

Health Policy Position Statement

For the forthcoming South Australian Parliamentary election in 2026



**Australian Nursing
& Midwifery Federation**
(SA Branch)

We Are Stronger Together.

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Introduction from the CEO/Secretary

South Australia's health system is under immense pressure. We acknowledge that the current State Government, under the leadership of Premier Peter Malinuaskas and Minister for Health and Wellbeing Chris Picton, has made significant investments in a range of much needed measures. These include additional acute care beds and workforce numbers. Despite this, patients are still being treated in corridors, and nurses, midwives and personal care workers are stretched beyond safe limits. The system is not coping – and the consequences are felt every day by our workforce and our community.

We all know intuitively that prevention is better than cure. We also know that investment in primary and preventative health care has languished over many years. Rather than engaging in blame between the various levels of Government, we seek co-operative solutions that result in better investment in primary and preventative care and actively serve to address the immediate and future needs of our community.

It is important to note that the demands placed on our system continue to outpace investment. Much of this is multifaceted including population demand, complexity of care and changed expectations of care. It is important to acknowledge the significant deleterious impact this pressure has on the nursing and midwifery workforce and the patients they serve.

It is this reality that sets the backdrop for the Australian Nursing and Midwifery Federation South Australian Branch (ANMF SA) Health Policy Position Statement for the forthcoming 2026 state election.

ANMF SA is proudly impartial and unaffiliated with any political party – and guards that independence fiercely. With the strength of more than 25,000 nurses, midwives and personal care workers, we are committed to shaping health policies that serve both our profession and the broader interest of the community.

This statement is not just a reflection of the challenges we face; it is a roadmap for reform. The issues facing South Australia's health system remain largely unchanged from four years ago, when we highlighted chronic overcrowding throughout the state's hospitals which was putting South Australians at risk. Since this time, while additional inpatient beds and workforce recruitment introduced by the current Malinauskas government has been welcome, these have not kept pace with rising demand. Patients are being treated in non-clinical spaces on a regular basis, without adequate privacy and monitoring, and staff remain under relentless pressure with little impending relief.

Introduction from the CEO/Secretary (cont)...

Emergency departments and ambulance ramping has continued to dominate headlines, hitting grim new records despite the pledges of our government and efforts behind the scenes to curb the complex matter. In reality, the crisis extends far beyond the sustained media coverage of the issue. Patients need timely access to hospital beds, operating theatres, mental health services, community care, aged care, or disability support – all of which are in critically short supply. Meanwhile the task of improving hospital flow is contingent on timely senior clinical decision-making being available 24/7 across all facilities.

In order to solve the systemic issues facing the state services, empowering nurses and midwives to work to their full scope of practice is essential. A key piece of this puzzle is empowering and incentivising members of the workforce to pursue further studies to reverse the dwindling numbers of nurse practitioners, nurse practitioner candidates and endorsed midwives. It is also critical the government invest in nurse-led models of care across clinics, community care, and aged care settings. The implementation of these strategies will improve access, reduce avoidable hospital admissions and deliver high quality care where it is needed most.

Nurses and midwives must be at the forefront of preventative health measures across South Australia, as they are uniquely positioned to engage with individuals, families, and communities in promoting healthier lifestyles and reducing risk factors for chronic disease. Preventative health is critical to alleviating the growing pressure on hospitals and acute care services, as early intervention and health education can significantly reduce avoidable admissions. Without a strong, coordinated preventative health strategy, demand on the health system will continue to escalate, placing unsustainable strain on resources and compromising the quality of care. Investing in preventative health and leveraging the expertise of nurses and midwives is essential to building a healthier, more resilient South Australian population.

However, none of this is possible without a skilled, supported and valued nursing and midwifery workforce. Staff shortages have led to an overreliance on short term, casual and agency contracts – impacting on the overall security and therefore resilience of our workforce. We must attract and retain nurses and midwives through competitive wages, safe working conditions and wellbeing initiatives. Advocating for

safe working conditions is at the core of ANMF SA's role, with adequate workforce numbers a key factor in ensuring a safe workplace.

Without a clear plan to grow and sustain the workforce, our health system cannot meet the needs of South Australians. This plan needs to consider our ageing population and the growing needs of regional, rural and remote hubs, within which the challenges of our metropolitan health services are often amplified yet go unseen. For example, the downward trend in the state's midwifery workforce has been felt particularly acutely in regional areas where services are stretched thin and access to safe and timely midwifery care can be compromised. Despite these challenges, nurses and midwives continue to lead with resilience, compassion, and innovation.

Our role as nurses and midwives extends far beyond hospitals and traditional healthcare settings. The International Council of Nurses new definition of nursing affirms our commitment to social justice, and a better future for humanity. We advocate for Aboriginal and Torres Strait Islander health, climate action, prevention of domestic, family, and sexual violence, and safe housing. The following report considers these

issues in relation to health, and makes recommendations on each, highlighting that health is shaped by more than clinical care.

We need serious action now and a comprehensive plan for the future to tackle the multifaceted challenges facing healthcare in our state and beyond. The ANMF SA Health Policy Position Statement is a call to all political parties to engage with this vision and commit to bold reforms in order to help build a responsive, equitable, and sustainable healthcare system for every South Australian.



**Adj Associate Professor
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ANMF (SA Branch)
CEO/Secretary

A Healthy State for All

Aboriginal and Torres Strait Islander Health

Central to improving health outcomes is the recognition that for Aboriginal and Torres Strait Islander people, good health is more than the absence of disease or illness; it is a holistic concept that includes physical, social, emotional, cultural, and spiritual wellbeing, for both the individual and the community [1].

Unfortunately for many Aboriginal and Torres Strait Islander people, attaining good health is difficult due to the persistent challenges and inequities in accessing culturally safe and high-quality health care.

The health status of Aboriginal and Torres Strait Islander peoples remains poorer than any other group in Australia. The life expectancy of Aboriginal and Torres Strait Islander people is significantly lower than that of non-Indigenous Australians and hospitalisation rates for chronic and communicable diseases as well as mental health issues are significantly higher [2, 3].

The causes of health inequities include:

- **Limited access to essential health services**, particularly primary health care, which is critical for disease prevention and early detection.

- **The effects of intergenerational trauma** and the resulting disruption to social and emotional wellbeing within cultures, communities and families.
- **Overcrowded and substandard housing**, coupled with restricted access to fresh and nutritious food, which exacerbates chronic health conditions.
- **Institutional racism and discrimination within health services**, which undermines trust, engagement, and adherence to care.
- **Social and economic inequalities** such as access to education, income and employment.

The presence of Aboriginal and Torres Strait Islander health professionals is critical to delivering culturally safe care. Nurses and midwives from these communities bring unique skills, lived experience, and cultural knowledge that enhance access, trust, and improved health outcomes.

The provision of culturally appropriate and accessible Mental Health and Suicide Prevention Services in communities is essential. Aboriginal and Torres Strait Islander people experience significantly higher rates of mental health issues than non-

Indigenous Australians with deaths from suicide nearly twice as high; hospitalisation rates for intentional self-harm three times as high; and a rate of high/very high psychological distress 2.4 times higher than those of non-Indigenous Australians [4].

Urgent action needs to be taken to improve the health status of Aboriginal and Torres Strait Islander people across South Australia.

Addressing the disparities requires a sustained, collaborative effort grounded in cultural respect, community leadership, and systemic reform.

ANMF SA Position

- Aboriginal and Torres Strait Islander people should have equitable and affordable access to health services and the same choices and rights to refuse or accept treatment and care as other Australians.
- The concepts of community control, cultural rights and the beliefs and values of Aboriginal and Torres Strait Islander people must be respected and embedded in healthcare delivery to improve accessibility and safety.
- Governments should recognise Aboriginal and Torres Strait Islander community-controlled health services and provide sustained funding and support.

What we are seeking...

We seek the following commitment from any prospective Government:

- Commitment to increased and continued funding for The Aboriginal Community Controlled Health Services (ACCHS) to support service growth expand clinic locations, and deliver high quality, culturally safe and responsive care to all Aboriginal and Torres Strait Islander communities.
- Development of a strategic plan to identify short- and long-term approaches to attract and retain Aboriginal and Torres Strait Islander nurses and midwives, including pathways to qualifications, education incentives such as flexible learning programs, localised placement opportunities, and on-country education provisions.
- Ongoing support for and implementation of the South Australian Aboriginal Health Promotion Strategy 2022-2030.
- Increased funding for trauma-informed primary health care initiatives that address poor health through early childhood development, maternal health, health promotion, mental health and chronic illness and disease prevention programs [2].

- The ANMF SA acknowledge and uphold the priorities identified in the National Aboriginal and Torres Strait Islander Health Plan 2021 – 2031 and the targets identified in the National Agreement on Closing the Gap and advocate for meaningful action to enable appropriate and sustainable change.
- Governments should acknowledge and support the role of nursing and midwifery in Aboriginal and Torres Strait Islander communities and its contribution to closing the gap.

A Healthy State for All (cont)...

Climate Change

Climate change is an urgent and growing threat to public health. It undermines the foundation of good health; clean air, safe drinking water, nutritious food supply [5].

A climate-resilient health system is one that can anticipate, respond to, cope with, recover from and adapt to climate-related shocks and stresses, it must deliver sustained improvements in population health, even in the face of increasingly an unstable climate.

South Australia is already experiencing the effects of climate change, with rising temperatures, more frequent and intense extreme weather events, and damage to our oceans and ecosystems.

These environmental changes are disrupting key social determinants of health including stable employment, access to healthcare, social equity, and strong community networks.

The health consequences are not evenly distributed.; vulnerable groups, including Aboriginal and Torres Strait Islander people, those living in rural and remote areas, women, children, ethnic minorities, low-income communities, migrants, older adults, and people with existing health conditions are disproportionately affected [6-9].

When floods displace families and heatwaves strain emergency departments, nurses and midwives are consistently on the front lines, providing essential care and support. Yet, despite their critical role in responding to climate-related health crises, they remain underrepresented in policy development and funding decisions [10, 11]. The role of nurses and midwives must extend beyond direct patient care to include active participation in health policy and climate change [10, 11].

Nurses and midwives must be empowered to contribute meaningfully to the climate agenda through education, advocacy, and climate conscious practice.

ANMF SA Position

- ANMF SA recognises the urgent need to address climate change by significantly reducing greenhouse gas (GHG) emissions, particularly carbon dioxide (CO₂) produced from the combustion of fossil fuels such as coal, oil, and natural gas. We are committed to an ambitious target of reducing emissions by 80% by 2035, taking decisive action to protect planetary health and ensure a sustainable future.
- Effective climate change planning must be embedded at the health system level. Nurses and midwives should not be limited to post-disaster response; they must be actively involved in planning and preparedness as leaders and experts in health system adaptation and resilience [10].
- Aboriginal and Torres Strait Islander knowledge and leadership must be included in climate change decision-making processes, recognising their enduring expertise in caring for Country, community wellbeing, and health resilience [10].

What we are seeking...

We seek the following commitment from any prospective Government:

- Strengthen undergraduate nursing and midwifery education, along with ongoing continuing professional development, to equip the workforce to address climate related health challenges. This includes a focus on planetary health, systems-based adaptation, and the promotion of community resilience.
- Nursing and midwifery representation in all climate planning and preparedness initiatives, recognising their leadership and expertise in health system adaptation and resilience.
- Designated nursing and midwifery leadership positions at each Local Health Network (LHN) responsible for climate change, adaptation and readiness. These leaders will contribute to policy development and oversee the implementation of sustainability initiatives.
- Commitment to the full implementation and appropriate resourcing of the SA Health Climate Change and Health Framework 2025–2030, with a focus on robust governance, continuous monitoring, and transparent public reporting of outcomes to ensure accountability and progress.

A Healthy State for All (cont)...

Housing

The role of housing as a social determinant of health is well established [12]. Research has shown that it is the availability and quality of housing, along with the access to environmental supports such as health facilities, open green spaces and shops with a wide variety of healthy foods that can positively or negatively impact a person's health and wellbeing.

Access to good quality, affordable housing is fundamental to wellbeing. It can help reduce poverty and enhance equality of opportunity, social inclusion and mobility [13, 14]. Housing affordability is an ongoing challenge for many Australians who are renting, seeking to purchase a home, or managing mortgage repayments.

Australia and South Australia are in the grips of a housing affordability crisis. There is strong evidence linking poor-quality and insecure housing to negative health outcomes, including reduced access to preventive healthcare, difficulties in managing existing health conditions, and

increased rates of mental health issues. Vulnerable populations such as individuals with chronic health conditions, disabilities, the unemployed or underemployed, Aboriginal and Torres Strait Islander people and the elderly are especially at risk of experiencing homelessness or living in poor quality housing. Housing is fundamental to the health and wellbeing of all South Australians. Nurses, midwives, and nursing and midwifery students in South Australia are also impacted by the ongoing housing shortage.

The Priced Out Report 2023 [15] found Adelaide remains an unaffordable rental market for essential workers. The study revealed that most essential workers would be spending at least half of their weekly income on rent. The only region where rents could be regarded as affordable for essential workers is Kangaroo Island. All other regions in South Australia would either see essential workers in rental stress or on the cusp of it [15].

To attract and retain our workforce, it is essential they have access to safe, secure, good quality housing that is located near hospitals, public transport, schools, and childcare facilities, both in metropolitan and regional areas. Students should not face additional financial burdens due to travel or relocation during clinical placements and should be offered placement opportunities close to where they live to encourage working within their community after qualifying.

ANMF SA Position

- Safe, secure, and affordable housing is essential for physical, mental, and emotional wellbeing.
- Affordable housing near hospitals, transport, and childcare is vital to support the health workforce and ensure continuity of care.
- People with chronic conditions, disabilities, the elderly, and Aboriginal and Torres Strait Islander peoples are disproportionately affected by poor housing, inclusive housing policies must prioritise equity for all.

What we are seeking...

We seek the following commitment from any prospective Government:

- Urgent action to address the current housing affordability crisis for both South Australians that want to buy a home and for those renting, including increased investment in more public housing.
- Increased availability of emergency housing for our most vulnerable, especially those living with a disability, chronic health conditions and the elderly.
- Subsidised safe and secure housing in all regional and remote areas for nurses and midwives to prevent any barriers to recruitment and retention.
- Provide adequate resourcing for the Placement Close to Home initiative to be implemented consistently across all Local Health Networks (LHNs), ensuring equitable access to affordable and accessible placement opportunities for nursing and midwifery students.

A Healthy State for All (cont)...

Domestic Family and Sexual Violence

Domestic, family and sexual violence (DFSV) is a public health emergency of significant concern to the ANMF SA and members. DFSV can affect anyone regardless of country, religion, sexuality, gender, social background socio-economic status, age or culture. Its consequences extend far beyond the home and deeply impact workplaces [16]. DFSV disproportionately affects women and children, causing profound harm to physical and psychological health and wellbeing.

DFSV affects the individuals experiencing it, the broader community, and the wider health system. It undermines health and wellbeing, destabilises families and can put immense pressure on the health system, given that nurses, midwives, and personal care workers are predominantly female, DFSV affects our colleagues and workforce. It is a workplace hazard, its impact can impair the ability of affected staff to perform their critical roles effectively [17].

Nurses and midwives are uniquely positioned to identify and support individuals and families at risk of experiencing DFSV. Their roles facilitate meaningful engagement with patients, creating opportunities for safe disclosure of abuse. Nurses and midwives build trust, create safe

environments and can provide access to support services.

Beyond physical harm, DFSV can have severe and lasting effects on mental health. Survivors may experience challenges, including depression, post-traumatic stress disorder (PTSD), and anxiety disorders [18]. Additionally, they may experience sleep disturbances, eating disorders, and suicidal ideation. Substance abuse is another common coping mechanism that can emerge in response to the trauma of DFSV.

Nurses and midwives have a long history of responding to public health crises and are well placed to lead change across all healthcare settings. We welcomed the Royal Commission into domestic, family and sexual violence in South Australia, we note the 136 recommendations in the final report and await a government plan of action.

In addition to providing support for people experiencing DFSV, all actions must incorporate comprehensive prevention strategies that begin early in life. Early intervention is critical to shaping attitudes and behaviours before harmful patterns emerge. By embedding education on respectful relationships, consent, and emotional regulation into schools and community programs, we can

equip young people with the skills and understanding needed to foster healthy, relationships. Nurses and midwives, through their roles in health promotion and community engagement, are essential partners in delivering these interventions and advocating for policies that prioritise prevention from childhood onwards.

ANMF SA Position

- Nurses and midwives play an important role in the screening for and identifying individuals who are exposed to domestic and family violence and facilitating their access to help and support [19].
- Nurses and midwives must be actively involved in shaping policies related DFSV.
- Strong policy protections are required, with non-judgemental and uncomplicated access to paid domestic and family violence leave for nurses and midwives who are affected by DFSV ensuring dignity and safety in the workplace.
- All health services must ensure they have robust safety and security policies, procedures and measures in place to protect the health and safety of nurses, midwives and assistants in nursing and to manage and mitigate the risks associated with:

What we are seeking...

We seek the following commitment from any prospective Government:

- Dedicated funding to ensure the full implementation of all 136 recommendations from the South Australian Royal Commission into Domestic, Family and Sexual Violence. Nurses and midwives must be meaningfully involved in shaping and delivering policy outcomes.
- Increased government funding to expand emergency housing and financial assistance for individuals and families fleeing DFSV. Immediate, stable shelter and economic support are essential to safety, recovery, and long-term independence. No survivor should be forced to choose between violence and homelessness.
- Development of a robust education framework and strategy to ensure early education and schooling promote healthy, respectful relationships among young people.
- Comprehensive training for nurses and midwives starting at undergraduate level continuing through to ongoing professional development. This training must be culturally safe; trauma informed and provide staff with the confidence and skill to respond appropriately to a disclosure of domestic, family or sexual violence.
- Ensure supports for staff following a disclosure including time for debriefing and access to appropriate support services to ensure their wellbeing and safety.
- patients or visitors being exposed to domestic and family violence in the health service
- nurses, midwives and assistants in nursing being exposed to domestic and family violence perpetrators intent on behaving violently in the health facility, this includes community nurses and midwives who attend homes where domestic and family violence is known to occur [17].
- Support services for DFSV must be accessible across all regions of South Australia, including rural and regional communities. Care must be culturally safe and trauma-informed to ensure dignity, healing, and justice for all survivors.



Health System Capacity

Primary Health Services

Primary healthcare is a critical component of the health system, essential to improving the health and wellbeing of Australians. It addresses both common and priority health issues through a comprehensive range of services, including rehabilitation, health promotion, illness prevention, screening programs, vaccinations and chronic disease management. Health care delivery occurs across diverse settings and should be inclusive, meeting the needs of all population groups particularly Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, correctional services, women, children, and infants [20].

The growing demand on public hospitals can only be addressed through a whole of system approach that integrates acute care, primary health services, and community care to expand overall capacity. Currently, fragmented communication between sectors including delayed handovers and unclear communication channels

contributes to patient confusion, gaps in care and high readmission rates. Additionally, South Australians continue to face challenges in accessing GPs and primary healthcare, a situation made worse by rising out of pocket healthcare costs and the declining number of clinics bulk billing patients.

Nurses and midwives represent the largest workforce within the primary health sector. However, Australia lags behind other countries in fully utilising the skills, strengths and expertise of our primary health nurses/midwives and the broader primary health workforce [21]. To deliver high-quality primary health care, nurses, nurse practitioners, and midwives must be supported to work to their full scope of practice. Remuneration in the primary health care sector remains lower than in most acute care settings, which hinders the attraction and retention of skilled and experienced professionals.

Health System Capacity (cont)...

Primary Health Services

In recent years, funding models for community nursing programs have been depleted. Community nurses and midwives provide an essential service in health prevention, chronic disease management, and reducing hospital admissions.

The pandemic prompted the urgent adoption of digital modalities including tele health, and virtual care for the delivery of primary health care. While these technologies cannot replace physical examinations, they offer valuable opportunities to improve access to care especially for rural and remote communities. Ongoing exploration and investment in digital healthcare, including the use of electronic health records will be essential, along with ensuring that the necessary infrastructure is modern, reliable, and widely accessible.

ANMF SA Position

- Participation of nurses and midwives in the provision of primary health care is essential to achieving improved population health outcomes and better access to primary health care services for communities [20].
- Ensure national funding policies support models of primary healthcare that enable nurses and midwives to work to their full scope of practice.
- Expand the role of nurses and midwives in primary healthcare to include working with communities on health promotion and illness and injury prevention.
- Expand the numbers of nurse practitioners employed in primary healthcare to improve community access to primary healthcare and remove all funding barriers that prevent nurse practitioners from employment, including self-employment, in primary healthcare [20].
- Nurse led Transition Care Models established between acute and primary health care improve care coordination, reduce readmission, improve quality of life and generate cost savings [22].

What we are seeking...

We seek the following commitment from any prospective Government:

- Establish a nurse-led Transition Care model operating across sectors focussing on patients with complex care needs, chronic illness, multimorbidity. The aim is to improve care coordination, reduce hospital admissions and readmission and improve quality of life [22].
- Introduce a blended payment model to support nurse and midwife led care, enabling clinicians to work to their full scope of practice within primary health care settings [23].
- Implement direct referral pathways by nurses and midwives to medical specialists within their scope of practice [23].
- Increase flexibility in the health system to allow nurses and midwives to work across both the acute and primary health care sectors while maintaining their existing classification and rate of pay.
- Fund a total of 150 new nurse practitioner and endorsed midwife positions and 100 candidate scholarships by end 2028.

Health System Capacity (cont)...

Child and Youth Primary Health Services

Early childhood is a time of rapid development, particularly in brain growth, and is critical for lifelong learning and wellbeing. During this formative period, families are increasingly seeking support, yet community nursing programs, and especially those focused on children and families continue to face significant resource challenges. A key concern is the reduced availability of four-year-old health checks in kindergartens. Traditionally delivered by child and family health nurses, these checks are essential for the early identification of health issues, developmental delays, and social risk factors. They also provide an important opportunity to ensure children are up to date with vaccinations, which are in decline, helping to maintain community protection.

Similarly, school nurses provide comprehensive assessment, care, and support for children, adolescents, and families. They are well positioned to focus on prevention, early intervention, and community-based care, an approach that aligns with the South Australian Health and Wellbeing Strategy 2020–2025. However, South Australia lags behind other states and territories

in providing accessible school-based health services across both public and private systems. As a result, children are missing out on the benefits of school nurses who, when effectively utilised, can deliver targeted, community-based care through:

- Health development, assessment, and navigation
- Management of acute, chronic, and complex conditions
- Health promotion, education, and literacy

Early intervention is key to improving long-term outcomes for children and families. Health assessments not only support individual wellbeing but also contribute to broader public health goals by identifying needs early and connecting families with appropriate services.

According to the number of children in South Australia, we need to aim to expand its child and youth health workforce by adding approximately 250–300 school nurses and 100–120 Child and Family Health Service (CaFHS) nurses to ensure universal access to early childhood health checks and school-based care over three to five years, while separately investing in 100–150 nurse practitioners (NPs) in primary

health settings to support complex care, chronic disease management, and care coordination. This approach addresses critical service gaps, aligns with the South Australian Health and Wellbeing Strategy 2020–2025, and strengthens prevention and early intervention efforts across the community.

ANMF SA Position

- School nurses play a vital role in the health and wellbeing of school aged children, adolescents and their families to simultaneously improve health and education.
- Expand the numbers of nurse practitioners employed in primary healthcare to improve community access to primary healthcare and remove all funding barriers that prevent nurse practitioners from employment, including self-employment, in primary healthcare [20].
- Nurse led Transition Care Models established between acute and primary health care improve care coordination, reduce readmission, improve quality of life and generate cost savings [22].
- We advocate for renewed investment in child and family community nursing to ensure early health checks, timely intervention and stronger long-term outcomes for children and families.

What we are seeking...

We seek the following commitment from any prospective Government:

- Reinstate universal three and four year old health checks in kindergartens through CaFHS, ensuring early identification of developmental delays, health issues, and social risk factors.
- Estimated need: 100–120 additional CaFHS nurses statewide over three to five years
- Establish a state-funded public school nursing program to provide consistent access to health assessments, chronic condition support, and health education across all public schools.
- Estimated need: 250–300 school nurses to achieve equitable coverage across SA over three to five years
- Expand telehealth and mobile outreach services to reach rural, remote, and underserved families, improving equity in access to child health services.
- Estimated need: 20–30 nurses and support staff for mobile and virtual care delivery over three years.
- Support workforce development through scholarships, clinical placements, and training pathways for nurses specialising in child and family health, ensuring a sustainable pipeline of skilled professionals.
- Target: 50–100 funded training positions annually to build future workforce capacity over next two years.
- Invest in data collection and evaluation to monitor child health outcomes, guide service planning, and ensure accountability for early intervention programs.

Health System Capacity (cont)...

Acute Care

South Australian hospitals have seen an increase in inpatient bed numbers however demand for care continues to exceed capacity. This is consistently evidenced by ongoing hospital ramping, internal ramping of over-census patients, overcrowding, and long waitlists for outpatient appointments and elective surgery.

Our hospitals remain at breaking point; the system is dangerously overstretched, especially in periods of high demand. There is no capacity to flex up when there is a surge in activity with services consistently operating at or beyond 100% capacity. Members regularly report patients with life-threatening medical emergencies forced to wait hours for ambulances, on ramps, in emergency rooms, corridors and inappropriate 'over census' treatment spaces. Patients are suffering in pain and not receiving the treatment and care they deserve. This substandard care further lengthens their illness, delays recovery and lengthens hospital stays.

The crisis extends beyond emergency departments. Wait times for elective surgery and outpatient appointments are unacceptable. Nearly 6000 South Australians are overdue for elective surgery [24]. These people are living

with persistent pain and discomfort, impacting every aspect of their lives, including their ability to work and participate in their communities.

Nurses and midwives often choose these professions by a passion or commitment to provide compassionate, safe, and quality care. Yet, the current health system consistently places them in environments where they are unable to work in alignment with their professional and personal values. The relentless pressure to meet escalating patient needs within an under-resourced and overstretched system is causing workplace stress, leading to widespread burnout, moral distress, and attrition.

ANMF SA does not advocate for simply increasing the number of hospital beds as a singular solution to this ongoing crisis. A whole system approach is essential, including substantial and ongoing investment in capacity across primary and community health, aged care, disability services, step-down and subacute care, and emergency housing. Hospitals must be resourced appropriately to meet the most acute clinical priorities, while also enabling a safe and sustainable

transition to care for those with less acute medical needs. Building more emergency department treatment spaces, supplying more ambulances and increasing hospital beds without creating better patient flow across the whole health system will not solve ramping and hospital overcrowding.

ANMF SA Position

- The community deserves a health system that reliably provides timely, high-quality care by highly qualified staff in the most appropriate setting.
- We consider that access to adequate health, maternity, mental health, disability and aged care is the right of every person and a crucial element of the South Australian social impact.
- Nurses and midwives need to be supported to work to their full scope of practice and fully utilise their skills, education and experience.
- Hospitals should be operating at 90% capacity to provide opportunities to flex up to manage any surge in activity and prevent cancellation of elective surgery.

What we are seeking...

We seek the following commitment from any prospective Government:

- Take actions to ensure that senior decision makers including medical and nursing are available over the 24-hour 7-day period across all points of the patient's journey, to enable timely reviews and decisions, escalation pathways to support less experienced staff and improve patient outcomes.
- Embed transitional care planning into acute care workflows from admission, not discharge.
- Commission the increase in the capacity of subacute and stepdown care and emergency housing to free up acute hospital beds.
- Increase nurse practitioner positions in acute and hospital support services to improve patient flow, reduce readmissions, and support timely discharge planning.
- Fund a total of 150 new advanced nurse and midwifery positions including nurse practitioner / advance nurse consultant / endorsed midwife roles by end of 2027. Nurse practitioner and advanced nurse consultant roles should be prioritised across emergency, general medicine, geriatrics, and discharge coordination.
- Action to ensure the availability of sufficient numbers of appropriately skilled staff to meet the needs of patient care and systems through effective workforce planning and development.
- Support and implement the TRANSIT Study to scale nurse-led, multidisciplinary transitional care models that integrate acute, primary, and aged care.
- Pilot in three LHNs with evaluation and statewide rollout by end of 2027.
- Enforce nurse/midwife-to-patient ratios as legislated, with transparent reporting and compliance monitoring across all SA Health services.
- Commit to transitioning from Version 10 to Version 11 ratios, in line with Victoria's model, to reflect contemporary acuity and workload demands.
- Transition planning for nurse / midwife ratios to commence in 2026, with full implementation by 2028.

Health System Capacity (cont)...

Women's Health

At every stage of life, women face greater health risks than men. While women live longer on average, they experience higher rates of chronic illness, mental health conditions, and complex reproductive health needs. These challenges are compounded by life-stage transitions including menarche, menstruation, pregnancy, menopause, and ageing, which intersect with and often exacerbate other physical and mental health conditions.

The National Women's Health Strategy 2020–2030 recognises that systemic inequities in healthcare delivery, access, and medical research continue to disadvantage women. Evidence shows that women are more likely to experience delayed diagnoses, overprescribing, and dismissal of symptoms, particularly in areas such as chronic pain, endometriosis, cardiovascular disease, and autoimmune disorders.

Aboriginal and Torres Strait Islander women face even greater health inequities, with significantly higher rates of comorbidities including diabetes, breast, cervical, and ovarian cancers compared to non-Indigenous women. These disparities are rooted in structural racism, intergenerational trauma, and lack of culturally safe care.

Despite these known issues, South Australia remains ill-equipped to respond to women's diverse and evolving health needs, particularly in sexual and reproductive health. Fragmented care and poor access to timely, appropriate services contribute to worsened physical health, increased psychological distress, and significant impacts on education, workforce participation, and overall quality of life.

ANMF SA Position

- All women, regardless of background or geography, must have access to timely and equitable care throughout their lives.
- Nurses and midwives are central to improving women's health outcomes due to their accessibility, clinical expertise, and trusted relationships with women and communities.
- A robust, evidence-informed approach is urgently needed to address deficits in women's health service provision and outcomes.
- Reproductive health impacts individuals throughout their working lives. All nurses, midwives, and care workers should have access to dedicated leave to manage symptoms and issues related to reproductive health.

What we are seeking...**We seek the following commitment from any prospective Government:**

- Establish a State Taskforce to review current women's health services and develop a plan for women's health reform in South Australia.
- Strengthen and embed women's health competencies in all undergraduate nursing and midwifery education.
- Fund targeted scholarships for nurses and midwives to complete postgraduate education in women's health, sexual and reproductive health and menopause with priority given to rural, remote, Aboriginal and Torres Strait Islander, and culturally and linguistically diverse applicants.
- Invest in the creation of new nurse practitioner and endorsed midwife roles, embedded in community health centres, Aboriginal Community Controlled Health Organisations, sexual and reproductive health clinics, and primary care services in regional and remote areas.
- Implement a blended payment model to support nurse and midwife led women's healthcare including management of contraception, screening, early pregnancy, and menopause care.
- Introduce reproductive health leave as a universal entitlement to enable all workers time to manage their reproductive health. This should include the implementation of 10 days paid leave annually in alignment with the Australian Unions' 'It's for Every Body' campaign.

Health System Capacity (cont)...

Mental Health

Mental health conditions can significantly impact the ability of some Australians to live healthy and long lives. They can also impact many other aspects of wellbeing including chronic disease management, employment, and housing stability [25].

We acknowledge the recent increase in mental health inpatient bed capacity; however, this alone is not the solution to the growing demand for mental health care in South Australia. Supporting the mental health and wellbeing of our community requires a comprehensive, lifelong approach from antenatal care and early childhood through to older age.

To make lasting change, we must address the underlying causes of mental illness and invest in early intervention and accessible support services. Just as importantly, we need to normalise conversations about mental health and actively dismantle the stigma, prejudice, and discrimination that continues.

Mental health care in South Australia remains fragmented, with many individuals only receiving support at crisis point, often through emergency departments. This reactive model places undue strain on hospital systems and fails to meet the needs of our communities.

All South Australians, regardless of whether they live in metropolitan, rural, or remote areas, deserve timely and equitable access to mental health services. Early intervention and crisis support must be available outside of hospital settings, where care can be more effective, compassionate, and accessible.

Community-based mental health services have suffered from chronic underfunding, with carer programs, rehabilitation, and home-based supports particularly affected. Cuts and stagnation in funding have left community mental health teams under-resourced and unable to meet growing demand.

Workforce shortages are compounding these challenges, with mental health nurses in critically short supply. National projections indicate an undersupply of 18,500 by 2030 [26]. Maintaining high standards of care for vulnerable mental health clients is essential. Members have expressed serious concerns about the impact of these shortages on service delivery and care quality. Mental health nursing is a specialised field requiring advanced qualifications, clinical expertise, and experience. These standards must not be compromised, as any dilution of skills or qualifications risks undermining the quality of care for those most in need.

ANMF SA believe in mandating the inclusion of mental health competencies in all undergraduate nursing degrees by 2027, including trauma-informed care, suicide prevention, and cultural safety is critical. For those already in practice, funded training programs should be offered to upskill staff in contemporary mental health care.

Health System Capacity (cont)...

Child, Youth and Adolescent Mental Health

Post COVID-19, psychological distress among young people has increased compared to 2017 data.

While social media and the online environment are well-documented contributors to this decline with young people themselves citing these platforms as major stressors, they are not the sole cause. A broader set of social, environmental, and systemic factors must be addressed to support youth mental wellbeing.

Social determinants such as poverty, housing instability, food insecurity, exposure to violence, and lack of access to green spaces are strongly linked to poor mental health outcomes. These adverse childhood experiences (ACEs) can have lifelong impacts, increasing the risk of mental illness, chronic disease, and educational disengagement.

School nurses play a critical role in the early identification and intervention of mental health challenges among children and adolescents. We acknowledge the introduction and rollout of the School Mental Health Service, which includes psychologists, social workers, and occupational therapists. However, this model overlooks the valuable contribution school nurses can make to student wellbeing.

To address this gap, it is essential to recognise school nurses as integral members of the mental health support system. With their accessibility and community-based approach, school nurses are well placed to identify emerging mental health concerns, provide ongoing support for students with complex needs, and deliver health education that builds resilience and promotes wellbeing.

By investing in a truly multidisciplinary model that includes school nurses, South Australia can improve access to care, enhance mental health literacy, and create a more responsive and preventative school health system.

Family and carer wellbeing is essential; children and adolescents thrive when their caregivers are supported. Programs that provide psychoeducation, mental health literacy, and stress management for parents particularly those caring for neurodiverse children can improve outcomes for the whole family.

Children, young people, and adults who are neurodiverse face a higher risk of poor mental health and require access to appropriate, specialised services. The World Health Organization (WHO) highlights the importance of early diagnosis and

intervention, which can significantly improve outcomes for individuals with autism. Training healthcare workers to recognise and support neurodiversity is essential to delivering safe and inclusive care.

Digital mental health interventions (DMHIs) also offer promising opportunities, especially in rural and remote areas. Evidence-based tools such as online cognitive behavioural therapy have shown short-term effectiveness in treating anxiety and depression among young people. These platforms can complement in-person care and reduce barriers to access.

The 2023 review of South Australia's Child and Adolescent Mental Health Services (CAMHS) identified an urgent need to strengthen early intervention and continuity of care. It also highlighted significant staff burnout, driven by rising demand and a declining workforce. As the report makes clear, meeting service demand is not possible without substantial investment in resources, workforce development, and integrated models of care.

ANMF SA Position

- All children, adolescents, and young adults must have access to timely, equitable, and compassionate mental health care that is culturally safe, trauma-informed, and developmentally appropriate.
- Mental health care must extend beyond crisis response to include prevention, early intervention, and recovery across all life stages.
- Nurses and midwives with mental health qualifications are essential to delivering high-quality care and must be supported to work to their full scope of practice.
- Community-based and primary care models are best positioned to provide ongoing support, reduce stigma, and intervene before crises escalate.
- Investment in local mental health infrastructure, integrated service delivery, and workforce development is critical to ensure care is proactive, person-centred, and available when and where it is needed.
- Mental health nursing must be underpinned by rigorous planning at local, state, and national levels, with nurses involved in decision-making and service design.
- Mental health competencies—including trauma-informed care, suicide prevention, and cultural safety—must be mandated in all undergraduate nursing degrees by 2027.
- Neurodiversity must be recognised as a key factor in mental health, and healthcare workers must be trained to provide safe, inclusive, and specialised care for neurodiverse clients.
- Schools must be supported to play a stronger role in mental health promotion and early intervention, with consistent access to school nurses, counselling and peer support programs.
- Families and carers must be recognised as vital partners in mental health care, with access to education, support, and resources to improve outcomes for children and adolescents.



What we are seeking...

We seek the following commitment from any prospective Government:

- Urgent action is needed to increase the capacity of the mental health nursing workforce, including retention strategies and expanded training pathways.
- Annual funding for targeted scholarships for nurses to complete postgraduate education in mental health, with priority to rural, remote, Aboriginal and Torres Strait Islander, and culturally and linguistically diverse applicants.
- Financial recognition for nurses when undertaking post graduate mental health studies including paid clinical placements at their substantive level.
- Investment in new mental health nurse practitioner roles, embedded in community health centres, Aboriginal Community Controlled Health Organisations, youth mental health hubs, and regional primary care services.
- Introduction of blended payment models for nurse practitioners delivering mental health assessments, early intervention, and recovery-oriented care which includes nurse-led psychosocial support, crisis intervention, and preventative consultations.
- Mandatory neurodiversity training, with access to expert support when caring for neurodiverse clients.
- Expansion of 24/7 Urgent Mental Care Centre to provide out of hospital services in both the northern and southern metropolitan area.
- Establishment of a 24/7 Urgent Mental Care Centre dedicated to child, youth and adolescent people with mental health emergencies.
- Development of virtual services to support rural and remote South Australians including digital platforms for early intervention and therapeutic support.
- Develop, prioritise, and sustainably fund a state-wide school nursing program that integrates mental health ensuring nurses are a core component in the school mental health service.
- Investment in family and carer support programs, including psychoeducation and mental health literacy, to improve outcomes for children and adolescents.



Health System Capacity (cont)...

Midwifery

Midwives are essential to delivering safe, high-quality, and cost-effective care to women, babies, and families across Australia. However, the profession is under significant strain, with increasing rates of attrition and dissatisfaction. The Midwifery Futures Report [27] and other national literature highlight systemic issues driving midwives away from the profession, including lack of autonomy, inflexible working models, limited career pathways, escalating workload intensity, and insufficient leadership to advocate for change.

Midwives are seeking more diverse and sustainable ways of working, particularly models of care that allow them to fully apply their expertise, deliver continuity of care, and provide culturally safe, primary health services. Research consistently shows that midwife-led continuity of care improves outcomes for women and babies, enhances job satisfaction, reduces burnout, and delivers significant cost savings to the health system [28, 29]. Yet these models remain underfunded and inconsistently implemented, especially in regional and remote communities where access to quality care is compromised.

South Australia's midwifery workforce is in decline, with the number of employed midwives falling from 2,065 in 2017 to 1,975 in 2023 [30], despite increasing complexity in maternity care. This downward trend is particularly acute in rural and remote areas, where services are stretched thin and access to safe, timely care is compromised. Current staffing models fail to reflect the true demands of the profession. Unlike Queensland, South Australia does not include babies in midwifery staffing ratios—despite each birth resulting in two patients who require distinct and simultaneous care. This omission places midwives under unsustainable pressure, both the mother and newborn must be monitored, supported, and treated with equal clinical attention.

Health System Capacity (cont)...

The failure to recognise babies as patients in midwifery staffing models not only compromises safety and quality of care but also contributes to burnout, moral distress, and workforce attrition. Midwives are being asked to deliver complex, high-acuity care without the staffing levels that reflect the true demands of their role. Addressing this issue is not optional, it is essential to safeguarding maternal and neonatal outcomes and ensuring the sustainability of the midwifery profession in South Australia.

Midwifery is not just a profession; it is a cornerstone of community health. To ensure safe, high-quality maternity care across South Australia, we must invest in workforce sustainability. This includes recognising babies in staffing ratios, addressing education funding gaps, and creating career pathways that support retention and growth. Without urgent action, the future of midwifery, and the wellbeing of mothers, babies, and families is at risk.

ANMF SA Position

- Midwives are the optimal providers of maternity care.
- Midwifery should be recognised as a distinct and essential profession that provides specialised care throughout the continuum of pregnancy, birth, and early parenting, contributing significantly to the health, wellbeing, and safety of women, babies, and families.
- Midwives have the skills and knowledge to help women prepare for pregnancy, childbirth, and the postpartum period; and to provide care for the woman, her family, and her newborn until the newborn is at least six weeks of age.
- Midwives practice in collaborative therapeutic relationships with women and their families and the broader health system to promote health and wellbeing.
- Midwives should lead evidence-based midwifery workforce planning that is informed by national data collection, to ensure safe, quality services that offer a range of choices in their mode of delivery.
- Industrial agreements should accommodate different models of midwifery care, including continuity of care midwifery models.

What we are seeking...

We seek the following commitment from any prospective Government:

- Fund and expand midwife-led continuity of care models in all settings, with prioritisation for regional, remote, First Nations, and migrant populations. Integrate midwives into primary care through defined roles in sexual and reproductive health, contraception counselling and early pregnancy care.
- Appoint dedicated Midwifery Directors in all South Australian Local Health Networks (LHNs) to provide professional leadership, strategic oversight, and workforce planning for midwifery services.
- Include midwives in workforce planning, policymaking, service design, and health system reform ensuring their expertise informs national maternity strategies.
- Develop and implement recognition and remuneration models that reflect midwives' full scope of practice, leadership, and contribution to care quality.
- Collect and monitor national midwifery workforce data, including attrition, burnout, and satisfaction, to inform responsive workforce planning.
- Mandate the inclusion of babies in midwifery staffing ratios to align practice in South Australia to that of best practice as demonstrated in Queensland.
- Create a statewide midwifery workforce strategy and establish measurable targets and strategies to grow the workforce including guaranteeing permanent positions for graduate midwives with structured mentorship and career planning. Monitoring and reporting on midwifery workforce trends including attrition, gaps and service demand needs to be considered and included in the strategy.
- Funding rural workforce initiatives, including relocation grants, housing support and retention bonuses.

Health System Capacity (cont)...

Rural and Remote

People living in rural and remote areas have a shorter life expectancy and higher levels of illness and disease related factors than those in major cities [31]. Access to health care is significantly more difficult in rural and remote areas of South Australia with many communities unable to secure access to sufficient medical officers. In such areas, nurses and midwives are often the sole healthcare providers. It is essential that they are supported to work to their full scope of practice.

Retaining nurses and midwives in South Australia's rural and remote health networks presents unique challenges, including geographic isolation, limited resources and lifestyle factors. These issues directly impact healthcare delivery, workforce stability and the health outcomes of rural and remote communities [32].

These challenges are compounded by an ageing workforce, a rising burden of chronic disease, and increasingly complex care needs. Diverse geographic conditions, the growing impacts of climate change and shifting population demographics, places additional strain on already stretched health services, making workforce solutions more urgent than ever.

Many rural and remote health services have experienced years of under investment in infrastructure and equipment. As a result, services often operate in unsuitable environments or with outdated equipment and technology. With many sites now accommodating higher acuity and more complex patients, this lack of investment compromises diagnosis and treatment, leading to a reliance on metropolitan services.

ANMF SA Position

- People living in rural and remote areas deserve genuine choice, access, and continuity of healthcare close to home. Only when this is achieved will we see meaningful improvements in health outcomes across these communities.
- Urgent investment is required in the rural and remote health workforce, with a focus on the recruitment and retention of nurses and midwives already living in the regions.

What we are seeking...

We seek the following commitment from any prospective Government:

- Nurses and midwives must be enabled and supported to work to their full scope of practice, including prescribing and referral to medical specialists. Funding models need to be adjusted to support nurse/ midwife led care [23].
- Generous incentive packages including subsidised accommodation to encourage short and long-term secondments for nurses and midwives to live and work in rural and remote areas.
- Continued investment in health service infrastructure to ensure high quality care environments for patients and provide safe workplaces for staff.
- Provide education and clinical placements locally and flexibly supported by digital technologies, to encourage and support rural and remote residents to pursue a career in nursing and midwifery.
- Invest in endorsed midwife and nurse practitioner positions, with dedicated funding for scholarships, incentives, remuneration, and career pathways.
- Fund a total of 150 new nurse practitioner and endorsed midwife positions and 100 candidate scholarships by end 2028.
- Investment in the community infrastructure that includes housing and accommodation for nurses, midwives and students supported by comprehensive wrap around services such as childcare and schooling.

Health System Capacity (cont)...

Aged Care

The introduction of the new Aged Care Act marks a significant step forward, establishing a strong foundation for a rights-based aged care system. It safeguards the rights of older Australians and promotes their dignity, autonomy, and freedom of choice. The legislation also clarifies providers responsibilities and strengthens accountability across the sector.

ANMF SA plays a critical role in advocating for both older Australians and the aged care workforce. This advocacy has driven significant improvements in aged care, securing important wins that enhance wages and working conditions, increase accountability, and improved outcomes for those receiving care.

While the aged care reforms have addressed key issues in the delivery of quality care, significant challenges remain. The South Australian ageing population continues to drive demand for aged care services. With rising rates of chronic illness, an increasing number of people living with dementia, and growing complexities of care needs, the healthcare requirements of older

South Australians are rapidly evolving. ANMF SA knows firsthand the current care delivery models are struggling to meet increasing demands, and innovative approaches to care delivery are urgently needed.

Workforce shortages, both current and projected, combined with the need to upskill the aged care workforce make it increasingly difficult to meet demand. These challenges are especially acute in rural and remote regions.

Medication administration remains a critical clinical skill, the ANMF SA holds serious concerns about its delegation to unregulated Health Care Workers, a practice occurring increasingly in aged care. Medication administration is frequently raised as a concern by older people to the Aged Care Quality and Safety Commission. Delegating this responsibility compromises care quality and increases the psychological stress and pressure on both the Registered Nurses and Health care workers.

SafeWork SA reports rising rates of work-related injury and illness, including an increasing prevalence of assaults on workers in the sector.

The aged care workforce continues to work tirelessly under sustained pressure which negatively impacts their health, wellbeing, and long-term commitment to remaining in the sector.

Ongoing debate between the Commonwealth and State and Territory Governments over accountability and responsibility have resulted fragmented care. Poor integration between primary care, hospitals, and aged care services contribute to a marked increase in emergency department (ED) presentations and hospitalisations, further straining an already overburdened health system.

Without targeted system and workforce strategies and improved coordination across health and aged care services, the pressure will continue to escalate, worsening workforce shortages and compromising care.

The State Government has a vital responsibility to ensure that all older people, regardless of where they live, receive high-quality, respectful, and appropriate care. As a major

provider of residential aged care in rural and remote communities, often in partnership with public health networks, the state must continue to invest in and deliver Aged Care services.

With the health system reporting that there are significant numbers of older adults remaining in hospital while waiting for a residential care bed or home care packages, further work is required to establish the needs of this cohort. The current estimates are approximately 200 older adults occupying a hospital bed on any single day who, whilst requiring care, do not require a hospital bed. This would serve to suggest that approximately 200 additional beds are required to serve that cohort. Freeing existing acute care beds would also assist to provide more 'flex' in the system for acute care beds. This work must inform the development and funding of appropriate state funded facilities and services that meet the needs of the older people that current facilities are unable to manage.

The State Government must also advocate to the Commonwealth Government to ensure that national policies and funding reflect the real needs of older South Australians, particularly those living in underserved and geographically isolated regions.

We recognise the nursing workforce as central to meeting the needs of older South Australians. Nurses are uniquely positioned to support every stage of an older person's healthcare journey, seamlessly coordinating care as individuals transition across services.



We acknowledge SA Health are aware of these challenges and have commenced initiatives such as Virtual Care Services and Palliative Care Needs Rounds. We call upon the elected government to continue to fund these vital services.

ANMF SA Position

- ANMF SA are committed to empowering older South Australians by enabling choice, voice, and control over the care and support they receive regardless of where they live.
- Our goal is to ensure that all older people receive respectful, high-quality care that promotes their independence, wellbeing, and dignity delivered by a compassionate, skilled, and well-supported nursing and aged care workforce.
- The nursing and aged care workforce must be equipped to deliver best practice, effective, and safe care for people living with the most complex manifestations of dementia.
- Nurses and aged care workers are essential to providing high-quality, safe, and person-centred care, and must be supported to continue delivering this care in challenging and resource-limited settings.

What we are seeking...

We seek the following commitment from any prospective Government:

- Developing a comprehensive strategic Dementia care plan to address the needs of older people experiencing the severe behavioural and psychological symptoms of dementia (BPSD). This includes mapping existing services, identifying service gaps, evaluating current models of care, and outlining a clear, evidence-based path forward.
- Review and map the care needs of the current cohort of inpatients who are unable to secure an aged care placement, using an evidence based framework. This would inform planning and service design for the delivery of quality care to ensure the wellbeing for this cohort of older people.
- Develop a comprehensive Model of Care that provides suitable accommodation and specialised support for older people living with dementia and other complex needs.
- Partner with the Commonwealth Government to establish state-funded aged care beds in the areas (both metropolitan and regional) where these services are required. Based on current demand, an additional 200 state based aged care beds would serve to assist in providing more suitable care spaces for older Australians while simultaneously freeing up acute care beds and providing more 'flex' capacity.
- Conducting a comprehensive review of aged care service delivery across Multi-Purpose Services (MPS), with a focus on developing targeted, strategies to attract, support, and retain the nursing and aged care workforce in regional and remote areas.
- Follow the lead of the Victorian Government's commitment in reducing medicine-related risks in residential aged care by amending the Controlled Substances Act 1984. This amendment would require all South Australian registered residential aged care providers to:
 - Ensure that only a registered nurse or an enrolled nurse administers prescribed drugs of dependence and Schedules 4, 8 and 9 medications.
 - Aligns with the national Guiding Principles for Medication Management in Residential Aged Care Facilities.



Workforce and Industrial Relations

Building a Secure Workforce: Permanent Employment for Nurses and Midwives

South Australia's nursing and midwifery workforce is increasingly reliant on short-term contracts, casual arrangements, and agency staffing. While these models offer flexibility for some, they have become the default, rather than the exception. Many nurses and midwives are forced to choose part time work as a strategy to manage burnout and unstable rosters, but this can create inconsistent income. This shift undermines workforce cohesion and stability, continuity of care, and professional identity.

Contract-based employment erodes job security and limits access to career development, leave entitlements, and long-term planning. It contributes to high turnover, fragmented teams, and diminished morale. For early-career professionals, the lack of permanent roles sends a disheartening message: that their contribution is valued only in short term capacity, not as part of a long-term career journey and partnership with their employer.

Casualisation of the workforce has significant socio-economic implications for nurses and midwives as it effects their ability to secure housing, future planning and overall wellbeing for themselves and their families.

A secure workforce is a resilient workforce. Permanent employment is not just a contractual arrangement—it is a commitment to stability, respect, and long-term investment in the health system. South Australia must prioritise permanent roles to retain talent, strengthen clinical teams, and ensure consistent, high-quality care for patients.



Workforce and Industrial Relations (cont)...

ANMF SA Position

- ANMF SA advocates for prioritising the transition of the nursing and midwifery workforce into permanent ongoing roles both full-time and part-time instead of casual or contract-based employment. This includes establishing clear and accessible conversion pathways for long-term contract staff to move into permanent positions, ensuring greater job security, continuity of care, and workforce stability
- Permanent staff should make up the workforce available to meet minimum activity expected during any period of the year. Casual and temporary staff should only be used to meet unplanned and peak demand and replace unforeseen leave and absences.
- The nursing and midwifery workforce needs to be supported to work flexibly and offered a variety of work arrangements to support workforce attraction and retention, job security and build a robust reliable workforce.
- All nurses and midwives must have equitable access to core employment entitlements, including leave provisions, professional development opportunities, and pathways for career progression. A highly casualised workforce undermines the ability to plan and deliver these entitlements consistently, impacting both individual wellbeing and workforce sustainability.
- Early-career nurses and midwives should be supported with guaranteed permanent positions post-graduation, alongside access to education and mentoring programs. These initiatives are essential to future-proof South Australia's nursing and midwifery workforce and ensure we are developing and retaining our own skilled professionals.

What we are seeking...

We seek the following commitment from any prospective Government:

- Mandate permanent employment as the standard across public health services, embedding job security as a foundational element of long-term workforce sustainability
- Fund initiatives to transition contract staff into permanent roles, including set targets for permanent employment, with annual reporting and accountability mechanisms.
- Regular, transparent publication of workforce data that includes the numbers of permanent and casual employees as well as usage of casual and agency staff.
- Guarantee of ongoing permanent positions for graduate nurses and midwives, with structured onboarding programs.
- Invest in workforce planning, to align permanent staffing levels with projected service demand.

Workforce and Industrial Relations (cont)...

Attraction and Retention of a Skilled Workforce

South Australia's healthcare system is facing a critical inflection point. Nurses and midwives are exiting full-time roles at an alarming rate, driven by burnout, stress, and unsustainable workloads. The Nursing Supply and Demand Study (2023–2025) projects a national shortfall of approximately 70,700 full-time equivalent nurses by 2035, with an additional 79,500 nurses required to meet growing demand. Despite modest increases in nursing and personal care worker numbers in South Australia, these gains fall short of current and future workforce needs.

The decline in midwife and lack of growth in nurse practitioner numbers in South Australia is particularly concerning. Between 2019 and 2024, the number of employed midwives dropped from 2,021 to 1,915, and nurse practitioners went from 128 to 131 [30]. These roles are vital to delivering preventative, community-based, and primary care yet instead of expanding, the state is contracting its capacity. Without targeted investment, South Australia risks losing the very professionals who can reduce hospital admissions, ease pressure on emergency departments, and improve system-wide efficiency.

The State Opposition Leader Vincent Tarzia and Shadow Minister for Health Ashton Hurn have released an early election commitment aimed at attracting and retaining nurses and midwives in South Australia.

The commitment has outlined a \$72 million plan to provide nurses and midwives with a retention bonus as recognition of their years of service offering payments of up to \$20,000 for 20 years of service.

If elected in 2026, The Liberal Party have committed to introducing a re-entry incentive of up to \$20,000 for workers who have left the workforce and return to work for SA Health for at least two years.

In addition, a further \$90 million commitment includes two targeted packages:

- University students: Up to \$12,000 in financial support while studying to qualify as a nurse or midwife (\$4,000 per year for up to three years).
- Current SA Health employees: Additional payments of \$8,000 for metropolitan staff and \$18,000 for regional staff who maintain an average of 0.6 FTE over two years.

ANMF (SA Branch) has welcomed the State Opposition's early campaign promises and is strongly urging the current state government to match this commitment or exceed it.

Attracting and retaining a skilled nursing and midwifery workforce is not a luxury, it is a necessity. South Australia must become a destination of choice for health professionals by offering competitive conditions, meaningful career pathways, and a culture of respect and support. Without decisive action, the state will struggle to meet rising healthcare demands, compromising both patient outcomes and system sustainability.

ANMF SA Position

- Nurses and midwives must receive remuneration comparative to other States and Territories, that accurately reflects their value, skill, education and complexity of their professions. Appropriate remuneration is essential to recognising their contribution, supporting workforce retention, and ensuring the sustainability of South Australia's health system.
- Career development pathways, including postgraduate education, leadership training, and clinical specialisation are essential to retaining skilled nurses and midwives. Nursing and midwifery must be promoted as lifelong professions, with clear opportunities for progression, purpose, and sustainable career growth.
- Intensive support for early-career nurses and midwives which include graduate transition programs and structured mentorship must be maintained and expanded. These initiatives are critical to ensuring safe, high-quality care and to developing and retaining South Australia's future nursing and midwifery workforce.
- Transition-to-retirement pathways must be prioritised to retain experienced clinicians to support early career nurses and midwives.
- Nurse practitioners and endorsed midwives are vital to delivering high-quality, community-based care and improving system-wide efficiency. Their advanced skills and scope of practice must be fully utilised to enhance access, reduce hospital admissions, and strengthen continuity of care. Targeted investment is needed to significantly bolster their numbers across South Australia to meet growing demand.

What we are seeking...

We seek the following commitment from any prospective Government:

- Achieve wages that are nationally comparative with other States and Territories by establishing a career structure that guarantees competitive, inflation-indexed remuneration for nurses and midwives that are aligned with national benchmarks.
- Support professional development for nurses and midwives through access to study leave, ongoing training, research opportunities, and leadership roles.
- Introduce flexible employment models, including job sharing, self-rostering, remote work options, and streamlined cross-site mobility.
- Implement flexible rostering in all LHNs by end of 2026.
- Invest in endorsed midwife and nurse practitioner positions, with dedicated funding for scholarships, incentives, remuneration, and career pathways.
- Fund a total of 150 new nurse practitioner and endorsed midwife positions and 100 candidate scholarships by end 2028.
- Expand graduate nurse and midwife intake, with structured transition programs and guaranteed permanent positions post-graduation.
- Increase graduate intake by 25% annually, with 100% transition to permanent roles.
- Establish a statewide workforce strategy, with clear targets for recruitment, retention, and diversity.
- Funding for targeted recruitment campaigns, including scholarships, rural and remote incentives, and ethical international outreach and recruitment, to attract and retain a skilled nursing and midwifery workforce.
- Develop and implement strategy by the end of 2026, with annual progress reporting.
- Implementation of comprehensive strategies to attract and retain nurses and midwives in South Australia, including adopting or exceeding the retention bonuses to acknowledge service, and re-entry incentives of up to \$20,000 as committed by State Opposition.
- Adopt or exceed the planned structured packages for university students studying nursing or midwifery and the retention packages for public sector nurses and midwives to encourage university students, registered nurses, and midwives to remain in the workforce.

Workforce and Industrial Relations (cont)...

Nurse and Midwife Health and Wellbeing

The psychological wellbeing of South Australia's nursing and midwifery workforce is under escalating and unsustainable strain. Chronic understaffing, relentless workloads, and emotionally demanding environments are driving a surge in burnout, stress, and mental fatigue. Increasingly, clinicians are shifting to casual or part-time roles, not as a preference, but as a survival strategy to mitigate the psychological toll of their work.

This trend signals a workforce in crisis. Emotional exhaustion, compassion fatigue, and moral injury are no longer isolated experiences they are becoming endemic, particularly in high-intensity settings. However, these impacts are now evident across nearly every corner of the health system. The consequences are profound: diminished capacity to deliver safe, high-quality care and a growing risk of workforce attrition.

Fatigue has become a critical safety risk, yet it is too often mischaracterised as a personal shortcoming rather than a systemic failure. Nurses and midwives are expected to maintain clinical precision under conditions of chronic understaffing, extended shifts, mandatory overtime, and insufficient recovery time. When errors occur, the

response frequently targets individual performance, ignoring the structural pressures that impair judgment and compromise care.

This narrative not only jeopardises patient safety but places nurses and midwives in ethically untenable positions, compounding burnout and deepening moral injury.

The wellbeing of nurses and midwives is not ancillary, it is foundational to the safety, sustainability, and resilience of South Australia's health system. Without urgent, coordinated, and sustained government intervention, we risk losing experienced clinicians, compromising patient outcomes, and accelerating the collapse of an already fragile workforce.

ANMF SA Position

- Nurses, midwives and assistants in nursing have a right to a safe and healthy workplace and to perform their work without experiencing the psychological and physical health effects of workplace stress, fatigue and bullying and harassment [33].
- Employers must meet their obligations under WHS law to prevent, eliminate and minimise workplace hazards including but not limited to stress, fatigue

and bullying or harassment, by collaborating with staff; WHS committees; health and safety representatives (HSRs); unions; and experts to develop and implement a risk management strategy that identifies and assesses the workplace stress hazards and puts control measures in place.

- When developing their risk management strategy, employers should give particular attention to ensuring workplace hazard prevention is factored into all policies, procedures and guidelines.
- Employers must consider fatigue when investigating incidents and analysing data on all fatigue related incidents to inform their prevention strategy.
- ANMF SA advocate that the well-being of nurses and midwives is not a personal responsibility alone, it is a shared, strategic priority for healthcare leaders, policymakers, and organisations. Well-being must be embedded in workforce planning, leadership development, clinical governance, and organisational culture.

What we are seeking...

We seek the following commitment from any prospective Government:

- Continued support to introduce and enforce minimum nurse and midwife staffing ratios across the agreed clinical settings to ensure safe workloads, reduce burnout, and improve patient outcomes. This commitment will be underpinned by workforce modelling and sustained investment in recruitment and retention.
- Implement evidence-based fatigue management standards, including maximum shift lengths, mandated rest periods, and limits on consecutive shifts. These protocols will be embedded in industrial agreements and monitored through clinical governance frameworks.
- Develop and implement a whole-of-system wellbeing framework for nurses and midwives, with clear performance indicators, reporting mechanisms, and accountability structures. This framework will guide policy, funding, and organisational culture across public and private sectors.
- Enforce zero tolerance for bullying, harassment, and punitive management practices. Psychological safety will be embedded in leadership training, incident reporting systems, and accreditation standards, ensuring all nurses and midwives feel respected, heard, and supported.
- Fund and promote peer-led programs such as debriefing circles, mentoring networks, and resilience-building workshops. These initiatives will be co-designed with clinicians and integrated into local health service wellbeing strategies.
- Introduce rostering reforms that enable cross-departmental and cross-network employment options, flexible scheduling, and job-sharing arrangements. These models will enhance workforce agility, reduce burnout, and support work-life balance.
- Create structured pathways for senior nurses and midwives to gradually reduce clinical hours while contributing to workforce development through mentoring, education, and leadership roles. This approach will retain expertise and support intergenerational knowledge transfer.
- Guarantee access to professional development, sabbaticals, and dedicated wellbeing leave for nurses and midwives at all career stages. These opportunities will be embedded in workforce planning and supported through targeted funding and policy reform.

Workforce and Industrial Relations (cont)...

Work Health and Safety (WHS)

Nurses, midwives and personal care workers are central to the delivery of safe and high-quality care across all sectors of the health system, they are the foundation upon which services are built.

Our health and aged care systems are experiencing unprecedented pressure, resulting in rising levels of frustration, aggression, and unsafe workloads. Nurses, midwives, and personal care workers are facing increasing violence, bullying, and hostility not only from patients and visitors, but at times from within the workforce itself. These conditions are contributing to fatigue, burnout, and a decline in overall wellbeing. Every nurse and midwife has the right to work in an environment that is safe, respectful, and supportive.

A recent workforce climate survey conducted by the ANMF SA and the Rosemary Bryant Research Centre revealed respondents often felt their work is cognitively and emotionally demanding, they have a heavy workload and frequently work under pressure.

Exposure to workplace violence and aggression has serious consequences for health and wellbeing. It can lead to feelings of isolation and disconnection; loss of confidence and withdrawal; physical and psychological injuries; stress, depression, anxiety or post-traumatic stress disorder; illness such as cardiovascular disease and musculoskeletal disorders; and suicidal thoughts [33].

In the same survey, 46.9% of respondents reported being verbally abused or threatened by patients in the four weeks prior, while 20% reported being physically abused or threatened by patients during the same period [34].

Unsafe and unmanageable workloads are placing additional stress on an already fatigued and demoralised workforce. When nurses, midwives, and personal care workers are stretched beyond safe limits, critical care tasks are often delayed, leading to missed care and slower responses to patient deterioration. Fragmented care becomes inevitable, especially when continuity is disrupted by understaffing or reliance on temporary staff. This environment increases the likelihood of clinical errors, such as medication errors or miscommunication.

For staff, constant pressure contributes to physical fatigue, emotional burnout, and heightened stress levels. Overworked staff are more prone to workplace injuries, particularly in high-risk or violent situations. Altogether, unsafe workloads compromise care quality, endanger staff wellbeing, and undermine the integrity of the healthcare system.

ANMF SA Position

- Employers must ensure the health and safety of their employees at work and uphold the highest standards of work health and safety through strong policies and compliance with the regulation.
- Members must have a genuine voice in workplace safety discussions with their concerns actively addressed.
- WHS laws uphold the right of representatives to access workplaces when safety risks are not being properly managed.
- Ensuring members understand their WHS rights and responsibilities is essential to establish a safe and empowered workforce.

What we are seeking...

We seek the following commitment from any prospective Government:

- Enforce the implementation of the ANMF SA 10-point plan to end violence and across all health networks.
- Activate the workforce strategies outlined in this document.
- Apply the legislated staffing ratios and ensure full implementation, to reduce unsafe workloads and workforce fatigue.



Professional Practice

Nursing and Midwifery Professional Practice

Advanced practice nurses and midwives integrate leadership, education, research, and system support into their roles. Their practice reflects clinical expertise, critical thinking, complex decision-making, autonomous practice, and a commitment to safe and effective care [35, 36].

The *Unleashing the Potential of our Health Workforce – Scope of Practice Review 2024* [23] reaffirms long standing concerns: nurses and midwives face systemic barriers particularly in primary health care that prevent them from working to their full scope, despite having the necessary education, skills, and competence. These limitations also exist in acute settings leading to underutilisation, frustration and job dissatisfaction.

Nurse Practitioners (NPs) and Endorsed Midwives (EMs) in South Australia remain significantly underutilised. Empowering all nurses and midwives to work to their full scope of practice including NPs, EMs, and those in advanced roles is essential to improving access, continuity, and

efficiency across the health system. This is particularly critical in rural and remote areas, where workforce shortages persist and timely care is often compromised. Strategic investment and policy reform are needed to expand and support these roles, ensuring their full contribution to a responsive and sustainable healthcare system.

Mapping the roles of NP's and EM's is essential to identify areas where their advanced skills can be leveraged to meet growing health system demands. These practitioners are highly trained to provide comprehensive, autonomous care, yet their potential is often underutilised due to role ambiguity and fragmented workforce planning. By clearly defining and expanding their scope into priority areas such as chronic disease management, maternal health, and transitional care, it will help alleviate pressure on hospitals, improve access in underserved communities, and enhance continuity of care across settings.

Professional Practice (cont)...

Despite clear evidence of their value, the growth of NP and EM roles in South Australia remains stagnant, with only 131 currently employed in 2024. Key barriers to NP workforce expansion include limited funding for candidate positions, high study costs, restrictive Medicare models, scope-of-practice limitations, and inadequate remuneration. Addressing these challenges is essential to unlocking the full potential of NPs and EMs whilst ensuring their contribution to a more accessible, efficient, and sustainable health system.

ANMF SA welcomes the new registration standard: Endorsement for Scheduled Medicines – Designated Registered Nurse Prescriber. This allows nurses and midwives who have completed additional training to prescribe Schedule 2, 3, 4, and 8 medicines in partnership with an authorised independent prescriber. Nurse prescribing is safe, evidence-based, and improves access to timely care particularly in rural, remote, and underserved communities. It enhances continuity of care, reduces delays in treatment, and empowers nurses and midwives to work to their full scope of practice. This reform supports more responsive, efficient, and person-centred healthcare delivery [23].

The International Council of Nursing new definition of nursing describes nurses' as professionals who "provide people-centred, compassionate clinical and social care, manage services, enhance health systems, advance public and population health, and foster safe and sustainable environments. Nurses lead, educate, research, advocate innovate and shape policy to improve health outcomes [37]

Nurses and midwives represent the largest and most trusted health workforce. Nurse and midwife representation and leadership in health policy development and reform is essential, not optional, for building a more equitable and responsive health system.

ANMF SA Position

- Eliminate scope of practice barriers, through targeted regulatory and funding reforms that enable nurses and midwives to work to their full scope across all healthcare settings.
- Expand nurse practitioner and endorsed midwife roles, by funding more positions and reforming Medicare models to support NP and EM led models of care.
- Advance nurse prescribing, by investing in infrastructure and training for the registered nurse prescriber pathway.
- Build structured career pathways for midwives, with dedicated support for endorsed roles.
- Embed nursing and midwifery leadership in all levels of health policy development and system design.
- Ensure equitable access to professional development opportunities for all nurses and midwives.

What we are seeking...

We seek the following commitment from any prospective Government:

- Fund a collaborative workforce mapping project between ANMF SA, CNMO, and SA Health to ensure nursing and midwifery workforce investment is targeted, sustainable, and aligned with service needs. This mapping would identify service gaps, unmet demand, nursing and midwifery role gaps, growth opportunities, and priority areas for investment.
- Fund fast-tracked nurse prescribing pilots with robust evaluation to inform statewide implementation across all health care settings.
- Launch 10 prescribing pilot sites by 2027 across SA Health, with 100 participating nurses and midwives.
- Develop and support career pathways for clinical specialisation and leadership in nursing and midwifery.
- Establish a statewide framework by end of 2026.
- Implement succession planning for nursing and midwifery leadership, including education and support to step confidently into senior roles.
- Fund 50 -100 leadership development scholarships and mentoring placements per year.
- Develop a Medicare model that supports nurse and midwife-led services, including direct referral, prescribing rights, and appropriate remuneration.
- Advocate for national reform and pilot the model in five SA primary care sites by 2028.
- Approve direct referral rights for nurses and midwives to refer patients to specialists under Medicare.
- Invest significantly in nurse practitioner candidates, nurse practitioners, and endorsed midwives across LHNs, primary health, community, and aged care.
- Fund a total of 150 new nurse practitioner and endorsed midwife positions statewide, plus 100 candidate scholarships and transition support packages by 2028.



Research

Advancing Nursing and Midwifery Through Research

Nurses and midwives are central to patient care yet remain underrepresented in clinical research leadership and innovation. Limited support for clinicians to engage in research alongside practice, leads to missed opportunities for innovation, influence on policy, and professional growth. Without dedicated roles, funding, and career pathways, research remains siloed and inaccessible to many skilled clinicians.

Clinical settings rarely provide protected time or resources for research, stifling innovation and contributing to workforce attrition. The absence of structured research pathways means that many clinicians with valuable insights and ideas are unable to contribute meaningfully to evidence-based practice or system reform.

Research is foundational to progress, it is a cornerstone of safe, effective, and progressive healthcare. Nurses and midwives bring unique perspectives essential to shaping responsive, patient-centred systems. South Australia must invest in nursing and midwifery research capacity to unlock innovation, improve outcomes, and retain talented professionals seeking intellectually fulfilling careers.



ANMF SA Position

- Protected research roles must be embedded within clinical settings to enable nurses and midwives to lead and participate in research without compromising patient care.
- Dedicated funding streams including grants, fellowships, and seed funding, are essential to support nursing and midwifery-led research and innovation.
- Structured research career pathways must be established, from novice researcher to academic leader, with clear progression and mentorship.
- Research must be integrated into clinical practice through translational models and collaborative projects that improve care outcomes.
- Research must be recognised as a core professional activity for nurses and midwives, not an optional extra.
- Postgraduate study in research must be supported through scholarships, study leave, and flexible learning options.
- Strong partnerships with universities and research institutes are essential to foster collaboration, knowledge exchange, and innovation.
- The impact of nursing and midwifery research must be visible and celebrated through awards, publications, and dissemination platforms.

What we are seeking...

We seek the following commitment from any prospective Government:

- Fund protected research positions in hospitals, community health, and aged care settings to enable nurses and midwives to lead and participate in research without compromising patient care.
- Target: 150 protected research FTE positions across SA by 2028.
- Establish a dedicated Nursing and Midwifery Research Fund to support clinician-led projects focused on innovation, safety, and workforce development.
- Initial investment: \$2 million over three years.
- Develop a statewide research career framework with defined roles and progression pathways to support research at all career stages.
- Deliver the framework by the end of 2026, with implementation across all Local Health Networks.
- Provide scholarships and study leave for nurses and midwives undertaking research degrees to build workforce capacity.
- Offer 50 postgraduate research scholarships annually.
- Embed structured mentorship programs connecting early-career clinicians with experienced researchers to build capability and confidence.
- Establish mentorship hubs by 2027.
- Facilitate cross-sector collaboration, including joint appointments with academic institutions to promote knowledge exchange and research translation.
- Create 50 joint clinical-academic appointments across SA by 2028.
- Monitor and publicly report on nursing and midwifery research participation, impact, and barriers to inform future investment and policy development.
- Publish annual statewide research impact report starting 2027.

Research (cont)...

Digital Technology

Digital technology is now an integral part of Australian healthcare, making technical competence now a fundamental element of nursing and midwifery practice.

As the largest professional cohort of registered health practitioners in Australia, nurses and midwives play a vital role in digital health. They are the largest users of digital health platforms and are perfectly placed to be the champions of change. It is therefore imperative that nurses and midwives are involved in planning, implementing and evaluating digital health management systems and are educationally prepared to work in a digital health environment [38].

AI technologies such as clinical decision support systems, predictive analytics, mobile health tools, and robotics can enhance patient care by improving diagnostic accuracy, streamlining workflows, and enabling real-time monitoring and supporting education. However, the integration of AI also presents significant risks including ethical and regulatory concerns, data privacy issues, and the potential erosion of human-centred care are critical challenges.

Poorly designed AI systems may produce biased or inaccurate outcomes, and overreliance on technology could undermine critical thinking and empathy which are core values in nursing and midwifery. To ensure safe and effective implementation, nurses and midwives must be actively involved in the design, evaluation, and governance of AI tools, supported by education and multidisciplinary collaboration.

ANMF SA Position

- Digital health information systems must be:
 - intuitive, user friendly and align with nurse and midwife workflows
 - connect seamlessly across the health and aged care sectors
 - the system must collect purposeful data including nurse /midwife sensitive indicators to support care delivery and knowledge development.
- All digital platforms must comply with national privacy legislation and standards.
- A Senior Nursing and Midwifery Information Officer should lead digital health strategy and represent the digital workload, workflow and learning needs of nurses and midwives.
- Education providers must ensure their students:
 - understand digital health information systems and gain hands on experience during placements in a clinical settings.
 - understand coding fundamentals and the impact data has on care outcomes.

What we are seeking...**We seek the following commitment from any prospective Government:**

- A Senior Nursing and Midwifery Information Officer is appointed to lead the digital health strategy in South Australia by 2028.
- Representation of nurses and midwives in all planning, selection, implementation, and evaluation committees for digital health systems in SA Health by 2026.
- Conduct an annual workforce impact review of AI tools/ platforms, with transparent reporting and safeguards to ensure nursing and midwifery scopes of practice are preserved.
- Support AI education and training for nurses and midwives
- Fund and deliver accredited AI training programs for at least 500 nurses and midwives annually by 2028, enabling safe and effective use of AI within their scope.
- Mandate inclusion of digital health information systems, telehealth, and simulated telehealth in all SA undergraduate nursing and midwifery programs by 2028, with curriculum audits to ensure compliance.



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