School Psychologists' Association of Western Australia (Inc).
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Dr David Worth
Principal Research Officer
Education and Health Standing Committee
Legislative Assembly
Parliament House
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Dear Dr Worth

SUBMISSION TO THE EDUCATION AND HEALTH STANDING COMMITTEE

Preamble

The School Psychologists' Association of Western Australia (Inc) represents the professional interests of school psychologists working in public, independent and Catholic education sectors across the State.

School psychologists provide support to schools to better meet the diverse needs of students, particularly those who are at-risk of not achieving learning outcomes. School psychologists work at individual, group and whole school levels impacting on students from Kindergarten to Year 12.

Position Statement

The School Psychologists' Association of Western Australia's submission is predicated on research which demonstrates that the health of individuals has a significant impact on educational and other life outcomes.

The Association strongly advocates for a model of development that proposes child and adult outcomes are strongly influenced by an ongoing and complex interplay of individual and external variables.

The Association strongly advocates for an ecological model of development that proposes outcomes are influenced by an ongoing and complex interplay of individual and external variables. These variables can be classified as risk factors, which increase individual vulnerability, or protective factors, which act as buffers and increase the likelihood of optimal outcomes. It is the accumulation of these factors, rather than individual factors, that foster either risk or resilience pathways.

The Association draws on the substantial and growing body of local and international evidence that:

- Risk factors for poor peer relations include language disorders
- Risk factors for emotional and behavioural disorders in children and adolescents include language/communication disorders and delayed motor development
- Risk factors for school failure include poor language development and preschool language disorders
- Risk factors for the development of criminal behaviours, delinquency, violence and antisocial behaviour include poor language development, concentration or attention problems, hyperactivity and impulsive self-control difficulties

Evidence also identifies a range of protective factors, including sound speech and language skills, social and emotional competence, positive peer relations and the availability of appropriate infrastructure and support for families and children.

It is apparent, then, that many underlying factors are common to a number of outcomes. Hence, reducing particular risk factors and increasing nominated protective factors will have a beneficial impact across a range of issues of concern. Evidence shows that targeting these factors early in developmental pathways results in optimal outcomes for individuals, their families and communities.

Such an approach is also cost effective, with health economists estimating that for every dollar spent on prevention activities, between $7 and $18 is saved. The savings are particularly significant in the mental health, justice and employment sectors.

The responsibility for instituting promotion, prevention and early intervention approaches is a shared one, requiring collaborative and consistent action in concert with families, health services and other sectors of the community. Such collaboration requires significant commitment and resourcing in order to achieve equitable health and other life outcomes across population groups, including children, adolescents, Aboriginal and Torres Strait Islander people, refugees, geographically isolated people and those experiencing co-morbid conditions.

Issues

- Valid and reliable screening tools, for identifying risk and protective factors in individuals and groups, are currently not applied in any systematic way. This results in problems such as speech and language delays going unnoticed by the systems designed to treat them. Further, the window of opportunity afforded by early identification is compromised, which frequently results in problems becoming increasingly intractable.

- In metropolitan and regional centres, where community and allied health services are located, it is usual for there to be at least a nine month delay before children and adolescents with acute or chronic health problems can be assessed and treated. In some locations, this timeline may be extended due to a lack of personnel trained to work with children and adolescents. In these circumstances, schools frequently attempt to support these children and families whilst still engaging in their core business of teaching and learning.

- Children from refugee backgrounds, arriving in Western Australia through the Offshore Humanitarian Programme, are eligible to attend Intensive English Centres for a prescribed period of time. However, the only entry point for these centres is at Year 1 and beyond. As similar formal educational provisions are not available at the kindergarten and pre-primary levels, refugee students with speech and first language disorders are not identified

sufficiently early or in a timely manner. The Department of Health generally will not accept speech and language referrals from students in Year 1 and beyond as the mandate is for service provision to students below five years of age. Additionally, many refugee students enter schools at different year levels with significant language disorders, and for which therapeutic services are not available.

- Historically, all public schools in Western Australia have had access to support from the School Health Service. This Service has provided short to medium term support to schools managing less complex health problems, and acted as a referral agent to other service providers for more acute and chronic conditions. The service, however, has not been resourced to accommodate new schools or increasing student numbers. As a result, some schools do not receive any School Health Service or are grossly under-resourced as the existing service is further stretched.

- The Western Australian Child Health Survey found that one in six children aged 4 to 16 years is experiencing a mental health problem and the Western Australian Aboriginal Child Health Survey found much higher rates in Aboriginal children. There is, however, a chronic shortfall in mental health service provision, which is particularly apparent in rural and remote areas of Western Australia. As a consequence, a considerable number of individuals and families never receive appropriate treatment for these problems.

- Previous government initiatives that have targeted the early years, such as the *Early Years Strategy*, have tended to re-badge existing programs and strategies, rather than provide ongoing funding for new, evidence-based approaches.

Recommendations

Targeted activities and strategies are needed to reduce risk factors and increase protective factors to ensure optimal physical, cognitive, language, emotional and social development in children and to achieve significant and positive life outcomes. Hence, it is recommended that funding be made available for:

- an immediate and significant increase in health and allied health services to more effectively meet the needs of infants and children identified as having health concerns;

- full-service school arrangements, which can provide a range of health services to school communities, with priority given to locations with significant identified need;

- adequate staffing for School Health Services so there is equitable access across all public schools;

- partnership arrangements to better ensure that mental health services to children and adolescents more adequately reflect the holistic and lifespan approach advocated by the *National Mental Health Plan 2003-2008*; and,

- long-term and evidence-based initiatives that target prenatal, postnatal and early childhood across Western Australia, such as the Parental/Early Infancy Project (Olds, et al, 1986; 1993; 1994), Home-based Parent Support Project (Miller, 1998), and Positive Parenting Program (Sanders, et al, 2007).

Whilst it is recognised that it is beyond the scope of the current inquiry, the School Psychologists' Association of WA also commends the Healthy Child Manitoba approach as a model of best practice in improving the wellbeing of children and youth. This child-centred policy brings together departments, government and communities and integrates financial and community-based family supports.

Accordingly, the Association recommends that:

- the Education and Health Standing Committee promote the Healthy Child Manitoba model as an approach that could be adopted by the Western Australia government.

If you would like any further information about this submission please contact me…

Yours sincerely

PRESIDENT

9 May 2008