



## Position Statement

# Speech Pathology in Education

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## **1. Purpose and origins of this document**

The purpose of this Position Statement is to support understanding of the role of speech pathologists in the education system. This Statement affirms that speech pathologists have an important role to play in education settings to promote effective speech, language and communication skills for all children, and to support and advocate for children who have difficulty with communication and swallowing.

This Position Statement replaces the 2011 *Speech pathology services in schools position statement*. This revision recognises the increasing evidence base for speech pathology services in schools, and the expansion of speech pathology services within education settings.

This Position Statement is intended for use by government bodies, policy makers, early childhood centre and school leaders and personnel, and speech pathologists.

The Position Statement complements the Speech Pathology Australia *Speech pathology in education practice guideline* (2022) which provides a practice framework for speech pathologists working within education settings.

## 2. Definitions

**Education settings** is the overarching term used to refer to childhood education centres and schools, inclusive of primary, secondary, special, and alternative settings.

**Education providers** include educational authorities and institutions or organisations which develop/accredit curricula and training courses used by other education providers.

**Speech, language and communication** are terms used to refer to the set of skills that are critical for educational success. Speech, language and communication should be understood to encompass all modalities (oral, written, sign, symbols) and inclusive of communication aids, strategies and techniques.

**Speech, language and communication need (SLCN)** is the overarching term that describes communication difficulties experienced by children, regardless of the specific type of problem or aetiology (Bishop et al., 2017; Speech Pathology Australia, 2017).

**Swallowing support needs** include difficulties with eating and drinking (dysphagia), and participation in mealtimes. They may result in malnutrition, dehydration, pneumonia, and social isolation. They may also impact the development of speech, language and communication skills (Speech Pathology Australia, 2012).

**Multi-Tiered Systems of Support (MTSS)** is a framework used by educators to assist in the selection and use of academic, behavioural and social/emotional supports for children in education settings (American Institutes for Research, 2021). Educators utilise MTSS to deliver inclusive and preventative instructional practices, as well as to provide early identification and intervention for children with education support requirements (Burns, 2016; McIntosh & Goodman, 2016).

**A reasonable adjustment** is a measure or action taken to assist a child with a disability to participate in education and training on the same basis as their peers. An adjustment is considered reasonable if it achieves this purpose while at the same time balances the interests of all parties involved, including the child with the disability, family, education provider, education personnel and other children (Department of Education, Skills and Employment, Australia, 2005).

### **3. The Position of Speech Pathology Australia**

The following statements articulate the position of Speech Pathology Australia (The Association) regarding the scope of practice, role and responsibilities of speech pathologists working in education settings. The position statements have been informed by current best evidence, best practice principles, international position statements, policies, guidelines and consensus opinion.

Speech pathologists work towards optimising communication and swallowing across the lifespan (Speech Pathology Australia [SPA], 2020). The focus of speech pathology services in education settings is to improve educational outcomes for children by addressing the barriers posed by speech, language, communication and swallowing/mealtime needs to access, participation and progress (Department of Education, Skills and Employment, Australia, 2005).

Speech pathologists work in culturally responsive ways, valuing the strengths, knowledges and languages of all peoples. Speech Pathology Australia acknowledges the sovereign rights of Aboriginal and Torres Strait Islander Peoples to communicate in their way and on their terms. Speech pathologists working in the education setting play a critical role in advocating for the communication rights of Aboriginal and Torres Strait Islander children and communities.

#### **3.1 It is the position of Speech Pathology Australia that speech pathology services should be accessible to all children with speech, language, communication and swallowing/mealtime needs in Australian education settings.**

The Association strongly advocates for all Australian children to have access to speech pathology support in education settings, commensurate to need.

Communication is a basic human right. Speech, language, and communication skills are vital in all aspects of life and impact on educational achievement and outcomes. Children may experience significant consequences when their speech, language and communication needs (SLCNs) are not identified and responded to in a timely manner (Anderson et al., 2016; Claessen, et al., 2020; Snow & Powell, 2011).

Speech pathologists play an important role in enhancing the quality of children's speech, language, communication and swallowing/mealtime competencies so that they can interact successfully with the curriculum and the broader education environment. The available evidence indicates that speech pathology services positively impact the education and life trajectories of children with identified communication and swallowing/mealtime support needs.

#### **3.2 Speech Pathology Australia affirms that current best practice speech pathology services in education settings are collaborative and organised across all tiers of a multi-tiered framework.**

The two key national curriculum frameworks or equivalents used by Australian education providers ([The Early Years Learning Framework Australia](#) and [The Australian Curriculum](#)) recognise both explicitly and implicitly the role of speech, language and communication in teaching and learning activities.

Speech pathologists attend to all tiers of a multi-tiered system of support (MTSS) when designing and delivering support to children; they also support education settings to implement MTSS so that children with SLCN are not disproportionately over-represented in tier 2 and 3 interventions. Children with SLCN benefit from whole of system responses that engage in preventive and early identification practices (Eadie et al., 2019; Snow et al, 2014).

#### **3.3 The Association affirms that speech pathologists work as part of education teams, inclusive of children, to uphold the right to inclusive education.**

Speech pathologists work with education leaders and centre/school personnel to enhance education outcomes and the broader education experience for children with speech, language, communication

and swallowing/mealtime support needs, at any tier of a MTSS. Speech pathologists play a pivotal role in the identification and implementation of reasonable adjustments for children who experience functional impacts relating to speech, language and communication and swallowing/mealtime needs.

Speech pathologists provide educationally relevant support services. They also assist education providers to uphold their obligations under the 2005 Disability Standards for Education (Department of Education, Skills and Employment, Australia, 2005) when designing and implementing reasonable adjustments and providing accessible consultation for children (Dickson, 2019; Tancredi, 2020).

### **3.4 The Association supports speech pathologists engaging in varied roles within education settings that are underpinned by best practice principles.**

Speech pathologists have a responsibility to understand and incorporate best practice principles into their work, as part of an evidence-based framework for decision making (SPA, 2020b; 2021).

Speech pathologists respond to children's support requirements by employing a range of evidence-based, culturally responsive practices and activities, including assessment, intervention and consultation underpinned by best practice principles.

Best practice principles include engagement in reciprocal professional learning. Further, through leadership and advocacy, speech pathologists maximise opportunities to improve the capacity of the education system to deliver supports to all children.

### **3.5 Speech Pathology Australia advocates for the use of documented, transparent, detailed and negotiated service agreements to support evidence based and outcome driven speech pathology services in education settings.**

The strategic directions and goals of education services are shaped by the education priorities of individual states and territories. Speech pathology services in education must align with these priorities whilst maintaining a professional responsibility to put evidence, theory and principles into action.

Speech pathologists design service models to inform the development of service agreements, and negotiate, develop and document transparent, detailed service agreements that are based on outcomes sought by employers and the broader education community. Service models should present an overview of the components that make up a comprehensive service and outline evidence-based service responses. They should also outline what is in and out of scope of speech pathology practice. Service agreements must uphold legislative and regulatory requirements.

### **3.6 Speech Pathology Australia recognises the importance of child, family, community and education setting- centred practice and working in partnership to positively impact the educational achievement and outcomes of children.**

Children benefit when members of an education team partner to identify needs and deliver necessary supports. Speech pathologists, in collaboration with members of the education team, facilitate enhanced outcomes for children through the use of systematic approaches that define outcomes and determine services. In practice, the team employs continuous cycles of goal setting and evaluation to determine support needs for children and develop robust intervention plans that improve educational outcomes.

Speech pathologists work in conjunction with children and their families/caregivers, communities and with other professionals to add value to existing instruction and intervention. They use minimally intrusive practice to avoid duplicating services or asking children and their families, as well as education professionals, to unnecessarily retell their needs and desired outcomes.

### **3.7 Ongoing professional practice improvement is fundamental to high quality evidence-based speech pathology service provision.**

Speech pathologists working in education settings must work within their scope of practice and are expected to perform at a minimum level of competency as outlined in the Professional Standards (SPA, 2020a). Speech pathologists and their employers have a responsibility to ensure processes are in place to respond competently to the range of speech, language and communication-related education needs that may present in education contexts.

Practice improvement should be strategic, contextualised and relevant to work demands and service agreements, and be supported by quality assurance processes. It is essential that speech pathologists working in education have access to mentoring, supervision and training opportunities that support translation of new knowledge and skills into practice.

### **3.8 Speech Pathology Australia recognises the importance of speech pathologists engaging in the development of discipline specific competencies.**

Speech pathologists working in education have a professional responsibility to progress and develop their skills and expertise in responding to the SLCN of children, in conjunction with developing skills in leadership and professional practice. Development of discipline specific expertise and leadership requires access to professional practice improvement infrastructure, inclusive of training, coaching, supervision, mentoring and resources.

Speech Pathology Australia commits to working with members, organisations and employee bodies to identify and progress the necessary professional practice infrastructure to promote the effectiveness of speech pathology services and improve educational outcomes for children. Speech Pathology Australia is committed to providing its membership with continuing professional development specific to working in the education sector.



## **4. Conclusion**

Education is a basic human right that should be realised by all children (United Nations Convention on the Rights of the Child [UNICEF], 1989). Speech, language, communication and swallowing/mealtime skills and culturally safe and responsive services are integral to successful access, participation, and progress in education. For children who experience functional impacts relating to speech, language, communication and swallowing/ mealtimes, speech pathology services in education settings provide support which is crucial to the achievement of positive educational outcomes.

Speech pathologists are essential members of the multidisciplinary education team and have the knowledge, skills and expertise necessary to support children with SLCN. Speech Pathology Australia is committed to supporting its members to provide services in education settings that are context specific, informed by the best available evidence, and reflect best practice principles.

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