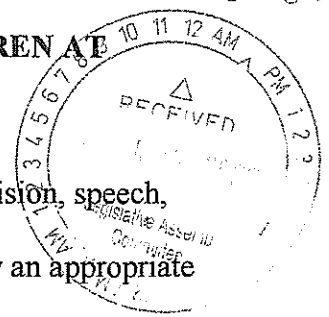


GFLD Sub 0

# INQUIRY INTO GENERAL HEALTH SCREENING OF CHILDREN

## PRE-PRIMARY AND PRIMARY SCHOOL LEVEL



### Term of Reference

1. Appraisal of the adequacy and availability of screening processes for hearing, vision, speech, motorskill difficulties and general health
2. An assessment of access to appropriate services that address issues identified by an appropriate screening process

To Whom It May Concern,

We are teachers of Year One children who attend Willandra Primary School in the Armadale area. Our school has Kindy to Year 7 children with a school population of around 700 children.

In Year One most children have been through kindy and pre-primary where they have been screened by their teachers and those having difficulty have been identified. They are then referred to the School Nurse who will do a screening test and refer them on to the appropriate agency. Quite often the School Nurse, who is meant to attend the school weekly, is taken away from her school duties to implement other programmes in the community, eg. immunisation programmes.

The waiting time to get a referral from the teacher through the system, i.e. School Nurse or School Psychologist, can be months. In the mean time the child is getting older and closer to the cut off point and then there is a further delay while they are on the waiting list for speech and other therapy services.

As Kindy and Pre-Primary are not compulsory school years there are some children who are not picked up until Year One. They have a long wait to be seen by the School Nurse (which is required) to be referred on to the specialist area. They are then put on the waiting list for sometimes 12 months before they are seen by the specialist. All this time they are getting older and when they reach the cut off point at 7 years old, they are taken off the list to be seen. Some of these children need ongoing specialist care beyond the 7 year old cut off. When the child is discharged, they are given no further help or support and most of the time the problem still exists. Parents have nowhere to go unless they go to a private clinic and most just can not afford to go.

Last year, a new 3 year programme Communication Capers was trialled in our Pre-Primary and Kindy units. This was an excellent programme as all the children were screened by a Speech Pathologist and then referred on to Speech Therapy at the local Community Health Clinic. However, many of these children are still on waiting lists or have been exited from the system because they are too old. This program should continue into year one and its funding be on going. A strong recommendation would be that a Speech Pathologist should be permanently available to every school to help overcome many of the problems that exist in the early years.

Speech/oral language is a precursor to reading and writing. Children with speech problems have difficulty learning to read and write. It is for this reason, that early intervention is the key to overcoming delays in early literacy development. Body awareness and motor skills are also imperative if a child is to succeed at school and beyond.

After the referral has been sent to the appropriate agency and has finally reached the top of the list, the parents are called in for an initial appointment and screen. If parents do not reply within ten days, they are taken off the list. Many parents work full time so are unable to take time off to take their children to the appointment. Some parents do not understand what is being offered and refuse a place because they don't think their child needs help. For example, one parent refused a place for her child because she felt the child articulated well when in fact the programme was for semantics. Children should not be disadvantaged and miss out because the parent is unable or not willing to attend appointments. If the parent does attend the appointment, they are often given a programme to follow on with at home. However, they often have the same problem as the child and simply do not understand what to do or just do not have the time to implement the programme. When parents do the programme at home and the child has achieved the expected outcome in a shorter amount of time than the therapist has said, it is impossible to make another appointment for an earlier time and the child loses motivation and does not want to continue on.

Parents also lack the understanding of the scope of speech. For example, it is not just about articulation but also about receptive language and expressive language. Hearing is not just about being able to physically being able to listen, but also about auditory processing. Fine/gross motor is not just about being able to control the mouse on the computer or Play Station.

As an example of the frustration teachers are experiencing, one of our children was recently referred to Speech Therapy by the Speech Pathologist from our Pre Primary Communication Capers programme. This child was referred for therapy due to concerns regarding his expressive and receptive language and storytelling skills. When he went to the initial assessment with the Government Health Service, his mother expressed no concerns about his receptive language so it was not assessed. Surely, the referring Speech Therapist's concerns would have played a more important part in the decision whether or not to assess his receptive language than his mother's who has no experience or training in this area.

Teachers are often sent a copy of a therapy programme and are expected to continue with the child, in the classroom, with 23 other children. Many of the other children in our classes have needs and we are not able to follow therapy programmes in addition to the many other duties we are required to perform on any given day. Teachers are not Speech Pathologists and do not have the expertise or the time to implement the programme on a one to one basis daily and unfortunately children only receive an assistant when they are diagnosed with a disability that fits a SchoolsPlus criteria.

In conclusion, we believe that the screening process and accessibility to appropriate services in the Government School system is inadequate and inappropriate for the number of children who are in need of intervention services. We believe that the waiting lists and processes for assessment are too long and the inadequate level of staffing at Community Health Clinics contributes to this problem. We also believe that the communication between schools and therapists needs to be addressed and that although parents know their children they do not always have the understanding or expertise to make objective judgements about their child's developmental needs.

We would like to see more specialist therapists available to schools so that we can assist all the children in our care reach their full potential.

Yours sincerely,



(Year One Teachers—Willandra Primary School)