

SPEAKOUT

THE MAGAZINE FOR AUSTRALIAN SPEECH PATHOLOGISTS

APRIL 2017

COUNTDOWN TO *Sydney* CONFERENCE

**SPs in education:
National survey results**

**IDEAS FOR YOUR
GROWING BUSINESS**

PRIVATE PRACTITIONER NEWS

**NDIS: NDIS Quality
and Safeguarding
Framework**



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Pathology
Australia**

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in focus...

Professional practice



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Cover image courtesy of New South Wales tourism

From the President



Gaenor Dixon

APRIL MEANS DIFFERENT things to different areas of Australia. In Western Victoria, the Gariwerd people name this season Gwungal moronn – the honey bee season – a season of warm still days, but cooler mornings with red sunrises and golden evenings. The Banbai people of the NSW Tablelands/New England describe April as Grass Cures time, a time when the weather is dry and becoming cool. The Nyoongar people of South West Australia call April to May Djeran – the season of adulthood. The Yanyuwa people of the Gulf country call this season Lhabayi – wet season; with wet season cyclones and heavy rainfall.

The contrasts in climate across the country mirror the sometimes disparate needs of speech pathologists across Australia. In February, the Branch Chairs met and we worked together strategically on issues that are impacting people across the country. Some issues are shared between branches, and others are specific to the local area. Your branch is a great conduit to be able to tackle local issues, and gather information on issues to develop a strategic response. I had the opportunity to attend the ACT NSW branch forum in early March (Sydney's start to Autumn was wet and cool!). It was great to be able to meet local members and to hear the work and priorities of the branch. My thanks to the Branch Chairs across Australia: Jayne Graham in NT, Belinda Morrell in WA, Cathy Clark in SA, Jane-Elise Cherry in Vic, Rosie Martin in Tas, Fiona Eastley in ACT NSW and Alison Smith in Qld for your work in supporting members.

Congratulations to the many ways that people marked Swallowing Awareness Day in March, and used it as an opportunity to increase public awareness of swallowing difficulty. It is good to see the day grow, and it will be great to see its reach increase as more people become aware of the importance of eating and drinking safely and with enjoyment.

April means that the National Conference is next month! Working and Investing in Future Innovations promises to be a vivid, colourful conference. Looking at the program, I wish that I had a way to be able to attend multiple sessions at once (but I am not Hermione Granger). I look forward to seeing you there.

I hope that April means that you have an opportunity for some down time with the Easter public holiday weekend, and Anzac Day featuring at its end. A copy of *Speak Out*, and a preferred drink, will give you a great opportunity to pass the honey-bee days, the Grass Cure days, the days of adulthood or the end of the wet season (hopefully no more cyclones!) reflecting on; ethics, attending conference, and mentoring and supervision, updating your knowledge of the NDIS, reading about the advocacy that the Association is involved in, learning the outcomes of a research grant, reflecting on the speech pathologist's role in literacy and school services, learning about employing people within your private practice, and updating where we are with advocacy for aged care.

Gaenor Dixon
National President

“As for me, I use my
SPA member benefits
and save \$300* per year
on restaurant bills.”



For more information:
email at info@memberadvantage.com.au
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Association news



Member resources

EBP independent education package

EVIDENCE BASED PRACTICE is a foundation stone of our profession, something to be kept at the forefront of clinical practice. An independent education package on EBP is available to members. You can find the link under the **Evidence Based Practice** tab on the SPA website. It consists of a number of video segments, along with written documents. Completion of the package is mandated for those applying for re-entry to the profession, but may be of interest if you simply want to further develop your knowledge in the area. The package was produced in 2014, and is due for an update, but still provides valuable information. One member certainly found it useful – and let us know.

"I have just completed the EBP training module as part of my re-entry program for Speech Pathology Australia. I wanted to let you know that I enjoyed it immensely and found it a very useful re-orientation to the profession. I particularly liked the inclusion of practice based evidence as part of the whole EBP picture. I am currently working as a practitioner in behaviour support, with clients with complex needs, and this is a great way to guide my work. I really like the term "address the question as applied to the literature", as it is very rare to find a published article that directly applies to the specific needs of a particular client.

"I found the module easy to use and all the links worked well. I have added most of them to my favourites! Thank you again for this great resource." – Jan Ditchburn

If you have any questions about EBP or the independent study package – or to let me know what would be useful in the revision of the package, please email:

ebp@speechpathologyaustralia.org.au

Cori Williams
Senior Advisor, Evidence Based
Practice and Research



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National Alliance of Self Regulating Health Professions (NASRHP) launched

Driving quality, competent and ethical care from a certified health professional of self-regulated professions

THE NATIONAL ALLIANCE of Self Regulating Health Professions (NASRHP) was originally an informal alliance which began in 2008 under the auspices of Allied Health Professions Australia, to support member organisations of self-regulating health professions, which includes Speech Pathology Australia. Its recent transition to a formal body has been funded by the Federal Government via the Department of Health and Ageing.

NASRHP is now the national regulatory peak body for self regulating allied health professions and sets benchmark standards for regulation and accreditation of practitioners within the professions. The 11 NASRHP standards have been closely modelled on the Australian Health Practitioner Regulation Agency (AHPRA) standards – those that apply to registered professions. Peak body organisations wishing to join NASRHP must demonstrate they meet the NASRHP standards.

HOW HAS NASRHP COME ABOUT?

As you will know, the National Registration and Accreditation Scheme (NRAS) provides a national registration framework for health professions, which are required to be registered. The Australian Health Practitioner Regulation Agency (AHPRA) is the administering agency for NRAS.

Health professionals such as dentists, chiropractors, nurses, midwives, psychologists (to name a few) are 'registered' with AHPRA, and each year must demonstrate they meet AHPRA standards for their profession.

You may also know the NRAS is primarily aimed at keeping the public safe by "ensuring only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered".

However the Federal Government has seen no need to regulate many allied health professions, including speech pathologists, which are viewed (rightly or wrongly) as low risk to the Australian public. Further, despite Speech Pathology Australia's previous submissions, the Federal Government has confirmed that they have no intention of regulating these perceived low-risk professions at any point in the near future.

WHY DO WE NEED A NATIONAL STANDARDS BODY?

Having an independent body ensures consistency in quality and support for self regulating allied health professionals and satisfies national and jurisdictional regulatory requirements. Like AHPRA, NASRHP provides assurance to the public they are receiving quality, competent and ethical care from a certified health professional. NASRHP does not provide individual certification for practitioners – this remains the function of the practitioner's professional association – in the case of speech pathology, this is Speech Pathology Australia.

Speech Pathology Australia aims to become a formal member of NASRHP during 2017. By becoming a member, Speech Pathology Australia will have demonstrated that as a professional body it meets all NASRHP standards. This will assist in further increasing the credibility and recognition of the Certified Practising Speech Pathologist (CPSP) credential.

SO, WHAT DOES THIS MEAN FOR YOU RIGHT NOW?

Nothing changes directly for you as a CPSP or in your day-to-day practice. Speech Pathology Australia continues to be your peak professional body and administrator of your CPSP credential, and you will continue to meet your PSR requirements each year as you have in the past. If you are a Medicare/DVA provider, this will not change either. There is nothing you need to do or change right now. You do not need to have any direct contact with NASRHP itself.

WHAT ABOUT IN THE FUTURE?

NASRHP standards are modelled closely on AHPRA standards, so if AHPRA makes an update to standards then NASRHP will also. In that case, NASRHP members including Speech Pathology Australia, would need to also implement those changes.

In the near future, NASRHP will be seeking expressions of interest from certified practitioners who wish to join NASRHP's Pool of Assessors. NASRHP assessors will play an important role in the assessment of NASRHP membership and appeal applications from the professional peak bodies.

IN A NUTSHELL

- Having an independent national body builds public and government confidence in these professions as being high quality, competent and credible
- Nothing changes for you as a CPSP in terms of your credential, CPD or recency of practice requirements, practice provisions, Medicare provider status, or how you practice day-to-day.

For information about NASRHP and the NASRHP standards, please see the NASRHP website - www.nasrhp.org.au. If you have any specific queries regarding NASRHP please contact Gail Mulcair, CEO, who represents Speech Pathology Australia on NASRHP at gmulcair@speechpathologyaustralia.org.au.

For queries related to your certified practising membership and CPSP credential, please contact Sharon Crane, Senior Advisor Certification and Professional Education. scrane@speechpathologyaustralia.org.au

Gail Mulcair
Chief Executive Officer



Swallowing Awareness Day

THANK YOU TO everyone who participated in the campaign to promote Swallowing Awareness Day 2017. There was huge amount of activity in the lead up to and on the actual day. The Association's hosting of Swallowing Awareness Day, followed closely on the heels of the European Swallowing Awareness Day on 6 March.

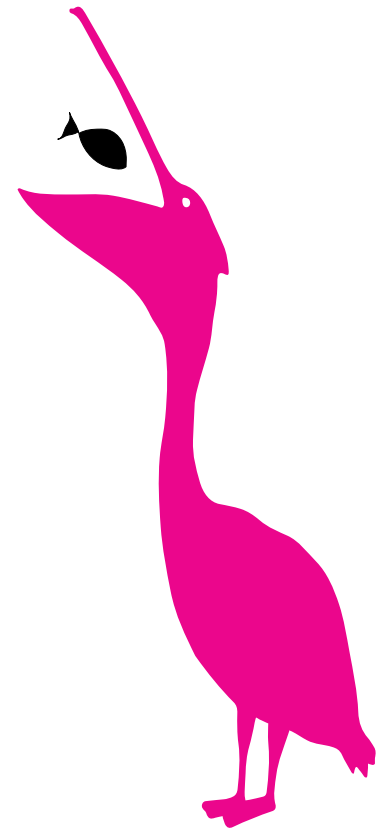
There was interest from the media during the awareness day, with the Association's National President Gaenor Dixon, doing a series of radio interviews. She was ably supported by a number of other Association members who were also able to secure their own local media, regional radio and newspapers.

The Swallowing Awareness Day Campaign Kit was well used and there was lots of evidence that Dizzy, our mascot for the day, was busy promoting the campaign.

Activity on social media was very strong with a number of members and their clients actively using #900swallows and #dysphagia. The day's social media campaign received a strong following on Twitter, with a good showing on both Facebook and Instagram.

If you haven't seen it visit speechpathologyaustralia.org.au/swallowing and check out our Swallowing Awareness Day animation!

Michael Kerrisk
Communications and Marketing Manager



West Moreton team celebrates Swallowing Awareness Day!



The team at West Moreton Hospital and Health Service arranged a number of activities for Swallowing Awareness Day. Some of the activities included:

- the team screen printed the Swallowing Awareness Day logo on to the back of pink shirts which speech pathologists wore on the day;
- the West Moreton design team put the logo on the screen savers on all computers in West Moreton Hospital and Health Service;
- the West Moreton communications team created a facebook post on West Moreton Hospital and Health Service's page of our team's activities on the day;
- a stall at the main entrance of the hospital with a game to "guess that food or thickened fluid", which included sampling thickened fluids, a give-away of cupcakes and information sheets;
- the Ipswich Hospital Foundation had a one page spread promoting Swallowing Awareness Day to the Ipswich community; and
- cupcakes were baked with different sensory input (e.g. gooey, chewy texture, dual texture) at the Ipswich Health Plaza's Community Based Rehabilitation Team service.



The day was a huge success with staff, patients and visitors to West Morton Hospital Health Services incredibly engaged in the day's events. Congratulations to all involved.

Swallowing Awareness Day



ABOVE: First year Master of Speech Pathology students from The University of Melbourne. AT RIGHT: Final year students, Iris Lee, Sophia Houg, Dominique Curran, Paul Lau, Laura Santoso and Rishni Perera. Clinical educators – Catherine Keating and Scott McNabb.

Students gain insight into the everyday reality of dysphagia

BEING AN EXCELLENT speech pathologist means more than just understanding the scientific underpinnings of a disorder. When working with an individual with dysphagia, an understanding of your client's concerns, experiences and perspectives is critical for holistic, patient-centred practice. For this reason the Master of Speech Pathology students at The University of Melbourne decided to spend Swallowing Awareness Day participating in a thickened fluid challenge. Students were required to consume thickened fluids for one day to gain insight into the daily reality faced by many people living with dysphagia.

"Drinking only thickened fluids was a lot more challenging than I expected. It was a very valuable experience and gave me a greater

appreciation for the challenges people with dysphagia face every day." – Kaitlyn McCarthy, first year Master of Speech Pathology Student

"The experience was a great reminder of some of the difficulties that people with a swallowing impairment face daily; unlike myself they don't have the luxury of simply reverting back to regular foods whenever they feel the need." – Lauren Alley, final year Master of Speech Pathology.

Megan Keage
Lecturer in Speech Pathology, The University of Melbourne



VIC branch celebrates

On the 15 March Vic Branch celebrated Swallowing Awareness Day at a restaurant evening that involved eating cheese, drinking wine and discussing the implications of Dysphagia, whilst raising awareness. A fun night was had by all that attended.





Counting the costs of the **NDIS** for speech pathologists

THE NATIONAL DISABILITY INSURANCE SCHEME is a once in a generation reform to the way in which people with disability access the supports they need to participate to the best of their abilities in the social and economic life of our communities. This comes at a cost – taxpayer’s cost. We also know, it has come at a significant cost to speech pathologists providing services in the disability sector.

The Productivity Commission is conducting an inquiry into the costs of the NDIS. This is an important inquiry as it is required by the NDIS laws to happen this year so that the findings can influence the final design of the NDIS.

Speech Pathology Australia has made a written submission to the Productivity Commission’s inquiry detailing the experiences of speech pathologists across Australia with the NDIS Trials and in the more recent full roll-out. We have provided a “warts and all” examination of the true costs of the scheme to our profession.

The recently released interim report of the evaluation of the NDIS found that there is significant unmet need for speech pathology services within the NDIS. It recognised the needs of allied health and solo/small providers in the current NDIS provider market are unique and have not been well supported. This is important as it is an independent finding that reinforces the key messages that Speech Pathology Australia has been conveying to the National Disability Insurance Agency (NDIA), Ministers for Disability, and to other key stakeholders over the past two years.

Our submission to the Productivity Commission covers a range of topics and provides evidence of the experiences of speech pathologists working within the NDIS in relation to:

- eligibility for the NDIS (including for children with communication problems without co-occurring disability);
- the planning processes (including skills and training of planners);
- the retreat of state funded services prior to full roll out of the scheme leaving “gaps” in access for people with disability;
- early childhood early intervention arrangements;
- the disastrous experiences of the My Place Portal payment problems late in 2016 for private practitioners;
- the impact of the registration requirements in some states and territories for private practitioners;
- access to specialised speech pathology services for people with complex needs;
- the readiness and potential for expansion of the speech pathology NDIS providerer “market”; and
- pricing and supports within the NDIS, processes for

determining what is reasonable and necessary and value for money – and what is evidence based.

The significant problems associated with the trials and transition to full scheme have impacted to such an extent on the speech pathology workforce that it has acted as a disincentive for speech pathologists to enter the NDIS provider market, at least in the short to medium terms. Speech pathologists in private practice are now extremely reluctant to register as NDIS providers lest it compromise the financial viability of their small private practices.

This is at odds with the views of most speech pathologists of the immense value the NDIS has for people with disability.

“Speech pathologists in private practice are now extremely reluctant to register as NDIS providers lest it compromise the financial viability of their small private practices.”

Our key messages to the productivity commission are:

- Speech pathologists are a small but critical part of the NDIS provider market;
- current demand for NDIS speech pathology services is high, unmet and will continue to grow;
- to date, the NDIS has increased access to speech pathology services for many participants – some of which have never had access to these services before;
- significant and targeted initiatives will be needed to encourage private practice speech pathologists to register (and be retained) as NDIS providers;
- Speech Pathology Australia is willing and eager to work with the NDIA and with governments to address workforce supply issues and to improve access to speech pathology services for NDIS participants.

Our submission to the Productivity Commission can be found on the SPA website. Further information about the inquiry is available at www.pc.gov.au/inquiries/current/ndis-costs. The first report from the inquiry will be released in May 2017 with the commission making recommendations to governments by September.

Thankyou to the hundreds of members who have shared thier experiences of the NDIS – the good, the band and the ugly – to help inform our submission to this inquiry.

Ronelle Hutchinson
Manager, Policy and Advocacy

SPA Board meeting

THE FIRST BOARD meeting for 2017 was held in Melbourne on 17-18 March 2017.

Some of the meeting highlights included:

- Speech Pathology Australia's Auditors, Grant Thornton Australia, presented the audit report and financial statements for the year end 31 December 2016. The Board accepted the report, which will be distributed to members with the agenda for the 2017 Annual General Meeting.
- Significant discussion was held around refining the Association's 2017-2019 Strategic Plan. The Board will hold a meeting (via teleconference) in April 2017 to ratify the final plan ahead of its release to the membership in mid-2017.
- Previous approval to alter the membership renewal period to a financial year was confirmed. Membership fees for 2018/2019 were determined and will be presented to members for approval at the SPA Annual General Meeting.
- The Board demonstrated their commitment to the provision of cultural responsiveness training, with a complimentary workshop being held for members ahead of the 2017 National Conference, Sydney. Other negotiations are occurring to provide further training to members across the country.
- A number of minor changes to CBOS (2011) were approved. These changes relate to embedding Aboriginal and Torres Strait Islander health curricula into our entry-level competencies and accreditation standards.
- Consideration was given to models the Association can utilise to further support majority world countries and developing communities. A policy is currently under development.
- The Association continues to pursue a response to the Senate inquiry with meetings sought with government officials, including the new Minister for Health, The Hon. Greg Hunt, MP.
- Policy and advocacy priorities were also determined as part of the strategic plan.
- The final report from the credentialing project was discussed with the Board committing to pursue a number of the recommendations, including defining advanced and extended practice and establishing a consistent approach to developing national standards for advanced skills and roles.
- In-principle support was provided to the Ethics Board seeking an ARC Linkage Grant to explore outcomes from the Ethics Education Package.
- The Board agreed to host an AAC Assisted Technology Systems Forum aimed at bringing together consumers of AAC Assisted Technology Systems and speech pathologists who have experience and involvement with AAC Assisted Technology System prescription and support.
- Discussion occurred around the theme for Speech Pathology Week, with the Board agreeing that the theme will focus on Communication Accessible Communities (in line with Aspiration 1 of the SP2030 Vision).

The Board will next meet on Friday 26 and Saturday 27 May, preceding the WiFi: **Working and investing in Future innovations**, SPA National Conference, Sydney 2017.

Notification of the Association's AGM will be distributed to members in the near future.

Gail Mulcair
Chief Executive Officer



ABOVE: TEQSA Director of Engagement Karen Treloar, SPA Senior Advisor Professional Standards Stacey Baldac, with TEQSA CEO Anthony McLaren and SPA CEO Gail Mulcair.

SPA AND TEQSA SIGN MOU

SPEECH PATHOLOGY AUSTRALIA and the Tertiary Education and Quality Standards Agency (TEQSA) have a mutual interest in maintaining and improving the quality of speech pathology graduates in Australia. TEQSA is the independent regulator of the higher education sector and aims to protect the interests of students by ensuring education providers meet minimal national standards. TEQSA accredits universities against the Higher Education Standards Framework. Speech Pathology Australia accredits university programs to assure the general public of the quality of graduates from Australian speech pathology university programs.

Speech Pathology Australia and TEQSA have signed a Memorandum of Understanding (MOU) to facilitate sharing of information, streamline approaches to accreditation and ultimately to improve the quality of speech pathology graduates. TEQSA will be aiming to sign an MOU with other professional bodies in the future.

For further information on this initiative please refer to: teqsa.gov.au/regulatory-approach/engagement-with-professional-bodies

SPA Strategic Plan 2017-2019

Creating the path towards 2030

THE SPEECH PATHOLOGY AUSTRALIA'S Strategic Plan for 2017 – 2019 has been on the “drawing board” since initial discussions were held with the Board and key members in October last year. Since that time, there has been considerable development of the main goals and specific initiatives, with input from the Board of Directors, Branch Chairs and Association staff and representatives.

It was agreed that the plan would be designed across the eight aspirations of the *Speech Pathology 2030 – making futures happen* vision, with the intent that the Association's plan will support the profession to reach its aspirations for 2030. While this plan is just for the next 3 years (of our strategic planning cycle), the focus is on what can be achieved within each of the eight aspiration areas over this time. That makes for a pretty big plan, but we have been clear on making this realistic and achievable.

The full plan will be launched mid-year (with the likelihood of this being around the time of the National Conference) but as an early snap-shot, the following provides an outline of the major goals under each aspiration area, with the detailed plan to also include all of the major initiatives set to achieve these goals.

Communication accessible communities

1. Speech Pathology Australia is a key strategic and policy driver of communication inclusivity and accessibility, establishing policy change at government and strategic levels.
2. For governments and key community/social service organisations and local businesses to demonstrate communication accessibility.
3. Speech Pathology Australia and its members are equipped with knowledge and resources to ensure that organisations and practices are communication accessible and to promote this concept within the community.

Access for all

1. Increased access to funded speech pathology services.
2. Increase an understanding of how well (or not) speech pathology services match client and community needs (level and distribution) across the country.

Timely services across the lifespan

1. Improved access to speech pathology services at key points in time for specific target client groups.
2. A National Strategy for Early Childhood Language and Literacy is established.

Clients and communities driving service delivery

1. Consumers are involved in the governance and key work of the Association.
2. Our members design their services in line with client and community needs and preferences.
3. Our members design services for Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse groups, with a sound understanding of their specific needs.



Skilled and confident families and carers

1. Community capacity for supporting effective communication and safe swallowing is promoted and strengthened.
2. Information is available for clients and their families/carers to enable informed choices on services.

Collaborative professional partnerships

1. SPA partners with a wide range of professions and organisations to enhance the profession's collaborative practice to achieve coordination and integration of services.
2. Collaboration with allied health professions and peak bodies will be utilised to strengthen advocacy in areas of optimal client service delivery.
3. International collaborations with global partners will be strengthened and extended.

Quality services, innovation and continual pursuit of knowledge

1. Speech pathologists practice within recognised ethical, quality and safeguard frameworks.
2. Speech pathology scope and advanced skills are identified and recognised through clear competency frameworks.
3. Speech pathology practice both informs and is driven by the latest research and evidence.
4. Innovation and being “on the forefront” of emerging trends and opportunities is demonstrated within the Association and its members.

Diverse and dynamic workforce

1. The Association provides leadership in building a diverse workforce.
2. The Profession will be resilient and innovative in responding dynamically to new and emerging models of practice and funding systems.

The comprehensive plan including specific initiatives to achieve these goals will be distributed to members once the final document is released.



Gaenor Dixon
National President
Gail Mulcair
Chief Executive Officer

National Conference Sydney

28-31 May 2017
ICC Sydney, NSW, Australia

Registration for the 2017 National Conference went live 8 March 2017

WE CAN NOW count the weeks until the Conference with the Conference program and online registration available from the Conference website. The Conference Planning Committee (CPC) is encouraged by the number of registrations received prior to the early bird closing date on 12 April 2017.

However if you have not already registered, we hope you are planning to attend. We ask before you make your session selections that you read through the Conference program first, and then proceed to the online registration. This will ensure a faster registration process and less chance of being logged out. Some workshops have limited attendance so avoid disappointment and register today! There will be NO waitlist for any sessions.

Program update

Are you still procrastinating with registering to attend the most innovative SPA conference yet? Selecting your sessions has never been easier! So don't leave it until the last minute. The CPC spent many hours trying their best to make sure you can always select an awesome session, no matter which day or time you're looking at. All sessions have a unique code that tells you the day and time it's happening:

- M = Monday; T = Tuesday; W = Wednesday
- The number 1, 2 or 3 indicates the time slot. 1 = the morning session; 2 = after lunch and 3 = following afternoon tea
- A-F indicates one of the 6 concurrent sessions.
- TB is the Tuesday Breakfast session - The International Dysphagia Diet Standardisation Initiative (IDDSI) Framework
- All keynote presentations each morning are automatically included within your registration selection. MKP, TEU and WKP

You'll also notice that some codes are repeated: M2A and W1A are the three hour keynote seminar presentations held in two parts of 1.5 hours each on Monday and Wednesday. If you select a keynote seminar during registration you'll need to select both parts.

The CPC has chosen one session in the program as a special one dedicated to those people who benefit from the skills and knowledge of speech pathologists – our clients. We are giving them the opportunity to play a part in this year's conference with session T2A - From our perspective: Stories to shape the future. We encourage delegates to consider coming to this panel session to hear from the people who need to have a say in the future of our profession. The CPC hopes that delegates will come to listen to these important stories, ask questions and learn from those who we work so hard to serve.



Speech Pathology Australia National Conference

The CPC would like to thank those who will be presenting an oral, workshop, PeP talk session or has an ePoster on display at the Conference.

Oral, forum, workshop and PeP talk presenters

Presenters at our 2017 National Conference are reminded to complete and return the Speaker's AV Checklist included within the confirmation letter sent in December by May 3 2017. Event Technology is again managing the audio visual equipment for our conference so please ensure you return the completed form to them and not SPA.

All presenters, whether you are in an oral, workshop or PeP talk session or an ePoster, are required to register for the Conference.

Any changes to the program will be made immediately to the online registration brochure, so it is suggested you visit the website from time to time. You will be contacted directly if any major change affects your registration. However, if you wish to make a change to your registration please contact Colleen Moloney at conf2017@speechpathologyaustralia.org.au.

All speakers and chairpersons are asked to attend the briefing on Sunday in room 3.3 of the ICC Sydney from 5.45pm – 6.00pm.

The CPC is reminding presenters of the student oral presentation prize and the four poster presentation prizes.

Student oral presentation prize:

Sydney 2017 is offering a \$100 prize for best student oral presentation. If you have an oral presentation at the 2017 SPA National Conference and the following applies to you, you can nominate yourself to be judged for the student oral prize. Are you, a) currently an honours or HDR student, or b) completed your degree in the previous six months, and c) the work being presented is entirely related to your research degree/honours project. We would also like to know if you are either currently a full time or part time student. If you fit this criteria and wish to nominate for the student oral prize, email your member ID number, your session number and presentation title to conference@speechpathologyaustralia.org.au no later than Wednesday 26 April 2017.

Presentations will be rated on the powerpoint presentation, verbal and non-verbal presentation skills, and overall clarity of the presentation content.

Poster prizes:

Sydney 2017 is providing prizes for the best PeP talk presentation and ePoster. A total of four prizes, each worth \$50.

Pre-registration

5.00pm – 6.30pm

Delegates are invited to collect their Conference pack from the registration desk at ICC Sydney on the Sunday evening. Visit the exhibition while enjoying a “welcome” drink. The winner of the Bridge Climb voucher will be drawn during the pre-registration, so please ensure you are in attendance.

Welcome Reception

Luna Park 6.30pm – 9.00pm

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

The boats will depart ICC Sydney at 6.30pm for a 15 – 20 minute cruise to Luna Park. Once at Luna Park, finger food and drinks will be served, plus the opportunity to network informally with fellow delegates, sponsors and exhibitors. Boats will then return delegates to the wharf at 8.30pm and 9.00pm.

Restaurant Night

The CPC is offering four restaurants for delegates to consider for the restaurant night. To enable us to provide the restaurant with an indication of numbers, we ask that if you wish to attend you make the necessary selection when completing the online registration. Please note that payment for the dinner cruise is required at the time of registration, and payment for the restaurants is to be made directly to them on the night. Restaurant bookings commence at 7.00pm and the dinner cruise at 7.30pm. A list of restaurants will be placed near the Conference registration desk and delegates are asked to reconfirm their participation by morning tea Tuesday.

Guild Insurance Conference Dinner

The Guild Insurance Conference Dinner, to be held in The Parkside Ballroom of ICC Sydney, will provide a fitting end to the busy WiFi 2017 scientific program.

The theme for the conference dinner is VIVID so come dressed for fun in your brightest attire or stretch your imagination into something more innovative. It can be as elaborate or as simple as you like. The CPC has also arranged entertainment by ‘Twology’ - the mix, the music, the fix, the beat, the soul, the groove to move your feet.

Guild Insurance is also sponsoring the photo booth. The photo booth has proven to be a popular inclusion at the conference dinner. The Guild Insurance Conference Dinner is included with all full practising and re-entry members and non member conference registrations. If you did not indicate on your registration form and now would like to attend, or if you wish to purchase additional tickets, please contact the National Conference Manager.

Sponsors & exhibitors

The CPC would like thank all the Conference sponsors and exhibitors for their support of SPA and encourages delegates to visit each display during the Conference.

There are a few stands and smaller sponsorship opportunities available, so if you know of any company that might be interested please contact Pamela Richards, National Conference Manager.

**Call for student volunteers/assistants**

The call for student volunteers/assistants is now closed and thank you to all the students who applied.

Accommodation

All unsold rooms at the four Conference hotels will be released on April 10 so if you are wanting to stay at any of these hotels, please ensure you make your booking as soon as possible. Vivid Sydney is a festival of light, music and ideas. Vivid Light transforms Sydney into a wonderland of “light art” sculptures, innovative light installations and grand-scale projections for all to enjoy - for free. Book your accommodation now to avoid disappointment. Visit the conference website and the accommodation link to make your booking.

Airport link will take delegates directly from the airport to the Radisson, Rydges and Park Royal Hotels via Museum Station. If you select the Novotel Hotel you will need to exit at Central Station and take the light rail to the convention centre stop.

Airport Transfers

For Airport Link visit www.airportlink.com.au for further information. You will also need an Opal Card to access public transport. Please visit our website to find out more.

Car Parking

To view the map and price list (information correct as at 1 April 2017) please visit the Conference website and scroll down to the Venue for National Conference link. Car park and prices are subject to change.

Unfortunately there is no discounted parking at the ICC Sydney and the cost is \$35 per day per exit. However, we have located a car park within walking distance to the ICC Sydney - Secure Parking, Harris Street who is happy to offer a discounted rate for conference attendees. Please visit our website to see the promotional code and direct link to their website.

On behalf of the CPC, we encourage you to take advantage of this opportunity and register to attend this innovative and exciting event. We look forward to welcoming you to Sydney.

Harmony Turnbull, 2017 Conference Convenor
Pamela Richards, National Conference Manager

Speech pathology university programs

IN THE PAST five years the number of entry level speech pathology programs has increased from 19 to 24 programs across 15 universities. In 2017 planning for two new entry level speech pathology programs will commence at the University of Canberra and Swinburne University of Technology. It is anticipated that these new programs will commence taking students in 2018.

The development of a new university program, or suite of programs is driven from the strategic plan of a university and typically involves significant research into understanding market demand. This may or may not include consultation with Speech Pathology Australia.

Universities do not require the permission or approval of Speech Pathology Australia to commence a new program. The role of Speech Pathology Australia is to inform universities of the accreditation requirements and discuss issues relevant to the profession. In 2016 the Board of Speech Pathology Australia approved a statement to be circulated to universities wishing to commence new programs. The statement provides information on workforce indicators and the current supply of

speech pathologists, and discusses challenges universities have experienced and how these may impact on the capacity of universities to deliver programs and to obtain and maintain accreditation.

Speech Pathology Australia aims to work collaboratively with all universities to ensure graduates meet or exceed the required competencies for the profession. In addition universities strive to prepare graduates with skills and knowledge based on their university/faculty vision and mission, graduate attribute requirements or program specific focus. This has resulted in graduates having a broad and diverse range of competencies that enrich the speech pathology workforce. If you wish to know more about the university accreditation process please refer to:

www.speechpathologyaustralia.org.au → SPAweb
Resources for the Public → Become a Speech Pathologist

Stacey Baldac
Senior Advisor, Professional Standards



Ian joins the SPA team

IAN YORSKI JOINS the Association as its new social media and online communication guru or, in official speak, as “Communications Officer”. Ian is a very recent (September 2016) arrival from Canada and joins the Association via Monash College in Melbourne and the Alzheimer Society of Manitoba. Ian’s expertise includes desktop design and publishing, and online video content. A video Ian made for the Alzheimer Society of Manitoba has had over 9000 views on Facebook, in addition to 1200 on YouTube. At the Association, Ian provides support to the communication and marketing team, while being responsible for components of the Association’s social media platforms, e-News newsletters and online publications. [Contact Ian at support@speechpathologyaustralia.org.au](mailto:support@speechpathologyaustralia.org.au).





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www.spc.com.au

SPA research grant report



EACH YEAR SPA provides funding to support research in a number of categories – Higher Degree by Research, Clinician and Entry Level (available to students undertaking a research project as part of an entry level course). Grants are also provided in two externally funded categories – the Nadia Verrall award, funded in memory of speech pathologist Nadia Verrall, and the Queensland Registration Board Legacy awards, funded through monies remaining when the Queensland Registration Board was discontinued. Recipients provide a summary of their research on completion. This is the first in a regular series of articles which will provide details of research completed with the help of funding from SPA.

Higher Degree by Research Grant awarded to Karen James in 2013.

The Language and Social Characteristics of Adolescent Students Attending Public Behavioural Schools: A Controlled Group Comparison

The research evidence indicates that adolescents with behavioural issues have poor learning outcomes and are unwilling participants in the classroom (Conti-Ramsden, Durkin, Simkin & Knox 2009). A clear link between decreased language skills and poor behaviour (Clegg, Stackhouse, Finch, Murphy & Nicholls 2009) is also well documented. Students attending behavioural schools, seen as a pipeline to the juvenile justice system (Granite & Graham, 2012) may therefore present with language learning problems. The study aimed to determine the language, narrative and social skill characteristics of teenagers attending behavioural schools compared to age and SES matched typically developing peers.

A comparison group study was used to compare the language and narrative skills of two groups of 25 participants aged 12;0 – 15;11. The experimental group attended behavioural schools, and the control group consisted of age and SES matched children attending mainstream schools. In both groups, students with known language problems, autism, hearing impairment, intellectual disability or ESL background were excluded. Language skills were assessed using the Test of Adolescent Language-4 (TOAL-4), Expression, Reception and Recall of Narratives Instrument (ERRNI) and the Social Emotional Evaluation (SEE). Questionnaires regarding participant behaviour were completed by teachers.

Sixty percent of the students attending behavioural schools had clinically significant expressive structural language problems based on the TOAL-4, 56% had clinically significant narrative problems based on the ERRNI total score and 68% had overall clinically significant social communication problems based on the SEE. Thirty three percent of students in behavioural schools had significant difficulties across all three areas, which appear to be inter-related.

With respect to narrative skills, the behavioural group performed significantly more poorly than the control group for story comprehension, the mean length of utterance produced, and various macrostructure elements used. The behavioural group used significantly more utterances than the control group. There were no significant differences between the two groups with respect to the semantic content provided or the number of different words used.

With respect to social communication, group comparison showed significant differences for both receptive and expressive language aspects of social communication, with difficulties more prevalent for students in behavioural schools. Difficulties in receptive skills were recorded for 56 per cent of these students, and 64 per cent experienced difficulties with expressive skills. These findings are consistent with previous research. Specifically, students in the behavioural group had trouble identifying and explaining emotions such as boredom, confusion, worry and guilt. These are common emotions likely to be experienced in a school setting, especially in a behavioural support school. Students are likely to be able to identify when they have done something wrong but are less likely to be able to recognise why it is wrong and how to explain what they should have done instead.

No significant correlations were found between language and behaviour when the groups were analysed separately. That is, within the group of students attending a behavioural school no relationship between language skills and behaviour was observed. When the data from both groups were combined significant correlations were found between externalising behaviours and narratives, structural language and social communication.

References

- Conti-Ramsden, G, Durkin, K, Simkin, Z & Knox, E (2009). Specific language impairment and school outcomes. I: Identifying and explaining variability at the end of compulsory education: *International Journal of Communication Disorders*, 44(1),15–35.
- Clegg, J, Stackhouse, J, Finch K, Murphy, C, & Nicholls, (2009). Language abilities of secondary age pupils at risk of school exclusion: A preliminary report. *Child Language Teaching and Therapy* 25(1), 123–140.
- Granite, E. & Graham, L. (2012). Remove, rehabilitate, return? The use and effectiveness of behaviour schools in New South Wales, Australia. *International Journal on School Disaffection*, 9(1), 39-50.
- Karen currently has a number of papers in preparation. She will also be presenting her findings at the 2017 SPA conference. You can contact Karen at karenspeechie@gmail.com.

Cori Williams
Senior Advisor Evidence Based Practice and Research

About Cori...



Cori provides support related to research and evidence based practice to the Association and its members. She creates monthly evidence alerts which are disseminated via email, Facebook and Twitter, and works with the Senior Advisor Professional Development and Certification to develop the Evidence Based Practice independent study resource. With administrative support from the Association's National Office she manages the research grants process.



Early Career Reference Group

Doing, being, becoming and belonging

RECENT RESEARCH REFLECTS ON HOW EVERYDAY EXPERIENCES CAN INFORM BETTER CLINICAL PRACTICE AND FOR PRACTITIONERS TO GROW AS INDIVIDUALS.

FEELING OVERWHELMED? Well, it turns out you are not alone. Ann Wilcock an occupational therapist recently completed research in doing, being and becoming. Her work titled *Reflections on doing, being and becoming** listed doing as the need to produce some form of product, think of it like a task. At university, you are set an assignment and expected to complete it. Being is about who we are, that is the important roles in our

lives. This may include being a speech pathology student. While becoming focuses on the choices made, failures, successes and everyday experiences that enable us to become better clinicians and better people. These individualised elements culminate in belonging. Belonging encompasses a sense of community through participation and shared values. So, what does this look like in the Speech Pathology profession??

Doing

“The last four years on my journey to become a speech pathologist has involved questioning myself many times – am I doing too little? Am I doing too much? It has involved doing tasks that I have been interested in and inspired by, and some that were a little more tedious.

“My time at university has required me to do tasks to meet expectations - attend lectures, tutorials, placements and complete assignments. There were also purposeful actions that I did because I felt they were important to who I wanted to be as a speech pathologist; I volunteered, I networked, I attended professional development and I became a member of the SPA Victoria Branch.

“Everything I have done and am doing continues to shape my identity as a speech pathologist and as a human being.”

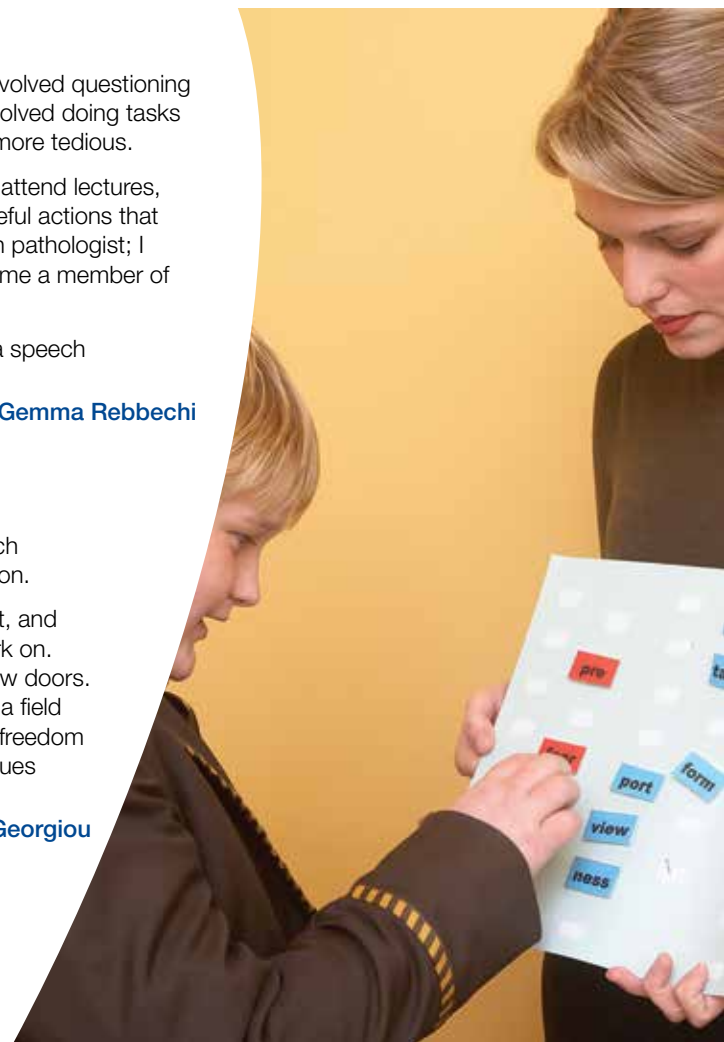
Gemma Rebbechi

Being

“The transition from ‘being’ a speech pathology student to ‘being’ a speech pathologist has been an exciting, hectic, challenging yet rewarding transition.

In my first year out, I juggled multiple roles, had little guidance and support, and realised that a work life balance is something I will have to continue to work on. Despite these challenges, embracing opportunities has helped to open new doors. While I am still not used to calling myself a speech pathologist, working in a field that I’m passionate about (and hopefully make a difference in), having the freedom to find my own pathway, and build relationships with students and colleagues makes ‘being’ a speech pathologist where I want to be.”

Jaclyn Georgiou



Early Career Reference Group



Becoming

“My path to becoming a speech pathologist, albeit not the easiest, led me on an interstate journey that when I look back on, I would not change. The clinical experiences I was fortunate to be a part of and professional networks I made have assisted me to become a better clinician.

“I always knew that health, science and working closely with people was to be the foundation of my future career. There’s always something new in this field, something new to learn, it’s always changing, never static. That’s what I love about this career and my job. It doesn’t suit me to do the same job day in day out, hence, my current position in a rural hospital providing inpatient/ outpatient paediatric, adult and aged care services as well as outreach, has allowed me to continue to grow clinically and professionally.”

Chrissa Stavrou

Belonging

“Having been engaged with the speech pathology profession for over 10 years now, this was a lovely opportunity to reflect on the process of what it means to do, be, become and belong.

“In my role as a lecturer in speech pathology, it’s a privilege to watch the next generation of speech pathologists move through these phases and to ultimately feel like they really belong in to profession, a community of sorts, that is dynamic and worth contributing to. When I think about my own journey to ‘belonging’, this started quite early in my studies, through active involvement with the Association and my student body. Now many years later, my sense of belonging has really taken hold and I can’t imagine a life without speech pathology and the wonderful colleagues and clients I’ve met along the way.”

Simone Howells

Doing, being, becoming, belonging presentation

If you’d like to learn more about doing, being, becoming and belonging please join us for a Go To Meeting presentation on Tuesday 2 May. Please register via Events on the Speech Pathology Australia website. For more information about the Early Career Reference Group and being a new graduate speech pathologist, join the Early Career Member Community on Facebook

Tiyana Jones

Early Career Reference Group Chair

Christine Lyons

Senior Advisor Professional Practice

Witness intermediary pilot update

THE CHILD SEXUAL OFFENCE EVIDENCE PILOT HAS ASSISTED MORE THAN 700 CHILDREN AND YOUNG PEOPLE. MORE THAN HALF OF THE WITNESS INTERMEDIARIES INVOLVED ARE FROM A SPEECH PATHOLOGY BACKGROUND.

IN 2015 THE NSW Government introduced a number of reforms in response to issues raised around child sexual abuse and the barriers and trauma children face when going through the criminal justice process.

The main aims of these reforms were to improve the justice experience for child sexual offence victims and their families which would be achieved by introducing the following changes:

- the involvement of children's champions (also referred to as witness intermediaries)
- pre-recording whole of evidence (including cross examination)
- specialist district court judges
- increased maximum penalties and standard non parole periods for offenders

The development and involvement of witness intermediaries and the introduction of pre-recorded hearings are covered by the Criminal Procedure Amendment (Child Sexual Offence Evidence Pilot) Act 2015 (now Schedule 2).

The Child Sexual Offence Evidence Pilot commenced on 31 March 2016 in Sydney and Newcastle and includes matters from Sydney (Downing Centre) District Court and Newcastle District Court as well as matters investigated by police at Bankstown, Chatswood, Kogarah and Newcastle Child Abuse Squads.

Victims services within the Department of Justice is responsible for the implementation and administration of the pilot. More specifically, it is the specialist reforms team within victims services that engages a panel of witness intermediaries located in Sydney or Newcastle with expertise in communication issues as well as specialised training for their role at court. Witness intermediaries can become involved at both the police stage and the court stage.

For the police interview, the specialist reforms team will receive a referral request from the Child Abuse Squad and the team will match the request with a suitably qualified witness intermediary who will then attend the CAS office, conduct an assessment of the child and make recommendations to the investigating officer on how best to communicate with the child during the interview. The witness intermediary then sits in on the interview with the child to ensure the suggestions are being adhered to.

When an order is made by the court, a more thorough assessment of the child is necessary as a written report is required considering the child's attention and listening skills, auditory comprehension, spoken expression, speech/sound intelligibility, reading and writing ability. Recommendations made in the report can include allowing regular breaks to ensure the child's attention is maintained, ensuring questions are sequential (asking about what came first to what came last) or that questions are signposted, for example, "Now we are going to talk about the time...", the avoidance of overly complex language or tagged questions, such as, "I put it to you that you weren't at the location in question on the date specified previously, were you?" and the use of communication aids or anxiety reducing aids. The witness intermediary plays an active role in the court proceedings, seated next to the child during cross examination and can intervene if the recommendations agreed to are not followed by asking the judge

if counsel can rephrase their question.

Witness intermediaries are bound by a deed of agreement with victims services and subject to stringent procedural guidance. Witness intermediaries come from four professional backgrounds (although there is legislative provision for a fifth – teachers) including; speech pathology, psychology, occupational therapy, and social work.

Victims services provides monthly group mentoring sessions for witness intermediaries and professional compliance issues are overseen by a witness intermediary registration panel. This panel includes membership from each of the professional bodies aforementioned – Gail Mulcair, CEO, is the representative for Speech Pathology Australia.

Almost half of the accredited witness intermediaries involved in the pilot are from a speech pathology background and transferring their skills from clinical speech pathology into a role that requires impartial communication facilitation in a justice setting has been a challenging but rewarding experience for those involved.

To date the pilot has assisted over 700 children and young people with positive feedback received from the courts, police, the office of the Director of Public Prosecutions and families of the children involved. The pilot will be subject to a process evaluation to be conducted this year and an outcome evaluation due to be undertaken in 2019, both will be undertaken by the University of NSW in conjunction with the University of Sydney.

For further information about the pilot please contact the specialist reforms team at srt@justice.nsw.gov.au

**Specialist Reforms, Victims Services
NSW Department of Justice**



NDIS FRAMEWORK

NDIS Quality and Safeguarding Framework

THE NDIS QUALITY and Safeguarding Framework was released on 9 December 2016. The national safeguard will not be implemented until full transition to the scheme in July 2019. In the interim, states and territories will continue to have regulatory responsibility for NDIS providers.

In summary the framework indicates that:

- Speech pathologists providing to NDIS participants, both agency and self-managed, will be required to have current CPSP membership of SPA, professional indemnity and public liability insurance, and undertake safeguarding checking.
- No additional certification will be required unless they are intending to provide one of the types of support that require highly specialised skills and experience. Currently, provision of early childhood supports and support coordination are included in the list of high risk activities.
- The requirement for additional certification, and the level of that additional certification, will be proportionate both to the risk associated with the type of support, the size of the provider organisation, and how difficult to replace the supports may be. As an example, a large organisation providing residential and/or in home supports would be considered “hard to replace”.

The framework includes an example of how things may work, using a sole trader speech pathologist. In the example they talk about requiring evidence of CPSP membership of SPA, professional indemnity insurance and personal liability insurance, plus a copy of working with children or vulnerable adult checks, with a requirement for re-verification every 12 months.

The full quality and safeguarding framework is available at:

www.dss.gov.au/disability-and-carers/programs-services/for-people-with-disability/ndis-quality-and-safeguarding-framework-0

Points from the framework which are most pertinent to service providers are summarised below.

Efficiency and effectiveness

An NDIS registrar will be established, all providers will be required to comply with an NDIS code of conduct, and providers of certain

types of supports will be required to meet additional quality and competency standards. Registration requirements will be proportionate to both the risk inherent in the service delivery model, and the scale of the organisation.

The NDIS will appoint a national senior practitioner to oversee approved behaviour support practitioners and providers; provide best practice advice, receive, review and report on provider reports on use of restrictive practices; and follow-up on serious incidents that suggest unmet behaviour support needs.

Nationally consistent risk-based worker screening will be developed. Overall design and broad policy settings will rest with the registrar, and operational responsibility with the states and territories. This will apply to workers, including employees, agents, volunteers, contractors, and sub-contractors engaged by NDIS providers and the National Disability Insurance Agency (NDIA) that have significant contact with people with disability as a part of their work or role.

Tiered requirements for providers: all providers, whether registered or not, will be required to comply with applicable Commonwealth, state and territory laws, the NDIS code of conduct, and the NDIS complaints resolution process. All providers wishing to become registered will be required to participate in a verification or certification process.

Providers: the NDIS will develop a code of conduct which will apply to all providers, regardless of whether they are registered. There will also be some additional safeguards around specific types of support.

Where the type of support is high risk and should only be delivered by a competent professional, but not subject to existing requirements (either AHPRA or self-regulating allied health professions), participants, including those who are self-managing, will only be able to seek the support from a provider registered with the NDIS registrar. The full list of high-risk supports is yet to be finalised, but is expected to include allied health services not covered by AHPRA registration, services involving the implementation of behaviour support plans and restrictive practices, and early childhood intervention services.

Mutual recognition: requirements will be streamlined for providers who will have full membership of a recognised



professional association. Speech pathologists will not need to meet additional certification requirements unless they are intending to provide one of the types of support that require highly specialised skills and experience (as identified above).

Provider requirements: registered providers will be required to have effective internal complaints arrangements. Requirements will be proportionate to the size of provider and the risks inherent within their service model.

Orientation module: a compulsory orientation module will be introduced for registered providers delivering supports, including registered sole traders and all employees of registered providers engaged in the delivery of supports. This extends to allied health professionals providing NDIS-funded supports (who could undertake this as part of their continuing professional development requirements). Registered providers will need to demonstrate that their workers have undertaken or are scheduled to complete the module, whether as an e-learning module or as part of their induction and training procedures.

The NDIS has also provided information about preventative strategies to help safeguard participants, as part of the planning implementation and review process, including supported decision making and other capacity building activities aiming to provide opportunities for people to build their capacity around making choices and decisions. Many of these could include a role for speech pathology, including development and provision of aided AAC supports, information and training for the disability workforce regarding communication and support for the development of peer and mentor relationships.

The report also outlines (pages 64-65) developmental activities to build provider capacity and best practice, which seem currently to be largely focused on building the market.

The document explores the legislation and issues around restrictive practices and outlines the strategies that the NDIS plans to adopt, including the establishment of a senior practitioner.

There is mention of a requirement for additional and specific requirements for professionals involved in provision of positive behavioural supports, including for “other providers (in addition to positive behaviour support practitioners) who indicate their scope of service is likely to include participants with behaviours of concern. These would include participants who require a functional behavioural assessment and the development of a positive behaviour support plan containing a restrictive practice”. This would indicate a potential for speech pathologists whose work will include contributing to the development of positive behavioural support plans where the participant’s behaviour has a communicative component may be required to provide specific and additional evidence in regard to the competencies in this area of practice. But, how this may operate, and what they may be is not specified. The listing of competencies for both providers of positive behavioural supports and providers implementing behaviour support plans in the framework doesn’t currently include any that are specific to the communicative function of behaviours.

For members who are interested, a reading of the quality and safeguarding framework provides interesting insights to the NDIS and the principles underlying the design of the scheme.

Cathy Olsson
National Advisor, Disability

For more information about the NDIS visit the NDIS page on the SPA website.

www.speechpathologyaustralia.org.au → Resources For Speech Pathologists → NDIS

National tour

SPA is proud to acknowledge the SPA members who have presented the National Tours over the past 13 years covering a diverse array of areas within speech pathology scope of practice.

Let's look back at this stellar group of speech pathologists.



2011
Dr Leanne Togher
 Recent advances in aphasia rehabilitation & Novel approaches to the assessment and treatment of communication problems following traumatic brain injury (TBI)



2010
Dr Cori Williams
 Working with Children from Multilingual Backgrounds



2009
Dr Jacqueline Roberts
 Autism Spectrum Disorders: Understanding, Treating and Managing Autism



2008
Dr Sharynne McLeod
 Sound management: Working with children with speech impairment



2007
Dr Elizabeth Cardell
 Psycholinguistic Therapies Unplugged: Principles, Processes, Parameters and Practicalities



2006
Mellanie Sherwood
 BLADES – Adding Meaning and Interaction to Language Therapy for 2-5 year olds



2005
Dr Caroline Bowen
 Children's Speech Sound Disorders: A practical update



2012
Dr Roslyn Neilson
 Literacy: Learning to Read & Literacy: Reading to Learn



2013
Dr Elise Baker
 Best practice in the management of speech sound disorders in children: Making every session count



2013
Dr Julia Starling
 Supporting upper primary children and adolescents with language and literacy difficulties: Time for some creative thinking!



2015
Dr Jane McCormack
 Kids, communication and context: Providing holistic and evidence-based care to children with speech and language difficulties



2016
Dr Jade Cartwright
 Dementia is our Business: Speech Pathology Services for People Living with Dementia across the Continuum of Care



2017
Dr Tanya Serry
 Speech Pathology in the literacy domain: From prevention to intervention

2018 ...
Who will be our next National Tour speaker?
Watch this space!

What's the difference?



Supervision, mentoring, peer support

ALL SPEECH PATHOLOGISTS require professional support throughout their career. When we use the term professional support we are talking about 1:1 or small group interactions which provide opportunities for reflective practice, problem solving, sharing ideas, information and resources, and celebrating successes. Supervision, mentoring, and peer support, may all have the above features in common, however

the below table highlights some key differences between these different types of professional support.

If you have any questions regarding professional support options please contact Meredith Prain, Professional Support Advisor, psa@speechpathologyaustralia.org.au

Supervision	Mentoring	Peer support
Aims to ensure supervisee has competence to do their work role/ ensure clinical accountability	Aims to provide broad professional support	Aims to provide broad professional support
SPA recommends weekly for early career speech pathologists	SPA recommends monthly	SPA recommends monthly
Supervisor is paid either internally as part of their work duties or externally	Mentoring is voluntary	Peer support is voluntary
Supervisor has more clinical experience than supervisee	Mentor has more professional experience than mentee	Years of experience of peers usually similar, but not necessarily. Years of experience is not relevant
Earns 1 PSR point per hour. No requirement to register supervisory relationships with SPA	Earns 1 PSR point per hour. SPA requests that all mentoring partnerships be registered with SPA by emailing psa@speechpathologyaustralia.org.au	Earns 1 PSR point per hour. No requirement to register peer support relationships with SPA



“The more that you read, the more things you will know. The more that you learn, the more places you’ll go.” - Dr. Seuss

Speech pathologists in education and learning

Are you helping the children you work with to “go places”?

Do you work with pre-schoolers and school aged children? Then you are an essential member of their team, including parent and educators, who can support children to learn and work with those children who are experiencing literacy and learning difficulties.

For speech pathologists wishing to advocate for, and establish their place in the literacy learning domain in a setting that doesn’t currently have a speech pathology program there are two imperatives.

1. Start from a place of knowledge – learn the facts

- Oral language competency is essential for literacy learning.
- The Simple View of Reading and the Reading Rope are the two theoretical models underpinning current thinking about the linguistic basis of learning to reading.
- Reading is a skill that must be learned.
- There are five components (phonemic awareness, phonics, fluency, vocabulary, language comprehension) that are essential for effective and evidence based reading instruction
- Children must make a transition from “learning to read” to “reading to learn”.
- A whole school collaborative approach achieves the best outcomes in an educational setting.
- Speech pathologists are an essential part of the literacy team.
- As part of the literacy team speech pathologists can assist with the identification of students at risk of experiencing literacy learning difficulties or experiencing reading difficulties (including dyslexia); work with the team to adjustments or learning modifications and so on.

All of this information, and more, is detailed in Speech Pathology Australia’s Clinical Guidelines for Speech Pathologists Working In Literacy (2016) and will be explored in even greater detail in Dr Tanya Serry’s 2017 SPA National Tour: Speech Pathology in the literacy domain: From prevention to intervention.

2. Build alliances

Advocating in this space can be challenging. It is very unfortunate that this area is plagued by what has been termed “literacy wars” and myths and misinformation abound. Educators and speech pathologists alike often decree that the other side doesn’t understand what they do.

While a whole school collaborative approach, where a speech pathologist is fully integrated into the learning team, is best practice, realistically we know this cannot be achieved overnight. Speech pathologists who are currently working in some capacity as part of the learning team (either as a paid member of staff or contractor) tell us they started small. They were fortunate enough to have an ally in the school. This most often was the principal or a senior teacher who was trusted by the principal. They then worked with the staff to determine what the students’ needs were and presented information about how they could work with the teaching staff to support improved outcomes. Overtime mutual respect and trust developed.

Speech pathologists who are interested in advocacy in this area will find the strategies listed on pages 35/36 of the Literacy Clinical Guideline useful. One other strategy will be to partner with, or seek support from others. There are many speech pathologists, educators and parents who all feel passionate about this area and are willing to support each other. A starting point can be Learning Difficulties Australia who bring together teachers and other professionals dedicated to assisting students with learning difficulties. To find out more about what SPA is doing in this space go to www.speechpathologyaustralia.org.au/schools

To wrap it all up here is one final word from Dr Seuss, “So be sure when you STEP, Step with CARE and great TACT. And remember that LIFE’s, A great BALANCING ACT!”

Christine Lyons
Senior Advisor Professional Practice

To keep up to date and share information with your colleagues join SPA’s Speech Pathologists in Education and Learning Member Community.





Engaging staff in your practice? Do it the right way!

CPD Live Online Webinar
Wednesday 3 May, 2017, 7- 8.30pm

Everything you need to know to ensure you are meeting your obligations while growing your business.

Presented by Anna Pannuzzo, WorkPlace PLUS FREE for SPA members

The session will also be recorded and available for members to view after this session.

Find a Speech Pathologist search:

Update your profile

The Find a Speech pathologist search function is getting a makeover!

To maximise the ease with which consumers can find you ensure your profile is complete and up to date. Make sure you complete all sections including outlining your areas of practice.

To update your profile:

Log into the SPA website, click on your name in the top right hand corner of the home page. This will take you to your profile. Update all areas including the areas in which you practice.



Are you going to the national conference?

We would love to see you at the Lunch time meeting for private practitioners on Monday 29 May!

Anna Pannuzzo from Workplace PLUS, Christie Boucher, Risk Services Manager from Guild Insurance and, Nichola Harris and Christine Lyons from national office will be in attendance.

At this meeting you will be able to ask questions and network with your colleagues. We will also be launching SPA's updated Policy and Procedure Manual for Private Practitioners.

This manual will have an expanded HR section and include templates for policies you can use in your practice that covers areas such as; complaints, occupational health and safety policy, IT and social media, and confidentiality etc.

New and updated Professional Resources

See the [Resources for Speech Pathologists](#) page on the SPA website for information and resources about a range of areas to support members with their professional and clinical practice. Find information about Medicare, private health funds, the NDIS as well as a range of professional resources. New and updated resources include information about:

- advertising,
- awards, wages and employment conditions,
- first aid,
- health records, and the
- National Code of Conduct – includes details about what members need to do to comply with the Code.



Nichola Harris
Practice and Clinical Support Advisor

About Nichola...

Nichola Harris is SPA's Practice and Clinical Support Advisor

Nichola is responsible for responding to professional practice related enquiries from members, consumers and others. Her role also provides support to members, particularly those in private practice, through development of website resources including guides, information sheets and templates and program development for online or face-to-face seminars. Nichola supports the representation of the Association at meetings, the writing of submissions and fact sheets as required. Members can contact Nichola via phone, email or the Private Practice Facebook Member Community.

advisor@speechpathologyaustralia.org.au

Nichola works at National Office on Wednesdays and Thursdays, and is a practising speech pathologist.



Is your business growing?

Are you considering appointing an additional speech pathologist to service your growing client base?

SPEECH PATHOLOGY AUSTRALIA provides members with information and resources, links to resources and support. Members can:

- Refer to SPA's Professional Resources on the [SPA Website](#).
- Contact SPA's Practice and Clinical Support Advisor Nichola Harris, advisor@speechpathologyaustralia.org.au
- Contact WorkPlacePLUS who provide initial free advice for SPA members on a range of HR and employment issues www.workplaceplus.com.au

Employing speech pathology staff

When employing staff, there are various options to consider. A clinician can be employed:

- on a permanent ongoing full time or part time employment basis (and incur entitlements such as annual leave and sick leave);
- under a fixed term contract (and incur entitlement such as annual leave and sick leave but with a fixed end date); or
- on a casual basis.

For any of these options the employer needs to consider the following as a minimum. An employer must:

- provide an employment contract which complies with various legislation and protects the employer with clauses such non-solicitation and non-competition covenant's;
- ensure compliance with minimum wages based on qualification and experience under the award. The award that covers speech pathologists is the Health Professionals and Support Services Award (2010);
- provide adequate policies and procedures e.g. workplace health and safety;
- provide supervision and appropriate level of support; and
- comply with legal requirements such as PAYG, superannuation and workers compensation.

Engaging a speech pathology contractor

The Australian Taxation Office advises the difference between an employee and contractor is:

- An employee works in your business and is part of your business;
- a contractor runs their own business.



The contractor is responsible for their business compliance and commitments such as insurance, PAYG, superannuation, worker's compensation are self-managed.

Reference: ATO website www.ato.gov.au/business/employee-or-contractor

The speech pathology contractor has the ability to:

- subcontract and delegate the work to someone else;
- be paid as a result achieved based on an hourly rate or price per service;
- provide all or most of the equipment or doesn't receive an allowance or reimbursement for the cost of the equipment;
- perform services as specified in their contract; and
- either accept or refuse additional work.

The speech pathologist looking to engage a contractor needs to consider the following options. Have you:

- provided the contractor with an agreement which complies with various legislation and protects your business with clauses such non-solicitation and non-competition covenants;
- ensured the contractor has been set up as a business and has a valid Australian Business Number including all required insurances;
- ensured the contractor actually understands their obligations;
- provide supervision and appropriate level of support; and
- ensure that the agreement meets the ATO requirements.

A speech pathology practice needs to understand what they want to achieve in the medium to long term when deciding whether to engage an employee or a contractor.

Depending on what those business plans are, either employment option can be equally beneficial. However, as the decision making process can be complicated and is not a "one size fits all" approach then it is always advisable to seek advice.

For general information contact Nichola Harris, SPA's Practice and Clinical Support Advisor or for specific tailored information, contact Anna Pannuzzo, WorkPlace PLUS 0419533434 or anna.pannuzzo@workplaceplus.com.au

WorkPlace PLUS offers initial free advice to SPA members.

Anna Pannuzzo
WorkPlace PLUS

Opportunities to improve outcomes for practice and clients

THE OPPORTUNITIES FOR SPEECH PATHOLOGISTS TO REPRESENT THEIR PROFESSION, ADVOCATE FOR BEST PRACTICE AND PROMOTE IMPROVED OUTCOMES FOR CLIENTS HAVE NEVER BEEN GREATER.

Two such opportunities are the Guideline for ASD Diagnosis in Australia project and the National Year 1 Literacy and Numeracy Check project.

Guideline for Autism Spectrum Disorder Diagnosis in Australia project

The Cooperative Research Centre for Living with Autism (Autism CRC) has been commissioned by the National Disability Insurance Agency to develop a National Guideline for the Diagnosis of Autism Spectrum Disorder (ASD) in Australia. The guideline is due for release in September 2017.

Speech Pathology Australia is pleased to be involved in the project in several ways.

- Robyn Stephen is representing SPA on the project's Steering Committee
- A group of members with extensive experience in diagnosing ASD (many of whom were involved in the development of SPA's current ASD Position Statement and Clinical Guideline) have been nominated by SPA to take part in the next phase of the project, a Delphi Study.

They include:

Christine Kendall
David Trembath
Gloria Staio
Marleen Westerfeld
Michelle de la Perrelle
Rebecca Sutherland
Veronica Rose
Bea Staley
Teena Caithness

SPA will also be providing a submission to the project. You can have your say by:

- writing a submission;
- attending a workshop;
- signing up to receive updates about the project;
- encouraging adolescent or adults clients you work with who have ASD (and their family members and/or carers) to write a submission or complete a survey.

National Year 1 Literacy and Numeracy Check project

In May 2016, the Australian Government released Quality Schools, Quality Outcomes (QSQO) a package of school reforms to improve learning outcomes for all Australian students. A key proposal of QSQO, was to introduce a National Year 1 check of all children in the areas of reading, phonics and numeracy (Some states and territories already deliver their own early year's assessments but there isn't a nationally consistent approach.)

On 29 January 2017, Senator Simon Birmingham, Minister for Education and Training, announced the establishment of an Expert Advisory Group to advise the government on how best to develop and implement a national Year 1 check. We are very pleased that Pam Snow is on the panel as she will be a wonderful advocate for the profession and for the need for strong oral language competency to underpin future literacy development.

As part of the panel's consultation process individuals and organisations were able to submit responses to an online survey. SPA's responses can be accessed here.

As I write the recommendations of the panel are unknown with their report to the government due in April 2017. I will keep you updated via SPA's Speech Pathologists in Education and Learning Member Community and in National eNews. You can also follow the latest news from the panel on the National Year 1 Literacy and Numeracy Check (Year 1 check) webpage, look up the FAQs doc, or ask a question by emailing Literacyandnumeracypanel@education.gov.au

Chris Lyons
 Workplace PLUS





The results are in...

National survey of speech pathologists working in education

THE NSW DEPARTMENT of Education's Speech Pathology in Schools Resource Project is well underway and has sparked considerable interest from SPA members and non-members in addition to other key stakeholders.

As part of this project SPA conducted a national survey of speech pathologists working in education.

We had an overwhelming response to the survey across Australia with 715 respondents; 70 per cent were SPA members and 30 per cent were non-members!

Preliminary analysis of the survey data also showed that:

- there are a range of employment scenarios across the states and territories, however 48% of speech pathologists are employed by the Department of Education or catholic education;
- 80% of speech pathologists work in government schools with the remainder working in catholic and independent schools;
- 93% of SPs use a collaborative or consultative approach with principals;
- 95% of SPs use a collaborative or consultative approach with teachers and/or the learning support team;
- 92% of SPs use a collaborative or consultative approach with psychologists, school counsellors, welfare staff and/or other allied health practitioners;
- 75% of SPs work with education support staff, teacher aides and speech therapy assistants in individual therapy programs; 65% use these staff in individualised in-class support; 55% use these staff in small group therapy; 33% use these staff in whole classroom support;
- 84% of SPs have some form of contact with the parents of the students they work with;
- the most common disorders/difficulties worked with were language (95%), literacy (82%), articulation/phonology (77%), learning (56%) and social skills/pragmatics (54%).

As part of the NSW's resource project, key stakeholder forums were conducted in Sydney in collaboration with the department of education to gather information regarding the content of the resource and the information received was invaluable. Most representatives had some awareness of what speech pathologists can offer, however our scope of practice needs to be widely marketed. Collaboration with school staff, maintaining respectful relationships and adopting a whole school approach were key points raised.

Key results...

- 3%** of speech pathologists work in secondary schools
- 56%** use the individual pull out model
- 63%** of SPs self-manage their caseloads
- 21%** are directed by school staff and
- 16%** are directed by departmental/CEO staff and policies
- 80%** of SPs are not involved in preparing school educational reports
- 56%** were not involved in formal transition planning for students



SPA members are encouraged to join our closed facebook group, SPA SPEL (Speech Pathologists in Education and Learning) for more regular updates. For more information please contact Mary Gornik, Senior Project Officer by emailing mgornik@speechpathologyaustralia.org.au.

Mary Gornik
Senior Project Officer

Schools project - emerging themes

- A wide range of programs and approaches were used, for example: Black sheep press, STA program, Multi-lit, Mini-lit, Thrass, A sound way, Spelfabet, LINK-S, Lindamood phoneme sequencing program for literacy, Hanen resources, Spalding, Visualising & verbalising, language support program, OLSEL principles, ELF program, Four blocks literacy framework, RTI, AAC.
- Schools need knowledge about what speech pathologists are able to offer, and how this relates to literacy development and learning in the classroom.
- Working collaboratively and respectfully with teachers and becoming familiar with school curriculum and school operations is essential.
- Relationships underpin services and opportunities to make changes in schools.
- Knowledge of the response to intervention model (RTI) is increasing.
- Engagement with the school leadership team and coaching of teachers to support professional development are essential.
- Undergraduate training and placements in educational settings needs to occur for speech pathologists.



HELPING YOU
HELP CHILDREN COMMUNICATE

Involve parents with an evidence-based coaching framework

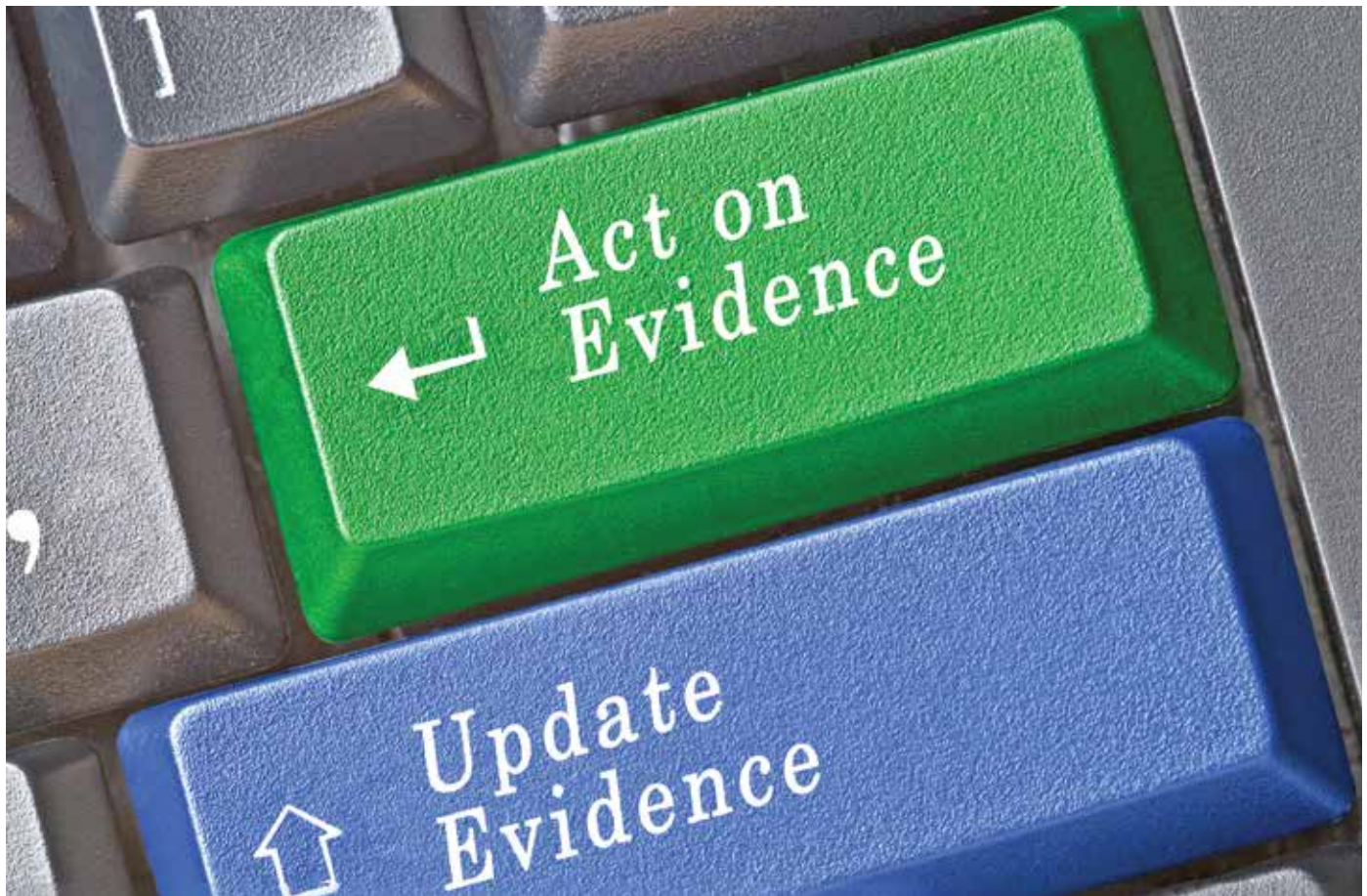
Give parents the skills to support their child's language learning during the meaningful, real-life situations where learning happens best.

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

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

Sydney, NSW	May 8-10, 2017	Melbourne, VIC	2017 (TBA)
Perth, WA	Jun 1-3, 2017	Adelaide, SA	2017 (TBA)
Brisbane, QLD	Jun 5-7, 2017		

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



The benefit of evidence

FOR SPEECH PATHOLOGISTS KNOWLEDGE AND USE OF APPROPRIATE EVIDENCE IS THE ASSURANCE FOR OUR CLIENTS THAT WE DELIVER INTERVENTIONS THAT WILL PROVIDE BENEFIT. SENIOR ADVISOR TRISH JOHNSON EXPLORES THE BENEFITS OF EVIDENCE TO SPEECH PATHOLOGY PRACTICE.

SPEECH PATHOLOGISTS SEEK to provide benefit through interventions delivered to clients. This is described in the Code of Ethics as “beneficence, we seek to benefit others through our activities”. A key method for ensuring that we are providing benefit is to know and apply the evidence that supports a particular intervention. It is our ethical obligation to do so: to have current information, which we can explain to clients, regarding how our intervention is expected to provide benefit.

Apart from being an ethical obligation, knowledge and application of evidence to speech pathology practise has many benefits for us as professionals. Speech pathologists are having discussions with consumers who are increasingly proactive and informed about treatment options. Discussions regarding the “latest” treatment in the media or literature can pose a challenge for a clinician. Speech pathologists may work with a client who has read the research literature supporting a treatment and wishes to discuss details at a professional level. For example, conversations when service delivery is restricted to a frequency that is not supported by the research, due to factors not directly in the speech pathologist’s control (such as resource allocation), yet the client is aware of the evidence for a particular frequency in order to have a beneficial effect. This conversation can be challenging. The conversations we have to discuss appropriate service provision with managers, such as to advocate for appropriate

frequency of intervention for a client, can also be challenging. Knowing the evidence to support those discussions is essential.

Another scenario is when a client asks for a particular intervention they have heard of, but the speech pathologist is aware that there is no robust evidence behind that intervention. Knowing the evidence for the interventions we are proposing as well as the lack of evidence for the intervention the client is insisting on is indispensable for that discussion.

A further obligation for speech pathologists is to ensure that interventions provided for our clients are within our skills, knowledge and expertise, as well as providing benefit. Unfortunately, from time to time, reports are received at National Office of speech pathologists providing interventions that have popular following in the community however do not have robust evidence behind them. Our professional ethics requires us to have the knowledge of what will assist clients to achieve their goals; to understand the evidence that supports interventions; to provide those interventions that will make a positive difference and to have the skills and expertise required to apply that knowledge in a therapeutic way. If a speech pathologist uses interventions that are not supported by appropriate evidence, the potential is that we may not be providing beneficence for our clients. Evidence can also assist us to assure non-maleficence, i.e. “we seek to prevent harm, and do not knowingly cause harm”.

“As professionals, it is our ethical obligation to ensure our knowledge is current for our caseload.”

As professionals, it is our ethical obligation to ensure our knowledge is current for our caseload. The next time you are considering new and emerging interventions, a key question to be asking is “what is the evidence?” We also need to be examining the type of evidence, the validity of the underlying theoretical models and the quality of the research used to justify clinical practice.

There are many types of evidence. SPA provides resources for members to support our professional learning to know how to identify appropriate (and inappropriate) evidence, how to rate evidence to ensure it is scientific and robust, and how to apply that evidence. This includes access to the SpeechBITE website, which provides background information on EBP, and also access to an online training program for learning how to apply the PEDro-P scale to treatment research in speech pathology. (SpeechBITE)

Ultimately, knowledge and use of appropriate evidence is the assurance for our clients that we deliver interventions that will provide benefit.

Trish Johnson
Senior Advisor, Ethics and Professional Issues

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Promo open to Aus residents 18+; Starts 9:00am on 3 April 2017, ends 11:30pm on 31 May 2017. 1 entry. Game of skill only. Entries 25 words or less. Competition A: Tools2Talk+. Competition B: Key Word Sign. Winner notified by email message, 7 June 2017, prize must be claimed by 5pm 6 July 2017. Prize is code for free Tools2Talk+ app (Competition A) or Key Word Sign app (Competition B), for iPad only, available on Apple app store, valued at A\$74.99 and \$39.99 respectively.

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For those working with children with **autistic spectrum disorders, communication & learning difficulties, regulatory disorders & developmental delays.**



Melbourne & Sydney: July & August, 2017
Presented by: Kathy Walmsley, Occupational Therapist & Mari Caulfield, Speech and Language Therapist.

This training offers a unique opportunity to experience an integrated approach to the child's sensory processing capacities, emotional development & developmental language acquisition.

“The DIR model provided me with a whole new way of working with children and families. Kathy and Mari have an enormous amount of experience and generate such positive energy and warmth as they take you through the components of the DIR model and the Floortime approach.” past training participant.

www.sensoryconnections.com.au/events.php
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Suitable for 5 to 8 year olds



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- | | |
|----------------------------------|---------------------------------|
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| Sydney Intro - Feb 2-4 | Melbourne Intro - July 6-8 |
| Melbourne Bridging - March 23-25 | Sydney Intro - Sep 28-30 |
| Inveresk, TAS Intro - Apr 26-28 | Melbourne Intro - Nov 30-Dec 2 |
| Perth Intro - June 1-3 | Brisbane Bridging - Dec 13 - 15 |

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Advertising bookings are now open for the June edition!
Deadline May 4

For more information contact Rebecca Faltyn at pubs@speechpathologyaustralia.org.au or visit the publications page at www.speechpathologyaustralia.org.au.

In our own words:

Do consumers with communication difficulties have a different experience of care than other patients?

(An Eastern Health speech pathology department project)

COMMUNICATION IS A basic human right. Yet it is estimated that more than five per cent of all Australians have a communication difficulty and that this number is likely to be higher in health care settings.

Research tells us this group are three times more likely to experience an avoidable adverse event, and may be denied the opportunity to participate in their own healthcare decision making to their fullest ability.

While it is highly likely these consumers have a poorer experience of care than others, we do not have good data to confirm this or to guide service improvements. Although Eastern Health (EH) routinely collects consumer feedback and uses this data to improve care, consumers with communication difficulties are typically excluded. They literally have less of a voice than others.

This project stemmed out of a Change Day Pledge to find an effective mechanism for EH consumers with communication difficulties to have a greater voice regarding their experience of care and to raise awareness of this group's needs and rights.

Over the past two years the EH Speech Pathology Department and the Centre for Patient Experience have collaborated to identify and embed systems which enable consumers with communication difficulties to participate in EH feedback mechanisms.

Speech pathologists now routinely conduct monthly patient experience surveys with consumers with known communication difficulties. This data is included in the EH dataset, better reflecting the diversity of our patient population. The feedback from consumers with communication difficulties is also analysed separately, allowing direct comparison of their experience with others. Preliminary analysis indicates this group indeed have a significantly poorer experience of care than other EH consumers.

Speech pathologists have also partnered with many members of the senior leadership team to assist them to conduct leadership "walk-arounds" with consumers with communication difficulties. Our patients have been honoured to have the opportunity to speak directly with our senior influencers and decision makers. Even patients dependent on augmentative communication devices have been able to have their say.

This Change Day Pledge is now the subject of a research project with data collection concluding on 30 June, 2017. Ongoing data collection and analysis of trends over time will be utilised to inform targeted service improvements.

By empowering our patients to tell us in their own words about their experience of care and how it can be improved we hope to enable them to participate more fully in their own healthcare decision making, to reduce risk and to improve equity.

Chris Bruce

Associate Director Allied Health (Speech Pathology), Eastern Health



VIC 1734
members

as at February 2017

NORTHERN TERRITORY



NT 48
members
as at February 2017



Learning after uni

AS A NEW graduate, it was a big step to apply for a job in Alice Springs. Everything about it seemed daunting – the job, distance from friends and family, and to packing my life into two suitcases! I realised I had limited experience working with Aboriginal and Torres Strait Islander populations. As well as packing and saying my good-byes, I learnt as much as I could about Indigenous culture and remote healthcare. Starting on Google and finding some wonderful resources such as the Welcome to Country app, was only the beginning of a long, ongoing learning journey.

Arriving in Alice Springs, I was immediately immersed in cultural differences, language barriers, interpreters, compounding comorbidities, complicated discharge planning...and it was only day one. I attended a full day Aboriginal Cultural Awareness Training course and found it an invaluable experience. It opened my eyes to the issues that Indigenous People face in Central Australia, their history and stories.

One of my first patients was a 49 year old Indigenous lady, with swallowing and communication difficulties due to a stroke. After assessing her with a culturally appropriate language screener, her scores concluded that she had expressive and receptive aphasia. However, a week later, I spotted my patient chatting comfortably to an Aboriginal Liaison Officer (ALO). It became clear that the patient was communicating effectively in her dominant native language.

From my experiences in conducting language screeners and case histories, I have learnt that western expectations are often different from the expectations of the Indigenous population. I learnt that when asking the patient about their communication, having an ALO or interpreter present is essential to gauge their communicative strengths and weaknesses in their

dominant language. Assessing an Indigenous patient in English is often not an accurate baseline of their communication, as English can be their second, third, fourth or even fifth language. I was lucky enough to have the support of my manager and allied health team to give me tips and advice on how to approach my assessments in a culturally appropriate way.

Moving forward, I learnt a number of things that will continue to help me provide effective, efficient and culturally safe speech pathology service to the inpatients at Alice Springs Hospital.

These include:

- what is important to me may not be important to the patient;
- there are many cultural factors involved in care for Indigenous patients – e.g. do they mean yes when they say yes;
- environment has a significant impact on communication;
- hospital is not real life – when the patient is discharged, what will they be required to do at home?; and
- social factors must always be considered – do they have a caretaker at home?

In nine months as a speech pathologist at Alice Springs, I am more aware of what it truly means to provide culturally appropriate healthcare and interact with patients of culturally and linguistically diverse backgrounds. I hope that I can continue to improve my practise by moving towards greater cultural sensitivity with all of my patients.

Donna Akbari



TASMANIA



TAS 99
members
as at February 2017

Profession leader retires

SOME MEMBERS WILL remember Michael Wingrove, a long time member of Speech Pathology Australia and manager of the Speech Pathology Department in Launceston, Tasmania. He has retired after 37 years in the profession.

Michael is probably best known nationally as the inaugural re-entry portfolio holder when the Australian Association of Speech and Hearing became Speech Pathology Australia. He held this important position for many years. His role was to guide members, who had been non-practising for five years or more, back into the profession. And there were many, which is not surprising in such a female dominated profession.

Without his guidance and support, I'm sure that many lapsed members would have been lost to the profession. Michael can be proud of his role in helping practitioners regain their confidence and clinical competency, and return to paid employment.

Michael was not only a stalwart of AASH and SPA, he was a great champion of speech pathology in Tasmania. He has served as Branch President and was Tasmania's Board Representative for AASH for many years, not to mention his years with SPA. He was also a long time delegate for HACSU's Allied Health Professional sub branch, and fought many a battle for improved wages and conditions for all Tasmania's AHPs.

In his 28 years as the Speech Pathology Manager at the LGH, he greatly expanded the range of services

provided and was responsible for doubling the size of the department.

Michael oversaw many changes within the profession too. In the late 70s, when he trained at Lincoln Institute, preschool stuttering treatment did not exist, nor was dysphagia something that speech pathologists understood, let alone treated or viewed on VFSS. Cochlear implants and speaking valves for laryngectomies were "pie in the sky" ideas and aphasia theories seemed to change with the weather. Resources were all paper based, especially for AAC, and PCs were still far in to the future.

Michael embraced these changes and helped guide his staff through them too. He maintained a clinical caseload throughout his career, and although he dealt with bureaucracy like a pro, his expertise with strokes, traches and larys will be missed. The staff he leaves behind will also miss his genial support and collaborative management style.

Michael left the LGH on a high note, just as the newly refurbished and integrated Allied Health Department opened in December 2016. It is particularly fitting that the old speech pathology section will now be known as the Wingrove Wing.

Michael finally left the LGH on 25 January, just shy of 44 years service to the Tasmanian public service. He is keen to enjoy an active retirement with his wife, Jenny and their two adult daughters, Chelsea and Kate.

WA



WA 739
members

as at February 2017



Natalie Elias and Lauren Redman, and, Neil Stuart (Autism New Zealand National Educator) facilitating a training session.

Educational exchange

IN THE FIRST two weeks of October, speech pathologists, Lauren Redman and Natalie Elias from Therapy Focus travelled to New Zealand to work alongside staff at partner organisation, Autism New Zealand. Throughout the two week exchange, Lauren and Natalie visited Autism New Zealand's North Island offices to experience service delivery first hand and attend the organisation's signature training programs for professionals and parents of individuals with autism.

Lauren and Natalie share their experience:

"When we arrived in Auckland and were launched straight into home visits as part of Autism New Zealand's Early Bird Program. This was a great way to start our exchange, as we were able to see first-hand the coaching support the organisation provides to families.

"Another program we gained an insight to during our time in Auckland was Autism New Zealand's Chat and Chill Parent Support Group. The group empowers parents to support one another and is a great environment for sharing experiences. We also met with some of the organisation's Outreach Coordinators, whose role is to help families navigate the services available to them and provide guidance around all things autism.

"We finished our time in Wellington observing the Tilting the Seesaw Program, which teaches primary school educators about strengths-based strategies to support children with autism in the classroom. This was a great opportunity to revisit simple systems that can be used in any classroom to provide structure and routine in an often dynamic and unpredictable environment.

"The remainder of our time in New Zealand was spent shadowing the Autism New Zealand National Educators, Neil Stuart and Tanya Catterall, as they delivered a range of training programs for parents, early childhood educators and therapists. Neil and Tanya are truly engaging presenters who each have a wealth of knowledge and experience. They strongly advocate the need to provide all children on the spectrum with genuine and quality engagement through play, and a common theme that resonated throughout their training was, "show me what I can do, don't tell me what I can't do". This really reinforced our role as clinicians to promote a positive, strengths-based approach to everyone we work with.

"We learnt so much during our exchange experience and thank Autism New Zealand for their kind hospitality and generosity in sharing their knowledge."



**ACT/
NEW SOUTH WALES**



**ACT 71
NSW 1980
members**

as at February 2017

Retraining has its rewards

2013 WAS A turning point for Melina Waibel, Macquarie University recipient of the Speech Pathology Australia NSW student award for academic and clinical excellence. With her youngest child in school, she decided to retrain as a speech pathologist, completing Macquarie University's Master of Speech and Language Pathology in 2016.

"I thought speech pathology would be a wonderful vocation that would be personally rewarding and relevant to my previous work and experience," Melina said.

Prior to returning to study, Melina worked in corporate communication, managing relationships with the media, regulators, investors, customers and local communities for organisations such as Sydney Water and Optus.

"The work relied heavily on excellent communication and analysis," she said. "I am so glad these skills will not be lost and can help in my new career."

Melina met many people at Macquarie University who were retraining. "It is an increasing trend that professions like speech

pathology need to accommodate," she said.

The proportion of women aged between 25-64 who returned to study has increased from 7.9 to 10.5 per cent over the past decade, according to the Australian Bureau of Statistics last year. "These women bring important life experience as well as work skills to their new professions," Melina said.

Melina believes her experience raising three children, caring for elderly parents, supporting a family business and volunteering for numerous community organisations is invaluable when relating to clients and their families.

"Unfortunately, this very life experience can also be a significant barrier to women retraining," she said. "I was privileged to study with a cohort of exceptional students, many who were beginning second careers. Their commitment to further education often came at a substantial cost to their immediate and extended families. Examining barriers to mature age study will help us achieve our 2030 goal of having a profession as diverse as the community we serve."

SOUTH AUSTRALIA



SA 534 Members

as at February 2017

Care compromised by proposal to remove speech pathologists

SA Child and Adolescent Mental Health Services (CAMHS)

SOUTH AUSTRALIA HEALTH recently announced a proposed restructuring of its CAMHS. Speech Pathology Australia was extremely concerned and disappointed to learn that speech pathologists will no longer be part of the multidisciplinary team providing care to the most vulnerable children and young people in the state.

Speech pathologists have formed a small, but important part of the CAMHS workforce in South Australia (SA) for over two decades. There is strong evidence of co-occurring mental and communication disorders – particularly in the groups of children and young people which the restructured CAMHS will focus on – Indigenous, Culturally and Linguistically Diverse (CALD), those within the juvenile justice system and children under the guardianship of the Minister. Contemporary approaches to mental health care indicate an increased focus on multidisciplinary care – for which speech pathology is increasingly recognised as a specialised component.

The removal of speech pathology expertise from CAMHS will compromise the quality of care provided by the service. Speech pathologists within mental health offer specialised skills and expertise that cannot be sourced from other mental health team professionals.

We can only presume that the removal of speech pathology expertise from the CAMHS team is driven less by an evaluation of the evidence of need and clinical effectiveness, and more by a need to reduce overall operating costs of the service.

Since the announcement we have been busy arguing the case to retain speech pathologists as part of the multidisciplinary mental health team with key stakeholders in the SA government and Parliament. Speech Pathology Australia Director Tim Kittel and CEO Gail Mulcair met with the CAMHS Management Team and we have had a number of discussions with the office of the Minister for Mental Health, Leesa Vlahos. We have also made a formal submission to the consultation process (available on the Speech Pathology Australia website) and written formally to the Minister of Mental Health and other members of parliament in South Australia to draw attention to this issue.

Call for QLD SPA Members to join the QLD SPA Advocacy “Communication Matters” Working Group

FOLLOWING THE 2016 Queensland Speech Pathology Australia Advocacy Workshop, members voted that education of staff in aged care services about speech pathology and the importance of supporting and maintaining communication in residents living in aged care was one of the three key SPA Qld Advocacy priorities. Members felt strongly that the distribution and promotion of a video made by the Advocacy and Standards Committee in Western Australia be undertaken. Since the advocacy workshop, the Communication Matters working group have met and developed strategies on how the video will be promoted and distributed and is looking for members to help with the project. The working group would like to hear from Qld members interested in being part of the project to move it to the next stage of media exposure and to promote the video on various digital platforms. It is anticipated the project will be complete in six months with members linking up via the Go To Meeting facility on a three to four week basis. Follow this link to watch the video: www.youtube.com/watch?v=2WPyp2wNZ08

If you are interested in joining the working group or finding out further information about what is involved in joining the working group, contact Anne Huang or Bernadette Dutton spaqladvocacy@gmail.com

QUEENSLAND



QLD 1510
members

as at February 2017



Griffith University Halfway Event

THE GRIFFITH UNIVERSITY Masters of Speech Pathology second year students celebrated the halfway point of their degree on Thursday 2 March with an afternoon of wine and cheese. Students enjoyed the opportunity to take a well-deserved afternoon off to socialise with academic staff and practicing speech pathologists. The year ahead will see students continue to grow within the profession by expanding their clinical skills through a variety of adult and paediatric placements. While further developing their theoretical knowledge through lectures and tutorials with a wide range of assessment opportunities throughout the year; such as developing delicious yet textually appropriate recipes in the Dysphagia Kitchen and through a number of simulation experiences.

The last half of the year will see our cohort embark on block placements with opportunities in metropolitan and rural locations around Australia. This will allow us to consolidate what we have learnt over the last year and a half while we achieve the goal of reaching entry level status and graduation awaits. We all look forward to our final year and the opportunity to continually advocate for the profession which we will soon become a part of.

Thank you to the Speech Pathology Australia Queensland Branch for their support, sponsorship and opportunity to celebrate these milestones.

Cara Probert & Olivia Brincat
Griffith University Student Representatives

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