



## **Australian Education Union**

### **Submission to the**

# **Senate Inquiry into the Prevalence of Different Types of Speech, Language and Communication Disorders and Speech Pathology Services in Australia**

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## Introduction

The Australian Education Union represents approximately 190,000 members employed in public primary, secondary and special schools and the early childhood, TAFE and adult provision sectors as teachers, educational leaders and education assistants or support staff classifications across Australia.

Compliance with the *Disability Discrimination Act 1992 [DDA]* requires that students with disabilities have a right to access and participate in education on the same basis as those without disabilities in order to improve the educational outcomes for all students. In July 2008, Australia ratified the United Nations Convention on the Rights of Persons with Disabilities. The principles of the convention are embedded in the National Disability Strategy endorsed by Council of Australian Governments in February 2011. The National Disability Strategy sets out a ten-year national plan with six priority areas including:

- making sure the educational outcomes of people with a disability match those of people without a disability
- allowing people with a disability to have every opportunity to reach their full potential.

Meeting the education and training needs of children and students with disabilities/special needs in all of the sectors we represent is a high priority for our organisation and our members.

The AEU response to the Senate Inquiry into the prevalence of speech, language and communication disorders and speech pathology services in Australia concentrates on the education sector, and in particular schools and early childhood, within the following Term of Reference:

c. the availability and adequacy of speech pathology services provided by the Commonwealth, state and local governments across health, aged care, education, disability and correctional services;

This area is the most relevant Term of Reference to the experience of our members working in a range of education institutions. Other matters within the Terms of Reference are referred to where appropriate. Much of the evidence used in the submission has been gathered from our members who are principals, teachers and support staff involved on a daily basis with students with speech problems. Where relevant, we have included excerpts from their written comments.

Our overall conclusion is that restrictions to the availability and accessibility of speech pathology services are having a negative impact on the educational progress of students from pre-school through to the end of schooling.

### *Implementation of funding reform for students with disabilities*

The lack of congruence between various jurisdictions with regard to identifying and funding students with speech impairments is a major concern. Significant inconsistencies in school funding policies and financial arrangements between the States/Territories have led to variations in access and quality of education for these students. The Gonski report highlighted the variations in the funding per student for disability (including speech impairment) across Australia. The range (2009-10) in government schools was from \$4,808 per student in South Australia to \$41,817 per student in Tasmania<sup>1</sup>. The very high level in Tasmania reflects the relatively restrictive definition used there.

There is a clear and direct relationship between the capacity of an educational setting to enable the full participation of particular students and the level of resources provided. The AEU's concern is that while the outline of the obligations of education providers under the *DDA* and the rights of students/carers are clearly specified, the obligation of authorities to ensure that resourcing is adequate to enable providers to meet those rights is not specified.

This highlights the urgency of implementing nationally consistent arrangements and funding reform focussed on overcoming disadvantage by targeting funding to areas of identified need, including students with disabilities, as established by the Gonski Review.

There is a widespread view across the AEU membership that Federal and State/Territory governments and their education systems are not fulfilling their obligations to provide adequate resourcing to enable schools and other education providers to effectively comply with the *DDA* standards and meet their obligations. Full implementation of the new needs-based Gonski funding measures contained in the *Australian Education Act 2013* is a precondition of meeting the needs of students with disabilities and effective compliance with the *DDA*.

The present position of the Abbott Government that it will provide only four years of extra schools funding amounts to a fraction of the investment required to implement the needs-based Gonski funding model. The extra support needed for all children, including those with disabilities, to participate on an equal footing in their schooling requires a commitment by the Federal Government to honour the full duration and funding allocation of each of the funding agreements signed with state/territory governments and to extend the same type of agreements to Queensland, Western Australia and the Northern Territory.

It is essential the Abbott Government makes an ongoing commitment to long term resourcing and full funding over six years to bring all schools to the Schooling Resources Standard. Failure to do so will leave up to 20% of public schools across the country without an adequate level of resources, and ensure that the resource gaps will remain, as will the achievement gaps they create and perpetuate.

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<sup>1</sup> DEEWR (2011), Review of Funding for Schooling Final Report, December 2011, p.133

Prior to the 2013 election, the Coalition made a commitment to fix the ‘unfair and inequitable’ funding arrangements for students with disabilities, which see thousands of children, predominantly in public schools, missing out on the support and assistance they require. How the Abbott Government proceeds with the implementation of funding reform for students with disabilities will test how genuine their commitment is.

New funding for students with disabilities in 2014 is an interim measure; a nominal amount based on a fraction of the actual number of students with disabilities in schools. The new national data collection process has revealed the actual number of students with disabilities is at least 60 per cent higher than previously identified. Introduction of the new per student disability loading in 2015, which involves actually funding students according to their identified needs, requires much greater investment.

Education authorities estimate that the cost of funding a new per student disability loading in 2015, on the basis of meeting their needs, would be \$2 billion or more a year. It is essential that the Abbott Government commits the Commonwealth to effective collaboration with the states and territories to provide and allocate the long overdue funding to adequately meet the needs of students with disabilities.

### ***Importance of speech therapy***

There is an almost universal recognition by teachers and principals, particularly those working in early childhood, primary and special schools, of the importance of speech pathology and speech therapy services. They are seen as a vital intervention strategy to assist teachers in addressing the learning needs and educational progress of individual students with speech difficulties.

Working in a low socio economic area I am too aware of the impact the provision of speech pathology can have on outcomes- academic, social and psychological. The more we are able to make use of a speech therapist to guide parents and teachers in making provision for these children the more chance these children have of success. These students who abound in my school who through these issues have learning disorders are often of average to above average intelligence. If not provided for they suffer low self-esteem, depression, do not reach their potential and are often those students who disengage at a very early age. (Metro Primary School)

Departmental speech therapy services provided for students include advice to teachers and parents, input into curriculum and programming, assessment, individual and group therapy, parent programs and teacher programs. Most education departments employ their own speech therapists. However in New South Wales students requiring speech pathology services must access external agencies such as the Department of Health. Speech therapy services are also provided by hospitals, community health centres, local government and private speech pathologists.

The feedback from schools and early childhood centres is that the level of demand is not being met by the services available. There are growing waiting times, the severe rationing of services, the inequitable differentiation between those parents with sufficient resources “to go private” and those who are unable to do this, the lack of support for students in secondary schools, unmet needs for teacher professional development and disincentives in the rates of pay and employment conditions of speech pathologists working for Departments of Education. The outcome is that many students with speech difficulties are not receiving the specialised support they need in a timely and equitable manner.

### ***Level of demand***

Over the past few years the average annual growth rate for students with assessed disabilities in government schools has been between 3% and 7%<sup>2</sup>. This is viewed as an underestimation of the real needs of students. A report on the nationally consistent data model to inform the new loading for disabilities under the Gonski reforms estimates that there are about 296,000 students with disabilities in Australian schools representing 8.4% of all students. This is an increase of almost 120,000 over the number of students funded under existing arrangements which cover about 5%, or 178,000 students.<sup>3</sup>

There is anecdotal evidence from teachers and principals that the level of demand for speech pathology services is rising. They report an increasing number of students identified as having speech and language difficulties who require some form of intervention and support.

I am concerned about the lack of service because there are a greater number of children who require therapy and who would benefit from a few sessions with a speech pathologist. The Early Intervention service in our area only takes children with multiple concerns. If we had somewhere to refer children without cost I would refer at least 10 children annually. There are a greater number of children requiring speech therapy now. This year I have identified 5 children so far, there are 25 children in the group. (Metro Early Childhood Centre)

The need for support of children with dysfunctional speech and language difficulties exceeds any other regional support need in our school. Furthermore, the poor speech therapist can't keep up with demand, which grows each year. Is it just us? (Metro Primary School)

A national research study carried out by a team from Charles Sturt University (during 2007-09) investigated the prevalence of speech impairment in Australian children aged 4-5 years old. The research found that 25.2% of 4 to 5 year old children were identified by parents as

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<sup>2</sup> Rorris A, Weldon P, Beavis A, McKenzie P, Bramich M, Deery A (2011), Assessment of current process for targeting of schools funding to disadvantaged students, A report prepared for the Review of Funding for Schooling Panel, ACER, July 2011, p.11

<sup>3</sup> Ferrari J (2014), Op Cit , p.1

having difficulty talking and making speech sounds. Teachers reported that 22.3% of children in the same age group as being less competent than others in their expressive language ability and 16.9% as less competent than others in their receptive language ability.<sup>4</sup>

The study also examined the level of use of speech pathology services. It found that parents and teachers reported that 14.5% of children had accessed speech language pathologist services and an additional 2.2% needed access but were unable to gain it.<sup>5</sup>

A more localised study of prep children in Tasmanian primary schools found that 41.2% were assessed as having speech and/or language impairment.<sup>6</sup> The researchers commented that: “Compared to prior Australian and international research, the present data reflect one of the highest prevalence estimates for speech and/or language impairment reported to date. Given the relative paucity of Australian prevalence data, further epidemiological research specifically of Australian children is needed to validate the current findings.”<sup>7</sup>

There appears to be a lack of comprehensive national data on the extent of children and young people experiencing speech disorder problems and the level of access to speech pathology services. ABS data (such as *Children at School with Disability* 4429.0, Profiles of Disability, 2009) runs together sensory and speech disability into a single category group for data collection purposes. Data about the demand for speech services collected by Education Departments as part of their disability funding policies are a significant under-estimation of need. Students with speech difficulties who fall outside of the criteria for funding are not included in Departmental statistics. There is also no documentation of levels of parental use of private providers. Often parents use these providers because there is no timely access to publicly-funded providers. The New South Wales Government ignored the recommendation of the 2010 NSW Legislative Council Inquiry into the provision of education to students with a disability or special needs to launch an immediate investigation into the level of unmet demand.<sup>8</sup> The Victorian Auditor-General’s report into Programs for Students with Special Learning Needs concluded that:

DEECD does not know how many students in Victoria have unfunded special learning needs. It cannot identify these students nor can it determine if they are being adequately supported by schools.<sup>9</sup>

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<sup>4</sup> McLeod S and Harrison L J (2009), *Epidemiology of Speech and Language Impairment in a Nationally Representative Sample of 4-to-5-Year-Old Children*, Journal of Speech, Language and Hearing Research, Vol . 52, October 2009 p1213

<sup>5</sup> Ibid

<sup>6</sup> Jessup B, Ward E, Cahill L and Keating D (2008), *Prevalence of speech and/or language impairment in preparatory students in northern Tasmania*, International Journal of Speech-Language Pathology; 2008, Vol. 10, No. 5, pp 364-377

<sup>7</sup> Ibid

<sup>8</sup> NSW Legislative Council (2010) *Report of the Inquiry into the provision of education to students with a disability or special needs*, July 2010, p. xxi

<sup>9</sup> Victorian Auditor-General (2012), *Programs for Students with Special Learning Needs*, August 2012, p. ix

The reluctance by Governments to discover the level of unmet need for speech pathology and other special needs therapies is no doubt linked to the political judgement that this knowledge would create a public expectation that they do something about it.

The AEU believes that a comprehensive data base is needed to identify the prevalence of speech disorders in a series of levels defined in terms of their type and severity, and the levels of access to speech pathology services (public or private) within the context of federal, state/territory and local government funding policies.

### ***Eligibility***

Eligibility criteria for speech therapy services in the various jurisdictions are designed as a balance between identified student needs and available funding. Services are generally prioritised according to criteria related to the defined severity of the speech difficulties which students have. Queensland's Department of Education, Training and Employment, for example, manages its speech therapy services through "a decision-making process to support sustainable integrated services".<sup>10</sup> While such prioritisation is understandable, it highlights the lack of resources available in this area. Teachers and principals describe artificial cut-off points where students are defined as not requiring additional funding (eg for 1:1 support) by the particular funding criteria being used rather than their identified needs. A study by Rorris et al examined the funding of students with disabilities as a percentage of all students. The range (2008) was from 3.0% of all students in Western Australia to 10.1% in the Northern Territory.<sup>11</sup> The study qualified these results by indicating the different criteria used in each jurisdiction:

"To be an eligible student with disabilities, the student (among other things) must satisfy the criteria for enrolment in special education services or special education programs provided by the government of the state or territory in which the student resides. Data should be used with caution as these criteria vary across jurisdictions. For example, SA data include a large number of students in the communication and language impairment category. This subset of students is not counted by other states/territories as funded students with disabilities. Other states and territories fund these students with other specific programs."<sup>12</sup>

A number of states, such as New South Wales and Victoria, changed their eligibility criteria to cap the expanding cost of speech therapy services. This has created difficulties for parents/carers and teachers when they find that children with identified speech difficulties no longer attract the same (or any) level of additional funding and lose access to services. The abolition of specialist language classes in New South Wales in 2012 has led to a watering

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<sup>10</sup> Queensland Department of Education Training and Employment  
<http://education.qld.gov.au/studentservices/learning/disability/specialists/slt/servicedocs.html>

<sup>11</sup> Rorris A et al (2011) Op Cit, p.8

<sup>12</sup> Ibid

down of the expertise available to schools to meet the speech and language needs of public school students.

When Victoria changed its criteria for funding assistance to children with language disorders in 2005, it was estimated that the State Government saved millions of dollars a year in expenditure. In 2005, 6,760 students were funded under specific language disorder categories. This fell to 208 in 2006 and 219 in 2007 when the new criteria of “severe language disorder with critical educational need” came into operation.<sup>13</sup> An analysis of unsuccessful applications for disability funding in Victoria by category in 2010 indicated that almost half the applications under the severe language disorder category were ineligible.<sup>14</sup> Formula-based funds incorporated into school global budgets provide only limited support for those with language disorders who are no longer eligible for individual disability funding.

The tightening of eligibility for the Language Support Program in Victoria to include (what is laughingly called) Critical Educational Needs removes the emphasis from the core issue (poor language/speech) to behaviour. This is inappropriate but has enabled DEECD to make significant savings. In fact, it has actually meant that the efficacy of the program has been dramatically downgraded. Usually, children who have very low language scores but who behave well and are motivated students DON'T get funding and students with challenging behaviours do. (Metro Primary School)

In particular students with auditory and language processing issues but not severe enough for funding (funding is only for children 3 standard deviations below norm which is almost unintelligible) are a big concern to our teachers. They frequently need expert advice to meet the individual needs of these students. (Metro Primary School)

The complexity of the various disability criteria, and their relationship to each other, has frustrated teachers trying to gain access to support for their students. The increasing number of children diagnosed with an Autism Spectrum Disorder, for example, has meant a greater demand for speech pathology services but no equivalent access.

Most schools get only very limited funding for students with autism (I will use our school as an example. In 2013, we had 12 children diagnosed with an ASD but only 4 funded and of these only 3 were funded on the basis of autism). This means that access to speech therapy is either non-existent or again, comes from school's SRP [global budget] if schools can afford a private practitioner. (Metro Primary School)

### ***Waiting times***

Teachers and principals indicate that waiting times for speech pathology support for students are a major concern. Reports of waiting times around the country range from six weeks to

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<sup>13</sup> Smith B (2007), *Tougher rules hit students in need of education help*, The Age, 24/5/07

<sup>14</sup> Victorian Auditor General (2012), Op Cit, p. 19

eighteen months. The concern is that the longer young students have to wait to access services, the more difficult it is to correct identified speech errors.

Options for assessment are the Mildura hospital and Sunraysia community health centre. Both of these services have long waiting lists most of the time. SCHS has started group sessions to try to address this. There are however times recently when they have not had a speech pathologist. (Rural Early Childhood Centre)

My school receives SSSO [Student Support Services Officer] speech pathology support for 3 hours, once a fortnight. The speech pathologist is excellent, but is stretched too thinly. Parents of students referred for support can wait nearly a year for an appointment and the students themselves receive minimal 1:1 therapy, some do not receive any 1:1 support.. Many assessments are now outsourced to Lewis and Lewis [a private provider], meaning little ongoing case support. (Metro Primary School)

As with most areas of developmental delay, the repair time is not going to be improved by delaying the intervention. (unless it is a physical developmental issue). If we watch and collect data for 3-6 months, then we are working to a deficit model rather than supporting a learning model. I am asking staff to be accountable for children's learning, yet now they are looking at me incredulously when I say we cannot assist children as they perceive a problem, but have to wait until the problem is embedded. (Metro Primary School)

### ***Rationing of services***

Each jurisdiction operates some form of rationing (also referred to as “managing” or “prioritising”) speech pathology services. This rationing means that teachers are frustrated by the gap they experience between the identified needs of students in their classrooms and the level of service they can access. Cut-backs to education budgets over the past few years and an increase in the number of students requiring speech pathology services have combined to widen this gap in many states/territories. Teachers complain about the infrequency of school visits from speech pathologists, recurrent changes in staffing and the fact they are left to implement a complex program without proper support.

The Regional and school cluster models, basing speech pathologists in the local area with responsibility for a set number of schools, have attempted to address needs by set scheduling and allocation of specific amounts of time to each school. The principal coordinating one school cluster where the number of speech pathologists has declined over the past few years from 3.4 (EFT) to 2.2 (EFT) while the student population has, if anything increased, reports that some smaller schools in the cluster can now expect only an occasional timed phone call from a speech pathologist.

We have a speech pathologist who comes to us once a fortnight sometimes only staying for a one hour Welfare Meeting. We have many children who have difficulties

but she is unable to provide one on one assistance because of time constraints. She has attempted to organise some class sessions with children but this was only able to happen early in the year. We have a high turnover of speech pathologists who all have different ways of doing things. The families in our area cannot afford private speech assistance and so their children get little or no assistance. (Metro Primary School)

The Speech Pathologists have too many schools to service and can't come and provide a service that is weekly. They come fortnightly but if the student is away, or not present for some other reason, then it may be a month. This reduces the benefit to the student in the long term. This has been the case for a number of years. (Rural Primary School)

Our current Speech Pathology allocation is half a day per fortnight. Speech Therapy for students needs to be regular....not spasmodic. There is a definite case for a greater Speech Pathology allocation, however our network funding is such that choices have to be made regarding the provision of all Student Services and greater time is allocated to the provision of our school psychologist. (Metro Primary School)

The comment often made is that the SLP [Speech/Language Pathologist] service is too thinly spread and a therapy program cannot be delivered when the SLP only visits the school 3 or 4 times a term. Often, there isn't consistency of staff from one year to the next, especially in the smaller primary schools. (Metro Primary School Support)

The speechies are terribly overloaded here. As an example, early last year after they did their assessments, they identified 5 kids in my class with speech problems. Each student had one session with a speech pathologist, and then the parents and myself were given a program for us to implement. My strong feeling was that each student deserved a series of sessions to support what the parents and I were trying to do. (Without much expertise). (Regional Primary School)

The network Speech support cannot meet the demand at our school and so we employ a private speech therapist for 2 days per week as well as having Education Support staff who work with children on the Speech Therapy Assistant program. We still have to prioritise the kids with language disorders – if we had the funds we could use a speech therapist full time. (Metro Primary School)

The availability and accessibility of speech pathology services for secondary school-aged students in non-special schools are not seen as a high priority by Department funding policies. This is of concern to some high school principals and teachers who have identified the needs of their students in this area but find accessing services very difficult.

It would be great if Speech Pathology Services were included for High Schools because as soon as students reach High School, needs such as these are overlooked for Reading and Writing Skills. They remain hidden - a mystery which will not be solved..... maybe in their life time. Give equal access to services in High Schools as

they are in Primary Schools. Who will *speak up* for these students? (Metro Secondary School)

We have a speech therapist assigned to our school on a fortnightly basis for 565 children. This certainly is inadequate for our students' needs. More funding for this program would be very beneficial. (Metro Secondary School)

### ***Special schools and special development schools***

Because of the nature of their student cohort who have intensive speech and language needs, and related levels of disability funding, special schools and special development schools generally have school-employed speech pathologists.

I am Principal of a school for Deaf Children. Each child in my school receives speech therapy: 1:1 with parents, in small groups of 3-4 and classroom groups (max 6 children) with teachers. All sessions are delivered by a school-employed Speech Therapist.

Currently, I have 1 Speech Therapist for 4 days a week and, from term 2, I will have 2 Speech Therapists shared between my school and another across the week. I expect to have 1.2 Speech Therapists across the week, all paid for from school PSD funds, and our Therapy Funds which may no longer exist-have received no information on 2014. (Metro Special School)

As a school for the deaf with high need for speech pathology, one part-time speech pathologist for over 40 children is totally inadequate. The school also gives priority to children whose parents will attend the sessions so the children whose parents won't come for many good or unfortunate reasons, miss out. They are always the ones who miss out!!!

We have no additional services and the majority of our students have parents who are ESL. Parents are told to go to their doctor and get a referral so that they can use free services provided by Medicare. Often parents whose first language is not English find communicating with doctors and navigating their way to appropriate specialist services, very difficult. (Metro Special School)

We employ two speech pathologists full time and they work mainly with students aged 5 -12, with some consultation with our older students and their teachers. We were allocated some SSSO [ Department speech pathologist] time but elected to give it back to be spent at some other school, because we were entitled to a half day each fortnight which was a total waste of this resource and no help to us or our students whatsoever. The SSSO speech pathologists are lovely and genuinely want to help our students, but logistically with all the schools they need to serve, this is not possible.

Special Developmental Schools are allocated paramedical funding to go towards the costs of speech pathologists, occupational therapists, physiotherapists, etc. but special schools such as ours do not receive this funding. Traditionally special school students had much lower support needs, but over the years more and more students present with other disabilities as well as an intellectual disability. (Metro Special School)

### ***The private sector and inequitable access***

Because of the funding limitations to publicly provided speech pathology and speech therapy services and the consequent rationing and delays involved in accessing expert assistance, many parents take their children to private speech pathologists. Some public schools also use school-raised funds, or flexibilities within their overall school budgets, to contract the services of non-Department speech pathologists. These actions are a clear indication of both the funding shortfall and unmet needs in this area.

As with all forms of privatisation, access becomes linked to the capacity to pay for the services needed. Only some parents and some schools have the means to pay for private therapy. Fees for an initial assessment can be up to \$500 and hourly therapy rates between \$100 and \$200.

When Tony Vinson reviewed the provision of public education in New South Wales he commented that because the NSW DET employs no speech pathologists affluent parents who can pay for testing from private speech pathologists are able to access funding ahead of less affluent counterparts. In lower socio-economic areas where a publicly funded or school funded speech pathologist is available, there have been large increases in the number of students found to have speech difficulties.<sup>15</sup>

Many of my families struggle on one wage and a visit to a speech pathologist is an unaffordable luxury. I usually ask my families to go to their GP and apply for the 'Shared Service' which gives them 6 visits on their Medicare card. This is available to families with Health Care or Pension Cards, families without these cards either pay the full amount or need ancillary Health cover. (Metro Early Childhood Centre)

Parents are very frustrated with the long waiting lists, and many in my community do not have the financial capacity to seek private therapy. (Metro Primary School)

The families in our area cannot afford private speech assistance and so their children get little or no assistance. (Metro Primary School)

I would have liked to make speech pathology a regular part of work this year but our network speech pathologist only has so many hours in a week. To source speech pathology privately is, in most cases not even an option as the providers are already full up and can't take on new clients. It is a shame that we have students within our

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<sup>15</sup> Vinson T (2002), *Inquiry into the Provision of Public Education in NSW*, Sydney: Pluto Press, p. 275

school that would benefit from ongoing support but that there doesn't seem to be anywhere near adequate resources to in the area to accommodate their needs. (Rural Primary School)

And while the network stream leader argues that every time I prematurely push through a child to access speech services, I am denying another child, it upsets me that she is put in the position of HAVING to say that because the lack of funded staff. We are not a wealthy school, and unlike some others, cannot afford to employ external speechies. (Metro Primary School)

There remain variations between the states/territories in the prevalence of the use of private speech pathologists, Tasmania, for example, has few private speech pathologists and they usually work via Commonwealth-funded programs supporting disability and autism spectrum disorder. Services to children in public schools are overwhelmingly via Department of Education Speech/Language Pathologists.

### ***Professional development***

There is a need for relevant and accessible professional development programs for teachers, principals and support staff. Feedback to the AEU from members in schools and preschools refer to a list of PD needs – identification of students with speech problems, assessment of students needing assistance, classroom strategies to work with individuals and groups and programs to complement the work being done by speech pathologists. Departments offer on-line courses which are useful and do have their place but are largely driven by the budget bottom-line. People in schools indicate that they prefer professional learning programs which are more face-to-face and more directly targeted to their identified needs.

Manningham council children's services team have regular professional development meeting, where their range of practitioners explain their services (speech, OTs, dietitian, psychology) and explain how teachers can assess whether children do need such help. (Metro Early Childhood Centre)

I haven't undertaken any PD on identifying children with speech problems. I have been able to identify these issues by getting to know the children, and listening to them. I feel confident in being able to identify speech problems; however I feel PD would be relevant in getting to know what strategies we can implement in order to aid the children in further developing their speech. (Metro Early Childhood Centre)

Both availability and adequacy [of speech pathologist services] are poor if we are to make real student improvement. The advice they provide to teachers is also important as teachers are in classroom all day and with better advice and guidance their capacity is improved to cater for these students. We also note that when teacher capacity and best practices for these weak students improves this carries over to other students as the practices are better. (Metro Primary School)

As a staff we have been waiting for 12 months to receive some professional learning support from our SSSO [Student Support Services Officer] speech path due to the heavy demands of her workload. (Metro Primary School)

The recent Education Queensland Grant, Great Results Guarantee, will be used by many schools to improve the amount of time for SLP Services, including for training of teaching staff and teacher aides. (Metro Primary School Support)

### ***Employment conditions of speech pathologists***

Difficulties with the recruitment and retention of speech pathologists have been identified as a contributing factor to the unmet needs of primary school and early childhood students. A number of teachers and principals have commented on the inadequacy of the rates of pay, employment conditions (including insecure contract work, too many schools and high workloads) and career structure of publicly-employed speech pathologists. They link the high turn-over of speech pathologists in their areas to these poor conditions. Speech pathologists leave the public sector to work at higher rates of pay in private practice.

## **Appendix: Case Studies**

### **Case Study One**

#### **Regional primary school**

We have a greater demand than ever for students coming into our school requiring speech therapy. This seems to be consistent with an overall decline in children's oral language skills. (a decline which I understand is global.) Many children have accessed speech therapy while at Kindergarten through the local hospital providers (e.g Rural North West Health Speech Pathology Department) Children are not eligible to use this service once they begin school. At the end of their Kinder year the receiving school is provided with a Speech Pathology Discharge Report. This report among other things usually recommends referral to school based Speech Pathology. However with the new (2012) Speech Pathology 3 layer Severity Descriptors most of these children become ineligible to access school based speech pathology. While generalist teachers are capable of and do administer a range of assessment procedures to gather evidence of speech difficulties we do not have the expertise, like trained speech pathologists, to interpret the data fully and/or implement specific targeted interventions one on one or in partner sessions.

In 2012 we started a support process to transition a child with autism and speech clarity issues. He was assessed by Speech Pathologists and we were advised that we wouldn't get any support for him because his speech problems were not severe enough. He talked a lot but in a classroom setting no-one could understand what he was saying. This frustrated him immensely and combined with his autism had a very detrimental effect on his transition into school.

At the same time we were transitioning another child who had 50% or less intelligibility and was unable to speak in sentences on commencement at school. By our reckoning he certainly fitted into the severe category on level three of the speech pathology descriptor table. We were still required to gather additional data to support our request for assistance with his speech development. 2013 was almost half over before we managed to get any support from speech pathology services. This support was in the form of more specific assessment by a speech pathologist, an analysis of his difficulties and recommended intervention to be implemented by a speech assistant. This speech assistant is funded entirely from our school budget and we get no extra funding towards her employment. Eventually at our insistence we managed to access further assessment for our Autistic student and we have now put him on the speech assistant program.

We are fortunate to have a very competent speech assistant. In 2013 a speech pathologist visited our school a maximum of three times to carry out assessments, review progress and advise our speech assistant. Even then we had to 'jump up and down' for it to happen. We are continually frustrated by the barriers that seem to have been created to access specialised support for our special needs children (in this case children with speech difficulties) and the

amount of time it takes for the processing of requests for assistance. We feel the changes that have been made to the capacity of schools to access speech pathology services have resulted in the provision of a 'claytons service' -the service you have when you don't have a service! I am not criticising the speech pathologists employed in the school system but I believe they are grossly understaffed and under-funded.

In frustration in 2013 I undertook the Speech, Language and Communication Needs On line training Professional Development program to upskill myself in this area. It provided some really useful information, strategies and assessment tools that can be applied within a classroom context. But is certainly no substitute for the knowledge and skill of a qualified speech pathologist working one on one with students with specific identified speech difficulties.

### **Case Study Two**

#### **Metropolitan secondary school**

We employed a speech pathologist for one day a week over the last 2 to three years. Due to need we have increased the service to two days. The programme is funded by an alternative programmes grant from the Region (which could finish at the end of any year) and National Partnerships money. Though we are a small school we have significant numbers of students with defined language disorders.

For others, they will have receptive, expressive or pragmatic language difficulties which impact significantly on teaching and learning yet are not funded through the Programme For Students With Disabilities. They must be supported through the SRP [school global budget]. Though primary schools (as I understand it) can have access to a speech pathologist (poor as it may be) secondary schools cannot. There is a dire need for resources to support speech pathology in secondary schools. Properly resourced it would have an impact on student outcomes.

Our school has been 'lucky' as we have been using a small speech pathology practice that only charges us \$65.00 per hour (I think) and we get good people. Some can charge up to \$140 to \$150 per hour. If we were charged that we may have to re-think our usage.

Finally I don't think schools are cognisant of how important speech pathology is in supporting student achievement particularly for those students who don't attract PSD funding yet who do have difficulties with language.