

Select Committee Inquiry into Child Development Services - Submission by a Perth Speech Pathologist who works with and engages with many WA educators, families and children with developmental difficulties and delays:

-Terms of reference (a) the role of child development services on a child's overall development, health and wellbeing-

Child development services, particularly speech pathology (SP) services are essential for children's health and wellbeing. For some children, being able to speak clearly and easily and understanding what others say comes naturally and without difficulty. For many children however - more than 38,000 WA young people in fact (estimate), this is not the case. Thousands of WA children have communication difficulties and need the help of a speech pathologist to understand the world around them and what people are saying, as well as to express themselves (orally words and writing) with ease and accuracy. Speech pathologists help children in a multitude of facets of life, by giving them the strong foundations children need to safely, effectively, happily and constructively take part in all facets of life:

Speech and language are the means through which children (and adults) express their needs and wants. Being able to communicate effectively means that a child can tell their friends what game they want to play and can take part in the play of others. This fosters strong and lasting friendships which support mental health. Communication is the means by which children can share their dreams with their grandparents, and ask a shop attendant for help if they've lost their parent in the store. Communication is the means by which children can learn what is right and wrong, understand the rules and take part in society constructively and legally. Strong communication skills empower children to understand when others are acting wrongfully against them; it is the means by which they have a chance at saying NO, and if needed, reporting if they are among the tragic many children who are taken advantage of. Strong communication skills empower students to read and write, and so to take part in

school and experience the joy of learning many things through the wonderful world of books.

Speech pathology services help children in all of the above facets of life, and so many more. Not only do speech pathology services support children directly, they also support parents, educators and the community around a child to best support the child to grow and thrive.

- Terms of reference (b) the delivery of child development services in both metropolitan and regional Western Australia, including paediatric and allied health services-

In WA at present there are a number of avenues for the delivery of speech pathology services in WA, with advantages and drawbacks of each (in my experience):

- Private speech pathology services (including non-government organisations): These services can be comprehensive and meet some children's developmental needs. These services are however only accessible to the children of families who are financially well off/have access to additional funding sources such as NDIS. Sessions are expensive - even with an Enhanced Primary Care Plan [EPCP] a family can easily be out of pocket \$65-\$100+ per session; so even families who are financially 'well off' can find it difficult to access private services for an extended period of time (as some children need). This barrier could be slightly relieved by increasing the Medicare EPCP rebate and/or number of subsidised sessions that a family can access.

The service delivery model of many private speech pathology practices often means that services provided to that child are limited to only that child and their parents, and often isn't effectively shared with other significant people in the child's life who could further support them, such as the child's educators.

- Health Department (CDS, including Parent and Child Centres): Many

families try to access speech pathology services through the CDS. This service being 'free' to families means that a number of families and children who are not financially well off are technically able to access some level of support which is an important service to continue to make available. Waiting lists are often long for the CDS - not only does that mean that children do not get the support they need in a timely manner, but it also creates a cycle where children get referred to the CDS 'just in case' so that if they need support by the time they reach the front of the line, they have a spot. This of course however put further pressure on the system and potentially increases waiting lists further. Though children are able to access some support through the CDS, in many instances the number of sessions a child gets access to (usually 5 sessions at a time) is not sufficient to make substantial inroads to address the child's difficulties in a timely manner. This barrier could be partially overcome by increasing funding to the CDS and increasing the number of sessions a child is entitled to in one instance.

The family-centered practice of the CDS is helpful to some families who are in a position to be able to take time off work/drop off their child to appointments in the middle of the day, AND to start with, are themselves in a position to be able to engage in parent training. For many of the most vulnerable children however, this service delivery model is inaccessible to them because their families are a. not able to get them to/from appointments (e.g. not having a car) or/and (for many) b. not able to access/engage with the parent engagement that is required for children to be supported through the CDS e.g. parents dealing with substance abuse or separation, parents working full time while supporting a family of 7 children.

Parent and Child Centres do help overcome the issue of families not always being able to get their kids to appointments, however with this service still being very parent-focused, the difficulty of families (particularly vulnerable families) engaging with the service continues to be an issue for many. The

current service delivery model of the CDS and PCCs, like private practice, also means that educators are generally left out of the support of students, and are not supported to help these children in class (which is a large part of many children's day).

- **Language Development Centres:** These specialist schools provide a high level of developmental support (particularly relating to communication skills) for the children within their walls. However, these schools only support a very small number of children each year in the metro region only- barely a few thousand students - a drop in the ocean of students who need support. Furthermore, the LDCs are limited to a particular (all be it large) subgroup of children with communication difficulties and many children have trouble accessing speech pathology support early enough to be referred to these centres. Some of these drawbacks could be partially overcome by increasing the number of LCDs and setting some up in the regions. Increased accessibility to other speech pathology services would also support better access to LDCs.
- **Direct school based speech pathology services (current trial through the DOE):** This service allows children to receive regular, targeted speech pathology support at school, as well as referral to other external speech pathology services for additional support. The service empowers educators to better support these children in their day-to-day lives, as well as improve the education of other children in the class. Typically this service consists of a combination of in-class capacity building support for the teacher (to help all children, including those with communication needs) with direct intervention for children with difficulties and/or training others (like EAs) to provide such support with guidance. This service overcomes some of the drawbacks of other services in operation in WA, including access barriers for families and the often disconnect between SP services and educators (who spend a lot of time with children). At present this service is free to families, however is paid

for fully by schools. As such, only some schools are able to access it from a financial perspective. Furthermore, schools are hampered in their ability to access enough support by how much money can be cut out of their budget. The trial is also only available to schools in the north metro region, with many schools in the south and regions not having access to this service, despite demand for it. Some of these barriers could be overcome by extending the trial/program to all of the Perth metro area (and possibly regions, if sufficient infrastructure is in place) and by the government centrally providing a subsidy/additional funding for schools accessing this service.

-Terms of reference (c) the role of specialist medical colleges, universities and other training bodies in establishing sufficient workforce pathways-
At present across all providers of speech pathology services in WA, significant workforce shortages are being faced. This means that children and families often face long waiting lists and do not get the support they need in a timely manner, for them to be able to take part in their worlds and communities safely and effectively. This is especially true in the case of young children - a 9 month waiting list for example in the life of a 3 year old is slightly 25% of that child's life that they are left waiting for essential support.

Universities play a critical role in establishing and ensuring sufficient workforce pathways, particularly in the realm of speech pathology. The universities seem to be trying to respond to the growing need for SP services, however seem to be limited in their ability to increase intake by the number of practical placements available. For a speech pathology student to graduate, they need to demonstrate a number of competencies across a range of both adult and pediatric practical placements. On placement, the students need to be adequately supervised by a qualified speech pathologist (who of course needs to be paid for their time). At present it seems that the universities are having trouble finding enough suitable placement sites (particularly within the adult context) with adequate supervision. This barrier could be partially overcome

through government funding to establish/support the running of specific practical placement training facilities through the universities (like the Curtin Clinic) and/or grants for community contexts which host student speech pathology placements.

-Terms of reference (e) other government child development service models and programs operating outside of Western Australia and the applicability of those programs to the State-

Western Australia is one of the few states in Australia that does not have direct speech pathology services in most (if not all) schools. The concept of speech pathology services provided in schools is not only common in other parts of Australia, but also in the USA & UK. In other states school based speech pathology services work in conjunction with other service providers like Health and/or private providers. In my view this model should be further encouraged and expanded in WA schools, to supplement the services already provided by private clinics and NGOs, the CDS (and WACHS) and LDCs (including the Outreach Services). Providing school based speech pathology services which is run through the Department of Education would bring a greater level of unity between the communication support a child needs, and their every-day, classroom and home reality. This model would in my view, not only support the students who have targeted communication needs, but would also strengthen and improve the education outcomes of all students through the capacity building of educators and in-class support. This model would also reduce educator workload by having another highly qualified pair of hands in the classroom; another well trained pair of eyes and ears to help identify and support students developmental needs. Furthermore, families' access to services (especially at risk families) would in my view be greatly increased, because for many families their local school is much easier (and less intimidating) to get to than a health clinic away from their home.

