

Submission

No 8

INQUIRY INTO CHILDREN AND YOUNG PEOPLE 9-14 YEARS IN NSW

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School-Age Children and Adolescents with Language Disability in NSW

Speech-language pathologists work with people of all ages who have a communication disability, which includes problems with language, speech, reading and writing. Both the Speech Pathology Association of Australia (SPAA) and the American Speech-Language-Hearing Association (ASHA) identify the primary communication disorder experienced by school-aged children and adolescents as involving language expression and comprehension.

There is well-documented evidence that the majority of young people with learning difficulties have an underlying problem with the understanding and use of language. These problems are often referred to as “language-based learning difficulties”, and international prevalence studies indicate that they affect between 10 and 15% of children and adolescents (Beitchman et al., 1994; Conti-Ramsden et al 2006). A recent Australian study to determine the prevalence of communication disorders and other learning needs, involving 14,500 Sydney primary and high school children, identified 17.93% (wave 1) and 19.10% (wave 2) children as having a specific learning difficulty, and 13.04% (wave 1) and 12.40% (wave 2) children as having a communication disorder (McLeod & McKinnon, 2007). Even though young people with language disability are assessed as having average to above average intelligence, they have problems understanding and expressing themselves in their primary language, as well as significant problems with all aspects of reading and writing. Language based learning difficulties are also associated with attentional problems such as ADHD, specific learning difficulties such as dyslexia, psycho-social problems such as anxiety and depression, and pervasive developmental disorders such as Autism Spectrum Disorders. These young people will experience some or all of the following problems in the school and social environment:

- Being consistently behind in curriculum knowledge in all subjects
- Having significant problems with listening and reading comprehension, as well as oral and written expression
- Regularly experiencing disadvantage and failure in written tests and exams
- Being frequently identified as having behavioural problems, and/or social skills problems.

Recent research demonstrates that language-based learning difficulties (LLD) are life-long (Nippold & Schwarz 2002), and that school age children and adolescents with language and literacy difficulty are at particular risk of significant academic, social, emotional and behavioural problems. These children are at risk of being marginalised from their peer group, developing significant mental health problems, and experiencing academic failure, leaving them vulnerable to leaving school early and facing challenges in finding employment. Psychosocial studies emphasise academic failure as a significant risk, which along with substance abuse, unemployment and juvenile offending have the greatest long term psycho-social impact on adolescents with LLD. There are many current studies that are identifying underlying language-based learning difficulties in juvenile offender and psychiatric services populations (Clegg et al. 2005; Naylor et al. 1994; Snow, 2004).

It would seem obvious that prevention of these significant, and very costly, problems should be addressed through a range of support and intervention programs in the upper primary and early high school years. Yet despite these well-identified and documented risk factors, adolescents with learning difficulties are a significantly under-researched and under-serviced population. Support services and resources for this population in Australia, and in NSW in particular, are very limited once young people enter high school, and are mainly restricted to learning support programs in the early high school grades for a small percentage of students with significant literacy problems. Public sector speech pathology services for the adolescent population, such as those provided by NSW Health, are virtually non-existent, and secondary school-based speech pathology services are limited to a small number of Catholic dioceses and independent schools.

In 2003, the NSW Legislative Council Standing Committee on Social Issues, as part of their inquiry into early intervention for children with learning difficulties, stated in their final report that the following three significant areas of change are required in order to address issues of access to therapy services:

1. That NSW Health must embrace its responsibility for the planning and provision of therapy services to children with learning difficulties,
2. That new capacity building models, where therapy is provided in schools should be implemented systematically across the State, and;
3. That much greater investment must be made in therapy services for children, with a significant expansion of publicly funded therapy positions across New South Wales. (p. 60)

These access issues are fundamental to the responsibilities of “duty of care” owed to these young people by both government and professional sectors. Even though the focus of this particular report is on younger children, the issues are equally pertinent to the age group, 8-14 year olds, targeted by the current inquiry, especially in light of the mounting evidence of the long-term and life-impacting effects of learning difficulty.

The following is reported from a Speech Pathology Australia briefing paper, 2006:

In Western Australia, South Australia and Victoria, guidelines for assessment of school aged students for language disorder and therefore access to funding from their education departments have been or are being revised. In Northern Territory, Tasmania and New South Wales, school aged students with language impairments access programs and are not labelled to receive individualized funding support. Currently Education Queensland and the Australian Capital Territory (DE&T) use inclusionary (e.g. language skills at least two standard deviations from the mean) and exclusionary criteria (e.g. no evidence of hearing impairment) to identify a student with language impairment to receive individualized funding.

This highlights the fact that, even though there are epidemiological data identifying the large numbers of children and adolescents with language impairment in primary and high schools, New South Wales does not recognise language impairment as a specific disability for support services and funding allocation purposes, whereas the majority of other states allocate funding for support services through their education departments.

The 2007 report on the Commonwealth project to identify ways to improve the learning outcomes of students with disabilities in mainstream classes (Shaddock et al.2007), identified “....an urgent need for further research and policy development in relation to the way secondary schools can successfully include students with disabilities.” The project identified some significant resource and funding issues involving lack of adequate time and funding for teachers’ professional development, and inadequate provision of support and resources for students with disabilities, across the school system.

To address these many and significant issues, the following are urgently needed. It is recommended that there be:

1. Implementation of state-wide school-based speech pathology services at upper-primary and secondary schools. A link to the Speech Pathology Australia position paper (2004) on speech pathology services in schools is provided in the reference section. This paper provides rationales and guidelines for providing speech pathology services to schools, with

reference to international studies that provide solid evidence for the efficacy of such services.

2. In addition to primary and high school-based speech pathology services, clinical education models that offer university speech pathology students primary and high school practicum under the supervision of a practising speech pathologist are also recommended. Successful models of clinical education within primary schools are already in existence in some government, independent and Catholic systemic schools. An extension of these programs to ALL government primary schools across NSW and into high schools would address essential collaborative partnerships between speech pathology and education.
3. State-wide epidemiological studies of the primary and secondary school aged learning disability populations. More research is needed to identify the extent to which children and adolescents have language based learning difficulties in NSW and indeed across Australia. There is also the need for educators, parents and other professionals to become more aware of this communication disorder; it is often described as a 'hidden disability' but its effects are significant and long lasting.
4. Development of evidence-based programs and resources to support this population *.
5. Increase in funding to support teacher professional development with respect to supporting students with language based learning difficulties.
6. Establishment/increase of fundamental courses in school-age and adolescent learning difficulties at all teacher training institutions.
7. Increased advocacy for the adolescent learning disability population at all levels of the community.

* For example, the effectiveness of whole-school collaborative interventions, involving class teachers, learning support teachers and speech pathologists, has been identified in the UK and the USA as a highly effective and sustainable model of service delivery at the secondary education level (Ehren 2002; Joffe 2007; Prelock 2000). This model is recognised as effective in helping learning disabled students become empowered in their learning, and thus better able to access the curriculum. The model also creates a climate of effective and flexible professional development through raising teachers' awareness of the nature and implications of language and learning difficulty. The lack of intervention programs relevant to the Australian population highlights the need for viable programs to be developed, evaluated and made available to professionals across Australia. At present, we have a PhD candidate at the University of Sydney, Discipline of Speech Pathology currently implementing a randomised control trial of a professionally collaborative program. The program involves Year 8 students with language based learning difficulties, their class teachers, learning support teachers and a speech pathologist, and is being trialled at two high schools in NSW. This study is the first of its kind in Australia; the results of which will inform both future policy development and practice for supporting children and adolescents with language based learning difficulties. This is one positive example of a team of dedicated researchers attempting to address a larger problem.

We thank the committee for identifying the needs of this age group and respectfully request active consideration of our recommendations.

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