

SUBMISSION TO:

**THE PRODUCTIVITY COMMISSION
DRAFT RESEARCH REPORT**

EARLY CHILDHOOD DEVELOPMENT WORKFORCE

This document outlines the Speech Pathology Australia response to the Productivity Commission's Draft Research Report into Early Childhood Development Workforce

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Introduction

Speech Pathology Australia congratulates the Federal Government on the introduction of a range of substantial reforms in the early childhood development sector, providing education and care, child health and family support services. We support the Government's commitment to the aim of providing every child with the best start in life.

The Productivity Commission has produced an extensive draft report on the early childhood development workforce focussing primarily on early childhood development services used by children until school age and their families. The early childhood development sector contributes to the positive early life outcomes experienced by the majority of young children in Australia. The sector is responsible for providing education and care, child health and family support services to children before they commence school. State and Federal governments fund hundreds of family support programs and services, mainly targeted at disadvantaged children and families. However, the fact remains, the most vulnerable families are still the least likely to access the services, something that is even more evident when dealing with rural and remote communities and indigenous communities.

Speech Pathology Australia acknowledges that this draft research report focuses on universal services and those designed to support the inclusion of children with additional needs in mainstream services.

Speech Pathology Australia

Speech Pathology Australia is the national peak body for speech pathologists in Australia representing approximately 4,500 members. Speech pathologists are university qualified health professionals who are specialists in the assessment and management of disorders of communication and swallowing that may present across a person's life span.

Speech pathologists contribute significantly to the assessment, care, management and quality of life of individuals through the provision of services that maximise communication (speech, language, voice, fluency, social skills and behaviours, literacy and numeracy, problem solving and general learning) and swallowing (eating, drinking, managing saliva) needs, through direct intervention, research, evidence based practice, education, consultancy and advocacy or a combination of these approaches.

Speech pathologists possess expertise, specialised knowledge and training in normal and delayed/disordered development of speech and language, as well as in early childhood socialisation and communication. As such, the speech pathology profession believes it is ideally placed to provide meaningful input into the draft research report on the early childhood development workforce.

Prevalence

The Association wishes to strongly support the findings as stated in the National Quality Framework for Early Childhood Education and Care Discussion Paper (released in 2008) that the first three years of life are especially critical to the development of social and communication skills. Strong evidence exists to show that children aged 0 to 3 years derive long term benefits from programs that support the family's capacity to provide a positive learning environment. Both Australian and international research clearly demonstrates the link with early childhood development and school readiness, academic performance, employment and social integration (McCain & Mustard, 1999).

Research indicates that in Australia, it is conservatively estimated that 10% of children are developmentally vulnerable with regards to language and cognitive development, including basic literacy skills, and/or communication skills (including participation with other children and ability to understand others), by the time they start school (Centre for Community Child Health, 2007). This may be as high as 33% in some Australian communities (Centre for Community Child Health, 2007). It is estimated that around 20% of children may be slow to develop spoken language (McLeod & McKinnon, 2007) and for 50% of these children, language problems will persist into the early school years. (Reilly, Wake, Bavin, Prior, Williams, Bretherton et al., 2007.) Across primary and secondary

school years, communication disorders (including any or all difficulties: understanding language, using language, social communication, speech, voice and fluency) affect as many as 12-13% of all Australian children (McLeod & McKinnon, 2007). Speech and language disorders not only lead to difficulty in acquiring literacy and poor long term achievement, but are also associated with reduced employment options, social, emotional and behavioural problems across the life span, mental health problems, and criminal behaviour leading to juvenile offending and imprisonment (Snow, & Powell, 2004); Smart et al., (2004).

Service Providers

While community organisations and state and local governments are the key providers of preschool speech pathology services, however, there are substantial differences between jurisdictions. States like Victoria, Queensland and NSW have community managed schools whereas the other states use government services. Many primary schools and Long Day Care centres also offer early childhood education programs and more recently, private providers have been moving into this space.

The regulatory framework for Early Childhood Education and Care is complex and inconsistent across the states and Territories. The complexity and fragmentation of the system affects service delivery negatively.

Family support services are provided by an increasing number of different bodies as well as by a variety of differently qualified staff, such as allied health professionals, teachers, and child health nurses.

Families from regional and remote areas are less likely to use Early Childhood Education and Care services; families from non-English speaking backgrounds are less likely to use Family Day Care. Children with additional needs are under-represented in Early Childhood Education and Care Services (Ellis, 2010).

Early Intervention

Speech pathologists have the skills and specialised knowledge to be able to promote and educate families and carers looking after young children in care facilities. Speech pathologists can provide critical education around the facilitation of normally developing children's speech, language, social communication and early literacy skills. There are critical windows at 0-3 months and 2-7 months for the development of the precursors to speech and language, and these critical windows are highly dependent on the care giver availability and positive reciprocal interaction. As an example, evidence based Hanen programs delivered by speech pathologists for early childhood professionals include, "Learning Language and Loving it" and "ABC and Beyond".

Speech pathologists are also experts in early diagnosis and referral to other appropriate professionals as speech and language delay is of often the first red flag pointing to a developmental issue that needs full investigation and that will respond to early intervention.

It is the position of Speech Pathology Australia that access to timely and appropriately structured speech pathology services in early intervention settings is integral to the achievement of optimal education, communication and social outcomes for children. The first issue is to screen the "at risk" population/those diagnosed with a disability/those with a developmental or acquired disability (for communication and/or swallowing impairment). This screen will determine the need for services and a way to access accurate and timely information. For those identified, there will be the need to provide further referral for assessment and intervention. For those assessed with a communication/swallowing impairment, specialist speech pathology services are required to provide early intervention that is tailored to meet individual need.

The Association also strongly supports the extension of the focus on early child education and care reforms to services and programs that identify and provide remediation for 'at risk' children in the 0 - 4 age group. There is strong evidence to show that young children with speech, language and

learning difficulties respond very positively to appropriate intervention during infancy and pre-school. (Law, Garrett, & Nye, 2006).

Currently, however, only limited information exists regarding the key indicators of risk for “at risk” children as well as which children will go on to have persistent communication or swallowing problems. Speech Pathology Australia considers it a priority that evidence based tools be developed to enable childhood educators to accurately identify younger children who require intervention.

Service Demand

Family support services are under-utilised by those who are most in need. This is despite the fact that there are a multitude of specialised and targeted services that are offered based on need, and families with complex issues may be eligible for assistance from a number of programs.

Many children, particularly those with a disability or those from culturally and linguistically diverse (CALD) backgrounds, need additional support to access early childhood education and care services. This places increased demand on the mainstream workforce, creating a need for specialist workers to cater to children’s specific needs.

Many Indigenous children also require extra support and tailored services. The increased training of Aboriginal Health Workers is a very positive step to assist Indigenous children with special needs however these workers must be embedded into the communities and agencies and hospitals and used appropriately. These workers will need to be trained in normal speech and language development and what signs to look for (in their own languages and then in English).

The number of children with additional needs has been increasing over time. For example, the prevalence rate of Autism in Victoria amongst children aged 0-6 years has been estimated at 27 in 10,000 and is steadily increasing. Around 15% of 4- 5 year old children have a speech or language impairment (McLeod & Harrison, 2009).

Government funding for early intervention services is not available to all children with additional needs. The limits on funding means that demand for workers to provide inclusion support or early intervention services are primarily determined by funding levels and not by the number of children who require support. This effectively leads to the rationing of the services.

Increasingly, as demand for services continues to grow, the significant issue of a declining workforce and substantial problems around the recruitment and retention of speech pathologists (as well as other health professional groups) to be able to deliver adequate services in early childhood education and care. This is much more pronounced in rural, regional and remote parts of Australia.

The research report notes that there is currently a shortage of qualified speech pathologists available to work in this sector. It should also be noted insufficient positions are allocated for speech pathologists catering for children in early childhood education and care.

The increasing burden of an ageing population, the ageing workforce and the rapidly increasing fall of workforce participation rates affect, and will continue to affect the capacity of health professionals to deliver a range of targeted services to children including speech pathology services.

Demand for allied health and early intervention professionals will continue to increase as the prevalence of childhood disability continues to grow along with greater awareness of the cultural barriers to inclusion and participation and the expansion of early intervention programs. The proposed National Disability Insurance Scheme will increase demand for such workers, while the growth in the number of integrated Early Childhood Development Centres will increase the need for allied health professionals such as speech pathologists,

Training for Workers

There is a need to encourage and support inter-professional training, education and practice for health professionals and early childhood education care and support workers as a means to improve the coordination and efficiency of service delivery in the sector.

In order to include children with additional needs, mainstream workers should gain/acquire/have skills in inclusive practice and training in appropriate ways of working with children with a range of different needs. In conjunction with delivering services, there is significant need for increased training for a range of workers. This would include training of staff working in early childhood education and care, and also those working with children who have additional needs. Training, consultative support and education by speech pathologists to teachers and teachers' aides particularly in relation to inclusive education methodologies that promote inclusion of children with communication disabilities. A focus on increasing the trained staff presence at mealtimes is vital so they can assist and supervise children at mealtimes. Finally mandatory training of carers and educators must occur in ways to maximise language development or to ensure a functional communication system for the child.

Currently, extra support for children with high additional needs is generally provided by unqualified workers, demonstrating a need for pertinent and relevant training to be offered that would enhance workforce capacity and contribute to improved treatment/therapy outcomes.

Speech pathologists can provide training and education in a number of ways. Firstly, training for all staff working in this sector is important in normal speech and language development; ways to enhance speech and language development, particularly for at risk groups and education about when to refer to a speech pathologist. Secondly, speech pathologists can provide training to support staff about how to work through speech and language programs they have provided for the children with identified difficulties.

Education and training must be incorporated into VET and tertiary courses relevant to early childhood education and care in order to educate and inform the workers and the broader community of the needs in early childhood education and care. It is not just that the qualifications must be more robust and encompassing, but teaching support staff how to support specific speech and language goals. This is particularly important if the parents are unable to support their child's therapy goals for some reason.

Workforce Development Issues

There is little data available regarding the about the workforce categories who work in this arena (particularly speech pathologists, special education teachers, support workers, occupational therapists, psychologists etc or any group that works in early intervention). The absence of data makes it difficult for government and professional groups to plan in terms of identifying demand and supply. Additionally, the absence of data about allied health professionals in early childhood development services may reflect a small proportion of such professionals are employed in dedicated early childhood development settings.

The sector must develop and support the health professional workforce to increase and optimise its capacity to respond to the needs of children in early childhood care and support, and of particular interest to Speech Pathology Australia, communication and/or swallowing impairments. The model should be to deploy speech pathologists within the early childhood education and care workforce so that they can work alongside the early childhood development workforce. Utilisation of speech pathologists in this manner offers professional supervision and support, professional development, career pathways and mentoring to name a few– all of which support retention in this sector.

Where early childhood education and care services are working with children who have additional needs, the program should employ speech pathologists to provide direct therapy support to the children and consultancy to the early childhood educators.

Anecdotal evidence from Australian states that do not have speech pathology services in the education system (as is the case in NSW and WA) indicates that services to early childhood education care and support are virtually non-existent unless families are able to access private speech pathology services. Private services are often not an option for many families due to financial reasons or due to the unavailability of services in rural and remote communities. Service availability also varies widely from state to state.

In addition, states with therapy services as part of early intervention education based services are able to ensure that language development enhancement and therapy goals are embedded in the pre-school curriculum and supported by teachers and other school/preschool staff. Education based services also tend to prioritise the provision of training for teachers on how they can incorporate speech and language into the general curriculum, reducing the impact of delays in these areas.

With regard to workforce development, utilising the specialist skills and knowledge of speech pathologists in the training of teachers and early childhood educators is paramount. Further to this, speech pathologists are ideally placed to provide the ongoing support and professional development that teacher and childhood educators will require. Speech pathologists are able to provide guidance and expertise in the development of whole group programs and/or strategies to support the development objectives of individual children as required. At a local level, sufficient speech pathology resources must be made available to allow collaborative development of tailored intervention programs for children with delayed language development.

Speech Pathology Australia recommends that training programs for early childhood educators must:

- ensure that educators are competent to identify children with communication disorders;
- enable educators to link children to appropriate services;
- enable educators to maximise opportunities for language stimulation and learning in the everyday environment;
- equip educators to provide linguistically and culturally sensitive education.

As experts in all facets of language and literacy development, it is natural that speech pathologists play a vital role in the development of educator training programs to ensure that programs meet the above criteria. It is essential that the needs of the Early Childhood Education and Care (ECEC) workforce speech pathologists are seen as a key component of the workforce, both as direct service providers and as facilitators and catalysts for workforce capacity building.

A number of different allied health professionals provide early intervention support for children with additional needs. Issues such as part time hours, professional isolation; limited career opportunities, lack of professional supervision and mentoring all contribute to shortages of such professionals. The research report itself notes that there are particular difficulties recruiting speech pathologists and these broader contributing factors need to be explored. Additionally, data needs to be collected to determine what staffing levels exist for speech pathologists and are they sufficient to meet the needs of the children requiring service.

Working with Parents and Carers

Speech Pathology Australia supports the values that underpin the National Early Years Learning Framework and agrees that the 'United Nations Convention on the Rights of the Child' is directly relevant to the formation of the framework. The Association supports the recognition of the importance of working with parents and carers to educate and empower them as the primary educators and interactive partners for children, and believes it imperative that continued support be provided in relation to the development of language within the home. Speech pathologists have specialist skills and training in working from an evidence based 'family centred' model and are ideally placed to facilitate interaction between parents and children and provide 'home interaction programs' which promote social interaction and speech and language development.

Culturally and Linguistically Diverse Children

Speech Pathology Australia strongly supports the development of systems and processes that demonstrate cultural sensitivity and awareness of the explicit needs of children from different cultural and linguistic backgrounds, with particular emphasis given to Indigenous communities and children.

Speech Pathology Australia strongly encourages meaningful engagement and active and inclusive dialogue with Indigenous communities to facilitate their participation in early childhood education initiatives. Through its resource guide, "Working with Aboriginal People in Rural and Remote Northern Territory (2007)", "Speech Pathology Australia formally acknowledges the very important role the profession plays in the provision of culturally and linguistically appropriate speech pathology services to indigenous children.

Conclusion

Participation in society must be supported by appropriate access to communication. The ability to communicate effectively, to talk with and listen to others easily, learn, share, ideas, express our needs and wants and be part of a social or work conversation – is a basic human right that is often taken for granted.

Speech pathologists who work in the field of early childhood education and care contribute to these children in several ways: firstly they can facilitate early identification of problems; secondly they can assess and treat children in early intervention frameworks and thirdly they can provide training and education for other key stakeholders in this field from parents to early education teachers and support workers.

Speech Pathology Australia looks forward to further consultation as the implementation of reforms in early childhood education and support progresses. The Association supports the development of an equitable and adequately funded system of providing early childhood education and care to children, including those with additional needs, in particular, communication and swallowing disorders.

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