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**Senate Inquiry:**

*Prevalence of different types of speech, language and communication disorders and Speech Pathology services in Australia*

Associate Professor Pamela Snow, PhD, FSPA, MAPS  
Speech Pathologist & Psychologist  
School of Psychiatry, Monash University  
Tel: (03) 5440 9006  
Email: [pamela.snow@monash.edu](mailto:pamela.snow@monash.edu)

**High rates of language deficits in vulnerable young people:  
The policy and practice role of Speech Pathology in prevention/early intervention and in service delivery in schools, mental health, and youth justice settings.**

Growing up in circumstances of socio-economic disadvantage has significant longterm implications for the development of children's language and literacy skills. There is strong evidence to indicate that Australian children in lower socio-economic status (SES) families and communities experience early language exposure that is qualitatively and quantitatively different from children in more advantaged environments. In many cases, these inequalities will manifest as communication skills that fall within clinical ranges on standardised measures – meaning that everyday talking and listening skills are inadequate for the complex demands of modern social, academic, vocational, and commercial exchanges. Such inequities have been mapped by the Australian Early Development Index (AEDI) and highlight the role that Speech Pathology as a profession has in promoting communication competence at a population level, rather than simply attempting to respond to clinical need when these difficulties manifest and multiply across the lifespan.

Young people who become involved in the youth justice system are among the most vulnerable in our community. Overwhelmingly, they are drawn from low socio-economic status families and communities and have faced a raft of social, emotional, and academic adversities in the developmental period. A significant proportion (around 50%) of young people in the youth justice system have had prior contact with child protection services because of maltreatment issues and many have experienced periods of out-of-home care. Young people from Aboriginal and Torres Strait islander (ATSI) backgrounds represent about 5% of young people in the community, but 38% of those under youth justice supervision. This over-representation is even higher in some states and territories. Another feature that is overwhelmingly present in the

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lives of young offenders is academic failure and early school detachment – often following a period of suspensions and exclusions on behaviour grounds.

The development of oral language skills (age-appropriate expressive and receptive skills with respect to vocabulary, grammar, morphology, phonology and pragmatics) is critical for two key reasons:

- Oral language competence is the means by which humans form and maintain relationships with others. As such it is essential to mental health across the lifespan.
- Expressive and receptive oral language skills form the basis of the transition to literacy in the first three years of school. Learning how to read is fundamentally a linguistic task, and children must master the basics of decoding and comprehension in the first three years of school, in order to progress from *learning to read*, to *reading to learn*.

The psychosocial disadvantage to which young offenders have been exposed in early life is, in itself, a risk for compromised language development, as there is strong evidence linking parental socio-economic status and children's expressive and receptive language skills in the early years and their subsequent academic achievement. However, in young offenders there are additional layers of complexity that conspire against optimal development of language (and later literacy) skills, and these are often associated with externalising behaviour disturbances.

Research from around the world (the UK, Scandinavia, the USA and Australia) in the last 10-15 years has identified young offenders as a group that is at high risk of undiagnosed (and often mis-labelled) language disorders. In research I have led in Australia, with Professor Martine Powell (Deakin University), we have identified that:

1. Between 46 and 52% of young male offenders have clinically significant (yet previously undiagnosed) language disorders; such deficits tend to “masquerade” as poor motivation, disengagement, rudeness, and inattentiveness.
- These language disorders are pervasive, compromising expressive and receptive language skills across all domains – vocabulary, narrative skills, ability to understand figurative (non-literal) language;
  - Language disorders cannot simply be attributed to low IQ;
  - There is a relationship between severity of offending (in particular convictions for violent offences) and the severity of language impairment;
  - Young people who have been in out-of-home care via Child Protection orders face an elevated risk of language impairment (62%).

Overwhelmingly, the young people in our studies departed school around years 8-10, but without marketable employment skills. Our studies have not examined literacy skills directly, however there is strong evidence from other Australian work that young offenders display poor literacy and numeracy skills.

It should also be noted that diagnosed developmental disabilities (e.g. autism spectrum disorders, acquired brain injuries, learning disabilities, foetal alcohol syndrome), while more common in the youth justice sector, do not account for the high rates of language disorders reported in our studies.

**The high rates of language impairment in young offenders have significant implications for policy, practice, and research, as follows:**

1. The best “early intervention” that a child can receive is evidence-based reading instruction. Academic success can mitigate some of the other adversities present in the lives of vulnerable young people and promote their chances of breaking inter-generational cycles of poverty and social

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marginalisation. Speech Pathologists have knowledge and expertise that is directly relevant to the training of pre-service teachers and to the support of teachers in classroom settings, particularly with respect to children who struggle to make the transition to literacy.

The Industry Skills Council of Australia recently noted in its report *No More Excuses* that “*Literally millions of Australians have insufficient language, literacy and numeracy skills to benefit fully from training or to participate effectively at work*”.

It is imperative that evidence-based approaches to reading instruction are employed in early years classrooms (i.e. the first three years of school). Such approaches emphasise underlying language processes (e.g. phonemic and phonological awareness) and draw on direct instruction, rather than constructivist approaches to teaching and learning. Teachers also need to know how to promote and optimise language skills such as narratives, vocabulary, and use and comprehension of complex syntactic structures in early years classrooms. Again, Speech Pathologists have this knowledge and skill set. This is important for all children, but particularly for those in low-SES communities, where parental literacy levels may be low and there may be reduced exposure to text and reading in the family home.

2. It follows from (1) above, that pre-service teachers need a strong grounding in what oral language competence is, how to promote it in early years classrooms, and the role of oral language skills in making the transition to literacy. Current evidence indicates that teacher knowledge and skills in these domains is highly uneven and ideologically, rather than empirically driven approaches to reading instruction often prevail in early years classrooms. Speech Pathology expertise needs to be mobilised in the pre-service training of primary school teachers.
3. Children who display both learning and behaviour difficulties in the early primary school years should be referred for Speech Pathology assessment as a matter of priority, as research evidence indicates that around 50% will have unidentified, yet clinically significant, language deficits.

The dearth of Speech Pathology services in schools is a significant barrier to the capacity of schools to address the learning and social-emotional needs of children with developmental language and related communication needs.

Language and learning needs do not resolve on transition to secondary school. Rather, they tend to be overlooked and / or misinterpreted as disinterest or lack of effort on the part of the learner. Many young people with language and learning difficulties struggle enormously with the transition to secondary school and develop mental health problems such as anxiety and depression as a result.

Speech Pathology services need to be provided in secondary, as well as in primary school settings, both to support individual learners and to provide secondary consultation to classroom teachers about ways of modifying the communication environment in their classroom.

4. It follows from (2) above, that Speech Pathology services (assessment and treatment) need to exist in all school sectors, and need to be accessible in a

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timely and equitable manner to those who need them. In many cases, struggling students are referred to programs such as Reading Recovery, which have a limited evidence base, and are expensive to provide and administer. Speech Pathology interventions in schools can occur at primary and secondary service provision levels and draw on the strong evidence linking language and learning abilities.

5. As per growing practice in the United Kingdom, Speech Pathologists need to be employed in youth justice settings (both community-based and custodial). It must be remembered that young people in the youth justice system are developmentally vulnerable and in many cases have experienced multiple forms of direct and indirect trauma. Youth justice interventions which do not directly address language and learning issues in this population should not expect that these difficulties will spontaneously resolve – there is no evidence that this is so. Rather, language difficulties tend to manifest as complex psychosocial impairments and co-occur with mental health problems such as anxiety and depression. Unfortunately, however, many mental health clinicians are unaware of the nature and extent of language impairments in this population, and it is not known to what extent they interfere with the delivery of evidence-based, but highly verbal psychological therapies, such as cognitive behaviour therapy (CBT).

Speech Pathologists have skills that should be employed in the youth justice sector, in particular in assessing and diagnosing communication disorders, providing direct therapeutic services and providing secondary consultations to other professionals (e.g. teachers, youth justice staff, counsellors) regarding the nature and manifestations of communication difficulties.

Young offenders represent the extreme end of developmental vulnerability. There are many young people whose circumstances do not result in youth justice involvement but who never-the-less are educationally and socially marginalised and developmentally vulnerable as a result of undiagnosed or mis-attributed communication impairments. Such young people fail to achieve their potential and will make disproportionate demands on government-funded services, such as housing, mental health, substance abuse, and vocational training programs. Although prevention and early intervention are optimal, intensive and specialist services must be made available to vulnerable young people in their still formative adolescent and early adult years.

Speech Pathology has a hitherto largely overlooked, but strongly research-informed role to play in the lives of young people who are developmentally vulnerable for a range of reasons, whether as a consequence of neurodisabilities such as autism spectrum disorders, or as a consequence of socio-economic adversity in early life.

This role needs to be realised at policy as well as practice levels, across education, child and adolescent mental health, and youth justice services.

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