



## Bruce Rock District High School

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Department of  
Education  
and Training

31 March 2008

The Principal Research Officer  
Education and Health Standing Committee  
Legislative Assembly  
Parliament House  
PERTH WA 6000

RE: Inquiry into General Health Screening of Children at Pre Primary and Primary School Level.

I have been the Principal at Bruce Rock DHS for the past 7 years. In that time I have been involved in Allied Health both as a school principal and having my own children needing referral to speech and occupational health services.

### **Screening Processes:**

In the Eastern Wheatbelt, for the vast majority of time we have been extremely fortunate to have had very good access to both Speech and Occupational Therapists and the screening processes have been very good. However, there were also years when screening was not carried out as we had no Therapists and were waiting in excess for 12 months for Therapists to be appointed, this was highly unsatisfactory from the school's perspective of early intervention.

### **Access to appropriate services to address issues identified by the screening process:**

In the Eastern Wheatbelt we have been very fortunate, until the end of 2007, to have access to Allied Health Assistants. These assistants worked one on one with children and implemented programs designed by Speech and Occupational Therapists. In our school, this occurred during the school day. For many students, a home program was also expected to be implemented by parents.

We have had a number of parents leave our school and move to the South West or metro areas. Many parents have rung us to complain that they have waited in excess of 6 months to see a therapist once a referral was activated and then waited at least another 6 months before a program was put into place. Hence, overall Eastern Wheatbelt access is very good – to date.

At the end of 2007, the Allied Health Assistant model was abandoned due to the funding ceasing in the middle of 2008. 2008 has seen a new model adopted which in a very short space of time has proved detrimental to over half of the students at our school who have, through screening, been identified at risk and needing intervention by at least one of the Speech or Occupational Therapist. The new model requires parents to attend sessions where the Therapist works with the child so that they can then learn more about the strategies and implement them at home.

Unfortunately, over half of the parents at my school have chosen to not become involved in sessions. As a result, all of those students have been discharged from Speech and/or Occupational Therapy. *Please note that they have NOT been discharged as intervention is no longer needed.* All of these discharged students are ones that we identify as at educational risk and that Therapy services were part of the intervention for them. I fully agree that parents should be engaged in their child's therapy sessions,

however, when this support is not forthcoming *there needs to be a process for these children to continue to receive therapy intervention*. Without it, these children are placed even further behind the 'eight ball'.

As a result, for these children, their speech and motor skill impediments are not being addressed. This has a significant impact on their ability to learn at school and is detrimental to their progress and achievement in both the short and long term.

Feedback gained from the Allied Health Reference Group in the Eastern Wheatbelt indicates over half of all children have been discharged in 2008 due to the non involvement by their parents. The likely ramification of this is the **perceived** reduced need for Speech and Occupational Therapist time and a decreased number of Therapists being employed. This in turn reduces the service available to the entire community. Based purely on statistics, the number of children engaged in therapy services will be quite unrepresentative of the number of children actually needing the services.

**My personal experience:**

One of my children easily and fully engaged with the Speech Therapist. The other was quite the opposite. To the extent that in my presence he would only partially engage in the session and was quite unresponsive and uncooperative. Finally, for the benefit of my child, the Senior Speech Therapist chose to see him without me present and his engagement improved significantly. I would then meet separately with the Speech Therapist to discuss his progress and strategies for use in the home.

As strange as it may seem, and from a Principal's experience, there are many children who do engage in tasks much better in the absence, rather than presence, of their parents. The old saying 'get rid of mum and the kid's fine' is certainly relevant for some.

**Overall:**

My main concern is the discharge of students where parental involvement is not forthcoming. No service for these children will not be in their best interests in the short or long term and will further prohibit the chance to remediate the issues that these children are having. This in turn will limit the educational outcomes that they will be able to achieve. Government statistics show that for every dollar investment in the early years this is returned at least 10 fold in adulthood. Surely this is an area where that investment needs to continue, with or without parental support.

Bruce Rock DHS