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Productivity Commission

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**Response to Early Childhood Development Workforce Issues paper
This response largely relates to the Child Health Nursing workforce.**

In summary:

- There are difference in the criteria for entry into post graduate qualifications
- There is no regulation of child health /child and family nurses so individuals can use that title to practice such as in chemists with no or minimal specialist knowledge or expertise in the area.
- The role of child health nurse is valued within the sector.
- The national data collection is inadequate and needs refinement.

Page 7 Child Health and Family support workforce

What characteristics describe the child health and family support workforces- demographics, wages and salaries; working conditions, employment status; staff turnover; unfilled vacancies and job satisfaction?

1. *The following highlights that the child health workforce is more part-time, older and a has a greater percentage older than 55years that the average nursing and midwifery workforce*
 - 54% of child and family nurses work part time compared to Australian average of 46.7%ⁱ
 - Average age 46.3 years compared to national average of 43.7 yearsⁱⁱ
 - 19.5% aged >55 years compared to national average of 18.5 %ⁱⁱⁱ
2. The majority of child and family health nurses in most states work for government health services except in Victoria where they are employed by local government.
3. Child and family nurses work across a range of settings such as home, centre based work, schools, child care centre's, residential centre and outreach work to area such as prisons, Royal Flying Doctor Service. Child health nurses also staff online call centre's.
4. A unpublished study in 2004 in a major metropolitan study revealed 60% of staff could retire within the next 5-10 years. This has largely occurred except the Global Financial Crisis did delay some retirement.
5. The predominant reason for turnover is retirement

Data describing the ECD workforce

- ACCYPN has raised concerns regarding data collection via the Council of National Nursing Organizations. The issues raised is as per the following
Currently the data within the nursing workforce survey does not reflect sub specialties of a specialty area.
The current data collection does not identify child and family nurses that work in other areas eg community health as a generalist community nurse who has child and family nursing as part of their remit.

Issues for this workforce

1. Staff safety when working in isolation
2. Access and criteria to enter tertiary courses offering Child and Family Health courses may vary between states.

3. Adequate access to professional development opportunities –particularly for rural and remote nursing staff
4. Many rural services have created generalist roles where child health is part of the community role – this is generally not attractive to someone who wants to work with children and young people. This can mean that rural communities do not have access to this specialist knowledge and skill.
5. Many nurses working in pharmacies do not necessarily have the training /professional development/expertise to offer child health advice to families.
6. Insufficient registered nurses workforce with post graduate child health qualifications to meet population growth
7. Increasing complexity in the caseload of staff without additional resources.

Page 13 Demand for Child Health Workers

What factors affect the demand for, and the skills required of, the child health workforce?

1. The setting- metropolitan/rural/remote where the child health nurse is working affects the demand for and the skill level required. In some rural and remote areas the child health nurse is also the youth nurse/adult community nurse. Skill levels differ as to the role required to be undertaken in that particular area.
2. Generally Child health services have a fixed historical budget. The workforce - client staff ratio has not kept pace with the population growth. Over time the demand on community services have increased but there has not been a corresponding increase in annual fixed budget including staffing budgets- so the population has increased but the number of staff servicing that population has not.
3. No training opportunities for enrolled nurses wishing to undertake work in the child health area.
4. Currently limited training program available to indigenous health workers to undertake child and family health qualifications.

Page 16 Staff Retention and Turnover

To what extent are ECEC, child health and family support workers experiencing staff retention issues?

As discussed previously retention at present is impacted upon by the effects of the Global Financial Crisis. Once individuals feel “safe” to retire we will have a significant impact on staff turnover.

Examples of effective staff retention strategies in the ECD sector?

This will vary state to state and the following are some of the strategies in place:

1. Flexible working hours- 4 and 6 hour shifts/ school hours work
2. Reduction in working days- some staff working 1-2 days a week
3. Specifying areas/places of work to suit the worker i.e. no home visiting only clinic based work
4. Nine day fortnight
5. Work-life balance
6. Professional development allowance and time (Queensland and NT)

Page 18 Qualifications and Career Paths: Getting started in the ECD workforce

How appropriate are qualifications required for entry into various ECD occupations?

1. Child and Family Nurses are registered nurses are regulated by the Australian Health Practitioner Regulation Agency. As registered nurses they are required by AHPA to meet the minimum standards^{iv}
 - All nurses and midwives must meet the continuing professional development (CPD) standards. This standard sets out the minimum requirements for CPD. CPD must be directly relevant to the nurse or midwife's context of practice.(minimum of 20 hours per annum)
 - Meet the criminal history standard
 - Meet English language standards
2. Post graduate qualifications are either essential in some states or highly desirable in other state. In some states the qualifications cannot be mandatory because the Qualifications are not a regulation requirement.
3. Qualification requirements can restrict movement between jurisdictions. In Victoria midwifery is a mandatory requirement to enter child health training so if you have a child health qualification from QLD which does not have a pre-requisite of midwifery and the nurse does not have a midwifery qualifications you could not easily transition to work in Victoria as a child and family nurse.

Page 19 Career pathways

1. Many staff come with additional post graduate qualifications such as midwifery and mental health.
2. Most of the child health positions are Clinical Nurse positions and do not provide an entry point into this field.
3. There are a few exceptions in relation to training positions available in the major metro area and one child health service has created RN positions to "grow their own" staff. The service employs staff for 1 year to undertake a post-graduate certificate in Child and Adolescent Health.
4. Currently no training courses available and limited employment opportunity for enrolled nurses to undertake child health qualifications or work. Skill mix needs to be reviewed against the COAG objectives.

Do newly qualified workers have the necessary skills and attributes to be effective in the workplace?

1. Staff who undertake a Child and Family Health course in a tertiary setting often do not have enough experience working within the sector to enable practice of the skills. The clinical contact hours during the course can be as low as 15 hours.
2. The "grow your own" program allows for adequate clinical practice whilst gaining a tertiary post graduate qualification.

What extent are qualification requirements a barrier to entering ECD sector?

Many services do not have a base grade position as an entry point. It is not necessarily the qualification that creates the barrier but the service structure.

How could barriers be overcome?

Offer more entry level points across the sector- create RN positions to facilitate the passing on of expert Child Health knowledge. More entry points will facilitate the development of the child health workforce across the nation.

Do people from indigenous and CALD backgrounds face particular barriers to obtaining entry level ECD qualifications?

As they are required to be a registered nurse initially, the barriers are that of gaining an undergraduate qualification. Most universities do have program to support Aboriginal and Torres Strait Islander applicants.

As there is inadequate data collection the statistics of ATSI and CALD community in the child health work force is unknown but antidotal information would say these groups are very under represented.

Future Supply of ECD workers

Will supply of qualified ECD workers expand sufficiently to meet COAG's objectives? How might training be funded?

Currently there are not enough registered nurses with child health nursing post graduate qualifications to properly initiate COAGS objectives. An urgent review of the workforce and the staff /population and case load complexity is required to ensure the workforce is sufficient to meet population growth.

Page 21 Workforce Planning

Have initiatives to increase supply of ECD workers been effective?

The initiative to "grow their own" workforce has been in one metropolitan area.

Kind Regards

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ⁱ AIHW bulletin no. 81 Authored by AIHW. Published 13 October 2010; ISSN 1446-9820; ISBN-13 978-1-74249-066-3; AIHW cat. no. AUS 130; INTERNET ONLY

ⁱⁱ Ibid

ⁱⁱⁱ Ibid

^{iv} <http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>