Level 2 / 11-19 Bank Place
Melbourne Victoria 3000
T 61 3 9642 4899
F 61 3 9642 4922
office@speechpathologyaustralia.org.au
www.speechpathologyaustralia.org.au

Speech Pathology Australia

SUBMISSION TO:

Department of Education and Early Childhood Development

Discussion Paper

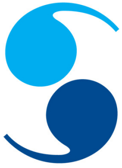
Towards a Health and Wellbeing Service Framework

Prepared by:

SPEECH PATHOLOGY AUSTRALIA

April 2010

The following document outlines the Speech Pathology Australia submission to the Discussion paper: Towards a Health and Wellbeing Service Framework and provides some general comment and responds against the Feedback Questions.



Towards a Health and Wellbeing Service Framework
Department of Education and Early Childhood Development

Response from Speech Pathology Australia

23 April 2010

Appendix F: Feedback form

Background

Speech Pathology Australia supports the development of a Health and Wellbeing Framework, where the child and family is at the centre of the service framework which is underpinned by timely and appropriate access to coordinated and informed services.

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 and specialised knowledge and training in normal and delayed/disordered development of speech and language skills, and in early childhood socialisation and communication. 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 development of a Health and Wellbeing Framework for Victorian Children.

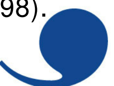
Some supporting data:
In 2009, the Australian Early Developmental Index (AEDI) collected information on 261,203 Australian children in their first year of full-time school. Overall in Australia, 23.4% of children are developmentally vulnerable on one or more domains tested. Of considerable concern is that 18.1% of five year olds are 'developmentally vulnerable' with respect to Language and Cognitive Skills and Communication and General Knowledge outcomes, while a further 29.8% are 'developmentally at-risk' across both these domains.

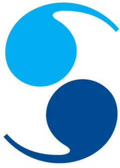
Communication impairment is one of the most common developmental disorders in our community and fostering the early development of effective communication between parent and child has been shown to enhance the capacity of families to effectively nurture and sustain children (Warr-Leeper 2001).

The 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).

Oral language competency is known to underpin the transition to literacy. Children with communication disorders are at significantly increased risk of literacy difficulties, failure to meet their education potential, social, emotional and behavioural difficulties and ultimately, reduced life choices.

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).





Feedback Questions

Shared principles for service delivery

1. Does the table outlining how each health and wellbeing service impacts key outcomes as defined by the Victorian Child and Adolescent Outcomes Framework (Appendix D) reflect the health and wellbeing outcomes your services seek to achieve?

Speech Pathology Australia is pleased to see that 'Optimal Language and Cognitive Development' and being 'Successful in Literacy and Numeracy' are identified among the key 'Outcomes' for the child. Speech pathologists have the specific skills and expertise to assist in these vital areas of child development, with speech pathologists working across Early Childhood Intervention Services (ECIS) and Student Support Services (SSSO). Both language and literacy are intimately connected and are important across the lifespan. We note however that there is no noting of ECIS involvement in the Literacy and Numeracy outcome, whereas we would contend that development and support of pre-literacy skills in the early years is critical, particularly for children identified as vulnerable or 'at risk' of developmental delays or disorders.

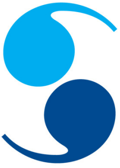
We note also the involvement of Primary and Secondary School Nurses within the child's outcome area of Language and Cognitive Development. School nursing may play an important role in early identification and referral, but can only do so if adequate education and support has been provided from relevant health professionals including speech pathologists. It is essential that speech pathologists are involved in professional development and consultation of all educators and support service professionals across health and wellbeing services, to ensure that early identification and referral of children with speech, language and communication needs is informed through appropriate knowledge and indicators for intervention.

2. What could be done to improve the access to and responsiveness of services for disadvantaged children and young people?

The shared principles for service delivery are supported. In particular Speech Pathology Australia agrees that there must be universal access, integrated services to support smooth transition points and evidence based practice.

Access to speech pathology services is inconsistent and limited, being largely inadequate to meet the needs of Victorian children with speech, language and communication needs. Long waiting lists for speech pathology services exist across both ECIS and SSSO services. Waiting times for speech pathology services can be in excess of 12 months. Where services are provided they may not be of an optimal level and fall below what would be considered best practice, therefore limiting effectiveness of intervention and outcomes for the child. To manage excessive demands, caseload priorities may favour the more complex needs however children with specific speech and language delays, even of mild to moderate severity, can have long term academic, social and psychological implications and subsequent lifelong impacts.

The 'no wrong doors' principle is imperative however at present there is confusion around eligibility and entry points especially regarding community health and ECIS services. A child may 'sit' on a Community Health waiting list for several months only to be referred to EI and commence another waiting period before services can be adequately accessed. Implementation of a central intake system across early intervention services has improved the situation, however this needs to be extended across differing departments ie health and education. Cross jurisdiction communication is vital to clarify and delineate service eligibility and suitability along with improved training and education of referring professionals such as MCHNs, GPs, Paediatricians, and Early Childhood educators, to ensure knowledge of referral to appropriate services.



An integrated approach to service delivery is essential and has in the past been an issue where early childhood intervention and school based services were the domain of different government departments. However despite the integration of the early and school years services under DEECD, the lack of smooth transition across critical periods remains. There appears limited structural supports to ensure coordinated referral and handover of children from ECIS to school based services. Out-sourcing of speech pathology assessments contributes to difficulty in service providers providing adequate professional reporting and case discussion, as does limited resources and high workload pressures impacting on an optimal level of professional dialogue and consultation. This can have particular implications for clients who have complex developmental and/or social needs such as those from culturally and linguistically diverse backgrounds and those from at-risk environments. Better opportunities for communication, networking and professional development across ECIS and SSSO staff would be strongly supported.

Access to appropriate services must be underpinned by equitable resourcing and funding. Speech Pathology Australia is gravely concerned that shortfalls in the Program for Students with Disabilities (PSD) remain unaddressed. The discussion paper outlines that the PSD provides support for students with moderate to severe disabilities based on the criteria of the World Health Organisation. Repeatedly we have challenged the use of 3 Standard Deviations (SD) below the mean and the Critical Education Needs criteria to ascertain funding support for children with Severe Language Disorder. The recognised WHO and international standards, as well as actual definitions in language test manuals, support that 2 SD is categorised as severe. As a consequence of the persisting use of 3 SD children with moderate and severe language disorders do not receive PSD support. Additionally there remains no evaluation nor outcome studies relating to how the $31million for the Language Support Program has supported children with specific language impairments.

Limited speech pathology resources, lack of coordination and integration particularly across transition points, and inequitable funding and support for children with moderate and severe language disability all negatively impact on providing adequate access and responsive and effective service.

3. Are there any principles that should be added or deleted?

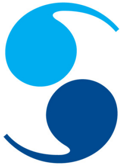
While 'Workforce Excellence' is included among the listed principles, there appears to be limited description of how workforce planning and adequate resourcing will occur. Despite the increase in population and higher levels of identification of children with speech, language and literacy difficulties, there has been minimal change in the speech pathology staffing across the department over the last decade.

Common service delivery domains

4. Do the proposed service delivery domains broadly reflect the work undertaken by health and wellbeing services? Are there any major areas of work not covered?

Speech pathology services span across many areas of service delivery domains. While specialised and targeted speech pathology services largely involves Early Intervention and Ongoing Management and Treatment, speech pathologists (where adequate resourcing permits) have skills and expertise to support universal (population based) prevention and early identification programs.

We would encourage DEECD to provide direct funding toward systematic processes for identification of children at risk for speech and language disorders prior to school entry (early identification, intervention and prevention) and continue to screen on entry to school (as per data collected through the AEDI). This would ensure that early intervention and prevention programs can be implemented to focus on children particularly at risk prior to entry to schooling.



We also draw attention to a likely error on page 24 (Appendix E) where ECIS is not represented against domain 5 – Ongoing Management, treatment etc – whereas clearly ECIS staff have an important role in ongoing management of children with specific needs in their early years.

Stronger relationships and partnerships

5. What is the best way to inform early childhood educators and primary and secondary teachers about health and wellbeing services?

A communication strategy would be desirable to ensure there is knowledge of the expertise and roles of professionals working across health and wellbeing services. However this also should be underpinned by true integration of health and wellbeing services within the early childcare and education settings. Adequate resources are again essential so that ECIS and SSSO professionals can have a maximal impact with respect to working with early childhood educators and teachers in assisting children with specific needs to improve and meet educational goals within a supportive learning framework.

6. How can health and wellbeing services better support educators to improve children and young people's health and wellbeing?

Childhood educators and teachers need to be equipped to understand the crucial role language plays in a child's development and how to best foster verbal and non-verbal / symbolic language through play and dedicated language enriched activities.

Speech pathologists are experts in speech and language development, and can contribute to strategies for best foster these skills within the early childhood and educational curriculum, including as precursor skills to reading.

Speech pathologists should be involved as key agents to provide training, assist in curriculum development and implementation of prevention, early identification and continuing intervention programs. This would enable vulnerable children to achieve maximal speech and language skills prior to entry to schooling and assist transitions across their lifelong learning experiences (throughout their schooling years and beyond).

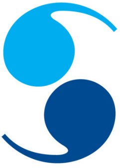
Involvement of Allied Health SSOs in the professional development and inservice training of teachers and early childhood educators (and vice versa) would seem good utilisation of professional knowledge and skills and offer good return on this human capital investment.

7. What may be the challenges for your service in building stronger partnerships with other services?

As has been indicated some of the real barriers relate to high demands of service involving speech pathologists. This necessarily limits the opportunities for consultation and coordinated care. Additionally structures that support integration and communication across both internal and external services will drive better partnerships and ultimately outcomes for children.

8. What else needs to be done to start building stronger partnerships between departmental health and wellbeing services and the broader health and wellbeing system that supports children and young people?

As above.



Effective leadership

9. How should the framework be embedded within existing regional and local government planning of health and wellbeing services?

The framework and all services of DEECD must be cognisant of the widespread and often fragmented nature of services across other government departments and the private sector. An opportunity exists to develop broad service networks and partnerships.

10. What may be the challenges in ensuring that appropriate governance structures and effective leadership are developed for health and wellbeing services?

Speech pathologists play an integral leadership role at the regional level and have an opportunity to contribute to the policies and programs of the Student Wellbeing Unit of that region. However the opportunity for speech pathologists to contribute to governance and leadership at a broader level and to have an impact on planning and policies is limited. We encourage DEECD to ensure there is integral involvement of health professionals at a governance level to work alongside their educational colleagues in developing a strategic and effective model of delivering best quality education and specialised supports for Victorian children with developmental, social and learning needs.

To this end, Speech Pathology Australia would be pleased to continue to contribute and be consulted on new initiatives and programs to promote good outcomes for children and young people.

For further information and consultation, please contact:

Gail Mulcair,
Chief Executive Officer