



Speech Pathology 2030

making futures happen

A landmark project for the profession



Speech
Pathology
Australia

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Suggested citation:

Speech Pathology Australia. (2016). *Speech Pathology 2030 - making futures happen*. Melbourne: Author.
ISBN-10 1-876705-14-0

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Preamble

Speech Pathology 2030 - making futures happen (*Speech Pathology 2030*) is a landmark project commissioned by Speech Pathology Australia (SPA), the peak professional body for speech pathologists in Australia, on behalf of the speech pathology profession.

Between December 2015 and May 2016, the *Speech Pathology 2030* project brought together over 1000 speech pathologists (both SPA members and non-members), other professionals and a number of clients, to create a shared vision for the future of speech pathology in Australia.

This report, *Speech Pathology 2030 - making futures happen*, is the culmination of the project.

The report:

- presents the Australian speech pathology profession's shared vision and aspirations for the future of speech pathology in Australia;
- features comments made by clients which support the shared vision and aspirations;
- showcases a few of the many individuals, services and organisations that are leading the way to the future for the speech pathology profession in Australia;
- highlights how the speech pathology profession in Australia can prepare for the future by understanding current drivers of change and exploring opportunities and changes through the use of scenarios; and
- provides a brief overview of the concomitant next steps.

For the note of the reader: the vision, and aspirations, presented in this report were created by the profession for the profession and as such the "voice" used throughout the report is a collective one (i.e. use of the pronouns **our** and **we** to represent the whole profession). For example: As a profession, **we** aspire to create futures for speech pathologists, speech pathology and all of the people **we** work alongside every day.

Before commending you to read *Speech Pathology 2030 – making futures happen*, it is important to highlight the solid and resolute foundation speech pathology is built upon; our purpose.

As speech pathologists our work supports each and every person to:

- communicate effectively;
- eat and drink, balancing enjoyment and safety;
- connect and belong;
- exercise their right to self-determination;
- fulfil their day-to-day needs;
- participate in, and contribute to, their community;
- learn to their full potential; and
- expand and achieve their life choices.

Our purpose, as we head towards 2030, does not alter. We steadfastly maintain our commitment to achieving these goals for everyone in our community now and into the future.



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Acknowledgements

The *Speech Pathology 2030 - making futures happen* project has presented a unique opportunity to shape an aspirational vision for the future of speech pathology in Australia. The strength and relevance of the vision would not have been possible without bringing together the experiences, insights and wisdom of many people from many contexts.

We thank the clients and their family members who so generously gave their time and shared their personal stories so honestly and openly. Their contributions provided a strong and clear foundation on which to build this vision. Clients who were happy to be formally acknowledged include Virginia Hortis (Victoria), Stephen and Tracy Ward (New South Wales), Sean and Kate (New South Wales), Janet Waddell (New South Wales), Geoff Johnston (South Australia), Vicki Robinson (Victoria), Greg (New South Wales), Yarraka Bayles and Quaden Georgetown (Queensland), Mark and Tracey (New South Wales), Caroline and Tony (New South Wales), Wally Bak (New South Wales), Fiona Bell (New South Wales) and Robert Hurren (Queensland).

We recognise the numerous speech pathologists who shared stories highlighting practice at the cutting edge of developments in our field. In particular we thank the speech pathologists who contributed to the case studies included in the following pages, including Dr Barbara Solarsh (Scope, Communication and Inclusion and Resource Centre, Victoria), Ms Kylie Web (Literacy and Young People's Services, State Library of Queensland), Ms Clare Burns (Royal Brisbane and Women's Hospital, Queensland Health), Professor Liz Ward (Centre for Functioning and Health Research, Queensland Health and School of Health and Rehabilitation Sciences, The University of Queensland), Dr Annie J Hill (Centre for Research Excellence in Telehealth, School of Health and Rehabilitation Sciences, The University of Queensland), Ms Lynell Bassett (Royal Brisbane & Women's Hospital, Queensland Health), Ms Helen Sargison (Deadly Ears Program, Queensland Health), Ms Jo Gerangue (Department for Education and Child Development, South Australia), Ms Pamela Thuan (Mahogany Rise Primary School, Victoria), Dr Janet Beilby (Curtin University, Western Australia), and Ms Kylie Stothers (Indigenous Allied Health Australia).

We also acknowledge our professional colleagues who supported this work by sharing knowledge from a wide range of fields across which the speech pathology profession works. Each of you provided powerful and thought provoking perspectives to help us understand a wider range of future possibilities for speech pathology practice.

Many thanks to the *Speech Pathology 2030* Steering Committee; Gaenor Dixon (SPA National President), Chyrisse Heine (SPA Board representative), Robyn Stephen (SPA Board representative), Gail Mulcair (SPA CEO), Trish Johnson (SPA staff representative), Michael Kerrisk, (SPA staff representative) and Christine Lyons (SP 2030 Project Lead). Their commitment and desire to ensure that the project outcomes represented the profession was greatly appreciated.

This project would not have been possible without the hard work and expertise of the project consultants; ably led by Gretchen Young (Project Manager and Senior Consultant) from Young Futures; Katy O'Callaghan, Project Consultant from Outpost Consulting and Jane Haswell, Project Assistant. The team's strong project management skills, attention to detail and dedication to the project was much appreciated.

We also acknowledge the considerable support to the project consultants and diligent planning and coordination provided by Project Lead, Christine Lyons.

A special thanks also to the SPA National Office staff whose "behind the scenes" work supported the smooth running of the project.

Finally, we thank the many hundreds of speech pathologists from across the country who brought an extraordinary amount of energy, enthusiasm, creativity and commitment to shaping this vision that will guide how the profession serves the community into the long-term future.



Executive summary



Speech Pathology 2030 – making futures happen is a landmark project initiated by Speech Pathology Australia, on behalf of the speech pathology profession, to develop a vision for the future of speech pathology in Australia.

The purpose of speech pathology provided a solid and resolute foundation for the *Speech Pathology 2030* project and underpins the vision.

Our purpose, as we head towards 2030, does not alter. As speech pathologists our work supports each and every person to:

- communicate effectively;
- eat and drink, balancing safety and enjoyment;
- connect and belong;
- exercise their right to self-determination;
- fulfil their day-to-day needs;
- participate in, and contribute to, their community;
- learn to their full potential; and
- expand and achieve their life choices.

We steadfastly maintain our commitment to achieving these goals for everyone in our community now and into the future.

Hundreds of speech pathologists, clients, their families, professional colleagues and other stakeholders contributed to creating the *Speech Pathology 2030* vision.

The vision sets out ambitious new directions to make the most of the opportunities and changes happening around us. It also identifies where and how we can extend the best of today's leading edge work to benefit the whole community.

The vision is organised around eight core aspirations.

By 2030, speech pathologists and the speech pathology profession aspire to the following:

1. Communication accessible communities: We will ensure through building communication accessibility that everyone is treated with dignity and respect; communication partners are skilled listeners and talkers (e.g. they provide extra thinking and talking time, they know not to finish off someone's sentences, etc.) and other methods of communicating (e.g. communication boards, speech-generating devices, switches and eye-tracking devices etc.) will be understood, and if required, their use supported.

2. Access for all: We will redress inequities in service access particularly affecting people in rural and remote communities, Aboriginal and Torres Strait Islanders, people from culturally and linguistically diverse backgrounds, and those who live an itinerant life.

3. Timely services across the lifespan: We will provide timely access to supports for speech, language, communication, fluency, voice, and eating and drinking difficulties. To ensure access to advice, support or services is available as early as possible to have maximum effect, we will increase understanding in the community and among our professional colleagues about the speech pathology role and the benefits of early intervention and universal, whole-of-population, programs.

4. Clients and communities driving service delivery: We will ensure that client and community aspirations, choices and knowledge will guide our clinical practice as well as our research, education, advocacy, capacity building, and policy development. Clients and communities will make their own decisions about services based on the best available evidence and we will respond in ways that respect each person's culture, language, life experiences, and preferences.

5. Skilled and confident families and carers: We will ensure families, friends and carers have access to knowledge and support, recognising that their needs are connected to, but also unique and separate from, those of the client. We will invest time to understand each family, their goals, their strengths, their needs and their preferred ways of doing things.

6. Collaborative professional partnerships: We will collaborate and partner with a wide range of professionals to deliver highly coordinated and integrated services, recognising how important this is for clients, especially those who have complex needs. We will coordinate with services from different disciplines and multiple agencies and facilitate smooth transitions for clients as their needs change or they move through different life stages.

7. Quality services, innovation and continual pursuit of knowledge: We will work to rigorous, enforceable quality and ethical standards to protect our clients and maintain confidence in the profession. We will lead the development of new knowledge and technologies with the potential to improve outcomes in communication, and eating and drinking, and work closely with those who can support us to bring new ideas to fruition.

8. Diverse and dynamic workforce: We will create, to expand our perspectives and improve our client engagement, a profession as diverse as the community we serve. We will offer opportunities for long, rewarding careers, enhanced by the support and mentorship of our peers.

The profession is aware the future never unfolds in a predictable way. Through scenario planning, based on an understanding of trends and drivers of change, the profession has readied itself for a range of plausible futures. Thus, even though we can never be certain what will eventuate, we are now able to:

- recognise, test and challenge our assumptions;
- improve the quality of shared conversations;
- build understanding of the mix of factors that may stimulate particular types of change;
- explore and develop strategies resilient across different circumstances;
- “rehearse” the circumstances in which different strategies might be introduced;
- increase attentiveness to the early signs of change indicating the need for a shift in strategy.

With this understanding, the speech pathology profession is well-prepared to make this vision happen. *Speech Pathology 2030* will shape and guide the actions of those who subscribe to it and are motivated to bring it to reality.

Introduction

Speech Pathology 2030 – making futures happen is a landmark project commissioned, on behalf of the speech pathology profession, by Speech Pathology Australia, the peak professional body for speech pathologists in Australia.

This pioneering project engaged the profession, clients and other professionals to:

- develop a vision for the future of speech pathology in Australia;
- identify the priorities, opportunities and challenges the profession, clients and other professionals see as important;
- explore drivers of change likely to influence the profession, directly and indirectly;
- reflect the importance of being alert and responsive to emergent change; and
- outline a clear role for Speech Pathology Australia in leading the profession into the future.

The unique method utilised for the project was shaped by the principles of futures thinking, including:

- exploring a wide range of different *possibilities*;
- embracing diverse *perspectives*;
- encouraging and enabling *participation*;
- recognising the importance of acting in the *present*, rather than waiting for the future; and
- appreciating that the *process* matters and is the beginning of change.

Each of the stages of the project built on the one before, allowing the findings from every stage and the perspectives of each contributor to be brought together to shape the vision for the future presented in this document.

The engagement and enthusiasm of clients, our professional colleagues and speech pathologists from across the country was tremendous. Over 1000 speech pathologists (both SPA members and non-members) contributed to one or more of the project stages.



Project Stages

Stage 1

Understanding the landscape – a stimulus paper

The *Understanding the landscape* paper provided the starting point for the project. The paper presented information about changes in the environment in which speech pathology works and discussed specific issues about the make-up and work of the Australian speech pathology workforce.

Understanding the landscape – a stimulus paper is available at www.speechpathologyaustralia.org.au/SP2030

Stage 2

Perspectives from beyond the profession

Twenty six past and present clients of speech pathology services, and their families, contributed their experiences and ideas through an interview or email communication. The clients were from a wide spread of ages and included males and females; people from metropolitan, regional and rural areas; people from Indigenous and non-Indigenous backgrounds; people with varying communication needs; and those who accessed speech pathology through public, private and not-for-profit services.

A further 22 interviews were conducted with “thought leaders”. Their experience and expertise was varied and included: client engagement; evidence-based practice; Aboriginal and Torres Strait Islander health; advocacy for culturally and linguistically diverse people; early life vulnerability; language and literacy; education; disability; ageing and aged care; higher education; allied health workforce policy; and journalism.

Stage 3

Conversations about the future

Speech pathologists from across Australia volunteered to host *Conversations about the future*. Over 90 *Conversations* were held. The *Conversations* focused on exploring the past, the present and the future of the profession, including: the key purpose of the profession’s work; the events and turning points across the profession’s history; the current trends and drivers of change; and a vision for the future of the speech pathology profession in Australia.

Over 800 participants contributed to the *Conversations* – including speech pathologists, and other interested clients and professionals, from every state and territory who live and work in remote, rural, regional and metropolitan areas and who are involved in a wide range of speech pathology roles and areas of practice.

The findings from Stages 2 and 3 are documented in the report *Perspectives from beyond and within the speech pathology profession – a summary paper*. This paper is available at www.speechpathologyaustralia.org.au/SP2030

Stage 4

Imagining possible futures

A series of workshops and teleconferences were held. These sessions focused on exploring the impacts of a range of drivers of change on the future of the speech pathology profession. This information was then used to craft a set of plausible scenarios for the future of the profession. The workshops also focused on refining the profession’s ideas for a preferred future vision. Workshops and teleconferences were held in every state and territory and a workshop was held with staff from SPA National Office and the Board of Directors.

Stage 5

A vision to aspire to

At the 2016 Speech Pathology Australia National Conference held in Perth, over 100 delegates contributed to a workshop focused on eliciting feedback to refine the vision for the profession presented in this report.

The vision is presented as the heart of this report and sets the scene for the future contribution speech pathology will make to the Australian community as well as being a vision for speech pathologists themselves.

Our shared vision and aspirations



OUR VISION FOR 2030

The individuals and organisations contributing to *Speech Pathology 2030* share a powerful vision for the profession. The vision sets out ambitious new directions, to make the most of the opportunities and changes happening around us. This vision, and the aspirations that underpin it, also identify where and how we can extend the best of today's leading edge work to benefit the whole community.

As clinicians, researchers, educators, policy advisors, advocates, consultants and community development workers, speech pathologists strive to make communication accessible, and eating and drinking safe and enjoyable, for all Australians. This vision will shape and guide the actions of those who subscribe to it and are motivated to bring it to reality.

By 2030, the right to communicate will be understood by the whole community and be recognised as essential to connection, belonging, participation, and self-determination. Regulated minimum standards will be in place and when implemented across our community will facilitate successful communication for any individual who experiences any type of communication difficulty.

Effective communication will be understood as an essential foundation skill for learning, social interactions, work participation and community connectedness.

The community will be familiar with, trust and value the speech pathology profession. Anyone with communication, or eating and drinking difficulties, will have access to speech pathology services to improve their quality of life – irrespective of their finances, where they live, or their language or culture. We will advocate strongly for those who find it hardest to communicate their hopes and needs.

Communities will be resourced adequately in all areas where speech pathology can make a difference, including early childhood, health, education, aged care, disability, criminal justice, Indigenous services, and services for people from culturally and linguistically diverse backgrounds. Services will be available as early as possible to have the maximum impact on long-term outcomes.

Client and community aspirations, choices and knowledge will guide our clinical practice as well as our research, education, advocacy, capacity building, and policy development. Clients and communities will have the chance to make their own decisions based on the best available evidence about the full range of options. We will be skilled and resourced to provide services respectful of each person's culture, language, life experiences, and preferences. We will provide continuity of support and facilitate smooth transitions between services as needs change and at different life stages.

We will seek to understand the perspectives of the families and friends of people who have communication, or eating and drinking difficulties. We will contribute to building their knowledge, skills, and resources to respond confidently in their relationships.

We will be known for our forward-thinking, innovative outlook. We will seek out, contribute to and become thought leaders in the development of new knowledge and technologies with the potential to improve outcomes in communication, eating, and drinking. We will work closely with other professionals, government, business, and researchers to bring new ideas to fruition.

Our views will be sought to inform education, health, social, aged care and disability policy. We will be known as ready and able collaborators in improving health, educational and social outcomes. Our clinical practice will embrace multidisciplinary, interdisciplinary and transdisciplinary models that allow boundaries between professional roles to be negotiated based on evidence, need, context, and skills. Our relationships within our profession and with those from other professions will have a strong national and global focus.

Through a strong foundation of research and evaluation across all areas of practice, the social and economic return from speech pathology services will be well-understood. All speech pathologists will confidently and consistently use and contribute to the rapidly growing evidence-base.

Speech pathologists will demonstrate high levels of skill, accountability, and compliance with rigorous quality and ethical standards. We will be strong advocates for our profession and well-positioned to make the best possible contribution to our communities.

Speech pathology will be a career of choice for young people embarking on their first career as well as those building on an established career. Aboriginal and Torres Strait Islanders, people from culturally and linguistically diverse backgrounds, and individuals who have a disability, will join our profession in strong numbers and the gender imbalance in our workforce will be addressed. We will have long, rewarding careers, enhanced by the support and mentorship of our peers.

This is our vision. Together we will make it happen.

OUR ASPIRATIONS FOR 2030

Our vision for 2030 is underpinned by eight aspirations. Our actions as we head towards 2030, as individual speech pathologists and as a profession, will reflect our desire to work collectively to achieve each of these key aspirations.

By 2030 speech pathologists and the speech pathology profession aspire to the following:

1. Communication accessible communities
2. Access for all
3. Timely services across the lifespan
4. Clients and communities driving service delivery
5. Skilled and confident families and carers
6. Collaborative professional partnerships
7. Quality services, innovation and continual pursuit of knowledge
8. Diverse and dynamic workforce

1. COMMUNICATION ACCESSIBLE COMMUNITIES

Being able to communicate successfully is critical for our dignity, our happiness, and our development. It is a prerequisite for achievement of the basic human rights of participation, expression, access to public services, education and employment.

Successful communication is a two-way process and is dependent on the skills of both parties. We will continue in our role of supporting people with communication difficulties to express themselves and understand others, and also recognise the need to grow our role in working with the people with whom those with communication difficulties seek to communicate. We will build their skills and make appropriate resources available in the community so everyone can communicate successfully as consumers, clients, friends, employers, employees, audiences, and advocates.

Through building communication accessibility we will ensure everyone is treated with dignity and respect; communication partners are skilled listeners and talkers (e.g. they provide extra thinking and talking time, they know not to finish off someone's sentences, etc.) and other methods of communicating (e.g. communication boards, speech-generating devices, switches and eye-tracking devices etc.) will be understood, and if required, their use supported. By building knowledge skills and resources, we will work to ensure that the right to communication is realised for each and every person, in every Australian community.

We will embed this work around the country as core to our role. This will require a cultural change in our community and we will work hand in hand with people who have communication difficulties to lead this shift.

We will advocate for the introduction of regulated minimum standards which, when implemented across our community, facilitate successful communication for any individual, experiencing any type of communication difficulty. Working directly with people with communication difficulties we will co-design, develop and implement effective and acceptable tools and resources to facilitate communication accessibility. As part of this process, we will work towards a communication access symbol reaching universal recognition, equivalent to that of the International Symbol of Access.

To build community understanding and skill we will educate people about communication difficulties and their causes as well as how to support communication in day-to-day life. This process will contribute to developing widespread understanding of the role of speech pathology in assisting communication access as well as in supporting the individual needs of people with communication difficulties across the lifespan.

In our clients' words:

“This has happened to me so many times. I walk into a café and look around for something that's ready-made, so I can just point. Or something that's easy to say. What I really want is to be able to order something specific. I want to say 'A ham and salad sandwich, hold the beetroot, gherkin and onion please' and it doesn't matter if I stutter. So many times the lady behind the counter is ready with her pad and pen, 'Would you like to write it down, love?' Like I'm stupid.”

“There was not a lot of understanding of aphasia in our local community before. They've had to learn about it now though. My husband is a local government councillor and is continuing in the role. We all use strategies. The other councillors email the business to us in advance so he has time to think about it then we practise the sentences, write and type.”

Making it happen

As we step into the future, the speech pathology profession will:

- work with national and international partners to have communication explicitly recognised as a basic human right in the Universal Declaration of Human Rights, as well as in the United Nations Convention on the Rights of Persons with a Disability;
- lead development of regulated national standards for communication accessibility across Australia;
- partner with people with communication difficulties to advance communication accessibility, ensuring minimum standards are met by every health and human services agency, providers of education and training, retail business, and transport services;
- advance a nation-wide movement and campaign to build understanding and respect for the rights of every individual to communicate and to inform the community of the role of speech pathologists in supporting this right;
- integrate core curriculum on the principles and processes of achieving communication accessibility into all Australian speech pathology training programs;
- establish a comprehensive evidence-base regarding application of communication accessibility standards, development of competence in implementing the standards, and the social and economic outcomes achieved; and
- lead innovation in developing processes, tools and technological solutions to facilitate communication accessibility at home, in the work place, and in the community.

Leading the way...

The Communication Access Network, Victoria

Scope's Communication Inclusion and Resource Centre (CIRC) in partnership with the Communication Access Network (CAN) in Victoria is working towards development of communication accessible communities. It aims to achieve for communication access what the International Symbol of Access (wheelchair symbol) has achieved for physical access.

CIRC has undertaken extensive research and consultation with people with communication difficulties and relevant stakeholders on the barriers and facilitators of communication access. This research informed development of the Communication Access Checklist and the underpinning standards that, when met, support people with communication difficulties to access services and resources in their communities. The checklist and standards also benefit people from non-English speaking backgrounds and people with low literacy.

CIRC and CAN engage with organisations over a period of time to develop resources and build skills of staff. The assessment occurs when this process is complete and the organisation feels ready for the audit. When an audit has been successful, the organisation displays the Communication Access Symbol and is awarded a communication access licence, identifying it as a place that is welcoming and friendly towards people with communication difficulties and where staff have skills and resources to support successful communication. Sustainability of communication access standards is assured through compliance with an annual review and the re-issue of the communication access licence.

More and more organisations are wanting to address aspects of their disability access plans that deal with inclusion and the rights of people with

communication difficulties. These include the public transport sector such as V-Line (regional rail), Public Transport Victoria, the Victorian Equal Opportunity and Human Rights Commission and Victoria Police. Over 150 Victorian businesses and other organisations are now registered as communication accessible.

An important feature of the communication access initiative is the central involvement of people with complex communication needs. The initiative provides employment for people with communication difficulties and builds leadership opportunities. However, the most critical aspect is that it brings authenticity and credibility to the audits because it is only people with a communication difficulty who can competently and correctly complete the assessments. Five communication access assessors are currently employed by Scope in Victoria. Scope is now ready to roll out communication access across Australia.



2. ACCESS FOR ALL

As a profession, we are aware of the high level of unmet need for speech pathology services. This need is being driven by factors including an ageing population; the increasing incidence of chronic disease; earlier identification of conditions across all age groups; and improved survival of infants who are premature, chronically ill or have a disability and of adults who experience a stroke, progressive neurological disorders, head injury, or life-threatening illness, such as cancer.

As we plan for the future we will work to identify and quantify current service gaps across different age groups, geographic locations, service contexts and community needs. Specifically we will work to improve access for children and young people in all education settings; for the elderly at home and in residential care; for infants, children, young people and adults who experience mental illness and/or have been affected by trauma; and young people and adults in the correctional system.

We will implement strategies to address the well-documented reality of our current workforce distribution, service models and own skill set means some communities and people are more likely to miss out than others. People in rural and remote communities, Aboriginal and Torres Strait Islanders, people from culturally and linguistically diverse backgrounds, and those who live an itinerant life are affected most significantly.

We will implement new models of care to respond to community need and improve equity of access to services with an appropriate level of specialisation to support individual goals and preferences. We recognise one-to-one intervention, while best practice for many individuals, is only one possible model of service delivery and we will increase our use of a range of service delivery options to create sustainable, equitable, person-centred services. We will systematically implement a portfolio of models to improve choices for clients, increase efficiency for the service system and demonstrate strong outcomes. This will include:

- significantly scaling up the ever growing number of evidence-based telepractice models;
- supplementing direct interventions with individualised online therapy programs;
- utilising real time communication monitoring and feedback tools;
- developing the skills of families and other supports;
- building the skills of other professionals so they can integrate appropriate communication, eating and drinking strategies and supports within their interactions with clients; and
- facilitating learning, support and engagement between clients, their families and support networks.

In our clients' words:

“I’m a young man with a family. I’m highly motivated to work hard. I live in a rural area and have to travel for an hour once a week for therapy. If I could, I’d go to therapy every day, like some of the city rehab centres offer. I’d like more Skype therapy more frequently.”

“I think for Aboriginals, Torres Strait Islanders or people from non-English speaking backgrounds, there needs to be more understanding of the people coming through the door. For some people, just getting to appointments is hard...be prepared to find out about their background before they come in. Know your clients more intimately and stay connected, not just once a year. Think about your environment. Is it open and welcoming? It can be very harsh on people. You feel like the odd one out and this place isn't for me.”

“We live in a rural area so it’s a long way to my once a week speech pathology appointment but I’m very motivated to improve and get back to work so I work with apps on my iPad every day. I’ve joined with another person who has aphasia as well and we practise communication skills three times a week via Skype and I travel to an aphasia support group. Our group would love to have aphasia boot camps like they have in the United States to spend a week doing some really intensive work.”

We are conscious that, in the context of funding models that predominantly support privatised service delivery, there is a risk some people may be disadvantaged due to their financial position, location, language and culture, the complexity of their needs, or difficulties navigating the service system. As a profession we will proactively work to minimise this risk and will advocate for funding models to incentivise services that prioritise those most in need.

With barriers to global interaction reducing we will increase our contribution to developing sustainable local speech pathology practice in Majority World countries and under-served populations. We will also develop a strong offering of speech pathology services to clients across the world using online technology.

To improve access to speech pathology services we will work to become more visible in the community and clearly articulate our contribution to the participation, function and quality of life of people who experience communication, eating and drinking difficulties caused by diverse aetiologies across the lifespan.

We will target our awareness-raising to government, funding bodies, professionals, and the community. As part of this process we appreciate the need to consider the fit of “speech pathology” as our profession’s name. The title does not fully articulate our role across communication, eating and drinking. And the term “pathology” is a medical term that does not represent the breadth of our role. We will consider alternatives, guided by Speech Pathology Australia, and at a minimum explore inclusion of the words “language” or “communication”.

Making it happen

As we step into the future, the speech pathology profession will:

- provide flexible service options, including seven day services across extended hours; telephone, telepractice, online, or face-to-face contact; group or individual sessions, or community support programs;
- work with professional and community partners to establish service access hubs in schools, health centres and libraries to improve availability of virtual services;
- support clients to access services with appropriate levels of expertise through shared-care approaches with other speech pathologists nationally and internationally;
- incentivise extended employment in regional, rural and remote communities;
- partner with relevant peak bodies and community members to develop national strategies to advance speech pathology practice for:
 - Aboriginal and Torres Strait Islanders; and
 - people from culturally and linguistically diverse backgrounds.
- provide opportunities for pre-entry students to complete double degrees incorporating the study of second languages and other cultures, including Aboriginal and Torres Strait Islander languages and culture;
- work with existing multidisciplinary research institutes focused on the needs of Aboriginal and Torres Strait Islanders and people from culturally and linguistically diverse backgrounds to advance the evidence-base.
- advocate to funding bodies in all sectors for funding models:
 - informed by knowledge of cost effectiveness, cost benefit and return on investment data; and
 - incentivising service delivery to those demonstrating low rates of service access.
- routinely monitor access to funding for speech pathology services by different client cohorts to enable timely introduction of initiatives to optimise access where necessary;
- partner with relevant professions to advocate for websites such as My Aged Care, My Hospitals, My Child and My Schools to include information on access to the speech pathology services within individual aged care services, hospitals, childcare and schools; and
- explore options for improving service access through greater understanding of the speech pathology role, including consideration of changing the profession’s name to present a broader, more accurate and contemporary description of the profession.

Leading the way...

Using telepractice to enhance delivery of adult dysphagia and head and neck cancer services

Speech pathologists at the Royal Brisbane and Women's Hospital (RBWH) in collaboration with researchers from the Centre for Functioning and Health Research, Queensland Health, and the Centre for Research in Telerehabilitation, The University of Queensland, have developed and implemented new telepractice models of care to enhance delivery of speech pathology services for adults with dysphagia and head and neck cancer.

The application of telepractice in adult clinical swallowing assessments was initially examined in a series of studies, which confirmed that the new telepractice model was both safe and valid as per face-to-face care. In this service model, the telepractice speech pathologist (at a hub site) directs the patient, supported by a trained health care support worker (at a spoke site), to complete the required assessment tasks. Enhanced technical features such as remote camera zoom and a lapel microphone enables the telepractice system to transmit the necessary audio-visual information for the assessment. Funding from Allied Health Professions' Office of

Queensland (AHPOQ) is currently supporting the clinical implementation of this new model of care through the development of statewide implementation and training packages, and the evaluation of newly-established telepractice service across 19 sites within Queensland Health.

A multisite hub-spoke telepractice service has been established to enhance speech pathology services for patients with head and neck cancer within non-metropolitan areas in Queensland Health. Using a share-care approach, specialist clinical support is provided by the RBWH (hub site) during live clinical telepractice consultations with the patient and their local speech pathologist at Nambour, Hervey Bay or Rockhampton Hospital sites (spoke sites). A purpose built telepractice unit incorporating a medical camera system transmits fine detailed images to support all aspects of speech pathology assessment and management (e.g. voice prosthesis sizing and insertion). Patients have also been supported by multidisciplinary consultations with a dietitian or physiotherapist. Online workforce training has been

highlighted as an additional benefit of the service. Evaluation of the telepractice service compared to standard care (i.e. email/phone support or face-to-face appointments at RBWH) has confirmed significant service and cost efficiencies along with high consumer and clinician satisfaction when using telepractice.

These telepractice models improve access to speech pathology services by providing care at the patient's local health facility. This reduces travel and costs for the patient and health service, contributes to reducing patient risk, optimises patient outcomes, improves speech pathology service efficiency, and provides greater opportunities for workforce training/mentoring for clinicians. Additional projects by this team are underway, including exploring application of telepractice to support remote delivery of instrumental swallowing assessments such as videofluoroscopic swallow studies and fibreoptic endoscopic evaluation of swallowing, as well as home based intervention for head and neck cancer patient care.



3. TIMELY SERVICES ACROSS THE LIFESPAN

Ever-mounting evidence demonstrates the social and financial benefits of community capacity building, prevention, and intervention at the earliest opportunity in the course of a condition, regardless of a person's age. In every area of our work there are opportunities to apply these principles. Increasingly, government policy and funding are focusing on providing early intervention through a focus on, for example, primary health care within the health sector, and response to intervention supports in the education system.

Communication competence as well as safe and enjoyable eating and drinking contribute significantly to health and social well-being. For this reason we will invest in developing the capability of the whole population in areas including infant and child communication and pre-literacy development; communicating effectively with the elderly; understanding the risks, recognising the signs, and knowing how to get support for difficulties with eating and drinking.

We will ensure children and adults alike receive timely access to evidence-based supports for speech, language, communication, fluency, voice, and eating and drinking difficulties. We will support broadcasters, singers, auctioneers, teachers and others whose voice is their most important professional tool to proactively care for it in their day-to-day life and work. We will make important contributions to ensuring children and adults who have experienced trauma optimise their long-term mental health, social development and participation in life. We will apply the latest knowledge in neuroscience to supporting those with an acquired or progressive difficulty with communication, or eating and drinking, to maximise their function and recovery. We will support those with progressive neurological conditions to optimise their quality of life by preserving their skills for as long as possible and adapting to the consequences of the condition as it advances. Finally, we will apply the most current evidence to provide very early intervention to infants identified as being at risk of developmental conditions, such as Language Disorder, Speech Sound Disorder, Social (pragmatic) Communication Disorder and Autism Spectrum Disorder, so as to make the best of the opportunities presented in the earliest stages of brain development.

In the years ahead we will work towards ensuring all early childhood education services, primary schools and high schools include speech pathologists as core staff. In these contexts we will partner with teachers to bring the best of both professions' skills to create a communication environment enabling optimal learning across all areas of the curriculum; to identify and support developmentally and socially vulnerable children from the earliest opportunity; and to provide children who have clear needs with appropriate intervention.

In our clients' words:

“We started when she was 3 and the impacts have been enormous. With the speech and language therapy and then social skills group when she was older, she has gone from an isolated child who points and grunts to a child who could tell us exactly what is going on in her world and who can make friends. She's gained so much.”

“We have been lucky to be in a financial position to pay for the support he needs. Intensive speech pathology, OT, educational specialists. What becomes of some other children with severe dyspraxia who only get seven therapy sessions a year? I worry they may end up in jail.”

“Pre-literacy was brought into the sessions when she was in preschool to address specific issues with reading skills and that has definitely given her a platform to learn from.”

“We had to wait 6 months when we got home to our small town after rehab. My husband lost a lot of the gains he'd made.”

“We tried the hospital system but there was a massive waiting list and the high staff turnover in rural hospitals meant we had to keep repeating ourselves and starting all over again. We lost valuable time.”

To help support timely access to services we will increase the knowledge of the community and our professional colleagues regarding the role of speech pathology; the causes and early signs of communication, eat and drinking difficulties; evidence for the benefits of timely referral and intervention; and options for service access.

We recognise the opportunities technology provides for facilitating more timely delivery of services. We will use these tools to their full capacity and lead development of new technology to meet the specific needs of different client groups.

Whether someone is an adult or a child, regardless of the cause of their difficulties with communication, eating or drinking, we know the more timely the supports, the better the outcome. We will advocate for this principle to guide policy directions; program funding, design and implementation; and the contribution we make to each and every individual we work with.

Making it happen

As we step into the future, the speech pathology profession will:

- build a strong evidence-base demonstrating the economic and social return on investment from speech pathologists undertaking community capacity building, prevention and early intervention;
- advocate to government, funding bodies, and employers to prioritise evidence-based universal capacity building, prevention, and early intervention;
- develop the knowledge and skills of speech pathologists in designing, implementing and evaluating universal, whole-of-population, programs and develop, deliver and evaluate universal programs for a range of community groups and needs;
- work towards all early childhood education services, and primary and high schools integrating teaching and speech pathology expertise to support academic success;
- establish effective early referral and prioritisation systems to speech pathology for:
 - parents whose baby is diagnosed with a condition prenatally or immediately postnatally that is likely to impact their communication, or eating and drinking;
 - children and young people with needs that may be associated with or result in communication, such as behaviour difficulties and learning difficulties; and
 - people with acquired and progressive conditions that may impact communication, eating and drinking, such as stroke, accidents, brain injury or cancer.
- contribute to pre-entry and ongoing training of our professional colleagues to ensure they have relevant knowledge of the causes and indicators of communication, eating and drinking difficulties; evidence for timely referral and intervention; and options for service access;
- lead and use new and emerging technology to assist the early identification and prioritisation of people of all ages with diverse communication, eating and drinking needs;
- conduct a regular workforce census to monitor, and plan for, workforce capacity, distribution and capability to deliver timely services; and
- establish a mechanism for providing the public and other professionals in each state and territory with current information regarding speech pathology services in the jurisdiction.

Leading the way...

First 5 Forever, State Library of Queensland

First 5 Forever is a universal family literacy initiative with the aim of providing strong emergent literacy foundations and life-long learning capabilities for all Queensland children under 5. First 5 Forever draws on the latest neuroscience and early childhood development research in identifying the urgent need to create a positive cultural shift and more confidence in learning and literacy in our communities; enabling parents and caregivers to better understand their role, and what they can do to support their children by encouraging everyday play, shared reading, learning, and language rich interaction and environments at home.

First 5 Forever is delivered in partnership with Queensland public

libraries and centrally coordinated by the team at State Library of Queensland. State Library of Queensland employs a consultant speech pathologist as a key contributor to the initiative, recognising the profession's rich understanding of language and emergent literacy in both the home and community. Bringing speech pathology knowledge to a universal platform is a key outcome of the role.

Libraries are already significant providers of children's services. Through the inclusion of speech pathology in First 5 Forever, Queensland libraries are exploring new opportunities for language and literacy development both within libraries and through community service

providers with the aim of embedding language and literacy development into all children's programs and linking families to existing community resources to prevent duplication.

First 5 Forever hopes to demonstrate the role of speech pathologists in universal programs and inspire the development of similar initiatives across the country. A lasting legacy would be a system where services work together to plan and respond to what benefits families, with parents receiving timely and realistic information from multiple sources around the importance of shared reading, singing, talking with and playing with their children from birth.



4. CLIENTS AND COMMUNITIES DRIVING SERVICE DELIVERY

We are committed to incorporating the growing evidence that giving “voice” to clients and recognising each person as the expert in their own lives is fundamental to improving health and social outcomes. We will demonstrate our understanding that the best outcomes are achieved through strong partnerships with our clients. Rather than placing a primary focus on advising people what they might do and offering our technical expertise, we will start with ensuring optimal client engagement and participation.

With the introduction of individualised funding programs in areas such as disability, mental health and aged care, there is an increasing opportunity and expectation from clients to have choice and control about when, where, how, by whom and if they receive services. Clients, rightfully, want access to all the relevant information and to understand the evidence for the range of options available locally, nationally and internationally so they can make their own well-informed decisions. At times this will require us to respect a client’s right to decline services or choose a path contrary to our judgement.

We will partner with clients to seek their feedback and continually develop the essential skills of person-centred practice in our workforce to achieve a truly client-driven, customised approach. We will be open, flexible, and respectful in how we provide all aspects of our services. We will develop and implement approaches focusing on understanding and supporting the whole person, and incorporating into our practice each client’s story, goals, culture, experiences of language, perspectives on well-being, and relationship to their community. This will support us to work effectively with clients in natural environments of their choosing, incorporating activities relevant to their daily lives.

We are committed to ensuring all clients know what to expect from a quality service. We will inform all clients of the full range of intervention options, the variables that might influence their outcomes, and the likely trajectory of their intervention and we will ensure we revisit this conversation on a regular basis. We understand our clients have increasing access to opportunities to communicate with other service users about the services they attend, the professionals they see and the intervention approaches available. We will openly and objectively respond to clients with issues and questions arising from these sources.

We will champion the involvement of community members in designing, implementing, governing, and evaluating policy, programs, research, and clinical models and pathways. We will actively learn from and integrate the perspectives, experiences and expertise they contribute.

When it comes to training our future workforce, we will include community members and people with communication, eating and drinking difficulties. Opportunities will be available for them to support development and delivery of speech pathology curricula and partner with Speech Pathology Australia and government in the regulation and oversight of our professional practice.

In our clients’ words:

“Before the aphasia my husband had a very high level job. Lots of talking, writing, presenting. Our speech pathologist respects this and engages him in therapy tasks that he values. She’s organised for him to give PowerPoint presentations and speak at conferences and to community groups about his experiences to help raise awareness and educate the community about aphasia. She’s helped him with the skills and confidence to do this. This type of thing sends the message, ‘Even if we can’t fix you, you can improve, you can have a better life than you have now.’”

Our speechie sees us at home so she can see my environment and how I live and what I need. That’s exactly what I want.”

“I’d like to see clients included on foundations or boards that manage research money, to really be part of the decisions of where research money should be spent.”

“Spend time getting to know our beliefs, attitudes and motivations and you’ll get great outcomes.”

“As a group of clients, we need to have a voice in speech pathology. We have a different set of knowledge, experiences and expectations to professionals. We can give real feedback about whether things work, their effectiveness and the drawbacks of devices and methods.”

Making it happen

As we step into the future, the speech pathology profession will:

- work with other relevant professions and consumer peak bodies to provide:
 - training in person-centred practice to guide change in organisational policy and practice;
 - voluntary assessment, feedback and accreditation of person-centredness;
 - a voluntary system of mentoring of speech pathologists by clients to advance person-centred practice; and
 - peer mentors for clients with similar needs.
- work with clients to design service models that:
 - respond to client needs and preferences, including when, where and how services are delivered; and
 - incorporate each client's story, goals, culture, experiences of language, perspectives on well-being, and relationship to their community.
- ensure all clients, and the community, are provided with information about what to expect from a high-quality speech pathology service;
- research the process, impacts and outcomes of person-centred practice;
- develop and ensure access to information for clients on established and emerging interventions for different clinical presentations, including the strength of available evidence for different client groups;
- involve clients in:
 - establishing and administering standards for professional ethics and quality practice;
 - accreditation processes for pre-entry training programs;
 - prioritising, developing and delivering key areas of the speech pathology pre-entry curriculum and continuing professional development program;
 - determining research priorities, conducting research and interpreting research findings;
 - relevant committees and programs of Speech Pathology Australia; and
 - planning, evaluation and governance of clinical services and community capacity building programs.
- ensure appropriate compensation for clients who play a role in contributing their skills and experience to the service system.

Leading the way...

Deadly Ears, Queensland Health

At the Inala Hearing Health Hub, the Queensland Health Deadly Ears team works with Aboriginal and Torres Strait Islander children and families using a family-centred consultation model. The model is informed by family-centred coaching models and models for single session work and was developed by trialling and adapting different approaches to best suit the clinic context. The team is now researching how the model contributes to the quality of their engagement with families.

In the knowledge that some families may only ever access a single session, the emphasis is on getting the best possible outcomes from every single encounter. Each cycle of contact involves an initial phone call, a face-to-face session and a follow-up phone

call. The focus is on the family's story, goals and concerns; what the issues mean to them; what they think might help the most and be achievable for their family; and how their child's strengths and passions can be used to support their development. The professional's skills and knowledge are used to support the family's specific goals and to help them make the most of the knowledge, expertise and opportunities they have. A Deadly Ears speech pathologist, said:

"This is a very different way of working than the 'expert model' we're used to. There are times when it can initially feel incredibly difficult. You might think that a different path is needed than what the family might be suggesting and you can feel a lot of conflict about that. But with experience

you realise that what might be right 'technically' doesn't always bring the best outcomes. Taking a path that doesn't suit the family or that they aren't ready for can get in the way of the relationship and trust you have built. This could then mean you risk losing the opportunity to support them at all."

She explained that the relationship is key.

"Even though you have only just met, if they see that you really are there just for them and what's important to them, the relationship builds so quickly. The follow-up phone call is very powerful—the fact that you cared enough to recontact them to see how they were going."

5. SKILLED AND CONFIDENT FAMILIES AND CARERS

Our roles extend beyond the services we provide to individuals with communication or eating and drinking difficulties. Our role in building the capacity of our clients' families, friends and carers can be as equally important as they shape and sustain their relationships with their loved ones and support their communication, eating and drinking goals. Often the whole family is on a shared journey and we know their role makes a big difference to how things unfold.

We will ensure families, friends and carers have access to appropriate knowledge and support, and will recognise their needs are connected to, but also unique and separate from, those of the client. To achieve this we will invest time to understand each family and relevant family member's story, including their goals, strengths, capacity and needs, as well as their preferred ways of doing things. We will integrate this knowledge into how we support and respond to the goals of our clients.

We will make sure families, friends and carers have access to all the information they seek and need and will take time to build their knowledge about the nature of their family member's communication, eating or drinking difficulties, the impact of the disorder, and practical ways to provide support consistent with client goals and readily incorporated into daily life.

We will build the capacity of our entire workforce to understand and successfully work with the families, friends and communities of people who are recognised as experiencing greater vulnerability, including Aboriginal and Torres Strait Islander families and communities; families from culturally and linguistically diverse backgrounds who have recently migrated to Australia or arrived seeking asylum; and those who experience significant poverty and disadvantage.

We are increasingly aware professional services can only ever be part of the picture in responding to the needs of families, friends and carers. The chance to connect with others who share similar experiences can offer valuable assistance, advice and support. We will help establish systems of family support, facilitate links between individual families with similar needs, and increase awareness of opportunities to engage with local face-to-face groups, and online support mechanisms within and beyond Australia.

We recognise families and other support people often undertake the unfamiliar and complex task of case management and advocacy, scheduling and liaising with a wide range of different services. We will collaborate to develop service systems to simplify and streamline this process, with the goal of reducing personal and financial costs.

Just as we work holistically to support our clients' goals and aspirations, we will apply this perspective to their families and others who support them. We will be alert to their overall well-being and ensure their access to relevant services.

In our clients' words:

“My family tries to double or triple up on our therapy experience. Mum, dad, grandparents, extended family all try to attend sessions at various times. We try to engage the whole family because we've found over the years that while sessions bring about small spikes in understanding, the real change happens on a day to day basis. We're all involved and we feel like mini speech pathologists!”

“More support is needed at the start. A mentoring program would be good with parents who have older children (like me) supporting the parents of a 3-year-old to say 'this is the journey we've been on'.”

“I'd love it if my son and I could go to a centre that would be all about the love of language and communication. There would be people who were inspired and relating in a fun way....I'd love to go every day for 1 hour and work on his language with all the books and games and computers and equipment and someone would come around like a gym instructor to coach you...a focus on developing a community of parents.”

“One-on-one practice at home can be quite isolating and overwhelming.”

“There's so much power in a support group.”

Making it happen

As we step into the future, the speech pathology profession will:

- advocate for the introduction of funding models recognising the value of capacity building and support for families, friends and carers;
- with client permission, communicate explicitly with families and carers to ensure they have a good understanding of the effects of the communication or eating and drinking difficulty, and the best ways to support the client's goals;
- develop and deliver comprehensive resources and group programs for family members, friends and carers to build understanding and develop strategies relevant to different needs, such as, infant feeding, autism spectrum disorder, learning disabilities, aphasia, acquired brain injury, progressive neurological conditions;
- ensure these resources and programs are available in Easy English and languages other than English, and recognise cultural differences in responding to communication, eating and drinking needs;
- partner with appropriate organisations to ensure family members, friends and carers have access to resources and supports to guide them in successful case management and advocacy;
- partner with other relevant professions and consumer peak bodies to establish a system of client and family mentors for families with similar needs;
- establish referral pathways and proactively assist families and carers to access relevant health and social supports for their own needs; and
- establish employment opportunities for family members, friends and carers in a range of support and advisory roles in the speech pathology service system, to bring valuable knowledge and skills to the development and delivery of services.

Leading the way...

Allied health in children's centres program, Department for Education and Child Development, South Australia

Children's Centres for Early Childhood Development and Parenting are located across South Australia in areas where there are high numbers of vulnerable children and families. A key goal for speech pathologists working in the allied health program in children's centres is to enhance families and carers' skills and confidence in engaging with their children in ways that promote children's healthy development and well-being.

An example of this capacity building work is a group program facilitated by the centre's speech pathologist and occupational therapist in Southern Adelaide. Families with children who have been identified as at risk of developmental difficulties are

encouraged to attend the program. Information is provided to parents and carers about various aspects of child development and positive attachment relationships and how these difficulties can impact on children's development. Speech pathologists also discuss the rationale behind activities, and how they can be repeated at home and other locations. Most of the time is spent supporting parents and carers to engage with their children in activities supported by the allied health staff who use modelling and coaching to build capacity. Families and carers then apply their learning at home and in other settings, and are able to discuss how this went and problem-solve with the speech pathologist when they next attend the group.

Parents and carers have reported that some of the benefits of this group program include opportunities to talk in an informal, non-stigmatised setting with professionals about their children's development; learning and reflecting on their relationships with their children and how they can enhance their interactions; and connecting with other families in similar situations. Speech pathologists have noted that these programs provide a soft entry point for families into early childhood services, and often are successful in engaging families who find it difficult to participate in other services.

6. COLLABORATIVE PROFESSIONAL PARTNERSHIPS

We will respond to the call from clients and communities to collaborate and partner with a wide range of professionals to deliver highly coordinated and integrated services. We recognise how important this is for all clients, but especially those who have complex needs and access services from different disciplines and multiple agencies. This is equally important for facilitating smooth transitions for clients at different life stages and between service providers. We will build our skills and systems in order to deliver well-coordinated multidisciplinary, interdisciplinary, and transdisciplinary services to improve the experience of our clients and the outcomes they achieve.

We will realise the full benefits of cross-pollination and exchange of knowledge, skills and ideas between professions through collaborative, inter-professional research, practice, and education. For the benefit of our clients, we will be open to more flexible and negotiable role boundaries and work to maximise and extend our own scope of practice while supporting our professional colleagues to do the same. As part of this process we will acquire new skills and perform new tasks while delegating or devolving other tasks that can be undertaken more practically and efficiently by others.

We will develop our roles to work alongside our professional colleagues in real-time in all service contexts and with all populations. It is through these partnerships we believe we can deliver more than the sum of our individual contributions.

Looking to emerging fields of practice, we are ready to create opportunities to contribute to and learn from diverse fields of practice, including socially assistive robotics; genomics and epigenetics; population health and community development; health economics; criminology; neuropsychology; medicine; and teaching across all age groups. We will invest in establishing mutually beneficial partnerships to benefit our clients through an expanded knowledge base and access to a wider range of tools.

As a profession we will bring strong leadership and evidence-based advocacy to our partnerships with all levels of government and relevant funding bodies. We will be recognised for our valuable contributions to developing, implementing and reviewing health and social policy and programs.

In our clients' words:

“

“The solution to stuttering will come from the melding and free exchange of ideas between speech pathology, psychology and people who stutter.”

“Everyone worked as a team, starting my daughter’s transition to primary school 6 months beforehand. The autism therapist, the speech pathologist, parents and the school all linked together and worked proactively to anticipate her needs. It went so well, beyond my expectations. Working together proactively was a major benefit to a wonderful outcome.”

“Our school has a dedicated speech pathologist who has introduced a program that teaches vocab within each learning unit all through the school every day. It’s wonderful.”

”

Making it happen

As we step into the future, the speech pathology profession will:

- develop the skills of the existing workforce and ensure all pre-entry training programs equip graduating speech pathologists with a thorough knowledge of the professions they will work with and the skills to practice in multidisciplinary, interdisciplinary and transdisciplinary service models;
- lead establishment of systems to provide continuity of care with seamless pathways across services contexts through comprehensive and effective collaboration between professions and services;
- challenge historical assumptions on clinical role boundaries and advocate for funding models and service delivery models allowing role overlap and maximum flexibility between professions where it will benefit clients;
- adopt extended scope tasks supported by appropriate credentialing, including new areas of practice and roles previously the domain of others, such as prescribing and administering relevant medicines; providing ENT clinics for voice disorders; and services for head and neck cancer;
- undertake collaborative research to contribute to the evidence-base for multidisciplinary, interdisciplinary and transdisciplinary service models;
- provide students of other professions, such as nursing, teaching, other allied health professions, and biomedical engineering, the opportunity to enrol in relevant pre-entry speech pathology units of study and training opportunities;
- establish opportunities for speech pathologists to work in partnership with a range of professions, including biomedical engineers, scientists, social scientists and educators to integrate knowledge for the benefit of our clients; and
- provide electives or articulated double degrees for pre-entry speech pathology students to allow early career knowledge development in business, economics, engineering, information technology, social sciences, population health and health promotion.

Leading the way...

Speech pathology at Mahogany Rise Primary School

Mahogany Rise Primary School in Victoria is in a community that experiences very significant social and economic disadvantage. Eight years ago, the speech pathologist at the school identified that 95 per cent of prep students had significant language difficulties. These numbers made it impossible to effectively prioritise working with individual children. A decision was made to begin a whole-class approach to language development.

The approach involves the teacher and speech pathologist working side-by-side in the classroom once they have jointly identified and planned to respond to specific language goals. The planning processes are detailed and comprehensive. The speech pathologist and teachers look carefully at findings from performance in the classroom, a range of formal and informal assessments, and specific subskills on NAPLAN assessment

outcomes. The approach focuses on building not only the childrens' language skills but also their metalinguistic skills so they can engage with and use language in a more conscious way. The whole class approach to supporting language development is now being provided to every grade and is recognised to be contributing to significantly improved learning outcomes. NAPLAN performance now exceeds that of children at schools with a similar demographic profile.

As the speech pathologist explained, "If speech pathologists could provide whole class speech pathology support in classrooms across the country we could improve outcomes not just for individual students but for whole communities. This work helps to build positive futures for children, increasing their ability to be productive and positive members of society. There's a lot we can do to reduce the risk of

poverty, involvement in the criminal system, dysfunction in relationships and un-employability. Speech pathology is not expensive when you realise that language is the basis of everything"

A group of Victorian speech pathologists involved in a whole-class language interest group is currently developing a guide to assist teachers with the process of establishing language goals relevant to students' individual learning plans.

At Mahogany Rise Primary School the speech pathology program is just one important initiative being facilitated and supported through the leadership of the school principal. The school also has a visiting paediatrician, funded through a combination of Medicare rebates and philanthropic support, and a visiting lawyer who is available to parents.

7. QUALITY SERVICES, INNOVATION AND CONTINUAL PURSUIT OF KNOWLEDGE

Every client and every community deserves the highest quality speech pathology service, delivered within a strong ethical framework.

With this as our goal, we will each work to rigorous, enforceable quality and ethical standards designed to protect our clients and maintain confidence in the profession. Systems will be in place to ensure these standards are applied to each of us at every stage of our career, regardless of the context or sector within which we work. These systems will cover appropriate credentialing, supervision, continuing training and working within our individual scope of practice and experience.

As future speech pathologists graduate to the workforce they will be recognised for their strong skills in person and family-centred practice; their capacity to work effectively with people from diverse backgrounds and a range of life experiences, including Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds; their competence in using a range of technologies, including telepractice, virtual learning, web-based therapy tools, and social robotics; and, their knowledge of community capacity building and universal service responses. Throughout their careers speech pathologists will have a wide range of relevant continuing professional development and postgraduate course work and research opportunities to choose from.

We recognise the compelling reasons for service funding to be targeted towards practices with the best evidence-base. As the profession moves into the future, every speech pathologist will play an active part in undertaking research to develop the evidence-base and ensure its rapid translation into practice. To make this possible we will facilitate research mentoring and partnerships between universities and services in every field of practice.

As we continue to refine the evidence-base in areas where a strong foundation has already been laid, we will also pay particular attention to advancing our understanding where evidence is yet to be well established. We will fill the gaps in understanding of the best approaches for working with client subgroups whose specific circumstances mean standardised practice may not be appropriate. Building this knowledge will ensure we are well-placed to make a strong case for appropriate resource allocation to meet the needs of the most vulnerable people in our community.

To ensure we keep developing the best quality services, offering optimal choice for clients and efficiency for the service system, our whole profession will stay informed of practice innovations and advances in fields relevant to our work. We will continue to enhance our knowledge and skills in areas which advance or

In our clients' words:

“I hope we get universal...really keep pace with what other countries and experts are doing.”

“The problem isn't availability of technology, but applying available expertise to resolving the inability of an electrolarynx to obtain sufficient volume to be heard against background noise. Smartphone apps can drive an external Bluetooth speaker to provide a personal amplifier. The software could be extended to subtract background noise and filter out the electrolarynx excitation frequency from the laryngectomee's vocalisation. And, the electrolarynx could be replaced by a phone speaker driving a low volume sound to an oral tube modulated by the user and amplified by the phone.”

“I have a progressive neurological condition, there's so much more to be learnt about how the brain changes in the next 50 years. We're waiting for the magic pill. The cure that stops the degeneration.”

“I think speech pathology has a role in the move to technology-based learning. To find a way to balance this with the skills that good personal communication requires.”

“Some therapists didn't seem to have a good theoretical basis to what they were doing. This was clear when we found a speech pathologist with enormous knowledge of the brain areas and functions and could do really targeted work.”

extend our current scope of practice, ensuring the profession has the opportunity and recognition to be at the cutting edge of its capability.

Technological developments in assistive technologies, telepractice, robotics, virtual reality, and rapid developments in medical instrumentation and imaging are already transforming intervention options, role definitions, relationships between professionals, service delivery practices, and approaches to learning. We are committed to the Australian speech pathology profession becoming a leader in developing and using these technologies as important tools to facilitate development of new knowledge, enable service access and support delivery of more targeted interventions.

We recognise the critical contribution advances in neuroscience are making to speech pathology practice and will invest strongly in growing the knowledge base in this field. Translation of these developments into practice will be key to providing well-targeted interventions optimising outcomes for clients of

all ages, from infants who have congenital conditions to older individuals with acquired and degenerative conditions.

The years ahead will continue to see rapid advances in our understanding of genetics. We will lead and collaborate on relevant research to understand the genetic basis to a range of communication, eating and drinking difficulties, and other associated conditions. We will use this knowledge to improve client outcomes by combining our understanding of genetics with shaping environmental and behavioural factors to develop and deliver highly individualised interventions.

We are committed to actively engaging with these emerging fields of practice and innovation as well as being open and curious about opportunities we cannot yet imagine.

We will take risks to reveal new understanding and share what we discover in the process. We will act with conviction on what might be possible, rather than simply wondering.

Making it happen

As we step into the future, the speech pathology profession will:

- be regulated through a national framework, applied to all health professionals, to provide confidence and assurances to the public of the quality and safety of the speech pathology profession;
- refine the profession's practice and supervision standards to balance the requirement for safe, high-quality practice with the need for continual innovation;
- maintain and enforce clearly defined practice and supervision standards applicable to all speech pathologists, at every career stage, in all service contexts;
- review and revise the speech pathology Competency Based Occupational Standards to ensure their currency and applicability to community need;
- establish a mechanism for recognising and credentialing speech pathologists operating in advanced and extended areas of practice;
- further advance the system for Australian speech pathologists to access as well as contribute to providing comprehensive professional development and quality clinical supervision across Australia and internationally;
- establish mechanisms to support all speech pathologists to interpret, apply and participate in research;
- develop systems to aid rapid uptake of evidence, including partnering with international speech pathology associations to provide access to an international database of speech pathology journals and journals in rapidly advancing fields such as neuroscience, genomics, and the application of technology;
- develop a platform for speech pathologists to share information with the profession about new and emerging initiatives, both big and small, formal and informal;
- ensure access to a range of relevant vocational education and higher education training options covering a range of clinical practice areas, technology in health and human services, and business management in health and human services;
- partner with related professions to develop and deliver practice management training as a prerequisite to commencing private practice;
- build partnerships in the development and application of social robotics, virtual learning, rehabilitation and education software, and assistive technology;
- proactively communicate evidence for speech pathology interventions in health, social, education, employment and disability policy to all levels of Government, professional colleagues and the community; and
- establish a foundation for excellence in speech pathology focused on improving community awareness, supporting research, enabling service access, and supporting successful initiatives to be "scaled-up" across the nation.

Leading the way...

Virtual learning technology – School of Psychology and Speech Pathology, Curtin University, Western Australia

Curtin University in Western Australia in collaboration with Citrine Technologies in Atlanta, has developed virtual learning technology to train students and health care workers in the development of fundamental communication and interpersonal skills.

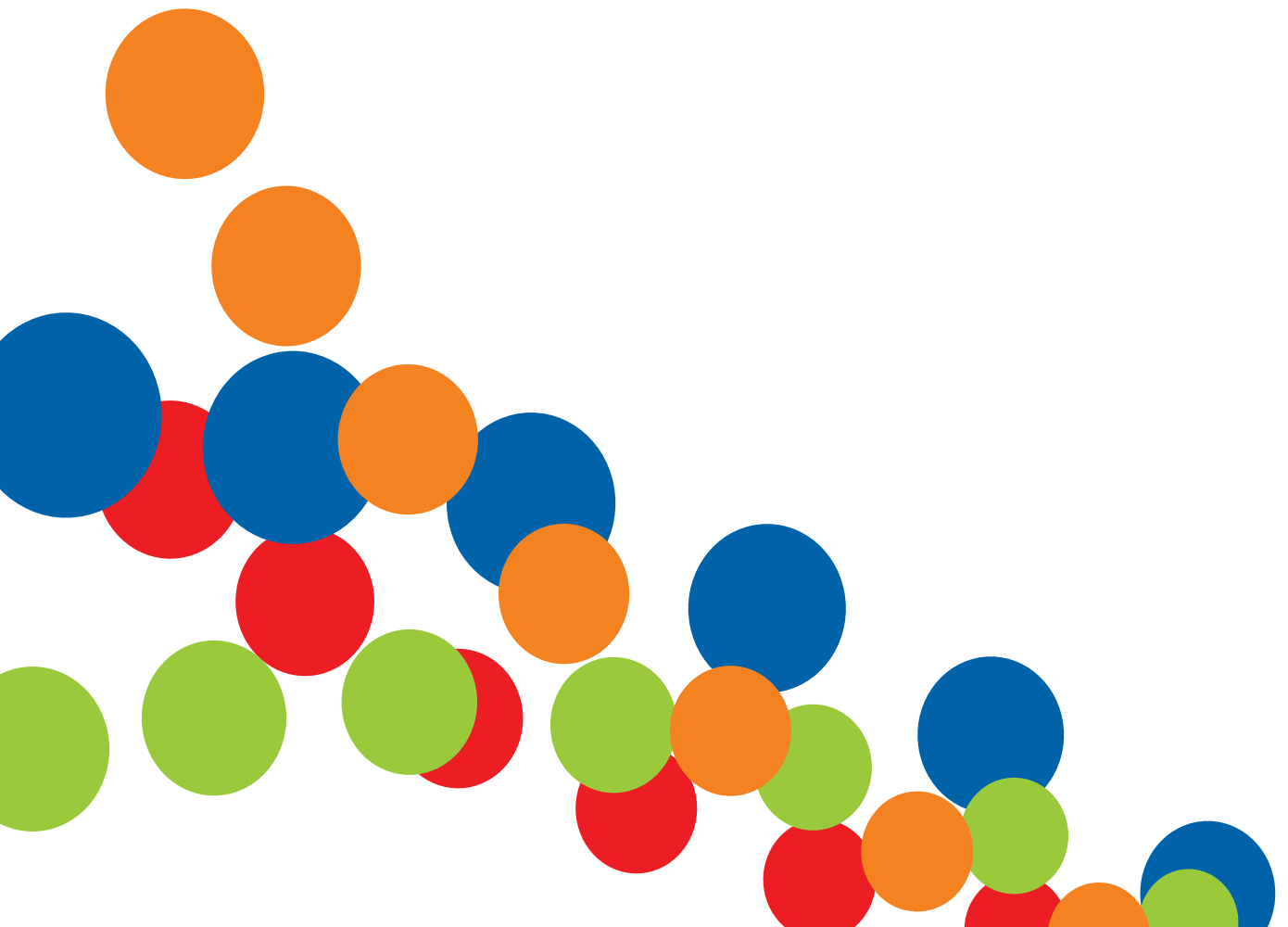
The current virtual learning education tool is a life-like computer-simulated “avatar” of an elderly Australian gentleman with dementia. This Empathy Simulator, is a computer-based program featuring an avatar character named “Jim”, which has been developed to address the demands of education and health care provision. “Jim”, a virtual client, provides a cost-effective way for students to practise and master essential interpersonal and rapport-building clinical skills before they work with real clients. The simulator challenges students to manage complex scenarios, such as putting the client at ease, delivering bad news and managing clients who are agitated, confused, or feeling depressed.

Initially, the “avatar” is controlled by a clinical educator who chooses its responses based on the student’s verbal and non-verbal behaviours. This interaction between the student and ‘Jim’ is recorded for reflection and feedback so that the student is supported and educated with increasing levels of independent responsibility in their management of challenging communications. Such training provides standard experiences for all students with the opportunity for repeated practice in a safe environment. The aim is for the student to achieve competence before having real-life interactions with the general public.

The training scenarios and the responses of the avatar have been designed by a team of international researchers with over 30 years combined experience in psychology, communication, behaviour management and software design. A recent collaborative study investigated undergraduate speech pathology students’ self-rated communication skills, knowledge,

confidence and empathy across simulated and traditional learning environments. Research results showed that students found the avatar to be more challenging to communicate with than human patients and they generally had to work harder to build rapport in this virtual clinical exchange. However, in terms of a learning experience, the students felt that they learned as much if not more because the virtual scenario was safe, confidential and allowed for repeated practice.

The next development for the Empathy Simulator in the future will include voice recognition software to allow “Jim” to respond automatically to the student without clinical educator guidance. The potential for clinical avatars, extends well beyond the health care system, because although the virtual environment is not real, it creates a real learning experience for students.



8. DIVERSE AND DYNAMIC WORKFORCE

Our vision is to create a profession as diverse as the community we serve. We will work to increase participation from Aboriginal and Torres Strait Islander people; people from diverse cultural and language backgrounds; males; people with disability; and people from regional, rural and remote communities. Fulfilling this aspiration will expand our perspectives, knowledge and experiences. This will bring to our profession a broader understanding and responsiveness to communication, eating and drinking difficulties across our community. It will also improve our engagement with the community, improve access and increase client choice.

To help attract different people to the profession, we will establish a range of pathways into speech pathology training courses. There are opportunities to increase understanding of allied health professions among high school students through school-based allied health assistant traineeships. Beyond high school we will work with training organisations to develop articulated pathways from vocational education programs into pre-entry speech pathology training for Aboriginal health workers, allied health assistants, aged care workers, childcare assistants, and disability workers.

We appreciate the opportunities brought to the profession by individuals who seek to return to speech pathology after an extended career break or by those who come to the profession to build on an established career or other life experiences. By actively supporting the integration of these different skills and experiences, we recognise our knowledge base and what we can offer the community will be strengthened.

An important precursor to establishing speech pathology as a potential career of choice across people from different backgrounds and among people with a range of interests and skills, will be investing in building greater awareness about what speech pathologists do, how they add value, and the breadth and depth of speech pathology roles.

In shaping our future workforce we will ensure opportunities for varied and rewarding career pathways, allowing speech pathologists to contribute to community need while having long and satisfying careers that fulfil a range of aspirations and are appropriately remunerated and supported. We will also value and recognise the contributions made by speech pathologists who move beyond speech pathology roles into other areas of practice, appreciating the perspectives and knowledge they continue to contribute based on their experience in speech pathology practice.

It is important our workforce strategies are informed by comprehensive and accurate data about the profession. To achieve this we will establish mechanisms to collect and report on a range of key variables relevant to the speech pathology workforce and associated community need.

In our clients' words:

“My son has been so lucky. As a teenage boy with a language disorder, having a male speechie has meant he's had a real mentor and role model who understands him. This has helped him enormously.”

“I think there needs to be more awareness training and workshops for professionals so they can understand our culture and kinship systems. Things like why it's so hard to get to appointments sometimes because of our cultural responsibilities.”

“I didn't have a clue about what speechies did until I got cancer.”

“Speech pathology will need to change because you will need to factor in other languages and cultures. Australia is becoming more and more multicultural.”

Making it happen

As we step into the future, the speech pathology profession will:

- develop and implement a suite of complementary strategies to attract a diverse range of people to the profession, possible strategies include:
 - increasing the availability of school based traineeships for allied health assistants and Aboriginal health workers;
 - articulated pathways from a range of vocational education programs into speech pathology pre-entry training;
 - revising the Competency Based Occupational Standards to accommodate restricted scope of practice for new entrants to the profession and those returning after a long career break to enable inclusion of people who have a specific disability, those who are not fluent in English but are interested to work with people from a specific language background, and those returning to the profession who only wish to work with specific client groups.
- maintain awareness of Australia's changing demographics and policy directions and proactively plan to ensure there is adequate capacity and capability across the total workforce, and appropriate distribution to respond effectively;
- train pre-entry students and professionals across all career stages in advocacy and policy skills to ensure they are well-equipped to contribute to developing and promoting the role of the profession and its contribution to the community;
- advocate for appropriate remuneration for our knowledge, experience, and the demands of our role, including having equitable pay across domains of practice, service sectors and jurisdictions;
- support each other through mentoring, strengthening our culture of collaboration and sharing expertise; and
- develop systems to record comprehensive, accurate, current data on the profession to inform policy and workforce strategies.

Leading the way...

Indigenous Allied Health Australia

Indigenous Allied Health Australia (IAHA) is playing an important role in building the workforce of Aboriginal and Torres Strait Islander allied health professionals. The Workforce Development Officer does a lot of work in schools. She explained that although young people know a lot about the role of doctors, nurses and Aboriginal health workers, they know very little about allied health. The work of IAHA helps to open up their career choices and encourages young Aboriginal and Torres Strait Islanders into the allied health workforce. This work is particularly important in rural and remote areas where supports for career planning are limited.

IAHA are working closely with education departments and training organisations in the Northern

Territory and Western Australia with the goal of establishing school-based traineeships for allied health assistants. Through the traineeships students will meet different allied health professionals and start identifying mentors to support their future careers. Into the future this work will provide an important foundation for building formal links between certificate programs and pre-entry allied health training programs.

IAHA supports Aboriginal and Torres Strait Islander allied health students and professionals through processes such as connecting Indigenous students with each other, arranging mentor-mentee relationships, and offering opportunities for students to share their experiences. Through this work, it is becoming clear

that it is important to have both a professional and a cultural mentor to promote "two-way learning" between Indigenous and non-Indigenous students and professionals.

IAHA explained that building a future workforce of speech pathologists from Aboriginal and Torres Strait Islander backgrounds requires investment not only in Indigenous individuals and communities but also in academics and clinical educators, service managers and non-Indigenous professional colleagues. People working in these systems must build their knowledge and understanding of Indigenous culture and practice and embrace the opportunities this presents for the profession.

Getting ready for the future



THE SCENARIO APPROACH

While the future is inherently uncertain, scenarios help us bound that uncertainty into a limited number of likely paths. Some paths may lead to futures we want to avoid while others point to surprisingly favourable outcomes. Once these alternatives have been articulated, we can more easily explore the inherent uncertainty to find opportunities and challenges we might otherwise miss. These insights can then inform strategic planning processes. (Institute for Alternative Futures)¹

Speech Pathology 2030 presents a strong vision for the future of speech pathology in Australia. The vision is just one important part of shaping the best possible future for the profession. As much as we might like to think otherwise, the future has never behaved in a predictable way.

This is where scenario planning has a role to play.

Scenario planning begins with identifying key drivers of change likely to shape our future and exploring how they might unfold over time—some will be more predictable than others.

The following information presents a number of key drivers of change. Some of these drivers have a reasonably high level of predictability and clarity. Others are far more uncertain and their future direction considerably less predictable.

The content presented is based on *Understanding the landscape – a stimulus paper* prepared in Stage 1 of *Speech Pathology 2030*.

The stimulus paper, including all relevant references is available at www.speechpathologyaustralia.org.au/SP2030

¹Institute for Alternative Futures. (2014). *Public Health 2030: A Scenario Exploration*. Alexandria, VA. Retrieved from www.altfutures.org/pubs/PH2030/IAF-PublicHealth2030Scenarios.pdf

Drivers of change

Change occurring along predictable lines

1. Changing demographics

By 2030, the Australian population is projected to grow from 24 to 30 million people. The population aged over 65 years is anticipated to increase from 14 percent in 2012 to around 19 percent by 2030. The proportion of Aboriginal and Torres Strait Islander people aged over 65 years is projected to nearly double in this time. High growth in urban regional locations is expected to continue, as is overseas migration.

2. New models of service delivery

Telepractice and other virtual service provision is anticipated to continue developing and become more commonplace, not only in rural and remote areas, but in all communities. Boundaries between professional roles are expected to keep shifting due to changing scopes of practice, funding models favouring transdisciplinary practice, and increasing use of the support workforce. More services will be provided through private practice and not-for-profit organisations. This is likely to increase the presence of corporatised services and present opportunities for Australian providers in the global marketplace, including in Majority World countries and underserved populations. Conversely, opportunities for international providers in Australia are likely to increase. Finally, government policy is increasingly being directed to enable intervention to be provided as early as possible through primary health care delivered via primary health networks, response to intervention supports in the education system, and funding for early intervention through the National Disability Insurance Scheme to minimise long-term impacts of identified disabilities.

3. A broader approach to education

Training programs in the health and human services sectors are continuing to grow. Articulated vocational education and higher education programs are emerging along with more online courses to improve access for a range of students. The cohort of international students studying health and human services in Australia is continuing to grow. The drive for innovation in education and in the broader context of practice will demand partnerships between post-secondary education providers, industry, and service providers.

4. Evidence-based practice

In the context of current fiscal constraints and cost analysis with a focus on short-term, low-cost and high-impact interventions, governments and other providers of service resources are increasingly looking for stronger evidence on the efficacy of clinical practices and resources, particularly in emerging areas of practice. The need for efficient translation of research into practice is becoming increasingly important in order for clients to have access to best practice services.

5. Client driven services

As client knowledge and expectations increase and funding models change, services will need to get better at responding to individual client needs and preferences; demonstrating outcomes; and providing holistic, flexible, and integrated services. Increasingly clients and professionals are working as partners as the trend towards greater client involvement in service governance increases. Community support groups and networks will grow in importance as their value to clients becomes better understood.

6. New knowledge base

The knowledge base in key areas relevant to speech pathology is growing rapidly, in scientific areas such as neuroscience and neuroplasticity; the role of the human microbiome in autoimmune, neurodevelopmental and mental health conditions; genetics and epigenetics; and in social areas such as the impacts of multiple disadvantage; literacy development; the needs of those in the correctional system; the needs of people from culturally and linguistically diverse backgrounds; and Aboriginal and Torres Strait Islander history, culture and languages.

7. Advances in technology

Advances in technology will affect all areas of speech pathology from business operations to clinical practice, program development and research. Key developments include real-time feedback from wearable technology; socially assistive robotics; medical prostheses and implants; augmentative and alternative communication; social media; health and education apps; applied gaming; big data; predictive care through sensors and analytics; and monitoring systems to support living at home.

8. Focus on equitable outcomes

The continuing gap in health, disability, education and employment outcomes of Aboriginal and Torres Strait Islanders and others experiencing disadvantage, and the general growing economic inequality in the community will demand increased focus on achieving more equitable outcomes. Efforts need to be made to improve equity in distribution of health and human services relative to socioeconomic status; access to information and communications technology; and digital literacy.

9. Funding models shift to market systems and private delivery of services

The proportion of health and education funding provided by government is continuing to decrease relative to funding provided by individuals, insurance companies and through philanthropy. There is a trend towards market-based individualised funding models, such as those being implemented in aged care and disability. As constraints in

public funding continue, historical service rationing in many sectors currently shows no clear sign of changing and the shift to service delivery by the private sector will continue to increase.

10. Portfolio workforce

The workforce is becoming increasingly casualised, with more people undertaking contract work, regularly changing employers and working for multiple employers. There is an ongoing trend towards workers seeking, and employers facilitating, flexible working arrangements. With growing pre-entry student numbers, an increasing proportion of the workforce consists of early career professionals relative to experienced professionals. Many new graduates and early

career speech pathologists are working in sole positions, or moving into private practice as sole practitioners.

11. Changing profile of community need

As demographics change and the knowledge base develops, the profile of clients supported by different health education, and human services professionals will continue to evolve. Current trends include an increasing number of children being diagnosed with developmental disorders such as, Autism Spectrum Disorder, and of people experiencing chronic diseases and multiple co-morbidities; dementia and Alzheimer's disease; mental illness; and complex medical conditions in the context of improved survival rate following injury, illness and premature birth.

Change occurring along unpredictable lines

1. The economy

The path of the economy over the next fifteen years is not easy to anticipate. The transition from a resource economy to a knowledge economy could happen smoothly or may be characterised by significant disruption, and is likely to be influenced to a significant extent by events in the global economy. Changes to the Australian tax and superannuation system are likely but the direction of those changes and their impacts on different demographics is still very unclear.

2. Community awareness of speech pathology

Community awareness of the breadth and depth of the role of speech pathology is recognised to be poor. Independent of specific initiatives undertaken by the profession itself, it is not clear at this point what impact the changes to current funding and service delivery models are likely to have in the future on the communities' understanding of the role of speech pathology.

3. Role of speech pathologists

There is a strong move towards transdisciplinary practice, generalist allied health roles in some settings, and delegation to support worker roles. However, with a strong sense of loyalty to professional identity reinforcing boundaries between many professions, and development of increasingly specialised knowledge, it is not clear to what extent changes blurring professional boundaries will be embraced by professionals.

4. Regulation of service safety and quality

Currently, the speech pathology profession is a self-regulated profession and speech pathologists are not required to be registered under the National Registration and Accreditation Scheme. Although there is no immediate plan for this arrangement to change, it is unclear how practice standards and quality will be regulated into the long term and what might evolve in terms of requirements for practitioner accreditation, supervision and monitoring, across health, education, disability and human services workforce, across public, private and NGO sectors.

5. Design of funding models

Analysis of the mixed public (i.e. Medicare Benefits Schedule) and private (i.e. private health insurance or self-funding) model of health care funding and service delivery will continue as the government seeks to curb spending and obtain "value for money". As a result, parameters for MBS funding and other funding sources will most likely tighten over time. Even so, it is not clear what parameters might be applied and how. Despite cost benefit arguments, it is not clear whether funding for services supporting the social determinants of health and well being, and prevention and early intervention initiatives, will be prioritised adequately to make a meaningful difference across the community. It is also uncertain whether funding models will support service provision beyond individual face-to-face contact and whether an appropriate range of options will be available for service delivery through remote platforms.

6. Impact of changes in post-secondary education

Over recent years there has been significant discussion regarding the deregulation of post-secondary education fees. Uncertainty remains on this front. Without clear policy details, the possible impact of fee deregulation on the composition of the future higher education cohort is not clear, but could potentially impact the diversity of domestic students.

7. Client and practitioner roles in research

Building the evidence-base through research is an important priority for all speech pathologists. Clinical practitioners and clients both speak of the importance of their role in prioritisation of research directions and translation of research into practice. How future research agendas will be shaped and the impact of this process on the shape of the future knowledge base is yet to be seen.

Scenarios for the speech pathology profession in Australia

Once key drivers of change are identified, stories of plausible futures can be developed to explore different combinations of these drivers arising in different ways. Different scenarios are likely to reveal a mix of both encouraging opportunities and challenging circumstances.

Even though we can never be certain what will eventuate, scenarios offer the chance to:

- recognise, test and challenge our assumptions;
- improve the quality of shared conversations;
- build understanding of the mix of factors that may stimulate particular types of change;
- explore and develop strategies resilient across different circumstances;
- “rehearse” the circumstances in which different strategies might be introduced; and
- increase attentiveness to the early signs of change indicating the need for a shift in strategy.

Each of these opportunities ultimately supports us to make wiser choices in the present.

Scenarios will never answer all our questions (nor are they intended to). But they should help us to ask better questions, plan in a more considered way, and be better prepared for the unexpected.

The following pages present three different scenarios for Australian speech pathologists to reflect on, guide their observations of emerging trends, and inform their planning.

The three scenarios are:

1. Evidence matters.
2. A shift in the funding balance.
3. Recovery through collaboration.

A set of “What if...” questions accompany each scenario encouraging the reader to deepen their thinking and explore possible outcomes.

Scenarios give us lenses that help us see future prospects more clearly, make richer judgments and be more sensitive to uncertainties. (Jeremy Bentham)²

²Royal Dutch Shell. (2012). *40 Years of Shell Scenarios*. Retrieved from www.shell.com

EVIDENCE MATTERS

By 2030, speech pathologists are working in a context reshaped by the contribution of the consumer voice, but they remain challenged by a lack of awareness of the profession's role. They are also finding it difficult to meet client and government expectations for sufficient research evidence and effective measures of outcomes.

When market driven, individualised funding models were introduced in the 2010s for disability, aged care, education support, and other human services sectors; clients began to recognise the importance of the decisions they made about the services they purchased. Furthermore, the pervasive presence of social media meant information to contribute to making choices was readily available. In particular, feedback about services and their ability to meet the needs of clients was increasingly shared between services users.

In areas of practice where community awareness of speech pathologists was strong, demand for services was high. A crowded market meant clients could dictate how, when and where, they wanted their services to be delivered. In these areas clients understood the approaches being used, there was evidence for their efficacy and clients received feedback on their personal progress relative to recognised benchmarks. Services succeeding in responding to the changing expectations were promoted by clients and flourished. These services were able to attract the most experienced and well-qualified workers to sustain their market position.

However, this was not the case across the board. In some areas of practice and for some client groups, evidence remained limited. In these situations, client access to valuable supports was compromised simply due to their lack of awareness of possible opportunities. They “rolled the dice” with their dollars on “unproved” therapy or chose to pursue therapy /interventions that purported to have a strong evidence-base or appeared “credible”.

In other areas of practice, the evidence was available but speech pathologists did not have easy access to the required literature; or found it difficult to accurately interpret, synthesise and apply the evidence available to individual clients. These services continued with outdated approaches to delivery and ultimately only attracted clients who were not well equipped to scrutinise what was on offer and what was delivered. Outcomes for clients attending these services were often poor. Word of services not making a demonstrable difference to clients was quick to spread. This affected the reputation of the individual practitioners and the profession more generally.

It became apparent the breadth and depth of speech pathology practice was at significant risk of becoming highly fragmented.

Well-known practice areas, frequently purchased by clients were able to produce strong evidence and continued to be supported. Low profile areas of practice, including new and emerging areas, struggled to attract clients, and could not advance development of evidence needed to promote their services.

Governments, following client preferences, chose only to support those services (generally formal structured programs) with a strong evidence-base. Without funding, more traditional speech therapy techniques and a number of domains of speech pathology practice eventually began to disappear. This had a devastating impact on clients who relied on these services and had experienced service benefits despite the absence of documented outcomes. Clients with low incidence conditions or from minority groups for which evidence was limited were further disadvantaged due to the absence of relevant service options. Only those who had adequate financial means and could afford to self-fund services without support from government or private insurance had the opportunity to access the full range of speech pathology services.

Recognising the implications of the unfolding landscape, service providers in all sectors began to realise the importance of building close partnerships with clients, making existing evidence accessible to clients, developing evidence across all areas of practice, and ensuring its efficient translation into practice. For speech pathology this meant people with communication difficulties (or their support networks) were now included on the Board of Speech Pathology Australia, on State Branches and on all relevant committees of the Association. Clients became actively involved in the redesign of the Competency Based Occupational Standards, which subsequently included a much greater emphasis on person-centred practice across all stages of education. Stimulated by client feedback, initiatives were implemented to develop a workforce more accurately reflecting community demographics. All pre-entry students were required to participate in practice-based research, and accreditation standards were revised to ensure pre-entry training programs included clients as partners in curriculum design and delivery as well as assessment of student performance.

Speech pathology practice steadily evolved to be delivered in contexts relevant to each client's goals and preferences, often this included other people important in their lives—family,

What if...

What if awareness of the depth and breadth of the speech pathology role does not improve?

- Will the profession narrow its approaches to well-known areas of practice?
- What will this mean for emerging areas and innovation in the profession?

What if the government moves to only fund practice with a strong evidence-base?

- How can the profession ready itself for this scenario?
- How can niche areas of practice be maintained?

What if clients are able to dictate exactly the type of service they want?

- Will the speech pathology provider market be able to respond?
- What does this mean for balancing evidence-based practice with client preferences?
- What needs to change about current service delivery approaches to accommodate this?

What if clients and communities are key influencers of public funding priorities and research agendas?

- What are the opportunities and what are the risks?
- How can the profession partner better with clients and communities to influence funding for speech pathology practice and research agendas?

friends, colleagues, and community groups. For some clients, this meant focusing speech pathology efforts on building the capacity of the community rather than on their individual skills. A wide range of flexible delivery modes became available, including Skype, telephone, web-based platforms, remote or face-to-face partnering with other clients who had similar needs, as well as collaborative approaches across professions. Government responses to client feedback meant funding models were flexible to respond to these different approaches.

Increasingly the context for receiving speech pathology services moved beyond one-to-one, clinic-based practice. Services were delivered in neighbourhood centres, libraries, in whole class groups, in day-to-day activities with family and friends, and within places of employment across the country. This resulted in the profession becoming more visible in the community, which in turn contributed to growing interest in participation in the field.

Maximising the return from every available research dollar and rapid translation of research outcomes into practice change were now more critical than they had ever been. This was a stimulus for a significant increase in research collaborations across professions, and between researchers and practitioners from across the public, private and not-for-profit sectors. Research funding bodies routinely included clients in their selection panels and a number also established mechanisms for clients to contribute ideas regarding innovation and feedback on research priorities. This information was made widely available to the research community. Speech pathology researchers began to actively include clients in their research design process, submission writing, and implementation—a move that proved powerful in securing research grants. Research outcomes began to reflect the improvements to practice valued by clients.

A SHIFT IN THE FUNDING BALANCE

New medical interventions, technologies and pharmaceuticals have been flooding the market to support an ever-growing elderly population. As a result, the overall cost of health care has grown to new heights and a significant proportion of health care funding is now being spent on prolonging the last two years of life, despite the return on this investment being minimal. In numbers alone, elderly voters now have a powerful influence on the policy decisions of government. Even so, the widening disparity in health, education and social outcomes is growing unchecked, year on year, and can no longer be ignored.

In 2022, in a bold move, a first-year federal government made a commitment to a long-term plan to invest in universal and targeted early intervention responses across health, education, disability and social services contexts. Aggressive treatments aimed at prolonging life were no longer funded by governments and the very elderly and the terminally ill, in line with policies focused on easing pain and suffering, were encouraged to die at home. For the first time ever, over a 10 year period, funding for intensive and tertiary level services was slowly but steadily reduced and the funds reinvested in community development and universal prevention, early detection and early intervention programs. Place-based planning within local communities helped to shape integrated health and human service responses relevant to local needs. Services and supports were still available across the continuum, however the balance had shifted. In many ways the community became a new client. Although there had been previous efforts to increase population health initiatives, primary health care services, response to intervention supports in the education system, and early intervention for disabilities at all life stages, the investment had never been adequate to have a meaningful impact across the community.

For all communities and professions the new policies were a dramatic change in direction. The changes provided opportunities never before available. Some speech pathologists were excited—it was the change of direction they had always hoped for. For others, options to work in their preferred areas of practice were being significantly eroded and they realised the interest that prompted them to choose a speech pathology career was no longer a feature of the profession.

The change process was not without its challenges. As funding models changed, rapid upskilling of the health and human services workforce was required, new systems needed to be designed and implemented, relationships across different professional groups needed to be re-negotiated, and roles and functions needed to be redefined.

Local governments were resourced to form partnerships with relevant community development organisations. Universities and professional bodies were charged with the responsibility of providing cross-sector upskilling of the workforce. Scholarships for postgraduate coursework in programs aligned with the new

policy direction were made available, and speech pathologists were quick to take up these opportunities. Existing community development and population-level speech pathology initiatives were picked up as powerful models both to learn from and develop further.

Speech Pathology Australia led changes to pre-entry training, ensured appropriate supervision and mentoring structures were in place, and developed approaches to monitor revised professional standards. As time passed, health and human services professions decided to share foundation training in community development; population health; and designing, delivering and evaluating universal and targeted interventions. Some aspects of professional philosophies and frameworks began to merge.

Speech pathology practice changed considerably. The starting point for service delivery was capacity building, prevention and intervention at the earliest opportunity, regardless of the age of onset of a particular condition. Every community had its own support hub, funded by government and delivered by a consortium of multidisciplinary private and not-for-profit providers. The hubs were co-located with places such as libraries, schools, neighbourhood centres, and sports clubs. These hubs welcomed people of all ages with diverse needs; they included a mix of health and human services professionals, support workers and community volunteers; and provided an opportunity to connect informally, access advice, and participate in diverse activities supporting development and well-being. The hubs also provided a place to gather with, and learn from, others who have similar needs or experiences.

Speech pathologists were embedded in all childcare centres, family day care programs, primary schools and high schools. Although one-to-one practice was provided to a small proportion of children who met defined criteria, for the most part speech pathologists worked directly alongside child care workers, teachers, support workers and parents helping to shape a communication environment optimising learning for all children.

Speech pathologists also began to contribute their expertise in communication to programs focused on prevention and early intervention for mental health. In aged care facilities, staff

What if...

What if governments chose not to fund services for the very elderly or terminally ill?

- What are the ethical issues involved in taking this stance?
- How could speech pathology be proactive in preparing for such a possibility?

What if the bulk of health and human services funding was shifted to universal and early intervention approaches?

- What advantages and disadvantages would this bring to individuals and the community?
- What changes would need to be made to training, practice, research and other systems in the speech pathology profession?

What if speech pathology became more visible in the community?

- What partnerships and new practices would have facilitated this?
- Would this help the profession attract a more diverse workforce? What other strategies might be required to increase workforce diversity?

and families were assisted to support optimal communication, eating and drinking for all residents.

After a period of time, advances in outcome measurement and the findings of extensive research investment that had been a key feature of the new approach meant it was possible to demonstrate a high return on investment for services to young children, adolescents and adults with disability and chronic and complex needs. As a result, a long-term commitment to continue funding these approaches for these groups was supported strongly. The focus was on supporting function and participation, and building the capacity of the individual and the community. Services for older people in the health sector focused on supporting those who had a prospect of making a good recovery.

Speech pathologists continued to work across private, public and not-for-profit settings. However, funding models changed. Individualised funding continued for a tightly prescribed, targeted group of clients. Others seeking individual services were required to cover the full cost independently or through private insurance.

As the roles, work contexts, and visibility of speech pathologists in the community changed, the profession started to attract a different mix of individuals to what it had in the past, including people with different career interests and aspirations. A proportion of speech pathologists who could not find roles to fit their skills and interests in the new paradigm moved on to other areas of practice and different professions.

Although it took time, gains in outcomes across the community in health, educational, social and employment outcomes emerged. Most notable was the significant reduction in the gap in outcomes across the community.

RECOVERY THROUGH COLLABORATION

Early in 2020 Australia is affected by a number of extreme natural disasters. Unprecedented fires have catastrophic impacts in the southern states. Back-to-back floods on the eastern seaboard affect thousands of homes, infrastructure, and agriculture and mining industries. North Queensland is impacted by two severe cyclones in quick succession. While the debate rages about the cause of the events and the significance or otherwise of climate change, the practical implications are evident to all. The already faltering economy is losing strength; job losses are high; and the social and health impacts of trauma and anxiety bring an additional challenge to individuals. The cost of recovery is an enormous burden to be carried by all.

Governments decided to prioritise funding for rebuilding essential infrastructure. This resulted in budget cuts on a scale not seen before across all areas of service delivery. One comfort was the Australian community spirit and culture of collective action brought communities through the acute points of crisis. This spirit continued as the human service system came together to shape how it would work best to serve those in greatest need. The system simply could not afford to provide the full range of professional services to each individual who might need it. While the needs of individuals and families were becoming ever more complex, they were seeking access to the simplest most integrated approach possible.

Despite significant work and much historical discussion regarding opportunities for skill sharing and true transdisciplinary practice, it had only ever been fully embraced in a small number of areas. Traditional professional boundaries had been very difficult to shift. Even so, the efforts that had occurred provided a solid foundation from which to upscale different ways of working in an environment where the imperative was clear. Fortunately, mechanisms had previously been developed to support the training and credentialing of professionals and could be implemented immediately.

Transdisciplinary practice, involving collaboration between multiple professionals, the client, and their family; and expanding and blurring of roles across discipline boundaries, became the norm. People were happy to be able to access any health practitioner and expected them all to have a general grounding in all health areas.

Speech pathologists extended their scope of practice to take on tasks traditionally performed by doctors, nurses, other allied health professionals and teachers. They also supported other professionals to incorporate defined speech pathology roles into their practices. Within health and human services workplaces, mechanisms were established for regular communication and feedback across professions to ensure appropriate support in these processes and monitoring of risks and outcomes.

The support workforce was fundamental to delivering comprehensive and efficient services. Allied health assistants and other support workers had bigger roles than ever before. Their strong relationships with clients and broad understanding across many areas of practice were invaluable. All tasks that could be safely delegated were taken up by these workers. To improve efficiencies, professional vacancies arising were often replaced by support workers.

A cross-disciplinary team of professionals who had expertise in using technology in health and human services worked together to identify how technological solutions could optimise access to evidence-based support through a combination of face-to-face and indirect options. This group engaged nationally and internationally to identify the best tools available and establish mechanisms to support their rapid application to specific needs.

Recognising the long-term efficiencies of models supported with technology, program funding was restructured to enable community access to relevant tools through government purchasing of licenses for community access to specific software. For speech pathology, a wide range of tools were available to assist individuals to undertake significant components of their assessment at home, either independently or with the support of an initial phone call. For many individuals, technology provided powerful opportunities to develop their skills, monitor their performance, engage with their therapist for advice and program updates, and connect with others with similar needs using the same programs.

Technology already commonly applied in other professions, such as robotics and real-time monitoring, was adapted and applied to speech pathology practice. Despite perceptions of the high cost of such approaches and concerns regarding its acceptability to clients, the overall efficiencies achieved were significant and clients enjoyed the flexibility it gave them and the access to support not otherwise available. Technology was also leveraged to ensure better distribution of services. Support could be provided from one city to another, from metropolitan to regional areas, and between different regional areas.

What if...

What if Australia's economy was on the brink of collapse and public speech pathology services were drastically cut?

- How willing would the profession be to delegate tasks and take on new roles?
- What factors would need to be considered in prioritising services?

What if transdisciplinary practices became the norm?

- What cultural and practice changes would be required to improve integration across health and human services?
- What education and funding changes would be required to support transdisciplinary practice?

What if technology was used much more extensively for clients to undertake their own speech therapy?

- How would this effect the role of the relationship between clients and speech pathologists?
- What access, financial, capability and equity issues would arise in implementing these approaches?

It took a decade for the economy to stabilise and for the country to recover from the natural disasters. Over this time, many new patterns of work were established. Professionals and clients alike recognised these new approaches as bringing significant benefits to the community, to efficient service delivery and to the job satisfaction of professionals.

The lessons learnt resulted in a much greater investment in transdisciplinary training for pre-entry students. The application of technology to assessment and intervention was embraced and speech pathologists in all contexts (public, private, and not for profit) were working closely with a rapidly growing support workforce. Research reflecting some of the new and emerging ways of working began to be done and lessons were readily applied in practice.

Next steps

NEXT STEPS

The detailed environmental scanning and futures thinking process undertaken for this project has been invaluable. While a process of the scale of *Speech Pathology 2030* can be undertaken once in a while, the outcome of the work can continue to be used over an extended period of time.

Speech pathologists are encouraged to use this document to plan their services and reflect on how their practices align with the vision and aspirations for the profession. Governments, funding bodies and other professions are also encouraged to use the document to gain a better understanding of the speech pathology profession's plans for the future and how they may work in collaboration with the profession to achieve common goals.

This document will inform the Speech Pathology Australia strategic planning process in 2016, and each subsequent strategic planning cycle until 2030. Through the strategic planning process, Speech Pathology Australia will develop actions to support achievement of the aspirations of *Speech Pathology 2030*.

Progress towards the *Speech Pathology 2030* vision will be monitored and formal reviews will take place as part of the Speech Pathology Australia strategic planning cycle to review how far we have moved forward, where more work is needed, and how we might need to refine our aspirations to reflect changes in the environment. A final evaluation to assess the profession's achievements will be conducted in 2030.

Speech Pathology 2030 is ambitious but attainable. In many areas, leaders in our profession are showing us the way. With the support, energy and motivation of all speech pathologists and clients and other professionals we work alongside around the country, we can make this vision a reality.



