

Assistant Director- General
Research, Policy and Legislation
Department of Education and Training
PO Box 15033
CITY EAST QLD 4002

30 June 2010

Dear Assistant Director- General,

Re. A Flying Start for Queensland Children, Education Green paper

Speech Pathology Australia would like to congratulate the Department of Education and Training for the 'A Flying Start for Queensland Children, Education Green paper' outlining the commitment to a "world-class education system for our children" and acknowledging that "education is first and foremost about preparing our children for success" as lifelong learners.

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing approximately 4,500 members. Speech pathologists are university qualified specialists who provide a variety of services to people with communication and swallowing difficulties that may present across the lifespan. Speech pathologists possess expertise in the development of speech, language and literacy skills. A majority of the speech pathology profession work with children who present with a wide range of communication difficulties affecting speech and language development, as well as literacy and learning abilities.

As such, the profession believes it is ideally placed to provide valuable input and contribution to the Queensland Government Education Green paper.

Supporting data:

The research literature shows clearly that the language learning in the early years is rapid and that this period is crucial for language development. Oral language competency is known to underpin the transition to literacy. Preschool oral language deficits may predispose a child to ongoing literacy difficulties throughout childhood and adolescence (Speech Pathology Australia 2005).

Communication impairment is one of the most common developmental disorders in our community, with 7 in 100 children experiencing language impairment.

Recent Australian Early Development Index (AEDI) data shows that 18.1% of five year olds are developmentally vulnerable with respect to 'language and cognitive' and 'communication and general knowledge outcomes. Queensland data is worse than the national profile, with 23.6% of children vulnerable to poor language and communication outcomes.



Longitudinal language development study in Victoria – ELVA Murdoch Children’s Research Institute (2009) showed:

- 20% 2yo were late in speech and language development
- Of this group, 50% had persisting language delay at 4 years of age, which will continue into the early school years
- At 4 yrs, one in five had some difficulties with receptive language or expressive language or both
- Of the children identified with language difficulties at 4 years, 50% were not identified with language difficulties at 2 years
- One in ten had difficulty producing speech sounds that would have normally been developed by the child’s age.

The prevalence of speech and language impairment in school aged children is significant, with one study in NSW (McLeod & McKinnon, 2007) revealing that 13% of children at primary and secondary schools have a communication disorder. Australian teachers report expressive language difficulties in around 21% of children when they enter school, and receptive language difficulties in around 16% of children (Harrison & McLeod, 2008).

Research has found that early intervention for speech impairment is effective (Almost & Rosenbaum, 1998; Law et al, 2003). However, children who did not receive intervention or begin intervention in the school years can continue to have difficulties into adulthood (Law et al, 1998). Fostering the early development of effective communication between parent and child has been shown to enhance the capacity of families to effectively nurture and sustain children (Warr-Leeper 2001).

The early years of all children must provide the foundation skills for future learning and development. Language competency underpins the child’s ability to communicate, interact and learn. Speech pathologists must be involved in early identification and continued intervention of at children at risk of delayed speech, language and literacy development.

Speech Pathology Australia response to the following discussion questions:

1. What support could be provided to help families give their children a flying start to school?

Improved screening of oral language development and pre-literacy skills from 3 – 4 years of age must occur, to enable early identification of those children developmentally at risk. Timely access to speech pathology services must be available for those children identified with delayed/disordered language and literacy skills.

Speech Pathology Australia supports the notion of encouraging parents to read to their children. Reading aloud with young children builds stronger relationships, encourages listening and language skills, promotes attention and curiosity, and establishes a strong reading foundation. Parents must be aware that this is achieved through selection of reading materials that are engaging, appropriate to the child’s development level, focus on oral language and pre-literacy skills, and encourage higher order thinking skills such as predicting, problem solving, inferencing, and understanding the main idea. Education services need to be provided to parents to assist parents to learn how best to read to their children to maximise oral language and pre-literacy skill development, along with education regarding expected child development in the areas of oral language and pre-literacy skills.



Speech Pathology Australia supports the recommended investment in early childhood education. Early childhood education must target foundation competencies that sustain development of rich social and academic abilities throughout the school years and into adulthood. Oral language competence must be at the forefront in children's health and education, as this is critical to literacy and learning skills, as well as social and emotional development.

The knowledge and skills of the early childhood education and childcare workforce needs to be strengthened. Quality childcare must include the very best of oral language input to ensure optimum outcomes for children. It is critical that carers are trained in this area, and are also equipped to identify potential speech and language disorders, so that appropriate referral to specialist services may be made. Speech Pathology Australia recommends engagement with the speech pathology profession to support the development of the early childhood education and child care workforce in order to build capacity and develop a model for quality education in language development for early childhood education and child care workers.

With the introduction of a fulltime Prep year, Queensland Education speech pathology workforce must be increased to enable early and comprehensive access to speech pathology services.

2. How can volunteers be supported to help children read at school?

Volunteers need to be trained in **how** to read books to facilitate language and literacy development.

Speech Pathologists are the experts in supporting the speech, language and pre-literacy development of children and should be engaged to contribute to the education and training of reading volunteers. The Queensland Ready Reader program needs to be a well funded priority and offered to more communities within the state. Speech Pathology Australia feels the "Let's Read" program mentioned in the green paper is essential to support early literacy and the free resources for parents are very effective in encouraging therapeutic relationships to promote reading and language development. Small rural and remote communities would greatly benefit from such a funded program. We encourage that health promotion around early literacy is done at a state level and funding for targeted early literacy programs such as "Let's read" include **all** Queensland children.

11. What are the most important aspects of education that must be included in teachers' pre-service training?

Early childhood teachers that are responsible for educating children from the ages of 3 to 6 years need to have specific training in oral language and pre-literacy development at the pre-service level at a greater depth. Speech pathologists should be engaged to contribute to this education. The links between oral language and phonological awareness skills and reading have a strong evidence base, yet this is not covered in pre-service training.

Teachers need to have a better understanding of the role of vocabulary development, simple versus complex sentence structure, the meaning embedded in the structure of the sentences, story grammar, differences between narrative and informational texts, how to facilitate making inferences, predicting, problem solving, sequencing and determining causes which are all oral language based skills.



Teachers may be more concerned with “reading” but not about the foundation skills needed to build upon to achieve proficient reading including reading comprehension. It is vital that children acquire the oral language and pre-literacy skills solidly before teaching phonics or reading. Oral language concepts form the basis of recognising sounds in words, rhyming, segmenting the speech stream into micro-units as are words, syllables and sounds.

12. What do we need to do to ensure classrooms are free from disruption and focused on learning?

Children need to feel they are in a supportive nurturing environment where their individual needs are clearly understood and catered for. They also need to be supported to develop confidence and self-esteem, and be motivated so they are prepared to take risks to engage and participate in a non-threatening supportive classroom.

13. How can we provide better support to our beginning teachers to make the transition to the classroom?

Ideally, beginning teachers need a reduced number of teaching hours in the school day, especially in the first semester. Preparing lessons for a whole class which has a range of diverse learners and learner needs (including ESL, Special Needs, socio-economic backgrounds, cultural and linguistic diversity, and learning difficulties) is not an easy task if the teacher strives for **every** child to succeed. Beginning teachers may benefit from more guidance in the areas of behaviour management and assessment. Assessment strategies may be better decided by more experienced teachers initially, in order to facilitate the beginning teachers to focus on planning and implementing engaging and intellectually challenging lessons, and linking learning to the assessment. Graduate teachers need to have a structured mentoring framework to support their performance development.

Speech Pathology Australia welcomes the opportunity to comment on this initial Green Paper and we look forward to ongoing contribution to the policies and programs arising from “A Flying Start for Queensland Children”.

For further information and consultation, please contact:



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