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**ANMF (Vic Branch)  
Submission to  
The Education  
State Consultation  
Paper**

13 August 2015

## Introduction

The Australian Nursing and Midwifery Federation (Victorian Branch) (ANMF) was established in 1924. The ANMF (Vic Branch) is the largest industrial and professional organisation in Australia for nurses and midwives, with Branches in each state and territory of Australia.

The ANMF (Vic Branch) represents in excess of 74,000 nurses, midwives and personal care workers (the latter predominantly in the private residential aged care sector). Our members are employed in a wide range of enterprises in urban, rural and community care locations and the public and private health and aged care sectors. Relevantly ANMF (Vic Branch) represent school nurses and maternal and child health nurses throughout Victoria.

The core business for the ANMF (Vic Branch) is the representation of the professional and industrial interests of our members and the professions of nursing and midwifery.

The ANMF (Vic Branch) participates in the development of policy relating to nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare, health and aged care, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

The ANMF (Vic Branch) is delighted to make submission to the *Education State Consultation Paper* (Department of Education and Training, 2015). We have limited our submission to the critical role that school and maternal and child health nurses (MCH) perform in laying a solid foundation for future learning and in supporting young children and young adults to achieve optimal health, wellbeing and development.

## Executive Summary

School nurses perform a critical role in supporting young children and young adults to achieve optimal health, wellbeing and development. Research and literature increasingly recognises that health and wellbeing is a pivotal factor influencing school connectedness, academic achievement and school retention (Gray and Hackling, 2009).

With this in mind, Sections 1 to 4 of our submission argue that the school nursing role is integral to achieving the Education State and in particular, supporting students to reach their *full potential and to become happy, confident and resilient* as aspired to within page 13 of the *Education State Consultation Paper* (Department of Education and Training, 2015) [the Consultation Paper].

Despite the critical role performed by school nurses, our submission identifies their role is often poorly understood (Government, 2009) and in our view, commonly underutilised and undervalued (Baigrie, 2011). In considering how to achieve the Education State, ANMF (Vic Branch) recommends a concentrated approach to identifying and implementing measures to optimise and fully utilise the school nursing role. These measures are outlined in ANMF (Vic Branch) Recommendations 1 and 2 and include: increasing the number of school nurses within the Primary and Secondary School Nursing Programs operated by the Department of Education and Training (DET); and, re-establishing structured and transparent consultative forums to garner the expertise of school nurses in policy development within DET. Additionally, Section 4 of our submission identifies the need to address the inequitable employment arrangements of school nurses employed outside of DET.

Section 5 of our submission identifies that maternal and child health (MCH) nurses practising within the Maternal and Child Health Service play a pivotal role in ensuring every Victorian child has a strong platform for future learning. MCH nurses help shape this essential foundation through promoting the optimal health, wellbeing and development of children from birth to school age.

Our submission highlights there is a plethora of research indicating the first three years of a child's life are a critical period in a child's physical, social and psychological development, and that these early years set the foundation for health outcomes and behaviours into adulthood (Baldwin, 2001; Tomison and Poole, 2000). This period therefore represents an enormous opportunity for health and support services to make the most significant difference, and conversely is a period when babies and young children are most vulnerable.

It is also well recognised that strategies aimed at the early years of a child's life – and which promote prevention or early intervention – have the most enduring outcomes and are most cost effective.

The Honorable Philip Cummins, Emeritus Professor Dorothy Scott and Mr Bill Scales observed in their Report to the Protecting Victoria's Vulnerable Children Inquiry [the Report] January 2012 that:

*Victoria's antenatal and maternal and child health services are a cornerstone of its universal, early intervention and prevention program covering all children and are particularly important in the early care of vulnerable children. These services must be better resourced to meet the specific and demanding needs of Victoria's vulnerable children and their parents* (Cummins, Scott and Scales, 2012, Page xxxiv).

With this in mind and the life long and society wide benefits of investing in the early years of a child's life, our submission proposes measures to improve the capacity of the highly regarded Maternal and Child Health Service to meet the increasingly complex needs of children, mothers and families. These measures are outlined in Recommendation 5 of our submission.

## **ANMF (Vic Branch) Recommendations**

### **ANMF (Vic Branch) Recommendation 1**

ANMF (Vic Branch) recommends that additional Primary School Nursing Program (PSNP) nurses be employed within Victorian Primary Schools to: reduce existing PSNP workloads; and enable nurses within the PSNP greater opportunity for direct contact and intervention with children and families at risk.

### **ANMF (Vic Branch) Recommendation 2**

ANMF (Vic Branch) recommends that a minimum of one state funded registered nurse be employed within the Secondary School Nursing Program (SSNP) in every Victorian secondary school.

### **ANMF (Vic Branch) Recommendation 3**

To ensure that school nursing expertise informs decision making and policy development regarding school nursing, ANMF (Vic Branch) recommends:

- a) The Department of Education and Training provide greater coordination, leadership and strategic direction of school nursing programs provided through the regions
- b) Reinstating senior school nursing positions within the Department of Education and Training to:
  - i. Ensure school nursing expertise is harnessed and informs policy development and decision making within DET
  - ii. Provide timely and effective clinical support to school nurses employed in the regions. For example, in developing health plans for students with complex health and wellbeing needs
  - iii. Act as a resource to school nurses in managing the care of students with complex needs. For example, in assisting school nurses in communicating the care needs of students to Principals and other school staff
- c) Reviewing the SSNP Practice Guidelines in consultation with school nurses and key stakeholders
- d) Providing more structured and strategic professional development opportunities for school nurses
- e) Providing greater opportunity for school nurses to participate in clinical supervision facilitated by an appropriately qualified and registered health practitioner
- f) Providing greater opportunity for school nurses across the regions to collaborate and share information and innovations
- g) Reinstating a state-wide Primary and Secondary School Nursing Program Reference Group. This group would naturally involve key stakeholders from relevant disciplines and roles within the primary and secondary school sector including senior school nurses from within DET, school nurses from the PSNP and SSNP's (and those employed directly by school councils in primary health care roles), the Victorian School Nurses Association (VSN) and ANMF (Vic Branch)

#### **ANMF (Vic Branch) Recommendation 4**

ANMF (Vic Branch) recommends that Government consult with school nurses and the ANMF (Vic Branch) to identify and implement measures to: address the anomalous classification of school nurses employed outside of the Primary and Secondary School Nursing Programs; and, achieve greater consistency and coordination of the school nursing role within Victoria.

#### **ANMF (Vic Branch) Recommendation 5**

To increase the capacity of MCH Service to optimise health, wellbeing and development and therefore establish a strong foundation for future learning, ANMF (Vic Branch) recommends Government give consideration to:

- a) Increasing resourcing to the Universal MCH Service to ensure:
  - I. 10 Key Ages and Stages (KAS) consultations can be completed via home visiting and outreach to other locations such as long day care centres and preschools
  - II. Additional MCH nurse consultations can be provided where clinically required
  - III. MCH nurse open sessions can be provided where deemed beneficial by the local MCH nursing workforce
  - IV. MCH nurse caseload is reduced so MCH nurses can spend more time to engage families and children with complex needs
- b) Improving data collection mechanisms to ensure Universal MCH Service funding is provided in real time and matches increasing demand created by increasing population and enrolments
- c) Exploring mechanisms for the Universal MCH Service to commence MCH nursing involvement during the antenatal period
- d) Reviewing funding mechanisms to the Enhanced Maternal and Child Health service to meet the increasingly complex needs of families and children. Specifically to:
  - I. Ensure eligibility and funding for the Enhanced MCH service is provided according to need and the eligibility criteria outlined in section 5.3 of the *Enhanced Maternal and Child Health Service Guidelines, 2003 – 2004* (Department of Education and Early Childhood Development, 2003)
  - II. Remove the existing age eligibility
- e) Supporting the highly respected MCH Line to:
  - I. Meet increasing demand for the service
  - II. Explore the feasibility of providing a targeted and proactive MCH nurse led outreach service
  - III. Facilitating greater connectedness between the MCH Line and the Universal and Enhanced MCH Services such as through re locating the MCH Line from the North Eastern Victoria Region to Central DET

## Section 1: School Nurses

School nurses perform a critical role in supporting young children and young adults to achieve optimal health, wellbeing and development. Research and literature increasingly recognises health and wellbeing is a pivotal factor influencing school connectedness, academic achievement and school retention (Gray and Hackling, 2009).

Additionally, school nurses are in a strong position to identify children suffering from or at risk of abuse or neglect, and to make timely referral to other health professionals and support services. As registered nurses, they are uniquely positioned to implement care and interventions that may circumvent, prevent or reduce the risk of child neglect or abuse occurring. (Parry, Maio–Taddeo, Arnold and Nayda, 2009).

With this in mind, ANMF (Vic Branch) contends the school nursing role is integral to achieving the Education State and in particular, supporting students to reach their *full potential and to become happy, confident and resilient* as aspired to within page 13 of the *Education State Consultation Paper* ( Department of Education and Training, 2015) [the Consultation Paper].

Despite this, the school nursing role is often poorly understood (Government, March 2009) and in our view commonly underutilised and undervalued (Baigrie, 2011). In considering how to achieve the Education State, Government should consider how the valuable role of school nurses can be fully utilised and how school nurses can be better supported to promote optimal health, wellbeing and development.

As detailed in the following sections, school nurses perform a variety of roles throughout Victoria and are employed by the Department of Education and Training (DET) within the Primary and Secondary School Nursing Programs and outside of DET where they are more commonly employed in roles delivering direct nursing care.

## Section 2: School Nurses – The Primary School Nursing Program

Registered nurses employed within the Primary School Nursing Program (PSNP) play a vital role in health surveillance and in the early identification of young students and families who may be in need of support, intervention and referral. The PSNP is a universal service provided to all children attending government, Catholic or independent primary school sectors and English language centre schools.

The program is designed to offer:

- A health assessment of all preparatory children. This is conducted via a School Entrant Health Questionnaire (SEHQ) which the primary school provides to every family of a new preparatory student to complete
- Advice and information to parents and teachers on children’s health
- Development of strategies to assist families to access local family support centres
- Referral to specialist services if required
- Health promotion and education

After reviewing the SEHQ, school nurses may undertake assessments relating to vision, hearing, gait, dental hearing and speech. The school nurse will then make appropriate referral as required. In doing so, the school nurse performs a critical early identification and intervention function on matters that are integral to the student's learning capacity and the student's ability to realise his or her full potential. Additionally, school nurses support parents to provide for the needs of their children through providing health education and advice on matters such as sleeping, toileting, behaviour management, nutrition, weight, dental health and immunisations.

Despite this critical role, the capacity of the PSNP is unhelpfully constrained through existing funding. ANMF (Vic Branch) contends existing funding is not adequate to meet increasing student population numbers and the increasingly complex needs of students and families. On this point, ANMF (Vic Branch) notes that school nurse to student ratios vary significantly with some school enjoying ratios of 1 to 800 but others experiencing ratios far higher and up to 1 nurse to 1800 students. It is imperative that resourcing to the PSNP be increased to meet increasing demand arising from increasingly student numbers and the increasingly complex nature of health and wellbeing matters. Furthermore, this action will enable the school nurses to undertake more timely assessments and ensure that any health and development matters are identified early and interventions put in place in a timely way.

### **ANMF (Vic Branch) Recommendation 1**

ANMF (Vic Branch) recommends that additional Primary School Nursing Program (PSNP) nurses be employed within Victorian Primary Schools to: reduce existing PSNP workloads; and enable nurses within the PSNP greater opportunity for direct contact and intervention with children and families at risk.

### **Section 3: School Nurses - Secondary School Nursing Program**

Similarly, nurses employed within the Secondary School Nursing Program (SSNP) play a pivotal role in preventative health through a focus on health promotion and planning, health education and individual health counselling. Additionally, they are an invaluable resource and referral system for students, teachers and families.

The broad aims of the SSNP are to:

- Reduce the negative health outcomes of risk taking behaviours amongst young people such as drug or alcohol abuse, smoking, eating disorders, obesity, depression, suicide and injuries
- Prevent ill health and by ensuring co-ordination between the school and community based health and support services
- Support the school and community to address contemporary health or social issues facing young children
- Provide primary health care through professional clinical nursing such as assessment, care, referral and support
- Assist in the transition from primary to secondary school (<http://www.education.vic.gov.au/school/parents/health/Pages/secnursing.aspx>)

Additionally, school nurses within the SSNP provide or facilitate:

- Individual health counselling
- Health promotion and planning
- Small group work focusing on discussion and education with students
- Providing a resource and referral system for students, teachers and families

School nurses support students to navigate their way through an increasingly complex array of health and wellbeing issues that if left unresolved, would reduce engagement, compromise school retention and adversely affect academic outcomes and/or learning capacity. For example, school nurses commonly support students to manage issues relating to:

- Mental Health - anxiety, depression, self-harm and suicide prevention, and school refusal, relationship issues, parental mental health issues
- Autism spectrum disorders, ADHD, conduct disorder
- Family violence
- Bullying - cyberbullying, sexting, inappropriate circulation of nude photos of underage students
- Sexual Health - education regarding contraception; sexually transmitted infections; unplanned pregnancy or fear of an unplanned pregnancy; referral and education regarding reducing risk of and / or managing sexual assault; same sex attraction, gender diversity, GLBTIQ issues; presence of pornography
- Refugee Health / support – trauma related issues, support for students from refugee background or who are subject to immigration detention
- Homelessness / “couch surfing” due to severe home or welfare problems
- Health issues – eating disorders, body image, obesity, nutrition, epilepsy, anaphylaxis, diabetes, hygiene, continence issues
- Family ill health - parents/ family members with health issues such a cancer
- Food assistance like breakfast clubs
- Alcohol / drug use – education re harm minimisation strategies

School nurses play a vital role in facilitating student transition and are uniquely positioned to develop trusting relationships with their students and perform holistic assessments to enable identification issues which can be much more significant or serious than what the students presenting symptoms or concerns. For example, in assessing and supporting a student who has presented with daytime incontinence, a student may disclose to the school nurse (whom she has developed a trusting relationship with over time) that she is suffering ongoing sexual abuse. The school nurse is well quipped to make timely referral and interventions which can therefore be life changing and lifesaving.

Despite the critical preventative and early intervention role performed by school nurses - and the correlation between health and wellbeing and educational outcomes - the role of registered nurses within these programs is often poorly understood by School Principals and staff within school communities. Additionally, the Secondary School Nursing Program is significantly under resourced and consequently limited in its reach across Victoria and in its capacity to meet the increasing needs of all Victorian students. This lamentable reality was identified by KPMG as detailed in the *KPMG Department of Education and Early Childhood Development Review of the Secondary School Nursing*



*Program Final Report – Executive Summary* [the ‘KPMG Report’] (Government, 2009). Understandably, we contend their role is also vastly undervalued.

ANMF (Vic Branch) contends the SSNP must be better resourced so that school nurses can perform their role safely and meet the increasingly complex needs of students in their care and the families and wider school communities they support. On this point, we ask that regard be given to all recommendations contained within the KPMG Report and in particular those recommending additional resources be allocated to ensure there is a state funded registered nurse position created in each and every state government operated secondary school throughout Victoria. The allocation of appropriate resources would realise the full potential of school nursing services to provide a comprehensive preventative health platform and to implement strategies aimed at the prevention, early identification and intervention of risk factors leading to reduced health and wellbeing. Supporting and fully utilising the role of school nurses is integral to improving student connectedness with the school community and to optimising student health and wellbeing. Given the impact and influence these factors have on academic achievement and school retention, ANMF (Vic Branch) contends the school nursing role is pivotal to achieving the Education State and specifically, to supporting students to be *happy, confident and resilient*. It is also critical to ensuring *parents have confidence* in their *local schools* and to ensuring they feel *well supported with the knowledge and skills to help their kids thrive* as also aspired to within pages 13 and 14 of the Consultation Paper.

Further, this would secure lasting benefits and prevent children and young adults from escalating into vulnerability.

### **ANMF (Vic Branch) Recommendation 2**

ANMF (Vic Branch) recommends that a minimum of one state funded registered nurse be employed within the Secondary School Nursing Program (SSNP) in every Victorian secondary school.

Additionally, ANMF (Vic Branch) contends it is critical that the expertise of school nurses informs policy development and decision making within the Department of Education and Training and that school nursing expertise is harnessed in a structured and organised way. To facilitate this, ANMF (Vic Branch) submits that the related measures outlined in the KPMG Report should be implemented.

### **ANMF (Vic Branch) Recommendation 3**

To ensure that school nursing expertise informs decision making and policy development regarding school nursing, ANMF (Vic Branch) recommends:

- h) The Department of Education and Training provide greater coordination, leadership and strategic direction of school nursing programs provided through the regions
- i) Reinstating senior school nursing positions within the Department of Education and Training to:
  - ii. Ensure school nursing expertise is harnessed and informs policy development and decision making within DET

- ii. Provide timely and effective clinical support to school nurses employed in the regions. For example, in developing health plans for students with complex health and wellbeing needs
  - iii. Act as a resource to school nurses in managing the care of students with complex needs. For example, in assisting school nurses in communicating the care needs of students to Principals and other school staff
- j) Reviewing the SSNP Practice Guidelines in consultation with school nurses and key stakeholders
  - k) Providing more structured and strategic professional development opportunities for school nurses
  - l) Providing greater opportunity for school nurses to participate in clinical supervision facilitated by an appropriately qualified and registered health practitioner
  - m) Providing greater opportunity for school nurses across the regions to collaborate and share information and innovations
  - n) Reinstating a state-wide Primary and Secondary School Nursing Program Reference Group. This group would naturally involve key stakeholders from relevant disciplines and roles within the primary and secondary school sector including senior school nurses from within DET, school nurses from the PSNP and SSNP's (and those employed directly by school councils in primary health care roles), the Victorian School Nurses Association (VSN) and ANMF (Vic Branch).

#### **Section 4: School Nurses employed outside of PSNP and SSNP**

Many public and independent schools have also chosen to employ a registered nurse in school nursing roles which are outside of and in addition to the school nursing role contained within the DET Primary and Secondary School Nursing Programs. Such school nurses have a role in respect of:

- Health assessment
- First aid
- Health Education - parents, teaching staff and students in respect of health promotion, nutrition and wellbeing
- Promotion of student well being
- Referring to other health services or specialists as required
- Assisting schools to develop policy and procedure that promotes optimal health (eg management and prevention of anaphylaxis)

Unfortunately however, school nurses practising outside of the PSNP and the SSNP are commonly classified under the title of First Aid Staff or Education Support. ANMF (Vic Branch) contends this is inappropriate and does not acknowledge the educational qualifications, skills and knowledge of the registered nurse. Nurses employed in these roles undertake a range of nursing functions such as developing health plans administering medicines and managing episodes of anaphylactic reaction and in our view should be classified accordingly.

We further highlight that school nurses employed in these roles and delivering direct nursing care report feeling significantly undervalued because of their anomalous classification as First Aid staff,

their significantly lower rates of remuneration when compared with their counterparts within the PSNP and SSNP's and the absence of integration with the DET school nursing framework.

ANMF (Vic Branch) contends such nurses could be classified and paid as registered nurses under the same Industrial Agreement as nurses employed within the PSNP and SSNP's. This would require nurses in schools to be employed as an employee of the Crown pursuant to Division 4 of Part 3 of the Public Administration Act 2004 (Vic) rather than by the school directly. We strongly recommend that the Department examine employing these nurses on the same terms and conditions as PSNP and SSNP nurses. For the avoidance of doubt, these nurses would be employed in addition to the school nurses who are employed within the discrete Primary and Secondary School Nursing Programs and would perform a direct nursing care role which is in addition to the important preventative health focus of the school nurses employed within the PSNP and the SSNP's.

#### **ANMF (Vic Branch) Recommendation 4**

ANMF (Vic Branch) recommends that Government consult with school nurses and the ANMF (Vic Branch) to identify and implement measures to: address the anomalous classification of school nurses employed outside of the Primary and Secondary School Nursing Programs; and, achieve greater consistency and coordination of the school nursing role within Victoria.

#### **Section 5: The Maternal and Child Health Service - Maternal and Child Health Nurses**

As observed by the Honorable Philip Cummins, Emeritus Professor Dorothy Scott and Mr Bill Scales in their Report to the Protecting Victoria's Vulnerable Children Inquiry [the Report] January 2012)

*Victoria's antenatal and maternal and child health services are a cornerstone of its universal, early intervention and prevention program covering all children and are particularly important in the early care of vulnerable children. These services must be better resourced to meet the specific and demanding needs of Victoria's vulnerable children and their parents (Page xxxiv).*

ANMF (Vic Branch) concurs with this assessment and contends maternal and child health nurses within the Maternal and Child Health Service play a pivotal role in ensuring every Victorian child has a strong platform for future learning. MCH nurses help shape this essential foundation through promoting the optimal health, wellbeing and development of children from birth to school age.

They are able to do so because of their broad scope of practice which equips MCH nurses to provide care for babies, young children and mothers as early as 24 hours after birth (and in the antenatal period if required) through puerperium and into early childhood. Crucially, this comprehensive educational platform delivers significant inherent strengths to the MCH Service framework resulting in:

- Increased continuity of care
- Decreased fragmentation of care
- improved opportunity to develop trusting client /practitioner relationships
- increased focus on preventative care
- increased capacity to provide timely care and make early interventions

MCH nurses perform comprehensive physical and developmental assessment of infants and young children to make early identification and early interventions around any issues impacting upon health, wellbeing and development. These assessments are detailed in the *Maternal and Child Health Service: Practice Guidelines 2009* (Department of Education and Early Childhood Development, 2009) and focus on matters as fundamental as hearing and vision and as complex as the presence of family violence.

There is a plethora of research indicating the first three years of a child's life are a critical period in a child's physical, social and psychological development, and that these early years set the foundation for health outcomes and behaviours into adulthood (Baldwin, 2001; Tomison and Poole, 2000). This period therefore represents an enormous opportunity for health and support services to make their most significant difference, and conversely is a period when babies and young children are most vulnerable.

It is also well recognised that strategies aimed at the early years of a child's life – and which promote prevention or early intervention – have the most enduring outcomes and are most cost effective.

With this in mind, ANMF (Vic Branch) contends MCH nurses play a critical role in enabling *Victoria's children and young adults aren't just reaching their potential and ensuring all new parents are supported with the knowledge and skills to help their kids thrive, from birth onwards* (page 13, Department of Education and Training, 2015).

In this context and to ensure *all Victorians have confidence in their local early years services* as aspired to on page 13 of the Consultation Paper, significant attention must be focused on identifying how the MCH Service can be strengthened so that every child has a strong foundation for future learning. This action will also support MCH nurses to facilitate school readiness and student transition.

ANMF (Vic Branch) welcomes the establishment of a Maternal and Child Health Expert Reference Group to help identify strategies and reform opportunities to build on the highly regarded MCH Service. On this point we also highlight that Emeritus Professor, Dorothy Scott observed whilst presiding over *the Victorian Protecting Victoria's Vulnerable Children Inquiry* that

*The Victorian Maternal and Child Health Service is the envy of the rest of the country and well beyond the shores of this country, as some of us have long known... (Spark and Cannon, 2011, page 7).*

Notwithstanding the high regard with which the Victorian MCH service is already held, ANMF (Vic Branch) looks forward to contributing to the Maternal and Child Health Expert Reference Group to identify measures to improve the capacity of the MCH Service to meet the needs of Victorian children and families.

In the interim ANMF (Vic Branch) recommends consideration be given to implementing the measures outlined below.

#### **ANMF (Vic Branch) Recommendation 5**

To increase the capacity of MCH Service to optimise health, wellbeing and development and therefore establish a strong foundation for future learning, ANMF (Vic Branch) recommends Government give consideration to:

- f) Increasing resourcing to the Universal MCH Service to ensure:
  - I. 10 Key Ages and Stages (KAS) consultations can be completed via home visiting and outreach to other locations such as long day care centres and preschools
  - II. Additional MCH nurse consultations can be provided where clinically required
  - III. MCH nurse open sessions can be provided where deemed beneficial by the local MCH nursing workforce
  - IV. MCH nurse caseload is reduced so MCH nurses can spend more time to engage families and children with complex needs
  
- g) Improving data collection mechanisms to ensure Universal MCH Service funding is provided in real time and matches increasing demand created by increasing population and enrolments
  
- h) Exploring mechanisms for the Universal MCH Service to commence MCH nursing involvement during the antenatal period
  
- i) Reviewing funding mechanisms to the Enhanced Maternal and Child Health service to meet the increasingly complex needs of families and children. Specifically to:
  - III. Ensure eligibility and funding for the Enhanced MCH service is provided according to need and the eligibility criteria outlined in section 5.3 of the *Enhanced Maternal and Child Health Service Guidelines, 2003 – 2004* (Department of Education and Early Childhood Development, 2003)
    - I. Remove the existing age eligibility
  
- j) Supporting the highly respected MCH Line to:
  - I. Meet increasing demand for the service
  - II. Explore the feasibility of providing a targeted and proactive MCH nurse led outreach service
  - III. Facilitating greater connectedness between the MCH Line and the Universal and Enhanced MCH Services such as through re locating the MCH Line from the North Eastern Victoria Region to Central DET

## Conclusion

The role of school and maternal and child health nurses is critical to achieving the Education State and the measures of success aspired to within the Consultation Paper.

Focus should therefore concentrate on improving the capacity of these services to optimise health, wellbeing and development so that every Victorian child can reach his or her or full potential.

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