MR D.A. TEMPLEMAN (Mandurah) [9.37 am]: My grievance is to the Minister for Education and Training. Last year a group of concerned parents and families, including those associated with a family support organisation in Mandurah called Network Family Support, contacted me about their children’s reading and academic progress. Many of the families, including those associated with Network Family Support, wanted me to know about a diagnosed syndrome known as scotopic sensitivity syndrome, also known as Irlen syndrome. I acknowledge and congratulate the volunteers at Network Family Support for their advocacy and support of families who have children experiencing learning difficulties. They do a great job. I also acknowledge the Irlen Clinic national director, Pat Stanley, from the Perth Irlen Clinic, for the information she has been able to provide me on this issue.

Scotopic sensitivity syndrome, discovered by Helen Irlen in the early 1980s, is a perceptual dysfunction that is related to difficulties with light source, luminance, intensity, wavelength and colour contrast. Syndrome sufferers are inefficient readers who see the printed page differently from more effective readers. Sufferers have to make constant adaptations to distortions from print or from the white background on pages. That means they quickly become fatigued and experience discomfort. More importantly, it limits the time the individuals can read and maintain comprehension. I understand that for many students the worst combination for print is black type on white paper. As we know, this is the most common form of presentation of text in classrooms. Little wonder many children and adults who have been tested and identified as scotopic sensitivity syndrome sufferers have a history of literacy-related problems. It has been identified that individuals with the syndrome may suffer from slow reading rates, inefficient reading, poor reading comprehension, inability to read for sustained periods, strain or fatigue, and difficulties with handwriting and depth perception.

Helen Irlen developed a procedure for filtering parts of the light spectrum that appeared to be responsible for the visual difficulties experienced by sufferers. Obviously, there is a variation from person to person in their sensitivity to the light spectrum, so a range of visual filters was developed to suit the specific circumstances of the reader. Following an extensive testing procedure, tinted overlays and black print on a coloured background, as well as tinted glasses, have been developed to treat this dysfunction. It is important to note that a careful and intensive screening and testing process is carried out first by trained diagnosticians at Irlen clinics before tinted glasses etc are prescribed.

Over the past 10 years thousands of people have been treated in clinics throughout the world, including in Europe, South Africa, the United States, the United Kingdom and all States of Australia. Currently, there are 75 clinics throughout the world in 14 countries. An Irlen clinic is operating here in Perth and has been for some time, and a number of diagnosticians operate in different regions of the State.

Unfortunately for parents, no subsidy or financial support is currently available through the Government, Medicare or private health insurance providers to assist with the cost of the tinted glasses. Prescription glasses are covered by some health insurance companies, but not all; the tinted glasses, of course, are not. For parents on fixed or low incomes, financial assistance is needed, and I am pursuing that through other channels.

The core of my grievance is that despite the range of evidence, statistical data, studies and the vast body of reported improvements by sufferers and their families, there is still some reluctance by teachers, principals, educationalists and others to accept scotopic sensitivity syndrome, and particularly the Irlen method of treatment. This is despite a growing range of studies that demonstrate improvements in the reading ability of students who use the Irlen techniques. I have read a number of studies, including a paper by David Hailey and Anthony Lea from the Australian Institute of Health and Welfare in Canberra that appeared in a 1992 bulletin. I quote -

"The Irlen technique has the promise of helping to meet the requirement for treatment of many reading disabled people using a relatively easily applied and low-cost intervention. . . .

. . . we feel that Helen Irlen’s approach addresses a major unmet need in the community, has promise, has benefited many individuals . . ."

In another paper, Professor Greg Robinson highlighted that -

". . . it would seem prudent that professionals in the field of learning disabilities do not dismiss the possibility of visual processing problems being a possible causal factor in literacy problems, and that methods -

such as the Irlen methods -

and techniques for teaching are based on the assumption that some children may have difficulty coping with the visual demands of reading and writing tasks."
Only last night I spoke to a good friend of mine, Kerrie House, who is also a teacher, on this issue. She has been a teacher for 17 years and currently teaches at a private school in Perth. In her 17 years of teaching, she has seen the impact that Irlen lenses have had in improving not only students’ reading abilities but also their confidence.

Finally, I will quote from a letter that I received from Mrs Sally Wise, who lives at South Yunderup in the Peel region. It states -

Yesterday, for the first time in his life, my fourteen year old son, David, spent most of the day reading for pleasure. You see we recently discovered David has a visual perceptual problem called Scotopic Sensitivity Syndrome (SSS) whereby he needs to wear glasses with tinted lenses to enable him to see properly and process the information he sees. Previously it made his eyes very sore to read for more than a few minutes at a time however we received his new glasses ten days ago and David is like a different child.

Such sentiments are shared by many parents who have had their children screened for scotopic sensitivity syndrome. They now see huge improvements in literacy and numeracy achievements as a result of the Irlen process. If this method is having a positive effect on so many children, it should not be dismissed. I therefore ask that the minister request the Department of Education and Training to investigate its policy on and approaches to scotopic sensitivity syndrome and the Irlen methods of treatment. The department needs to ensure that teachers and principals are informed of the syndrome and that screening for it is possible. Information on the syndrome should be readily available to teachers, principals and school communities.

Not all students with literacy and numeracy problems in our schools have scotopic sensitivity syndrome, but many may have it. If a method of treatment is available - one that is having a positive effect on sufferers - it is important that this information be readily available to those involved in a child’s development. As with David and many other children, it could make all the difference to their future.

MR A.J. CARPENTER (Willagee - Minister for Education and Training) [9.44 am]: I thank the member for Mandurah for bringing this grievance to my attention and for his ongoing interest in this issue. We have corresponded on this subject before. It is one that I must confess I have probably not applied enough attention to. However, I say to the member for Mandurah that apart from the fact that he is a beyond excellent advocate for education in his constituency, I am grateful that he has brought this to my attention. I want to give him a direct answer to the one question he asked. He basically asked would I request the department to investigate its policy on and approaches to scotopic sensitivity syndrome and the Irlen methods of treatment. My answer to that is yes, I will. Having said that, I suppose I could sit down. However, I would like to make a few other comments, just to bolster my references to Brendan Nelson.

This is a very interesting area in general terms; that is, establishing mechanisms by which we allow students, no matter what difficulties they have, to maximise their potential. Probably many of us in this Chamber would have benefited from some different approaches when we were at school to allow us to become more highly educated and higher achievers. I honestly believe, separate from anything that I have done or said as the Minister for Education and Training, that the Western Australian education system is the best in Australia, and potentially among the best in the world, at delivering education outcomes for children with special needs. I honestly believe that, and that was the case before I became the minister. If people go to other States with an open mind and listen to the people from those States describe what they are doing for children with special needs, they will find that most of them are so far behind us that it is probably a good thing that we are so geographically remote from those other States, because parents in States such as New South Wales and Victoria would start banging the drum, demanding the same sorts of facilities and resources that we give to education in Western Australia.

Beyond that, I also believe that the community of Western Australia supports its members who have special needs, disabilities and other requirements as well as or better than anywhere else in the world.
Mr A.J. CARPENTER: This syndrome is a relatively - I say “relatively” - recently diagnosed or recognised -
Ms S.E. Walker interjected.

Mr A.J. CARPENTER: Mr Speaker, one of these days you will have to do more than call people to order. I
suggest the member’s actions are a prime example of a good justification for throwing someone out of the
Chamber. The way that person carries on in this Chamber day in and day out is an absolute disgrace.

Scotopic sensitivity syndrome was diagnosed in 1981, I think. Since that time work has been done in the United
States to try to improve the conditions for people who suffer from it. The symptoms include discomfort in
fluorescent lights, bright lights, sunlight or strobe lighting; discomfort when looking at certain bright or
fluorescent colours; problems with night driving; discomfort when looking at certain stripes or patterns; an
environment that may be partially blurry, moving or distorted, especially under fluorescent lighting; problems
with glare from snow, water, rain or hazy days; and stress or headaches from computer screens or reading.
Given that that is the very core of a lot of our educational activity, therein lies a massive problem for the
sufferers in this State. Other associated problems can include poor depth perception, inefficient reading, driving
fatigue, poor attention and concentration, difficulty reading music or numbers, slow reading rate or poor reading
comprehension.

There is not universal agreement about the way in which to assist people who suffer from these symptoms. The
formal advice of the Department of Education and Training is to be somewhat sceptical of claims that these
symptoms can be remedied in the ways that have been suggested. However, to return to the member’s basic
request, it should be investigated. In recent years the department has liaised with researchers and experts to
establish the evidence base related to the educational implications associated with scotopic sensitivity or Irlen
syndrome. Although the department has received advice that there is no specific scientific evidence that
supports 100 per cent the use of tinted glasses and coloured paper for scotopic sensitivity, some service providers
and classroom teachers have noted, as the member has said, anecdotal evidence that these strategies do appear to
assist. The department’s position on the matter is informed by the students at educational risk policy. Classroom
teachers requiring further assistance to assess specific learning difficulties or to develop individual
education plans can access special support from the students service or curriculum improvement teams located at
the local district offices, and schools may contact the learning difficulties support team located at the Centre for
Inclusive Schooling if further professional development is required. As a follow-up to the grievance that has
been brought to my attention, I will ask the department to investigate, along the lines suggested by the member,
the policies and approaches to scotopic sensitivity and the methods of treatment, with the prime objective, as
always, of doing what is in the best interests of the child.