Maternal and Child Health Nurses Memories of Their Experience during 1986/87 Victorian Nurses' Strike

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Front cover image: Photo of Children and Parents at Frankston Maternal and Child Health Children's Week 'Picnic in the Park' at George Pentland Gardens 1991

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Figure 1:

Mother and baby attending a Maternal and Child Health Centre for the 12 month check/consultation.

1 Introduction

In the last three months of 1986 nurses in Victoria who were members of the (then) Royal Australian Nursing Federation (RANF), Victorian Branch, engaged in a lengthy strike, protesting at the efforts of the State Labor government to reduce nurses' wages and job classifications. Their action left a small staff in hospital wards and other settings to undertake nursing work. It involved many nurses in picket lines, created hardship in the family lives of nurses when they were not paid, and drew attention from the media. The (now) Australian Nursing and Midwifery Federation (ANMF) (Victorian Branch) recently launched a compelling digital exhibition to mark the 30th anniversary of the strike, entitled 'The 1986 50-day Victorian Nurses and Midwives Strike' (see online at https://stories.anmfvic.asn.au/86strike/).

Much of the discussion in talks before the 1986 strike between the nurses' union and the State Government, and much of the media attention the strike garnered, focused on nurses in Victoria's public hospitals. Indeed, much of the discussion about the strike since it happened has also taken this focus. Maternal and Child Health (MCH) nurses, then often called Infant Welfare nurses, also participated in the strike in large numbers, but their experience of it differed from that of their colleagues working in the wards of the State's public hospitals. MCH nurses were employed by local governments in the areas in which they worked, rather than by the State Government's public hospital system. And they worked very independently, and often alone, moving around to see families and patients in the local communities where they were stationed rather than coming to work each day in big nursing teams within hospitals. How MCH nurses experienced the strike, working as they were across the state in different local government areas, and often alone, is a story that needs to be told, and added to the public record alongside the stories of hospital nurses.

This small paper begins that task. It has been written following two group discussions with ten former MCH nurses, who participated in the 1986 strike from different locations around Victoria, and who feel that it would be a good thing if their story could begin to be told. The discussions were organized and hosted by former MCH nurse Fran Morris. What follows is a short account of how the ten nurses remember the strike, all these years since. Particular themes are evident in their memories. For example, what a difference it made if a nurse's employer (the local shire engineer or equivalent) had a positive or negative view of the role of MCH nursing. And how was it that solidarity developed between MCH nurses when they were working so far away from each other? On this latter theme, the important role of the

leaders of the Special Interest Group for MCH nurses in the RANF in Victoria is very clear. Accordingly, the nurses' reminiscences are bolstered by drawing from records of the Special Interest Group for Maternal and Child Health nurses, which are lodged in the University of Melbourne Library's archives.

Figure 2: MCH nurses at the 2024 discussions of the 1986 strike

Here are the 8 MCH nurses who attended the first discussion in November 2024, in Brighton, Melbourne.

L to R: Ronnie Poskitt, Nolene Bullock, Sue Whitehead, Elizabeth Ruschena, Leonie Scarff, Fran Morris, Wilma Hills, Allison Slykerman.

Two other MCH nurses, Fran Bettenay and Pam Stilling, joined the second discussion in December 2024, but were not photographed.

We start, now, with an account of the context of the strike.

2 Context – what led to the strike?

Analysis in the early 1990s by the eminent social scientist Professor Judith Bessant (1992), then early in her career, shows the tensions and struggles that had been occurring about changes in the field of nursing in the years before the strike.

There had been years-long debates about how to re-cast nursing so that it could be seen as a profession in the Australian workforce. These debates within nursing, of course, were set within a broader context in which male-dominated professions had long tried to limit the degree to which women-dominated workforces could be considered their equal and termed fully 'professional' also. (Bessant points out that in the late 1980s, 92% of nurses in Victoria were women). What happened over years of struggle to make nursing a profession was this, as Bessant sees it.

> The pursuit of professional status arguably divided nursing bodies and ensured that the main focus of attention centred on issues that were seen to raise their professional standing, such as the standard of education and training. Although important, such issues successfully obfuscated some of the more central issues related to professionalism, such as wages and conditions (Bessant, 1992, pp. 163-4).

Making the achievement of professional status for nursing even harder, Bessant argues, was the longstanding depiction of its work as solely "helping" others (doctors, particularly) in the delivery of good medical outcomes, rather than being work coming from a distinct knowledge base and delivered with a good degree of autonomy from other medical practices. The helping work of nursing was also depicted as the work of women. Women are helpers too.

Along came the 1970s and early 1980s, when economic conditions deteriorated from earlier decades of post WW2 prosperity. Hospital funding was reduced, and governments were seeking to cut costs. There was a shortage of nurses, probably because their working conditions and pay were so poor. Bessant says:

> During the period of the 'long boom', nurses' pay and working conditions never really caught up with other comparable occupations such as teaching or the para-medical professions. Even though trained nurses were expected to work at a much higher level of technical competence compared with the 1940s and 1950s, they were still underpaid and overworked (Bessant, 1992, p. 165).

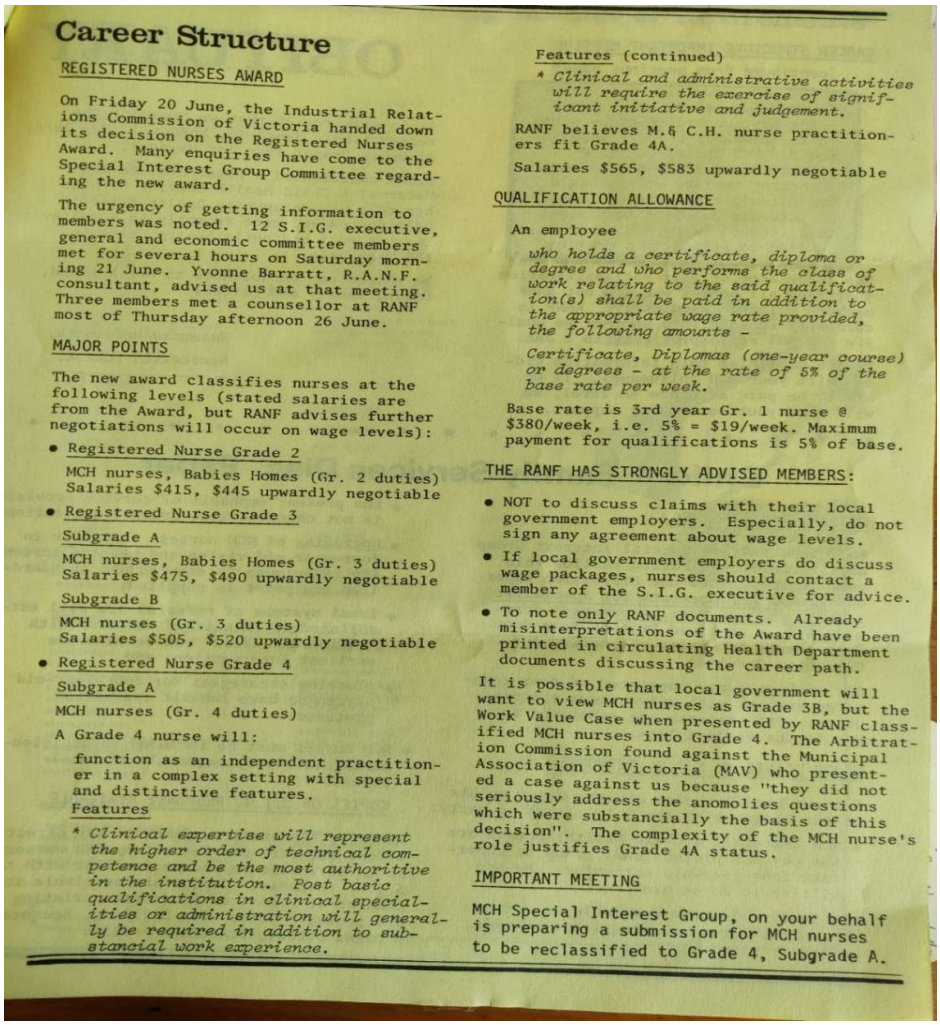
The records of the RANF (Victorian Branch)'s Special Interest Group (SIG) for MCH nurses, held in the University of Melbourne's archives, show the bubbling along of issues about MCH nurses' pay and professional autonomy in these years. There are accounts in the early 1980s of the SIG's efforts to propose diploma allowances for new entrants to the field of MCH nursing (then termed Infant Welfare nursing), with the Chairman in her Report noting that in February 1981 "the case was won for the appropriate remuneration for these girls" (SIG Newsletter No. 84, July 1981, p. 4).

And the question of whether these nurses, employees of local government, should be seen as part of Victoria's community services provision or health services provision, which was to become an issue a few years later even as the strike was being run, was being debated already. Many in the MCH field preferred to have their work part of the Victorian Government's Health Department rather than its soon-to-be (announced in June 1985) Community Services Department. Vigilance in the face of a strong local government focus on community services was needed to protect their autonomy and standing as health professionals. So, we read in this same SIG Newsletter that: "Infant Welfare sisters in the field nearly lost their autonomy as nurses when a clause about community services officers which did not allow for exemption of Infant Welfare sisters was written into the Municipal Officers' Award. Only quick work by the Federal and State Industrial Relations Officer, with RANF support, averted the situation and 'our place remains with the nurses' determination"'(SIG Newsletter No. 84, July 1981, p. 4).

Then, in 1984, the Royal Australian Nursing Federation removed a no-strike clause from its rules. In 1984, as well, the Victorian Branch of the RANF banned 'non-nursing duties' (like cleaning) as an attempt to reduce nurses' workloads.

On 28 June 1985, Minister for Community Services Caroline Hogg announced in a general letter that "The Premier, Mr John Cain, last week announced the transfer of further programs from the Heath Commission to the new Department of Community Services. The programs to be transferred are maternal and child health (Infant Welfare), family planning, domiciliary care services and visiting child health nurses" (Copy of letter in University of Melbourne archives, in RANF (Victorian Branch) Accession 2006.0027, Unit 9). The SIG had made considerable efforts to have a say on this matter (see SIG Newsletter No. 102, February 1986, P. 2), and they had at the same time been surveying their members about changing their professional titles from Infant Welfare Nurses to Maternal and Child Health Nurses (SIG Newsletter No. 104, July 1986, Editorial).

Industrial action was initiated in 1986 and two strikes by nurses took place, the first for five days in October1986 and the second for fifty days in the period from October to December 1986. The second, longer strike followed Victoria's Industrial Relations Commission issuing an award in June 1986 that enraged nurses; its finding placed many nurses in lower pay grades than they had previously been and withdrew allowances for nursing qualifications. Many more experienced nurses were to be reclassified as Grade 1, requiring supervision to undertake all but the simplest of tasks.



Career Structure

REGISTERED NURSES AWARD

On Friday 20 June, the Industrial Relations Commission of Victoria handed down its decision on the Registered Nurses Award. Many enquiries have come to the Special Interest Group Committee regarding the new award.

The urgency of getting information to members was noted. 12 S.I.G. executive, general and economic committee members met for several hours on Saturday morning 21 June. Yvonne Barratt, R.A.N.F. consultant, advised us at that meeting. Three members met a counsellor at RANF most of Thursday afternoon 26 June.

MAJOR POINTS

The new award classifies nurses at the following levels (stated salaries are from the Award, but RANF advises further negotiations will occur on wage levels):

- Registered Nurse Grade 2

  MCH nurses, Babies Homes (Gr. 2 duties)
  Salaries $415, $445 upwardly negotiable

- Registered Nurse Grade 3

  Subgrade A

  MCH nurses, Babies Homes (Gr. 3 duties)
  Salaries $475, $490 upwardly negotiable

  Subgrade B

  MCH nurses (Gr. 3 duties)
  Salaries $505, $520 upwardly negotiable

- Registered Nurse Grade 4

  Subgrade A

  MCH nurses (Gr. 4 duties)

  A Grade 4 nurse will:

  function as an independent practitioner in a complex setting with special and distinctive features.

  Features

  * *Clinical expertise will represent the higher order of technical competence and be the most authoritive in the institution. Post basic qualifications in clinical specialities or administration will generally be required in addition to substancial work experience.*

  Features (continued)

  * *Clinical and administrative activities will require the exercise of significant initiative and judgement.*

  RANF believes M.& C.H. nurse practitioners fit Grade 4A.

  Salaries $565, $583 upwardly negotiable

QUALIFICATION ALLOWANCE

An employee

who holds a certificate, diploma or degree and who performs the class of work relating to the said qualification(s) shall be paid in addition to the appropriate wage rate provided, the following amounts -

Certificate, Diplomas (one-year course) or degrees - at the rate of 5% of the base rate per week.

Base rate is 3rd year Gr. 1 nurse @ $380/week, i.e. 5% = $19/week. Maximum payment for qualifications is 5% of base.

THE RANF HAS STRONGLY ADVISED MEMBERS:

- NOT to discuss claims with their local government employers. Especially, do not sign any agreement about wage levels.
- If local government employers do discuss wage packages, nurses should contact a member of the S.I.G. executive for advice.
- To note only RANF documents. Already misinterpretations of the Award have been printed in circulating Health Department documents discussing the career path.

It is possible that local government will want to view MCH nurses as Grade 3B, but the Work Value Case when presented by RANF classified MCH nurses into Grade 4. The Arbitration Commission found against the Municipal Association of Victoria (MAV) who presented a case against us because "they did not seriously address the anomolies questions which were substancially the basis of this decision". The complexity of the MCH nurse's role justifies Grade 4A status.

IMPORTANT MEETING

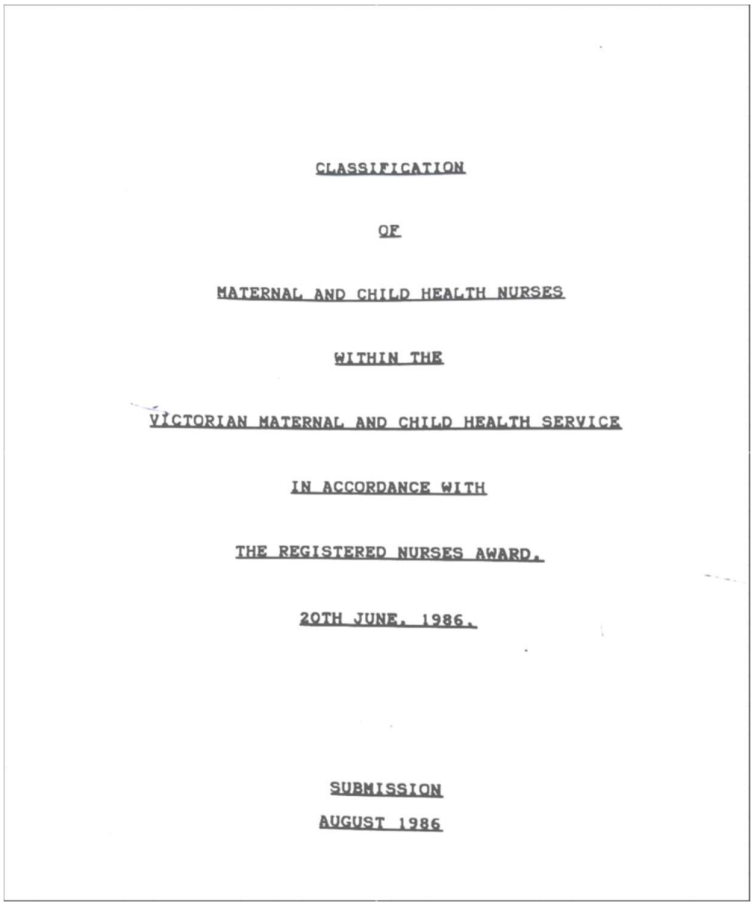
MCH Special Interest Group, on your behalf is preparing a submission for MCH nurses to be reclassified to Grade 4, Subgrade A.

Figure 3: **Article from the MCH Special Interest Group's Newsletter No. 104, July 1986.** It is advising members of the provisions of the new award for registered nurses, brought down on June 20, 1986. Source: SIG Newsletters from this period are held in the University of Melbourne archives.

In the Special Interest Group's Newsletter No. 104, July 1986 (Figure 3), we see the SIG communicating to members the salary classifications proposed in the June 20, 1986, award just brought down, and the Career Structure this offered to MCH nurses.

Note the point in the bottom right-hand corner – the SIG was already realizing it needed to prepare for a resubmission to get all MCH nurses classified as Grade 4A, which was not what was being offered in the new award.

Following the new award for registered nurses, issued by the Industrial Relations Commission on June 20, 1986, the RANF (Victorian Branch) made a lengthy submission, through the Special Interest Group for Maternal and Child Health Nurses, making a clear case for a higher classification of MCH nurses than what was offered in the new award, at Grade 4 Subgrade A. Figure 4, below, is a photograph of the front page of the submission. It argued for this classification because these nurses' work was to: "function as an independent practitioner in a complex community setting with special and distinctive features", and to operate with the "complexity of working with a total population", the "complexity of client variation" and the "complexity of physical settings" (SIG Newsletter No 104, July 1986).



CLASSIFICATION

OF

MATERNAL AND CHILD HEALTH NURSES

WITHIN THE

VICTORIAN MATERNAL AND CHILD HEALTH SERVICE

IN ACCORDANCE WITH

THE REGISTERED NURSES AWARD.

20TH JUNE, 1986.

SUBMISSION

AUGUST 1986

Figure 4: Front cover of August 1986 RANF SIG submission. It responded to the MCH nurses' classification in the June 20, 1986 Registered Nurses Award.

A detailed analysis of what occurred prior to the issue of the Industrial Relations Commission's award on June 20, 1986, precipitating the second strike, is provided by Carol

Fox (1990). Her analysis covers the interactions and positioning of the nurses' union (the RANF, Victorian branch), the Victorian Government and Victoria's Industrial Relations Commission, as well as their federal counterparts, in this crucial period. Though our interest in this paper is not in who was to blame for the strike occurring, rather than there being a successful negotiation of the dispute, her conclusions are of interest. They demonstrate how the choices of the union, government and Industrial relations body together led to the formation of an award that was unacceptable to nurses, leading directly to the October1986 strike.

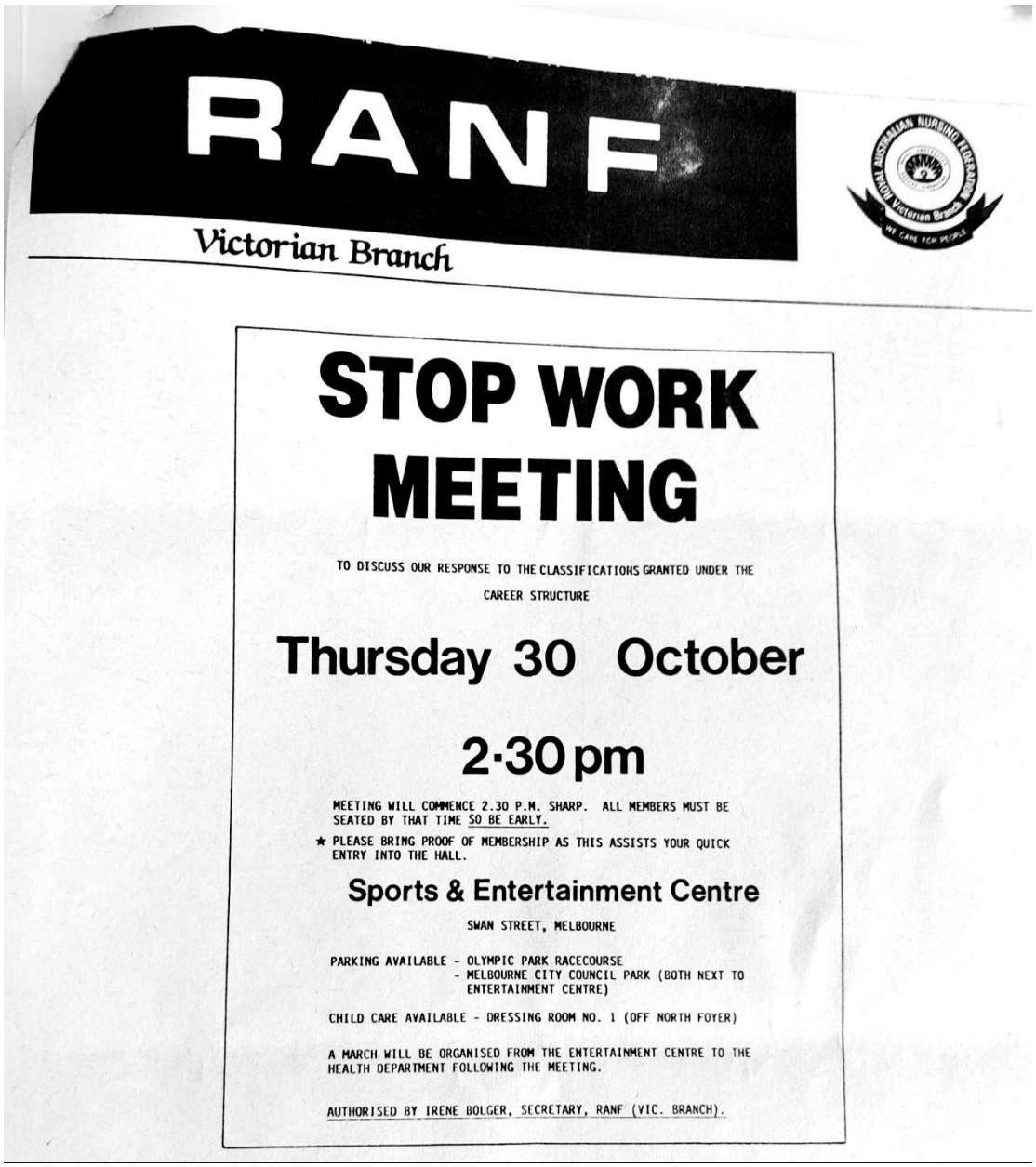
Central to the messy interactions in 1986 before the issue of the award on June 20 was the classification of nursing work. The nurses' federation and the government agreed that revision of the classification structure was required. But they differed on how. Fox writes:

> The Nursing Federation argued that the government had not split the existing base grade correctly between Grades 1 and 2: the former was a beginning practitioner role, the latter an experienced practitioner role falling short of a clinical specialist. Thus government representative classifications were generally one grade below those proposed by the Federation. The union threshold error, of course, had been to condone the split in principle in the career structure working party report. The Health Department estimated that, according to its criteria, 45 per cent of base grade registered nurses would be reclassified to Grade 2 or higher, meaning that a majority would remain at Grade 1 (Fox, 1990, p. 476).

The nurses' union, Fox finds, paid too much attention to the industrial relations body who would produce the award, relying on it to deliver a just outcome in the conflict, and not enough attention to consultation with its members and negotiation with the Health Department (Fox, 1990, p. 482). Meanwhile, the government's priority for the award was that registered nurses in certain areas (specifically, those in high technology work and charge nurses in a number of hospitals) stayed in their jobs. Lifting the wages and conditions of the base grade of nurses could come later. Further, government believed that the Nursing Federation was industrially naïve (Fox, 1990, p. 484). The Victorian Industrial Relations Commission was non-interventionist in this dispute, not even requesting reports of the negotiations as they went along. It failed to keep itself informed, so that it might have assisted progress (Fox, 1990, p. 486).

The strike which lasted for 50 days was called following a Stop Work meeting held by the RANF (Victorian Branch) on October 30, 1986.

Throughout the 50-day strike that followed the June 20, 1986, issuing of an award, striking nurses, their union and their leaders were belittled by government ministers, media and even by most other unions. In December 1986 striking nurses met to consider an offer from the State Government for wages increases, a new career structure and the return of allowances for qualifications (see ANMF Digital Exhibition, 2023, section on 'The Aftermath') and voted to return to work.


RANF

Victorian Branch

STOP WORK MEETING

TO DISCUSS OUR RESPONSE TO THE CLASSIFICATIONS GRANTED UNDER THE CAREER STRUCTURE

Thursday 30 October

2·30 pm

MEETING WILL COMMENCE 2.30 P.M. SHARP. ALL MEMBERS MUST BE SEATED BY THAT TIME SO BE EARLY.

★ PLEASE BRING PROOF OF MEMBERSHIP AS THIS ASSISTS YOUR QUICK ENTRY INTO THE HALL.

Sports & Entertainment Centre

SWAN STREET, MELBOURNE

PARKING AVAILABLE - OLYMPIC PARK RACECOURSE
- MELBOURNE CITY COUNCIL PARK (BOTH NEXT TO ENTERTAINMENT CENTRE)

CHILD CARE AVAILABLE - DRESSING ROOM NO. 1 (OFF NORTH FOYER)

A MARCH WILL BE ORGANISED FROM THE ENTERTAINMENT CENTRE TO THE HEALTH DEPARTMENT FOLLOWING THE MEETING.

AUTHORISED BY IRENE BOLGER, SECRETARY, RANF (VIC. BRANCH).

Figure 5: Poster announcing RANF (Vic) Stop Work meeting, October 30, 1986. What became the long nurses' strike was initiated after this meeting. Source: SIG Newsletter No. 105, October 1986, held in the University of Melbourne archives.

Then in January 1987, the Victorian Industrial Relations Commission handed down a new determination. As we shall see, though this determination was favourable for the majority of nurses, including those at the base grade, it failed specifically to mention Maternal and Child Health nurses. In earlier classifications their work, being highly independent, had been placed very high in the classification hierarchy. In the new award, accepted by the nursing union, they were classified at a lower level.

Taking the broader view, Bessant finds that this industrial action helped forge a professional status for nursing overall, and gave nurses a new identity. No longer could it be assumed that nursing work, women's nursing work, was undertaken for caring and helping others without concern for being paid properly and having a career structure. She says:

> Industrial action was important in the process of 'breaking out' by the nurses from their traditional roles of compliance and obedience and from their fear that militancy might undermine their quest for professionalism. For the nurses, it challenged the influence of the powerful dual socialisation which was reinforced by the male dominance of the health care hierarchy and by traditional notions of nursing as a vocation. Industrial action as collective action provided some nurses with a new collective identity and a new type of professional identity. For others it provided experiences of such emotional pain that even now they are reluctant to talk about the time. (Bessant, 1992, p. 172-3).

3 The particular history of MCH nurses

Two books have recently discussed the evolution of maternal and child health nursing in Victoria. *All the Little Children: the Story of Victoria's Baby Health Centres*, by Heather Sheard, was published in 2007 and *Save the Babies: the Victorian Baby Health Centres and the Queen Elizabeth Centre*, by Chery D. Crockett, in 2000. Both histories focus on the building of baby health centres in Melbourne and throughout Victora during the twentieth century, which was a central achievement of Victoria's movement for infant welfare. Of course, a specialized nursing staff had to be trained and then to run things and see mothers and babies. Those were the first MCH nurses.

An online digital exhibition celebrating '100 Years of Maternal and Child Health Nursing, 1917 - 2017' was recently made available by the ANMF (Victorian Branch) and the Victorian Association of Maternal and Child Health Nurses. It gives a detailed account of this history and includes photographs and interviews. See it at: https://otr.anmfvic.asn.au/articles/100-years-of-maternal-and-child-health-nursing-1917-2017/

Some important matters are as follows.

In the early years of the twentieth century rates of infant mortality were high – in 1914, Sheard (1970, ch 1) reports, ten babies per hundred died in their first year of life and probably more, since records of these deaths were only kept if the babies died in hospitals. In Melbourne's poor inner suburbs death rates were higher. Concern at high rates of infant mortality grew during WW1, and Victorian women were influenced by those involved in British and American infant welfare movements. Local Melbourne women organized the building of the first baby health centre in Victoria, located in the poor, industrial, inner suburb of Richmond. It was located in one room in a kindergarten, with some funding from Richmond Council for a full-time nurse (Sheard, 2007, p. 15). Other centres soon followed, one in Melbourne City and one in Carlton.

Between 1917 and 1926 the number of centres grew rapidly, as it did on through the 1950s, in regional as well as metropolitan areas, usually when local women heard about these centres existing elsewhere and approached local councils for help. By 1925-6, there were about 25 baby health centres in Melbourne and 18 sub-centres, and 14 baby health centres in country Victoria along with 5 sub centres. That adds up to 62 in all, all overseen by the Victorian Baby Health Centres Association (VBHCA) (Sheard, 2007, p. 23). Though as Crockett (2000, p. 14) notes, despite plenty of lobbying, the Victorian State Government did

not provide subsidies for baby health centre buildings until after WW2 –such buildings were usually paid for by volunteer fund-raising, and then 'entrusted' to local councils to be maintained.

The operating principles of the baby health centres developed early on. They were about looking after mothers, as well as supporting the good health of babies (in fact the former was the route to the latter).They aimed to encourage breast-feeding, and to employ trained nurses to consult with mothers in the centres, to visit mothers in their homes, and to give talks to women about caring well for their babies (Sheard, 2007, p. 18). All this was to be available locally, as is clear in Sheard's account of what happened at the time of establishing the first baby health centre in Richmond in 1917:

> Within a few months, a pattern had been established based on the principle that baby health centres should be accessible to all mothers, and not cause them or their babies fatigue or difficulty from travel. They had to be accessible, on foot, for mothers pushing a pram. Consultations were free and mother and baby did not have to make an appointment (Sheard, 2007, p. 15).

The principle of local accessibility to mothers and their babies was held to strongly. As noted, it was behind the establishment of local baby health centres. But also, even before the 1920s,trained nurses travelled around Melbourne's suburbs lecturing in meeting rooms and schools to groups of women, to spread knowledge of infant welfare practices. And from 1920 to 1936 nurses even travelled to rural areas in a separate carriage on the state government's 'Better Farming Train', offering lectures and consultations to mothers (Sheard, 2007, ch6; Crockett, 2000, p. 15). The photographs in the State Library of Victoria's archives of local women sitting in the carriage, listening and being listened to, are remarkable. After the mid-1930s, a large van rather than a train carriage was used for the nurses' travel to rural areas, set up to be used for consultations with mothers, and notably excluded from the petrol rations imposed during WW2. 1937 was the year of the first visits of this baby health caravan – it was a trip from Melbourne to the Wimmera and the Mallee (Crockett, 2000, p. 40). Volunteers were trained to help the nurses.

From very early in the twentieth century, nurses working in the field of infant health and welfare undertook additional training. In the 1920s, already-trained nurses could undertake a 'third certificate' in infant welfare, which focused, as noted, on the health and wellbeing of the mother as well. In Melbourne, many undertook this training from 1928 at the South Melbourne Training School, established by the Victorian Baby Health Centres

Association(VBHCA). From 1924 another training facility for nurses in this field had also been established in Melbourne –the Tweddle Baby Hospital and School in Footscray, run by the Society for the Health of Women and Children in Victoria (SHWVC), based on the teachings of the New Zealand Plunket system (Sheard, 2007, ch. 4). Later, following the VBHCA's long lobbying of the Victorian government, a site for a mothers and babies home and hospital was purchased in Carlton in 1951, and in 1955 was named the Queen Elizabeth Home for Mothers and Babies. This Queen Elizabeth Centre (QEC) became the strong focus of the VBHCA, and was a training facility for nurses as well (Crockett, 2000, ch 3,4).

One infant welfare nurse associated with the QEC described her responsibilities and her role, as she saw them, in 1975:

> The infant welfare nurse had to adapt easily and to be resourceful. She held a privileged position, not only often the first point of contact for families needing urgent assistance but because home visiting put her in a unique position of confidence, allowing her first access to a family's private affairs. The infant welfare sister was normally accepted as a vital cog in her community, providing health education for the mother, from prenatal care through to nutrition, parentcraft and parental responsibility. Her skills were expected to be wide-ranging, from knowledge of immunisation for infants to identifying and dealing with the pressing problems of childhood delinquency. While acting in a supporting and guiding role, she was responsible for supervising the infant and pre-school children closely, assessing their development and maintaining proper records. Increasingly she had to know how to refer appropriately when necessary, to understand ethnic differences as well as the needs of all special groups. She was required to recognize and support children at risk. She was required to maintain high skill levels and to stay abreast of wide-ranging family health issues. She also had to stay sane (quoted in Crockett, 2000, p. 81).

The range and complexity of the tasks performed by Infant Welfare nurses were formally set out in a pre-1980s information brochure of the Victorian Government, entitled 'Infant Welfare, Victoria'.

In the 1970s in Victoria, a new approach was started to the training of infant welfare nurses. The last training intake for nurses to gain their 'triple certificate' (previously the 'third certificate') at the Tweddle and QEC facilities was in 1979. From 1980, the infant welfare qualification for nurses was to be earned via a 12-month, additional Diploma of Applied

Science in Community Health Nursing, Maternal and Child Health, to be undertaken either at the Lincoln Institute of Health Sciences or the Preston Institute of Technology, both in Melbourne. The significant training role of the pioneering organisations of the Victorian baby health centres movement had ended.

Recognising the workplace autonomy required of trained Infant Welfare nurses (now Maternal and Child Health nurses) and the wide-ranging expertise they required, as reflected in the quote above from a nurse in the mid-1970s (in Crockett, 2000), these nurses' salaries were high on the nursing classification scale, and they were remunerated for their extra qualifications (their third or triple certificates). They were classified at level 4B, before the new Registered Nurses Award released on June 20, 1986, changed this (as Figure 3, describes.)

4 MCH nurses' memories of the 50-day strike in 1986

For the Maternal and Child Health nurses who met at the end of 2024 to talk about the 1986 nurses' strike, and some who weren't there but sent notes, the memories remaining with them are organised here as follows.

Theme 1: How you fared during the strike depended in part on the attitude of your local government employer

Many MCH nurses, of course, worked in the Melbourne metropolitan area, alongside the many working in towns around Victoria. In the group of former MCH nurses who met in late 2024 in Melbourne to reminisce, there was the memory that the managers of local councils at the time (and indeed other colleagues there, who weren't nurses) had little real knowledge of what (then) Infant Welfare nurses did in their day-to-day work, and its importance in the local community. Most nurses were not actively unsupported by their employers. Some felt well supported. Some employers seemed to think it a bit of a joke that nurses would go on strike. Making a submission to local council employers often meant trying to educate them about the actual role of MCH nurses.

Said Leonie, then working at Frankston Council:

> 'At Frankston we decided to maintain a minimal MCH service with reduced hours and to negotiate with our council on our wages and conditions, as per recommendations and consultation with the MCH Special Interest Group [of the RANF].
>
> A lengthy submission was presented to Frankston Council, meetings were held with managers, to explain the reasons for the industrial action and to educate the Council about our role as MCH nurses and the importance of our work in the community. Because I was the youngest in the team and probably pretty vocal it was up to me to do liaison re this strike. The documents we nurses submitted to the Council executive were written by me.
>
> The industrial action the nurses would be undertaking included reduced working hours with minimal disruption to the MCH service.
>
> Most people working in local government had no knowledge of our role, that we were actually "triple certificate nurses", with many years' experience in general, midwifery and child and family health nursing and that we did not just "weigh babies". We tried

to make the managers understand what we were doing. That was amazing .“We girls”, they said, should “just do your nursing stuff”. We had to teach the managers what we were on about and what we wanted.

Luckily at Frankston, our managers were supportive of our service but did not want any friction and said “just come back to work” and we will pay you whatever is decided.’

Said Anne Duff, working at the time in Springvale Council:

‘The CEO was very empathetic to us striking. When I approached him to ask about going to a strike march he was all for us to attend. He encouraged us to petition and get signatures. … Having a Labor Council probably helped in supporting us at the time and they held the MCH nurses in high regard and we always felt appreciated among the council staff. ‘

Elizabeth and Ronnie were also working at Springvale Council at the time. They were part of a big group of MCH nurses -about 12 of them -working in that very diverse and multicultural part of Melbourne. Ronnie described their situation:

‘The City of Springvale was then on its own, now it’s part of Dandenong. We had a really good CEO. If the head of the organization supports you then the rest do too. We did go on strike, but weren’t ostracized for it and were quite well supported by the Council.’

Pam, then working at the City of Ringwood, remembered the CEO saying to her, not so supportively: “we had none of this before **you** came”!

Nolene was a MCH nurse in a slightly different employment situation at the time of the strike. She recalls experiencing solidarity from being in a big team of striking nurses, not all of them MCH nurses:

‘I was not working in local government in MCH at that time – but in DMCI – Domiciliary and Maternal Care which was with the Royal District Nursing Service (RDNS). A completely different set-up. RDNS was big program at the time – over 300 nurses. Mostly in aged care, post-op, general nursing but a small number in domiciliary and maternal care. I worked at the Footscray branch, and there was one other maternal care nurse there. We had an excellent strong leader – Di Storey was her name. I’ll never forget her. Very firm with nurses and their strength together. This

> is what I mostly got out of the nurses' strike – solidarity. Even though there were only two of us MCH nurses in that area the strength was very evident.'

Wilma, then working in Cobram, recalled:

> 'The Shire Secretary where I was said he'd never had a nurse go on strike before, laughed and thought it was a great joke. And this Shire Secretary in Cobram said: "I've kept the money aside, Wilma". In other words, he was thinking ahead.'

Fran B., remembering working in Bairnsdale, said:

> 'Our local government, they didn't have a clue what it was about. Really. No idea. You just do what you're doing. OK. Striking! They had no concept of our role. Really, they just knew that legally they had to fill a position in MCH nursing. That's all they had to do, really. I do recall our CEO was concerned and let us work according to the strike conditions and we certainly felt compromised and concerned about the vulnerable families. Somehow we did a two hour shift sharing the workload, however remote areas (Omeo, Buchan, Lindenow) being country people just got on with the day to day tasks of raising children.'

Sue and Fran M. at Hastings had a most difficult experience with their local government employers. Suffice to say here that their local government supervisors were hostile to their situation in wanting to go on strike and then taking strike action. The nurses were locked out of their offices and workspaces and threatened by local council employees. Sue remembers this. 'The managers there had no idea about women and MCH nursing. They had their own jobs and wanted to hang on to their jobs and we upset their apple cart'.

Fran M.'s diary of day-by-day events occurring in the industrial action of MCH nurses in 1986 in the Shire of Hastings makes for compelling reading and is included as an Appendix to this document.

Theme 2: Support came from our own families, from many in the community and local families, but not from the media

Keeping going when participating in a long strike is hard, and support is greatly valued. Nurses' own families supported them, as did many families in local communities.

In the Shire of Hastings, Fran M. makes clear how much the support of local families in the community was appreciated by the striking MCH nurses there, especially when the local Shire leadership was so actively opposed to the nurses' strike action. Her notes from the

time (see Appendix) describe how, from mid-November 1986 when the Hastings MCH nurses' relations with their employers were strained, local community members supported the nurses. The nurses were invited to attend a local Ratepayers and Citizens' Meeting and there received support and advice. Then on two occasions local people in Balnarring protested at the standing down of the MCH nurses and handed out leaflets to say so, and mothers and their children demonstrated in front of the Hastings Shire offices against that Council's actions. Now, Fran says:

> 'In Hastings the people in the community stood beside us which was amazing. This was the best thing that came out of the whole matter – the evident support in the community that was behind the MCH nurses who helped families. They really stood beside us.'

More immediate support was provided by nurses' own families. Said Pam, Secretary of the RANF Victoria's Special Interest Group for MCH nurses during the strike: 'my old Dad gave me some money [as the strike went on and on]. I was a single mother then. I just felt so ashamed.'

Fran M. described how her husband looked after her two young daughters through many long hours when she travelled repeatedly from the Shire of Hastings up to central Melbourne to attend strike meetings.

Leonie in Frankston was grateful for her family being there:

> 'I had just moved back home with my parents, had no partner and kids and no mortgage. Could just live at home with my parents.' In her local area, she said, 'the families were great. They supported us. The media weren't so supportive. I remember I wrote to the local paper and one of my mother's friends was coming up to me and saying:" you're not one of those people who's going to be writing to the paper all the time?" So I said: "well, yes I am!"'

Wilma, working in Cobram in 1986, described her mother's support:

> 'I was a mother with children, married to a soldier. We were separated, but the house was still accessible. My mother stayed there with my older daughter (18 months old) and my son came and stayed with me. I was living in the flat attached to the Infant Welfare Centre – very makeshift – paying $35 a week. I knew there was money available in the strike fund if I needed it, but I didn't use it.'

Financial support for nurses also came, in some places, from senior nursing colleagues. Fran B. recalls:

> 'Financially we all took a huge reduction in our pay packets. I recall Margaret Sheehan offering to assist us younger nurses with young families with money, for our day to day needs.'

The digital exhibition honouring the 1986 strike, put out in 2023 by the ANMF Victorian Branch, makes clear the disdain in much media for the nurses who were striking. Local newspapers often held similar opinions. Though after the strike, as noted later in Section 6 of this paper, letters to the newspapers supporting local MCH nurses to be properly paid by Councils grew steadily in number as it became clear that local Councils might reduce MCH services .

Theme 3: Participating in the strike

There was excitement in being out in the world on strike, especially when joining in with others in major events in the city that created solidarity with colleagues and supporters. In one's own workplace as a MCH nurse, there were also difficult times when colleagues (nurses and others) did not support striking.

Leonie, then working in Frankston, expressed the high spirits that participating in the big city strike meetings produced.

> 'And the industrial action –I just kept going to all the meetings. It was a real eye-opener being involved in all that – the big union meetings, the demonstrations, the chanting, the placards. It was a valuable experience, which helped me negotiate things in future years.'

Nolene, who was working in Footscray with the Royal District Nursing Service, had similar feelings:

> 'I became a Job Rep. A lot of that time we had to squeeze in what we were doing so we could get to meetings in St Kilda (there were a lot at Trades Hall Centre too). Irene Bolger was just a star, everyone agreed, and the other Job Reps were too. After our meetings you came home full of strength and gung ho.'

And as all the MCH nurses in the discussion agreed, Irene Bolger, the leader of the nurses' union, was a hero. Said Ronnie:

> ‘Irene Bolger was such an inspiration. Was it at the MCG? It was huge and really uplifting, You felt she was there really pushing. She really brought public notice to nurses – they began to be seen as doing good in the community and real professionals. This introduced professionalism to nursing. It had been gradually rising though since the late 1960s – when non-nursing rules came in and you didn’t have to empty rubbish bins, or clean patients’ false teeth and remember who they belonged to!’

Even far away from Melbourne there was solidarity in active protests. Fran B. remembers:

> ‘We did sit on the highway in Bairnsdale with placards and motorists tooted their support.’

Dealing with opposition to the strike amongst nursing and other colleagues in local government was difficult. Fran B. remarked that:

> ‘having been in the big region of Gippsland, which was from Drouin to the border at Mallacoota, there were some nurses who just didn’t get it. So, there was a difficulty with helping them to understand the critical state we were in. There was one who still worked because she just couldn't stop, she was too dedicated. “I didn't strike”, she said. “I was too worried about all the new mothers”.’

Pam, then Secretary of the Special Interest Group in the RANF for MCH nurses said:

> ‘That’s right. That was another reason that Judith [President of the Special Interest Group] and I said, to the RANF, even during the big nurses’ strike in 1986, that we would still work with the nought- to four- week-old babies and their mothers. Not just in two hours per day – whenever.’

Ronnie described a similar situation at her big urban Council:

> ‘Elizabeth and I were both in Springvale. Elizabeth was a fairly new graduate at that time, though I was not! But [the strike] divided our big MCH nurses’ group (about 12 of us). The older more senior ones did not agree at all with the strike. They were prepared to take the benefits, but not participate in the strike. It’s very difficult for nurses because we are caring people. It caused a lot of angst within our group. At the end those divisions perhaps made us come together. Those ones who didn’t agree worked and were paid their normal hours. We who had mortgages and young families went on strike and were paid for the hours we worked. In fact, we often

worked longer hours than we were paid for. We would make contact with families and give them unofficial support. The mothers were pretty supportive in general once you explained to them this is the reason, that we were to be reclassified as level 3 which was lower than what would be expected for nurses with our qualifications.

In the end about eight of us went out on strike – three didn't, the elder stateswomen. It wasn't so bad because we got the support of the Council. We marched up Collins Street and on to Parliament House with big placards and were on the news one night. This was part of the general strike, not just MCH nurses. We were an unknown branch of nursing – many thought it must be nice to weigh babies for a living! A lot of Councils regarded us as warm and fluffy.

People in private hospitals didn't strike – but they would benefit. But this wasn't recognised – it was them and us'.

Sue commented on how it felt in the small rural town of Tyabb in the Shire of Hastings where she and Fran M. were working, to deal face-to-face with non-nursing colleagues who disagreed with the striking:

'I started in 1979, employed in Hastings to a new centre at Tyabb. It was a relief for a while and then soon I was at Tyabb part-time as I had two small children. When the time came to go on strike, one or two of Irene Bolger's sidekicks from other parts of the union movement came to Hastings. They had lots of tattoos. They were there to help the workers! I was somewhere at a staff meeting where they were, with the CEO – I really felt like cringing as they had no idea of our work.'

Fran M. added:

'We were anticipating being involved in the strike and were to work two hours per day. We put in a submission and discussed the proposed strike action with the CEO (named Featherstone) at Hastings, and when we first took the submission to the shire hierarchy they agreed. And we told them we'd be going to a meeting of the union (RANF) where the strike would be declared. We agreed that they would coordinate through the council switchboard any patients' calls coming in -we would respond to those calls during our two hours of work per day. When the meeting happened it was at a Saturday morning MCH conference, and really focused on our

need to be classified as Grade 4 B. Hastings Council was only offering us 3 A which was lower than we had been getting.'

Sue recalls:

'then I went to work at the Tyabb Infant Welfare Centre straight after the conference and I couldn't get in – they had changed the locks!

We usually contacted the new mothers after being informed of their referrals by Frankston hospital. It was awful to go to the centre and not be able to get in – even community centres where play groups were held were locked. So, play groups couldn't happen. The Council, our employers, didn't care. It was just such a shock, I'd never been treated as a nurse anywhere before like this. It was such a shock – you felt like a criminal.'

Where Wilma worked in Cobram in rural Victoria, there was generally little communication between MCH colleagues. She said:

'in those days there were no meetings between MCH nurses. If you worked in rural areas alone, you only saw others when you went to help each other conducting hearing tests!'

But then the strike happened, regional meetings occurred, and some difficulties emerged between the nursing colleagues. Recalls Wilma:

'At my first regional meeting, I was told I shouldn't be going to work when I had an 18-month-old child. Attendees who said this, who regarded themselves as very dedicated nurses, weren't going to go on strike.

One of them rang me after the strike, when it was sorted what back pay we got. She said: "I am getting 8 hours a day back pay so you were stupid weren't you, working for 2 hours per day?" That's the sort of thing people said. The sort of atmosphere.

There was a telephone tree where people would ring you from around the region. In the country we weren't told about strike meetings at the MCG and other big places; there were no emails them, just phones and telephone trees.

There were two nurses in the southern part of the Hume region that we were in –the region which included Seymour, Mansfield, Marysville, the southern part of the Murray - a big area. There was an advisor, Margaret Walsh, for the region, and she disseminated information about the strike which some nurses turned their noses up

at. In all these places in the region I've mentioned – except maybe Shepparton - there was only one nurse. It was a very isolated context for a professional person to be working in. It was hard to go on strike and support yourself.

In Cobram where I worked, we put a notice on the window of the Infant Welfare Centre to say what hours we would be working. The local Council was reasonably supportive. Some parents were a bit cranky.'

Issues at the time, that all former MCH nurses participating in the discussion agreed had been important in their experience of the strike, were the following.

- In the relationships between MCH nurses and other employees and managers in local councils there were tensions because, said one:

  'some of our managers didn't like the fact that we MCH nurses were making more money than them. People doing administrative work would rubbish us for our work and think they should earn more. It wasn't always a gender thing. Social workers and childcare workers thought they should get the same money as us. This hasn't changed. There was a lack of understanding of the value of our job for mothers and families, and of the independence with which we worked'.
- There was variation in the view of Shire Secretaries of what nurses' pay and conditions should be.
- Despite being paid only to work two hours per day during the strike, one member of the discussion group described how:

  'we used to work on 'the line' (phone line) after hours. Voluntarily. It would be after hours, and we would answer calls from families till midnight! Whilst cooking dinner for our own family. I think we were well-treasured on the line. '
- Despite the independence and often the isolation of their work, MCH nurses didn't receive any professional support or mentoring. Leonie remarked that support is now available, but such a thing was not recognized then. Sue commented that in one particular year three babies in her area died of cot death. It was hard to deal with this and there was no support. She said:

  'we would just get a letter from the RCH saying this baby has died, and saying contact the pathologist if there were further questions. I rang him to say losing three babies in a twelve month period is a lot. He was so kind and that was the first real help or debriefing I ever had.'

- Back at work, after the strike, tensions between different individuals and groups took some time to get over. They eased when older people eventually retired. Ronnie noted:

  > ‘there still existed a discrepancy in pay because these older ones had done a short course to qualify and others were paid more because they had done a longer course. The former group were a bit resentful, which was understandable. Some older ones of us (including Fran M., Ronnie) went back and did a post graduate course at this time’.

- One person said:

  > ‘I hope it never happens again. It was extremely draining.’ Others agreed.

- Though Noelene described that:

  > ‘there was a feeling of deflation afterwards, where I was. You’d had a contact with a lot of different people you didn’t know. But also a real sense of joy, of camaraderie – gosh, we did it! When you look back on it, how hard it was to win against the government - they were going to bring in State Enrolled Nurses, and nurses from overseas. It was the strength of the union that brought us together. And Irene Bolger’.

- And Nolene really emphasized that working then as one of only a couple of MCH nurses at the Footscray branch of the Royal District Nursing Service, the major issue underpinning the strike was the importance of nurses’ qualifications allowances:

  > ‘Re our MCH work, we were a bit laid back at the beginning, didn’t think the strike would affect us greatly. Though we supported the other nurses of course and could see that their being reclassified from Grade 3 to Grade 1 would be terrible. But soon, the issue of qualification allowances came up – and we had been graded higher because of our qualifications allowance having gone through RMIT, taking a degree and whatever. That really hit a nerve and I think it made we MCH nurses think a bit more strongly about where we would end up if we didn’t move forward with this particular industrial action. … The classification matter was the crux of the whole thing. MCH nurses as well as regular nurses. We were to be classified down to level 3B and later after the strike this became 4B’.

5 The important role of the MCH Special Interest Group of the RANF (Victorian Branch)

The special Interest Group for MCH nurses in the RANF (Victorian Branch) was always the group that had to be presenting how its nurses actually worked in the real world of local areas and regions and their local government employers, to the broader RANF and the relevant bodies outside the union. This is clear in their records before, during and after the strike. This demonstrated how great an effort was going into negotiating with the Municipal Association of Victoria (MAV), the organization representing local governments, and with individual Councils about MCH pay and classifications. One example of this is recorded in the SIG newsletter of October 1986. (The Newsletters of the Special Interest Group are held in the archives of the University of Melbourne).

In that newsletter's Issues section, there is a discussion of MCH nurses' pay classification, this of course after the June 20, 1986, wage decision of the Industrial Relations Commission and before the big 50-day strike. The discussion is of a meeting held between members of the RANF and its MCH Special Interest Group with Industrial Officers of the Municipal Association of Victoria (MAV) on October 3, 1986. There, the MAV representatives advised that they were unable to recommend to their member Councils that either a 3A or 4A classification for MCH nurses should be implemented by those local Councils. They believed it was up to Councils individually, as employers, to choose what to do.

This statement, said the SIG Newsletter, was in 'direct contradiction' to the MAV's previous position. Further this decision by the MAV would force us 'to present our case individually to each municipality'. Not helpful, clearly. By law, nurses should have been reclassified by local governments by 31 October 1986. The SIG newsletter advised its MCH members to familiarize themselves with the terms of the submission made by them to the Industrial Relations Commission, and to be able to discuss this with their employers.

After the strike was over, the February 1987 SIG Newsletter notes, all but ten local councils in Victoria had decided on the lower 3-level salary classification for MCH nurses. When queried about her lack of involvement in advising local councils about the correct reclassification of MCH nurses, as the SIG saw it, the Minister replied that the matter was between the RANF and the Councils (advised by the MAV). If no decision could be reached between them, the Minister said, then the RANF and SIG officers would have to move to have the matter heard by the Industrial Relations Commission, in a separate determination.

(On this, see the article by Pam Stilling, 'The Recent Industrial Action' from February 1987's SIG newsletter, reproduced in Fig 8 later in this paper).

But back to the SIG's role in the strike itself.

During the strike, the SIG stepped up to actually organize its members and develop their solidarity. It was a great practical help and support to nurses participating in the strike. It was a group that all striking MCH nurses could relate to, even when they worked in fairly isolated settings, for it was made up of like-minded people, from many different areas and local councils. It was a group within the RANF long before the strike, after quarterly Saturday Conferences (and sometimes once a month.) Country nurses got Friday afternoons off to attend. The SIG members produced all the Standards for Work Practices in MCH nursing. During the strike it stepped up, organizing MCH nurses around the State and supporting their participation in the strike.

How did the Special Interest Group devise a strategy and then follow it to organize MCH nurses during the strike, creating the conditions for their participation? Pam Stilling, Secretary of the MCH Special Interest Group at the time, was part of our discussion in late 2024 and explained how things happened:

> 'Judith Dunbar was the leader of the Special Interest Group then. Judith was behind the overall strategy, and I worked along with her to set things up. She was very strong and had had relevant experience. She'd worked for Save the Children in different countries and had been a leader and an organizer and set up refugee camps and those sorts of things. So, she was good on strategy and what we needed to do. But we had our monthly Special Interest Group meetings anyway, through the strike. This was regular.
>
> We may have increased these meetings to weekly at certain points, but the Saturday conferences were something that the Department of Health organised. We met for a set number of hours and we had the meetings at the Royal Women's Hospital – in their auditorium. But the Special Interest Group paid for an extra hour on top, because we had been criticized by certain people in the Department for having our meetings when they were paying for it all – for the Royal Women's Hospital auditorium! So, we paid for that extra hour with Special Interest Group money.

These Saturday conferences that the Department ran were organized as regular professional development sessions, held over many, many years. A big criticism was that people knitted. You country people! We had to stop the knitters, after a while.

Just during the strike we had the extra hour sessions for our Special Interest Group, after the Conference.

At the end of the regular Saturday conferences that were held during the strike, the Regional Advisors all had to get up and leave, before we in the Special Interest Group proceeded with our extra hour meeting, They worked in the Department. So – they worked for the enemy! But they were the ones who were feeding information to us, as well.

So, Judith and I decided to set up a telephone tree. It was at one of those meetings where there were country people and city people together, and we needed one person from each region. I think we only had seven or eight regions then. We just needed a volunteer from each region, and everybody came scurrying up to volunteer. And we said, now you need to do the same in each of your regions (expanding our telephone tree and using it to covey information about the strike)and never have more than six phone calls for any one person to make. ‘

Figures 6 and 7 are examples of the telephone tree sections created for different regions – diagrams of telephone tree sections for all regions in Victoria are held in the University of Melbourne archives.

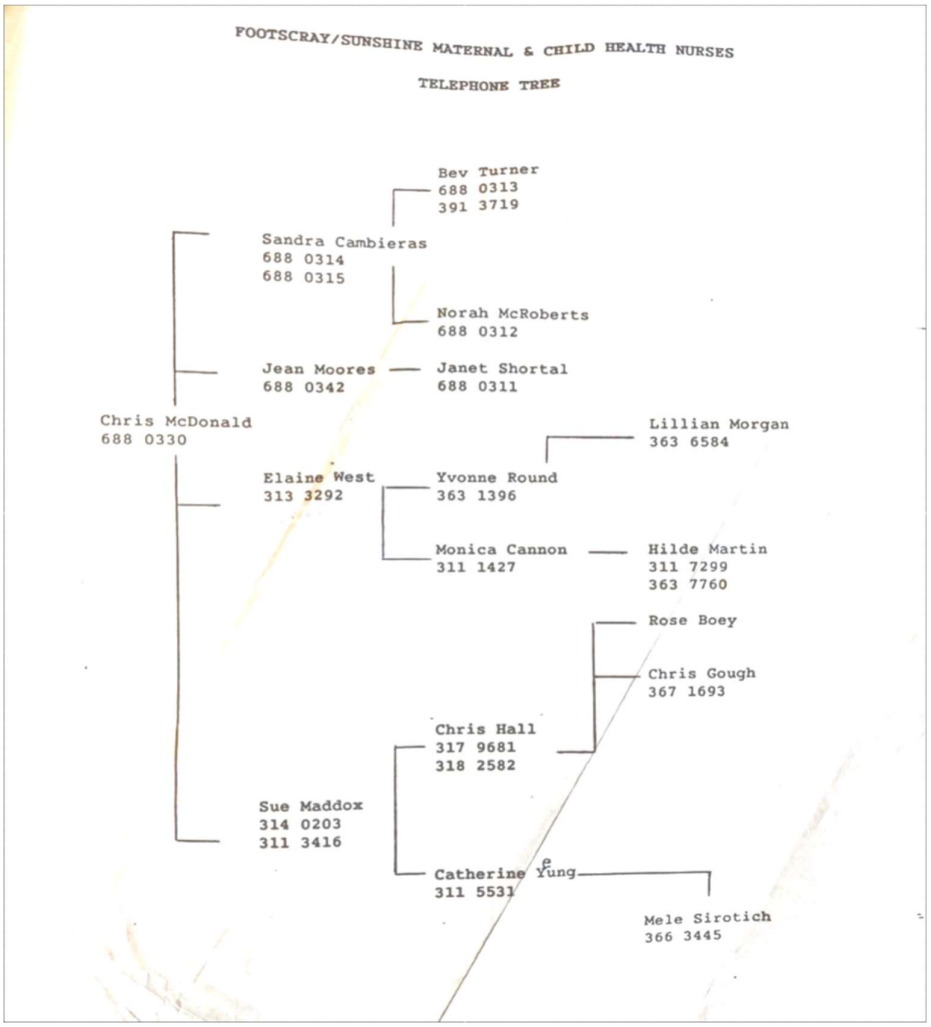


Figure 6. Telephone tree section for Footscray/Sunshine Maternal and Child Health nurses, 1986. Original held in University of Melbourne archives, ANF (Victorian Branch), MCH SIG 1995.0108, Unit 1

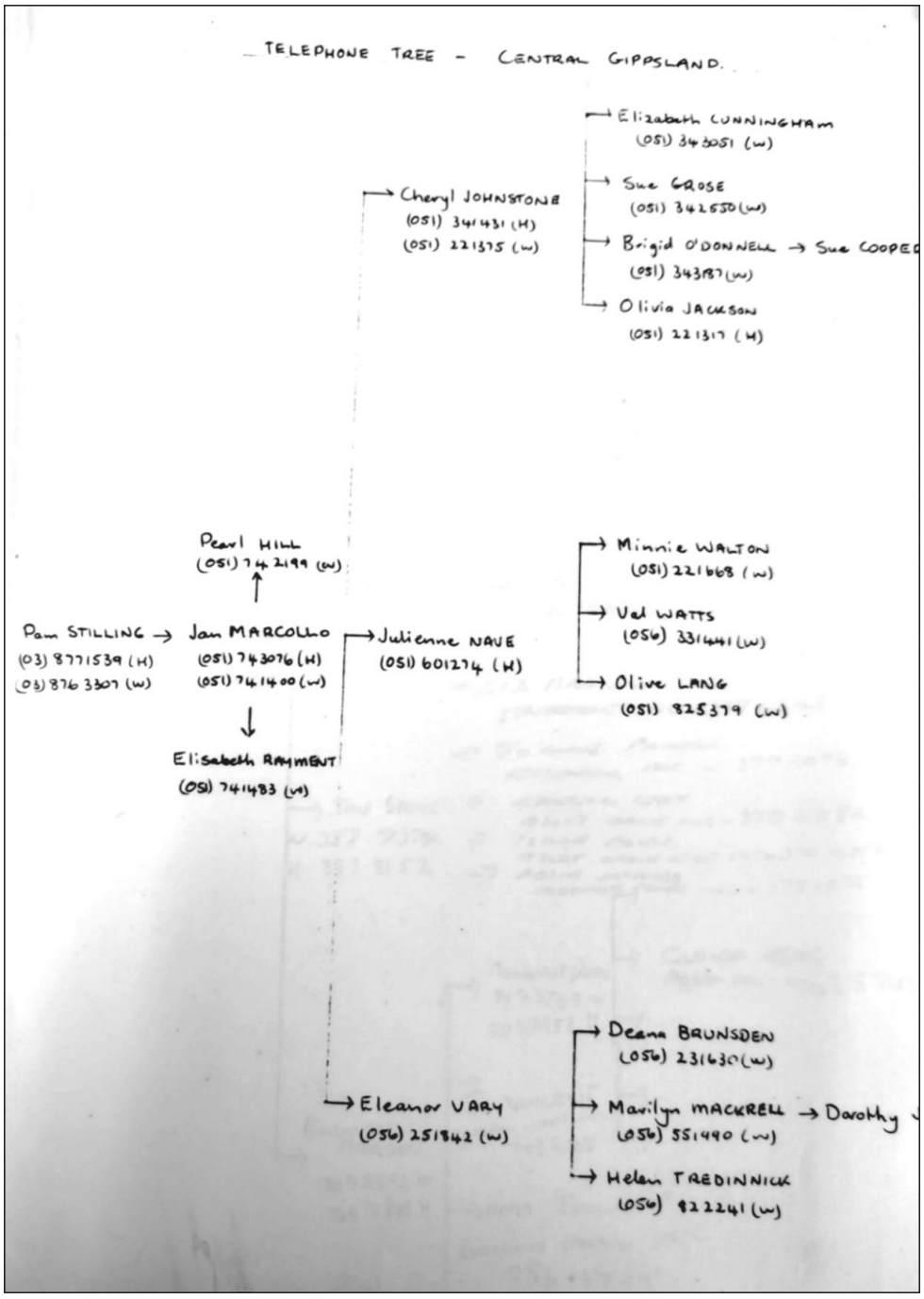


Figure 7. Telephone tree section for Central Gippsland Maternal and Child Health nurses, 1986. Original held in University of Melbourne archives, ANF (Victorian Branch), MCH SIG 1995.0108, Unit 1.

Continued Pam:

> ‘In the bigger regions, there may have been a number of levels in the telephone tree. That could lead to a Chinese whisper, where information was misinterpreted - that was always the problem. If you sent out information, it got changed in the re-telling.
>
> We didn't have mobile phones then. So, there had to be a central phone – and the central phone was my home phone, with my answering machine! I had to have new messages on that all the time. I couldn't even make a conference call. I couldn't talk to seven people at once or to my six or seven contacts or whatever, so I had to leave messages for them on my message bank on my home phone. Each of my contacts would phone in, get the latest and then pass that on down. Down to the next level of the phone tree.
>
> I was at my centre all day every day, just phoning, strike stuff.’

One might wonder, during this strike period when the Special Interest Group was running the telephone tree, whether there were times when it looked like the strategy wasn't working to hold everyone together across all the different regions. Or whether there were some regions far less committed to strike participation by MCH nurses than others? And how support for the Special Interest group was expressed by MCN nurses around Victoria?

Said Pam:

> ‘I didn't feel that [there were groups of nurses not supporting us] at all. I felt there was big trust.’

Fran B. added:

> ‘Yes, I felt like that from the start. We really did trust the Special Interest Group and its Committee.’

Leonie said:

> ‘I think the Special Interest Group really was a powerful committee, because it did keep us all together and keep us on the same page. I was probably one of the few from Frankston who used to go to all the meetings. We probably had a staff of about ten, but they just used to rely on me and ask: “what did they say, what did they say”?

> And it was good for me too, because I was still feeling new in MCH. I said to my colleagues there in Frankston:" you can have the reassurance that this is what the Special Interest Group said. And this is what we're all going to do". And they trusted what I said.'

Fran B. felt: 'We did hold Pam in high regard!'

And Pam replied:

> 'It was good for my career, I have to say, even though I was quite timid earlier. I was afraid to get up in front of a crowd and speak. But you know, not long after this was over, I and Ann Crook (who used to be in Brighton) were both approached by the powers-that-be in the Department of Health - the Directors. It was still a Labor government then. They were looking to see who were the strong people in the field. And it was only because of the strike and all of that stuff that Ann and I were both approached to apply for a job as Chief Advisers.'

Pam continued:

> 'The whole group of MCH nurses in Victoria supported us, the people who came to those special events and meetings. When it was really serious, they were held weekly. People like Ronnie Poskitt, she was there at all of them and that was just lovely to see. And Judith and I of course. We'd sit there during the Department's part of the Saturday conferences. And we'd be sitting there writing our notes for what we were having to say afterwards! So, we missed some of the content of so many of those conferences!
>
> Then, what happened in our one-hour Special Interest Group sessions afterwards was that there was a lot to report back to our MCH nurses about the progress of the general strike for all nurses, and the salary discussions at the time. All the things we'd been making notes about. And the nurses present from around Victoria gave their views too.'

Leonie reflected:

> 'Yes, I remember a lot of nurses being quite vocal at those meetings, sharing experiences, and asking for support and advice. It was a good information-sharing, and getting experience, listening and learning meeting.'

Pam said:

> ‘The meetings were held at the College for Nurses, Nurses’ Memorial Centre, 431 St Kilda Road. Across Victoria, support for us was fairly homogeneous. If there were people not striking, we didn't want to know about it. Nobody was strong-armed to go on strike, right? We spoke to those who were with us. Now that I think about it, even in the Mallee region, distant from Melbourne, there was somebody there. There was a very strong person who was running that telephone tree.’

Pam reflected:

> ’How did I cope with it all? It was all work then, that’s my memory of it. There was nothing but work. So much work it involved. I was so tired.’

Leonie observed:

> ‘I guess you had no supervision or any de-briefing?!’ Everyone in the group laughed– ‘how like nursing this is.’

Were records kept of the discussions and strategies of the Special Interest Group, or was it all hands-on? Pam didn’t really remember.

> ‘I know I used to write a lot of stuff and Judith would read it and edit it. In the end she stopped editing and said let’s just go with it! When the SIG meetings were monthly we had a written progress report that I typed each time. I think I must have blocked out what happened after that – it was all too much.’

And then when the Industrial Relations Commission in Victoria handed down its finding, ending the nurses’ strike, Maternal and Child Health nurses were not specifically included in that finding.

Said Pam:

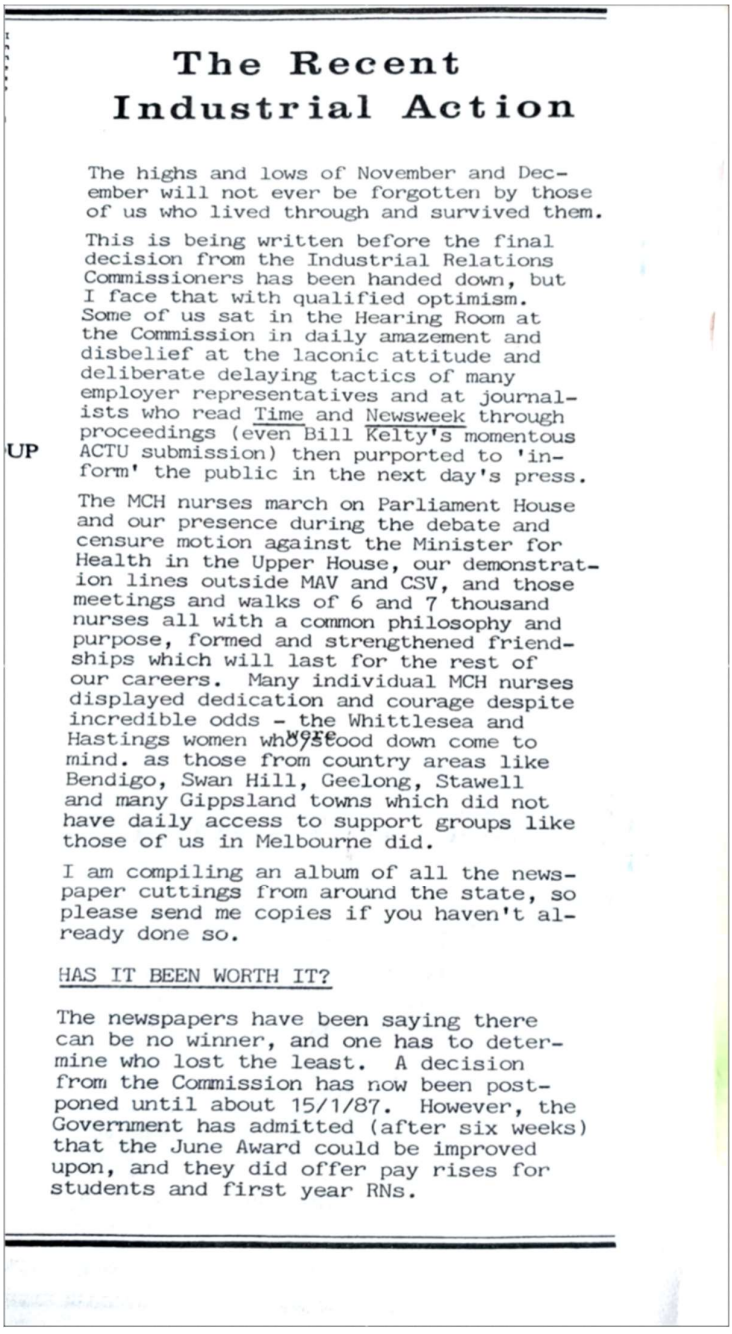
> ‘We had been participating in the strike and going to the RANF meetings as well as those after the quarterly Saturday conferences. We were hoping we were part of it. But in the end, they left us out. I don’t’ think it was that we were funded otherwise, by local government. I think they just thought we shouldn’t be anything special – we should just be the same as all the other nurses’.

There would have to be a separate case put to the Industrial Relations Commission by and for MCH nurses, if their qualifications and the nature of their work were to be recognized in their wages.

Most Special Interest Group meetings were held at the Nurses Memorial Centre, 431 St Kilda Rd, Melbourne. The College of Nursing Hall at this address decades earlier was a disco venue. An irony not lost on those of us at least my age who danced there in our teens and a source of much humour in strike times.

6 After the strike

As already noted, after the strike was over, all but ten local councils in Victoria had decided to classify MCH nurses at the lower, 3- level that was available to them through the earlier Industrial Relations Commission ruling. The Special Interest Group officers would have to move to have the matter of MCH nurses' classification heard by the Industrial Relations Commission separately, if MCH nurses' wages were to reflect their qualifications and responsibilities. An article by Pam Stilling in the February 1987 SIG Newsletter, entitled "The Recent Industrial Action", describes the situation.



The Recent Industrial Action

The highs and lows of November and December will not ever be forgotten by those of us who lived through and survived them.

This is being written before the final decision from the Industrial Relations Commissioners has been handed down, but I face that with qualified optimism. Some of us sat in the Hearing Room at the Commission in daily amazement and disbelief at the laconic attitude and deliberate delaying tactics of many employer representatives and at journalists who read Time and Newsweek through proceedings (even Bill Kelty's momentous ACTU submission) then purported to 'inform' the public in the next day's press.

UP

The MCH nurses march on Parliament House and our presence during the debate and censure motion against the Minister for Health in the Upper House, our demonstration lines outside MAV and CSV, and those meetings and walks of 6 and 7 thousand nurses all with a common philosophy and purpose, formed and strengthened friendships which will last for the rest of our careers. Many individual MCH nurses displayed dedication and courage despite incredible odds - the Whittlesea and Hastings women who stood down come to mind. as those from country areas like Bendigo, Swan Hill, Geelong, Stawell and many Gippsland towns which did not have daily access to support groups like those of us in Melbourne did.

I am compiling an album of all the newspaper cuttings from around the state, so please send me copies if you haven't already done so.

HAS IT BEEN WORTH IT?

The newspapers have been saying there can be no winner, and one has to determine who lost the least. A decision from the Commission has now been postponed until about 15/1/87. However, the Government has admitted (after six weeks) that the June Award could be improved upon, and they did offer pay rises for students and first year RNs.

Figure 8. 'The Recent Industrial Action', by Pam Stilling. 2 pages. In MCH Special Interest Group Newsletter, February 1987. Held in University of Melbourne archives.

The Government insists, however, that MCH nurses and Nurse Educators whose qualifications are pre-requisites for registration as such, should not receive qualification allowances above their base salary. The RANF argues that in the old pre-June Award, MCH nurses received a base rate of Charge Nurse rate with increments above that for Certificates or Diploma/Degrees. Any base rate below that of Charge Nurse (or Grade 4) would be demoting MCH nurses.

The Commissioners spent a lot of time asking questions about MCH nursing. The MAV said they would abide by whatever decision the Commissioners made. So, we await that decision.

GRADUAL MOVE TO 4A SALARIES

It should be pointed out, however, that it is unlikely that there would be any dramatic move to 4A salaries overnight. Part of the compromise tentatively agreed between RANF and ACTU means that we would all move to Grade 4 1st year, and the Grade 4 4th year position would not be reached for another four years.

Grade 4 1st year salary is that set for Grade 3C in the June Award, i.e. $547.30. Of course, this may not be agreed by the Commissioners.

BATTLE NOT YET OVER

The latest Job Rep's circular from RANF (5/1/87) contains the following:-

'The battle, of course, is not over yet. We have taken a tactical move: to step back, allow the Commission to hear our side of the case then hand down a decision.

The Commission has been forewarned in the resolution passed by the meeting of members on 19th December 1986. Unless its decision acknowledges the merit in the RANF/ACTU agreed package which contains considerable concessions by RANF, industrial action will be exacerbated.'

Phone regularly the RANF hotline:- 534 0007, for news about the industrial situation. I am going on holidays soon, so my answerphone will be out of action.

There will be a Job Reps. meeting at 25 Alma Road at 5pm on 22/1/87 and a mass stop-work meeting at 2pm on 27/1/87 at the Sports and Entertainment Centre.

THE FUTURE

There may even be a new Award before this newsletter is circulated which will make this article out-of-date. But, I do wish to compliment and thank Irene Bolger for her strong and determined leadership over the past months. Anyone who talked to her before or during that period knows that improving the lot of nurses has been her raison d'etre through it all. She is an inspired leader who, if daunted by personal garbage hurled at her, did not draw back from the struggle. She said time and again that we were her strength, but she has also been ours.

Whatever the outcome, nursing will never be the same again. As a professional body, we will be listened to in future, no longer patronized or taken for granted. The Maternal and Child Health Service will not again be looked on as a 'Ladies Auxiliary'. Municipal councils, the public and our nurse colleagues are now well aware that we are highly qualified professional nurses.

It will take a while to settle down, but, yes, it has been worth it.

Thank you all for your effort.

Pam Stilling,
Secretary.

How did the Special Interest Group of the RANF come to make a separate case to the Industrial Relations Commission; how did they get the evidence together to allow a successful submission to be made? Here's how Pam Stilling described what happened.

> 'We didn't get a look in at the Industrial Relations Commission in that year [1986] – we were pretty furious as we had been striking as well, most of us. So there had to be a separate case.
>
> The RANF was pretty good about it – the legals there. They said OK we'll run a separate case for you. We were all back at work by 1987, they certainly stood by us. The legals kept saying we have to have a precedent. We would say no, we're marvellous. You know, we've done this. We're high up on the nursing ladder. The legals said we had to prove it. How can we know this?
>
> I had to do some investigation. And we had enemies. Number one being the MAV, the Municipal Association of Victoria. And the other was the Department of Health, we thought. But it was actually a Labor government still in, keep in mind. There were helpful things happening, but not widely acknowledged, through one of the nursing advisors in the Department of Health (whatever its name was then – maybe Department of Health and Community Services).
>
> But I knew that there had been a historic precedent where Maternal and Child Health Nurses or Infant Welfare Nurses were classed at level 5, which was higher than an award nurse. It was a charge nurse level of award. In the administration of nursing there was a hierarchy and that's how the salaries were organized. And I had some friends who were nursing advisors at the time, and one of them said: "the person who would know that is Margaret Craig. Margaret Craig has been Chief Infant Welfare Nurse in the Department." Margaret had long retired by the time I heard this, but somebody found a phone number for her, and I talked to her and she said: "Yes, it was when we nurses put a lot of money in to employ a barrister. It was a voluntary thing. It wasn't through the RANF at the time, but the nurses hired this barrister."
>
> Anyway, Margaret said: "Yes, there was a case. And the RANF will have it because it went to whatever the preceding organization was to the Industrial Relations Commission. Yes, it was all there and it's in purple type." So, I had to get onto the RANF legals there.

And there was one man there, an Industrial Officer at the RANF, he was very, very helpful and really ran our case. John Kotsifas. A goodman. He saw us all the way through.

But you know, I just told the RANF legal people all this. And I think Irene Bolger was still there at that time, in 1987. They all got to work and they searched for this purple document. And found it! And then we were preparing the court case. I was too scared to be a witness - just mortified at the very idea. I knew I wouldn't be able to do anything. But Reay Presser could, you know her!

We hoodwinked Reay - got her in and said: “you need to be the Maternal and Child Health Nurse who is going to tell these three judges about our work.” I think there were three. It all looked pretty flash. And she had to tell them of the type of work that she had done. And I can remember, she especially talked about a baby, and she'd identified some very serious eye problem in this child. Not a normal problem, something serious and uncommon. So, she talked and showed what she could do. She's got the gift of the gab! I didn't develop that gift for about 20 years! And the lawyers presented the purple document in which the barrister hired by the nurses had said we were ranked at level 5, because of this work we did. And because there was this precedent, the Judges said there’s prima facie evidence to support this ranking being the case now.

So, the hearing went on for a number of days and Ray did actually have to get up and do the talking. It didn't seem to worry her a scrap! We did also subpoena several people. One was Gwynne Bynion. She was a regular at all of those Special Interest Group meetings. She was working in Pakenham at the time.

So, Gwynne got into a lot of trouble having to leave work and come into the court, day after day. But we had to have a presence in the audience. And that was me and Judith and Gwynne, and Reay for the time she was there, but usually it was just the three of us sitting in there. It went on for three or four days and I had been subpoenaed, so I told my Ringwood bosses. “No, I have to go. I can't get out of it”.

The big thing was the precedent – finding that report in purple type. And, well, it was amazing to me that the nurses had actually employed a barrister, on their own with our money. So, I don't know what the occasion was before, why they needed to. Why they needed to establish that we were at that level of classification and salary.

> The precedent was that Infant Welfare Nurses were classified at level 5 in the then 6-part hierarchy. This Level 5 position was above charge nurses. After the successful running of our case in the Industrial Relations Commission, the new level awarded to MCH nurses was 4B, which equated to the level 5 classification they had held previously, before the events of 1986. MCH nurses' salaries were now back in the same slot of the nursing classification hierarchy.
>
> It was Margaret Craig providing the story of the purple document, so it would have been a roneoed document, hence purple, that is the crux of the whole thing. At the time of Irene Bolger being involved with the Commission and going for the general nurses' salaries, they had no knowledge of that particular document. It was only because I happened to speak to Margaret Craig and she mentioned it. And then John Kotsifas took it up within the RANF legal team. Jan O'Connell (at Tweddle not so long ago), who was in Hobson's Bay as a nurse, her then-husband was a public servant and had done some work with Industrial Relations. He was the one who said to her: "tell Pam she needs a precedent." That's when I started chasing it down.

The RANF newspaper,' Nurses Action', reported the Industrial Relations Commission's judgment of June 18, 1987, in favour of the MCH nurses, in a glorious full-page statement in its June 1987 issue. See Figure 9. (0riginal document in archives, in accession ANF (Vic Branch), MCH SIG, Box 1995.0108 Unit 1).

Salary Justice at Last for ALL Maternal and Child Health Nurses.

Members would be aware that appropriate salaries and qualifications allowances for maternal and child health nurses (MCH) formed one of a number of reserved matters Following the Industrial Relations Commission's January 23 decision.

RANF's case on behalf of MCH members ran from April 29 - 30. The employer's reply to RANF's case ran from May 6 - June 3, 1987. In all, RANF's case took two full days of submissions, whilst the employers case took four days in reply.

On June 18, 1987, the Commission handed down its decision which can only be described as a great victory for all MCH nurses in the state of Victoria.

In short, the Commission accepted the RANF's submissions in full and awarded a grade 4B salary plus qualification allowances for all MCH nurses. The appropriate date for this decision is January 23, 1987. The following is a brief summary of RANF's case and comments made by the Commission during the course of proceedings:-

-The Commission accepted the relationship shown by RANF between the salaries of MCH nurses and those of charge nurses.

-The Commission accepted that MCH nurses had since 1944 been paid salaries which exceeded that of the top charge nurse salary.

-The Commission accepted RANF's submissions tthat qualification allowances be treated separately from salary.

-The Commission accepted RANF's submissions that the new award should reflect only one grade for all MCH

Details of New Salaries and Allowances *

Old Grade	Old Quals	Old Total Salary
3B yr1 $516.60 yr2 $532.00	NIL	$516.60 $532.00
4A yr1 $578.00 yr2 $596.40	NIL	$578.00 $596.40

Old Grade	New Grade	New Quals		New Total Salary		Total Increase per week	
		DipDeg	In-service	Dip/Deg	In-service	Dip/Deg	In-service
3B yr 1 $516.60 yr 2 $532.00	4B yr1 $578.00 yr2 $596.40	$41.50 $41.50	$23.80 $23.80	$619.50 $637.90	$601.80 $620.20	$102.90 $105.90	$85.20 $88.20
4A yr 1 $578.00 yr 2 $596.40	4B yr1 $578.00 yr2 $596.40	$41.50 $41.50	$23.80 $23.80	$619.50 $637.90	$601.80 $620.20	$41.50 $41.50	$23.80 $23.80

***The above details do not include the recent $10.00 per week National Wage Case increase which became operative from the first pay period on or after March 10, 1987.**

1. The above details are operative from January 23, 1987.
2. Both salaries and qualification allowances have to be back-paid to 23-1-87.
3. MCH nurses in their first year of experience are classified as Grade 4B yr 1, and those in their second and subsequent years are classified at Grade 4 yr 2.
4. The above qualification allowances include midwifery and the MCH qualification.
5. The new qualification allowances as of March 10, 1987 are as follows - $42.60 for diploma and degree holders and 24.40 for in-service certificate holders.
6. The new Grade 4B rates as of March 10, 1987 are as follows - 4B yr 1 $588.00
   yr 2 $606.40

All members should ensure that they request full details of their back-pay from their employers.

Figure 9.RANF's announcement of a successful outcome for MCH nurses in the Industrial Relations Commission. 0riginal document in University of Melbourne archives, in accession ANF (Vic Branch), MCH SIG, Box 1995.0108 Unit 1.

The Chairman's Annual Report for the Special Interest Group's AGM on May 1, 1987, is a significant document.

The stress felt by the leaders of the SIG during the year of the big strike and their efforts subsequently to ensure MCH nurses' specific classification in the new wage regimes are very clear in this Annual Report. Two pages from the full report are photographed from SIG Newsletter No. 108, July 1987, and presented below as Figure 10.

Said Pam:

> 'Judith Dunbar wrote this Report – she was Chair of the Special Interest Group for MCH nurses in the RANF and worked at the City of Melbourne as a MCH nurse. (I was SIG Secretary- my own work was in the City of Ringwood, later joined with Croydon to become Maroondah in the local government amalgamations). This was an important report. But Judith was very disappointed that whoever printed it had printed it so small that it is hard to read. It was almost illegible and it just broke her heart because she put a hell of a lot into it. It was the annual report of the Special Interest Group of the RANF Victoria, just prior to the change of committee. After that, she and I had had enough. It was a year of really hard work, that's my memory of it'.

Figure10. 2 pages below. MCH SIG Chairman's Report to AGM, May 1, 1987, in SIG Newsletter No. 108, July 1987, held in the University of Melbourne archives.

Chairman's Report - A.G.M. 1.5.87

This time last year when I took on the position of chairman, I mentioned in my address some of the issues I thought we would have to confront throughout the year.

They were:

Nurses work loads - how they are assessed and our involvement in that assessment process - not having those new workloads imposed upon us.

Council amalgamations - effect on our position.

Work value case and government's rejection of the RANF submission, the possibility of future industrial action - and our professional stand.

Well, the year held much more for us all and in this chairman's report I will attempt to outline the major activities and achievements of the SIG over the year.

- Improving communication and having input into policy decision making level with CSV was a major objective. We believe that objective has been achieved as we now regularly meet with the Program Director of the Family Health and Support Branch, Marion Powell and the Acting Chief Infant Welfare Advisor.

  Regular meetings have been established with the Minister for CSV, Caroline Hogg, and during the year we have raised a number of issues with her. SIG thanks the officers from the department for their involvement in these discussions and we trust they will continue regularly.

- A major issue was the need for extra funding for the service, to ease the workload of many overworked nurses. We were early in our congratulations to the Minister when we heard about the extra 280 sessions or $200,000 that was gained for the service from the last budget, and we are pleased to know that workloads for many have eased.

- We were also early in our condemnstion and criticism of the 29th August "fair share formula" letter sent by Marion Powell to all councils. Through intense negotiation with the department we were assured that the formula was not likely to be implemented immediately and was in fact, only the first stage in a consultative process. Whether this was shock tactics or pure mistake by the department it had to desired effect - of forcing everyone concerned with the service to look at the issue of rationalization.

  SIG continues to be involved with CSV and MAV in looking at a formula for future allocation of subsidy. I think that formula is still some way off.

- SIG conducted its own working party on nurses workloads and for several months we met often and worked hard on that issue - I would like to thank the seven members of that working party for their effort.

- SIG also conducted an extraordinary meeting last June - where Lois McPherson and Jill Condie presented papers to almost 100 members on nurses case loads. Our thanks to those two advisors for that effort and to the participants.

A submittion has been prepared for the Fay Miles *"Study of Professional Issues in Nursing"* committee. Thanks to Marg Stewart, Glenice Lasko and their co-workers.

A submission to the *Family Planning Review*. Thanks to Jan O'Connell and her co-workers.

A submission to the *"Coordination of CSV at a Regional Level"* discussion paper. Thanks to Jane Toohey, Paula Walsh, et al.

Joan Wan and Gwen Radcliff have an ongoing commitment to the *"Early Discharge" working party*. Thanks for the tremendous involvement on that working party.

Miralde Bartlett represents us on *SCIPP*. Thanks.

Anne Hegarty represents us on the *"Student Placement"* working party. Thanks.

Marianne McKay and her committee are preparing a presentation of the role of the MCH nurse for a dinner meeting with the Peadiatric Association of Victoria within the next two months. Our thanks.

I would like to thank Corinne Ball and her co-workers for all the effort they put into Audrey Grant's election to RANF council. It is pleasing to know that we have a MCH SIG member on RANF council and we thank Audrey for that effort.

I would also like to thank Corinne for assisting me with things like picking up keys and electoral rolls, etc., we have asked her to do a lot over the year.

- RANF are reviewing the whole status of SIGs. They have acknowledged at a recent special meeting that SIGs are RANF, and they are willing to back us every inch. They have offered to provide SIGs with secretarial services. A person specially appointed to SIGs can be contacted by any member for information. A committee established from that meeting will be reviewing terms of reference of SIGs, and this time next year the whole area of SIG's will be tidied up and clarified.

- The major issue for the year has been the nurses action.

  In the Registered Nurses Award of 20th June 1986, Maternal and Child health nurses were graded 3B and 4A.

The definition of a Grade 4 nurse was to: "function as an independent practitioner in a complex community setting with special and distinctive features". RANF's advice to us was that all MCH nurses be Grade 4, because the Industrial Relations Commission had found against MAV at the work value case, and because the complexity of the MCH role justified Grade 4 status.

SIG prepared a submission justifying our grade at 4A. My thanks to all those people on the executive, general committee and standing committees for their help in that submission preparation. We've had a great deal of praise for the high quality of that submission.

The action for the nursing profession in general has had many valuable gains - a better career structure, an acknowledgement of the professional value, significant increases in pay.

For this MCH nursing profession I believe the decision to strike was more difficult than for hospital nurses. Because of our sole practitioner role, our closeness - both physically and emotionally to families; the expectation of clients of our continual availability, and for many, their difficulty in understanding our position in the nurses strike; our isolation - from other nurses and our employers; the difficulties in keeping the enthusiasm going in that isolation - for us, without the rallying spirit of colleagues all around as the hospital nurses had; for MCH nurses it was a far harder strike in every respect:

- to stay out?
- how long could each nurse hold out?
- the guilt of staying out.
- and for some, the guilt of returning early.

The personal dilema, the person trauma and stress. We knew what it was meaning to people - but only you personally know the dimensions of how it effected your life. Only you know what were your personal costs - and you have to live with that. I know to all, the greatest blessing was the decision to return to work on the 19th December. The strike caused enormous problems for MCH nurses with clients, with collesgues, with employers.

As a result more people know we exist. Our councils are far more aware of us, because of the fact that we took industrial action and because of the significant increase in our wages, the "uncomfortable problem" we became. The result is councils are looking much more closely at our service and how we perform it - and we need to be mindful of that.

The 23rd January was a day of tremendous disappointment for us - to learn that the MCH nurses decision of the award handed down on the day was reserved. I think I can safely say that even though you've had no pay increase as a result of the 23rd January decision, it has been a blessing in disguise.

I think it is safe to say that MCH nursing was not well understood by the RANF, particularly with the enormous staff changes that had occurred within the RANF Vic. Branch. In the massive bulk of nursing information before the Commission, MCH received low profile and little time. I think it is also true to say that the Commissioners did not understand our profession or where we fitted in the nursing scale.

Between January and this week, RANF had time to look closely at this profession, and I can assure you that the case presented this week has been nothing less than magnificent. This is the Exhibit that has been presented by John Kotsifis to the Industrial Relations Commission over the past two days.

The President of the Commission said yesterday afternoon, and I quote:

"We compliment you Mr. Kotsifis on the preparation of the exhibit. Rarely are we blessed with such comprehensive material."

John assured me that the quality of the Exhibit was so excellent due to the large amount of information supplied by the SIG. And for that I would like to thank you all. You sent us copies of letters from your employers, local newspaper reports, correspondence from the MAV, your letters in relation to your classification.

Special thanks to Anne Cazalet, Jan Kennedy, Gwynne Bynion, Muriel Baird, Katherine O'Connell, Jenny Meagan for the

- No distinction between holders of Inserve Certificate from those with a diploma or degree.

- Retains the relationship between MCH nurses and charge nurses which has existed in the award since 1944.

- That the qualification allowance of $11.90 representing inservice certificate and $29.60 diploma/degree, apply.

A decision may be handed down in approximately four weeks at the completion of all the reserved matters.

I would like to convey to John Kotsifis the SIG's sincere congratulations and thanks on the preparation and presentation of a most impressive MCH case.

I would like very briefly to give Committee Reports before proceeding to the election of Office Bearers.

TAS Committee - Marian has already given a report. All I'll say is that after negotiation between RANF and CSV, CSV has agreed to fund for professional indemnity insurance for the TAS Service. I would like to thank Marion, Muriel, Ros and Corrine for their effort throughout the major changes experience by TAS this year.

Newsletter Committee - I'm sure all members are happy with the changed format Newsletter. The inclusion of important correspondence will continue. I'd like to thank Rosemary McCormack and Chris Barklamb, and Chris Doyle earlier in the year.

Inservice Committee - Have contin to advise Barbara Potts throughout the year regarding inservice programs, and we thank Sheena and her large committee for their input.

Education Committee - We'd particularly like to thank Mary Stewart and her committee for upgrading and improving the Nicholas Scholarship Application Form this year. An extra special thanks to Marg for her involvement with the Fay Miles submission. We wish Marg all the best for her current hospitalization, and hope she'll by out soon and much improved.

Economic Committee - Like members of all other committees, economic committee members were called often to be involved in ongoing SIG matters. They were involved in industrial issues and the preparation of the industrial package. Thanks to all members on that committee. A very special thanks to the Co-ordinator, Jan Kennedy, who has been an important advisor, mentor and encourager. Jan, we could always rely on you for sound advice - Pam and I wish to thank you.

Florence Nightingale Committee - Our thanks to Pat Love who has kept us informed as to what has been happening on the Florence Nightingale Committee.

Social Committee - The Quiz night was a huge success, raising $900. Tonight looks as though it is going to be another great evening. Judy, Carmel, Megan and Margaret - our thanks.

At the last committee meeting several changes in committees were endorsed. Pam and I realized, after an exhausting year that more of the work of the SIG needs to be shared. We believe it's important more people participate in SIG activities and decisions, to pursue areas of interest and to develop expertise, so we suggested the following changes:

Through the second half of 1987, through 1988 and beyond, the issue of how local Councils would respond to the ruling of the Industrial Relations Commission in support of higher MCH nurses' wages continued to engage the RANF and to dominate the work of its Special Interest Group for MCH nurses. This is clear in the archived files of the SIG from that time and in its regular newsletter to members. There we see the following.

- The Special Interest Group was giving advice to MCH nurses about what to do when their local government employers started responding to the successful Industrial Relations Commission ruling of June 18, 1987, noting that several Councils had already said they would fight a ruling in favour of MCH nurses should it occur. Indeed, the SIG described how, during the Industrial Relations Commission's hearing, "MAV have been put on notice by the Commission to explain why 98% of MCH nurses were graded at 3B, and why so many Councils adopted the lower grading" (SIG Newsletter No. 108, July 1987, Issues section).
- Letters from the MAV to the CEOs of local Councils throughout Victoria were advising those CEOs to employ Mothercraft Nurses instead of MCH nurses, and to adjust the job specifications of the MCH roles so that Mothercraft Nurses (TAFE-trained and therefore earning lower salaries than MCH nurses) could be hired instead. (SIG Newsletter No. 10, January 1988).
- Reports of the situations at particular local Councils: in Croydon, MCH nurses on annual leave were to be replaced by Mothercraft nurses, prompting a stand-off in that Council's workforce with no MCH nurses taking leave at present; in Lilydale, Mothercraft nurses were being employed under supervision (with the Victorian Council for Nursing monitoring the situation); in Waverley one centre had reduced its MCH sessions from 10 to 6 weekly. John Kotsifas, Industrial Relations Officer in the RANF advised that a review would be necessary to address these issues (SIG Newsletter No. 111, March 1988).
- Copies of many letters written to newspapers like 'The Age', in which local residents declare their support for MCH nurses to continue staffing their roles in local governments, at their proper level 4b salaries, to ensure a high quality service (SIG Newsletter, No. 112, May 1988).
- On May 27, 1988, the Minister for Community Services, Mr Race Matthews, announced that the proposed review of MCH nurses' work and salaries in local governments, to be led by the Department of Community Services and the MAV, was cancelled. This followed widespread media criticism of the review, with fears being

expressed that it could lead to reductions in MCH services (for example, the article in 'The Sun' newspaper, page 36, 13 April 1988). Instead, the Minister announced, $1 million was to be provided across local Councils to cover the cost of relieving staff. Local Councils were asked to do their own reviews of their own situations. Irene Bolger on behalf of the RANF condemned this decision by the Victorian Government, followed by John Kotsifas's statement that the RANF would take up the fight to the MAV and some local Councils on behalf of MCH nurses and advising union members not to participate in local reviews without notifying the RANF (SIG Newsletters No. 113 ,July 1988 and No. 114, September 1988).

- The new SIG Executive began setting up a planning group to identify what a local MCH service should be, in light of the Government's cancellation of the review. Workshops on negotiating skills were to be offered to MCH nurses. In the meantime, newspaper reports were appearing more and more of parents expressing their concerns that local Councils might reduce MCH services (SIG Newsletter No. 114, September 1988, Verbatim section).
- A lengthy draft document from the municipality of Hastings, its Maternal and Child Health Review of August 1992, whose purpose was "to see if services are meeting community needs and are cost-efficient", reported that its review had included much input from local MCH nurses and a questionnaire to users of its services. It recommended that all its eight centres remain open, that Council reintroduce funding to replace MCH nurses on leave (which had been withdrawn), and that new centres should be opened in the municipality. (See copy of draft Hastings Review held in the University of Melbourne archives, accession: ANF Victorian Branch, 2006. 0027, Unit 10).

7 Conclusion

The 1986 nurses' strike in Victoria was a landmark in the industrial relations of the State. It has been rightly lauded in subsequent analyses.

As this paper suggests, however, the perspective and circumstances of Maternal and Child Health nurses who participated in the strike from their workplaces in the municipalities of Victoria add a good deal to our understanding of this important event. What we learn from MCH nurses' comments about how they experienced the strike is that it mattered where you worked, that some municipalities were far less supportive of MCH nurses than others and far less knowledgeable about the work performed by the MCH nurses in their employ. What we also learn from their comments (and from archival evidence) is how mighty, how steadfast and how clever was the work done by the Special Interest Group for MCH nurses in the RANF, during and after the strike, as they supported their members from all over Victoria and sought (successfully) to ensure their work and wages were appropriately classified.

Hospitals were not the only places that nurses worked, and joined the strike from, in the 1986 industrial action in Victoria. Those who have contributed to this paper hope that their remarks about MCH nurses participating in the strike, from their local Council workplaces all over Victoria, make clear how valuable and highly skilled their work was (and is, to this day) in local communities and how it needs to be recognized as an integral part of the nursing profession.

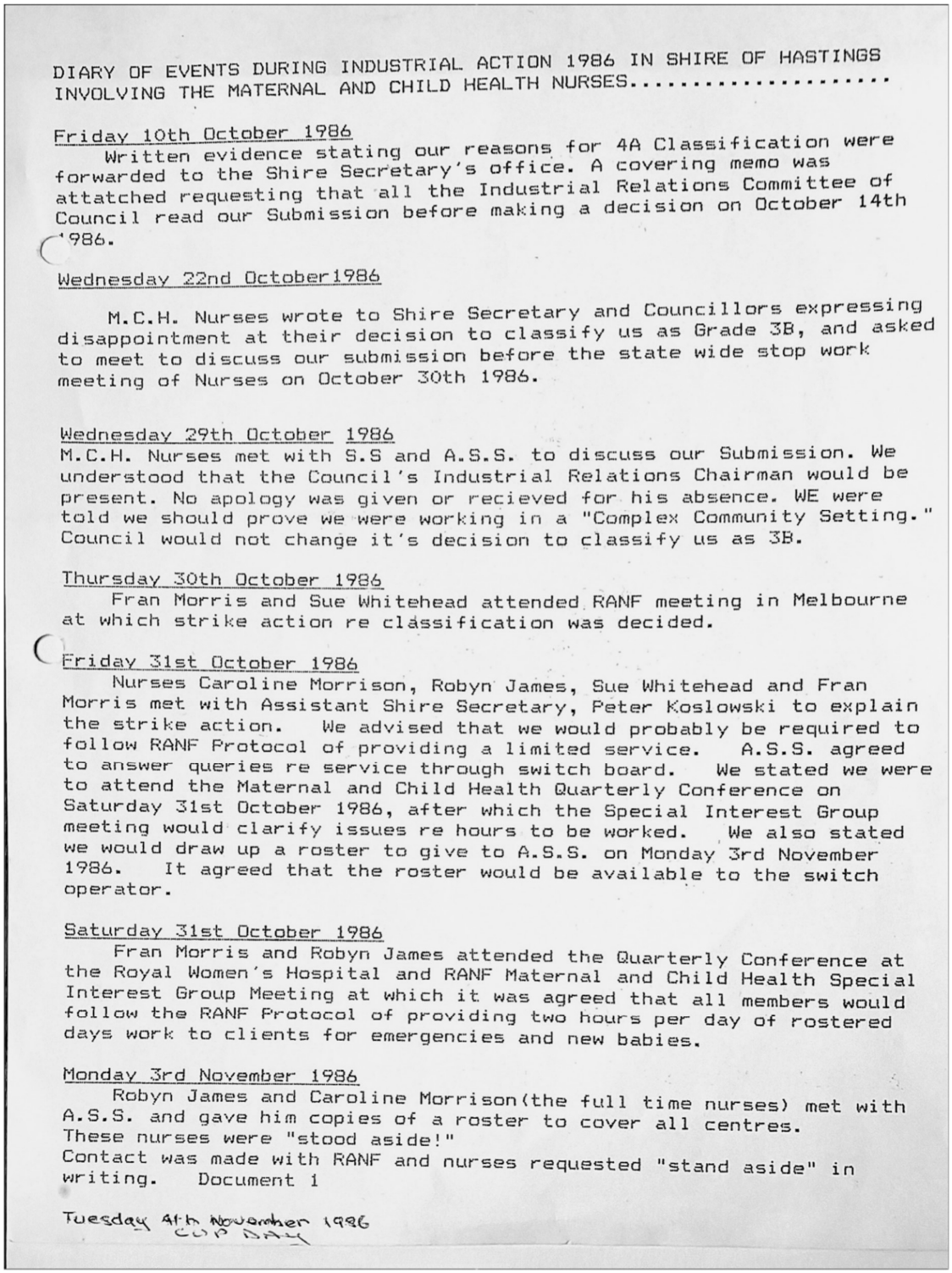
The strike has had a long-term impact. Leonie's assessment of this impact makes a fitting conclusion for this paper. She says in written comments that the impact of the six weeks of strike and industrial action in 1986 has meant the following for MCH nursing in Victoria:

1. Resilience– as a profession and personally.
2. Professional standards– the importance of maintaining and improving professional standards, being professionally accountable for our role and ensuring patient care and safety was being maintained.
3. The importance of bargaining and negotiating– documentation of meetings, record keeping of actions, historical record keeping, presenting factual information, recognising that some people have different values and behaviours that are not always honest and truthful, e.g. what managers/politicians say and do, what is reported in the media and outcomes that occur.

4. The tools, skills and confidence have been valuable when negotiating Enterprise Bargaining Agreements that occur every 3-4 years, within Local Government and often with limited ANMF support.
   When nurses start working for local governments, as MCH Nurses, they often have little or no experience of understanding EBA negotiations and the importance of maintaining their entitlements, standards of care and ensuring a quality MCH service is maintained.
5. Funding. In the years that followed, especially in the 1990's, our funding for MCH changed, which resulted in changed workloads, working conditions and different relationships with managers. The MCH service was now deemed "expensive", our wages had increased, the infrastructure of the service was needing upgrades and that was "expensive and challenging" in the local government environment.
6. Long term it has assisted in giving many nurses the skills to successfully and professionally negotiate the Enterprise Bargaining Agreements that now occur, given nurses a respected professional voice, led to recognised tertiary qualifications and assisted in maintaining strong national nursing organisations within Victoria and Australia.
7. Locally within Victoria, it has assisted in giving the MCH service and role of the MCH nurses increased recognition of the importance of their work, the importance of the need to have experience in many areas of nursing, especially general, midwifery and family and child health, e.g. the Safe Patient Care Amendment Bill passed by the Victorian Government, on 10 November 2020, that requires all registered MCH nurses working in Victoria to be suitably qualified in the three areas of nursing.

8 Appendix: Shire of Hastings Industrial Action Diary, 1986 (Fran Morris)

Source: Diary of Fran Morris from her personal files.



DIARY OF EVENTS DURING INDUSTRIAL ACTION 1986 IN SHIRE OF HASTINGS INVOLVING THE MATERNAL AND CHILD HEALTH NURSES.....

Friday 10th October 1986

Written evidence stating our reasons for 4A Classification were forwarded to the Shire Secretary's office. A covering memo was attatched requesting that all the Industrial Relations Committee of Council read our Submission before making a decision on October 14th 1986.

Wednesday 22nd October1986

M.C.H. Nurses wrote to Shire Secretary and Councillors expressing disappointment at their decision to classify us as Grade 3B, and asked to meet to discuss our submission before the state wide stop work meeting of Nurses on October 30th 1986.

Wednesday 29th October 1986

M.C.H. Nurses met with S.S and A.S.S. to discuss our Submission. We understood that the Council's Industrial Relations Chairman would be present. No apology was given or recieved for his absence. WE were told we should prove we were working in a "Complex Community Setting." Council would not change it's decision to classify us as 3B.

Thursday 30th October 1986

Fran Morris and Sue Whitehead attended RANF meeting in Melbourne at which strike action re classification was decided.

Friday 31st October 1986

Nurses Caroline Morrison, Robyn James, Sue Whitehead and Fran Morris met with Assistant Shire Secretary, Peter Koslowski to explain the strike action. We advised that we would probably be required to follow RANF Protocol of providing a limited service. A.S.S. agreed to answer queries re service through switch board. We stated we were to attend the Maternal and Child Health Quarterly Conference on Saturday 31st October 1986, after which the Special Interest Group meeting would clarify issues re hours to be worked. We also stated we would draw up a roster to give to A.S.S. on Monday 3rd November 1986. It agreed that the roster would be available to the switch operator.

Saturday 31st October 1986

Fran Morris and Robyn James attended the Quarterly Conference at the Royal Women's Hospital and RANF Maternal and Child Health Special Interest Group Meeting at which it was agreed that all members would follow the RANF Protocol of providing two hours per day of rostered days work to clients for emergencies and new babies.

Monday 3rd November 1986

Robyn James and Caroline Morrison(the full time nurses) met with A.S.S. and gave him copies of a roster to cover all centres.
These nurses were "stood aside!"
Contact was made with RANF and nurses requested "stand aside" in writing. Document 1

Tuesday 4th November 1986
CUP DAY

WEDNESDAY 5TH NOVEMBER 1986.

Nurses Morrison, Whitehead, James and Morris met with A.S.S. and Paymaster Bill Kenyon (Shire witness) and presented letter dated 5th November 1986 stating readiness to work two(2) hours per day. Document 2. The A.S.S. stated that we were "stood aside" without pay until we were ready to work according to our contract of employment.

The Paymaster stated that if we entered the Infant Welfare Centres we would be tresspassing and would be removed.

We nurses adjourned to the home of Robyn James and made many phone calls seeking advice on action we could take.

A meeting was arranged with Steve Dover RANF and Maternal and Child Health Nurses from Flinders and Mornington Shires at Rosebud Maternal and Child Health Centre at 5pm Wednesday 5th November 1986. Steve Dover felt we should work the protocol according to our rosters as their was no "stand down" clause in our award and the Shire was acting illegally.

Thursday 6th November 1986

9am Steve Dover and Maternal and Child Health Nurses met with A.S.S. and Paymaster (Shire's witness) and Senior Health Surveyor to explain that we were returning to work according to our protocol.

Steve Dover queried the statement made on Wednesday 5th November 1986 "that if we entered the Infant Welfare Centres we would be tresspassing and would be removed." The A.S.S. said the position remains the same. Steve Dover said "We'll see you in court"

Thursday 6th and Friday 7th November 1986

The four nurses began working the protocol and took turns in "sitting in" with the nurse on duty, in case a nurse was arrested for tresspassing. Steve Dover felt it was important to have a witness if this happened.

The switch-board operator at the Shire Offices was instructed to tell clients ringing in to enquire about our service that all centres were closed due to Nurses industrial action.

Friday 7th November 1986

5pm By-laws Officer delivered letters to the four(4) Maternal and Child Health Nurses homes. Document 3.

Robyn James wasn't home. The By-laws Officer put letter on door and when she drove up he remarked on the sand spread across footpath from neighbour's block and how she had parked the Shire car illegally.

Tuesday 11th November 1986

By-laws Officer removed signs from the centres "propaganda". These signs were to inform our clients of the hours the Centres would be open and explainimg the "stand aside" asking for support in lobbying Councillors to change this situation.

The By-laws Officer replaced our notices with a statement from the Shire Secretary informing the public that the centres were closed due to Nurses industrial action and advising clients to contact the Medical Officer of Health in an emergency.

Wednesday 12th November 1986
At the request of supporting members of the community Nurses James,Morison, Morris and Whitehead attended Rate-payers and Citizens meeting and recieved support and advice.

Thursday 13th November 1986
We requested to meet with Staff Industrial Relations Committee- refused.

Friday 14th November 1986
Balnarring mothers gathered at the local M.C.H. Centre protesting at the standing down of the Hastings Shire's M.C.H. Nurses. (Independent News 18th November1986.)

Saturday 15th November 1986
Local people handed out leaflets at the Balnarring Shopping Centre asking local people to lobby Councillors and Local Government in support of Nurses.

Tuesday 18th November1986.
Sue Whitehead attended Hastings Council Meeting and gave a copy of M.C.H.Nurses Submission for 4A Classification to Councillor Dietzsch Council Industrial Relations Chairman who indicated he had no recollection of seeing the document previously.

Wednesday 26th November
Angry mothers and their children gathered outside the Hasting's Shire Council Offices demonstrating in support of the MCH Nurses who were stood down on November 3rd 1986, when the council refused to allow the Nurses to work to the protocol. The mother's entered the Shire Offices and demanded to speak to the S.S. Bill Featherston.

Tuesday December 2nd 1986
Public Meeting Hastings Hall. Audery Grant from Lincoln Institute chaired the meeting. The MCH Nurses spoke of the 'Aims the Maternal and Child Health Service'. John Clancy addressed the issue of the "stand side". After question time,the well attended meeting decided to draw up a petition lobbying Council to re-instate the four Nurses.

Monday December 8th1986
Nurses returned to work in Hastings Shire because of financial difficulties of full time Maternal and Child Health Nurses.

As we put up our notices to inform our clients of the hours the centres would be open and asking for their support in lobbying the Shire, Councillors and C.S.V. on the "stand aside" and the classification of the Maternal and Child Health Nurses, the Shires By-laws officers removed them and replaced them with Shire notices stating that the centres were closed due to the Nurses Industrial action and the public should contact the Medical Officer of Health in an emergency.

The Shire switch board operator was instructed to tell clients ringing in that the centres were closed due to Nurses Industrial action.

The public were very supportive, staged demonstrations, contacted local councillors by phone and letter.

We were encouraged by John Clancy to call a Public Meeting in the Hastings Hall to rally support. This meeting was well attended the nurses addressed the meeting on the "Aims of the Maternal and Child Health Service". John Clancy addressed the issue of the "stand aside" and Audrey Grant from Lincoln Institute chaired the meeting.

The "stand aside" period was very stressful for all four members, particularly due to to the isolated working conditions, without support from immediate colleagues as in Hospital situations.

The full time Nurses, James and Morrison were under pressure to return the council cars to the depot. They were refused petrol at the Shire depot so purchased it with their own money at local service stations . Nurses Morris and Whitehead were not reimbursed for the mileage claimed during the "stand aside".

In retrospect, the two hours per day roster proved very stressful. Other M.C.H. Nurses taking industrial action rostered themselves to work one day per week, making sure that at least one M.C.H. Centre within their Shire was open every day. In this way a limited service was still provided for their clients.

MCH Nurses requested RANF to pursue the "stand aside" issue in the Conciliation and Arbitration Court.

Moreen Lyons met with Nurses prior to the Court hearing on Friday May 8th and Friday May 15th at Boardroom 2 with Chairman Rootsy, R.A.N.F. and M.A.V.

No decision was reached at the hearings. The dispute is still unresolved.

June 10th 1987

9 References

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