

**INQUIRY INTO TRANSITION SUPPORT FOR STUDENTS
WITH ADDITIONAL OR COMPLEX NEEDS AND THEIR
FAMILIES**

Organisation: Speech Pathology Australia

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SUBMISSION TO:

NSW Legislative Council's Standing Committee on Social Issues

**Inquiry into transition support for students with additional or complex needs &
their families**

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Introduction

Speech Pathology Australia welcomes the opportunity to provide comment to the NSW Parliament Legislative Council Standing Committee on Social Issues "Inquiry into transition support for students with additional or complex needs and their families."

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing approximately 4,500 members. Speech pathologists are university educated professionals with specific knowledge and expertise in all areas of speech, language, communication and swallowing, including disorders of speech, language, literacy and numeracy, and difficulties with eating and drinking. Speech pathologists work with large numbers of children with disabilities and special needs prior to and during their formal education, in the public and private sectors, education, health and disability. As such, the profession believes it is ideally placed to provide meaningful input to this inquiry.

Speech pathologists understand first hand that students with additional or complex needs are impacted on daily in all the aspects of living, learning, working and socialising preventing them from participating fully in the community. Participation in society must be supported by appropriate access to communication, according to the United Nations Convention of the Rights of Persons with Disabilities (2006). The ability to communicate effectively – talk with and listen to others easily, learn, share ideas, express our needs and wants and be part of a social or work conversation – is a basic human right.

Legislation

Communication impairment is a prevalent childhood disability. The way countries formally recognise communication impairment directly impacts on the provision of services and long term outcomes of a child. Currently Australia does not identify children with communication impairment as having a disability in legislation and policy and as a result the needs of these children are not adequately addressed.

The United Nations Convention on the Rights of Persons with Disabilities provides detailed information about the obligations of government to provide for the education of children with disabilities inclusive of needs related to communication in whatever form (e.g. alternative and augmentative communication, signing, braille, large print). The Government must provide equal access to the curriculum and to accommodate students' individual needs. (Articles 2, 7, 21 and 24).

Two Commonwealth Acts provide legislation for disability and health: Disability Services Act (DSA) 1986, Disability Discrimination Act (DDA) 1992. In 2005, the Federal Government formulated the



Disability Standards for Education, 2005 (The Standards) to clarify the obligations of education and training service providers under the Disability Discrimination Act 1992 as well as articulate the educational rights of people with disabilities (Commonwealth of Australia Disability Standards for Education 2006).

The main aim of the Standards is to give students with disability (additional or complex needs) the right to access and participate in education and training on the same basis as students without disability. This means having the same educational opportunities and choices as all other students. This includes the right to comparable access, services and facilities, and the right to participate in education and training without discrimination.

The Standards define an education provider as: an educational authority, institution or an organisation whose purpose is to develop or accredit curricula or training courses used by other education providers. This includes preschools, schools, vocational education and training and higher education, as well as adult education training providers.

The Standards require education providers to take reasonable steps to ensure that students with disability (additional or complex needs) are provided with opportunities to realise their individual potential through their participation in education and training on the same basis as students without disability, and that they are not subject to discrimination.

The Standards should act as a framework for conducting the Inquiry into transition support for students with additional or complex needs as the Standards clearly articulate the rights of students in terms of access, equity, adequacy and best practice. The current situation falls far short of the UN Convention and urgent attention is required to enable children to develop communication and language and literacy skills.

Students with additional or complex needs

Whilst the Association acknowledges the importance of addressing the transition support needs of students with additional or complex needs in a holistic manner, given the expertise of speech pathologists in the area of communication and swallowing, the focus of this submission will be to address the needs of children with additional or complex needs in speech, language, communication and swallowing.

Speech Pathology Australia is keen to ensure that ‘additional or complex needs in speech, language, communication and swallowing’ as articulated within this submission is understood to encompass a range of communication and swallowing difficulties and/or disabilities affecting:

- speech;
- language (understanding and/or use);
- voice;
- fluency (stuttering);
- social skills and behaviour;
- aspects of literacy, numeracy, problem solving and general learning;
- augmentative and alternative forms of communication; for example, the use of communication devices by children who cannot communicate using speech;
- eating, drinking and the ability to safely meet nutritional needs.

Additional needs in speech, language, communication and swallowing may be transient or permanent and may range from mild to severe. They may be evident in children with communication and swallowing disabilities resulting from speech, language, physical, intellectual,



hearing, vision or multiple impairments, and/or in children experiencing communication difficulties arising from a wide range of extrinsic factors such as limited opportunity to communicate, or a mismatch between the language, dialect, and/or communication styles used at home and at school. They may be evident in children with **severe language disability** in the absence of global development delay, and in children with or without an identifiable disability or syndrome. This will include children from culturally and linguistically diverse (CALD) backgrounds such as children from Aboriginal and Torres Strait Island and children with non-English speaking backgrounds.

Prevalence

Australian teachers report expressive language difficulties in around 21% of children when they enter school, and receptive language difficulties in around 16% of children (Harrison & McLeod, 2008).

The prevalence of speech and language impairment in school aged children is significant, with one study in NSW (McLeod & McKinnon, 2007) revealing that 13% of children at primary and secondary schools have a communication disorder.

With regard to speech, language and communication difficulties, data from the Australian Early Development Index (AEDI) indicates that in NSW 15% of five year olds are 'developmentally vulnerable' with respect to 'language and cognition' and 'communication and general knowledge' outcomes. This is to say, that 15% of children, aged 5 years in NSW scored within the lowest 10% of the AEDI population. This included basic literacy skills, and/or communication skills (including participation with other children and ability to understand others).

Further, it has been suggested that up to 20% of children may be slow to develop spoken language and for 50% of these children, language problems will persist into their early school years (Reilly, S., Wake, E. et al (2007; AEDI (2007). In one study, 13% of children at primary and secondary schools demonstrated a degree of communication impairment (McLeod, S., McKinnon, DH. 2007). In relation to communication impairment in children with specific, identifiable disorders, 55% of children with cerebral palsy, 69% of children with downs syndrome and 75% of children with autism are identified as having communication difficulties (Australian Institute of Health and Welfare 2004). This is of significant concern given that speech and language disorders not only lead to difficulty in acquiring literacy and maximising long term achievement, but are also associated with reduced employment options, social, emotional and behavioural problems across the life span, mental health problems, and criminal behaviour leading to juvenile offending and imprisonment (Snow, P., & Powell, M. 2004).

There is a particular need to ensure that the provision of speech pathology services to students with additional needs in speech, language, communication and swallowing extend both to all aspects of transition support from early intervention through to the end of school.

It is the position of Speech Pathology Australia that access to timely and appropriately structured speech pathology services in early intervention settings and in schools is integral to the achievement of optimal educational and social outcomes for all children and students.

State and Territory Education Systems

Anecdotal evidence from Australian states that do not have speech pathology services in the education system (as is the case in NSW) indicates that services to school aged children are



virtually non-existent unless families are able to access private speech pathology services. Private services are not an option for many families due to financial reasons or because private services are not available in rural and remote communities. Service availability differs from state to state. Within states, the level of service available may be dependent on the age of the child and / or the school the child attends.

In addition, states with therapy services as part of the education based services are able to ensure that the therapy goals are embedded in the school curriculum and supported by teachers and other school or preschool staff. Education based services also tend to prioritise the provision of training for teachers on how they can incorporate speech and language into the general curriculum and thereby reduce the impact of delays in these areas.

The following information provides comment from Speech Pathology Australia with regard to the Inquiry into transition support for students with additional or complex needs (in particular in the areas of speech, language, communication and swallowing) and their families.

Transition Support

Speech Pathology Australia contends that the concept of “transition support” in schools is very broad and that transition support needs to be considered in all the following stages:

- transition into school
- transition between schools levels (Early Intervention – Primary School – High School)
- transition between classes
- transition within classes
- transition within years
- transition between schools (mainstream – support units /SSP, or mainstream – mainstream)
- transition between school systems (public – catholic – independent)
- transition out of school (into adulthood /community)

Speech pathologists can play a number of roles in the transition phases of students with additional or complex needs.

- Assisting the child and the family with information as to what will occur for the child in the transition process
- Helping the child and family to understand and prepare for the transition.
- Assisting the child with communicating the desires, dreams, wishes and goals they have at each transition stage
- Facilitating a degree of empowerment or knowledge throughout the transition process.

Terms of Reference

1. The adequacy and accessibility of appropriate support for children and their families

It is the position of Speech Pathology Australia that students with special needs in speech, language, communication and eating must be considered in funding arrangements generally in schools and specifically in transition arrangements. NSW does not classify children with speech and language disorders/delays as having a disability even though it has been demonstrated that



difficulties in communication have the potential to significantly impact on academic performance, socialisation and social inclusion, long term achievement and productivity.

The Department of Education and Training currently employ Transition to School Support staff who are able to facilitate transition to school for students and their families. Whilst there are procedures in place, many families are not aware of them and do not realise they can have access to these staff. Current access is variable and inconsistent between individuals and schools, making this service inadequate and inequitable. Users of the system find it fragmented and complicated. As the procedures are complex and difficult to navigate, the allocation of support services often depends on a family's ability to navigate the system. This leads to further reduced access and inequitable apportioning of services.

The transition workers only assist families with entry to school in the public system. To qualify for additional support at schools, children require assessment and reports to be completed by a range of professionals including speech pathologists. However, in practice many children are placed on waiting lists and are not seen prior to starting school. Services from other government departments and from not-for-profit services are often only provided after long delays on waiting lists and are often limited in their time, so the services are not matched to deliver the outcomes that the student needs.

The NSW Department of Education and Training does not employ any speech pathologists within their Transition to School services. This means there is a fundamental philosophical dilemma apparent within the system as the system does not consider all aspects of students' needs (particularly those with additional or complex needs in speech, language, communication and swallowing) in managing the first transition to school. This also affects the ability of staff to collaborate and coordinate required services that fall outside the NSW DET umbrella of service delivery. When the suite of services are not available in a timely manner, the transition process is less effective and less useful for the student as well as less comprehensive and less efficient.

Students with additional or complex needs in speech, language, communication and swallowing require not only individual speech pathology services in transition but speech pathologists with skills as educators who are employed and work collaboratively with teachers to design appropriate educational programs for these students. Speech pathologists also provide advice on a classroom basis and work with families around home programs and support them in facilitating communication and eating. These services can be required at every transition point as students' needs range from mild to severe and complex.

Transition out of school (into the community) is a process that should begin in early high school; however the communication of this with the student and family is poor and can occur very late in the transition process. Some individuals are supported by teachers who help navigate the complex transition process. Other services are often absent or there is a long delay in obtaining the assistance required, whilst waiting for the service.

Transition of therapy support for students as they progress through the education system is poor. As children get older, the amount of support available diminishes significantly. Many children receive therapy support in Early Intervention; however as they start school, some of these services discontinue; some services cut out at age 7, and so on until services are almost non-existent in secondary school.

Children must have access to a communication system before entering the education system. Therefore, timely access to appropriate therapy support is crucial as is the consistency of that support through periods of transition.



The supply of provision of equipment, in particular augmentative or alternative communication devices, is of particular concern to Speech Pathology Australia. There are issues with funding, timing, ownership and continuity of equipment for students (even within the same school).

Mealtime management using adequately trained staff is a duty of care issue for the Department of Education. Again, this issue is managed in an adhoc manner and students may receive poor or no services in this critical area. This impacts on whether students have adequate nutrition and are safe in eating and drinking as well as healthy enough to attend school and participate in the curriculum. Formal training for staff who assist in meal time management is essential, and in particular at transition times when staff may change.

Developmental Literacy Disorders

Another specific group of children who have additional or complex needs in speech, language and communication are those children who have developmental literacy disorders. Critical developments in literacy take place in the preschool and school years and literacy development continues across the lifespan. Difficulty in the acquisition of literacy impacts on literacy levels, educational attainment and employment prospects into adulthood (Conti-Ramsden, Durkin, Simpkin and Knox 2009).

The important role which speech pathologists are able to play in working with developmental literacy disorders is not widely recognised. The provision of speech pathology services to school aged children across Australia is inconsistent and inadequate. The availability and nature of services differs from state to state (as discussed earlier) and little support is available for children in the secondary school years generally. Recognition of the contribution that speech pathologists are able to make to literacy development is crucial to the improvement of literacy standards in Australia which are poor.

Literacy has been acknowledged as a basic human right (United Nations Educational, Scientific and Cultural Organisation, 2005). A recent definition states:

“Students become literate as they develop the skills to learn to communicate confidently at school and to become effective individuals, community members, workers and citizens. These skills include listening, reading and viewing, writing, speaking and creating print, visual and digital materials accurately and purposefully within and across all learning areas.” Australian Curriculum, Assessment and Reporting Authority, (2010).

Literacy difficulties affect many children. National testing in Australia reports the results of testing of children in years 3, 5, 7 and 9 in the areas of reading, writing, spelling and grammar and punctuation. The proportion of children who achieved below the minimum standard varies with the testing area and the year of testing. Results of testing Year 9 students in 2010 showed that 9.3% scored below the minimum standard for reading, 12.8% for writing, 12.4% for spelling and 9.2% for grammar and punctuation.

Language and literacy are closely related. The development of literacy depends on language skills and literacy drives the continued development of language skills. Speech pathologists have knowledge and expertise in the development of oral language (speaking and listening) and in the complex relationship between language and print literacy. This knowledge and expertise is crucial to efforts to address the literacy difficulties of Australian children at all transition points in the education system.



In a forthcoming Speech Pathology Australia publication, Literacy Position Statement 2011, the Association strongly endorses the critical role of speech pathologists in prevention, identification, and management of literacy difficulties in children, including children with complex communication needs. Additionally the Association supports the involvement of speech pathologists in the provision of education and consultancy services to parents, professionals, university training courses and the broader community in order to improve understanding of the relationship between language and literacy difficulties.

These students who have additional or complex needs in the form of a developmental literacy disorder are clearly in need of transition supports at each stage in school.

2. Best practice approaches to ensure seamless and streamlined assistance during transitions

A best practice approach to the provision of support during transitions includes collaboration and team work as well as education and research as to the best evidence based practice available.

Support services for children with special needs must include the School Learning Support Team in each mainstream school and may also require the learning assistance program, the integration funding support program, a school learning support coordinator as well as specialist health professionals such as speech pathologists to work with the students.

Additionally, multidisciplinary teams need to be established to deliver professional and allied health support services. Teamwork with clients, families, allied health professionals and other team members is an integral component of comprehensive and holistic client management and may be more effective for some clients than professionals working in isolation (Kavanagh & Cowan, 2004;).

Effective teamwork is associated with:

- improved student outcomes;
- improved student satisfaction;
- improved staff job satisfaction;
- more effective use of staffing resources;
- enhanced coordination and client-centred goal setting.

Collaborative team work would allow for the development of a comprehensive “Student Education Plan”, similar to the existing Individual Education Plan (IEP) which follows a student from early intervention to post school opportunities. This plan would follow a person centred planning approach and help ensure access to the universal curriculum in a meaningful way.

3. Any other related matters

Speech Pathology Australia acknowledges the commitment of the NSW Government to improving communication outcomes for students. The Association therefore urges the government to adopt a policy that mandates the provision of an appropriate level of speech pathology services for all children. Such a policy, when linked to the National Curriculum, would reduce the social, emotional, educational and employment disadvantage borne by this group of children, and would result in long term economic benefit to the community.



It also offers the opportunity for students with speech, language, communication and swallowing needs to be able to participate more fully, have better access to the curriculum and be socially included as part of the community.

Speech Pathology Australia looks forward to further consultation as the work of the inquiry into transition support for students with additional and complex needs and their families continues.

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