Secretary
Standing Committee on Educational and Vocational Training
House of Representatives
Parliament House
Canberra
ACT 2600

April 2005

Dear Secretary,

RE Inquiry into Teacher Training
The Victorian State Committee, Division of Paediatrics and Child Health, Royal Australasian College of Physicians and the Centre for Community Child Health, Royal Children's Hospital Melbourne Victoria wish to contribute to this important inquiry. The following submission is made with the endorsement of the Royal Australasian College of Physicians, Division of Paediatrics and Child Health.

PAEDIATRICIAN INPUT INTO TEACHER TRAINING

In a school of 1000 children aged from 5 to 18 years;
500 will have a long term illness (mostly asthma, hayfever, sinusitis etc)
100 will be admitted to hospital in any one year
100 will have a significant disability (85 having core activity restrictions) – 97% will be in a mainstream school
150 will have learning difficulties, mostly effecting reading
30 will have specific learning disabilities
140 will have mental health problems, 110 seriously disrupting their learning capacity. 12% will consult a paediatrician, only 3%will consult a mental health professional.
(Source AIHW 2002, National Mental Health Survey 2000)

Teachers must develop the skills to teach children with intellectual and language abilities across the normal range. They must also develop the skills to teach children with health, mental health, developmental and learning problems. Many such children have combined problems.

Every child brings their lifelong developmental history into the classroom and playground. Every child brings a range of social and emotional skills, self regulatory capacity, and motivational factors. Every child brings their family background.

Teachers are well trained in how to teach. Are they well enough trained in how children learn, especially the range of children described above, who learn in different ways?

- 15-20% of children have academic difficulties, for a variety of reasons. Intellectual disabilities explain 2-3%, however a raft of other problems contribute to this prevalence, including language disorders, specific learning disabilities, emotional disorders, behavioral problems, attentional problems, sensory impairments, poor health and psychosocial deprivation. More than one of these problems may coexist in the same child.
- Australian general paediatricians see many children with learning & behaviour problems (34% consultations involve developmental / behavioural /disability/ chronic illness problem (Hewson et al JPCH 1999)
- Paediatric education and training has evolved to better prepare paediatricians to evaluate and support children with learning and associated problems e.g. mandatory 6- 12 months training in this aspect of paediatrics; professional development activities
- Paediatric practice in general, and with respect to learning difficulties in particular, is grounded in a sound understanding of typical child development and its' normal variations. Paediatricians understand that a child's functional capacity and performance results from interactions between genetic and environmental influences.
- Paediatricians are trained to work in multidisciplinary teams recognising that children with developmental problems need help from a number of different professionals
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- **Clinical problems perceived by paediatricians**

- Delayed identification of children with learning and behavioural problems
- Delayed referral or no referral (to educational psychologist, speech pathologist, paediatrician) for evaluation, this can be a resource issue
- Delay from referral to assessment (resource issue)
- Poor or miscommunication of assessment findings to teachers, parents and other professionals involved in child's care
- Inadequate implementation of recommendations arising out of assessment into individualized learning plan. (can be an issue of cross professional understanding)
- Limited access to specialist services in schools, special education teachers, speech therapists or occupational therapists who can assist the classroom teacher.(equity issue)

The culture of primary and secondary schools varies widely, often emanating from the principal. Some schools manage children with special educational needs wonderfully well, whereas in others these children seem to be an unfortunate burden on the school. Parents commonly report that their child's special educational needs are not being met, or were not met at a particular school, in a particular year, or by a particular teacher. In these settings many children will fall well short of meeting their potential. Often they become

behaviourally challenging and may be excluded from school because of a lack of appropriate support.

Furthermore, even in schools where staff is eager to support children with learning difficulties, teachers commonly appear to lack an understanding of a child's particular difficulties, or of specific classroom strategies to assist that child.

Academic failure soon leads to discouragement, which may manifest as withdrawn behaviour or antisocial, disruptive behaviour, school refusal or (in older children) truancy. Outcomes in all domains of life – vocational, social, emotional – depend to a large extent on academic success. Academic success may depend on skill development, e.g. reading by 8 years, but will also depend to a large extent on the ethos of the school and acceptance of a child's strengths and weaknesses by all members of the school community.

What paediatricians with skills in developmental and behavioural problems of childhood could contribute to teacher training

- Contribution to curriculum development particularly in the area of normal and abnormal child development, in the social and emotional development of children and in common developmental and behavioural disorders
- Formal teaching at pre service and professional development levels
- Learning experiences for teachers e.g. in specialist learning/behaviour paediatric clinics, or with other health disciplines which see such children e.g. psychology, speech pathology, occupational therapy. These activities would promote mutual understanding of conceptualization, descriptive formulation of problems, diagnostic labels used and treatments recommended across disciplines involved in helping children with learning difficulties. Observation and contribution to the multidisciplinary approach to evaluation and intervention would result in demystification of the medical contribution to these problems. Positive outcomes would include shared understandings of the developmental model of learning disabilities, leading to greater coherence and more coordinated implementation of programs for children with special educational needs.

Research

Research should inform all practice when looking at teacher training and assessment/evaluation of different models of educational programming and classroom support will need to be carefully planned and specifically funded.

Evaluation

Measures of social adjustment and quality of life as well as academic achievement and success are important in evaluation of children whose teachers have had the benefit of a more holistic approach in their training courses. Parental views and input is important if the child with disabilities is to thrive

Education and health are inextricably linked in the life course development from childhood to adulthood. Teachers have profound responsibilities to the community over this course. Paediatricians have responsibilities which blend closely with the aims of education services. Bringing the education- health interface more closely together with cross service training, professional development, individual assessment, and service model development requires vision, leadership and commitment.
Paediatricians are ready to provide the expert knowledge and practical experience to contribute to this shared pathway.

REFERENCES

AIHW 2002
National Mental Health Survey 2000
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CENTRE FOR
Community
Child Health

29 March 2005

Dr Ken Rowe
Committee Chair
National Inquiry into the Teaching of Literacy

Submission to the National Inquiry into the Teaching of Literacy

About the Centre for Community Child Health

The Centre for Community Child Health is an internationally recognised centre of excellence supporting and empowering communities to continually improve the health, wellbeing and quality of life of children and their families, now and for the future.

The centre promotes good health practices, preventive action, early detection and early intervention. It considers that:

- The early years of children's' lives have a significant impact on their physical, behavioural and social development later in life.
- Many conditions and common problems faced by children are preventable or can be improved if they are recognised and managed early.
- The best results are achieved where professionals work in close partnership with parents who are supported and empowered to make the best choices for their children.
- Supporting and strengthening community-based professionals and organisations ensures the best chance of good outcomes for children and their families.
- Academic institutions can play a major role in contributing to public policy, as well as facilitating integration and continuity between preventive and curative health care, and between hospitals and community-based services.
- Up-to-date research and evidence of what has shown to be effective and appropriate should inform policy formulation for children and families, the organisation of clinical services, professional practice with children and families, and community development.

Literacy skills are critical to the life chances of each individual

The development of competent literacy skills within the first few years of school is one of the most important contributors to adult health, social and vocational outcomes.

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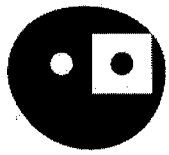

CENTRE FOR
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Education and health are inextricably linked in the life course development from childhood to adulthood. Building the capacity of young adults to contribute fully to the community depends on the teaching of literacy. The teaching of literacy depends on knowledge and understanding of child health development and behaviour.

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Literacy learning begins in early childhood – from infancy

The quality of the environment in the early years of life is critically important in laying the foundations for learning in school and beyond. The environment includes family, local neighbourhoods, and community services such as child care, pre-school, and school.

There is also clear evidence that the social determinants of health begin to influence the life course trajectory from early infancy.

The child who enters school with a rich background of language and literacy input from their family, childcare and pre-school experiences will in general learn to read much more quickly and competently than those who have a poor background.

There is no doubt that the successful teaching of literacy at school would be strongly enhanced by a more consistent and effective approach to the development of early literacy in family, childcare and pre-school contexts. The literacy of the community overall will depend on the equitable access of children and families to skilled professionals and high standard services. This includes evidence based early literacy programs prior to commencing school, as well as effective teaching strategies during school.

15 to 20% of children have developmental vulnerabilities that must be understood and addressed individually if they are to achieve their potential.

Regardless of their environment, some children will enter school with individual special needs including developmental, behavioural, cognitive, and health vulnerabilities, which will affect their capacity to develop competent literacy skills. As paediatricians, we are most concerned about this group of children, who enter school with various combinations of developmental difficulties, including language delay, poor self-regulation, and aggressive behaviour; these children are particularly vulnerable to reading delay.

Another group of special needs children are those with specific learning disabilities, best understood as information processing problems. (A further group includes the 3% of children with diagnosed severe developmental disabilities; these children usually have access to specific funding support in school.)

Therefore at school entry and in the early years of school, teachers need to deal with children from a wide range of individual and environmental backgrounds. The successful teaching of literacy depends on a solid understanding of these factors.

Recommendations

- Ensure high standards of professional training in the early childhood sector (ACCAP report).
- Remove the sectoral distinctions between childcare, pre-school and school education. All should be considered as an education continuum, underpinning a lifetime of learning.
- Ensure the universal access of children to four-year-old kindergarten, and increase access times from the current 10 to 12 hours per week to at least 20 hours per week.
- Support the development of the Australian Early Development Index, designed to be used with regional populations of children as a community measure of young children's development during the first year of school, in order to inform appropriately directed but flexible school educational programs.

- Develop evidence-based tools to be used during the school entry year as a universal opportunity to measure individual child development and learning readiness, in order to inform appropriately targeted individual educational programs.

- Ensure that teacher training includes practical understanding of child health and developmental issues relevant to learning. Cross professional training, between teachers and child health professionals such as paediatricians may be an effective way to improve the education-health interface. This should occur at both pre-service and ongoing professional development levels.

- Prioritise the very early identification of children with health, developmental and behavioural problems, which contribute to reading difficulties.

- Ensure that well-trained school nurses contribute to the early identification of children with health, developmental and behavioural problems that contribute to reading difficulties.

- Mandate the individual psycho-educational / language assessment of children with special learning needs in order to develop individual education programs, using US legislation as a model.

- At a local / regional level, use education and paediatric leaders to develop an identification / assessment pathway for individual children with special needs which includes planned and skilled interaction between teachers, paediatricians and allied health professionals as appropriate.

- Support the capacity for paediatricians to contribute to the assessment and management of children with learning and behaviour problems, and to contribute to shared management plans at the school by advocating for Medicare item numbers appropriate for the complex assessment of such children, and for liaison with school personnel eg using a school conference format.

This Inquiry represents an opportunity to share leadership between the education and health sectors from the highest government level to the most practical community level. Paediatricians are ready to provide the expert knowledge and practical experience to contribute to this shared leadership.

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The Royal Australasian College of Physicians

Paediatrics & Child Health Division

SUBMISSION TO THE NATIONAL INQUIRY INTO THE TEACHING OF LITERACY

About the Paediatrics & Child Health Division of the RACP

The core objectives of the Paediatrics & Child Health Division of The Royal Australasian College of Physicians are training and assessment; advocacy; professional development; policy development; communication; workforce; partnerships; and leadership and governance.

Within the Fellowship of Paediatricians, we encourage advocacy for Fellows and Trainees, both within the Division and in the community.

Externally, the Division works towards achieving and maintaining the highest standards of service provision for children in various medical and related institutions, and from all walks of life. We aim to influence public policy at local, state and national levels. We liaise with the media in promoting authoritative and unbiased advice on all matters relating to paediatrics and child health. We foster advocacy for children by improving community understanding of the needs of the whole child.

The Chapter of Community Child Health

The Chapter of Community Child Health is committed to supporting doctors with expertise or engagement in any or all of the domains of community child health, including child protection; child behaviour and development; and child population health. The Chapter promotes the merging of clinical practice with public health and ecological principles.

Members of the Chapter of Community Child Health share a view that a social and ecological (interactional, multifactorial, environmental) model of health and prevention is most relevant to contemporary child health issues. The Chapter is responsive to members' needs by making support and continuing education of Chapter members more central to the function of the Chapter, through its three Special Interest Groups (Child Protection, Child Behaviour and Development; and Child Population Health).

Key points to the Inquiry

Literacy pathways begin before school starts

- There is clear evidence that emergent literacy development begins in infancy and well before children start school. Activities such as shared reading are associated with better literacy and general outcomes at school. Parents play a key role in the years before school.

- It should be noted that a number of parents might also have inadequate literacy skills or learning difficulties or dyslexia (although there is a genetic component to learning difficulties, poverty and low socio-economic status are the major contributors to learning difficulties and poor literacy skills) and feel limited in their capacity to promote literacy to their children. Addressing parental literacy and learning should be seen as an important aspect of promoting children's literacy.

- Universal health and childcare platforms offer the opportunity to deliver evidence based literacy promotion messages.

- Quality preschool educational experiences are likely to lead to better developmental and social outcomes for children - in Australia variability in access and quality remain an issue, particularly for disadvantaged families. Similarly there is variability in training and qualifications of professionals in preschool or childcare.

- Children who are identified with developmental difficulties in the preschool years often lose resources when they enter the formal education system, ensuring they fall even further behind. This varies across jurisdictions.

Disadvantage is a key determinant of literacy outcomes

- Children from disadvantaged families start school behind their peers. This gap has been shown to increase over time without significant literacy input.

- International evidence has demonstrated that children who are born into poor households have lower birth weight and are likely to do worse at school and have poorer social and health outcomes as adults.

- Disadvantaged children are vulnerable children and particularly include those living in poverty, Indigenous children and children in foster care.

- Schools offer a significant opportunity to change the developmental trajectory for children from disadvantaged families (the preschools years are a relatively greater determinant of this trajectory).

Early intervention is critical to addressing literacy and learning difficulties

- Children with developmental problems can be identified during the preschool period and effective remedial programs can be implemented early - these need to be sustained.

- It is vitally important to identify those children who, in the early years of schooling, are experiencing problems with literacy. There is a need for easy access to psychological assessment resources for these children. In most areas around Australia access to educational psychologists is often difficult with only limited psychologists available in

the education system due to both position and staff shortages. It should be noted that this is the only assessment option available for disadvantaged families who cannot afford private clinics.

- From the literature review undertaken it is clear that literacy remediation requires an intensive and sustained response over the early years of school. However, in Australia there are limited programs that have been shown to be effective. In Victoria, despite over $660 million in funding to literacy programs over a 6 year period, there have been little change to measured literacy outcomes. Clearly attention needs to be paid to reviewing current programs.

- There is a significant impact on adult outcomes for unmanaged learning difficulties in the form of increased criminality, social and relationship failure and occupational difficulties. Thus there is a significant and measurable cost in adolescence and adult life in not addressing this problem.

It is vital that children with learning and language difficulties receive sustained support and resources

- Up to 15 to 20% of children have developmental vulnerabilities that must be understood and addressed individually if they are to achieve their potential.

- Paediatricians can contribute to the assessment and management of children with learning and behaviour problems, and contribute to shared management plans at the school. Medicare item numbers appropriate for the complex assessment of such children, and for liaison with school personnel (eg. using a school conference format) need to be developed to achieve this goal.

- Children who are identified as having problems in the early years of schooling should have formal reassessment processes put in place over their schooling life.

- Speech and language therapy services need to be adequate for diagnosis and intervention in the preschool years, sustained monitoring and intervention throughout school for those who need it, sustained emphasis on functional and higher level language in high school years and intervention through curriculum materials, and maintain close collaboration with educators. This will include explaining the child's language and literacy styles and need, and making appropriate modifications to curriculum.

Creating better partnerships between health and education is critical

- Education and health are inextricably linked in the life course development from childhood to adulthood. Building the capacity of young adults to contribute fully to the community depends on the teaching of literacy.

- A significant proportion of Australian children will have learning difficulties as well as other developmental disabilities. These are the children that are often seen by paediatricians.

- There are a number of commonalities between paediatricians and teachers such as:

    - Professions which deal exclusively with children and families;
    - Best interests of the child are paramount;
    - Take a developmental perspective;

- Seek to optimise a child's functioning in society.

- There are also differing cultures relating to teacher training and the health field, for example paediatricians work with families and teachers work with groups of children.

- There is a need to improve the exchange of information between teachers, health professionals (including paediatricians, psychologists, occupational therapists etc) and parents – in language that can be clearly understood by all parties.

- There is the need for improved training of both paediatricians and teachers. Paediatricians require a better understanding of education and literacy processes whilst teachers require better training in child development and behaviour including relatively prevalent conditions such as ADHD, Asperger disorder and Autism. This will facilitate improved communication.

- Formalised processes should be developed whereby health and education groups meet at regional levels.

Conclusion

- National focus on this area must align with other national initiatives such as the National Agenda for Early Childhood and the National Public Health Action Plan for Children to ensure convergence of effort.

- The Inquiry offers an opportunity for two key sectors involved with children to begin an ongoing and useful dialogue where there are clear areas for reciprocal learning and action.

Paediatricians play a key role in the health of children. Teachers play a key role in the education and learning of children. This is an opportunity for shared leadership to collectively address the health and developmental needs of children across Australia.

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