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 FOUR

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 1.31 pm

CHALMERS, DR RON
Director General, Disability Services Commission,
examined:

LAWSON, MS ANNE,
Policy Officer, Disability Services Commission,
examined:

The CHAIRMAN: We have a quorum, so I will take the opportunity, if I may, to get through some of the formalities to welcome you both and just to read to you a couple of pieces of formality. I remind you that this is a hearing of Parliament and warrants the same respect proceedings of the house itself demand, and that you are not required to give evidence on oath but any deliberate misleading of the committee may be regarded as contempt of Parliament. I then have to ask you questions, which I will read out for Hansard. Have you completed the “Details of Witness” form?

Dr Chalmers: Yes, I have.

Ms Lawson: Yes.

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

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: We provide witnesses with the opportunity just to speak briefly, if they would like, to their submission and then be available to the committee for any follow-up questions if that is all right. If there are any points in your submission that you wish to highlight or any additional points you wish to make, please feel free now.

Dr Chalmers: Perhaps nothing to highlight, maybe just to stress the concluding statements about the commission’s position in terms of screening of children as early as possible. We would have the position that says we think it is absolutely fundamental to have a good, comprehensive screening process in place for all children throughout the state and that standardised tools are actually used in that process. Then, of course, our position is to try to materialise appropriate early intervention services for children that require such services as an outcome of that screening.

The CHAIRMAN: Thank you. Anything else?

Ms Lawson: No.

Mr M.P. WHITELY: Could you just elaborate? What should we be screening for?

Dr Chalmers: I think it should be a generalised screening process across a broad range of health and allied health-related conditions, so general health in the first place but also other specific areas around sensory capacity—eyesight and hearing and those sorts of tests as well—so a fairly broad sweep of assessments of children based on standardised assessments that would apply to all children.

Mr M.P. WHITELY: Can you just be bit more specific? I have heard hearing and eyesight.

Dr Chalmers: I am not in a position to actually talk about the details of the actual medical side of those assessments. The commission gets involved at the point where there may be issues emerging from the screening around developmental details around children—be they physical or intellectual—and that is where we would get involved. I guess we do not have the expertise around the actual medical side of the screening. Do you want to add to that?

Ms Lawson: I think we would expect a screening to identify children's developmental levels and any delays in the developmental skills of language, fine and gross motor skills and cognitive skills.

The CHAIRMAN: In reference to page 3 of the submission and the reference to the PBS, have you any advice as to what the approximate budget for this service agreement is and do any of the non-government organisations undertake screening or other programs in schools?

Dr Chalmers: Around the dollars that we would actually have earmarked for that?

The CHAIRMAN: Yes.

Dr Chalmers: These are multimillion dollar programs. It is one of the major programs of the commission around early intervention services for children with disabilities. I do not have the exact budget figure at the moment.

The CHAIRMAN: Maybe you could come back to us with that figure?

Dr Chalmers: Certainly.

The CHAIRMAN: That would be great. At page 4 is a reference to children of year 1 that have been identified with a disability that may need to be funded by the DSC. Do you have any idea of the percentages we are talking about here of the proportion of children going into year 1 that are being picked up for needing this sort of support?

Ms Lawson: Between three and four per cent is the general number.

Dr Chalmers: Can I also just come back—sorry—around your first question about the quantum of funds made available. I think it is also worth saying that there has been significant growth in the past, at least half a decade around the budget that is available for those early intervention services. They are services provided by the commission itself but also by arrangement with non-government providers. It has grown, but I will get you that number.

The CHAIRMAN: Is that because of growing needs or because —

Dr Chalmers: Yes, growing demand.

The CHAIRMAN: Is the growth proportionate to the known need? Is the growth in the available funds directly proportionate to the known growth of need?

Ms Lawson: I think that when we looked in terms of the population of children of this age, the demand for services is in excess of the actual number of children in WA of this age, or the growth there, but there has been some unmet need and there is also increasing earlier identification, so whereas there may have been more children referred a little bit later, some children are being referred earlier. That is still perhaps not all children being referred when they first could be identified, but there has been earlier referral.

The CHAIRMAN: In a minute I will turn to one of my colleagues who also want to ask questions but I just want to get one last one in before I go to them, and it is just to the question of people throw the words to us of learning difficulties of children with disabilities. I presume this is a very blurred line.

Dr Chalmers: I guess in a general response, yes, it is a blurred line, especially in the very early years when assessment and diagnosis is pretty trickly stuff, especially around intellectual disability, global developmental delay, early assessments around autism and so on. It is very tricky when you are talking about two, three and four-year-old children. In some of those areas it does not become clear until the children start to get a little older. Yes, there is this blurred line. The commission has some pretty clear definitions around what it believes to be intellectual disability and therefore access to the commission services themselves, so there are quite defined eligibility criteria. Similarly, in the area autism it is a quite clear set of criteria around autism as well, but in other areas it is not quite so clear for children with less specified conditions.

[1.40 pm]

Mr M.P. WHITELY: Is it possible to have a list of what disorders and problems are recognised as disability and those that are not?

Dr Chalmers: It is clear to put on a list the sorts of conditions that would end up with children gravitating towards commission services. However, there is, I guess, a significant group of children who are basically diagnosed as having a global developmental delay and that is a fairly unspecified group because, quite frankly, in some cases we are not able to specify what the cause of the general delay is.

Mr M.P. WHITELY: It would be interesting just to see a chart of, if we like, three categories. In one disability is recognised, which would have two subsets: disability that is serviced by the commission and disability that is not, and those disorders that are not do not make the category of disability. Is it possible to provide that sort of information to us as supplementary information afterwards?

Ms Lawson: We will—I think if we look at what the data set is.

The CHAIRMAN: If I can sharpen up the request, I think that I would like to see you supply for us the manual or whatever else it is that you utilise in making decisions as to who gets your services and who does not. What is the criterion that you apply because that will partly be an answer to Martin’s question.

Mr M.P. WHITELY: That is that part you service and do not.

Dr Chalmers: We could assemble that.

Mr P. PAPALIA: I want to return to the response to an earlier question that the chairman asked. Was that the percentage of children who are currently using services from DCS?

The CHAIRMAN: In year 1.

Mr P. PAPALIA: You said three to four per cent. What was that in response to?

Ms Lawson: I think that the data would indicate that within the core children with a disability who would meet our criteria it would be about three to four per cent of children, whereas children with a learning disability that the education department may recognise as needing additional support are more likely to be about 18 per cent of children I believe. I am not too sure on that percentage but we would be a subset of children who would need additional support.

Dr Chalmers: If I can add to that too, that three to four per cent would be the percentage of children who would be eligible to access our services within the education support system through education support units and centres and schools and so on. That number starts to grow to maybe about five or six per cent, as I understand it, so they have a slightly wider catchment and then within the sort of 19 to 20 per cent of the population that we are talking about here are children with a broad spectrum of conditions that might inhibit their learning.

Mr M.P. WHITELY: If you could marry that three or four per cent and the 18 per cent to the request I just made—can you see what I am asking? So you could say this is the three or four per cent that get serviced, this is a range of things in the 18 per cent that does not. It might be specific information, such as a cut-off of 70, which I think is one of the guidelines you use for intellectual disability, but if that is the criteria it would be great to have that detail.

Dr Chalmers: Sure. The 18 per cent is really the territory of the education department, but we can talk with them and see if we can assemble that.

Mr M.P. WHITELY: Thanks.

The CHAIRMAN: Did you have the answer to your question, Paul?

Mr P. PAPALIA: Yes, I just wanted to clarify that.

The CHAIRMAN: This is to page 4 and the quote that I am drawing on is —

> It is understood that the School Health Service is moving towards screening all children when they commence kindergarten.
>
> . . .
>
> . . . is investigating the use of standardised measures of assessment for gross motor . . .

Can you please expand on any knowledge you have of these developments? Is your commission involved in this process at all?

Ms Lawson: No.

Dr Chalmers: It is what we are hearing from just our partnership relationship with the Department of Education and Training. We would welcome it, by the way.

The CHAIRMAN: Welcome?

Dr Chalmers: That development; the earlier that you can do the screening the better, as far as we are concerned.

The CHAIRMAN: Page 5 has the reference to the Health Resource and Consultancy Team. Are you able to throw light on how many staff make up that team at all?

Dr Chalmers: It is a very small team —

Ms Lawson: Four.

Dr Chalmers: Yes, it is four FTE, but it has a pretty important role in actually trying to raise awareness, not simply about this part of the population, but to be working alongside the mainstream health and medical service—pretty strong links into the health department, into divisions of general practice, AAWA, the medical service, generally, to try to raise awareness about the needs of people with disabilities generally.

The CHAIRMAN: Any sense of their budget?

Dr Chalmers: Off the top of my head—I would need to check this out—it is around about $700 000 per annum.

The CHAIRMAN: Do they operate with a MOU with the education department?

Dr Chalmers: No. They are a team within the Disability Services Commission itself, so they are actually public servants but they work very collaboratively with mainstream health and medical services.

The CHAIRMAN: Thank you.

This is to page 5: some parents of children with a pre-existing disability may choose not to use the general health screening process due to a perceived sense of duplication of the services offered by disability services professionals. Any estimate of how many families have this perception?

Ms Lawson: No; we would not have access to know how many do and how many do not, but if children are closely involved with a paediatrician or their parents may decide that that further assessment is not necessary.

Dr Chalmers: I guess if it is fairly obvious at a very early age that children are severely or profoundly disabled, then the screening process is redundant.

Mr P. PAPALIA: It is not a misperception; it is actually an accurate assessment.

The CHAIRMAN: What is the commission’s understanding of the average waiting time for parents to access disability services following their referral to a child development service?

Dr Chalmers: To a state child development centre?

The CHAIRMAN: Yes.

Dr Chalmers: I do not know the answer to that.

Ms Lawson: Our information would vary—different child development centres have different waiting lists for different lengths of time. I know it is always particularly long for speech pathology services. Different centres, I understand, have had different ways of trying to reduce that, so we would know that it is a delay on the way to eventual referral to the Disability Services Commission but we do not know how long the delay is for each child.

The CHAIRMAN: Page 7: there are children assessed by the child development service who will not be eligible for commission funded or provided services. I think we will get the answer to that question as to which children fall into this category by the work that—yes, the prioritisation of children on the waiting list: is this your core business, working out how you prioritise which kids go on the waitlist and what priority?

Ms Lawson: It would be as they are referred and as they are determined to be eligible then they would go on a waitlist if the services are full, but for at least the first half and for most children most of the year, they would have immediate access to an early intervention place within disability services.

Dr Chalmers: Or within one of our funded providers as well because we are a fairly major direct provider of these early intervention services but we have a range of other non-government organisations that we fund to provide services, but they are all managed slightly differently.

The CHAIRMAN: I have a fear that the large number of youngsters who are turning up in this figure of children at risk with learning difficulties will be clogging up a system through which people with clear disabilities are not able to get easy movement. Is that a reasonable view or do you have people who have clear disabilities that have some priority to get access to the support services that might otherwise be fully utilised by people who have these less serious and less acute learning difficulties?

[1.50 pm]

Dr Chalmers: As far as the commission is concerned we would be pretty clear that the children who are actually accessing these services are children who come within the bailiwick of the commission itself. We would not witness any children with very mild levels of delay “clogging up” that system—to use your terminology. We would be very confident that the children who enter these services are the children who need to enter these services; both our services and the non-government sector providers as well.

The CHAIRMAN: But the non-government sector providers do not just provide services to people with disabilities.

Dr Chalmers: Yes, but they need to be accounting for the outputs, for the dollars that we give them to deliver, and that is why we are very confident that the children who are accessing non-government services with our funding are the children who should be accessing those services.

The CHAIRMAN: Thank you. I do not have any further questions.

Mr J.H.D. DAY: Can you just tell us about the availability of occupational therapists and speech pathologists and other professionals in the allied health area? What has your experience employing them been in recent times? What is their availability?

Dr Chalmers: There are problems in attracting professional staff into these roles at the moment. There is absolutely no doubt about that. The commission has difficulty attracting them for our own services. I know, absolutely, that the non-government service providers are having the same level of difficulty attracting them. However, it is not uniform; it can be quite patchy. The commission runs, for one example, a team of therapists—speech pathologists, OTs and physios—that operates in regional parts of the state. At this point in time, we have a full complement of staff. A year ago we had about only half that team in place. There is variability right across the sector here.

Mr J.H.D. DAY: What changed in the past year or so to improve that situation?

Dr Chalmers: Active recruitment. Trying to present our particular team as a very attractive place to work. Join the commission and see the state—travel the state—if you like. It is patchy and at the moment there are problems right across our world in terms of holding onto therapists.

Mr J.H.D. DAY: Are there sufficient numbers of graduates? Is that a problem? How else could the situation be improved?

Ms Lawson: I think there is a shortage, particularly, of speech pathologists across Australia. I have just been discussing access to Medicare items with people. There are waiting lists for private practice. We feel in Western Australia that we may be disadvantaged because of the increasing number of children coming here. However, I gather, from other states, that the problem is just the same.

Dr Chalmers: I think there are other dynamics at play here as well. There is a bit of, almost, competition between the public sector and the private sector in the market for therapists—psychologists are a good example. They are a part of these teams but are being attracted into private work because the private sector can pay at a much higher rate than state government.

The CHAIRMAN: Is there any quick list of the DSC's services in the regions? What other people do you have outside the metropolitan area working for the commission?

Dr Chalmers: We do not actually have any therapists, psychologists or professional staff based outside of Perth. There is a bit of a historical picture to be painted here. Unlike in the Perth metropolitan area where the commission has had a primary and direct responsibility for therapy—either funding it or providing it ourselves—it has always been the case in regional areas of WA that the health department has had carriage of the allied health service provision. It always has and it always will. We work in a partnership or supplementary role whereby our therapists—with particular areas of expertise; regardless of the therapy area—act as a sort of supplementary pool of expertise for the locally based health department therapists and psychologists. But that has always been the case.

Mr T.K. WALDRON: If I may ask a question to that.

The CHAIRMAN: Sure.

Mr T.K. WALDRON: In areas where the health department may have gaps, do you come in and fill those gaps or do you work just on a needs basis?

Dr Chalmers: We do not actually come in and fill the gaps. Again, just as there is variability in Perth, there is high variability in WA Country Health Services—as you would know—around therapists in country areas. It fluctuates. At any point in time you can get areas of the wheatbelt that have a full complement of staff and other areas that do not. We will work alongside those allied health teams in the areas to do things such as active recruitment. We actually assist on that front. If we find that a team is struggling because of a lack of capacity, we will find ways of supplementing the team. However, we will not actually put a staff member into the team to supplement the health department teams.

Mr T.K. WALDRON: Do your people visit the teams?

Dr Chalmers: Oh, yes.

Mr T.K. WALDRON: So, they go out and visit and come back.

Dr Chalmers: Our team is on a constant circuit around the state. It is incredibly well valued by the local therapists and our people provide a very good service.

Mr T.K. WALDRON: Okay.

Ms Lawson: They also use videoconferencing and teleconferencing quite a lot.

The CHAIRMAN: Do you have any Indigenous-specific programs?

Dr Chalmers: About five or six years ago we set out quite deliberately to look at some of the models that the health department was using in regional areas of the state. We actually invested in the development of some pretty innovative models around the use of Aboriginal therapy assistants. In the more remote areas of the state, where you are not going to have a therapist in situ, it could well be that you could identify and train up local Aboriginal people to take on the role of therapy assistants to actually deliver programs that are developed by therapists. That has been rolled out in some areas. In fact, a new initiative using Aboriginal allied health assistants is just about to start in the Fitzroy Valley.

The CHAIRMAN: Through which organisation?

Dr Chalmers: Through the Department of Health; that is the WA Country Health Service. However, we have been very much standing along side them in that development.

The CHAIRMAN: All right. I think that wraps it up. I am left with the task of just reading you some formalities—unless there is anything else you wanted to highlight.

A copy of the 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. New material cannot be introduced via these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee’s consideration when you return your corrected transcript of evidence.

Thank you for your time today.

Hearing concluded at 1.57 pm