

# Speech Pathology Australia



*Giving people a say in life*

Elizabeth Daley  
c/- Level 1, Henty House,  
One Civic Square,  
LAUNCESTON TAS 7250

20 July 2007

Dear Ms Daly,

**RE: Response to Final Draft Report  
Children's Therapy Improvement Project**

The Tasmanian Branch of Speech Pathology Australia welcomes the opportunity to provide further input into the Children's Therapy Quality Improvement Project. Speech Pathology Australia is the peak body for the speech pathology profession in Australia. The Association now represents more than 3800 members Australia wide.

**Comments Regarding Report Content and Recommendations**

Members agree with the key issues raised in the report and support the strengthening of services in terms of family centered practice, using natural learning environments, interagency collaboration (under a framework of common goals) and developing community capacity. Recommendations reflecting the development of a statewide framework and improvement of the integration of services were well received.

There were some aspects of the report that members would like to see further developed, and these are discussed below with suggested recommendations.

***Interdisciplinary to Transdisciplinary***

The report appears to contain contradictory emphases suggesting the adoption of both interdisciplinary and transdisciplinary models, whilst largely omitting the important role played by other childhood professionals. The interdisciplinary team, potentially including social work, psychology, mental health expertise, special education teachers and therapy staff is able to identify and thus address issues for the whole family including parent needs, parenting styles and skills, behaviour management. This more comprehensive approach is far more effective for the child, and will optimise therapy input.

It is anticipated that the introduction of a transdisciplinary model would require structural and staffing level changes. For example, staff working from the same site and having regular contact in structured case oriented meetings, and regular staff training for new and ongoing staff. The report does not address these staff resourcing issues with regard to the recommended transition to a transdisciplinary model.

Some members have concerns about staff moving outside of their scope of practice and cite current examples in which non-therapy staff inappropriately attempt to apply quite specialised strategies without consulting with relevant professionals. For example, attempting to introduce sensory programming, or alternative communication modes without the requisite skills or knowledge to do so. All members of Speech Pathology Australia are bound to practice within their scope of professional expertise as set out in the Association's Code of Ethics document and Parameters of Practice position papers. These documents are available on request.

*Recommendation:* That a broader discipline mix (beyond physiotherapy, speech pathology and occupational therapy) is considered for future models of service delivery.

*Recommendation:* That transdisciplinary teamwork is not prescribed for all services, but that the best fit model of teamwork is explored in light of the service's goals and other characteristics.

*Recommendation:* That regardless of the model or models adopted, services are supported with appropriate staffing and resource levels.

### ***Developing Community Capacity***

Members identified developing community capacity as a welcome addition to the Children's Therapy Improvement Project report.

*Recommendation:* That the framework gives support to services and allied health staff members to be more active in:

1. Local interagency networks focused on actions to strengthen families and early childhood development
2. Prevention, for example:
  - Strengthening parent skills to foster children's development eg contributing to established parenting and parent-child programmes, promoting "Talk to Your Baby" to new and at-risk parents
  - Establishing regular support within child care services, family day care, playgroup to strengthen the quality of these programs
  - Building community awareness and action in regard to foetal alcohol spectrum disorder. It is believed that this condition is largely undiagnosed across Tasmania and yet the Drug Education Network estimate Australia has a prevalence of 1.9 % of FASD in the general population and 15 to 19% in high risk groups eg indigenous communities. Allied health staff will need to be proactive in gaining knowledge and skills to assist in the diagnosis of this condition, and will be important players in raising community awareness and seeking whole of community action.
3. Improving the earlier identification and referral of children for targeted intervention, for example:
  - Building networks with GPs (as in the 2006-7 project within St Giles)
  - Collaborative evaluation and review of FCYHS language screening guidelines for children at 18 months and 3 ½ years
  - Supporting teachers in their new roles with preschool aged children within Launch into Learning strategies (and their access to information about support services)
  - Local research by PhD student Belinda Jessup will provide local information about families' experiences in accessing to speech pathology services)
4. Regular consultation with the community in service planning and evaluation.

*Recommendation:* That the framework reflects a commitment for services to be progressive, flexible and responsive to community and client needs.

### ***Prioritisation***

Evidence supports the efficiency of early intervention for children with developmental delays and disabilities.

*Recommendation:* That early intervention (0 to 5 years) is given priority in resource allocation, but not to the detriment of other areas of service provision.

### ***Assessment***

Closer alignment of screening, assessment and intervention is supported. It is agreed that “assessment is an ongoing process”, however an early full interdisciplinary diagnostic assessment is highly valued and appropriate for children with particular developmental characteristics.

Whilst it is acknowledged that service should not be allocated based on diagnosis alone, members believe that comprehensive interdisciplinary assessment remains critical in accurately identify a child’s developmental issues. Diagnosis, for example, leads to more appropriate supports and therapies for children and their families where children have a diagnosis of:

- Autism spectrum disorders (prevalence 1 in 100 to 150)
- Global developmental delay
- Attention deficit disorder
- Specific language impairment
- Attachment disorders
- Mental health issues such as ODD, OCD
- Foetal alcohol spectrum disorder (prevalence 1.9 %) and
- Other syndromal conditions.

Early and accurate diagnosis assists in identifying the specific, evidence-based interventions which best meet each child’s need. The report does not highlight the importance of psychologists, paediatricians and social workers as part of this interdisciplinary assessment team. Tasmania also has very limited access to neuropsychologists.

*Recommendation:* That the value of early interdisciplinary assessment and diagnosis is reflected within future service models.

### ***Autism Assessment***

Assessment for Autism Spectrum Disorders (ASD) includes a process of differential diagnosis. This ideally requires an interdisciplinary team with skills to diagnose not just ASD but also identify the range of other conditions that can present similarly to autism (for example Oppositional Defiance Disorder, Obsessive Compulsive Disorder, Intellectual Disability, Attachment Disorder) or that may co-occur with autism. This requires a team that includes representation from medical and mental health professionals as well as relevant allied health staff (for example, speech pathologist, psychologist, occupational therapist).

*Recommendation:* That a new model of specialised interdisciplinary assessment teams (with a broad discipline mix and closely aligned to intervention services) be explored which will allow for the earlier identification of autism and other complex developmental and mental health conditions in children.

### ***Recruitment and Retention***

The report cites “teamwork” is a key factor in recruitment and retention. While Speech Pathology Australia members value working in highly effective teams, it is an

oversimplification to suggest that an increase in teamwork alone “is a way forward”. Teamwork is just one of many components contributing to job satisfaction, and the issue of recruitment and retention more broadly within the allied health professions requires a multiple strategy response. While it is acknowledged that recruitment and retention was not a focus area of this report, members believe that a robust and stable workforce underpins the successful implementation of all other aspects of the report.

### ***Service Initiatives***

Members were pleased to see the inclusion of recommendations to:

- Review the provision of specialised equipment
- Establishing /improving supports for at-risk babies
- Programs for children at-risk of language delays (with speech pathology input)
- Development of specialist feeding and eating teams, and protocols for mealtime plans when children are commencing school

### ***Output Based Funding***

The report recommends moving to output based funding without providing adequate detail or discussing the evidence base to support such a move.

With trends in moving toward a social model of health, we suggest that funding should consider more than client numbers alone. Members argue that the focus of funding allocation should move beyond the traditional medical model, and should consider quality and performance measures, the principles of primary health care and the importance of supporting allied health staff to actively engage the community and respond to community needs. Hence the collection of qualitative data in addition to quantitative data is recommended.

*Recommendation:* That measures for service planning, accountability and quality improvement are reflective of key service goals, philosophies and principles.

## **Comments Regarding the Progress of the Project**

### ***Delayed Release of the Report***

It is disappointing that this report process, commenced in 2005, and completed in 2006, was not released until late May 2007. This has been yet another example of allied health professionals being required to contribute into a review or survey without feedback or tangible outcomes being provided in a timely manner.

Significant changes have occurred since the project gathered information, for example:

- Introduction of Launch into Learning programmes within schools for children under school age
- St Giles Vital Early Years projects including speech pathology and family support services including the Speech Pathology and General Practitioner Project)
- Education Department Atelier report – with recommendations accepted by the Minister but limited implementation thus far
- Changes have occurred within Children and Adolescent Mental Health Services (CAMHS) such that more support is being extended into early childhood areas with significant overlap imminent
- Introduction of Cochlear Implant services with audiology and speech pathology staffing
- Introduction of a 0.3 FTE speech pathology position within the Launceston office of the Tasmanian Aboriginal Centre to provide regular therapy for preschool children (and funding for a private speech pathologist in the south of the state).

### ***Methodology and Data Collection***

The report fails to mention the methodology used within the project to collect data. For example: Which services were consulted? How was community consultation undertaken? How well was the community represented? How was casework data gathered? Why was casework data not reported consistently across services? Members felt that the report tended to offer generalised statements without providing sufficient supporting evidence.

The report makes some attempt to map therapy services – with some comparison across regions. However, information regarding funding, staffing mix and levels, referral data, waiting periods for assessment or intervention, geographic areas or population levels serviced was not reported consistently across each service. The report recommended that staffing in the North Western region of the state be reviewed, however this data had significant omissions without the Child Development Unit (CDU) speech pathology data, and paediatric data from Disability Services. The data provided does not appear sufficient to draw conclusions about the equity of service access and participation across the state.

*Recommendation:* That any reallocation of staffing resources across the state is based on sound data collection methods and analysis, and is reflective of community need.

### ***Scope of the Project***

The project “has been driven by a lack of consistency in the current provision of therapy services across Tasmania, with each region having variations in availability and service delivery” (page vii). The report consequently reflects quite a narrow focus in terms of its consideration of:

1. “therapy” – the report gives the impression that “therapy” staff merely provide direct service delivery to clients rather than the broader roles that allied health staff may undertake including service development, community development, health promotion, interagency collaboration and consultation.
2. “quality improvement” – the report does not attempt, for example, to describe services in terms of:
  - Improving the quality of interventions by using, for example, evidence based practice or family centered practice.
  - Improving allied health practitioner’s skills and knowledge by providing access to specialist supervision and specialised training. Therapy staff have had great difficulties in developing specialist skills within Tasmania due to factors such as the lack of specialised units in the state, limited availability of training, limited local university expertise and travel costs to attend training interstate.
  - Improving access to services by addressing, for example, waiting periods, levels of intervention, intervention options and service gaps.

*Recommendation:* That a support service is established to work with services and allied health staff to improve their skills and practices in:

- service evaluation
- quality improvement
- research to better inform local practice.

*Recommendation:* That statewide interagency collaborative planning occur to strengthen allied health practitioner’s access to professional development opportunities and improve equity of access to this.

**Concluding Comments**

Speech Pathology Australia members look forward to hearing about the next steps for this project, and how these will align with other departmental changes currently in progress. Members of the Tasmanian Branch of Speech Pathology Australia would appreciate any opportunity to participate further in this process.

Yours sincerely,

A handwritten signature in cursive script, appearing to read 'Katie Dineen', written in dark ink.

**Katie Dineen**

Tasmanian Branch President