Chapter 5

The availability and adequacy of speech pathology services in Australia

5.1 The previous chapter provided considerable anecdotal evidence of long waiting lists for speech pathology services in Australia. The committee received many accounts of people with speech and language disorders and their carers wanting to access a speech pathology service but being unable to do so. The problem appears particularly acute in regional and regions areas of Australia where in some cases services simply do not exist.

5.2 This chapter's key theme is the logical extension of these problems: the supply of speech pathology services—particularly in the public system—has been unable to keep pace with demand. A recurrent theme in the submissions from adults, the parents of children with speech and language disorders, speech pathologists and peak bodies, has been the lack of adequate speech pathology services in Australia. In many cases, this has meant long waiting lists to see a speech pathologist in the public system, long travelling distances for people living in regional and remote regions, and the expense of private services for those who can afford it. The cost for a visit to a private speech pathologist generally exceeds $150 for an hour's consultation.

5.3 The chapter looks at the following issues:

- data on the number of speech pathologists in Australia;
- the gaps in speech pathology services in Australia including;
    - the waiting lists for children to access services;
    - the supply shortages in regional and remote areas;
    - the service delivery model in residential aged-care homes;
- the provision and adequacy of private speech pathology services; and
- the committee's recommendations to investigate these supply shortages.

5.4 The committee does note that despite widespread concerns with the long waiting lists for public services and the cost of private clinicians, there was very little disquiet about the quality of these services. Indeed, many submitters to this inquiry made a point of commending the quality of the services that they or their child received.

The number of speech pathologists in Australia

5.5 The demand for speech pathology services in Australia clearly outstrips supply of these services. However, the exact number of practising speech pathologists in Australia is not known. Speech Pathology Australia (SPA) explained that the data

gathered through the Australian Bureau of Statistics (ABS) Census groups speech pathologists with audiologists. The Australian Health Practitioner Regulation Agency (AHPRA) does not gather numbers either because speech pathology is not a registered profession.[1]

5.6 SPA currently has 'just over 6000 members'.[2] SPA estimates that this is 'approximately 70 percent of the total number of speech pathologists in Australia as members'. If this is accurate, there are around 8,500 speech pathologists in Australia.[3]

5.7 The 2011 ABS Census found that there were 5,295 speech pathologists in Australia. This number had increased from 2,322 in 1996, 2,984 in 2011 and 3,867 in 2006. The increase in the five years from 2006 to 2011 represented a 37 per cent increase.[4]

Numbers by state and territory

5.8 Table 5.1 shows the distribution of speech pathologists by state and territory and by 100 000 of population. As a proportion of the population, the two territories have significantly fewer speech pathologists.

Table 5.1: Number of speech pathologists

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust.
Number	1,630	1,445	1,043	411	538	130	30	68	5,295
No. per 100 000 of population	22.6	26.1	23.3	25.1	22.9	25.4	13.0	18.5	23.7

Source: Health Workforce Australia, 'Australia's Health Workforce Series, Speech Pathologists in focus', July 2014, p. 14. Data drawn from 2011 Australian Bureau of Statistics National Census.

Sector of employment

5.9 SPA found that as of July 2014, 52.5 per cent of its members were in private practice, 33 per cent were in public practice and the remainder were employed in a

1 Speech Pathology Australia, 'Speech pathology training and workforce in Australia—an overview', 24 June 2014, p. 2.

2 In its submission to the inquiry, SPA stated that it had 4,972 practising members as of December 2013. *Submission 224*, p. 84. It added: 'If we surmise that Speech Pathology Australia members make up approximately 60-70 % of the total workforce then there were approximately 1,500-2,000 speech pathologists working in Australia in 2013 who were not members of Speech Pathology Australia. This indicates a total workforce of approximately 6,500–7,000.' *Submission 224*.

3 Speech Pathology Australia, 'Speech pathology training and workforce in Australia—an overview', 24 June 2014, p. 2.

4 See Health Workforce Australia, 'Australia's Health Workforce Series, Speech Pathologists in focus', July 2014, p. 6.

combination of both public and private practice (see Table 5.2).[5] In NSW, Victoria and Western Australia, more SPA members reported working in private practice than in public practice.[6] Interestingly, two-thirds of SPA's New South Wales members were employed only in private practice. In Queensland, South Australia, Tasmania and the territories, more SPA members reported being in public practice than in private practice.

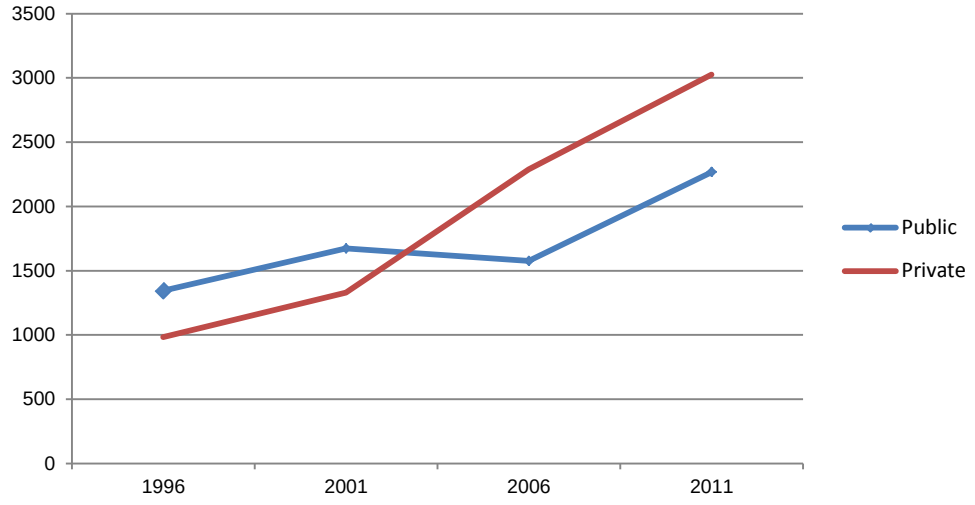
Table 5.2: Public and private speech pathologists by state and territory

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust.
Private practice only	885	578	438	140	259	24	12	12	2364
Public practice only	310	456	470	141	159	66	21	21	1648
Public and private practice	127	164	101	49	33	5	2	2	486

Source: Health Workforce Australia, 'Australia's Health Workforce Series, Speech Pathologists in focus', July 2014, p. 17. Data drawn from Speech Pathology Australia data.

5.10 The 2011 ABS Census found that 43 per cent of speech pathologists worked in the public sector, and 57 per cent in private practices. In the 2006 Census, the ratio was 41 per cent public to 59 per cent private. However, in the 1996 and 2001 Censuses, there were more speech pathologists employed in the public system than in the private sector (see Graph 5.1).

Graph 5.1: Number of speech pathologists—public and private sectors



Source: Health Workforce Australia, 'Australia's Health Workforce Series, Speech Pathologists in focus', July 2014, p. 6. Data drawn from 1996, 2001, 2006 and 2011 Australian Bureau of Statistics National Censuses.

5 This only includes SPA members who reported their practice type.

6 Health Workforce Australia, 'Australia's Health Workforce Series, Speech Pathologists in focus', July 2014, p. 17.

Numbers in remote areas

5.11 This chapter presents the committee's evidence on the shortage of speech pathologists in regional and remote areas of the country. Table 5.3 shows that the ratio of speech pathologists to population falls in areas with less density of population.

Table 5.3: Speech pathologists in Australia by region

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia
Number	4,055	842	343	40	12	5,295
No. per 100 000 of population	25.9	20.5	16.9	12.7	5.9	23.7

Source: Workforce Australia, 'Australia's Health Workforce Series, Speech Pathologists in focus', July 2014, p. 15. Data drawn from 2011 Australian Bureau of Statistics National Census.

A female-dominated profession

5.12 Speech pathology is a female dominated profession. Ninety-eight per cent of SPA's members are female. There is a relatively high attrition rate for speech pathologists—13 per cent. The contraction of the full-time workforce peaks at 10 years post-graduation when many speech pathologists move from full time to part time work due to family commitments.[7]

Gaps in speech pathology services in Australia

5.13 There are significant gaps in speech pathology services that are available in the Australian community. In its submission, SPA noted the following gaps:

- it is not standard to have a speech pathologist within the care team for special care of infants in nurseries;[8]
- New South Wales, the Northern Territory, the ACT and Western Australia either have no speech pathology services in their public school systems or very limited provision;[9] and
- there are very few specialist speech pathology services for adults;[10]
- only 4.5 per cent of speech pathology practitioners provide services to rural communities which constitute 30 per cent of the total Australian population;[11] and

7 Speech Pathology Australia, 'Speech pathology training and workforce in Australia—an overview', 24 June 2014, p. 2.

8 *Submission 224*, p. 22.

9 *Submission 224*, p. 34.

10 *Submission 224*, p. 46.

- the lack of speech pathologists in the residential aged care setting.

5.14 This chapter presents the committee's evidence on the extent, nature and impact of these gaps. The particular focus is on the evidence of long waiting lists for children and the need for a more effective system of early intervention.

Long waiting lists for children to access speech pathology services

5.15 Chapter 2 of this report noted the importance of early diagnosis and treatment of speech and language disorders. For young children with speech and language disorders, early intervention is crucial to the long-term well-being of the child. The long-term benefits to children from early and effective diagnosis are significant. Where there is no intervention, or delayed intervention, the costs to the child and to society can be significant.

5.16 Many submitters and witnesses to this inquiry emphasised that long waiting lists for children to access speech pathology services compromises the benefits that could be gained from therapy and treatment. Further, some argued that even when a child does access a service, the pressure on the system often leads to limits on the service.

5.17 In the public system, the basic issue is inadequate resources and too few speech pathologists to cater for the demand for early intervention services. This is a problem nationwide. A submission from Associate Professor Patricia McCabe, Associate Professor Kirrie Ballard and Dr Natalie Munro, reported on the results of a 2010–11 Australia wide survey of parents of children who require speech pathology services. The submission stated:

> Parents reported being on long waiting lists with 25% waiting more than 6 months and 15% waiting more than 1 year for assessment and 18% waiting more than 1 year after assessment for treatment. Qualitative responses revealed concerns such as; a lack of available, frequent, or local services, long waiting times, cutoff ages for eligibility, discharge processes, and an inability to afford private services. Overwhelmingly they were happy with their treating speech pathologist and unhappy with the frequency, length and total number of treatment sessions received. Parents in regional centres, and rural and remote locations were more likely to have difficulty accessing any services including private practitioners.[12]

5.18 Associate Professor Michael McDowell from the Neurodevelopment and Behavioural Paediatric Society of Australasia emphasised in his submission that early intervention 'works'. However, their doctors are frustrated because speech pathology services in the public systems are 'completely inadequate'.[13] The resources are

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11 *Submission 105*, p. 9. The report of Health Workforce Australia titled 'Australia's Health Workforce Series, Speech Pathologists in focus', July 2014, p. 6.

12 *Submission 85*, p. 1.

13 *Submission 118*, p. 1.

distributed across multiple government departments (health, education, disability services) both state and federally. He argued that no department takes responsibility for the problem at a community level and the resources devoted to screening, assessment and treatment services are inadequate. As a consequence, Associate Professor McDowell argued that:

> There exists currently a sad 'Catch 22' that results from this situation. Waiting lists for therapy assessment and particularly therapy intervention services are so long that by the time children get to the top of the list, they are no longer eligible as they are too old.[14]

The availability of speech pathology services for children in Victoria

5.19 The committee received several oral and written submissions from Victorian submitters about the availability of speech pathology services in the state. At the public hearing in Melbourne on 11 June 2014, Professor Sheena Reilly from the Murdoch Children's Research Institute at the Royal Children's Hospital commented on work that the Institute in currently undertaking to map the location of speech pathologists against areas of socio-economic disadvantage and developmental vulnerability. Professor Reilly told the committee with reference to one of these maps[15]:

> This is some mapping work we have been doing on services in Victoria, and this could be repeated over every state in the country. This is done in collaboration with Megan Harper from the Department of Education and Early Childhood. What it shows you is services mapped across the Melbourne area. The blue dots are private speech services, the green dots are public services and the pink dots are early childhood intervention services. You can see that there is a chronic inequitable distribution of those services and it mirrors what Gail [Mulcair from Speech Pathology Australia] was talking about earlier, the explosion in private services but also where those services are. They are in our very rich south-east corridor of Melbourne where people can afford private services. These services have been mapped onto disadvantage across the Melbourne area. The most disadvantaged areas are the red and orange, and that is not where our services are...[16]

5.20 Professor Reilly referred to a second map (which was also provided in MCRI's submission and is reproduced as Map 5.1, below) which shows where children are most developmentally vulnerable according to their language and their cognitive skills. Professor Reilly explained that:

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14 *Submission 118*, p. 2.

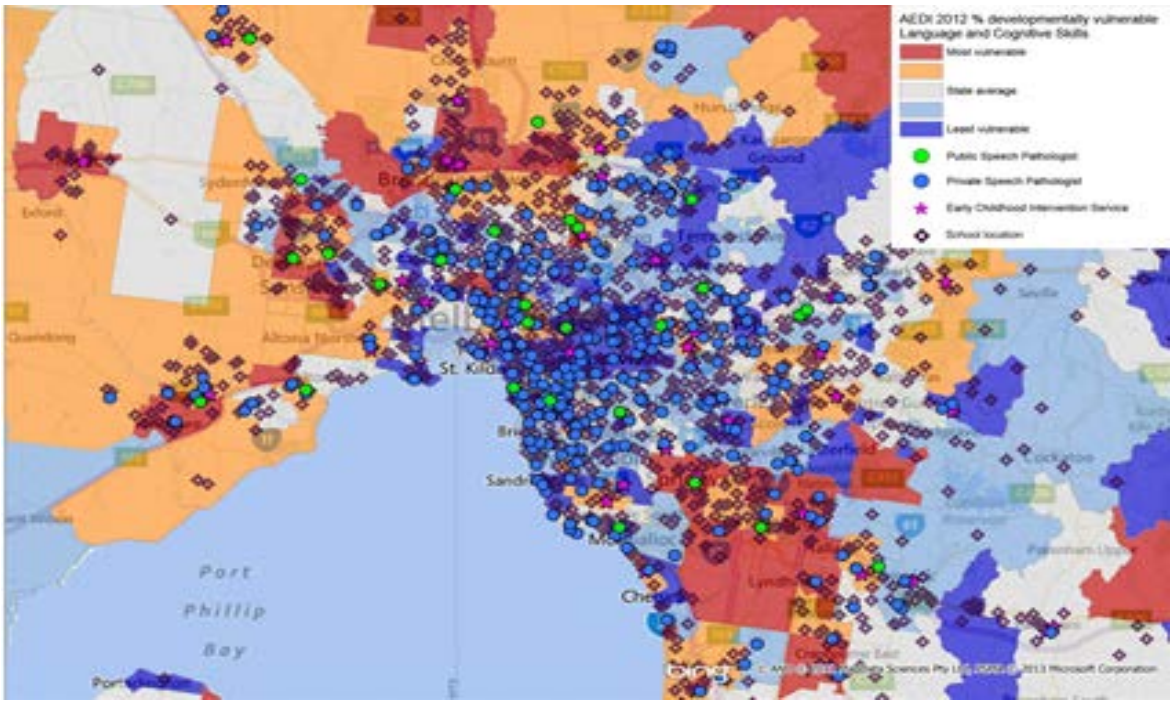
15 This map was presented at the public hearing in a Powerpoint presentation. However, the Institute has requested that the map not be reproduced in this report as it appears in research that is awaiting publication.

16 *Committee Hansard*, 11 June 2014, p. 18.

the red and the orange again are the vulnerable areas and you can see that that is not necessarily where our services are…

That tells you something about services—and that is something we have got a lot of information about and should be doing across Australia. That information about children exists; it is not something that we have to go out and create.[17]

Map 5.1: Location of speech pathologists, Melbourne: developmental vulnerability



Source, Submission 161, p. 10

5.21 The committee received evidence from other submitters that corroborated the findings indicated in this analysis. A Melbourne-based speech pathologist employed in both the not-for-profit and private sectors wrote in his submission:

I believe that there are inadequate speech therapy services for children up to the ages of 6 that are funded by the Commonwealth, state, and local governments. This is especially the case in the Western Metropolitan Region of Melbourne where there are many families who fall within the lower socio-economic bracket. There are many children who will be waiting on lists for service for extended periods. By the time it is their turn, they may be going to school, thus missing out on earlier intervention.

It is important that children are able to access early intervention-specifically for speech therapy (I am not confusing it with early intervention where children have multiple areas of delays) as it can impact

17 *Committee Hansard*, 11 June 2014, p. 19.

> on future development. This in turn can also have a negative impact on their education and self esteem.[18]

5.22 The committee asked Professor Reilly whether she had plotted these services for other Australian cities and regional centres. She responded:

> No, we have only done it for Melbourne and parts of Victoria so far. It could very easily be done; we have geographers across the country who could do that for us.[19]

5.23 The committee believes that as a visual representation and as a guide for policy-makers, this mapping exercise is very useful and should be conducted across the country (see recommendation 4, below). It would also be useful to accompany the location of public speech pathologists with information on the length of waiting lists for each public speech pathology centre.

5.24 The maps show that there is very little by way of public speech pathology services in the Frankston area in the city's south-east. There is an Early Childhood Intervention Service in Frankston. The Peninsula Model for Primary Health Planning—Children's Health Alliance and Frankston–Mornington Peninsula Medicare Local noted in its submission that Early Childhood Intervention Services (ECIS) typically have a 6–9 month waitlist. In the Frankston–Mornington Peninsula catchment, the key ECIS providers are Biala and Noah's Ark. The Peninsula Model noted that for Biala 'waiting times tend to run at 12 months'.[20]

5.25 Peninsula Health (PH) is the public provider of hospital based and community health Speech Pathology services in the Mornington Peninsula. These services are delivered through Frankston Hospital and the Frankston, Hastings and Rosebud Community Health Services.

5.26 The Peninsula Model stated that the waiting time for Speech Pathology at Frankston Hospital is 2 months for an initial screening assessment up to a maximum wait time of 12 months. It added that two-thirds of children are offered group therapy while they wait for individual therapy. In terms of Peninsula Community Health:

> [T]he waiting times…are…currently running at 14 months. Long waiting times significantly impact on the ability of families to put measures in place that will enhance the child's ability to develop and learn. Developmental delay is not usually identified until 2-3 years of age offering only a small window of opportunity to provide early and effective intervention that will enhance school readiness and improve a child's learning experience.[21]

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18 Name withheld, *Submission 91*, p. 1.

19 *Committee Hansard*, 11 June 2014, p. 19.

20 *Submission 275*, p. 11.

21 *Submission 275*, p. 11.

5.27 The Peninsula Model submission noted a number of other challenges associated with the lack of speech pathology services in the catchment area. These included:

> Many children from vulnerable communities are referred for therapy mid-way through their preschool year when their delays are identified by a preschool teacher. They receive some but limited speech pathology support prior to school entry. Follow up support for these children at school is essential to assist them to succeed academically. However the service system for school aged children is different and requires children to transition to a new system with different eligibility and priority criteria. This can be difficult for parents and carers to understand and to navigate, and disrupts continuity of care…
>
> Public services experience long waiting lists for Specialist and diagnostic services that assist Speech Pathologists plan and deliver appropriate interventions, such as specialists services that diagnose Autism Spectrum Disorder or similar…
>
> High demand on public services reduces their capacity to provide best practice care in the child's natural environments by outreach. Centre-based services are the norm; outreach to natural environments is strictly limited in an effort to stretch resources.[22]

5.28 The Peninsula Model's submission also stated that the recommended ratio of qualified speech pathologists to students in Victoria is one for every 733 students. On this basis, it noted the need for:

> …a further 744 Speech Pathologists within Victorian Government schools (DEECD) alone. In 2012 there were 140 full time positions in Victorian Government schools, funded by DEECD. This represents a significant unmet need. By way of example, the current ratio of Speech Pathologists is 1:4512, or six times less than the recommended norm.[23]

The availability of speech pathology services for children in New South Wales

5.29 A submission from NSW Health identified some of the key features of the availability of speech pathology services in New South Wales. These are as follows:

- as at June 2013, 527 full time equivalent Speech Pathologists were employed in the NSW Public Health workforce representing six per cent of the total allied health workforce employed;
- the average age of Speech Pathologists in NSW Health is 35.4 years and the speech pathology workforce is dominated by female practitioners;
- the speech pathology workforce is predominantly part time with the average number of working hours being 24.7 hours;

22 *Submission 275*, p. 12.

23 *Submission 275*, p. 12.

- speech pathologists are often sole or lone practitioners in a facility or service (particularly in rural and regional districts). As a result arranging coverage for leave is often difficult although allied health locum schemes go some way to assisting with leave relief; and
- 'due to the large proportion of part-time, temporary and locum Speech Pathology staff, managers' report challenges in ensuring there is an appropriately skilled workforce to cover all clinical areas'.[24]

5.30 Interestingly, NSW Health commented that its own modelling indicates that available supply of speech pathologists:

> …is adequate to meet projected demand based on the assumption that there is no initial workforce shortage, no inward migration, and new graduates, re-entry and wastage/loss percentages remain constant.[25]

However, the assumption of no initial workforce shortage in the State is clearly not accurate, as the following evidence attests.

5.31 A speech pathologist working in community health in western Sydney made the following comment on waiting lists in her submission:

> At the centre I work all waiting lists are between 8-12 months long. This is an unacceptable time for a child with a communication impairment to have to wait to receive a service. This is particularly so for those children who are in the year before school. Research has shown that these children are at a significantly increased risk of continuing academic, social and attention difficulties throughout their years of schooling (McCormack et al, 2009). Our waiting lists mean that even if a child is referred in the year before they commence school, it is very likely they won't receive an assessment appointment until they start Kindergarten. Lengthy waiting lists are also detrimental to staff job satisfaction. Although working extremely hard and trialling various strategies to address wait list times, minimal success has been achieved in this area. As a result there is a constant feeling that despite working hard, an effective and timely service is not being provided.[26]

5.32 Unlike most other Australian States, New South Wales does not have speech pathologists attached to government schools. This was a source of both surprise and frustration for many parents of school-aged children in New South Wales needing speech pathology services. The father of a young son with developmental delay who is attending a Sydney kindergarten. He wrote in his submission:

> I was very disappointed to learn that his current school only supplies a support teacher, not a speech therapist. His kindergarten teacher recognised his developmental delay without our mentioning of it.

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24 *Submission 271*, p. 2.

25 *Submission 271*, p. 2.

26 *Submission 144*, p. 1

> As school is in the northern beaches Sydney area, I enquired as to whether we could transfer his public hospital speech therapy from Sydney's Eastern suburbs where we live to his Northern Sydney school area so that there would be less disruption with his school attendance.
>
> The head of speech therapy for the Northern Area Health kindly returned my call and apologetically explained that they could not provide public hospital speech therapy services to children whose residence it outside the Area Health Service despite being schooled within the Area.
>
> She also explained that once children turn five years of age in her own Area Health jurisdiction and commence school, speech therapy is discontinued unless desperately needed. The reason for this sudden cut-off, as she explained, was because of limited funding resources from the State and Federal Governments. She respectfully declined to offer speech therapy services. I can't remember how many times she apologised for declining my request.
>
> What alarmed and puzzled me was that this head of a government department informed me that NSW was the only state/territory that did not have a speech therapist attached to each school.[27]

5.33 Professor Mark Onslow from the Australian Stuttering Research Centre highlighted the inadequacy of services for children with stuttering difficulties. In many cases, he noted, the pressure of needing to address the backlog in demand led to shortcuts in treatment. As he wrote in his submission:

> Clearly, then, the speech pathology profession is under resourced to manage the public health problem of early stuttering. At present there is evidence that speech pathologists and managers of speech pathology health care services, by necessity, respond to the shortcomings of treatment services in unproductive ways.
>
> The latter report was a survey of 277 Australian speech pathologists, around half of whom said that they responded to waiting list pressures by taking shortcuts with proven, treatments for early stuttering. Those shortcuts involve providing treatment "blocks" of 12 weeks per child rather than the complete treatment, treating in groups of children rather than individually, and giving treatment sessions less regularly than each week. Such compromises will likely damage the educational, occupational and psychological wellbeing of children who consequently stutter later in life.
>
> In short, current knowledge is that early stuttering is a prevalent condition with possible lifetime consequences, with proven treatment methods but without adequate treatment services. Planning and implementing reform of public health care speech pathology services for stuttering is necessary.[28]

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27 Name withheld, *Submission 189*, p. 3.

28 *Submission 188*, p. 5.

5.34 Mr Roger Blackmore, a developmental paediatrician working in the public system in Sydney, argued that the prioritisation of young children has meant that waiting lists can be longer for older children:

> Whilst local community allied health speech pathologists are available they have to prioritise younger preschool children for intervention. Waiting times can be extensive for older children however who may have presented late or missed intervention when younger due to their vulnerabilities such as out of home care and social disadvantage.[29]

5.35 Ms Kirsten Wright, a speech pathologist at the Mount Druitt Community Health Centre, also drew the committee's attention to the deleterious effect of waiting lists on a child's development. As she explained:

> …waiting times for publicly funded services are often compounding the children's initial speech and language difficulties. If a child is not referred for an assessment until they begin school, at the age of 5 years, and the waiting list is two years long (which is not uncommon in my local health district and surrounds), the child may have missed that crucial period for developing their sounds and language in order to support the development of their reading skills (a foundational skill for education). Even if they could be re-referred for another block of therapy sessions, by then they are likely to be over the age of 8 years and would no longer be eligible for the service. The one short block of sessions is not an adequate service to address all the issues that are present for children with moderate or more severe speech and language disorders, in my experience. There is often only time for one set of goals, especially where the parents are not able to adequately engage in providing support for these goals in the home environment due to the many stressors that are associated with being in a low socio-economic area (low education overall, single parenting is common, financial pressures, higher than average numbers of children in the family and other social pressures). I have observed many of these factors in the client group I have worked with.[30]

5.36 Ms Wendy Yarrow, a Sydney-based speech pathologist, put a similar view in her submission. She noted the difficulty for school aged children to receive community-based speech pathology services:

> In most hospital and Community Health Centres priority is allocated to children aged 0 to 5 years, that is prior to school entry. I fundamentally support providing Speech Pathology services to support Early Intervention and agree it should be a priority. Unfortunately, due to the limited funding for Speech Pathology services, early Intervention is provided at the expense of Speech Pathology service provision for school-age children. In some instances, school aged children are not offered any Speech Pathology assessment or therapy services and the most some children are offered an assessment only or an assessment and one block of 6 to 8 weeks of therapy

29 *Submission 168*, p. 1.

30 *Submission 208*, pp 1–2.

> in total. Consequently, if parents want their school aged child/children to receive Speech Pathology services they must be able to pay for services from Private Speech Pathologists or other fee for service Speech pathology providers, such as, non for profit organisations.[31]

5.37 Mr Robert Ieroianna, the principal of Parramatta East Public School in Sydney, argued that in his experience, delays in treating children for speech disorders affected their learning development relative to their peers. As he wrote in his submission:

> Currently in our school, which is a medium sized primary school in metropolitan Sydney, we have a number of students in need of speech support. Most are waiting on a long public health waiting list for assistance to obtain speech services. I am told that in Western Sydney, the wait for speech support through the public health service is approximately one year. For private speech therapy, costs can be very prohibitive for many families living in our school community. Without exception, the evidence in our school indicates that the greater the delay from referral to actually receiving speech therapy support, the greater the learning gap between that child and others at the same stage of learning.[32]

5.38 Mrs Susan Gardner of the New South Wales Department of Education and Communities also emphasised the opportunity cost for a child having to wait for an extended period of time to receive therapy:

> Families who are on a low income place their child's name on a waiting list for Government assisted services. The current wait on these lists is about eighteen months to two years. This support stops at age eight. This means that even if a child's name is placed on the list by the parent, GP or school on day one in Kindergarten, it could take until Year 2 for the child to come to the top of the list to be offered the services. That means that there are two years of 'nothing'. Schools and parents are left to do the best that they can for the child or children. There are six Medicare assisted sessions that can also be accessed for these children.[33]

The availability of speech pathology services for children in Queensland

5.39 The committee received several submissions from parents and speech pathologists in Queensland about the state's shortage of speech pathology services for children. The mother of a five year old boy living in south-west Brisbane expressed her frustration at the long waiting lists to access the public system.

> My son is 5 years old and has childhood apraxia of speech resulting in significant speech and expressive language difficulties. At the age of 2 I was aware of his lack of speech, and sought a referral from my GP to see a

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31 *Submission 182*, p. 1.

32 *Submission 178*, p. 1.

33 *Submission 171*, p. 2.

> Paediatrician. This was followed by several hearing tests to determine if this was the problem, but all was clear. Then we started Speech Therapy. The waiting list in my local area for the Child Development Service in suburban Brisbane was a year, in fact I waited 18 months. I received 6 sessions, and then the speech therapist contract was not renewed. We were informed it was another 6 month wait!!! We transferred to another Centre again waiting, and in all received 14 sessions until my son was no longer eligible since he was starting school. So in the course of 3 years we received 20 free 30 minute sessions with the Child Development service. During that time both centres always operated below capacity. Numerous consulting rooms were vacant. No staff appeared to work fulltime. In view of the fact that the waiting lists showed there is a significant demand for their services, it is appalling that the Queensland health service operates their Children's Developmental centres like this. The amount of therapy received was inadequate for my son leaving him not equipped to attend Prep. at the age of 5.[34]

5.40 The short supply of speech pathology services was also reported in rapidly growing regional areas of the State. Ms Katherine Osborne from Gold Coast Speech Pathologists lodged a submission to the inquiry, co-signed with ten speech pathologists from various Gold Coast practices. In it, she estimated that there are 71 960 people needing speech pathology on the Gold Coast (14 per cent of the population) and only 100 or so speech pathologists (50 private and 50 public), leaving 'only one speech pathologist to support 719 people'. She added: 'This is an impossible task'.[35]

5.41 The Gold Coast Speech pathologists' submission provided data indicating that the Gold Coast is the worst region in Queensland in terms of access to speech pathologists. It has only 19 speech pathologists per 100 000 compared with an average of 27 in other areas of the State. It argued that as a consequence:

> …the impact on young families is significant. Critical development periods are before 5 years of age, yet wait lists for this age group treated by Community Health speech pathologists, is up to 12 months. For families who can not afford private services, this wait can have devastating effects on a child's speech development, access to and ability to participate in a prep or pre-prep curriculum, and their ability to interact and form relationships with peers. Even private speech pathology services on the Gold Coast have been placing children on waiting lists for some years now, especially for access to government funding for early intervention autism and disability services. This funding is designed for early intervention up to 7 years of age, yet some children can not access private speech pathology within the time frame due to lack of workforce.
>
> A similar situation exists for children attending primary and secondary school. Due to prioritisation procedures, often only the most severe of cases

34 Name withheld, *Submission 237*, p. 1.

35 Gold Coast Speech Pathologists, *Submission* 176, p. 1.

> receive direct speech pathology services. Children with mild or moderate speech and / or language disorders usually miss out, and must seek out private services.[36]

5.42 The committee is interested in whether the Queensland average of 27 speech pathologists per 100 000 people is low on a national basis. Again, the committee makes a recommendation (below) to map language support services across Australia in a way that will provide information on the number of speech pathologists per number of people by region.

5.43 The committee received a submission from another Gold Coast based speech pathologist, which gave the following example of the problem of waiting lists:

> This child 'E' was first referred to Community Health speech pathology at the age of 2 ½ years. His own parents had difficulty understanding more than approx 50% of his speech. This is a very low rate of intelligibility by any measure. As time wore on without an appointment being offered, they went to a centre for dyspraxic children (Max's House) in Brisbane which is at least an hour from the Coast by car. The fact that he was treated there is an indication of the severity of his speech difficulties. Eventually, the parents couldn't continue to make the journey and they sought local therapy. I was able to take him on & I treated him over approx 2 years. I discharged him from therapy late last year after he'd made excellent progress, not just in speech but in early aspects of literacy which were targeted simultaneously.
>
> As for his referral for a Govt service with Community Health, his name came to the top of the list 21 months after it had first been placed there. 'E' was already experiencing psychological difficulties when he first started with me and his parents attributed this mostly to his intense embarrassment & frustration at not being understood. These difficulties faded as he made progress with his speech & had disappeared a long time before his therapy ended but after he became easier to understand.[37]

The Glenleighden School

5.44 Despite the many frustrations of parents and clinicians in Queensland with lengthy waiting lists and the impact that this wait was having on children's development, there were positive stories. One in particular is the Glenleighden School in Fig Tree Pocket in Brisbane.

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36 Gold Coast Speech Pathologists, *Submission 176*, pp 1–2.

37 Name withheld, *Submission 101*, p. 2.

Box 5.1: Parents on the Glenleighden School

I was made redundant at work and I happened to come across an online job at The Glenleighden School in Fig Tree Pocket, when I started reading up on the school and that they specialised in Primary Language disorder I sat there and cried. I was amazed that here was a school on my doorstep that could help my daughter, I knew instantly, but why had I not heard about it from my doctor, the speech pathologist, kindy? …My daughter was accepted and started at Glenleighden in April 2010 and has come on leaps and bounds since joining this magnificent school.
Submission 156, Name withheld

*Finding Glenleighden was like finding an oasis in a desert of confusion, uncertainty and grief. Here at last was a place and a group of people who "got" her – an organisation which recognised her hidden disability and was able to offer an adapted, multidisciplinary program that was tailored to her individual needs. The absolute key to the improvement we saw in once she started at the school was that the speech pathologists, occupational therapists, physiotherapists and special education teachers all worked together implementing a joint plan based on their combined assessment of requirements. Apart from hands on therapy, Glenleighden also offered information, care and support for us as parents – a port in the storm of emotion and fear arising from years of investigations and hypotheses. We were only just beginning to comprehend the extent and the complexity of the challenges that lay ahead – not just for but also her brother as well as my husband and I. I can't tell you the number of times over the years during which **** has attended Glenleighden that I have seen the same look of absolute relief on the faces of new parents when they realise the gem they have found in this unique school. Their gratitude, like ours, is palpable.* **Submission 215, Name withheld**

*We went through the process of applying to The Glenleighden School and gathered the information required. We will never forget when the phone rang and the beautiful voice on the other end said that he was accepted into the school for 2012. Quickly we put our new house on the market and sold it for peanuts to just offload it in the bid to start our new life in Brisbane. We said goodbye to our family and friends, took a deep breath and hoped that our decision was the right one. **** started school like any other little one on their first day. He seemed nervous and excited. From the first week we felt reassured that The Glenleighden School was the best choice for our child. ****'s progress is exceptionally slow however there is progress.*

*Despite The Glenleighden School being the best option for **** it all comes at a cost. School fee's come in at over $10,000 a year and additional private therapy has also been required. Most years' we spend approximately $20,000 on helping ****. We also lost about $135,000 between the sale and purchase of our house in Townsville to our new home in Brisbane. Financially we are starting over however we also feel fortunate that we were able to make the move in the first place and despite many sacrifices to keep **** at the school, we are privileged that we can still manage to pay the fees to keep him there.* **Submission 14, Name withheld**

5.45 The Glenleighden School caters specifically for children with severe and specific childhood language, communication and related disorders. It is the only facility of its kind in Australia.[38] It was established in 1979 and is operated by the Association for Childhood Language and Related Disorders (CHI.L.D). CHI.L.D also operates an outreach program and a clinic in Woolloongabba in Brisbane.

38 The Glenleigen School, *About us*, http://www.glenleighden.org.au/history.html (accessed 15 May 2014).

5.46 The committee had the opportunity to visit the Glenleighden School on 27 June 2014. It was impressed by the school's facilities and the commitment of the staff to their challenging roles. Following a tour of the school, the committee had the opportunity to discuss issues relating to the inquiry with a group of parents of children attending Glenleighden. Most of these parents had made written submissions to the inquiry. The committee extends its sincere thanks to these parents for giving so generously of their time. It also thanks the school principal, Ms Cae Ashton, for facilitating this opportunity.

5.47 Parents were clearly impressed with the quality of care and teaching offered by the Glenleighden School. Box 5.1 (above) provides a sample of comments made in submissions by the parents of children attending Glenleighden.

The availability of speech pathology services for children in South Australia

5.48 There were also concerns about the availability of speech pathology services in South Australia, particularly for school-aged children. The South Australian School Principals' Association stated in its submission:

> The hardest thing to face is that unless these students are from families who are able to access private support these students are simply not getting the type of support that would make a positive difference to not just their education outcomes but their life chances. And our regional and rural school leaders report that even this private option, if affordable to the family is usually not accessible or available.[39]

5.49 The committee received a submission from the South Australian branch of SPA on some of the gaps in the State's provision of speech pathology services. These are:

- waiting times for treatment of stuttering in South Australia can be up to a year. At about 4 years of age, children with communication disorders will generally transfer to speech pathologists working in kindergartens and school. However, speech pathologists working within these settings do not currently provide specialised assessment and treatment for stuttering;
- the South Australian Department for Education and Child Development (DECD) employs 75.2 full time equivalent speech pathologists to provide services for students attending government funded preschools and schools. The Association of Independent Schools of South Australia (AISSA) and Catholic Education Office (CEO) of South Australia does not employ speech pathologists directly, but has some capacity to engage with private providers through sources including the federally funded 'More Support for Students with Disabilities' Initiative; and

39 *Submission 177*, p. 1.

- the majority of services target preschool aged children and students in their first few years of schooling. There is limited capacity for direct speech pathology intervention for children and students from the age of 7 upwards.[40]

5.50 In 2013, South Australia commenced an integrated single service system for paediatric speech pathology services. This model is intended to allow equitable access to speech pathology services, improve service coordination, consistency in service delivery and continuity of care for children and families. Specifically, it addresses a gap in services for children aged 3–3½ to 4 years due to SA Health services often ceasing to provide a service once a child commences at a state preschool. Due to waiting lists, referrals for children in this age bracket were not always accepted before they were eligible for a service through the education system.[41]

5.51 Under the single service model, SA Health and the Department of Education and Child Development are sharing responsibility for services for children aged three years to school entry.[42]

The availability of speech pathology services for children in Western Australia

5.52 Western Australia is another state that does not employ speech pathologists within schools. Instead, the State Education Department funds the work of Language and Development Centres (LDCs) who are also responsible for running school outreach programs. There are five LDCs: the West Coast, South East Metropolitan, North East Metropolitan Districts, North West Metropolitan and Fremantle Language Development Centres. All five Centres:

- provide a full time educational placement for children in Kindergarten and year 1 who have primary language disorders or difficulties. Some Centres provide placement for children in years 2 and 3;
- provide specialised language and academic intervention on an individual and small group basis;
- operate from a number of sites and share facilities with local primary schools; and
- employ speech pathologists who work with parents and teachers to assess, evaluate and plan appropriate programs for students.[43]

5.53 The LDCs all operate an outreach team composed of Support Officers, Speech and Language. These Support Officers are employed by the State Department of

40 *Submission 226*, p. 5.

41 *Submission 226*, p. 4.

42 *Submission* 226, p. 4.

43 Discussion with Ms Rosemary Simpson, Principal, North East Metropolitan Districts Language Development Centre, 6 August 2014.

Education. They may or may not be speech pathologists but they do not take individual referrals. Rather, the role of these consultants is to provide high-level advice for teachers in building their oral literacy capacity.[44]

5.54 The Western Australian Primary Principals' Association noted in its submission that for children with speech and language needs, teachers need the capacity to 'differentially target and cater for' these individual needs. In contrast, the Association described the current situation in Western Australia as follows:

> Speech pathology services for school aged children in Western Australia have mostly been viewed as a separate system of support delivered externally to individual students (those without traditional disability label with speech/language needs) through Health or loosely connected to schools for students with disabilities by Therapy Focus (limited services). Services from the Department of Health Child Development Centres for students who have language disorders and difficulties are severely stretched, with up to a 2 year waiting list at some Government clinics. The wait lists are worst in our most disadvantaged areas. Getting children into finite speech pathology services once they have started school is becoming increasingly difficult. This impacts on our most disadvantaged children as their parents tend not to seek services in the 'before school' age bracket (shorter wait time).[45]

5.55 The WA Primary Principals' Association noted that there is inequitable access to Language Centres and some Education Support Centres. It explained that students remain on wait lists if their parents cannot afford private assessments that are required for referral, which advantages those who can afford to pay. The Association highlighted the rising ratio of students to speech pathologists under the State's Language Centre model:

> Within the 5 Language Centres the Education Department employs 10 speech pathologists to support the early, intensive direct service to students placed in the program (full time withdrawal in a school setting for a maximum of 3 years). The ratio of students to speech pathologists has risen from 1:70-80 in 2004 to 1:100-130 in 2014. The Outreach Service, which is focused on building teacher capacity across the broader mainstream communities, has 17 Support Officers Speech and Language (a mix of teachers and speech pathologists). These officers are available to provide support to any number of the 630 schools eligible for the service.[46]

5.56 Ms Jodi Lipscombe, the Head of the Speech Pathology Department at the Princess Margaret Hospital in Perth, also noted that families currently have very

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44 Discussion with Ms Polly Prior, Speech Pathologist, West Coast Language Development Centre, 6 August 2014. Discussion with Ms Rosemary Simpson, Principal, North East Metropolitan Districts Language Development Centre, 6 August 2014.

45 *Submission 228*, p. 8.

46 *Submission* 228, p. 8.

restricted access to government funded speech pathology services. She observed that for many families, there is a waiting list of 12 months or longer for services to commence for their preschool children.[47]

5.57 Telethon Speech and Hearing is a non-profit organisation that provides a range of diagnostic, therapy, education and support services for children and adults with hearing loss and speech and language delays. Its submission noted that:

> Families convey experiencing significant wait times for speech pathologist services at the Western Australian State Government Child Development Centres. Some families are waiting up to eight months to see a speech pathologist. Currently the Child Development Centres provide support for children in the early years but this does not necessarily extend to ages six, seven and eight.[48]

5.58 *Next Challenge* is a WA-based organisation that has provided private speech pathology services to both metropolitan and rural primary schools in the State over the past decade. As such, the organisation fills a key service gap, particularly through its support for schools with children from lower socio-economic backgrounds. Speech pathologists working for *Next Challenge* provide screening and assessment for school children, particularly for those entering kindergarten and pre-primary. This initiates referrals to government funded services and private services where possible.

5.59 Ms Victoria Bishop, a speech pathologist with *Next Challenge*, noted that:

> …our schools have asked for assistance in supporting those students with delayed or disordered language, speech and literacy skills. The schools have requested this because the waitlist for government funded services are so long, with their children in Kindergarten to Year 2 often waiting 12 to 18 months to receive even one block of therapy services. One block is usually not sufficient to remediate such difficulties. This wait time is a significant amount of time in a young child's development, and these children fall further behind in school achievement, resulting in poorer long term educational and socio-emotional outcomes. In addition, families often have significant barriers preventing access to attending government funded clinic services.[49]

5.60 Ms Bishop emphasised that services within the school setting maximises the child's chances of receiving therapy.[50]

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47 *Submission 212*, p. 1.

48 *Submission 276*, p. 7.

49 *Submission 245*, p. 2.

50 *Submission 245*, p. 2.

The availability of speech pathology services for children in Tasmania

5.61 The committee received little evidence on the availability of speech pathology services in Tasmania. The Tasmanian Department of Health and Human Services (DHHS) did note in its submission that the State Government employs approximately 39.7 full-time equivalent speech pathologists. These employees work in the following locations:

- Tasmanian Health Organisation (THO) North West—North West Regional Hospital, Mersey Community Hospital and Devonport Community and Health Services Centre. Outreach services are provided to King Island, Smithton and the West Coast.
- THO North—Launceston General Hospital, outpatient clinics (paediatric and adult) and outreach.
- THO South—Royal Hobart Hospitals, Transitional Care Unit, Community Rehabilitation Unit, Community Therapy Services, Specialist clinics (Holman Clinic (cancer), cleft palate, cochlear implant, paediatric feeding), outpatient clinics (paediatric and adult). Outreach services are provided to Bruny Island, Clarence Integrated Care Centre, Dover, Glenorchy, Huonville, Kingston, New Norfolk, Oatlands, Sorell, Tasman Peninsular and Triabunna.
- Human Services—Disability Services, Child and Parenting Units (north and north west).[51]

5.62 DHHS identified the following gaps in the provision of speech pathology services in Tasmania:

> A significant gap is the lack of locally based services to northern half of the east coast. In areas with limited access to speech pathology services, video and teleconferencing is utilised to improve timeliness of access to services.
>
> [S]peech pathologists are not currently employed in public mental health services in Tasmania.
>
> Once children commence in the education system they become the responsibility of the Education Department speech pathologists. This may create a gap in continuity of therapy…
>
> A significant service gap also exists in the area of juvenile justice. Youth offenders are complex and challenging for policymakers and practitioners alike and face high risks for long-term disadvantage and social marginalisation…
>
> Aged care is also a significant service gap and as the population ages, demand for services will increase…
>
> Other service gaps include cancer care, aboriginal services, and community services in the north…

51 *Submission 265*, p. 4.

> Tasmania, along with the Northern Territory and ACT, does not have a tertiary training program for speech pathology. As a result Tasmania must compete for staff from other jurisdictions.[52]

The availability of speech pathology services for children in the ACT

5.63 Table 5.1 noted the finding of the 2011 Census that the ratio of speech pathologists to 100 000 of the population was higher in the ACT than in any other State. Canberra Hospital has 7.15 full-time equivalent speech pathologists. *Rehabilitation, Aged and Community Care* employs 4.8 full-time equivalent speech pathologists. *Therapy ACT* employs 29.3 full-time equivalent speech pathologists across early childhood, school aged and adult services. There are waiting lists for all these services with Therapy ACT—as of March 2014, 866 people were on the waiting list. There are approximately 16 private practices, several of which employ tree or four speech pathologists.[53]

The availability of speech pathology services for children in the Northern Territory

5.64 SPA noted in its submission that the Northern Territory has 'a demonstrably high need for support in relation to communication disorders' based on AEDI results. It also cited a letter from the then Chief Minister, the Hon. Paul Henderson to Speech Pathology Australia in August 2012 that 'there is a high demand for speech pathology, particularly for children aged 4-7 years'.[54] SPA stated that there is only one speech pathology position within the Northern Territory Department of Education. The waiting list for an assessment for a child of school age in Alice Springs is approximately 12 months and even then, it will only be provided with indirect support (such as through a teacher).[55]

Supply shortages in regional and remote areas of Australia

5.65 Table 5.2 (above) noted the finding of the 2011 Census that the number of speech pathologists per 100 000 of population declines as population density falls. Very remote areas have only six speech pathologists to 100 000 of the population compared with 26 speech pathologists per 100 000 in major cities. Several submitters and witnesses to this inquiry commented on the difficulty of accessing speech pathology services in rural and regional Australia. They also expressed concern that services that were once provided have now been withdrawn.

5.66 The President of SPA, Ms Deborah Theodoros, told the committee that 'access to speech pathology services is a postcode lottery in Australia'. She added: 'it is almost

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52 *Submission 265*, p. 5.

53 The Hon. Katy Gallagher MLA, *Submission 273*, p. 1.

54 *Submission 224*, pp 35–36.

55 *Submission 224*, p. 36.

impossible to access adequate services if you live in rural and remote Australia or if you are socioeconomically disadvantaged'.[56]

5.67 The National Rural Health Alliance gave examples of the following two remote regions of the country where there have not been adequate paediatric speech services:

> For example, until recently there were no paediatric speech services (and other early intervention services) on Kangaroo Island in South Australia, until the child reached school age. At that time, he or she would be placed on a waiting list for up to eight years for a visiting service team, who only attended twice during a school term. Children with severe difficulties (such as feeding difficulties) were directed to the mainland. The consequence of this delay is that problems are not picked up early enough, leading to poor educational and health outcomes. Similarly, demand for speech therapy in the midwest of Western Australia is reported to be significant, with a large number of children missing out altogether or very limited services.[57]

5.68 Coolah is a country town in New South Wales with a population of around 1000 residents. It is 100 kilometres north of Mudgee and 136 kilometres north-east of Dubbo. Ms Kirsty Arnott, a director at the Coolah Preschool and Kindergarten, wrote in her submission that she is 'devastated and confused' as to why the speech pathologist from Mudgee Community Health will no longer travel to service Coolah and the surrounding area. She noted that her son had used the outreach speech pathology service for eight weeks in 2013. Ms Arnott described the financial and time benefits of this service for her family as 'immeasurable'.[58] She asked:

> With the cancellation of this speech pathology service I wonder who is going to provide this service for our community in the future. Does this simply mean that our children will not receive this service? Are rural families expected to incur the expense, both financially and in time, to travel up to 300km for an hour of private therapy sessions? Who will identify those children who require speech therapy prior to formal schooling?[59]

5.69 The Western Australian and Tasmanian organisations of the Independent Living Centre (ILC) employ speech pathologists to provide information, advice, assessment, prescription, implementation and training in augmentative and alternative communication (AAC) and assistive learning technologies. The organisations' joint submission noted that:

> Many towns experience difficulty recruiting Speech Pathology and other Allied Health staff, resulting in little and often no services in a particular

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56 Professor Deborah Theodoros, *Committee Hansard*, 11 June 2014, p. 2.

57 *Submission 266*, p. 9.

58 *Submission 250*, p. 1.

59 *Submission 250*, p. 2.

> town and surrounding areas for lengthy periods of time. The high turnover of therapy staff in country areas also significantly impacts families and the individuals progress, as they often start again with new assessments each time a new therapist commences in that role. ILC WA is able to deliver some face to face services to country WA clients. Speech Pathologists in country WA often have large caseloads and a range of client's (sic) not just clients with complex communication needs. In an eastern WA town speech pathologist turnover is extremely high and the department is often understaffed. In this town school aged children with disability are often on waitlists with no access to speech pathologists. Some clients with complex disabilities and with no means of communication had not seen a speech pathologist in over 4 years. When ILC WA visited this town we received referrals from the school and private therapists to look at AAC. Often suitable technologies are identified, however due to lack of Health Department Speech Pathologists in the town, the clients is unable to access a trial or funding for the device. This is frustrating for families and decisions for AAC are often made based on the access to funding rather than the most suitable option for the clients' communication. Families often buy their own devices without the support from a speech pathologist. Without support from a speech pathologist communication devices are often not used to their full potential or abandoned leaving the individual with no means of communicating.[60]

5.70 The Australian College of Nurses (ACN) stated in its submission that there is 'a particular paucity of speech pathology services for infants and children in regional and remote areas'.[61] It argued there is a 'significant need for improved resourcing of speech pathology services in these areas particularly to address service gaps in Aboriginal and Torres Strait Islander communities'. The ACN identified particular areas of need as:

- extreme difficulties in accessing speech pathology services for children with severe developmental delays in remote Northern Territory communities; and
- communities that have access to outreach speech pathology services, but no community-based speech pathology service. As a result, clients are often unable to access regular and/or ongoing appointments.[62]

5.71 Ms Meg Houghton, a speech pathologist with nearly 40 years' experience in various settings, argued in her submission that the challenge for catering people in remote areas could be resolved by:

- ensuring parents have cost effective access to technology to enable them to regularly access therapy with their various therapists;

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60 Independent Living Centre, *Submission 221*, p. 6.

61 *Submission 192*, p. 4.

62 *Submission 192*, p. 4.

- better funding for travel to regional centres/cities to access services (more than once or twice a year);
- the alternative is to fund speech pathologists to service remote areas (several times a year); and
- covering the cost of appropriate web based or computer based programs suggested by their therapist.[63]

5.72 Other proposals, from a speech pathologist in a central Queensland town, were reproduced in the National Rural Health Alliance's submission. These are:

- enticements to establish rural private speech pathology (SP) practice;
- internet connection speeds to support Telehealth SP services;
- financial assistance to access professional development resources such as the Speech Pathology Australia lending library in rural areas;
- establish network of specialist clinicians from whom rural clinicians can request advice and clinical guidance (eg. Fluency specialist);
- support to purchase clinical resources in rural areas. Generalist caseloads require a broad resource set that organisations seldom provide;
- improve collaboration between existing speech pathology services; and
- promote community awareness in rural and remote areas.[64]

The service delivery model in aged-care residential homes

5.73 SPA expressed particular concern with the current model for service delivery in residential aged-care homes. Its President told the committee:

> People in aged-care facilities are screened, obviously, for communication and swallowing but that is done by nursing staff with a residential aged-care facility. So we are not formally part of that funding tool, which we feel is urgently needed in the aged-care sector.[65]

5.74 SPA noted that its members consistently report that speech pathologists are rarely employed by aged care service providers as staff. The preferred model is to contract private speech pathology services for assessment and/or management advice for specific residents. However, SPA claimed that:

> …private speech pathologists working in the aged care sector consistently report that referrals for communication assessment or management are rarely received. This is despite the high prevalence of communication disorders for this population, and recognition by nursing and care staff that participation and social interaction are vital. This issue relates to the current

63 *Submission 253*, pp 2–3.

64 *Submission 266*, p. 8.

65 *Committee Hansard*, 11 June 2014, p. 8.

> Aged Care Funding Instrument that does not adequately assess communication or acknowledge the profound impact that communication and sensory impairments have on the total care needs of residents. Even though untreated communication difficulties increase the time, complexity and burden of care there is inadequate provision of funding or resources for care staff to identify or meet residents' communication abilities or needs (Potkins et al., 2005). This fails to comply with aged care Accreditation Standards (e.g. Standard 2.6 Residents are referred to appropriate health specialists in accordance with the resident's needs and preferences) and best-practice guidelines. Furthermore, this means that a large number of older Australians with a range of medical conditions (i.e. stroke, dementia, Parkinson's disease) are denied access to an effective mode of communication and provision of best-practice care that is tailored to meet their specific communication needs.[66]

5.75 Professor Theodoros told the committee that:

> It is very important that speech pathology is recognised and involved in aged-care reform and policy. One way of doing that, of course, is for us to be a part of the aged care and accreditation standards funding…[67]

5.76 The committee is concerned by this evidence, although there it has not been provided with data to confirm these practices. The committee recommends that the federal government in collaboration with state governments inquire into the practices used by residential aged-care centres to screen for speech and language disorders and employ speech pathologists.

Recommendation 2

5.77 The committee recommends that the federal government, in collaboration with state and territory governments and other key stakeholders, investigate the current service delivery model for speech pathology services in aged care residential homes in Australia. The federal government should seek information on:

- **the capacity—in terms of both skills and resources—of nursing staff within a residential aged-care facility to screen for communication and swallowing disorders;**
- **the number of speech pathologists directly employed by an aged care residential centre; and**
- **the number of residential aged care facilities that opt to contract out private speech pathology services, and of these, the number of cases—in a calendar or financial year—where a private speech pathologist has been contracted.**

66 *Submission 224*, p. 65.

67 *Committee Hansard*, 11 June 2014, p. 8.

5.78 On the basis of this evidence, the committee recommends that the federal government form a view as to whether these practices are compliant with aged care Accreditation Standards. The findings should be considered as part of the federal government's ongoing aged care reforms.

The provision and adequacy of private speech pathology services

5.79 Those who are unable to access speech pathology services in the public system often seek private speech pathology services. The committee received several submissions from speech pathologists operating private clinics and private patients who have noted that the public system's waiting lists have forced people to access the private system. Ms Julie Carey, the owner of a private speech pathology practice in Blacktown in western Sydney, made the following observations in her submission:

> Over the past 24 years I have become increasingly concerned about the lack of quality, affordable speech pathology services available to the people in western Sydney. The community health centres in the area are understaffed and currently have long waiting lists. In addition they are required to limit their service to specific age groups and offer a very limited number of sessions. These restrictions force families to seek private therapy. This is an expensive option.[68]

5.80 While some submitters were happy with the quality and the availability of private speech pathology services, there was criticism of the lack of appropriate private speech pathology services in regional and remote areas.[69] One submitter, whose four year old son has Menkes disease, commented:

> We live in the regional town of Bowral, located in the Southern Highlands of NSW. We have found access to many therapies difficult, and have relied on a few exemplarily young therapists who have gone out of their way to meet the needs of **** and our family. Until recently there have been very few options for to participate in speech therapy locally. There is a private paediatric speech therapy service in the area, but we have found that the staff are not experienced with the challenges faced by a child with such severe disabilities as our son. This limited experience has also hampered the speech therapy services offered at our local hospital. The experience and expertise of these therapists is generally limited to oral communication, and they lack knowledge of alternative communication strategies and technologies that requires.[70]

5.81 The biggest concern with private speech pathology services appears to be the high out-of-pocket cost for these services. As chapter 1 noted, a patient can claim the Medicare rebate (currently $52 for a consultation) or claim through a private health

68 *Submission 64*, p. 1.

69 See Name withheld, *Submission 113*

70 Name withheld, *Submission 113*, p. 1.

fund (roughly 65 per cent of the cost), but they cannot do both. The committee has received evidence that a private speech pathologist charges around $180 per session, leaving the patient around $130 out of pocket.[71] Patients can only claim once per session through Medicare and private health funds typically have an annual cap on the dollar amount claimed in a financial year.

5.82 The high cost of private speech pathology services was recognised not only by patients and the parents of patients who made a submission to this inquiry, but also by private practitioners themselves. Ms Carey wrote in her submission:

> Speech Pathologists have a university degree and are paid accordingly. Therefore the cost of the service must be kept at a level sufficient to pay professional wages. Medicare provides 5 sessions annually under the Chronic Disease Management Plan. Currently the rebate is about $50 per session. This does not even begin to cover the cost of an assessment ($180) and barely covers half of the treatment session ($90). In addition speech pathology intervention is a long term intervention and clients often require at least 2 years of therapy to achieve goals. Many families cannot afford expensive private health cover and are therefore not able to access essential speech pathology services. In addition many families have more than one child in the family who requires therapy and are simply unable to afford the cost of ongoing therapy.[72]

Five private treatment sessions through Medicare per year

5.83 In terms of claiming a Medicare rebate for a private consultation, the Department of Health's Chronic Disease Management program allows five treatment sessions per calendar year. Many submitters to this inquiry have commented that this number of visits is inadequate to treat disorders such as stuttering, and the associated Social Anxiety Disorder. The Australian Easy Speak Association wrote in its submission:

> The amount of financial support required can depend on the type of treatment used and when the intervention is applied. Appropriate intervention involves regular sessions with a speech pathologist. Sessions (face to face or telehealth) of 30-60 minutes in duration for 15-50 sessions usually achieve good levels of fluency. Intensive group treatments of a week in duration, in combination with attendance at regular maintenance sessions, can also achieve good levels of fluency.[73]

5.84 Similarly, Ms Carey wrote:

> Those families who are able to avail themselves of the 5 subsidised sessions quickly see the value of therapy but come to the realisation that in order for

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71 See *submission 64*, p. 1. Interestingly, private speech pathologists are not allowed under Australian competition law to publicise their fee schedules.

72 *Submission 64*, p. 1.

73 *Submission 100*, p. 5.

> therapy to be effective it must be consistent and long term. Five sessions per year do very little to address severe speech and language disorders.[74]

The cost of private speech pathology services

5.85 A recurrent concern of submitters to this inquiry was the cost of private speech pathology services. Those who did access these services emphasised the financial burden it had placed on them, while those who did not use a private therapist highlighted cost as the key prohibiting factor. One submitter, who asked for her name to be withheld, provided the following evidence:

> Through our entire journey with *** the thing that I really wish I could change would be the financial burden that it has placed on us. The countless hours spent in the car and in appointments and waiting around, the loss of my career don't bother me at all compared to the shame and guilt I feel at not being able to provide him with the support he needs, simply because we can't afford it. To a slightly lesser extent access to services has had an impact as well, as there is simply not enough therapists or funding to go around. However I really do consider myself one of the lucky ones due to the amount of services we were able to access, particularly the wonderful Early Intervention Services provided by Therapy ACT, The Act Department of Education and The Glenleighden School.[75]

Committee view on the shortage of speech pathology services for children

5.86 The committee has gathered considerable evidence in the course of this inquiry that the supply of speech pathology services has fallen well below demand, leading to considerable waiting times. These delays for public and community-based services are evident in all states and territories. There is some evidence that services are inadequate in socio-economically disadvantaged areas while in many remote areas, the services are simply not there.

5.87 The committee is concerned with the evidence presented in this chapter indicating significant gaps in the supply of services for children with speech and language disorders in the various States and Territories. It appears that many children are missing out on timely services at a cost to their development and to the community. Governments at all levels have a responsibility to ensure that these delays are properly identified and avoided.

Mapping the supply of speech pathology services

5.88 The committee believes that in terms of identifying the need for public and private speech pathology services by location, there is real value in conducting nationwide the type of research commenced by the Murdoch Children's Research Institute in Victoria. Mapping a range of language support services against the AEDI

74 *Submission 64*, p. 1.

75 *Submission 150*, p. 6.

information about vulnerable communities would identify potential areas of mismatch between the need for services and their availability. This exercise could also potentially capture data about the quality of existing services. The data would:

- give service providers with a basis from which to refine existing services and develop new services; and
- help to reduce speech pathology waiting lists.

Recommendation 3

5.89 The committee recommends that the federal Department of Health work with the most relevant stakeholders to make an assessment of the financial cost, timeframe and research benefits of a project that maps language support services across Australia against the Australian Early Development Index information about vulnerable communities.

5.90 Pending an assessment of this proposal, the committee recommends that the federal government consider funding a project along the lines proposed. The findings of this research should inform future policy decisions to fund public speech pathology services in Australia. The findings should also guide private practitioners as to those locations where their services are most likely to be needed.

An audit of children's speech, language and communication needs

5.91 The committee has gathered considerable evidence about these shortages from across the country. What it has not done is conduct a thorough and systematic analysis of the adequacy, strengths and limitations of existing speech and language services for children. The committee agrees with the Murdoch Children's Research Institute (MCRI) that there needs to be an audit of the state of children's speech, language and communication needs in Australia. A similar project led to important policy changes in the United Kingdom.

5.92 MCRI proposed that this audit would perform the following tasks:

(a) consult extensively with individuals, families and communities from a variety of demographic subsets that are directly affected by speech, language and communication needs, including but not limited to culturally and linguistically diverse and Aboriginal and Torres Strait Islander communities;

(b) consult extensively with a range of children’s health and education providers, including but not limited to early childhood education and care centres, primary schools, secondary schools, speech and language therapists and special needs coordinators; and

(c) commission research by leading academics in the field of speech, language and communication needs into specific areas of interest to

ensure that policies, programs and services are evidence-based and as equitable, effective and efficient as possible.[76]

Recommendation 4

5.93 The committee recommends that the federal government provide funding and/or support for an appropriate research institute to conduct a thorough and systematic audit of the adequacy, strengths and limitations of existing speech and language services for children in Australia. The audit should consult with children's health and education providers, including but not limited to early childhood education and care centres, primary schools, secondary schools, speech and language therapists and special needs coordinators.

5.94 The committee recommends that this research proceed as soon as possible. The research would provide a foundation for the federal Department of Health to conduct its work into paediatric speech and language disorders.

76 *Submission 161*, p. 11.