

Submission
No 294

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

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Submission to the NSW Legislative Council General Purpose Standing Committee No. 2 – Inquiry into the provision of education to students with a disability or special needs

Speech Pathologists from public services across NSW appreciate the opportunity to contribute to the NSW Parliamentary Inquiry into the Provision of Education to Students with a Disability or Special Needs. We will provide a response and evidence on the subject of speech pathology support for the communication impairments of students with a disability or special needs.

This response encompasses the impact of communication impairments on students in the classroom and the support required for these students in an educational setting. It discusses the concerns Speech Pathologists have for students with special needs but does not report on current education policies. It puts forward the case that without ready access to Speech Pathologists in the school environment (i.e. Speech Pathologists employed by education), students with special needs will not receive the on-going support they need in order to access the curriculum effectively.

One in seven Australians has some level of communication impairment as a result of difficulties with their speech, language or hearing. As Speech Pathologists working in public settings, we are conscious of the higher-than-average number of children who present with communication impairments, particularly upon entering school, in our area. In the Liverpool Local Government Area (LGA) alone, one-third of students who undergo classroom-based screening by a Speech Pathologist are identified with some form of communication delay or impairment ranging from limited English exposure to significant speech and language difficulties.

This concurs with a recent Australian study that identified between 33.30 and 36.58% of students in primary and secondary schools with some area of learning need (McLeod & McKinnon, 2007). A majority of these students had specific learning difficulties (18.52%) followed closely by students with communication disorders (12.72%). Students with Specific Language Impairment (SLI) may experience more long term issues if they are still having difficulty at 6 years (Beitchman et al 2001). Many students with a disability or special needs also have co-morbid communication impairments which influence their ability to progress, both with and without intervention.

The McLeod & McKinnon (2007) study also indicated that the prevalence of communication disorders in students was higher in primary school students and significantly reduced in grades 10-12. This higher drop-out rate for students who do have special learning needs, particularly communication difficulties, once compulsory schooling ceases, reflects the risk of longer-term social difficulties that communication impairments can have on an individual. Communication impairments can be debilitating and have a significant emotional, behavioural and financial impact on the person with the communication impairment and their family. Children with communication impairments can often have difficulties with learning, reading and writing with the result being costly to the individual and society. Research indicates that students with communication difficulties and other learning difficulties are less likely to go on to tertiary education (college, university or TAFE). The research also indicates that students who do go onto a tertiary education have a greater chance of earning a higher income, have better social integration, are less socially isolated, and are better able to maintain relationships.

It is undeniable that students with special needs, whether a communication impairment or disability, need on going intervention and support in the school environment to access the curriculum successfully. With such a high level of impairment across our schools and increased pressures on public services, Speech Pathologists have needed to look for alternative methods of supporting these students and their families.

In-servicing alone for teachers and education staff is not enough to support teachers and students. Girolametto et al (2007) identified short-term behavioural change in educators' ability to use abstract language and print reference following a 2-day in-service. One of their recommendations was to modify the in-service program to include classroom practice with feedback.

Paul (2007) describes collaboration as Speech Pathologists and teachers working together to meet the needs of students in the classroom. Research identifies that collaborative models of intervention are best practise for students with communication disorders. Collaborative models empower teachers to be confident in identifying and managing students with communication impairments within their classroom. Studies have shown that collaborative classroom-based intervention is effective in facilitating the language skills of the students, however language-impaired students benefited the most (Throneburg, 2000). Collaboration also accesses larger populations including students who are "at risk" or have a significant communication difficulty. And because we encourage STLAs and other support staff to be involved, change can be affected across a wider area within the schools. The McLeod & McKinnon study reported that 30.4% of teachers perceived that students with communication difficulties required moderate levels of support and 27.2% of teachers felt the students with communication difficulties required high to very high levels of support, highlighting the need for more classroom support for these students, as well as their teachers.

1. The nature, level and adequacy of funding for the education of children with a disability

Currently in NSW, speech pathology services are not adequately funded to support school aged students. Students with normal cognitive functioning (IQ) and mild intellectual impairment (IM) are eligible to receive services from NSW Health; Ageing Disability and Home Care (ADHC) provides services for students with moderate – severe intellectual disabilities (IO, IS). Education departments in NSW (DET, Catholic Education and Independent Schools) are not specifically funded to provide speech pathology services, however within most other states of Australia, Speech Pathologists are routinely employed by education and based in schools. Using a variety of service delivery models, Speech Pathologists work in schools in Queensland, Victoria, Tasmania and South Australia to provide services to children with speech and language impairments. This is consistent with countries around the world which have had Speech Pathologists in their education systems for many years. Through close collaboration and communication with teachers there will be more timely identification of communication impairments, including those students who are "at-risk", as well as timely intervention targeting curriculum, and the up-skilling and empowerment of teachers.

The positive outcomes of this mode of intervention have encouraged some schools within New South Wales to allocate funds from their budget to access Speech Pathologists through various brokage services. However, this is often a short term method to address the long term needs of children with a disability or special needs.

Public schools can no longer access specific funding for students with severe language impairments or SLI. What funding public, Catholic and private schools do receive can be spent on services that each individual school independently choose.

This raises the issue of inequity for students as one school may choose to spend their funding on professional development for their teachers whilst another may choose to hire a Speech Pathologist to attend the school. Students with intellectual disabilities or other disabilities that do attract funding may have a teacher's aide allocated to them but this may only be for an hour or two a week. For students with disability and profound communication impairments, it is difficult for Speech Pathologists to advocate for alternative communication when there is no Speech Pathologist working in the school. For example, a student with severe dyspraxia needs ongoing speech pathology support and intervention, not only to target his dyspraxia but to also advocate for the provision of a laptop at his desk so he would be able to complete work more efficiently and effectively, thereby accessing the curriculum more successfully.

2. Best practice approaches in determining the allocation of funding to children with a disability, particularly whether allocation should be focused on a student's functioning capacity rather than their disability

As outlined above, best practice models aiding many children with disabilities need to include provision for communication impairments and prevention of reading difficulties. This is the core body of knowledge and expertise of Speech Pathologists (SPA, 2004) and successful school support cannot occur without the input of a Speech Pathologist. Unfortunately, most children with a disability in NSW do not have ready access to a Speech Pathologist in their classroom. No employment of Speech Pathologists within the Education system has led to few publicly available speech pathology services that:

- Understand the curriculum well
- Work with teachers to adapt the learning environments of children with communication disabilities
- Implement prevention strategies with children who have known language, phonological and phonological awareness impairments in the early years of reading difficulty.

Speech Pathologists and teachers have different lenses through which a child is viewed. Thus, they provide different ways to improve the skills of each child. This broader view for treatment planning has been shown to benefit children (Throneberg, 2004) more than a child with communication impairments just receiving instruction from a teacher. If we are to improve the capacity of poor performing students, we need to match our British and American colleagues and provide children with the opportunity to have 2 professionals with different perspectives working collaboratively on a common goal (improvement of a child's capacity).

Common education debates surround the implementation of best practice, particularly the use of inclusion practices (Barton, 2005). That is simplified and in its polarised form as: should children with disabilities be included (in every sense of the word) in mainstream classes or should they have special (separate) classes, provisions, teachers and expectations. Uptake of inclusion in name has been common throughout the western world since the 70's, however following 30 years of such practices, questions are being asked regarding the implementation of inclusion (Wanock, 2005) and if it is in fact the best model of service for children with special needs. Whether these students should be included and accommodated for in mainstream classes or whether support classes for language, reading and disability continue with additional classes established, Speech Pathology services are required for improved education of these students. The funding models need to incorporate teacher and Speech Pathologists collaboratively planning and delivering evidence-based, curriculum-focused services to students with academic and social difficulties stemming from their communication difficulties. Without this, children who could have avoided reading difficulties will continue to fail and children with academic problems underpinned by communication difficulties may only receive intervention that treat symptoms rather than causes.

The question should also be asked if funding should be based on this student's diagnosis of disability or should the funding be based on student's capacity? Ideally student capacity should be funded however determining that capacity can prove difficult. Funding by disability label is not essential, in fact funding by student individual performance may be ideal. However, complex skills are being acquired by our children, and there are many reasons why some children struggle to learn these skills.

At some point when unpacking the capacity of a child who is not performing at expected levels, the core reasons why need to be determined so that complexity may be considered. Each child not performing as expected requires a complex and thorough investigation and specific intervention plans developed. We argue that a Speech Pathologist is required for accurate planning and accommodation for children with poor academic performance related to communication difficulties. For example, if a child performs poorly on a reading test only, reading skills may be treated. However, it is well founded in the literature that reading difficulties are commonly related to poor oral language skills (Snowling et al, 2001; Snowling et al, 2000) and phonological awareness. These two skills may need to be targeted as well as reading for improvement to occur.

To not include speech pathology assessment and intervention in the funding of students with poor capacity may lead to inadequate identification, diagnosis, classroom remediation strategies and intervention may be implemented. We must be careful children are provided with the varied assistance that is required to improve their capacity.

One option for funding is to target it at key times in a students' school life. Students with disability would benefit from speech pathology involvement in transition programs at key times in their school life – transition to Kindergarten, to high school, to work. Though individual schools run their own transition programmes at these times, it is often not in conjunction with a Speech Pathologist who could provide vital information on how the student's communication impairment will impact on the next phase of their schooling or life.

3. The level and adequacy of current special education places within the education system

As Speech Pathologists working for the Department of Health, we are not in a position to report on the number of special education places within the NSW education system. However we feel that the number of places available is disproportionate to the number of students who would benefit from or require these placements, though we acknowledge that this is not the case for all areas. Every year we put numerous children up for placement in Support Class Language with only a few being successful as a result of lack of spaces or too many potential candidates. There are students with diagnosed intellectual impairments placed in mainstream classes who are not accessing the curriculum effectively because of their level of impairment but may only receive minimal (1-2 hours/week) additional support and cannot access support classes because of their age or the fact that there are no vacancies.

4. The adequacy of integrated support services for children with a disability in mainstream settings, such as school classrooms

It is clear from working with students prior to school entry and in the early years of school, that support for children with disabilities is inadequate. Children within the IM and IO range are unable to access the curriculum easily. Teachers are required to

modify almost all classroom activities as well as provide more classroom support to keep these children on task. Children with language impairment are similarly disadvantaged. Support Classes for Language (SCL) are few and far between, and as they only take small numbers (8-10 students) at any given time, these classes are only catering for a rare few rather than the vast majority of children with a diagnosed language impairment. Similarly, support classes for reading impairment number are even less frequent, which again is quite inadequate. Children with reading disabilities may have access to Reading Recovery programs in many schools however this program caters poorly for language impaired children, whose pre-literacy skills are low. These children would benefit from specialised speech pathology input, especially for phonological awareness skills, prior to enrolment in Reading Recovery. A project undertaken in 2009 at Bowral Public School by the Speech Pathologists employed at Bowral Hospital, in conjunction with the Support Teacher Learning Assistance (STLA) at the school, demonstrated the advantage of Speech Pathology intervention delivered in the school setting. Using evidence based practice, the project delivered an intensive phonological awareness program to children who were identified as having below average phonological awareness skills. The results demonstrated an average gain of 44 percentile points placing these children within normal limits for this important foundation for literacy. Similar findings have been found in collaborative programmes administered in schools across the Liverpool Local Government Area (LGA). The Speech Pathologists at Liverpool have been able to demonstrate that even though students in regular classrooms targeting phonological awareness or text types make change, those students in classrooms which have a Speech pathologist present for collaborative teaching of phonological awareness or text types make greater change; particularly those students who have been identified with communication difficulties.

The unique skills possessed by Speech Pathologists are able to efficiently target the children at risk for poor language development and literacy learning and deliver a service in collaboration with the STLA. The classroom teachers do not have the facility to address this area in detail due to different training and curriculum constraints. This school-based service from Speech Pathologists is generally not available to schools, but demonstrates the effectiveness of such a program to those at risk of poor literacy learning.

Speech Pathologists also have a role to play in behaviour and conduct disorders as they often co-occur with communication impairments and frequently have a flow-on effect to social skills. Speech Pathologists would be able to support Itinerant Support Teacher Behaviour (ISTB) in managing students with behaviour difficulties and communication impairments in the classroom and playground.

5. The provision of a suitable curriculum for intellectually disabled and conduct disordered students

It is not within the scope of practice for Speech Pathologists to comment on the current curriculum for intellectually disabled and conduct disordered students. However, our observations are that not only intellectually disabled and conduct disordered students require a suitable curriculum. The curriculum often has leeway to adapt to the needs of students with communication disorders, disability and learning difficulties, often with co-morbid conduct disorders but teachers will require time and often speech pathology support to do so. In other states of Australia such as the Northern Territory, Speech Pathologists are actively involved in curriculum development, working in collaboration with education to develop curriculum goals and targets that are suitable for students of all levels. Alongside modifications to curriculum for these students, it is also important to consider modifying how curriculum outcomes can be assessed. If the current curriculum needs to be modified for an individual student, then assessment of their outcomes should also be modified accordingly.

6. Student and family access to professional support and services, such as speech therapy, occupational therapy, physiotherapy and school counsellors

Inconsistent access to speech pathology school age services for children with communication impairments is an issue across NSW. Students and families in different geographical areas have access to varying levels and types of services. For example, a student in the Liverpool area may be able to access Speech Pathology services at their local school through brokerage service provision (where school decides to spend their funds on speech pathology services which are managed through the health service but at no cost to the health service), community paediatricians for developmental assessments and some services funded through the health centre. In Macarthur, school aged children can access the specially funded Special Class Language (SCL) collaborative service or if less than eight (8) years of age, can access an assessment and six sessions with a speech pathologist in community health. Other local government areas have no health service provided services available for school aged children to access. This inconsistency is echoed across the state. Over the past twenty years the growth of demand for speech pathology in childhood has resulted from the growth in population, a greater community awareness of development and expectation of service and medical advancements in neonatology. This has been exacerbated by either little or no growth in staffing numbers, or indeed in some cases in recent years, a reduction in real levels of speech pathologists available to provide services in the community. These combined factors have necessitated in a trend to limit access to the overburdened public services based upon age, diagnosis and capacity for functional change.

As the evidence shows that the greatest functional impact can be made in early intervention, the trend across the state has been to limit or cease services available for school aged children so that the available staff can be maximised in addressing the children's needs prior to commencing school. As such, the different waiting times and priority systems utilised across NSW health services may exclude, or at the very least significantly limit, the amount of intervention that the school-aged population receives.

To support this, and to assist in addressing the needs of children who are at school, some health services can provide brokerage to schools. However, these have been managed on a school by school or district by district basis and consequently a vast discrepancy for services available to children and their families in their local area. Within Liverpool Health Service, collaborative projects have existed between the Department of Education and Department of Health since 1993. These have primarily focussed on speech pathology services, with occupational therapy projects being recently introduced. There are currently 17 schools involved in collaborative projects.

The aims of the collaborative projects with the speech pathology department are:

- To facilitate the early identification, assessment and management of students with communication difficulties within available resources.
- To promote a holistic, team approach to the management/education of students with communication impairment (teacher, parent, child, and Speech Pathologist).
- To minimise the waiting time for assessment and intervention.
- To promote and encourage parental involvement in the assessment and management of students' communication difficulties.
- To promote the understanding of communication impairments and their interaction with academic development.

The Speech Pathology Australia Association document submitted to this committee noted that "Education Queensland have employed Speech Pathologists, as well as

physiotherapists and occupational therapists, since 1964... This means children with learning difficulties receive the long term specialised support required to reach their potential and reduce the negative emotional academic and social impacts"

Conversely no health professional are able to be employed within the Department of Education in NSW.

Late in 2003, representatives from the NSW department of health Speech Pathology Advisory Group met with representatives from NSW Health and NSW DET to discuss a partnership model of speech pathology service currently in place in Liverpool, and what was previously in place in the Illawarra. The project was to be termed 'Talking Together - Partnerships in Language and Learning'. It was planned that a state level pilot would be implemented in rural and greater metropolitan settings. The aims will include evaluating the critical factors for success as well as streamlining the set up and administration of the service, amongst others. The model being implemented is also consistent with the recommendations of the "Final Report of the Inquiry into Early Intervention for Children with Learning Difficulties Report - Parliamentary Paper No.116 Sept 2003". Unfortunately, whilst a Speech Pathologist was consequently employed for projects within the Department of Education and Training, this project has not been implemented to date

Some families are able to access private speech pathologists. However, this is also very variable across the state due to the paucity of private practitioners in some rural areas and variable approval rates for EPCP

The other challenge that families face in accessing services is that of accessing Diagnostic Assessments. In order to access special classes and/ or ADHC (Aged, Disability, Housing and Community) services, children must be assessed as having intellectual performance at least 2 standard deviations below the mean. There is a great variety in the availability of these services. This has been further exacerbated with the recent changes with Dalwood and the resultant loss of the very valued Multidisciplinary Assessment service. Of the services that currently remain, many are focused upon early Childhood assessment and have exceptionally lengthy waiting times of up to 12-16 months.

Discussions have highlighted that the speech pathology experience is consistent with other disciplines. There has been general agreement amongst the NSW Health Disciplines that children in NSW primary schools require multidisciplinary collaborative approaches of intervention delivered by appropriate levels of qualified staff employed to work within schools as part of the Education team. These staff require quality training, supervision and support to ensure ongoing quality of care.

7. The provision of adequate teaching training, both in terms of pre-service and ongoing professional training

Teachers and Speech Pathologists play distinctive but collaborative roles in the education and support of students with special needs. It is important that the teacher, along with the Speech Pathologist, teaching assistants, special educators, school counsellors, parents/carers etc work as a team in order to provide a coordinated and holistic approach to the student.

According to the Speech Pathology Australia Position Paper (2004), sharing knowledge and skills is essential for the best outcome for students. To facilitate understanding of the educational implications of special needs in communication, it is recommended that Speech Pathologists be involved in the design and delivery of professional development activities for:

- Teachers, paraprofessionals and other personnel, and administrators in schools
- Personnel from other sections of the education authority

- Parents and the community
- Personnel from other departments and agencies
- Student teachers

Within public services there are limited opportunities for teacher training by Speech Pathologists due to service prioritisations and demands. The Language Support and Resource Development Project (LSRDP) in Redfern/Waterloo, which is jointly funded by NSW DET, Catholic Schools Office of NSW and NSW Health, was able to provide education and training to school staff in conjunction with other service delivery options. At the completion of the project, school staff rated the different service delivery options on a 5-point rating scale (no value – very high value), with 55% of staff rating the in-services/presentations a 'very high value'. However Girolametto et al (2007) identified that in-servicing alone for teachers and education staff is not enough to support teachers and students; further support including demonstrations and collaborative work within the classroom itself will create longer-lasting sustainable change.

Education staff would benefit from increased training regarding speech pathology needs at university, prior to conducting post-graduate employment or even prior to student placements. For ongoing professional development, Speech Pathologists have the knowledge and ability to provide training to ISTB staff on managing behaviour problems of children with communication disorders; teachers on modifying instruction for language impaired students; teaching assistants on working with children with communication impairments; curriculum developers on addressing all areas of communication and developing a modified curriculum for those students with special needs; and many more opportunities.

8. Any other related matters.

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Occupational Therapy, Physiotherapy and Counselling Addendum

The collaborative model described in the Speech Pathology response is also relevant and optimal for Occupational Therapy, Physiotherapy and Counselling services. Without ready access to Allied Health staff in the school environment (i.e. Allied Health staff employed by education), students with special needs will not receive the on-going support they need in order to access the curriculum effectively.

Currently in NSW, allied health services are not adequately funded to support school aged students. Inconsistent access to allied health school age services for children is an issue. Students and families in different geographical areas have access to varying levels and variety of services.

While there are long waiting lists for school aged children to access allied health services (6 – 21 months) across NSW, some local government areas have minimal to no ability to service this population.

The following provides examples of current service provision types.

Occupational Therapists provide assessment, intervention and consultation for children who have difficulty with their occupational performance in play, fine motor, self care and sensory motor skills.

Physiotherapists provide assessment, intervention and consultation for children with difficulties in the development or coordination of movement skills.

Counsellors employ a variety of assessment and therapeutic methods, which are tailored to meet the complex and multi-faceted needs of the individual child and family.

Current services to school aged children include:

- assessment
- some time limited individual intervention or group work
- consultation with teachers/parents
- school and/or home program

Students with a disability or special needs require on going intervention and support in the school environment to access the curriculum successfully. Allied Health staff employed by education and based in schools would be best placed to provide the long term specialised support required to assist students to reach their potential and reduce the negative emotional, academic and social impacts of their disability.