulfilled the terms of the brief.

8.3 Other outcomes

As a significant survey of the full Victorian Maternal and Child Health Service workforce, the project has also provided other learnings and findings. The conduct of the survey has highlighted the need to develop a comprehensive strategy for communicating with the workforce. In this case, the contractors used a range of strategies, such as tapping into key

groups and networks; using a range of communication methods, including speaking at forums; providing regular information bulletins and promoting the project in the Early Years publications. Emails were sent regularly to maternal and child health coordinators to promote the project and remind them of key dates and responsibilities. Follow up telephone calls were also made to coordinators to ensure that surveys were returned. This contact with the workforce underscored the critical role of the coordinators in reaching the Maternal and Child Health Service workforce. The Department of Human Services also supported the communication strategy by including key documents and information on the department's website.

The demographic data obtained through the survey is a further important outcome of the project. While demographic data is also obtained through the annual reporting process, the Professional Development Needs Analysis collected more detailed data and provides an important cross-check.