EDUCATION AND HEALTH STANDING COMMITTEE

Thirteenth Report — "Child Health — Child Development: the first 3 years" — Tabling

DR J.M. WOOLLARD (Alfred Cove) [10.10 am]: I present for tabling the thirteenth report of the Education and Health Standing Committee entitled "Child Health — Child Development: the first 3 years".

[See paper 4547.]

Dr J.M. WOOLLARD: Before I discuss this report, I would like to thank the committee members and in particular I would like to thank parliamentary secretariat Dr Brian Gordon and Lucy Roberts who have both provided professional, dedicated and enthusiastic support to the committee. I would also like to acknowledge Emma Clegg who was also briefly a part of the membership of the secretariat. I would like to thank the dedicated community nurses who are responsible for more children in Western Australia than their colleagues in other states and in other countries, and I would like to thank the many people and groups who have freely given their time to the committee and continue to work with the committee to improve child health services in Western Australia.

In 2011, when Professor Fiona Stanley was asked about the shortfall in child health nurses she said —

> *I get very frustrated, I feel like sometimes banging my head against a brick wall. We've been singing this song for 20 years now. Often when I go to the other states people say to me 'what is going on with child health in the boom state?' and I have to hang my head in shame.* ***In WA, there is approximately one child health nurse for every 1,000 children under the age of six.***

As yet, nothing has changed. More recently the committee was told that one child health nurse had responsibility for 1 400 children. The Department of Health has overlooked funding for child health nurses for many years. We are now 151 child health nurses short. Children from birth to three years of age are not being assessed and are not being referred for treatment. Some of these children may be disadvantaged for life. This government can make a difference by funding these 151 child health nurses, and that is why the Education and Health Standing Committee is tabling this interim report so that the government has the statistics and can ensure that funding is applied to this area as part of the budget process. This is now the fifth report to this Parliament that has highlighted that the Department of Health—yes, it is the Department of Health—is missing in action. It is missing in action when it comes to the care of children from birth to three years of age in terms of service provision, particularly the services that have traditionally been provided by child health nurses to ensure all children start kindergarten on an equal footing. The Premier himself stated —

> There is no more important a job than ensuring that every child, no matter what their circumstances, can achieve their potential.

And —

> The critical years for learning are the early years.

We now know—the research has proven—that the first three years of brain development can affect development throughout life and can affect social and emotional wellbeing and mental health. My colleague the member for Eyre will discuss in a more comprehensive manner how the first three years affect lifelong development. The critical years for a child are the early years from birth to age three. I congratulate this government on increasing the funding to therapeutic child services. There has been more money going to this area in this government's first term than in the last decade. However, as the Premier and the government will appreciate after reading this report, child therapeutic services are the second step in improving healthcare services in the community for children from birth to three years. The first step is assessment, and this is the role played by child health nurses. The first step is necessary if we are to ensure that every child can reach their full potential. Child health nurses must be funded to assess and identify children in need and to refer them to appropriate services, be this for physical, behavioural, social or emotional health.

Child health nurses conduct universal child health assessments. Children and families in need are identified as part of that universal child health assessment by a child health nurse. Child health nurse services currently are running, as one child health nurse put it, on their bare bones. In his report the Auditor General stated —

> *Many children are missing out on key health checks between birth and school entry. As a result, some developmental problems are not being detected and intervention is being delayed. This can have a significant impact on children's development and school readiness.*

In 2011, we had 198 child health nurses, when we know that to provide a useful service there should be 349 child health nurses. Using a ratio of child health nurses to new births, we are 151 child health nurses short in WA. Yes; that is 151 missing in child care. We need funding for those 151 child health nurses to ensure that

children are assessed, to ensure that children are referred for treatments and to prevent children from being disadvantaged for life. For children from birth to three years of age, child health nurses are responsible for the assessment and monitoring of children's development and for the referral to allied health professionals or community groups, based on the needs of the individual infant, child or family. Child health nurses work in partnership with parents, allied health professionals and support agencies. There are meant to be the six universal visits by child health nurses, including one home visit, from birth to when a child is three years of age. These visits allow child health nurses to build supportive and trusting relationships with parents and to ensure children are referred for appropriate services. Parents, depending on their circumstances, may be more or less in need of support. We have been told that there has been an increase in postnatal depression. We have been told of the additional support required by fly in, fly out mums. We have been told of the additional support required by teenage parents and by parents who speak little English. We have been told that one in four children come from a household in which someone has a mental health problem. We have been told that 24 per cent of Aboriginal children aged four to 17 years are at high risk of clinically significant emotional or behavioural problems. Without child health nurses to refer children, these children may be left untreated and may then start school disadvantaged and on an uneven footing with other children. We know that intervention in the first three years is more cost-effective. This intervention can reduce or prevent problems from occurring and can prevent both immediate and long-term social and financial problems for these families.

Western Australia is short 151 full-time equivalent child health nurses. Western Australia's population increased by 28 per cent between 2003 and 2010. My colleague the member for Southern River will, in a more comprehensive manner, discuss population increase and its effect on child health nurses. Child health nurse numbers have decreased. Using interstate and overseas ratios, we calculated that there is now a deficit of 151 full-time equivalent child health nurses. This means that infants and children are not being assessed, referred and treated. In 2008, the health department told the government that WA required 105 full-time equivalent child health nurses. As part of our ongoing inquiries, we will ask the health department how it came to that ratio. Some assessments, the 18-month assessment and the three-year assessment, are not promoted and conducted by child health nurses because the health department told them not to make these assessments a priority because the funding is not there for child health nurses. The Auditor General in his report to Parliament showed how 90 per cent of children might be seen during the first 10 days on the home visit and how only 30 per cent of children received their 18-month assessment by child health nurses. He also documented in his report that only nine per cent of children received their three-year assessment by child health nurses. We know that the federal government has recognised the importance of those early childhood assessments and is in the process of moving the four-year assessment to a three-year assessment so that children who have problems can be detected and treated early. We also know that South Australia has an emphasis on the 18-month assessment. We are missing those assessments. Some children could be missing all the child health assessments. By not having sufficient child health nurses, we have been closing the door to those children in need.

This report and the next budget give this government the opportunity to open the door to those infants and children in need. Without enough child health nurses, children may be disadvantaged for life. I hope that the government will read this brief report. It is not a long report, but it clearly shows the need for the government to tell the health department to stop allocating funding to tertiary and secondary hospitals at the expense of community health services and early childhood assessments in particular. I hope that the government will take this report seriously and that we will see funding in the next budget to employ child health nurses so that when children start school, they all are able to start school on an equal footing.

DR G.G. JACOBS (Eyre) [10.25 am]: As a member of the Education and Health Standing Committee, I will add my comments to the deliberations of the committee on this very important subject of child development from nought to three years. If we could do a critical anatomy lesson, if we like, the model I am holding is about the size of a baby's brain when it is born. By the age of three years, the brain has developed rather considerably to about 80 per cent of the size of an adult brain. The adult brain at approximately 30 years of age is the size of this model that I am holding. Therefore, we can see that in fact the greatest amount and speed of development both in size and structure occurs between nought and three years of age.

I hope members will find our thirteenth report, "Child Health — Child Development: the first 3 years", interesting. It is packaged in an interesting way, and I thank the committee and the printers who printed it for us overnight after our final deliberations yesterday. Might I say, it is a very readable report. On page 3, members can see pictures of the microscopic development of the nerve cells within the brain. From birth to 15 months is when there is major growth of nerve cells and also the connection of one nerve cell to another, which we call a synapse. In recognising this development from nought to three, it is also important to recognise that the positive and negative factors that have an impact during this time are critical to a child's development. The risks in this period from birth to three years of age are antenatal exposure to alcohol and other drugs, disease and injury, the child's nutrition, the stimulation, nurturing and love this child gets and, indeed, the ability for this child to explore its environment. Potential risks are a low birth weight when the child is born, being in a low

socioeconomic group, which we find impacts on child development, and, obviously, neglect, poverty and environmental health factors. I had an experience of the latter in Esperance with the lead event that exposed 82 children at that very young age to lead, which drove their lead levels high. Of course, that is an important factor in their development.

My experience as a general practitioner is that doctors basically cover the disease, injury and physical development stuff. I have to say that they do it quite well. We have always been trained to look at the five Hs—namely, head circumference, heart, hernia, hips and hearing. That is great and in fact it fits very well with a very busy surgery when GPs have a lot of other things to do. But, as I have described, the risk factors from nought to three are not only physical but also include nutrition, stimulation, the important nurturing factor and other factors that impact very largely on a child's development. That is why in finding 13 we found that probably GPs, because of their workload and all the other demands that they have, are not a substitute for the fact that we do not have enough child health nurses.

It is really important to provide an environment in which women bringing their babies and toddlers to a clinic can talk not only about whether the child has a heart murmur or whether its head development is normal on the chart or its hips are enlocated and there is no cause for concern about a dislocated hip, but much more—there is much more to it! This is not necessarily a pure clinical health model. It is about a nurse perhaps identifying that mum is very anxious or depressed or, as the member for Alfred Cove alluded, flagging or identifying an incidence of postnatal depression. Sometimes, a busy practice with 20 people in the waiting room and a GP checking out the hips and the heart might not be the relaxed environment in which a woman can sit and talk and we can identify these conditions. What is needed is a less challenging or less threatening environment.

The member for Alfred Cove reported an identified shortage of 151 child health nurses in Western Australia. Taking a median with Victoria and putting us on par with the United Kingdom experience, we in fact need about 340 nurses and not 190. In Victoria, 99 per cent of kids are screened at birth and 63 per cent at three years of age. What are the Western Australian figures? Nine per cent, at three years; that is, nine per cent of kids aged three have their screen and survey conducted by a child health nurse—or by anybody for that matter. Locally, in Esperance, we are fortunate because with 200 births a year we have approximately 2.5 FTE child health nurses to do that job. There are of course some issues about how we cope with, for instance, a large group of migrant women. We know that they do not appear in the calculated statistics. We may, in fact, have underestimated the need given the live birth statistics.

Obviously, child health nurses do a lot of other things. I have found that locally they run parenting classes, women's health classes, some cover school health and one runs an enuresis clinic. There is a significant workload and in addition there are obviously some administration demands placed on nurses. The issue of cars and the ability for a child health nurse to access a car in a community health setting to do home visits is very, very important.

I will finish with this, Mr Deputy Speaker. When talking to a child health nurse about the ratios and whether they had access to a car and had administrative support, she said, "Graham, what we have to remember is today there is an increasing complexity in delivering good child health care." There is the complexity of relationships and relationship counselling. There is the complexity of mental illness, or anxiety or depression. There is the whole issue of feeding and feeding problems for women who, for example, have difficulty feeding their baby. And these issues are not necessarily cured in a thirty-minute consultation. It is really important to recognise what I believe to be a significant unmet need. What will we hear when we get to the budget process? One hundred and fifty nurses may cost $10 million a year but this committee purports that that would be money exceptionally well spent because it deals with the development of the child from zero to three years of age and we know that the positives of doing that for the child follow into adulthood and the rest of their lives.

MS L.L. BAKER (Maylands) [10.35 am]: Firstly, I thank our incredible committee staff for getting together the thirteenth report of the committee, "Child Health — Child Development: the first 3 years", and I also thank the committee chair and my committee colleagues.

I want to start by referring to my colleague in the other place Hon Linda Savage and an opinion piece that she wrote for *The West Australian* on 1 February 2011 titled "Start early to give our kids the best chance". She writes —

> As eminent neuroscientist Professor Susan Greenfield told a Perth audience last year, in one year a 10-year-old child will spend an average of 900 hours at school, 1200 hours with family and friends and 1900 hours in front of a screen.

The reality is that to wait until a child reaches school-age or even preschool-age is simply too late. Given the demonstrated brain development between the ages of zero and three, it is very, very obvious that we have to

spend our efforts on a child aged zero to three if we are to cure any of the long-term problems and limit the ad hoc responses from governments that are an incredible waste of money.

Last year, a surplus of $758 million for 2010–11 was forecast in the state budget midyear review and surpluses of about $1 billion for 2011–12 and 2012–13. It is a source of great shame to me to be a part of a committee working on this subject when we have produced three reports and, as far as I know, there are five reports around this Parliament at the moment all saying the same thing. Why is this government not listening? It is hard to imagine, with those surplus figures, what the excuse can possibly be for not funding 100, and now, 151, child health care nurses. For Western Australia to have similar ratios of child health nurses to the number of births as they have in other Australian states and in the United Kingdom, 155 positions need to be created—immediately! Members have heard from our chairperson this morning who described the responses from child health nurses and the incredible pressure that they are under. And from those with young children or children close to their families, we hear similar stories about their problems accessing services. This is simply not good enough.

I want to run through a time line. In November 2010, WA Labor released a discussion paper called "The Health and Happiness of our Children: A new approach for the Early Years". That was the start of a policy development process and in October 2010 we released a policy called "Growing Children Well: WA Labor Direction Statement". The key deliverables in that document are quite clear and I will read through them in a moment so that they are on the public record. Indeed, back in December 2010, we appointed a spokesperson for early childhood years. This year, we have announced the position of shadow minister for early childhood years. We have already fulfilled the first of our commitments. Let me run through "Growing Children Well" and ask members whether it rings true when they read through the body of this report and the four other reports that Parliament has already seen. On this incredibly obvious, but somewhat vexing problem for government, WA Labor will —

> ***Appoint a Minister for Early Childhood*** to oversee Western Australia's early years strategy and to ensure the integration of funding, policy and regulation by the Commonwealth and State Governments.
>
> ***Appoint an Early Years Advisory Group*** comprising experts in fields relevant to infants and young children, to review existing programs and assist in developing policies that reflect best practice and address issues of fragmentation of services and lack of co-ordination, as well as to formulate an 'Early Childhood Plan' for Western Australia.
>
> ***Establish high level Ministerial and Directors General committees*** to meet on a regular basis in recognition that the well-being of children is not the responsibility of one department and to ensure integration to maximise the benefits of enhanced services in the early years.
>
> ***Ensure funding is available to employ additional Child Health Nurses*** with priority given to areas of high need and act immediately to put in place strategies to address the shortage of Child Health Nurses including in country WA.

At the time this policy was released, the total number of child health nurses needed was 107 or 108, so I assume we will need to recalculate the budget commitment now that we know the number is 151. Goodness knows what it will be by the time of the election—probably 300. The policy continues —

> ***Provide all first time parents with information*** on the importance and basic skills of parenting and how through play and spending time with your baby you help build their social and emotional development as well as critical skills like language.
>
> ***Establish a pilot program*** based on programs such as Family Nurse Partnerships (UK) and Family Home Visiting (South Australia) to provide intensive support for vulnerable first time young mothers until their child reaches 2 years of age and for longer in some circumstances.
>
> ***Fund a campaign to:***
>
> - Increase awareness of the critical development that occurs in the early years of a child's life and the crucial role of parents and carers in those years; and
> - Increase awareness about the enormous benefits to individuals, families and society of early intervention and the long-term savings of this approach.
>
> ***Establish Children's Centres*** on school or other suitable sites to provide dedicated services including early education and care, child health clinics and dental services, as well as support and education for parents and carers prior to school entry. The location of a centre will be based on need determined primarily on Australian Early Development Index … data, taking into account existing services, long-term demand and sustainability, and local community input.

> Upgrade where necessary, those centres that have already been established to support parents, infants and young children such as the Challis Parenting and Early Learning Centre.

The final commitment states —

> ***Ensure high school health programs include*** a segment to demonstrate the critical importance of health in pregnancy, including the dangers of alcohol and drugs, as well as the crucial development that occurs in the first 3 years of life and that has a lifelong effect.

Clearly, WA Labor is well and truly aware of the challenges in this area. We have made a very public commitment to the "Growing Children Well" policy that we will take forward. Again, I must acknowledge my colleagues in the upper house: Linda Savage, who has been the opposition spokesperson for early childhood for some time, and Sue Ellery, who is our new shadow minister for this important and critical area.

In conclusion, it is seriously hard for me to imagine what the role of a government is if it is not to do the best it possibly can to ensure that all children get the opportunities they deserve. Finally I ask: where does that leave us now in Western Australia? It leaves us understanding that we have a government that does not seem to get it at all. It has to put money into child health nurses. This is not a problem that will simply go away. It is a problem that we have had and will continue to have until the government makes an investment of the billions of dollars in surplus it is predicting into the crucial area of early childhood development.

MR P. ABETZ (Southern River) [10.43 am]: I rise to address the "Child Health — Child Development: the first 3 years" report. It has certainly been interesting to be on the Education and Health Standing Committee while it works on this issue as part of a larger inquiry.

I well remember the day our first child was born. When our first child came home with Jenny, and I went back to work, the enormous sense of responsibility was quite overwhelming for my dear wife. She certainly was a very natural mother in many ways; mothering came very naturally to her. The child health nurse in Tasmania was a wonderful, reliable, trusted source of valuable information and support on issues such as breastfeeding and potty training and would pick up on development issues that could be overcome with early intervention. I remember one funny incident with one of our boys. He had a speech problem. He could not say "t"; he always said "f". When we had visitors and he played with a truck, it became rather embarrassing! We thought his speech was not all that clear. When Jenny mentioned it, the child health nurse picked up that he had fluid behind the ears. With some medication, it was resolved, and within a very short space of time, he was able to say "t", not "f". If that issue had not been picked up, it would have delayed his speech significantly. Had that issue not been picked until he went to school because he could not hear what the teacher was saying, he would have got frustrated and fallen behind in his education. They are the sorts of things that happen when children do not have access to that kind of screening.

Child health nurses provide a very valuable service. It is not just the screening checks; they also do a very extensive and valuable home visit after the birth. There is also a check at six to eight weeks. That check, which is usually done in the clinic, takes at least 45 minutes to an hour. There is another check at three to four months, and checks at eight months, 18 months and three years. However, because of the shortage of child health nurses, the focus, quite understandably, has been on just the first 12 months. Less than 30 per cent of children get the 18-month check from a child health nurse, and only nine per cent of children get the three-year check.

The sad thing about the situation is that in years gone by—certainly in Tasmania and Victoria where we lived when our children were born—child health nurses had the time to actively make contact with the families who did not visit the child health centre. The reality is that the better educated people in the community tend to be more aware of the importance of these checks, so they access the child health centre, whereas the people who struggle with addiction issues or other social or dysfunctional issues such as a broken marriage often do not access the child health centre. I can remember when we lived in Victoria, and our fifth child was born, it was a bit of a hassle sometimes to go to the child health centre. If everything was fine, Jenny would not go, but the child health nurse would pop in on her way home from the clinic to see Jenny just to make sure that everything was okay. It might have been for only five minutes, but it would give Jenny the opportunity to bounce anything off the child health nurse. In that way, there was ongoing contact.

The problem is that the Department of Health simply offers these screening tests at different stages of development rather than actively pursuing and seeking to do those checks. If we are really going to help those people in the lower socioeconomic section of society, we need to ensure that they get those screenings, because they are the people who are less likely to access a general practitioner; they are less likely to pick up a lack of development in their children and other issues. I certainly want to put on record the fact that child health nurses provide a very valuable service in the community and it is important that we provide that service to the families who need it most.

Another issue I want to raise is the problem with statistics and knowing how many kids there are in Western Australia. We know how many kids are born in Western Australia, but no-one keeps statistics on the number of children who come from the eastern states when their families move here and nobody keeps statistics on the number of children of migrant families on 457 visas and people who have permanent residency.

We have had massive migration into this state. Yet the only statistics that we have are for how many kids are born. The Australian Bureau of Statistics provides statistics about the number of children between the ages of zero and 17. That is a very big range. It does not provide a breakdown of the ages of those children. Therefore we do not know how many kids in this state are aged from zero to four. We are focusing here on the zero-to-three age group. In recent years, 60 per cent of the population growth in this state has come from the eastern states and overseas. A lot of the people who move to Western Australia are young families. Therefore, we really do not know how many children each child health nurse is looking after. The figure seems to be around 1 200 children per child health nurse. That is far, far too many. The result is that children at the older ages of 18 months and three years are not getting the checks that they should be getting. I appreciate that as a government we are under significant pressure budget wise, with the announcement recently by the Treasurer that this state will be missing out on $250 million in goods and services tax revenue. Therefore, the government will need to find savings of $250 million in the coming financial year. In that context, one might say that to ask the government to provide money for more child health nurses is too difficult. But I would suggest very strongly that if we invest an extra $10 million a year in child health nurses, that will in the longer term result in significant savings in our health system. If a child health nurse picks up that mum has the beginnings of postnatal depression, and if that can be addressed at that point, rather than when mum becomes totally unable to function and child welfare has to get involved, or the mother has to be hospitalised, much more can be done to help that mother, and at a much lower cost. Similarly, if children have developmental problems and intervention can take place early on, generally speaking those problems can be overcome and they will not have a negative impact on the child's education.

I sum up by saying that "a stitch in time saves nine" certainly applies to the work of child health nurses. I urge the government to give serious consideration to increasing the funding for child health nurses to enable more child health nurses to be engaged in the coming year.

MS R. SAFFIOTI (West Swan) [10.53 am] — by leave: I would like to make a few comments about the committee's "Child Health — Child Development: the first 3 years" report. As a mother with three children under the age of three, I am going through —

Ms L.L. Baker: You are very tired!

Ms R. SAFFIOTI: Yes—very tired and very busy! But I am actually experiencing some of the things that have been talked about today. I also know, as a member who represents people who live in the outer suburbs, and hopefully in the future Ellenbrook, in which there are a lot of young families—particularly a lot of twins, too, in the young suburb of Ellenbrook—that this is an issue that is increasingly important in the community.

Dr G.G. Jacobs: There must be something in the water!

Ms R. SAFFIOTI: Obviously—something in the Gnangara mound!

I want to reinforce the comments that have been made today and congratulate the committee for its work. The role of child health nurses is vitally important. As the member for Eyre said, when a mother takes her child to the doctor, the doctor does check out that the child's hips are okay, that the child's head size is okay, and that physically there does not appear to be anything wrong with the child. But it is really up to the child health nurse to make sure that there are no significant developmental problems. With my first daughter, Grace, we went through the first-year check. I did try to get an appointment for the 18-month check, but it was very difficult, and I actually felt guilty trying to pursue an appointment given the enormous pressure that the child health nurses are under. Recently, when I had the eight-week check for my twins, Alessandro and Lucia, I experienced the same difficulty. The child health nurses are under significant pressure. Their prime focus now is on trying to get the 10-day check done. There are just so many people waiting for the 18-month and the three-year check that their priority now is on trying to get the 10-day check done in an okay time frame. It is the same with the three to four-month check. They are under enormous pressure.

I want to reinforce what has been said today. The child health nurses do a fantastic job. They have a lot of experience and they see a lot of children on a daily basis, and they are able to quickly ascertain whether there are any significant issues with the child that need to be followed up. If our children do not get those checks, we are really jeopardising their future. The Premier talked in his Premier's Statement about investing in the kindy and preprimary years. But the years that are the most important are the years from zero to three. As the doctor—the member for Eyre—has highlighted, those are the years in which significant development occurs and significant problems can be identified.

I urge the government to make this a priority. We need to make sure that we are giving our children the best chance we can give them. If problems are not picked up early on, children will spend their primary and high school years trying to catch up. I have experienced at first hand the enormous pressures that our child health nurses are under. They are doing what they can. The statistics say that only 30 per cent of children get their 18-month check. That is normally not the fault of the mothers and the fathers. It is because the child health nurses are too busy. That is not the fault of the child health nurses. It is because of the lack of resources. I believe those resources need to be invested now. We have all seen the recent reports about the booming population and the booming birth rate in this state. As young families move into and buy their first homes in the suburbs, we need to make sure that not only the number, but also the placement, of child health nurses matches where these young families live. So I urge the government to take up this challenge. If we do not provide adequate funding for child health nurses, it will not matter what we do about compulsory kindy and pre-kindy. It is about trying to deal with the problems early on.

I congratulate Hon Linda Savage, one of our upper house members for East Metropolitan Region, for her work on this issue and for the wide consultation that she has undertaken throughout the community, and I look forward to working with her over the next year to ensure that we keep the pressure on the government to fund more child health nurses. Thank you.

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [10.57 am] — by leave: I wish to make a couple of brief remarks on the "Child Health — Child Development: the first 3 years" report, because it is an important report and another piece of the mosaic in our developing understanding of the importance of the early years of health and the early years of learning. The committee has done a terrific job in its inquiry, and I look forward to reading and being informed by the report. I commend each of the members of the committee for their contribution this morning, because they have each provided a very important perspective on this debate.

Shortly after I was elected to the seat of Kwinana, I caught up with the local child health nurse. It gives me no joy to say that she reported that there has been no increase in the number of full-time equivalent child health nurses since 1996. As members would be aware, Kwinana is a rapidly expanding part of the metropolitan area. There has been a huge explosion in the number of young families moving into the area, and they have a great need for child health nurses. Having two children, I have also been a client of child health services in the past. Like the member for Eyre, I would like to back up the statement that it is a very different sort of visitation. It is a very different sort of experience from visiting a general practitioner. It is a much more user-friendly, care-oriented experience and one by which young parents have the opportunity to explore issues, ask questions and seek answers on areas they have some anxieties about. I am disturbed to see that the main finding in the report is that we are short 151 child health nurses in Western Australia. That represents a significant challenge for this government—not just this government, but governments across Australia—as we become more and more aware of the importance of the early years in a child's development in health and education. There are some huge workforce challenges for this government.

In addition to the fact that we do not have enough child health nurses in the workforce at the moment, we also know, from a 2006 statistic, that the average age of a child health nurse is around 54 years. I would be interested to know if the committee examined this issue. We have an ageing profile of child health nurses in Western Australia who will be leaving the profession in coming years.

Dr J.M. Woollard: Last year, 60 registered nurses undertook the child health nurse training program. There are child health nurses in the community. The fact is that the government has not funded those positions. Were child health nurse positions made available tomorrow, there are child health nurses who could take them up.

Mr R.H. COOK: I thank the chair of the committee, the member for Alfred Cove, for that interjection. It is reassuring to know that this issue can be tackled. This is a problem that has a solution. It is a challenge for the government to understand that we have this shortage in child health nurse numbers. The government should respond to this challenge by funding those positions.

We will shortly be discussing the Education and Care Services National Law (WA) Bill, which is another part of the mosaic to understand the importance of a child's early years in terms of child education and health. I join other members of this chamber in commending the work of Hon Linda Savage in providing us with an education process and helping members on this side understand the importance of the early years. We have recently created the shadow portfolio of early childhood, filled by Hon Sue Ellery, MLC. We on this side of the chamber are very much devotees of this model of thinking and this understanding of the importance of a child's health and education in the early years. I hope everyone in this chamber, particularly those on the government benches, also come to this intimate understanding of the crucial aspect of this issue.