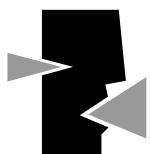


Speech Pathology Australia



Giving people a say in life

The Secretary
Standing Committee on Ageing
House of Representatives
Parliament House
CANBERRA ACT 2600
By email: ageing.reps@aph.gov.au

25th November 2002

Dear Sir/Madam,

Re: Inquiry into long-term strategies to address the ageing of the Australian population over the next 40 years

Speech Pathology Australia is pleased to have the opportunity to submit its comments to the above inquiry.

As a consequence of the expected growth in the ageing population, the proportion suffering a communication or swallowing problem is also expected to increase. Therefore, the Speech Pathology profession expects to be significantly affected, with increased demand for services.

Speech Pathology staffing numbers require review to ensure the needs of clients are being met, and funding must be made available to ensure that older persons can receive the support they need for communication and swallowing disorders in the place where they live.

Speech Pathologists are involved in the assessment and management of communication and swallowing problems. They are uniquely qualified to respond to the total communication needs of older people, to assist individuals and families to manage and overcome these difficulties and to promote independence, participation and self fulfilment.

Speech Pathologists work with the ageing population in a variety of health care settings, including acute and community hospitals, health care centres, nursing and private homes, private practices and rehabilitation centres.

Communication and Swallowing Difficulties in the Older Person (old paras deleted)

Many older people develop communication and eating difficulties.

Communication disability is associated with age related conditions, such as hearing impairment, stroke, Parkinson's Disease and dementia. Australian studies (Worrall, Hickson & Dodd, 1990) have shown that 95% of residents in nursing homes have at least one communication disorder, with the most prevalent being hearing loss and dementia. Effective communication is vital for social participation and psychosocial well being.

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Hearing and vision impairment that interferes with daily communication affects approx 30 in every 100 people over 65 (Erber et al 1999). These people need support to learn and use a range of self help strategies to maximise their participation in all aspects of life. Care givers and other health professionals need to acquire the skills and confidence required to communicate effectively with these people. Speech Pathologists are able to provide these services.

Swallowing disorders refer to the loss of ability or desire to feed oneself, and it is estimated that 16 - 22% of people aged over 50 years will have problems eating and drinking at some stage (Curran, 1990). Ageing or disease can result in difficulty organising and coordinating the muscles for swallowing. A swallowing disorder can compromise a person's health and well being and result in coughing, choking, chest infection, dehydration and malnutrition.

Speech Pathologists work with older people, their families and carers to diagnose and treat communication and swallowing disorders. Speech Pathologists help solve daily communication problems and reduce clients' levels of anxiety and isolation. They also advise on swallowing techniques, exercises and dietary alternatives to reduce risks of ill health and to promote safety and comfort in swallowing.

Stroke

Stroke affects approximately 40 000 Australians every year and two thirds of these people are aged over 65 years. For many the parts of the brain involving swallowing, speech or communication are affected and these people experience dramatic disability. These people need support from a Speech Pathologist to develop adequate communication that will assist them towards a return to previously enjoyed activities and/or to be able to swallow adequately to reduce the likelihood of further ill health and nutritional decline.

Parkinson's Disease

Parkinson's Disease affects 1 in 1000 rising to 1 in 100 in people aged 75-80 (Marigliani et al, 1987). Approximately 75-80% of people with PD will experience difficulties with speech and/ or swallowing function (Oxtoby, 1982; Striefler & Hofman, 1984). Speech Pathologists support these people with therapy to enhance their speech, language, voice production and swallowing skills.

Dementia

Dementia affects 1 person in 10 over the age of 65 (Shadden 1988). In Australia, Jorm and Henderson (1993) estimate a 234% increase in the prevalence of dementia by 2031. Language deficits are significant in the overall decline observed in most dementias. Dementia may result in difficulties in reasoning, judgement and emotional control as well as memory loss. People with dementia may find it difficult to formulate a sentence, understand what is said to them, or even remember how to swallow. It has also been observed that language assessment may differentiate between early dementia and depression (Stevens et al, 1996). As well as a role in the assessment of older people with dementia, Speech Pathologists help carers to observe and react to the range of communicative behaviours that these people may use. By helping carers in this way they are often able to maintain the older person in their home environment for much longer before nursing home care is required.

Respiratory Conditions

Breathing is a critical and integral part of communication and swallowing. Respiratory conditions, such as Chronic Airflow Limitation, can significantly impair the integrity of the older person's communication and swallowing, with resultant risks to health and wellbeing. Speech Pathologists are able to provide assessment and management of the communication and swallowing difficulties that are faced by this population, to reduce the likelihood of a worsening of respiratory status, and to prevent nutritional decline.

General Health Decline

Advancing age can bring with it illness, weakness and confusion. Age related hearing impairment and multiple medical problems may result in older people having difficulty eating, drinking and communicating. Speech Pathologists work to support and promote effective communication. They provide advice on safe eating practices, dietary modifications and techniques to improve swallowing.

Other Disorders

The role of the Speech Pathologist is constantly evolving. As well as their role in management of the above conditions, they are involved in areas such as cancer care, surgery (both specialised surgery, such as head and neck procedures, and general surgery), gastroenterology, etc. As evidence continues to grow of the importance of Speech Pathology intervention in less common disorders, the role is also growing in areas such as burns, cardiology, etc. Many of the conditions encountered by Speech Pathologists involve a significant proportion of ageing clients.

The Emotional Cost of Communication and Swallowing Difficulties

Older people with communication and swallowing difficulties often feel disempowered. They can become frustrated and isolated by their inability to communicate effectively with others. Communication and swallowing difficulties may limit their interaction with loved ones and the wider community. Through appropriate treatment and involvement in community programs Speech Pathologists strive to help relieve these burdens.

Speech Pathology Services for Older Australians

Speech Pathologists provide a range of functionally based services for older persons with communication and swallowing difficulties. Involvement of carers is an integral part of client management. Services include:

- assessment
- individual and group therapy
- counselling and education of clients, relatives and staff
- consultation regarding environmental modifications to optimise communication and reduce the likelihood of institutionalisation
- consultation regarding dietary modifications
- promotion of communication as a fundamental part of establishing and maintaining a social network necessary for successful ageing
- advocacy for people with communication disability
- referral to other specialists such as audiologists, occupational therapists, dietitians and medical services

There is an ever-increasing demand for Speech Pathology services, and the profession is already struggling to meet demand with resources that have often not been enhanced over many years. Frequently, swallowing difficulties, with the accompanying immediate risk to health, are prioritised. The client's communication difficulties are frequently left untreated, despite the significant impact on quality of life.

While there has not been an epidemiological study of communication and swallowing disability in the older Australian population, the figures quoted above would suggest that it would not be unrealistic to expect that well over 500,000 older Australians would benefit from the services provided by Speech Pathologists to assist them to participate in many aspects of daily life.

Current figures suggest that there are approximately 1000 Speech Pathologists to support the needs of these people; that is, one Speech Pathologist to provide a range of services to almost 500 older Australians with significant needs, in addition to those adults younger than 65 who also experience communication and swallowing difficulties. These numbers serve to highlight the significant shortage of Speech Pathologists for this population.

The majority of these Speech Pathologists provide services to adults in acute and community hospitals and rehabilitation centres. While some older Australians will access Speech Pathology services through these

facilities, there are usually waiting lists and restrictions applied as staffing levels are not sufficient to meet demand. Staffing numbers in the range of facilities should be reviewed to ensure the needs of clients are being met.

Many older people with communication and swallowing difficulties need to access support through domiciliary care services or nursing homes. However at this time, Speech Pathology services through these facilities are very limited and in many areas nonexistent. Funding must be made available to ensure that older persons can receive the support they need for communication and swallowing disorders in the place where they live.

Access to Speech Pathology Services in Rural and Remote Australia

Access to services for older people, indeed all Australians in rural and remote areas, is an area of concern for our members. Speech Pathology Australia believes that governments at all levels must take the initiative in ensuring that all rural and remote people including older people can access appropriate services for communication and swallowing disorders. This may be achieved by the identification of leading agencies in each area and other agencies contracting services for their specific populations. In some locations there may need to be the involvement of local government, an area not currently associated with the delivery of health services. An example of this is currently operating in Townsville for services to children with disabilities, a model which could be expanded and enhanced for the benefit of all Australians living outside high density population areas. In some areas, where Speech Pathologists are employed by the local hospital, it appears that hospital policies can prevent the delivery of relevant community based services for the older person.

The provision of Speech Pathology services to the older person is a specialised clinical role; however, in rural and remote areas Speech Pathologists must often provide a broad range of services. It is essential that these clinicians are supported by specialist Speech Pathologists who have developed significant expertise in care of the older person, and funding must be made available to facilitate access to such support and supervision. This will encourage Speech Pathologists to take up and remain in these more isolated positions.

With the increase in the number of older persons affected by dementia, it is vital that there are services for the early diagnosis and ongoing support of these people, such as the statewide dementia assessment and management service operating in Victoria. Other states should be encouraged and supported to provide these services and to include Speech Pathologists as part of the core multidisciplinary team working to ensure maintenance of dignity for those affected, and their families.

Services in Nursing Homes

Many older people with communication and swallowing difficulties can be disadvantaged through the process of assessment for hostel or nursing home funding. Often these teams do not include a Speech Pathologist; the instruments used tend to focus on physical activities of daily living and do not adequately include communication and swallowing. Within the Residential Care Scale (RCS), the need for therapy of any type receives only a minimal loading, and it is therefore unsurprising that nursing homes do not see the value, and more importantly the need, for the services of a Speech Pathologist. Communication and swallowing disability are hidden disabilities that have significant impact on all aspects of providing appropriate and efficient care. Future review of the RCS should ensure that all aspects of an effective multidisciplinary team are considered and not have such an exclusive emphasis on nursing tasks.

It is also of concern that Speech Pathology is not a standard service for low care clients in nursing homes. Speech Pathologists can support positive ageing for these people through a range of services, such as: identification of hearing loss; prevention or delay of cognitive and/or communication decline; identification of early dementia; post-stroke support; education of carers and provision of strategies to improve the communication environment for all residents; movement from non-oral feeding towards normal food and drink intake and from modified texture diets towards the normal range of textured diets.

The issue of services in nursing homes has caused some concerns for veterans who are no longer able to access funds from Department Veterans' Affairs (DVA) for Speech Pathology services once they are admitted to a nursing home. The assumption made by DVA is that the nursing home provides these services. As indicated earlier, many nursing homes do not provide such services. The quality of life and future health

of our veterans is being significantly affected by incorrect assumptions and often a lack of coordination of care plans.

Training for Carers and Health Service Providers

For many older people with communication disabilities most daily interaction is with family, caregivers and health professionals. Courses for healthcare providers rarely include a unit on successful communication with these older people. It is also uncommon for inservice or continuing education to focus on this important topic.

Many carers of older people with swallowing difficulties also need appropriate training if they are to provide the necessary nutritional needs of these people and not cause further ill health through inappropriate feeding techniques.

Courses and services should be able to and required to demonstrate adequate initial and ongoing training programs in these important areas for carers and health service providers for future recognition of programs, for example, accreditation of nursing homes and continuing education of GPs.

Communication Technology and the Older Person

Technology can be a positive or negative influence in the life of an older person with a communication disability. Technology has provided some wonderful communication devices that assist people to have a say in life. However, issues of funding availability to ensure access to these devices is a major concern to Speech Pathologists, their clients and their carers. There is an urgent need to review funding programs to ensure that all people are able to acquire the devices that are so necessary for them to independently gain personal success in daily communication.

The introduction of self directing switchboards for persons accessing services over the telephone is a barrier to the older person with a communication disability, and therefore there is not equity of access to services by all members of the public. It is believed that there should be an investigation into the use of this type of technology by all older persons and, in particular, older persons with a communication disability.

Also in the area of technology is the question of access to telecommunications. The National Relay Service (NRS) is to be congratulated on the trial of a speech to speech relay service, and ongoing promotion of this facility must occur to ensure that the very people who can benefit from such a system are aware that it exists. Such systems must continue to be funded at adequate levels to provide this service to people with communication disability, and to provide information regarding the availability of the service to older people and the people who support them.

Research into Communication Disability in Ageing

It is through research and development that Speech Pathologists and our society can enhance the life of older persons with communication and swallowing difficulties. The central role of communication in successful ageing is being recognised in scientific literature. Of significant importance is how effective communication is being linked to the social and mental health of older people. Speech Pathologists working with older persons have also identified the lack of a single assessment instrument for people with high care needs as an area for development.

Many Speech Pathologists across Australia are involved with research and innovative projects to enhance older persons' communication abilities. The Communication Disability in Ageing Research Unit at the Department of Speech Pathology and Audiology at the University of Queensland undertakes a broad scope of research regarding communication and ageing, including the study of health promotion activities that aim to maintain communicative abilities in older people, the efficacy of management and therapy programs and enhancing the communicative environments of older people in residential care facilities.

The research and programs developed must be supported through research grants and health promotion funding and must inform future planning of services to older Australians with communication and swallowing disabilities. In the past research and development funds have been made available through

specific programs focussed on older Australians including the Senior's Initiative for Healthy Ageing and the AccessAbility program. There must be a continuation of funding for these types of programs for research and development activities with a focus on communication and ageing.

Summary of Recommendations

- Review of the Speech Pathology workforce Australia-wide, and provision of adequate funds for staffing to meet the needs of the ageing population.
- Ensure that services to the older person are adequately staffed in order to be available in a variety of settings: in hospitals, residential and domiciliary care facilities and in the clients' own homes.
- Identify barriers to Speech Pathology provision in rural and remote areas (eg hospital policies) and identify strategies for overcoming these (such as contracting of Speech Pathologists to leading agencies).
- Provide funding to ensure that generalist Speech Pathologists working in rural and remote areas have access to appropriate support and supervision from specialist clinicians.
- Develop statewide dementia services in all states and territories, with Speech Pathologists as core members of the multidisciplinary team.
- Revise the Residential Care Scale (RCS) to ensure a broader focus than nursing, and to give a higher loading for therapy needs.
- Facilitate the role of the Speech Pathologist as a standard service for low care clients in residential care facilities.
- Review the criteria and funding mechanisms for Speech Pathology services to clients in residential care (including DVA and Nursing Home funding), to ensure that clients' needs are met.
- Establish requirements for education programs for health service providers and carers in the management of communication and swallowing disorders, for example through Nursing Home accreditation and GP education programs.
- Review programs for funding of communication devices for the older person.
- Review the access of clients with communication difficulties to services, identify barriers (such as self-directing switchboards) and strategies to improve access.
- Provide ongoing funding and promotion for speech-to-speech relay services.
- Provide ongoing funding for Speech Pathologists to conduct research to enhance the lives of older people with communication and/or swallowing difficulties.

Speech Pathology Australia hopes that you will consider these issues during the Inquiry, and is keen to participate in such reviews as necessary. Should you require further information, you are welcome to contact me, or Speech Pathology Australia directly.

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