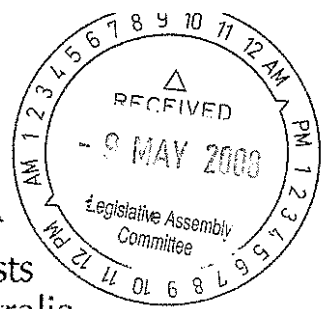


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PSPA WA

Private Speech Pathologists
Association of Western Australia



Dr David Worth,
Principal Research Officer,
Education and Health Standing Committee,
Legislative Assembly.
Parliament House,
Perth WA 6000

Dear Dr Worth,

The Private Speech Pathologists of WA feel there are a number of issues regarding the assessment of speech and language skills in Pre-Primary and at the Primary School Level and these will be addressed as follows:

1. The lack of standardization of screening procedures for children with speech and language delays. Some Child Health Nurses use similar screening tools but others prefer to judge a child's performance on their conversational ability on the day which can provide very unreliable results with regard to a child's performance. In addition, there appears to be an overemphasis on a child's articulation and children with significant expressive and receptive language delays in the absence of articulation disorders are not identified.
 - ❖ **Recommendation:** Speech and Language Screening should be done by the Early Childhood teacher using valid screening assessment tools such as the MELS© which was developed in WA and trialed on Western Australian children.
2. Screening at the Pre-Primary Level is 12 months too late to capitalize on the critical neurological development period for language acquisition. This period is between birth and four years.
 - ❖ **Recommendation:** The screening should take place in the first half of the kindy year so the class teacher can incorporate strategies to address speech and language delays in the lesson plans. Ideally, this programming can be done with input from the speech pathologist.
3. Children with significant difficulties should access remediation services within one month of identification.
 - ❖ **Recommendation:** Those children who reside in areas where the Public Sector Health Service cannot offer an assessment within one month (many clinics have up to fifteen month waiting lists for initial assessment) could be provided with a subsidy to access private speech pathology services.

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The cost of assessing these children and offering approximately ten sessions of private therapy would be less than \$500,000 for the pre-school population. The majority of children require a good oral language foundation for literacy. The overall savings in Government Departmental spending as a result of children being in a good position to commence the acquisition of literacy skills is likely to be far greater than the cost. Children with language difficulties are likely to have poor self-esteem, behavioral problems in the classroom and language related learning difficulties. Children who have significant language problems persisting into adulthood frequently develop significant mental health problems. Criminal behavior amongst this population is also common.

4. Parents frequently express their concern that they felt there was something wrong with their child but by the time it was identified it was too late. Health Department Clinics prioritise pre-school children and school aged children are only offered an assessment and a home programme.
 - ❖ **Recommendation:** School aged children who are struggling could be encouraged to seek an assessment and management from a private speech pathologist. Ideally, this speech pathologist could help to plan an educational programme for these school aged children collaboratively with the classroom teacher. A means tested subsidy to access services could be provided.
5. Kindergarten teachers who have not been trained in speech and language screening can make inappropriate recommendations to parents regarding language unit referrals.
 - ❖ **Recommendation:** No suggestion of language unit placement should be made to parents until the child has undergone a full speech and language assessment by a speech pathologist.
6. Indigenous children should be prioritized for speech and language intervention in the kindergarten setting as a significant number of these children commence kindergarten with severe language delays.
 - ❖ **Recommendation:** Significantly fewer indigenous children complete secondary education and go onto tertiary education. Having adequate receptive and expressive language skills upon entry into Year One will enable indigenous children to be on an even footing with their white peers with regard to their potential for literacy learning.
7. Indigenous children suffer from otitis media more frequently than their white peers and this can compromise their language learning.

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- ❖ **Recommendation:** Indigenous children should be screened for conductive hearing loss once a term and all kindergarten settings with indigenous pupils should participate in the BBC programme to maintain ear health.

If you would like any further information on the above statements and recommendations, please do not hesitate to contact me.

Thank you for providing us with the opportunity to make comment.

Yours faithfully,



