

EDUCATION AND HEALTH STANDING COMMITTEE

Second Report — “Healthy Child — Healthy State: Improving Western Australia’s Child Health Screening Programs” — Tabling

DR J.M. WOOLLARD (Alfred Cove) [9.58 am]: I present for tabling the second report of the Education and Health Standing Committee titled, “Healthy Child — Healthy State: Improving Western Australia’s Child Health Screening Programs”.

[See paper 921.]

Dr J.M. WOOLLARD: We are all aware that a role of members of Parliament, parents and members of the community is to ensure that our children’s education and health needs are not neglected, because our children are our future. The Minister for Police is nodding his head, obviously agreeing with me. All members know that and that is the reason members are active lobbying in their electorates for schools and child services. This was a very good inquiry that was commenced during the last term of government, and I thank the members who initiated it. If a child’s development falls behind because of health issues, his development is hindered and affected during not only the early years, but also throughout the child’s school years and possibly into his adult years. Delaying the provision of assistance to children very early on has far-reaching consequences for their development and health and on their ability to learn to socialise and integrate within and later become effective members of the community.

The child health screening programs in WA service 35 000 pre-primary school students and 120 000 primary school students. The staff who I and other members met at the hearings and the other workers whom we have met over the years are very hardworking. Through this research, we know that their area is grossly underfunded. We are very fortunate to have people who continue to work in those areas despite the obstacles and hurdles that would prevent them from getting job satisfaction, knowing that they are doing the best that they can for the children.

This inquiry was conducted to assess the adequacy and availability of screening programs and the access to appropriate services that address the issues identified by the screening process. The committee made many findings and has made certain recommendations to Parliament. The key recommendation is the provision of more funding. The research that has been done into this area over more than a decade shows that the same problems for funding for staff and the provision of resources has existed. The committee has not identified anything new but I am very hopeful that the tabling of this report at the beginning of a new Parliament and a new term of government will get support from all members of Parliament and ensure that in 10 years’ time members of Parliament do not say that funding for children’s health services and child development is still a problem.

The committee’s recommendations focus on staffing for school and child health nurses in particular. The committee also looked at the standard of screening in WA compared with the other states and other countries. Having looked at what was done when and at what age, it was obvious that Western Australia was not setting an example. We are actually falling behind in many of the measures and standards for childhood screening that have been set by national bodies. We are unable to meet those standards because we do not have either the staff or the funds. It is because we do not have the staff or the funds that—this is not new; it dates back to the research that was conducted in 1999—children are waiting a very long time for a health assessment, and their development is being further damaged while they are waiting. When they have been assessed and found to require treatment, the children must again wait before they can receive treatment. I am very hopeful that under this government, particularly now that the minister is looking at child development services, we will see a big improvement in this area. That might not happen all at once this year but I certainly hope it happens in the next few years. The committee is asking the government to look at the staffing shortages.

In 2008, the Department of Health gathered statistics and made a business case for an additional 126 full-time equivalent staff in the child development services, 105 FTE community and child health nurses and 145 FTE school nurses. That would require a large increase in funding. Over the past few years, the need for more staff and resources has increased because of the increase in Western Australia’s birth rate and because of the boom—although that is not a problem now—and also because of the increase in the number of migrants. The data that the committee received from the Department of Health shows that the areas that are most under pressure from population growth are the Pilbara and Perth’s outer metropolitan suburbs. The committee was also made aware that no additional school nurses were employed by state governments from either side of politics over the past 15 years. Therefore, a big vacuum must be filled.

As I said, another issue of concern is the waiting times for a child to have an initial assessment and to get into a program for treatment. Some school staff said that the waiting list for some conditions was up to 18 months and

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that it sometimes took nine months to get an initial assessment. When therapy is recommended, it takes another six months before the child is treated. That is too long for those children. It must be remembered that the children might have hearing problems, visual problems, or problems with motor skills. We are delaying their growth. The committee has recommended early screening. Early screening could look at who could assist child health nurses, school health nurses and community health nurses.

In other states and countries programs have started to focus on kindergartens and areas before school. Although registered nurses have traditionally undertaken many of the screening programs in different areas such as community health or child health, there is a shortage of nurses. I am a nurse and I hate to give up nursing responsibilities to other areas. Children are suffering because the system does not have enough nurses to undertake these screening programs. We therefore have to look at where screening can take place. We have to try to encourage parents' ownership of those screening programs. Parents need to know what screening can occur at what age, so they can give the tick and ensure that their child is given assistance when needed.

The committee also recommended that the government ensure that it tapped into any federal funds that are made available in this area. I was pleased that the Minister for Health recently managed to get federal funds to move Shenton Park hospital's rehabilitation unit to Fiona Stanley Hospital. There have been two recent federal initiatives. There was the \$2.6 billion, five-year commitment to enhance the integration of early childhood development services, which federal Minister for Education, Hon Julia Gillard, announced in May. The other example of federal government initiatives is the \$872 million towards preventive health strategies, focusing on obesity, alcohol and tobacco. I hope that it becomes part of the job description of someone in the Department of Health to be on the alert for funding initiatives and to ensure that whenever those federal funds are available, Western Australia gets in there, because Western Australia is so far behind.

Funds are needed in all the areas of hearing, vision, speech and motor skills. The committee particularly recommended that the government adopt the universal neonatal hearing screening. In all the other states it has been found to be a very cost-effective measure. The committee also recommended that the government adopt the three-year vision screening test, particularly in remote and rural areas. I am sure that other committee members will go into particular recommendations for the tests that need to be included at appropriate ages.

Another committee recommendation was the inclusion of phonics in teaching education. I have stated in my chairman's foreword that it should be mandatory inclusion, because that was the decision of the committee. It needs to be in the curriculum because some children have fallen very far behind. Although the foreword refers to mandatory inclusion, I do not want to see a curriculum that becomes inflexible with its inclusion, because some children would benefit greatly from the mandatory inclusion of phonics and other children may not need to spend as much time looking at phonics as part of their curriculum. It is seen as an area that could have assisted children to further develop had they been given more assistance.

The committee has recommended that the government look at additional funding for staff and services for children in particular areas of need. Most notable were community migrant health nurses for refugees, incorporating torture and trauma counselling. Only this week we had discussion on the needs of children with 457 visas. They do not have additional funding through the English as a second language program. We recommend funding for foetal alcohol spectrum disorder, which is widely recognised as the most common preventable cause of significant developmental delay in children and which occurs in Indigenous mothers at a rate of 1 000 times that in non-Indigenous mothers.

I would like to thank all the individuals and groups who made submissions to the inquiry. I would like to thank my fellow committee members, Mr Peter Abetz and Mr Ian Blayney, and also the coopted members from the previous Parliament, Hon Tom Stephens, Mr Martin Whitely and Mr Paul Papalia. The previous committee worked very hard and the current committee has come on board and worked very hard. I think it has resulted in a very good report. It is also a very good report because of the research staff assigned to the committee—Dr David Worth, our principal research officer, Mr Tim Hughes, and, during the term of the last Parliament, Mr Roy Tester. I am sure it is the same for all committees, but we have wonderful staff. I would like to congratulate Parliament for employing such individuals. I am sure if they were asked a question about the report, they could probably cite the page and the paragraph number. They really do take ownership of the report and work very hard. I thank Dave once again and ask him to thank Tim for the work done on this report.

MR T.G. STEPHENS (Pilbara) [10.17 am]: I rise to endorse the comments of the chairperson of the Education and Health Standing Committee and to particularly endorse the thanks that she expressed to the staff who worked with us, in David, Tim and Roy. I also want to thank the members of the committee.

The ACTING SPEAKER (Mrs L.M. Harvey): Is the member for Pilbara a member of the committee?

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Mr T.G. STEPHENS: Coopted, yes. I thank the new members and the previous members of the committee who have assisted us in delivering this report, not only the member for Bassendean and the member for Warnbro, but also our other colleagues who worked with us on this report in the earliest part of the inquiry, specifically Hon Kim Hames in his role then as a member of the committee, and Hon John Day. Those two members of the committee sat with us Labor members of the committee in our embarrassment as we heard some of the evidence. One could see their appetite for a report in other political times, because they could see that we Labor members would have to bring down a report that was pretty damning of the way things were in government when responding to the challenges of our most precious resource, our children. There was a real appetite. I could see them wetting their lips with enthusiasm for the report that was emerging and the requirement to get the government of the day to tackle this issue. The Labor members were ready, willing and able to join with them in bringing down a report based on the findings and facts put before us. The report demands the state government lift its game and get on with the task of responding to this challenge. The report has now been tabled. It does not pull any punches and it does not mince words. It requires the Minister for Health and for Indigenous Affairs, and the Minister for Education and other ministers, to report and respond to the challenges and recommendations contained in the report.

There were many reasons why this inquiry was undertaken. The member for Bassendean, Martin Whitely, was very keen for us to delve into the area of screening. For reasons that are embedded in his own experiences as a parliamentarian, he pushed us as a committee into this inquiry. My own interest had been sparked by earlier work of the previous committee in the field of Indigenous affairs and the failure in the area of Indigenous affairs. During debate concerning this report we built up amazing experiences and expertise as parliamentarians, as we got the chance, over an extended period of time, to look at what is going on in education and early childhood development and early childhood services. I am confronted, in my part of the world especially—I know this applies across the metropolitan area as well—with the problem of failure; in particular the experience of so many Indigenous people in failing to thrive and pick up employment as they leave school. Too often those people do not even get through the school process.

In education, I have observed Aboriginal grandparents—who are completely literate, completely numerate and well educated—take their place in society, yet their grandkids fail to even be literate. I have puzzled over this. I have gone to schools and seen good teachers come through the schools. I have seen them guess how to try to deliver educational programs to youngsters, with new fads and fancies that have emerged over the past 30 years. Those educational fads and fancies have not delivered literate—in particular literate—language-acquiring students.

This inquiry touched upon the core issues of what has gone wrong in the education system. I am drawing upon the recommendations in the final part of the report that focus on that issue. I refer to recommendation 37 at pages 106-109 of the report. It basically urges the government to mandate an evidence-based language and literacy pedagogy within our schools so that there is an increased phonemic awareness in the preprimary and primary curricula.

I am pleased to inform the house that there is more work being done on this issue by the new Standing Committee on Community Development and Justice, which I am also serving on. The core recommendation of this report is likely to find its way to better build the case for recommendation 37 than has currently been embedded within this report. New evidence was led yesterday in a public hearing, which will soon be on the web. That evidence goes to the heart of recommendation 37. It requires screening at the preprimary school level surrounding the issues of phonemic and phonological awareness—“phonological awareness” are the key words. Teachers should be equipped with the capacity to teach at the point of weakness within the class to make sure that youngsters in preprimary schools develop a full range of phonological awareness skills to equip them when entering year 1. It must be mandated that an evidence-based approach to systematic synthetic phonics for reading skills should be acquired by those youngsters. In the recent past the approach has been that phonics has been incidental to the pedagogy. It has failed too many students in our school system. I have experienced it in the Indigenous world. It is not just simply the failure of pedagogy. This pedagogy requires attendance. Language and literacy acquisition is not magic. It requires a systemic approach to education. It requires building blocks that can only be put in place by attendance in the preprimary and primary years. We need to build upon those blocks.

Unfortunately, in the world of which I am part—the regional areas of remote Western Australia—some pseudo left-wing ideology crept into education and has been caught up in the education system. It has failed the people who the left have always said they were preoccupied in advancing through the education system. A fad took off—it is a mad fad. We are the legislators. If this report is not tackled by government administratively, as parliamentarians I believe we will have to change the School Education Act to require a mandatory evidence-based approach to language and literacy acquisition. An evidence-based approach is what is deployed by nurses in their profession and it is deployed by doctors and engineers. We do not go out and build a bridge on a whim or

a fancy. We work on the basis of what will work. Teachers in preprimary and primary classes should not be left with the freedom to pull anything off the shelf that they think might work. Picture books encourage kids to guess how they might do language acquisition or literacy acquisition. That freedom has to go. Instead, we need to have, within our preprimary and primary education, an evidence-based approach to the teaching of literacy and the acquisition of language. That will be a far cheaper option than the remedial responses required from all the other allied health professionals, such as speech pathologists and occupational therapists. If we can get our system right and mandated into the system of teaching in our schools, applicable across the state, we will save the human tragedy that comes when people fail to thrive around language and literacy, and the subsequent huge cost of that human failure. This report has a lot of recommendations within it that are very good. That last recommendation is absolutely fundamental to the way forward.

MR P. PAPALIA (Warnbro) [10.28 am]: I rise to commend the second report of the Education and Health Standing Committee to the house. I echo Madam Chair's thanks to our staff, particularly David, Tim and Roy, but also other personnel who helped us during the course of the inquiry. I would also like to extend my thanks to the member for Alfred Cove for, firstly, considering the continuation of the inquiry and, secondly, for coopting us with a view to completing this very important inquiry and doing justice to all the fine people who came and gave evidence at the inquiry and see it as such an important issue as do all of us.

I am a little disappointed that the Minister for Health and for Indigenous Affairs is not in the house. It is not a criticism of him because I know that he is a very busy man. I say that only because I would have appreciated the opportunity to address some of my specific concerns to him. I again echo the member for Pilbara's comments that he and the Minister for Planning were directly involved in the initial stages of this inquiry. I say that because I was privileged, having entered this house in early 2007, to have been coopted onto the Education and Health Committee for the inquiry into the Esperance lead contamination. That inquiry was led by the now Minister for Health. I know the Minister for Health to be an honest man who is well meaning and who considers the issues that this inquiry concerned itself with as vital. As the member for Pilbara indicated, there probably was a bit of anticipation that the now Minister for Health and the now Minister for Planning would grab hold of the findings of this report with enthusiasm and utilise them in a well meaning but also in a bit of a partisan fashion. I must agree entirely with the member for Pilbara that, in doing that, they would have been supported thoroughly by the Labor members on this inquiry. We certainly would have been critical of our own government, and, had we continued in government, we would have urged our ministers to adopt what would possibly have been challenging recommendations made by the committee on that inquiry.

However, we lost government. Therefore, the important issue now is for the Minister for Health and for Indigenous Affairs, and his colleague in cabinet the Minister for Planning, to remember what they felt at the time that we made some of those initial findings. I remember during the early days of this inquiry, when we were receiving some of this evidence, how outraged those ministers were that, for a relatively small amount of money—\$10 million—we would have been able to achieve universal hearing tests for newborns. I note also that Western Australia had for many years been at the cutting edge—the forefront—of introducing hearing screening for newborns. However, by last year Western Australia had fallen behind so far that our hearing screening now covers only about 49 per cent of the babies who are born in this state. In New South Wales and South Australia the rate is greater than 95 per cent, and in Queensland the rate is greater than 97 per cent. Therefore, we were all outraged—I include in that the now Minister for Health—to hear that for two years running, the former government had been advised that a sum of \$10 million would be adequate to roll out universal hearing screening for newborns. I therefore urge the Minister for Health to remember that outrage and to take whatever action is necessary to ensure that that very small amount of money—\$10 million—is given to the Department of Health, with the proviso that it is spent directly on achieving that outcome. There is no excuse now. The Minister for Health cannot use the excuse that he is not aware. The minister cannot use the excuse that the department has not notified the government of what resources it requires to achieve this outcome. We are all of one voice in calling for that outcome to be achieved. I look forward to hearing from the minister that, in the very near future, he will move to ensure universal hearing for newborns.

Like so many of the issues that have identified in this inquiry, universal screening for newborns has been identified as a relatively easily achievable initiative that will reap extensive rewards down the track. For a relatively small input in the early stages of a child's life, we can intercept problems that will become clear only later in a child's life, usually by the age of eight. We know from much of the evidence that we received during the inquiry that after the age of eight, it is far more challenging, and far more costly, to intervene. We have the opportunity, through a number of the measures that have been identified in this inquiry, to intervene in a child's life at an early stage. It is preventive medicine. I know that the member for Alfred Cove is very supportive of preventive medicine. We have the opportunity to spend a relatively small amount of money, time and effort in the early years of childhood to achieve a fantastic and hugely magnified outcome later in the child's life and turn

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around some of the terrible statistics that we have heard about. It was identified clearly during the course of the inquiry that one way of achieving the better provision of services would be tackling some of the bureaucratic challenges that are faced by large departments such as the Department of Health. It became evident that in its efforts to provide occupational therapy and speech pathology services to the community, the department has become overwhelmed. It has failed in its efforts to employ enough people to provide these services. There are a number of reasons for that. It might be due partly to the economic boom. There might be other priorities in the department that are sucking away resources and preventing the department from employing these people. At the same time, we have managed to identify, through some of the people who provided evidence to the inquiry, that within the private system there are people who are co-located, almost, with these government providers, and who have the capacity in their own timetables to take up the slack and provide some of these services. Many families have been waiting in the public system for months, if not years, to receive these services, and by the time they do receive those services it may be too late, or certainly more challenging, to make the necessary interventions and achieve the outcomes. The inquiry found that by making the minor response of just changing the bureaucracy and urging the department to operate in a different fashion, we may be able to provide services that currently are not being provided.

I echo the comments made by the member for Pilbara about the need to increase the use of phonetics awareness in our preprimary and primary curricula. In saying that, I must admit that I am piggybacking on the knowledge base of the member for Bassendean, the member for Pilbara and others, and on evidence provided to the inquiry, but it is my belief that this problem has arisen because the system has changed and the teachers themselves have gone through their education without receiving phonetics awareness training.

Mr M.P. Whitely: Just call it phonics!

Mr P. PAPALIA: Yes. Teachers have become incapable of teaching the phonics awareness training that we all received as young people. They do not know about it. If the teachers did not receive that in their own education, how can they provide it to young people who are under their care? Therefore, although the lack of this training is not the fault of teachers, we believe this training needs to be mandated, because if we do not try to fill that gap by training these people who were not trained initially as they should have been, we will not be able to rectify this clear problem. I support the member for Pilbara and the recommendations made in our report on that matter. I commend this report to not just the house, but also the government, and, in particular, the former member of this inquiry, Hon Dr Kim Hames, because I know that he cares about these issues and about the disadvantage that is suffered by Indigenous children. This report will provide him with some ammunition to go into bat with his own cabinet and bureaucracy to achieve better outcomes for not just Indigenous children but young people across the state, and subsequently for the community.

MR P. ABETZ (Southern River) [10.38 am]: It is with much pleasure that I rise to address the presentation of this committee report. As a person who, together with my wife, Jenny, has raised five children, and has recently been promoted to the ranks of grandparent, the “Healthy Child—Healthy State” inquiry has certainly been one in which I have a great personal interest. My interest in this field has also been heightened by my regular visits to the Warburton Aboriginal community, where for the past seven years I have been involved in running holiday club programs for the children at that community. My work among these children has made me very much aware that some of the health issues that they face, particularly ear infections, often go unrecognised for long periods of time before they are treated, with many negative consequences for those children. One thing that has emerged very clearly and powerfully from this inquiry is that although screening for children is not the sort of thing that generates passionate debate in the media or wins elections, the fact is that every dollar that is spent on screening and on pinpointing health issues early in the life of a child results in huge dollar savings to the community and greatly reduces medical expenses in later life. In fact, Professor James Heckman, the Nobel Prize-winning economist, claims his research indicates that every dollar spent at this early stage of a child’s life saves at least \$17 in later service demands. That is, of course, not to mention the improvement in the quality of life of the child concerned, and particularly the improvements in his or her ability to learn. Due to the high incidence of ear infections and glue ear in Indigenous children, one of the recommendations our committee made is that six-monthly hearing tests be provided for all Indigenous children, because if we do not deal with ear infections at an early stage, many of these children will suffer from hearing loss that hinders them for the rest of their lives. The executive summary of the committee’s report states —

The modern family has undergone a variety of changes, including increased divorce rates, changed working hours, greater female participation in full-time employment and a higher incidence of casual labour, which have impaired the opportunity for raising healthy children.

Health screening of children is crucial for their long-term well-being and for their educational outcomes. This screening is largely the domain of school nurses. However, the reality is that with the shortage of nurses

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generally, and given the increase in Western Australia's population through the birth rate and migration, even with recruiting drives it is doubtful that we will be able to significantly increase the ratio of school nurses to students in coming years. We believe there is real merit in training childcare workers to pick up on speech and language issues. That is particularly important because a consequence of many children being in day care is that their mothers often do not spend sufficient time with them to pick up on those issues that perhaps parents in earlier times were more likely to be aware of and follow up with a doctor's visit.

This inquiry also highlighted and brought to our attention the fact that some of our privacy laws have actually become a curse. The records of a child's health screening results apparently cannot be passed from one government agency to another. To me, that is absolutely absurd. I believe there is a very clear case for all the health records of a child to be kept on an electronic database that is accessible to local doctors and school nurses. There is no point in a child undergoing tests at taxpayers' expense and the child not benefiting from those tests because of some adult's misguided notion of privacy. Recommendation 17 in the report states —

That the Government ensure that WA's future health and privacy legislation allows for the sharing between government agencies of data gathered by the Child Development Information System (CDIS), when it has been fully implemented.

Failure to act upon this recommendation will cause serious and unnecessary health and educational damage to vulnerable children.

Another issue of deep concern is that even when children have access to the screening processes, if the process picks up speech and language issues, as the member for Alfred Cove reminded us, it can take up to 18 months before that child can see someone for specialist treatment. The fact is that parents who are financially able often find private service providers. However, the costs for those services are often beyond the financial reach of people in the lower socioeconomic strata of our society, yet these are the very children who so desperately need every support to get out of the poverty cycle. Failure to promptly address speech, hearing and language difficulties in a child all too often results in them falling behind in school, which so often perpetuates the poverty cycle. It is a matter of most grave concern and it must not be allowed to continue. I urge the Minister for Health to make resources available so that all children who are suspected of having language difficulties in year 1 can access Department of Health speech and language services in a timely manner.

As I mentioned earlier, I have a special interest in the health issues facing Aboriginal people and their communities. One of the tragic statistics presented to the committee was that Indigenous children suffer 1 000 times the rate of foetal alcohol spectrum disorder as non-Aboriginal children in our state. That is a condition that is entirely preventable; it results from the birth mother consuming too much alcohol during pregnancy. I urge Parliament to take every step possible to reduce alcohol consumption in our Indigenous communities. Too many children are given a bad start in life.

I also wanted to speak on the phonics issue, but I think the member for Pilbara has dealt with that most eloquently and I certainly endorse all that he said on that topic.

In closing, I commend the staff of the committee, Dr David Worth and Tim Hughes, for their dedication to the task. I also commend the committee members from the previous Parliament who did much of the earlier work on this inquiry and I thank them for their commitment to the task. I look forward to continuing to be part of the Education and Health Standing Committee.

MR I.C. BLAYNEY (Geraldton) [10.46 am]: I wish to speak briefly on the Education and Health Standing Committee's "Healthy Child — Healthy State: Improving Western Australia's Child Health Screening Programs" report. A number of studies clearly show that the identification and treatment of impacted hearing, vision, speech, motor skills and general health conditions is extremely beneficial. A number of studies also show, as in the case earlier mentioned, a 17 to one return on funds spent on health care at an early age, and I am aware of other studies that show about a nine to one return on funds. However, I think it is impossible for our schools and health services to entirely pick up all families that are totally dysfunctional. The aim is to produce effective members of the community and the alternative is a significant cost to society later from people who end up in prisons and on drugs and things like that.

The Education and Health Standing Committee's report presents a clear road map. Western Australia is experiencing significant demographic changes; approximately 4 000 children a year are born in this state and there are young families moving to the state. However, staff numbers for most of the services that we are talking about have been static for the past 15 years. Delays in the treatment of serious problems can mean that the treatment is less effective, which is of serious significance if a child who is three years old does not receive

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treatment until he or she is four and a half years old, when the time for effective treatment of the child's problems may have actually passed.

The immediate issue is the \$10 million needed so that all newborns can receive the neonatal hearing test. I fully endorse comments earlier made about the renewed emphasis needed on phonics in early education. There is also an urgent need for increased numbers of school health nurses, community child health nurses and allied child health nurses.

In closing, I will commend some people who have helped my family in this situation. I particularly thank Dr John Wray at the State Child Development Centre who over his career has done a wonderful job for families in Western Australia who have discovered that their child needs early intervention. I can say personally that early intervention does have the ability to literally change the life of a child and, of course, the lives of that child's family. I also mention the people in Geraldton who are setting up an organisation called Aidan's Place, which is a local community support group for children and families of children who have autism spectrum disorder. The other significant factor that can make a big difference is community support from people who have been in that position before. Dr John Wray is very good also at pointing people in the right direction in that regard. I commend the report and in my time here I will do everything I can to see that correct funding is provided.

MR M.P. WHITELEY (Bassendean) [10.49 am]: Getting this committee report prepared has been a long process. It is fair to say that it was my pet issue and I pushed —

Mr T.G. Stephens: You drove it.

Mr M.P. WHITELEY: I drove the Education and Health Standing Committee after it had been driven by the now Minister for Health and the member for Pilbara to undertake a number of inquiries. I finally got my turn and this inquiry was held. When Parliament was prorogued we were in danger of losing all the valuable work we had done. I thank members of the government and ministers, notably the Minister for Health, for allowing us to continue this inquiry, because it throws up challenges to government and calls for considerable resources to be put into our children's wellbeing.

The terms of reference of this report were very much about looking at real health and functional performance problems in kids, and included looking at hearing, vision, language and motor skill deficits among kids. That was intentional. I am very interested in this area. One issue that concerns me is the push that is going on in the United States right now for a program that I think is called TeenScreen, which involves mental health screening of teenage children. The problem with that is that it seeks to profit from the consequences of not providing adequate screening and services for kids when they are young. People in the US want to screen for depression, bipolar disorder and attention deficit hyperactivity disorder. But they are the sorts of problems that manifest often because of the failure to respond to the real needs of kids when they are very young. Not to put too fine a point on it, I think that process in the US is driven by money more than by concern for the welfare of children. The focus of this report has always very much been on catching early those kids with real problems with hearing, vision, language and motor skills.

One of the surprising recommendations, which I think is, in fact, the most important recommendation—it surprised me a little—which the member for Pilbara referred to, is recommendation 37. It refers to mandating the teaching of, to use the old-fashioned term, phonics for kids in year 1. I think the government should pick up on this recommendation. I was encouraged to hear the member for Southern River endorse that approach. Two problems were exposed that have caused many kids entering year 1 to be left behind. They are in a bit of a double bind; that is, societal changes mean that a greater proportion of kids are not spending a lot of time with significant carers. Often, both parents are working and that lessens the chance for intensive language development that happens automatically by being around their parents during the day. Many kids do not have that opportunity with split families and many kids do not have the grandparents' support that was there previously. Kids are entering the system at year 1 who have not had that intensive language hot-housing that happens naturally through the family setting. But what has compounded that change is the systemic move away from teaching phonics to the whole-of-language approach. The problem is that the whole-of-language approach is really good for the kids who have had that natural intensive interaction that happens when parents can spend time helping them develop language skills at home. Those children are ready to learn more and to go on. But a whole cohort of kids who do not have those basic language skills are being left behind. They are not familiar with sounds let alone able to recognise sounds within a word. We need to change that and mandate that change. The member for Warnbro made a very good point: the problem is that many younger teachers who are responsible for teaching children were not taught phonics, but were taught in a whole-of-language manner; and that they have gone on to become teachers is testament to the fact that they have been successful throughout the education system. They are not the ones who suffered from a lack of a phonic-based approach. There are very many important recommendations in this report but, to me, that recommendation is the most important and the

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most doable because it does not require any substantial resources. I think it is very important that we follow through on that.

The next recommendation that is incredibly important and that has been referred to by a number of members—the member for Warnbro highlighted it—is the need to allocate \$10 million over four years for universal neonatal hearing screening. As the member for Pilbara indicated, when the now Ministers for Health and Planning were members of the committee, they were incredibly passionate about this recommendation being implemented. There has since been a change in political circumstances. Previously, there were some politics involved because when they were opposition members their eyes lit up a bit at the thought of putting some pressure on the government, as well as doing some good at the same time. Now that they are ministers, I ask them to take that same level of passion and commitment to cabinet. They are both good people.

Mr T.G. Stephens interjected.

Mr M.P. WHITELEY: No, it should not be recycled money, even if the only way to get the money is to call it “royalties for regions”; get it from there and let us do it.

The other recommendation that I think is incredibly significant and represents a far greater challenge to government—\$10 million over four years is not a great amount of money—is to address the massive shortage in the number of child health nurses. That is the result of a 20-year failure of government to address that need. It is a massive shortage. I will not go through the figures; they are clearly outlined in recommendation 34. It is an indictment of former governments of both persuasions, including that of members opposite and, I acknowledge, most recently of our persuasion. We need to make a priority of resourcing child health nurses and ensuring their greater availability. For my part, I will do what I can to put pressure on the government to achieve that.

Recommendation 31 is an important recommendation. It seeks to have the Commissioner for Children and Young People report on the level of unmet need in the community. One of the temptations of government, and sometimes one of its strategies, is to not ask a question if it does not want to know the answer. Historically, our side is as guilty of that as is the side of members opposite. Frankly, that is why we need the children’s commissioner to do a systemic annual analysis of the level of unmet need in children’s services. It is only when that sort of data has been collected that we can hold government to account. Again, that is not an expensive item to ensure. The children’s commissioner may need some extra resources, but I will be doing my part because this is my first day as chair of the committee that oversees the children’s commission. I will do my best to ensure that the children’s commissioner gets the resources necessary to do that. Frankly, we need to make sure that, somewhere, someone is advocating on behalf of children. If the children’s commissioner receives the resources she needs to identify the extra resources that are needed for the level of unmet need in children, it would be a very good thing. It will actually help her to advocate on behalf of children. It is very easy to pay lip-service to the needs of children; it is very easy to ignore them because, frankly, they do not have the opportunity to put political pressure on this place.

Two other recommendations are particularly worth looking at. As a committee we were very responsible. We were not flippant in trying to make excessive resource demands. In fact, recommendations 21 and 14 refer to other less expensive ways of delivering services, such as getting people on a lower pay scale to do some of the work and possibly—I emphasise possibly—looking at a shorter assessment process for some of these needs. We encourage government to look at them, but with caution, to make sure that the opportunities that may be presented in that way do not become shortcuts to poor service delivery to children.

In the time I have left, I thank all members of the committee, new and old. I am encouraged by the words of some of the new committee members. In one form or another—as a co-opted member and as a full member—I have spent about six years on the Education and Health Standing Committee. It is a wonderful committee with an opportunity to do wonderful work. I also thank the committee staff for the tremendous work they have done on this issue.