

Speech Pathology Australia speaking out for those who can't

This document is the platform upon which Speech Pathology Australia (SPA) seeks dialogue and commitment from political parties to address the needs of Australians with speech, language and communication impairment and swallowing difficulties.

Speech pathologists are 'speaking up' for those who cannot do so for themselves. We embrace the challenge recently presented to the profession by the Hon Bill Shorten, Parliamentary Secretary for Disabilities and Children's Services.

In his opening address at the 2010 Speech Pathology Australia National Conference, Mr Shorten stated: "I believe speech pathologists are not just health care professionals... speech pathologists are Civil Rights Activists."¹ This supports the profession in its role to advocate on behalf of the many hundreds of thousands of Australians with communication and swallowing disorders and consumers of speech pathology services.

In the words of the Hon Kim Hames, WA Deputy Premier and Minister of Health: "It is not acceptable for a child to wait a year for access to a specialised service like speech pathology."² SPA agrees that long waiting lists for speech pathology services within public facilities restricts a child's access to appropriate identification and early intervention for their speech and language difficulties with adverse long-term consequences.

The proposals enclosed in this document call for a:

- **National Inquiry into the social and economic impact of communication and swallowing disorders**
- **Mandated universal access to speech pathology services for preschool and school-aged children with speech and language disorders**

SPA is seeking a written commitment to these proposals from the major parties during the election campaign.

Specific comment and recommendations concerning the range of health, education and disability reform initiatives are also outlined in this paper as SPA believes continuing the reforms of the past two years is an important commitment during this election.

This document will be used to meet with members of parliament, government officials and relevant consumer and stakeholder groups.

SPA is calling for bipartisan committed action and looks forward to further consultation and response on these important directions.

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 life span.

Communication is a basic human right

Communication is a basic human right (United Nations Convention). UN Conventions³ and the World Health Organisation⁴ state that communication is essential for participation in society and that access to appropriate health care and education is a basic human right.

Hundreds of thousands of Australians suffer from communication disabilities. This means problems with speaking, understanding language, voice, fluency, hearing, reading and writing. A communication disability is not dependent on age, socio-economic status or location, however access to services can be a 'postcode lottery' with inconsistent services available across Australia, and in particular those in rural and remote areas are seriously disadvantaged.

Participation in society must be supported by appropriate access to communication. The ability to communicate effectively - talk with and listen to others easily, learn, share ideas, express needs and be part of a social or work conversation - is a basic human right that is often taken for granted. However epidemiological studies highlight that for a significant number of Australians, impairment of communication or swallowing functions and lack of access to services is their everyday reality.

A quick snapshot

At two years of age 20% of Australian children have speech and language delay while 50% of this group will have persisting language delay at four years. A further 10-15% of children not identified at two years will be later identified at four years with a speech and/or language impairment.⁵

One quarter (25%) of all preschool children have difficulty speaking or making speech sounds. Fewer than half receive the specialist treatment they require.⁶

20-25% of children have difficulty understanding and using language upon entry to school.

75% of children with autism, 69% of children with Down syndrome and 55% of children with cerebral palsy demonstrate communication impairment.

14% of Australian children at 15 years do not have baseline literacy skills, with up to 27% of Year 3 children in some states demonstrating a reading impairment.

Significant gaps in literacy levels exist between Indigenous and non-Indigenous children, with the gap widening over time and increasing in remote and isolated areas.⁷

Upwards of 70% of Indigenous children in remote communities suffer from chronic Otitis Media, a serious middle ear disease that can cause permanent hearing loss and inhibit language and literacy development.⁸

25% of stroke victims have aphasia (acquired speech and language difficulties).

More than 50% of Australians with dementia experience communication difficulties.

85% of those with Parkinson's disease have voice, speech and/or swallowing disorders.

13,000 Australians use aids to assist them in communication.

Around 20% of Australians over the age of 50, as many as one third of children with cerebral palsy and one in 20 children with a traumatic brain injury experience difficulties swallowing food and/or drink.

One in seven users of government disability services (over five years of age) has little or no effective communication.

See Attachment B for further significant statistics concerning communication and swallowing impairment and the speech pathology profession.

See Attachment C for references.

Note: source for data not otherwise attributed: Speech Pathology Australia, 2008.⁹

What's the impact and why should the government be concerned?

The social and economic cost of communication and swallowing impairment is significant for both the individual and society as a whole, placing a huge financial burden on government supports and services.

Communication disability has deleterious consequences across the life span of Australians:

- Children who enter school with language difficulties are at risk of literacy problems, poor academic achievement, low self esteem, social and behavioral problems.
- Children with speech, language and learning impairments are significantly more likely to experience bullying and social exclusion.
- Increased underemployment and reliance on welfare as a result of difficulties securing employment due to poor academic achievement and life-long social communication and language challenges.
- Increased risk of criminal behavior and disproportionate representation in the justice system in adolescence/early adulthood.
- Social isolation and loneliness that are known precipitants of depression.
- High correlation between communication difficulties and mental health illness.



Untreated swallowing problems have serious health consequences including aspiration (food entering the lungs), dehydration and malnutrition. Aspiration can result in pneumonia, leading to hospital admission, increased length of hospital stay, and in serious cases, death.

The costs of communication impairment can be three-fold.¹⁰ The costs to individuals can include lower educational attainment and social/emotional difficulties. Families not only have to pay for therapy, but additional expenses such as travel to services, particularly for families living in rural/regional areas of Australia, make it even more difficult.

All Australians bear the cost of increased educational needs, higher unemployment rates and fewer employment opportunities of people with communication difficulties. In 1999, a US study estimated the cost of underemployment/unemployment due to communication impairment to be between 2.5 and 3.0% of the US gross national product (up to USD \$186 billion per year) while the increased educational needs of each person with a communication difficulty from birth to the age of 18 might cost in excess of USD \$10,000 per year.

'Our findings indicate that young offenders experience wide-ranging difficulties both in processing the language of others and in organising their own experiences, thoughts and ideas into spoken language that will foster prosocial relationships and enable participation across a range of social roles.'*(Snow & Powell, 2008)*¹¹

When a person has had a stroke and has a swallowing problem, their risk of developing pneumonia is 12 times greater if they aspirate food or fluid while swallowing.¹²

As cited in McLeod, 2010¹³, a UK study found that the cost of education provision and welfare benefits was significantly higher for a child with developmental language disorders than for their siblings.¹⁴

A report into the UK Youth Justice system used a single case study to illustrate the cost savings of early intervention, estimating around £111,000 would be saved up to the age of 16 if early intervention (including but not limited to speech therapy) were provided to young children identified to be at risk of offending.

The service provision implications resulting from individuals experiencing life-long communication disorders is shown to add significantly to mental health service delivery costs.¹⁵



Failure to provide access to appropriate, timely and affordable services for those with communication and swallowing impairments has a significant financial impact on today's and future governments.



Case Study: Lack of Services for the Aged

An elderly woman has a stroke that affects her speech resulting in aphasia, as well as other weakness in her body. Despite intensive rehabilitation, it is clear she will be unable to take care of herself and she is admitted to a high level residential care facility. As a high care resident, she is not eligible to access speech therapy services through any of the local out-patient rehabilitation services. As the woman does not have a swallowing problem, the care facility does not provide speech therapy for her communication needs. Her family's only option is to pay for private speech therapy themselves.

New Policy Proposals

Speech Pathology Australia urges the major political parties to commit to the following two new policies during the federal election campaign to ensure greater access to speech pathology services for Australians with communication and/or swallowing impairment, now and into the future.

Proposal 1: National Inquiry into the social and economic impact of communication and swallowing disorders

The extent of communication and swallowing impairment has not been comprehensively determined. This has limited both the government's and the speech pathology profession's response in ensuring the needs of individuals can be met.

While certain prevalence data is available for specific impairment groups, the fact that even SPA cannot categorically state how many Australians have communication and swallowing difficulties and the extent of the services required, is of grave disadvantage to this group of consumers who have little ability, by the nature of their impairments, to 'speak up' and communicate what they need.

The speech pathology profession knows it is under-resourced and cannot adequately meet the demands of current clients within best practice guidelines, however the real unmet demand and gaps in service is not comprehensively known, limiting service planning and appropriate dialogue with government and the opposition.

Speech Pathology Australia believes that it is timely now, within the context of a comprehensive review of the fundamentals of the health, education and disability systems, for a review of speech pathology services in Australia.

There is an urgent need for further information and data about communication disorders in Australia, the services available and the gaps in service provision, and future demand projections. Importantly, the short, medium and long term social and economic impacts of Australians with speech and language related disorders must be measured.

The lack of data makes it extremely difficult to evaluate the adequacy of current service provision and/or to project future supply and demand for speech pathologists. There is a need for detailed demand and service mapping. In particular the inquiry must include a specific review of the needs of Indigenous Australians, those with English as a Second Language (ESL) and members of disadvantaged (geographically or socio-economically) groups.

'Why should we fund an inquiry and why now?'

The cost of funding an inquiry and the cost of providing adequate speech pathology services must be weighed against the cost of lifelong disability, including increased supports to maximise educational learning, reduced employment opportunities, increased dependence on government assistance, increased problem behaviours and mental illness, as well as increased need for government funded accommodation (including nursing homes, group homes, public housing etc). As outlined in this document the cost of communication impairment on society is significant, yet could be mitigated to some degree, or at least planned for, through the provision of solutions including supports and timely intervention.

Australia has fallen behind. In 2008 the United Kingdom government commissioned a 'Review of Services for Children and Young People (0-19) with speech, language and communication needs'.¹⁵ This report and the subsequent 'Better Communication' action plan provides recommendations and mandates improved services for children with communication impairment. SPA's proposal is broader as it recommends that the inquiry cover the communication needs of individuals across their entire life span.

SPA recommends this comprehensive review be undertaken by the Productivity Commission due to the scope and nature of this work. Recommended Terms of Reference have been drafted as a guide to political parties as to the types of issues that should be covered by a Productivity Commission Inquiry (see *Attachment A*).

Case Study: Children in rural and regional Australia miss out due to lack of services

A child living in a rural area is referred for speech pathology but is unable to access services in the local town due to a maternity leave vacancy that has not been filled. No other services in their local area can provide assistance due to closures or similar vacancies. The family has to travel three hours each way, which they find difficult to manage and costly, in order to access the speech pathology services the child needs.

Proposal 2: Mandated universal access to speech pathology services for preschool and school-aged children with speech and language disorders.

The National Inquiry called for in Proposal 1 is a necessary and long-term measure. However, immediate action is required to ensure all Australian children have access to the speech pathology services they need on which to build a solid education.

SPA recommends an immediate policy and funding review of speech pathology services for children throughout the early childhood years and schooling. Improving services for all Australians is necessary, however starting right now with our children will have the most significant short and long-term impact.

The first step is a 'down payment' to improve service levels by committing to increased funding for all preschool and school-aged children. Research demonstrates early intervention has a significant impact on a child's long-term quality of life and economic productivity through an increased ability to participate in the future workforce.

No universal national or state legislation determines services and funding for children with speech, language and communication needs. Most Australian legislation and policy does not specifically include children with communication impairment, particularly of unknown origin.¹³ Subsequently, provision of services within schools is inconsistent, fragmented or non-existent. Additionally, funding programs for students with disability is not uniform and in some states has recently been restricted, with communication disability considered to be discriminated against when compared with other disability groups.

Adequate speech pathology services must be available to children with specific speech, language and literacy impairments.

- Research clearly shows that language learning in the early years is rapid and 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.
- Recent Australian Early Development Index (AEDI) data shows that 18.1% of five year olds are 'developmentally vulnerable' with respect to Language and Cognitive Skills and Communication and General Knowledge outcomes. A further 29.8% are 'developmentally at-risk' across both these domains.¹⁶
- Australian teachers report expressive language difficulties in around 21% of children when they enter school and receptive language difficulties in around 16% of children.
- In a review of a range of learning needs identified in children in NSW schools, communication impairment was the second highest area of need (13% of children) falling just behind specific learning difficulty (18%).
- In a recent Australian study, 25% of 4-5 year olds had difficulty speaking or making speech sounds, however less than half could access the services, including speech therapy, that they required.⁶

Case Study: Children in Australian capital cities miss out due to waiting times and lack of services

The parents of a 3 ½ year old become concerned about their child's poor speech. They struggle to understand him and he is becoming increasingly frustrated. They contact their local Primary Health Care (PHC) service to make an appointment and are told that there is a four month wait for an initial appointment. The next appointment is another six months after that (reduced to a three month wait if considered a high priority client). Due to the wait for services, the family is informed that they will not be eligible for any ongoing support through PHC as their child will be over four years of age by the time they are offered a service, the cut off age for PHC services. The family is left with no access to a public speech pathology service. They have to wait to see if their child will be eligible for a school-based service.

Speech pathologists are critical for ensuring good health and social outcomes for these children.

The importance of early identification and early intervention cannot be over-emphasised. There is strong evidence that young children with speech, language and learning difficulties respond to appropriate intervention in infancy and pre-school.¹⁷ Further research shows that children who do not receive intervention, or begin intervention in the school years, can continue to have difficulties into adulthood.¹⁸

Supporting access to public and private speech pathology services must be addressed as a matter of urgency given:

- The high unmet demand and long waiting times (up to 12 months) for assessment and ongoing treatment.
- Speech and language disorders have been demonstrated to lead to poor literacy and academic outcomes.
- Speech and language disorders are associated with poor employment options and social, emotional and behavioural problems.
- Speech and language disorders can lead to mental health issues and criminal behavior.
- Speech and language disorders affect economic productivity.
- The increasing number of Ministerials from constituents, highlighting parents' frustration and feelings of injustice on behalf of their children.

Each child's early years 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 children at risk of delayed speech, language and literacy development.

SPA calls for government commitment to initiatives that encompass universal, targeted and specialist services to support and meet the needs of children with communication impairment.

SPA proposes the following initial steps to go some way towards addressing this issue:

- **Mandating universal access to speech pathology services for children in the early childhood years and throughout schooling.**
- **Federal legislation to provide national standards for access to speech pathology services and classroom support.**
- **Adequate number of speech pathologists to be directly linked to every Australian school.**
- **Speech pathology consultancy to provide input to early childhood educators and teacher training curriculum.**
- **Access to private speech pathology strengthened through extending Medicare rebates and funding packages for children with Specific Language Impairment (similar to the support for children with Autism and more recently other disability groups).**

Speech Pathology Australia's position on current government reforms

Supporting Ongoing Health Reform

SPA supports fundamental and ongoing reform of Australia's health system, as well as the investigative approach undertaken by the Federal Labor Government through the National Health and Hospitals Reform Commission, Primary Health Care Strategy and Preventative Health Taskforce.

These forums have ensured the active participation of the whole health community, all important issues have been canvassed and the Government can make fundamental changes, such as access to services across the continuum of care and appropriate and flexible funding formulae. SPA engaged with the Federal Government throughout this phase of reform and our most recent submission can be found at: http://www.speechpathologyaustralia.org.au/library/lobbying/SPA_response_Health%20Reforms_Dec_09.pdf

The Association is well aware that fundamental change takes time and the announcements and the investigative work recently undertaken are just the first steps.

It is essential that the Australian health care system is predicated by comprehensive and multidisciplinary care. To ensure this is achieved, allied health representation, including speech pathology, must occur at all levels of planning, governance and service delivery.

Reform initiatives must ensure services are available to high need groups, with flexible funding models to ensure services address local health needs and priorities, including services for those who are disadvantaged, Aboriginal and Torres Strait Islander communities, as well as those from rural and remote Australia.

Current speech pathology services are under-resourced at all stages of care: acute hospital, sub-acute (rehabilitation) and community health.

Speech Pathology Australia looks forward to continuing to work with the major political parties to ensure an ongoing commitment to reform, implementation of initiatives that further strengthen our health system and for allied health services to be firmly part of an integrated health system that best supports the health needs of all Australians.

Supporting a Strong Primary Health Care System

SPA supports a strong primary health care system that is inclusive of the full range of allied health professionals, including speech pathologists, to meet an individual's needs across their life span.

The emphasis should not only be on chronic illness but should address the complete spectrum of developmental and acquired conditions. Developmental disabilities are complex and long term, with the potential to impede an individual's social, educational and emotional well being. Equally, complex acquired difficulties impact on all facets of an individual's social, educational, vocational and emotional well-being.

Primary Health Care Organisations (Medicare Locals) must provide equitable and affordable access to allied health services including speech pathology. Appropriate funding of services must take into account the current limitations of Medicare rebates for speech pathology services. For many patients with complex and chronic communication difficulties, up to 5 sessions per year is well below what is clinically effective, yet many families cannot afford the top-up payments, let alone the burden of paying the entire cost of private services.

A range of funding options must be available at the primary health care level, including access to an extended number of Medicare consultations and 'enhanced packages of care' or 'bundled payments' for those with complex needs requiring protracted periods of intervention. In particular, Medicare rebates and/or funding packages are required for those with complex communication/swallowing disorders including, but not limited to, Severe Language Impairment (SLI), Autism (above the current 20 ASD sessions per lifetime and EI funding), Cleft Palate, Auditory Processing Disorder, Literacy/learning disorder, Aphasia and/or Dysphagia post-stroke and paediatric (infant) feeding difficulties.

Access to necessary speech pathology services within primary, community and aged care settings would reduce hospital stay times and prevent re-hospitalisation.

Supporting Early Childhood and Education Initiatives

SPA strongly supports the Early Years Learning Framework and contends that speech pathologists are integral in its successful implementation. The expertise of speech pathologists must be utilised within early childhood education and training of childcare workers.

As the 2009 'A Snapshot of Early Childhood Development in Australia' report shows, the Australian Early Development Index (AEDI) data can be used nationally to inform on populations that are vulnerable and at-risk of poor development in specific developmental domains, including language, communication and literacy. Early childhood education must target foundation competencies, including oral language skills, which sustain the development of rich social and academic abilities throughout the school years and into adulthood. Evidence strongly suggests that preschool oral language deficits pre-dispose a child to ongoing reading difficulties throughout childhood and adolescence.

Speech pathologists' expertise should be harnessed to provide targeted speech pathology services for specific at-risk populations and to provide universal programs to enhance and develop language and literacy skills throughout early childhood. Additionally, speech pathologists should be considered as key agents in pre- and in-service education delivery for early childhood educators and child care workers. Such education would focus on how to foster early language development and the oral language skills which support social and academic development in the preschool years and beyond.

Speech pathologists must also be pivotal in ensuring early childhood educators possess the knowledge and skills to identify children with possible speech and language delay in order to refer children for appropriate and timely speech pathology intervention.

Speech pathologists must be supported to ensure their expertise is utilised in the early childhood setting.

Case Study: Complex cases require flexible service arrangements

After a 14 week wait from referral to initial screening, a small child is diagnosed with a severe communication disorder, but otherwise normal development. Because community health speech pathology services are prioritised to children with more complicated needs, or needs in more than one developmental area, the child waits longer for an assessment and may not be offered therapy at all, despite having a severe disorder.



Case Study: Australian adults need speech pathology too!

A 40 year old woman is discharged from hospital having recovered from a major stroke and a minor operation. She has had intensive rehabilitation, including speech pathology, at the hospital, but is still barely able to speak or walk when discharged. She lives in an outer suburb of a capital city and there are no speech pathology services available in her area. Speech pathology services in neighbouring regions will not accept her because she is too young to qualify for their services, which are for people older than 64 years. Even the state disability service is unable to help, as they do not provide speech pathology services. The woman is left with no access to the speech pathology services she needs.

Supporting Effective Disability Policies

SPA commends the government's draft National Disability Strategy and its interest in a National Disability Support and Care Scheme and welcomes the review being conducted by the Productivity Commission.

Australia needs a lifetime care scheme for people with impairment, so their needs are met when they arise. It is the best opportunity to deliver lasting change that will promote self determination and social inclusion for people with a disability.

Communication impairment is often an 'invisible' but significant disability, meaning that funding and support for people with disability arising from communication and swallowing impairment is inconsistent and fragmented. There is no national legislation around the supports required to enable children with speech and language disorders access to the curriculum and therefore optimise their ability to learn and thrive at school.

Families are under enormous pressure to assume the cost of speech pathology services, while many other supports and funding are available for those with more 'visible' or known disabilities such as visual, hearing and physical impairments and congenital syndromes. Adults and children with communication disorders should not be discriminated against with respect to their right to access affordable care and support.

Speech Pathology Australia urges the Productivity Commission to ensure that recommendations are inclusive of those with communication disability, particularly for those with communication impairment of unknown origin, that is, in the absence of an identifiable complex syndrome or disorder.



Health Workforce

A modern, learning and supported health workforce, inclusive of speech pathologists is essential in achieving long-term sustainability within the health system. Speech Pathology Australia is supportive of recommendations to enable workforce planning, growth, flexibility and innovation. However we emphasise that future workforce planning and funding initiatives must include all health professionals, regardless of whether they are registered, partially registered or self regulating professions. All health professionals should have the same access to new e-health initiatives including the unique healthcare provider identifiers.

We further reinforce our position that regulation of the speech pathology profession through the national registration and accreditation scheme would address the genuine risks of physical, social and emotional harm inherent in the speech pathology role and will contribute to building and maintaining public confidence in services provided by appropriately qualified speech pathologists.

Speech pathology should be included in the National Registration and Accreditation Scheme - not only in the public's interest but also essential to the growth, development and quality assurance of the profession.

Case Study: Being unable to eat leads to depression and disillusionment

A forty year old adult suffering from cerebral palsy has experienced a decline in his swallowing ability as he has aged. He has to have a feeding tube inserted because he is underweight. He is admitted to a rehabilitation service so he can undergo intensive swallow rehabilitation, as well as learn how to manage his feeding tube. When discharged, he is referred to his state disability service for further swallow therapy, but despite showing signs of improvement and being classified as 'Priority 1', he still has to wait nearly three months to receive further speech pathology services. In the meantime he becomes depressed and disillusioned about not being able to eat.

Speech Pathology Australia calls upon all political parties to:

- Commit to two new policy proposals during the election campaign:
 1. National Inquiry into the social and economic impact of communication and swallowing disorders
 2. Mandated universal access to speech pathology services for preschool and school-aged children with speech and language disorders.
- Continue fundamental health reform to ensure Australia's health system can meet the needs of future generations and to be cognisant of and incorporate allied health professions in the system-wide reforms.
- Ensure speech pathology services are accessible and affordable as part of multidisciplinary primary health care teams.
- Continue the work of the Early Years Learning Framework, ensuring quality early childhood education is supported by speech pathology consultancy, and in particular utilise the AEDI data to inform universal and targeted speech pathology services for 'at risk' groups in the community.
- Commit to a National Disability Care and Support Scheme following the release of the Productivity Commission report in June 2011, as part of a comprehensive policy on disabilities which is inclusive of communication and swallowing disorders.
- Include speech pathology in the National Registration and Accreditation Scheme.



National Inquiry: The Current Social and Economic Impact of Speech, Language and Communication Disorders and Swallowing Difficulties and the Current Availability of Speech Pathology Services in Australia

That the Productivity Commission undertake an inquiry into the current social and economic impact of speech, language and communication (SLC) disorders and swallowing difficulties, the current availability of speech pathology services in Australia, the projected future demand for services, and to suggest areas of reform in regard to national policies and funding of services for Government consideration.

Current Situation

- Collect data and information about the current services available in Australia
- Prevalence of communication impairment and dysphagia (swallowing and feeding difficulties)
- Current patient demand and waiting lists by state and territory
- Patient profile, service setting (e.g. private practice, school, hospital, aged care home, rehabilitation centre), and service demand
- Eligibility for services, service restrictions or confused pathways, and length of wait for service (waiting lists by state and territory)
- Gaps in service and unmet needs
- Specific issues affecting Indigenous and ESL communities and disadvantaged groups.

Social Impact

- Assess the social impact of speech, language and communication impairment and swallowing difficulties and the lack of speech pathology service provision in Australia including an assessment of:
 - Impact on education and employment outcomes
 - Impact on mental health sector
 - Impact on youth criminal behaviour and juvenile imprisonment
 - Impact on social and emotional wellbeing.

Economic Impact

- Assess the economic impact of a lack of speech pathology service provision in Australia including an assessment of:
 - Costs of intervention versus no intervention or delayed intervention
 - Costs in relation to lost educational and employment opportunities
 - Costs of additional supports and dependency on government assistance.

Workforce

- Collect data and information about the speech pathology workforce in Australia including:
 - Current workforce numbers, age profile, gender profile, qualifications and workforce setting
 - Geographic distribution of speech pathology services
 - Current incentives, structure to recruit and retain qualified professionals, including factors that may influence attrition
 - Role/presence of speech pathologists in the overall health system (within primary health care, hospitals, rehabilitation, aged care facilities, private practice)
 - Role of speech pathologists in the education system (within early childhood facilities, early intervention, specialist children's services, schools, disability services)
 - Areas of workforce shortage
 - Workload demands including, hours of work including caseloads, number of full time equivalent (FTE) positions per client by clinical setting; with consideration of caseload benchmarks.

Future Demand

- Collect data and information to predict future demand on speech pathology services with particular reference to:
 - The ageing population.
 - Growth of children in early childhood education settings
 - Early identification of children with specific SLC impairment
 - 'Closing the gap' for indigenous and disadvantaged communities.

Recommendations for Reform

- Provide options for reform to ensure increased and universal access by Australians to speech pathology services and related supports and equipment
- Recommend critical access points and minimum level benchmarks for speech pathology intervention
- Recommend strategies to support the speech pathology workforce to adequately meet the needs of patients.

That the Productivity Commission report by 30 September 2011.

- Communication is essential for participation in society. Access to appropriate health care and education is a basic human right.
- Hundreds of thousand of Australians suffer from communication disabilities. This means problems speaking, understanding language, voice, fluency, hearing, reading and writing. A communication disability is not dependent on age, socio-economic status or location.
- One quarter of Australian preschool children have difficulty speaking or making speech sounds. Fewer than half receive specialist treatment.⁶
- More than 85,000 Australians are living with aphasia, a chronic communication disability, following stroke.
- More than 95,000 Australians living with dementia experience communication disability.
- 13,000 Australians use aids to assist with communication.
- Consequences of untreated communication disability include poor academic achievement, increased under employment and reliance on welfare, reduced social participation, increased depression and increased risk of criminal / justice involvement.
- Out of every seven children with emotional and behavioural disorders, five may have a significant language deficit (71%); Out of every seven children with a language disorder, four may have an emotional and behavioural disorder (57%).
- Australian research highlights that language problems can lead to emotional and psychological disturbances in adulthood, and correlates with mental health problems and youth offending.¹⁷
- Around 20% of Australians over 50 years of age and as many as one third of children with cerebral palsy and 1 in 20 children with a traumatic brain injury experience difficulties swallowing food and/or drink.
- Untreated swallowing problems have serious health consequences including aspiration (food entering the lungs), dehydration and malnutrition. Aspiration may result in pneumonia, which may lead to hospital admission, increased length of hospital stay and in serious cases, death.
- Speech pathologists are university qualified health professionals who are specialists in the assessment and management of disorders of communication and swallowing that may present across the life span.
- Speech pathologists work in a variety of settings including kindergartens, schools, nursing homes, universities, rehabilitation services, mental health services, hospitals and private practice.
- Speech Pathology workforce data:
 - 81.8% of speech pathologists are under 44 years of age.
 - 96.4% of speech pathologists are women.
 - Less than 65% of speech pathologists work fulltime.

Note: source for data not otherwise attributed: Speech Pathology Australia, 2008.⁹

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