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Speech Pathology Australia

Speech Pathology Australia's Submission to the

Senate Community Affairs References Committee

Future of Australia's Aged Care Sector Workforce

4 March 2016

Senator Rachel Siewert
Chair
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

4 March 2016

Dear Senator Siewert,

As you know, Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing more than 6900 members. Speech pathologists are university trained allied health professionals with expertise in the assessment and treatment of communication and swallowing difficulties (dysphagia).There are an estimated 1.1 million Australians who have a communication disorder and one million with swallowing difficulties.

We are aware from your work in 2014 on the inquiry into speech, language and communication disorders and speech pathology services, that the Senators within the committee have a very good understanding of our profession. In this submission, we draw your attention to issues relating specifically to speech pathologists working within the aged care sector. We believe that many of the issues that our profession face in the aged care sector have parallels with most of the other health and clinical professions also and will be useful for your consideration in how governments and the aged care sector can develop an appropriately skilled aged care workforce for the future.

We have also reiterated some of the recommendations your Committee made in response to workforce improvements for our profession in your previous inquiry. Whilst it is unfortunate that a government response to your final report has not been made (at the time of writing) we want to assure the Senators that our Association has valued their work and has invested our member resources in some of your recommendations that were practicable to be advanced without government support. Many of these are within the aged care space.

Importantly, this submission provides a summary of the first national survey into speech pathologists working in the aged care sector conducted by Dr Michelle Bennett (Australian Catholic University) and Dr Jade Cartwright (The University of Melbourne). The 'headline' results have been released ahead of publication in peer reviewed academic journals to inform the work of your committee in this inquiry. Speech Pathology Australia has supported this work and is keen to use this research to support our profession's ability to meet the current and future speech pathology needs of our aging population. We would very much welcome the opportunity to appear at an Inquiry hearing for Drs Bennett or Cartwright to discuss their research in more detail and for Speech Pathology Australia to discuss solutions for 'future proofing' our workforce.

We believe that the many challenges facing our profession that were identified in your previous inquiry are an example of what occurs in the absence of government support and investment. So many more older people could be assisted to live the best quality of life they can if the aged care sector and the government work together – this is a time when Government leadership is needed to steer the process and support the sector to develop their aged care workforce.

On behalf of our profession, and older Australians with communication and swallowing difficulties, we hope that you find our comments and suggestions for reform useful in your deliberations.

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 with expertise in treating speech, language, communication and swallowing problems. Speech pathologists work 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 Master's degree to be qualified as speech pathologists. Speech pathology is a self-regulated health profession through Certified Practicing Speech Pathologist (CPSP) membership of Speech Pathology Australia and practitioners are not required to be registered through the National Registration and Accreditation Scheme (NRAS). There are an estimated 8000 practicing speech pathologists in Australia in 2016, with 6700 members of Speech Pathology Australia.

In recognition of the prevalence of communication and swallowing problems and in accessing speech pathology services in Australia, in 2014 the federal Senate Community Affairs References Committee held an inquiry into the prevalence of speech, language and communication disorders and speech pathology services in Australia. As you are aware, at the time of writing this submission, a response from Government to your inquiry's final report has not been released.

We would like to draw your attention to a number of recommendations your committee made to your inquiry when you tabled your report on 2 September 2014. The recommendations cited below relate directly to the workforce issues facing the speech pathology profession within the aged care sector. We will provide comment if any progress has been made by government or our profession in regards to each of these specific recommendations.

We reiterate your recommendations as we believe they reflect workforce challenges for our profession that are also faced by many of the other allied health professions working in aged care and should be considered in regards to the broader aged care workforce.

Recommendations from - Senate Community Affairs References Committee's 2014 final report into prevalence of different types of speech language and communication disorders and speech pathology services.

Recommendation 2

5.77 The committee recommends that the federal government, in collaboration with state and territory governments and other key stakeholders, investigate the current service delivery model for speech pathology services in aged care residential homes in Australia. The federal government should seek information on:

• the capacity—in terms of both skills and resources—of nursing staff within a residential aged-care facility to screen for communication and swallowing disorders;

• the number of speech pathologists directly employed by an aged care residential centre; and

• the number of residential aged care facilities that opt to contract out private speech pathology services, and of these, the number of cases—in a calendar or financial year—where a private speech pathologist has been contracted.

5.78 On the basis of this evidence, the committee recommends that the federal government form a view as to whether these practices are compliant with aged care Accreditation Standards. The findings should be considered as part of the federal government's ongoing aged care reforms.

As you are aware, no commitment has been made by the Australian government as yet to undertake the work your committee advised in your recommendation Two. This recommendation relates specifically to nursing staff skills in screening for communication and swallowing disorders and in relation to the speech pathology workforce profile, demographics and contracting and employment arrangements within residential aged care. Screening by nursing staff for communication and swallowing disorders may be appropriate if a validated tool is utilised and the staff have appropriate training and support from a qualified speech pathologist. For example the Royal Brisbane and Women's Hospital Swallow Screening tool has been developed for nurse administration and has stringent requirements for knowledge and skills prior to eligibility to screen. This tool is utitlised in environments where there is also a referral pathway for speech pathology assessment and management following the screening if the screen indicates that swallowing difficulties may be present, which would be necessary within all contexts where older people may experience communication or swallowing difficulties.

In addition, our members are reporting increasing complexity with the sub-contracting and privatisation arrangements that are occurring and the considerable impact this is having on the private speech pathology workforce.

These issues are common across the allied health sector within aged care environments and we presume that submissions from other allied health professions will alert the committee to ongoing concerns regarding subcontracting and employment arrangements within residential aged care for older Australians to access this type of clinical care and advice. We have recommended that the committee consider a similar recommendation to be extended to all allied health professions working in the aged care sector.

In the absence of Australian Government assistance in speech pathology workforce planning, some in our profession have begun to progress aspects of workforce identification and scoping. Later in this submission, we will provide detail of the key findings from the inaugural research into the speech pathology aged care workforce completed by a collaboration between Australian Catholic University and the University of Melbourne. The preliminary 'headline' findings of this research are presented in this submission, ahead of publication in peer reviewed academic journals in order to inform the work of the committee on this inquiry.

We stress that Australian Government leadership and state and territory government collaboration is crucial to progressing aged care workforce identification and planning in the context of the aged care reforms and the fundamental shift in funding arrangements that are occurring. Whilst the sector (represented most formally through the National Aged Care Association (NACA) of which our Association is an active member) has an important role to play in identifying and improving workforce planning for the aged care sector broadly – in a competitive market place, it is unrealistic to expect the 'sector' to determine the solutions in isolation from government. There must be investment in, and leadership by Governments in workforce planning in the aged care sector.

Recommendation 8

6.68 The committee recommends that the federal Department of Health, in collaboration with state and territory governments, Speech Pathology Australia, and other key stakeholders, prepare a position paper on the most appropriate model of service provision for speech pathologists working in:

- **early childhood intervention services;**
- **the education system;**
- **the justice system;**
- **the health system; and**
- **the residential aged-care environment.**

Unfortunately, there is no indication that the Australian Government has begun work on describing appropriate models of service provision for speech pathologists working in aged care environments as recommended by your committee in Recommendation 8. We believe this work will be of increasing urgency not just for speech pathology, but for all allied health services funded through Commonwealth aged care funding as the reforms to the sector are implemented over the next few years. There are issues relating to sub-contracting arrangements, funding mechanisms that currently restrict (but could promote improved) multi-disciplinary models of service provision that are of significant value in a restorative and reablement model of care. The usefulness of this work might be most effective within the community based, home care model of care of which the current reforms processes promote. We have made recommendations about how this work might be progressed in the absence of the federal Department of Health undertaking this work.

In 2015, Speech Pathology Australia convened a Speech Pathology Aged Care Working Party consisting of leaders in this field in our profession. A key responsibility of the working party is to identify and resolve immediate issues affecting service delivery for clients as they occur during the reform transition. This group is tasked with mapping out current provision of speech pathology services, as well as how service provision models might be most effective for speech pathology in a post 2017 aged care environment, and how our profession needs to respond. The working party is also undertaking work with Regional Assessment Services (RAS) in NSW Health to provide information and training for RAS assessors in identification of communication and swallowing difficulties during an assessment, and when referral to a speech pathologist would be appropriate. This working party is a Speech Pathology Australia member funded activity that we have prioritised in the absence of any commitment by the Australian government to assist in workforce planning for our profession and could be rolled out more broadly if government support and promotion was available.

As your committee is aware, one of the significant challenges the speech pathology profession faces is a lack of robust data upon which to base workforce planning and sophisticated analysis of the cost-benefits associated with our clinical treatment in an Australian context. As you indicated in your Recommendation 9 a cost-benefit analysis of our services within the aged care sector – with a focus on our clinical interventions in a reablement and restoration approach to aged care services within all locations where older people receive services, i.e. community settings as well as residential care, would guide workforce development strategy.

Recommendation 9

6.73 The committee recommends that the federal government commission a cost-benefit analysis of:

• the current level of funding for public speech pathology positions. This should include:

- **the impact on individuals of existing waiting lists;**
- **the limited provision of speech pathologists in the education, aged care and youth justice settings;**
- **the impact on individuals where services are not available;**
- **the impact of limited clinical placements and job opportunities for the speech pathology profession; and**
- **the impact on the Australian community of underfunding these services.**

• the various service delivery models proposed by the federal Department of Health (see recommendation 8).

A commitment by the Australian Government to your Recommendation 9 would be extremely welcomed by our Association, particularly in light of recent studies reveal that choking is the second leading cause of unexpected death in residential aged care facilities in Australia[i]. The Association considers this warrants an evaluation of the cost of speech pathology services to the risk of preventable deaths in older Australians

About older Australians with conditions requiring speech pathology services

Communication is fundamental to healthy ageing. The World Health Organisation (2002) policy framework on Active Ageing emphasises the need for older people "to realise their potential for physical, social, and mental wellbeing throughout the life course and to participate in society according to their needs, desires and capacities". In order to achieve quality participation in all aspects of life, effective communication is essential.

Communication problems encompass difficulties with speech (producing spoken language), understanding or using language, voice, fluency (stuttering), and pragmatics (the social use of language), or a combination of areas. Swallowing problems (dysphagia) affect the ability to safely swallow food or liquids and can lead to medical complications including malnutrition, chest infections/pneumonia and death. Difficulties in communication and swallowing can occur in isolation or the person may have difficulties in more than one area. For example following a stroke a person may have speech, expressive and/or receptive language, and swallowing difficulties.

Communication and swallowing difficulties can arise from a range of conditions and may be present from birth, emerge during early childhood or during adult years (e.g., traumatic brain injury, stroke and head/neck cancers) or be present in the elderly (e.g., dementia, Alzheimer's disease, Parkinson's disease).

While communication problems affect people across the lifespan, the prevalence and complexity of these disorders increase with age. Both communication and swallowing functions are vulnerable to the natural ageing process with changes in cognition, anatomy, physiology, sensory and motor functioning leading to reduced function and increased risk in relation to eating and drinking safely. Similarly, the body's natural ageing process can impact on memory, processing speed, voice, hearing, and speech processes which can have an effect on how effectively the older person can communicate and/or swallow. It is important to note that even subtle age-related changes in communication skills such as voice have been demonstrated to have a significant impact on a person's everyday life and social participation.

There is of course the added possibility of disease or disorder in older Australians, and many common age related conditions including stroke, dementia and Parkinson's disease have a high prevalence of communication and swallowing problems associated with them. The communication problems associated with ageing vary significantly in type and severity.

As the Committee is aware from its investigation in the previous inquiry into communication disorders and speech pathology services, the exact prevalence of communication and swallowing problems in older people in Australia is unknown due to the absence of a national mechanism for data collection and monitoring. Health Workforce Australia in its recent report on the speech pathology workforce noted that despite the number of potential data sources that exist, each has substantial limitations in providing a complete picture of demand for speech pathology services in Australia[ii]. Your committee agreed with this view and stated:

> *"If the community is to benefit from the skill and professionalism of speech pathologists, it is crucial that there is accurate data on the prevalence of speech and language disorders, and the incidence of specific disorders by location and demographic group. The recommendations made later in this report underscore this imperative" (p 20)*

Incidence and prevalence figures for both communication and swallowing problems in older people are commonly related to specific disorders/diseases, for example, stroke, Parkinson's disease, Progressive Neurological Diseases (PND), Alzheimer's disease or mental health conditions. Specific data on swallowing and communication problems known to effect older Australians where assessment or treatment by speech pathologists would be clinically indicated include:

- 15-30 per cent of people aged 65+ living in the community[iii]
- 50 per cent of older adults in nursing homes[iv]
- 50-78 per cent of people who have had a stroke[v]; with 49,000 stroke events in Australia in 2012[vi] the incidence of dysphagia following stroke is between 24,000 and 38,000 new cases in Australia every year.
- 84 per cent of people with Parkinson's disease[vii]
- 100 per cent of people with Alzheimer's, at some point in their disease progression[viii]
- 33 per cent of all people who have had a stroke suffer from Aphasia (the impaired ability to understand or use language) [ix]
- Of all people 65+ with a disability living in the community, 3 per cent report a need for assistance with communication[x]. We believe that these figures from the 2011 ABS Survey of Disability, Ageing and Carers underestimate the true prevalence of disorders of communication in the elderly.
- One in four Australians over the age of 85 has dementia. Communication difficulties are a characteristic feature of the syndrome, affecting both expressive and receptive (comprehension) language abilities. Word finding difficulties are among the first symptoms of Alzheimer's disease resulting in early changes in a person's ability to follow and keep track of conversations. Language abilities deteriorate as the disease progresses and in the advanced stages of dementia communication is severely compromised.[xi]

- About 4,000 people in Australia (70% men and 30% women) are diagnosed with a type of head and neck cancer each year[xii].
- People with a PND have a higher representation in the Home and Community Care program and also in residential aged care[xiii] and are at risk of premature admission to residential care.

Access to services to address communication and swallowing needs is an issue at all ages, across all diagnoses and conditions. Access barriers are likely to be greater for migrant, indigenous, and socioeconomically disadvantaged Australians[xiv]. While recognising that "communication disability creates a major challenge for self-advocacy to be achieved"[xv], we would like to highlight that this is likely to be even more challenging for people whose language and/or culture differs from that of those developing policy or practice strategies.

Speech pathologists are an essential part of the team when it comes to care for older Australians. Speech pathology services cross health (e.g. acute, sub-acute, rehabilitation, community) and aged care sectors for this population, and can include identification of disease/disorder, assessment, intervention, counselling/support of families and caregivers, education of other professionals, case management, consultation, and advocacy. Furthermore, speech pathologists have an important role to play in promoting healthy ageing and minimizing the social, emotional and economic costs associated with communication disability and swallowing disorders.

The current composition of the aged care speech pathology workforce

The committee is well aware of the composition of the current speech pathology workforce due to its recent inquiry – and detailed information will not be repeated here for brevity.

In 2014 Health Workforce Australia (HWA) produced a publication that brought together available information from various sources about the speech pathology workforce in Australia. Speech Pathology Australia worked closely with HWA and provided significant information about our membership numbers to assist in developing this publication.

A typical Australian speech pathologist is female, working part time (about 4 days per week) in her late 30s, has a Bachelor's degree in speech pathology, lives and works in a major city area, is Australian born and works in private practice. The profession has been growing over the past two decades with a sharp increase in the number of practising speech pathologists in the past five years. With an increase in courses (currently 15 universities offer 24 speech pathology programs across 19 locations in Australia) our profession is expected to continue to grow from 700 up to 1,300 new graduates each year.

Speech Pathologists work across public and privately funded services. In recent years, there has been a significant shift in the location of service delivery from a previous majority of government employed positions to the private sector. In 2011, Australian Bureau of Statistics (ABS) data indicated that 57.1 per cent of speech pathologists work in private practice. This is supported by 2015 information from Speech Pathology Australia's membership demographics that indicates that 66 per cent of members work at least some of their working time within a private setting – indicating a further retraction of the publicly employed

speech pathology workforce in Australia. The 2015 Speech Pathology Australia survey also found that 50 per cent of private practitioners are sole practitioners, with the greatest proportion of private practitioners (30 per cent) still in the early years of their career, i.e.1-5 years post-graduation, and only a quarter of private practitioners (24 per cent) at present provide services to older people.

Of most significance to this inquiry is recent research undertaken by Dr Michelle Bennett (Australian Catholic University) and Dr Jade Cartwright (The University of Melbourne[1]) who have recently conducted the inaugural national workforce study into speech pathology service provision in aged care in Australia. This included a national survey in late 2015 of 145 speech pathologists from a range of service settings across Australia. Both qualitative and quantitative data was collected. The preliminary 'headline' findings of this research are being provided ahead of publication in peer reviewed academic journal for consideration of the Committee.

Key findings included:

- The aged care speech pathology workforce resembles that of the broader profession's workforce (e.g. largely female, in metropolitan areas), with a significantly younger profile of new graduates and early career practitioners entering acute settings (hospitals) to work with older people. Mid-to-late career speech pathologists are more likely to be providing services in residential or community aged care settings.
- Most speech pathologists working with older people are primarily employed in hospital settings, with a small proportion employed in residential aged care, and an even smaller proportion employed in community health.
- There is a limited speech pathology aged care workforce across all practice settings in rural and regional areas.
- Regardless of work setting (hospital, community, residential aged care), speech pathologists predominantly provide services for dysphagia management (swallowing) to older Australians. In residential aged care, it is common for services to be one-off consultations rather than ongoing management of the problem.
- Key factors reported by survey respondents that impact on their capacity to provide quality and safe care to older Australians include:
    - funding and service delivery models. Speech pathology services delivered outside of the public hospital system are typically funded by residential aged care facilities (ACFI funding). Other common funding sources include DVA, client funded or Medicare funded smaller proportion of services are funded through private insurance.
    - regulatory frameworks (risk-adverse cultures)
    - education and training
    - lack of professional support, mentoring, clinical supervision and professional development
    - fragmented care that doesn't support effective multidisciplinary team care approaches
    - staffing ratios / large case load pressures
    - contracting arrangements that restrict the ability of the speech pathologist to influence policy and procedures (e.g. meal time support policies in a residential facility)
    - absent or ineffective clinical handover procedures between speech pathologists and residential aged care staff

[1] Dr Cartwright is also employed by Speech Pathology Australia as the Association's Aged Care Project Consultant

  - Absent or ineffective adherence to clinical recommendations made by speech pathologists for individual clients, by residential aged care staff

- Significant concerns were reported regarding overall access to speech pathology services.
- Significant concerns were reported regarding the prioritisation of swallowing over communication services - these concerns were more prominent in residential aged care and community settings than hospital settings.
- There is a lack of understanding by speech pathologists about current legislative / programme level changes across the aged care system (the reforms), which impacts service delivery and professional satisfaction.
- Of significant note, the speech pathology aged care workforce identify client / resident 'buy-in' as a significant barrier to service provision. This relates to the awareness of older adults about the scope and benefits of speech pathology services (broader health literacy).

The projected demand for speech pathology services for older Australians

Given the ageing profile of the Australian population (particularly the frail aged cohort)) and the increase in prevalence and incidence of age-related swallowing and communication problems, it is reasonable to expect to see a significant and steady increase in demand for speech pathology service for older Australians in the coming decades.

The significant lack of robust data about the speech pathology profession and the prevalence of communication and swallowing disorders identified by your committee in your previous inquiry – make a quantifiable estimate of the increase in demand impossible at this point in time.

The Committee however has already concluded from the Inquiry into speech pathology services that there is a significant challenge in even meeting the current demand for speech pathology services – least of all, having a workforce that is prepared for an 'increase' in demand. These conclusions relate to all sectors, including the aged care sector. Your Committee stated:

"The committee has gathered considerable evidence in the course of this inquiry that the supply of speech pathology services has fallen well below demand, leading to considerable waiting times. These delays for public and community-based services are evident in all states and territories. There is some evidence that services are inadequate in socio-economically disadvantaged areas while in many remote areas, the services are simply not there. (5.87 p 77)

There are a number of factors that can support or impede appropriate workforce planning for speech pathology in aged care. We anticipate that a number of these factors that will increase demand are not specific to our own profession, but will have similar impacts on professional practices of many other allied health and clinical professions. These factors include:

1. The increased prevalence and incidence of age-related conditions requiring speech pathology
2. Aged care reforms
3. Expectations of coordinated care and supports to maximise quality of life

Increased prevalence/incidence of age-related conditions needing speech pathology assessment, diagnosis and intervention

The Senate Community Affairs References Committee received significant evidence during their inquiry into speech pathology services of the expected increase in demand for speech pathology services. In fact, a large section of the Committee's final report detailed evidence provided from the Queensland Government, The National Stroke Foundation along with our own Association (pg. 46) about the anticipated increase. Particular factors determining demand will be the demographic aged profile (higher numbers of people in the frail aged cohort), increases in the prevalence and incidence of dementia, stroke and progressive neurological conditions. Demand will also be influenced by the significant increase in comorbidities (particular with mental health) that add complexity to clinical care for all practitioners involved in the care of that older person (not just the speech pathologist).

Communication difficulties represent one of the most prominent, intimate and distressing symptoms associated with dementia, with profound social and emotional consequences, irrespective of an individual's age, type of dementia, severity of dementia, or place of residence. There is a well-documented relationship between lack of social contact and risk of depression and the health consequences, including mortality. With the projected increase in prevalence of conditions such as dementia within the Australian population, increased demand for communication focused reablement approaches is expected.

Reforms to the aged care service system

Speech pathologists play an important role in promoting healthy ageing and minimising the social, emotional and economic costs associated with communication disability and swallowing disorders. Providing wellness and reablement services to older Australians, maximising independence, autonomy, participation, and quality of life is core business for speech pathologists, and the need for early support and proactive interventions is encouraged under this philosophy.

Despite the prevalence of communication difficulties associated with ageing, communication remains vitally important to quality of life. A study of community-dwelling older adults receiving some form of Occupational Therapy [xvi]found that most time was spent at home alone, with almost half of the day engaged in instrumental activities of daily living. When asked to rate the importance of these activities, tasks involving communication were rated among the highest, with using the telephone rated as the most important activity. Similarly, Alzheimer's Society in the UK[xvii] reported that people with dementia recognise 'relationships or someone to talk to' as their top 10 priority for key quality of life indicators, closely followed by the 'ability to communicate'. Such research findings clearly demonstrate how important communication is to the everyday lives, health, and social wellbeing of older Australians living in the community. With the projected risk in prevalence of conditions such as dementia, increased demand for communication focused reablement approaches is expected.

Currently, speech pathologists working with older people are employed primarily in hospital settings, with a small proportion working in residential aged care and an even smaller proportion working in community health. This is in direct opposition to aged care reform aiming to keep people living in their own homes for as long as possible. As such, expansion of the community-based speech pathology aged care workforce

is a priority for a future workforce development strategy. This will include providing targeted training and support to assist speech pathologists in this transition process.

A consumer directed care model of service delivery, such as utilised in the recent aged care reforms, relies on the consumer identifying communication or swallowing difficulties, receiving and understanding appropriate and timely information about services, making appropriate decisions regarding their choice of services, then communicating those decisions in a timely and effective manner. Consumers with communication difficulty may be inherently disadvantaged within this system, and require adequate and timely support, including speech pathology services when appropriate, to allow equitable access to and engagement with the aged care service system.

The social, emotional and psychological consequences of communication disorders for the spouse, carer family members, and the wider social system must also be emphasised and acknowledged. The presence of communication disorders can negatively affect interpersonal relationships, resulting in a loss of intimacy, emotional support, and shared activities. For example, communicating with a person with dementia in a manner incongruent with their language ability can result in agitation and challenging behaviours – and can contribute to caregiver burden and increased risk of early institutionalization. This highlights the critical need for carer interventions that support communication and help maintain and foster positive relationships. A recent review showed a 50 per cent increased likelihood of survival for people who have stronger social relationships[xviii].

Communication difficulties effect not only the individual but can result in an increase in social isolation and poor mental health for carers. Speech pathologists working in the community describe a reduction in self-care by carers, due to the burden of care they are providing to another. Communication difficulties have a negative impact on the relationship between the person and the carer, and can result in significant sacrifice on the part of the carer.

Consumer and governmental expectations of coordinated, multi-disciplinary care

There is increasing expectation by Australians with multiple and/or chronic health conditions that their health and support care needs will be 'coordinated' in such a way as to be appropriate for their care needs and be done so in a timely, effective and financially viable manner.

Speech, language, communication and swallowing conditions experienced by older Australians are frequently complex and ongoing. For example, aphasia following stroke is usually a lifelong condition, and people living with aphasia may require access to speech pathology services over the remainder of their life to enable functional participation in common activities, social interactions and reduce co-morbidity of communication, swallowing and mental health conditions[xix].

We understand that the Australian Government Department of Health is closely considering issues of care coordination for chronic conditions both through the MBS Review and the Primary Health Care Advisory Group process. The Federal parliament has also examined the issue through a parliamentary inquiry into the prevention and management of chronic conditions. There is an opportunity to modernise the way care is coordinated by structuring health funding/items to encourage improved coordination between disparate clinicians (including GPs, nurses, speech pathologists and other allied health) AND

non-clinical staff involved in providing supports for older Australians who require coordination of their care and support needs.

However, the distinctions between aged care, disability and in particular health funding streams are not always clear for providers and for older consumers. Who pays for what? Reforms to the aged care sector that encourage home/community based care that is coordinated with the needs and wishes of an individual will rely on clear distinctions about which sector/or who is responsible for payment of what service. When considering identification of consumer needs, timely referral to appropriate services and coordination between services, two other factors will also have significant impact on access and choice for the consumer. The RAS must have appropriate knowledge, skills and training to identify consumer needs, including for consumers with communication and swallowing difficulties, and the consumer must have sufficient health literacy and support to make appropriate choices.

Factors impacting on the speech pathology aged care workforce

There are a number of factors impacting on the speech pathology workforce's ability to meet the current and future needs of older Australians. Some of these factors are within the control of the Australian and state governments, yet some do require commitment and collaboration with the wider aged care workforce sector. These factors will be discussed below, and include:

1. Competition with the disability and health workforce sectors – funding as a lever to influence workforce
2. Rural, regional and remote speech pathology practice
3. Lack of government collected and reported data on the speech pathology workforce
4. Reduced scope of practice for speech pathologists currently working in aged care
5. Specialisation versus generalism in the speech pathology profession
6. Clinical placements in the training of speech pathology to work in the aged care sector
7. Use of allied health assistants

Competition with the disability and health workforce sectors – funding as a lever to influence workforce

Current employment practices

The employment of speech pathologists within the aged care sector in Australia is not straightforward. There are a range of employment situations in place depending on the site of service delivery as discussed previously. Our workforce is adapting to changing trends in government funding streams and arrangements and there has been a significant increase in the privatisation of the speech pathology workforce in recent years.

The Committee heard evidence about the trend of contracting speech pathology services within residential aged care sectors primarily only for swallowing problems and concluded that:

''The committee is concerned by this evidence, although there it has not been provided with data to confirm these practices. The committee recommends that the federal government in collaboration with state governments inquire into the practices used by residential aged-care centres to screen for speech and language disorders and employ speech pathologists.' (5.76 on page 74).

Competition between funding sources for speech pathology services

Funding options for speech pathology services to older adults include: fee for service (private funding), MBS Chronic Disease Management item, Department of Veterans Affairs (DVA), Commonwealth Home support Program, Private Health Insurance (extras and private hospital private practice care), ACFI, Medicare Follow up Allied Health Service for People of Aboriginal and Torres Strait Islander Descent, state and territory work cover schemes, state and territory traffic accident schemes.

The funding options listed above are not exhaustive of the total options available to access speech pathology services for all ages. Within the private sector, there are challenges in ensuring that there are (and will be in the future) adequate supply of speech pathologists to meet the needs of older Australians. This is not just a 'numbers game' of counting the supply line of speech pathology practitioners through their training processes – it relates directly to funding structures that make the provision of speech pathology services to older Australians through the private sector less attractive than providing services to other clients. At present, and in the future, there will be significant competition for access to the private practice speech pathology workforce from the health, education and disability sectors.

Funding for speech pathologists to provide care to older Australians living in residential care and the community may come from a variety of streams as above, but speech pathologists are more likely to be sub-contracted than directly employed (except in the case of some community health state government funded services or in hospital inpatient or rehabilitation settings). In a residential aged care setting, reports from members indicates that 'communication services' (as opposed to swallowing) are often self-funded by families, which, although better than no funding by the facility, can result in insufficient access due to financial constraints.

The current reforms to the aged care sector aim to provide consumer-directed care and supports – essentially creating a private, competitive market for aged care services and supports. Government funding streams and policies are intimately related to whether or not a private market develops in such a way as to allow consumer choices, as they are essential elements to encourage greater numbers of private speech pathologists to work with older Australians. To achieve a future where there is an adequate speech pathology workforce to meet the specific needs of older Australians, governments' funding and policies need to act to incentivise (or at the very least not to dis-incentivise) private practitioners to provide services for older Australians.

This will, in turn, have profound impacts on how private practices operating in the aged care space can recruit and retain speech pathologists to work with older Australians.

Interaction of aged care speech pathology workforce needs with opportunities within the broader community services sector

Competition for the speech pathology workforce can be examined by comparison of the financial positions. Standard sessions within private practice speech pathology in Australia are usually 30, 45 and 60 minutes in duration. A survey of speech pathology members in July 2015 indicated that the average cost of the following sessions in Australian private speech pathology practice is:

- 30 minute session is $79 (ranges between $45 and $209 with a median of $80)
- 45 minute session is $110 (with a range of $65 to $251 with a median of $110)
- 60 minute session is $143 (with a range between $90 and $293 with a median of $150).

Like any professional health service, the cost of services will vary depending on the clinical complexity of the presentation, the expertise required for treatment, travel time for services provided in locations other than clinic rooms, report writing needed, collaboration and administrative paperwork associated with any team based requirements and the experience of the practitioner.

The financial realities of operating a small private business in Australia at this point in time mean that access to the speech pathology workforce for older Australians will be impacted significantly on the financial viability of providing services to them.

By way of example, the current level of remuneration for speech pathology services provided to eligible veterans through DVA funding is significantly lower than the national averages for private speech pathology services quoted above ($105.80 scheduled fee for one hour compared with $143 national average fee). However, the current fee for speech pathology services provided for NDIS participants is $164 per hour, with additional financial incentives to provide services to remote or very remote participants. In the health sector, the current Medicare Benefits Schedule allows for a fee of $62.25 with a benefit of $52.95 for speech pathology services of at least 20 minutes duration under the Chronic Disease Management program, i.e. potentially equivalent to an hourly rate of $158.85. Reform in the aged care sector has introduced consumer directed care for recipients of aged care supports including speech pathology services, allowing clients to use packaged funds to access private speech pathologists at private fee rates, i.e. at higher rates than the current DVA fee rates, potentially causing a shift away from provision of services to DVA clients.

Reform in the aged care sector in Australia emphasises provision of services in the home/community. However, current funding streams across health, disability, and aged care vary in financial incentives for home based/community based care. Again, given the private nature of the speech pathology market and the financial realities of operating small businesses, consideration needs to be given to how and if funding for speech pathology services to older Australians within their place of residence is supported or encouraged. There are a few examples, DVA currently offer an out-of-rooms loading of $26.45 that is applied to speech pathology consultations that occur outside of a clinic setting. Disparities in costs and rebate for travel is particularly acute in rural areas where travel distance and time may be significant. There may also be very limited options for speech pathology services (and other allied and specialist health services) within easy travel distance for older Australians.

Speech pathology workforce within the public sector aged care programs is significantly restricted. Few HACC funded programs have access to speech pathology services and the scope of practice varies greatly depending on EFT. It would be appropriate, given the prevalence and incidence of communication and swallowing difficulties in older adults, to have a speech pathologist in every HACC team. However, our profession is under-recognised, including limited knowledge of the speech pathologist's role within HACC services, and there is difficulty recruiting successfully to the positions that are funded. Many jobs are advertised multiple times over prior to recruitment.

Rural, regional and remote speech pathology practice

Speech Pathologists live and work predominantly in metropolitan areas. The Speech Pathology Australia survey of Australian speech pathologists in 2105 revealed 76.6 per cent live and work in major cities, 15.9 percent in inner regional areas, 6.5% in outer regional areas and only 1.0 per cent in remote areas. By state, 29.4 per cent live and work in New South Wales, 26.7 per cent in Victoria, 22.3 per cent in Queensland, 10.7 per cent in Western Australia, 7.4 per cent in South Australia, 1.9 per cent in Tasmania, 0.9 per cent in Australian Capital Territory and 0.7 per cent in Northern Territory.

It is evident form these figures that individuals living in rural and remote communities do not have the same level of access to services as those living in metropolitan areas, particularly with respect to those with communication or swallowing difficulties requiring specialised intervention. Speech Pathology Australia advocates a systematic, national approach to providing incentives for speech pathologists to live and work in rural, regional and remote areas to increase access to speech pathologists for people with communication and swallowing disorders.

Lack of government collected and reported data on the speech pathology workforce

To date speech pathology is not an included profession in the National Registration and Accreditation Scheme (NRAS). In the absence of national registration, Speech Pathology Australia maintains robust self-regulation of its members and alongside a number of other non-registered allied health professions has progressed work in establishing the National Alliance of Self-Regulating Health Professions (NASRHP) to facilitate the development of a National Framework for Self-Regulation for Health Professionals. Where possible, this national framework mirrors that required by NRAS in relation to monitoring and systematic self-regulation mechanisms for quality and safety in the delivery of health care by these professions. This framework augments the existing operations of the Association in relation to developing and maintaining the clinical, educational and ethical standards that promote high quality and safe speech pathology care.

Speech Pathology Australia's Professional Self-Regulation Program is the foundation of speech pathology as a self-regulated health profession. The Certified Practising Speech Pathologist (CPSP) credential is the only way of ensuring speech pathologists have the credentials and recency of practice to work as a speech pathologist. This credential is accepted by organisations such as all private health funds, Medicare, Department of Veterans' Affairs, the Commonwealth Home Support Programme for aged care, and for services provided under the Helping Children with Autism and Better Start for Children with Disability programs, who all require speech pathology providers to be CPSP members of our Association.

Beyond the obvious concerns around the systematic monitoring of quality and safety of practice, one of the primary impacts of speech pathology self-regulating outside of any legislated government framework is the absence of robust workforce data that is collected, collated and used to inform workforce planning by any Australian government. The Speech Pathology Australia member database is currently the only way of determining an approximation of the total number of speech pathologists in Australia. Equally, government recognition of nationally standardised self-regulation across the professions that are currently not covered by NRAS could achieve a similar level of data collection. A National Framework for Self-Regulation for Health Professions is being progressed by the National Alliance of Self-Regulating Health Professions (NASRHP) of which Speech Pathology Australia is a founding member.

The Community Affairs References Committee concluded in their report that:

Collecting and analysing Australia-wide data serves a clear policy objective and need. As the following chapters of this report emphasise, one of the key challenges for the speech pathology profession in Australia is to identify the areas of current and prospective unmet demand within schools, hospitals, aged care facilities, correctional services, and rural and remote communities (see chapter 4). The related challenge is to use this information to ensure there are adequate numbers of speech pathologists with the appropriate skills to meet this demand (see chapter 5 and 6). Both these challenges will require careful planning. The committee foresees an important role for the federal and state governments in collaboration with key stakeholders to lead in these processes. (3.42 on page 31)

To date Speech Pathology Australia has not received a commitment to resource the work required to meet this challenge. Some useful discussions have been held with Health Reform Branch, however we are committed to collaborating in workforce planning for our profession.

Reduced scope of practice for speech pathologists currently working in aged care

The provision of speech pathology services to older adults in residential aged care is currently driven, in the majority, by the Aged Care Funding Instrument (ACFI). Scope of speech pathology practice within this environment is limited by the focus on assessment and management of swallowing difficulties, as this condition is indirectly referenced in the Nutrition section of the ACFI. Financial barriers relating to the ACFI have led to inadequate access to speech pathology services for older Australians who require speech pathology services. Speech pathologists have very limited opportunity to assess residents' communication support needs or provide direct interventions to residents that may enhance independence, participation, and quality of life.

Scope and depth of practice when working with older adults in the community has historically been limited by constraints in public funding to access ongoing speech pathology for communication difficulties, with consequent effects on participation and independence, and has been similarly restricted by the boundaries of privately or insurance funded intervention.

There is extremely limited opportunity for a speech pathologist employed on an ad hoc basis or within the funding constraints of a particular service to take a holistic approach towards care, as these arrangements do not provide for consideration of the person's unmet needs and meeting these as appropriate. The effect of these limitations is restriction of the scope of practice for a speech pathologist working with older people. The frustration experienced by speech pathologists working within this limitation has significant effects on attraction, retention and workforce development within aged care.

The recent reform in government policy and funding for communication support is one solution to this, however effects on previous restrictions to scope of practice has had a significant impact on the reputation of working with the aged population and attraction and retention in this workforce.

Specialisation versus generalism in the speech pathology profession

The Speech Pathology Australia Competency-based Occupational Standards[xx] (CBOS) define the minimum skill level and areas of competence of an entry-level speech pathologist:

'An entry-level speech pathologist in Australia must be able to demonstrate competence in any unit of CBOS in paediatric and adult speech pathology practice with both developmental and acquired disorders in the areas of: language, speech, swallowing, voice, fluency, multi-modal communication', i.e. speech pathologists may commence their professional careers as 'generalists' working across a range of ages and caseloads including older people. Whilst initial training is 'generalist' by nature, many practitioners find they concentrate their clinical practice with a particular patient group (paediatrics, adults, and people with complex communication needs) with a particular condition (e.g. head and neck cancer, stroke). As discussed previously, our profession is actively supporting and promoting the growth of the segment of the profession that actively works with older clients or within aged care settings.

Provision of speech pathology services for older people is an area of specialisation within the profession, and there is an increasing evidence base for interventions resulting from targeted research. Speech pathology intervention with older people has the potential to develop into a significant key area of expertise, yet the competition for development of specialist knowledge in other areas means that the majority of speech pathologists working with older adults have reduced opportunities to develop specialised knowledge across the breadth of intervention within this population. Recent reforms in funding for specific populations, such as disability, and continued restricted scope of speech pathology practice with older adults, as described above, result in a threat to the development of a speech pathology workforce that has specialist knowledge across all areas of intervention with the ageing population.

Another factor restricting the development of specialist skills in speech pathology with older people is that many employers seek to recruit speech pathologists with existing experience to reduce the burden of skill development within private practice. This restricts the development of expertise in alternative areas.

The increase in numbers of new graduates provides an opportunity to develop expertise in this area of practice. Early career speech pathologists are looking to private practice for employment in the face of reduced public sector employment opportunities. With appropriate experience and professional supervision and mentoring, early career speech pathologists have the potential to become a well-resourced workforce in this area if supported appropriately to develop skills and knowledge in this area.

Clinical placements in the training of speech pathology to work in the aged care sector

To bridge the service gap and prepare for growing demand for services significant energy must be directed towards educating a future speech pathology workforce to meet the complex needs of older Australians living with communication and swallowing disorders. The challenges of attracting and retaining workers in the aged care sector are widely documented. Universities have an important role to play in designing curricula and providing high quality clinical placement experiences to equip new graduates with the required skills, knowledge and attitudes for working with older adults across the health and aged care sectors.

Robust data is needed regarding the ability of the professions to meet the demand for clinical placements. The significant increase in the number of Universities providing speech pathology courses in the past three to five years has resulted in increased pressure on clinical placements, which has potential ramifications for the number of speech pathologists entering the profession. In order for students to meet CBOS and thus graduate, they must have access to sufficient clinical experience to allow them to meet the outcome standards. Universities report an obvious decrease in the number of placements offered in the public sector resulting in them needing to contact private speech pathologists requesting that they offer placements. However, a number of issues related to providing placements in the private sector need to be resolved before this becomes a viable addition to clinical education within public facilities. These include issues pertaining to payment for the service, access to rebates, costs to the private practice and insurance considerations. Comprehensive data and a detailed analysis of how best to address this issue which impacts on a number of medical and allied health professions, is urgently needed.

As stated previously, it is common for residential aged care providers to privately contract speech pathologists to provide dysphagia (swallowing) assessments and intervention, on an as-needs basis. This sessional and ad hoc engagement has a significant negative impact on the availability of training opportunities for speech pathology students within this setting. A number of universities have approached this situation creatively and are supporting clinical placements within residential aged care settings. For example, Australian Catholic University has instigated a program whereby Year 3 speech pathology undergraduate students are supervised by an ACU funded speech pathologist within adult agencies to provide speech and language screenings/assessments and treatment services to residents. ACU has recognised that, due to financial constraints of residential aged care funding, people with communication or cognitive difficulties are sometimes unable to receive services to address these needs. The program was developed to potentially increase the quality of life of clients, enhance the speech pathology profile within agencies and provide quality placement opportunities for ACU speech pathology students.

Similarly, Curtin University in Western Australia has developed an initiative for training speech pathology students within aged care settings. This speech pathology program identified aged care placements as a strategic focus, providing the opportunity to prepare students for work in this emergent area of practice for the profession. Student placements provide scope for innovation and the opportunity to build capacity for intervention and communication services in the aged care setting. The placement has been successful in preparing students to work in this sector, as reported by Cartwright et al (2015)[xxi]. The student feedback described engagement in the aged care environment and qualitative feedback was positive. Students also showed positive shifts in collaborative practice capabilities and improved confidence working with older adults. Importantly, they demonstrated shifts in positive attitudes towards aged care and connecting with residents with dementia – with a number of the students directly reporting that they were considering a future career in aged care following the placement.

Use of support workers in aged care to facilitate delivery of speech pathology services

Assessment and management of communication and swallowing are core components of the speech pathologists' scope of practice. The profession's education and training is structured to equip the qualified professional with a range of competencies to manage these aspects of health and wellbeing. Assessment, diagnosis, clinical problem solving and therapy planning are complex professional tasks that rely on the interplay and integration of a broad but closely linked knowledge base and therefore is not transferable to support workers.

Speech Pathology Australia supports initiatives to facilitate efficient and effective high quality speech pathology interventions. Appropriately supervised and qualified support workers, working within their scope of practice are perceived as one means to facilitate efficiencies in provision of speech pathology interventions. The Association asserts support workers should not be utilised as a replacement for speech pathologists, but can be a valuable adjunct to the delivery of services by a qualified speech pathologist.

A support worker should only facilitate the delivery of speech pathology interventions if supervised by a speech pathologist, and a range of tasks and activities have been identified as suitable to be undertaken by support workers. The Speech Pathology Australia Code of Ethics (2010) requires the speech pathologist to provide appropriate supervision and accept responsibility for support staff. The supervising speech pathologist therefore must develop key documents, guidelines and protocols to guide the practice of the support worker; and provide supervision, adequate training and establish the competency of the support worker to carry out the delegated tasks. The Speech Pathologist must also ensure that support workers behave in a manner consistent with the Speech Pathology Australia's Code of Ethics[xxii].

The aged care sector workforce includes a large proportion of support workers. Significant challenges within the sector is to attract and retain appropriately trained and experienced people in these roles. Delegation for speech pathology tasks as described may facilitate this imperative, however, Speech Pathology Australia would consider that any delegated work should only be performed under appropriate supervision and guidance by a qualified speech pathologist.

Summary

Speech pathologists are the university trained allied health professionals with expertise in treating speech, language, communication and swallowing problems across the lifespan. This submission draws attention to recommendations made by the Senate Community Affairs References Committee in 2014 following the inquiry into the prevalence of speech, language and communication disorders and speech pathology services in Australia, particularly regarding investigation of current service delivery models and cost-benefit analysis for speech pathology services within aged care.

Australians of all ages including older people rely on effective communication to achieve quality participation in all aspects of life. Communication and swallowing difficulties can arise from a range of conditions and may be present from birth, emerge during early childhood or during adult years. The prevalence and complexity of these disorders increase with age, as both communication and swallowing functions are vulnerable to the natural ageing process and acquired disease or disorders. The exact prevalence of communication and swallowing problems in older people in Australia is unknown due to the absence of a national mechanism for data collection and monitoring, however data relating to specific conditions can be extrapolated to be 15-30 per cent of people aged 65+ living in the community and 50 per cent of older adults in nursing homes. These figures include 100 per cent of people with Alzheimer's, at some point in their disease progression. Thus Speech pathologists are an essential part of the team when it comes to care for older Australians.

Speech Pathologists work across public and privately funded services. In recent years, there has been a significant shift in the location of service delivery from a previous majority of government employed positions to the private sector, with a concurrent increase of private practitioners still in the early years of their career. Most speech pathologists working with older people are primarily employed in hospital settings, with a small proportion employed in residential aged care, and an even smaller proportion employed in community health. There is a limited speech pathology aged care workforce across all practice settings in rural and regional areas. Regardless of work setting (hospital, community, residential aged care), speech pathologists are predominantly engaged to provide services for dysphagia management (swallowing) to older Australians, within severely limited access to speech pathology services for communication difficulties in all settings.

Given the ageing profile of the Australian population (particularly the frail aged cohort)) and the increase in prevalence and incidence of age-related swallowing and communication problems, it is reasonable to expect to see a significant and steady increase in demand for speech pathology service for older Australians in the coming decades. There is a significant challenge in even meeting the current demand for speech pathology services, which should be noted by this committee in planning future workforce in aged care. Factors such as the current aged care reforms and expectations by older Australians regarding services to maximise quality of life will also need to be considered.

Specific factors impacting on the speech pathology aged care workforce include competition between sectors for speech pathology services, the lack of speech pathologists across rural, regional and remote areas, a reduced scope of practice for speech pathologists working in aged care and the training of speech pathologists which impact significantly on attraction and retention of a workforce. Current lack of government collected and reported data on the speech pathology workforce is also a significant hindrance in workforce planning for the profession.

Payment for speech pathology services needs to be funded at a level that will attract experienced clinicians who specialise in working with the older person and in end of life care.

Recommendations for consideration by the Department

Speech Pathology Australia recommends that:

1. The Australian Government ensure through the My Aged Care process that Australians experiencing communication and swallowing difficulties have equitable access to appropriately skilled health practitioners, including speech pathologists – regardless of their age, medical condition or place of residence.
2. The Australian Government could mandate within the new Aged Care Standards currently under development, that access be available to older Australians to specific health workforces (including speech pathologists).
3. That there be an Australian Government developed National Aged Care Workforce Plan – developed in consultation with the aged care sector. This plan needs to identify areas of critical need of workforce supply and demand (including services, rurality and population groups).
4. That there be an Action Plan that sits under the National Aged Care Workforce Plan that is committed to by the sector that has timelines and specific priorities.
5. That the Australian Government provide specific funding assigned for aged care workforce projects in the identified areas of critical need.
6. That specific funding be assigned to workforce education and training programs for the aged care workforce focusing particularly on working with older Australians with dementia.
7. That specific funding be assigned to workforce education and training programs for the aged care workers focusing on the implementation of a restorative and reablement approach to care.
8. That the Australian Government promote to the Regional Assessors Teams that all services commit to undertake the in-service training module developed by Speech Pathology Australia regarding communication and swallowing problems in older people. This is currently being trialled by NSW Health RAS.
9. That specific funding be provided to enable the role out of the Regional Assessment Services training developed by Speech Pathology Australia to all regional assessment teams nationally.
10. That Australian Government funding for aged care services provided by speech pathologists require that the practitioner be CPSP credentialed through Speech Pathology Australia.
11. That the Accreditation standards prescribe appropriate evidence based processes for delegation of clinical speech pathology interventions to carers or other aged care workers. This may be appropriate for other clinical professions also
12. Funding and supports should be made available for nursing, allied health assistants, aged care food suppliers/producers and aged care support workers to implement and assist speech pathology services and recommendations.
13. Funding models for aged care services need to prioritise evidenced based interventions for example speech pathology interventions for communication that maximise the opportunity of an older person's maximising their independence, for example home service delivery models.
14. Aged care funding models need to consider as a matter of priority, care models that enhance coordination of care across a multidisciplinary team for older Australians with complex and chronic conditions.
15. To support appropriate development of a quality private speech pathology workforce for the aged care sector aamendments should be made to remuneration frameworks to recognise actual costs of travel for home or community based service provision.

If Speech Pathology Australia can assist in any other way or provide additional information please contact Trish Johnson at the Speech Pathology Australia National Office on 03 9642 4899 or contact Dr Jade Cartwright, Aged Care Project Consultant by emailing agedcare@speechpathologyaustralia.org.au.

Evidence cited in this submission

[i] Ibrahim, J.E., Murphy B. J., Bugeja, L., Ranson, D. (2015) Nature and Extent of External-Cause Deaths of Nursing Home Residents in Victoria, *Australian Journal of the American Geriatrics Society*, *2015. 63*(5), p.954-962

[ii] Health Workforce Australia, *'Australia's Health Workforce Series, Speech Pathologists in focus'*, July 2014 p. 24.

[iii] Chen, P. H., Golub, J. S., Hapner, E. R., & Johns III, M. M. (2009). Prevalence of perceived dysphagia and quality-of-life impairment in a geriatric population. *Dysphagia*, *24*(1), 1-6. And Butler, S. G., Stuart, A., Markley, L., & Rees, C. (2009). Penetration and aspiration in healthy older adults as assessed during endoscopic evaluation of swallowing. *The Annals of otology, rhinology & laryngology*, *118*(3), 190-198.

[iv] Park, Y. H., Han, H. R., Oh, B. M., Lee, J., Park, J. A., Yu, S. J., & Chang, H. (2013). Prevalence and associated factors of dysphagia in nursing home residents. *Geriatric Nursing, 34* (3), 212–217.

[v] Martino, R., Foley, N., Bhogal, S., Diamant, N., Speechley, M., & Teasell, R. (2005). Dysphagia after stroke incidence, diagnosis, and pulmonary complications. *Stroke*, *36*(12), 2756-2763

[vi] National Stroke Foundation. (2013). *National Stroke Audit – Acute Services Clinical Audit Report*. Unpublished report. Melbourne, Australia.

[viii] Suh, M. K., Kim, H., & Na, D. L. (2009). Dysphagia in patients with dementia: Alzheimer versus vascular. *Alzheimer Disease & Associated Disorders*, *23*(2), 178-184.

[ix] Brady, M. C., Kelly, H., Godwin, J., & Enderby, P. (2012). Speech and language therapy for aphasia following stroke. *Cochrane Database Syst Rev*, *5*, CD000425.

[x] Australian Bureau of Statistics (2013). *4430.0 - Disability, Ageing and Carers, Australia: Summary of Findings, 2012*. Canberra, ACT: ABS.

[xi] Bayles, K.A., Tomoeda, C.K. and Trosset, M.W., 1992. Relation of linguistic communication abilities of Alzheimer's patients to stage of disease. *Brain and language*, *42*(4), pp.454-472.

[xii] Cancer Australia. (2013). *Head and Neck Cancers.* Retrieved February 18, 2014, from http://canceraustralia.gov.au/affected-cancer/cancer-types/head-neck-cancers.

[xiii] Neurological Alliance Australia Submission to the Productivity Commission's Inquiry into Disability Care and Support September 2010. http://www.pc.gov.au/inquiries/completed/disability-support/submissions/sub0521.pdf

[xiv] Ou, L., Chen, J., Garrett, P. and Hillman, K., 2011. Ethnic and Indigenous access to early childhood healthcare services in Australia: parents' perceived unmet needs and related barriers. *Australian and New Zealand journal of public health*, *35*(1), pp.30-37.

[xv] Wylie, K., McAllister, L., Davidson, B. and Marshall, J., 2013. Changing practice: Implications of the World Report on Disability for responding to communication disability in under-served populations. *International Journal of Speech-Language Pathology*, *15*(1), pp.1-13.

[xvi] Steultjens, E. M., Dekker, J., Bouter, L. M., Jellema, S., Bakker, E. B., van den Ende, C. H. M. (2014) Occupational therapy for community dwelling elderly people: a systematic review. *Age and ageing* 33, no. 5 (2004): 453-460.

[xvii] Alzheimer's Society. (2010). *My name is not dementia: People with dementia discuss quality of life indicators.* April 2010. Available online: http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=876

[xviii] Holt-Lunstad, J., Smith, T.B. and Layton, J.B., 2010. Social relationships and mortality risk: a meta-analytic review. *PLoS Med*, *7*(7), p.e1000316.

[xix] Cruice, M., Worrall, L., Hickson, L., & Murison, R. (2003). Finding a focus for quality of life with aphasia: Social and emotional health, and psychological well-being. *Aphasiology*, *17*(4), 333-353.

[xx] Speech Pathology Australia (2011) *Competency-Based Occupational Standards*. Melbourne, Australia. The Speech Pathology Association of Australia Pty Ltd.

[xxi] Sanderson, B., Cartwright, J., Whitworth, A., Oliver, E., Gribble, N. (2015). Educating a future aged-care workforce: Shaping positive attitudes and developing collaborative practice capabilities. *Journal of Clinical Practice in Speech-Language Pathology*, *17*(2), 85-90.

[xxii] Speech Pathology Australia (2010) *Code of Ethics*. Melbourne, Australia. The Speech Pathology Association of Australia Pty Ltd.