EDUCATION AND HEALTH STANDING COMMITTEE

Twelfth Report — "Inquiry into Improving Educational Outcomes for Western Australians of All Ages" — Tabling

DR J.M. WOOLLARD **(Alfred Cove)** [11.24 am]: I present for tabling the twelfth report of the Education and Health Standing Committee entitled "Inquiry into Improving Educational Outcomes for Western Australians of All Ages".

[See paper 4181.]

Dr J.M. WOOLLARD: This report is the first for the committee's inquiry into improving educational outcomes for Western Australians of all ages. It is very brief, but, in tabling the report, the committee can now discuss the issues raised with other members of Parliament, parents and professionals in Western Australia. Some of the key points in this report for education are: illiteracy is a barrier to both child and adult education; one in five or one in six Australian children are, we were told, barely literate and numerate; children with the highest rate of educational failure are those in households in which there is unemployment, Indigenous children or children living in remote communities; once children fall behind at school, 88 per cent of them stay behind; nationally only 27 per cent of students who start vocational education and training courses complete these courses; and South Australia has a program called the Innovative Community Action Network program that is proving successful in retaining and re-engaging students to complete their schooling. Some of the key points in this report for health are: there is now scientific evidence that inequalities for healthy child development can and do start in the womb; regular universal child health and development checks are vital; universal childhood checks are important in linking families with health and community government and non-government services and are important in allowing child health nurses to establish a relationship with families; early intervention can and does make a big difference; the Australian early development index can be used to target and support services in geographic areas of disadvantage; any approach to children should focus on health and education in a holistic manner rather than regarding these services as independent; education should be seen as a lifelong learning process starting at birth; and other states are moving towards the integration of education and health to ensure that the early years of a child's development are given priority.

South Australia has placed a priority on the 18-month universal health check. South Australia has found, through the AEDI, that early 18-month identification and treatment of developmental problems is more effective than waiting until a child is 30 months old to address these problems. South Australia has 38 community centres that provide a one-stop shop for family services, with multiple services integrated in one location. SA Health is in the process of developing a statewide public electronic health system for all healthcare services. Interventions to assist healthy childhood development need to occur before the start of kindergarten.

Today I have brought into the house to show members three models that are equivalent to the size of brains. This model is the size of a child's brain when it is born, this model is the size of child's brain when it is three years of age, and this model, which has very little difference from the previous one, is the size of the brain of an adult approximately 30 years of age. Members can see that most development occurs in the three early years, and that is why we, as a Parliament, have to pay attention to what is happening in those early years. We also found that the development of social and emotional skills is fundamental to a child's mental health and ability to learn. How does this evidence relate to WA? In December 2010, the headline in *The West Australian* was, "Children the winners in State's mining boom". What a brilliant headline. We are still waiting to see whether this will become a reality. Our current inquiry is about education outcomes for Western Australians of all ages, which includes early childhood development. In November last year, the Auditor General, in his report to Parliament on universal child health checks stated —

> Few things in our community are more important than the health of our children. Child health checks play a critical role in this area through the prevention and early detection of health and development issues. Early detection helps parents to get support, advice and intervention at the right times in a child's early months and years. Prevention and timely intervention not only improve the health, education and life outcomes of individual children and their families, they also benefit overall population health, and help reduce long term health costs.

He went on to say —

> WA Health … has a free universal child health check program that promotes the best possible early development for all WA children. It offers seven health and development checks to children aged between birth and school entry (generally around four years old), and is supported by a statewide evidence based policy.

He said —

> … child health checks need to reach as many children as possible and, ideally, every child in Western Australia. Health's aim is to offer every child seven checks by the time they enter school.

He went on to say that delivery falls short of this goal and that some of the checks are reaching fewer than one-third of children. The Auditor General recommended that the government better support child health and school nurses so that they can reach more children. The response from the government was an acknowledgement that there are gaps in community-based child health services and that WA's approach, like other states and territories in Australia, is to provide foundation universal child health services, which includes child health checks supplemented by more targeted specialist services. The government admitted that WA Health is making the best use of available resources by focussing on the first year of life and ensuring the ability to provide support to families and children with higher needs. The government went on to say that it recognised the importance of these early years in improving the health and wellbeing of infants and young children, and their families. I seek leave to have the government's table of "Community Health Services University Child and School Health Schedule" incorporated within *Hansard* to accompany my comments.

The ACTING SPEAKER (Mr J.M. Francis): I understand that the Speaker is happy to have that; so the table can be incorporated in *Hansard* .

Leave granted.

The following material was incorporated —

Delivering a **Healthy WA**

Government of **Western Australia**
Department of **Health**

Community Health Services

Universal Child and School Health Schedule

Contact Schedule	Health & Development Assessments	Intervention *	Promotion of Health & Development
Birth < 10 days Home visit	1. Family health and wellbeing 2. Hearing risk factors 3. Vision risk factors	Respond to assessments **Safe-sleeping intervention	Infant feeding /Breastfeeding Immunisation Parent support and child development Injury prevention Maternal and family health
6-8 weeks	1. Family health and wellbeing 2. Full physical Assessment 3. Vision Assessment 4. Hearing/language and vision questions 5. Maternal health and wellbeing - EPDS	Respond to assessments Talking Together/Yarning Together	Infant feeding /Breastfeeding Immunisation Parent support and child development Injury prevention/safety Communication, language and play Maternal health/ anxiety & depression Family health
3-4 months	1. Family health and wellbeing 2. Developmental Assessment (PEDS) 3. Vision Assessment 4. Weight Assessment 5. Vision/hearing/language questions 3. Maternal health and wellbeing - EPDS	Respond to assessments Better Beginnings family literacy program	Infant feeding /Introduction to solids around 6mths Immunisation Parent support and child development Injury prevention Maternal health/ anxiety & depression Family health Playgroups information
8 months	1. Family health and wellbeing 2. Developmental Assessment (PEDS) 2. Full physical Assessment 3. Vision Assessment 4. Vision/hearing/language questions 5. Maternal health and wellbeing – EPDS 6. Oral Health	Respond to assessments **Lift the Lip	Nutrition/Transition to lumpy foods Injury prevention Communication, language and play Sleep Immunisation Parent support and child development Maternal health/ anxiety & depression
10 months	1. Family health and wellbeing 2. Developmental Assessment (PEDS) 3 Vision/hearing/language questions 4. Oral Health	Respond to assessments **Lift the Lip	Healthy eating for toddlers Injury prevention Immunisation Parent support and child development Playgroup and child care information
3 years	1. Family health and wellbeing 2. Developmental Assessment (PEDS) 3. Vision/hearing/language questions 4. Oral Health	Respond to assessments **Lift the Lip	Family healthy eating and physical activity Injury prevention Immunisation Preparing for school Parent support and child development
School Entry Assessment	1. Family health and wellbeing 2.Developmental Assessment (PEDS) 3. Vision Assessment 4. Hearing Assessment	Respond to assessments	Family healthy eating and physical activity Immunisation Injury Prevention Parent support and child development Hints for starting school

The Interventions described are those that are universally offered to all families - At all contacts community health nurses will respond to parental or nurse concerns (e.g. parenting, safety or child and family health issues) and act on professional observation and judgement within their scope of nursing practice.

***The Safe Sleeping and Lift the Lip Interventions will be introduced universally in 2010.*

(Version 1 Oct 2009)

Dr J.M. WOOLLARD: In November 2010, there were 350 full-time equivalent nursing positions in child and school health responsible for the universal child health service. It is widely recognised that the nurses working in this area use their own clinical and professional judgement to not only advise parents on child development but also promote child health and development by referring families and children to other services within the health system and the community, in particular, to general practitioners or to the state's child development service, for further assessment and treatment. WA Health has a goal to offer a universal health check program to promote the best possible early development for all WA children. Checking children at the right time during their development can prevent or detect problems early on. The role of WA Health's free universal program of child health checks is to provide an appropriate standard of care to all WA children. The seven checks that are meant to be offered in WA are based on the universal child and full health schedule, which lists optimal times for health and development assessments. In other states, such as South Australia, where families, infants or children who are at high risk are identified, this universal program is supported by additional appointments—up to 32 in two years. South Australia may not have a mining boom like WA, but children appear to be the winners from government intervention.

We now have clear evidence on the factors that influence early childhood development and why it is vital to invest money on health assessment, health promotion and health protection in a child's early years. Research now shows a child's physical, mental, social and emotional wellbeing can be influenced as early as in utero and that the first three years of a child's life can have a positive or negative influence on how a child develops. We know that when parents are not supported to identify developmental delays and are not referred by child health nurses for further assessment or treatment, untreated problems have been linked to behavioural disorders, poor learning outcomes at school and juvenile delinquency. Why are we not investing in our children to help them reach their full potential? Why are we allowing developmental problems to go undetected and become more severe? The more severe a child's developmental problems become, the more help that child needs in terms of time and professional assistance. By failing to invest early we are imposing a future social and economic cost on the whole community.

There has been an increase in the birth rate, mainly in the metropolitan area, plus increased migration to WA. This means more children should be eligible to receive the free universal health checks. In 2008 the government was notified that WA was short by 105 child health nurses and 135 school health nurses. At the moment, these nurses come under the portfolio of the Minister for Health. Sadly, to date, the minister has failed to either understand or appreciate that we are neglecting our children and their future, because approximately two months ago, three years after hearing about staff shortages, he had managed to fund only 7.5 additional FTE positions. That means, based on the 2008 information, before the increase in births and the increase in children coming to WA with migrant parents, we are still approximately 97 FTE child health nurses short. Children are missing out on the phantom universal health checks between birth and school entry because we do not have child health nurses to perform this role.

WA Health has decided, with no scientific evidence to support its decision, to give priority to the first four checks. Child health nurses say that the seven universal checks meant to be given in WA represent the bare bones of a service to parents, infants and children. If we accept their expert advice, this means we are neglecting WA children and families. In the metropolitan area, some child health nurses receive notifications of 40 to 50 new births a month. The Auditor General's report documented that in 2009–10, 99 per cent of newborns were seen in the first month. Well done, WA Health! However, this meant other so-called universal checks were ignored. Only 30 per cent of 18-month-old children had a child health nurse check and only nine per cent of three-year-olds had a child health nurse check. These figures contradict the government's response to the Auditor General's report, in which the government states that its approach, like other states and territories —

> … is to provide a foundation universal child health service which includes child health checks supplemented by more targeted specialist services.

I remind the government that "universal" equates to widespread, common, comprehensive or complete. The government has, without any appreciation of the consequences of missed checks for some children and families, told child health nurses to prioritise some universal checks over others.

The federal government is taking notice of all the evidence around early childhood development data and is planning to change the current four-year-old assessment to a three-year-old assessment as they appreciate this is a vital time in a child's development. Again in 2009, 91 per cent of Western Australian children missed this three-year assessment. This Parliament could be devoting more time, energy and money to ensuring that we support young children and their families. It is essential that we employ more child health nurses. More children could be seen by child health nurses if the government employed the missing 97 full-time equivalents and gave them greater support to deliver services more efficiently. Child health nurses are, as the Auditor General put it, the front door to other child health services. In effect, by not adequately funding child health nurses, the government could be slamming the door in the faces of small children in WA.

In presenting this report, I thank the members of the committee—the members for Southern River, Eyre, Maylands and Albany. I also thank our committee staff, Dr Brian Gordon and Lucy Roberts.

MS L.L. BAKER **(Maylands)** [11.40 am]: Unfortunately, I was not able to attend this research trip to the places that we have just heard the Chairman of the Education and Health Standing Committee speak about, particularly South Australia, but I am quite familiar with the models used in both states, having been there about two years ago with a colleague from the upper house. Therefore, I endorse all the comments that members have heard already. I want to pick up on two issues that struck me from the committee's key learnings from this research trip. Members have heard some great detail about that from our chair. I will run through some of the things that attracted my attention. It is certainly not the first time that these things have been spoken of in this house; indeed, it probably will not be the last time that they are spoken about in this place.

One of the great failures in all parts of the world on the part of governments of all persuasions is an inability to understand that we need to spend money on prevention. If governments, of whatever persuasion, are strong enough to do that, it is something to be lauded. In the committee's learnings on early childhood, the issues that

stuck out for me included inequality starting in the womb and how intervention is needed at the very beginning when a couple is first planning a family. We need to ensure that the mother and father are as healthy and confident about the birth of their baby as possible because that will influence the ongoing health and psychological wellbeing of the child. The lack of integration of services is a particular concern that governments are completely responsible for; there is no-one else to blame for the silos that have been built in this country, and other western democracies, for that matter, that see us separate the critical elements of education from health care and children's ongoing developmental needs. Some of the most positive advances that I have seen in governments over the past 10 years were when they looked at human beings in a developmental way and tried to adjust their policies to reflect the developmental lifecycle rather than treat people in a way that states that from this time to that time people need childhood health, and from this point to that point in their life they will be interested in school, so we will put them in the education department, and then we will move them into the workforce and talk to them about how we manage their life in the workforce—and an entirely different set of policies and principles come into play when we look at seniors in our community. To find a method that integrates those critical parts of every human life is a great challenge. That is one of the greatest challenges any government of any persuasion will ever face. That integration is not being achieved at the moment, but I have great hopes that my own party will have some solutions for that.

The social and emotional wellbeing of children is now recognised as a critical indicator in the context of a child's future development. The committee was told that intervention needs to occur before the start of kindergarten. Although it is not hopeless after this point, the intervention is much more expensive and much more difficult. I will continue on that point by saying that we know that by the age of three—members heard the committee's chair report on this—a child's brain has grown to 85 per cent of the potential it will have as an adult. Consistent, loving, nurturing and predictable experiences in a safe environment in the early years result in the best possible brain organisation and function; chaotic, neglectful and violent environments result in disorganised and less well developed brains. It is a simple equation. The way the brain develops is the foundation of future thinking and behaviour. A good start creates a solid foundation, and the skills people learn between the ages of zero and three years, and the way their brains are programmed between the ages of zero and three years, will drive people's later learning capacity and their capacity to achieve. That is not to mention human capital and how much people might be able to contribute to society for those amongst us who are concerned about the economic wellbeing of the wider community.

Why should government be involved in this? My own party has released the direction statement "Growing Children Well", which recognises that the early years are when the government, through intervention and assistance, really can make a difference that benefits not only the child but also the whole community. Currently, as I said before, there is no whole-of-government approach to the early years. Again, we have heard the government say that it does not intend to pursue the introduction of a minister for early childhood or a way to bring those agencies together. I think that is a great failing of this government and the result will be continued fragmentation and a lack of coordination.

That should be the starting point for any government and I am proud to say that Labor acknowledges that in our policy. We will bring the departments together and set up a minister to provide leadership and recognition of the benefits and importance of investing in the early years—a minister for early childhood. This model has been used successfully in other states, and the committee heard about that. A minister for early childhood would ensure that barriers to collaboration were addressed, oversee an early years strategy and provide a lead agency to integrate funding, policy and regulation from the commonwealth and state governments as well as the non-government and private sectors. I think it is pretty evident why we would want to make those kinds of commitments as a government and I am proud that "Growing Children Well" makes those commitments on behalf of my party.

Another point came to my attention when I was reading the expert evidence given by Mr Brenton Wright, director of Lizard Drinking Pty Ltd, who talked about justice reinvestment and the role of poverty in limiting and narrowing a child's capacity and future development. The committee report states —

> In addressing some of the consequences of poverty, each state needs to focus on those areas in society, where the dysfunction is the worst. A little improvement in this group actually makes a big difference to society. Activities such as 'Justice Reinvestment', which target specific communities, would be useful.

Justice reinvestment offers hope for improving community safety and arresting the never-ending growth in the prison muster, freeing up hundreds of millions of dollars of taxpayers' money currently tied up in building and operating prisons. The sheer weight of numbers, for instance, of our Indigenous people in the prison system offers a somewhat perverse opportunity for justice reinvestment to work. With that change in emphasis, we could actually implement some lasting changes for some of the most vulnerable members of our community.

In conclusion, there is absolutely no excuse, in my opinion, given what we know about early childhood development, the benefits of early intervention and the cost to children and society of late intervention, for any government to delay the implementation of a policy that would more adequately address the needs of our community.

MR P. ABETZ **(Southern River)** [11.49 am]: I confine my remarks on the Education and Health Standing Committee's twelfth report, "Inquiry into Improving Educational Outcomes for Western Australians of All Ages", to the issue of literacy, which we investigated as part of our trip. There is no question that if a child does not learn to read and write and does not develop a good command of the English language with vocabulary and being able to spell and so on, their ability to take their place in society is greatly hindered. It limits their job opportunities and their ability to communicate effectively, even in a social setting. Therefore, the ability of children to have a good command of the English language is absolutely essential if we are to reduce poverty in our society.

Sadly, illiteracy is not evenly distributed in our society. It is concentrated in particular schools and particular areas—generally in lower socioeconomic areas where the unemployment rate is high. We have many places where people are on welfare for multiple generations. If we are going to break that cycle, we need to find a way of getting children from those homes to do well at school. The undeniable relationship between socioeconomic disadvantage and low academic performance is almost taken for granted; that is just the way it is. But the reality is that it does not need to be that way. One of the people with whom we met in Victoria was John Fleming. When he became the principal of Bellfield Primary School in Victoria in 1996, that school was the lowest performing school in Victoria on literacy. In the course of the 10 years that he was principal, he set in place a way of teaching kids that basically went back to phonetics and got kids to sound out words. He taught them phonetics so that even if they did not understand the meaning of the word, they could pronounce it, which is a big help. He also insisted that the teachers give their kids spelling lists to learn by rote. Every day the kids also had to learn to use those words in sentences.

From being the lowest performing school in Victoria, Bellfield Primary School ended up very much at the top of the statewide tests in Victoria. One of the interesting things that Mr Fleming told us was that it did not require one cent of extra budget funding. The school did not need any new facilities for that. It was simply a case of going back to basics and saying that unless a child can spell, read and use words, anything else we try to teach them is, to a large extent, a waste of time. To drive this method of teaching he introduced performance-based accountability for students and teachers and he changed the school culture to reflect traditional values and discipline. The exciting thing is that the kids who have come out of that school have been able to move on and break out of that cycle. One of the things that I am looking forward to with this inquiry is finding out how we can ensure that 99.9 per cent of our children learn to read and write at a very competent level as they go through school. It is not an impossible thing to do. John Fleming has worked with some Aboriginal schools that had appalling results and within two years he got those schools up to the benchmarks.

There are ways of helping kids to become fully literate. It will be an indictment on our education system if we do not achieve a very high rate of literacy amongst our young people. The reality is that if a person cannot read or write functionally, what hope do they have of getting a job? Even to drive a truck someone would need to read road signs, road maps and so on. If someone wanted to work as a gardener and use pesticides, they would need to read labels. Those of us who can read and write take those things for granted, but we really need to work on this. I believe that if we can improve the educational outcomes for our young people, particularly those who in the past have been functionally illiterate, and if we can move those kids up to being functionally literate, that will be the biggest step forward in overcoming poverty. I conclude my remarks. I thank the committee members and the staff for their cooperation and companionship on the tour.

MR P.B. WATSON **(Albany)** [11.55 am]: Today I have great pleasure in talking on the Education and Health Standing Committee's twelfth report, "Inquiry into Improving Educational Outcomes for Western Australians of All Ages". But I ask: Are we failing our young people? Are we failing them on the state level or the federal level? Are we giving them the opportunity to go ahead and be normal citizens in Australia? I say that we are failing them. We have heard reports from experts over east. It was interesting because we heard from experts at the state and federal levels. There is the federal intervention and the state intervention. To me, the obvious answer is to have one overall intervention to get our young people on track.

We are told that there has to be intervention when people are planning a family. We have been told by experts that if there is stress or problems in a child's family, that can affect the child later in life. I always read to my children and grandchildren when they were in the womb and they all love reading now. That is just a small example to me.

Today the chair of the committee showed us the size of a human's brain at three stages. She showed us the size of a person's brain when they are born, when they are three years old and when they are an adult; there is not

that much difference. We have early checks when children are one year old, but then, all of a sudden, there are a few years when a lot of these things are not picked up. I am not referring to this report, but yesterday an expert gave evidence before the committee and said that kids can go to school with hearing disabilities. We heard from experts that young children can go to school without toilet training, social skills or the ability to read.

Research shows that once children fall behind at school, 88 per cent of them stay behind. We have issues now; the Minister for Police has come out and spoken about youth on the streets and crime. We need to get these young people at an early stage so that they can undergo that development in those early learning years before three years of age. We can see how much the brain grows at that stage of development. If we do not get to young people at that stage, there will be trouble down the track. I feel that that is the stage at which all levels of government are letting down our youth.

Research and practice show that many vulnerable children and families face more than one challenge and require more than one intervention. Different agencies intervene. As a committee, we will look at one area that has all the different agencies together. Every kid who goes to school wants to learn. People say, "This kid is bad because he does not concentrate." Maybe he has hearing problems or other problems that we have not picked up because we do not check these children at an early age.

The socioeconomic wellbeing of children is now a critical indicator in the context of children's future development. Why do we not put more funding into it? Why do we not have something that allows us to pick up problems with children at a younger age? They go out into the world and it is our responsibility, as parents and as parliamentarians, to make sure that each child has the same opportunities at school as everybody else. But as we have heard, 88 per cent of people who fall behind just do not go any further. Then we have social problems later on with crime, violence and alcohol and drug abuse—all these sorts of things—because they are looking for something else; they do not have the pathway that most people have. We are spending the money at the wrong end; we are spending the money on law and order at the end, when we should be spending time and money on getting these young people onto a better pathway. I remember speaking to Andrew Forrest when he spoke in Albany about trying to get apprentices for his mining companies. I said that if he was going to put money into this area, why not put it into early childhood?

Ms M.M. Quirk: What did he say to that?

Mr P.B. WATSON: He was not impressed. The thing is that if the money went into early childhood, there might not be so much publicity for Andrew Forrest, but he would have people who, at the age of 15 or 16, wanted to become apprentices, rather than people who are broken. They drag them along, trying to get them to be something they are not, because they have not had the education and do not have the life skills. People then complain about so many dropping out. We must have a holistic approach and give these young people an opportunity; it is the Australian way—let everyone have a go. But the way things are at the moment, it is just not happening.

We were advised about the low completion rates for vocational education and training courses, which is about 27 per cent. I do not know whether people still get the dole while they are in training, but that to me indicates that there is something wrong with the system. In terms of intentions, at the start of the course 90 per cent believe that they will pass, but at some point through the course the rate drops to 27 per cent, so that is something we really have to look at.

Foetal alcohol syndrome is another situation in which kids do not have a chance from the start. I know there are some tremendous projects up north, where they are trying to educate young people before they fall pregnant about the problems associated with drinking for the unborn child. We visited a school in Fitzroy Crossing and the headmaster said that he spent half his time trying to deal with problems with FAS kids.

Other members have spoken about a gentleman from Melbourne, John Fleming. This is something different; he has gone back to the basics in schools. He gets students to do spelling and arithmetic like we used to do when we went to school.

Mr P. Abetz: It wasn't that long ago, was it, Peter?

Mr P.B. WATSON: It was a long time ago for me!

These are just the basic things, and without any extra cost or staff, he has got these children doing the basic things that everyone should be able to do—reading and writing. He has radical ideas, and I know that a lot of education departments do not like radical ideas, but when someone like him goes out there and produces results, we have to listen; we cannot go back and say that he is not doing things the way we do.

The committee has produced a few reports since I have been in Parliament, and I think that this is by far our best report. They are our children and our future; if, when these children are first born, or even before they are born,

we do not give these children the same opportunities we had, we are letting down not only our children, but also our country.

DR G.G. JACOBS **(Eyre)** [12.03 pm]: I would like to make a brief comment, as I am a member of the Education and Health Standing Committee. In fact, when I joined the committee, the inquiry into alcohol and drugs was already on foot, but this is an inquiry that the committee has only recently taken on. Although I was not on the tour of the eastern states, I have been able to get a lot of feedback on the questions in the report and the people and experts who were interviewed. In terms of my involvement with the committee—I am keen to have that involvement—I believe that the fifth term of reference for the inquiry into improving educational outcomes for Western Australians of all ages is very important. It relates to foetal alcohol syndrome; its prevalence, prevention, identification; and to funding and treatment to improve the educational, social and economic outcomes of children unfortunately affected by foetal alcohol syndrome and, indeed, foetal alcohol spectrum disorder. Perhaps, if I have enough time, I will talk about that.

The member for Albany alluded to the committee's visit to Fitzroy Crossing some 18 months ago; we spoke to Paul Jeffries, the principal of the Fitzroy Crossing District High School. In fact, I already knew Paul because he worked in Esperance before he went to Fitzroy Crossing. He said that it was his belief that probably 25 per cent of the student cohort had some form of foetal alcohol spectrum disorder.

Foetal alcohol syndrome was first diagnosed in 1973 when Dr Kenneth Jones and Dr David Smith at the Harborview Medical Center in Seattle, Washington noted unusual physical features and failure to thrive amongst children of mothers who were alcoholics. They sought the assistance of a child psychologist, who diagnosed various levels of abnormalities, including mental and emotional abnormalities. Drs Jones and Smith later published their findings in the medical journal *The Lancet*, and in a subsequent *The Lancet* edition later that year, they formally used the term "foetal alcohol syndrome". Alcohol ingested by the mother when she is pregnant, particularly during the first 12 weeks of pregnancy, affects the development of the child's brain. Alcohol passes freely through the placenta and reaches high concentrations in the foetus. The foetus has a limited ability to metabolise the alcohol. The alcohol forms acetaldehyde and can damage developing foetal brain cells. As the child grows, social and behavioural problems associated with this exposure during pregnancy may become apparent. Intellectual and behavioural characteristics in individuals exposed to alcohol during pregnancy may also appear, including low IQ, inattention, impulsivity, aggression and problems with social interaction.

Dr M.D. Nahan: Member, can that be fixed?

Dr G.G. JACOBS: No; this is one of the issues, member for Riverton. The damage is actually permanent and persistent, although there are obviously educational, behavioural and psychological tools that can help a child with foetal alcohol syndrome. I suppose it really is important to distinguish between foetal alcohol syndrome and the condition called foetal alcohol spectrum disorder. The spectrum disorder is a general term that was introduced in 2004 to describe the range of effects that occur in an individual who has been exposed to alcohol in the womb during pregnancy. The effects include physical, mental, behavioural and learning difficulties, and these are the educational issues and possibly long-term, lifelong implications that this committee is very keen to address. Children with a diagnosis under the general term of FASD often have a long list—a constellation—of issues, obviously of different intensities and severities. These issues include brain damage, birth defects, poor growth, developmental delay, difficulty in hearing, difficulty sleeping, problems with vision, high levels of activity, difficulty remembering, a short attention span, language and speech deficits, and low IQ, although when we interviewed the expert from the National Organisation for Fetal Alcohol Syndrome and Related Disorders the point was made that it does not have to be a condition with a low IQ. I will quote from the submissions from Mrs Sue Miers and Hon Dr Sharman Stone, the federal member for Murray and chair of the Parliamentary Liaison Group for the Prevention of Fetal Alcohol Spectrum Disorder (FASD)/Fetal Alcohol Syndrome (FAS) (PFFASD/FAS). The committee was told —

> For example, FASD may be masked by an alternative diagnosis such as ADHD. Children with FASD may have an IQ within the normal range, but will still struggle with schooling and life. This is because their executive functions and adaptive behaviours have been impaired. For example, they may have impaired judgement and memory; they may struggle with time periods, and be very impulsive and easily led.

Clearly, this will impact on the learning ability and education of affected children, and will clearly be a challenge for educators. Other problems of foetal alcohol spectrum disorder include problems with abstract thinking, poor judgement, social and behavioural problems and difficulty forming and maintaining relationships. Indeed, this is a disorder that has significant impacts on the individual and, of course, significant implications for educators and society. I am very keen and very pleased that the terms of reference explored foetal alcohol syndrome, I mean spectrum, disorder. Obviously, there is a syndrome but there is also a spectrum of all sorts of disorders that are truly related to alcohol consumption during pregnancy. The message we must get out is that this must be and can

be prevented. It is about not drinking alcohol while pregnant. No forms of alcohol and no amount of alcohol are safe in pregnancy when it comes to the potential for foetal alcohol spectrum disorder. I look forward to working with you, Madam Acting Speaker (Ms L.L. Baker), and the other members of the committee on this inquiry. This is just one facet of this inquiry.

Another issue highlighted during the submissions from Dr Stone and Mrs Sue Miers was the lack of recognition of FASD and that it is confronting for women to face up to the consequences of their own drinking behaviour during pregnancy. In addition, it is often difficult for medical staff to address the impact of a mother who drank alcohol during pregnancy and the fact that this may have caused developmental problems in her child. A very good study has progressed in the Fitzroy Valley called the Lililwan project. I look forward to considering the results of that project in our deliberations as well.

MR D.A. TEMPLEMAN **(Mandurah)** [12.14 pm] — by leave: I appreciate the Parliament's time. I want to first congratulate the Education and Health Standing Committee on its report today. It is important that this Parliament recognises that the committee system can be very effective. This committee has today handed down a report that I think should be of great interest to all members of this place. I commend the members of the committee for their comments. I think it is really critical that all of us work together to ensure, as the member for Albany highlighted, that the priority of the challenges that face our children is recognised through the recommendations of this report and future work of the committee.

The evidence is now unchallengeable, in my view, that some of the fads of education in the recent past have in many respects failed many of our children. I was a teacher in the 80s and into the 90s and saw a couple of those interesting fads, including programs like First Steps and Language Experience. Even though many of the elements of those programs had great merit, in my view what we saw was almost the abandonment of things like phonics and phonetical learning. It is very interesting that this report, and indeed evidence from around the world, highlights that the phonetical methods are of particular benefit to children who are vulnerable or who have the potential for learning difficulties.

I just wanted to highlight very quickly—this may be of interest to the committee—that one of my constituents, Rhonda Roe from Mandurah, is following the progress of this committee's report and other reports from another committee, which the former member for Armadale chaired during her time here. Rhonda has been strongly involved in the back-to-basics-type focus. She has highlighted to me some reports from Scotland. I know that this committee does like to travel, and I am not trying to encourage them to travel to Scotland, but Rhonda highlighted to me only yesterday two reports out of Scotland—one from the Scottish department of education by Joyce Watson and Rhona Johnston and another by Tommy MacKay on the success achieved in West Dunbartonshire. The reports focus on the back-to-basics approach and the outstanding results that have occurred from work in Scotland.

The Attorney General is here. I am sure he knows that the only way we are ever going to turn around and have a decrease in our prison population, and the only way we are going to ensure that our population is educated effectively and reaches its full potential, is to actually pour more money into early intervention and prevention. If more money and investment went into the early years and working with young or not-so-young new mums and dads and families, even before the baby emerges from the womb, this would pay off in decades to come in huge benefits to not only Western Australia but also, and more importantly, the health and wellbeing of the future citizens of our state. As a state that is as wealthy as it is and has the potential to achieve great things, we should be making early intervention, preventive measures and high-level investment in education in the early years an absolute priority. That investment in education by this Parliament, I think, will see us lead the way. We should be aiming to lead Australia in this investment. As part of CHOGMs and other gatherings of eminent citizens of the world—in the case of CHOGM that is the commonwealth—we should be making a commitment, as CHOGM made to the eradication of polio, to achieve massive progress in the reduction of illiteracy. If we do that, this state will benefit. More importantly, our citizens and our young citizens of the future will benefit. I commend the work of this committee. It is absolutely critical work and I think it is something that all of us should be taking notice of when reports of this nature are presented to this Parliament.