



**National School Reform Agreement Productivity Commission
Locked Bag 2, Collins St
East Melbourne Vic 8003**

Submitted electronically:

<https://www.pc.gov.au/inquiries/current/school-agreement/make-submission#lodge>

To whom it may concern,

Thank you for the opportunity to respond to the current Review of the National School Reform Agreement.

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing over 13,000 members. Speech pathologists are university-trained allied health professionals with expertise in the assessment, diagnosis and treatment of communication and swallowing difficulties.

Communication problems encompass difficulties with speaking, hearing, listening, understanding, reading, writing, social skills, and using voice. Communication problems can arise from a range of conditions that may be lifelong (e.g. Down Syndrome), or emerge during early childhood (e.g. stuttering, severe speech sound disorder or Developmental Language Disorder).

As stated in your current document “education supports young people to realise their potential by providing the knowledge and skills they need to participate in the economy and in society, and by contributing to their wellbeing” (COAG 2019 as cited in Productivity Commission Issues Paper p. 4).

The two key national curriculum frameworks or equivalents used by Australian education providers (The Early Years Learning Framework Australia and The Australian Curriculum) recognise both explicitly and implicitly the role of speech, language and communication in teaching and learning activities. Put simply communication is a basic human right. “Speech, language, and communication skills are vital in all aspects of life and impact on educational achievement and outcomes.” Speech Pathology Australia 2022 p. 18). It is within this context that we respond to the current Review.

The Association affirms that speech pathologists work as part of education teams, inclusive of children, to uphold the right to inclusive education. Oral language competence, the foundation for literacy is developed well before school entry and is critically important as a necessary precursor for literacy learning. Speech pathologists work towards optimising communication and swallowing across the lifespan. The focus of speech pathology services in education settings is to improve educational outcomes for children by addressing the barriers posed by speech, language, communication and swallowing/mealtime needs to access, participation and progress (Department of Education, Skills and Employment, Australia, 2005).

We have responded below to some of the Productivity Commission’s questions that relate directly to speech pathologists working in education and the students and children with whom speech pathologists work.

b. Are there barriers that disproportionately impact outcomes for specific cohorts of students?

Children with speech, language and communication needs (SLCN) may demonstrate difficulties across areas of syntax, morphology, semantics, phonology, word finding, pragmatics, discourse and



verbal learning/memory. The SLCN of children can be differentiated based on known origins, unknown origins and limited familiarity with the language used in the classroom.

Prevalence data suggest that approximately 13% of Australian children attending primary and secondary school demonstrate a communication disorder, as reported by their teachers (McLeod & McKinnon, 2010). International research indicates that approximately 7.5% of children demonstrate a developmental language disorder (Norbury et al., 2016). Comparably, Australian census data examining the prevalence of speech, language and communication vulnerabilities in children in their first year of schooling has revealed that between 6.6% and 8.2% of Australian children have communication skills considered to be developmentally vulnerable (Commonwealth of Australia, 2019).

It is important to note that these figures vary according to Australian local government area (LGA), with increased percentages of vulnerability found in socioeconomically disadvantaged areas. Moreover, a study by Snow et al. (2015) identified that 75% of young people in contact with the justice system in Australia had oral language skills below those expected for their same aged peers. Therefore, it is essential these cohort of children are prioritised in any education reforms.

Specific barriers that impact on children with SLCN include:

- teacher training both in their knowledge base about children with SLCN needs and the need for early identification of children at risk.
- teacher training about the significant link between speech, language and communication skills and academic achievement.
- inequitable access to support services such as speech pathology and other educational allied health services.
- variable understanding of the 'value add' speech pathologists can make within collaborative educational teams.

Language skills are a foundation of all learning, but in particular, literacy learning. Oral language competency and literacy skills have a reciprocal and cyclical relationship. Strong oral language competency facilitates access to written language (print), which in turn facilitates ongoing growth in oral language competency. Oral language abilities are therefore intrinsically related to the development of literacy.

As oral and written 'language' is the medium of learning in our education systems, students with communication disabilities and learning difficulties are at a profound disadvantage from the outset. This trajectory may lead to ongoing literacy difficulties into adolescence and adulthood. There is a significant link between early childhood education and development, and adult literacy, however the Association would argue that the Australian education system does not sufficiently recognise this vital relationship. There is a wide held belief that some students will be slower to learn to read compared with their peers, but given time they will "catch up". Evidence suggests otherwise – for many the gap actually widens rather than narrows (Zubrick et al 2015).

For this cohort of children, many students who are experiencing literacy/numeracy difficulties are not identified early. For some students this doesn't occur until they enter their fourth year of schooling. By the time they are identified, these students have experienced months if not years of "struggling", or worse still, "failure" at learning literacy and/or numeracy. This has a significant negative impact on their confidence and emotional wellbeing. There is evidence to indicate a negative trajectory for these young people with increased incidence of disengagement from school, poor educational outcomes, mental ill-health, problematic behaviour, anti-social problems and interaction with the juvenile justice system (Conti-Ramsden et al., 2009; Law et al., 2009; Johnson et al., 2010).

Evidence has shown that early provision of support is more effective than 'remedial' support for struggling school-aged readers (Quach et al 2017). At present many students do not receive any individualised tailored support until they have been at school for at least 12 months. For some students they are never identified as requiring support for their learning. Earlier identification and earlier access to support would also prevent many students from experiencing the negative psycho-social consequences associated with them "failing" to learn. These effects cannot be underestimated as they increase the student's risk of experiencing mental health issues and act as a barrier to them being amenable to future opportunities to learn.

In Australia, large numbers of children are not reaching expected standards of literacy development (reading competency), and literacy levels of Australian children are persistently low by international standards. Successful literacy development must be assured in order to:

- Allow students to optimise their potential for learning,
- Increase participation in the classroom and playground,
- Foster positive social development and wellbeing,
- Have a protective mechanism reducing the risk of mental illness,
- Reduce the likelihood of a student engaging in antisocial behaviour/behaviours of concern, and
- Increase future workforce participation.

To reach their full potential, primary school children must make a successful transition from "learning to read" to "reading to learn". This transition, and the student's future academic and social success, would be supported by the continued expansion of their oral language competence, including development of complex language skills.

Speech pathologists must be included as an essential member of the literacy and learning support teams in schools working collaboratively with teachers and other key stakeholders. Speech pathologists and teachers have different but complementary roles in education. There are very good evidence-based interventions that are known to maximise outcomes for students – specifically those that utilise a whole school collaborative approach and include the expertise of speech pathologists (McIntosh & Goodman, 2016).

c. Which of these drivers or barriers can governments change or influence?

Policy makers, funders and providers within the education system nationally must acknowledge the unique impact that communication disability (including literacy) has on an individual's ability to access and participate in education and achieve expected educational outcomes. Unless this is addressed, Australia will continue to perform poorly in terms of education achievement (literacy and numeracy) when compared with other countries.

We believe a consistent evidence-based approach to literacy instruction must be adopted across Australian schools. The recommended approach would be an explicit, comprehensive teaching approach including systematic phonics-based instruction, in the critical early years of school. This must be supported by funds to develop information/guidance for school principals to support their decision making about literacy programs implemented within schools.

Speech Pathology Australia advocates for the need to strengthen initial teacher education accreditation system and course content, to ensure they are sufficiently trained to support children with SLCN and disability. This would also include education on the role of speech pathologists and other educational allied health professionals have with collaborative educational teams.

There is a need for increased funding for ongoing leadership team and teacher education, more consistent employment of speech pathologists (and other educational professionals) within educational teams and implementation of collaborative approaches within schools. This would lead to increased knowledge and skills in the development and implementation of reasonable adjustments and targeted intervention for the individual needs for children.

e. Looking forward, are there changes in the external environment or policy context that will affect these drivers?

With the global pandemic, and interruptions to schooling, it is unclear what impacts this will have had on the learning and communication skills of children. Should further pandemics, or other events necessitating a move to online learning occur in future, the potential impact upon at risk cohorts of children should be monitored. Additionally, provisions may be needed to ensure that those receiving speech pathology services through their educational setting do not lose access to these critical supports whilst not physically attending that setting.

Changes in government, either at a state or federal level may also impact upon the previous planning for educational supports. It is vital that there is a national commitment to ensuring equity to services, particularly with regards to service delivery models within educational settings, so that children with SLCN are not further disadvantaged academically.

Workforce shortages in allied health, and in particular speech pathology are currently a significant issue across all states and territories. It is reported that there is also a teacher shortage, with data from 2018 suggesting that there are going to be further shortages ahead with teachers leaving the profession both at and before retirement, in addition to greater influxes of students by 2030 (ATWD Teacher Workforce Report, 2021). Support and policies regarding workplace standards for the existing workforce to try and improve retention will be essential to address these shortages within the sector. Concurrently, establishing and improving pathways to train and upskill workers to strengthen the workforce are needed.

h. What policy initiatives (or actions) would be appropriate to include in the next national school reform agreement? Why?

1. Establish and support a formal partnership across a range of professional organisations that represent professionals working within the education sector. Everyone involved in children's education learning and wellbeing outcomes needs a seat at the table to contribute relevant knowledge and recommendations to the National School Reform Agreement. This would ensure from a national level of peak bodies and the education sector working towards a common goal and messaging of our contribution in the education sector.

With the establishment of such partnerships other barriers to student achievement could be addressed, namely access to the right support at the right time. The aim would be to support school leadership teams to understand the key role other educational professionals can play and the importance of collaboration as we all aim for positive educational outcomes for all Australian children. In this context there is a need for wider and more consistent understanding of the 'value add' of speech pathologists within educational teams (Please see the position statement attached). This would include the understanding that speech pathologists play a key role in team based decision making and can provide discipline expertise to address the barriers that children face in participation and achievement.

2. Presently, there is significant inequity in the access to speech pathology services within the educational sector. Each state and territory differs in terms of employment structures which then impacts on service delivery models. Speech Pathology Australia would advocate for

speech pathologists to be part educational teams in all schools and not seen as an additional service.

As previously discussed and stated, “although primary responsibility for school education lies with States and Territories — and each has its own local priorities, policies and regulatory frameworks — Australia has a longstanding practice of collaboration between all governments to deliver school education reform” (COAG 2018 as cited in Productivity Commission Issues Paper p. 4). With the opportunity to comment on this reform there is a need for governments to provide national initiatives that will support more consistency at a local level. Decisions made at the local level impact significantly on how speech pathologists work within educational teams or schools, often providing barriers to being able to support for the educational outcomes of children.

Recommendations:

Speech Pathology Australia would like to make the following comments on initiatives that could be explored in the aim to support students, student learning and student achievement, support teaching, school leadership and school improvement; and enhance the national evidence base.

- Speech pathologists must be included as an essential member of the literacy and learning support teams in schools working collaboratively with teachers and other key stakeholders. Speech pathologists and teachers have different but complementary roles in education. There are very good evidence-based interventions that are known to maximise outcomes for students – specifically those that utilise a whole school collaborative approach and include the expertise of speech pathologists.
- Establish and support a formal partnership across a range of professional organisations that represent professionals working within the education sector. Everyone involved in the education, learning and wellbeing outcomes of children needs a seat at the table to contribute relevant knowledge and recommendations to the National School Reform Agreement. This would ensure that at a national level, peak bodies and the education sector are working towards a common goal and supporting consistent messaging of the contribution of speech pathologists (and others) in the education sector.
- Workforce development and teacher training: Speech Pathology Australia advocates for the need to strengthen initial teacher education accreditation system and course content, to ensure teachers are sufficiently trained to support children with SLCNs and disability. This would also include education on the role that speech pathologists and other educational allied health professionals have with collaborative educational teams.
- Increased funding for ongoing leadership team and teacher education.
- Consistent employment of speech pathologists (and other educational professionals) within educational teams and implementation of collaborative approaches within schools.
- A consistent evidence-based approach to literacy instruction must be adopted across Australian schools. The recommended approach would be an explicit, comprehensive teaching approach including systematic phonics-based instruction, and access to input from a speech pathologist as part of the education team.

We hope you find these comments valuable. The Association strongly wishes to be involved in any future consultation opportunities as this process progresses. Thank you once again for the opportunity to provide feedback.

If you have any further questions regarding this information, please contact Ms Jane Delaney, Senior Advisor, Education and Early Childhood

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Yours faithfully,

Gail Mulcair
Chief Executive Officer

References

- Australian Teacher Workforce Data: National Teacher Workforce Characteristics Report December 2021. https://www.aitsl.edu.au/docs/default-source/atwd/national-teacher-workforce-char-report.pdf?sfvrsn=9b7fa03c_4
- Commonwealth of Australia. (2019). Australian Early Development Census (AEDC). <https://www.aedc.gov.au/data/data-explorer>
- Conti-Ramsden, G., Durkin, K., Simkin, Z and Knoz, E., (2009) 'Specific language impairment and school outcomes. 1. Identifying and explaining variability at the end of compulsory education.' *International Journal of Language and Communication Disorders*, 44: 15-35.
- Department of Education, Skills and Employment. (2005). Disability standards for education 2005 <https://www.dese.gov.au/disability-standards-education-2005>
- Johnson, C., Beitchman, J., Brownlie, E., (2010) 'Twenty-year follow-up of children with and without speech-language impairments: family, educational, occupational, and quality of life outcomes', *American Journal of Speech Language Pathology*, 19(1): 51-65.
- Law, J., Rush, R., Schoon, I. and Parsons, S (2009) Modeling developmental language difficulties from school entry into adulthood: literacy, mental health and employment outcomes.' *Journal of Speech, Language and Hearing Research*, 52: 1401-1416.
- McIntosh, K., & Goodman, S. (2016). *Integrated Multi-tiered Systems of Support: Blending RTI and PBIS*. Guilford Publications
- McLeod, S., & McKinnon, D. H. (2010). Support required for primary and secondary students with communication disorders and/or other learning needs. *Child Language Teaching and Therapy*, 26(2), 123–143. <https://doi.org/10.1177/0265659010368754>
- Norbury, C. F., Gooch, D., Baird, G., Charman, T., Simonoff, E., & Pickles, A. (2016). Younger children experience lower levels of language competence and academic progress in the first year of school: evidence from a population study. *Journal of Child Psychology and Psychiatry*, 57(1), 65–73. <https://doi.org/10.1111/jcpp.12431>
- Snow, P., Woodward, M., Mathis, M., & Powell, M. (2015b). Language functioning, mental health and alexithymia in incarcerated young offenders. *International Journal of Speech-Language Pathology*, 18(1), 20-31. <https://doi.org/10.3109/17549507.2015.1081291>
- Speech Pathology Australia 2022, *Speech Pathology in Education Practice Guideline*.
- Quach, J., Elek, C., Beatson, R., Bridie, J., & Goldfeld, S. (2017). Reviewing the evidence for supporting children's early language and literacy development. Centre for Community Child Health, Murdoch Children's Research Institute and Royal Children's Hospital. NELLIS-Lit-Review-2017_FINAL.pdf. <https://earlylanguageandliteracy.org.au>
- Zubrick, S. R., Taylor, S. L. & Christensen, D. (2015). Patterns and predictors of language and literacy abilities 4-10 years in the Longitudinal Study of Australian Children. *PLOS One*, 10(9), e0135612. doi:10.1371/journal.pone.0135612