

EDUCATION AND HEALTH STANDING COMMITTEE

INQUIRY INTO GENERAL HEALTH SCREENING OF CHILDREN AT PRE-PRIMARY AND PRIMARY SCHOOL LEVEL

**TRANSCRIPT OF EVIDENCE TAKEN
AT PERTH
WEDNESDAY, 30 JULY 2008**

SESSION SIX

Members

**Mr T.G. Stephens (Chairman)
Mr J.H.D. Day
Mr P. Papalia
Mr T.K. Waldron
Mr M.P. Whitely**

Hearing commenced at 3.00 pm**CANDLER, MRS ROSEMARIE****Speech Pathologist, Private Speech Pathologists' Association of WA,
examined:****MIDDLETON, MS LYNNE****President, Private Speech Pathologists' Association of WA,
examined:**

The CHAIRMAN: A committee hearing is a formal proceeding of Parliament and warrants the same respect that proceedings in the house itself demand. Even though you are not required to give evidence on oath, any deliberate misleading of the committee may be regarded as a contempt of Parliament. I am left with the task of asking you three questions, to which you must give audible answers for Hansard. Have you completed the "Details of Witness" form?

The Witnesses: Yes.

The CHAIRMAN: Do you understand the notes attached to it?

The Witnesses: Yes.

The CHAIRMAN: Did you receive and read the "Information for Witnesses" briefing sheet regarding giving evidence before parliamentary committees?

The Witnesses: Yes.

The CHAIRMAN: Would you now please state your full name, your professional address, and capacity in which you appear before the committee.

Ms Middleton: My name is Lynne Middleton. I am the current legal president of the Private Speech Pathologists' Association of WA.

Mrs Candler: I am Rosemarie Candler. I am a committee member of the Private Speech Pathologists' Association of WA.

The CHAIRMAN: Thanks for that. Everyone else has taken the opportunity of highlighting, in a few words, any aspects of their submission that they would like to highlight. Do you want to make any opening comments, either or both of you, in reference to the submission that has been made and the terms of reference of the inquiry?

Ms Middleton: I guess what we would really like to see is a consistent screening approach for the detection of children with speech and language delays across WA. The impacts of a long-term speech and language delay which go undetected are education risk—these children are likely to have educational risk. They are likely to have behavioural difficulties throughout school. There is a correlation between speech and language delay and children who end up in the justice system. In 2003, Fiona Stanley's Child Health Research Institute invited a Canadian population health professor by the name of Clyde Hertzman, and he had done a lot of work in Canada on what the early years' outcomes were and the impact they had on adult health. They looked at the entire 1958 birth cohort in Canada, and they examined things like socioeconomic group, addiction appearance, all sorts of things. They looked at birth history complications. The most significant early years' factor which predicted adult health after 30 years was actually literacy skills. Early speech and language development impacts significantly on a child's acquisition of literacy. I guess we feel that actually putting the funding in earlier and identifying these children will save the costs down the track for quite a number of things in our community.

Mr J.H.D. DAY: At what sort of age do you think that should be done?

Ms Middleton: Well, the earlier the better. There are certain things in a child's birth history that can sort of point towards a possibility of having speech and language delays, but the critical brain period is actually from zero to four, and you are actually tapering off after that. The saddest thing is, because there is so little knowledge out there in the community about what should we expect from a child with regard to speech and language, many of them are not detected until they get to school. So there is a golden opportunity, because we are still in that kinder year—we are still within that critical brain period—we have got a chance in that kinder year to turn some of these children around. We have actually done it quite successfully in the clinics and working alongside teachers in schools.

Mr J.H.D. DAY: Is that in the private or public sector, or both?

Ms Middleton: We have done it in private sector and public sector, yes. I am running a program—Rosie runs a program—do you want to talk little bit about yours?

Mrs Candler: Yes. Going back 20 years now, I was heavily involved in the public sector in very low socioeconomic areas—in Balga and Girrawheen and Koondoola—where we ran massive screening and intensive work in the kindies; these are your four year olds. We followed those kids through to year 1, where those children who came from these two particular kindies stood out for not having literacy problems. That is a long time ago. Things have changed a lot since then, but currently I am involved in—as a private speech pathologist—in my local school, where we are looking at children who are like siblings and friends of children going to kindy. So we are getting pre-pre-kindergarten children coming into the local schools under the idea of having story time. So the kindy teacher and I run story time sessions where we are watching these children very, very carefully and talking to the parents, under the guise of the kids having fun. It is very, very satisfying, in that we are able to identify children as young as 18 months and kids sitting in prams. I interact with them and you can see that there are problems already there, and talking with the parents. However, it comes at a great cost to the individual schools to fund these programs because they have to rely on the P&C to pay for my fee for coming into that school.

Mr J.H.D. DAY: Are these in both public and private schools you are talking about?

Mrs Candler: I do not know about private schools, but I know the private schools tend to employ their own speech pathologists to come in and do a screening and then report back to the teachers about the results of the children who have been identified. Some of them then get referred on to private, which would be me in my area, or into public. The program that I am talking about, the pre-pre-storytelling programs are run in government schools.

Mr J.H.D. DAY: Can you tell us which ones?

Mrs Candler: Yes. Wembley Primary School started it up, but they have an OT, an occupational therapist, who works in the program; City Beach Primary, which is my school. I believe Claremont has started one, and Mosman Park. So you are looking at the very leafy green areas where the P&Cs do have money to pay for these programs.

The CHAIRMAN: The school utilised some of its own government resources to engage you in your work, or is it entirely through the P&C?

Mrs Candler: Last year—this is into its second year in my school—it was completely the P&C paid for my costs. This year the school paid for the teacher and the teacher assistant to work alongside me, and then they got some grants from the Town of Cambridge to pay for resources, but not to pay for salaries.

Mr P. PAPALIA: Do you have an indicative cost for running one of those programs?

[3.10 pm]

Mrs Candler: I consider it my community service. I charge \$100 for essentially what could be up to four or five hours' work.

I feel passionate about getting these kids in very early. There is a belief that these problems occur only in poor areas. There are a lot more problems in poorer areas, but there are also problems in other areas. The teacher in my local kindy runs her own screening program. This year she identified three four-year-olds who have language and speech problems. I have seen all three. One boy who I saw this morning is a candidate for a language development centre. That is a government run program. Have members heard about LDCs? Had this child not been screened by the teacher, he would have fallen through the cracks. It is quite severe.

Mr P. PAPALIA: The only observation I would make is that the participants are almost self-screening because you are already getting children who, firstly, go to kindergarten and, secondly, whose parents are motivated enough to take them to story time before kindergarten.

Mrs Candler: That is true; the parents are motivated. When I was working in another area, I found that when we put things on for the community that provided enjoyment for the children, we never had any problems getting the numbers. We read stories to the children and provided activities and the parents were involved in it. There are not too many parents who do not like that. I take the member's point that in every area you need to look at what is going to get the parents to come along. Story time might not be appropriate for every area.

Mr J.H.D. DAY: Through your program, you are doing the assessment, essentially, through that story time means and if they then follow-up, do they make private arrangements?

Mrs Candler: Yes. It is an informal assessment. For example, I had been carefully watching a two-and-a-half-year-old boy who came to the first session who had had a lot of trouble manipulating the crayons. He could not make eye contact and he did not follow his mum's instruction. His mum chased him throughout the session. He could not sit on the mat or pay attention. After the formal part of the session when the story was told, the children went off to do other activities and I sat alongside the mum when she was working with the child. I told her that I could see that he found it a little hard to focus and I asked her what he was like at home. From there I was able to suggest some places where she could go and get some help for him and to give her some ideas. Of course, I was there as a private speech pathologist but when I am at the school, I represent the school and so I offered her a range of places to go.

Mr J.H.D. DAY: Forgive my ignorance, but what you just described sounds something like autism. Is he a candidate for that?

Mrs Candler: He is, actually. Clever! It is interesting. That is really good because a lot of people believe that we are still about elocution—the way people speak—but we run the whole gamut. In this group of children are stutterers and some who have specific word-finding problems and others who have a very limited vocabulary. That is the sort of child that can slip. If a problem is not identified until a child is four or five years old, a lot of time will have been wasted when we could have been coercing good social skills from him and encouraging him to behave appropriately. It is a fantastic environment for me to be in. It is done in a very non-confrontational way.

Mr T.K. WALDRON: You mentioned that the kindergarten teacher had picked up something. I noticed in your submission that there is talk about kindergarten teachers etc. Do our kindergarten teachers get enough training to recognise the first signs so that they can refer children to someone? People such as yourselves cannot be in every kindergarten. Should we look into that area?

Mrs Candler: I think so. Resources need to be provided to the teachers. The teacher who I work closely with uses the MELS screening test, which has been devised by Lynn. Two years ago, a kindy teacher called Anna came to me. I live opposite the kindy. She told me there was a new screening program called TACS. I looked at it and told her it was not sensitive enough for our children. It would be useful for a different area but it is not sensitive. There is a great benefit in the fact that I am in the community. Because there was no other program, she used the test and sure enough it was not sensitive; it did not pick up the children who had problems. However, this year

she used the MELS screening test. Out of 26 children, it picked up two children with severe language problems and one with a speech problem. That is a brilliant result in this area.

Mr T.K. WALDRON: What level is that being used at?

Mrs Candler: Four.

Mr T.K. WALDRON: What is happening at most kindies and pre-primary schools, in reality?

Mrs Candler: We rely a lot on the teachers' knowledge and also on their relationship with the parent of the child. If a parent is not very forthcoming, it is difficult to find out how the child is performing at home. The school health nurses come in when the child is five years old. I see a great trend—this is anecdotal—but a lot of parents are not using child health nurses like they did in the past. For a start, child health nurses are not around the corner like they used to be. Parents have to wait until they can get their children booked in to see a child health nurse and our society has changed. Many of the mums in my area are still working; they are professional ladies, and a lot are from the oil and gas industries. Their families are living on the other side of the world and they do not have the necessary family network, which as members know, is changing. They are not talking with their mothers, who could tell them that the child was not talking properly or would say, "Gee, you should get that looked at."

The CHAIRMAN: Do you want to tell us more about MELS?

Ms Middleton: Yes. I have some copies here if anyone wants to look at them. Basically, this was developed when I was working on contract and at that time we wanted to provide something that was uniform right across the region in which I was working. We wanted whatever we implemented in one kindy to be used to provide the same sort of intervention in all the kindies. That is where this came from. Originally, it was used just as a clinical tool that I had devised to identify the children who we thought would be at risk. However, when we started to look at the validity of it, it showed quite nicely that the findings of the children who had had a complete assessment agreed thoroughly with the findings of this screening assessment. We found that very few children were false positives. The screening test was not saying that there was a problem when there was not a problem.

Mrs Candler: I will explain what is a false positive. A couple of years ago, a non-government school in my area trialled having a speech pathologist to screen children. The child would be removed from the class and tested. Being a speech pathologist in that area, I got 10 or 12 referrals from extremely anxious parents. If a stranger walks into a kindy, sits down and asks a child to look at some toys and then takes the child into a storeroom or an office to test the child, it does not give a proper indication of the child's natural language. Out of the 10 referrals I had last year, just two had normal language problems. The rest were very shy children who did not feel very comfortable with a stranger. That is one way of screening. When I screened back in the 1980s, I worked in the kindies alongside with the teacher for a while so that the children knew who I was. There are many ways of screening. This test done was made by my teacher Anna. Anna did not test the children until the second term so that she actually knew them very well. Of course, having a chat with Mrs Anna was fine for the children. I got false positives saying that the children had delays, but when I saw them, I saw that there were not delays.

Mr M.P. WHITELY: Are you saying that the ordinary classroom teacher should take the children for the test?

Mrs Candler: Yes.

Mr M.P. WHITELY: I presume that you would point at the picture and the child would say what the picture was. Is that how it works?

[3.20 pm]

Ms Middleton: That is how the first part is done. It looks at getting the children to name the things that they see in the picture.

That tells you a little bit about the vocabulary as well. Then, when you have that page open, you actually ask them various questions like, "This man's waving. What could he be saying? How can we tell this is a bedroom?" There is a lady called Marion Blank. She is a developmental psychologist who developed a series of questions. They were graded questions. She says that you have to master from one to four by the time you actually enter school. It is preschool reasoning series of questions. It is actual discourse. It is not just asking a child to perform an action and then getting them to do that action. It is actually looking at how they formulate their responses too. Really, what we do is actually look across and on each page we have a series of questions to ask. Some of them might be level 2 questions or level 3 questions. When we give this test to kindy children we expect them to answer all the level 2 questions: "What do you do with this? Who is it? Where do you find it?"—those sorts of questions. They should have mastered those before they get to kindy. For anybody who has not mastered that in the first term of kindy, they have got a problem. During the kindy year we expect them to be able to answer the level 3 questions; things like, "Tell me how these are different? What could he be saying? Can you put these pictures in order to tell a story?" Then there is a section in the test that actually gets them to retell a story. What many children do not get the opportunity of doing on a one-on-one basis in a classroom setting is actually to tell a story from beginning to end. If you ask a lot of parents, "If you finish reading your children a story at night, do you shut the book and get them to tell you that story again?", the answer is usually no, but if a child is not able to tell a story, they actually cannot defend themselves. Say you have a situation where you have got a child with speech and language problems who is lining up to go on a slide and somebody pushes in front of them and then they push them back and the teacher sees this child with speech and language issues pushing back, she will come along and say, "No, you are not supposed to do that." The child who is not able to tell a story cannot say, "Now, hang on a minute, I was waiting here for a while and then he came along." They just cannot defend themselves. When we looked at some of the literacy coming out of adults who are actually inside the justice system, these are the sorts of language issues that a lot of them have. They actually are not able to defend themselves. We look at them being able to tell a story and then we look a little bit at their literacy ability. In some of the country areas that I work in part of that training was actually bringing along a book and putting it in front of the child and saying, "Show me where you would start reading this book." Some of them were not able to turn the book around and show me the page. Some of them just not had any experience at all.

Mr M.P. WHITELY: That is fantastic stuff, but if I could go back a bit, because this has real implications for how we implement this, one of the concerns that we have had is that there are probably not enough speech therapists and occupational therapists to go around to do all the screening. What you are actually saying is that you might be better off training people that they are familiar with to do this screening, because otherwise you are going to get a whole host of false positives because kids are not going to be doing this with someone they are comfortable with and familiar with and there are not objective tick boxes. There is a test where the kids have to be conversational.

Mrs Candler: We believe that it is a better form of practice. Use your speech pathologist in your community to implement programs that facilitate language overall, like I am working with the kindergarten teacher. That is a really good way of practice. Use the people who know the children really well that they identify with.

Ms Middleton: I think what happens when the teacher actually pulls aside each child in her class individually is that she focuses for that 20 minutes on that particular child. Some of these children if they are compliant and quiet are actually just sitting in that class following what everybody else is doing. They will not get into trouble, but they have probably had very few experiences to converse with anybody right throughout the day. Some of these kids are in a classroom with 20 to 30 kids. They can be invisible for months and months and months. What is happening when we pull them aside and have the teacher focusing on them, they say, "Oh, I didn't realise." The feedback I am

getting in emails from teachers using this is saying, "I'm surprised there were some I just didn't pick up", or pick up the kids with articulation problems. The kids who say "tac" for cat and "doe" for go stand out a mile, but these children who do not understand directions and who are not able to formulate a story, they are the ones that are most at risk in the academic system and they are they are the ones that slip through the years.

Mr J.H.D. DAY: Can you tell us about the supply of speech therapists in the community and graduates? Is it only Curtin University in Western Australia?

Ms Middleton: I understand there is going to be a new school next year, although I do not know the details. They are interviewing for a founding professor at Edith Cowan, but I do not know what the intake is going to be.

Mr J.H.D. DAY: Can you tell us about the general labour supply situation at the moment?

Mrs Candler: I believe that if you are a good, qualified speech pathologist, you will get a job anywhere. I do not know of any speechies who are out of work. Certainly in the private sector, for example—we were trying to work it out—we have over eight private speech pathologists in the area of Fremantle and Peel district and they are flat out, but they are working with crisis children. They are getting children who have LDCs down there that cannot cope, so they are dealing with children who have not been earlier identified in the major stream. They are working very hard. Privately, it is hard to tell because we know how many are in our association but there are a lot of girls out there who do not belong to a private association and who work for themselves.

Mr J.H.D. DAY: Is there an under supply, which is really what I was getting at?

Ms Middleton: There is an under supply but, having said that, the majority of our members do not have waiting lists, so if you are actually identified, you can access private therapy fairly easily.

Mrs Candler: There is an under supply publicly, if that is what you mean.

Mr J.H.D. DAY: Yes.

Ms Middleton: That is because the positions are not available. It is not that you cannot fill them, unless perhaps you are looking at some of the very remote regions. I cannot answer that.

Mr J.H.D. DAY: If there were more positions available in the public sector, would there be people who could fill them?

Mrs Candler: I would think so, absolutely.

Ms Middleton: We can recruit from the eastern states too, but one of the things I think would be nice to be looking at is actually looking at how public and private can actually work more closely together. The federal government offers something for an enhanced primary care plan, which gives a rebate of \$47 for five sessions in a calendar year. It can be okay. Those five sessions can go toward a speech pathologist. I have had clients who have come to me who are on the public waiting list. They have been able to access a carer's allowance, so that is \$95 a fortnight for them, from the federal government. They have also gone on the enhanced primary care plan. My half hour fee is \$60, so they get \$47 back out of that, which gives them quite a good rebate. They start with them in private therapy and then go on and take a government block of therapy of five or six weeks and then come back. My feeling is they are getting funding; they are getting a carer's allowance, which would fund their private sector. I think those people could stay in the private sector and not take up a public place. In that way we could use the resources more effectively.

Mr J.H.D. DAY: Can you just elaborate? In what circumstances does this situation exist where they are getting a carer's allowance and so on?

Ms Middleton: If they get a carer's allowance —

Mr J.H.D. DAY: This is as a parent, is it, of a child who is —

Mrs Candler: It is not means tested.

Ms Middleton: No, it is not.

Mr J.H.D. DAY: Okay—of a child who is —

Mrs Candler: Diagnosed. They have to be proven to have severe communication difficulties.

Mr J.H.D. DAY: As concluded by whom?

Ms Middleton: In reality —

Mrs Candler: It is getting harder and harder to get it. That is why we are fumbling, because years ago a lot of our severe kids could get it. Now they have made it very, very difficult. One of my clients has a severe bilateral cleft repair. He is four and a half. He does not get it.

Mr J.H.D. DAY: Who makes the assessment?

Ms Middleton: Centrelink.

Mr J.H.D. DAY: Based on what—a report from people like you or doctors?

Mrs Candler: You get a form that the parents have to fill in. There is a seven-page form that we assist the parents to fill in. It is very hard to get.

Ms Middleton: If you have got a child, say, with chronic glue ear, who has got a history of hearing difficulties that are impacting on his speech and language development, you are far more likely to be able to get the carer's allowance. That can have implications for the Indigenous population, definitely. A lot of those kids are performing very poorly and a lot of them have chronic glue ear. They could definitely be accessing more private services.

[3.30 pm]

Mr P. PAPALIA: I will ask a question about this system. Beyond Rosemarie's kindergarten, have you attempted to introduce this to the mainstream education system in Western Australia; and, if so, what has been the reception?

Ms Middleton: We have. It has been going for a couple of years now at Sawyers Valley Primary School where it is used in kindy and then the children are re-evaluated in preprimary. It is very nice because what is actually happening between the teacher and the kindy teacher and the preprimary teacher is that the kindy teacher will then talk to the preprimary teacher about the specific difficulties that children have and will follow them through. Therefore, what has happened at Sawyers Valley is that they have referred on the children they have identified, and I have seen quite a number of them.

Mr P. PAPALIA: Is it just purely those local schools that have been receptive to it or —

Ms Middleton: Actually, it is being promoted by the north east language development team or the speech and language team —

Mr P. PAPALIA: So, you have gone through the LDC?

Ms Middleton: Yes, it has promoted the system.

Mr P. PAPALIA: Is the contact that you have direct?

Ms Middleton: Yours was word-of-mouth through Rosie, when I first published it. However, the north east and north west language development team are actually promoting it, so there are quite a number of schools now that are —

Mr P. PAPALIA: Are they advocating it with the other learning development centres?

Ms Middleton: Just those two are promoting it at the moment. The feedback I got from the people at the north east language development unit was that it is great that this is starting in kindy. However, what is happening in the language development centres is that they start at kindy, so they

are still not getting them early enough. That is probably because there is not enough education amongst parents about what they should expect from a child with regard to speech and language. I think that that issue needs to be addressed across the state because we expect three-year-olds to be doing quite complex things and saying nice full sentences and following instructions and things. However, if you asked the average parents what their child should be doing, they really do not have much of an idea at all.

Mr P. PAPALIA: I have one more question about MELS. We have received other submissions indicating that one possible potential way of getting to those children early, and possibly those children who might be a big group that require intervention, is through RUCSN, which provides assessment and support teams to childcare centres around the state. Do you think that the qualified people in the childcare centres would be capable of being trained to utilise this system, or would it require greater training?

Ms Middleton: On the last page there is a DVD. I put in a DVD with multiple examples of the test being administered and with practice to score it. Because it is a DVD, they can look at it as often as they feel they need to. Teachers administer the test in term 2, and when they administer it a year later in term 2 when they have forgotten how to do it, they can go back to the DVD to brush up on where they are at.

Mrs Candler: I have worked at a lot in playgroups and childcare centres. I am very closely involved with one childcare centre—I believe it is one of the biggest Perth—that has very, very caring and very, very good staff. However, that is not typical of all childcare centres. You will find that if you are paying something like \$11 an hour, you are not getting very highly trained people. Therefore, you actually need to talk to the people who own the childcare centres and get them on board and get them supported in that. I think you probably need to start with some of the bigger childcare centres—the ones that have really good staff retention rates. The one I am thinking about has a religious basis, so they are very caring and their staff turnover is not high, which tells you something. They are the ones who tend to ring me up and refer children to me because they actually have someone whom they have a link with. We must somehow do it so that we can show the test to these childcare centres but also give them some back-up support as well and say, “Okay, if you’re a bit concerned, this is who you call.” As private speech pathologists, we try to inform people as much as possible, even our public colleagues, that if they have a query, they should just pick up the phone and ask. If a parent is unsure, the parent should just ask. I spend hours on the phone with a lot of parents and a lot of the time I say, “It seems okay. Give it another three months and then give me a call”, and they ring me back and tell me that everything is fine. If we could get it out to the public to just actually pick up the phone and ask someone, they would get that support. Getting back to child care, a lot of the staff in the childcare centre that I work with would be perfectly capable of doing this. However, that is not the case for all. A link and some support are needed.

The CHAIRMAN: Is a good percentage of the work of speech pathologists centred around both phonetic and phonological awareness?

Ms Middleton: As Rosie said, that is sort of like fire fighting. Those children were at risk early on. We do a lot of work with children—I have several at the moment—who are in years 5 and 6 who just slipped through the cracks early. The work we are going back to do is work that should have been done in preprimary and year 1. Unfortunately, we are doing that, but if we actually worked with them earlier, then we would not be spending as much time catching up with some of these later literacy skills. In speech pathology, the later a child’s problem is picked up, the longer the child will spend in therapy because the child has that much more ground to catch up on in the meantime.

The CHAIRMAN: Therefore, the opportunity for speech pathologists to work with preprimary teachers in securing phonetic and phonological awareness would be well worth the effort?

Mrs Candler: At the kindy and four-year-old level.

Ms Middleton: We can do a lot of work for four-year-olds on listening, rhyming and syllables and those sorts of things when they are in kindy and then they can do a top-up program in year 1. A few years ago we ran a program that began in a day care centre. The reason we started there was there was a little child with a severe speech difficulty in day care. We started the program in the day care centre and then we ran through with it and continued on with the phonological awareness program in kindy and screened the children again. By the end of preprimary, those kids were performing at a year 3 level for phonological awareness, so it was well and truly worth it.

The CHAIRMAN: Is there a sense of any professional resistance to the value of phonetic and phonological awareness?

Mrs Candler: No, I think the work in this area is being done earlier and earlier. When we went to kindy, we did not do phonetic awareness until year 1. Now they are touching on it towards the end of the kindy level. There is a greater awareness of the need to develop the skills very early on. A lot of kindy teachers who I know have rung me up and said that they are teaching the fifth sound and the children still do not get it. Whoa! We have a problem.

The CHAIRMAN: Has there been a recent history of professional educators being resistant to this issue?

Ms Middleton: It happened on an individual basis. Some schools just definitely do not want to know. However, one of the things about working privately is that you try to develop networks within your own particular area, and that is happening more and more. Often we begin by liaising with the teacher of the child. I am working with a child who is having difficulties with early phonological awareness and who is receiving therapy funding through DCP. We know that the best practice model is to deliver that therapy on a whole-class basis, so DCP is funding me to see this child but I am actually working with the teacher in the classroom so that all of the children in the class are getting his therapy, which is —

Mrs Candler: Are you not too sure what DCP is?

Ms Middleton: Department for Child Protection.

Mr M.P. WHITELY: I want to ask some fairly basic idiot-level questions to make sure that I have got this right. My perception is that education models have moved away from when I was at school when we all used to sing out the sounds and our timetables and all that sort of stuff. Phonetic awareness is about learning—correct me if I am wrong, and it is probably more than this but I will give my understanding of it—that “O-R” makes an “or” sound and that sort of thing, when you relate it to —

Ms Middleton: I suppose phonetic awareness is actually being able to hear the “or” sound but not necessarily learning that it is the letters “O-R” because that comes later with the spelling rules.

Mr M.P. WHITELY: When would a child first encounter that in school?

[3.40 pm]

Ms Middleton: Rhyming work with all the “au” sounds—that is, or, saw, more—would come in at kindy level. We actually need to hear the “au” sound. We actually have some children who just do not hear the “au” sound; they might hear “ou” or “ee” and they might confuse the “au” and “ee”. That sort of thing happens at kindy; that is, tuning into a particular sound.

Mr M.P. WHITELY: So at kindy the whole class recites “saw, more, for, raw, door —

Ms Middleton: Yes; we get them to rhyme; that is, to say nursery rhymes.

Mr M.P. WHITELY: So the children sing the rhyme out as a class.

Ms Middleton: Yes.

Mrs Candler: Are you familiar with the writings of Mem Fox—*Possum Magic* and all those gorgeous stories?

Mr P. PAPALIA: These kids are a bit old for that!

Mr M.P. WHITELY: No, I am not.

Mr P. PAPALIA: Mem Fox is an author.

Mrs Candler: She is an author. She is a great literary expert.

The CHAIRMAN: She writes about the world and numbers.

Mr M.P. WHITELY: I said these were idiot questions, but can I be allowed to be an idiot because I want —

Mrs Candler: She is one of the great experts of literacy. She did research, eons ago, that proved that if a child at four-years-old learns X amount of nursery rhymes—I think it was 10—that child will be better equipped for literacy learning than the child who knows only three. Rhyming is very important for four-year-olds. That is why a lot of books rhyme and have a predicted text. They are very clever books.

Mr M.P. WHITELY: So, at kindy you do the rhyming work —

Ms Middleton: Children also do work with syll-a-bles and we all clap and stomp out the syllables and do all that sort of thing.

Mr M.P. WHITELY: Okay; and when a child gets to year 1 is it expected that the child will start connecting sounds with letters?

Mrs Candler: In pre-primary, with five-year-olds, you do a lot of work with the first sounds asking children, “What is the first sound in your name?” or, “What is the last sound in the word “bus”?” You break up words, so the child learns to spell the word helicopter—hel-i-cop-ter—by clapping it out or by syllabication. If a child cannot do that, he does not know how to start when confronted by a word he has to spell.

Ms Middleton: I think segmenting skills are the most critical skills in year 1. If I were to look at the word “bus”, I would sound it out “b-us” and then blend it “b-u-s” and the children connect that and say “bus”.

Mr M.P. WHITELY: I have a couple of questions. I am getting there, but I still have a couple of questions. In year 1, has the emphasis moved from teaching that component of phonetic awareness—if that is what it is called—to whole language? Has there been a change in emphasis whereby children have to recognise a whole word and understand patterns in words and —

Mrs Candler: Sight vocab.

Mr M.P. WHITELY: Okay.

Ms Middleton: It is a combination of both. I mean, some words are just not spelt regularly and so they do have to learn them.

Mr M.P. WHITELY: Yes, for sure: 100 demons.

Ms Middleton: Years ago, as children, it was the phonemic or phonetic approach that we did and then it changed to a whole-word approach. Now, we are going back to phonetics. We have realised that we actually have to take a phonetic approach as well as a whole-word approach.

Mr M.P. WHITELY: Okay, let us take a child who has not attended kindy or preprimary. Compulsory education does not start until year 1. Mum is possibly working full-time so there has not been a lot of in-home learning. The child rolls up to year 1, having missed the segmenting and the original sounds, to encounter the whole-of-language model of education. This kid has gapped about three different things.

Mrs Candler: This child is very much out of it.

Mr M.P. WHITELY: So, this kid is rolling up to year 1 without the necessary prerequisites—having “gapped”—only to encounter the whole-of-language approach, which demands so much more of children. If you go back 30 years to when I was at school, the model used to be that we at least did some of that phonetic “bits of words to make the whole word” type of learning —

Mr P. PAPALIA: That was 40 years ago, was it not?

Mr M.P. WHITELY: Yes, it was 40 years ago. Actually, it was a lot longer than that! However, you can see where I am going with this. That is the guts of what will come out of our inquiry.

Mr P. PAPALIA: We did it to ourselves—almost.

Mr T.K. WALDRON: Could I just —

The CHAIRMAN: We are about to get a comment from Ms Candler.

Mrs Candler: I was just going to say that there is one big area that we are missing out when we talk about the academic side of it. I work a lot with children under two. At 15 months—even 12 months—you can identify possible language development delays in a child. It is quite devastating to see what happens between a mother and a child when the child is not responding. The earlier you get in, the earlier you switch on the child’s language and work with mum to show her how to communicate with her child and the earlier—it is a beautiful thing to see—the bonding happens. If you have a child who starts school—I hope this does not happen, but I guess it does in some areas—having had no input in terms of playing with other children, that child will be socially quite deprived at the time he or she starts school. A whole foundation is required for not only language learning, but also learning per se. A two-year-old child who does not look and search for his mother’s face when called or a child who does not run and get the nappy when asked or the child who does not get the idea that when everybody runs to the slide and gets in line that is what has to be done is socially and emotionally right behind. When that child starts school he does not get it. These are the children who, when you and I went to school—I am assuming we are roughly the same age—were a bit odd.

Mr M.P. WHITELY: Do not be so hard on yourself!

Mr P. PAPALIA: I was going to say, you are being very generous!

Mrs Candler: Let us get down to the nitty-gritty here! When I was at primary school, I now look back and I know there was a girl and a boy in the back of our class who were “odd”. I now know what was wrong with them. They slipped because nobody was picking this up. However, I want to get back to the very early ages and the children I see pushed in pushers at story time. These children do not have a good bond; that is, the children who have poor language skills do not have that bond with their mums. It is amazing when that bond is established and the mother realises that the child actually acknowledges her, goes to her for hugs and kisses and really wants to fetch mum’s cup and stuff like that. I have a passion for this area.

Mr J.H.D. DAY: In brief terms—including the boy and girl at the back of the classroom—what is the cause? Can you give us an outline, in general terms, of the cause of those sorts of problems?

Mrs Candler: The children in my school class had severe language-use problems with concomitant language deficit academic problems. If you are not succeeding academically, socially you are not going to be terribly crash-hot. You might become the class clown or you might become the kid who throws a chair. If a child cannot get the message across, he will do it somehow. You see this in four-year-old kindy classes. If you get a bad kid, watch that kid very carefully; it is bound to happen and it is bound to be a communication problem.

Mr J.H.D. DAY: But the fundamental cause of the communication problem is multi-factorial.

Mrs Candler: Absolutely.

Ms Middleton: It can be. However, there do seem to be hereditary factors associated with communication difficulties. One of the big risk factors in speech and language delay is that of sex; boys always are far more likely than girls to have speech and language delays. If we look right across our clinics, that seems to be one of the factors. However, they are looking at the problem genetically and there does seem to be a genetic link to speech and language delays and, also, to these children who have literacy learning difficulties resulting from —

The CHAIRMAN: So, could those educational methodologies or philosophies that do not try to introduce formal literacy strategies until later in the life of the child adequately cater for this?

Ms Middleton: Do you mean that they do not actually look at formal literacy but combine knowledge about words and sounds and things inside play? Is that what you mean?

The CHAIRMAN: I gather that the Steiner program simply delays formal literacy in a classroom setting until children are older.

Ms Middleton: I do not think that is the answer for everybody. In terms of looking at getting children ready, I think we know what are the precursors to literacy. I think you look at making sure that the foundation is laid and that it is a really strong solid foundation in which children hear sounds and respond to them, segment and know the difference between word boundaries. Some of the work that is coming out of the United States at the moment is actually looking at babies. They are even finding that babies as young as eight months know the difference between tones of voice and the boundaries of words.

[3.50 pm]

So we are detecting it fairly early. So I think, really, if I am asked to say about “delay literacy”, I have actually got a pile of Steiner children in my clinic at the moment, so I do not think I actually would advocate delaying it per se; I think it depends on the child. However, I think what we need to do is to look, developmentally, at what is the foundation you need to lay for literacy and make sure that these kids, by the time they get to formal learning, have a nice foundation laid in those precursors.

Mr M.P. WHITELY: I am picking up two conflicting things here, though. I think you are saying that the capacity is there in children very early to learn this stuff and ideally from a very early age they should be encouraged to learn and all the rest of it; yet the reality is that we do not get kids entering into formal education compulsorily until year 1. It comes to the point that I have made that I am getting concerned that we are actually getting kids that have had an imperfect beginning coming in behind the eight ball already; they have not got the prerequisites for their first entrance. So, as policymakers, how do we reconcile that? How do we, you know —

Ms Middleton: The majority of parents want their children to succeed in school. I think we need to start educating parents and saying, “By three, these are the sorts of things that your children should be doing.”

Mr M.P. WHITELY: Yes.

Ms Middleton: Unfortunately, we have had things like ABC Learning Centres which have taught formal literacy to tots. They do not need formal literacy when they are in day care; they need to learn through play. However, there are certain things—concepts—that they learn; they learn big and little and rough and smooth and up and over and following direction. They can do all of that in play. However, we need to start letting the parents know that there is a benchmark, even early on. If your child is not talking at two, you know, they should have been talking at one. They are already late if they are going to a speech pathologist at two, and then they are on a waiting list for another 12 months and they are three before they have gone into therapy, then they are too late.

Mr M.P. WHITELY: Can I be a bit pessimistic and in some sense a bit realistic? For families that have adequate resources and adequate, sort of, confidence and education levels and all the rest of it

there are lots of options and there is the ability to pick up the gaps. A lot of the families I represent do not have that background, they do not have the resources and they do not have necessarily the skills or the confidence to do that sort of thing. Because mum and dad both have to work, they do not have the time to put in necessarily in the home. Perhaps education was not valued in their own background. For whatever reasons, these kids are not getting it and they are not going to get it at home.

Mrs Candler: The core is to educate the mother, basically.

Mr M.P. WHITELY: Yes, but there will be this cohort where mum is just struggling, whatever. There will be this cohort for whom you can have all these voluntary education programs for mum and whatever and they will not be picked up on, but that kid still should not be left behind. We first encounter them when they have to roll up at school at year 1 and they have gapped all of this stuff. They walk into a class and every other kid has been oohing and aahing and doing all the sounds and making and breaking up words and has all this stuff in their heads and this kid walks in and is just so far behind. The child may have learnt to play and socialise, whatever, but he does not have that. How do we design a system that does not see those kids left behind forever?

Ms Middleton: I think you could actually have an individual education program or look at perhaps volunteers and work in conjunction with the speech pathologist to pick up where those gaps are and actually run a program so that that child has individual help or small-group help until he actually catches up.

Mr M.P. WHITELY: Part of the problem is that they all end up in one class. I am a former teacher, but a high school teacher. All of this stuff about individualised learning programs, I have got to be honest, I am suspicious of it, because the reality is that you are out there in front of 30 kids or 25 kids or whatever, and you have got to entertain them, control them, whatever. I was a high school teacher; it must be 10 times worse in primary school.

Mrs Candler: Some of the schools I have gone into, in a year 1 class there could be six IEPs there.

Mr M.P. WHITELY: Sorry?

Mrs Candler: There could be six individual education programs going. I think you are talking about remote areas or the areas that are very socially deprived, where it is hard to get to the parents. I think you have got to create something that the parents want to come to; something that is very non-confrontational, something that is good for their kids and something that is essentially cheap—free—to suck them in.

Mr J.H.D. DAY: A good-parenting centre in other words.

Mrs Candler: That sounds great.

Mr T.K. WALDRON: Could I just make a comment? I know I keep harping on this, but the more I sit on the inquiry and listen to experts such as yourselves, the more I think that the Smart Start program that operates in my region is exactly what you are talking about. That is what they do. When a child is born he gets a book and a package and they—the mums—have morning teas and they have specialists like these people along to talk to the mums and there is a follow-through program until those kids go to kindy, preschool and school.

Mrs Candler: Yes.

Mr T.K. WALDRON: I have been trying for five years to get it. I actually think the Smart Start program may need modification. I am not an expert so I have probably got some of it wrong. However, the more I sit in here and listen, the more I am thinking these guys are doing what we are looking for.

Mrs Candler: Yes.

Mr T.K. WALDRON: Maybe it needs coordination.

Mr M.P. WHITELY: I am talking about a different cohort, though.

Mr T.K. WALDRON: No, you are not.

Mr M.P. WHITELY: I am talking about those whom you cannot engage.

Ms Middleton: The Hanen program, which is an evidence-based program from Canada, has been going for a long, long time. One of the main principles behind the Hanen program was to follow your child's lead. So we find out where the child spends most of his time. If we are not going to get to see him in an educational institution until he gets to year 1, then where does he spend his day if mum and dad are not there? Can you engage grandma if grandma is actually looking after him or is it the day care centre? We try to provide the program with the person who spends the most time with the child. One of the other things that has been done with the dads is that they have actually run Saturday playgroups with dads and have had some really nice results from some of that. So with our working parents, maybe we look at it a bit more laterally and have playgroups on Saturdays rather than during the week and traditionally during the middle of the day.

Mrs Candler: The local kindy has a father story time. It is not very long, but it is in the day.

Mr T.K. WALDRON: Actually you did make a comment before when you were talking about speech pathologists and you said "the girls"; how many male speech pathologists are there?

Mrs Candler: Two.

Mr T.K. WALDRON: That is interesting, is it not?

Mrs Candler: Yes.

Mr T.K. WALDRON: Is there a reason for that?

Ms Middleton: We tried to find out. We keep asking. We had one start with us and he lasted only three years.

Mrs Candler: I had two in my course; they did not last. I think it is perceived as very much a maternal, caring, sort of nurturing sort of area.

Mr T.K. WALDRON: Okay.

Mrs Candler: It is also a very tough course.

Ms Middleton: Actually the bottom line, too, is the rate of pay is not very good. I mean, I blitzed my brothers' TEE and they all earn three times what I earn. So to support a family is very difficult on a speech pathologist's wage, so I think that is part of the reason too.

The CHAIRMAN: This has been very interesting, but I think we have to wrap it up. So it is really just to say thank you and to read you the final words to say that a transcript is coming your way of what you have had to say today, if the Hansard staff can get through the carry-on that the committee has engaged in, and that gives you the chance to correct any errors. Please get that back to us within 10 days; otherwise, the transcript will be taken to be an accurate record of what you had to say. If you want to provide any additional information or elaborate on any particular point, you can add, not to the *Hansard* record but to the envelope that you are sending back to us with the *Hansard* transcript, anything else that you want to add and we will take that as part of your submission. Thanks very much for your time today and thanks for the work you have put into it.

Mrs Candler: Thank you. I have got the story time stuff here if you want to have a look at it.

The CHAIRMAN: Thank you. The meeting is now closed.

Hearing concluded at 3.58 pm