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Education and health Standing Committee
Legislative Assembly
Parliament House
WEST PERTH 6000
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**Re: INQUIRY INTO GENERAL HEALTH SCREENING OF CHILDREN AT
PRE-PRIMARY AND PRIMARY SCHOOL LEVEL**

The following views are offered to the above Inquiry. I write from the perspective of the Head of the Primary School of an independent school in the northern suburbs.

Terms of Reference:

- 1. Appraisal of the adequacy and availability of screening processes for hearing, vision, speech, motorskill difficulties and general health.**

The problem:

Research by the Population Health Program, North Metropolitan Health Service of WA, in 2003¹ concluded that 26% of children entered school seriously at risk. The report stated,

The implications of the results of the Early Development Instrument (EDI) in the north metropolitan Perth are frightening. Whilst we can take some comfort from the fact that the majority of suburbs are doing well in raising their children, the fact that 26% of children are in the vulnerable range demonstrates the need to take stock of current priorities (page 4).

¹ B.Hart, S.Brinkman & S.Blackmore (2003). *How Well are we Raising Our Children in the North Metropolitan Area? Results of the Early Development Instrument*. Perth: Population Health Program, North Metropolitan Health Service.

This statistic confirmed our own observation that 25% of our children entered school at risk. This figure has ballooned, despite the cohort now being (on average) 6 months older than in earlier years, due to changes in 2001 in the entry age to school. In assessments this year, more than half our Pre-Primary aged children have been referred for assessment by a Speech Therapist, Occupational Therapist, Audiologist, Paediatrician, Psychologist and/or Psychiatrist.

This crisis in child development is exacerbated by the lack of specialist support. Teachers are experts in child (or human) development and in learning. They recognise when a child's development in any area is atypical, and are well aware when that atypical development has the potential to jeopardise a child's future development. Schools need the support of Speech Therapists, Occupational Therapists, Audiologists, Paediatricians, Psychologists and Psychiatrists to diagnose the cause of the problem and to suggest and implement courses of therapy.

However, a child referred to such a specialist may well have to wait nine months for an initial consultation and assessment. If a course of therapy is recommended, it may be another six months before this can begin.

There is abundant research which indicates that in problems of early development, early intervention is critical. In general, the sooner the matter is addressed, the more effective is the treatment. In addition, issues not resolved when the child is young do not simply dissipate; they become even more severe impediments in teen and adult years, resulting in alcohol and drug abuse, antisocial behaviour and unemployment.

One response:

St Stephen's School has not been prepared to allow students with developmental difficulties to be overlooked, nor to miss out on essential treatment for development problems. Among the strategies we have in place are the following:

- All students in their Pre-Primary year are screened by a Speech Pathologist and by our own expert staff for problems in their language development and physical development. From these assessments we are able to identify students who need a program of intervention within the school, and those who need a more comprehensive assessment by an external consultant, not just for hearing, vision, speech and motorskill difficulties, but also for disabilities such as Autism Spectrum Disorder (ASD).
- We make referrals to private consultants and have allocated a budget from which to share the cost of this treatment with parents. We are not prepared to have a student wait months for assessment or treatment.

However, the cost of using private consultants is huge. For example, an assessment for ASD requires three assessments costing around \$900 for the Psychologist, \$400 for the Speech Therapist and \$100 for the Paediatrician. Only the Paediatrician's fee is subsidised by Medicare. A referral for speech or language delay costs around \$400, and, if a course of therapy is required, this can quickly amount to a further \$1000. Our school is a low-fee school, with limited resources, so this item in our budget is not large. Effectively, the more affluent parents are supporting those who have more limited means.

Recommendations:

- There needs to be an acknowledgement that a large number of young children in our community are developmentally at risk, and that many are not receiving the developmental support in their pre-school years that they need.
- There needs to be a comprehensive screening of children in Pre-Primary years. Whilst some difficulties are evident in earlier years, it is in the Pre-Primary year that many vulnerabilities become evident, because of age and developmental stage, and because the social, emotional and intellectual demands of the school context illuminate a child's problems.

- The types of screening required include speech and language screening, to identify both articulation problems and language development problems; and physical development screening, including gross and fine motor, audiology and vision testing. The hearing and sight tests which have been conducted in schools in the past have been inadequate, because of their superficiality. They identified only students with obvious impairment in these senses, adding little to the observations which parents or teachers made.
- 2. An assessment of access to appropriate services that address issues identified by an appropriate screening process.**

The problem:

The issues are similar to those identified in the first Term of Reference; that is,

- The government service is inadequately staffed to conduct developmental assessments within a reasonable time. The delay in accessing a course of therapy is even greater.²
- The need for early and urgent intervention is thoroughly researched, documented and accepted.
- Most families choose to avoid private services because of the high costs involved. Most of these services are not subsidised by Medicare.

One response:

As indicated earlier, St Stephen's School has allocated a budget to assist families to access private therapy, which can be a very expensive process.

² This is an example from Speech Therapy. In addition,

- I understand that Public Health has withdrawn Occupational Therapy completely for children over the age of five. This, of course, is the very age at which schools are identifying children with problems!
- Primary aged children used to be able to access residential psychotherapy in Shenton Park, although places were in short supply. I understand such a service is no longer available to Primary aged children.
- In the past, a child who placed themselves or others at serious risk could be taken to Princess Margaret Hospital where the staff were obliged to help. Families now report to me that they are turned away. Such families cannot wait months or even days for an appointment.

Recommendation:

- Access to private services which address developmental problems in children – including audiology, optometry, speech therapy, occupational therapy and psychology – should be subsidised by Medicare. This includes assessments and on-going therapy or other treatment.

This brief submission is prompted by a concern for young children in our community. It has sought to highlight that the early development of our children is a serious issue. If not addressed early, developmental problems impact on individuals, families, the community and the economy, and that impact spans decades, and sometimes successive generations. Families and schools need assistance to diagnose and treat many developmental problems. Government services are inadequate to meet the demand for diagnosis and treatment of developmental problems. Most families lack the financial resources to access private consultants without assistance.

Therefore, I respectfully urge the Inquiry to address these issues and to consider the recommendations offered in this submission and others.

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