



Australian Government

Australian Government response to the
Senate Community Affairs References Committee report:

*The prevalence of different types of speech, language and
communication disorders and speech pathology services in
Australia.*

December 2017

Introduction

On 9 December 2013, the Senate referred to the Community Affairs References Committee (the Committee) an inquiry into the prevalence of different types of speech, language and communication disorders and speech pathology services in Australia. The Committee sought submissions, undertook public hearings with stakeholders and conducted site visits to examine the issues identified in the following Terms of Reference:

1. the prevalence of different types of speech, language and communication disorders and swallowing difficulties in Australia;
2. the incidence of these disorders by demographic group (paediatric, Aboriginal and Torres Strait Islander people, people with disabilities and people from culturally and linguistically diverse communities);
3. the availability and adequacy of speech pathology services provided by the Commonwealth, state and local governments across health, aged care, education, disability and correctional services;
4. the provision and adequacy of private speech pathology services in Australia;
5. evidence of the social and economic cost of failing to treat communication and swallowing disorders; and
6. the projected demand for speech pathology services in Australia.

The Committee tabled the report *'The Prevalence of different types of speech, language and communication disorders and speech pathology services in Australia'* in Parliament on 2 September 2014 making ten recommendations. The Australian Government ('the Government') notes the recommendations made in the report and provides a response to these recommendations in this document. Many of the report's recommendations address issues most appropriately dealt with at a state and territory level, particularly those related to education and early intervention programmes.

Development of the Australian Government Response

The Australian Government Department of Health ('the Department of Health') has led the coordination of the whole of government response to the Senate Inquiry. Input to the response was provided by the following Agencies:

- Attorney-General's Department;
- Australian Bureau of Statistics;
- Australian Institute of Health and Welfare;
- Department of Education and Training;
- Department of Social Services; and
- Department of Veterans' Affairs.

The Government acknowledges the significant contribution that state and territory governments make in the provision of speech pathology services. This includes the provision of services in acute hospital settings, in community based services in both child and family settings, and rehabilitation services.

Current Australian Government Support

The Australian Government provides funding and other support for a wide range of services and programs for people with different types of speech, language and communication disorders. These include those outlined below:

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Private Health Insurance

Allied health services are funded under general treatment policies offered by private health insurers. Australian private health insurers offer many different products for speech pathology services. The Government supports the costs of Private Health Insurance through the Rebate on private health insurance.

Medicare Benefits Schedule (MBS) rebates for speech pathology services

Medicare rebates may be claimed for services provided by eligible Speech Pathologists when the service is provided following a referral from:

- a General Practitioner (GP) using one of the Chronic Disease Management (CDM) MBS items;
- a GP using one of the Allied Health Services for Indigenous Australians who have had a Health Check;
- a GP, specialist or consultant physician through the *Better Start for Children with Disability* program; and
- a specialist through the *Helping Children with Autism* program.

Chronic Disease Management MBS items

The Government provides support for some private allied health services, including speech pathology, through the CDM items in the MBS. The CDM items in the MBS enable GPs to plan and coordinate the health care of patients with chronic or terminal medical conditions. GPs are able to use Medicare items for GP-managed care planning and/or team-assisted care planning, depending on the health needs of their patients. Eligible patients are able to be referred by their GP for up to five Medicare rebateable allied health services each calendar year. Eligible allied health services include speech pathology (MBS item 10970).

Although access to allied health is an important component of the GP care coordination model, care plans are not designed simply as a mechanism to provide Medicare rebates for allied health services. The limited allied health services available under Medicare are not meant to fully cater for patients who require more intensive ongoing treatments. Rather, these Medicare services are intended to complement services provided by state and territory Governments.

In 2015-16, a total of 150,016 speech pathology MBS services were provided under CDM, costing over \$8.5 million.

Allied Health Services for Indigenous Australians who have had a Health Check

Aboriginal and Torres Strait Islander people who have had an MBS health assessment service (MBS items 701 to 707 and 715), who have an identified need for allied health follow-up services may access up to five allied health services, including speech pathology, in a calendar year. These services are available to Indigenous people of all ages who have received a health assessment. Eligibility for this scheme does not preclude Indigenous patients from accessing CDM services if they have been diagnosed with a chronic medical condition. In this case, Indigenous patients may receive up to 10 allied health services in a calendar year, rather than the usual five services.

In 2015-16, a total of 3,361 speech pathology services were provided to eligible Indigenous patients, costing over \$180,000.

Better Start for Children with Disability (Better Start) program

The program commenced on 1 July 2011 and created new items in the MBS for the early diagnosis and treatment of children with an eligible disability. Children with an eligible disability can be referred by a GP, specialist or consultant physician for the following allied health services:

- up to four diagnostic/assessment services from psychologists, speech pathologists, occupational therapists, audiologists, optometrists, orthoptists or physiotherapists to assist the referring practitioner with diagnosis or to contribute to a child's treatment and management plan (for a child under 13 years of age); and
- up to twenty treatment services from psychologists, speech pathologists, occupational therapists, audiologists, optometrists, orthoptists or physiotherapists (for a child under 15 years of age, providing a treatment and management plan is in place before their 13th birthday).

From 1 July 2011 to 1 May 2017, the Department of Social Services' (DSS) Better Start early intervention delivered 138,490 speech therapy services at a total cost of \$20,671,645 (MBS items 82005 and 82020).

Helping Children with Autism (HCWA) program

Medicare rebates may also be claimed for speech pathology services that are provided following a referral from a specialist through the *HCWA program*. Depending on the needs of the child, the specialist can refer an eligible child for up-to 20 treatment services in their life-time. These services may be exclusively speech pathology, or may be comprised of a mix of services, of which speech pathology services are included.

From 1 July 2008 to 1 October 2016, the DSS HCWA early intervention delivered 911,304 speech therapy services at a total cost of \$134,705,583.

In 2015-16, there were 21,813 speech pathology services provided costing over \$1.9 million under the speech pathologist MBS items (82005 and 82020) for *HCWA and Better Start* programs.

As the National Disability Insurance Scheme (NDIS) is rolled out across Australia, children supported through HCWA and Better Start programs *will* transition to the NDIS.

Commonwealth Chief Allied Health Officer

In 2013, the Government established the position of Commonwealth Chief Allied Health Officer (CAHO) to provide advice on how best to strengthen the contribution of allied health, including speech pathology, in the Australian health system. The CAHO is based in the Department of Health and works with health networks and professional organisations to support and build links between the Government and allied health stakeholders. The CAHO ensures that allied health issues receive due consideration in national policy development.

This role includes regular engagement with the Australian Allied Health Forum. The Forum is a collaborative of representatives from allied health organisations who work together on issues of national importance. Member organisations of the Forum are: Allied Health Professions Australia; Indigenous Allied Health Australia; National Allied Health Advisory Committee; Services for Australian Rural and Remote Allied Health; and the Australian Council of Deans of Health Sciences.

Recommendation 1

3.13 The committee recommends that the federal Department of Health in collaboration with key stakeholders consider the data that is currently available through the Research Centres, and the data that is necessary to identify the areas of current and prospective need. It should then consider where there are gaps, the need and the benefit of filling these gaps, and how this information could best be gathered.

3.14 The committee recommends that the federal Department of Health assess the need, the practicality and the likely cost of gathering further data through the Australian Bureau of Statistics. In particular, the committee recommends that the Department of Health carefully consider Speech Pathology Australia's proposals to gather more specific data on communication disabilities through:

- the National Census;
- the Disability Services National Minimum Data Set; and
- Nationally Consistent Data Collection on School Students with Disability tool.

Response:

The Government notes this recommendation and advises that there are a large number of government funded mechanisms for gathering data on communication disabilities including:

- the Survey of Disability, Ageing and Carers (SDAC);
- the National Health Survey (NHS);
- the Australian Early Development Census (AEDC);
- the National Census;
- the Disability Services National Minimum Data Set (DS NMDS); and
- the Nationally Consistent Collection of Data on School Students with Disability (NCCD).

An explanation of each data set is provided below:

Survey of Disability, Ageing and Carers (SDAC)

- The SDAC is an interviewer enumerated survey that provides accurate and detailed information of the prevalence of the kinds of conditions referred to in the report.
- The SDAC was developed specifically to align with international measures of disability as described in the *International Classification of Functioning, Disability and Health*. The Australian Bureau of Statistics (ABS) notes that Speech Pathology Australia is represented on the Reference Group for SDAC and the ABS will continue to seek their advice to ensure the Government has access to relevant quality data.

The ABS provides the following specific comments about the SDAC:

- In paragraph 3.2, the report refers to the 2012 SDAC estimate of the number of Australians under 65 years of age with a profound or severe disability, who require assistance with communication, as being 223,200 people, which included people living in households and cared accommodation. While this figure is accurate, it should be noted that this is a sub-group of all people who identified communication impairment in the SDAC. The SDAC estimated there were approximately 1,105,800 Australians with communication impairments in 2012, which is defined as having difficulty with tasks such as understanding family and friends, being understood by family and friends, understanding strangers or being understood by strangers.
- The SDAC also estimated that there were approximately 1,546,200 Australians who reported they had hearing loss, which included those with and without disability.
- The report states that the SDAC does not collect data on speech impairments alone which is not accurate. The 2012 SDAC estimates there are 324,100 Australians with speech difficulties and 31,800 with total loss of speech. The SDAC is also able to provide information about the main conditions causing the speech difficulties and some high level geographic breakdowns.

National Health Survey (NHS)

- The NHS is developed with the assistance of an advisory group comprised of experts in health issues drawn from Commonwealth and state/territory government agencies, non-government organisations and relevant academic institutions.
- This survey was designed to collect a range of information from Australians about health related issues, including health status, risk factors, actions and socioeconomic circumstances. The information collected included the number of people consulting a speech therapist/pathologist. This survey is conducted approximately every three years.
- The latest results for prevalence of persons consulting a speech pathologist in the last 12 months are published in Health Service Usage and Health Related Actions, 2014-15 (cat no. 4364.0.55.002).
- The ABS also undertakes customised data requests for clients to provide information in addition to that which has been published.

Australian Early Development Census (AEDC)

- The AEDC was formerly known as the Australian Early Development Index (AEDI) and provides evidence to support health, education and community policy and planning. It is completed based on a teacher's knowledge and observations of the children in their class. There is no need for parents or children to provide any new or extra information to schools for the AEDC.
- Data collection occurs every three years in schools across Australia and was completed in 2009, 2012 and 2015. Information collected includes, among other things, data on language, communication and cognitive skills.

In regards to the need, practicality and likely cost of gathering further data through the ABS, the Government's view is as follows:

National Census

- With reference to Box 3.1 and paragraph 5.5, and as noted in paragraph 5.7, the ABS notes that there is currently an individual category to recognise Speech Pathologists in the Australian and New Zealand Standard Coding of Occupations (ANZSCO) at the 6-digit level. Data on the socio-demographic characteristics of people employed as a Speech Pathologist is currently available from the 2011 Census.
- However, the ABS advises that the National Census is not the best vehicle for collecting data about the prevalence of speech difficulties, where there is a need to distinguish between different types of conditions that can cause difficulties with speech.
- The Government considers that existing data sources, such as the NHS, are more practical and cost-effective vehicles for the collection of speech, language and communication disorder data.

Disability Services National Minimum Data Set (DS NMDS)

- The DS NMDS is managed by the Australian Institute of Health and Welfare (AIHW). This collection involves an annual data submission from each of the states and territories and the Australian Government Department of Social Services, and records information about each client of a specialist disability service as provided under the National Disability Agreement.
- Currently, the collection includes (among others) the following relevant data items:
 - service user's most effective method of communication;
 - service user's primary disability group (speech is a specific category);
 - service user's other significant disability group(s) (speech is a specific category);
 - service user's extent of need for assistance with communication; and
 - whether the service user has a carer, and, if so, does the carer assist with self-care, mobility or communication.

The Government is continuously assessing its data needs and identifying deficiencies in consultation with relevant agencies such as the AIHW and the ABS as well as its available budget to purchase data (where this applies). Currently, the Government considers the data provided by the DS NMDS and current levels of expenditure to be adequate in identifying speech, language and communication disorders, when used in conjunction with other data sources.

Nationally Consistent Collection of Data on School Students with Disability (NCCD)

- The NCCD is a joint initiative of all Australian, state and territory governments and non-government education authorities. Education Ministers agreed the collection would occur annually in all schools across Australia from 2015. As a result, schools and governments are reporting for the first time in a nationally consistent way on the number of students in Australian schools requiring an adjustment to access education because of a disability. The information that must be provided to the Australian Government Department of Education and Training, in relation to each student with disability at a school, includes the student's level of education, category of disability and level of adjustment.

- While information about broad disability type is collected, this information is collected at a very high level in four categories: cognitive, physical, sensory, and social/emotional. The NCCD does not collect information about specific types of disability.
- It is the Government's view that expanding the data currently received from the NCCD, given the range of other data sources available on speech, language and communication disorders, would not amount to cost-effective use of public funds.

The Government considers that these mechanisms, used in combination, provide adequate data to identify current and prospective areas of need. Gaps in data, as they are identified, will be assessed for any changes to the current arrangements.

The full-scale roll-out of the National Disability Insurance Scheme (NDIS) will provide another major source of data on specialist disability support services provided nationally. This data will form an important component of the national picture on the provision of disability services in Australia. In light of the ongoing reforms in disability services provision and related information systems, the Government will continue to explore opportunities, as they become available, to improve the quality of its data in a manner that provides value for money to the Australian public.

Recommendation 2

5.77 The committee recommends that the federal government, in collaboration with state and territory Governments and other key stakeholders, investigate the current service delivery model for speech pathology services in aged care residential homes in Australia. The federal government should seek information on:

- the capacity—in terms of both skills and resources—of nursing staff within a residential aged-care facility to screen for communication and swallowing disorders;
- the number of speech pathologists directly employed by an aged care residential centre; and
- the number of residential aged care facilities that opt to contract out private speech pathology services, and of these, the number of cases—in a calendar or financial year—where a private speech pathologist has been contracted.

5.78 On the basis of this evidence, the committee recommends that the federal government form a view as to whether these practices are compliant with aged care Accreditation Standards. The findings should be considered as part of the federal government's ongoing aged care reforms.

Response:

The Government notes this recommendation. The Government has policy responsibility for the Aged Care Accreditation Standards (the Standards). In order to receive subsidies from the Government, approved providers of residential aged care must meet the Standards. While the Standards provide a structured approach to the management of quality care for the ageing and represent a clear statement of the expected performance of aged care homes, they do not stipulate models of care.

Accreditation Standards are detailed in the *Quality of Care Principles 2014*. In accordance with the *Quality of Care Principles 2014*, an aged care home must provide daily living assistance to all residents who need this support at no additional cost. This includes assistance with communication, including addressing difficulties arising from impaired speech.

Additionally, aged care homes are expected to assist residents in making arrangements to access speech pathology services where required. However, fees may apply for any consultations or therapy provided in accordance with a speech pathologist's directions.

As an example, the Australian Government Department of Veterans' Affairs has a significant number of clients in residential aged care facilities, and provides speech pathology services, as deemed clinically necessary. These are effectively private contracts with registered speech pathologists and would provide a range of service models within a facility.

Approved providers of residential aged care service have certain responsibilities under the *Aged Care Act 1997* (the Act) that relate to quality of care provided, the user rights for the people who receive the care and accountability for the care provided. Under the Act, aged care providers are responsible for ensuring that there are adequate numbers of appropriately skilled staff to meet the individual care need of residents. Currently there is considerable diversity in staffing arrangements across aged care homes that have been accredited. There is no single optimum staffing level or mix that meets all circumstances in providing quality aged care.

The Government does not collect data on the number of speech pathologists directly employed by aged care residential centres and the number of facilities that opt to contract out private services. De-identified registration and survey data is collected and published by the Department of Health on the 14 health professions regulated under the National Registration and Accreditation Scheme (NRAS). Speech pathology is not a regulated profession under the NRAS.

Speech Pathology Australia (SPA) maintains an ongoing database of its members which records demographic and practice details, including age, gender, location, country of entry-level qualification, employment sector and area of speciality, as well as information on student membership. The Government notes that it is not mandatory for speech pathologists to be members of SPA to practise as a speech pathologist in Australia.

Recent reforms in aged care have focused on giving the aged care consumer more choice and control over the aged care service they receive. This provides the consumer with the ability to select aged care services which respond to their care needs in a way that suits their lifestyle and preferences. However, this does not reduce the responsibility of the provider to assess the care needs of the consumer and respond to those needs using an approach agreed with the consumer. This includes providing access to specialised allied health services such as speech pathology.

Recommendation 3

5.89 The committee recommends that the Federal Department of Health work with the most relevant stakeholders to make an assessment of the financial cost, timeframe and research benefits of a project that maps language support services across Australia against the Australian Early Development Index information about vulnerable communities.

5.90 Pending an assessment of this proposal, the committee recommends that the federal government consider funding a project along the lines proposed. The findings of this research should inform future policy decisions to fund public speech pathology services in Australia. The findings should also guide private practitioners as to those locations where their services are most likely to be needed.

Response:

The Government notes the recommendation and considers that existing mechanisms provide adequate information to inform future policy decisions.

The Government regards the current National Disability Insurance Agency (NDIA) regional network as suitably located to provide a useful picture of disability sector providers operating in different regions of Australia. The *Helping Children with Autism* and *Better Start for Children with Disability* programs provider registrations databases are a likely source of information, particularly in relation to private practitioners.

In addition, Medicare statistics in the Speech Pathologist field can also be mapped to identify where Speech Pathologists are practicing (including at multiple locations), their workload (number of services), their place of basic qualification and their age.

In July 2014, the former Health Workforce Australia published a report as part of Australia's Health Workforce Series called *Speech Pathologists in Focus*. The report provides data and demographic information on speech pathologists including distribution and assessment of the workforce.

Recommendation 4

5.93 The committee recommends that the federal government provide funding and/or support for an appropriate research institute to conduct a thorough and systematic audit of the adequacy, strengths and limitations of existing speech and language services for children in Australia. The audit should consult with children's health and education providers, including but not limited to early childhood education and care centres, primary schools, secondary schools, speech and language therapists and special needs coordinators.

5.94 The committee recommends that this research proceed as soon as possible. The research would provide a foundation for the federal Department of Health to conduct its work into paediatric speech and language disorders.

Response:

The Government does not support this recommendation. The Government considers that the information about speech and language services, collected through existing data sources, provides an adequate picture of speech and language services for children in Australia. This includes information gathered from previously mentioned sources such as the *National Health Survey*, the *Australian Early Development Census* and the *Disability Services National Minimum Data Set*.

The Department of Health is not currently conducting work into paediatric speech and language disorders. However, the Government offers grants through the National Health and Medical Research Council's research grants schemes to support the creation of new knowledge by funding the best investigator-initiated research project plan of five years, or less, in any area relevant to human health. Research institutions can apply to NHMRC for funding under these competitive and merit-based schemes.

Recommendation 5

6.22 The committee recommends that the federal Department of Health work with the National Disability Insurance Agency to develop a position paper on the likely impact of the National Disability Insurance Scheme (NDIS) on speech pathology services in Australia. The paper should consider:

- the possible impact of the NDIS on the demand for speech pathology services in Australia, and the likely drivers of this demand;
- the need for greater numbers of trained speech pathologists as a result of increased demand for speech pathologist services arising from the introduction of the NDIS;
- the need for the speech pathology profession to develop telehealth practices to cater for NDIS participants requiring speech pathology services; and
- concerns that the withdrawal of State funding for speech pathology services in anticipation of the NDIS may leave some people worse off if they are ineligible to become an NDIS participant.

The position paper should be circulated to key stakeholders for consideration and comment and to assist in decision making.

Response:

The Government supports this recommendation. The impact of the National Disability Insurance Scheme (NDIS) on demand for trained speech pathologists is being considered within the scope of broader allied health workforce issues, which are being considered in the *NDIS Integrated Market, Sector and Workforce Strategy*.

This Strategy is being led by the Australian Government Department of Social Services in partnership with the National Disability Insurance Agency and state and territory governments. The Strategy includes making demand, population and service data available to suppliers to highlight market opportunity in areas such as allied health. It has a core focus on building the workforce to support people with disability into the future, and aims to include specific strategies for the allied health workforce.

In addition, the NDIA's Early Childhood Early Intervention (ECEI) Approach, which was released in February 2016, is an essential element to the success of the NDIS. The approach is designed to ensure that parents or primary caregivers of children who have developmental delay or disability (0-6 years) provide experiences and opportunities that help their child to gain and use the functional skills they need to participate meaningfully in key environments in their lives. The ECEI approach will be delivered by Early Childhood Partners who demonstrate specialist expertise in the delivery of Early Childhood Intervention. Speech pathologists with experience in the delivery of early childhood intervention will play an important role in an Early Childhood Partner allied health team.

Recommendation 6

6.43 The committee recommends that the federal Department of Health develop a strategy aimed at broadening the opportunities for speech pathology students to undertake clinical placements that satisfy the profession's Competency-based Occupational Standards. The strategy should be developed in consultation with:

- the relevant heads of Department from each of the 15 Australian universities offering speech pathology courses; and
- Speech Pathology Australia and a broad cross-section of its membership.

Response:

The Government agrees in principle with this recommendation and notes that it is currently undertaking a range of ongoing activities to assist in the development of clinical placements for allied health professionals, including speech pathologists.

The *Building the Evidence of Simulation in Clinical Training* program aims to develop and harness evidence to support embedding of simulation learning methods into the speech pathology curricula as a substitute for traditional clinical training placements. The *Embedding Simulation in Clinical Training in Speech Pathology* project is funded by the Department of Health and managed by Speech Pathology Australia (SPA), over the period of 2015 to 2018. Through this project, SPA will consult with Australian universities that offer speech pathology courses under a project governance arrangement that will also include the Australia Government Department of Health. The project is currently evaluating data and surveys from students, educators and trainers. The final report containing the project findings is expected in early 2018.

One of the key initiatives under the *Rural Health Multidisciplinary Training (RHMT) Program* is the *University Department of Rural Health (UDRH) Program*. A key strength of this initiative has been its ability to respond and adapt to local community circumstances and challenges, by developing innovative models of education, tailored to the unique communities in which they are delivered. One such innovative clinical training model service learning began with speech pathology. In 2016, the Rural Health Multidisciplinary Training (RHMT) Program supported 219 Australian speech pathology students to undertake clinical placements of two weeks or longer in a rural area, totalling 1,879 student training weeks.

The National Disability Insurance Agency supports the development of a comprehensive strategy of coordinating and leading the placement of allied health students, including speech pathology students, for clinical and workplace experience. This is also supported by the report from the National Disability Services which recommended an increase in clinical placements for allied health students in disability service providers.

Recommendation 7

6.51 The committee recommends that the federal Department of Health investigate the evidence of geographical and demographic clustering of speech pathology services in Australia. This investigation should look at:

- the number of new graduates in speech pathology moving directly into the public health care system;
- the proportion of new graduates moving into regional and remote areas of Australia;
- the proportion of new graduates from regional universities (such as Charles Sturt) opting to remain in a regional area to practice; and
- the attitudes of those graduates who work in a regional or remote area of Australia following the completion of their studies, including:
 - the reason why they opted to work in a regional or remote location; and
 - whether they intend to remain working in that location; and
- the attitudes of those graduates who work in metropolitan areas following the completion of their studies as to:
 - the reason why they opted to work in a metropolitan location; and
 - the attractiveness of various financial incentives to encourage them to relocate to a regional or remote area.

6.52 The committee recommends that this investigation should be considered in the context of:

- the findings of the project to map language support services across Australia against the Australian Early Development Index (recommendation 3); and
- the findings of the proposed audit of the adequacy, strengths and limitations of existing speech and language services for children in Australia (recommendation 4).

Response:

The Government notes this recommendation. Information on the geographical and demographic clustering of speech pathology services in Australia is gathered by Speech Pathology Australia (SPA). SPA maintains an ongoing database of its members which records demographic and practice details, including age, gender, location, country of entry-level qualification, employment sector and area of speciality, as well as information on student membership. The Government notes that it is not mandatory for speech pathologists to be members of SPA to practise as a speech pathologist in Australia.

Medicare statistics in the Speech Pathologist field can also be mapped to identify where Speech Pathologists are practicing (even at multiple locations), their workload (number of services), their place of basic qualification and their age.

In addition, Health Workforce Australia, a former Commonwealth statutory authority published the *Australia's Health Workforce Series: speech pathologists in focus* in July 2014. This publication describes the speech pathologist workforce, including number and characteristics, workforce activity, and workforce analysis.

Finally, as noted in the response to Recommendation 1, the Government refers to data provided by a variety of sources regarding the health workforce including the Survey of Disability, Ageing and Carers, the National Health Survey and the Australian Early Development Census. The Government is of the view that the information gathered from all the above mentioned sources provides an adequate picture of the geographical and demographic clustering of speech pathology services in Australia.

Recommendation 8

6.68 The committee recommends that the federal Department of Health, in collaboration with state and territory Governments, Speech Pathology Australia, and other key stakeholders, prepare a position paper on the most appropriate model of service provision for speech pathologists working in:

- early childhood intervention services;
- the education system;
- the justice system;
- the health system; and
- the residential aged-care environment.

Response:

The Government does not support this recommendation and is of the view that the speech pathology sector is best placed to develop such a position paper. Professional bodies have a vital role in setting appropriate standards for professional practice and influencing models of service provision for speech pathologists working in the various sectors.

Speech Pathology Australia (SPA) is the national peak body for the speech pathology profession in Australia. SPA provides for its members *A Scope of Practice* policy paper (2003) which was developed in alignment with the *Code of Ethics* (2000), the *Competency-Based Occupational Standards, Entry Level* (2001) and the *Principles of Practice* (2001). These documents describe the skills, knowledge, attitudes and ethical behaviour expected of SPA members practising across sectors in Australia.

Any model for service provision of speech pathology in early childhood learning services and the child care sector should be flexible and inclusive of all children. For this to occur, it is essential that appropriate opportunities for consultation between administrators of speech pathology and early childhood learning services are made available. State and territory governments have primary responsibility for the day to day management of schools, including provision of services such as speech pathology. Similarly, state and territory governments have primary responsibility for the imprisonment of both state and federal offenders and the conditions under which they are held, including the provision of services such as speech pathology.

A number of different models of speech pathology service provision are provided by Government Agencies. For example, the NDIA's Early Childhood Early Intervention (ECEI) Approach was released in February 2016 and is an essential element to the success of the NDIS. The ECEI Approach recognises that timely access to evidenced best-practice early childhood intervention is vital for all children and it will help identify the type and level of early intervention support each child needs to achieve their best possible outcomes

throughout their life. The ECEI approach will be delivered by Early Childhood Partners who demonstrate specialist expertise in the delivery of Early Childhood Intervention.

Recommendation 9

6.73 The committee recommends that the federal government commission a cost-benefit analysis of:

- the current level of funding for public speech pathology positions. This should include:
- the impact on individuals of existing waiting lists;
- the limited provision of speech pathologists in the education, aged care and youth justice settings;
- the impact on individuals where services are not available;
- the impact of limited clinical placements and job opportunities for the speech pathology profession; and
- the impact on the Australian community of underfunding these services.
- the various service delivery models proposed by the federal Department of Health (see recommendation 8).

Response:

The Government does not support this recommendation. As explained in the responses to Recommendations 2 and 8, the role of the Department of Health does not include deciding service delivery models for speech pathology services. It is the Australian Government's view that as funding for public speech pathology positions is provided by state and territory governments, they would be best placed to carry out any cost-benefit analysis of public speech pathology positions.

Responsibility for the delivery of youth justice and school education rests with the individual authorities in each state and territory. The Government provides substantial funding for government and non-government schools and works collaboratively with states and territories in developing national priorities for education. It does not have a direct role in the administration or operation of schools.

The Government provides funding through the rebate on private health insurance for a range of allied health services including speech pathology and Medicare Benefits Schedule rebates for patients, including children, who are managed by their General Practitioner under specific care plans. The allied health services available under Medicare are not intended to fully cater for patients who require more intensive ongoing treatment. Rather, these Medicare services are intended to complement services provided by state and territory governments and to increase access to private allied health services.

Recommendation 10

7.12 The committee recommends that the federal government working with state and territory Governments, consider the costs to the individual and to society of failing to intervene in a timely and effective way to address speech and language disorders in Australia and address these issues in the development of relevant policies and programs.

7.13 The committee recommends that the federal government work with state and territory Governments and stakeholders to ensure that parents and carers have access to information about the significance of speech and language disorders and the services that they can access to address them.

Response:

The Government supports this recommendation. The Government has in place a number of programs that are administered by the Department of Health that aim to address a range of health issues in a timely and effective way, including speech, language and communication disorders. These include:

- *Helping Children with Autism Medicare Items;*
- *Better Start for Children with Disability Medicare Items;*
- *Rural Health Outreach Fund;*
- *Australian Government Hearing Services Program;*
- *Medical Outreach Indigenous Chronic Disease Program; and*
- *Healthy Ears - Better Hearing, Better Listening Program.*

The Department of Health and the National Disability Insurance Agency will explore ways to work with state and territory governments and stakeholders to provide parents and carers with access to information about the significance of speech and language disorders and the services that they can access to address them. This includes the development of a website that will be hosted by the Department of Health to direct parents and carers to services and support.

To support health research, the Government offers grants through the National Health and Medical Research Council's (NHMRC) research grants schemes. Organisations and individuals are able to apply to the NHMRC for funding under this competitive and merit-based scheme to carry out research. This does not preclude research into the costs to the individual and to society of speech and language disorders.