

Strengthening student support services

Response by Speech Pathology Australia

26 September 2008

Speech Pathology Australia welcomes the opportunity to contribute to the discussion paper by the Department of Education and Early Childhood Development (DEECD) into Strengthening Student Support Services.

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 skills, and in early childhood socialisation and communication. As such, the profession believes it is ideally placed to provide valuable input and contribution to the development and implementation of the Strengthening Student Support Services.

The Association would like to congratulate the Department on its acknowledgement of the need for statewide program guidelines and accountability mechanisms. This is in line with recommendations that the Association has been making for some time in order to ensure equity of access to speech pathology services for all Victorian Students.

The following response is based upon feedback obtained from members of the Association.

1. Overarching statewide student support services policy

How would formal guidelines for student support services enhance the program?

Speech Pathology Australia has repeatedly expressed concern to DEECD that access to speech pathology services in the Victorian school system is currently at the discretion of the school Principal. This has resulted in significant inequity in service provision across the state. The introduction of formal guidelines would ensure that there is recognition of the role that Student Support Services Officers (SSSOs) play in ensuring that students have the requisite skills to access the curriculum. Guidelines that provide clear descriptions of the role of SSSOs would ensure that individual therapists are no longer responsible for advocating for services with school Principals.

Formal guidelines that result in the systematic collection of data regarding the level of demand for student support services and the numbers of SSSOs providing services in schools would be an important step forward in the enhancement of the Victorian school system. Anecdotal evidence provided to Speech Pathology Australia has indicated significant variability in ratios of students to therapists across Victoria. Whilst some flexibility must be maintained, formulae that provide minimum standards for clinician to student ratios would ensure that school-based services are optimised and standardised across the state.





What are the key considerations in implementing student support services guidelines in your network or region?

The key considerations in implementing the guidelines are:

- Equity of access to service – all students must be able to access an appropriate level of service regardless of which school they attend in the network. There should also be consistency in resource allocation from network to network.
- Improved accountability and transparency of decision-making – the manner in which resources are allocated across the network must be based upon demonstrated student need. Schools must be required to expend funds designated for SSSO services only on these resources.
- Evaluation of school-based services – this would provide a mechanism for learnings from service innovations to be documented and shared across the networks
- Access to discipline-specific professional supervision and support for all staff
- Appropriate career structures that provide recognition and remuneration for experienced and skilled staff

These elements are vital to the recruitment and retention of skilled SSSOs.

2. Targeted service delivery

What would a responsive service delivery model, targeted to need, look like in your region or network?

A responsive service delivery model would ensure that resources are allocated fairly and equitably across the network, based upon student need. In order to achieve this, an agreed system for screening students and determining priority must be developed to ensure those students most at risk of academic failure and subsequent social disadvantage are linked to the services that they require as early as possible in the school year. Sufficient SSSO resource must be funded to enable flexible, timely service delivery using a modality designed to best meet the learning needs of each student. Service delivery may be provided through direct service provision by the SSSO, individual or group intervention run by an SSO/aide/Volunteer, integrated activities within the classroom, home-based therapy or a combination of all of the above.

At a network level, sufficient SSSO resource must be made available to provide training and supervision for teachers and aides. This would ensure that an appropriate classroom environment is provided which stimulates the skill development of students. Training packages and resource development should also occur at a network level to prevent duplication of effort.





What elements of the Grampians model could be implemented in your region?

Members of Speech Pathology Australia have indicated general support for the Grampians model. However, uptake of some aspects of the model would be dependent upon the availability of additional SSSO resources. Positive feedback was obtained for the introduction of SSSO Team Leader positions. Line responsibility to an allied health professional received unanimous support. However, senior therapists within networks noted that this could only be incorporated into current workloads at the cost of therapy for students. Similarly well received was the co- location of SSSOs. It was felt that this would contribute positively to the development of collaborative, interdisciplinary teams within networks.

Some reservations were expressed regarding the triage system. Currently SSSOs receive and triage referrals directly and can therefore respond to them in a timely manner. Respondents acknowledged that there could be some gains obtained from a central, standardised triage system that allowed allocation of resources across the network. However coordination of referrals and a telephone response line would again direct scarce resources away from therapy and therefore could only be done if extra SSSOs were to be employed. Similarly, whilst resource allocation at a network level would ensure that students with the most severe issues were seen, this would result in some reallocation of resources and reduce services at all schools to the lowest common denominator. Again these concerns will only be allayed by the creation of extra SSSO resources.

In what practical ways could we improve service partnerships and increase the focus on jointly delivered programs?

The most significant partnership that requires enhancement is between early childhood providers and school-based staff to facilitate the transition of students from preschool services to school-based services. Early childhood providers include community health, childcare, SCOPE, Yooralla and other Early Childhood agencies. Introducing practical tools and shared technologies that facilitate timely communication and handover between these agencies would help students to achieve a smooth transition into school.

Providing sufficient resources and leadership to enable the creation of regular multidisciplinary case reviews, education, planning and program development within each network would facilitate the delivery of coordinated programs.

3. Improved management structures

What would you see as the key features of an improved student support services management structure and what would this look like in your region or network?

Management of allied health professionals by health professionals should be a key feature of improved management structures. This is important to provide the leadership and clinical support to ensure that SSSOs provide evidence-based services in line with international best practice. In addition to this it would introduce a career structure which is likely to result in improved retention of experienced staff within the system.





One of the key aims of such a management structure must be to ensure consistent working conditions, job descriptions and support across the networks. The creation of such a management structure would enable performance reviews to be conducted by professionals with appropriate expertise in the area of service provided by the SSSO.

4. Enhanced workforce support and supervision

How might the proposed professional support and supervision arrangements be implemented in your region or network?

The new structure must ensure that additional resources are injected into the system to enable the development of leadership positions at state, regional and network level. These positions would have responsibility for strategic development and planning including activities such as research, service and resource development, induction and mentoring.

Whilst there are currently senior SSSOs within networks, these individuals have significant caseloads and are unable to provide the regular supervision and mentoring required by less experienced clinicians. The size and complexity of caseloads as is a feature of school-based services makes it imperative that SSSOs receive regular, ongoing supervision to encourage competency development and reduce the risk of burnout.

Are there other options for possible inclusion in a strengthened student support services model that should be considered?

5. Better accountability and performance reporting arrangements

What are appropriate effectiveness measures for the student support services program?

Basic standardised descriptive data and outcome measures must be collected in order to evaluate the effectiveness of the SSSO program. DEECD conducts a number of programs from which learnings could be applied with regard to measurement of impact. Reading recovery would be one such program.

As a minimum, DEECD must introduce standard definitions and data collection methodologies for:

- Number of children with communication impairment (including speech, language and literacy difficulties) or behaviour issues
- Severity of communication impairment or behaviour issues
- Type and amount of intervention provided
- Pre and post outcome measures that reflect changes in verbal, non-verbal and written communication, classroom behaviour and social integration

In addition to this, basic process measures should be included such as time waiting from referral to assessment, ratios of SSSOs to students.





What information do current regional or network student support services data collection systems capture and how could this be enhanced within a statewide system?

The members were unaware of any standardised data regarding speech pathology services being collected at network, regional or state level.

Speech Pathology Australia
26 September 2008

