

SPEAKOUT

THE MAGAZINE FOR AUSTRALIAN SPEECH PATHOLOGISTS

OCTOBER 2016

**2030 &
BEYOND
LAUNCH**

**Clinical
guideline for
stuttering
management**

**2016
BOOK OF THE
YEAR AWARDS**

**PROTECTING
YOUR INCOME
STREAM**

**CONFERENCE ROUND-UP
NEWS FROM THE BRANCHES**

 **Speech
Pathology
Australia**

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From the President



Gaenor Dixon

As I write this introduction, Brisbane is just beginning to develop a purple tinge as the jacaranda trees burst their buds, reminding us that the year is progressing. For the northern half of Australia, it is time to start cranking up the air conditioning, and for the southern half turning off the heating.

It seems such a long time since I last wrote the introduction to the August *Speak Out*. Since that time we have celebrated Speech Pathology Week, launched the Speech Pathology 2030 document; worked with the NDIS and others to understand and fix the problems with the NDIS Portal; liaised with the NDIS to manage the registration issues occurring in some states; presented to the Victorian inquiry into Autism services; finalised research grants; attended the IALP (International Association of Logopaedics and Phoniatics) conference in Dublin; commenced a project looking at credentialing; the Ethics Board conducted their annual training weekend and continued to provide the regular ongoing member services. That is only some of the activities that your Association is carrying out to ensure that speech pathologists are well placed both now and into the future to provide the best service that they can.

While we (CEO Gail Mulcair and I) were at the IALP conference in Dublin we took the opportunity to meet with the other countries in the strategic group of the International Communication Project. This face-to-face meeting was very beneficial for progressing the ICP actions, as well as a great opportunity to meet and form better ties with our counterparts in the countries involved in the mutual recognition agreement. We were able to network with the wider group of professional associations present at IALP. I also managed to fit in a visit to the Royal College of Speech and Language Therapists, which was a great chance to explore how another speech pathology professional body does its business.

This month the Board will meet with Branch Chairs, members and some senior national office staff to determine the framework of our strategic plan for 2017-2020. Thank you to those people who will give up their Saturday to come and meet with us. We will also be presenting the Book of the Year awards to the successful authors and inducting a new author into the Hall of Fame – that would have to be one of my favourite parts of this job! My thanks to the judges for the Book of the Year – you read a large number of books. In addition to these stand out activities, we continue our day to day work of providing advice and support to members, advocating for speech pathology services and ensuring our high professional standards are maintained.

I hope that you enjoy reading about all these activities and more in this edition of *Speak Out*. I look forward to sharing the outcomes of our strategic planning early next year.

Gaenor Dixon
National President



Speech Pathology 2030

LOOKING TO THE FUTURE AS A COLLECTIVE WAS A KEY MESSAGE FROM THE LAUNCH OF THE SPEECH PATHOLOGY 2030 PROJECT. THE LAUNCH WAS HELD DURING SPEECH PATHOLOGY WEEK IN AUGUST.

FROM TOP LEFT Attending the SP 2030 launch is Michelle Cimoli, Abby Foster, Rhonda Holmes, Tristan Nickless and Marie Atherton. Federal Disability Commissioner Alastair McEwin officially launched the report. SPA Director Chyrisse Heine with Sarah Draper, Jaclyn Georgiou, Rebecca Gillogly and Nicole Ford. John Culley Mahogany Rise Primary School Principal, SPA Director Robyn Stephen, Charmaine Tu, Moira Beaurain, Pam Thuan Mahogany Rise Primary School Speech Pathologist. SPA Senior Advisor Sharon Crane with Bronwyn Davidson and Tricia Eade.



Towards 2030 and beyond

THE FINAL REPORT of the Speech Pathology 2030 project has now been formally launched. On 11 August at a ceremony at the National Gallery of Victoria, Alastair McEwin, the new Federal Disability Discrimination Commissioner, as keynote speaker, officially launched the report and outlined the important role speech pathologists will continue to have well into the future.

In responding to commissioner McEwin, I outlined in my speech how the launch of this report, while marking the end of the Speech Pathology 2030 project, is the beginning of a new journey of discovery, a journey to 2030 and beyond.

At the beginning of the Speech Pathology 2030 project I spoke about how we were going through a process to develop something similar to an Aboriginal star map, a series of waypoints that would guide us to our destination. The future, 2030, is such a waypoint! A point where we will again reflect on where we have come from and where we are heading; and a point where we must ensure that the profession is future-ready for the world beyond 2030.

Throughout the project, everyone involved has also been identifying waypoints. Those vital markers will point the way forward to and beyond 2030. Thanks must

go to everyone who has participated in this landmark project – the clients, the “thought leaders”, the key stakeholders, and over 1000 speech pathologists.

If you were unable to attend the launch or view it live on the Internet, you can still watch it on the Association’s YouTube channel. An electronic version of the Speech Pathology 2030 project report is available from the Association’s website, while a hard copy of the report is available by contacting the Association.

On 15 October, the Association’s Board of Directors, its chief executive officer, senior managers, Branch chairs and other key stakeholders, will meet to commence the process of drawing up the organisation’s new strategic plan for 2017–2020. The Speech Pathology 2030 project report is the bedrock on which this strategic plan will be based. It is also the roadmap that will point in the right direction for the journey ahead. As I said at the launch, “let’s get started because the future waits for no-one.”

Gaenor Dixon
National President



Members of the Speech Pathology 2030 Steering Committee are SPA Staff Representative Trish Johnson, CEO Gail Mulcair, SPA Staff Representative Michael Kerrisk, Gretchen Young from Young Futures, SPA Director Chyrisse Heine, Project Lead Christine Lyons, SPA Director Robyn Stephen and SPA National President Gaenor Dixon with (centre) Federal Disability Discrimination Commissioner Alastair McEwin.

NATIONAL PRESIDENT GAENOR DIXON ASKED “WHAT WILL THE WORLD BE LIKE IN 2030?” DURING HER 2030 PROJECT LAUNCH ADDRESS.

“On this day in 1519, Ferdinand Magellan set sail from Seville to circumnavigate the world. In his day, this was a journey that had never been undertaken. It was a journey into the unknown. He had no idea what the future held for him. He and his crew had taken months to plan for their journey; but as they set sail, the future was still uncertain.

In many ways, but on a much smaller scale, Speech Pathology Australia and the speech pathology profession are today, commencing a similar journey of discovery.

The report launched today by Alastair McEwin, is somewhat like the maps Magellan would have used to chart his course. Indicative, but not complete. Because nothing about the future is certain.

On this same day in 1990, the Magellan spacecraft arrived at the planet Venus to begin the task of mapping that planet's surface.

What would Ferdinand Magellan have made of this? A spaceship, not a sailing ship, visiting Venus. He would not have understood! Partly, because Venus was not discovered until 118 years after his death!!!

But the world today and the world Magellan knew are like foreign countries. The tide of events since he set sail has been so dramatic, so vast and all-consuming, a world has been created beyond the reach of his imagination.

And that is very much the challenge that confronts all of us today. What will the world be like in 2030? Will we recognise it?

Today, I want to take you on a journey to 2030 using this report [hold up report] as my guide. A journey that will not be perfect or complete, but will in some small way provide you with an insight into the world that the speech pathology profession will navigate, 14 years from now.

In 2030, you don't hear on the news about people who have a severe disability incarcerated and tranquillised with no means of self-determination or to express an opinion other than through their behaviour. In 2030, children are not restrained, suspended and excluded from school because they can only respond through behaviour to the learning and social pressures they are experiencing. And in 2030 a person with dysarthria is not turned away from a nightclub because they are presumed drunk, because in 2030 communication and communication disability is understood and valued by our communities.

But this journey to 2030 and beyond is not mine alone. It is the journey that we all share for our world in 14 years' time. A world where all people are able to participate through communication, a world where clients and communities drive timely speech pathology services that all who need them can access. A world where families and carers feel skilled and confident to communicate with and advocate with the person who has communication needs. A world where collaborative partnerships ensure quality, innovative services continually pursue knowledge delivered by a diverse and dynamic workforce.

In 2030 I will go into my local café, in my driverless car, where menus are accessible through my very smart device (they're



smart now, by then they'll be very smart!). The menu has photos of the food, so that I can easily select what I want – descriptions are available and of course, my smart device can convert text to speech if I need it to. The café has the Communication Access Symbol; and all the staff have had training in effective communication strategies.

While I am sitting enjoying my coffee a family comes in. One of the children is communicating using technology. The café staff take his order talking to and with him, not to and through his parents. I overhear him communicating through videoconferencing with his speech pathologist who is working with him on his goal of using communication for self-determination – in this case ordering his meals.

The speech pathologist working with the child finishes the session, leaves the online videoconferencing, and moves on to his next task – reviewing another client's individualised online program results. Working agilely like this enables access to speech pathology services for all who need it. While the intervening 14 years have seen a significant growth in the profession and positions, speech pathologists have worked with the community to develop service delivery that is responsive and accessible to all regardless of geographical location, financial position and cultural or linguistic background.

On another table I overhear (I really do have big ears!) a group of people discussing their concerns about family members' communication and swallowing. In all instances the advice they give each other is about accessing timely support – they understand that accessing services at the right time means better outcomes. There is high awareness of what to seek and there are high expectations of access to services. The discussion moves on to their experiences of speech pathology services. The families report that the service has taken the time to understand and respond to the family's needs as well as the client's. Through their experiences with speech pathology the family are better able to connect with and communicate with their family member who has communication disability.

By 2030, the network of people that speech pathologists work with will be a diverse range of partnerships. While we will continue to value and build on our traditional partnerships with our allied health colleagues – working to ensure that service is delivered in a way that is accessible and seamless for the client – we will have a broad range of relationships across both specialist and mainstream service industries. Communication is embedded

in all activities, and access to communication needs to be available in activities. That may mean, for example, working with the local indoor play centre to ensure that it is communication accessible or working with a Men's Shed to support a client with aphasia to be able to participate and connect with the other participants. It also means broadening the range of professionals that we work with as part of our everyday interactions.

In 2030, speech pathology will be integral to every childcare and school in Australia. Speech pathologists will work with educators and teachers to maximise the outcomes for those children with speech-language communication needs. Speech pathologists will work in libraries and, playgroups associations. They will work as policy advisors, interact with lawyers, magistrates and custodial and probationary officers, working with transport providers and aged care specialist service providers. I could go on. But in 2030, speech pathologists are in demand! In all our interactions we will be leaders and use evidence-based advocacy in all that we do. We will be very widely connected!

In 2030, while we will be recognised as being an innovative and dynamic profession, we will also be respected as one that upholds the highest standards of service provision. We will continue to build on our evidence-base particularly in areas that do not yet have a well-established foundation. Research will be seen as contributed to by all in our profession; academics, higher degree students, preservice students and clinicians.

We will continue to uphold our high ethical standards; with ethical decision-making seen and practised as an everyday aspect of service provision.

We will collaborate with other professionals to innovate to develop and capitalise on new knowledge and technologies that have the potential to improve outcomes in communication, and eating and drinking. We will use our imaginations to consider what is possible, and be prepared to "have a go" within an ethical framework.

In 2030, the Association will have a larger membership and a higher proportion of members that have been practising members who have had long and rewarding careers. Our membership will reflect the community we serve, a membership that is diverse. The membership will have a strong understanding of how to deliver services that meet Australia's diverse cultural mix; and in an increasingly globalised world, a profession that potentially delivers services beyond Australia. The speech pathology profession will work to develop an understanding of the range of service delivery models and perspectives and collaborate to capitalise on the benefits of all models. There will no longer be any "private versus public" divide, or a divide between different models of service delivery.

At the beginning of the Speech Pathology 2030 project I spoke about how we were going through a process to develop something similar to an Aboriginal star map. A series of waypoints that will guide us to our destination.

2030, is a waypoint! A point where we must decide how we would like the profession to look; and a point where we must ensure it is positioned ready for a future beyond 2030. However, we have also identified the stars; those rarely changing markers in the sky that are vital waypoints to finding our way to 2030.

This journey is not one that can be undertaken alone. It is a journey that needs to be undertaken by the whole profession. As a member organisation, Speech Pathology Australia will continue to strategise and support the profession as it reaches these

“This journey is not one that can be undertaken alone. It is a journey that needs to be undertaken by the whole profession.”

waypoints and our 2030 goal. We will be checking our star maps, and checking our progress as we go. But we are a member organisation – that means that you are a vital part of this journey. Without you we can go nowhere. And without partnering with key stakeholders, we limit how far we can go.

How are you going to ensure that today's nightmares of exclusion, funding cuts, lack of policy direction and imagination are no longer part of the communication landscape in 2030?

What aspect of the 2030 vision excites you, inspires you?

Which part of this journey to 2030 can you build on and expand?

It does not matter if your work is at the cutting edge of the profession, where it will have large impacts, or on an individual level. You can reflect on your practice; as even small changes will move us along the pathway.

Join with your clients to advocate for accessible, inclusive communities; for accessible services that are responsive to need. Examine your practices, and determine if there are aspects that could be changed to make them more responsive to the needs of both clients and families and carers.

Can you collect and analyse data and contribute to the evidence base for services? Who can you collaborate with?

Like Ferdinand Magellan, we have a long journey ahead.

Join me today on taking this journey.

For all of us, those here tonight or those watching live online, today represents the start of a new journey. A journey to 2030 and beyond, where our work as speech pathologists will support each and every person:

- to communicate effectively, and to eat and drink safely;
- to connect and belong to their community;
- to have the right to self-determination;
- fulfill their day-to-day needs;
- participate in, and contribute to our community to their full potential, and
- expand and achieve their life choices.

Let's get started. Because the future waits for no-one. ”

Gaenor Dixon
National President

Association news



World Congress in Dublin a success



The Australian contingent at the IALP dinner. Representatives of the ICP Founding Members at an ICP meeting. OPPOSITE PAGE Anna Miles, Annette Rotherham with National President Gaenor Dixon and SPA Chief Executive Officer Gail Mulcair after the announcement of NZSTA's successful 2022 IALP bid. Gaenor Dixon with the SPA poster display.

THE 30TH WORLD CONGRESS of the International Association of Logopedics and Phoniatrics (IALP) was held in Dublin, Ireland from 21 - 25 August, with a strong Australian presence. From the perspective of Speech Pathology Australia the congress was a tremendous success, including literally raising the Australian flag at the "Olympic-style" opening ceremony.

Along with the Association's National President, Gaenor Dixon, and myself, as CEO, representing Speech Pathology Australia, there was a strong contingent of Australians presenting excellent work.

Professor Linda Worrall was one of the principal keynote speakers and presented on *Neuroscientific Implications in Assessment and Intervention for Aphasia*, as well as additional aphasia related standing committee sessions.

Other numerous standing committee topics and general sessions presented by Australians included children's speech-language, motor speech, application of the ICF, occupational voice disorders, telepractice, simulated learning, cultural competence and global considerations on SLP education, to name only a few.

Speech Pathology Australia itself was involved in two presentations around the International Communication Project (ICP) alongside other founding members of the ICP. A particular highlight was a panel presentation on *Global reach for, "Communication as a basic human right" through the ICP* involving the five presentations of: Dr Gloria Weddington (Guyana); Dr Shyamani Hettiarachchi (Sri Lanka); Mr Dien Le Khan, via video and represented by Professor Lindy McAllister on the panel (Vietnam); Ms Nana Akua Owusu, via video and represented by Ms Karen Wylie on the panel (Ghana); and Ms Sue Park (Fiji).

Other International Communication Project involvement at the congress, included an all day meeting of members from all founding organisations of the ICP to discuss a number of matters that we have only been able to consider on early morning (for Australia) telephone conferences. It was good therefore, to be able to debate a number of important matters



Indigenous Allied Health Australia PD workshops

INDIGENOUS ALLIED HEALTH AUSTRALIA, a national not for profit, member based Aboriginal and Torres Strait Islander allied health organisation is inviting you to attend its 2016 National Professional Development Forum. The forum will be held from 29 November to 1 December in Canberra.

The national forum will include a diverse program with a range of interactive professional development workshops.

The forum provides a culturally safe place, and space to enjoy a diverse range of interactive and thought-provoking workshops that will enhance your professional and personal journeys. Workshop topics have been chosen across a broad range of themes to provide opportunities to increase your knowledge and skills, within the context of improving Aboriginal and Torres Strait Islander health and wellbeing.

The professional development workshops are designed for participants from any health profession, job role and sector. Interprofessional engagement with other participants, utilising the collective perspectives, strengths and attributes from across disciplines and sectors, will value add to learning experiences for all. So whether you work in health service delivery, management, policy, research or academia, there will be something for everyone.

The full program is available on the IAHA website www.iaha.com.au/events/2016-iaha-national-forum-program For more general information about the forum visit www.iaha.com.au

Reforms to private health insurance

SPEECH PATHOLOGISTS WORKING in private practice will know that rebates for speech pathology services through private health insurance products offer extremely low value for clients. Speech Pathology Australia therefore welcomes the appointment of a Federal Private Health Ministerial Advisory Committee to oversee reforms to the private health insurance industry. We are hopeful that reforms will focus on improving the value of these insurance products for our clients.

The Australian Government expects reforms to increase competition in the sector, while also improving affordability and value for money for consumers through:

- The development of easy-to-understand categories of health insurance, so that consumers understand what their policies will and will not cover;
- addressing regulatory issues that are adding to the cost of premiums and discouraging innovation;
- developing a private health insurance product designed specifically for Australians living in rural and remote areas.

The committee includes industry, consumer and provider representatives. As a member organisation of Allied Health Professions Australia (AHPA) we are especially pleased that representatives of AHPA will be on the committee. We hope this means that there will be a focus on improving value for allied health “ancillary” products. Speech Pathology Australia will make a formal submission to the public consultation process in due course.

face-to-face, including the development of the ICP’s engagement and advocacy strategy following the receipt of the Weber Shandwick consultant’s report, commissioned in 2015 by the ICP.

Subsequent discussions through the week with ICP members and IALP, as well as additional useful contacts, focused on how best to leverage influence with key people in the United Nations (UN) and the World Health Organization (WHO) to achieve international recognition of communication disability and work towards world-wide accepted standards for communication inclusivity.

The ICP was also able to raise its profile and promote its activities by staffing its own stand throughout week. Much of the ICP’s efforts at the congress were directed at promoting the important underlying theme that communication is a basic human right.

Speech Pathology Australia was also front and centre in the congress’ poster display, with a poster explaining the Association’s Speech Pathology 2030 project. Our poster generated a lot of interest and discussion about the future of the profession – many themes and challenges are universal!

The congress closed with the exciting news that the New Zealand Speech-language Therapists’ Association was successful in its bid to host the IALP Congress in 2022. Speech Pathology Australia is very pleased that our neighbours were successful in getting the congress “down under”, albeit across “the ditch”.

Gail Mulcair
Chief Executive Officer

Credentialing Framework Project

SPEECH PATHOLOGY AUSTRALIA HAS INSTIGATED A SIX MONTH PROJECT TO DEVELOP A CREDENTIALING FRAMEWORK TO FOCUS ON RECOGNITION OF EXPERTISE WITH A CLINICAL AREA, ADVANCED AND EXTENDED SCOPE OF PRACTICE.

ARE YOU INTERESTED in the role of Speech Pathology Australia in credentialing recognition of expertise within a clinical area, advanced practice and extended scope roles? Do you work in a role recognised as advanced practice or extended scope? Did you know that the only allied health specialist role recognised by the ministerial council is a podiatric surgeon?

What is the project?

SPA has funded a six month project to develop a credentialing framework for those who are beyond entry-level practice. The project will have a special focus on credentialing around recognition of expertise within a clinical area, advanced and extended scope of practice.

Professional credentialing is:

“The formal processes used to verify qualifications, experience, professional standing and other professional attributes for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high-quality healthcare services within specific organisational environments.” (*Australian Council for Safety and Quality in Healthcare 2004*, p.3)

What are the benefits of this project and why has SPA initiated this?

Speech Pathology Australia has initiated the project in response to member and consumer feedback. Members are seeking means to differentiate their services. Consumers, referring agencies and employing organisations are seeking means to identify expertise.

It is expected that the development of a credentialing framework will facilitate a transparent, replicable, transferable and equitable approach to the recognition of expertise, within a clinical area, advanced practice and extended scope of practice.

The project will involve:

- As the first key part of the project an environmental scan of current and best practice in credentialing and recognition of expertise within a clinical area is underway.
- Once the scan is complete we will ask for your input to guide the next stage of the project: translating the findings from the scan into a credentialing framework that best fits the speech pathology context in Australia. It is likely we will call on you to respond to a survey or to take part in some interviews or focus groups.
- Using your input and information from the environmental scan, a final discussion paper and credentialing framework will be constructed for presentation to the SPA Board in February
- Finally, it is hoped we will have the capacity within the project to develop a pilot strategy to take the framework forward in 2017.

Who is involved?

Project team

Anna Moran – Credentialing Framework Project Officer
Stacey Baldac – Senior Advisor Professional Standards
Trish Johnson – Senior Advisor Ethics and Professional Issues

Project advisory committee

A project advisory committee has been assembled. It will meet formally twice, and will informally advise the project team throughout the life of the project. The advisory committee includes representatives from SPA, allied health advisors, university academics, an NDIS representative and speech pathologists working in advanced practice roles.

Board of Speech Pathology Australia

Updates will be provided for Board review in October and a draft framework will be presented to the Board in February 2017.

You

Please contact us at any time with your thoughts or input. We are particularly keen to hear from you if:

- you have developed expertise in an area of speech pathology practice e.g. through a higher degree or through significant clinical experience;
- you work in an area that is recognised as advanced or extended scope of practice;
- you employ speech pathologists working in an area of clinical expertise, advanced or extended scope of practice;
- you teach or deliver training to speech pathologists in an area of clinical expertise, advanced or extended scope of practice;
- you have systems or processes in place that help you to identify where clinical expertise, advanced or extended scope of practice may be required in your workplace;
- you have systems or processes in place that help you to manage competency around clinical expertise, advanced or extended scope of practice in your workplace.

About Anna Moran

After graduating as a physiotherapist in 2001 from Sydney University (and after a few interesting segues, including a two month stop in St Petersburg to learn Russian), I was fortunate enough to stumble into a wonderful research position under the enduring mentorship of Professors Pam Enderby and Susan Nancarrow in Sheffield, England. It was under their supervision I gained my PhD from the University of Sheffield (exploring the role and impact of allied health assistants in community based services).

I re-located to the Albury-Wodonga region eight years ago to take up a position at Charles Sturt University to lecture allied health students in what they considered the “world’s worst” subject research methodology, and coordinate the integrated Honours program only slightly more appreciated.

Association news

Speech Pathology Australia has initiated the project in response to member and consumer feedback.

I have since left my position at CSU and have worked most recently as a contractor providing facilitation and research services to both health institutions and universities. My most recent work has involved a large survey of the allied health workforce in Victoria for the Department of Health and Human Services and an examination of the factors facilitating best practice around workforce change when implementing new models of care in Queensland. In my "spare time" I help my husband in our private physiotherapy practice, delivering clinical pilates classes and washing towels.

Over the last 10 years, my research predominantly examined the allied health workforce in both the UK and Australia. I have published extensively in this field and I am excited to be able to use the skills I acquired as an academic and clinician to develop a professional credentialing framework for Speech Pathology Australia.

Anna can be contacted at credentialing@speechpathologyaustralia.org.au

Anna Moran
Credentialing Framework Project Officer



Credentialing Framework Project Officer Anna Moran.



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Call for Board nominations

SPEECH PATHOLOGY AUSTRALIA'S Board of Directors are responsible for the strategic development, implementation and evaluation of the Association's policies and procedures within the rules of the Constitution.

Three directors are elected to the office bearer positions of president, vice president operations (VPO) and vice president communication (VPC), which forms the Board Executive Subcommittee (BES).

Under the Association's Constitution Board nominations are currently being sought for four positions.

Directors hold major responsibility within the Association and as such, many directors have never previously undertaken a role with similar legal, financial and strategic management responsibilities.

Every possible support and assistance is provided by experienced directors, especially members of the Board Executive Subcommittee, the chief executive officer and national office staff.

This key leadership role offers a wonderful opportunity to develop new skills and contribute significantly to the strategic direction of the Association and the speech pathology profession. Directors are required to attend four board meetings each year.

Board nomination forms and an information package are available on our website. Each nomination must address key selection criteria and completed nomination forms must be received at national office by Tuesday 31 January 2017.

The appointments will be effective from the 2017 Annual General Meeting in May for a period of two years.

Any voting member is encouraged to nominate, while retiring directors are eligible to renominate. Elections will be held if more than three nominations are received.

For further information, please see the director position description, contained within the policy and procedures manual, available on the Speech Pathology Australia website or contact a current director, or Chief Executive Officer Gail Mulcair.

Association Strategic Plan Review Get involved!

THE ASSOCIATION'S STRATEGIC PLAN is due for review and updating for the three years 2017-2019.

An essential part of informing the development of a new strategic plan is the feedback and contribution of Association members. Building on the extensive consultation undertaken for the Speech Pathology 2030 project, your input is vital to identifying the areas of strategic priority for the Association in the coming period.

Some questions for your deliberation and response include:

- From the vision and aspirations contained within the Speech Pathology 2030 report, what do you feel are the top three priorities for the Association to progress over the next three years?
- Do you feel that there are other areas of strategic importance that have not been captured in the Speech Pathology 2030 report?
- Do you have any other comments?

You can provide your contribution by either contacting your local Branch chair, a director of Speech Pathology Australia, or the Association National Office directly by telephone on 1300 368 835 or via email on execassist@speechpathologyaustralia.org.au

SPA requests intermediaries at NT Royal Commission into the detention of children

RECENTLY THE AUSTRALIAN and Northern Territory Governments announced a Royal Commission into the detention of children in the Northern Territory, following media reports of mistreatment of young people detained in youth justice settings.

There is robust evidence from Australia and internationally that between 50 and 90 percent of young offenders have underlying communication problems and that there is a correlation between the seriousness of offences and language problems.

It is likely that the majority of children who will provide evidence to the Royal Commission will have clinically significant but previously unrecognised and untreated speech, language and communication problems. These children will find it difficult to give evidence to the Royal Commission. Communication problems are likely to compromise a child's ability to comprehend instructions or questions, to tell a story or event in a logical and sequential manner, to understand the complex language used in the Royal Commission and/or to express themselves adequately. Their ability to provide meaningful testimony, to tell their story, or to respond to questioning will be reduced.

In August, Speech Pathology Australia wrote to the Royal Commission requesting that the commission employ the use of independent, trained communication intermediaries to assist children to provide evidence during the hearings. At the time of writing, a response from the commissioners had not been received. Speech Pathology Australia is currently preparing a written submission to the Royal Commission and will publish it on our website in due course. Members can follow the process of the Royal Commission at www.childdetentionnt.royalcommission.gov.au

Ronelle Hutchinson
Manager Policy and Advocacy

Trisha Maroney (formerly Trisha Boardman)

With regret, Speech Pathology Australia acknowledges the passing of Trisha Maroney. Trisha was a proud Wardaman woman from the Katherine region and an experienced speech pathologist with a passion for Aboriginal health. Trisha will be sadly missed.

Trisha's early life was spent in Atherton Queensland, raised by her mother's white adoptive family. She completed high school in the Barossa Valley in South Australia and entered the speech pathology training course at Flinders University in 1996, graduating in 2000. After graduation she spent time in various part time roles while setting up a private practice in Gawler (SA). Early in 2006 Trisha commenced part time work at Muna Paeindi Community Health Centre. In this position she implemented school screening programs, weekly speech clinics and developed Nunga Playgroups in the Northern suburbs of Adelaide. Trisha ultimately went on to become the Manager at Muna Paeindi Community Health Centre. This experience fed her passion for working in early childhood services and Aboriginal health. It was during this period that she also met her partner, Mark.

Trisha had a strong sense of her Aboriginal heritage and was determined to return to the Wardaman country of her mother, south west of Mataranka, in the NT, and to reconnect with her extended family. So in July 2008, Mark gained employment at Barunga where Trisha was quickly identified by cousins, aunts and other family members. Soon after Trish was employed as a speech pathologist by the Katherine Regional Aboriginal Health and Related Services (KRAHRS). KRAHRS seconded Trish to Sunrise Health Service and Wurli Wurlijang Health Service. Trish continued in this role providing speech pathology services in Katherine and at Barunga, Mataranka, Wugularr, Jilkminggan, remote Aboriginal Communities.

Trisha was tireless in her commitment to the future of the speech pathology profession through supervising students. In early 2014, Trish joined Flinders NT Rural Clinical School based in Katherine as an academic clinical supervisor for student-led clinics situated at two primary schools in Katherine (Clyde Fenton and St Joseph College) to facilitate increased access to clinical services for Aboriginal children, develop culturally safe practice skills in the next generation of clinicians, and to promote allied health recruitment and retention at the local level. She embraced the primary school program, improving the tools used with Aboriginal pupils and liaising with the families and teachers. Initiated in 2013 by Associate Professor Pascale Dettwiller the S.E.L.L. (Speaking Easy for Living and Learning) program grew with Trish's support and involvement, expanding to Good Beginning's 2Learn parenting program. She has supervised over 20 students inspiring some of them to embrace the paediatric speech pathology practice in



primary schools. Trish was passionate about bringing improvements in speech, language and communication for Aboriginal kids to increase their opportunities in life, so the speech pathology students also learned about Aboriginal culture and the context of remote health. Trisha presented the preliminary outcomes of the S.E.L.L. program at the 2015 National Rural Health Conference in Darwin.

In addition, Trisha's willingness to teach was highly valued by medical students based in Katherine who were supported in their development of cross-cultural skills. A hard worker, Trish's hospitality and support to students was not limited to work hours or the work environment. Many students can testify to her email, text and phone messages that assisted them in managing the challenges of placement and learning in a remote context far from their familiar setting, as well as enjoying social occasions with Trisha. Trisha invested heavily in helping students to achieve their potential. She based her supervision and work ethics on building relationships and her influence as a supervisor will live on through her students.

In May 2016, Trish was welcomed as a new staff member of the Poche Centre for Indigenous Health, Flinders University, with a brief to provide more formal academic teaching and Indigenous student support. Unfortunately, her time was cut short by re-occurrence of her illness.

Her sudden passing will leave an irreplaceable vacuum in the Katherine community and she will be remembered for her big smile and kindness.

We express our sympathy to those closest to Trisha, her partner Mark DiFrancesco, their young daughter Susan, Trisha's extended family, the communities in Katherine, and all who knew her. May you rest in peace, Trisha – you have worked hard, challenged many people in their beliefs about Aboriginal culture and history, and made the world a better place.

2016 Research Grant outcomes

EACH YEAR SPA supports the development of the evidence base for our profession through provision of funding for research. In 2016, applications for research grants in the categories Clinician Research and Higher Degree Research closed on May 27. Calls for applications for the Nadia Verrall grant (funded by bequest) and the Queensland Registration Board Legacy Fund were made at the same time. In total, 26 applications were received. Five were submitted to more than one category resulting in a total of 31 applications across the four categories.

The breakdown of applications in each category is as follows:

Clinician Research	8
Nadia Verrall	5
Higher Degree	8
QRBLF	10

Each application was reviewed by two independent reviewers, neither of whom was based in the state in which the research was to be carried out. The review process resulted in a score from a maximum of 100 from each reviewer. When a discrepancy of more than 10 marks occurred between the two reviewers, a third review was undertaken.

Thirty one members offered their services as reviewers of the applications – our very grateful thanks goes to them. Particular thanks to those members who provided additional review when asked to do so. The success of the review process is entirely dependent on this contribution.

I am very pleased to announce the recipients of the 2016 SPA research grants.

Clinician Research Grant

Katherine Lethbridge, Victoria

Patients' perspectives on what makes a better care experience when undergoing treatment for oropharyngeal dysphagia secondary to head and neck cancer.

\$10,000

Shaun Ziegenfusz, Queensland

Improving our understanding of response to school-based intervention for primary and high school students with language disorders attending a specialist school.

\$5,000

Higher Degree Research Grant

Due to the high quality of applications, the Board agreed to increase the total amount of funding available in this category. As a result, two grants of \$10,000 were awarded.

Clare Eastwood, NSW

Voice therapy for muscle tension voice disorders: Contents and processes.

Leana O'Byrne, Queensland

Technology-enabled self-management in chronic aphasia: When, how and what works?

Nadia Verrall

Jessica Boyce, Victoria

Elucidating structural mechanisms of human speech function: Speech phenotyping in children with non-syndromic cleft lip and/or plate and their unaffected relatives.

\$5,000

Queensland Review Board Legacy Fund

This category is open only to Queensland members.

Recommendation for two awards of \$10,000 has been made, and awaits ratification by the QRBLF Governance Committee. The recipients will be announced following the Governance Committee meeting on 29 September.

Further details of the studies for which funding has been awarded will be provided in the near future.

Cori Williams

Senior Advisor Evidence Based Practice and Research

Membership renewals 2017 Are you ready?

Membership renewals open on 1 December.

In preparation:

- Are your contact details up to date? Check and update by signing into your member account at www.speechpathologyaustralia.org.au.
- Certified practicing members: Is your Professional Self Regulation (PSR) log up to date? You will need to complete this online when you renew. You will need to achieve a minimum of 20 points across at least two different activities in order to renew.

If you have any queries about your membership for 2017 please do not hesitate to contact our membership team at membership@speechpathologyaustralia.org.au or 1300 368 835 or 03 9642 4899.

The screenshot shows the Speech Pathology Australia website. At the top, there is a navigation menu with 'MEMBERS' highlighted. Below the menu, there is a 'Members' section with a list of links: Update Member Details, Member Benefits, Early Career Support, Clinical Guidelines, Position Statements, Ethics, Logos, Mentoring, Supervision, Professional Identity, Professional Self Regulation (PSR), Publications, and Branches. A red callout bubble with the text 'update your member details on the SPA website' points to the 'Update Member Details' link. The main content area contains information about the Association and its members.

Autism services in Victoria

Our messages to parliamentarians

SPEECH PATHOLOGY AUSTRALIA REPRESENTATIVES APPEARED BEFORE THE VICTORIAN PARLIAMENT FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE AT A HEARING IN MELBOURNE IN SEPTEMBER FOR THE INQUIRY INTO SERVICES FOR PEOPLE WITH AUTISM SPECTRUM DISORDER (ASD). TO FOLLOW IS THE OPENING STATEMENT BY SPA ACTING NATIONAL PRESIDENT, ROBYN STEPHEN.

“THANK YOU FOR inviting us to speak with you today. Speech Pathology Australia is the national peak body for over 7000 speech pathologists in Australia. We have over 1600 Victorian members. Whilst I am appearing today as the acting president of the Association, I also own and operate a private paediatric speech pathology practice in Box Hill and have been working with Children with ASD and their families for over 20 years. I have with me today Christine Lyons who is currently Speech Pathology Australia acting CEO. Christine is a dual trained teacher and speech pathologist.

Speech pathologists are the university trained allied health practitioners who specialise in diagnosing and treating communication and swallowing disorders. We are an essential part of the multidisciplinary diagnostic, intervention and support team for individuals with ASD and their families.

For the majority of people with ASD, speech pathology is essential for them to achieve social relationships and educational and employment outcomes. As we know ASD is a lifelong condition and the severity of difficulties for people with ASD will vary with some people having severe impairment such as limited speech, whereas others will have speech and language skills in the normal range but their problems will be in understanding the inference of what is being said depending on the context, and in understanding and using social communication.

Speech pathology uses evidence-based approaches to address and improve the core speech, language and communication problems experienced by the person with ASD and to develop their functioning in social situations. The level and frequency of speech pathology will vary depending on the severity of symptoms, the goals of the individual and the family and whether or not there is a co-occurring condition such as developmental delay or intellectual disability.

Unfortunately, at present the levels of access to speech pathology services in Victoria for people with ASD is inadequate. Problems with access are across Australia and were examined recently by a federal senate inquiry that concluded that demand far outstripped supply. Even with the rollout of the NDIS, this is absolutely the case in Victoria. We can discuss further with you the specifics of the problems people with ASD have accessing speech pathology services – cost is only one factor and availability and location of services, adequacy of services, workforce issues and eligibility criteria all act as barriers.

Whilst we hope that our appearance before you today will help your understanding of how speech pathology “fits” into the picture of Autism services in Victoria, we really want to take this opportunity to highlight some tangible things that the Victorian

Government could do that would improve services for people with ASD. We are keen to speak to you in detail about these ideas, but for the Hansard record I would like to address our key recommendations.

We recommend that the Victorian Government, in the first instance, begin to systematically gather, report and analyse prevalence data on the number of Victorians diagnosed with ASD. This will help all future policy and program planning.

There is no getting away from it, increased resourcing needs to be directed to Autism services – specifically to publicly funded, no fee speech pathology services. The imperative for early diagnosis is well known. This requires specialist Autism assessment teams which include a speech pathologist and we would recommend that paediatric services be prioritised. In addition specialist Autism programs also need to be prioritised across education, housing, sport and employment services

We think there are a range of changes that could be made to existing services that would fundamentally improve access without significant additional costs. Changes such as using telepractice for speech pathology, using hub and spoke models of services, and shared care arrangements between specialist and general speech pathologists would be of great benefit, not just for those people in rural Victoria.

Finally, in Victoria many government primary schools have access to speech pathologists. This is not the case in some other states. Despite this, in-school speech pathologists are overwhelmed with workload. They are often asked to focus their time on assessment. Whilst this is important, access to treatment and intervention is necessary in order for a student with ASD to actively participate in the curriculum through the social environment of the classroom. The speech pathologist needs to work in the classroom alongside the teacher and in curriculum planning to provide expertise which will help teachers provide high quality, individualised teaching to these students so that they can learn to their full potential. It is our view that significant investment needs to be made in this area of government services.

It is easy to get lost in the many issues facing our Autism service delivery sector in Victoria. But I think it is important that we not lose sight of the fact that people with ASD are part of our community. If we wish these individuals and families to participate as fully as possible in the social and economic life of our society, then they need to be able to access the right supports at the right times in their lives. We hope we can help highlight what those supports could and should be. Thankyou.”



The Clinical Guideline for Stuttering Management is a timely event in light of two pivotal developments in the field.

Clinical guideline for stuttering management

LAST YEAR SPEECH PATHOLOGY AUSTRALIA COMMISSIONED THE PREPARATION OF A CLINICAL GUIDELINE FOR STUTTERING MANAGEMENT. MARK ONSLOW, DIRECTOR OF THE AUSTRALIAN STUTTERING RESEARCH CENTRE AT THE UNIVERSITY OF SYDNEY, WAS RECRUITED AS THE PROJECT OFFICER HE REPORTS ON THE GUIDELINE'S RECENT RELEASE.

A CALL FOR expressions of interest was disseminated to the Australian speech pathology community, which led to the appointment of three working party leaders: Robyn Lowe from the Australian Stuttering Research Centre, and Verity MacMillan and Stacey Sheedy from the Stuttering Unit, South West Sydney Local Health Network, Sydney. Robyn led the working party for adult management, and Stacey and Verity led working parties for pre-school children and school-aged and adolescent clients. There were seven members of the working party, who are listed below.

The Clinical Guideline for Stuttering Management is a timely event in light of two pivotal developments in the field. The first is increasing evidence during past decades of quality of life impairment caused by stuttering during the life-span, notably mental health problems. Recent findings are showing evidence of mental health problems emerging during the primary school years for children who stutter.

The second development is increasing and compelling evidence for effective clinical control of stuttering shortly after onset during early childhood.

Considered together, those developments present speech pathologists with an imposing duty of care for clients who stutter. In the first instance they are duty bound to do all that is possible to provide early effective intervention to stop the adverse developmental course of the disorder. For those clients who develop chronic stuttering, speech pathologists are responsible for providing assessment and management of the speech problems associated with the disorder. It is also their responsibility to screen for any associated mental health problems and to ensure such health problems are managed properly by the appropriate health professional.

The working party incorporated principles of evidence-based practice in its considerations, using the well-known definition of it being, "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients." (p71), incorporating considerations of clinical expertise and client needs. Clinical trials were classified using guidelines

provided by the Australian National Health and Medical Research Council.

During the second part of last year a draft was circulated for comment to the speech pathology community and to the Australian Speak Easy Association, and early this year the guideline was made available on the Speech Pathology Australia website.

The guideline focuses on clinical targets of behavioural control of stuttering and the management of mental health problems, which appear to be fundamental to the presenting complaints of those who stutter and their parents. Clinical trials are included within the guideline as the fundamental unit of clinical research that is informative for clinicians. Among the more vexing issues for the working party was to make a defensible recommendation to the profession about how to measure and manage any mental health problems experienced by adult and child clients. That is a critical issue because attainment of benchmark clinical skills with assessment and management of mental health issues is beyond the jurisdiction of the speech pathology profession.

Working party members

Lana McCarthy	Private Practice, Sydney
Amanda Lyons	Mater Health and Wellness, Brisbane
Shane Erickson	School of Allied Health, La Trobe University
Monique Maguire	Private Practice, Melbourne
Brenda Carey	Private Practice, Melbourne
Adriana Penman	School of Health and Rehabilitation Sciences, University of Queensland
Anna Hearne	College of Humanities and Social Sciences, Massey University, Auckland

The guidelines are currently available to view on the SPA website.

¹Sackett, D. L., Rosenburg, W. M. C., Gray, J. A. M., Haynes, R. B., & Richardson, W. S. (1996). Evidence based medicine: What it is and what it isn't. *British Medical Journal*, 312, 71-72.

August 2016 Board of Directors meeting report

THE THIRD BOARD meeting for 2016 was held on Friday 5 and Saturday 6 August 2016.

Some brief highlights from the meeting are listed below.

- The Board considered “How can the Association be supported to be more agile and responsive?” A strategy will be formed for consideration at the November Board meeting.
- The Association continues to pursue inclusion within the National Registration and Accreditation Scheme on behalf of the membership. A response is being prepared to a consultation paper regarding the review of criteria for entry to the National Registration and Accreditation Scheme.
- The National Alliance of Self Regulating Health Professions (NASRHP) continues to progress well, with recent funding from the Department of Health obtained in order to progress the implementation of self-regulating standards.
- The 2016 University Accreditors Training Meeting included a session focused on Aboriginal and Torres Strait Islander (ATSI) Cultural Responsiveness. Speech Pathology Australia’s Chief Executive Officer, Gail Mulcair attended, conveying the Board’s commitment.
- Speech Pathology Australia will host a forum regarding the International Dysphagia Diet Standardisation Initiative (IDDSI), including the Dietitians Association of Australia (DAA), Dietitians New Zealand and the New Zealand Speech-language Therapists’ Association (via videoconference).
- A strategic discussion regarding Speech Pathology Australia’s Research Grants Program was held with a range of process amendments to occur.
- Draft practice documents including Parameters of Practice, the Transdisciplinary Position Statement and Speech Pathologists Working in Literacy were reviewed.

The next Board meeting will be held on 25 to 26 November 2016 and will include approval of the 2017 budget.

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Call for 2017 Branch executive nominations

NOMINATIONS ARE SOUGHT for Branch Executive members for 2017.

Branches provide a forum for communication and networking, engage in decision making processes, implement Board policies and strategic directions, promote strategic activities, coordinate activities that support professional development and promotion of the profession, and respond to state/territory level issues.

If you are interested in being involved in the activities of your Association in 2017, please download and complete the Branch nomination form from our website. Nominations must be submitted via email to admin@speechpathologyaustralia.org.au by Friday 7 October 2016. Please note Branch Executive roles are for a twelve month term. Those currently holding Branch Executive roles must re-nominate in order to be considered for 2017.

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VOICE ASSESSMENT

21 January 2017 - Venue: Westmead NSW
30 January 2017 - Venue: Gold Coast QLD

ESSENTIALS

1-4 February 2017 - Venue: Gold Coast QLD

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**The BEST
BOOKS FOR
LANGUAGE
AND LITERACY**

2016 BOOK OF THE YEAR AWARDS

And the winners are...

THE WINNERS ARE in and everything is in place for the Speech Pathology Book of the Year 2016 Awards Ceremony, which for the second time is being conducted in Brisbane. A big thank you to the State Library of Queensland for their support, and for hosting the 2016 awards ceremony.

The winners of the 2016 Book of the Year will be formally announced on Thursday 13 October. Until then, please keep the winners a secret! Everyone is welcome to attend the ceremony. Formalities get underway from 10.45am at the State Library of Queensland, Auditorium 1, Level 2, Cultural Precinct, Stanley Place, South Brisbane.

A new entrant to the Speech Pathology Australia Book of the Year Hall of Fame (Children's Language and Literature Award) will also be announced at the awards ceremony. Details about the winner will be published in the December edition of *Speak Out*. The winner is a very well-known female author of Australian children's books and is a previous winner of a Speech Pathology Australia Book of the Year Award!

A big thank you to all of this year's Book of the Year judges, without whom there would be no awards. The time and effort taken by the judges to read the books, and

then to prioritise and pass comment on the best ones, is significant. The judges can only undertake their tasks once the mountain of nominated books has been reduced to a select few by our dedicated "shortlisters" and our partners at Let's Read (who shortlist the books in the Birth to 3 years category).

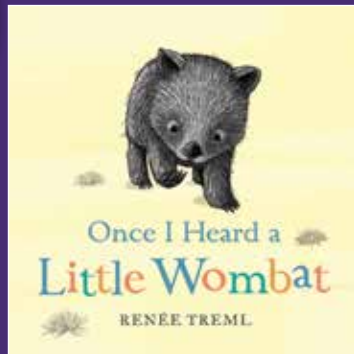
In 2016, there was a record 154 books nominated for the Speech Pathology Australia Book of the Year Awards – up from 112 in 2015. Feedback from the judges was that the standard across the 52 books shortlisted for judging was extremely high. Congratulations again to all the authors and illustrators who had a book shortlisted. Details of the shortlisted books can be found on the Book of the Year webpage.

Everyone can help celebrate the Book of the Year Awards and the winning books. You can do this by recommending the winning titles to parents and educators, displaying the Book of the Year poster in your workplace, and talking to your local library about promoting the awards and the winning books.





The winners



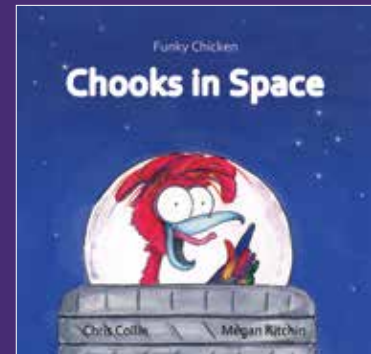
Baby to 3 years

Once I Heard a Little Wombat
by Renée Treml



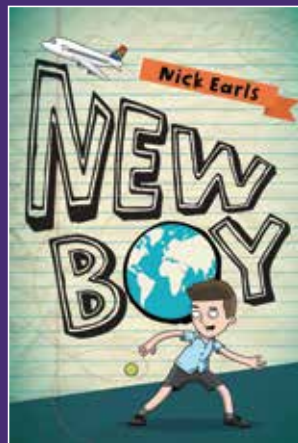
Three to 5 years

Something Wonderful
by Raewyn Caisley
Illustrations by Karen Blair



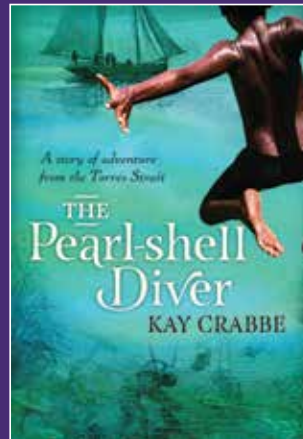
Five to 8 years

Funky Chicken: Chooks in Space
by Chris Collin
Illustrations by Megan Kitchin



Eight to 10 years

New Boy
by Nick Earls



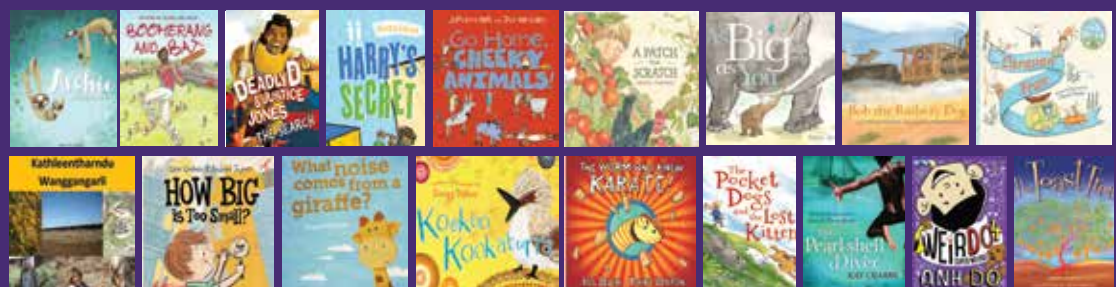
Indigenous Children

The Pearl-shell Diver
by Kay Crabbe



The shortlisted books

More than 50 books were shortlisted in the awards for 2016. View the full list at www.speechpathologyaustralia.org.au/books





SPWeek 2016 – “Creating Futures”

SPEECH PATHOLOGY WEEK 2016 will most likely be remembered for the launch of the final report of the Speech Pathology 2030 project (see page 4), but the week marked much more than the formal completion of this exciting endeavour.

Feedback from members, and others, was that the week and the surrounding campaign was very successful in making more Australians aware of those in our community who have a communication or swallowing difficulty.

The Association ran a dedicated social media campaign, including advertising on Twitter and Facebook. The success of the campaign can be seen from the 19.9 percent increase in Facebook likes. The Association’s Facebook page now has more than 11,500 likes. There was also an 8.4 percent increase in the number of followers for the Association’s Twitter handle @SpeechPathAus during the campaign period, it now has in excess of 7,510 followers.

The distribution of 70,000 mini-mags nationally also heightened interest, not only in Speech Pathology Week, but in the speech pathology profession more generally. The mini-mags were a postcard-sized 12-page booklet. Each page carried information about the profession with a unique URL, linking the page with more specific information on the Association’s website. The mini-mags were distributed in every state and territory, and in a limited number of regional centres.

Congratulations must go to the large number of Association members who were able to generate local media interest in Speech Pathology Week 2016. Using the template media release produced by National Office, many members secured articles in local newspapers, and a number of members secured airtime on radio. WIN TV in Canberra also ran a story about Speech Pathology Week.

Every state Branch was active during Speech Pathology Week and more detail can be found on their respective pages in this edition of *Speak Out*. Of note was the NSW Branch, which ran their successful SPArty night and the Victorian Branch who had more than 80 at their annual trivia night and more than 120 to an evening organised by Victorian student members. The Western Australian Branch had more than 50 to their Speech Pathology Week launch; while “down south”, the Tasmanian Branch ran successful market day stalls in Hobart and Launceston.

Campaign activity was also generated by Association members who purchased one of the 240 Speech Pathology Week Campaign Kits produced by National Office. The campaign

kits included posters, magnets, stickers, wristbands, posters, balloons, and flyers with information about the profession and communication and swallowing difficulties. In addition, each state Branch received their own Speech Pathology Week Campaign Kit with promotional collateral. In total, National Office packed around 75,000 items into these kits! Other digital campaign material was also available for download from the Association’s website, including the Speech Pathology Week logo, posters, and an email signature.

Finally, a huge thank you to all the members who got involved in Speech Pathology Week 2016 in one form or another. The success of the week is directly related to your hard work and endeavours.

Michael Kerrisk
Communications and Marketing Manager



All over Australia speech pathologists celebrated Speech Pathology Week. The week was a great success and highlighted the importance of swallowing and communication issues to the broader community.

THIS PAGE From top left are Victorian Branch members Addie Robinson, Cluny Barnes, Karen Bloomberg, Jane-Elise Cherry, Nathaniel Swain, Katherine Sanchez, Simone Arnott, Deb Mylne. Front row Anastasia Spanos, Mia Simson, Debbie Phyland, Tammie Tun, Britt King, Laura Darvas. Second from left Christi Boucher from Guild Insurance, Suzanne Churcher from Winston Churchill Travel Fellowship, Eva Butcher, Melissa Murphy and Alana Stewart from the Stroke Foundation. WA Branch members Emma Corry, Jess Morrison, Kate Green, Annie Heneghan, at the front is Nickee Priestman.



Members and staff gather at the launch at the National Gallery of Victoria. A Tasmanian member spreading the word at the Salamanca Market. TOP RIGHT Helping out at the NT Branch Fun Bus are Melissa Ridd and Laura Browne.



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Attend an It Takes Two to Talk® Certification Workshop and gain an evidence-based framework for coaching parents to be **primary interventionists for their child** – making intervention a natural, ongoing process and providing the enriched early learning environments that are especially important for children with language delays.

Space is limited! Register today for one of these upcoming It Takes Two to Talk workshops:

Sydney, NSW	Nov 2-4, 2016	Brisbane, QLD	Nov 23-25, 2016
Melbourne, VIC	Nov 16-18, 2016	Perth, WA	Dec 1-3, 2016

See our complete workshop schedule at www.hanen.org/workshops

How does professional ethics relate to smart phones and laptops?



TECHNOLOGY HAS AND continues to have an immense impact on clinical practice and efficiency for speech pathologists. When we think of emerging technologies and the interface with speech pathology professional practice, images of AAC, Apps and telepractice spring to mind. Do smart phones and personal computers rate a mention on your list, or are they so ubiquitous that their presence in our work lives are taken for granted? These are now common “tools of the trade” in speech pathologists’ daily work, yet have you considered the ethical issues associated with their use? Let’s examine a few key issues that arise from time to time in the queries and complaints received at National Office.

Confidentiality

The SPA Code of Ethics Principle 2.5 Professional Integrity: We comply with federal and state laws, and Standard 3.1.4 and 3.2.4, all speak to our obligation to maintain our client’s confidentiality at all times. This means that speech pathologists have an ethical and legal obligation to ensure client information and records are kept in a secure location, and accessible only to those who require it.

Client records saved electronically

Where are your electronic client records physically stored? If you keep client data in the cloud, you are obliged to ensure that you are compliant with the Privacy Act, and the Australian Privacy Principles. (see the SPA Cloud Based Storage and Privacy FAQ for further information)

If data is stored in a hard drive or a device, you will need to consider where that device is physically stored and how it is transported. Your obligations also include the need to manage how the data is protected, i.e., who has access to the device, who knows the passwords, how and when is the data backed up, and to have a data breach plan, (see the SPA Health Records FAQ for further information).

Use of private devices

Who owns the phone and computer/laptop/tablet employees use for work? If a practice relies on the use of the employee’s personal equipment, who has access to that device, how is confidentiality of the data ensured and what happens when the employee leaves the practice? This needs planning from the start of the employment relationship, to avoid difficult situations and the potential for unethical behaviour.

Employees have an ethical obligation to not “poach” clients from their employer when they leave a practice. However, it is always easier to manage that situation proactively and set up appropriate processes while the employee is still working in a practice, than

to reactively sort through the situation once an employee has left and it becomes apparent that there may have been unethical actions. An example of how this can create difficulties is when an employee who has been using personal devices for storage of client information, including client contact details, leaves a practice. Clients who have been seen by that employee still have a personal mobile number and possibly a private email address for that ex-employee. Clients can exercise their choice to see the speech pathologist they want to however, it is not appropriate for speech pathologists to use that client contact information for their personal benefit or entice clients away from the employer. In this way, use of personal devices can set up the potential for unethical behaviour and friction between the practice and the ex-employee.

Another situation that arises from time to time is when assessment reports, letters, progress notes, etc., are stored on a computer that the practice does not have access to or control over. This can create difficulties in accessing the information if the employee is not at work, or leaves the practice, which is inappropriate.

If appropriate processes for recordkeeping and control of client contact details are established while the speech pathologist is employed within a practice, the risk of significant issues to manage when the employee leaves the practice are greatly reduced. One way to manage this proactively is to have a policy regarding use of practice-owned or personal phones and devices. Another strategy is to perform regular audits of client files to ensure that all employees are maintaining appropriate records, including that assessment reports are written within an appropriate timeframe, that progress notes are kept and decipherable for all sessions provided and match the item number (if a Medicare or private health fund rebate was used), and that all client electronic records held on a personal device are given to the practice for access and storage. It may be that it is easiest to manage these actions if the information is held only on a practice-owned device.

This is not to say that the use of private devices by employees always causes problems or that it is always inappropriate. Examples of employees acting in an ethical and trustworthy manner far outweigh the reverse. However, we all need to be aware of the implications of the decision to allow, or the expectation to use, private devices for employment purposes and manage the situation appropriately, both while an employee is working at a practice and when they leave.

For further information please contact Trish Johnson, Senior Advisor Ethical and Professional Issues at National Office, tjohnson@speechpathologyaustralia.org.au.

SPA Ethics Board training weekend

THE 10 MEMBERS of the SPA Ethics Board, Vice President Communications and Senior Advisor Ethics and Professional Issues met at National Office over the weekend 12–14 August, for the annual training weekend. The Ethics Board membership includes seven speech pathologists: the chair, three senior members (appointed by the Board of Directors) plus three elected members; and three community representatives who are not speech pathologists. The Ethics Board is responsible for managing ethical complaints related to members' speech pathology practice as well as promoting ethical practice in speech pathology, including provision of education to encourage and support proactive application of our professional ethics in our practice. The Board achieves this objective by publishing articles, running conference workshops and ongoing development of the SPA Ethics Education Package.

The training weekend started on Friday evening with a presentation from Dr Arthur Rallis, lawyer, on ethical breaches and determination of appropriate penalties. The Board spent the following day completing training activities, including examination of ethical issues that may arise when speech pathologists work with people living with dysphagia as they transition to the NDIS. The weekend concluded at midday on Sunday after a full meeting of the Ethics Board. It was a full program that inspired robust discussion and exploration of current trends in professional speech pathology ethics.

Ethics education

ETHICS BOARD MEMBERS regularly contribute articles published in the *Journal of Clinical Practice in Speech-Language Pathology (JCPSLP)*. Are you aware that the Ethics Board published an ethics supplement of the *JCPSLP* in 2015? The supplement contains articles from 2005–2015 written by members of the Ethics Board and colleagues. The supplement is available through open access, and the articles are organised thematically to cover emerging trends in ethical issues, ethics in the workplace, ethics and technology, ethics and dysphagia management, and ethics and clinical education. This issue of *JCPSLP* can be viewed here: www.speechpathologyaustralia.cld.bz/JCPSLP-Vol-17-Supplement-1-2015-lores

The Ethics Education Package is currently a hard-copy document that members can download at no charge from the SPA website. Dr Suze Leitão, Chair of the Ethics Board, and Dr Belinda Kenney, an elected member, are currently working on the development of the package into an online learning format, which will be piloted between now and the end of 2016. Keep your eyes open for the new online modules in 2017.



FROM LEFT Trish Johnson (SAEPI) and Ethics Board members include Trish Bradd, Donna Dancer, Belinda Kenny, Suze Leitão, Richard Saker, Sue Block, Tristan Nickless, Felicity Burke, Helen Smith and Grant Meredith.

Ethics Board Community Representative Grant Meredith

GRANT HAS BEEN a SPA Ethics Board Community Representative since 2010. This role entails participation in investigation panels when a formal ethics complaint is received against a member, as well as contributing to the quarterly meetings and educational activities of the Board.

Grant lectures in the Faculty of Science and Technology, School of Engineering and Information Technology at Federation University Australia in multimedia and games. He was awarded Alumnus of the Year from the university in 2015, in the Outstanding Service to the Community nomination category. www.federation.edu.au/industry-and-community/alumni/about-alumni/alumni-awards/2015-alumni-award-recipients

The award was given to Grant in recognition of his role in establishing and leading the Technologies for Empowering People for Participation in Society (TEPPS) program. This program has produced a number of software programs that are designed to assist people with special needs, including Scenari-Aid which is an online “social simulator”, providing opportunities to practise communication in a variety of simulated social environments.



Trish Johnson
Senior Advisor Ethical and Professional Issues

National Conference

28–31 May 2017, ICC Sydney



THE CONFERENCE PLANNING COMMITTEE is pleased to introduce you to the first of our keynote speakers Dr Laura Justice and congratulates Elizabeth Usher Memorial Award recipient Dr Tricia McCabe.



Laura Justice is EHE Distinguished Professor of Educational Psychology at The Ohio State University. She is also Executive Director of the Crane Center for Early Childhood Research and Policy and the Schoenbaum Family Center. Dr Justice is interested in identifying ways to more effectively support the early language and literacy development of children experiencing risk, including

children with communication disorders and children living in poverty. Justice is the author of more than 200 peer-reviewed articles, appearing in such journals as *Child Development*; *Psychological Science*; *Developmental Psychology*; *Journal of Speech, Language, and Hearing Research*; and *American Journal of Speech-Language Pathology*.

Justice is also the author of two major textbooks in communication sciences *Communication Sciences and Disorders: A Contemporary Perspective*, and *Language Development: Theory of Practice*. Justice is heavily involved with literacy promotion in international contexts, including ongoing work scaling up a parent-child reading program in Indigenous Maya villages in Eastern Mexico.



Dr Tricia McCabe CPSP is Head of Discipline and Associate Professor in Speech Pathology in the Faculty of Health Sciences at The University of Sydney. From 2010-2016 she was Course Director of the undergraduate degree in speech pathology. Tricia has published more than 60 peer reviewed journal articles, supervised more than 20 research students, and has had \$3.6

million in research grants. She has been an accreditor of university speech pathology programs since 2006 and is a member of the management committee of speechBITE.

Tricia's research, teaching and clinical practice are all focused on improving treatments for moderate-severe speech impairments in children and adults. In particular, she has spent much of the past ten years working to improve treatments for children with Childhood Apraxia of Speech and this has resulted in the two Randomised Control Trials comparing different interventions in this population.

With a team of colleagues, research and undergraduate students, and volunteers she has developed the Rapid Syllable Transition Training intervention (ReST), a novel intervention which uses drill practice of non-words to improve the motor planning skills. This treatment has been shown to be effective in face-to-face and telehealth service delivery. The Ian Potter Foundation has recently funded a free Internet based training program for clinicians in ReST and this training will provide many more children with access to this innovative treatment

Tricia is also interested in the application of evidence-based practice in speech pathology, service delivery innovations and professional voice user training. She maintains a small private

practice in Sydney providing second opinion assessments and treatment to children and adults with speech disorders. Tricia tweets as @tricmc on speech pathology topics and baking.

Call for papers

The closing date has passed and the reviewers are busy grading each abstract. The CPC would like to thank everyone who submitted an abstract and every effort will be made to include as many as possible into the Conference program. Authors of abstracts accepted into the Conference program will be contacted in early November 2016 and asked to confirm their participation.

Call for reviewers

The Scientific Program Chair (SPC) would like to thank all members who have offered to review abstracts for the 2017 National Conference.

Welcome Reception and win a ticket to climb the Sydney Harbour Bridge

The 2017 National Conference Welcome Reception will be held at the iconic Luna Park. In 1999 the NSW Government accepted Metro Edgley's proposal for redevelopment of the site and in 2003 construction and total refurbishment of buildings and rides began. Prior to this the Big Dipper Rollercoaster was sold to Dreamworld Queensland. In 2004 Luna Park reopened. In 2010 Luna Park was listed on the State Heritage Register.

In keeping with our Conference logo, we are giving one member who attends the 2017 National Conference the opportunity to win a ticket to climb the Sydney Harbour Bridge. Each month within Event eNews, we will include a question and the correct answers will go into the draw to win the prize. The winning name will be drawn at the 2017 National Conference during pre-registration on Sunday 28 May 2017.

Sponsorship and exhibition

The Sponsorship and Exhibition Invitation is now available from our website. Please visit www.speechpathologyaustralia.org.au/ProfessionalEducation/NationalConference2017 for full details.

The CPC would like to welcome the first sponsors:

Guild Insurance has confirmed sponsorship of the Conference. Dinner and photo booth.



Nestle Health Science has confirmed sponsorship of the Conference lanyards.



The exhibitors to date include – Covi Global, Precise, Pro-Ed Australia, Reading Doctor, Sandpiper Publications, SP in Vietnam and Cambodia, speechBITE, Speech Pathology Australia and Wise Words Australia.

Harmony Turnbull
2017 Conference Convenor
Pamela Richards
National Conference Manager



Dr Tanya Serry announced as 2017 National Tour Speaker

SPEECH PATHOLOGY AUSTRALIA IS DELIGHTED TO ANNOUNCE THE 2017 NATIONAL TOUR SPEAKER, DR TANYA SERRY WHO CONTINUES THE LINE-UP OF HIGHLY RESPECTED AND KNOWLEDGEABLE SPEECH PATHOLOGISTS WHO HAVE ACCEPTED SPA'S INVITATION TO PRESENT THE ASSOCIATION'S ANNUAL NATIONAL TOUR.

DR SERRY WILL present on *Speech Pathology in the Literacy Domain: From Prevention to Intervention*. This two-day workshop will explore the scope of practice for speech pathologists in prevention or reducing the risk of children becoming poor readers; early identification and management; assessment and formal intervention for children and adolescents. The focus will toward younger children, but principles can be applied across age groups. A "response-to-intervention" model will underpin the discussion regarding formal intervention. In addition to this two-day workshop that will run in most Branches, the national tour program will finish with a 90-minute online CPD live event.

Dr Tanya Serry, B.App. Sc (Sp Path), M.A. (Applied Linguistics), PhD, is a member of the Living with Disability Research Centre at La Trobe University. She is also senior lecturer in the discipline of speech pathology and an Honorary Research Fellow at the Murdoch Children's Research Institute in the Hearing, Language and Literacy group. Tanya's research interests focus on the prevention, identification and intervention for people with dyslexia

and other reading, spelling and writing difficulties. Tanya has researched policy and management practices that are in place to support this population, and she also has a strong interest in the experiences of those who provide supplementary reading support as well as parents of struggling readers. Recently, Tanya led a team of 10 speech pathologists in the development of Speech Pathology Australia's clinical guideline for speech pathologists who work in the literacy domain. In 2015, she was awarded a grant to investigate the experiences of university students with dyslexia. Dr Serry conducts both quantitative and qualitative research and she has published book chapters on qualitative research methodology.

The Association is looking forward to Tanya sharing her knowledge, experience and clinical skills in applying speech pathology knowledge of language and phonology to promoting oral language competency and emergent literacy, and of collaborative practice in the literacy domain in partnerships as part of a wider team of professionals.

Do you have dietary or accessibility requirements?

Please let us know of your dietary and/or accessibility requirements each time you register for a workshop.

With the recent change to the SPA website and database, we now ask that you to let us know of any dietary and accessibility requirements each time you register for an event. This will ensure currency of information to allow us to best meet your needs.

National Office has a 1300 368 835 number to support members within Australia to have equity in phoning National Office for the cost of a local call.

When phoning about SPA Events, please have your SPA member number ready to help us assist you as efficiently as possible.

National Tour events



There are three events remaining for the 2016 SPA National Tour – *Dementia is Our Business*. The tour will finish with a 90-minute CPD online event by speaker Dr Jade Cartwright.

Upcoming events include:
Melbourne Friday 14 October
Online registration open

Sydney Friday 11 November
Online registration open

www.speechpathologyaustralia.org.au →
Professional Development → National Tour

The final event will run live on Tuesday 22 November 2016, from 2.00pm to 3.30pm AEDT.

To find out more, go to the National Tour webpage of the SPA website.

Sharon Crane
Senior Advisor Professional Education and Certification (CPD & PSR)

- Dining
- Entertainment
- Shopping
- Travel
- Technology
- Financial
- Insurance

Your SPA Member Benefits

Member Advantage is the ultimate benefit experience. Your SPA Member Advantage program offers you and your family unlimited use and allows you to save money on your everyday expenses. Access an extensive range of financial and lifestyle member benefits.

How do I access my benefits?

Your member benefits can be accessed by phone and online via the Member Advantage website. For your dining and entertainment benefits, simply show the Ambassador Card logo on the front of your membership card at the point of sale.



How do I use the Member Advantage website?

Visit www.memberadvantage.com.au/spa for full details of the benefits available to you and your family. Please note that you will need to enter your membership number as your password. This number is also displayed on the front of your SPA Member Advantage card, for future reference.

www.memberadvantage.com.au/spa

Call 1300 853 352 or
email info@memberadvantage.com.au



At one point more than a million dollars was owed to just 100 of our members.

NDIS portal payment problems: Advocating for our members and their clients

MANY MEMBERS WILL be aware of the problems with the introduction of the new IT Portal for the NDIS. In June, with just seven days notice providers and participants were informed that the current portal would not be accessible from 16 June, and the new My Place portal was to be launched on 1 July. The decision to launch the new system on 1 July was linked to the transition to full NDIS scheme, which will herald a massive increase in the number and rate of participants entering the scheme across Australia.

The introduction of the new IT system was aimed at improving functionality for users, including addressing risks of “overspending” on plans and/or support items where more than one provider may be allocating funds for service delivery from the same funding “bucket” (e.g. transdisciplinary and multidisciplinary support items). The design also seems to operationalise the participant “choice and control” concept, with participants needing to approve service bookings and funding allocations for providers.

Problems with the design of the My Place system and data migration culminated in many of our members being unable to claim payment for services they had provided to participants from late June and throughout August. At one point more than a million dollars was owed to just 100 of our members.

Members reported significant costs to their businesses as well as foregone income as they increased hours of administrative staff, and cancelled clients to spend their time trying to sort out the payment difficulties with the NDIA. Some members struggled to pay their staff, others were not drawing any salary themselves, and many reported having to take out short term loans or make other credit arrangements to cover their business costs. Perhaps most weighing on the minds of our members – participants were missing out on speech pathology services whilst our private practices attempted to cope with not being paid for two months.

In order to determine just how “big” a problem the payment issues were, SPA surveyed its members to obtain detailed information to provide to the federal Assistant Minister for Disability, the Hon Jane Prentice. Assistant minister Prentice is responsible for the operational side of the NDIS and reports to her senior minister, The Hon Christian Porter.

With the intervention of Assistant Minister Prentice, members who

had alerted us to their problems were individually contacted and provided with one-to-one support from the NDIA. Many of these members reported that their immediate difficulties with requesting and receiving payments were resolved. Unfortunately, for others ongoing communication with the NDIA over a number of weeks was needed in order for them to be paid for services already provided.

Speech Pathology Australia continues to provide regular updates to the Assistant Minister’s office about members still awaiting a satisfactory resolution.

Acting President Robyn Stephen, Acting CEO Chris Lyons and National Advisor Disability Cathy Olsson met in Canberra on 27 August with the deputy CEO and senior officials from the NDIA. At this meeting, we were able to successfully advocate for one-to-one support to be provided to our members who were still awaiting payments for their services and were still experiencing technical problems. We were able to secure a commitment by the NDIA to:

- continue to provide individual support to our members who continued to experience problems being paid;
- develop a team of specific NDIA provider support officers who our members could contact directly – to focus on understanding and responding to their individual needs and issues as small private practice speech pathologists;
- for our National Disability Advisor Cathy Olsson to provide consultation services to the NDIA to help develop more user friendly (and meaningful) information for allied health providers on how to “interface” with the MyPlace portal;
- liaise with our Association for input on the design and to identify speech pathology providers to “test” any future changes to the functionality of the Portal;
- explore how the NDIA provider support service might operate outside normal business hours (including weekends) so that speech pathologists do not need to take time out of clinical sessions to resolve Portal issues.

We continue to closely monitor the situation, and there are arrangements for further meetings with the NDIA to review progress.

While it has unfortunately come at considerable personal and financial cost to many of our members, we are confident that the NDIA now has a greater understanding that speech pathologists in private practice are significant and important new entrants to the service provision “marketplace” of the NDIS. As such, it is critical that we be considered carefully in the design of the NDIS if participants are to have true control and choice for the services they need. Our role in the NDIS and recent problems with payments were discussed by all state, territory and federal ministers for disability at the recent Council of Australian Governments Disability Reform Council meeting.

The NDIA provides updates on its website as well as via emails to providers, and suggests that providers experiencing difficulties with the Portal phone the NDIS provider support on 1800 800 110, in the first instance. The NDIS also has a complaints and feedback process. Information is available at www.ndis.gov.au/about-us/contact-us/feedback-complaints.html

Please contact either Cathy or Ronelle at National Office if you experience ongoing difficulties resulting from the functionality of the MyPlace portal and the NDIS supports. It is important that our members working in the dynamic and fast-changing sector, that is the NDIS, keep our Association informed about what is really happening “on the ground” so that we can meaningfully and successfully advocate with governments on your behalf.

Cathy Olsson
National Disability Advisor

Ronelle Hutchinson
Manager Policy and Advocacy



What **YOU** can do when things go awry with government

SPEECH PATHOLOGY AUSTRALIA provides a representative voice to governments on issues which impact on the professional practice and service delivery of the speech pathology profession. For example, risks to the development of a viable speech pathology NDIS market, and impacts on service access for consumers were the key messages that we took forward to the Australian Government and the NDIA in relation to the recent problems with the NDIS Portal.

Speech Pathology Australia is not the appropriate organisation to represent individual members in areas such as business or industrial issues more generally.

If you think that your issue has implications for professional practice and service delivery and might impact on other speech pathologists but you're not sure, contact the advisors at National Office to establish where the issue lies.

Guidelines for “managing up” issues with government departments or services

- Put your feedback in writing to the relevant department/organisation using their complaints and feedback system.
- Document what you have done, the responses you have been provided, including dates and the names and affiliations of anyone you have contact with. Keep a record of the action you have taken in an attempt to obtain a resolution. The more detail you record – the better!
- If your issue hasn't been adequately resolved, you may be able to seek help through an ombudsman. Before an ombudsman would take up your issue they would expect that you have followed up your initial complaint and given the agency/organisation an opportunity to respond. You will need to show that you have exhausted all avenues of complaint with the agency/organisation first.
- Contacts for the state and territory and the Commonwealth Ombudsmen are available at www.ombudsman.gov.au
- Any citizen is also able to write and seek a meeting with their state or federal local members of parliament or the relevant minister and shadow minister. Information about the state and federal government ministers is available on the different government webpages. Try to work out first if your issue is the responsibility of a federal or state government so that you are talking to someone who can make a difference for you. Generally, hospitals, education and justice issues are the responsibility of state/territory governments and the MBS, NDIS and aged care is the Australian Government.

2018 National Conference Adelaide

Call for 2018 conference planning committee

Speech Pathology Australia is now calling for expressions of interest from South Australian members to join the 2018 conference planning committee. Expressions of interest should include a cover letter stating relevant experience and a curriculum vitae to support the application.

The application should be submitted to **Pamela Richards, SPA National Conference Manager** via email conference@speechpathologyaustralia.org.au.

Applications close **Friday 28 October 2016**.

NDIS early childhood early intervention

THE NATIONAL DISABILITY INSURANCE AGENCY (NDIA) HAS RECENTLY DEVELOPED A NATIONALLY CONSISTENT APPROACH TO EARLY CHILDHOOD EARLY INTERVENTION (ECEI). SPA NATIONAL DISABILITY ADVISOR CATHY OLSSON REPORTS.

WITHIN THE NEW approach, which was trialed in the Nepean Blue Mountains, and is being rolled out nationally from 1 July 2016, the first contact for families wishing to access the NDIS will be with a community partner who will help families to identify their needs. The NDIS is aiming to source experienced early childhood intervention service providers who will be able to draw on specialised early childhood knowledge to determine appropriate supports for the child and family, including information, emotional support and specialised early intervention supports. Tenders for organisations to become community partners in a number of NDIS regions were posted on the Department of Social Services website on 22 August. Further information about the tenders, including KPIs for the community partners are available at www.dss.gov.au/grants/grants/ndia-partners-in-the-community-local-area-coordination-services-and-early-childhood-early-intervention-services

The community partners will have a focus on supporting inclusion for children through connection with local mainstream services such as preschool, play group and other early childhood settings. In addition to providing support for inclusion, the community partner may provide some information services, emotional support and other short to medium term early intervention supports for children. There is very little information available as yet about the extent, or limits to the ability of the ECEI partner to offer short to medium term supports, or what these supports may look like or comprise. There is potential for community partners to contract with others to provide services which they may not have the staff mix or capacity to provide.

The NDIA describes the new approach as providing an open and “soft” gateway to the NDIS for any families who may have concerns about their child’s development. It also appears to provide a greater level of “triage” so that children with developmental delay, that is more likely to be temporary, are directed back to existent mainstream early intervention services and away from an NDIS plan. Prior to the introduction of the new ECEI approach, it seems that many children, including those with a developmental delay which may be temporary, were being provided with plans, and accessing a more specialist model of service provision from a team of allied health providers.

For those children who are identified as requiring more intensive early intervention support services (like those which may have



been provided by specialist disability service providers prior to the introduction of the NDIS), the community partner will provide expert advice and guidance to the family to develop a plan of reasonable and necessary supports (aka an NDIS plan) that is linked to the science and evidence that supports the early childhood intervention consistent with the ECIA Best Practice approaches. The ECIA Best Practice guidelines are available on the ECIA website at www.ecia.org.au/resources/best-practice-guidelines/national-guidelines-for-best-practice

The guidelines identify four key quality areas:

- family-centred and strengths based practice and culturally responsive practice,
- inclusive and participatory practice, which supports children to engage in their natural environments,
- collaborative teamwork practice, including capacity building practice,
- universal principles, including evidence-based practice, compliance with standards of practice and an outcomes based approach.

Members are encouraged to read the guidelines as a means to inform the development of their services within the NDIS context.

Part of the role for the community partners includes to support families to identify and choose a provider(s) to best meet their child’s and their own needs. Although the information from the NDIS hasn’t made this explicit, it seems likely that the community partners will also be seeking to refer children to mainstream services provided by health and education instead of, or prior to, providing an NDIS plan.



BOOKINGS ARE NOW OPEN FOR THE 2017 ANNUAL SPEECH PATHOLOGY RESOURCE GUIDE!

The resource guide is the ultimate guide to resources, services, tools and products for the speech pathology profession.

Members can enter a free submission and take advantage of discounted display advertising.

How to book...

For more information visit the publications page of the SPA website or contact the publications officer at pubs@speechpathologyaustralia.org.au to receive the advertising kit and booking form.

It is yet to be seen how the new approach will work in other states and territories, and in rural and remote areas.

The NDIS is expecting that support will be delivered through a family-centred approach which builds on family and carer strengths in order to improve the child's developmental trajectory and overall quality of life.

There is some disquiet in the early intervention community about how the new approach will work in some NDIS regions. Prior to the introduction of the NDIS, the approach to providing support to children with developmental delay or disability and the profile of service provision has varied between and within the states and territories. The new NDIS approach has been based around the types of early childhood intervention services which have operated in Victoria and New South Wales. It is yet to be seen how the new approach will work in other states and territories, and in rural and remote areas.

The potential for ECEI Community Partners to also be providers of other supports (i.e. services which can be purchased by participants using funds provided via NDIS plans) has also raised some concerns. There is a perceived risk that families who go on to access NDIS plans may decide to stay with the community partner organisation, providing the community partner with an advantage in what is meant to be an open and contestable market. The NDIA has identified that the community partner can also be the ECEI provider if no alternative early intervention providers are available (i.e. in rural and remote settings), or if families have additional needs, which mean that they would be unable or unlikely to engage with a new provider as significant effort has been required to develop rapport and trust with the provider. The community partner will be subject to detailed comparative monitoring of the outcomes for participants, including the time and level of supports provided to any participants who they also provide longer term supports.

As well as these issues, SPA will also be monitoring the impacts of the new ECEI approach for children with speech and language difficulties of unknown origin, and others who have benefitted from greater access to supports through provision of an NDIS plan. Members who feel that access to a plan has become more limited for children experiencing significant impacts on their functional abilities due to developmental communication and oral eating and drinking difficulties are encouraged to inform Cathy Olsson, National Advisor Disability. This is encouraged particularly where there is evidence that a participant is likely to experience significant activity limitations and participation restrictions (as per the WHO International Classification of Functioning, Disability and Health) compared to their same aged peers, across their lifetimes, which could be prevented or ameliorated by the provision of early intervention speech pathology supports.

Cathy Olsson
National Disability Advisor

Restraint of trade:

Protecting your income stream

AS A PRIVATE practice/business owner you have invested time, money and resources into establishing your business to service your existing and potential clients.

Your business sustainability is directly related to your clients as they provide your income and cash flow streams. Therefore, protecting this key asset should be high on your risk radar.

As the practice owner, the key risk to this asset arises from your staff or contractors if they choose to no longer work for you. During their time working in your practice, they establish a close relationship with your clients. Those clients often wish to continue working with the departing employee or contractor.

Therefore, in order to protect your client base, businesses will often include a restraint of trade clause in their staff employment and contractor agreements.

What is a restraint of trade clause?

This is where the employer prevents the departing employees or contractor from taking clients from the practice for a period of time after they leave. This is very important particularly for service businesses where client relationships are very important.

Are restraint of trade clauses enforceable?

Courts will usually only enforce restraint clauses if they are “reasonable” from the point of view of time period and geographic area.

What is reasonable?

Courts will look at whether the restraint protects a genuine interest of the employer and whether the time period and geographical area are no greater than required to protect this interest.

The restraint clause needs to consider:

- **Genuine interest** – for example, in the case of an employer, they have a genuine and legitimate interest to protect their clients from being serviced by the former employees;

- **Time period** – the restraint should not be for a time period that is longer than necessary to protect that interest;
- **Geographic area** – the restraint should not cover a geographical area that is larger than necessary to protect that interest. For example, for a business that operates in a particular suburb it would not be reasonable to restrict the former employee from operating in a particular state;
- **For employees** – take particular care to ensure that the restraint is not so broad as to prevent the employee from working at all.

Therefore, it is critical to identify and be specific as to what interest needs to be protected and in what geographical area and for what time period.

There is a need to be wary of so-called “standard” clauses, and assess the specific circumstances to reduce the likelihood that the clause becomes void and unable to be enforced. There is no point having an agreement in place if you cannot enforce it when necessary.

Courts are willing to hold employees to their contractual promises and enforce restraint of trade clauses that are reasonable. Other considerations the court takes into account to enforce a restraint of trade clause include:

- the interests of the employee in being able to earn a living using his or her legitimately obtained skill, experience and knowledge;
- the public interest in being able to obtain the services of the employee and the freedom of trade;
- the employer’s interest in protecting confidential information, customer connections, which the employer has expended time, money and resources.

How can you protect your business?

As a business owner or employer you should:

- ensure your staff employment contract and contract agreements are up to date and have reasonable confidentiality and restraint of trade clauses;
- ensure that the restraint of trade clauses sufficiently protect the company’s legitimate interests and are tailored to suit the individual employee’s circumstances;
- for staff/contractors who are leaving the business, conduct an exit interview with these people and remind them of their contractual obligations in reference to restraint of trade/confidentiality clauses;
- if you become aware that a former employee/contractor may be breaching their restraint obligations, act quickly to put them on notice that their conduct is unacceptable.

WorkPlacePLUS can support and assist you with all your human resources obligations. This includes the development of customised employment contracts that include reasonable restraint of trade and confidentiality clauses.

For more information please contact Anna Pannuzzo on 0419 533 434 or email anna.pannuzzo@workplaceplus.com.au



Driven regional advocate

CLIENT FOCUSED AND DRIVEN TOWARD EQUAL ACCESS, 2016 NORTHERN TERRITORY ALLIED HEALTH PROFESSIONAL OF THE YEAR AMANDA O'KEEFE REFLECTS ON HER AWARD AND WHAT DRIVES HER IN HER WORK.

The 2016 Northern Territory (NT) Health Professional of the Year Awards were announced at the Compass Teaching and Learning Conference Gala Dinner in Darwin in May. The awards recognise health professionals practising in the NT who have demonstrated an outstanding contribution to the health and well-being of the community.

In her role as manager of speech pathology and audiology, Amanda O'Keefe has made a significant contribution to the services at Royal Darwin Hospital, guiding the development of specialist speech pathology services within a generalist caseload, as well as developing networks between allied health departments and medical teams.

Amanda has also been involved in furthering allied health networks across the NT over the past 10 years. She is currently working on developing telehealth for rural and remote communities across allied health not just speech pathology.

A colleague nominated Amanda for the award. "I am very excited and humbled to win. I think though everyone I work with should get the award to. I think in rural and remote areas, which are less resourced, there are more challenges, and allied health professionals here all go over and above their job descriptions."

The NT sense of community drives Amanda to do more for her patients, and she is hands-on in her role. "You just don't worry so much what your job is, you worry more about what is good for the client."



Amanda O'Keefe accepts her award from Board Director Dr Andrew Bell. Dr Andrew Bell is a public health physician and general practitioner who currently works as a part time senior rural medical practitioner with the NT Department of Health, and previously worked with Aboriginal Medical Services Alliance NT (AMSANT) as a public health specialist with a focus on regional health service development.

"My overwhelming feeling is that it is great to have the allied health awards to promote the great work of professionals in the NT. There is huge reward and job satisfaction working across rural and regional Australia. If you know where to look there is lots of support."

Amanda began her career in rural Victoria, in Melbourne and later spent time working in a remote location in the North Coast of Scotland. "That gave me the flavour of rural and remote practice," Amanda said, "it wasn't something that I actively or consciously thought about, but it was about the lifestyle you have working in rural and remote areas."

After making the decision to move from Melbourne a friend alerted her to a position at Royal Darwin Hospital. "A friend found the ad on the floor of a tram on a torn up piece of newspaper. I had made the decision to move away from the city, but overseas wasn't an option. I'd never been to Darwin before, and I thought I'd just apply to see if I get it."

Shortly after accepting the role she packed up her unit, put her belongings on a truck and headed to Darwin. While today she is delighted with the opportunities she has had living and working in Darwin, the early days in a new city were challenging.

"It is a small city, but I must say I experienced culture shock much more than I did when I moved to England. Even though it is the same country it has a very different culture. On day two I sat out the front of the hospital and cried and thought, 'What am I doing here?' I couldn't believe I was here."

“I think for me, it is about trying to get equal access for our clients to services, because in rural and remote areas the services are very underdone.”

After five years in the role she was offered a position in the NT Health Minister’s Office as a department liaison officer. “I knew nothing about politics. But my time there was wonderful. To see how decisions were made and to see where speech pathology fits into that was eye opening.”

“There are lots of opportunities in the Northern Territory. I’ve done lots of things I know I may never have done if I had stayed in Victoria or moved to a larger state.”

Amanda has more recently worked in management and has built the hospital’s team to a total of seven speech pathologists.

“I think in allied health care many clinicians move into management roles because of their experience as clinicians. I’ve done some other project officer jobs, and we are such a small pool of allied health professions so you are well supported when seconded to different areas.

“I’ve had three different secondments, but each time I’ve always wanted to come back to speech pathology, to keep coming back to the clients.”

Among many projects, Amanda has facilitated and formed a group for all NT government speech pathologists to discuss issues around employment conditions and service gaps that need to be addressed by the employer and government. “We formed this group to try and get some action,” said Amanda. “I think speech pathology, particularly in the smaller areas, where sometimes our numbers are one or two in a department, it is very difficult to drive change. What I have found is buddying up with other allied health professionals, where the numbers are bigger is helpful to try and push for change. I find I get more traction that way. If we can get our colleagues on board and work hard I find trying to push the agenda from an allied health point of view gets more people listening. Also a lot of the conditions we work with need the multidisciplinary approach. So for me it is about focusing on multidisciplinary care and trying to push equal access into that care for rural and remote clients.”

“Now that I am more experienced I have been trying to reflect on what brought me to speech pathology and what drives me. I think for me, it is about trying to get equal access for our clients to services, because in rural and remote areas the services are very underdone.

“It is about fairness and equality. Particularly considering about 60 percent of our clients are Indigenous and we know the health outcomes for them are poor. The remote services are so underdone out here. It is about advocating for these patients as well. People know when they need a doctor or a nurse, but they don’t really know when they need an allied health professional and what they can do for them. It is about empowering people to advocate for themselves, giving them the knowledge of what we can actually do to help them.”



Images by Jon Osborne

Finding voice through music

AN INNOVATIVE PROGRAM is helping stroke survivors to find their voice once more through the magic of music and song.

In 2010 the Stroke a Chord Choir was formed and the program has helped hundreds to connect, grow and recover.

On October 15 the choir will celebrate with its sixth annual concert to be held at the Karralyka Centre in Ringwood East Victoria.

This year’s concert is titled Reach for the Stars – A musical journey. Aptly named considering the inspiring journey that many of the participants have achieved by being part of the program.

Stroke a Chord is supported through Yooralla and Maroondah City Council.

While many of the participants have little or no speech they have found communication through singing.

For more information about this year’s concert visit www.strokeachord.com or call (03) 9879 2933 (03) 9870 2283.



A DAY IN THE LIFE OF...

WITNESS INTERMEDIARY COLLEEN KERR

SPEECH PATHOLOGIST COLLEEN KERR IS THE FIRST WITNESS INTERMEDIARY USED IN COURT IN NSW. THE *LAW SOCIETY JOURNAL* FIRST PUBLISHED THE FOLLOWING ACCOUNT OF A TYPICAL DAY AT WORK FOR COLLEEN.

BY JANE SOUTHWARD



Photograph by Jason McCormack.

TWO FLOORS BELOW the courtroom in the John Madison Tower in Sydney sits a 15-year-old girl who is giving evidence via CCTV in a sexual assault case. Behind her sits Colleen Kerr, a usually smiley speech pathologist who looks very serious in court.

Kerr is the first witness intermediary used in court in NSW. Her job is to improve communication between all parties in court. As the complainant hesitates and turns around, Kerr raises her hand and Judge Kate Traill asks what the problem is.

“If a witness doesn’t understand the questions from the prosecutor or defence, it’s my job to let the judge know,” says Kerr. “I have to be completely impartial and am not permitted to discuss any of the evidence. In fact when I first meet the witness I don’t even know many of the details of the case.”

The role is part of a revolution in how child sexual assault cases are dealt with in the Downing Centre and Newcastle District Courts. In August, the State Government appointed Judge Traill and Judge Jennie Girdham as specialist child sexual assault judges to deal almost exclusively with child sexual assault cases.

The Children’s Champion program is the second part of the new approach. Kerr is one of 52 people trained for what is a three-year trial program.

“I had had some contact with the legal system with people with communication issues and I struggled with the fact that there was really no role that would facilitate communication in court,” Kerr says. “Some people require more time or need a certain kind of questioning. Witness intermediaries can flag this with the judge to make the court system fairer.”

“Last year, 6,223 sexual offence incidents involving a victim aged 15 or under were reported to NSW Police, compared with 4,581 in 2006. Of those, about one third were cleared up within 180 days of reporting and criminal proceedings began in about half of these cases.

“The role has two names: children’s champion and witness intermediary. The Criminal Procedure Amendment (Child Sexual Offence Evidence Pilot Act) makes reference to the role of children’s champion but it is also known as a witness intermediary. Personally, I favour calling it witness intermediary because children’s champion can suggest we are acting as an advocate in some way and we most definitely are not.

“The role is to facilitate communication between all parties in the court process. I am not in court to act as an advocate but I am there to identify any specific communication needs of the witness and to make sure the court process allows them to participate fully.

.....

The bottom line is the defendant has an entitlement to have a fair trial, as does the prosecution and the witnesses.

.....

"It may be my job to interrupt the questioning if the witness cannot understand the questions or is confused, for example by the legalese. I must seek permission from the judge to interject. I raise my hand and might say, 'Your Honour, the word 'nominate' is unlikely to be familiar to the witness, could counsel use plain language?"

"A common problem for children who are witnesses in child sexual assault cases is the use of tag questions, such as 'X didn't do this, did he?' We are in an adversarial system, so by nature the defence does employ frequent tag questions. Open questions or direct questions with yes/no answers may be better as they are easier for children to understand. Counsel may not be happy with this recommendation because their intention is not necessarily to encourage elaborate responses.

"The judge decides what is an acceptable recommendation and what is not. As everyone becomes familiar with the guidelines and potential communicative obstacles, it is likely that the judge, or counsel themselves, will begin to modify questions without the intervention of the witness intermediary.

"The bottom line is the defendant has an entitlement to have a fair trial, as does the prosecution and the witnesses. I am there for all parties and that is the thing that takes a little bit of getting used to, particularly because I am positioned near the witness.

"It is going to take some time for defence to accept that I am actually there to assist them in phrasing their questions in a way that still extracts direct responses. It doesn't affect their ability to put their case.

"As a witness intermediary, some of the work is done in court and some out of court. It starts with a referral through Victims Services. My expertise is working with adolescents and adults, so I won't see young children. If you receive a referral, you do an assessment before court or before the police interview.

"Our job is to assess a person's entire communication profile in relation to giving evidence. I see this as quite a linguistic role, but we also need to consider attention, behaviour and how this may impact on communication.

"If a child, for example, is quite a passive communicator, they may be completely unable to explain that they have not understood. I see this as part of the move to the use of plain language in many fields but, in this instance, to look at how the complex language structures used in the justice system will affect a child and particularly a child with a communication problem.

"A NSW Parliamentary Joint Select Committee report released in 2014 found many child witnesses couldn't manage going to

court – just 20 percent of cases of child sexual assault reported to police proceed to court.

"The report recommended use of pre-recorded evidence. Pre-recordings reduce trauma on the child and allows them to take breaks as required. The other recommendation was the establishment of a task force to investigate a model for a Child Sexual Assault Offences Specialist Court including involvement of specialised judges and potential use of children's champions.

"The Children's Champion/Witness Intermediary system under Pilot in NSW is based on the UK and Ireland experience which began in 2002.

"At a mention before the trial, the witness intermediary goes to court and goes through the report with counsel to explain the nature of the communication issues and give examples of what kinds of questions might be problematic.

"This is really difficult for the legal profession and it's something we are going to have to work hard at making work. It's a really hard process for anyone to get feedback about their communication style, let alone legal practitioners who have been working for many years in this area.

"It's going to take a huge change. You are looking at people who may be advanced in their profession and have been asking questions in a certain style for 30 years, then someone dares to interject and say, 'Please ask that question in a different way'.

"Hearing the kind of evidence that comes up in sexual assault cases is something that's new to me. If I had any trepidation about taking on the role on, that was it. I deal with trauma constantly – brain injury and fractured families as a consequence of neurological injury. I am confident about dealing with complex issues but I haven't worked first hand with sexual assault.

"Witness intermediaries are prepared for vicarious trauma and we have established mentoring groups to provide peer support. We are also mandated to continue training at a minimum of 14 hours a year.

"I have had to learn to turn off things I do in clinical work, such as nodding when I am listening and looking supportive, even smiling. You have to adopt a neutral persona. As far as the witness is concerned, I explain to them that I am not there to help them with their evidence, I am not there to even comment on their evidence. I am there to make sure they can understand the questions and that they are able to explain themselves properly."

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Applications sought

Co-Editor Position

International Journal of Speech Language Pathology (IJSLP)

Commencing January 2017 (negotiable)

Following three years as Editor of the International Journal of Speech Language Pathology (IJSLP), Professor Kirrie Ballard has been re-appointed by the SPA Board for the coming three year period in a revised role as Editor in Chief, to be supported by a Co-Editor position.

Speech Pathology Australia is now seeking Co-Editor applications from suitable candidates for a three-year term.

This valuable and strategic role will continue to enhance the growth and international positioning of the Association's journal. Working closely with the IJSLP Editor in Chief, Associate Editor and Executive Board, Speech Pathology Australia's Board of Directors and Chief Executive Officer and external publishers, the Co-Editor will assist in overseeing the direction, standard and promotion of the journal as well as ensuring high quality issues are published in accordance with policies and timelines.

Applications are sought from members who have demonstrated experience and a passion for research and publications. The candidate should have achieved a higher degree, hold a rank of Associate Professor or above, experience and have demonstrated skill in editing and writing, a track record of publishing research in international journals, and an understanding of quantitative and qualitative research methodologies. Previous experience in editing academic publications or being a member of journal editorial boards is highly desirable. An honorarium is paid to the Co-Editor (or employer if required) on an annual basis.

A position description is available and applications (comprising a cover letter addressing the selection criteria, a current CV and two professional referees) are to be forwarded to execassist@speechpathologyaustralia.org.au by COB Friday 21 October 2016. Enquiries can be made to the current IJSLP Editor Professor Kirrie Ballard, via ijslp.editor@sydney.edu.au



Speech
Pathology
Australia



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Keys to a successful mentoring relationship

THE SUCCESS OF individual partnerships in the Speech Pathology Australia Mentoring Program improved considerably when the matching process became mentee driven at the start of 2014. The article below is from The Art of Mentoring's (www.artofmentoring.net/about-us) August newsletter for more information regarding factors influencing the success of mentoring relationships.

Ultimately the success or failure of any mentoring relationship comes down to just one person, and it may not be the person you are expecting.

It is easy to argue that with a mentoring relationship, like any other relationship, "it takes two to tango". The success of the relationship is reliant on the contribution of both the mentor and mentee.

One could also posit that since the mentor is usually the person with greater experience and maturity, he or she must take responsibility for establishing fertile ground for a relationship.

One could even argue that in a structured mentoring program the program manager has a part to play in the success of the mentoring relationships. The training and structure provided by the program manager is necessary to kick start a successful relationship.

All of these arguments have elements of truth. There is no doubt that mentees, mentors and program managers all have a role to play in creating a strong mentoring relationship.

However, the one person responsible for ensuring the "success" of that relationship is the mentee.

From the outset, mentoring relationships are more one sided than the "two way street" of a friendship or family relationship. Mentoring programs are invariably structured to benefit the mentee, whether the mentee is a junior staffer preparing to step into a more senior role, or an executive being reverse mentored to better understand technology.

The success of the mentoring relationship, for both the individuals and the organisation, is reliant on the mentee moving forward in some way.

In the end responsibility must rest with the mentee to derive benefit from the relationship. This responsibility includes:

- clarifying what they hope to gain from the relationship;

- making sure meetings happen;
- arriving at meetings with an agenda, or at very least a clear idea of what they want to discuss;
- following up after meetings to summarise any actions agreed.

Mentors, who are usually volunteering their time and expertise, are a resource the mentee has been privileged to access. They should not have to chase or corral their mentee to force them into gaining value from the relationship.

Mentors and program managers should be on the lookout for the danger signs that a mentee is failing to take responsibility for their own success. These signs include:

- the mentee "disappears" for lengthy periods of time, failing to organise meetings or follow up on promised actions;
- the mentee sits and waits for pearls of wisdom, rather than arriving with a clear agenda;
- the mentor is diligently writing notes at meetings, while the mentee is not;
- the mentor is sending follow up and confirmation emails rather than the mentee.

Pre-screening of mentees and good training should help to ensure that mentees are sufficiently committed and aware of their responsibilities that these behaviours will not arise. But if they do, it would be wise to swiftly call the mentee to account. Make them aware that not only will this behaviour limit the benefit they will derive from the mentoring relationship, it is also disrespectful to the mentor who has volunteered their time to help and shirks their responsibility to an organisation that has invested in their development.

For more information about the Speech Pathology Australia Mentoring Program go to: www.speechpathologyaustralia.org.au/SPAweb/Members/Mentoring/SPAweb/Members/Mentoring or contact Meredith Prain psa@speechpathologyaustralia.org.au (Tuesdays only).

MEREDITH PRAIN
Professional Support Advisor

BRANCH NEWS



ACT/
NEW SOUTH WALES



ACT 76
NSW 2042
members

as at August 2016

SPA WEEK AT SYDNEY UNI

The SPA representatives and volunteers of the University of Sydney put on a free baked goods giveaway to promote awareness of the profession. All students on campus were encouraged to ask for their baked good of choice using an AAC device of their choice, from low-tech letter boards to high-tech Proloquo2go. Communication breakdowns prompted students and teachers to ask about what we do as speech pathologists, and recognise the importance of communication and communication disorders. Students and staff were encouraged to ask questions about speech pathology and the people with whom we work, helping them to understand the life-changing work speech pathologists and their clients do every day.

EMMA ARAZZI

NSW Branch Student Representative for Sydney University

THE SYDNEY SPArty

Celebrating Speech Pathology Week in style!

ON THURSDAY 11 AUGUST, a “ragtag” bunch of misfits from across the profession came together at Lotus Restaurant in central Sydney to celebrate their work and that of their peers. In the process they also created new friends and possibly a few sore heads.

It was an “Olympic” effort. Participants were drawn to attend from the ranks of academia, government, and private practice, with the odd student and non-speechie thrown in. In the refined surrounds of a private room overlooking the QVB, the champagne flowed and guests sampled a seemingly unending spread of delicacies provided by celebrated head chef Chris Yan. The dumplings were delectable, the noodles divine, and the chopsticks skills impressive.

More wondrous still was the array of ingenious and innovative games enjoyed by the participants. These were too complex to

go into detail here, but let us just say that one of them resulted in this attendee developing a mild aversion to saying the word cupcake. Another game saw nimble fingered members of the Twitterati uploading and tweeting photos. As many readers will be aware, these skilfully shot images looked fabulous on Facebook, were all over Instagram, and travelled to the farthest corners of the social media universe.

Those who were unable to attend this year should certainly consider taking up the opportunity in 2017. I am sure those who were there will be eager to go again.

Thanks in particular should go to Laura Blasdale and Celine Pascual, who were largely responsible for making this little extravaganza so successful. Those wanting to give feedback on possible changes for next year can contact these two exceptional people: laurablasdale@gmail.com or celine@wssp.com.au.

WA

PREGNANCY BABIES AND CHILDREN'S EXPO

SPEECH PATHOLOGY AUSTRALIA was represented again at the Pregnancy, Babies and Children's Expo in Perth this year with more than 250 people visiting the SPA stand to obtain information about speech and language development and services in WA. Speech Pathology Australia is now presented at this PBC expo in five states across Australia.

A very big thank you to all of our amazing volunteers: Alex Trichilo, Abigail Ong, Annique Lynch, Jacinda Nathan, Phoebe Budiman, Maddie Rhodes, Stacie Dwyer, Rachel Loughridge, Vi Tran, Sarah Baidon, Stacey Playforth, Linda Arabi, Stephanie Perkov, Katie Sala Tenna, Remy McKay, Penny Wood, Joanne Gordon, Elyse O'Mara, Sarah Russel, Zali Smith Colombini, Sarah Grunwald, Michelle Quial, Ruth Canas-Lozano, Sue Chung and Nicole Chan.



WA 847
members

as at August 2016

SP WEEK CELEBRATIONS

THE WA SPEECH PATHOLOGY community came together on Thursday 4 August to launch Speech Pathology Week for 2016. Our Creating Futures event provided the opportunity for all to reflect on the current work of speech pathologists in WA and think about the future of our profession. We were lucky enough to hear from three inspiring guest speakers.

Dr Ann Zubrick, an academic associate for the Centre of Ageing and Pastoral Studies at Charles Sturt University and a life member of Speech Pathology Australia, spoke about her work in health, memory and ageing, highlighting the important role speech pathology should play in an ageing population.

Jamaica Grantis, a speech pathologist for the Multiple Sclerosis Society of WA, shared some innovative work she is undertaking in her role; using mindfulness techniques to assist with dysphagia management and intervention in adults with disabilities.

Dr Suze Leitão was recognised for her SPA Life Membership Award and shared her story with us highlighting the caring and inspiring work of speech pathologists in WA. Suze also discussed a new area of practice for our profession: working in the youth justice system where speech and language difficulties are common yet unfortunately there are limited services to assist these young people with their communication difficulties. Suze encouraged us to celebrate how privileged we are to have roles where we can help create futures for others.

It was a great event and attended by many SPs from across the profession.

Lucy FitzSimons
WA Branch Public Affairs



Photograph Tiffany Halliburton

SHARED CELEBRATION OF THE PROFESSION

WE ALWAYS LOOK forward to Speech Pathology Week as it is an opportunity for Tassie speechies from different workplaces to get together and be part of a shared celebration of our profession.

This year, our two main events were the live launch of the 2030 report and holding community information stalls at local markets which were held across two regions of the state. In Hobart, a group of speechies gathered at “Rosie’s” house on 11 August to tune in to the live launch of the 2030 report with wine and cheese aplenty! Another group of speechies from the north met in Launceston to link in to the live report while enjoying great company and some delicious fine wine and cheese. A huge thank you to all who hosted and helped make this event possible.

On Saturday 13 August, two community information stalls were held – one at Hobart’s iconic Salamanca Market, and one at Launceston’s very own Harvest Market. We were given the opportunity to share information about our diverse profession and promote speech pathology by handing out flyers and other

promotional goodies as we know that everyone loves a free magnet or two!

We never cease to be amazed by the range of stories people share with us, and so this year we used the markets as an opportunity to promote our branch’s current focus and ask the community, “Where does Speech Pathology fit into your life?” Their responses were represented on a timeline and included experiences with speech pathology to help with a toddler’s early language development, to teaching key word signing at school, assisting an adult who was having stuttering treatment with their real-world practice and also to meal modifications for someone’s 95-year-old mother who has dementia. It is truly rewarding to hear how our profession has impacted on people and the positive experiences that people have had with our profession.

A big thank you to everyone who got involved and a reminder to our mainland colleagues that we Tassie speechies secretly feel just a little bit “hard-core” for doing outdoor events in winter!

TASMANIA



TAS 109
members
as at August 2016



1. Linda Williams and Rosie Martin braving the cold at Hobart’s Salamanca Market
2. Cat Wood, Sophie Leslie, Dennis Lo, Di Symons, Rachael Zeeman and Anna Flittner at the Branch celebrations for Speech Pathology 2030
3. Ruth Hodgson and Caroline Ross.
4. Isabelle Russell, Rachael Zeeman, Ria Ferris and Dennis Lo
5. Nicole Hatch, Isobel Lewis and Linda Williams

NORTHERN TERRITORY



NT 44
members

as at August 2016



SPEECH PATHOLOGY WEEK FUN

WHEN THE TOPIC of Speech Pathology Week was raised at the Northern Territory Branch meeting earlier in the year, we decided to look for something other than the usual information booth at the market or in-service to health professionals. Our search for something different led us to the Darwin City Council's Fun Bus. The Fun Bus is a mobile playgroup for children aged birth to five that travels to different locations around Darwin each day. With the beautiful dry season weather the Fun Bus takes advantage of outdoor settings like parks and gardens, while in the wet season the Fun Bus activities are held indoors in the much-needed air conditioning.

Fun Bus playgroup sessions are free and aim to engage children in new experiences and help them develop social skills through play. It also provides children with the opportunity to interact with other adults and children, and make new friends. For parents and carers, the Fun Bus lets them meet other parents, learn how to develop skills with their child through play, and provides ideas for activities to try at home. The Fun Bus also helps parents link with services and support within the local community.

As part of Speech Pathology Week this year, an army of SPA volunteers "gate crashed" the Fun Bus playgroup sessions to promote speech pathology. Our fabulous volunteers set up the colouring table, encouraged children to enter the Speech Pathology Week colouring competition, and handed out Speech Pathology Week goodies such as balloons and stickers. They also spent time talking with parents and carers about speech and language development and answered questions from parents about their child's speech and language skills. Information was provided on speech pathology services available in Darwin and handouts were given on speech and language milestones. The Fun Bus was a great way to engage with the local community to promote Speech Pathology Week and sharpen our colouring skills at the same time. A big thank you to everyone who came and helped out.

Meg Redway
NT Branch Editor

CREATING FUTURE SPEECHIES

TO CELEBRATE THE theme of Speech Pathology Week 2016; Changing Lives – Creating Futures, student representatives of the Victorian Branch of Speech Pathology Australia hosted an event for 150 students. Professionals from a range of clinical and research areas, as well as differing levels of experience, were invited to discuss how students can create their own futures as they enter the profession. Hosted at Australian Catholic University, speakers Simone Arnott, Karen Bloomberg, Sue Cameron, Jane-Elise Cherry, Deb Phyland, Katherine Sanchez and Nathaniel Swain discussed how they created their future and paved the way to their careers. Each speaker discussed their personal journey as a speech pathologist, including their greatest accomplishments and challenges, and

presented advice they wished they had received as a new graduate. Students then had the opportunity to ask questions of the speakers in a formal panel discussion, and during a networking session that followed. It was a valuable opportunity for students to hear the varied experiences of a range of professionals and reflect on the breadth of “futures” that can be created within the profession.

We would like to thank our speakers who so generously gave up their time for the event, SCOPE for the delicious catering, Speech Pathology Australia Victoria Branch, and the support of student coordinator Hannah Stark for making this event possible.

SPA Victorian Branch Student Representatives

VICTORIA



VIC 1849 members

as at August 2016



VISUAL MENU AIDS REHABILITATION

THE VISUAL MENU was designed and produced at Caulfield Rehabilitation Centre's Acquired Brain Injury Unit. It was developed by speech pathology and allied health assistant staff after many patients with communication and cognitive impairment expressed frustration at not being able to choose their meals, and having meals appear which they were certain they had not ordered. Before the Visual Menu was developed, patients would need to select meals, often helped by family or staff, from a written menu. Menu choices might say veal marengo or chicken cacciatore which even for a non-brain injured person can be difficult to decipher. A person with aphasia trying to order for themselves might try to order rice as a side, but instead order pasta due to a semantic link breakdown, or order butter beans assuming they were choosing a spread for their bread.

The Visual Menu allows patients to choose their menu options based on coloured photographs of the actual meals. Family

and/or staff often still assist; however, the visual cues enable people to have a better idea of what they are actually ordering – they can “see” veal marengo and make a choice accordingly.

As there are more than 400 different meal options at Caulfield, based on a four-week rotational menu, gathering the photos was a challenge! The staff involved in the project rotated taking photos of all meals as they came off the conveyor belt, which took several weeks.

The aim of the project is to support patients to have an increased sense of independence; we found it encouraged staff and family members to assist patients with communication at a functional level. A further advantage has been reducing food wastage as patients are more content with food options they have chosen themselves. Formal evaluation of the Visual Menu involved surveying staff, patients, and families.

Ten staff and six patients completed a

survey about the Visual Menu. Of the ten staff surveyed, nine were aware of it and had used it (nurses, speech pathologists and allied health assistants). Of the six patients surveyed, two had used it directly, and a further three were interested in using it. Staff comments were all positive and focused on how the Visual Menu helps patients to have more choice and is easy to use with patients. Patients who are using the menu commented, “It helps because it is hard to recognise the names of things like the braised meats...pictures are handy”, and, “I prefer the picture menu”. Patients surveyed also noted they were now more aware of all the choices available.

The project is being reviewed by Caulfield Hospital Business and Strategy Unit Manager to explore a roll-out of the Visual Menu throughout rehabilitation and aged care wards in Caulfield Hospital.

Anat Lankri

Speech Pathologist Caulfield Hospital
Acquired Brain Injury Unit

QUEENSLAND

Speech Pathology Week in Queensland

SPEECH PATHOLOGISTS IN SERVICES ALL OVER QUEENSLAND TOOK THE OPPORTUNITY THAT SPEECH PATHOLOGY WEEK OFFERED TO RAISE AWARENESS AROUND COMMUNICATION AND SWALLOWING WITHIN THEIR COMMUNITIES. BELOW IS A SNAPSHOT OF SOME OF THE EVENTS THAT WERE HELD ACROSS QUEENSLAND.

Department of Education and Training South East Region

The South East Region of the Department of Education and Training held a morning tea to celebrate Speech Pathology Week as well as marking 50 years of SLPs in education. Participants also completed a quiz.



Yvette Dempsey Private practice Gold Coast

Yvette organised for a number of Gold Coast private practitioners to volunteer their time to present to childcare centre staff and parents about supporting the development of communication and swallowing. Yvette also presented to a young mothers' group about early communication and swallowing development as well as at two state primary schools.

Griffith University Gold Coast

The Griffith University speech pathology students ran a social media campaign on Twitter and Facebook on the topic of "creating futures" for people with communication and swallowing difficulties. They also held a bake sale to celebrate Speech Pathology Week 2016.



QLD 1556 members

as at August 2016



Kathy Osborne and Angie Canning Private practice Gold Coast

Paediatric private practitioners Kathy Osborne and Angie Canning volunteered their time to present to parents at a childcare centre about supporting communication and feeding in young children while also presenting the Read and Grow strategies for supporting the development of communication and pre-literacy skills. Kathy put together a static display of Speech Pathology Australia promotional materials and a quiz competition at the Runaway Bay Library. Kathy was also featured in an article for the *Gold Coast Sun* Newspaper talking about Speech Pathology Week and communication disorders.

Rachael Di Bella Cairns

In her role as the SPA regional representative for Cairns, Rachael prepared and distributed promotional material for Speech Pathology Week to the towns in the Far North Queensland regions including Tully, Innisfail, Mareeba, Thursday Island and Weipa.

Gold Coast speech pathologists Gold Coast

Speech pathologists from services across the Gold Coast came together in Speech Pathology Week to present: *Speech Pathology: A Look Inside the Work and the Profession*. The evening consisted of a series of presentations from speech pathologists from each agency on the Gold Coast for people considering joining the speech pathology profession.



Catholic Education Services Cairns

The Cairns office of Catholic Education Services dedicated a webpage to Speech Pathology Week and distributed information posters to 29 schools in the diocese.



Gold Coast Hospital and Health District Gold Coast

Members of allied health, including speech pathology, occupational therapy, physiotherapy, dietetics and students participated in a special "Olympic Games" featuring events such as a fruit puree eating contest and blind-folded thickened fluids taste test. They also held a SP Week 2016 photo booth.

University of Queensland Brisbane

UQ hosted a seminar for speech pathology students where clinicians and clients alike presented to the next generation of speech pathologists about the profession and the impact that a speech pathologist's work can have on their clients.



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