



SUBMISSION TO:

**NEW SOUTH WALES PARLIAMENT LEGISLATIVE COUNCIL
GENERAL PURPOSE STANDING COMMITTEE NO. 2**

**THE PROVISION OF EDUCATION TO STUDENTS WITH A DISABILITY
OR WITH SPECIAL NEEDS**

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February 2010

The following document outlines the Speech Pathology Australia submission to the inquiry into
'The Provision of Education to Students with a Disability or Special Needs.'





Speech Pathology Australia welcomes the opportunity to provide comment to the NSW Parliament Legislative Council General Purpose Standing Committee No. 2 into the provision of education to students with disabilities or special needs. Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing approximately 4,500 members. Speech pathologists are university educated professionals with specific knowledge and expertise in all areas of speech, language, communication and swallowing, including disorders of speech, language, literacy and numeracy, and difficulties with eating and drinking. Speech pathologists work with large numbers of children with disabilities and special needs prior to and during their formal education, in public and private sectors, education, health and disability. As such, the profession believes it is ideally placed to provide meaningful input into this inquiry.

Whilst the Association acknowledges the importance of addressing the education needs of children with disabilities and special needs in a holistic manner, given the expertise of speech pathologists in the area of communication and swallowing, the focus of this submission will be upon addressing the needs of children ***with special needs in speech, language, communication and swallowing***. Speech Pathology Australia is keen to ensure that ‘special needs in speech, language, communication and swallowing’ as articulated within this submission is understood to encompass a *range* of communication and swallowing difficulties and/or disabilities affecting:

- speech;
- language (understanding and/or use);
- voice;
- fluency (stuttering);
- social skills and behaviour;
- aspects of literacy, numeracy, problem solving and general learning;
- alternative forms of communication; for example, the use of communication devices by children who cannot communicate using speech;
- eating, drinking and ability to meet nutritional needs.

Special needs in speech, language, communication and swallowing may be transient or permanent and may range from mild to severe. They may be evident in children with **communication and swallowing disabilities** resulting from speech, language, physical, intellectual, hearing, vision or multiple impairments, and/or in children experiencing **communication difficulties** arising from a wide range of extrinsic factors such as limited opportunity to communicate, or a mismatch between the language,





dialect, and/or communication styles used at home and at school. They may be evident in children with severe language disability in the absence of global development delay, and in children with or without an identifiable disability or syndrome. This will include children from culturally and linguistically diverse (CALD) backgrounds such as children from Aboriginal and Torres Strait Island and non-English speaking backgrounds.

There is a particular need to ensure that the provision of speech pathology services to children with special needs in speech, language, communication and swallowing extend both to early intervention and to school age children. Eating and swallowing difficulties (also known as dysphagia) present in children most often as a result of neurological disabilities such as cerebral palsy or an acquired brain injury, and may be present in as many as 1/3 of children with cerebral palsy¹ and one in 20 children with a traumatic brain injury.² Outcomes from dysphagia include malnutrition and dehydration, chest infections and failure to thrive. With regard to speech, language and communication difficulties, data from the Australian Early Development Index (AEDI)³ indicates that in NSW 15% of five year olds are 'developmentally vulnerable' with respect to 'language and cognition' and 'communication and general knowledge' outcomes. This is to say, 15% of children in NSW scored within the lowest 10% of the AEDI population. This included basic literacy skills, and/or communication skills (including participation with other children and ability to understand others).

Further, it has been suggested that up to 20% of children may be slow to develop spoken language and for 50% of these children, there will persistence of language problems into their early school years.^{4 5} In one study, 13% of children at primary and secondary schools demonstrated a degree of communication impairment.⁶ In relation to communication impairment in children with specific, identifiable disorders, 55% of children with cerebral palsy, 69% of children with Downs Syndrome and 75% of children with Autism have been identified as having communication difficulties.⁷ This is of significant concern given that speech and language disorders not only lead to difficulty in acquiring literacy and maximising long term achievement, but have also been associated with reduced

¹ Reilly, S., Skuse, D., & Poblete. (1996). Prevalence of feeding problems and oral motor dysfunction in children with cerebral palsy: A community survey. *Journal of Paediatrics*, 129(6), 877-882

² Morgan, A., Ward, E., Murdoch, B., Kennedy, B., & Murison, R. (2003). Incidence, characteristics and predictive factors for dysphagia after pediatric traumatic brain injury. *Journal of Head Trauma Rehabilitation* 18(3), 239-251

³ http://www.rch.org.au/aedi/index.cfm?doc_id=13051

⁴ Reilly, S., Wake, M., Bavin, E.L., Prior, M., Williams, J., Bretherton, I., et al (2007). Predicting language at age 2 years: A prospective community study. *Pediatrics*, 120 (6), 1441-1449

⁵ Centre for Community Child Health (2007). *Australian Early Development Index (AEDI)*. Australian Results 2004-2006. Melbourne: CCCH

⁶ McLeod, S., McKinnon, D.H. (2007). The prevalence of communication disorders compared with other learning needs in 14500 primary and secondary school children. *International Journal of Language and Communication Disorders*, 42 (S1), 37-59

⁷ Australian Institute of Health and Welfare. (2004). *Disability, ageing and carers: Summary of findings*. Canberra, ACT: Australian Bureau of Statistics



employment options, social, emotional and behavioural problems across the life span, mental health problems, and criminal behaviour leading to juvenile offending and imprisonment.⁸

It is the position of Speech Pathology Australia that access to timely and appropriately structured speech pathology services in early intervention settings and in schools is integral to the achievement of optimal educational and social outcomes for all children and students. The Association believes *focussed attention* must be directed to the provision of speech pathology services to students with special needs in speech, language, communication and swallowing, whether these be associated with or a consequence of specific, identifiable disorders or extrinsic factors, so that the specialised requirements of individual students can be met in the most effective manner.

The following information will provide comment and key recommendations from Speech Pathology Australia with regard those Terms of Reference as outlined in the 'Inquiry into the provision of education to students with a disability or special needs' relevant to the provision of speech pathology services.



⁸ Snow, P., & Powell, M. (2004). Developmental language disorders and adolescent risk: A public health advocacy role for speech pathologists? *Advances in Speech-Language Pathology*, 6 (4), 221-229.



THE NATURE, LEVEL AND ADEQUACY OF FUNDING FOR THE EDUCATION OF CHILDREN WITH A DISABILITY.

It is the position of Speech Pathology Australia that funding for students with disabilities and special needs should be extended to include students with *special needs in speech, language, and communication*. Currently in NSW, children with speech and language disorders/delays are not classified as having a disability even though it has been demonstrated that communication problems have the potential to significantly impact academic performance, socialisation and long term achievement. Speech Pathology Australia contends that a range of disabilities should be recognised as appropriate for funding by the NSW Department of Education and Training, include disabilities related to communication and swallowing. Whilst it is acknowledged that children with specific disorders such as Autism, intellectual disability, cerebral palsy and Downs Syndrome may present with special needs in speech, language communication, it is imperative that this recognition also be extended to the *spectrum* of communication disorders that have the potential to impact life long learning and achievement. This will include but not be limited to severe speech and language delay, fluency and voice disorders, social and pragmatic disorders, and literacy and learning difficulties.

Speech pathologists are currently *not* employed by the NSW DET Training in schools and only limited speech pathology services are supported within Early Intervention services. With regard to early intervention services, early childhood is a time when most disabilities will become apparent and appropriate services to support families and childhood educators are essential to ensure the special needs of all children are met. Speech pathologists possess expertise and specialised knowledge and training in normal and delayed/disordered swallowing, development of speech and language, early childhood socialisation and communication. For this reason it is imperative that appropriate numbers of speech pathologists be employed to ensure services are available to all children in their preschool years.

Speech Pathology Australia believes that speech pathologists should be employed in NSW public schools. As speech pathologists are not currently employed within schools funded by the DET, students requiring speech pathology services must access external agencies (e.g. Department of Health, community services, and private practitioners) for management of their communication and swallowing needs. However, inability to access speech pathology services through external





agencies due to factors such as restrictions in eligibility criteria (e.g. residential location, diagnosis, age, etc), staffing or family capacity, has the very real potential to disadvantage families who may already be struggling to meet the complex and multiple needs of a child with a disability.

For those students who **are** able to access external services, there are a number of key issues:

- students may have to miss out on attending normal classes to receive speech pathology services outside the context of their education;
- some students may have to travel long distances and/or wait for specialist services for more than 12 months, due to long waiting lists and inadequate numbers of therapists, particularly in rural areas;
- formal assessments conducted outside the school may not adequately identify the learning needs of students, nor describe how a student will manage within the school setting;
- there will be limited opportunity for teachers to be supported by speech pathologists within the education setting;
- where services are available in the community, families may not physically be able to get there in work hours. If a child has multiple needs, it can mean multiple appointments and missing school;
- schools have limited control or ability to coordinate professional services for students as a result of the professionals being employed by other agencies (with different policies, focus, goals, etc);
- teachers are responsible for dealing with multiple professionals from a range of agencies and numerous associated programs, as well as the general 'teaching' of the class.

Speech Pathology Australia urges the New South Wales Parliament Legislative Council to ensure the provision of appropriate levels of funding so that students with special needs in communication and swallowing are able to access speech pathology service within schools. Not only will school-based speech pathology services provide students with access to services in a timely and effective manner, it will strengthen the team approach to meeting student's educational and health goals. Speech pathologists are well equipped to collaborate and work with educational staff on communication, language and swallowing issues that may arise within the classroom and during school hours, and provide education and advice to teachers and other educational staff regarding the impact of these on students' ability to meet their educational goals. Liaison and collaboration with a student's teaching team within the school environment by the speech pathologist would





facilitate a more accurate and complete indication of a student's learning needs and recommendations for support. Further, students with previously un-identified special needs in speech, language, communication and swallowing would gain access to the professional advice and skills of a speech pathologist as required.

BEST PRACTICE APPROACHES IN DETERMINING THE ALLOCATION OF FUNDING FOR CHILDREN WITH DISABILITIES MUST FOCUS ON A STUDENT'S FUNCTIONING CAPACITY RATHER THAN UPON THEIR DISABILITY.

Speech Pathology Australia contends that allocation of funding based on a diagnosis, as is currently the case in NSW, is problematic. Specifically, as students will have different needs in different contexts, the allocation of a standard level of funding based on a diagnosis (e.g. Autism Spectrum Disorder or Downs Syndrome), assigns a common set of problems and service needs to a diagnosis. In doing so, this funding model fails to acknowledge the inherent differences between individuals. The Association strongly advocates an approach to funding that considers the impact of a disability and an individual's experiences of their disability, such as occurs in the World Health Organisation's 'International Classification of Functioning'.⁹ Such a model would provide a framework through which the experiences and functioning capacity of each individual child could be meaningfully considered, provide a basis through which the specific needs of the child could be identified, and facilitate a transparent and equitable basis for allocation of funding.

THE ADEQUACY OF INTEGRATED SUPPORT SERVICES FOR CHILDREN WITH A DISABILITY IN MAINSTREAM SETTINGS, SUCH AS SCHOOL CLASSROOMS.

It is the position of Speech Pathology Australia that the number of integrated support staff and services for children with a disability in mainstream settings should be increased. Currently in NSW mainstream schools do not have sufficient numbers of appropriately trained teachers and/or support staff to meet the needs of students with special needs. Specifically in relation to communication and swallowing, teachers often have limited if any knowledge of communication and swallowing disorders and whilst they may have received some support from external speech pathology services, they are frequently faced with the task of having to meet specific needs of several students with different learning needs at one time. Where specialist teaching staff /Disability



⁹ <http://www.who.int/classifications/icf/en/index.html>



Program Coordinators are employed, they cover many students over large areas, and are also responsible for managing teachers and aides. As such, specialist teaching staff are often thinly stretched and whilst attempting to provide best possible care they provide only limited support at best. Such limited access to specialist teaching and support staff services has the potential to “set up” students with special needs for educational failure.

Given both geographical isolation and difficulties recruiting professional staff, mainstream education settings in rural and remote areas are often unable to cope with students with complex communication and swallowing needs. Some children may be able to participate and benefit to some extent from being in a mainstream setting, however due to limited aide support and limited exposure of support staff to ongoing professional support and advice.

THE PROVISION OF A SUITABLE CURRICULUM FOR INTELLECTUALLY DISABLED AND CONDUCT-DISORDERED STUDENTS

Currently all students in NSW public schools are expected to follow the curriculum/syllabus as set down by the NSW Board of Studies.¹⁰ Whilst there is the potential for some "accommodations" and "adjustments" to curriculum for students with disabilities, teachers of students with disabilities are required to report on the same outcome measures as applied to students without disabilities. An example of this is evident in the 2010 NSW Department of Education and Training 'Best Start'¹¹ literacy and numeracy screening test for all kindergarten children. This test has been introduced with an aim of providing a profile of a child's current level of functioning, with an individualised program developed for the child for implementation when they commence school. Whilst the test provides room for a disability to be listed should it exist, children with disabilities are not exempt from this examination unless the school or parents of the child in question withdraw them from the process. As the test requires a minimal level of functioning, many children with disabilities are either exempted or unable to complete the test, thereby disadvantaging them with regard to the development of a program to meet their needs at the commencement of their schooling.

The requirement for teachers to report on the same outcome indicators from 'Best Start' for all students poses a further problem. Specifically, such a requirement means teachers have to "interpret" many of the pre-determined learning outcomes so as to make them specific and



¹⁰ <http://www.boardofstudies.nsw.edu.au/>

¹¹ <http://www.curriculumsupport.education.nsw.gov.au/beststart/index.htm>



applicable to students with disabilities. This not only places significant responsibility on teachers to interpret and judge students performance in a subjective manner but also has the potential to impact the comparability of student results. Speech Pathology Australia supports principles and strategies of universal design for learning, but advocates for a differentiated curriculum that plans for all students and allows specific adjustment for individual needs as required. To this end, the Association proposes that for children with disabilities and special needs, flexibility be embedded within tests such as 'Best Start' so that assessment outcomes may be interpreted and presented in functional and practical ways. This would mean that teachers would not be required to 'creatively interpret' assessment outcomes and would be assisted in planning for a child's educational outcomes that would meet a child's individual level of need.

STUDENT AND FAMILY ACCESS TO PROFESSIONAL SUPPORT SERVICES, SUCH AS SPEECH PATHOLOGY, OCCUPATIONAL THERAPY, PHYSIOTHERAPY AND SCHOOL COUNSELLORS.

As discussed in relation to the nature, level and adequacy of funding for education of children with a disability (Term of Reference No. 1), Speech Pathology Australia believes that funding of speech pathology services within schools is imperative to increase the ability of students with special needs in speech, language, communication and swallowing and their families to access speech pathology services in a timely and effective manner. Further, it is the position of The Association that professional services in Special Education Facilities and Specialised Care Units be expanded to meet the needs of the increasing number of children and families accessing these services. Whilst professional services such as speech pathology are provided on a more regular basis in Special Education Facilities and Special Units than within mainstream public schools, the increasing number of students attending such facilities has placed considerable strain upon the ability of these services to meet the often extremely complex communication, physical and behavioural needs of students and their families.

Access to professional services such as occupational therapy, speech pathology and physiotherapy are often limited by service intake boundaries (diagnosis of disability levels) and are frustrated by long waiting lists. Further, due to the large number of professionals from different organisations and businesses entering Special Education Facilities, these services have the potential to be poorly co-ordinated, with schools generally having very little influence with regard to the model of intervention implemented and the degree of collaboration and team work undertaken by and between professionals. As such, continuity of service to students and their families, and between various health professionals is compromised.





Access to professional services in rural and remote areas remains very much restricted. Due to limits in service delivery, speech pathologists and other professionals attending rural schools are only able to provide a minimal service that entails assessment-only for funding purposes. Limited if any intervention is provided and when it is, professionals are unable to supplement or review the implementation of programs. There is also a problem with time frames for provision of services and continuity of care and services when dealing with children and families with complex needs.

A final point to make here is that anecdotally, many families report confusion as to what the NSW Department of Education and Training can and will supply and what is available through other services. Measures such as a set of universal set of guidelines that were readily available/accessible to all schools and professionals and families would assist in alleviating this confusion.

THE PROVISION OF ADEQUATE TEACHING, TRAINING, BOTH IN TERMS OF PRE-SERVICE AND ONGOING PROFESSIONAL TRAINING

Utilising the specialist skills and knowledge of speech pathologists in the training of teachers and early childhood educators is paramount. Speech pathologists should be seen as key agents in the delivery of pre- and in-service education for student educators that focuses upon language development and oral language skills to support social and academic development. Further, speech pathologists are ideally placed to provide the ongoing support and professional development that teacher and childhood educators will require. Speech pathologists are able to provide guidance and expertise in the development of whole group programs and/or strategies to support the development objectives of individual children as required. At a local level, sufficient speech pathology resources must be made available to allow collaborative development of tailored intervention programs for children with delayed language development.

Speech Pathology Australia recommends that training programs for educators must:

- ensure that educators are competent to identify children with communication disorders;
- enable educators to link children to appropriate services;
- enable educators to maximise the opportunities for language stimulation and learning in the everyday environment;
- equip educators to provide linguistically and culturally sensitive education.





As experts in all facets of language and literacy development, speech pathologists should play a vital role in the development of educator training programs to ensure that the program meets the above four criteria. It is essential that when considering the needs of the Early Childhood Education and Care (ECEC) workforce speech pathologists are seen as a key component of the workforce, both as direct service providers and as facilitators and catalysts for workforce capacity building.

It is essential that teachers and support staff have access to ongoing formal training and education. Research indicates that 12 to 15% of Australian primary school students have a communication difficulty and over 50% of the students with communication difficulties will require moderate to very high levels of support to assist them in the classroom.⁶ Whilst the Association is aware that the NSW DET has instituted a number of online courses for teacher training in various disabilities¹², this should not take the place of the integrated, multidisciplinary approach to training that will meet the needs of teachers supporting children with disabilities. Speech Pathology Australia contends that teachers should have access to further training in special needs in communication and swallowing in the classroom, either at an undergraduate or post graduate level. Speech Pathology Australia urges the NSW DET to investigate the option of providing support staff with access to specialized training packages that identify and provide training in relevant knowledge and skills that are transferable between workplaces, and provide access to adequate levels of supervision.

CONCLUSION

Speech Pathology Australia welcomes the NSW Legislative Council Inquiry into factors impacting the provision of education to students with disabilities and special needs. The Association considers that access to timely and appropriately structured speech pathology services in early intervention settings and in schools is integral to the achievement of optimal educational and social outcomes for all children and students and that *focussed attention* must be directed to the provision of speech pathology services to students with special needs in speech, language, communication and swallowing.



¹² https://www.det.nsw.edu.au/disabilityaccess/da_edtraining.htm



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