



Speech
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**Speech Pathology Australia Response
Request for Further Information /Questions taken on Notice
Hearing #3, 10th May 2010**

Inquiry into the Provision of Education to Students with a Disability or Special Needs

"Children who are unable to communicate effectively through language or to use language as a basis for further learning are handicapped socially, educationally and, as a consequence, emotionally."
Byers-Brown & Edwards, 1989

The committee requested further information on the number of speech pathologists needed to provide services for students with speech, language and other communication needs in NSW schools, and the perceived shortage of speech pathologists, particularly in rural areas.

By way of background, we would like to point out that there are significant issues with existing workforce data. Current census (ABS¹) data only provides information on the combined number of speech pathologists and audiologists. This makes it difficult to establish how many speech pathologists live and work in NSW. In addition to this, speech pathologists are not a registered profession in NSW. Recent discussions by COAG² regarding registration have put forward a number of professions for National Registration; however speech pathology is not one of these. The absence of professional registration means that reliable workforce data is not available. Registration would provide accurate workforce data including information on the number, location, workplace/ employer and experience levels of speech pathologists in NSW and indeed across Australia. It is the position of Speech Pathology Australia that speech pathology needs to be a registered profession consistent with other allied health professional such as physiotherapists

Speech pathology workforce in NSW

After consulting with our NSW colleagues, researchers and the existing literature, the following is known about the current speech pathology NSW workforce and professional issues.

- 1) Demand for speech pathology tertiary training programs in NSW is high and increasing. We currently have four universities that train speech pathologists, with graduate numbers approximating 270 per year, but we need to expand the workforce (i.e. create new positions) for this increased output of new-graduate professionals in NSW.
- 2) Currently there is an oversupply of speech pathologists in the Sydney metropolitan area. The fundamental problem is that there aren't enough speech pathology positions. DEEWR³ data released in June 2009 indicated that for speech pathology vacancies, employers attracted multiple applicants, though applicants did not always have the level of experience required to fill the advertised position. Further to this, Associate Professor Michelle Lincoln from The University of Sydney (an expert researcher of speech pathology workforce issues) indicates that many new-graduates find it difficult to find employment, and are often under-employed (usually in part-time positions or short-term contracts).



- 3) Some shortages for speech pathologists exist in rural areas of NSW, however these shortages are not directly related to workforce supply, but rather the nature of the positions and generic recruitment and retention issues evident in rural NSW.
- 4) Recruitment and retention issues in rural NSW is not a problem confined to health professionals (e.g. Doctors, Dentists, Allied Health), moreover the problem is with professionals in general (e.g. accounting, solicitors).
- 5) Existing speech pathology services, in both rural and metropolitan areas are stretched and reducing. In addition to this, data on speech pathology vacancies and recruitment issues has been skewed recently by the employment freeze in DOH⁴, where existing speech pathology vacancies are not replaced.

It is our position that employment of speech pathologists in schools is necessary to address the significant speech, language and other communication needs of students in NSW schools. It is time to create new speech pathology positions in Education. This will address the inequity of services across the state. It will provide students with speech, language and other communication impairments and their families with holistic, team based care situated within their main learning environment. Families within rural NSW have expressed that when services are available, travel to speech pathology services is a major barrier (O'Callaghan, 2005). It therefore makes supreme logic to include speech pathology services within schools as a simple way of reducing this barrier for NSW students in rural areas. In addition, speech pathologists surveyed have expressed school based services as a desirable employment option. It must be stressed however that new positions need to be created rather than reshuffling existing ADAHC⁵ or DOH speech pathology positions. The reality is that NSW needs more speech pathology positions.

Speech pathology in schools and caseload size

Caseload size recommendations and the number of speech pathologists needed to service school aged children with speech, language and other communication impairments in NSW is difficult to estimate. Information from international sources (UK, US & Canada) and interstate (Queensland) is variable and dependent on the service delivery model of speech pathology involvement. For example, a service that offered assessments only and not therapy would have a different caseload size than an intervention/therapy service.

The following table indicates the number of students in NSW obtained from the 2006 ABS Census data.

AGE	SECTOR	Students		
		Male	Female	Total
Preschool		59,748	54,275	114,023
Infants /Primary	Govt	193,527	182,437	
	Catholic	58,028	56,411	
	Non-Govt	29,101	27,642	
	Total	280,656	266,490	547,146
Secondary	Govt	134,481	132,105	
	Catholic	52,374	52,192	
	Non-Govt	33,527	33,538	
	Total	220,382	217,835	438,217

⁴ NSW Department of Health
⁵ Aging, Disability and Home Care, NSW



Given a prevalence rate of 13% for speech, language and other communication impairments of unknown origin (McLeod, 2010), the next table indicates the total number of these students in NSW from preschool-high school across all school providers (a); from infants to high-school across all school providers (b) and infants to high school students attending government schools (c).

Total (All Preschool, Infants, Primary & High School)	1,099,386
a) Children with communication needs (requiring speech pathology services)	143,000
Total (All Infants, Primary & High School)	985,363
b) Children with communication needs (requiring speech pathology services)	128,000
Total (All Govt Infants, Primary & High School)	642,550
c) Children with communication needs (requiring speech pathology services)	83,532

The number of NSW children requiring speech pathology services to address their speech, language and other communication needs is substantial. It is our position that the NSW government needs to start addressing this issue and not ignore it.

The American Speech and Hearing Association (ASHA)⁶ standards for speech pathology school based services recommends that school based, speech pathology caseloads not exceed 40 under any circumstances, and with special populations and circumstances, a maximum of 25 students (per month). Review of this recommendation in research conducted by Cirrin (2003) indicated that an average school based speech pathology caseload was 53, however this varied from 15-110 per month. One of the central recommendations from Cirrin's research emphasised the need for smaller speech pathology caseloads in order to optimize intervention outcomes.

An alternative strategy proposed by Notbohm (Schraeder, 2008), describes adopting a Weighted formula for caseload size. This approach to caseload size enables more complex cases and populations to be accounted for when allocating caseloads to speech pathologists. This could be an appealing approach to establishing recommended caseload sizes for school based services but NSW needs the speech pathology positions to start this process!

The Canadian Association of Speech Language Pathologists & Audiologists (CASLPA)⁷ completed a caseload guidelines survey in 2003, and found that speech pathologists working within schools used a variety of service models. 80% of speech pathologists surveyed used a combination of consultative model (intervention targets, procedure and context determined by the speech pathologist but another agent implementing the program), direct service model (individual and group services) and a collaborative model (with teacher, aide, parent or volunteer). 38% of respondents were dissatisfied with the service models used, most reporting frustration with the amount of indirect intervention used (consultation and collaboration), and inability to provide more individualised intervention via smaller caseloads. Much of the frustration was attributed to excessive caseloads in the school system. Caseload size is therefore an important issue to consider when establishing a school based service.

Within Australia, QLD Department of Education employ speech pathologists to provide services for students. Currently, 140 FTE (full time equivalent) speech pathologists are employed by DET in Queensland. Speech pathologists in Queensland work across mainstream primary schools and high schools, as well as in special schools and early childhood development programs (for children with suspected disabilities). Approximately 50 FTE positions work specifically with students with Disabilities



recognised under the Disability Discrimination Act.

Speech pathologists provide a full range of services to; individuals, groups and whole classes, including assessments, programming, direct intervention, teacher consultation, program planning, resource provision and professional development for teaching staff.



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The ratio for speech pathologist to students in Queensland is 1: 3462 students (overall) or 1: 451 (with communication impairments, estimated). As such, universal services for students with speech, language and communication impairments is not possible and prioritisation is necessary in order to identify the appropriate mix of services to best meet the school and students' needs. This Queensland caseload ratio falls well short of the international recommendations, and is clearly inadequate in terms of service provision. It is also evident that NSW should not replicate a service provision that falls short of appropriate service provision.

However using this ratio as a 'worst case' scenario, NSW DET would need to employ at least 200 speech pathologists. Best case scenario would see **1,500 speech pathologists** (a ratio of 1: 50) employed by NSW DET to provide services to the estimated 83, 532 students in NSW public schools with speech, language and other communication impairments.

In lieu of providing all students with speech pathology support services, it is our position that the next best solution for NSW would be to provide a more targeted service where speech pathologists are employed in schools to support all children in Preschools and for years K-2 (Early Stage 1/Stage 1 of the NSW school curriculum). A further option would be to create speech pathology school based services for identified schools where students are below state average benchmarks for literacy and numeracy. Given that there is a significant relationship between speech/ language and communication impairments and poor literacy and numeracy outcomes it would seem pertinent to establish speech pathology school based services to support students in improving their academic outcomes. These latter speech pathology school based options could start to roll out speech pathology services as an introductory measure of establishing speech pathology support services into NSW schools.

Recommendations:

We respectfully request that the committee recognise the real and significant need of students in NSW with speech, language and other communication impairments of known and unknown origin. We call upon the committee to recommend the following;

1. Create at least 200 speech pathology school based positions across NSW to address the learning support needs of students with speech, language and other communication impairments.
2. In doing so, recommend speech pathology school based services to utilize a collaborative model with teachers and support staff, including team teaching, classroom planning, student accommodations and professional development for teaching staff. Collaboration between speech pathologists and teachers is international best practice where expertise is shared across curriculum and communication needs of school aged students.
3. Recommend school based funding support for student with speech, language and other communication impairments.
4. Recommend that speech pathology should be a registered profession.

Should the committee require further information, we would be most happy to assist.

Candice Brady
On behalf of Speech Pathology Australia



Reference List

Canadian Association of Speech-Language Pathologists and Audiologists; Caseload Guidelines Survey December 2003, pp16-26

Cirrin, F., Biehl, L., Estomin, E. & Schraeder, T. (2003) Speech-Language Caseloads in the Schools: A Workload Analysis Approach to Setting Caseload Standards Seminars in Speech and Language, 2003; 24(3): 155- 180

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O'Callaghan, A., McAllister, L., & Wilson, L. (2005) Barriers to accessing rural paediatric speech pathology services: health care consumers' perspectives Australian Journal of Rural Health, 2005; 13: 162-171

McLaughlin, E., Lincoln, M. & Adamson, B. (2008) Speech-Language Pathologists' views on attrition from the profession International Journal of Speech-Language Pathology, 2008; 10(3): 156-168

McLeod, S., Press, F., & Phelan, C. (2010) The (In)visibility of children with communication impairment in Australian Health, Education, and Disability Legislation and Policies Asia Pacific Journal of Speech, Language and Hearing, 2010; 13(1): 67-75



REPORT OF PROCEEDINGS BEFORE

GENERAL PURPOSE STANDING COMMITTEE No. 2

**INQUIRY INTO THE PROVISION OF EDUCATION TO STUDENTS
WITH A DISABILITY OR SPECIAL NEEDS**

UNCORRECTED PROOF

At Sydney on Monday 10 May 2010

The Committee met at 9.00 a.m.

PRESENT

The Hon. R. M. Parker (Chair)

The Hon. Tony Catanzariti

The Hon. M. A. Ficarra

Dr John Kaye

The Hon. Shaoquett Moselmane

Reverend the Hon. G. K. M. Moyes

The Hon. C. M. Robertson

Ms BURKE: Absolutely, but you could say that for the other 11 per cent, 12 per cent, too, that is quite catastrophic.

Reverend the Hon. Dr GORDON MOYES: The Government funds up children with hearing and vision impairment very strongly. Many of those same people also have language difficulties and a lack of communication skills. Going a step further, we fund up dental health and oral health, but not communication skills.

Ms BRADY: It is slightly ironic, isn't it?

Reverend the Hon. Dr GORDON MOYES: It is ironic, particularly when frequently it is the mouth that has problems, it is the eyes that have problems, and it is the ears that have the problem that is seen best in the speech.

Ms BRADY: Yes.

Reverend the Hon. Dr GORDON MOYES: There are suggestions that many allied health professionals, including occupational therapists, speech pathologists and so on, could be attached to a school as a flying squad, if you like, in the same way as we used to have visiting dental nurses come into schools to do examinations. Would this be a step forward? Let me say, I do not believe you are going to get a speech pathologist funding an appointment in schools. What I am trying to do, however, is to get your expertise into our schools.

Ms BRADY: I suppose we can view it as a step forward, in that at the moment we have nothing, but I do not know that it would be the solution to the problem.

Reverend the Hon. Dr GORDON MOYES: It would only identify problems, would it not?

Ms BRADY: Yes. I guess one of the things is: Do we have a flying squad of speech pathologists who come into a school as a one-off identification who say, "Oh, there's a problem; what do we do about it?" It still does not solve that end of the issue, and that would not improve our learning outcomes for these kids.

Reverend the Hon. Dr GORDON MOYES: What it does do is identify the problem and allow for early intervention?

Ms BRADY: It does—

Reverend the Hon. Dr GORDON MOYES: But that then involves private—?

Ms BRADY: Yes. The numbers we are speculating on, 13 and 15 per cent—that is, four children in every classroom of 30—are conservative because that does not even fully capture, in terms of assessment and identification, the full spectrum of kids we are looking at.

Ms BURKE: I think the fact that they are not labelled, and that there is no legislation around this disability, is a problem. In the ~~United Kingdom~~ ^{US. Instead States} there is an Act for individuals with disabilities in education, called "No Child Left Behind", which specifically defines speech and language impairment as a disability. Therefore, you then get the funding because it is recognised.

Reverend the Hon. Dr GORDON MOYES: When we were arguing for dyslexia, we did bring up this issue. We indicated that sometimes the need for speech pathology is there because of some of the other disabilities, such as dyslexia, et cetera.

Ms BURKE: Yes. There are complex communication disabilities with people who have recognisable disorders—vision, hearing, Down syndrome, and so on—who will attract a certain amount of funding because they have a recognised disorder. What we are arguing is that speech-language communication is a recognised disorder, with huge implications for the future of our State, our society, employment, and even in the justice system. You get a lot of unrecognised problems in behaviour that are communicative in basis as well. So there is a big cost. If we do not bear the brunt of the cost now, while children are at school, we double, triple, or quadruple it for the future.