

**Submission
No 125**

**INQUIRY INTO STUDENTS WITH A DISABILITY OR
SPECIAL NEEDS IN NEW SOUTH WALES SCHOOLS**

Name: Speech Pathology Australia

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Speech Pathology Australia's Submission to the
Parliament of New South Wales

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

26 February 2017



The Hon Michael Gallacher
Deputy Chair, General Purpose Standing Committee No. 3
Parliament of New South Wales

26 February 2017

Dear Mr Gallacher,

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing more than 7500 members (including 2200 in New South Wales). Speech pathologists are the allied health practitioners who specialise in treating communication disorders and swallowing difficulties (dysphagia).

Communication and swallowing difficulties can arise from a range of conditions and may be present from birth (e.g., cleft palate, Down Syndrome, Autism Spectrum Disorder, cerebral palsy), may emerge during early childhood (e.g., specific language disorder), and/or during adult years (e.g., traumatic brain injury, stroke, progressive neurological conditions, head/neck cancers, dementia).

Students with communication or swallowing disabilities require adjustments to be made to allow them to participate and achieve within NSW schools on the same basis as their peers. Recent research examining NAPLAN outcomes for NSW students with communication problems demonstrates that these students fare worse on every NAPLAN measure at every year level tested compared to their peers.

Speech Pathology Australia welcomes the opportunity to provide comment to the *Inquiry into the provision of education to students with a disability or special needs in government and non-government schools in New South Wales* – specifically as the inquiry's Terms of Reference relate to students with speech, language and communication disability. To inform our submission we have surveyed our NSW members who have experience working with/in NSW schools.

Despite the 2011 Parliamentary Inquiry into students with disability in NSW and the recent 2016 Auditor-General's Report on Supporting Students with Disability in NSW public schools explicitly identifying a lack of access to speech pathology expertise – the situation remains unchanged. NSW primary and secondary schools have no consistent, systematic or sufficient access to speech pathology expertise to assist them to support their students with disabilities. It is hoped that a landmark project currently being undertaken between the NSW Department of Education and Speech Pathology Australia will equip schools to provide best practice support to these students.

Of significant concern are recent changes announced that the NSW Board of Studies Teaching and Educational Standards NSW) to increase the minimum benchmark for NAPLAN testing at Year 9 for a student to be eligible to achieve the NSW Higher School Certificate requirements. These changes will have a disproportionately negative impact on students with communication impairment (and indigenous and culturally and linguistically diverse students).

The roll out of the NDIS within NSW is adding increased complexity for schools to support students with disability. We make recommendations based on our members experience in the South Australian context regarding the interface between disability and education (and the role of private practice speech pathologists in both contexts) to support students who require speech pathology intervention.

Were the Committee to be interested in hearing from experts in the field of speech pathology and education, then we would be very pleased to be available to appear at a hearing for your inquiry. We hope that you find our comments and suggestions useful.

Yours faithfully



Gaenor Dixon

National President

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About speech pathologists and Speech Pathology Australia

Speech pathologists are the university trained allied health professionals who specialise in assessing and treating speech, language, communication and swallowing problems. Speech pathologists work across the life span with infants, children, adolescents, adults and the elderly with communication and swallowing problems. Speech pathologists undertake a four-year undergraduate degree or a two-year graduate entry Masters degree to be qualified as practising clinicians.

Speech pathologists provide services in the acute care (hospital), sub-acute care, rehabilitation and primary care sector (including community health, general practice and mental health services) as well as within other sectors such as disability, residential and community based aged care, education, youth justice, prisons and community settings.

A large proportion of the speech pathology profession 'specialise' in paediatric services – speech pathology services for children and young people. Many of these practitioners work in private practices but in the states of Victoria, Tasmania, Queensland and South Australia a significant proportion are employed directly by the state governments' Departments of Education as part of the educational workforce. New South Wales, Northern Territory and Western Australia have minimal, if any, direct employment by the Departments of Education of speech pathologists in government schools.

Speech pathologists work in both publicly and privately funded services. In recent years, there has been a significant shift in the location of service delivery from a previous emphasis on government employed positions to the private sector, including private practice, not-for-profit and non-government organisations.

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing more than 7500 members (2200 in NSW). Speech pathology is a self-regulated health profession through Certified Practising Speech Pathologist (CPSP) membership of Speech Pathology Australia. Speech pathologists are not required to also be regulated by government through the Australian Health Practitioners Regulation Agency (AHPRA).

About communication and swallowing disability in students

Communication skills underpin the key indicators of successful modern day society, including the achievement of literacy and numeracy, educational attainment, employment, and civic participation. The impacts of speech, language and communication disabilities are far reaching and debilitating, with evidence from Australia and internationally indicating poor educational outcomes, early school leaving, reduced employment opportunities and an increased likelihood of behavioural, social, emotional and mental health issuesⁱ.

Communication and swallowing difficulties can arise from a range of conditions and may be present from birth (e.g., cleft palate, Down Syndrome or Autism Spectrum Disorder), emerge during early childhood (e.g., stuttering, severe speech sound disorder, language learning impairment or literacy learning difficulties), or during adult years (e.g., traumatic brain injury, stroke and head/neck cancers, dementia, Alzheimer's disease, Parkinson's disease).

Difficulties in speech, language, literacy, fluency, voice, social communication and swallowing can occur in isolation or a child may have difficulties in more than one area. Communication disorders encompass difficulties with speaking, hearing, listening, understanding, reading, writing, social skills, and using voice.

All students entering school require solid oral language skills as a foundation skill to support all of their learning but in particular, literacy learning. These underlying oral language skills need to continue to be developed throughout schooling to support curriculum participation and achievement. Students with communication disabilities will require additional support to access and participate in the curriculum and achieve expected educational outcomes.

For the purposes of this submission, we have identified four groups of NSW students with disability (for whom speech pathologists routinely provide intervention):

1. Students whose only disability is speech, language or communication
2. Students who have speech, language and communication disability that occurs in association with another disability (e.g. Autism Spectrum Disorder).
3. Students who have complex communication needs (CCN). These students have speech and language disabilities which arise from, or are associated with, an additional physical, sensory, or cognitive difficulty. They may have little or no speech or have unintelligible speech and may benefit from the provision of alternative methods of communication - termed Augmentative and Alternative Communication (AAC) methods (examples include communication books and boards, electronic communication aids, electronic tablets as well as Apps and access supports such as mounting and switches)¹
4. Students who have oral eating and drinking difficulties and require increased or individual support to ensure that they do not choke during eating/drinking and their intake of food and fluids is adequate while at school.

It is important to understand that communication disabilities can present in many forms in students. It may be 'obvious' to the untrained person that a student has communication needs because of the coexistence with other physical disabilities or because the student is non-verbal or using a system to augment their spoken language.

The communication disability experienced by children in Group 1 however is often invisible to the untrained person. It exists without any 'outward' signs, yet the student's capacity to understand and use language can be severely compromised and the effects on their access and participation (including literacy and learning) can be significant.

Some students' communication support needs will be apparent early in school life, manifested as unclear speech or difficulties in understanding or using language. Other students' needs may become apparent later in their school career when the demand on communication competencies increases. This may present with problems in literacy development, general learning and/or social skills. A student may begin to exhibit behaviours of concern (aggression, clowning around in class, disengagement) because of an underlying/undiagnosed communication disability.

¹ All AAC methods need to be tailored to the specific needs of the individual child. The tailoring to the needs of individuals is completed by a speech pathologist in collaboration with the individual and their family/carers. Tailoring may involve setting up and operating electronic devices, training the individual and family/carers in the use of the device in different communicative contexts (classroom, playground, home etc) and then ongoing review to ensure that use of the device continues to meet the needs of the individual. Tailoring to an individual's needs may require the collaboration of multiple allied health workers (speech pathologists, occupational therapists etc.) depending on the physical capacity of the individual and in an educational setting, should also involve teachers. Most students requiring AAC will be eligible for funding support from the NDIS when it is fully rolled out.

Swallowing disorders affect the ability to safely swallow food or liquids and can lead to medical complications including chest infections/pneumonia, as well as death from choking. The causes of swallowing problems may be genetic, developmental, acquired and may be caused by structural, physiological and/or neurological problems affecting the swallowing function. This may present as difficulty with sucking, drinking, eating, controlling saliva, protecting the airways or swallowing.

Mealtime support may be needed for students with swallowing disabilities. Mealtime support needs refer to supports for a student with eating or drinking (regardless of the cause or underlying diagnosis); it may be needed for a student who has swallowing problems or for those who may have motor, sensory, cognitive, emotional or behaviour issues that impact on the students' ability to eat or drink. For example, mealtime supports might be needed for a student who has a food aversion to different textures, foods or food colours, difficulties judging safe quantities of food and drink to put in their mouth, those that require assistance to put food into their mouth or those who have problems monitoring spillage and cleaning their face. Whilst difficulties with swallowing are often perceived as a 'medical issue' – supports need to be provided within an educational setting for students with swallowing problems to ensure their physical safety (they don't choke) and adequate nutritional intake whilst they are at school. If a student cannot eat and drink safely whilst they attend school....then they are not able to participate in school.

Funding and definitions of 'disability' for students with communication and swallowing disability

It is important to acknowledge that there are a range of terms used to describe a student's speech, language and communication impairments – such as 'problems', 'impairments', 'difficulties', 'delay' and 'disorders' which teachers and speech pathologists may use interchangeably. Many speech pathologists are reluctant to use the term 'disability' when referring to an individual student's speech, language and communication skills. 'Disability' is a confronting 'label' for children, parents, teachers and professionals alike due to the 'invisible' nature of many communication disabilities and the often absent outward signs of any problem with their physical development (Group One students discussed previously). Regardless, the evidence is clear that speech, language and communication problems have a profound and long standing effect on educational participation and attainment – and as such, is a 'disability'.

Speech, language and communication impairments meet the definition of disability as prescribed in the Commonwealth Disability Discrimination Act, 1992 and in the subsidiary legislation of the Disability Standards for Education, 2005. Importantly, speech, language, communication and swallowing impairments would almost always mean that the student met the criteria for 'disability' used by the Nationally Consistent Collection of Data about School Students with Disability (NCCDSS) that requires a functional impact at school (for example monitoring or differentiation in the classroom, or a supplementary or higher level of adjustment).

It is also important to recognise that all students with speech, language, communication and swallowing disability will **not** be eligible for targeted individual funding to support them at school. Students with complex communication needs (Group Three discussed previously) and some students with co-occurring disability conditions (such as Autism Spectrum Disorders) may be eligible for individual targeted funding through the respective government, independent and catholic funding systems for students with disability in NSW. Many of these individuals will also be eligible for individual targeted funding packages under the National Disability Insurance Scheme (NDIS).

Students who fall into Group One discussed previously – those whose only disability is a speech, language or communication disability (e.g. language developmental disorder, stuttering etc.) are unlikely to be eligible for individual targeted educational funding – but still have functional problems that are known to impact significantly on their educational participation and achievement. Schools and teachers

still need to make reasonable adjustments under the Disability Standards to support these students to access and participate in the curriculum. There are no guidelines/information resources available to NSW schools that advise on what are 'reasonable adjustments' for students with communication disability.

In terms of students who have mealtime needs supports – the situation regarding funding of supports is complicated. Some may be eligible for individual targeted funding through school (particularly if their mealtime support needs relate to complex physical disabilities), some may be eligible for support for mealtime support at school from the disability sector (through NDIS funding) and others may be provided with some support through the health sector. The roll out of the NDIS, changing workforce in the allied health provider market in NSW and the lack of clarity of funding/service provision between education, health and disability by the NSW government means that the provision of mealtime support funding to NSW students is ambiguous at the time of writing.

The prevalence of communication and swallowing disability in NSW students

Currently there is limited available data regarding the prevalence of communication and swallowing disorders within the broader Australian population. Conservative estimates indicate there is in excess of 1.1 million Australians who have a communication disorder and one million who have a swallowing disorder. This is comparable with the number of people with Diabetes and three times the number of those with dementia.

There is an overlap of incidence between communication and swallowing disorders, with some people experiencing both due to developmental, disease or injury processes which affect both domains (for example neurological conditions such as cerebral palsy).

There is also evidence that some specific groups of Australians - for example, Aboriginal and Torres Strait Islanders, people who are socio-economically disadvantaged or those in rural and remote areas of Australia are over-represented in prevalence estimates. The Australian Early Development Index (AEDI) reports that indigenous children have three times more hearing problems than non-indigenous children.

The lack of reliable data on the prevalence of communication disorders in Australia was a significant impetus for the federal Senate Community Affairs References Committee to hold an inquiry into the prevalence of communication disorders and speech pathology services in Australia in 2014. The Senate Committee made a number of recommendations that would enhance the quality of information about these people and the services they need and access. A number of these recommendations required collaboration with the NSW Government across the sectors of education, health and disabilityⁱⁱ. The federal Government has not to date responded to the Inquiry's recommendations.

Information from the Australian Early Development Census (2015) which provides a measure of the proportion of children in a community who are 'on track' in various developmental domains at school entry indicates a significant proportion of NSW children are starting school with developmental vulnerabilities in language and communication; 12.1 per cent of NSW children at school entry are developmentally vulnerable or at risk in language and cognitive skills (the child is interested in reading or writing, can count and recognize numbers and shapes) compared with 15.4 per cent across Australia. In NSW, 24.2 per cent of children are developmentally vulnerable or at risk in terms of communication (child can tell a story, communicate with adults and children, articulate themselves) at school entry in comparison to the national average of 23.6 per cent of children. Whilst not all of these children will go on to have a communication disability that will impact on their achievement at school, it demonstrates that a substantial number (about a quarter) of children starting school in NSW have vulnerabilities in the very 'language' of learning – speech, language and communication.

Other studies indicate that language and early literacy problems affect approximately 17 per cent of four year old Australian childrenⁱⁱⁱ. In Australian schools, teachers report 22.3 per cent of children at school entry have poorer expressive language (producing and using speech) and 16.9 per cent have poorer receptive language (understanding) skills than their peers^{iv} v.

Available information about the prevalence of speech, language and communication impairment in secondary school students is skewed by the high number of these students who 'drop out' after Year Ten. However, one study based on NSW students estimated 11 per cent of students in secondary school have a communication disorder^{vi}. In addition, research conducted by the University of Sydney identified 16 per cent of Year Eight students with language impairment^{vii}. This poses challenges for school retention for students with communication disability to the age of 17 (as required under the National Youth Participation Requirement) if these students are not adequately supported to participate and achieve at school. It also has significant implications for achievement of the HSC under the recently announced changes to the minimum benchmark to be achieved at Year Nine NAPLAN testing in order to be eligible to complete the HSC (to be discussed further in this submission).

Why communication disability has a profound effect on students' educational participation and attainment

Oral language abilities – age appropriate expressive and receptive skills - are intrinsically related to the development of literacy. Language-rich environments in the early years of life provide opportunities for children to understand the aspects of language, how to make sounds, combine them into words and ultimately into sentences. Children 'tune in' to the sounds, rhythm and patterns of their language from birth. With their developing competence during the preschool years, they start to recognise and play with the patterns and sounds (phonological awareness) for example through rhyming. Children's awareness of the separate sounds in words (phonemic awareness) then forms the basis for learning the written symbols (graphemes) that match those sounds (phoneme-grapheme awareness). This awareness forms the basis of the essential foundation for literacy learning – systematic phonics-based instruction in the early years of school,

The ability to communicate is fundamental to being able to participate in education. Language is the medium for learning in our schools. Teachers use oral and written language to facilitate learning. Learning is not a passive process – students need language to communicate and interact with teachers, other staff and other students. The ability to use oral and written language affects a student's ability to learn in the classroom, interact with teachers and peers and to develop literacy and numeracy skills.

Typically, developing children follow a profile of development of their speech and language, conceptual and cognitive skills that takes them from babbling to first words through to combinations of words, simple and complex sentences, culminating in being confident communicators who can use both verbal and nonverbal means to express and understand abstract information. Speech, language and communication skills are cumulative throughout a lifespan and typical development in speech, language and communication allows children to participate in early childhood, primary and secondary education.

Children who are not following this typical path of development of speech and language skills face significant challenges in participating in, and reaching the educational outcomes associated with formal schooling. For those children with little or no expressive speech who use a different means of representation (e.g. signs, symbols, encoding) which take the place of 'oral' communication, the challenges are even greater as they face additional barriers to literacy learning.

The importance of the early years to overall child development and the critical ‘window’ of opportunity for early intervention during early childhood is well accepted in international and national research and policy. There is very strong evidence to indicate that early identification of communication disabilities and access to appropriate interventions during the pre-school years can have a profound effect on a child’s health, development, educational and wellbeing outcomes in the longer term. Early intervention provided by a speech pathologist is critical for identifying, assessing and addressing problems in speech and language for young children and ideally occurs prior to school entry. Unfortunately, recent research indicates that only 16 per cent of children whose parents had concerns about their language – actually sought help from a health professional in the 12 months prior to starting school^{viii}.

Research conducted by Charles Sturt University in 2015 (currently submitted to international peer reviewed journal for publication) analysed the NAPLAN outcomes for students who were identified to have a communication problem at school entry. In NSW, students with speech/language problems consistently perform more poorly on NAPLAN than their peers on all sub-tests at all year levels. Table 1 provides the mean difference in NAPLAN scores for NSW students on the different subtests at the different year level testing points. Of note, the largest differences are in the subtest of grammar (for example a 38.34 NAPLAN point difference in means at Year 3).

Students with speech/language problems in NSW are not ‘catching up’ with their peers during primary school and there is no evidence to indicate that they are ‘closing the gap’ in NAPLAN performance throughout primary school – in fact, it would appear on some scales of NAPLAN that the gap is widening between Year 3 and Year 7 (for example, on the subtests of writing and spelling).

Table 1: Mean scores on NAPLAN Subtests for NSW students at each testing year.

Year	Group	Reading	Writing	Spelling	Grammar	Numeracy
Year 3						
	Typical Developing	439.78	447.20	436.58	451.39	431.75
	Speech/language Problems	412.23	421.16	407.79	413.05	410.76
	Mean difference	27.55	26.04	28.79	38.34	20.99
Year 5						
	Typical Developing	523.42	511.59	512.55	535.88	516.02
	Speech/language Problems	494.73	481.13	489.57	503.22	497.59
	Mean difference	28.69	30.46	22.98	32.66	18.43
Year 7						
	Typical Developing	570.76	540.44	570.37	576.34	565.16
	Speech/language Problems	544.76	507.44	540.63	547.13	546.46
	Mean difference	26.00	33.00	29.74	29.21	18.70

Children who begin school with under-developed or compromised oral language skills will not be ready for the intensive focus on learning how to read that school brings. This is particularly the case if the focus on learning to read is at the expense of further opportunities to strengthen their oral language skills that form the basis of the transition to literacy^{ix}. It is impossible to understand the written form of language without a wide vocabulary and familiarity with language structures. As the language demands of school increase in the middle and later years, students who have not mastered these early skills will find it increasingly difficult to move from 'learning to read' to 'reading to learn'.

The NSW schools system has no systematic or consistent way in which to identify students with communication disability early in their schooling (either at school entry or in the first few years of schooling). Recent announcements by the Australian Government to progress a Year One Phonics, Literacy and Numeracy screen is supported by Speech Pathology Australia. This may offer a consistent way to identify more students who are at risk of poor educational outcomes due to communication impairment and provide an impetus for schools to invest in additional supports or make reasonable adjustments to help them achieve at, and participate at school.

International population studies confirm that language impairment is a persistent, long-term disability and a student's ability to participate in the more complex educational demands associated with secondary school can be severely compromised. It is therefore essential that speech pathology services continue for secondary school students. The social and educational failure experienced at primary school can become entrenched for these young people. Secondary students who have a communication disorder have markedly higher support needs than their typically developing peers^x. These needs often go unmet. Secondary school students with language impairment are likely to be disadvantaged by the degree and complexity of the language presented in some classrooms. Making across subject curricular content more accessible to students with a language impairment has the potential to reduce the negative effects of disengagement and failure, by increasing the opportunities for academic engagement and achievement^{xi}. There is very good evidence to indicate a negative trajectory for these young people with increased incidence of disengagement from school, poor educational outcomes, mental ill-health, problematic behaviour, anti-social problems and interaction with the juvenile justice system^{xii}.

The problems faced by young people with communication disabilities may impact all areas of their lives. At school, they are likely to lag behind their peers in learning generally and in literacy

Difficulties in communication will effect on a student's ability to do one or more of the following:

- **Participate fully in classroom activities**
- **Interact with teachers – ask questions, seek help, share comments or retell stories**
- **Interact with other students – either during learning activities or at play**
- **Understand directions (written and verbal)**
- **Retain new information (and link with prior learning and experiences for longer term memory storage and retrieval)**
- **Reason and apply logic**
- **Use language for a variety of purposes in curriculum activities e.g. discuss, explain, comment**
- **Understanding social cues and implied, non-verbal instructions from teachers**
- **Learn reading, writing and numeracy.**

All these are essential skills for participation and engagement in learning opportunities at school.

specifically. UK estimates indicate that up to 50 per cent of these young people leave school early^{xiii}. As a group, young people with communication disabilities generally have, as adults, poor literacy skills and a history of unstable employment in manual labour or unskilled occupations^{xiv}.

The social effects of communication disability can be compounded by the experiences of bullying. Young people with communication disabilities are more at risk of bullying than their peers, and more likely to experience persistent bullying. For some groups, such as young people who stutter, bullying risk is extremely high – with over 80 per cent of adults reporting bullying during their school years^{xv}. Poor educational and social attainments can both contribute towards limiting the life chances of young people. Secondary students with communication disabilities are found to be less independent than their peers – particularly in self-organisational tasks, while 88 per cent of unemployed young men in one study were found to have language difficulties^{xvi}. The resultant cost to the nation in terms of increased take-up in services and loss of earnings^{xvii&xviii} highlights communication as crucial and yet often forgotten skills

Although it is difficult to clearly identify the gap between potential and achieved educational outcomes, there is some international evidence that students with Complex Communication Needs experience similar (as well as additional barriers) to those experienced by students with a primary speech or language disability.

For example, there is evidence that students with Complex Communication Needs (some of whom may use augmented or alternative forms of communication)

- **Have reduced language and literacy levels as a consequence of reduced opportunities for participation, reduced expectations of achievement^{xix} and a lack of individualised learning supports which circumvent barriers to learning**
- **Face barriers to further education and employment due to lower levels of academic achievement^{xxi}**
- **Experience barriers to the development and maintenance of social relationships as a result of their communication disabilities**
- **Have reduced levels of overall participation in the school environment – whether compared with typically developing peers, or students with disability but no expressive communication difficulties^{xxii}.**

Supports for students with communication and swallowing disability

There is no ‘magic bullet’ solution that can be offered to support students with communication and swallowing disabilities to improve access and participation in education – in NSW or elsewhere. Supports need to be tailored to the needs of individual students, and be developed and implemented in partnership with the school, principal, teachers, parent/family and student. There are however very good evidence based interventions that are known to maximise outcomes for students – specifically those that utilise a whole school collaborative approach and includes the expertise of speech pathologists.

Schools have a duty of care to ensure that students are able to safely participate in activities. Students who are at risk of choking or aspiration due to swallowing difficulties require specific support through clear documented mealtime plans written and regularly reviewed by a speech pathologist.

Of note, the NSW Ombudsman continues to report annually of the high rate of choking deaths of people with disability who require mealtime management. Whilst these reviewable deaths occur within residential

facilities by adults, the risk is apparent that people with swallowing disability (including children and young people participating in school) require support in order to prevent avoidable deaths associated with swallowing disability.

Different jurisdictions have different systems in place for the provision of mealtime supports in educational settings. Schools require adequate support from a speech pathologist to understand how to implement these plans. We have been advised by NSW members of our Association of occasions where schools have required parents to attend school at mealtimes to “feed” their children as the school has not been confident to implement mealtime support recommendations without the direct assistance of a speech pathologist.

The clinical nature of speech pathology training includes coverage of neurodevelopmental disorders (such as intellectual disability, autism spectrum disorder, cerebral palsy etc.) which can all negatively impact on educational outcomes. Training also includes addressing and intervening for language based learning difficulties such as Dyslexia. The nature of our training focuses on identifying and addressing problems in speech, language and communication. This detailed knowledge is particularly important when collaborating with teachers working with any child whose communication disability is impacting on their access and participation in schooling. It is also important for children from culturally and linguistically diverse backgrounds (CALD) including Aboriginal and Torres Strait Islander children who may need specific, explicit instruction if the sound-symbol relationship of their home language differs markedly from English. This knowledge is also important for older students whose language-learning impairment continues to impact on their access and participation in schooling as the gap between their language skills and curriculum demands grows.

Speech pathologists and teachers have different but complementary roles in education. Teachers are responsible for and lead the teaching and learning outcomes in curriculum areas. Speech pathologists focus on how students with communication disabilities can access and participate in both the school environment (e.g. interact with other students, request help or clarification from a teacher or educational support worker) and in the curriculum through provision of environmental supports (including equipment, adaptations in the classroom and through adjustments to the pedagogy, strategies and curriculum).

Speech pathologists should therefore be an essential part of the educational team, working alongside teachers to implement effective teaching practices to support literacy development (for whole classes) or to develop adjustments to teaching and assessment for a student with identified needs. Similarly, speech pathologists may collaborate with teachers to plan and implement evidence based group (and/or individual) interventions for students with similar communication, language and literacy needs.

Speech pathologists and families of students with CCN consistently raise concerns about the level of understanding of the needs of their child and their needs in relation to access and participation at school. Educators require support to understand the barriers to learning that children with CCN may experience. Some of these barriers include a reduced vocabulary, reduced receptive and expressive language abilities, limited or non-existent phonological skills resulting from their inability to produce speech or different articulatory patterns due to dysarthria (slurred or slow speech). For example, traditionally, teachers test student’s reading ability by asking them to read out aloud, or to read and provide a verbal response. Educators find it difficult to assess reading and comprehension skills and to know how and where to pitch literacy learning experiences, for children who have no or limited expressive speech. Speech pathologists, along with other members of a multi-professional team including for example educators, occupational therapists and physiotherapists, have a role in identifying and addressing the barriers to participation that students with CCN may experience as a result of the communication difficulties.

Current support for students with communication and swallowing disability in NSW schools

Reliance on the identification of students with 'special learning needs' in NSW at a school level leads to inconsistency of identification of those students with communication disabilities and a wide variance in the support provided to these students.

Speech Pathology Australia members in NSW report that students with underlying communication disabilities are often identified by the school as having 'behavioural problems'. Similarly, students with language based learning problems (such as Dyslexia) or poor oral language skills which put them at risk of literacy learning problems are not identified early and do not receive adequate intervention early in their education. Localised identification processes leads to inconsistency in the types of support being offered to NSW students with disability.

There is no consistent access to speech pathology support for NSW schools and students with communication disability.

In public schools, the NSW Department of Education does not directly employ speech pathologists as part of the government school workforce. Some NSW Principals are choosing to employ or contract private practice speech pathologists to work in their schools. In some areas of NSW, a number of schools are pooling resources to employ or contract a speech pathologist to work across their schools. This is a model of informal 'pooling' to access speech pathology resources to support students with communication disability that is emerging across Australia (even in the jurisdictions where there are Departmental employed speech pathologists).

Like NSW government schools, existing school-based services are at the discretion of individual schools' executive bodies and therefore independent and catholic schools have greater freedom to align instructional practice to student needs. Speech Pathology Australia members report a recent increase in NDIS individually funded children using their individual NDIS packages to receive therapy within private (independent/ catholic) schools – in the absence of these school systems in NSW having consistent access to education based speech pathologists.

There is strong evidence internationally, that a Response to Intervention (RTI) model of speech pathology services in schools is ideal. The RTI model reflects a tiered approach that directs educators through successive levels of strategies for all children and then those with impairments and disabilities. The RTI Model involves three tiers of speech pathology services:

Tier 1: Speech Pathologists work with teachers to increase their capacity, develop resources and design programs and learning environments that improve communication skills of all students in the classroom. Through professional development and training, teachers are supported to identify students who are struggling or who require additional support in developing their language competency. Professional development for teaching staff to increase knowledge of the links between oral language, literacy and learning.

Collaborating with teachers to develop and implement whole of class or whole of school resources and activities that promote oral language development. Working with teachers to implement and evaluate these.

Input into whole of school approaches to screening/identification of children who are struggling and require Tier 2 support.

Tier 2: Speech pathologists provide focussed support for groups of students who have been identified by their teachers as requiring assistance in their communication and language development. This involves collaboration with teachers to tailor the learning environment/activities to meet the communication needs of these students. Collaborative development of programs for classes or small groups of students to enhance skill development in specific areas, such as phonological awareness or narrative skills.

Collaborating with teachers to develop and implement pedagogical strategies that support students with weak communication skills, such as adapting lessons to reduce language complexity, marking important information, or providing elaborations to enhance children's comprehension.

Support for evaluating outcomes, including monitoring students to determine if they are responding to this level of support and identifying students who need to move to Tier 3.

Tier 3: Speech pathologists provide individualised intervention and support to individual students to support their access to the learning environment. For young students (preschool and early primary), this may involve assessment and diagnosis, applications for funding, individual interventions with the student, working with parents and teachers to develop plans to tailor the learning environment and to assist teachers to support these children according to the individual needs. Speech pathologists should play a critical role in planning and supporting key education transition for these students. Comprehensive assessment, diagnosis, applications for funding (where appropriate) to support individual students.

Working with teachers and parents to individually plan and implement programs to develop specific communication skills. Delivery may be by the speech pathologist or through an aide, teacher, or trained assistant.

Individual programming to support children to access curriculum in the classroom- for example developing activities that target specific skills or allow children to use existing skills within age-appropriate curriculum.

Targeted feedback and training for teachers regarding strategies that will best support learning for a particular child.

Monitoring student outcomes to determine if more or less intensive support is needed.

The best practice RTI model is extremely unlikely to be currently used by NSW schools who 'contract' in a private speech pathologist. Members in NSW indicate that in these circumstances, speech pathology expertise is primarily concentrated on individualised assessment for individual students (Tier 3) rather than supporting groups of children (Tier 2) or teaching staff (Tier 1).

Catholic Education in NSW tends to lead the way in student support through indirect and direct student speech pathology interventions with several catholic schools now outsourcing for funding speech

The NSW Auditor General Report 'Supporting students with disability in NSW Public Schools' in 2016 recommended that by July 2017, the NSW Department of Education should provide guidance to schools on supporting students who need occupational therapy and speech pathology services, including working with other providers. The NSW Department has engaged Speech Pathology Australia to produce resources for NSW public schools to support them to provide increased access to speech pathology in their schools. The information 'kit' will provide tailored information for Principals, Teachers, Parents/Carers and for Speech Pathologists about the ways in which speech pathologists can be involved using a whole school approach in supporting students with speech, language and communication needs. The information resources are designed for both primary and secondary NSW schools and are anticipated to be completed by mid 2017.

pathology assessments for their students. A small number of Catholic schools are also investing resources into having a speech pathologist in their school to provide therapy or run group programs for selected students – this is a local school decision. The Catholic education system in NSW also employs a speech pathologist in each region to build the capacity of teachers (a Tier One approach to Response to Intervention).

Speech Pathology Australia members in NSW report that some independent mainstream schools in NSW are being proactive in seeking out support at a school wide level to improve their ability to support students with additional needs. There is a view that the business model of independent/private schools and capacity of families to pay 'gap' or 'extra fees' allows for the purchasing of private practice speech pathology more readily for students in these schools.

The Impact of NSW Higher School Certificate new requirements

In July 2016, the NSW Government announced reforms that the Board of Studies Teaching and Educational Standards NSW (BOSTES) will make changes to the NSW Higher School Certificate (HSC) eligibility requirements from mid 2017. Speech Pathology Australia is seriously concerned that these reforms will result in students with communication impairment in NSW being even more disadvantaged in achievement, retention and completion of secondary school.

The reforms announced mean that students will be required to achieve a higher minimum benchmark (from NAPLAN Band 6 to Band 8) in their Year Nine NAPLAN testing in order for them to be eligible to sit for the HSC. There are a range of exceptions that may be put in place for students with 'disabilities' – however given that there are a large number of NSW students with communication disability who do not qualify for school based individual disability funding – it is unclear if these students will be exempted from the requirements.

It is unrealistic for many students, in particular for those with a learning difficulty or communication disability and those from non-English speaking backgrounds to achieve this higher than average benchmark in order to be eligible to even sit for the HSC – without any investment in supporting them to do so. There has been no corresponding announcement of investment in learning supports to assist students who are at risk of not meeting this benchmark, nor to assist schools to identify these students earlier in their education (primary school) so that they may be better prepared to meet this criteria in their mid-secondary schooling. Such investment would be in line with the United Nations Convention on the Rights of Persons With Disability to ensure that they 'receive the support required, within the general education system, to facilitate their effective education and that individualized support measures are

provided in environments that maximize academic and social development, consistent with the goal of full inclusion.^{xxii} This would also help schools meet the Disability Standards for Education.

Students with communication disability will be at an even higher risk of 'failing' these benchmarks and will be unable to move on to tertiary education. These are students who evidence indicates are already more likely to disengage from formal school early – and these reforms are likely to add further barriers to them participating to completion.

In light of this reform, there are ways to mitigate the impacts this will have on students with communication disability. Speech Pathology Australia recommends:

- That the minimum benchmark for achievement at Year 9 NAPLAN be reduced to a more realistic Band 6 level for ALL students
- That an alternative pathway to tertiary education be considered, for example, students with Autism Spectrum Disorders and dyslexia who are gifted in some areas such as numeracy may have a very significant literacy disorder that means they cannot meet the requirement for NAPLAN. If any exemptions are introduced however, these should be linked to whether the student has been reported to require adjustments under the NCCDSS
- A systematic process for early identification of students with communication impairment who are at risk of poor educational outcomes (and in secondary school at risk of not meeting minimum eligibility benchmarks for HSC). Early identification should occur in early primary school.
- Screening of all Year 7 students' fundamental literacy and numeracy skills so that additional learning needs are identified and managed from the start of their secondary education.
- An increase in literacy and numeracy support from school entry onwards, continuing into and throughout secondary education for students with communication disability (regardless of if it is a stand-alone disability or has co-occurring disability conditions).
- Providing state-wide support to teachers in their professional learning in this area, ideally during pre-service teaching i.e. at the undergraduate level.

Speech Pathology Australia's response to the Inquiry's Terms of Reference

(a) equitable access to resources for students with a disability or special needs in regional and metropolitan areas

The availability of school based speech pathology services and resources for students with speech, language, communication and swallowing problems in NSW is:

- Inequitable, inadequate and variable
- Not supported through systemic government funding or program delivery. Speech pathologists are not directly employed as part of the educational workforce by the Department of Education.
- At the discretion of individual schools – leading to inconsistent access to these resources

"I find each school to be quite different in terms of how supportive they are of [speech pathology] staff coming to the school, where/how they want this support to occur, and how willing they are to liaise with the speech pathologist. Some schools and staff are appreciative of the support and have been fantastic, some are unsure of their role, and others can make you feel quite unwelcome" – NSW speech pathologist

- Where schools purchase in speech pathology expertise, this is usually restricted to a focus on assessment and report writing for funding applications, with limited opportunity for therapy or best practice Response to Intervention approaches
- Where there are school-purchased services, speech pathology is usually focused in the early childhood and primary school years – with almost no speech pathology access and resources for secondary aged students
- In some geographic areas there is no access to speech pathology expertise. This is particularly problematic in rural and remote areas and for small schools due to workforce distribution problems of the speech pathology workforce.

Speech pathologists are not employed by the NSW DET and only limited speech pathology services are supported within Early Intervention services. Currently access to such services is very much at the discretion of individual school Principals.

To address equity issues in access to speech pathology resources for NSW students with additional needs or disability, significant numbers of speech pathologists need to be directly employed as part of the educational workforce. This would support schools in a systematic way to ensure early identification of students with communication and/or swallowing needs in their schools but also to ensure equitable access to intervention and support services for all students (and their teachers) across NSW.

(b) the impact of the Government's 'Every Student Every School' policy on the provision of education to students with a disability or special needs in New South Wales public schools

The 'Every Student Every School' framework included the More Support for Students with Disabilities National Partnerships (MSSD) initiative, which funded teacher and Principal training, equipment and technology and specialist resources for students and schools ceased in 2014. Short term funding programs can provide improved understanding and support of students with disability in some areas but by definition do not represent a systemic change to provide continued support for students with disability within the NSW education system.

Speech Pathology Australia members overwhelmingly call for speech pathologists to be directly and systemically engaged within NSW schools. Involving speech pathologists as part of the educational team would not only provide support and services to students with communication and/or swallowing needs but will also support teachers by raising awareness of communication needs, helping them to identify students with communication and swallowing problems, and to understand the complementary role of speech pathologists within the education setting.

Some speech pathologists who have experience working as educational speech pathologists employed by the Queensland Department of Education report a substantial difference in terms of NSW teachers' knowledge of the speech pathology profession, the services a speech pathologist can provide to their students, and limited knowledge of the importance of oral language to the development of literacy skills.

(c) developments since the 2010 Upper House inquiry into the provision of education to students with a disability or special needs and the implementation of its recommendations

The report of the Legislative Council General Purpose Standing Committee inquiry into the provision of education to students with a disability or special needs in 2011 recommended that the NSW Department

of Education coordinate multidisciplinary teams on a regional level to deliver professional and allied health support services to students with disabilities or special needs in NSW government schools. The report acknowledged Speech Pathology Australia's concern regarding inequity of speech pathology access in NSW schools due to the lack of direct employment of practitioners. This situation remains the same in 2017.

When asked to report on developments since 2010, Speech Pathology Australia NSW members provided a range of responses with some stating that support for students with disabilities is now worse, others saying that there had only been a minimal change, and a small number reporting some improvement in the understanding of communication needs and the subsequent role of speech pathologists by teachers and school communities.

Access to speech pathology services, waiting times for services and funding of services remain major challenges for schools to support students with communication disability adequately and appropriately.

Access to speech pathology services and expertise remains inequitable, sporadic, and in most cases dependent on the discretion and actions of individual school principals in NSW.

The recommendation from the Auditor General in 2016 that the Department of Education develop guidance for schools on supporting students with speech pathology needs is a testament that this remains a significant challenge for students with communication disability in NSW schools. It is hoped that the current project being completed by Speech Pathology Australia and funded by the NSW Department of Education may lead to substantive changes in support for schools, teachers and students.

The roll out of the NDIS within NSW is adding increasing complexity to the context in which schools are seeking to support their students with disability. Speech Pathology Australia members in NSW (some of which work as NDIS private practitioners and/or private contractors in NSW schools) report significant challenges facing schools in negotiating and resolving access to students who are eligible for NDIS supports by NDIS providers.

There is no doubt that the NDIS has increased the supports provided to children and young people in NSW with communication disability. Reports from members indicate that they are now working with children and young people (including those from highly disadvantaged socioeconomic situations) who otherwise would have had no access to speech pathology or other disability supports prior to the NDIS.

“Some schools are indicating that they will not allow therapy to occur at school. They cite space and time issues, but I think they fear being the gatekeepers for a range of services for every child with NDIS funding” – NSW speech pathologist

However, the NDIS therapy approach is an 'individualised' focus that involves one practitioner being funded to work with an individual child with disability. In many circumstances, it is appropriate (and ideal for positive outcomes) for the practitioner to work with the child in their usual life settings (e.g. home or school). NSW schools are fielding a significantly number of requests from individual NDIS practitioners (of various allied health and other disability disciplines) to provide services to individual children on school premise or during school time.

Governments are yet to come to agreement about clarifying the roles, responsibilities and service pathways between the

NDIS and the education systems. Issues can arise for individual students when they have multiple agencies providing services. There are students who will always straddle the intersectorial government jurisdictions (education departments, human services, community services, mental health, health, juvenile justice) and non-government organisations. Speech Pathology Australia has members who provide services under all these different government funding streams and are reporting considerable confusion over service delivery responsibilities in other states (and increasingly in NSW). The risk is that each

sector will assume the needs are being managed by the other sector – to the detriment of the student concerned.

This is of particular concern for students who have specific language disorders or communication disabilities that are ‘stand-alone’ conditions and are not associated with co-occurring disabilities (such as Down Syndrome). It is unclear if, and how, these children will be eligible for NDIS services. At present, there is variable (inconsistent) access for these children across Australia – an issue that has been raised consistently by Speech Pathology Australia with the National Disability Insurance Agency. In a school setting, communication disabilities such as these have profound consequences for participation. In the absence of the child receiving any services prior to schooling for early intervention, the school is likely to need to make even more significant (and costly) adjustments for the student to access/participate in the curriculum.

NSW schools are in the business of ‘educating’, and their priorities need to be to support access and participation in the learning environment for a student with disability.

Individual schools, principals, teachers and speech pathologists should not be placed in positions where they need to make local, individual judgements about who is responsible for what type of support for a student. Clear guidance is needed from the NSW Government and the Department of Education about the interface between the NDIS and the education system; where the provision of reasonable educational adjustments finish and where the provision of reasonable and necessary disability supports starts.

(d) complaint and review mechanisms within the school systems in New South Wales for parents and carers

Speech Pathology Australia members in NSW reported that they were largely unaware of any official complaint and review mechanism within the school system for students with disability and their families.

Speech pathologists highlight a number of problems encountered by families in trying to communicate to schools what their child’s needs were (and in relation to advice from speech pathologists regarding their child’s behaviour and communication needs).

Speech pathologists reported that in many circumstances it appeared that parents were unaware of their rights in complaining to the schools if they believed their child’s educational needs were not being met and that they struggled to access information about how to advocate for their children.

A clear and concise complaint and review mechanism within NSW schools is required in order for parents to feel that they are supported if raising a concern about their child. Equally, resources need to be made available in order to respond to any subsequent action that the complaint and review system recommend.

Recommendations for consideration

Speech Pathology Australia recommends that the Committee consider the following:

1. That the impacts and barriers associated with speech, language and communication disabilities are recognised and adjustments made within an education setting to ensure that the student can access and participate in the curriculum.
2. Implementing the recommendation in the report of the Legislative Council General Purpose Standing Committee inquiry into the provision of education to students with a disability or special needs, that the Department support multidisciplinary teams to deliver professional and allied health support services to students with disabilities or special needs in NSW government schools which includes students with speech language and communication needs.
3. In light of the introduction of new NAPLAN Year Nine achievement requirements for eligibility for HSC it is recommended:
 - That the minimum benchmark for achievement at Year 9 NAPLAN be reduced to a more realistic Band 6 level for ALL students
 - That an alternative pathway to tertiary education be considered, for example, students with Autism Spectrum Disorders and dyslexia who are gifted in some areas such as numeracy may have a very significant literacy disorder that means they cannot meet the requirement for NAPLAN. If any exemptions are introduced however, these should be linked to whether the student has been reported to require adjustments under the NCCDSS
 - A systematic process for early identification of students with communication impairment who are at risk of poor educational outcomes (and in secondary school at risk of not meeting minimum eligibility benchmarks for HSC). Early identification should occur in early primary school.
 - Screening of all Year 7 students' fundamental literacy and numeracy skills so that additional learning needs are identified and managed from the start of their secondary education.
 - An increase in literacy and numeracy support from school entry onwards, continuing into and throughout secondary education for students with communication disability (regardless of if it is a stand-alone disability or has co-occurring disability conditions).
 - Providing state-wide support to teachers in their professional learning in this area, ideally during pre-service teaching i.e. at the undergraduate level.
4. Provide training for teachers to increase understanding of the role speech pathologists have in supporting their students with communication needs and to improve teachers' abilities to identify early signs of communication problems amongst their students
5. That as a matter of urgency, the NSW Government pursue clarification with the NDIS on responsibilities (funding and service delivery) of the interface between health and the NDIS, and separately education and the NDIS for students with disability around provision of and funding for speech pathology supports focused on a child's ability to:
 - participate in communicative interactions and continue their own development of speech language and interaction skills
 - access the curriculum through:
 - provision of environmental adaptations (including training and coaching of teachers) and/or

- adjustments to teaching, and assessment of the curriculum
6. That the NSW Department of Education fund Speech Pathology Australia to develop guidance for NSW schools on mealtime management for students who have swallowing disability.
 7. That the NSW Department of Education fund Speech Pathology Australia to develop guidance information for NSW schools on strategies for teachers to implement 'reasonable adjustments' for their students with communication disability.

If Speech Pathology Australia can assist in any other way or provide additional information please contact Dr Ronelle Hutchinson, Manager Policy and Advocacy on 03 9642 4899 or contact by emailing policy@speechpathologyaustralia.org.au.

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