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THE NATIONAL QUALITY FRAMEWORK
FOR EARLY CHILDHOOD EDUCATION AND CARE
Discussion Paper 2008

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SPEECH PATHOLOGY AUSTRALIA

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The following document outlines the Speech Pathology Australia submission to the
National Quality Framework for Early Childhood Education and Care





THE NATIONAL QUALITY FRAMEWORK FOR EARLY CHILDHOOD EDUCATION AND CARE

SPEECH PATHOLOGY AUSTRALIA SUBMISSION

19th September, 2008

Speech Pathology Australia welcomes the opportunity to contribute to the discussion paper by the Department of Education, Employment and Workplace Relations (DEEWR) on a National Quality Framework for Early Childhood Education and Care. Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing approximately 4,200 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. Speech pathologists possess expertise and specialised knowledge and training in normal and delayed/disordered development of speech and language, and in early childhood socialisation and communication. As such, the profession believes it is ideally placed to provide meaningful input into the development and implementation of the National Quality Framework for Early Childhood Education and Care.

Speech Pathology Australia (The Association) commends the Council of Australian Governments (COAG) for its commitment to pursuing reform in the area of early childhood education and care. The Association supports the introduction of a quality framework for early childhood education and particularly applauds the development of a national 'Early Years Learning Framework'. The following response provides comment and recommendations from the Association regarding the reform agenda, the implementation of the framework and other relevant information to strengthen the impact and effectiveness of the proposed framework.

PART A THE REFORM AGENDA

Speech Pathology Australia supports the proposed reform agenda as one that is based upon sound research principles. The Association wishes to strongly reinforce the finding as stated within the Discussion Paper that the first three years of life are particularly critical to the development of social and communication skills. Strong evidence exists to show that children aged 0 to 3 years derive long term benefits from programs that support the family's capacity to provide a positive learning environment. Both national and international research has clearly demonstrated a link between early childhood development and school readiness, academic performance, employment and social integration [1]

[1] McCain, M. N., & Mustard, J. F. (1999). *Early Years Study final report: Reversing the real brain drain*. Toronto: Ontario. Minister Responsible for Children.





Research indicates that in Australian communities, a conservative figure of 10% of children are developmentally vulnerable in their language and cognitive development, including basic literacy skills, and/or in their communication skills (including participation with other children and ability to understand others), by the time they start school [2]. This may be as high as 33% in some Australian communities [2]. Around 20% of children may be slow to develop spoken language [3] and for 50% of these children, language problems persist into the early school years [4]. Across the primary and secondary years, communication disorders (including any or all of difficulties with: understanding language, using language, social communication, speech, voice and fluency) affect as many as 12-13% of Australian children [3]. Speech and language disorders not only lead to difficulty in acquiring literacy and poor long term achievement, but are also associated with reduced employment options, social, emotional and behavioural problems across the life span, mental health problems, and criminal behaviour leading to juvenile offending and imprisonment [5, 6].

As a contributor to the development of the *“Get Set 4 Life – Habits for Healthy Kids”*, Speech Pathology Australia applauds the Commonwealth Government’s ongoing commitment to reform of early childhood education and care. Such strategies will assist in the early identification of children with specific speech and language difficulties and other developmental delays, and provide the opportunity for timely intervention and remediation. The Association would strongly encourage COAG to consider extending the focus of reforms to services and programs that identify and provide remediation for ‘at risk’ children in the 0 to 4 age group. There is strong evidence that young children with speech, language and learning difficulties do respond to appropriate intervention in infancy and pre-school [7]. However, there is currently only limited information available regarding key indicators of risk for these children and indeed which children will go onto have persistent problems. Speech Pathology Australia considers it a priority that evidence based tools be developed to enable childhood educators to accurately identify those younger children requiring intervention. Speech Pathology Australia believes the profession is ideally placed to direct the development of such tools and would welcome the opportunity to work collaboratively with the Commonwealth Government on this initiative.

[2] Centre for Community Child Health (2007). [Australian Early Development Index \(AEDI\). Australian Results 2004-2006](#). Melbourne: CCCH

[3] 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

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

[5]. 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

[6] Smart, D. et al (2004). Patterns of antisocial behaviour from early to late adolescence. [Trends & issues in crime & criminal justice](#). No. 290

[7] Law, J., Garrett, Z., & Nye, C (2006). Speech and language therapy intervention for children with primary speech and language delay and disorder. [Cochrane Library](#)





Speech Pathology Australia supports the statement that “studies have shown that the extent of children’s language exposure in the early years has a significant effect on the verbal skills of children by age three, regardless of socio-economic status” (pg. 7). As such, there is a particular need to ensure the provision of early intervention services for children who have not adequately developed language skills. Child-carer ratios in childcare centres must be sufficient to ensure significant amounts of 1:1 child-carer interaction, as it is interaction which drives language development. Further to this point, training of carers and educators in ways to maximise language development must be provided. So as to cater for those children who are identified at 4 years of age as not being ‘school ready’, the Association recommends a review of funding eligibility for a second year of 4 year old kindergarten. Currently it is difficult to obtain this funding and the application process is lengthy, thereby providing a deterrent to educators, parents and carers in seeking this funding

PART B NATIONAL QUALITY FRAMEWORK

Speech Pathology Australia strongly supports the development of a national quality framework for early childhood education. The initiatives of increasing access to childcare, the introduction of national quality standards and rating systems, and workforce development are well chosen.

With regard to the principles that underpin the rating system, Speech Pathology Australia cautions that any rating system must incorporate a measure of disadvantage; that is, the rating system must be weighted to ensure that centres providing services to children residing in areas of significant economic and social disadvantage are able to remain competitive. The system must also provide incentive for early childhood centres to provide services to children with delayed social and language skills. Research has demonstrated that such children benefit from exposure to rich language environments and social inclusion; thus it is imperative that any rating system ensure these children have access to the same high quality child care as is available to children without special needs.

With regard to workforce development, utilising the specialist skills and knowledge of speech pathologists in the training of teachers and early childhood educators is paramount. Further to this, 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 early childhood 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.

As outlined in the next section, the Association supports the development of a framework based upon specific learning outcomes that are to be achieved within early childhood programs. The curriculum document must identify core competencies to be demonstrated by children between 0 to 5 years within each of the 5 key outcome areas of language, literacy, communication development, social development and play-based learning. Educator training must then focus upon equipping educators with the ability to implement activities which promote the development of these core competencies. All programs should be multidisciplinary, with emphasis upon the creation of partnerships between educators, parents, community services and allied health practitioners. As a means to ensuring the curriculum framework is appropriate for all educators, regardless of qualifications, the focus should be upon competency training, development of observational skills and support from multidisciplinary teams. As one means to entice and retain suitably qualified educators, it is essential that remuneration be commensurate with level of skill, knowledge and expertise.

PART C NATIONAL EARLY YEARS LEARNING FRAMEWORK

Speech Pathology Australia supports the values selected to underpin the National Early Years Learning Framework and agrees that the 'United Nations Convention on the Rights of the Child' is directly relevant to the formation of the framework. The Association supports recognition of the importance of working with parents and carers to educate and empower them as the primary educators and interactive partners for children, and believes it imperative that continued support be provided in relation to the development of language





within the home. Speech Pathologists have specialist skills and training in working from an evidence based ‘family centred’ model and are ideally placed to facilitate interaction between parents and children and provide ‘home interaction programs’ which promote social interaction and speech and language development.

Whilst the Discussion Paper rightly acknowledges the importance of engaging with a child’s cultural background, linguistic diversity must also be considered so as to facilitate a more holistic approach to the social inclusion of children from diverse backgrounds. Specifically in relation to this, Speech Pathology Australia strongly supports the development of a framework that demonstrates cultural sensitivity and awareness of the explicit needs of children from different cultural and linguistic backgrounds, with particular emphasis given to indigenous communities and children. Speech Pathology Australia believes that a “one size fits all” National Quality Framework will not adequately address the specific needs and challenges facing Australia’s indigenous communities. Speech Pathology Australia strongly encourages COAG to engage in active and inclusive dialogue with indigenous communities so as to facilitate their meaningful participation in early childhood education initiatives. Through its resource guide [8], Speech Pathology Australia formally acknowledges the very important role the profession plays in the provision of culturally and linguistically appropriate speech pathology services to indigenous children.

The Association believes that on occasions it may be appropriate for children’s learning to be assessed so as to ensure those children not developing at a pace commensurate with their peers are provided with timely support. However, it is important to acknowledge that children develop at a variety of rates and that there is a wide range of ‘normal’. Assessment could be used by the educator for the purpose of planning experiences and focusing learning objectives over time. To this end, the Association suggests the use of a developmental checklist or simple continuum of key indicators, as referred to previously in this submission. This checklist or continuum supports the notion of a range of typical development and allows educators to plan for a range of children’s needs.

Speech Pathology Australia is concerned that children with disabilities are not specifically included in the group of children for whom special and specific considerations need to be made. Early childhood is a time when most disabilities will become apparent and appropriate practices to support families and childhood educators are essential to ensure the special needs of all children are met. For those children with special needs, consideration needs to be embedded within the framework, not made separate to it. It will

[8] Speech Pathology Australia (2007). [Working with Aboriginal People in Rural and Remote Northern Territory](#). The Speech Pathology Association of Australia, Ltd. Melbourne





be important to incorporate principles and strategies of universal design for learning, with a differentiated curriculum that plans for all and allows specific adjustment for individual needs.

The Association considers that the literature analysis is not necessarily indicative of the different ages and stages for children. As such, the Association would be keen to supply further information around practices supportive of language development and their long term outcomes.

CONCLUSION

Speech Pathology Australia applauds COAG for its commitment to pursuing reform in the area of early childhood education and care. The Association considers the five key outcomes of the National Early Years Learning Framework as essential to providing the foundations for life and for learning, and believes the profession of speech pathology, with its expertise in the many areas of communication and socialisation development, is ideally placed to contribute to the achievement of these outcomes. We trust that our comments will be considered positively and look forward to ongoing consultation on the specific details of the National Quality Framework for Early Childhood Education and Care.

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