

Inquiry into the provision of education to students with a disability
or special needs in government and non-government schools in
New South Wales

Speech Pathology Australia

Questions taken on notice

8 May 2017

Question 1:

The Hon. DANIEL MOOKHEY: Understanding that principals have competing priorities, they have scarce dollars and they have to make choices—and the intent of the policies is that they are meant to make choices appropriate to their school communities—is it your evidence that, at one extreme, a mandate of some form is needed, and, at the other extreme, we are talking about the department establishing, for want of a better term, a marketplace in which you can connect with people who would otherwise be procuring your services?

Where do you fall in that spectrum? Are you a consumer good or is there something we should be mandating?

Ms DIXON: Our position would be that we think the best way to get the best possible service out of a speech pathologist is for the department to employ them. There are other States where speech pathologists are employed within the department and we can see that there are strong supports for schools and for students coming out of that. In some States where that happens schools will also then use some discretionary money to purchase additional supports.

Mr DAVID SHOEBRIDGE: Which States?

Ms DIXON: Queensland, Victoria, Tasmania and South Australia all employ speech pathologists within the department.

Mr DAVID SHOEBRIDGE: You would almost say that New South Wales is unusual in not doing it?

Ms DIXON: Yes.

Mr DAVID SHOEBRIDGE: We are an outlier?

Ms DIXON: Yes.

The Hon. DANIEL MOOKHEY: What reasons has the department given as to why they are not prepared to follow the path of those other States? We will be asking the department the same thing. We are interested to know what information they have given you.

Ms LYONS: It is an economic decision.

The Hon. DANIEL MOOKHEY: By that you mean the money is not there?

Ms LYONS: Yes.

The Hon. DUNCAN GAY: You indicated earlier that, whilst it is not general, there are schools that actually do it?

Ms DIXON: Yes.

The Hon. DUNCAN GAY: What buckets of funding do they use to employ you?

Ms DIXON: We might have to take that question on notice and go back to those members who have told us that that is what is happening and ask them to inform us. Would you like us to get back to you on that?

The Hon. DUNCAN GAY: That would be fabulous, thank you.

Response:

Funding for speech pathology services in schools is ad hoc and is at the discretion of individual school principals; in some cases schools have pooled funding to hire a speech pathologist to work across a number of schools in a community. Speech Pathology Australia members providing services in schools are mostly unaware of where the funding comes from to pay for their services, however a small number could provide the following details regarding funding sources:

- The More Support for Students with Disabilities funding (2012-2015)
- Local Schools, Local Decisions reform (current)
- Out of home care funding through an NGO
- A Westfield grant obtained to implement Augmentative and Alternative Communication technology
- A combination of the school budget and some of the funding provided with the Students with Disabilities (SWD) package allocation from the Catholic Schools Office.

Question 2:

Mr DAVID SHOEBRIDGE: Can you explain what kind of training would be required to ensure that there was sufficient competence at a school level to feed children with swallowing disabilities? Is it an achievable training task to have a dozen teachers who between them will share the duties?

Ms DIXON: Absolutely. The supports that you provide are going to be different for each student because it will be depend on the student's own needs. We also need to be clear that this also potentially needs to be multidisciplinary because you are usually talking about children with complex disability. You might need an occupational therapist or a physiotherapist as well to support with positioning the student in the right way—making sure that they are sitting well—to provide that. But absolutely you can work with the teachers and the teacher aides to support them to understand the safe way for that student to eat.

Mr DAVID SHOEBRIDGE: When I said "teacher", it probably is something that would be in the skillset of a teacher aide?

Ms LYONS: Yes.

Mr DAVID SHOEBRIDGE: You would expect this to be done through the teacher aide?

Ms LYONS: Yes.

Mr DAVID SHOEBRIDGE: Does it happen in other States?

Ms DIXON: Yes.

Mr DAVID SHOEBRIDGE: Where can we look for best practice?

Ms LYONS: In Victoria the Royal Children's Hospital manage this program for students in schools. They have guidelines and they provide training.

Mr DAVID SHOEBRIDGE: Could you provide those guidelines on notice?

Ms LYONS: Sure.

Response:

Please find enclosed a copy of the Victorian Department of Education and Training Schoolcare Program Guidelines. For more details see:

<http://www.education.vic.gov.au/about/programs/needs/pages/programsupp.aspx>

Question 3

Ms DIXON: In Queensland the Department of Education speech pathologists would support the school with that student.

The Hon. DUNCAN GAY: So this is not a demarcation? It is not pathologists versus occupational therapists? It is a different role?

Ms DIXON: It would be multidisciplinary. The occupational therapists supports the student to be positioned so that they can eat safely and supports them to get the food to their mouth. The speech pathologist will ensure that once the food is in their mouth they can then process it so they can swallow it safely.

The Hon. DANIEL MOOKHEY: Can give the Committee an estimate—if this data exists—as to the size of the student population affected by this issue?

Ms DIXON: I do not know.

Ms LYONS: Not off the top of my head. We will have to take that question on notice as well.

Response:

There is very limited data regarding the prevalence of children at school requiring assistance with meals and of the data that is available there is high variation in estimates. For example a review of articles by the American Speech-Language-Hearing Association show estimates of '*pediatric feeding and/or swallowing impairment prevalence to be 30%-80% for children with developmental disorders*'.¹

The latest Report on Government Services shows that in 2015 the proportion of students with disability in Government schools receiving targeted resourcing in New South Wales was 6.5 per cent. With a total student school enrolment that year of 771,978, this means that approximately 15,054 to 40,143 students would potentially have required meal time assistance.²

¹ http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965§ion=Incidence_and_Prevalence

² <http://www.pc.gov.au/research/ongoing/report-on-government-services/2017/child-care-education-and-training/school-education/rogs-2017-volumeb-chapter4.pdf>