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, 6 AUGUST 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 10.12 am

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

PETTIT, MS SALLEE LORRAINE
Principal Consultant, Care and Protection, Department of Education and Training, examined:

SHAW, MS DEBRA ANN
Area Director, Early Childhood Education, Department of Education and Training, examined:

SKONIS, MS KIA
Principal Consultant, Department of Education and Training,
examined:

The CHAIRMAN: Welcome and apologies for the delay. I will go through the same formal process and welcome you and thank you for being back to read the mandatory questions again. I ask for audible answers from each of you, please. 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 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: Do you want to take the opportunity to start in any way or do you just want to be available for committee members, seeing as we are the ones who invited you? In response to anything else that has occurred since we last met with the group from the education office, do you have anything to say as an opening statement?

Mr Brigg: We will just be available to answer your questions as we are able.

The CHAIRMAN: Committee members have found it helpful if I go through my list first and see where we go from there. We are dealing with the reference to research that approximately six per cent of children will have a speech and language impairment/difficulty. The question is: the six per cent rate means that about 1 700 children each year will have a speech and language impairment/difficulty, but the LDCs are limited to 1 000 places—what is being done for the other 700 children?

Mr Brigg: The six per cent and the 1 700 refer to children within the range from kindergarten to year 1—not through the whole system—and I see your second question picks up on that. The language development centres, as you state, provide about 1 000 places for children with speech and language impairment in that age range—kindergarten to year 1—and they are all located in the

Perth metropolitan area. In relation to the other 700 or so who are not provided with places in the language development centres, not all of their parents want their child to go to a specialist centre. Our frequent experience is, across a range of programs, that some parents prefer their child with identified needs to go to their local school and access the local school community and whatever additional supports are available there. Some of those children—the 1 700 being a notional figure—will not have been assessed by a speech therapist because they are attuned to the reality that the number of places available in language development centres are capped at the present time. Therefore, they do not spend an inordinate amount of time—spending about eight hours per child—doing assessments if there is not some reasonable probability that that child will access the language development centre place and the parents want that to happen.

The other very real reality in Western Australia is that some of these children of the 700, obviously, live in Kununurra and Geraldton and places that are rural and remote and the language development centres do not reach in their Perth manifestation to those places. In terms of what we provide for those children, we have the statewide speech and language service, which is managed by four senior level education department school principals who have a long history in speech and language provision. They have all been principals of the language development centres and they have 21 support officers, speech and language, some of whom work across the state, supporting schools, particularly with a focus on the early years on their speech and language communication plans for children who potentially have difficulties with speech and language.

The CHAIRMAN: Do you have any more comment on that second question: what is the policy rationale for the 200 student limit at the LDCs? You have answered that, I suppose.

[10.20 am]

Mr Brigg: It is just a matter that that is the limit of our resources at the present time because the language development service is intensive and it is expensive and that is the limit of our capacity to deliver at this stage. There would have to be new funding to deliver more places.

The model of language development centres is not without its detractors. Many people who know things about speech and language development in the early years are not necessarily in favour of providing specialist places to which children can go. We are aware of that and, at present, the department is proposing to implement recommendations, which Deb Shaw was involved in when she was working in this area in particular, where the language development centres will have a much more flexible approach to enrolment and where children between the school ages of K and year 1 can come and go. The notion of a child spending three years in a specialist centre and then going back to a mainstream school is not necessarily in the best interest of the child.

The CHAIRMAN: In reference to these zeros on the attachment about the north east language development centre and the Peel language development centre having zero children being able to be placed in the LDCs, I think you are saying in your answer that there is an element of that being self-regulated by the system; that is, that it is not reflecting a response to need but rather the zero reflects the fact that the system is saying there is no point in doing the screening because there are no places available. Is that right?

Mr Brigg: That is part of it. Another part of it is the degree to which the four senior principals who manage the statewide speech and language service are able to, at this stage, provide effective support in the local area to primary schools in relation to speech and language. To the extent that that service is looking good and schools feel properly supported, there is less pressure to migrate children to the language development centre in that area. I might get Kia to comment on that.

Ms Skonis: That is a part of it but there is also an element of how closely the LDC principals work with the Department of Health and with the speech pathologists who do the assessments for entry into the language development centres to give speech pathologists the necessary information about the number of places available in the early years and ask for appropriate numbers of referrals.

Mr P. PAPALIA: I have some questions relating to the figure of six per cent. We have heard evidence from the Private Speech Pathologists Association of Western Australia that the public speech pathologists are very constrained by high workloads and limited numbers of people. They also gave us an example of a test mechanism that they had developed. What sort of test is utilised to identify the six per cent and how accurate do you think that is, noting the workloads imposed on speech pathologists in the public system?

Mr Brigg: The six per cent is a reliable figure. That is a population estimate that is reflected in the global literature from other comparable countries. That figure comes up constantly in the literature.

Mr P. PAPALIA: It has been suggested to us—it may be just my interpretation and I might have it wrong; these gentleman can tell me if I am—that a lot of children who are identified in the primary years as having a behavioural problem could actually have suffered from a speech problem and that, as a result of years without treatment or identification, have progressed to a stage at which they have developed a behavioural problem. If you concede that that is the case, do you think that those children are included in that six per cent or maybe a greater percentage of the childhood population is being masked by not being identified, possibly through our testing techniques?

Ms Shaw: Of the incident rates for children with behavioural difficulties, the six per cent in the early years stands up similarly when looking at the behavioural difficulties and not speech. If you look at speech and language difficulties impairment in its own right, you will see the figure of six per cent coming up consistently in the literature. Similarly, this figure of six per cent comes up in some of the literature for children with early onset behavioural difficulties. The evidence also shows that children with speech and language impairment, conductive hearing loss difficulties, and indeed a range of broader learning difficulties or social and emotional problems will also go on to have behavioural difficulties. It is important to remember that one strategy will not fit the range of difficulties. For some children, the programs provided in a language development centre would be the most appropriate and others may require work with the speech pathologist, classroom teacher and the parents. The department has tried to look at a comprehensive range of strategies that use our resources and support classroom teachers in the classroom. We must remember that classroom teachers are not speech pathologists. It is a case of how we make the best of the relationship between the two. The behavioural problems that will sometimes emerge can put young children on a trajectory leading to poor outcomes. Children who have speech and language problems may have difficulty with the nuances of social interaction when they move from year 3 to 4 and beyond, which is when a lot of the pragmatic and social interaction skills develop.

Mr P. PAPALIA: The reason this has captured my attention is that other witnesses have given evidence suggesting that the number of children we are talking about in this overall spectrum of having a disability or learning difficulty or behavioural problem is 25 or 26 per cent. The difference between that and the six per cent figure that you have indicated seems fairly dramatic to me. It makes me wonder about the method of measurement of the overall spectrum and how broad the testing is and how low the bar is to determine that 25 per cent of children have a problem.

Mr Brigg: There are a lot of issues regarding definition and the shared understanding of language. Twenty per cent is usually the accepted figure; broadly speaking, it is generally accepted in Australia by the departments of education and internationally. That is reflected in the literature. About 20 per cent of children at any time in the school-age cohort can have significant learning difficulties. That covers a big territory and a wide range of manifestations of issues and includes students who are diagnosed with hyperactivity attention deficit disorder, for example, and children who have severe difficulties with literacy that become apparent by mid-primary, which is sometimes diagnosed as dyslexia. It includes also students with autism and other identified disabilities and the five or six per cent of children who have significant issues based on their speech and language issues, which might have been ameliorated more effectively if effective intervention had been provided in the early years. The 20 per cent—I am saying 20 per cent but I understand that

you have been told 25 per cent—covers quite a big territory of children or young people who have a wide range of issues, some of which would get a diagnosis from a speech pathologist, a paediatrician or a psychologist and others who would not be diagnosed but would be the sorts of children that teachers had clearly identified along the way were experiencing problems. A label cannot always be attached to it but might include some issues with communication, understanding language, interpreting and, as Deb said, understanding social nuances and cultural issues. Children who experience that year after year can turn to antisocial-type behaviour. It all becomes meshed.

[10.30 am]

Ms Shaw: Unfortunately, children do not often have just one difficulty; there is quite a significant relationship between a number.

Mr P. PAPALIA: Are we certain that we are not double diagnosing any of these children, so that someone assessed as having some condition is not also assessed as being part of the six per cent with a speech and language problem? Are we certain that is the case or is the figure inflated because we diagnose them as this and then we also diagnose them with a different specialist as having some other problem?

Mr Brigg: I think in the early years, in Western Australia at least, that the diagnostic procedures are pretty reliable, and if a qualified, experienced speech pathologist has done some thorough assessments and they are saying, “The primary issue here is a speech and language impairment”, then we can be confident about that. Occasionally, several years later the child will also require a diagnosis of autism, but that is pretty rare. I think that in the early years we can be fairly confident in the diagnostic procedures and the categories, but as children get older, and again if there has not been consistent effective intervention in the early years, then, as Deb has alluded to, for the child with speech and language impairment, behaviour will become a significant issue by the middle years. The child will not be able to read, so the teacher will be saying, “This child has difficulties with reading”, so the initial diagnosis, which might have been made when the child was four or five by a speech pathologist, is not discredited but other factors come into play and then other significant issues have to be attended to. In Western Australia where professionals who have the training and accreditation are saying, “This child has a speech and language impairment” or “This child has autism” or “This child has an intellectual disability”, I think we are fairly confident with that.

The CHAIRMAN: Just simply, I guess you see what the committee is revealing with that question; that is, when you talk about a six per cent figure for children with speech and language impairment or difficulties, then other witnesses talk about rates of 15 per cent, through your own figure of 20 per cent, to 25 per cent of year 1 children having some form of learning difficulty, there are—I could use the words “global development delays” on the issues being picked up. The question for us is: is this an increasing rate, is it just simply better diagnosis or is there something wrong with the diagnostic processes that are picking up such large figures? Is there something going on in the Western Australian community that is producing this level of problem?

Mr P. PAPALIA: Do not underestimate the abandonment of pedagogy.

The CHAIRMAN: I will get to that next I suppose. Anyway, are there any comments on any of those lines of thought?

Ms Shaw: If I could describe it from an education perspective, because what is really important is that from different disciplines we have different ways to approach this. From an education perspective, we would say that 20 per cent to 25 per cent of cases—and that stands up pretty consistently in a lot of inquiries that have been done nationally and at a state level over the past 10 to 15 years, as well as in the literature—children experience difficulties with learning for a variety of reasons; sometimes from pedagogy and practice in the classroom, behavioural difficulties, visual problems etc. It is a broader definition of children experiencing difficulties for a variety of reasons. Then when we drill down to those different reasons, that is where we start to get these finer

percentages. If we look at speech and language specifically, we will see that there is about six per cent of children that all of our evidence suggests—again, it stands up pretty consistently from the ’90s when I was working in that area that figure was still pretty accurate because we did some work around that—right down to really high-level, intensive impairment where we will get about one and a half to three per cent, so it sort of goes from a broader understanding of experiencing difficulties for a variety of reasons to narrowing in on discrete areas. Children do not always experience difficulties. Sometimes one difficulty is more dominant that another, but often it is a range of things. Unfortunately, for children with speech and language impairment, it actually really requires an integrated approach across care, education and what is happening at home as well.

The CHAIRMAN: The statistic then may not necessarily be an explosion of —

Ms Shaw: Increasing prevalence.

The CHAIRMAN: —but just simply that we now have a consistent display of a challenging cohort that has been there always in past years.

Ms Shaw: And compounding the complexity, because if you have got speech and language impairment and there is a relationship to behavioural difficulties, it is what the child is presenting with and the needs of the child. There are these things that we need to be really zeroing in on in terms of addressing the speech and language impairment, and here are some things we need to be doing about managing difficult behaviour, or to support the teacher to provide a more tailored program around those needs.

The CHAIRMAN: An article describes the 20 per cent rate of other states or counties. Is there some literature on this that you are able to provide us with?

Ms Shaw: There have been some sources. It will take a bit of work to find those, but, yes, there is a variety of sources.

The CHAIRMAN: If there was something specifically that you could subsequently draw to our attention or the committee staff’s attention that was the figure being quoted, we would be appreciative.

Mr T.K. WALDRON: I just ask one quick question on that before we finish. We have been talking with other witnesses about newborns being screened for hearing. Are some of the speech difficulties that come later directly related in a lot of cases to a hearing problem?

Ms Shaw: Absolutely.

Mr T.K. WALDRON: So hearing is fairly critical?

Ms Shaw: Yes. If you look at the neuroscience work, there is some wonderful work that has been made prominent by Dr Fraser Mustard that looks at vision, hearing and language development, and there are some critical times when the neurological development is happening. For example, if a child who has a vision impairment has been addressed at a particular age, they will actually go on to have vision, but if it is left for too long, even if it is corrected, they may not have because the neurological pathways have not developed. There are some really critical times, and hearing and vision are really right back very, very early on.

Mr T.K. WALDRON: For the statewide speech and language service I think you said there are four principals, with 21 support staff. I notice there are another eight staff coming on. I am from a country area. With that amount of staff and what they try to do over such a large area, how effective is it and do you think it is doing what it is intended to do? That might be a hard question.

Ms Skonis: There are difficulties when we are talking about providing services in rural and remote locations. The consultant principals and the support officers speak to me. They work very closely with the district teams and are located in metropolitan district offices—we do have some located in country offices as well—but they travel regularly to rural and remote locations and work very

closely with those schools. We overcome the difficulties using technology, obviously providing site visits and so on, but, yes, there are difficulties.

Mr T.K. WALDRON: I notice the commonwealth funding. Is that mainly aimed at the Indigenous side of that?

Ms Skonis: Yes.

Mr T.K. WALDRON: Are those principals and 21 support staff concentrated in the Kimberley and Pilbara areas, and what about the rest of the state? Is there a concentration in one area of the state?

Ms Skonis: Of those 21 staff, 11 have been commonwealth funded to focus on working with high Indigenous populations. However, they work with schools. We have targeted schools with high numbers of Indigenous students but there is a natural flow-on benefit for all students, not just Indigenous students. Yes, their current focus is in large schools in rural and remote locations, so they do travel out to the Pilbara at the moment and to various places, up to Kununurra even, and then work with the largest schools in those centres and train up leaders in those centres as well as working with teachers generally and providing professional learning, so that then those schools can work with other schools in the areas as well.

[10.40 am]

Mr T.K. WALDRON: So there is a reasonable representation throughout the south west, the great southern and the wheatbelt areas?

Ms Skonis: Yes, there is. In fact, in the south west we have one support officer based in Bunbury and one based in Albany, so we have two FTEs in the south west.

The CHAIRMAN: Are there any plans afoot to increase the number of school nurses in primary schools?

Ms Pettit: Both the education department and the Department of Health recognise that it would certainly be advantageous to have a lot more school nurses. To this end, the Department of Health is currently developing a proposal for additional funding beyond our existing budgets, because it is beyond the scope of our existing budgets to expand that service. We certainly recognise that that would be valuable, and we are in the process of taking some steps to seek funding for that purpose.

The CHAIRMAN: Do you have any idea of the amount of funding that would be required?

Ms Pettit: Not at this stage. We have not seen the first draft of what the department is preparing yet. That has been just recently discussed.

Mr T.K. WALDRON: Are the school nurses qualified to do screening in different areas, and do they actually carry out that screening in the schools?

Ms Pettit: They do some very basic screening. They are certainly not doing very sophisticated tests. However, the sorts of tests that they are doing are recognised as adequate in assessing children; and, if the need arises, they refer them on.

Mr T.K. WALDRON: So if they have any doubts, they would refer the child to the appropriate area for whatever screening was required?

Ms Pettit: Absolutely.

The CHAIRMAN: Has the department undertaken any studies of the implications, costs or benefits of screening children at a younger age than year 1?

Ms Shaw: This is a matter that has come up in a number of forums and reviews. We have done some costings on screening in preprimary and year 1. Many of the matters that we are discussing today—the critical points for screening and early identification—actually occur before children enter the school system, be it four-year-olds or five-year-olds. However, there is also a recognition that entering the school system is an ideal opportunity to capture that and to look at the implications

for the learning program. In Western Australia we have done some costings and some trials. We have looked at what has happened in other states and jurisdictions. We have commissioned some research with Curtin University and UWA to look at not necessarily screening, but assessment tools and profiling tools that are available for those key areas of speech and language, social and emotional, and reading.

The CHAIRMAN: Has the department conducted any reviews of language and literacy screening programs already being undertaken in some government primary schools—such as MELS—or other programs associated with preprimary storytelling programs?

Ms Shaw: Part of the research that we commissioned looked at what is actually being used in schools. I suppose it is sort of delineating between a medical model, where you are looking for a diagnosis, and the educational setting, where you are looking at understanding the nature of the child's learning needs. There is a bit of a difference there. Part of what we did in the research that we commissioned was to look at the tools that are used in other states and territories and the tools that schools in Western Australia are using now. The sort of advice that we got back—depending on the purpose for which they were using that tool—was advice on what was useful, what was effective, what helped inform planning and what helped to deliver on the diagnosis etc. It was a broader piece of work.

The CHAIRMAN: I now want to drill into an area that is of particular interest to me; that is, the six per cent cohort of students with language and learning difficulties. That to me is a pretty significant figure. I do not have any sense that there is an evidence-based strategy within our education system in Western Australia to respond to that challenging cohort within school communities. Is that because I have not asked the right questions?

Ms Shaw: Is that in terms of speech and language impairment?

The CHAIRMAN: I am referring to the six per cent of students with speech and language difficulties, yes, and also to the 20 per cent of students with just general issues. I do not have any sense that there is a consistent strategy within the education system to respond to those statistics. What are you doing to ensure that within the school environment you are using the absolute best method, supported by evidence, to tackle that cohort, rather than having to rely on the LDCs or other external consultants outside the system, who are never going to be enough to pick up this figure? Am I missing something, or is there a real and thorough evidence-based response to these challenges?

Mr Brigg: That is a very significant question to put to us. In terms of evidence based, which we talked about last time, we are very interested in what can be done to implement the findings from the Catch Them Before They Fall research. The trial of the instruments has concluded, and what is happening now is that the research team is working with teachers in 11 schools across the metropolitan area and in rural areas to develop materials and teaching strategies which are evidence based and which will effectively support children who have been identified as being at risk of literacy failure which is dependent on speech and language competence. That work on developing the classroom strategies and teaching materials is happening now. It has yet to be determined by the department where that material is going to go and what is going to be done with it to support teachers. It is an evidence-based strategy and intervention that is culturally appropriate and has been devised in Western Australia, and I think it has the potential to be very beneficial to teachers and children not only in the six per cent cohort but more broadly if it is fully implemented.

The CHAIRMAN: Do you have any concluding remarks to assist the committee with its terms of reference? Thank you very much. I remind you that the *Hansard* transcript of your evidence will be posted to you, and you will have the opportunity to respond within a 10-day turnaround, otherwise the record will be taken as being accurate. If you can think of anything else that you would like to send to us in addition to what you have already given to us, please feel free to do so.

Hearing concluded at 10.48 am