Australian® Nursing & Midwifery Federation
VICTORIAN BRANCH

535 Elizabeth Street
Melbourne Victoria 3000
ABN 80 571 091 192

Box 12600 A'Beckett Street PO
Melbourne Victoria 8006

anmfvic.asn.au
t 03 9275 9333
f 03 9275 9344
e records@anmfvic.asn.au

Position Statement: Sustainability of the Maternal and Child Health Service and Local Government Immunisation Services

CONTEXT

1. The Victorian Maternal Child Health ['MCH'] Service[1] is the cornerstone of Victoria's universal, prevention and early intervention program for children, mothers, fathers, parents and families. It is widely the 'Gold Standard' for such services across the country.
2. Local Government Immunisation ['LGI'] Services[2] also perform a crucial role in promoting Public Health through delivering the Child Immunisation Program, the Secondary Schools Immunisation Program and targeting the provision of immunisation to persons experiencing vulnerability. The MCH Service and LGI Services ['Services'] are grounded in a one-hundred-year-old partnership agreement between State and Local Government to invest and fund the Services to meet the changing needs of the Victorian community.
3. Together with strong investment from Local and State Government, the success of the Services is built on the comprehensive educational preparation, and broad scope of practice of Victorian MCH nurses and Nurse Immunisers.
4. The Services recognise that health promotion, prevention, early identification and intervention strategies focused on the first six years of a child's life yield the most enduring outcomes and are the most cost effective. These Services have been delivered across seventy-nine Local Government Areas (LGAs). In recent time, seven LGAs have outsourced service provision to a local public health service provider and one LGA has outsourced service provision to a larger LGA.
5. There is a recent trend of LGAs privatising Local Government Immunisation Services.
6. There are seventy-one individual enterprise agreements governing the employment of MCH Nurses and Nurse Immunisers within LGAs.
7. The ANMF (Vic Branch) has long advocated for the creation of one Single Interest Enterprise Agreement for MCH Nurses and Nurse Immunisers employed in LGAs, which would provide consistent salary and terms and conditions of employment across the State, and parity with nurses and midwives employed under the *Nurses and Midwives (Victorian Public Sector) Single Interest Employers Enterprise Agreement 2024 to 2028*.

[1] *Maternal and Health Service Guidelines*, State of Victoria, Department of Health, November 2021.
[2] Guidelines for Immunisation practice in local governments, Department of Health https://www.health.vic.gov.au/immunisation/guidelines-for-immunisation-practice-in-local-governments (last accessed 9 December 2025)

CHALLENGES

8. These industrial and governance arrangements give rise to two critical issues:

    a) The Services lack a consistent Statewide system of clinical governance and are increasingly open to clinical risk.

    b) The retention and recruitment of MCH Nurses and Nurse Immunisers is sometimes difficult because their salaries, career structure, and terms and conditions of employment vary significantly across the State and are often less than those provided under the *Nurses and Midwives (Victorian Public Sector) Single Interest Employers Enterprise Agreement 2024 to 2028*.

9. Despite years of advocacy by the ANMF (Vic Branch), there has not been agreement from State or Local Government to implement one single enterprise agreement.

10. One LGA has recently withdrawn funding from its MCH Service, returning the MCH Service to the State Government, and tendered out the LGA Immunisation Service to a private provider, despite the long-standing Memorandum of Understanding (MOU) between the Municipal Association of Victoria (MAV) and the State Government enshrining a 50/50 funding contribution for the Universal MCH Service.

11. If left unaddressed, these issues combine to hinder efforts to reduce clinical risk, and sustain a MCH Nurse and Nurse Immuniser workforce, thereby reducing the capacity of the Services to promote optimal health, wellbeing, and development outcomes for Victorian Children, and lead to worsening inequity in service provision across the state.

SOLUTIONS

12. To ensure the Services remain the Gold Standard and provide certainty of service provision to the Victorian community, both State and Local Governments must commit to funding an ongoing sustainable model for MCH service into the future inclusive of Aboriginal Maternal and Child Health services in Aboriginal community-controlled organisations.

13. ANMF (Vic Branch) proposes the following options:

    a) For those MCH and immunisation services currently provided within the LGA framework, the establishment of a Single Interest Enterprise Agreement to cover the employment of all MCH nurses and nurse immunisers in LGA, consistent with the principles outlined below.

    b) For those MCH and immunisation services currently provided within the LGA framework, transfer to the *Nurses and Midwives (Victorian Public Sector) Single Interest Employers Enterprise Agreement 2024 to 2028,* consistent with the principles outlined below.

PURPOSE

14. This position statement sets out the principles that the ANMF (Vic Branch) considers must underpin these solutions.

PRINCIPLES

15. Local and State Government must continue to fund and invest strongly in the Services.

GOVERNANCE

16. Under the proposed solutions:

    a) The Services may be delivered by either a LGA or Public Health Service and aligned with a suitable Community Health Service and /or Maternity and Newborn Service.

    b) The employment of MCH Nurses and Nurse Immunisers (transferring and otherwise) must be governed by a single enterprise agreement.

    c) Measures must be introduced to ensure the Services are governed by a comprehensive system of clinical governance.

EMPLOYMENT ARRANGEMENTS

17. Arrangements must be contingent on the design and implementation of relevant industrial, legislative, policy and professional frameworks, and mechanisms that ensure the following:

    a) Salaries and terms and conditions of employment for MCH Nurses and Nurse Immunisers are consistent across Victoria and provide parity with nurses and midwives employed under the Agreement.

    b) No disadvantage in the salary and terms and conditions of transferring MCH Nurses or Nurse Immunisers.

    c) Qualification requirements for MCH Nurses as per the MCH Service Framework[1] and the *Child, Wellbeing and Safety Act 2005 (Vic).*

    d) A robust MCH nursing and Nurse Immuniser classification and career structure which ensures an MCH Nurse is appointed to manage and coordinate the MCH Service, a Nurse Immuniser appointed to manage and coordinate Immunisation Services, ensuring timely access to clinical MCH nursing and Nurse Immuniser leadership.

    e) Reduction in casual and precarious employment, in particular relating to Nurse Immunisers.

SERVICE INTEGRITY

18. The solution must maintain the integrity of the Services by ensuring:

    a) The Services continue to be provided locally and, in the community, and to the same level as currently articulated in the Maternal and Health Service Guidelines (2021) [the Guidelines], and the Guidelines for Immunisation practice in local governments[2]

    b) The Services have adequate infrastructure to support local service delivery, meet increasing community need including delivery the National Immunisation Program to the Victorian Community.

    c) The Services have adequate resources and systems to meet the needs of persons experiencing vulnerability, though maintenance of a strong universal platform, and additional targeted programs such as the Enhanced MCH Program and provision of immunisation to vulnerable clients.

    d) The Universal MCH Service is led and delivered by an MCH nurse and the Enhanced MCH Program is led and primarily delivered by an MCH Nurse as per the Guidelines.

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[1] *Maternal and Health Service Guidelines*, State of Victoria, Department of Health, November 2021.

[2] Guidelines for Immunisation practice in local governments, Department of Health https://www.health.vic.gov.au/immunisation/guidelines-for-immunisation-practice-in-local-governments (last accessed 9 December 2025)

e) Funding from Local and State Government provides parity in salary and terms and conditions of employment without in any way diminishing the integrity of the Service as set out in the MCH Service Guidelines[3] and the Guidelines for Immunisation practice in local governments[4].

WORKLOAD SUPPORT

19. The Transfer must ensure MCH Nurses and Nurse Immunisers have manageable workloads and are appropriately supported by:

    a) Timely access to health professionals and administrative staff who are involved in the care of mothers, children, and families within the MCH Service.

    b) Administration time to complete documentation and referrals and undertake interdisciplinary collaboration to promote the holistic care of mothers, children, fathers, parents, and families.

    c) Robust arrangements to enable compliance with legislative, policy and professional requirements relating to data collection, reporting documentation and referrals.

RELATED DOCUMENTS AND REFERENCES

Nurses and Midwives (Victorian Public Sector) Single Interest Employers Enterprise Agreement 2024 to 2028

MCH Service Framework

Child, Wellbeing and Safety Act 2005 (Vic)

Maternal and Child Health Service Guidelines (2021)

Aboriginal Maternal and Child Health – Aboriginal-led MCH services

Public Health and Wellbeing Act 2008 (Vic)

Guidelines for Immunisation practice in local governments, Department of Health

DOCUMENT MANAGEMENT

ANMF (Vic Branch) Position statement	Reviewed: Branch Council – annually
Name: Position Statement: Sustainability of the Maternal Child Health Service and Local Government Immunisation Services	Branch Council ratified 14 July 2026

[3] *Maternal and Health Service Guidelines*, State of Victoria, Department of Health, November 2021.

[4] Guidelines for Immunisation practice in local governments, Department of Health https://www.health.vic.gov.au/immunisation/guidelines-for-immunisation-practice-in-local-governments (last accessed 9 December 2025)