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People with Disability Australia (PWDA)

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

**Submission
February 2014**

About us

People with Disability Australia (PWDA) is a leading disability rights, advocacy and representative organisation of and for all people with disability. We are the only national, cross-disability organisation - we represent the interests of people with all kinds of disability. We are a non-profit, non-government organisation.

PWDA's primary membership is made up of people with disability and organisations primarily constituted by people with disability. PWDA also has a large associate membership of other individuals and organisations committed to the disability rights movement.

We have a vision of a socially just, accessible, and inclusive community, in which the human rights, citizenship, contribution, potential and diversity of all people with disability are recognised, respected and celebrated. PWDA was founded in 1981, the International Year of Disabled Persons, to provide people with disability with a voice of our own.

Introduction

1. People with Disability Australia (PWDA) warmly welcomes the Inquiry into speech, language and communication disorders and speech pathology services in Australia. Difficulties in communication and swallowing affect many Australians (at a minimum 1.3 percent and 16 percent respectively).¹ In regards to communication, one of seven users of disability services over the age of five have little to no functional speech and over 40 percent require communication assistance.² Therefore, it is essential that effective speech pathology services are available to ensure that people with swallowing difficulties, speech, or language impairment are able to have both their health and communication support needs met.
2. For people with complex communication needs (CCN), the need for specialist assessments and intervention by speech pathologists is crucial. In 2008 it was reported that over 13,000 people with disability in Australia were using augmentative and alternative communication (AAC) devices such as speech generating devices and communication boards.
3. People with disability have the same human rights as others, and are entitled to receive specialist support where required in order to exercise those rights. In the

¹ Australian Institute of Health and Welfare (2004). *Disability and its relationship to Health Conditions and other Factors*. AIHW CAT No. Dis 37

² Australian Institute of Health and Welfare (2005). *Disability support services 2003-04: national data on services provided under the Commonwealth State/Territory disability agreement* (AIHW cat. No. DIS 40). Canberra, ACT: AIHW

case of people with communication impairment this support may be in the form of assistive devices, speech pathology services or both.

4. Failure to provide these specialist services has far reaching implications for the realisation of rights for people with communication difficulties in all areas of their life. For example, recognition of their legal capacity, access to justice, increased risk of violence and abuse, decreased social and economic participation, and reduced access to mainstream goods and services.
5. Fortunately, this Inquiry is occurring at a time whereby the National Disability Insurance Scheme (NDIS) is beginning to be rolled out. In providing choice and control, flexibility and person centred approaches in the delivery of specialist support for people with disability, the NDIS should begin to tackle some of the issues laid out in this submission. As such, our primary recommendation would be for the Committee to strongly support the inclusion of speech pathology services and augmentative and assistive communication devices as 'reasonable and necessary'³ supports in NDIS funding packages, especially as regards early intervention.
6. Secondly, it would be useful if the Committee recommend that the need for increased speech pathology services and augmentative and assistive communication devices is recognised and provided more readily in areas such as education and justice (which lie outside of NDIS funding guidelines⁴). One way of achieving this would be to support the inclusion of these services in the National Disability Strategy.
7. Thirdly, Australia should recognise augmentative and alternative communication in all official communications and provide adequate funding and support for the acquisition of augmentative and alternative communication devices.⁵
8. Other general recommendations include that:
 - Every State and Territory should provide a specialist AAC service;
 - Governments should fund specialist advocacy services for people with little or no speech;
 - Governments and the National Disability Insurance Agency should take steps to address the limited availability of speech pathology services, especially in rural and remote areas;
 - Governments should provide for an increased number of speech pathologist jobs within the public sector, including an increased number within the education system; and

³ 'Reasonable and necessary' is the principle that determines what supports are provided under the NDIS.

⁴ Service provisions which are more appropriately funded by or are part of a universal service agreement are not NDIS applicable. NDIS Act 2013, Section 34.

⁵ Recommendation from 'Disability Rights Now: Civil Society Report to the United Nations Committee on the Rights of Persons with Disabilities (CRPD)', August 2012, paragraph 386.

- Governments should take steps to raise awareness of speech, language and communication impairments, including methods of prevention.
9. This submission was prepared after consultation with Members and supporters of PWDA, some of whose experiences are included in the discussion below. The submission is structured as follows:
- PART A: Issues in service delivery
 - PART B: Consequences of inadequate provision of speech pathology services

PART A: Issues in service delivery

10. Speech pathology is a health profession that falls under the area of Human Communication Sciences. Speech pathologists focus on the body structures and functions surrounding speech, voice, fluency, language, receptive communication as well as swallowing and feeding. Speech pathologists are also concerned with the person's activity and participation, and the environmental and personal factors associated with communication and swallowing. These include the development of social skills, problem solving, literacy, and augmentative and alternative communication.⁶
11. Speech pathologists seek to improve the lives of people with disability by minimising and preventing impairment, facilitating access to and participation in daily life, improving educational and occupational outcomes, improving general well-being and quality of life, and by educating others about impairments, intervention and management.⁷
12. Speech pathologists work in a range of settings including but not limited to: kindergartens, schools, nursing homes, hospitals, rehabilitation services, private practices and within the criminal justice system. For people with developmental disability such as autism and cerebral palsy, the individuals may use services that specialise in working with people with complex communication needs (CCN) and who use AAC.
13. In Australia there is a lack of publicly funded speech pathology services and provision of AAC devices. This, in turn, leads to a lowered standard of health care for people with disability,⁸ and creates a significant barrier to inclusion and participation in the community and the enjoyment of fundamental freedoms and human rights.

⁶ Speech Pathology Australia. (2003). *Scope of Practice*. Melbourne, VIC: Author; Speech Pathology Australia. (2007). *Parameters of Practice*. Melbourne, VIC: Author.

⁷ NSW Department of Ageing Disability and Home Care (ADHC). (2008). *Therapy Services in the Disability Sector: Literature Review*. Sydney: NSW Department of Ageing Disability and Home Care.

Lack of trained specialists

14. For those people who use AAC, there is a limited amount of specialist speech pathologists trained in assessment and intervention. This is especially pertinent for those devices that are more technologically advanced and complex, such as the 'Mindspeak' device. These require extensive training from specialists, and ongoing support to assist in updating the device relevant to the persons changing circumstance and life transitions.
15. This lack of speech pathologists and specialist disability speech pathologists results in a lack of appropriate services, long waiting lists, inadequate intervention, and the need to travel to find services. Without specialist services, people with disability are left without a form of communication to meet their social, economic and vocational needs.

Waiting lists

Case study

A PWDA member with cerebral palsy was in need of swallowing intervention as well as a new AAC device. Her current device was out-dated and not appropriate to meet her needs. She received timely swallowing intervention from a speech pathologist, however had to wait near a year to receive management for her AAC device. Whilst waiting for this therapy, her voice was not adequate to meet her daily needs.

16. Extensive waitlists are commonly seen in speech pathology services and are due to a variety of reasons such as large service need, lack of specialists, prioritisation of services by speech pathologists and a lack of funding. For people with swallowing disorders, there may be major medical implications resulting from long waiting times.
17. In an attempt to decrease wait times speech pathologists use a diverse range of service delivery approaches such as group therapy, paired therapy, whole class therapy and intensive therapy. However, despite this adaptation many people with disability are still not receiving timely speech pathology intervention.
18. The Australian Government has released a number of funding entitlements such as the 'Better Start for Children with Disabilities' and the 'Helping Children With Autism Package.' These initiatives allow parents and carers to access funds for early intervention services. However, with long waiting lists and limited speech pathologists, there is often a significant delay for a child to receive an assessment and/or therapy. By denying a child timely early intervention services, there is an increased risk of ongoing difficulties. For example, it is well known

⁸ National and NSW Councils for Intellectual Disability and Australian Association of Developmental Disability Medicine. (2008). *National AND NSW Councils for Intellectual Disability and Australian Association of Developmental Disability Medicine, 'Proposal for specialised Services to Enhance the Capacity of the Mainstream Health System to Provide Equitable and Cost Effective Health Care to People with Intellectual Disabilities'*. Australia: author

that preschool oral language deficits may predispose a child to ongoing literacy difficulties throughout childhood and adolescence. Additionally, children who enter school with language difficulties are at risk of literacy problems, poor academic achievement, low self-esteem, social and behavioural problems.⁹

19. For children with speech and language disorders who are passed the cut off age to be considered for early intervention services (usually those over 7 years old), wait times can become extensive as they are not a priority for speech pathology services. Without services, these children are then at a significant risk of falling behind academically, socially, and emotionally.
20. For people with severe and CCN, priority is often given to a person's swallowing disorder over their communication (speech or language) impairment. This is because swallowing is most threatening to a person's physical health. A person may be treated for swallowing immediately, however due to long waitlists they may have to wait, sometimes up to and over a year, to receive communication intervention.
21. Moreover, funding approval for AAC devices is often slow, creating a long wait time for people to receive devices and services. The 'Shut Out' report highlights the implications of long waitlists for communication aids.¹⁰ People may wait over a year to receive funding for the adequate device. Whilst waiting, these people are left without a voice, or left with an AAC device that is not adequate to meet their daily needs.

Rural and Remote Areas

22. Inequity of service delivery in rural and remote areas is both well-known and well documented across Australian healthcare literature.¹¹ In addition to this, data has suggested that only 4.5% of speech pathologists practice in rural areas, where approximately 30% of Australia's population live.¹²
23. People in rural and remote areas have the same needs and wants as the rest of the community and are entitled to access these services as close as possible to

⁹ Speech Pathology Australia. (2011). Speech Pathology Australia submission to Department of Education, Employment and Workplace Relations regarding the review of Disability Standards 2005. Australia: author

¹⁰ National People with Disabilities and Carer Council. (2009). *SHUT OUT: The Experience of People with Disability and their Families in Australia*. Canberra: Commonwealth of Australia

¹¹ O'Callaghan, A.M., McAllister, L., and Wilson, L. (2005). Barriers to accessing rural paediatric speech pathology services: Health care consumers' perspectives. *Australian Journal of Rural Health*, 13, 162-171; Verdon, S., Wilson, L., Smith-Tamaray, M., & McAllister, L. (2011). An investigation of equity of rural speech-language pathology services for children: A geographic perspective. *International Journal of Speech-Language Pathology*, 13(3), 239-250; Wilson, L., Lincoln, M., & Onslow, M. Availability, access and Quality of Care: Inequities in rural speech pathology service for children and a model for redress. *Advances in Speech-Language Pathology*, 4(1), 9-22; Wakerman, J. (2008). Rural and remote public health in Australia: Building on our strengths. *Australian Journal of Rural Health*, 16, 52-55

¹² Lamber, J. (2002). *Labor Force Data: Part A*. Retrieved from www.speechpathologyaustralia.org.au

their own communities, including rural areas. However, the waitlists in rural and remote areas for public speech pathology services are considerably greater than those in urban and metropolitan areas. There are also limited choices of services in rural and remote areas, and quite often, people are sent hours from their home to receive therapy. This can have social, economic, health and vocational impacts for the person attempting to gain speech pathology services.

Uncoordinated services

24. It is common for people with disability to receive health services from multiple service providers but the lack of coordination of these services can have a negative impact on the person receiving support. Healthcare professionals may work in parallel with each other but be unaware of each other's involvement causing duplication or gaps in service.¹³ If a person is treated by more than one professional, for example a speech pathologist and GP treating a swallowing disorder, both may view the other as taking responsibility for the management of care. Other situations include coordination between a speech pathologist and other people in the person's life such as group home staff, families and schools.

The private sector

Case Study

A PWDA member was seeing an Ear Nose and Throat (ENT) specialist as well as a speech pathologist who specialised in voice. She accessed these services through private health care. As she can only work part time, she had been finding it extremely difficult to afford ongoing speech pathology as it cost around \$180 a session. She requires the therapy to not only improve her situation regarding her employment, but also for her social and emotional wellbeing. She feels as if it is a social justice issue, as she does not have the economic support to see a full recovery even though it is required.

25. Speech pathologists in the private sector are similar to the public sector in that there are few specialists in disability. Waiting lists are reduced in the private sector, however the cost of therapy is extensive and can have major implications on an individual and a family's financial situation.

26. Training and professional development is extremely expensive for speech pathologists in the private sector. The implications of the cost of training may inhibit private business from employing more speech pathologists, adding to the long waiting lists and a lack of specialists in the field.

PART B: Consequences of inadequate provision of speech pathology services

¹³ Lennox, N., & Edwards, N. (2001). Lessons from the Labyrinth: Views of Residential Care Officers on Barrier to Comprehensive Health Care for Adults with an Intellectual Disability. Queensland: University of Queensland, Developmental Disability Unit, School of Population Health

27. Speech pathology services aim to give a person greater independence, to increase their participation in society, to reduce barriers in their everyday life, and to teach people about social norms. Communication is essential to personal autonomy, self-determination and decision-making.¹⁴ Without the provision of AAC devices, speech pathology assessment, intervention, and community awareness, people with disability who have speech, language and swallowing difficulties are at an increased risk of violence, abuse, neglect and exploitation, denial or diminished recognition of their legal capacity, reduced employment and education outcomes and social isolation.

Denial of legal capacity

20. People with disability are entitled to support in order to exercise their legal capacity to act i.e. to make decisions that are recognised by law.¹⁵ For a person with physical disability this may require that polling stations are accessible so that they can vote on election day, for people with vision impairment it may mean that a contract is provided in large print before then can consent to agreeing to it. For people with communication impairment it may require that they have access to an AAC device so that they are able to express their will and preference in a given situation.

21. When these devices are not made available then there is a risk that third parties may make substitute decisions for people with communication impairment based on a subjective notion of their best interest. This is in violation of the civil and political rights of people with disability and can affect them across all areas of their life.

22. Moreover, people with disability also have the right to freedom of expression and opinion, including the freedom to seek, receive and impart information on an equal basis with others and through all forms of communication of their choice¹⁶. The ability of a person with communication impairment to express their opinion is restricted by the lack of funding, provision or acknowledgement of the need for communication aids and techniques, including augmentative communications aids required by some people with disability to provide their opinion, to access information and to participate in consultations.¹⁷

23. One of the most significant human rights violations against people with CCN who have little to no functional speech is, in some cases, the outright denial of the use of AAC. Although, removing or denying the use of AAC is not a crime, gagging is.

¹⁴ Australian Human Rights Commission (2014). Equal Before the Law, Towards Disability Justice Strategies. Australia: Author

¹⁵ Convention on the Rights of Persons with Disabilities, opened for signature 30 March 2007, 2515 UNTS 3 (entered into force 3 May 2008) art 12.

¹⁶ Convention on the Rights of Persons with Disabilities, opened for signature 30 March 2007, 2515 UNTS 3 (entered into force 3 May 2008) art 16; Convention on the Rights of Persons with Disabilities, opened for signature 30 March 2007, 2515 UNTS 3 (entered into force 3 May 2008) art 21

¹⁷ Communication Rights Australia www.caus.com.au

For people with little or no functional speech, the denial of access to an AAC device is functionally the equivalent of gagging a person who uses speech.¹⁸

¹⁸ Given, F. (2014). Ending the Violence: Perspectives from Australia. In N. Bryen and J. Bornman (Ed.), *Stop the Violence against People with Disabilities! An international Resource*. America: Diane Nelson Bryen

Increased risk of violence, abuse, neglect and exploitation

28. The provision of speech pathology services and assistive communication devices is essential in order to give people with disability a voice through which they can advocate for themselves, report abuse and live more independently. Where there is no access to services that support people with disability to communicate their wants and needs, there is an increased risk of violence, abuse, neglect and exploitation.
29. The National Disability Strategy (NDS) recognises that ‘people with disability are more vulnerable to violence, exploitation and neglect’; are ‘more likely to be victims of crime’; that ‘those living in institutional environments where violence is more common are far worse than others’; and women with disability “face increased risk”¹⁹. Available evidence has found that people with disability experience very high levels of violence, exploitation and abuse. For example, 18 percent of people with disability report being victims of physical or threatened violence compared to 10 percent without disability.²⁰ More than a quarter of rape cases reported by females are perpetrated against women with disability.²¹ Additionally, it has been reported that 40 percent of crimes against people with mild or moderate intellectual disability and 70 percent of people with severe intellectual disability went unreported to police.²²
30. One of the main factors that contribute to the lack of reporting and disclosure by people with disability is that there is a reliance on assistance, support and care in relationships with partners, family members, professional carers and service providers which creates a level of dependency and powerlessness, and a fear that disclosure of abuse will put these relationships at risk. There may also be a fear of retribution in the form of losing support and assistance if abuse is exposed.²³
31. Additionally, many people with disability have difficulties in communicating occurrences of exploitation, violence and abuse due to limitation of specific communication aids. For example, if someone uses a simple communication board as their only vocabulary, symbols or words for the term ‘genitalia’ or ‘rape’ are rarely included. This limits the ability of people with disability to disclose

¹⁹ Australian Government, (2011) *National Disability Strategy*. Retrieved from <http://www.fahcsia.gov.au/our-responsibilities/disability-and-carers/program-services/government-international/national-disability-strategy>

²⁰ Australian Government, (2011) *National Disability Strategy*. Retrieved from <http://www.fahcsia.gov.au/our-responsibilities/disability-and-carers/program-services/government-international/national-disability-strategy>

²¹ ‘Disability Rights Now: Civil Society Report to the United Nations Committee on the Rights of Persons with Disabilities (CRPD)’, August 2012, paragraph 276.

²² French, P., Dardel, J., & Price-Kelly, S. (2009). *Rights Denied: Towards a National Policy Agenda about Abuse, neglect and Exploitation of Persons with Cognitive Impairment*. p.18 People with Disability Australia

²³ ‘Disability Rights Now: Civil Society Report to the United Nations Committee on the Rights of Persons with Disabilities (CRPD)’, August 2012, paragraph 281.

exploitation, violence and abuse.²⁴ Moreover, crimes of neglect, abuse and exploitation for people with CCN create a large psychological burden on the victims as they are often unable to express their feelings about how the crime has affected them and are left to suffer in silence.²⁵

Barriers to accessing justice

32. Access to justice within the criminal justice system for people who require communication supports is a significant issue in Australia. In part, this is due to the fact that there is no system for registering and contacting Independent Communication Support Workers (often these communication support workers are speech pathologists).
33. Whether a person with disability is the victim of a crime, accused of a crime or a witness, they are at an increased risk of being disrespected, disbelieved, and not being accorded equality before the law.²⁶ People with disability, especially those with little to no speech have an increased vulnerability when dealing with police, solicitors, prosecutors, judges, tribunals and juries. Failures in communication at any of these points has the potential to undermine the chance of a just outcome.²⁷
34. Occasionally, the courts will use speech pathologists to assist in communication training of independent third persons or communication support workers in sexual assault.²⁸ However, speech pathologists can play a major role in acting as independent Communication Support Workers. Speech pathologists can aid police investigations and court proceedings by working alongside people with little to no speech who may be victims, witnesses, or those accused of crimes.

Social isolation

Case study

²⁴ Murray, S., & Powell, A. (2008). Sexual Assault ad adults with a disability: Enabling recognition, disclosure and a just response. Australian Centre for Study of Sexual Assault (Issue No.9) p.6

²⁵ Given, F. (2014). Ending the Violence: Perspectives from Australia. In N. Bryen and J. Bornman (Ed.), *Stop the Violence against People with Disabilities! An international Resource*. America: Diane Nelson Bryen

²⁶ Australian Human Rights Commission. (2014). Equal Before the Law: Towards Disability Justice Strategies. Sydney: Author, 5

²⁷ Communication Rights Australia. (2011). *Submission to the Victorian Law Reform Commission: Inquiry into Access and Interaction with the Justice System by People with an Intellectual Disability and their families and Carers*. Victoria: Author

²⁸ Given, F. (2014). Ending the Violence: Perspectives from Australia. In N. Bryen and J. Bornman (Ed.), *Stop the Violence against People with Disabilities! An international Resource*. America: Diane Nelson Bryen

One PWDA member who has cerebral palsy and uses a high tech AAC was asked what her life would be like without speech pathology services. She said that the effects of not having her device or the training in using it would be “massive”. “I would not be able to work, and would be more frustrated than I already am”. She went on to say that she would feel “a lot more vulnerable, and far more socially isolated”, and that with the device, “my family, especially my extended family, feel like they now know me”.

35. Without the ability to hold fluent and successful conversations, many life experiences such as maintaining friendships may be unsuccessful. Often individuals who struggle with language will have a tougher time making and maintaining friendships.²⁹ This can happen as early as in the preschool years, which then set the foundation for experiences and friendships later in life, which explains the seclusion individuals with language impairments often report feeling. Findings indicate that children with speech disorders frequently become targets of exclusion and bullying, including explicitly being left out and excluded. They are the most likely individuals to be identified by their peers as a ‘bullied’ child.³⁰

36. Subsequently, individuals who have unresolved speech difficulties are more likely to have lower life satisfaction.³¹ The high levels of victimization brought on by bullying and exclusion have a substantial effect, and torment from others effects may affect their confidence as well.

Reduced employment outcomes

Case study

One PWDA Member who is currently seeing a speech pathology for vocal cord problems believes her life would be even more emotionally and psychologically traumatic without the intervention from a speech pathologist. “I would have lost my job for not meeting job requirements, and would have become isolated from my social groups”. Her other big concern was the permanent damage that would have arisen without therapy services which could have meant permanent voice loss and major health issues regarding ulcers in her throat.

37. The cost benefits of providing speech pathology are immense. Australian research demonstrates that severe speech and language (communication) disorders are associated with reduced employment options.³² For those that have continuing unresolved speech and language difficulties, there is an increased risk

²⁹ Ross, G. , & Weinberg, S. (2006). Is there a relationship between language delays and behavior and socialization problems in toddlers?. *Journal of Early Childhood and Infant Psychology*, 2, 101-116.

³⁰ Davis, S. , Howell, P. , & Cooke, F. (2002). Sociodynamic relationships between children who stutter and their non-stuttering classmates. *Journal of Child Psychology and Psychiatry*, 43(7), 939-947.

³¹ Blood, G., Blood, I., Tramontana, I., Sylvia, A., Boyle, M., Motzko, G., (2011). Self-reported experience of bullying of students who stutter: Relations with life satisfaction, life orientation, and self-esteem. *Perceptual and Motor Skills*, 113(2), 353-364.

³² *ibid*, 41

of unemployment and underemployment, and an increased reliance on the welfare system.

Reduced educational outcomes

38. Communication is a critical tool for life. Almost every aspect of learning and socialising involves language. In developing effective language and communication, children form firm foundations on which to base later literacy and academic achievement.³³ Research shows that children who do not receive intervention, or begin intervention in the school years, can have difficulties throughout schooling and into adulthood. There is a very strong link between children with speech, language and communication disorders and literacy problems.³⁴ This relationship between oral language competence and the resulting transition to literacy is viewed as crucial in ensuring self-esteem, academic success and improved life chances.³⁵ The role of oral language in supporting early literacy development is complex and differentiated, however, it is universally acknowledged across disciplines that successful development of literacy depends upon competent language skills.³⁶
39. It is a basic human right to ensure an inclusive education system at all levels of schooling³⁷. Inclusion is the commitment to creating an environment which respects and values diversity, aims to promote democratic principles, and displays a set of values and beliefs relating to equality and social justice.³⁸ Under this model, children with disability are part of the everyday schooling experience and are equally and actively engaged in the learning experience alongside their peers.³⁹
40. Although statistics show many students with disability are enrolled in mainstream schools, this does not reflect the successful inclusion of students with disability. Students with disability and their parents consistently report that the education they receive is substandard and compromises their ability to lead independent

³³ I CAN. (2009). I Can Talk series- Issue 1: Speech Language and communication needs and literacy difficulties. Retrieved from <http://www.ican.org.uk/~media/ican2/Whats%20the%20Issue/Evidence/1%20Communication%20Disability%20and%20Literacy%20Difficulties%20pdf.ashx>

³⁴ Snowling, M.J. and Stackhouse J. (1996) *Dyslexia Speech and Language* (Eds). London: Whurr Publishers Ltd

³⁵ Snow, P.C. and Powell, M.B. (2004) Developmental Language Disorders and Adolescent Risk: A Public-health Advocacy Role for Speech Pathologists? *Advances in Speech language Pathology*, 6 (4) 221-229

³⁶ Palmer, S. (2004) *Literacy Today*, No 38

³⁷ Convention on the Rights of Persons with Disabilities, opened for signature 30 March 2007, 2515 UNTS 3 (entered into force 3 May 2008) art 24

³⁸ UNESCO. (2005). *Guidelines for Inclusion: Ensuring access to education for all*. Paris, France:

Author

³⁹ Konza, D. (2008). Inclusion of students with disabilities in new times: responding to the challenge. In Kell, P., Vialle, W., Konza, D., & Vogl, G (Eds). *Learning and the learner: exploring learning for new times* (pp. 236-300). Wollongong, Australia: University of Sydney

and productive adult lives.⁴⁰ There are numerous aspects within the education system that need to be reformed to realise inclusive education. One element is the provision of allied health professionals, such as speech pathologists, within all schools.

41. Speech pathologists and teachers have different roles in the education system but both complement students learning, and speech pathologists can play a significant role in the education team. Whilst a teacher is responsible for the teaching and learning of the curriculum, a speech pathologist focuses on how students with communication support needs can access that curriculum to achieve competency in these areas. They may also work on the social, emotional and behavioural aspects of schooling.⁴¹
42. Currently there is no commonwealth legislation around speech pathology services within schools. Some states have speech pathologists embedded within Government Departments of Education, however others do not (for example New South Wales and Western Australia). For those that do have speech pathologists employed, there is an insufficient number to meet the needs of the children and teachers. Other arrangements within schools include contract arrangements with the state health departments and also private practitioners. These services are inconsistent within States, leaving the provision of services inadequate and intermittent. Furthermore, speech pathologists embedded within the upper primary and secondary schooling is virtually non-existent⁴².
43. Despite the implementation of the Disability Standards for Education⁴³, there are no universal funding policies to ensure that 'necessary adjustments' will be made for students with disability. This means that although 'reasonable accommodations' within the education system are a human right, children with disability are regularly denied these accommodations.
44. For example, within the Victorian Department of Education it is up to each individual school's discretion whether a child is allowed funding for AAC. However, denying AAC denies a person their main form of communication which

⁴⁰ See Children with Disability Australia, Submission to the department of Education, Employment and Workplace Relations, *Review of Disability Standards for Education 2005*, May 2011, 5; Australian Youth Affairs Coalition and Youth Disability Advocacy Service, Joint submission to the Department of Education, Employment and workplace relations, *Review of Disability Standards for Education 2005*, 2011, 6; People with Disability Australia, Submission No 345 to NSW General Purpose Standing Committee No 2, *Inquiry into the Education to Students with a Disability or Special needs*, 19 February 2010, 5 ; Family advocacy, Submission No 127 to NSW General Purpose Standing Committee No 2, *Inquiry into the provision of Education to Students with a Disability or Special needs*, 17 February.

⁴¹ Speech Pathology Australia. (2011). Speech Pathology Australia submission to Department of Education, Employment and Workplace Relations regarding the review of Disability Standards 2005. Australia: author

⁴² Munro, N. (2008). *Inquiry into Children and Young People 9-14 Years in NSW*. Sydney: Speech Pathology Australia, NSW Branch Retrieved from <https://www.parliament.nsw.gov.au/Prod/parlment/committee.nsf/0/E75338DA1E9CDFADCA257460022A693>

⁴³ <http://education.gov.au/disability-standards-education>

in turn may prevent the child from accessing urgent medical attention, expressing wants and needs, reporting emotional and physical abuse or making friends.

45. Speech pathologists may also deliver useful training services to schools such as in disability awareness, the use of appropriate augmentative and alternative modes, means and formats of communication, and educational techniques and materials to support people with disability.⁴⁴ This can support schools and teachers to create a welcoming environment for children with disability in their classrooms.
46. The benefit for teachers of appropriate in-service training and professional development courses regarding disability has been linked to the engendering of more positive attitudes towards inclusion.⁴⁵ Research shows that teachers find in-service training and professional development that focuses on inclusion to be insufficient⁴⁶. For many, they considered the in-service training to be inadequate for the child's specific disability⁴⁷. Teachers need to be given the opportunity to produce and share knowledge, and to build networks between communities. Teachers also need the opportunity to identify and share 'best practices' from research and existing programs that can then be used to enhance the inclusive school community⁴⁸.

PWDA thanks the Commission for the opportunity to make this submission.

⁴⁴ Munro, N. (2008). *Inquiry into Children and Young People 9-14 Years in NSW*. Sydney: Speech Pathology Australia, NSW Branch Retrieved from <https://www.parliament.nsw.gov.au/Prod/parlament/committee.nsf/0/E75338DA1E9CDFADCA257460022A693>

⁴⁵ Avramidis, E., & Kalyva, E. (2007). The influence of teaching experience and professional development on Greek teachers' attitudes towards inclusion. *European Journal of Special Needs Education*, 22, 367-389.

⁴⁶ Tait, K., & Purdie, N. (2000). Attitudes towards disability: Teacher education for inclusive environments in an Australian University. *International Journal of Disability*, 47, 25-38; Hastings, R.P., Hewes, A., Lock, S., & Witting, A. (1996). Do special educational needs courses have any impact on student teachers' perceptions of children with severe learning difficulties? *British Journal of Special Education*, 13, 195-209; Forlin, C. (2001). Inclusion: identifying potential stressors for regular class teachers. *Educational Research* 43(3), 235-245

⁴⁷ Forlin, C. (2001). Inclusion: identifying potential stressors for regular class teachers. *Educational Research* 43(3), 235-245

⁴⁸ Porter, G.L. (2008). Making Canadian schools inclusive: a call to action. Education Canada, Spring, 1-9