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Speech Pathology Australia

Speech Pathology Australia's submission to the

Senate Education and Employment References Committee

Inquiry into the current levels of access and attainment for students with disability in the school system, and the impact on students and families associated with inadequate levels of support

21 August 2015

The Speech Pathology Association of Australia Limited
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Senator Sue Lines
Chair, Senate Education and Employment References Committee
PO Box 6100 Parliament House
Canberra ACT 2600

Dear Senator

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing more than 6500 members. Speech pathologists are the allied health practitioners who specialise in treating speech, language, communication disorders and swallowing difficulties.

Evidence from a number of high quality Australian studies indicate that approximately 20 per cent of primary age children have a speech, language or communication impairment that will impact on their ability to access, participate and achieve in an educational setting.

The impacts of communication disabilities are far reaching and debilitating, resulting in poor educational outcomes (including literacy), early school leaving, reduced employment opportunities and an increased likelihood of social, emotional and mental health issues.

As oral and written 'language' is the medium of learning in our school systems, students with communication disabilities are at a profound disadvantage from the outset. These students need to be identified early (prior to the foundation year of school) and supported so that they can participate in education and develop their literacy and numeracy skills on the same basis as their peers.

Very few students with communication disabilities (without a co-occurring disability like Autism) are eligible for individualised targeted funding. However *all* students with communication disabilities require adjustments and support to allow them to access and participate in education.

Speech Pathology Australia welcomes the opportunity to provide comment to the Senate Education and Employment References Committee's inquiry into the *Current levels of access and attainment for students with disability in the school system, and the impact on students and families associated with inadequate levels of support.* We preface our feedback to the Terms of Reference with a discussion of communication and swallowing disabilities, the critical effect of these impairments on access and participation in education and the work of speech pathologists with these students.

Of note, we detail in our submission research recently undertaken by Charles Sturt University researchers (and awaiting formal publication in peer reviewed journals) about the NAPLAN outcomes of Australian students with communication disabilities. This is the first time these results have been made public and the outcomes are a sobering reflection on how poorly our educational systems are supporting these students.

We have also made specific comments on two emerging issues that are not specific to the Inquiry's terms of reference but which we believe will have a significant effect on students with disabilities. These are the interface of the National Disability Insurance Scheme (NDIS) with the education systems and the supports needed to assist schools to determine funding use within a policy context of increasing school autonomy.

With members working in state-based government education systems, in independent and catholic schools, in specialist schools, across all levels of the education system and within the NDIS – we believe we can provide a unique global perspective on the experiences of students with communication and swallowing disabilities in Australian schools. We are very willing to appear before the Committee or to arrange expert testimony from our members who are nationally and internationally recognised as experts in these areas.

Yours faithfully

Gaenor Dixon, National President

Table of Contents

Inquiry into access and attainment of students with disabilities 4
About communication and swallowing disabilities 4
The prevalence of communication and swallowing disability in Australian students 5
Why communication disability has a profound effect on students' educational participation and attainment 6
Appropriate supports for students with communication and swallowing disability in Australian schools and early childhood education settings 9
Current support for students with communication and swallowing disability in Australian schools and early childhood education settings 11
Speech pathology supports 11
Australian Capital Territory 13
Victoria 13
New South Wales 14
Queensland (QLD) 14
Northern Territory 17
Western Australia 15
South Australia 15
Tasmania 16
Current levels of access for students with disability in the school system 17
Enrolment 17
Participation 18
Current levels of educational attainment for students with disability in the school system 21
NAPLAN outcomes for children with speech and language difficulties in early childhood 22
Completion and exemption from NAPLAN testing 23
NAPLAN outcomes for students with speech/language problems in Australia 24
The NAPLAN outcomes for children with speech and language problems in each state and territory 27
Access to speech pathology services for students with speech/language problems 35
Benefits of improving outcomes for students with disability at school and in further education and employment 36
Funding of students with disability 36
The Nationally Consistent Collection of Data on School Students with Disabilities (NCCD) 37
The interface between education services for students with disability and the Nationally Disability Insurance Scheme 38
An increasing need to support Schools to use funding to best meet the needs of students with disabilities 39
Recommendations 40
Appendix A: Evidence cited this submission 41

Speech Pathology Australia's Submission to the Inquiry into access and attainment of students with disabilities

About communication and swallowing disabilities

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, resulting in poor educational outcomes, early school leaving, reduced employment opportunities and an increased likelihood of behavioural, social, emotional and mental health issues[i]. Over half of the young people in the juvenile justice system have an underlying communication disorder[ii].

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) or be present in the elderly (e.g., 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 develop throughout schooling to support curriculum 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 three groupings of students with disability (for whom speech pathologists routinely provide intervention):

1. Students whose only disability is speech, language or communication
2. Students who have complex communication needs (CNN). 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]
3. 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. It may be 'obvious' to the untrained person that a student has complex 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

[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.

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.

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.

Meal time 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.

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 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. Regardless, the evidence is clear that speech, language and communication problems have a profound and long standing effect of educational participation and attainment – and as such, should be considered a 'disability'.

The prevalence of communication and swallowing disability in Australian students

Currently there is limited available data regarding the prevalence of communication and swallowing disorders within the 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 Australians 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, Australians of Aboriginal or Torres Strait Islander descent, and people who are socio-economically disadvantaged

or are in rural and remote areas of Australia are over-represented in prevalence estimates. The social gradient seen in other health outcomes is clearly evident in available information about communication and swallowing disorders.

Information from the Australian Early Development Index (2012) indicates that 17.4 per cent of Australian children are developmentally at risk or vulnerable in language and cognition and 25.3 per cent are developmentally at risk or vulnerable in communication skills and general knowledge at school entry.

Language and early literacy problems affect approximately 17 per cent of four year old Australian children[iii]. 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 students who 'drop out' after Year Ten. However, one larger study based on NSW students estimated 11 per cent of students in secondary school have a communication disorder[vi]. There is no evidence to indicate that the prevalence of communication disorders in secondary school students would be significantly different from this in other states and territories.

In addition research conducted by the University of Sydney identified 16% of Year 8 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.

It is important to be aware that many studies looking at the speech, language and communication needs of Australian students exclude those students who have additional identified needs (i.e. physical, cognitive or sensory impairments) and as a consequence, the overall need for speech pathology interventions may be further underestimated.

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

The ability to communicate is fundamental to being able to participate in education. Language is the medium for learning in our schools. Educators 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 effectively impacts on a student's ability to learn in the classroom, interact with teachers and peers and to develop literacy and numeracy skills.

It is important, when talking about 'oral language' and the links with learning and literacy, to be aware that students who rely on the use of an alternative representational set (e.g. picture symbols or Key Word Signs) for their expressive communication, experience many similar impacts on communication development, participation and learning. They will often have the same or similar needs as those students who use speech as their primary means of expressive communication, as well as different and additional needs.

Oral language abilities 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,

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.

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].

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'.

Difficulties in communication will impact 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.

There is a wealth of research evidence linking early speech and language competence to learning to read. Reviews of the psychological and speech pathology evidence have identified the impact on learning to read, write and spell of oral language weakness - specifically problems in phonological, semantic and syntactic knowledge[x], and psycholinguistic skills which include cognitive skills which allow for language processing, comprehension and production[xi]. The evidence shows that some children struggle during the initial stages of learning to read, whereas other children who experienced initial success encounter difficulties later on as the reading demands increase[xii].

There is considerable evidence to indicate that children who start out as poor readers remain poor readers, particularly if they do not receive explicit and systematic instruction[xiii]. Evidence from the

speech pathology field supports strategies that focus on explicit systematic instruction in foundation skills (such as phonological awareness, phonics, vocabulary and language structure)[xiv].

It is vital that the impacts and barriers associated with speech, language and communication disabilities – whilst less 'visible' than many physical disabilities, are recognised and adjustments made within an education setting to ensure that the student can access and participate in a way that is congruent with their communication abilities.

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 becomes entrenched for these young people. Secondary students who have a communication disorder have markedly higher support needs than their typically developing peers[xv]. These needs often go unmet.

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[xvi].

The problems faced by young people with communication disabilities may impact on all areas of their lives. At school, they are likely to lag behind their peers in learning generally and in literacy specifically. UK estimates indicate that up to 50 per cent of these young people leave school early[xvii]. 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[xviii].

Longitudinal research has demonstrated that whilst not all young people with communication disabilities have problems with social relationships, a significant proportion of them do. They are at greater risk of social isolation and the development of mental ill-health (specifically anxiety and depression)[xix].

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[xx].

Although it is difficult to clearly identify the gap between potential and achieved educational outcomes, there is some international evidence that students with CCN 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 CCN:

- Have reduced language and literacy levels as a consequence of reduced opportunities to participation and reduced expectations of achievement[xxi]
- Face barriers to further education and employment due to lower levels of academic achievement[xxii]
- 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. [xxiii]

Appropriate supports for students with communication and swallowing disability in Australian schools and early childhood education settings

There is not a 'magic bullet' solution that can be offered to support students with communication and swallowing disabilities to improve access and participation in education. 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 the expertise of speech pathologists.

Speech pathology is an allied health profession that requires completion of a four year undergraduate Bachelor degree or a two-year graduate entry Master degree. Speech pathologists typically specialise in a particular area of practice and those who specialise in working with children and young people are termed 'paediatric speech pathologists'. Many of these work within schools through employment or contracted positions, or through early intervention delivered within an education setting. Speech Pathology Australia has a Clinical Guideline to support speech pathologists working in schools[xxiv], a position statement on literacy[xxv], and is in the process of preparing a clinical guideline on literacy (through a national working group).

Speech pathologists have detailed knowledge of linguistics (i.e. the components of language and speech), how these relate to print literacy and the type of evidence based interventions and strategies needed for individual children to maximise their learning in a classroom context.

The clinical nature of 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 the curriculum.

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. Speech pathologists are the professionals who provide:

- A comprehensive assessment of feeding issues.
- Development of of care plans or guidelines for eating and drinking for individual children attending child care, preschool, school or other community settings, to ensure staff support the child safely during mealtimes.
- Information and training for staff supporting children in educational settings to enable them to understand and implement mealtime plans
- Information and training about specific strategies and techniques required for individual students who have more complex mealtime support needs

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 members of our Association of incidences

where schools have required parents to attend school at mealtimes to "feed" their children as the school has not been confident to implement meal time support recommendations without the direct assistance of a speech pathologist.

Speech pathologists are trained to work as part of the educational team. For example, working with teachers to develop or adjust curricula to support literacy development (for whole classes) or to develop adjustments for a secondary student. Similarly, speech pathologists may work with teachers to plan and implement evidence based group (and/or individual) interventions for students with similar communication, language and literacy needs.

There is strong evidence internationally, that a Response to Intervention model of speech pathology services in schools is ideal. This is similar to a tiered model that occurs in some primary school systems in some states and territories of Australia. 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 Response to Intervention 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 create learning environments that improve and strengthen 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.
>
> 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 better meet the communication needs of these students.
>
> 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 play a critical role in planning and supporting key education transition for these students.

Students in Group 1 rarely require speech pathology interventions that are routinely provided to members of group 2 (e.g. AAC interventions). However, students in group 2 may require many of the same, or similar interventions as students in Group 1 (i.e. for speech, language or alternatives to 'oral' language skills, social communication or literacy support). Many students in Group 3 (i.e. those requiring mealtime supports) will also fall into Group 2 (i.e. have CCN and require AAC interventions). The response to Intervention model has the range of supports in place so as to tailor support to the individual needs of a student.

Whilst a RTI model of speech pathology services is best practice, it is rarely implemented in exactly this way within the jurisdictions' educational systems (those that do have speech pathologists employed). A RTI model is unlikely to be used in secondary schools or to support students with CCN.

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 participate in 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.

One Australian-developed and researched evidence-based collaborative approach to supporting secondary students with language impairment is being implemented across Australia and internationally[xxvi] . The program is a Tier 2 intervention, and facilitates students' access to the curriculum. However the implementations are significantly limited in Australia (in comparison to the United Kingdom) due to the limited provision of speech pathology services in secondary schools in Australia.

Current support for students with communication and swallowing disability in Australian schools and early childhood education settings

Supports for students with communication and swallowing disability in Australian educational settings can be divided into supports available under particular funding programs and support provided through a speech pathologist as part of the educational team.

Speech pathology supports

Access to speech pathology for school aged children occurs through a variety of mechanisms depending on the state/territory, educational system and individual school circumstances of the student. Access pathways include:

- Access to a speech pathologist as part of a state based Early Childhood Intervention Services (which may or may not integrate service within the early childhood education and care setting of the child)
- Access to a state government Department of Education employed speech pathologist in primary school (only occasionally in secondary school) – in Victoria, Queensland, South Australia and Tasmania.
- Access to state government Departments of Health employed speech pathologists who may integrate their care into an educational setting (for example in the Northern Territory or Western Australia)
- Access to speech pathologists directly employed by the individual school
- Access to speech pathologists within specialist schools
- Access to private sector speech pathologists (usually not connected directly with the school)
- Access to a BetterStart, Helping Children with Autism Package (HCWAP) or NDIS funded service provided by an eligible speech pathologist provider (which may or may not integrate with the educational setting of the child).

The variety of options for students to access educational based speech pathology services belies the reality that access is generally inadequate across the country.

Across Australia, the availability of school based speech pathology services for children and young people with speech, language, communication and swallowing problems is:

- Inadequate in number (not enough funded speech pathologists to meet demand)
- Inadequate in service provision (a focus on assessment and report writing for funding applications, with limited resources for therapy)
- Long waiting times, or prioritisation processes that mean that some students never receive services (or 'age out' of eligibility for early intervention prior to school services)
- Focused in the early childhood and primary school years – with almost no speech pathology access for secondary aged students
- Inadequate or non-existent in some geographic areas, particularly in rural and remote areas and for small schools.

Access to speech pathology services for students is particularly problematic for rural and remote based schools. For example, in the Northern Territory, access to services for school aged children is

possible through Department of Health employed speech pathologists. However, these are usually based in urban areas (Darwin or Alice Springs) and 'access' for remote students is at best a consultative service from a visiting speech pathologist. This means that indigenous students in remote communities often have the most limited access to speech pathology services – when they are often the students who need it most due to the high rates of communication impairment resulting from the epidemic of otitis media (ear infections) in the Aboriginal and Torres Strait Islander child population.

Speech pathology services in non-state schools across Australia is also variable. Provision in independent schools is usually a fee-for-service arrangement and paid for by parents. The Glenleighden School in Brisbane is an independent special school that specifically supports students with primary speech-language impairments (communication disabilities not associated with any other disability condition).

Some Catholic education dioceses across Australia also employ speech pathologists to work in schools and in some other dioceses the schools themselves directly employ speech pathologists.

In fact, the plight of students with communication and swallowing difficulties and access to speech pathology services was the focus of a recent federal inquiry by the Senate Community Affairs References Committee into the prevalence of speech, language and communication disorders and speech pathology services in Australia. The final report from the Committee recommended a range of improvements relevant to the education sector. Specific recommendations included[xxvii]:

1. Mapping of language support services across Australia against the Australian Early Development Index information about vulnerable children.
2. An immediate audit of the current speech pathology services for children in Australia
3. A position on the most effective models of speech pathology services in the early childhood intervention services and in the educational system

Notably, the Senate Committee explicitly recommended that governments at all levels work to develop policies that acknowledge and recognise the need to increase access to speech pathology services for people with speech and language disorders.

There is significant variation in eligibility criteria for individualised targeted funding across the states and territories of Australia, and inconsistent definitions and criteria in particular for speech, language and communication disabilities. The past decade has seen governments tighten eligibility criteria for communication disability in response to budgetary constraints. Access to individualised targeted funding to support students with communication and swallowing disabilities differs significantly across the different jurisdiction's educational systems. In addition, programs of support offered in a non-targeted way (such as the Language Support Program funding in Victoria or the NSW Every Student Every School Initiative), also differ significantly across jurisdictions.

Speech Pathology Australia has been informed by speech pathologists, and by families of many instances where families have relocated interstate so as to access improved funding (targeted individualised funding) and school based services for their child who has a primary language disability (speech and language disability without another co-occurring disability).

The lack of attention (and variability across states) to the needs of students with communication disabilities implies that this type of impairment is not considered to be of considerable impact to a student's educational access and attainment. It sends a message to school communities, principals, teachers and families that communication disability is not significant enough of a 'problem' to be funded appropriately.

The range of funding supports eligible for students with communication disabilities in government schools in the various states and territories is detailed below.

Australian Capital Territory

The ACT Government provides individualised targeted funding support for students with disabilities if the student meets the eligibility requirements for intellectual disability, hearing impairment, vision impairment, physical disability, mental health disorder, pervasive developmental disorder, or chronic medical condition. Students with communication disabilities (without a co-occurring disability such as Cerebral Palsy) may be eligible under the 'Language Disorder' criteria if they meet clinical eligibility thresholds and their impairment is having a demonstrable impact on their learning.

The ACT Government does not employ speech pathologists directly in schools (through the Department of Education and Training), but does so through community services. Until June 2016, speech pathology services will continue to be provided to school students through Therapy ACT. At this point in time, it is unclear how supports will be provided to students with communication disability within ACT schools. Younger children (aged prior to school entry) appear to be eligible for ongoing early intervention services through Therapy ACT.

Victoria

The Victoria Government provides individualised targeted funding support for students with disabilities through the Program for Students with Disabilities (PSD). If a child has an eligible condition (e.g. Autism, Down Syndrome) in addition to communication disabilities – then they may be eligible for support through this program. Students who have a communication disability (for Severe Language Disorder) will only be eligible for individualised targeted funding through the PSD if they meet very strict eligibility criteria.

In Victoria, 4% of students have an additional learning need that makes them eligible for their school to receive individualised targeted funding through the Program for Students with Disabilities (PSD). The PSD budget for 2014-2015 was $835.5 million. Approximately 21,000 students were eligible for PSD funding[xxviii].

In 2011, only 1.3% (approximately 263 students) of these students are identified as having 'severe language disorder' under the eligibility categories. It is possible for a student to be eligible for PSD through another eligibility criteria AND also have considerable communication impairments. Severe Language Disorder is the most frequently rejected category of application for PSD (with almost half of all applications in this category being unsuccessful).

The current situation is in contrast to eligibility for the program prior to changes made in 2005 at which time the clinical eligibility for PSD for children with language impairment was tightened considerably AND there needed to be a demonstrated 'critical educational need' – which requires a child to demonstrate problems across a range of areas, equating to more of a global developmental delay rather than a severe disorder in one critical area of development (language). These eligibility criteria are inconsistent with national and international recommendations for diagnosis of a severe language disorder. Changes to eligibility have reduced the number of children receiving PSD under the language disorder category from 6760 in 2005 to 263 in 2011. This reflects a 96.1 per cent decrease in the number of students eligible for individualised targeted funding through PSD who have a language disability (in the absence of another disability).

The Victorian Government does make a funding provision through the Language Support Program (LSP) to school budgets to support schools to provide education to students with impaired communication. The LSP is intended to assist teachers to develop strong oral language competency in children and young people and includes supporting professional development and teaching resources (Tier 1 activities within the RTI model). Whilst a significant investment by the Victorian Government, the LSP funding does not have detailed guidance on how it should be spent by a school to support students with communication disability – and as such, there are no requirements or audit process to ensure program funding is used for language based supports or access to speech pathology expertise.

There are reports of significant numbers of Principals who are purchasing additional speech pathology expertise (either employed or contracted) in addition to the speech pathology resources available through the Department's employed staff. It is unclear how widespread this practice is in Victoria.

New South Wales

Students with disability in NSW have access to individualised targeted funding under a range of disabilities including, language disorders, physical disability, intellectual disability, hearing impairment, vision impairment, deaf/blind, mental health problems and Autism. Students who meet the strict eligibility are classified as having a 'DET confirmed/identified disability' and are eligible to access a range of programs and services. Students without this classification can still be identified as having 'special learning needs' and can also be eligible for some supports and services. This may include access to a support class in a mainstream setting, support from a Learning and Support Teacher or support from the NSW Centre for Effective Reading. The school they attend will also receive a flexible funding package. Principals, through their school learning and support teams, are responsible for identifying students within their school with special learning needs and then determining how the school's resources are used to best meet the learning and support needs of their students.

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 students. Speech Pathology Australia members in NSW report that students with underlying communication disabilities are often identified 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 and provision of support also leads to inconsistency in the types of support being offered.

The NSW DET does not directly employ speech pathologists in schools. Speech Pathology Australia is aware that some NSW principals are choosing to employ or contract speech pathologists to work in their schools. In some instances a number of schools are pooling resources to employ or contract a speech pathologist to work across the schools funding their position.

Queensland (QLD)

In Queensland students with speech, language communication needs are supported through a policy of whole school approach to supporting student learning. This provides a continuum of support for students from quality differentiated teaching for all, through to targeted evidence-based interventions for small groups of students, and through to intensive individualised support for students who continue to require additional support.

As part of this continuum of support, 186 FTE speech pathologists are employed by the QLD Department of Education to provide services to students with communication needs who are enrolled in state primary, special and secondary schools. These services are provided to support students with speech, language and communication needs to access and participate in schooling on the same basis as their peers. These services are provided through the range of levels of support (e.g. through providing support to teachers, small group interventions or individual services to students – or Tier 1, 2 and 3 within the RTI model).

The Department also provides targeted individualised funding to schools for students who have a severe primary spoken communication disorder that has a significant impact on their access and participation in schooling. However, an unintended consequence of access to this funding with limited speech pathology support at school is that frequently speech pathologist time is spent completing assessments so that schools can access the targeted funding - but once the student has met the criteria for individualised funding, the student may no longer access the speech pathologist as the school prioritises the therapy time elsewhere in the school. The additional targeted individualised funding does not include additional speech-language therapy time for schools, but rather additional teacher and teacher aide hours.

For those students that do not attract targeted individualised funding, schools will often report that they are unable to make required adjustments- including providing adequate access to a speech pathologists or simple curriculum adjustments that would support improved learning outcomes for the student.

The current *Great Results Guarantee* funding which was given directly to schools with only the requirement that evidence-based interventions were provided to improve the literacy and numeracy for the school, has resulted in an increase of school-purchased speech pathology positions in QLD. An additional approximately 81 speech pathology positions (FTE of 57.1) were purchased by state schools across QLD. This indicates a recognition by school principals of the pervasive impact of communication disabilities on literacy and numeracy outcomes and the skills of the speech pathologist to support schools in addressing those needs.

Western Australia

Students (including kindergarten children) with disability in Western Australia may be eligible for individualised targeted funding if they meet criteria under the following categories: Autism Spectrum Disorder, hearing impairment, global developmental delay, intellectual disability, physical disability, severe medical health condition, severe mental disorder and vision impairment. Students with communication disability (without a co-occurring conditions) are not eligible for individualised targeted funding but may be eligible for education through one of five Language Development Centres (LDCs) operated by the Department.

The LDCs provide intensive support for young students who have significantly limited or disorders speech and language development from kindergarten through to Grade Two. Most LDCs are co-located with a mainstream school and all are within metropolitan areas of WA. The LDCs offer early intervention educational services and employ specialist teachers and speech pathologists with a view to transitioning the student to a mainstream school setting by mid primary school. The finite capacity of the LDCs means that there is a significant 'wait list' for access to the services – and many children will 'age out' of eligibility by the time a place is available. Access and referral to LDCs relies on effective identification and diagnosis prior to school entry (usually through the community health system).

The LDCs provide an 'outreach' consultancy service to public schools (both primary and secondary) in Western Australia. The service supports schools with professional development to enable educators to cater more effectively for students with communication disabilities. These services are akin to the 'Tier 1' speech pathology services discussed previously and focus on whole-of-school capacity building activities and early intervention services delivered by classroom teachers.

South Australia

In recent years, South Australia has been through a significant period of change in which children and students with communication disabilities received services.

In the early education space, a recent program of support has been introduced through the 41 Children's Centres (servicing children from birth to pre-school entry). There is usually a mixture of both speech pathology and occupational therapy service provision available in each centre. Speech pathologists in children's centres work from a preventative perspective, taking into account the social determinants of health and working toward early intervention to address children's developmental needs, promote early identification and intervention to minimise developmental delays. Some short-term intervention is provided, but in the main speech pathologists help families identify other providers in the community that will provide long term intervention.

South Australia's Department for Education and Child Development (DECD) currently employs 79FTE speech pathologists to provide services in the state's preschools and schools. The main aim of these services is the identification of children and students with speech and/or language disabilities, and profiling the likely effects of these disorders on access and participation in school.

For students identified with speech and/or language disabilities, DECD provides access to some special provisions under the 'Students with Disability Policy' - if students can demonstrate a severe

communication disability (which is likely to be long term) and has a considerable adverse effect on participating in curricular activities on the same basis as their peers.

Provisions for students with speech and/or language disabilities in South Australian schools include;

- Access to one of eight Preschool based 'Speech and Language Programs' - based within a mainstream kindergarten setting, and administered by a specialist teacher and a speech pathologist.
- Access to one of seven junior primary based 'Speech and Language Classes' (foundation to Year 2) - attached to a mainstream school and staffed by a specialist teacher, school support officer and a speech pathologist. Demand for places within the speech and language classes in particular is high, with a maximum of 56 enrolments that can be filled across the State. No programs or classes are available outside of the Greater Metropolitan area.
- Access to an annual amount of Students with Disability funding - to be used to purchase supports to meet the student's need.

In 2014, 8.9% of students in South Australian governmental schools are verified as presenting with one of the seven disabilities under the Students with Disability policy[xxix]. These disabilities are: language disability, speech disability, intellectual disability, global developmental delay, Autism spectrum disorder, sensory disability (vision) and sensory disability (hearing).

This equates to 14,883 students. Most of these students would benefit from the specialist knowledge of a speech pathologist.

However, our members report that an unintended consequence of limited speech pathology support at school is that frequently speech pathologist time is spent completing assessments so that schools can access the targeted funding. Once eligible, the speech pathologist can make recommendations as to how the funding is spent, but there is no capacity for the speech pathologist to review the impact of such intervention or update plans in response to progress. Another inadvertent effect is that the majority of DECD speech pathologists' time is spent in individual assessments as opposed to working within classrooms and helping to build the capacity of all students.

Due to the large number of students identified with communication disabilities at school entry in South Australian schools, a significant proportion of speech pathology services are delivered in preschools and the first few years of primary school. Services provided to students in middle and upper primary, and secondary schools are not common.

Neither the Catholic Education nor the Independent school sectors in South Australia employ speech pathologists. While the Catholic Education will provide a special educator service to children with speech and language disorders, the expectation of sourcing and paying for a private speech pathologist rests with families.

South Australia acts the current trial site for NDIS funding of children aged 13 years and under, and this has had a significant impact on how school aged students with disabilities access speech pathology services. A description of the impact of this funding is provided later in this submission.

Tasmania

Students with disability in Tasmania may be eligible for individualised targeted funding under the Severe Disability Register categories of intellectual disability, physical disability, Autism Spectrum Disorder, Physical/medical disability, psychiatric disability, multiple disability, full person care, vision impairment and hearing impairment. Tasmanian students whose disabilities are not deemed 'severe' enough to be eligible for individualised targeted funding may access support through support teachers at each school and specialised expertise from Learning Services (which including employed speech pathologists, social workers, Autism consultants, psychologists etc). Schools may also use funding from their School Resource Package general funding to purchase additional support for students with

additional needs. There are also four special schools in Victoria and four early childhood intervention services operated through the Department of Education.

Northern Territory

Students with disability in the Northern Territory have access to individualised targeted funding (if they meet eligibility) under the Special Education Support Program. Students with co-existing disabilities (such as Autism Spectrum Disorder, Down Syndrome) are likely to be eligible – however students who have primarily a communication disability (in isolation to other conditions) are not eligible for this funding.

Speech pathologist are not employed in schools by the Northern Territory Department of Education. One FTE speech pathologist is employed as part of the multidisciplinary team in the Speech Language and Communication team of the Department and provides very limited consultancy services to schools. Some access to speech pathology services in a school based setting is available through speech pathologists employed by the Department of Health.

Very recently, there has been an increase in schools directly employing speech pathologists in the Northern Territory. This has primarily occurred within the Darwin metropolitan region.

Current levels of access for students with disability in the school system

Issues of 'access' for students with disability in the education systems can be considered in terms of access by way of enrolment processes, and access by way of their participation in the learning environment.

When considering current levels of access for students with disability, it is important to emphasise the Disability Standards for Education (2005) are an important legislative foundation that prescribes the rights of people with disability to access and participate in education on the same basis as people without disability.

Whist the legislative basis of the Standards is critical; the implementation of those standards is significantly varied across Australia. It varies according to states and territories, according to sectors (independent, government etc.), educational level (early childhood, primary, secondary), in response to different disability types, different schools and in relation to different teachers. There are examples of excellent practice at the school and teacher level where the Standards have been implemented to the benefit of individual students and school communities. However, in general, the feedback from Speech Pathology Australia members is that the way the Standards are implemented is highly variable. This is particularly problematic in rural and regional areas of Australia where there is limited choice for alternative schools if a student's needs are not being met.

Enrolment

Current levels of access to the education systems through enrolment of students with disability are generally good. Feedback from our members indicates that by and large, primary schools do not discriminate against students with speech, language and communication disabilities on enrolment. However, reports indicate that some private secondary schools 'do not cater' for students with additional learning needs – and thus, the only available option for students is government secondary schools. It is widely accepted that the government secondary school sector has a disproportionate representation of students with disabilities.

However, there are a significant number of examples to raise concerns that some mainstream schools are actively discouraging parents from enrolling their child with a disability in their local mainstream school. The Standards do allow for this, through providing for consideration of 'reasonable adjustments' and indicating in the guidance notes regarding Clause 3.4.2 "…If in a particular situation the school could show that a student would be better off in another available school which had the adjustments required by the student, then this would clearly be a factor in determining whether any significant adjustment at the school would be reasonable".

In some situations, this has had the effect of schools encouraging parents to look elsewhere, particularly at alternative schools that have experience with students with those particular educational needs. There are a number of schools that now educate a disproportionate number of students with particular types of communication disability – adding to the educational burden of that school, creating informal 'specialist' schools and concentrating expertise in educating students with disability in particular schools/areas and individual teachers. Speech Pathology Australia believes that this is an unintended outcome of how the Standards are interpreted and of limited understanding of disability, rather than any conscious, or deliberate attempt by schools to discriminate against students during the enrolment process.

The Committee is referred to recent research by Children with Disability Australia, indicating that of their survey respondents, close to a quarter of children with disability (23 per cent) had been refused enrolment because the school was not adequately resourced to support the student.

Speech Pathology Australia supports the principle that parents should be provided with an opportunity to choose the school that they believe will best meet the needs of their child with a communication disability. There is some evidence that students with CCN) achieve better educational and vocational outcomes if they attend a mainstream school.

While some states and territories have specialist schools which may offer a greater level of expertise and resourcing to address the additional needs of children with communication disabilities, feedback from members indicates that there is often an embedded 'push' to steer children with disability into mainstream schooling or towards dual enrolments. The option of 'choice' for parents (whilst technically available) appears to be neither encouraged nor promoted to parents when they are choosing a school for their child with disability. Parents should not be discouraged from opting (and advocating) for their child to attend a specialist or a mainstream school if they believe that a particular school will be the most appropriate and most supportive learning environment for that child. This should be a genuine choice with appropriate support for the student's communication needs regardless of which school setting is chosen.

Participation

Feedback from speech pathologists working in schools indicate that over the past five years, they have witnessed an improvement in access and participation of students with diagnosed developmental or acquired disabilities in school systems across the country. This improvement is seen to be concentrated in the early years and primary school sectors – and again, there is variability in how participation has improved and if improvements have been seen for students with different levels of needs.

Generally however, current levels of *participation* by students with communication disability (particularly for those children who have solely or primarily communication disability) needs to be greatly improved.

Our members indicate that they have not witnessed any improvement in access and participation of students with communication disability within the secondary school system across Australia. Estimates of the prevalence of communication disorders in secondary students are as high as 16 per cent[xxx]. Problems with negative and anti-social behaviour at school are likely to be the 'presenting' issues, with behaviour masking an underlying problem with language and communication[xxxi]. An assumption is that any 'problems' with language and communication would have been resolved in primary school – and access to speech pathology expertise and advice within secondary schools is largely non-existent across Australia. The only way schools are able to make the 'reasonable adjustments' for students with disability, are if those disabilities are recognised/identified in the first instance, and educators have an understanding of what may be needed to improve access and participation for these students. In the case of some communication disabilities – these are usually not identified within the secondary school setting. So whilst some states (for example, Queensland) do have access to speech pathology services for secondary students, they are not effectively accessed due to a lack of understanding of the needs of these students.

Issues remain with the use of the term 'reasonable adjustments' within the Standards. This term can be broadly interpreted and appears to provide the education provider with an 'out clause' in fulfilling their obligations to the student with a disability. This is particularly concerning in the absence of robust compliance and accountability systems to ensure education providers are meeting their legal obligations.

By way of illustrating how critical it is for teachers to be responsive in learning strategies and providing education materials to the needs of students with communication disabilities, one of our members reported an example of an early primary school student with a mild intellectual impairment and Autism Spectrum Disorder who was competent in the use of Proloquo2go – a symbol supportive communication app for iPad/tablet that was used because the child was non-verbal. Despite the student managing well with assistance, the teacher rejected the use of the AAC in the classroom as it was considered too 'disruptive' for other students. No alternative communication method was developed and the student was essentially 'gagged' for the remainder of the year. In a situation where the student was totally reliant on the AAC device for communication, the actions of the teacher prevented the student accessing and participating in education – not to mention, contravened their universal human right to communication.

Speech pathologists specialising in school based services frequently recommend whole class based oral language programs (programs the teacher can implement to the benefit of all children in the classroom but which will increase the capacity of individual children with communication disabilities to participate in the curriculum). Some members report that they are unwilling to recommend this approach to teachers even when they believe a child or groups of children would benefit from this learning strategy. Their reluctance is because they see teachers struggling already to implement the programs and curriculum required for the classroom and are reluctant to place additional pressures on the teachers. Whilst this is a pragmatic decision by individual speech pathologists about what is 'possible' in a given classroom, it does show that the context of education delivery is so demanding that adaptation of learning strategies and education materials to meet the needs of individual children with disability is considered to be *additional* workload for teaching staff and not necessarily an integral part of normal teaching responsibilities.

It is important to note that there are also many examples of teachers who have gone far beyond that what might have been expected, to tailor learning, resources and materials to meet the needs of an individual student with a communication disability.

The experience of speech pathologists across Australia is that whether a child has their learning needs met really depends on the skills, interest and confidence of the teacher that they can meet the student's needs and how well that teacher is supported to do so by their school community and Principal. The devolution of funding responsibility to schools provides a context in which Principals determine the use of funds, and if and in what ways those funds will be used to support teachers and students with disabilities.

The ability for children with a communication disability to access the curriculum with support from teachers in tailoring learning strategies and the provision of appropriate education materials should not be left to 'chance' that they may have a teacher, Principal and school community willing and able to do this. The inconsistency in how this is performed across the education system undermines efforts to provide quality education to students with disability.

There is no one learning strategy or adaptation of education materials that will be appropriate for all children with speech, language and communication disabilities – and therefore standard adaptations cannot be mandated. What can be mandated however is that when reasonable adjustments are being made for an individual child that other members of the support team (including speech pathologists, psychologists etc.) are included in the planning of these adjustments.

Feedback from speech pathologists working in the education sector across Australia indicate that while there are some examples of excellent transition planning for students with disability, by and large this is poorly performed and does not meet the needs of students, their families or teachers. There is extreme variation in how this is conducted and implemented.

Key transitions that require supported and effective planning for students with speech, language and communication disabilities include:

- Transition from preschool to Foundation/Prep year
- Transitions from year to year (in primary and secondary school)
- Transition from primary to secondary school
- Transition from secondary school to tertiary education or employment.

Some states and territories have established processes to support these transitions. An example is in Victoria, with the development of kindergarten teacher/parent developed 'transition statements' for children beginning school or the use of the English Online Interview during the foundation year where a teacher conducts an assessment of a student's English skills early in the school year. These type of processes are extremely important for all children (but especially for children with disability) to identify their needs early and establish what adjustments might be needed to support their access and participation in primary education. What is absolutely critical however is that these processes lead to meaningful and considered changes to what occurs for that child – namely, that transition statements are *read* and understood by the new teacher or that the teacher interprets and *uses* the outcomes of the English Online Interview to make adjustments for the student.

The development of Individual Education Plans (IEPs) for students is a critical support to facilitate smooth and effective transition for students with speech, language and communication disability. It provides the opportunity for teachers, students and parents to identify what works well for an individual child and what is a challenge and ensure that this is communicated to the new school/teacher as part of the transition arrangements. Opportunities for a student to spend some time in a new classroom and meet a new teacher can be of significant benefit. Similarly opportunities for a speech pathologist (or other support staff) to work with a teacher prior to the student being transitioned into their classroom can be of enormous benefit both to the teacher, the speech pathologist and ultimately to the student. These opportunities are not routinely available. When liaison does occur, the speech pathologist is usually called in to 'consult' with the teacher *after* a period of 'settling in' by the student. During this 'settling in' period the student may have experienced failures and anxiety (leading to behavioural reactions and difficulties with peers) – much of which may have been avoided if advice was sought *prior* to the transition occurring.

This reflects a lost opportunity to identify key strategies and adjustments that support a student's access and participation at school, and ultimately impacts on a teacher's workload as they need to 'get to know' the student and determine appropriate strategies each year.

The involvement of parents, their capacity to advocate for their child's needs and to work collaboratively with teachers and the schools is critical to identify strategies, adjustments and supports needed to facilitate their child's maximum access and participation in school.

The quality of IEPs varies considerably. Speech pathologists have cited several examples of being asked to sign (or becoming aware of) an IEP that lists speech pathology therapy and goals and purports to have included them in the development of the IEP, despite not being involved in the planning process. It is their view that some IEPs are developed solely to meet the regulatory needs of the state/territory education departments and are developed without consultation with support staff nor with parents/families.

Speech Pathology Australia believes that there should be increased rigour (with appropriate guidelines) on how to develop, implement and review IEPs that will effectively facilitate the provision of appropriate adjustments including transition strategies for students with disability.

Of note, reports from our members indicates that some students with communication disabilities are being intentionally excluded from standardised testing (NAPLAN in particular). This is presumed to occur due to the low expectations teachers have of these students potential performance on these tests. This is also supported by the recent survey results from CDA regarding reports from parents of school activities their children were excluded from, and the research conducted by Charles Sturt University (and detailed in following sections).

Current levels of educational attainment for students with disability in the school system

There is very strong evidence both in Australia and internationally of poor educational outcomes for students with communication disabilities.

Research conducted by Charles Sturt University researchers in 2015 has for the first time, statistically demonstrated the poorer educational attainment of students with language problems on standardised educational assessments in Australia. The research was conducted by Professors Sharynne McLeod and Linda Harrison and Dr Cen Wang, from the Research Institute for Professional Practice, Learning and Education at Charles Sturt University, with funding support from Speech Pathology Australia.

Information about the methodology and outcomes of the research is presented here (ahead of publication in peer reviewed journals) for the purposes of informing the discussions of the Committee for this inquiry. It is the most contemporary evidence base for educational attainment for children with communication disability in Australia. Technical details of the study have been prepared and are being submitted for publication in a peer reviewed academic journal.

In summary, the research examined NAPLAN testing at years 3, 5, and 7 for children from the Longitudinal Study of Australian Children (LSAC) who had been identified by parents as having speech and language problems when they began school. The research factored in any effects from gender, socioeconomic position (SEP) of the family, language background other than English (LBOTE), Indigenous status, if the child had hearing problems and if the child was identified as having a disability (disability expected to last more than six months such as Autism, Cerebral Palsy etc).

The research found:

1. **Students with speech and language problems were more likely to be excluded from NAPLAN testing than students without these problems.**
2. **Children with speech and language problems achieved significantly lower scores on every NAPLAN test (reading, writing, spelling, grammar and numeracy) at years 3, 5 and 7 compared to students without these problems.**
3. **Students who had both expressive (using) and receptive (understanding) language problems had the poorest NAPLAN outcomes.**
4. **Poorer outcomes for children with speech and language problems were observed in each of the states and territories - with little evidence that the 'gap' in outcomes was reduced over time.**
5. **Most students with speech and language problems had not seen a speech pathologist.**

NAPLAN outcomes for children identified with speech and language difficulties in early childhood

The aims of the research were to examine outcomes on NAPLAN testing for children with speech and language problems in comparison to children with typical speech and language.

Data sources:

The Longitudinal Study of Australian Children (LSAC) and National Assessment Program – Literacy and Numeracy (NAPLAN).

The Australian government's NAPLAN is an annual assessment for students in years 3, 5, 7 and 9 that commenced in 2008. Four domains are assessed using five subtests: reading, writing, language conventions (including spelling, grammar and punctuation) and numeracy. National minimum standards are set for each domain that correspond to the basic level of knowledge and understanding needed for a student to function at that educational year level.

The LSAC is a nationally representative study commissioned by the Australian government to examine the lives of approximately 10,000 Australian children at two yearly intervals across their childhoods. Recruitment for the LSAC study was via the Medicare database and the recruitment process ensured proportional numbers of children in each state and territory, and ensured appropriate numbers of children in metropolitan and regional/rural areas of Australia. There are two cohorts of children within LSAC:

1. Kindergarten (K) cohort – approximately 5000 children who were aged 4-5 years in 2004 (when the first wave of the study began)
2. Birth (B) cohort – approximately 5000 children who were aged 6-12 months in 2004.

LSAC data are collected every two years and cover a range of health, development and wellbeing indicators about the child and their family. Data is by parent report, teacher report, child-self report and direct assessment of a child's vocabulary, school readiness and other outcomes. To date, five waves of data are available for analyses: the K cohort to age 12-13 years, the B cohort to age 8-9 years. A further release of data will be released in late 2015.

The LSAC data set includes linked data to NAPLAN results for individual children whose parents have provided consent to the linking. For this research, the Kindergarten (K) cohort's NAPLAN results for years 3, 5 and 7 were analysed.

Participants in the study:

NAPLAN results were analysed for 4,332 children within the K cohort of LSAC whose parents responded to questions about children's speech and language when children were 4-5 years and 6-7 years and who had linked data to NAPLAN.

It is important to acknowledge that children with low receptive (understanding) language scores were more likely to be excluded from the study sample. The researchers undertaking the LSAC and NAPLAN data linking reported that "children's level of receptive language and vocabulary was significantly associated with not having NAPLAN data linked"[xxxii]. Further analysis was conducted on exemptions and is presented below.

Children's speech and language problems were identified from parents' responses to two questions from the Parent's Evaluation of Developmental Status (PEDS) questionnaire – asking about if parents have concerns about how their child talks, makes sounds or understands what is being said. These questions have been used in other research published in international peer reviewed journals to differentiate children in the LSAC who have speech/language problems and those that do not[xxxiii].

The sample for the research included 1,442 children who had speech/language problems and 2890 children who had typical speech/language for their age. The researchers then further separated the children with speech/language problems into three groups - children with only expressive problems

(N=834), children with only receptive problems (N=159) and children with both receptive and expressive problems (N =449).

Examination of a range of demographic variables indicated that children with speech/language problems were more likely to be of lower family socioeconomic position, were more likely to be boys, were more likely to be from language backgrounds other than English (LBOTE), and were more likely to have had hearing problems or been diagnosed with a disability expected to last more than 6 months. These demographic variables were accounted for (statistically controlled for) during the analysis of the children's NAPLAN scores. Thus, the results of the research reflect differences in academic achievement for the two groups of children (speech/language problems compared to typical speech/language skills).

Data analyses:

Two-group tests were conducted to test for differences in children's NAPLAN participation or exemption, using chi-square comparisons.

A series of Analysis of Covariance (ANCOVA) tests were conducted to examine outcomes for NAPLAN reading, writing, grammar, spelling and numeracy at years 3, 5 and 7. The analyses controlled for the five covariates (sex, SEP, LBOTE, disability, hearing) to eliminate bias due to pre-existing differences between the groups of children. ANCOVA produces estimated marginal means for each of the groups – these are the mean scores after statistically removing the effects of the other covariates). Using estimated marginal means provides a better test of whether the differences in NAPLAN scores across the groups are due to speech and language problems, rather than to any other variables.

ANCOVA tests were conducted to investigate if the group differences on NAPLAN were similar for different states and territories.

Research findings:

Findings from the study are presented below in relation to completion and exemption from NAPLAN testing, NAPLAN outcomes for the two groups of children including state and territory differences and findings relating to access to speech pathology services.

Completion and exemption from NAPLAN testing

NAPLAN testing occurs every two years for children in years 3, 5 and 7. If students are absent on the day of testing, they do not complete NAPLAN testing. Additionally, students can be exempted from testing. Exempt students are defined by the Australian Curriculum, Assessment and Reporting Authority (ACARA) if:

1. they come from a language background other than English and who have arrived from overseas less than a year before the test; or
2. if they have significant disabilities.

Students who are exempted are not included in the calculation of participation rates for NAPLAN nor in the calculation of mean scores[xxxiv].

The research examined if children identified as having speech/language problems completed all NAPLAN testing for their year group (reading, writing, spelling, grammar and numeracy), were absent but not for all the NAPLAN tests, were absent for all the NAPLAN tests or were exempt from NAPLAN testing.

Results indicate that whilst the number of exempt children was small, children identified as having speech/language problems were more likely to be exempt from NAPLAN testing than children with typical language skills (e.g., 1.7% vs 0.1% exempt in Year 3).

Table 1 NAPLAN status in years 3, 5 and 7 for students in the typical and communication impairment groups.

Year	Group	Completed all	Absent but not for all tests	Absent for all	Exempt
Year 3	Typical	96.90%	2.00%	1.00%	0.10%
	Communication Impairment	94.80%	2.50%	1.00%	1.70%
Year 5	Typical	96.40%	2.30%	1.30%	0.10%
	Communication Impairment	95.50%	1.90%	1.10%	1.50%
Year 7	Typical	96.00%	2.60%	1.10%	0.30%
	Communication Impairment	93.30%	3.10%	1.70%	1.90%

Although the LSAC samples were originally identified using nationally representative sampling techniques based on the Australian census and Medicare data, the sample used in the research on NAPLAN outcomes included fewer children with speech/language problems than the original LSAC sample. There are two reasons for this. Firstly, significantly fewer parents of children with language problems agreed for their children's LSAC data to be linked to the NAPLAN scores[xxxv]. Secondly, significantly more children identified with speech/language problems were excluded from NAPLAN testing.

It is likely that had these children with speech/language problems (who were exempted from NAPLAN or did not have their NAPLAN data linked) been included in NAPLAN testing data used for this research - there would have been an even greater difference between the NAPLAN scores for children in the typical group compared with children with speech/language problems.

NAPLAN outcomes for students with speech/language problems in Australia

Analysis showed significant differences in the NAPLAN outcomes for children with speech/language problems compared to children without these problems. This was even after controlling for sex, SEP, LBOTE, disability and hearing problems.

Children with speech/language problems had poorer NAPLAN outcomes for every NAPLAN test at every year of testing (Figure 1).

Importantly, the results indicate that both groups of students' NAPLAN outcomes did improve over time – however the children with speech/language problems had consistently lower scores and did not 'close the gap' in their NAPLAN outcomes over time.

Figure 1 Differences in NAPLAN scores (estimated marginal means) over time for typically developing children (n = 2,890) and children with speech/language problems (communication impairment) (n = 1,442).

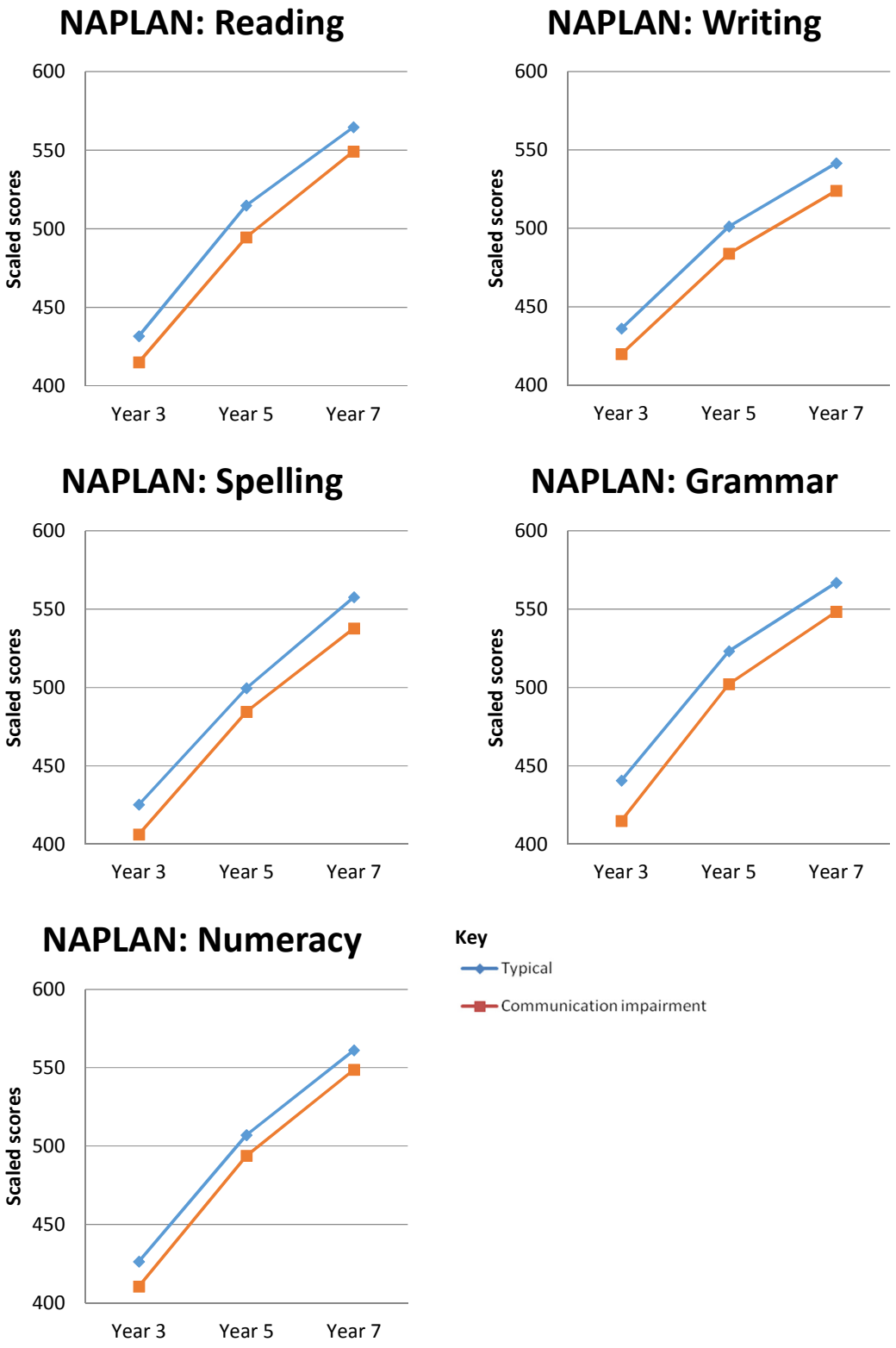
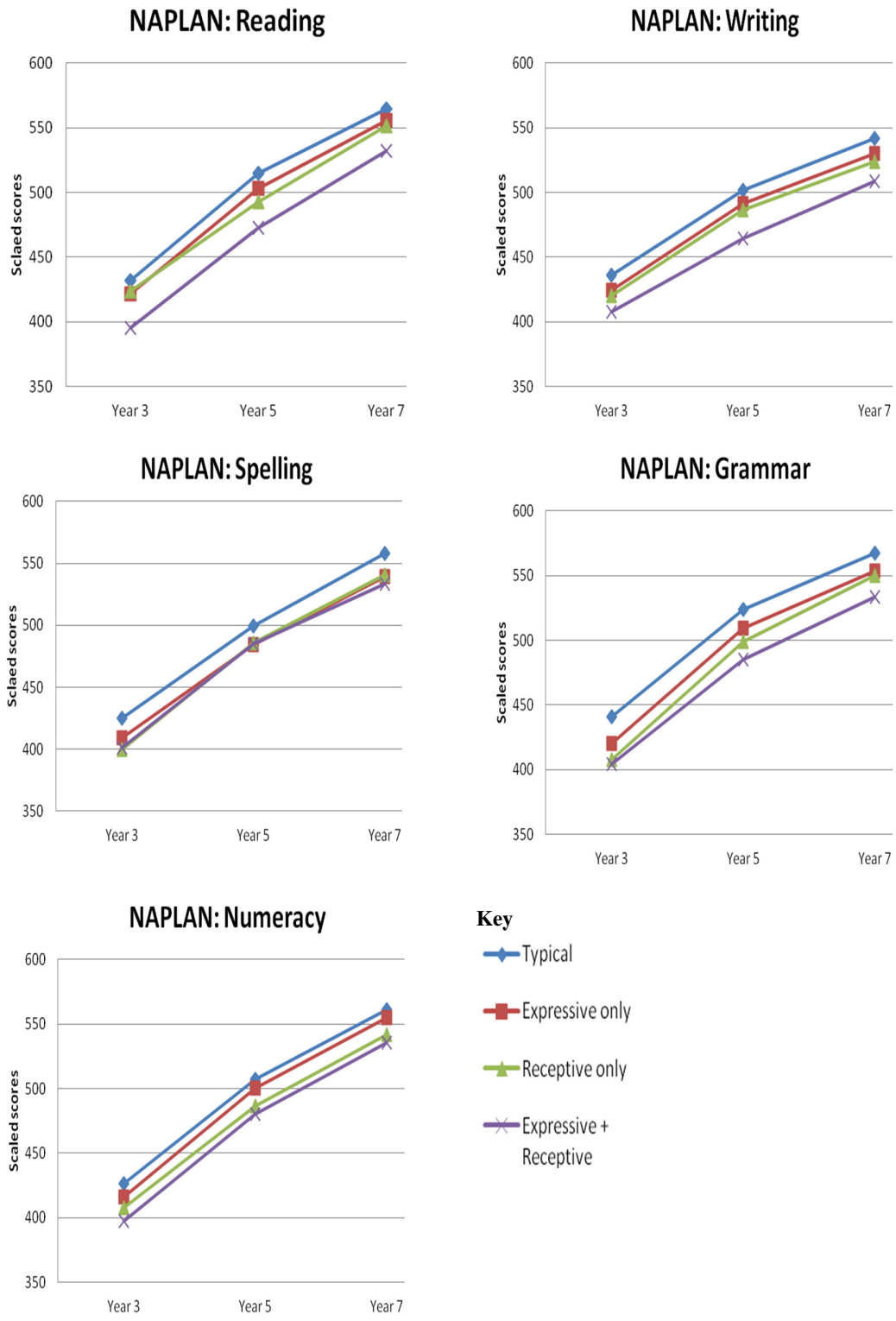


Figure 2 Differences in NAPLAN scores (estimated marginal means) over time for typically developing children (n = 2,890), children with only expressive speech and language concern (n = 834). only receptive language concern (n = 159), and both expressive and receptive speech and language difficulties (n = 449).



The research also examined children's NAPLAN outcomes based on the 'subtype' of speech/language problems. Analyses showed that there were statistically significant differences in NAPLAN outcomes for the identified subtypes:

- Children with expressive speech and language problems had poorer NAPLAN scores than typically developing children. This was on every test of NAPLAN at all testing years.
- Children with receptive language problems had lower NAPLAN scores for reading (at year 5), writing (in years 5 and 7), spelling (in years 3 and 7), grammar (years 3, 5 and 7) and numeracy (years 3, 5 and 7) than typically developing children.
- Children with both receptive and expressive language problems had poorer NAPLAN outcomes on every test at every year level than typically developing children. (Figure 2).

The NAPLAN outcomes for children with speech and language problems in each state and territory

The research also investigated differences in NAPLAN outcomes for students with speech/language problems in different states and territories.

In summary, there was great diversity in the results and statistical 'trends' in state or territory generalised comparisons cannot be made with confidence or certainty. For example, it is not possible to say that 'QLD' children with speech/language problems perform better on NAPLAN than their counterparts in NSW.

The following tables provide the descriptive results for students with and without speech/language problems in the different states and territories of Australia. The sample size for the Northern Territory (for students with language problems) was below 10 and data needs to be interpreted with caution given the small numbers. As such, NT data has not been included here.

What is useful however is to examine the difference in mean scores on the different subscales for children in each of the different jurisdictions. The 'mean difference' is the difference in NAPLAN score between that achieved by students with speech/language problems and that achieved by students without these problems (i.e., typically developing children). The data are descriptive only, and analysis was not completed to determine if differences in mean scores at different year levels were statistically significant.

Western Australia

In Western Australia, we see that the difference in NAPLAN scores for students with and without speech/ language problems is fairly consistent across all NAPLAN subtests and across each year level (Table 2).

Of note, the largest differences in NAPLAN outcomes between students with speech/language problems and those without in Western Australia are in the subtests of Reading and Grammar at all year levels of testing. For example, there is a 53.5 difference in NAPLAN scores on reading in Year 3 between the students with and without speech/language problems.

Students with speech/language problems in Western Australia are not 'catching up' with their peers during primary school and there is no evidence to indicate that they are 'closing the gap' in their NAPLAN performance throughout primary school.

Table 2 Mean scores on NAPLAN subtests for Western Australian students at each testing year.

Year	Group	Reading	Writing	Spelling	Grammar	Numeracy
Year 3						
	Typical Developing	431.97	427.31	411.69	422.36	416.92
	Speech/language Problems	378.47	390.19	379.92	382.07	385.81
	Mean difference	**53.50**	**37.12**	**31.77**	**40.29**	**31.11**
Year 5						
	Typical Developing	519.48	501.52	497.69	530.5	508.02
	Speech/language Problems	471.96	470.78	471.64	478.9	477.89
	Mean difference	**47.52**	**30.74**	**26.05**	**51.60**	**30.13**
Year 7						
	Typical Developing	573.70	550.61	561.89	573.14	569.47
	Speech/language Problems	537.62	522.20	532.03	538.52	546.05
	Mean difference	**36.08**	**28.41**	**29.86**	**34.62**	**23.42**

New South Wales

Similarly, 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 3 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 subtest of writing).

Table 3 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**

South Australia

Table 4 provides the NAPLAN outcomes for South Australian students with speech/ language problems and their peers – demonstrating that these students consistently perform poorer on NAPLAN on all sub-tests at all year levels. By year seven, the largest difference in performance on NAPLAN is seen in 'writing' (a difference of 29.9 NAPLAN points) between students with and without speech language problems.

South Australian students with speech/language problems have lower NAPLAN scores on every subtest at every year level than their peers and they do not 'catch up' to their peers or 'close the gap' in NAPLAN performance during primary school.

Table 4 Mean scores on NAPLAN Subtests for South Australian students at each testing year.

Year	Group	Reading	Writing	Spelling	Grammar	Numeracy
Year 3						
	Typical Developing	436.25	425.79	439.59	441.06	417.02
	Speech/language Problems	417.83	403.03	418.30	419.39	399.44
	Mean difference	**18.42**	**22.76**	**21.29**	**21.67**	**17.58**
Year 5						
	Typical Developing	516.09	508.48	505.95	523.37	495.52
	Speech/language Problems	493.19	490.42	481.48	495.16	480.52
	Mean difference	**22.90**	**18.06**	**24.47**	**28.21**	**15.00**
Year 7						
	Typical Developing	565.85	553.08	560.47	575.67	559.83
	Speech/language Problems	552.61	523.18	537.32	556.55	537.82
	Mean difference	**13.24**	**29.90**	**23.15**	**19.12**	**22.01**

Tasmania

The evidence indicates similar outcomes for Tasmanian students with speech/language problems on NAPLAN. Table 5 describes the difference in NAPLAN performance for Tasmanian students with speech/language problems compared to their peers – particularly large 'gaps' in NAPLAN outcomes are noted for the subtest of grammar, Reading and Literacy for students with speech/language problems (as demonstrated by the mean difference in scores) across all testing areas.

Of interest, there appears to be an improvement or 'closing the gap' in performance for these students on the subtest of spelling (with a difference in means of 23.41 at year 3 compared with only 12.01 point differences in NAPLAN mean scores at year 7).

However the converse is seen for performance on the writing subtest – with Tasmanian students with speech/language problems having a 13.43 difference in mean performance on NAPLAN writing at Year 3, with the 'gap' widening to a mean difference of 27.06 in score by Year 7.

Table 5 Mean scores on NAPLAN Subtests for TAS students at each testing year.

Year	Group	Reading	Writing	Spelling	Grammar	Numeracy
Year 3						
	Typical Developing	439.72	444.46	431.28	438.56	431.89
	Speech/language Problems	407.85	431.03	407.87	395.94	401.14
	Mean difference	**31.87**	**13.43**	**23.41**	**42.62**	**30.75**
Year 5						
	Typical Developing	519.23	490.47	506.95	524.78	502.54
	Speech/language Problems	479.15	461.74	485.93	484.61	471.07
	Mean difference	**40.08**	**28.73**	**21.02**	**40.17**	**31.47**
Year 7						
	Typical Developing	572.57	536.09	541.66	564.58	554.92
	Speech/language Problems	543.09	509.03	529.65	538.47	527.18
	Mean difference	**29.48**	**27.06**	**12.01**	**26.11**	**27.74**

Victoria

In Victoria, Table 6 indicates that students with speech/language problems consistently perform below their peers on every subtest of NAPLAN at every year level – with particularly large differences in performance on the subtest of grammar (a 36.96 differences in mean scores at year 3).

Whilst some 'closing of the gap' between students with speech/language performance on NAPLAN can be seen in the subtest of numeracy (from a difference in means of 17.87 score at year 3 to only 9.69 at Year 7), the gap appears to be widening on some of the other scales such as reading and spelling.

In Victoria, students with speech/language problems have poorer NAPLAN outcomes than their peers on every subtest of NAPLAN at every point of testing – and they do not 'catch up' in any substantial way throughout primary school.

Table 6 Mean scores on NAPLAN Subtests for Tasmanian students at each testing year.

Year	Group	Reading	Writing	Spelling	Grammar	Numeracy
Year 3						
	Typical Developing	440.25	447.19	433.19	458.67	438.11
	Speech/language Problems	422.45	420.72	409.02	421.71	420.24
	Mean difference	**17.80**	**26.47**	**24.17**	**36.96**	**17.87**
Year 5						
	Typical Developing	525.14	513.17	506.92	532.36	519.08
	Speech/language Problems	497.30	486.60	485.98	506.15	503.19
	Mean difference	**27.84**	**26.57**	**20.94**	**26.21**	**15.89**
Year 7						
	Typical Developing	570.92	544.59	560.77	574.10	562.49
	Speech/language Problems	547.56	519.26	532.75	545.88	552.80
	Mean difference	**23.36**	**25.33**	**28.02**	**28.22**	**9.69**

Australian Capital Territory

In the ACT, the evidence indicates that students with speech/language problems have lower NAPLAN scores on every subtest at every year level of testing than their peers without these problems (Table 7). The differences in outcomes is particularly noticeable by year 7 in the subtest of writing (a 55.98 difference in mean NAPLAN scores between students with and without speech/language problems).

Whilst improvements can be seen in performance on NAPLAN numeracy by Year 7 for students with and without speech/language problems (only a 13.73 difference in mean scores), the evidence indicates that by and large students in the ACT with speech/language problems do not 'catch up' to their peers in their NAPLAN outcomes during their primary school years.

Table 7 Mean scores on NAPLAN Subtests for ACT students at each testing year.

Year	Group	Reading	Writing	Spelling	Grammar	Numeracy
Year 3						
	Typical Developing	434.18	426.29	411.03	434.69	431.10
	Speech/language Problems	406.34	396.89	378.47	399.99	403.63
	Mean difference	**27.84**	**29.40**	**32.56**	**34.70**	**27.47**
Year 5						
	Typical Developing	515.57	498.87	493.61	516.23	498.84
	Speech/language Problems	481.72	452.56	464.91	482.85	495.52
	Mean difference	**33.85**	**46.31**	**28.70**	**33.38**	**3.32**
Year 7						
	Typical Developing	571.70	547.42	557.88	578.00	551.25
	Speech/language Problems	543.30	491.44	525.20	544.18	537.52
	Mean difference	**28.40**	**55.98**	**32.68**	**33.82**	**13.73**

Queensland

In QLD, the evidence indicates that students with speech/language problems have considerably, and consistently lower NAPLAN scores than their peers without these problems (Table 8).

Whilst there appears to be some evidence that these students 'narrow the gap' in some subtests of NAPLAN during their primary school years (for example, improvements are seen in numeracy and reading subscale outcomes) – by and large, it is clear that there remains a considerable difference in NAPLAN outcomes for students with speech/language problems in QLD by the time they reach year 7.

Table 8 Mean scores on NAPLAN Subtests for ACT students at each testing year.

Year	Group	Reading	Writing	Spelling	Grammar	Numeracy
Year 3						
	Typical Developing	417.37	423.01	402.38	417.12	413.03
	Speech/language Problems	379.42	389.16	370.21	376.16	382.49
	Mean difference	**37.95**	**33.85**	**32.17**	**40.96**	**30.54**
Year 5						
	Typical Developing	505.98	491.81	486.97	514.38	496.19
	Speech/language Problems	473.61	465.21	462.90	477.78	479.16
	Mean difference	**32.37**	**26.60**	**24.07**	**36.60**	**17.03**
Year 7						
	Typical Developing	559.22	549.71	550.43	558.45	561.77
	Speech/language Problems	537.82	521.29	524.01	528.71	543.23
	Mean difference	**21.40**	**28.42**	**26.42**	**29.74**	**18.54**

Access to speech pathology services for students with speech/language problems

In each wave of LSAC data collection, children's parents and teachers are asked to indicate whether the child accessed speech pathology services. As can be seen in Table 9 the majority of children with speech/language problems had not accessed speech pathology in the preceding 12 months.

It is also clear that the numbers of children with speech/language problems who do access speech pathology services reduces over time (e.g. dropping from 31.3 per cent in Wave 1, to 12.3 per cent in Wave 3).

Table 9 Proportion of children in the K cohort of LSAC who accessed speech pathology services and did not access speech pathology services.

Wave	Age	Reported	Typical		Speech/language problems		Valid data (N)
			Access SP	No access SP	Access SP	No access SP	
1	4-5 years	parent	3.4%	96.6%	31.3%	**68.7%**	4172
		teacher	1.1%	98.9%	14.3%	**85.7%**	3258
2	6-7 years	parent	2%	98%	21.3%	**78.7%**	3432
3*	8-9 years	parent	1.6%	98.4%	12.3%	**87.7%**	4331
4*	10-11 years	parent	1.4%	98.6%	5.5%	**94.5%**	4161
		teacher	4.7%	95.3%	13.2%	**86.8%**	420
5*	12-13yrs	parent	0.6%	99.4%	4.2%	**95.8%**	3913
		teacher	0.1%	99.9%	2.1%	**97.9%**	2801

Note. * Indicates the waves of data used to identify NAPLAN outcomes

Benefits of improving outcomes for students with disability at school and in further education and employment

There are no Australian data to guide considerations of the cost burden that results when communication and swallowing programs are not addressed. Despite this lack of Australian data, it is calculated that the costs of communication disabilities are likely to be significant due to the reduced educational and vocational attainment associated with communication disabilities.

In the UK, research has calculated the annual net benefit achieved by speech pathology interventions, in terms of health and social care cost savings, quality of life and productivity gains for just three disorders (aphasia following stroke, speech and language impairment in childhood and autism) to be £765 million [xxxvi].

In recognition of the lack of Australian economic data on this issue, the Senate Community Affairs References Committee recommended in their final report for the inquiry into the prevalence of speech, language and communication disorders and speech pathology services in Australia - that the federal government commission a cost-benefit of the current level of funding for public speech pathology services including the provision in the educational system[xxxvii].

Funding of students with disability

There is a pervading assumption existing within the education system that considerations of 'disability' apply only to students who are eligible for individualised targeted funding through their state or territory education systems.

One of the key achievements over the past five years is an increasing understanding by education providers of their legal obligations to the broad group of students with disability and how schools can consider more inclusive supports for students. There is however, a considerable way to go to see improvements in understanding the barriers to educational access for students with 'disability' as broader than physical access issues within the education sector.

There is a perception in some parts of the education system that 'disability' only refers to students who are eligible for state/territory Departments of Education individualised disability funding. In the case of students with speech, language or communication disability, eligibility decisions for students who have additional physical, cognitive or sensory impairments (e.g. Down Syndrome, Fragile X, Cerebral Palsy) are generally relatively straightforward. However, in some cases it may take time for associated impairments to be identified, or their impairments may not be considered sufficiently 'severe' to meet the criteria for additional funding. In other cases, particularly for students whose sole or primary impairment is of speech and language, the fact that their main or only need is for communication related supports may mean that they are not identified as having a 'disability', and/or that they are not considered eligible for additional supports.

Recent research from Children with Disabilities Australia (CDA) found that around a third (32 per cent) of their survey respondents indicated that the child with the disability was not eligible for individualised specific funding. We refer the Senators to the submission by CDA to this Inquiry for detailed discussion of the experience of students with disability in Australian schools.

'Unfunded' students with disabilities still require reasonable adjustments to be made in order for them to access and participate in education on the same basis as their peers – even if they do not attract individualised targeted funding to assist their school to do so. This two 'tier' system has created an environment where the emphasis for schools is to make reasonable adjustments only for funded students.

Explicit efforts need to be undertaken to ensure that discussions of 'disability' are not seen to apply only to students who are eligible for individualised disability funding.

There are no universal funding policies which provide consistency in eligibility for students with communication disability to access individualised targeted funding.

The current resourcing arrangements in which funding is linked to diagnosis or clinical thresholds rather than functional educational needs place a significant burden on individual schools, principals and educators to manage the educational needs of all students with disabilities – whilst only being directly funded to do this for a minority of those with individualised funding.

The situation is untenable even in the short term. Significant gains in access, participation and educational outcomes for students with disability will not be achieved unless schools and education providers are supported with appropriate resourcing to educate these students. Teachers, principals and support staff (including speech pathologists) cannot be expected to work 'miracles' in a funding environment that undermines their efforts.

The Nationally Consistent Collection of Data on School Students with Disabilities (NCCD)

The NCCD has increased awareness within schools (primary and secondary) across Australia of the needs of a broader group of students with disability and the actions that schools need to undertake to ensure that they are meeting their legal obligations to these students.

There is a widening gap between the 'number' of students with individualised disability funding and the actual number of students who have a disability that requires some adjustments to be made in order to access and participate in education. We anticipate that because of the nature of communication impairment- the Nationally Consistent Collection of Data on School Students with Disability will demonstrate that significantly higher numbers of children have communication disabilities that require educational adjustments than those currently 'funded' within state/territory educational systems.

Whilst we are concerned about any increase in administrative burden for schools to collect the NCCD, it is critical that data collected through the process is used appropriately to plan and implement adjustments needed for a range of students (including those with communication disabilities).

The NCDD may provide a useful basis for a needs-based funding system, however it has limited sensitivity in data collection. Linking funding to the NCDD may be acceptable in large schools that can accommodate economies of scale in the purchase of adjustments or additional supports for multiple students, but smaller schools or those in rural areas may have difficulty implementing appropriate adjustments (even with adequate funding) due to a range of contextual issues (such as limited purchasing power, limited access to speech pathology services, limited teacher and principal experience and knowledge regarding disability support).

The interface between education services for students with disability and the Nationally Disability Insurance Scheme

The establishment of the National Disability Insurance Scheme is a monumental change to the way people with disability are supported within Australia. Whilst it is acknowledged that a staged roll-out of the NDIS is designed to identify and resolve emerging issues, there is growing concerns regarding the lack of clarity around roles and responsibilities of the NDIS and other funding systems. This is particularly evident within South Australia where the NDIS trial site includes children.

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. 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) - conditions such as Severe Language Disorder or Severe Speech Sound Disorder. Currently, it is unclear if, and how, these children will be eligible for NDIS services. At present, there is variable (inconsistent) access for these children – 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.

The lack of clarity regarding responsibilities becomes even more challenging around the provision of speech pathology interventions for children who have accessed an individualised funding package through the NDIS. These children may require individual (direct) speech pathology to be delivered within the usual 'environment' of the child (at school during the day for example), but also need supports to be provided within the educational program to ensure that the child can access and participate in the learning requirements. It is possible that for any one child with a complex disability, multiple providers may be involved and may be seeking to provide service at the school. For schools with multiple children with disability – the issues of access to the school environment by multiple providers for multiple children can quickly become untenable.

An example from a primary school in the current NDIS trial site in South Australia illustrates the emerging problems. In a single primary class, there are eight students with additional needs. There are over 20 visiting NDIS providers/therapists for these eight children. Some practitioners see two or three children in a block. This has made it increasingly difficult for the teacher to meet the obligation to delivery 300 minutes of literacy, 300 minutes of numeracy and 150 minutes of science each week for these children. It is not just the students who are 'missing out' on the required educational instruction, but the teacher (and remaining students) must lose time throughout the day to manage interruptions from NDIS providers entering the classroom. This situation undermines, collaborative, cross-discipline working relationships between teachers and speech pathologists or other specialists practitioners.

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 governments and Departments 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.

An increasing need to support Schools to use funding to best meet the needs of students with disabilities

The devolution of responsibility to schools that has been seen across Australia in recent years provides an opportunity for schools and principals to make more autonomous decisions about how their schools operate in order to meet the needs of their students and local communities.

There are a number of schools that are identified as offering 'best practice' who have used this increasing autonomy to determine the specific needs of students with disability – including those with communication disability - and then purchase additional resources (education of staff, increased literacy instruction etc) to meet these needs.

Many schools have begun to purchase additional speech pathology support (even in states where they have access to Departmental speech pathology resources) in order to meet the needs they identify for their students with communication disabilities. While this increased recognition of student needs in communication, speech and language is welcomed, Speech Pathology Australia recognises that challenges do exist for both education employed and private market speech pathologists in how to make these arrangements work to the maximum benefit of the students.

The inadvertent effect of the devolution of responsibility is that the use of funding and decisions made regarding support for students with disability, is at the discretion of the Principal. The appropriate use of funds to support students with disability, relies then of the understanding of their needs by their Principal and teachers. If a student with communication disability finds themselves in a school where there is very limited understanding of their needs and of the potential positive impacts of evidence based interventions to assist their participation and educational gains – then they are unlikely to be appropriately supported.

Principals and teachers cannot be expected to have a fine-tuned understanding of the broad range of disability effecting students in Australia. With the devolution of responsibility, comes a need to provide advice/information/guidance and frameworks to principals to inform their decision making on how to best support students with disability.

The NDCC provides an opportunity to 'link' this sort of advice/information and guidance for Principals to their routine collection of information about their students – to help support Principals and teachers to make informed, evidence based decisions about supports for their students with disability, including provision of speech pathology services. Advice and information for Principals is essential in order for Principals and teachers to meet their legislative obligations under the Disability Standards for Education.

Recommendations

Speech Pathology Australia welcomes the opportunity to provide comment to the Senate Education and Employment References Committee's inquiry into the *Current levels of access and attainment for students with disability in the school system, and the impact on students and families associated with inadequate levels of support.* We hope that the Committee will consider the following recommendations when reporting on the inquiry.

Speech Pathology Australia recommends:

1. That the committee acknowledge the unique impact that communication disability has on a student's ability to access and participate in education, and achieve expected educational outcomes.
2. That the Committee acknowledge the important role speech pathologists play in the educational team for students with communication and swallowing disabilities.
3. That the Australian Government lead discussions through the Education Council on standardising eligibility for individualised funding across the state and territory Departments of Education.
4. That clarity be sought from all governments regarding the roles and responsibilities of the NDIS and education systems in supporting children and young people with disability.
5. That the Australian Government fund the development of resources to assist principals, teachers and school communities to understand the NDIS and how it operates for their students who are eligible.
6. That an independent body such as an Ombudsman or Complaints Commission be established to evaluate complaints about access and participation in education by students with disabilities.
7. That the Education Council conduct a project to develop nationally agreed Guidelines on Individual Education Plans (IEPs) to support schools and educators to effectively facilitate the provision of appropriate adjustments (including transition strategies) for students with disability.
8. That the Australian Government Department of Education conduct a stocktake of the available resources to support schools to make evidence-based adjustments for students with communication disabilities.
9. That the Australian Government fund the development of information/guidance for Principals to support their decision making about adjustments needed for their students with disability.
10. That the Australian Government fund ACARA to develop information/guidance on evidence-based adjustments to the teaching and learning processes for the implementation of the Australian Curriculum for students with communication disability – and particularly those with complex communication needs some of whom are accessing the general capabilities of the Curriculum.

If Speech Pathology Australia can assist in any other way or provide additional information please contact Dr Ronelle Hutchinson on or by emailing

Appendix A: Evidence cited this submission

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