

EDUCATION AND HEALTH STANDING COMMITTEE

First Report — “Annual Report 2012–13” — Tabling

DR G.G. JACOBS (Eyre) [10.29 am]: I present for tabling the first report of the Education and Health Standing Committee, “Annual Report 2012–13”.

[See paper 1094.]

The ACTING SPEAKER (Ms J.M. Freeman): Member for Eyre.

Dr G.G. JACOBS: Your voice is very delicate this morning.

The ACTING SPEAKER: Sorry! Member for Eyre!

Several members interjected.

Dr G.G. JACOBS: It is really very good to have you, Madam Acting Speaker, as a member of this committee.

Several members interjected.

Dr G.G. JACOBS: It is indeed a privilege to chair the Education and Health Standing Committee, which examines the education and health portfolios that are of such importance and have by far the largest budget demands. In our beginnings, following the 2013 election, we were keen to not launch into large, cumbersome inquiries, but to continue to ensure that the processes and expenditure of those two large agencies meet best practice standards, and indeed provide best value for taxpayers. In the health area, we have been eager to explore this, but without a full-blown inquiry into the Department of Health, which is currently managing the completion and commissioning of the large Fiona Stanley Hospital project. Of interest to us also are the issues of management of the delayed opening and the implications arising from that delay. Earlier this week, the Speaker announced our formal terms of reference for that inquiry.

This first report will be on the organisational response within the health department to the challenges associated with commissioning this very large, state-of-the-art, twenty-first century project—Fiona Stanley Hospital. In particular the committee will examine —

- (1) the arrangements made by the Department to plan for and manage the transition to and commissioning of the new facility;
- (2) the oversight and governance of the project, particularly with respect to the communication of important information about progress with the commissioning of the hospital within the Department and to external stakeholders and the Executive; and
- (3) any implications for the commissioning of the Midland Health Campus and the Perth Children’s Hospital.

On those matters, the committee will inquire into whether lessons are to be learned, if members like, as other major hospital projects are to be commissioned as well in the state of Western Australia.

In the area of education, our focus has been on the management of the budget with the announcement of the new funding structure for Western Australian schools and the implications for education programs and entitlements. I suppose many of us in our electorates essentially find that there are four major issues in schools when we face school councils, staff and principals and indeed parents. These issues are: the change to the number of education assistants; the reduction of around 30 per cent in the school support program resource allocation—SSPRA; the fee charged to students whose parents are on 457 visas; and of course the leave liability levy. I can say as a member who represents around 30 schools in my electorate, some big and some very small, that the leave liability levy is the most significant issue for those schools. It was with that background that our committee pursued the issue of savings and the implications for schools.

Of course an issue that received some publicity recently was the savings that could be made by the education department with the introduction of the leave liability levy. At this stage it is important for me to state that the committee was not convinced that the director general of the Department of Education, Ms Sharyn O’Neill, was altogether as frank and forthright as she could have been to us as a committee; and we therefore reserve the right to gather more evidence to decide whether the committee was indeed misled.

With the ever-increasing incidence of mental illness in young people and the potential future high suicide rate, the committee is also keen to explore the way in which a young person falling mentally ill or with an induced mental illness is handled by the mental health system and which changes are needed. We have structured these terms of reference as a walk-through system for a young person with a mental illness. An issue that the committee was exposed to from our constituency was the way in which we look after young people with a mental illness and the facilities available for them—for instance, in an emergency department, and right through

to community care. We look forward to targeting our investigations to making changes that will improve service and will get good value, as I said, for taxpayers' dollars.

I will provide a little detail from this very small report. I note that under the financial statement the \$22 668 in travel expenditure was not for travel undertaken by this committee. Alice has put a little footnote at the bottom of the report noting that all travel was undertaken by the previous Education and Health Standing Committee. That does not obviously preclude this committee from undertaking some travel in exploring some of these issues for the benefit of Western Australia.

I also comment on the reports presented in the latter six months of the previous Education and Health Standing Committee before the state election. Again, I had the privilege of being a member of that committee, although I was not chair. The former member for Alfred Cove, Janet Woollard, was the chair. That committee looked at various issues that impacted on the ability of children to learn—both health issues, obviously, and educational outcomes. I want to comment on the fifteenth report of that committee, "Foetal Alcohol Spectrum Disorder: the invisible disability"; and the eighteenth report, "A child who is healthy, attends school, and is able to read will have better educational outcomes". The title of the eighteenth report seems basically a no-brainer, but it is important to make some comment on those reports.

The foetal alcohol spectrum disorder report is about a quite significant issue in our community—FASD. Foetal alcohol spectrum disorder is the highest cause of intellectual disability of the non-genetic type. We, as a caring profession, recognise the physical indicators of the syndrome—it causes physical changes, facial changes, growth defects and neuro-behavioural defects. But there is a spectrum, a much more subtle change, that has not been recognised by the profession when considering the very significant and important cause for a learning disability in children. We have the acronym ALARM, and I think there should be some alarm here. The A is for adaptive behaviour issues; the L is for language difficulties; another A is for attention problems; R is for reasoning issues; and M is for memory. One can see how all those factors could significantly impact on the learning ability of children and could also cause significant behaviour and disruptive issues in a classroom. I thank the member for Southern River, because he, also, was on the previous Education and Health Standing Committee. It was really important that foetal alcohol spectrum disorder be recognised, because under the Schools Plus program there was no slot for it, and obviously those children need assistance in and outside the classroom.

The previous Education and Health Standing Committee explored the three "As" in relation to the effects of alcohol, and added another. When a pregnant woman drinks, it can result in FASD, or foetal alcohol syndrome, which can cause neurological and neuro-behavioural changes. Reducing alcohol advertising and the affordability of and access to alcohol are important factors in combatting FASD, and the previous committee added the fourth "A"—awareness. It is really important that we increase and improve awareness in the community. Some years ago doctors told ladies that it was okay to have one standard drink a day even if they were pregnant. We have since found that the only tolerable level is to drink no alcohol while pregnant.

The earlier report referred to the almost no-brainer that kids have to go to school to learn. A child can learn in a lot of ways, but the report referred to how children's attendance rates impacts on their learning. We found that a child who lost more than 10 per cent of school attendance time suffered a significant impact on their educational outcomes. To get normal outcomes, everything else being equal, children have to attend school more than 90 per cent of the time. If we say there are 200 days of school a year, a child has to lose only about 20 days for it to have an impact. If a child loses more than 20 days of school a year, it has been documented that it affects that child's educational outcomes.

The high rate of deafness in children that we saw in the Kimberley impacted all of us. The eighteenth report of the previous Education and Health Standing Committee is titled "A child who is healthy, attends school, and is able to read will have better educational outcomes". It is very, very important that we look at the high rates of deafness, particularly in the Kimberley community. It is also prevalent in the goldfields, which is in my electorate. The Minister for Health has done some very good work, as noted in this report, around the availability of swimming pools. That has led to increased ear health and hygiene in children and reduced the incidence of middle ear infection, glue ear and deafness. The pools also have a cleansing effect on the nasopharyngeal passages, which, in turn, keeps the Eustachian tubes open, allowing the ears to drain naturally. As Minister for Aboriginal Affairs in the Richard Court government, the current Minister for Health had swimming pools installed in those communities, but the previous Education and Health Standing Committee found there was a problem with the children attending the swimming pool because they either could not get there or could not afford the charge, or it was not open for long enough.

The previous Education and Health Standing Committee commended the government and the minister on the increased number of school health nurses. Its report into that matter was about the need to identify and regularly monitor children. I will recount an anecdote about my young grandchild Georgia, who is now seven months old.

She was pretty upset, had a fever and was quite unwell. I said that maybe she had an ear infection—she needed Panadol—but her mother said, “Oh, look, I had it checked by the doctor last week.” That story highlights that this condition can actually occur within three days, and just because a child does not have glue ear or an infection this week does not mean they will not have it the next week. I think the advent of school nurses and regular screening is important. The committee made a recommendation about the surgical bus and the ability for children, particularly in the remote regions, to be able to access a surgery and benefit from any intervention to reduce the amount of glue ear and allow their eardrums to oscillate, thereby restoring hearing. The current Education and Health Standing Committee will continue to bring to the attention of government the necessity of taking that surgical service out into the regions because a lot of those children cannot access Princess Margaret Hospital for Children or even a hub hospital to have the surgery.

In closing, I would like to speak about what happens with these reports after Parliament is prorogued. When that happens, we do not get a response from the Ministers for Education or Health to our recommendations. It is the desire of this committee that the recommendations of the previous committee are followed up on, and over the coming months this committee may follow-up with the agencies on the status of the recommendations made in the previous committee’s report.

I thank the members of the committee. I cannot speak for everyone, but I am particularly enjoying it and I hope they are too. We believe we are making a difference. I commend the deputy chair, the member for West Swan, and the members for Hillarys, Forrestfield and Mirrabooka for their work. We have a lot to do and we look forward to doing it. I also thank the executive, Mathew Bates and Alice Jones, for all their good work, and I am sure we have much more to do.

MS R. SAFFIOTI (West Swan) [10.48 am]: I rise to make some brief comments on the 2012–13 annual report of the Education and Health Standing Committee. I start by thanking Alice Jones and Mathew Bates for their work, which they do to a very high standard and in a very timely way. They do a lot of preparation for the hearings and briefings we conduct. I also echo the comments of the member for Eyre, and congratulate him on his chairing of the committee. I also thank my other colleagues, the members for Mirrabooka, Forrestfield and Hillarys. The short time we have worked together since March has been very interesting, and I think it will continue to be so.

As the member for Eyre outlined, although we have not yet launched into any significant inquiries, we have been looking into the management of the finances of both the Department of Education and the Department of Health. In respect of Health, we are primarily looking at the transition issues with Fiona Stanley Hospital. It is a significant project. The transition from both a clinical and a financial point of view poses many challenges for government. Another layer of complexity in that transition is the time delays that have occurred and the impact that has had on contracts, particularly with the non-clinical provider Serco Australia. We have been looking at that issue. It has been complex because of the change in directors general over that time. We will continue to look at that issue and whether taxpayers’ money has been protected in the best way.

I will make some short comments on Education. As the member for Eyre has said, we are not yet convinced that the committee was given full and frank advice on the budget issues in the briefings last financial year. Giving evidence to committees is always a difficult challenge for DGs, but I expect them to give honest and open advice. If matters are subject to budget or cabinet negotiations, we are very accepting of that, but we need to be told that. We do not need to be told things that can lead to very misleading impressions being gained. We are not as yet finished with that issue; I think we will continue to look at that issue.

With respect to the budget management and other changes in Education, as has been demonstrated through this Parliament and other places, the management of the change in budgeting for schools has left a lot to be desired. There needs to be significant improvement over coming years for people to have confidence that what has been said will be delivered will actually be delivered. That is something we will continue to focus on.

Those are my short comments. As I said, I look forward to working with my colleagues on the committee in upcoming years to deliver better outcomes for Western Australian taxpayers.

MR N.W. MORTON (Forrestfield) [10.51 am]: In my capacity as a member of the Education and Health Standing Committee I rise to talk very briefly on the annual report tabled today. Regarding the commentary around evidence being given to the committee by witnesses, they have to be based on the evidence presented to us. Having looked at the transcripts from those hearings, I cannot see that the director general of Education misled the committee. I wanted to make that statement for the record.