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, 11 JUNE 2008

SESSION TWO

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 10.34 am

BRIGG, MR JOHN
Acting Director, Inclusive Education Standards,
Department of Education and Training,
examined:

GOULDSON, MS SUE
Acting Manager, Strategic Planning and Policy, Inclusive Education Standards,
Department of Education and Training,
examined:

The CHAIRMAN: Welcome to what is the second hearing of this committee; the first being the Department of Health.

This committee hearing is a 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 contempt of Parliament. Have you completed the "Details of Witness" form?

The Witnesses: Yes.

The CHAIRMAN: Do you understand the notes at the bottom of the form?

The Witnesses: Yes.

The CHAIRMAN: Did you receive and read an information for witnesses briefing sheet regarding giving evidence before parliamentary committees?

The Witnesses: Yes.

The CHAIRMAN: Do you have any questions relating to your appearance before the committee today?

The Witnesses: No.

The CHAIRMAN: Thank you for being here and for the detailed submission. It seems to me that you and your colleagues have put in a lot of work preparing this submission. Would you describe the process you embarked upon?

Mr Brigg: Certainly. We conducted a focus group comprising 27 representatives from the Department of Education and Training, including teachers and district office personnel. The teachers represented the broad spectrum of students that this hearing is about, including a good representation among the 27 people of Indigenous students.

We had non-government school representatives present from the Catholic Education Commission, AISWA and the professional organisations—the principals' professional organisations for education support, primary principals and also WACSSO were represented.

[10.30 am]

The CHAIRMAN: Did that then produce a workshop distilled from which a submission has arrived to us unfiltered from that process?

Ms Gouldson: Yes.

Mr Brigg: That is right. We had an independent facilitator who ran a workshop of a couple of hours, I think, Sue?

Ms Gouldson: Yes, it was.

Mr Brigg: From that, information was distilled and a report prepared.

The CHAIRMAN: We have that written submission but do you want to speak very briefly to the questions of simply your submission without great length? We will go to questions in a moment but simply is the screening system, in the view of your department, working to meet the educational and development needs of the children of Western Australia?

Mr Brigg: I think that the current systems in place through the Department of Health are doing a great job and there is very good interdepartmental collaboration and cooperation. I think that from our perspective we see gaps, issues and challenges in terms of some geographical locations and in relation to some specific groups, Indigenous students and children in some parts of the state and some students from culturally and linguistically diverse backgrounds. More specifically than that, we see from the education perspective that the capacity of health to, first of all, do identification and screening of young children who are at risk of failing—not achieving the educational outcomes—because of significant speech and language issues. Then apart from screening, which would be helpful to education and teachers, the capacity of health to do follow-up in terms of intervention I think is another issue that has been identified. Perhaps I could ask my colleague if she could elaborate on that.

Ms Gouldson: Not at this point probably; I think John has made a very succinct statement.

The CHAIRMAN: John, can I get you then to give us a sense of the gap between the numbers of children identified as needing professional assistance with their health issues, if you want to try to quantify that gap for us?

Ms Gouldson: Are you talking numbers?

The CHAIRMAN: Yes; numbers, percentages—the gap in the sense of what is the education department throwing up.

Mr Brigg: In terms of children with speech and language impairment, in the primary age range or from K to year 7 there could be 14.5 students identified with a primary language impairment.

Ms Gouldson: That is 14 500 students.

Mr Brigg: Yes. The capacity of health to do the preliminary screening in relation to that cohort is considerably less but I do not have figures at my —

The CHAIRMAN: Is that 14 500 across the three systems of education or are you speaking only of those inside the government school system?

Ms Gouldson: My understanding is that would only be the numbers within the system.

The CHAIRMAN: Within the public education system.

Mr P. PAPALIA: Can I confirm that you are saying there could be 14 500 students?

Mr Brigg: That is right.

Mr P. PAPALIA: So, we have not actually identified that because we have not tested adequately to confirm that figure—is that just an estimate?

Mr Brigg: The estimate of 14 500 is based on the evidence from the literature. Therefore, we are not saying we have identified 14 500 children in Western Australia because, as you have just indicated, we do not have the resources in the system to do all of that identification work but potentially there are 14 500 children in that cohort.

Mr J.H.D. DAY: Sorry, can you just clarify what cohort you are talking about?

Mr P. PAPALIA: That is what I wanted to ask a question about.

Mr J.H.D. DAY: Can we just be clear on what you are referring to?

Mr Brigg: We are talking about children who have a significant speech and language impairment. Therefore, these are children who do not achieve the communication milestones in the early developmental years and because of that and the direct relationship between speech, language, communication, understanding and literacy, they are seriously at risk of not achieving the educational outcomes.

Mr P. PAPALIA: As this relates to the language development centres, do we have a waiting list for students to enter the language development centres or are we providing services to all those who are identified as requiring that support?

Mr Brigg: We have waiting lists and they vary from centre to centre. We have five language development centres. There is not the capacity within those centres to provide intensive intervention for all the children who might meet the eligibility criteria within the age range. However, we have a statewide speech and language service in the education department so that all children who have a similar profile can receive support at their local school, but clearly that is not the same as the type of intensive service that is accessible to children who get to go to an LDC.

[10.40 am]

Mr P. PAPALIA: I would have thought that the waiting lists for those centres would be a better indication of the true extent of the problem as opposed to some literature which suggests that 14 500 people require, but are not getting, these services. The true number of people who need to get into a centre and who are trying to get into a centre but cannot, would be a better indicator, would it not?

Mr Brigg: Quite possibly; I do not have the exact figures on the waiting lists accessible today.

The CHAIRMAN: Excuse me, John, I am going to do something which I will do a few times during this hearing; that is, flag something, which will subsequently appear in your transcript and ask you to come back with some information. There is no real need for you to take a note, because you will be able to check your transcript for the question that Mr Papalia is asking. Please take that as a question on notice because the committee will require a written response from you. In addition, could you please provide a list of the LDCs and CDCs, including where they are located in Western Australia.

Mr Brigg: Yes, of course.

The CHAIRMAN: Martin, is there anything else you wish to ask about?

Mr M.P. WHITELY: I have a point I wish to follow up about the 14 500 people on the waitlist. Is that figure an estimate of the prevalence rate applied across the total population rather than a specific needs —

Mr Brigg: Yes; that is right. It is not “the figure”. We are not saying that this is the number of students in Western Australian public schools who have a speech and language impairment.

Mr M.P. WHITELY: It then begs the obvious question: how can we better screen to identify which kids have what problems?

Mr P. PAPALIA: The waitlists give us that information.

Mr M.P. WHITELY: The waitlists tell us the number of kids who have been identified as having a problem, but it will not tell us the number of kids who actually have a problem.

Mr P. PAPALIA: This is related to the provision of service, not to the screening.

Mr M.P. WHITELY: I understand that. There are two issues in this inquiry: the first is screening and the second is the adequacy of the provision of screening. If we only have an estimate based on the prevalence rate, that obviously implies we do not have adequate screening for that aspect.

Mr P. PAPALIA: Fair comment.

Mr M.P. WHITELY: I want to dig down to determine what needs to be better done to better screen for these sorts of difficulties. The answer may simply be that some things are impossible to screen in a one-off test. I do not know the answer.

Ms Gouldson: Teachers undertake their own, if you like, screening assessments. However, one of the recommendations in our submission is to explore the efficacy of a universal screening assessment tool; for example the currently available Catch Them Before They Fall assessment tool. That assessment process provides teachers with a number of tools to identify students at risk of literacy failure. At the moment there is no universal screen for speech and language.

Mr M.P. WHITELY: How easy is it to define the problem? Some things in medicine are very easy to define—for example, someone either has or does not have type 1 diabetes—whereas some things are far less easy to define. How easy is it to define the cut-off points for speech and language difficulties? I imagine that where you draw that cut-off line will affect the prevalence rate. Is it as clear cut as that?

Mr Brigg: It is not an easy issue. If it were an easy issue, all of these instruments would already be in place. Sue mentioned the instrument called Catch Them Before They Fall; that is, a screening tool developed for the Department of Education and Training by the Child Study Centre at the University of Western Australia. That instrument appears to promise to be a reliable and valid instrument for on-entry screening to detect those children who are seriously at risk of literacy failure. It is undergoing further trialling and use with further cohorts of children to consolidate the evidence base. However, the instrument seeks to identify children having trouble with phonemic awareness. It is based on the evidence that children who fail to develop good phonemic awareness and sound and symbol correspondence in their early years go on to be at risk of having considerable difficulties with literacy. That has been an area of ongoing debate in education in previous years. We believe that, as an organisation, we have made some considerable progress towards identifying at least part of a useful on-entry screening tool.

Mr M.P. WHITELY: Will you be able to provide the committee documentation about the Catch Them Before They Fall program?

Mr Brigg: Yes.

Mr M.P. WHITELY: I have heard a great deal about it.

Mr J.H.D. DAY: That would be good information to have.

The CHAIRMAN: On that question: you mentioned that there has been a pedagogical debate about phonemic awareness.

Mr Brigg: Absolutely; it is an international debate.

The CHAIRMAN: Is that debate now over and do we now have a pedagogy that will move through the system?

Mr Brigg: We hope so.

The CHAIRMAN: Can you describe that process for the committee?

[10.50 am]

Mr Brigg: A national review was conducted by Ken Rowe, on behalf of the commonwealth through ACER. That review came down very strongly in favour of phonemic awareness. A local review conducted by Bill Louden amplified the findings of the national review.

People have very strong views on these issues, and they are not always evidence based, but I believe that the department is moving—this is my view, rather than a statement of fact—towards identifying the need for children to have good phonemic awareness education in the early years as an essential and core part of their literacy teaching, rather than an optional extra. I would have to

say that it is my view that that has been the way that the pedagogy is reflected in the various universities in terms of teacher education as well. There has not been a firm position.

The CHAIRMAN: So that tries to structure back into the system instead of going off to extra help when there are language development problems? Do you try to structure back into the classroom the pedagogy that meets the broader range of students' needs?

Mr Brigg: That is right.

The CHAIRMAN: Hopefully, through that process, you can reduce the waitlists for language development centres.

Mr Brigg: Yes.

Mr M.P. WHITELY: Can I ask a question from a position of almost total ignorance? I do not have my head around the whole issue of phonics, etc, but when I went to school, we were taught to read by recognising o-r as "or", and sounds like that. As I understand it, there was shift towards recognising the whole of language.

Mr Brigg: Yes—whole words and phrases.

Mr M.P. WHITELY: I hope that I am not dumbing down the message I am getting, but we are now identifying some kids who have the inability to recognise those phonics—the o-r as "or"—and are presenting as those who are likely to have problems with literacy in later life.

Mr Brigg: They are particularly at risk.

Mr M.P. WHITELY: You can see where I am going. Is this a consequence of a change in our teaching style? Are we getting more kids at risk of literacy problems because we are not teaching phonics any more?

Mr Brigg: That is a good point. I think it is a multifactorial issue. There are societal and family issue that impact on children's development, but my view as an educator is that the emphasis on the whole-of-language approach that has dominated early literacy teaching for the past generation has not been helpful for those children who are at risk. It is fantastic for children who come from language-rich environments and who have no neurological issues. You put a book in front of them and they are already reading before they get to school, and so they are just off and away. For the children who are at risk, the whole-of-language approach is not helpful.

Mr M.P. WHITELY: The message I am taking out of this is that it is almost as if there were a prerequisite for going to primary school. This assumption that your kid is a blank page and knows nothing at primary school has been thrown out with whole-of-language, because there is almost an assumption that the kids who are going to do well are the ones that already know and recognise phonic patterns. That is perhaps an overstatement.

Ms Gouldson: I think it just drives home the need for teachers to be able to differentiate the curriculum—to be able to establish groups, if you like. You were saying before that when you went to school there was a certain way of teaching, and now there is a clear need for teachers to be able to identify students who may be having some issues, whether in literacy in particular or not, and to be able to meet their needs through a clearly defined planning process, if you like, which differentiates the curriculum to support those students while allowing the ones that John was referring to, who come from quite enriched backgrounds, to take off and move forward.

Mr M.P. WHITELY: Again, I hope I am not dumbing this down, but if you had a simple method of testing whether kids are recognising phonics at the end of year 1 or somewhere, that is a good screening process for recognising kids who have literacy problems. Am I hitting on what "Catch Them Before They Fall" actually says?

Mr Brigg: That is exactly what it is about.

Mr T.K. WALDRON: You just made a comment there about teachers recognising the problems. No doubt teachers have the capability of doing that. Do they need extra support to then be able to carry that out within their classrooms, or should that not be a big imposition on them?

Ms Gouldson: Many teachers would already come armed with a fairly broad range of skills in the area of curriculum differentiation. If there are particular needs, there is high-quality professional learning through our state-wide specialist services, which would be able to provide either shoulder-to-shoulder support in the classroom with the teacher modelling good practice, or off-site professional learning, where teachers go and get support.

Mr T.K. WALDRON: So it can be done?

Ms Gouldson: Absolutely.

Mr J.H.D. DAY: Mr Brigg, earlier you referred to the potential number of students who may be at risk of language and speech problems, and you made an initial comment about the ability of the health system to deal with those identified as having problems needing intervention by a speech pathologist, for example. Can you elaborate more on what you consider to be the adequacy or otherwise of the health system at the moment, for example, to assist students with identified speech pathology problems, those who need the assistance of occupational therapists and maybe those who have mental health problems at an early age? What is your qualitative response in relation to the ability of the health system to deal with students who need assistance in those ways?

Mr Brigg: I think the health system is struggling in relation to those children. All the time you hear that there are long waiting lists and there are not enough therapists available to do the sorts of assessments that might be required for young children of three, four or five years of age, and then not enough services to provide follow-up. Of course, in an ideal world those services would be working in collaboration with the support and services that are available through the department. In relation to mental health, in the early childhood years, we take a preventive perspective. It is very difficult to get a diagnosis of a mental health disorder for a child, including primary school-aged children. Psychiatrists are reluctant to do it until a young person is in adolescence, but the education system has a brief to promote mental health through the curriculum and, in conjunction with the Department of Health and school nurses, the health promoting schools framework is the platform from which nurses and teacher work together to encourage and promote mental health in students. That is largely a preventive perspective.

Mr J.H.D. DAY: Do school psychologists have a role in the early years of primary education?

Mr Brigg: They have a role in supporting the schools in their primary intervention platform. They have a role in contributing at the whole school level around what good mental health promotion activities and perspectives look like, and if there are children who go on to develop behaviours and manifestations that look like significant mental health issues, we are then beyond the realm of prevention, and the psychologists have a role in supporting teachers in schools and making referrals to attempt to get some intervention.

Mr J.H.D. DAY: You mentioned that you considered that the health system was struggling—I think that was your word—in relation to the various areas I have referred to. Would you say it was quite a serious problem, or a mid-level problem? What is the degree of the problem that is facing the education system and the schools?

[11.00 am]

Mr Brigg: Are you talking about therapists?

Mr J.H.D. DAY: Speech pathologists, for example.

Mr Brigg: It is quite a serious issue. There are various reasons it is so difficult to attract and keep therapists these days.

Ms Gouldson: Salaries is an issue.

The CHAIRMAN: Are you talking about any therapists?

Mr Brigg: Yes; speech therapists or occupational speech therapists in particular.

Mr J.H.D. DAY: Is that because they are tending to work in the private sector or in other professions?

Mr Brigg: They tend to work in the private sector. We hear the resources boom blamed but I cannot quantify that.

The CHAIRMAN: You are familiar with the pay scales of speech therapists and occupational therapists. They are at the bottom end of the pay scale in the professional system. There seems to be some confusion about a speech therapist being an elocution teacher.

Mr Brigg: When you consider the entry requirements that they have for those courses, they have to have very good TEE scores. It is a very demanding training program.

Mr J.H.D. DAY: Language development centres and the waiting lists have been referred to. Is it correct to say that the threshold for being accepted into a language development centre is relatively high and there may well be a range of other children with speech problems who really need some attention but their problems are not serious enough to be on a waiting list or accepted into LDCs?

Mr Brigg: I do not think I would concur with that view. The eligibility criteria for language development centres are clear. The independent research that we have conducted in Western Australia around the effectiveness of language development centres indicates that they are most effective with children between the ages of kindergarten and year one. It is true, as you suggest, that there is a much wider range of children who have communication, speech and language issues but we would always have to balance the potential advantages of them accessing some intensive intervention with the disadvantage of withdrawing them from their peer group. We want to have very good reasons for taking a child out of his or her local school and having them educated somewhere else away from typically developing children.

Mr J.H.D. DAY: I was not suggesting necessarily that the threshold should be changed. I was simply trying to draw out the need for assistance for other children who probably are not justified in going to an LDC but who may be missing out on getting the speech therapy they need at a lower level. From what you said earlier, there is an inefficiency there.

Mr P. PAPALIA: I take you back to the hearing section of your response. It would appear that your forum identified a clear deficiency in the provision of school health nurses and time available to conduct what would appear to be a need for ongoing testing of at-risk children. This concurs with the evidence given from the health department officials. Your comments would probably be supportive of their case because they indicated a cost for improving the service around providing a much better coverage of hearing testing. It is fairly clear from the recommendations that the group felt that what is being done now includes the initial screening but it does not follow up with the provision of ongoing screening and services. Is that right?

Ms Gouldson: Yes, I think you have answered the question. The feedback that came through to our submission was that deaf or hard of hearing students come to school already identified. The children who have difficulty with hearing in a classroom scenario might get picked up through screening, which would provide support to their outcomes.

Mr P. PAPALIA: Is that considered to be a fairly big problem and does it involve a range of children?

Ms Gouldson: I would not have the numbers to quantify that.

Mr P. PAPALIA: There was concern amongst the participants to identify a need. It must suggest that some children are getting through and not being assisted after that early screening or missing the early screening and perhaps not being followed up.

Ms Gouldson: It just drives home the importance of the earliest possible intervention that can be put in place, whether it is for vision, hearing, speech and language; anything that would support the teacher to meet the needs of that student if he or she cannot get specialist help at an LCD. For example, it would be beneficial if something can be put in place in the classroom to support the teacher.

Mr M.P. WHITELY: Going back to that statistic of 14 500, I realise it probably reflects a varying degree of severity, with 1 000 being treated. If all those 14 500 students need to go to language development centres, it will obviously be a very expensive exercise. Given that some of those kids have gapped in terms of phonics or whatever and have less severe symptoms, what can we do to provide a more cost-effective service to those sorts of kids? What can we do to fill the gaps so they do not need expensive and elaborate treatment? I will not go into details but I have personal experience of a child who had those sorts of gaps, not severe but enough to put him behind the eight-ball if they were not dealt with.

Mr Brigg: There would be two parts to my response. Perhaps Sue may want to provide some further detail. I mentioned earlier the Department of Education and Training's statewide speech and language service, which is managed by four level 5 education principals. That is quite senior in the department's hierarchy. They have management down through the lines of the language development centres. I will have to ask Sue to help me with the number of speech and language support officers.

Ms Gouldson: I would not like to give you the exact number. It is about 30.

Mr Brigg: I will confirm that for you later. There are about 30 speech and language support officers who, in their professional background, are either teachers or speech therapists. Their job is to work in the state supporting local schools—I am talking about the local primary schools and local pre-primaries—in terms of planning for speech, language and learning at the whole school and whole class or the early childhood part of the school level and also, where required, in relation to individual students. These could be the same types of children who might be able to go to a language development centre if they were eligible and they lived within driving distance of a language development centre. There is the same profile of need. Sometimes schools will say they would like to access some individual speech pathology time to help them with an individual child or a group of children or a class. A lot of schools do that. They fund those services out of their own school grant.

If I could just go to the future for a moment. The director general has said that in 2009 the additional funding that schools receive in terms of people through the Building Inclusive Classrooms program, the Getting it Right specialist program and the behaviour management funds will come to a school in a single bucket.

[11.10 am]

They will then be able to make decisions based on their local need about how they will spend that funding. One of the things that they would obviously look at, if it is a primary school we are talking about, would be: what additional services or support could I buy in to support the teachers, to support the children, including those who have speech and language issues in early childhood? So we would anticipate that that would be one of the sources that the funds would be used for. We will be developing—when I say "we" I mean the inclusive education section where we work—models in the latter half of the year to support schools to look at ways in which they can use that additional funding, which I have just referred to, effectively.

The CHAIRMAN: I will ask the next question then, which is in reference to that. That alludes to both drawing on government resources and they will buy in government resources through that package?

Mr Brigg: Are you asking, Mr Chair, where they would source the service?

The CHAIRMAN: Yes, government and non-government organisations.

Mr Brigg: Yes. For example, Therapy Focus has a fee-for-service arm in their service delivery. They are one of the major therapy service providers in the metropolitan area and they will provide services on a fee-for-service basis beyond the metropolitan area as well. However, currently there is a proliferation of private providers in the community, particularly of speech therapists, and they would respond to a market environment where schools could buy in more services.

Mr M.P. WHITELY: Can I just play devil's advocate for a moment? I want to go back to the point I was making about the catch them before they fall test, which identifies a lack of phonics.

The CHAIRMAN: Is it phonics or phonemics?

Mr Brigg: Phonemic awareness is the terminology.

Mr M.P. WHITELY: Perhaps I will not go there! Classroom teachers would have come through the whole-of-language approach, I imagine. I am talking about the new ones coming through, not the 40-somethings or 50-somethings, but the younger teachers and the current graduates would have come through a whole-of-language approach as kids themselves.

Mr Brigg: When they were children?

Mr M.P. WHITELY: When they were children.

Mr Brigg: Yes.

Mr M.P. WHITELY: As a former teacher, I can tell you that you tend to teach the way that you learnt; at least that is my experience. Your answer to my previous question was basically about trying to bury down from on top in a slightly less resource-intensive way than the old LDCs; you know, getting to about 14 500 kids. I suspect that if the particular child I am aware of had been adequately taught phonics from year 1 or had phonemic awareness he would not have had gaps as he got older.

Mr Brigg: Yes.

Mr M.P. WHITELY: What has been done with classroom teachers, given that many of them have come out of that whole-of-language approach? Teachers are educated people, teachers are people who have come through the system and are literate, so it is never a problem to them as they were not taught in that way. Probably they are not aware that lots of kids learn in that way and can have a gap in that way. What is being done to get those classroom teachers to cater for those kids? It is more of a bottom-up approach; a classroom-teacher-up approach.

Mr Brigg: Because we are not responsible for that whole bit of enterprise, I am not able to give a clear answer to that. I know what I would recommend needs to be done.

Mr M.P. WHITELY: Can you say that?

Mr Brigg: I would go back a step and I would say that, in relation to universities and teacher undergraduate training, there needs to be a very clear understanding in the universities around the construction of the undergraduate programs around teaching literacy, that phonemic awareness is a core foundation to literacy teaching. My belief at the present time is that they do a bit of this and a lot of this, and the priorities are not clear.

Mr M.P. WHITELY: A bit of phonemic awareness and a lot of language?

Mr Brigg: That is right.

The CHAIRMAN: Is the phrase "whole language"?

Mr Brigg: Yes.

Ms Gouldson: Yes, whole language taught well does include phonemic awareness. That is really what whole language is based on, but it is sometimes —

Mr M.P. WHITELY: It can be an assumed knowledge, though.

Ms Gouldson: It can be an assumed knowledge. and I think perhaps there might have been some lack of consistency in the implementation of that program or that style of teaching language.

Mr M.P. WHITELY: John, you were going to tell us what needs to be done.

Mr Brigg: Just the other point to do with the undergraduate training and how that impacts on the way teachers work in classrooms. I believe the preferred model would be that teachers would start with phonemic awareness and then when the children have got that, the sky is the limit and you do not hold back teaching them. In year 3 they are becoming independent readers quickly, but I believe the problem is when the sequencing is not right.

Ms Gouldson: Or perhaps, as I think you referred, there is an assumption made that because they are reading the words, then they are understanding the phonemics behind that learning.

The CHAIRMAN: Is there any demographic or situation where this is even a worse issue?

Mr Brigg: I think where environmental factors are a feature and where the language environment is not rich, then the issues are compounded. So if poverty is a factor and you have a child who is at risk of significant speech and language issues, then it is all compounded and the outcomes are likely to be even less favourable.

The CHAIRMAN: It just occurs to me that the failure to thrive in language development in Aboriginal communities seems to be something fundamental about phonemic awareness and that is potentially missing from those educational environments where there are large numbers of Aboriginal people. Any comment?

Ms Gouldson: One comment would be that attendance, in itself, is an issue because if they are not attending, they are not being screened; and if they are not attending, of course, they are not having the opportunity to access the learning opportunities.

The CHAIRMAN: So is phonemic awareness incremental?

Ms Gouldson: Yes. There is a structure to learning and I think, as John pointed out, phonemic awareness underpins that structure.

Mr Brigg: We were aware that if you were to do consistent screening of phonemic awareness with young Indigenous children, it would have to be culturally sensitive. What does that mean? It means that a five-year-old's sibling or mother would be present so that it would be a non-threatening experience, for example.

Mr T.K. WALDRON: You mentioned before about the new wave of actually getting funding to schools to address the issues that are prevalent in schools.

Mr Brigg: Yes.

Mr T.K. WALDRON: That, to me, seems like a good way of doing it and commonsense. In a lot of rural schools, and you referred to government and non-government schools, accessing those people is a real problem in those areas.

Mr Brigg: Is it a problem?

Mr T.K. WALDRON: Yes. You can say that you have issues in the school, you need the help and now you have got the money and can prioritise that area, but is access the problem that you are experiencing?

Mr Brigg: It will be a problem in the more rural and remote parts of the state, for sure, to access a range of services. But people try to be more creative and responsive with video conferencing, for example, rather than having a fly in, fly out face-to-face service. So I think there are some constructive and creative ways that you can get around some of the difficulties, if there is a will.

Mr T.K. WALDRON: The other question I was going to ask is separate from that. With a greater recognition or diagnosis of children with different levels of autism and autistic children in the classroom, is there adequate support or is there support for teachers to help deal with those children being looked at? Are you happy with that or is that something you think needs to be further addressed, because there seems to be a growing issue as I see it?

[11.20 am]

Mr Brigg: We are attending to all of the factors you just raised. The number of children identified with autism in public schools increases every year. It is the same in non-government sectors and nationally. In terms of whether we have enough services, we have a team of specialist teachers to support classroom teachers in relation to children with autism and challenging behaviours. There is a team of 12 visiting teachers at the Centre for Inclusive Schooling. It provides a statewide service. It deals with supporting teachers in relation to students with the most challenging behaviours. On average, a visiting teacher will spend 68 hours working shoulder to shoulder with the teacher and the education assistant to achieve the agreed outcomes for that child. That is a very intense service. In terms of support there are levels of service of less intensity below that, provided by the school psychologist and visiting teachers who are less specialised and who operate out of the metropolitan districts. We have become aware, through community consultation, that the practice of having the student or young person with autism fully embedded in a mainstream class 100 per cent of the time does not work for all children. We have done two things. There are two programs available in 2008, one at Padbury Senior High School and one at Canning Vale College, for small numbers of years 8 to 10 students with autism who are seriously at risk of totally disengaging from the educational system. They have been in operation for a semester and they are working very well, although these are early days. We plan to extend those programs within the scope of the current budget. The other thing the department has done—it has really been happening for a couple of years but was formalised only this year—is to create considerably greater flexibility in the eligibility criteria for education support centres and schools. Traditionally, the education support centres and schools were for children and young people who had an intellectual disability and perhaps challenging behaviours. With the changes that have been made, students with autism and social, emotional and behavioural difficulties, regardless of their intellectual functioning, can enrol in education support schools and centres. Since April 2008 to the present time, approximately 100 parents have taken advantage of that option. I do not have the exact number at my fingertips, but many of those students have autism. Under those arrangements they can access small groups for intensive instruction and have a much better wraparound experience than is available in a mainstream class, which many parents want, but it does not suit them all.

Mr M.P. WHITELY: Can inclusivity mean non-mainstream, in a sense?

Ms Gouldson: It can mean education support settings as well.

Mr M.P. WHITELY: They can have the capacity to be dealt with in a separate setting that meets their needs.

Mr Brigg: That is the principle. Minister McGowan stated at the education support principles conference in March exactly what the member has just reiterated. Inclusive education can happen in any environment, and an education support school or centre experience can be inclusive for individuals.

Mr M.P. WHITELY: And mainstreaming can be very non-inclusive if the kids' needs are not being met.

Mr Brigg: It is non-inclusive if it is not working.

The CHAIRMAN: There are people who would challenge that.

Mr Brigg: Of course; it is a very controversial decision.

Mr P. PAPALIA: You referred to the fact that autism rates are rising in this state and around the country. Is this being experienced universally around the world?

Mr Brigg: It is universal.

Mr M.P. WHITELY: It is always difficult to know whether it is because the spectrum has been broadened.

Mr Brigg: It is partly that. Since the spectrum was broadened in 1993, the numbers have gone through the roof.

Mr M.P. WHITELY: I know you are not clinicians, but what do you do with autistic kids? What is the treatment? For example, how do you treat a kid who is regarded as being borderline or mildly autistic? What is the treatment?

Mr Brigg: We have more than 30 years of evidence, mostly from the north-east part of the United States, to show that early intensive behavioural intervention before the age of five gets the best outcomes. That, in my view, is irrefutable. Even that level of intervention is not a cure, and even given that type of intervention, roughly speaking one third of those children will do fantastically, and if they were to be re-diagnosed after intervention, it would be difficult to diagnose them with autism again because they would not show enough of the symptoms. One-third of those children do reasonably well, and one-third do not make much progress.

Mr M.P. WHITELY: Are there medical treatments for autism?

Mr Brigg: Early intensive behavioural intervention is the best treatment, and we base the autism units within the Department of Education and Training for kindergarten and pre-primary aged children with autism on the model I very loosely described.

Mr M.P. WHITELY: That is very reassuring.

Mr P. PAPALIA: Broadening of the spectrum aside, the rate of diagnosis of severe autism is increasing, is it not?

Mr Brigg: Yes.

Mr P. PAPALIA: Regardless of broadening of the spectrum, there is some —

Mr Brigg: We are much better at diagnosis; when I say "we", I mean clinicians, nationally and internationally. The diagnostic procedures are very good now. Clinicians can reliably diagnose children with autism at age 30 months. It is relative easy to —

Mr M.P. WHITELY: The only consequence of that in our system is that they will get increased behavioural interventions, as you described it. That is praise; it is not a criticism.

Mr Brigg: If it is available, yes.

Mr M.P. WHITELY: If it is available; but they will either get increased behavioural interventions or they will get nothing.

Mr Brigg: That is not quite the way it is. In Western Australia, from the time of diagnosis—which tends to be at about the age of three, I believe, although there is the methodology to make earlier diagnosis—parents can sign up to a number of different funded agencies, outside the Department of Education and Training, for intervention. If parents want the equivalent of 20 hours of intervention a week, they have to do a lot of self-funding.

The CHAIRMAN: They are behavioural interventions; they are not medical interventions.

Mr Brigg: It is not medical.

Mr M.P. WHITELY: Whether it is adequate or not, that is what is available.

Mr Brigg: It is not medical, although obviously doctors play a part in this.

The CHAIRMAN: How do you distinguish the medical diagnosis of autism from the emerging diagnosis of foetal alcohol spectrum disorders? Is there a rough description of what we are dealing with here?

[11.30 am]

Mr Brigg: Our understanding of foetal alcohol syndrome is emerging.

We have an education support principal, one of our people, at this moment on a Churchill Fellowship in Canada researching best practice in relation to young children with foetal alcohol syndrome. There is a commitment from health and education to work across the agencies. I would have to say that our runs on the board, if I can use that expression, at this stage in relation to FAS are limited, but there is a commitment to do more. Obviously, as educators we take a non-medical and non-clinical perspective on this, so we are interested in the behaviours and needs that children present in terms of their educational need. I would make the point that many of the educational interventions that have been found to be very effective with young children with autism are also very effective with a much wider range of children. That is why we say to teachers constantly, "What you are doing with the child with autism, you can also do with this other five or six-year-old that you have in your classroom." Typically, that is around structuring the educational experience, that is, breaking it down into bite size bits which are very discrete and using visual support systems, pictures and symbols, constantly and very effectively to support the curriculum access.

The CHAIRMAN: That is helping a range of children in your class.

Mr Brigg: That is right. It is not diagnostic-specific. It does not really matter what the label is at the end of the day.

The CHAIRMAN: I will go to another area quickly, as we will be running short of time again in a moment. You are speaking about your own system alone, are you not, the education department's system?

Mr Brigg: Yes.

The CHAIRMAN: Is there any state government agency that has responsibility for oversight on the issues of screening and response to children across the three systems?

Mr Brigg: If I am interpreting your question correctly, Mr Chair, Western Australia has what we call the golden standard of diagnostic procedures in Australia. That is managed through the Disability Services Commission, which means that a paediatrician; a clinical psychologist, who is approved; and a speech pathologist, who is approved, must confer about the diagnosis of autism. The standards of diagnosis in Western Australia are considered to be very good.

The CHAIRMAN: I was moving beyond the condition of autism and just simply the issues of screening for the whole range of health needs of children in the school system. Who has the oversight inside the government of Western Australia for screening inside the Catholic and independent schools?

Ms Gouldson: If we are talking about children in care —

The CHAIRMAN: No, I am talking about children inside the other systems, outside the education department.

Ms Gouldson: It would be the Department of Health.

The CHAIRMAN: Are you able to help me with the issue of the database? Presumably inside the education system you are picking up data in reference to individual students' needs. Is this a database that is interacting with the health department, that is, is there a data file of a child that moves between the health department and Education once there is screening and treatment is needed?

Mr Brigg: We have a database that is called "Schools Plus" which profiles every child with an identified disability, including autism. The database is not migrated across departments.

The CHAIRMAN: Do you see any need for one?

Ms Gouldson: In respect of children in care, yes, there is going to be a close alignment between screening for health issues and education issues for those children in care, through DCP. A lot of work is happening there to ensure the screening is not adding workload, of course, to teachers in schools but is able to pick up issues that need to be addressed while that child is in school. Lots of issues around information sharing are coming out of that interagency work. Again, that is only for children in care.

Mr Brigg: I think it is an issue to align our database of students with intellectual disabilities with the database from the Disability Services Commission because the Department of Education and Training has had a history of over-identifying children with intellectual disabilities. There are two sides to that. It means they get more services, but is it to a child's advantage to be labelled as having an intellectual disability when the standards that are being employed do not conform to international standards? There is a need to align those two databases.

The CHAIRMAN: I am particularly concerned about students moving in and out of the three systems of education. It is most evident in the north west between Catholic, independent, Aboriginal and government schools. There is simply no clear pathway for their educational needs and their health needs to be responded to with the assistance of government in a part of the state where there is a huge Aboriginal population outside the education department, inside the other two systems, and no clear strategies for picking up people falling through that gap.

Ms Gouldson: There is the premise that when a student leaves one school and enrols in another school, that data is transferred; student tracking or whatever generic term you want to use. There is usually the capacity, if you like, for the principal to request of a previous principal any data that comes with that student.

The CHAIRMAN: My final question is in reference to the workshop and the preparation of this submission to us. The recommendations that have come out of that; have you got any sense of costings?

Ms Gouldson: No, not at this stage.

The CHAIRMAN: Is it likely that the work you put into this submission could lead you towards a resource proposal coming up through your department?

Ms Gouldson: I do not think we have actually got to that discussion yet. In terms of John's previous comments around schools being given a bucket of money, for want of a better word, to buy resources, the recommendations that came out of this submission will be identified in that work.

Mr T.K. WALDRON: I asked this question earlier in relation to the health area. Are you aware of Irlen's syndrome in children; the visual reading problem?

Mr Brigg: Yes. Irlen's syndrome.

Mr T.K. WALDRON: Is that something that involves the education department or is it something that is not really accepted? It is something that I have come across before. I am told there is a bus, for instance, that goes around country WA, with health workers treating children with this syndrome. When I brought it up in the health area no-one seemed to know much about it. I am wondering whether it is something you know about.

Mr Brigg: I think I do. I think we are talking about what is called Irlen's syndrome, from which the coloured glasses intervention was derived. We regard that, on our reading of the literature, as non-evidence based and not credible. We certainly acknowledge that there are children who have significant difficulties with literacy and reading and we are not averse to the term dyslexia being

used, although that term has not been used for quite a few years in the department, but I think we are moving beyond that. There are obviously improvements to be made. Our philosophy is that we want to support teachers to identify the educational need, if it be significant issues with literacy and reading, and then to put in some strategies to help that child overcome those educational issues.

We promote inventions that are evidence based and will work. We do not believe that the coloured glasses strategy is in that category.

[11.40 am]

Mr M.P. WHITELY: Do early childhood education teachers get kids to sing the times tables anymore?

Mr Brigg: I think that is not common anymore.

Mr M.P. WHITELY: It ties in with the points I made earlier. My own children do not know their times table. One of them is doing very well in his education and he is now in year 12. He does not have that skill. I wonder whether it is common practice. I can still sing them.

Ms Gouldson: They are allowed to take their calculators into their TEE now; therefore, they are fine.

Mr M.P. WHITELY: It is still handy to be able to do it.

The CHAIRMAN: They can google it.

Thank you for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Please make these corrections and return the transcript within 10 days of receipt. If the transcript is not returned within this period, it will be deemed to be correct.

John and Sue, we will send you additional questions that will flow from what has been put to you today and ask you to get back to us with the answers. After we hear evidence from other witnesses, I imagine that we will want to come back to your department. After we have completed further hearings and received further submissions, perhaps in the first week of August we will be looking to speak to you again. I am particularly impressed by the work you did in preparation for this submission. The workshop process, which you have documented in your submission, is a very valuable way for a parliamentary committee to gather information. Thank you for your attendance today.

Hearing concluded at 11.42 am