



Submission to the Community Affairs References Committee of the Senate

“An inquiry into the prevalence of different types of speech, language and communication disorders and speech pathology services in Australia”

Authors: Associate Professors Patricia McCabe & Kirrie Ballard; and Dr Natalie Munro, The University of Sydney

Contact: Assoc Prof Patricia McCabe tricia.mccabe@sydney.edu.au; 02 9351 9747

TOPIC: Parental concerns about the lack of services across Australia.

SUMMARY:

An Australia wide survey of parents of children who require speech pathology services was conducted in 2010-11 and published in 2012. The survey canvassed parental opinion on waiting lists for treatment, delays in receiving treatment, discharge from treatment and general availability of services. The survey also canvassed parental preferences for treatment access, frequency and duration.

Parents reported being on long waiting lists with 25% waiting more than 6 months and 15% waiting more than 1 year for assessment and 18% waiting more than 1 year after assessment for treatment. Qualitative responses revealed concerns such as; a lack of available, frequent, or local services, long waiting times, cut-off ages for eligibility, discharge processes, and an inability to afford private services. Overwhelmingly they were happy with their treating speech pathologist and unhappy with the frequency, length and total number of treatment sessions received. Parents in regional centres, and rural and remote locations were more likely to have difficulty accessing any services including private practitioners.

Children in capital cities attended private practices more frequently than those from small towns or rural and remote areas and children from lower socio-economic areas attended private practices less often than children from high-SES areas despite assistance from Medicare. Public sector services (Community Health and/or State Departments of Education) were reported to provide less frequent services of shorter duration for fewer weeks than private practitioners and University clinics. This exacerbates the gap in access to speech pathology for disadvantaged families.

Reported session type, frequency, and length were incongruent with both research recommendations and parents' wishes. Eighty percent of parents indicated they would like their children to receive individual sessions however many reported only being offered group therapy or parent delivered home therapy. Only 4% of parents indicated that they would like such parent training or a home program. The most commonly preferred session frequency was once per week while the

most commonly preferred session length was 30 – 44 minutes. These preferences did not match the services these parents reported receiving.

Children were most commonly reported to be discharged from speech pathology services at age 5 – 6 years across all states and territories. Forty three percent reported that service delivery issues such as reaching the service 's upper age limit was the reason for discharge. Sixty per cent of parents believed that their child's discharge was inappropriate for reasons such as *"Child had not improved enough"*.

"The waits for public speech pathology services are unacceptable. I have not even attempted to access public service this time around. The cost of a private provider is high and we have been forced to make some difficult choices" (Resp #11, regional city, NSW).

Parents were angered that their children had become ineligible for public services at a certain age, particularly if they had endured a long waiting list only to reach the upper limit of services soon after. *"By this time I was so pissed off with the public system that we continued therapy with the private speech pathologist until both our private health cover and spare funds ran out — about 1 year"* (Resp #120, regional city, NT)

Parents were concerned for the many long-term consequences their children will potentially face *"... time spent on my child now not only saves the community from dollars later on, it also affects my child, and her whole life, it is personal, not just some spreadsheet"* (Resp #15, small country town, NSW).

CONCLUSIONS

According to this national survey of parents of children with speech and language disorders, paediatric services are inadequate in many areas of Australia, primarily due to lack of funding. It appears limited funding is being rationed by service providers so that school aged children and adolescents are not receiving services and all children receive less service than their parents believe they need and far less than the research suggests they require.

There is an urgent need for the development of national legislation which recognizes the needs of children with speech and language disorders and mandates speech and language pathology services for all Australian children, with due consideration of available research evidence and parents ' informed choice.

ATTACHED:

Ruggero L, McCabe P, Ballard KJ, Munro N. (2012). Paediatric speech-language pathology service delivery: An exploratory survey of Australian parents. *International Journal of Speech-Language Pathology* 14(4):338-350.