

Inquiry into the prevalence of different types of speech, language and communication disorders and speech pathology services in Australia

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Charles Sturt University (CSU) has provided an undergraduate speech pathology program to students for 15 years and in 2014 has commenced offering a Masters program in addition to the undergraduate program. This submission reflects research that I have undertaken at CSU in the area of childhood communication difficulties, and experiences that I have had as a speech pathologist and educator of tertiary students.

One in four Australian preschool children is identified by parents or teachers with concerns about speech and/or language difficulties, which suggests these difficulties are highly prevalent in the early years (McLeod & Harrison, 2009). For some children, speech and/or language difficulties continue after they enter school. In 2007, teachers of 14,500 primary and secondary students in Sydney identified communication disorders (such as speech and /or language difficulties) as the second most common learning need, affecting 13% of the children they teach (McLeod & McKinnon, 2007). This was more prevalent than intellectual impairment, hearing and vision difficulties and behavioural problems.

For school-aged children with speech and/or language difficulties, there may be associated difficulties with social interactions and academic progress. Recently, in a national study of 4,329 Australian children, those with a history of communication difficulties in preschool reported more bullying, poorer peer relationships, and less enjoyment of school than peers at age 8-9 years (McCormack et al., 2011). In addition, their parents and teachers reported slower progression in reading, writing, and overall school achievement than peers.

Similarly, a systematic review of 57 papers investigating the links between speech impairment and life activities showed that speech impairment in childhood may be associated with later difficulties learning to read/reading, learning to write/writing, focusing attention and thinking, calculating, communication, mobility, self-care, relating to persons in authority, informal relationships with friends/peers, parent-child relationships, sibling relationships, school education, and acquiring, keeping and terminating a job (McCormack et al., 2009). Another systematic review published in 1998 found children who do not receive speech intervention, or who begin speech intervention in the school years, can continue to have difficulties for at least 28 years (Law et al., 1998). Such findings demonstrate the need for *early* identification and intervention addressing the speech and language needs of these children. However, the findings also provide strong evidence of the need to ensure *ongoing* intervention is provided to these children at school.

The identification of children with speech and/or language difficulties and the provision of intervention are significant issues in Australia. Currently, many areas of Australia lack accessible paediatric speech pathology services or limit the amount and type of intervention (Verdon et al., 2011). This situation contrasts with that in the United States and the United Kingdom, where there is mandated access to speech-language pathology services in schools for children with speech impairment.

Numerous factors contribute to the lack of service provision in Australia, including current Australian government policies which fail to recognise the existence of childhood speech and/or language difficulties, and consequently fail to allocate sufficient resources and funding to those children identified with such difficulties (McLeod, Press & Phelan, 2010). The lack of government-funded speech pathology positions is another factor.

A number of new courses have commenced across Australia in the past decade to educate speech pathologists; however, the increasing number of graduates has not been

associated with any increase in the number of positions available to them following graduation. This stagnant number of speech pathology positions, alongside the increasing number of speech pathology students, has actually impacted on the capacity of universities to train and support future professionals, as there is now greater competition for workplace learning (“placement” or “practicum”) among the speech pathology services that are available.

While this submission has focused on the prevalence and impact of communication difficulties in *childhood*, demand for speech pathology services among adults is also increasing as a result of a complex interaction of factors including an ageing population and increased incidence of chronic disease. Speech pathology intervention is effective at minimising the impact of communication difficulties in childhood and later years. Given the prevalence of communication difficulties and the potential long-term consequences, there is a need for more available and accessible speech pathology services to enable timely identification and appropriate management.

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