

Blueprint for Early Childhood Development and School Reform

An Overview – Focus Questions

Response from
Speech Pathology Australia



Giving people a say in life

Speech Pathology Australia
16 May 2008

Comments are provided against the Overview but relate also to specific aspects of both the Early Childhood Development and School Reform documents



Blueprint for Early Childhood Development and School Reform

Response from Speech Pathology Australia

Introduction

Speech Pathology Australia supports the overall reform focus of the Victorian Government with respect to the vision for all Victorian children and young people. Indeed, children do deserve the best possible start in life. Learning opportunities and outcomes need to be optimised for those children developing normally, along with specific supports and services for children demonstrating difficulties early and at risk of having life long problems and poor academic and life achievements.

Speech Pathology Australia is the national peak body for speech pathologists across Australia and represents over 4,200 members. Speech pathologists are university trained professionals who are specialists in assessing and treating communication and swallowing difficulties that can arise in an individual across their lifespan. 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.

Speech pathologists work with children from birth through to adulthood and provide services in a variety of settings including specialised early intervention services, hospitals and community health centres, schools and private practice.

For a child with speech and language difficulties, access to appropriate levels of speech pathology services is critical for many reasons.

Early childhood education must target foundation competencies that sustain development of rich social and academic abilities throughout the school years and into adulthood. Oral language competency is known to underpin the transition to literacy. There is strong evidence that preschool oral language deficits can pre-dispose a child to ongoing reading difficulties throughout childhood and adolescence.

Speech and language disorders not only lead to difficulty in acquiring literacy and poor long term academic achievement, but is 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.

Oral language competence needs to be front-of-mind in children's health and education, as this is shown to be critical to literacy and learning skills, as well as social and emotional development.

Why is this important:

A body of evidence exists which shows that academic success, including literacy, is a protective factor against a range of psycho-social harms which can include truancy, early school leaving, substance abuse, and juvenile offending (Snow and Powell 2004).

Studies including a recent Australian Study (Snow and Powell, 2008) highlight a strong link between juvenile offending and language impairment, with more than half of a sample of young offenders being identified as language impaired. A Victorian longitudinal study implicates delayed language development as an important factor in the development of antisocial behaviour in adolescence (Smart et al, 2003).

The link between language competence and developing positive peer relationships is also supported in the research, with again a high incidence of young offenders showing poor social skills, and in the younger child this impacting on their sense of self value in the classroom setting.

There needs to be attention given to and a framework developed that targets early language competence as a protective measure against poor academic achievement and the development of social and emotional problems, often leading to behavioural problems. The prevalence of speech and language impairment in children is significant with a study in NSW revealing that 13% of children at primary and secondary schools were identified as having a communication disorder (McLeod and McKinnon, 2007). Early and appropriate intervention needs to focus on children particularly at risk (ie socially disadvantaged or at risk of abuse and/or neglect), however equally there is a sound argument that all children need to be provided the best possible start in life and be nurtured to develop the skills that will provide them with the foundation for future learning.

Teachers need to be provided with the knowledge and skills required to understand and promote the role of oral language in the ability to develop literacy. Teachers should not be required to be experts in all facets of child development but should rely upon expert professionals to assist them.

Speech pathologists are experts in speech and language development, and how to best foster these skills within the curriculum, including as precursor skills to reading. Speech pathologists should be seen as key agents in the delivery of teacher pre-service education, with a focus on the oral language and narrative skills required at preschool and within the classroom environment. They must also be pivotal in ensuring teachers possess the knowledge and skills to identify children with possible speech and language delay and are able to refer children for appropriate speech pathology intervention.

Schools need to have access to speech pathology services and to make use of these services so as to strengthen language skills as an essential learning competence and a protective factor for all children, but particularly those at risk for poor educational achievement. Speech Pathology Australia advocates that there be an explicit policy which mandates the provision of an appropriate level of speech pathology services for all children across Victoria.

With this in mind, the focus questions will be addressed.

1. What other opportunities might exist as a result of the creation of the Department of Education and Early Childhood Development?

Speech Pathology Australia supports the general emphasis of the reform which aims to ensure that services are child and family focussed, integrated, high quality, available and accountable. The life-cycle approach again is supported by the Association as this fosters the view that a child's development is longitudinal, progressive and needs to be nurtured from a very early age.

The view that early childhood development spans 0-8 years is appropriate as these are the foundation years, but often a significant wedge in the continuity of services for children with specific needs occurs when the child transitions from early childhood intervention services into the school setting. A more seamless system of early identification and ongoing intervention is likely to be fostered by an integrated system. What will be essential however, is that services available across different stages have solid linkages. This will require common policies and systems with respect to the provision of support services for children with developmental delays, disabilities or those within disadvantaged and at risk environments.

Creating co-ordination and consistency of services is essential together with forging partnerships with the family and community.

Workforce Reform has been identified as a key area to be addressed. The Blueprint is right to focus on the need for a highly skilled workforce, both within the classroom and from specialist support services. Speech pathologists work across the specialised early intervention services as well as within special and mainstream schools. However demands are high and the workforce, over many years, has remained inadequate to meet the needs of children with specific speech and language difficulties. Additionally there has been a reduction in professional structures including limited recognition of experienced speech pathologists and little support for these staff to provide mentoring and professional supervision of more newly trained speech pathologists. Professional supervision and support for professional development are well identified factors that positively impact on retention levels and job satisfaction.

An opportunity exists to integrate child support services including the speech pathology workforce across the early childhood and middle years and create a dynamic and integrated service where communication and service planning can be enhanced both at the individual child and system levels. It is essential that there is a coordinated pathway of services for children with specific language and learning needs, from the point of early identification and throughout their schooling. The speech pathologist working alongside the parents, teachers and integration aides to provide support and training is a critical part of the overall management of child who requires specialised assistance.

To achieve these goals, adequate numbers of speech pathologists are required across the new Department with an urgent need to identify the real level of demand and to project the workforce required into the future. A significant increase in speech pathologists working in agencies servicing pre-school children is required in order to ensure that screening, early identification and intervention can be provided. The level of EFT of school based speech pathologists has not appreciably changed in the last 10 years despite growing demands in terms of numbers and complexity of students with communication disorders. A further particular shortfall is that there is largely no speech pathology service in the secondary years, and yet students with specific language difficulties will have persisting problems and in fact these can be even more exacerbated in the later years as the learning demands increase with the need for complex language and cognitive skills.

Adequate physical space in order to provide service also needs to be considered. Speech pathologists at schools have often been relegated to the last space available which is often not conducive or inviting for learning. There needs to be adequate space available for individual and group intervention as well as an environment that allows for peer discussions and multidisciplinary communication and teamwork.

These are all important factors for your focus on “attracting, developing and retaining a high quality workforce”.

It is recognised however that workforce goes beyond numbers. There needs to be a focus on capacity building and utilisation of specialist skills. There is a very real opportunity for allied health professionals, including speech pathologists, to work closely with early childhood workers and teachers.

2. Are the individual improvement targets realistic and sufficiently challenging?

The individual improvement targets espoused appear appropriate however as identified there needs to be new measures developed in a number of areas. A statement such as “Increase the proportion of children entering school with basic skills for life and learning” needs to be qualified. There needs to be a clear identification of the oral language and receptive language skills required for school readiness. Speech pathologists are best placed to work with the Department in determining these benchmarks.

While an emphasis on reading, writing and numeracy targets is reasonable this should not be in the absence of identifying underlying skill gaps from language delay, which significantly impact on a child’s literacy and learning abilities. Looking at what is happening with a child’s fundamental skills needs to come first.

3. As a set, are the improvement targets comprehensive and do they address the right outcomes?

Yes, reasonably so, but again there needs to be clear measures on what we wish our children to have achieved at the end of their schooling. This should not be represented by simply Year 12 completion rates but by measures that look at the skills and abilities a child has developed that equip them for life.

There also needs to be very clear targets on whether a child in need of a specific service, such as speech pathology, has been able to access this service, to what level, and what improvements have occurred.

There needs to be an emphasis on equitable access to learning. It is inequitable that a child from a higher socio-economic environment has access to private speech pathology services (because the school cannot provide this) but another without these financial means has no access to services desperately needed to ensure that he/she has the best chance of development and future success.

4. Are there other improvement targets we should consider?

There needs to be accountability in the Department's funding streams. In particular, there have been significant changes in recent years to the funding of children with severe language disorder. Speech Pathology Australia has made numerous representations on this matter, and this is not necessarily the place to again put these arguments forward. However in the context of this review, the Department has a responsibility to ensure that money for specific services is appropriately directed. The pool of funding for students with severe language disorders was re-directed to a Language Support Program (LSP) program. This program was aimed at enhancing general language skills in all children in the classroom. It was stated that this was not to replace the funding for specific speech pathology services however in effect it has had this result with the number of children receiving funding dramatically reducing from 6,760 in 2005 to 208 in 2006 and only slightly more, 219, in 2007.

While the Association welcomed the focus given to oral language competency within the curriculum, with this training to be provided to teachers as part of a 'train the trainer' model, there has been a noticeable reduction in the initial level of activity. After the initial round of training in 2006 and 2007, the quantity and frequency of professional development for teachers in this crucial area seems to have reduced. The funding support for it through the appointment of regional coordinators and provision of training sessions to teachers appears to have diminished in 2008. A skilled workforce needs ongoing training. 'One-off' and 'train the trainer' models of teacher education have been shown to be ineffectual in bringing about classroom change and positive outcomes for students.

Additionally LSP funding was to also support the delivery of supports for children with communication disorders. However of significant concern is that there is no accountability in how this money is being allocated and used at the school level. We urge DEECD, particularly in the context of these reforms, to monitor how funds are spent to ensure that LSP money is achieving outcomes for students with communication disorders and that funding for children with moderate and severe language disorders is available and fairly determined based on internationally accepted severity criteria.

General Comments

As a final comment, Speech Pathology Australia has read with interest the State Budget announcement concerning Education and Early Childhood that includes \$33.2 million over four years to provide an extra 70 Student Support Services Officers, such as guidance officers, social workers, speech pathologists and psychologists. This is heartening news and we encourage the Department to consider favourably the needs of children with speech and language impairment and ensure that a significant number of additional speech pathologists are employed to meet the existing and future demands.

Speech Pathology Australia applauds the Ministers for Education and Early Childhood Development for this reform blueprint and gives our support for its overall direction. We trust that our comments will be considered positively and look forward to ongoing consultation on the specific details of the reform policies and implementation.

For further consultation, please contact:
Gail Mulcair, Chief Executive Officer,
Speech Pathology Australia

2nd floor, 11-19 Bank Place, Melbourne Vic 3000
Phone: 03 9642 4899 Fax: 03 9642 4922
Email: gmulcair@speechpathologyaustralia.org.au
www.speechpathologyaustralia.org.au



**A Victorian
Government
initiative** 
Victoria
The Place To Be