

## Education and Health Standing Committee Inquiry into General Health Screening of Children at Pre-Primary and Primary School Level

### Terms of Reference

1. Appraisal of the adequacy and availability of screening processes for hearing, vision, speech, motor skill difficulties and general health.
2. An assessment of access to appropriate services that address issues identified by an appropriate screening process.

### Speech WA Submission

*Speech WA* is a network of volunteer parents and professionals supporting families with speech and language difficulties. Our committee is committed to increasing the educational opportunities for children with speech and language (communication) disorders.

This submission pertains to both the terms of reference as they relate to speech and language. We have tried to obtain exact numbers from the relevant government agencies, but these were not forthcoming within the specified time frame. Given the time constraint for preparing this submission, we felt it important to focus on the first hand experiences of families who are dealing with the process of accessing services for speech and language assessment and therapy.

### Screening

With regard to the first term of reference, children with more moderate to severe impairment in speech and language are often referred for assessment before reaching Pre-primary. Parents develop concern when a child does not demonstrate developmentally expected levels of communication skills such as eye contact, babbling, gesturing and/or the use of first words. A referral for speech and language assessment often follows consultation with a community health nurse, child care worker, paediatrician or other health professional and in so begins a process of seeking services to properly address a child's needs. For many families this is an agonising process complicated by the fact that there is no single source through which to access information about what services are available and how to access them.

If a child's difficulties are not recognised prior to entry into Kindergarten in the public system, they may be identified by the general health screening test which is administered to all Kindergarten students by the school nurse. This is a general screening tool, however, which includes language items, but may not be sensitive to the range of communication difficulties presented. It is all the more important then to capitalise on the extensive knowledge Kindergarten and Pre-primary teachers have of their students in the process of identifying those at educational risk in this area. In public schools, the

effectiveness of the teacher's role in the screening process is undermined, however, by the lack of a standard speech and language screening device that all teachers can administer. This is especially pertinent taking into account that Pre-primary aged students are only screened by the nurse if they were missed in Kindergarten. Many Pre-primary teachers utilise different checklists and screens to assist in their assessment of student levels, but a standard teacher-administered screen for both Kindergarten and Pre-primary could streamline deliberations over any recommendation for referral. Standard screening in Pre-primary could also improve the adequacy of speech and language screening across different primary schools.

Any child who raises concern in the screening process is referred to the state Child Development Centre (CDC) for an assessment. Families face long wait-lists and wait times for such a government service of up to 12 months depending on the CDC. The CDC wait-lists exist for children of Pre-primary and Primary school levels and the actual wait time depends on the age of the child and their district of residence. Parents are given the option of waiting for CDC assessment services or the CDC provides a list from which to employ a private speech pathologist. Medicare does not cover private speech and language assessments and given the cost of approximately \$160.00, this is an inaccessible option for many families. *Speech WA* would argue that the lengthy wait times for assessment needlessly waste the opportunities gained by an early screening process.

### **Speech and Language Therapy Services**

Once a child has undergone assessment and is recommended for speech and language therapy, he is placed on another wait-list of 6 to 12 months for CDC therapy services. Because of the volume of children wait-listed for speech and language therapy, each CDC differs somewhat, but the following is an example of how one CDC attempts to cope with the demand:

Once a child reaches the top of the wait-list he receives one block of 5 therapy sessions and then returns to the bottom of the wait list. Children in Kindergarten and Pre-primary are considered fortunate if they receive **2 blocks of 5 therapy sessions in a year**. School-aged children in Primary class levels are older than the designated age range of priority and thus face even longer wait times and even less frequent blocks of therapy.

We at *Speech WA* feel that the large number of children waiting for such long periods of time for a minimal block of therapy is an intolerable situation. Pertinent to this concern is the broad recognition of the importance of early intervention to ensure literacy development for children with speech and language disorders. Even when such needs are identified early, we feel the inadequacy of access to appropriate services wastes the opportunity to prevent difficulties from jeopardising literacy levels and learning.

It is not difficult to understand why parents feel a great sense of frustration in dealing with the inadequacy of access to essential publicly funded services for their children. They are consistently advised of the availability of private speech and language services, yet Medicare rebates in this area are extremely limited. The only way to access these

services through Medicare is to request a General Practitioner to set up an **Allied Health Services Care Plan**. Through this plan, a child is eligible for **5 therapy sessions in a calendar year** partially covered by Medicare. This allotment of time is simply not adequate to properly address the level of need. A 30-minute therapy session with a private speech therapist costs families approximately \$60.00. For those families who do not have private health insurance cover for speech and language pathology, their ability to access much needed services for their children is still severely limited.

### **Educational Programmes**

Thus far, we have identified the inadequacy of access to speech and language therapy services. *Speech WA* is committed to maximising educational opportunities for children with communication disorders and this can not be accomplished through the provision of adequate speech and language therapy in isolation. These services play an important part in the overall development of language and literacy, but need to occur in conjunction with a developmentally appropriate educational programme. Thankfully, and due in large part to the past efforts of *Speech WA*, we are fortunate to have Language Development Centres (LDC) which provide children with more severe communication disorders with specialised programmes to address those specific needs. This service is limited, however, to those children who meet the stringent eligibility criteria for entrance. Even when a child meets eligibility criteria through the LDC application process, the demand for LDC placement may mean that no place is available. The **cap of 200 students at each LDC** prevents children who are eligible for service from accessing that service. In this way, the cap limits specialised language programming to only a small proportion of those children who require specialised programmes to properly address their needs. Given the recent growth in the WA population and the huge demand for CDC services, we at *Speech WA* argue that the LDC cap is not in adequate proportion to the number of children who require this level of service.

*Speech WA* is also greatly concerned that for many children with communication disorders the lack of options for educational placement and programming compromises the ability to achieve satisfactory outcomes in school. If a child does not qualify for LDC placement or no place is available, parents have no other option in the public system than to enrol their child in a local Primary school in a regular mainstream classroom of age peers. Although children with communication disorders vary greatly in their strengths and weaknesses, there are some common patterns in the difficulties observed. It is important to note that the ability to cope may depend greatly on the severity of a child's difficulties. The following general description is provided only as a basis from which to get an indication of the huge challenges children with speech and language difficulties may face in a regular classroom setting:

Difficulties include coping with large amounts of information, especially auditory information that must be processed at one time. This is further complicated by the time and atmosphere in which to formulate a response. It may be difficult to gain their attention and to maintain their concentration. They often find it hard to follow instructions and may struggle to formulate answers especially within a time limit. They often find difficulty understanding the expectations of social

situations and may misinterpret or fail to read important social cues. This can result in difficulty displaying behaviour appropriate to different situations. In addition, they often struggle to learn the social skills needed to make friends and interact effectively with others.

For many children who do not meet LCD entry criteria their speech and language impairment still impacts the ability to perform successfully in a regular mainstream classroom setting. We at *Speech WA* are greatly concerned that many children with speech and language disorders who attend public Pre-primary and Primary classrooms do not have adequate access to educational services appropriate to their individual needs. This situation compromises not only their ability to maximise their potential, but to achieve satisfactory literacy levels. In Pre-primary level or above, children are in classrooms of up to 24 students or more. Given the aforementioned difficulties these children experience, it is not difficult to grasp what complications this type of learning environment presents. Teachers have to account for a myriad of needs when programming for students whose language skills fall within what is considered a normal range of functioning. For students with communication disorders, appropriate programming often requires even further modification such as more visual cues, shorter instructions, more clarification and more time to respond, all of which is limited by the necessity of the teacher to instruct and manage the behaviour of over 20 other students at the same time. The option of providing additional assistance is also limited in that, by definition, children with identified speech and language disorders are not intellectually disabled and as such do not meet eligibility requirements for any extra teacher assistant time in the public system.

Public schools may seek the services of one of the **Support Officers for Speech and Language (SOSL)** who are based out of the Department of Education and Training's (DET) district offices. Access to these support services is limited, however, due to the small number of SOSL positions. At the request of a school, these language specialists can provide professional development for teachers and assist with the development of Individual Education Plans (IEPs) for children with speech and language difficulties. An IEP identifies a child's strengths and weaknesses and details goals and objectives appropriate to a child's individual needs. Although SOSL support includes assistance with such planning, this does not extend to assistance with instruction in the classroom. The practical implications for an IEP, therefore, rest with the classroom teacher who is responsible for the implementation of the IEP. Even with the development of an IEP, access to appropriate educational services is limited by what is realistically possible for the teacher to provide given the demands of the regular classroom programme. A policy of inclusivity such as that espoused by the DET is meant to ensure that any child with special needs in a mainstream classroom of age peers can participate to their full potential. We at *Speech WA* are concerned that the reality of such a placement with the current lack of support services in and out of the classroom means that for many families their children's speech and language needs are not being addressed appropriately.

We at *Speech WA* are greatly concerned by the inadequacy of access to speech and language assessment and therapy services for children with difficulties in this area. The

number of children in Pre-primary and Primary class levels on CDC wait-lists and actual wait times for services are unacceptably high. This situation is made much harder to accept given the broad recognition of the importance of early intervention for literacy development in children with identified speech and language disorders. The lack of Medicare coverage for private speech and language pathology serves to further restrict access to appropriate services. Furthermore, it is impossible to coordinate therapy and educational programming services when options for delivering those services are minimal. Specialised speech and language programmes such as that available at an LDC are inaccessible to many due to the stringent entry criteria necessitated by the cap of 200 students per LDC. Other options for appropriate educational programming are limited by the ineligibility for teacher assistant services and minimal access to specialist teaching support in the regular classroom except by way of IEP development. Finally, we argue that for many children the implementation of an appropriate IEP is compromised by what a classroom teacher, without additional teaching support, can realistically provide within the demands of the regular classroom programme.

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