

# Position Statement



## Speech Pathology Services in Schools

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## **1. ORIGINS OF PAPER**

This Position Statement has been developed to improve the understanding of the role of speech pathologists in the educational school system, identify service and client management issues specific to the educational context and to demonstrate the benefit of speech pathology involvement in school services. The intended audience for this position statement includes government, schools, employers, policymakers, organisations and funding bodies.

This position statement is supported by Speech Pathology Australia's Clinical Guideline *Speech Pathology Services in Schools (2011)*. The Clinical Guideline provides a comprehensive literature review and a guide for effective speech pathology services in the education school system.

This paper refers to services provided to students attending Australian preschool, preparatory classes, primary, secondary and special education facilities coordinated by government and non-government sectors. The term speech pathologist in this document only refers to speech pathologists working in the school educational context.

## **2. DEFINITIONS**

### **2.1 Communication Support Needs**

The term "communication support needs" includes all school children who require support and/or intervention with their communication skills. Children may have communication problems with hearing, listening, speaking, understanding, reading, writing, voice, fluency and using the social rules of conversation, called pragmatics. Communication problems may be transient or permanent and range from mild to severe.

Communication impairments may impact on a child across all aspects of the education curriculum. Communication impairments may impact on the child's ability to participate in classroom activities, interact with teacher and peers, understand directions, retain information, reason and reading and writing. Communication impairments can lead to significant consequences in all aspects of life; familial, social, behavioural, vocational, educational and psychological. Communication impairments can also result in intergenerational transfer of problems for individuals and families who do not receive adequate intervention.

### **2.2 Mealtime Support Needs**

The term "mealtime support needs" includes all students who require support with their eating and drinking. It includes students with swallowing problems or dysphagia. Dysphagia is the medical term for any difficulty eating, drinking and swallowing. Dysphagia may result in life-threatening choking episodes, aspiration pneumonia, compromised nutrition and hydration and reduced quality of life. Swallowing disorders impact on the health and well-being of the individual and have been known to cause death. It also includes students who may have motor, sensory, cognitive, emotional or behavioural issues that impact on their ability to eat or drink with or without the presence of dysphagia. For example, students with food aversions, difficulties judging safe quantities of food or drink to place in their mouth, difficulties placing food into their mouth due to physical or cognitive impairments and difficulties monitoring spillage.

### **2.3 Causes**

Communication and mealtime support needs may be caused by physical impairments, developmental disabilities, social or emotional factors, complex syndromes, for example Autism Spectrum Disorder; acquired brain injury, environmental factors such as lack of appropriate stimulation or may have no specific causality factors.

### **3. SPEECH PATHOLOGISTS IN SCHOOLS**

#### **3.1 Evidence for Speech Pathology**

Functional communication skills are essential in all aspects of life including health and well-being, education and training, family and social relationships, recreation, and work. It has been documented that difficulties in communication skills may have major implications for school success, self esteem, independence, teacher-student relations, peer relations, literacy and numeracy development, behaviour and problem solving, occupation, economic self-sufficiency and costs to society (Beitchman, Wislon, Johnson, Atkinson, Young, Adalf, Escobar & Douglas, 2001 ; Benner, Nelson and Epstein, 2002; Catts, Fey, Tomblin and Zhang, 2002; Conti-Ramsden & Durkin, 2008; Davis, Howell and Cooke, 2002; Fujiki, Brinton, Isaacson and Summers, 2001; ICAN, 2006 ; McCormack, McLeod, McAllister and Harrison, 2009 ; Schoon, Parsons, Rush and Law, 2010; Snowling, Adams, Bishop and Stothardt, 2000; Snowling, Adams, Bishop and Stothardt, , 2001; Stothard, Snowling, Bishop, Chipchase and Kaplan, 1998; Westby, 2008 ; Young, Beitchman, Johnsons, Douglas & Atkinsons, 2002).

The incidence of students having mealtime support needs has not been identified; however dysphagia has been reported in one in three children with cerebral palsy and up to nearly 70% of children who have had a severe brain injury (Reilly, Skuse and Poblete, , 1996; Morgan, Ward, Murdoch, Kennedy and Murisonl, 2003).

The benefits of speech pathologists working in schools to improve student outcomes have been extensively documented in the literature. Speech pathologists have been reported to add value to educational programs for students with special needs across the curriculum (James, Jeffries & Worley, 2008; Antoniazzi, Snow & Disckson-Swift, 2010). Speech pathology interventions have been shown to result in improvements in a child's speech and / or language (Boyle, McCartney, Forbes & O'Hare, 2007; James et al, 2008; Mecrow, 2010). Literacy and self esteem gains have also been reported from speech pathology intervention for school age children (James et al, 2008).

The importance of communication skills and tailoring education programs to support individual learning needs has been highlighted by the Australian Curriculum, Assessment and Reporting Authority (ACARA). ACARA provides the National Australian Curriculum within which schools explicitly teach.

#### **3.2 Speech Pathology Services**

Speech pathologists have an essential role as part of the educational team working towards improving academic, communication, swallowing safety and social outcomes for school age children with communication and mealtime support needs.

Speech pathologists may provide services that address issues at the level of the impairment, and/ or the skill of completing activities of daily living, and/ or at the level of participation in activities. Speech pathologists may utilise a variety of service delivery models including individual and group therapy, in classroom assistance to students and teachers, parent and caregiver training, development of resources and advice on curriculum development. Speech pathologists may utilise aids or assistants to support the delivery of services.

Speech pathology services should be based on social inclusion, respect for individual differences and a social justice framework.

#### **4. THE POSITION OF SPEECH PATHOLOGY AUSTRALIA**

The following statements articulate the position of Speech Pathology Australia (the Association) on the involvement of speech pathologists in schools. The position statements have been informed by current evidence, international information, policies, guidelines and consensus opinion.

##### **4.1 It is the position of Speech Pathology Australia that assessment, diagnosis and intervention with individuals with communication and mealt ime support needs in school services are within the scope of practice of speech pathologists.**

Speech pathologists aim to maximise a person's potential to communicate, eat, drink and swallow more effectively in everyday life. Speech pathologists have a vital role working with school aged children to improve their academic, communication, swallowing safety and social outcomes.

##### **4.2 The Association believes speech pathologists should be recognised as essential service providers in the educational team.**

Speech pathologists have a crucial role in the provision of advice and expertise to the educational team to support students' with communication and meal time needs to optimise student outcomes and facilitate their access, participation and inclusion in the school curriculum. This may be achieved by providing direct intervention, adapting the curriculum, advising teachers on classroom management strategies and modifying and providing appropriate resources. Speech pathologists should be recognised as an essential service provider to the education team and subsequently be involved in educational team goal setting and planning, curriculum development and professional development.

##### **4.3 The Association advocates that access to speech pathology services should be a right of all children with identified communication and mealt ime support needs.**

Communication is a basic human right and communication skills are vital in all aspects of life and impact on the achievement of educational outcomes. The World Health Organisation (WHO) recognises communication as '... essential for participating in society.' (McLeod, Press & Phelan, 2010, pg68). The evidence from the literature demonstrates the efficacy of speech pathology interventions improving academic and social outcomes for children. The Association strongly advocates that speech pathology services should be accessible for all school aged children with identified needs.

##### **4.4 The Association recommends all state governments urgently review speech pathology funding models to ensure equity of access for all school aged children and access based on evidence based, best practice models of service delivery.**

Significant gaps exist in funding, employment conditions and accessibility and availability of speech pathologists in educational contexts across Australia. There are also no consistent eligibility criteria for access to speech pathology services at a federal level and only inconsistent state legislation. To facilitate equity and access for school aged children Speech Pathology Australia recommends a review of current policies, funding models and eligibility criteria.

##### **4.5 The Association recommends that contractual agreements between speech pathologists and funding / employing bodies outline workload expectations, documentation and communication processes and roles and responsibilities.**

Speech pathologists providing services to schools may be employed by individual schools, organisations, school networks, educational support services or by the student's family/caregivers. Subsequently, work parameters and employment conditions of speech pathologists vary significantly between states and employing bodies. Speech pathologists and employers are encouraged to develop contractual agreements to minimise confusion regarding roles and responsibilities. The Speech Pathology in Schools Clinical Guideline (Speech Pathology Australia, 2011) provides a comprehensive outline of issues to be considered in a contractual agreement.

#### **4.6 Speech pathologists working in schools should have access to professional development and professional support and supervision.**

Speech pathologists require access to training and development as described in the *Principles of Practice* (Speech Pathology Australia, 2001). Training and development should be supported and appropriately funded by employing agencies and/or schools. Speech pathologists working in schools are encouraged to acquire knowledge of the school's curriculum framework and the educational legislative requirements relevant to their work place.

Professional supervision by a senior speech pathologist is strongly recommended (Speech Pathology Australia, 2007).

#### **4.7 The Association recommends that senior specialist roles should be supported in the education system to promote the development of speech pathology services and improve student outcomes.**

The Association acknowledges that speech pathologists working in the education system may develop specialist education skills. These senior speech pathologists with specialist education knowledge are a valuable resource for the speech pathology profession and the education sector. The development of senior specialist roles in the education system to provide supervision, research and service development will facilitate the improvement of speech pathology services.

### **5. CONCLUSION**

The purpose of this paper has been to educate policy makers, government and funding bodies of the role and benefit of speech pathologists in the educational context and to highlight service issues across Australia.

Speech Pathology Australia recognises the service and funding gaps that has resulted in service inequities for Australian school children. These service inequities may result in children not being able to access and benefit from the school curriculum to the best of their ability. Speech Pathology Australia strongly recommends a review of policies and funding models for speech pathology services within the Australian education system.

For further information and a more detailed discussion, please refer to the Clinical Guideline Speech Pathologists in Schools (Speech Pathology Australia, 2011).

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