NSW Nurses and Midwives' Association's Response to Supplementary Questions:

1. **Stakeholders have suggested better use of Maternal Child and Family Health Nurses to conduct checks. What are your views on MCFHNs assuming a greater role in managing child health and development checks and referring directly to specialists?**

   Maternal Child and Family Health (MCFH) nurses and midwives play a crucial role in detecting and managing child health and development issues early. Early intervention is imperative to enhance health outcomes for the states most vulnerable children. Currently, MCFH nurses and midwives refer to GPs, as required. GPs then refer on to Paediatricians and other medical specialists, as determined necessary. Such referral to then obtain a subsequent specialist referral, merely increases costs and wait times for families, creating an extra hurdle to get the required health and development assessment and management plan. By increasing the role of MCFH nurses and midwives in conducting child health checks and referring families directly to specialists, care for children and their families will be streamlined and more efficient. Standardised screening tools, such as the Ages & Stages Questionnaire (ASQ), have long been used to facilitate the transfer of information in referrals. The MCFH nurse and/or midwife is well trained in the use of these screening tools.

   The ASQ is a widely recognised tool that helps MCFH nurses and midwives assess developmental milestones in children, enabling the early identification of potential developmental delays, such as speech delays or motor skill issues, which is critical for timely intervention. ASQ is recommended in Australia and abroad to assess children's health and development effectively (Mao et al. 2018). In NSW, the ASQ is used by MCFH nurses and midwives to evaluate child development. The use of the tool can arise from parental concerns, concerns from the MCFH professional, or a combination of both (Kruske and Grant 2012). A parent-led approach empowers parents and enhances nurses and midwives ability to make informed referrals to specialists when necessary.

   MCFH nurses and midwives are uniquely positioned to provide continuity of care, which is vital for effective child health management. Studies have shown that families prefer to work with the same health professional over time, fostering trust and better communication (Ridgway, Hackworth, Nicholson, and McKenna 2020). By maintaining ongoing relationships with families, MCFH nurses and midwives monitor developmental progress, address concerns as they arise, build trust, and improve communication, improving health outcomes. This relational continuity is critical in community-based settings where MCFH nurses and midwives can engage with families in their environments (Ridgway, Hackworth, Nicholson, and McKenna 2020; Goldfeld et al. 2017).

   MCFH nurses and midwives referral to specialists is supported by evidence indicating that they can effectively identify when a child's needs exceed their scope of practice and the subsequent need for specialist referrals. Tools like the ASQ, which provides a structured framework for identifying developmental concerns and guiding referrals, enhance the care of infants, children and their families (Mao et al. 2018; Kruske and Grant 2012).

The use of standardised screening tools such as the ASQ and the universal service offered by these MCFH nurses and midwives during Blue Book checks means that nurses and midwives are best placed in managing child health and development checks, facilitating timely referrals to specialists, and promoting holistic and family-centred models of care, improving the overall well-being of the family unit.

References:

Goldfeld, Sharon, Anna Price, Hannah Bryson, Tracey Bruce, Fiona Mensah, Francesca Orsini, Lisa Gold et al., 2017. "'right@home': a randomised controlled trial of sustained nurse home visiting from pregnancy to child age 2 years, versus usual care, to improve parent care, parent responsivity and the home learning environment at 2 years", BMJ Open(3), 7:e013307. https://doi.org/10.1136/bmjopen-2016-013307

Kruske, Sue and Julian Grant, 2012. "Educational preparation for maternal, child and family health nurses in Australia", International Nursing Review(2), 59:200-207. https://doi.org/10.1111/j.1466-7657.2011.00968.x

Mao, Pan, Hui Feng, Shuang Xu, Jianghong Liu, Huayan Li, Yaying Zhang, and Yiyan Ye, 2018. "Well-child care delivery in the community in china: related factors and quality analysis of services", Plos One(1), 13:e0190396. https://doi.org/10.1371/journal.pone.0190396

Ridgway, Lael, Naomi Hackworth, Jan M. Nicholson, and Lisa McKenna, 2020. "Working with families: a systematic scoping review of family-centred care in universal, community-based maternal, child, and family health services", Journal of Child Health Care(2), 25:268-289. https://doi.org/10.1177/1367493520930172

2. **Is there a need for more training for medical and allied health professionals to conduct health and development checks?**

   No, the NSWNMA is of the position that MCFH nurses and midwives are optimally placed to provide holistic care and health and development checks for children in NSW. It is within our Standards of Practice to then refer to appropriate medical and allied health professionals, where necessary. Evidencing this, Standard 4.3 states that MCFH nurses and midwives "work in partnership…to determine priorities for action and/or for referral."

   MCFH nurses and midwives have not only completed a Bachelor of Nursing and/or Midwifery but have also completed post graduate study to become a MCFH professional. MCFH nurses and midwives have often accumulated ample clinical skills and experiences throughout their career and often also hold the title of Clinical Nurse Specialist and/or Clinical Nurse Co-Ordinator. MCFH is specialised and nurses and midwives in this space have the necessary skills to conduct health and development checks.

   Requiring more training for medical and allied health professionals to conduct health and development checks is an inefficient use of the health workforce, causing duplication of requirements between classifications of health workers.

3. **Will recent wages and industrial relations reforms, including the Fair Pay and Bargaining Policy and Industrial Relations Amendment Act,1 help to address workforce shortages in the sector?**

The Association's experience of bargaining with the NSW Government remains largely unchanged as a result of the amendments to the Act and the Fair Pay and Bargaining Policy.

Our experience has been that the Government has implemented an informal wages cap restricting the ability to address issues such as workplace shortages in bargaining.

Due to the restrictions the Government has made to bargaining the Association will need to lodge a special case to seek the assistance of the IRC in delivering pay increases that addresses issues such as workplace shortages. These types of cases are costly and lengthy. A decision is unlikely to be given until the end of 2025 at the earliest, which will mean that any effect of relief granted to address workplace shortages will be delayed.

4. How can paperwork and the administrative load be lessened for child and family health nurses?

This question is unfortunately not within the remit of the NSWNMA. Rather, the answer is dependent upon individual LHD practices.

Despite this, the NSWNMA asserts that whilst MCFH nurses and midwives fundamentally assess the needs of children, they concurrently consider the health of the extended family unit, including mothers, fathers, siblings, and/or caregivers. Necessarily so, multiple sets of documentation are required. Evidencing this, MCFH nurses and midwives assess breastfeeding mothers, ensuring adequate supply, and refer on to lactation consultants and GPs, as required. Simultaneously, they ensure that the child's nutritional needs are met, through assessment of urine/fecal output, as well as weight gain. Ultimately, children, mothers and caregivers cannot be seen as one person. Therefore, MCFH nurses and midwives require adequate time for thorough assessment, planning, and documentation for the entirety of the family unit.

The NSWNMA conversely suggests that adequate staffing would benefit workloads. As highlighted in the NSWNMA's submission, MCFH nurses and midwives are travelling long distances between towns to address service gaps and assess vulnerable children and families. We are informed that whilst many MCFH nurses and midwives are given a specified 50km travel radius, it is very common to exceed that, to meet the needs of vulnerable children and families in isolated communities. Such travel time is ultimately time consuming and prevents MCFH nurses and midwives from reviewing other clients, causing large waiting lists at times. Our members are distressed when there are long waiting lists, knowing that families are seeking assistance, but are unable to help. The introduction of competitive wages to attract and retain nurses and midwives would mean vacancies will be easier to fill, resulting in more time caring for the vulnerable children and families of rural and remote NSW. NSW needs more appropriately trained MCFH nurses and midwives to address current service gaps.