Maternal and child health service nursing workforce strategy

January 2004

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Introduction

In 2002, an assessment was undertaken by the Department of Human Services (the department) to determine the current and future requirements for the Victorian Maternal and Child Health (MCH) nursing workforce. The MCH Nursing Workforce Assessment was undertaken in response to stakeholder concern, including local government, the Municipal Association of Victoria (MAV), MCH nurse coordinators and regional departmental officers, regarding the current and future availability and demand for nurses to provide local government MCH services.

The MCH Nursing Workforce Assessment was conducted under the aegis of an advisory group comprising representatives from the department, the MAV, local government, MCH nurse coordinators, the Nurses Board of Victoria, the Australian Nursing Federation, the MCH nurses Special Interest Group and the Clinical Chair for Community Child Health Nursing.

An analysis of workforce supply was conducted using data from the Victorian Labour Force Survey and the department's annual MCH Staff Profile Survey. Graduate and enrolment data was obtained from Royal Melbourne Institute of Technology, La Trobe and Deakin Universities, providers of undergraduate and re-entry MCH courses. Workforce data for 2000-01 provided the baseline for changes in workforce characteristics.

The MCH Nursing Workforce Assessment included a quantitative analysis of workforce supply and demand for 2001-02 with annual projections up to 2012-13. Qualitative information was derived from nurse focus groups conducted during the project period. Demand data was derived from the Australian Bureau of Statistics for estimated current and projected population numbers, the Victorian Department of Infrastructure for estimates of current and projected population aged 0-6 years, and the current department MCH Service Funding Formula to determine the number of funded hours required per child.

A gap analysis was conducted between the projections for MCH nursing workforce supply and demand, projections for same demand scenario, projections on an improved supply scenario based on the assumption that policy intervention would improve recruitment and retention within Local Government MCH nursing workforce, and projections with the Enhanced MCH Service workforce excluded.

The MCH Nursing Workforce Assessment recognised that the projections and conclusions from the workforce assessment were contingent on the completeness and quality of available data particularly in relation to the calculation of effective full-time MCH nursing positions, nurse attrition, graduate recruitment and re-entry of nurses to the local government MCH nursing workforce. The workforce assessment did not include the influence of technology, client complexity or any proposed changes in MCH Service policy.

The MCH Nursing Workforce Assessment report has identified four key strategy areas to improve recruitment, retention and re-entry to the local government MCH Service. Some strategies may produce a more rapid but short term impact on workforce supply while others

would be expected to produce a slower, but long term impact on local government MCH nursing workforce supply. The four key strategy areas include:

1. Recruitment strategies aimed at improving the supply of local government MCH nurses including the development of scholarship programs, re-entry courses, university open day programs and marketing programs aimed at stimulating interest in MCH nursing.

2. Retention strategies aimed at improving the retention of local government MCH nurses including improved reflective practice and the development of preceptor roles and models to manage competing work demands.

3. Labour market strategies aimed at improving the long term supply of local government nurses including a review of the range and extent of services performed by nurses in local government MCH services, career path development, and provision of adequate education places.

4. Service provision strategies aimed at introducing aspects of the Government's *Children First* policy.

Current government policy context

Growing Victoria Together commits the Government to delivering high quality, accessible health and community services in particular linking and investing in services for mothers and children through pregnancy to eight years of age.

The 2002 *Children First* policy document acknowledges the importance of the early years of life. It recognises the critical role the MCH Service has in supporting families adjusting to parenting and in providing early identification, prevention and intervention services at key developmental stages. The *Children First* policy supports the need for professional development for MCH nurses to assist nurses to be up to date in early childhood research, policies and practices.

The 2002 State Budget has committed $16 million over four years to improve services for families with complex needs and children identified at risk, strengthen the interface between the MCH Service and other service providers and increase participation by children at key developmental stages and $1 million over four years for additional professional development for MCH nurses.

An *Early Childhood Policy Framework* is currently being developed by Department of Human Services (the department) to connect existing programs to emerging evidence on the importance of early childhood. This process will facilitate a consistent approach across all services for children from birth to school entry and their families.

The MCH Service is a crucial link in supporting the Government's *Best Start* initiative which is aimed at reducing the impact of disadvantage for children and linking early childhood, social, health and education services into an integrated system that maximises development opportunities for children from pregnancy through to transition to school.

The department and the Municipal Association of Victoria co-signed a *Partnership Protocol* in October 2002, which aims to promote a high quality working relationship between the department and local government across Victoria and improve services for local communities.

The *MCH Service Improvement Project* is a joint project being undertaken by the department and the Municipal Association of Victoria informed by an Advisory Group of key stakeholders. The Advisory Group will make recommendations regarding future MCH service delivery and professional development requirements for MCH nurses to best meet the needs of all Victorian children and families. The project will develop a revised framework for MCH service delivery. The project is due for completion in early 2004.

MCH nursing workforce strategy

The Department of Human Services (the department) has developed the following workforce strategy in response to the findings of the MCH Service Workforce Assessment:

Strategy 1

Recruitment strategies aimed at improving the supply of local government MCH nurses including the development of scholarship programs, re-entry courses, university open day programs and marketing programs aimed at stimulating interest in MCH nursing

- In 2003-04, 2004-05 and 2005-06, the department will make available up to 20 scholarships of $2,300 per year for three years to support nurses to undertake MCH studies. Preference for scholarships will be given to nurses wishing to work in rural municipalities on course completion. Scholarships will commit successful applicants to working within local government MCH services for a period of 12 months full time or equivalent. Criteria for scholarships will include acceptance of enrolment in MCH nursing studies, commitment to completing studies within a three year period and commitment to working in local government MCH services.

- LaTrobe University, School of Nursing and Midwifery has developed an accredited re-entry program in MCH nursing, which commenced in 2003. The department will work with the Municipal Association of Victoria and the Clinical Chair, Community Child Health Nursing to monitor re-entry program uptake and subsequent placements within the MCH Service.

- The department will seek to work with universities undertaking MCH nursing studies of the MCH nursing workforce assessment and request consideration for innovative education practices to make education more accessible for rural nurses, including distance learning, self paced learning, interactive computer based learning, flexible delivery times.

- The department will seek to work with universities providing MCH nursing curriculum to hold "open day" forums for nurses expressing interest in undertaking MCH nursing studies.

- The department currently contributes funding to the Royal College of Nursing Australia for the Annual Nursing Expo, displaying information regarding all aspects of nursing practice. The department's Nurse Policy Branch will continue to support this expo and will include an emphasis on the profile of MCH nursing in the future.

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- The department will request the Australian Nursing Federation MCH Special Interest Group actively promote MCH nursing as a career choice.

- The department will support the Clinical Chair, Community Child Health Nursing to work with MCH training universities to identify the primary reasons for the decreasing conversion rate of MCH graduates to practitioners.

Strategy 2

Retention strategies aimed at improving the retention of Local Government MCH nurses including improved reflective practice and the development of preceptor roles and models to manage competing work demands

- The Department of Human Services (the department) will make available funding to investigate and develop reflective practice resources for staff within the MCH Service and include reflective practice as part of professional development for MCH nurses.

- The MCH Service Improvement Project includes a review of the range and extent of services provided by the MCH Service. The project aims to identify improvements within the MCH Service including flexible models of service delivery with an emphasis on engaging and improving services for families with complex needs and children identified at risk, promoting integrated models of service delivery between the MCH Service and other specialist services, and increasing participation by children at key developmental stages. The project will also develop a revised framework for MCH service delivery. Service improvements will be identified and implemented as part of the local Municipal Early Years Plans. All local governments will have developed a Municipal Early Years Plan by July 2004.

- The department will support the Clinical Chair, Community Child Health Nursing to work with universities to develop a collaborative project to promote consistency and quality of practice for student MCH nurses.

Strategy 3

Labour market strategies aimed at improving the long-term supply of Local Government nurses including a review of the range and extent of services performed by nurses in Local Government MCH services, career path development and provision of adequate education places

- The Department of Human Services (the department) will support the Municipal Association of Victoria and local governments across Victoria to:
  - o Work in partnership with tertiary institutions that undertake midwifery and MCH nursing studies to raise the profile of MCH nursing within local government MCH services.
  - o Conduct "open day" forums within municipalities for graduate nurses and nurses wishing to undertake MCH nursing studies to promote the profile of MCH nursing within local government, particularly in rural areas.

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- o Promote the development of practices within local governments which assist new graduates in their transition and early phases of employment such as teamed based practice, multidisciplinary models of practice and local network programs that promote collaboration amongst local professionals.

  - o Support local governments to identify strategies to improve availability of MCH nurses, particularly in rural municipalities. This may include development and implementation of a continuity of care model between maternity and maternal and child health services in rural areas, supporting neighbouring municipalities to form agreements whereby relieving and permanent nurses can be shared/rotated between municipalities and enabling planning coordination between local governments as part of the Municipal Early Years Plans.

- The department will investigate mechanisms to provide a more comprehensive data set to monitor MCH nurse workforce trends at a local level.

- The department will support the Clinical Chair, Community Child Health Nursing to approach universities to identify opportunities to pursue with the Commonwealth a commitment to increase the availability of HECS funded positions available for nurses wishing to undertake MCH nursing studies.

- The department work with the Clinical Chair, Community Child Health Nursing position to support nurses wishing to undertake research in MCH nursing practice.

Strategy 4

Service provision strategies aimed at introducing aspects of the Government's *Children First* policy.

- The MCH Service Improvement Project aims to identify improvements within the MCH Service to increase support for families with complex needs and children identified at risk, strengthen the interface between the MCH Service and other service providers and increase participation by children at key developmental stages. The MCH Service Improvement Project will also identify priorities for evaluation of the MCH Service and outcomes for children and families.

- The MCH Service Improvement Project will identify relevant professional development requirements to support the MCH Service to provide improved services for children and families including timely and appropriate reflective practice for MCH nurses.

- The department has funded the Municipal Association of Victoria to develop a framework for municipal Early Years Plans to identify improvements in early childhood services at the local level.

- The department has funded an Integrated Early Years Training Strategy that is providing integrated training for service providers and enhancing opportunities for professional interaction and networking. The strategy is assisting service providers to manage competing work demands at the same time as providing timely and appropriate services for children and families.