



**Association
for the Blind of WA**
Guide Dogs WA

Hon TG Stephens MLA
Chairman
Education and Health Standing Committee
Parliament House
Perth WA 6000

Dear Mr Stephens

PARLIAMENTARY INQUIRY INTO GENERAL HEALTH SCREENING OF CHILDREN AT PREPRIMARY AND PRIMARY SCHOOL LEVEL

As the Association for the Blind of Western Australia is the principal provider of services to Western Australians of all ages with vision impairment we welcome the opportunity to provide a submission into the enquiry.

Terms of Reference 1: Appraisal of the adequacy and availability of screening processes for hearing, vision, speech motor skills difficulties and general health.

The Association notes that there is gap in the current provision of screening which occurs following the end of the infant immunization program and prior to the commencement of attendance at Kindergarten. This is the gap between contact with the Community Health Nurse and the later School Health visits. With the later start to Kindergarten entry which was introduced some four years ago this means that the gap has increased by six months for some children.

Screening around the age of two and half to three years is very important in identifying a wide range of health and developmental issues, including vision development. Currently many children with low vision are not detected until poor school performance alerts parents and teachers. Screening is not uniform.

Amblyopia is the most common cause of preventable visual impairment in the children. This condition of childhood results in significant visual loss in one eye that is not reversible beyond the age of seven. Amblyopia is asymptomatic but treatable if detected early. Unfortunately the best time for detection is around the age of 3 years which is generally after the time of immunisation and before

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school screening. **There is an urgent need for a specific screening programme for 3 to 4 year old children checking for unequal visual acuity.** Given the number of other blinding eye conditions that may present over a lifetime, an amblyopic eye reduces any second chance at preserving functional vision.

An emphasis on early detection, however, is not enough. For children with serious vision loss, once detected, an array of services and supports are needed, particularly if correction is not possible. **Children with vision impairment are known to experience motor, psychological and developmental delays.** Over 80% of learning opportunities in schools in the early years are vision dependent – in this case it is the education process that needs intervention, rather than the child. Creating socially inclusive learning and leisure environments are essential to future well-being.

The Association through the expertise of optometrists, orthoptists and therapy staff are very experienced in the assessment of the functional impact of vision impairment. These assessments ensure that interventions are targeted to the development of essential skills and competencies.

A number of children with vision concerns also present with complex health and medical needs and may be under the care of a variety of health services or specific disability agencies which are not specialist in the assessment of functional vision. **The Association is well positioned to undertake comprehensive assessments and make recommendations about interventions and the applicability of aids and equipment for these children.**

As a joint initiative the Lions Eye Institute in partnership with the Association have developed a computer based vision assessment which can be used to screen for a number of common eye conditions. This assessment can be used by both school aged children and adults and with further development it may provide an opportunity for application with younger children. It is only a first step and the recommendation from the assessment includes a statement that both children and adults need to have regular vision checks.

Terms of Reference 2: An assessment of access to appropriate services that address issues identified by an appropriate screening process.

It is the Association's experience that children with significant vision problems are usually referred to Princess Margaret Hospital and then following a diagnosis where there is a likelihood of impaired long term vision a referral will be made to the Association. Parents have expressed concerns about the waiting times at PMH and it is critical that referral to the Association occurs as early as possible.

The Association has a long history in the provision of specialist therapy and support services to children with vision impairment and their families, which is in part funded through the Disability Services Commission. Occupational therapists, psychologists, speech therapists, physiotherapists and social workers work within a multidisciplinary model and adopt a family centered approach to ensure that identified needs are met.

In addition the Association operates a very successful Three Year Kindergarten program which offers a specialist program for children with vision impairment. Applying a reverse integration approach the Kindergarten provides places for up to five children with vision impairment and up to ten other children from the local community.

The range of services and supports goes beyond assessment and intervention and includes access to technology, recreation and the provision of library and information services. Professional staff also work closely with child care centers to ensure that children can fully benefit from the programs being offered.

The Association greatly values the opportunity to provide comment to the Education and Health Standing Committee and is very pleased that such an important issue is being examined. The Association is very keen to provide an oral presentation to the Committee and outline in greater detail the key issues of importance regarding vision screening for young children. It would be much appreciated if this request could be considered by the members of the Standing Committee.

Yours sincerely



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