

SPEAKOUT

THE MAGAZINE FOR AUSTRALIAN SPEECH PATHOLOGISTS

JUNE 2017

SPA STRATEGIC PLAN RELEASED

Schools project update
NDIS report card

**WHAT DOES
THE FEDERAL
BUDGET MEAN
FOR SPs?**

**Advocacy
in health
and education**



**Speech
Pathology
Australia**

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- Belinda Hill – Vice President Operations
- Tim Kittel – Vice President Communications
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 The official booking form must be received at National Office by COB 3 July 2017.

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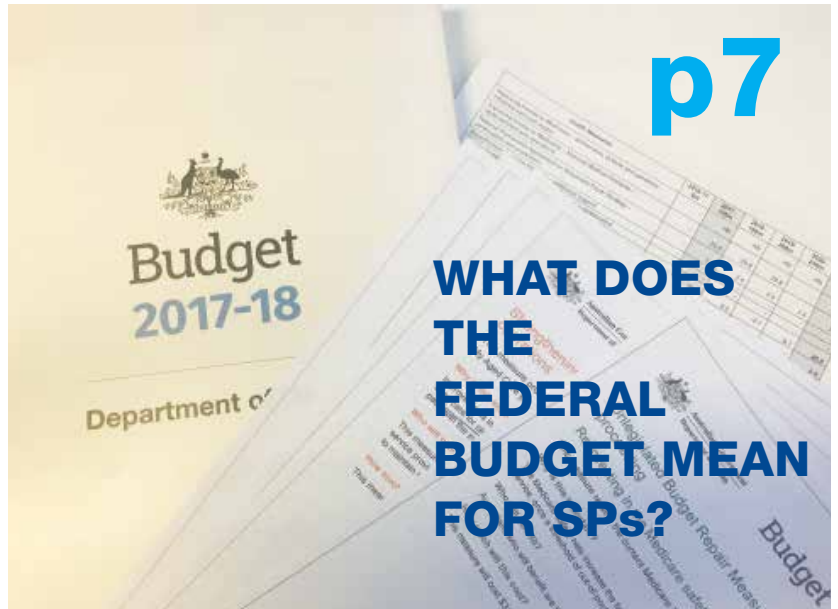
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in focus...
Crunching the numbers



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From the President



Gaenor Dixon

WELCOME TO THE June edition of *Speak Out*. This edition is packed with information on current Association events and priorities, with a focus on a range of speech pathologists working across a range of sectors.

For those of you who attended conference, I hope that you were able to return home and put into practice the “bite-sized” pieces of information that you gained to get yourself moving towards 2030. I took away with me many “bites” (maybe my mouth is now overfull?), so I am now prioritising. It was lovely to see so many of you at conference, and to share the best bits through social media such as twitter. I hope that those of you who were unable to attend this year could follow the news through the conference hashtag #SPAConf. My congratulations to Harmony Turnbull, Conference Convenor, Andy Smidt, Scientific Program Convenor and the conference planning committee together with Pam and Colleen our NO staff - the conference really was fabulous with high calibre papers, inspiring keynotes and the opportunity to network with our peers, and with exhibitors. I am really looking forward to Adelaide in 2018, and I hope that this conference has inspired you to consider submitting an abstract when papers open from Wednesday 14 June.

A further wrap-up of the Sydney conference will be in the August edition of *Speak Out*.

The Annual General Meeting and awards ceremony were held during the conference. My congratulations to our award winners this year – it was exciting to have so many! More information on the award winners will be provided in the August *Speak Out*.

At the AGM the Board for the next 12 months was also announced. The following people

will be on the Board of Directors of the Association:

- Tim Kittel- Vice President Communications
- Belinda Hill- Vice President Operations
- Chyrisse Heine- Director
- Brooke Sanderson- Director
- Lee McGovern- Director
- Marlene Westerveld- Director
- Gaenor Dixon- President

My thanks to all the people who stood for election to the Board of Directors this year. It was exciting to see so many high-calibre applicants wish to volunteer for the Association on the Board. If you are interested in the strategic direction in which our profession is travelling, and wish to help steer that direction, then I encourage you to consider nominating for the Board in January 2018.

I also want to take a minute to thank Robyn Stephen who has stepped down from the Board after 6- years of service as a Director and as Vice-President. Robyn has been a tireless, committed and hard-working Director over her time on the Board, and she will be missed.

The Association recently launched its strategic plan for 2017-2019. The 3-year strategic plan starts the Association, and its members, on the journey towards 2030. There are many exciting initiatives built into the plan. I hope you can take the time to read it.

So, time to get started on the next strategic plan - I look forward to updating you on its progress over my two-year term!

Gaenor Dixon
National President

SPA strategic plan released



THE SPEECH PATHOLOGY AUSTRALIA BOARD RECENTLY RELEASED THE SPEECH PATHOLOGY AUSTRALIA 2017-2019 STRATEGIC PLAN – A PLAN THAT ENCAPSULATES THE ASPIRATIONS, VISIONS AND HOPES OF THE SPEECH PATHOLOGY PROFESSION IN AUSTRALIA.

IN 2016, SPEECH PATHOLOGY AUSTRALIA completed *Speech Pathology 2030 – making futures happen*, a landmark project to develop a vision for the future of speech pathology in Australia.

The strategic plan Speech Pathology Australia 2017–2019 is the first step on the journey to implement the vision outlined by the speech pathology profession through the Speech Pathology 2030 project.

The vision includes eight aspirations which will guide the Association, the SPA membership, and the wider speech pathology profession on the path towards 2030.

Within the strategic plan, the eight aspirations are grouped under three key platforms: our voice, our philosophy, and our workforce.

Our voice represents the key areas of advocacy that are to be championed by the Association.

Our philosophy outlines the Association’s desire for the services of the profession to be driven by the needs of clients, families, communities and the wider society.

Our workforce details the Association’s aim for a capable workforce, with the capacity to drive quality, innovation and diversity.

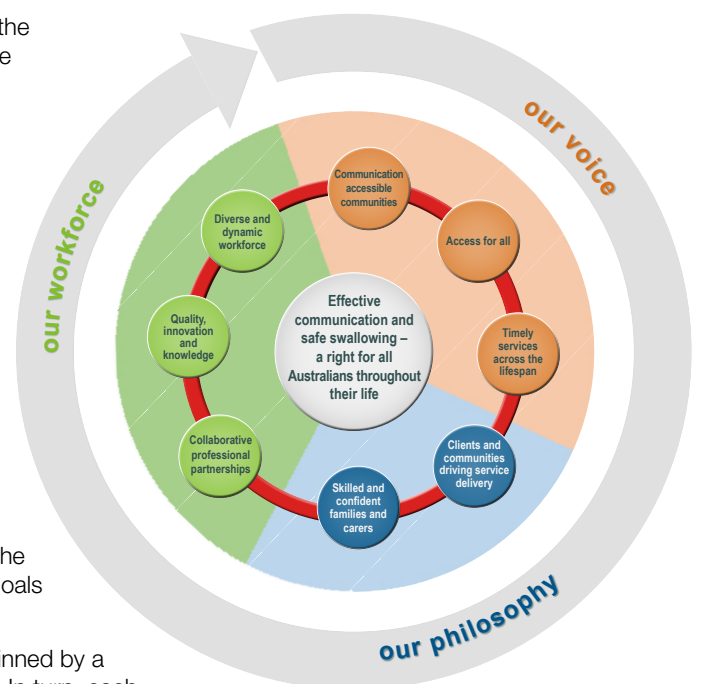
Within the strategic plan, there are three interconnected components that outline the task ahead: aspirations, goals and initiatives.

Each aspiration is underpinned by a series of three-year goals. In turn, each three-year goal is to be achieved by undertaking a series of initiatives.

This strategic plan is not an end itself. It is a living, breathing document that must remain dynamic. To this purpose, we undertake to report on the plan’s progress as initiatives are commenced and completed. We cannot hope to reach our end goal if we are unclear on where we have been.

Finally, Speech Pathology Australia 2017–2019 is more than a strategic plan. It is a document that encapsulates the aspirations, visions and hopes of the speech pathology profession in Australia; an endeavour to deliver a better outcome for Australians with communication and/or swallowing difficulties.

The SPA Board invites you to view the strategic plan enclosed with this edition of *Speak Out*. The plan will also be available digitally for those who opt to receive the digital version of *Speak Out*.



www.speechpathologyaustralia.org.au/strategicplan

Association news

Every Australian Counts

NDIS report card

FOR MOST PEOPLE THE NDIS IS A HUGE IMPROVEMENT TO THE WAY DISABILITY SUPPORTS ARE PROVIDED – BUT THERE ARE SOME SERIOUS ISSUES THAT NEED WORKING THROUGH.

Toward the end of 2016, 2177 Every Australian Counts supporters completed an online survey.

Here's a summary of what the respondents had to say:

For most people the NDIS is a huge improvement to the way disability supports are provided – but there are some serious issues that need working through.

Most of respondents' concerns were about contact, or lack of contact, with the NDIA and planners.

There's a lot more information people want to know – and it needs to be consistent and easier to understand.

There is a huge amount of uncertainty still in the workforce about the NDIS and what it will mean for their employment.

People waiting for the NDIS are more likely to say that the NDIS is not living up to expectations than people who are actually in the NDIS.

Other points of note:

Service providers were identified as a useful source of information for NDIS participants.

A quarter of respondents who are currently in the NDIS said they were worse off.

The top issues people gave for the NDIS not meeting expectations were:

1. System is too bureaucratic
2. I don't have as much choice and control as I like
3. Level of support was less than I was expecting
4. Roll out is too slow.

To read the report card in full, or sign up to updates from Every Australian Counts, go to www.everyaustraliancounts.com.au

SPA CDP Live event:

NDIS – the nuts and bolts of the scheme and everything else in between. Date to be confirmed

Cathy Olsson, SPA's National Advisor Disability, will present a live online event for speech pathologists who are considering becoming NDIS providers. This 90-minute interactive webinar will explain the fundamentals of the NDIS, terminology and direct participants to other information and resources. Members may participate in this free event live on the night or view the recording.

Cathy Olsson
National Advisor Disability



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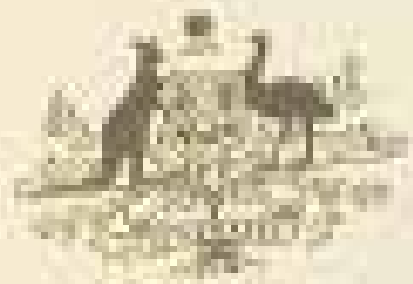
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Crunching the numbers

How does the Federal Budget 2017-2018 effect speech pathologists?



Budget
2017-18

Department of

SPEECH PATHOLOGY AUSTRALIA Chief Executive Officer Gail Mulcair and Ronelle Hutchinson, Manager, Policy and Advocacy recently attended the “budget lock up” in Canberra and listened to the Minister for Health outline the key measures in the health and ageing federal budget.

Medicare freeze

There is some movement on lifting the Medicare freeze for our private practitioners. But speech pathologists will need to wait until July 2019 for the indexation of allied health MBS items. It is a good sign, however, that the government is willing to reboot its relationship with doctors and other health practitioners. The government has also scrapped the proposed changes to the Medicare Safety Net (proposed in 2014 but never agreed to by the Senate), which will benefit clients with chronic conditions who have high health costs.

Reforms to primary health care

It seems that the very public stoush between the medical doctors of Australia and the federal government might be coming to an end (this is a very significant achievement for the current Minister for Health). Formal partnership agreements have been established with key doctor and pharmaceutical groups. This means the government can now turn its attention to some of its key reforms in primary care including the roll out of the health care homes trials (only \$0.2million in the budget for this trial, as there has been some accounting completed; and MBS “dollars” for patients enrolled, will be redirected to the trial funding model). Very few speech pathologists are employed directly by general practices but are critical to multidisciplinary care for many people with chronic conditions. The Association will be watching carefully and identifying any threats (and opportunities) to increasing access to speech pathology care for patients involved in the trials.

The government has now committed to a national roll out of the “opt out” electronic My Health Record (with \$374 million in the budget to support this). The My Health Record has significant limitations in that speech pathologists still don’t have full read and write access to the record for their patients but the Association will continue to advocate that this be corrected in the roll out.

There is a big commitment to a new Medicare and aged care payment processing system (to the tune of \$67.3 million in 2017–2018). Rest assured the Association has already been involved in discussions with government about the design of the new system.

NDIS

It is very reassuring to see a strong commitment to funding the NDIS. Almost everyone in Australia will be contributing however, and expect to see a little less in your pay check from July 2019 with an increase of 0.5 per cent in the Medicare surcharge (from 2 to 2.5 per cent of your taxable income). The Association will continue to advocate strongly, loudly and persistently that dramatic improvements are needed if NDIS participants are to continue accessing speech pathology services through the scheme.

An Independent NDIS Quality and Safeguards Commission will be established in early 2018 to oversee the quality and safety of services funded through the NDIS. The government has committed \$209 million in the budget for the commission. SPA is pleased to see that the commission will be independent from governments and the NDIA and it will report to parliament. It will also act as the formal complaints process for the scheme and have powers to investigate issues as they arise. The commission will be responsible for provider registration – hopefully this will replace the fragmented system and registration requirements currently experienced by speech pathologists in different states and territories.

Aged care

Speech pathologists working in aged care will be pleased to see some modest investments. The Association is hoping for more significant dollars, but this would not be until the current review of the My Aged Care Reforms is completed later this year. Aged care home services have been given a boost (costing \$5.5 billion over two years) and an Aged Care Workforce Strategy is being planned. The Association has already been “in the ear” of the departmental official who will be leading the development of the strategy about the importance of considering the often sub-contracted speech pathology workforce in aged care. There is \$3.1 million in the budget for improvements in the MAC IT interface.

Schools

Regardless of which side of side of the “political fence” you sit, most people are applauding signs that there might be an end in sight to the “school funding wars” with the government committing \$18.6 billion over 10 years to be distributed to schools according to need. Branded Gonski 2.0 these measures still have to pass the senate to be realised. Mr Gonski is leading an inquiry into the best ways to lift Australia’s literacy and numeracy standards and the Association will be front and centre talking about the evidence-based strategies.

Cost of a speech pathology degree

Our universities are being squeezed with an efficiency cut, which basically means they have to do the same things and more with less money (to the tune of \$900 million less over 10 years). Speech pathology degrees are expected to increase in cost by 7.5 per cent by 2022 and those of us with HELP/HECS debts will begin repaying when we are earning \$42K (currently it is at \$55K) from July 2019.

Federal Budget 2017 papers are available at www.budget.gov.au

Ronelle Hutchison
Manager, Policy and Advocacy



Regardless of which side of side of the “political fence” you sit, most people are applauding signs that there might be an end in sight to the “school funding wars”.



Advocating in health and education

Inquiry into hearing health and wellbeing in Australia

IN MAY, SPEECH PATHOLOGY AUSTRALIA BOARD DIRECTOR DR CHYRISS HEINE AND NATIONAL ADVISOR DISABILITY, CATHY OLSSON APPEARED BEFORE A FEDERAL PARLIAMENTARY INQUIRY INTO HEARING HEALTH AND WELL-BEING IN AUSTRALIA. THEIR OPENING STATEMENT TO THE MEMBERS OF PARLIAMENT IS REPRINTED HERE.



At the Parliamentary Inquiry into Hearing Health and Wellbeing are SPA representatives Cathy Olsson and Dr Chyrisse Heine with Chair Mr Trent Zimmerman MP and Mr Tim Wilson MP.

“Thank you for inviting us to speak with you today. Speech Pathology Australia is the national peak body representing over 7500 speech pathologists. Whilst I am appearing today as a Board Director of our Association, I am also a practising speech pathologist and an audiologist and I hold an academic appointment at La Trobe University.

Speech pathologists are university trained allied health practitioners who specialise in diagnosing and treating communication and swallowing disorders. They are usually part of a multidisciplinary hearing team, but not always. We would argue that we should be. Typically, speech pathologists would be involved at the onset and, after assessment, with device intervention and the provision of aural rehabilitation services, which in speech pathology is management designed to assist the person with maximising their hearing, speech, language and communication given their hearing impairment.

Whether hearing loss is from birth or acquired, it will impact on speech,

understanding language and communication abilities. How these are impacted depends on a number of factors, such as the age of onset of hearing loss, use of hearing devices, whether the person receives ongoing intervention, such as speech pathology, and whether the person is bilingual-bicultural using Auslan. It is important to understand that, even with milder, unilateral or fluctuating hearing loss, there will be a negative impact on communication abilities. We know with certainty that communication problems caused from hearing loss impact negatively on a person’s participation in critical life activities, social relationships and inclusion, education or participation and achievement, training and employment. We also know that there is a link between hearing and communication impairment and mental health conditions such as depression and anxiety and with conditions such as dementia. We know that it is critical to get in early, not just with infants and children but also with adolescents, adults and older adults with acquired hearing loss. There is a lot that can be

achieved in terms of communication abilities if a person is provided with the right services and supports at the right time.

Whilst newborn hearing screening programs and the services of Australian Hearing in terms of devices are excellent services for the Australian community, there are a number of significant deficiencies in the current hearing health system. We are particularly concerned about access to hearing health services for children diagnosed during early childhood, Indigenous children with hearing loss caused by recurrent middle ear infections, children with unilateral or milder hearing loss that do not require device intervention and for older Australians with age-related hearing loss. Unfortunately, at present, the levels of access to speech pathology services for all Australians, including those with hearing impairment, are inadequate across Australia. A 2014 Federal Senate inquiry concluded that demand far outstripped supply. With the rollout of the NDIS, speech pathology is acknowledged

Inquiry into the provision of education to students with a disability or special needs

SPEECH PATHOLOGY AUSTRALIA PRESIDENT GAENOR DIXON AND SENIOR ADVISOR PROFESSIONAL PRACTICE, CHRIS LYONS RECENTLY APPEARED BEFORE THE NSW LEGISLATIVE COUNCIL INQUIRY INTO THE PROVISION OF EDUCATION TO STUDENTS WITH A DISABILITY OR SPECIAL NEEDS IN NSW SCHOOLS. THEIR OPENING STATEMENT IS REPRINTED HERE.

as a key unmet demand in the scheme at present. I am joined today by Cathy Olsson, who is our association's national adviser on disability, and she can speak in detail to any of your questions relating to our profession's experience with NDIS.

I would like to demonstrate to the committee what it is like for people to listen and communicate if they have a hearing impairment. With the chair's permission, I would like to play some background noise to demonstrate. Imagine you are 6-year-old Sam in a classroom. The smart board is behind me. Sam has a hearing loss from recurrent middle-ear infections, but he is not eligible for a device intervention. I am Sam's teacher.

<Chyrisse played background talking noise – loud so that it was difficult to hear her but not impossible as she pretended to be a teacher with her back to the class writing on a blackboard whilst reading from a school text. When she turned off the background noise she asked “the class” to tell her what the story was about. The MPs found it difficult to respond.>

You will hear a lot from experts in relation to deafness, hearing loss and devices. I hope this short demonstration gives you an idea of what it is like for someone with milder hearing loss to be expected to communicate despite disruptions to their hearing. Imagine spending an hour in a classroom like that – or seven hours. For adults, busy restaurants or workplaces are just as difficult.”

“Thank you for the invitation to appear before you today. I am the National President of Speech Pathology Australia which is the peak organisation representing over 7500 speech pathologists including 2200 in New South Wales. Speech pathologists are university trained allied health practitioners who specialise in diagnosis and management of speech, language and communication needs and swallowing problems. We provide a unique set of skills to the educational team supporting a student with special needs or disability. I am dual trained as both a speech pathologist and a teacher.

There is very good evidence both internationally and in Australia that students with communication problems have poorer outcomes than students without these problems. Recent Australian research indicates that these students do worse on every measure of NAPLAN at every year level tested. They never catch up to their peers and are more likely to be excluded from sitting NAPLAN than others. We also know students with communication problems have higher rates of school early leaving and behaviours of concerns and unfortunately we know they develop mental health conditions and are involved in the youth justice system at much higher rates than other students.

However, with the right assistance and with government policies, students with speech language and communication needs don't have to follow this negative path. The right support at the right time in the right way and by the right people can make a world of difference.

I mentioned policies to support students as important. I'm sure you are aware of the recent changes made to increasing the minimum standards of NAPLAN

testing at year 9 to be eligible to achieve Higher School Certificate in NSW. We are seriously concerned that this policy will disproportionately impact on students with speech language and communication needs and adds an unnecessary and additional barrier for these students to achievement. We'd be happy to speak with you further about why we believe this needs to be reconsidered.

I also mentioned getting the right support from the right people. Speech pathologists form part of the government employed education workforces in a number of states and territories but not within New South Wales. In New South Wales, we know that some individual schools have begun to purchase in private speech pathology services to assist them to support students with communication disability. Some independent and Catholic schools also do this. It is more common that speech pathologists are in primary schools in NSW rather than in secondary schools across all three schooling sectors.

We have long been on the record indicating that we believe the evidence shows that the best model of using speech pathology expertise within a school-based setting is when that workforce is embedded within the structures of the sector – in this case, we argue that speech pathologists should be employed directly by the Department of Education as part of the workforce within government schools.

However, you will find that speech pathologists are fairly pragmatic people, and after many years of departmental resistance to this kind of model of employment, we realise that there are other ways of having speech pathologists involved in supporting students with communication needs in New South Wales. I'm pleased to say that our Association is working with



Attending the NSW Legislative Council Inquiry into the provision of education into students with a disability or special needs in New South Wales schools is (back row from left) The Hon. Daniel Mookhey, Mr David Shoebridge, SPA National President Gaenor Dixon, SPA Senior Advisor Professional Practice Chris Lyons and, (front row from left) The Hon. Natasha Maclaren-Jones (Acting Chair) and The Hon. Duncan Gay.

the Department of Education through a funding agreement to develop resources to help schools decide if and how they could employ a speech pathologist in their school. This is a good news story and I have with me today Christine Lyons who is our Senior Advisor Professional Practice who is also dual trained as a teacher and speech pathologist who is leading that project and can provide further details to you.

Christine can also speak in detail regarding issues we are seeing with the interface between the NDIS and schools. As a national organisation we have members who work in schools, in private practice and through NDIS funding streams across the country. In some ways, our members

are at the “pointy end” of disagreements about which sector is responsible for supporting a student with disability – this is particularly problematic in situations where the student has complex disability needs and has swallowing problems. This interface problem needs to be resolved at a policy level so that the students do not miss out on the support they need regardless of NDIS eligibility.

We feel it is also important to highlight that the NDIS has been extremely valuable for many children. Right here in Newcastle at Waratah West Public School we can see a great example of where a speech pathologist is working within NDIS funding and is embedded within the primary school’s educational team. This speech

pathologist is working with 10 per cent of the school’s student population, all of whom are Indigenous children who have multiple layers of disadvantage and complexity. None of these children would have access to speech pathology without the NDIS and the school is seeing great gains being made for these children. This scenario is not common but is an exemplar of what can happen when the NDIS and education sectors interface well.”

To read the full transcript of the session go to www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2416#tab-hearingsandtranscripts

2018 ANNUAL SPEECH PATHOLOGY RESOURCE GUIDE!

SAVE THE DATE....

Planning is underway for the 2018 Speech Pathology Resource Guide – the ultimate guide to resources, services, tools and products for the speech pathology profession.

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

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27–30 May 2018

Adelaide Convention Centre, Adelaide, South Australia

Come to Adelaide in 2018 for a conference that will **INSPIRE** you!

INSPIRE is about Inspiring Practice Innovation, Research and Engagement.

The Conference Planning Committee (CPC) wants you to be inspired by the 2030 vision for speech pathology to:

- develop quality services by staying informed of and actively engaging with practice innovations and advances;
- take an active part in undertaking research to develop and refine the evidence base;
- ensure the rapid translation of evidence to practice;
- engage, connect and partner with others – people, communities and other professionals.

The **INSPIRE** theme:

- captures the cycle of connection between practice and research – research informing practice and practice informing research;
- advocates for innovative practices to continuously improve outcomes for those with communication and swallowing disorders.

The CPC warmly invites you to Adelaide in 2018 to share, engage, showcase, challenge, problem solve, create, look to the future and innovate. We look forward to seeing you there!

In this issue of *Speak Out* you will find the invitation and call for papers (see below). We encourage you to “spread the news” through your many networks, colleagues and friends, wherever they are in the world. Provide them with a link to the Association’s website www.speechpathologyaustralia.org.au, where they can

call for papers



Adelaide Convention Centre 27–30 May 2018

1

Wednesday 14 June 2017

Abstract submission available on the website

2

Wednesday 13 September 2017

Closing date for submission of papers, workshops and posters

3

Monday 11 December 2017

Authors notified of successful papers, workshops and posters





read more about the National Conference 2018 and submission process.

We have also included on the conference website instructions and guidelines for making submissions to assist you prior to the actual submission process. Please remember that delegates will have access only to the title of the paper and author(s) name when they register and select sessions they wish to attend, so please carefully think about your presentation title. This will help ensure the audience you wish to attract and those who have the greatest interest in your topic will attend.

While the closing date for submissions is Wednesday 13 September 2017, there is no need to wait until the due date to submit your proposal. Jane Bickford is Chair of the Scientific Program and will look forward to working with you during the submission process. The CPC is currently liaising with potential keynote speakers and will look forward to introducing them to you over the coming months.

On behalf of the CPC, we look forward to bringing to you the 2018 National Conference, **INSPIRE** - **INS**piring **P**ractice **I**nnovation, **R**esearch and **E**ngagement

Barbara Lyndon
Conference Convenor, 2018

Pamela Richards
National Conference Manager

2018 Conference Planning Committee (CPC)

Barbara Lyndon - 2018 Conference Convenor
Jane Bickford - Scientific Program Chair (SPC)
Tamara Hall
Penny Miller
Jo Murray



Invitation & Call for Papers

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How to Submit

From **Wednesday 14 June 2017** guidelines and details on how to submit an abstract can be found at: www.speechpathologyaustralia.org.au/professionaldevelopment and **2018 National Conference**.

Submissions must be received by **Wednesday 13 September 2017**.

You will be notified about the success of your submission by **Monday 11 December 2017**.

Submissions accepted by the Scientific Program Sub-committee will be grouped under associated themes for presentation at the conference. This will assist delegates to plan attendance at sessions that match their professional needs.



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Record numbers at 2017 SPA National Conference

ON BEHALF OF the Conference Planning Committee (CPC) I would like to thank all those who registered to attend. It was wonderful to see more than 1000 participants at the International Convention Centre, Sydney. We hope you enjoyed the Conference, which included some new innovative formats. It was wonderful to see so many people discussing presentations, enjoying the social activities and of course networking. As always we appreciate the participation of the sponsors and exhibitors who are an important component to the success of the conference. The exhibition hall was a hive of activity during the breaks.

The Conference Feedback Survey was emailed to all SPA members on Monday 5 June and we ask that you please

complete it so it arrives back to us by Monday 12 June 2017. As the survey is electronic it will only take a few minutes of your time to complete and your feedback is important in regards to the planning for future conferences. One lucky SPA member who completes the survey will win a complimentary registration for the 2018 National Conference in Adelaide.

The August 2017 Issue of *Speak Out* will include the full “wrap up” of the 2017 National Conference WiFi, so we look forward to telling you more about it then.

Pamela Richards
National Conference Manager

Social media update

Twitter



May was a big month for the SPA @SpeechPathAus Twitter handle – we hit our 8000th follower! That’s a 27% increase from the same time last year. We now have more followers than association members – a good sign that we’re reaching more and more people. Awareness about speech pathologists and the profession is growing. If you’re online, give us a follow.

@SpeechPathAus



Join the conversation!

Did you know? We have 17 members-only Facebook groups for speechies to discuss the issues that matter most. Join the conversation today!

- SPA ACT and NSW Branch Member Community
- ASP APPropriate Apps – SPA Member Group
- SPA Early Career Member Community
- SPA Northern Territory Branch Member Community
- SPA Queensland Branch Member Community
- SPA South Australia Branch Member Community
- SPA Ageing and Aged Care Member Community
- SPA Disability Member Community
- SPA Justice Member Community
- SPA Mental Health Member Community
- SPA Private Practice Member Community
- SPA Rural and Remote Member Community
- SPA SPEL Member Community
- SPA WWDC Member Community
- SPA Tasmania Branch Member Community
- SPA Victoria Branch Member Community
- SPA Western Australia Branch Member Community



Facebook



Hot topic – Kids and screen time
On 11 May, we posted an article from *Time Magazine*: Kids who use smartphones start talking later. The article cited growing research suggesting that screen time may have negative consequences for a young child’s development, including delaying speech.

The conversation reached over 30,000 people with 226 reactions, 25 comments and 208 shares on our page alone. A hot topic indeed, but of course the evidence needs to be considered.



Don’t forget, we’re also on Instagram (@speechpathaus) and LinkedIn (Speech Pathology Australia). Look for us.



A couple of months have flown by since health funds hiked up their premiums!

If you've just paid the first couple of month's health insurance bill and it's dawned on you that your costs have gone up way too much, it's never too late to check out your SPA Member benefits offer with HCF.



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As a SPA Member, you get 10% off travel insurance premiums. Benefit features include:

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To find out more about your benefits, visit:
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Space is limited! Register today for one of these upcoming It Takes Two to Talk workshops:

Melbourne, VIC	Jul 12-14, 2017	*Adelaide, SA	Aug 10-12, 2017
Hobart, TAS	Jul 26-28, 2017	Darwin, NT	Aug 14-16, 2017
Brisbane, QLD....	Jul 31-Aug 02, 2017	Perth, WA	TBA

*indicates nearest major city

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



The more you give, the more you get

FORMER SPEECH PATHOLOGY AUSTRALIA DIRECTOR ROBYN STEPHEN (PICTURED) RECENTLY CELEBRATED A CAREER MILESTONE AND SHARES HER EXPERIENCES OF 20 YEARS IN PRACTICE.

“Recently my fantastic staff surprised me with balloons, a plaque and morning tea as unbeknown to me, it was the 20-year anniversary of Robyn Stephen and Associates Speech Pathology. This did stop me in my tracks and indeed was cause for reflection. More than 50 speech pathologists and 30 administration staff have worked with me in this time. Our goal has always been to provide the highest standard of evidence-based speech pathology service for children and their families. This has involved painstaking attention to our business processes especially our financial records to support the complexity of the work of speech pathologists.

“In 1997 it was a terrifying leap to give up my reliably paid employment to start working as a private practitioner. I didn’t even contemplate that by default I was actually starting a business. I had worked with professional and committed health practitioner teams and teachers in publicly funded services for 15–years; however, I felt that at times the organisational priorities often lacked a client-centred approach. Could I do better without the bureaucratic restrictions? I have a partner who drip fed his belief that I could create a business to serve families who wanted to choose a high quality speech pathology service. I am grateful and indebted to his ongoing support and to several pioneers in private practice; Rhonda Elms and Alison Lee who were very generous in sharing their experiences and advice in my early days.

“These were the first of many mentors and consultants I have sourced over the past 20 years. Others included colleagues, business courses, business coaches, employment specialists, lawyers, accountants and recently a futures specialist to stimulate our next three-year strategic plan. I have learnt so much about running a business because I have made so many mistakes but fortunately have mostly learnt from those mistakes. The professional and government obligations of running a health



practice can be overwhelming; however, we are all very fortunate in 2017 that Speech Pathology Australia now has a wealth of resources for private practitioners thanks to the hard work of Christine Lyons and her forerunner Tristan Nickless. I highly recommend their resources but also encourage people to seek resources within their communities such as training in business management.

“The practice grew from a suite in my home to various dedicated commercial properties and finally to our own purpose-renovated accessible building. During this time we have worked hard to build our personal brand to associate with the business brand while we developed an extensive network of referral agents. Recently, with a view to the future, and taking on board client feedback, we have rebranded the business to Melbourne Child Development extending into a multidiscipline practice.

“Private practice requires consistent energetic attention to maintain quality standards. This attention to detail results in client confidence, clear client expectations, positive client relationships and a sustainable business. Our professional development has to be linked to market needs and preferences – for example, our clinicians are highly trained in autism assessment and intervention and we are now seeking to upskill in the areas required by NDIS participants.

“The old adage of ‘The more you give the more you get’ has certainly been true in terms of gaining invaluable insights of benefit to the business. I was president of the fledgling Speech Pathologists in Private Practice Victoria for six years early in my private practice and served on many SPA reference and task groups and I am just completing my final term as Director on the board of Speech Pathology Australia after six years. There are many opportunities to contribute and much learning to be gained

“I have never regretted the hard work of running my own business and experience joy with every new client and every gain each client makes.”

in the process. The Private Practitioner’s Network in Victoria welcomes new attendees and meets several times a year with lively discussions and experienced practitioners willing to share their stories.

“I have never regretted the hard work of running my own business and experience joy with every new client and every gain each client makes. It has been a privilege to see many clients progress from 5-year-olds to 25-year-olds, including a 3-year-old boy with childhood apraxia of speech, mild intellectual disability and autism who was recently voted school captain of his secondary school. But we know it’s not all “fuzzy wuzzy”. As one 8-year-old student said, with a scowl on his face when he stormed out of a session and plonked himself down in the waiting room folding his arms defiantly in front of him: ‘I’m over Robyn!’, and my receptionist chimed in ‘So am I!’”



Robyn Stephen is congratulated by her team on the 20-year anniversary of being in private practice.

With thanks...

For the last 6 years, Robyn Stephen was a director on the Association’s Board. In that time, Robyn was Vice-President Operations, and Vice-President Communications and participated on numerous committees. Robyn’s tireless commitment to the future of the speech pathology profession, and its Association, has been inspiring. Robyn has listened, urged and mentored many members in her role on the Board – and while Rob says that she has gained much more than she gave this means she must have gained an enormous amount, because she has given generously of her time and energy.

Gaenor Dixon
National President

Melbourne 4 & 5 August
Adelaide 6 & 7 August
Brisbane 9 & 10 August
Sydney 12 & 13 August

Who Should Attend

- Occupational Therapists
- Physical Therapists
- Speech Pathologists
 - Psychologists
 - Developmental Optometrists
- Special Educators
- Interested Others

This 2-day workshop provides a practical opportunity for participants to interact with a sensory integrative occupational therapist and a developmental optometrist as they collaborate on the goal of facilitating optimum performance in children with movement and vision issues. Many children have unidentified visual and vestibular challenges which interfere with the development of physical, emotional and cognitive skills including receptive and expressive language, reading and writing. Speakers will reveal and clarify some of the mysteries of previously ambiguous performance issues in childhood. Participants will develop a broader net for capturing the subtleties of visual-vestibular behaviour by gaining insight into underlying causes.

What They’re Saying

“I very much appreciate the experience and knowledge base that the presenters brought to the workshop.
Excellent workshop. Very valuable to my practice.”

Register now at SensoryTools.net

THE ACTION IS IN THE INTERACTION! DIR / FLOORTIME

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

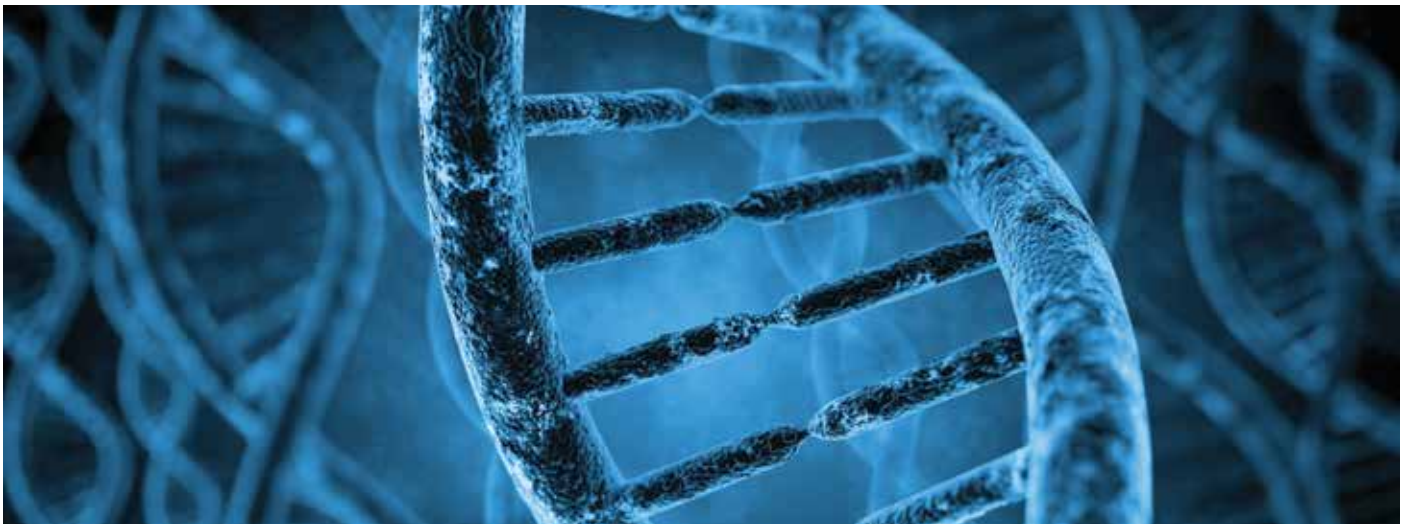


Melbourne & Sydney: July & August, 2017
Presented by: Kathy Walmsley, Occupational Therapist & Mari Caulfield, Speech and Language Therapist.

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
Ph 08 9382 8538



Unravelling the genetic and brain basis of childhood speech and language disorder

THE GOAL OF A PROGRAM BY MURDOCH CHILDRENS RESEARCH INSTITUTE (MCRI) IS TO IMPROVE SPEECH PATHOLOGY PRACTICE BY IDENTIFYING, UNDERSTANDING AND TARGETING THE UNDERLYING CAUSES OF DEVELOPMENTAL SPEECH AND LANGUAGE DISORDERS.

OVER THE PAST century, speech pathologists have honed skills in diagnosis of developmental speech and language disorders. They have developed the diagnostic capability by focusing on deep description, or phenotyping, of a child's presenting symptoms. Speech pathologists have also relied on skilled phenotyping to inform treatment goals for each child. Yet, using this approach, some clients continue to experience severe and debilitating communication difficulties, seemingly regardless of the therapies carefully selected and applied. Many feel strongly that speech pathologists are missing a crucial piece to the puzzle and they are critically lacking an understanding of the underlying causes of developmental speech and language disorders.

Encouragingly, over the last few decades, evidence has been building on underlying genetic causes of speech and language disorders (Graham & Fisher, 2015). Research into families has supported what we often see anecdotally – speech disorders running in families. The most notable example has been the discovery of FOXP2 (Lai, Fisher, Hurst, Vargha-Khadem and Monaco 2001). This was the first gene identified to be associated with a speech or language disorder; namely a predominant phenotype of apraxia of speech (Morgan, Fisher, Scheffer, & Hildebrand, 2017). Discovery of this gene really catalysed a field of research focused on interrogating other possible genetic causes to speech and language disorders.

There have been significant advances in genetic technologies since the original FOXP2 discovery, giving way to more efficient and affordable methods of gene discovery. These genetic advances have facilitated further discoveries. There are now a handful of potential gene pathways associated with motor speech disorder for example, including mutations in GRIN2A and SCN1A, discoveries lead by the MCRI team (Turner et al., 2015; Turner et al., 2017).

The multi-disciplinary team at Murdoch Children's Research Institute have been building a work program in this space for the past five years, largely enabled by an ARC Discovery grant in 2012. Based on the outputs and momentum from this first competitive grant, the team was recently awarded a five year

National Health and Medical Research Council (NHMRC) grant of \$2.5 million to establish the Centre for Research Excellence in Speech and Language Neurobiology (CRE-SLANG). The aim of the CRE-SLANG is to take the first step in understanding more about the aetiology of childhood speech and language disorders. The ultimate goal of the program is to improve speech pathology practice, by identifying, understanding and targeting the underlying causes of developmental speech and language disorders.

Combining expertise in the fields of speech pathology, neuroscience, genetics and bioinformatics the CRE-SLANG team of investigators includes:

- Professor Angela Morgan (Speech Pathologist, University of Melbourne and Murdoch Childrens Research Institute)
- Professor Ingrid Scheffer (Laureate Professor in Paediatric Neurology, University of Melbourne)
- Dr Michael Hildebrand (Molecular Geneticist, University of Melbourne)
- Professor Melanie Bahlo (Statistical Geneticist, Walter and Eliza Hall Institute)
- Professor Alan Connelly (MRI Development Physicist, Florey Institute of Neuroscience and Mental Health)
- Professor David Amor (Clinical Geneticist, Royal Children's Hospital)
- Professor Sheena Reilly (Speech Pathologist, Griffith University)
- Professor Simon Fisher (Director of the Max Planck Institute for Psycholinguistics, Nijmegen, the Netherlands)
- Dr Frederique Liegeois (Cognitive Neuroscientist, University College London Institute of Child Health)

Speech Pathology Week 2017 theme announced

SPEECH PATHOLOGY WEEK in 2017 will be held in the week of 20 - 26 August. The theme for the week is *Communication Access – everyone gets the message!*

This theme draws on one of the eight key aspirations from the Speech Pathology 2030 project, while reinforcing the important role that speech pathologists play in the lives of Australians with speech and swallowing difficulties.

Communication remains a human right and Speech Pathology Week promotes this fact.

As in previous years, the week will be promoted by a traditional media campaign, an online and social media campaign, and campaign kits available for members. Separate marketing collateral will be supplied to State Branches to help promote their own Speech Pathology Week events.

For more information about Speech Pathology Week, campaign material and other matters, visit the Speech Pathology Week page on the Association's website.

Speech Pathology Week 20 - 28 August 2017

One of the core projects involves understanding more about genetic contributions to speech and language disorders...

One of the core projects in CRE-SLANG involves understanding more about genetic contributions to speech and language disorders, including trying to identify single causative genes to explain speech pathology for individuals and their families. This project involves recruitment of both individual children with moderate to severe and persistent speech disorders, and larger families who seem to pass on the speech and language disorders across generations. Large numbers of people are needed for these studies.

Speech pathologists who are interested in the work or who feel they may have clients suitable for the study are warmly welcomed to get in touch with the institute to become partners and collaborators in the broader network as part of the new centre.

For further information or enquiries please email:
geneticsofspeech@mcri.edu.au

The CRE in Speech and Language Neurobiology will be hosting its official launch in August 2017 at the Royal Children's Hospital, Melbourne. Registration will be opening soon.

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Speak to our
members through
Speak Out!

**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.

Could this be motor neurone disease?

SPEECH PATHOLOGISTS, WHO ARE AT THE FRONTLINE OF IDENTIFYING EARLY DYSPHAGIA AND DYSPARTHRIA, NOW HAVE ACCESS TO A DIAGNOSTIC TOOL DEVELOPED FOR GPs AND OTHER HEALTH PROFESSIONALS BY MND AUSTRALIA.



MOTOR NEURONE DISEASE (MND), a progressive and ultimately fatal neurodegenerative disease, is often clinically difficult to diagnose with insidious onset and different combinations of upper and lower motor neurone findings including changes in speech and swallowing.

Speech pathologists, who are at the frontline of identifying early dysphagia and dysarthria, now have access to a diagnostic tool developed for GPs and other health professionals by MND Australia.

Painless, progressive weakness – Could this be motor neurone disease?, highlights MND “red flags” and aims to prompt early recognition of potential MND symptoms during health examinations and treatments.

There is no single investigation specific to MND (also referred to as amyotrophic lateral sclerosis or ALS) and no sensitive disease-specific biomarker, so diagnosis is based on symptoms, clinical findings and the results of electrodiagnostic, neuroimaging and laboratory studies (Anderson et al., 2012).

In reaching a confirmation of MND, the diagnostic period is often lengthy. On average, the time from first symptoms to diagnosis is 14 months while, for people diagnosed with MND, the time from diagnosis to death is just 2.5 years. Rapid and accurate diagnosis is crucial in ensuring the needs of people living with MND are met from the earliest possible stage.

Painless, progressive weakness – Could this be motor neurone disease? aims to assist health professionals in their referral to a neurologist thereby speeding up the time to an accurate diagnosis.

There are a proposed handful of key clinical features on examination which, in the presence of a history of progressive weakness, should prompt suspicion for a diagnosis of MND. These include widespread fasciculations that may be visible as brief twitching under the skin or in the tongue and wasting of the tongue margins. Lower motor neurone weakness affecting bulbar muscles may present as slurred, nasal or hoarse speech, dysphagia or drooling while upper motor neurone involvement may present as slow and spastic dysarthria (Huynh & Kiernan, 2016).

Painless, progressive weakness – Could this be motor neurone disease? outlines MND signs and symptoms including bulbar and limb features, respiratory and cognitive features as well as supporting factors that point towards a diagnosis of MND.

Allied health professionals can download the red flags diagnostic tool from the MNDcare website www.mndcare.net.au.

All MND enquiries can be made via the toll-free number: 1800 777 175

References

Andersen P.M., Abrahams, S., Borasio, G.D., de Carvalho, M., Chio, A., Van Damme, P., Weber, N. (2012). EFNS guidelines on the clinical management of amyotrophic lateral sclerosis (MALS): Revised report on an EFNS task Force. *European Journal of Neurology*, 19(3), 360-375. doi:10.1111/j.1468-1331.2011.03501.z let al. *Eur J Neurol* 2012;19:360-375.

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Multisensory Instruction in Language Arts 1 Teacher Training Course

Gain the skills to teach writing, spelling and reading to primary school students.

July and September

Sydney, Melbourne, Hobart, Brisbane and Perth

Additional courses organised by demand

Contact

Robyn Grace

03 9889 4768

robyn.grace@spaldingaustralia.com.au

What's new in PSR?

Changes to the student supervision activity

There have been recent changes to the student supervision activity type.

The changes are outlined below.

Student Supervision (Code S)

- ➔ Supervision of an entry level (Bachelors or Masters) speech pathology student **participating in a clinical placement** = 6 points per student in the second half of course per placement; 3 points per student in the first half of the course.
- ➔ Supervision of an entry level (Bachelors or Masters) speech pathology student in an **observation clinic** = 1 point per student per placement, to a maximum of 6 points per year.
- ➔ Supervision of **SPA re-entry members** = 3 points per speech pathologist.
- ➔ Supervision of **other post-secondary students**, such as allied health assistants or allied health professional students = 1 point per non-speech pathology student per placement.

SPA CPD program

What you told us, what we are doing about it, and what SPA CPD could do better?

Your feedback

"A reminder email may have been useful"

"Maybe send a reminder one week before CPD event with times/location etc."

SPA action

A reminder email is now being sent out to registrants one week before each event, either from National Office or the Branch.

What could SPA CPD do better?

"Seek out more PD relating to older children (language and literacy)"

"Offer more PD spread across the year. PD seems to be mostly at end of the year"

SPA action

We have incorporated your suggestions in to the CPD program.

What does SPA CPD do well?

"Appreciate country traveller's rate"

"Traveller's rates are great"

SPA action

The Traveller's rate will continue for all Branch CPD events.

Sharon Crane

Senior Advisor, Professional Education & Certification

SPOTLIGHT ON PROFESSIONAL SUPPORT

Source supervisors and mentors from your professional network

There are many ways of accessing professional support, and one way can be through your existing professional networks. Speech Pathology Australia has recently developed an information sheet on professional networks, which outlines what a professional network is, and how to develop professional support through these networks. This information can be found on the Association's website under the General Professional Resources section plus on the Early Career page under the section Accessing Professional Development.

While Speech Pathology Australia provides a means for finding a supervisor for external supervision via the Supervision Register and for finding a mentor via the Find a Mentor search, members are also encouraged to source supervision, mentoring, and peer support through their existing professional networks.

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

Meredith Prain
Professional Support Advisor



Have you complied with the National Code of Conduct?

The National Code of Conduct (the Code) is a minimum set of standards of conduct for all health service providers who are not regulated by the Australian Health Practitioner Regulation Agency (AHPRA). Speech pathologists are included in this group of health professionals. The Code sets national standards against which disciplinary action can be taken.

The health complaint body in each state is responsible for implementing the Code. Currently, the states that have established the Code include NSW, Victoria, South Australia and Queensland.

Anyone can make a complaint to the health complaints entity in their state including other speech pathologists and health practitioners, members of the public and professional bodies. If a health worker is found guilty of a specific offence then the state-based health complaints agency can issue a prohibition order. This prohibits a health provider from providing services for a set period of time (or permanently) and their name will be added to the National Register of Prohibition.

It is compulsory for speech pathologists working in the states where the Code has been implemented to:

- make a copy of the Code easily accessible to clients, e.g., copy in the practice's waiting room, copy given to clients.
- ensure information about how to make a complaint to the state-based health complaints entity available to clients.

In Victoria, information about the Code must also be on the practice's website.

Resources, including posters of the Code, are available on the state-based websites that you can download and share with clients. Some states have translated the Code into different languages and the Victorian Health Complaints Commission has provided recommended text about the Code to publish on your website.

More information and links to individual state bodies are available on the COAG Health Council website. There is also an FAQ sheet on the SPA website under Professional Resources.



Core private practice documents updated

SPA's Private Practice Policy and Procedure Manual and the Guide to Setting up a Private Practice have had a make-over!

These core documents for private practitioners were launched at the 2017 National Conference and are now available to members on the SPA website under [Resources for Speech Pathologists --> Private Practice Essentials](#).

The Guide to Starting a Private Practice provides advice, checklists and links to useful organisations and is a great starting point for clinicians wanting to start their own practice, large or small! I am also available to answer any questions from members about any issues around private practice.

The Policy and Procedure Manual will help practice owners ensure they have a comprehensive set of business policies and procedures. Established practitioners can review their own existing policies and procedures and this document might help you fill in any "gaps" or confirm that you have covered all appropriate areas. It covers:

- recruitment
- privacy
- contracts
- request for flexible working arrangements
- ethical practice and professional responsibilities
- compliance with relevant laws and SPA's Code of Ethics
- quality assurance and continuing professional development
- leave

Communication between the speech pathologist and the client, e.g.,

- responding to initial contact
- informing client about waiting list
- assessment and reporting
- informing client of clinic policies
- discussing assessment and providing a report

Communication between the speech pathologist and the other service providers, e.g.,

- acknowledging source of referral
- contacting other service providers
- handover to another speech pathologist
- third-party funding programs reporting requirements
- record-keeping
- client database
- client health record
- financial records
- reporting
- occupational health and safety
- ceasing employment
- resignation, retirement, redundancy
- HR management.

There are also a number of useful checklists and templates you can modify for your own practice.

Nichola Harris
Practice and Clinical Support Advisor



The difficulties, disorder, disability dilemma

Time for confidence and consistency in providing children with a diagnosis

SPEECH PATHOLOGY AUSTRALIA recently made a commitment to support the use of the terminology, “development language disorder” and “language disorder”, as proposed by the CATLISE Consortium*. There is no question that consistency of terminology is needed. A dilemma speech pathologists may face is labelling young children with a disorder and hence a disability. As a profession we need to be confident in our diagnostic abilities, consistent in the reporting of a diagnosis and clear as to why we need to be diagnosing children with a disorder/disability.

Let's start with “why?”

At its best, speech pathology practice is life-changing. Time and time again, as part of the Speech Pathology 2030 project, clients who had received ideal speech pathology practice told Speech Pathology Australia what a profound positive impact it had on their lives. Interviewees also stressed that they wanted choice and control and for their values, needs and goals to be central to the assessment, diagnostic, and therapeutic process.

Our clients deserve accuracy and the truth

Yes, no parent wants to hear that their child has a disability and of course you don't want to be the one to provide them with that news, but imagine if you went to the GP and they told you that

your broken leg was a sprain. After days/months of not being able to walk around, or sleep and in pain you insist on an x-ray and it is found that you have a break. That is what often happens for parents of children with a language or speech sound disorder. They are told their child is delayed or has a difficulty in a particular area but for a variety of reasons it sometimes takes years (if ever) before their child is diagnosed with a disability. “We saw an audiologist and ENT repeatedly from when [my son] was 5, and then a psychologist for behaviour problems for a while, but he wasn't referred to a speech pathologist until he was 11” (Client interviewed for Speech Pathology 2030).

Now I know the diagnostic process isn't as simple as having an x-ray, but I also have tremendous confidence that speech pathologists can, and do, have the necessary skills to conduct a differential diagnosis. Or, as is often the case with very young children, report on the difficulties observed, implement some form of intervention, and then review progress as part of the diagnostic process. It is essential that clients are informed of all of the possibilities as you work through the process. Trust me – having been told “not to worry” by a health professional “until we know the results of a test” didn't make me worry less but made me

...don't underestimate the impact **you** will have on your **clients**

worry more because I thought they were hiding something from me (which they were but that's a story for another day!).

Another thing I learned during my years as a clinician is that you cannot predict how someone will react when given the news that their child has a lifelong disability. But you can deliver the news in a way that gives them confidence in your diagnosis and the support that is available to their child to achieve and thrive.

Our clients want us to be confident

Speech pathologists are the only professionals with the knowledge and expertise to diagnose language and speech sound disorders. We owe it to our clients to be confident in our skills and to stand by the outcomes of our diagnostic process. We also need to assure our clients that in order to determine an accurate diagnosis it may take time, require other professionals to be involved or it may be necessary to seek a second opinion or refer on to another professional. SPA's document *Second Opinions and Independent Reviews* steps you through some of the frequently asked questions about these two processes.

Here are some tips as to the how to differentially diagnose common childhood speech, language and communication disorders:

1. Know the red flags
2. Hone your case history taking skills
3. Determine if there are standard assessment protocols
4. Attend PD if required
5. Seek supervision from a speech pathologist with advanced diagnostic knowledge and skills.

Speech Pathology Australia is in the process of developing a document for members of the general public that you may find

useful and that you may use with your clients as you embark on the diagnostic journey. It will be added to the website and advertised in *National eNews* once completed.

Finally, don't underestimate the impact you will have on your clients, particularly as you may be the first health professional they engage with. Clients interviewed for SP 2030 told SPA, "Help us connect – that's what's important", and the information they provided supported SPA to articulate the purpose of speech pathology.

Here's a reminder of what each of you strives for every day. As speech pathologists our work supports each and every person to:

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

*This topic will be workshopped at the SPA National Conference and an article about the DLD and LD terminology will be included in the next edition of *Speak Out*.

Christine Lyons
Senior Advisor Professional Practice

**Be Inspired at the
SPA National Conference
in Adelaide 2018**

**Turn to page 11
for more information**



Speech Pathology in Schools



We asked, you responded, your views!

AS PART OF THE SPEECH PATHOLOGY IN SCHOOLS PROJECT SPA CONDUCTED A NATIONAL SURVEY OF SPEECH PATHOLOGISTS WORKING IN EDUCATION. THERE WAS AN OVERWHELMING RESPONSE TO THE SURVEY ACROSS AUSTRALIA WITH 715 RESPONDENTS; 70 PER CENT WERE SPA MEMBERS AND 30 PER CENT WERE NON-MEMBERS!

Respondents reported:

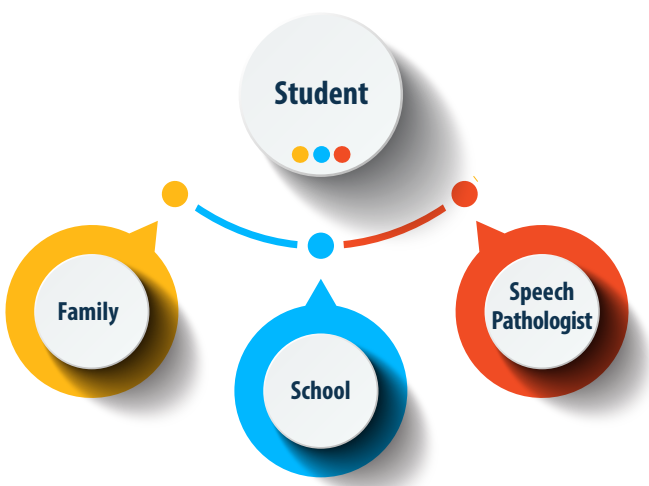
- The hours spent in schools ranged from once a term to three days weekly.
- The number of schools serviced weekly ranged from 1 to more than 10 schools.
- The hourly rate charged ranged from \$65 to \$200.
- The percentage of time spent in schools conducting assessments, report writing, screening, therapy, consultation, collaboration and professional development varied considerably and no obvious themes emerged.

When asked what would have been useful when commencing work in schools, the main themes reported were professional development, a speech pathology in schools special interest group, mentoring and supervision.

Professional development topics included:

- curriculum guidelines, types of educational programs and terminology;
- SPA guidelines regarding best practice interventions for educational speech pathology which includes in-class support, team teaching, response to intervention and collaborative practice, literacy and links to oral language;
- workload/caseload management, appropriate fees, individual education plans, service agreements, negotiating with school leadership teams;
- knowledge of developmental norms for primary and secondary students;
- best ways to communicate with parents including home programs;
- appropriate workshops for teachers.

Respect professional boundaries, set realistic expectations, know the school's timetable and work with what is possible.



Suggestions you provided regarding best practice in schools were:

- Engaging with school leadership is essential as is working collaboratively and respectfully with teachers.
- Working within the class and with teachers as much as possible is highly recommended and minimises withdrawal of students. If this does need to occur then an agent of change needs to be present and trained.
- Speech pathologists need to be part of the staff, be available to plan with teachers and to integrate the student's speech and language needs into the curriculum. They must also train and monitor the support staff who work with the students.
- Resources for therapy should come from the teachers embedding your recommendations into class programs and be linked to school topics.
- It is important to build the knowledge and capacity of the teachers through education, demonstration, team teaching, etc. so that they can develop and generalise these skills not only for your student but for the whole class.
- Try not to think in a medical model; look at participation and functionality. Don't assume teachers know what you are talking about because often they know very little about communication disorders.
- Respect professional boundaries, set realistic expectations, know the school's timetable and work with what is possible.
- Consider "who is my client?" Is the client the school, the parent, the student or the teacher? This helps to frame expectations and negotiations as well as workload management.

Speech Pathology Australia thanks all respondents for their time, information and suggestions about working in schools. These results will be used to generate a number of recommendations to the SPA Board and we will inform you of updates in the next edition.

Mary Gornik
Senior Project Officer
Speech Pathology in Schools

www.speechpathologyaustralia.org.au/schools



Talking about tax.... making it easier to get it right

THE AUSTRALIAN TAX OFFICE recently put together some tips to help you to get things right in your tax return. Tax time is fast approaching again; when you are ready to lodge your tax return this year, you can use myTax or a registered tax agent.

If you are preparing to lodge your own tax return you have until 31 October to lodge; if you are using a registered tax agent you should make contact with them before 31 October.

Last year 85 per cent of speech pathologists lodged their tax return on time, which means very few of us were hit with a late lodgment penalty.

The ATO has the top three tips for making tax time hassle-free this year.

1. Know what you can and can't claim

Work-related expenses are costs you incur that are directly related to earning your income. These might include self-education or professional memberships, for example your membership with Speech Pathologists Australia. To claim a work-related expense, make sure:

- you spent the money yourself and weren't reimbursed for it,
- it was directly related to earning your income,
- you have a record to prove it.

2. Avoid common mistakes

Every year the most common mistake the ATO finds is people forgetting to declare all their income (for example, bank interest).

If you lodge online, information provided to you by your employer, banks, government agencies and other third parties is pre-filled into your tax return.

Most pre-filled information is available by August. Waiting until then for your personal information to be pre-filled into

your tax return will reduce the chance of you forgetting something.

If you realise you've made a mistake, or left something out, you can request an income tax amendment to fix up any errors using myGov, or just speak to your tax agent.

3. Leave the shoe box for shoes...

If you haven't already, why not download the ATO App? The ATO App is a quick and simple way for you to track your expenses in real time, take and store photos of your receipts and prefill your tax return all in one handy spot. This leaves the shoebox for shoes, not receipts. The myDeductions feature lets you record:

- vehicle use records, such as travelling between two workplaces (for example, between two hospitals when you are visiting clients);
- receipts for equipment you purchase and use for your work, which could include, clamp-on mirrors, or go-talk communicators; and
- other expenses you may have had in earning your income such as professional indemnity insurance or subscriptions to journals.

The app also allows you to digitally send all your expenses directly to your registered tax agent if you use one.

For more information

Visit the ATO website, ato.gov.au/myDeductions, or ato.gov.au/deductions

Stay updated via ATO social media. Like, follow, connect or subscribe for the latest tax and super information and changes, initiatives, products and services, as well as reminders and tips to help you manage your tax affairs.

Search for the ATO on Facebook, Twitter, LinkedIn and YouTube.

If you have more questions you can phone 13 28 61 between 8.00am and 6.00pm, Monday to Friday, or use the other ATO contact options outlined above.

When communication BREAKS DOWN

CLEAR AND TIMELY COMMUNICATION IS VITAL TO EVERY ASPECT OF SPEECH PATHOLOGY PRACTICE.

A SIGNIFICANT PROPORTION of contacts with National Office to talk about ethical concerns relate to the demonstration of appropriate communication with clients and colleagues. This includes calls and emails from SPA members and members of the public.

Below are some hypothetical examples drawn from a range of conversations. These three scenarios highlight how important clear and timely communication is in every aspect of our practice. Being proactive in discussing any aspect of our work with clients or our employer/employees is key to avoiding communication breakdown.

Query

"I've taken my 4-year-old son to a speech pathologist for an assessment. I paid the bill on the day and now I've got another bill in the mail, which says I have to pay before she will give me the report. I need that report tomorrow for the appointment with the Paediatrician, what should I do?"

Discussion

It was revealed that the mother was not given a list of fees prior to the initial appointment. She was handed a couple of pieces of paper at the end of the assessment session, but she hadn't read them and couldn't find them now, so she was not sure if a fee schedule was included. The speech pathologist didn't discuss the breakdown of costs with the mother, to ensure that she understood the assessment report would need to be paid for separately.

Ethical issue

Had the mother given informed financial consent? The speech pathologist has an obligation to provide sufficient information about the fees that will be charged, and to make sure the client understands that information. This should mean more than simply providing a handout at the end of a session without discussion or the opportunity for the client to ask questions.

Advice for the mother: Some speech pathologists bundle the total cost of assessment and report together into one cost, and some separate the costs. The mother was reassured that she could call the speech pathologist to talk about this situation, to ask for an explanation of the fee schedule, and to discuss

her wish to have the assessment report for the paediatrician's appointment.

Query

"I graduated 6 months ago and worked in a private practice but I've now resigned because I got a job closer to home. I finished up 2 weeks ago but I haven't got my final pay yet. Can she hold back the money? Can you call the speech pathologist to ask her when I will get paid?"

Discussion

Discussion identified that the speech pathologist had not contacted her previous employer since leaving to ask about the money herself. This was because she hadn't yet finished all of the paperwork that was required, including file notes, assessment reports and handover notes. The employer gave her a list of files to complete and she agreed to do that, but didn't get a chance before she left as she had a full list of appointments booked right up until her last day and she was busy in her new job. The caller doesn't want to contact the employer about the money as she hadn't completed the work yet.

Ethical issues

The speech pathologist has an obligation to her previous employer to provide completed paperwork within a reasonable time frame, which should have been before she finished at the practice. If she was finding it difficult to complete the work because she was too busy before she left, it would have been reasonable to approach her employer to discuss a realistic workload in her last few weeks, to provide enough time to finish the paperwork.

Further discussion also highlighted that she was not staying up to date with client files prior to her resignation period. This was not discussed with her employer as she was worried about giving the impression that she wasn't up to the job.

The employer has an obligation to provide the final payment within an appropriate time frame.

Advice for the speech pathologist: draw up a schedule for herself to ensure the paperwork is completed within the next few days, then stick to that schedule. Call her previous employer to

“I’m leaving a practice and want to tell my clients, but the owner says I can’t tell them yet as he hasn’t organised a replacement for me. What should I do?”



discuss when the paperwork will be completed and provided to the practice, and ask when her final payment would be provided.

The speech pathologist was advised to write down the key points she wanted to talk about with the employer, and to practise that conversation, so that she was prepared for possible questions and to reduce her nervousness. She was also advised that it is appropriate to talk with future employers about workload and present ideas for solutions to any problems she may face, so that she is proactive in managing issues before they seem insurmountable.

Query

“I’m leaving a practice and want to tell my clients, but the owner says I can’t tell them yet as he hasn’t organised a replacement for me. What should I do?”

Discussion

The owner of the practice never provided a written contract as the two speech pathologists were friends before they worked together. There was a verbal agreement about the percentage paid for each client, and the professional development that the practice would pay for.

The speech pathologist who is leaving thinks some of the clients he has been seeing may want to follow him to his new practice, but he hasn’t asked them directly.

Ethical issues

Having no written contract does make negotiations about any aspect of employment very difficult, and SPA recommends that any employment relationship is clearly described in a written

contract. However, if there is no contract, the employee still has ethical obligations regarding the clients of the practice.

The practice owner can stipulate how and when the clients are told their speech pathologist is leaving. This information should be provided in a timely manner, i.e., not the week the person is finishing, but with sufficient notice for the client to be fully informed of what is happening. This conversation to plan when and how the clients will be told can be initiated by the speech pathologist who has resigned, to ensure the clients are informed appropriately.

The speech pathologist who is leaving a practice should not provide any details of where he will be working next or entice a client away from the practice. There must not be any contact initiated by the speech pathologist to the client for this purpose. If a client contacts the speech pathologist once he has left the practice, to ask if they can continue to see him, he can accept them at that point, as the client has the choice of which speech pathologist they see and initiated the contact.

Calling National Office provides the opportunity to talk through an issue, to hear an independent view and take a step back to examine the key issues inherent in a situation.

It can be helpful to practise what you are going to say so that you consider both sides of the discussion, reduce the awkwardness by being prepared, and demonstrate your professional integrity.

Trish Johnson
Senior Advisor, Ethics and Professional Issues

12TH NATIONAL
Allied Health
CONFERENCE



Stronger
Together

26th - 29th August 2017, ICC Sydney, Australia

This **12th National Allied Health Conference** will be held at the Sydney International Convention Centre set in the spectacular environs of Darling Harbour Sydney, **26th – 29th August 2017**

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OVERVIEW

The conference will explore the theme **Allied Health: Stronger Together** and will highlight the place of Allied Health in the health continuum through a number of subthemes including: **Responsive Services, Reliable Systems** and **Resilient Workforce**.

- Hear from a range of **eminent speakers** exploring current and emerging issues shaping the future for Allied Health.
- An exciting opportunity to **network** with an extensive range of key decision-makers and practitioners.
- Learn about the **latest developments in products and services** from our impressive range of exhibitors.

PROGRAM

- 8 Preconference Workshops across a diverse range of topic areas
- 2 Day Scientific Program
- Post conference "Allied Health Leadership Day"

KEY DATES

- **Early-bird registrations will close on 20th June 2017**

2 Day Registration: Early Bird – \$650 | Standard – \$750 | Student – \$600

1 Day Registration: Standard – \$400 | Student – \$350

Pre Conference Workshops: Half Day (1 Workshop) – \$175 | Full Day (2 Workshops) – \$300

Post Conference Allied Health Leadership Day (Full Day Only): \$300

FOR MORE INFORMATION VISIT:

nationalalliedhealthconference.com.au



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A refreshing change.....

WORRIED ABOUT CHANGING FROM THE SECTOR YOU ARE CURRENTLY EMPLOYED IN (AND MAY HAVE BEEN IN FOR QUITE SOME TIME) TO SOMETHING A BIT DIFFERENT? ESTHER JOLLIFFE SHARES HER EXPERIENCES OF MOVING INTO THE EARLY INTERVENTION SECTOR.



“Last year I moved from private practice (three years from a new grad) into the early intervention sector and I would be lying if I said I wasn’t a tad nervous. Working in disability is such a specialised area and you need a real heart for the area to be working sensitively with vulnerable people. There was nothing to worry about though, and I have found the EI experience to be positive in every way. I wish to encourage other speech pathologists or professionals (who may be a little apprehensive as I was) to consider entering this field.

“Before I start: every person, profession and work place is different. Our organisation is currently a not-for-profit as opposed to a fee for service, which will change when the NDIS rolls out in Central West NSW from July this year. I think each EI organisation is vastly different, as public health, the private sector, and NGOs come with their own benefits and challenges. For example, I have loved the greater range of flexibility in my workplace, whereas another speechie friend of mine who moved from ADHC to EI found it very challenging to adjust.

“The transition to working in EI has been positive as well as rewarding, meaningful, and interesting, challenging and fun. Good food-for-thought is elicited on a regular basis. The way that my organisation cares for clients, families and employees is genuine and the input from each discipline is truly valued.

“Communication only constitutes one piece of the puzzle, and there are so many other aspects needed to consider a client holistically. As a key worker, we don’t ‘work in silos.’ I feel that working in this type of setting has helped break down barriers and made me look beyond my own discipline and scope of practice.

“Previously if parents raised concerns regarding issues like difficulties sleeping, toileting, feeding, fine or gross motor skill development, I would have referred on to someone else. I still consult relevant professionals but working collaboratively now means considering the possibilities of how we all together can do something to make an impact.

“Our EI service is based on a key worker model, similar to the transdisciplinary model of care, and there is a great training component. There have been fewer traditional ‘therapy’

sessions in a clinic-based environment, and instead my day consists of visits to the home, preschool, and community with other disciplines (early childhood educators, special education trained teachers, physiotherapists, occupational therapists, and behaviour support specialists with a background in psychology). Up-skilling has been a vital part of this process, and occurs either informally through discussion, resource sharing, observation and joint sessions with colleagues, or more formally through specific speech pathology supervision or course attendance.

“One particular challenge I’ve found in the transition is the use of a strengths-based model in the EI sector. Children with complex and additional needs often progress slowly, and small improvements unfortunately aren’t always represented in standardised tests. Seeing functional gains from changes made in naturalistic settings in activities of daily living has been refreshing. I would highly recommend considering the possibility of employment with an EI service.”

Esther Jolliffe

Certified Practising Speech Pathologist (CPSP)

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QUEENSLAND

Appreciating speech pathologists of Queensland

DR SHARON CROSBIE

ACU SPEECH PATHOLOGY LECTURER

DR SHARON CROSBIE is a speech pathologist with considerable knowledge in the area of paediatrics. Having been a practising speech and language pathologist for 24 years, Sharon has predominantly worked with children and has a particular interest in developmental speech and language disorders. Sharon has been extensively involved in research into areas of developmental speech sound disorders and phonological awareness and expressed her pleasure in having worked with Professor Barbara Dodd.

Sharon is currently a permanent lecturer at the Australian Catholic University which is incredibly fortunate for the students. Sharon always makes herself available to students and is happy to share her current knowledge while remaining motivated to continue to provide evidence to support the varied scope of paediatric speech and language. Sharon, your positivity and encouragement is appreciated, not only by myself, but by those that have had the pleasure of being in your classroom.

Jacqueline Day
Student Speech Pathologist



Dr Sharon Crosbie

LEANNE HERBERT

DET SPEECH PATHOLOGIST

PRIVATE PRACTITIONER AND SPEECH PATHOLOGY MENTOR

Leanne Herbert is an experienced speech language pathologist living in Innisfail, Queensland. She is a senior SLP working for Department of Education and Training (DET) and is based at the Diverse Learning Centre in Innisfail. Leanne is well known for her positive attitude, extensive paediatric experience and her supportive and caring nature.

Leanne works tirelessly to service a number of schools in the region, as well as actively supporting and mentoring a number of SLPs during her three-day week. Leanne provides non-biased feedback and suggestions that are suitable and achievable in relation to the student's needs and offers appropriate support and shadowing as required.

Leanne is also the owner/operator of her private practice which she runs concurrently two days weekly. She is also a full-time mum, an active member in her sons soccer team and won't say no to a good coffee or two.

Rachael Di Bella
Speech Pathologist



QLD 1633 members

as at April 2017

Free aphasia group resource

the InterD-CAG Facilitator Program Manual

SUPPORTING PEOPLE WITH aphasia living in the community and their families is one of the key research aims of the Aphasia Lab at La Trobe University, Melbourne, led by Associate Professor Miranda Rose. As part of addressing this aim, SLP and PhD candidate Michelle Attard and her research team (supervisors A/Prof. Miranda Rose and Professor Leanne Togher) ran a 12-week community aphasia group program at the University of Sydney in 2016.

The aim of the program, named the Interdisciplinary Community Aphasia Group (InterD-CAG), was to promote living well with aphasia for people with aphasia and their family members in the context of SLP and social work facilitation—a staff combination that has had limited discussion in the CAG literature. The team also recruited two aides for the group: a peer (person with aphasia) and a member of the general community.

A major product of the research project is a free-to-download resource, the InterD-CAG Facilitator Program Manual. It provides some background on community aphasia groups as well as considerations in preparing to run a group like the InterD-CAG. These contextual sections of the manual offer support for those who have not run groups before and experienced facilitators alike. Importantly, they explain the principles that underpin the program content—serving as rationales based strongly in research evidence across a range of fields.

The main part of the manual covers program content for 12 x 2-hour sessions (plus a break), with sections for facilitation by an SLP as well as a social worker. Some sessions are designed for all staff and group members together, and some are split (SLP, aides, people with aphasia; social worker, family members).

The resource comes in the form of a .pdf manual and a .zip folder containing program resources (relating to organising the group and session-based content).

The program content areas address:

- communication skills (including modeling of total communication),
- conversation,
- participation in meaningful activities (e.g., yoga, art, music therapy),
- information about stroke and aphasia,
- psychological support (a focus on identity through life storying), and
- social support.

The manual is designed to be adapted to the community-based clinician's context and the needs/preferences of those involved. Clinicians also have the potential to extract relevant elements to apply in other settings across the continuum of care.

It is freely available to download from Aphasia Community, a website designed to support formal facilitators of aphasia groups:

aphasia.community/resources/resources-for-aphasia-groups

The results of the trial—both quantitative (pre, post, follow-up) and qualitative (semi-structured interviews with participants and staff)—will be published later this year. Michelle and her colleagues will be presenting on community aphasia groups at conferences and workshops throughout the year.

The authors welcome clinicians' feedback.
Contact: Michelle Attard, m.attard@latrobe.edu.au

Aphasia Community
www.aphasia.community

La Trobe Aphasia Lab
www.latrobe.edu.au/aphasia-lab

VICTORIA



VIC 1893
members

as at April 2017

NEW SOUTH WALES



NSW 2282 members

as at April 2017

Sydney University students celebrate Apraxia Awareness Day

ON THE 16 MAY, Speech Pathology Australia student representatives from the University of Sydney organised an event to celebrate Apraxia Awareness Day. Students were required to write a fact about apraxia on a post-it note in exchange for a free baked goodie – a highly motivating reward for a uni student on the go! It was a great opportunity to raise awareness about apraxia at our multidisciplinary campus.

There were a number of misconceptions about apraxia:

“So only speech therapists deal with apraxia, right?”

“Isn't it just a speech impediment?”

“Isn't apraxia something that all children encounter when developing speech, and then grow out of?”

Our enthusiastic SPA representatives saw this as the perfect opportunity to clarify these misconceptions and educate allied health students about apraxia and the impact it can have on a client and their family.

While organising the event, our SPA representatives collaborated with fellow occupational therapy students. They provided insight into the role that occupational therapy plays in managing other types of apraxia, such as limb and ideomotor apraxia. We learnt that limb apraxia involves a breakdown in motor planning for movement of the limbs. Patients with ideomotor apraxia are aware of the purpose of an object or item; however, they experience a breakdown in motor planning for how to use the object or item (e.g., adjusting your grasp of an elastic band while putting your hair into a ponytail). We used this information to spread the message that apraxia can be managed by multiple allied health professionals, not just speech pathologists.

Dr Elizabeth Murray commented that many of her clients with apraxia feel that there is not enough awareness in the community about apraxia. She was eager to take some photos of the event to show her clients. This raises a broader issue about the importance of education around communication and swallowing problems, as part of advocating for clients.

Amelia Laurendet

Fourth year student speech pathologist





Kiara Hyland, Hannah Kelly, Nat Bown, Janine Hart, Steph Mills, Isobel Lewis and Ally Mok.

Tasmanian Branch welcome event

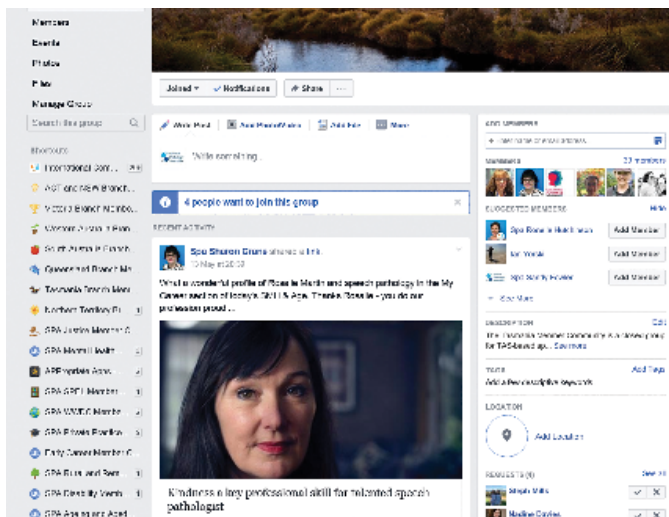
In early May, the Tasmanian Branch held two simultaneous social events, one in the north and one in the south of the state, to welcome all new speech pathologists as well as any other SLPs who wanted to come and find out more about what was happening within the Branch. Collectively we had over 20 people attend, which is over one-fifth of our membership (wow – nice job Tassie speechies!). In our state there is nothing that says “welcome” like a glass of wine next to an open fire! Thanks to everyone who supported this event and a special thank you to those members who came to the meeting beforehand for the first time. We hope to see you again. Branch meetings are held on the first Wednesday of the month and are video-conferenced across the four major hospitals in the state.

TASMANIA



TAS 109 members

as at April 2017



For when we can't be face to face

Have you “liked” our Facebook page “where does speech pathology fit into your life?” If not jump online and check it out! There are lots of posts highlighting the diverse scope of our practice as well as information about some state-specific events. For Tasmanian members there is also the Facebook group page set up by National Office. Just search for Tasmania Branch Member Community on Facebook and hit the Request to Join button.

Keeping it plain!

The Tasmanian Branch is a proud official supporter of the state government’s 26TEN Adult Literacy initiative. 26TEN represents the 26 letters of the alphabet and 10 numbers – the tools for literacy.

Some SPA Tasmanian branch members attended a breakfast recently as part of Plain English Awareness Month where a number of prominent people from the legal profession, including former High Court Justice Michael Kirby spoke about the importance of using language that is accessible to all people in our society. The Tasmanian Education Department’s speech pathologists have recently adopted using plain English for their report writing and although this transition has been challenging at times (especially writing in the first person!), much positive feedback has been received. They would be keen to hear from any other speech pathology departments across the country which have also switched to using plain English as their preferred communication style. Please email linda.williams@education.tas.gov.au

WA

WA Branch Policy and Advocacy Workshop

THE WESTERN AUSTRALIA Speech Pathology Australia Branch has previously had great success in formulating tasks and projects based on our strategic plan. At the end of 2016 these projects came to a completion and so this year marked the opportunity to seek new ideas and formulate new goals.

Members of the Western Australian Branch came together in April for a Policy and Advocacy Workshop. The aim of the workshop was to discuss issues and challenges experienced by SPs in WA and plan areas for the Branch to focus on over the next 18 months.

Three areas specific to Speech Pathology in WA were selected and members from a variety of service providers attended some or all of the sessions.

Improving services for school-aged children

The aim of the first session of the day was to discuss the current state of speech pathology services for school-aged children in WA and identify ways the WA Branch could advocate for improvements. The session was well attended by members from the private sector, Department of Health and the Department of Education. Speech Pathology Australia Chief Executive Officer Gail Mulcair provided information about activities SPA has completed nationally to advocate for speech pathology services for school-aged children; and through discussions within the group we identified priority areas to focus on in WA. These included increasing the awareness of key stakeholders about the value of speech pathologists in schools and building parent capacity to support school-aged children with language difficulties.

WA NDIS

The roll out of the National Disability Insurance Scheme (NDIS) is a significant change in health care nationally and thus greatly impacts our work as speech pathologists. This session allowed attendees from a variety of service providers to engage in an in depth conversation about the NDIS. We discussed

the current situation for the NDIS both nationally and the roll out of the WA NDIS. Such conversations identified common challenges faced by speech pathologists working within the NDIS across WA, and determined potential future challenges we may experience. The information shared created a list of key issues which will form a plan of action for the WA Branch to work towards. Attendees were grateful for the opportunity to learn more about this scheme in WA and the unique opportunity we have in being part of a state-run system.

Consumer engagement

The final session of the day involved a more informal discussion regarding consumer engagement and advocacy. This thought-provoking session allowed us to reflect on the role speech pathologists have in advocating for consumers and how we can better engage consumers in our work. We discussed previous consumer engagement groups and projects completed in WA and decided on areas we can look towards to have further impact.

Overall, we were very pleased with the success of the event and thank those who attended for their wonderful display of passion and commitment to our profession. A big thank you to Dr Ronelle Hutchinson, Speech Pathology Australia Manager Policy and Advocacy SPA, for directing a group of enthusiastic speech pathologists to formulate realistic actions and goals from the day. We also thank Gail Mulcair (CEO) for travelling across the country to share this day with us, providing useful information about the work of SPA nationally and sharing in our discussions. The in-depth discussions throughout the session successfully provided the WA Branch with important ideas and ways we can support members in Western Australia.

The WA Branch will now decide on individualised projects to work towards specific goals generated from the event – please watch this space!

Lucy FitzSimons
Vice President, SPA WA Branch



WA Branch members participating in the workshop, and SPA CEO Gail Mulcair with Ronelle Hutchinson, SPA Manager of Policy and Advocacy, and Branch Chair Belinda Morrell .

Students raise awareness on Swallowing Awareness Day

To raise awareness on Swallowing Awareness Day in March, a cohort of prac-students at the Curtin University Cockburn clinics ran a stall within the Cockburn Integrated Health building promoting swallowing awareness to the general public. The Cockburn Success Library was informed of the day and created a display to promote this a week leading up to the event. On the day, information was provided around speech pathologists' role in swallowing management, regarding the process of assessment and modifications of fluids and food textures. Visuals of the fluid consistencies and diet textures were displayed, as well as a videofluoroscopy of an aspiration event. Overall, the day went well, the public were receptive to the information and we were able to reach a number of keen individuals detailing the processes in swallowing impairment (dysphagia) management.

Summer Currie
Student Speech Pathologist



Student speech pathologists facilitating the Swallowing Awareness Day stall.



ACT drinks evening

Members of the ACT Branch recently held an informal drinks evening at a cocktail bar in Canberra. A great night was had by all, with members and non-members well represented. ACT members interested in attending future social or professional development events are encouraged to contact ACT community and engagement representative, Andrew Watt via email acwatt@live.com

ACT



ACT 82
members

as at April 2017

SOUTH AUSTRALIA

Expo success

THE SOUTH AUSTRALIAN BRANCH

participated in the Pregnancy, Babies and Children's Expo for the second year in a row, and it was again a very successful event. By participating in the expo, the SA Branch aimed to reach as many members of the public as possible to promote the work and support speech pathologists both in South Australia and across the country. This year a small team of dedicated volunteers worked hard in preparation for the expo, and a group of volunteers also worked during the expo to make the SA Branch's involvement possible.

The colourful display at the stand attracted members of the public, and fact sheets were available to help support parents, grandparents and professionals understanding of the work of a speech pathologist in the community. As a branch we decided to have giveaways available as a token of our appreciation for engaging with our volunteers. These included bubbles, bookmarks with literacy tips, balloons, SPA wrist bands and several other items. We also ran a competition to win the books on display. To enter the competition, expo attendees were encouraged to complete an online survey to help guide the community awareness and SA Branch's knowledge in regards to what the general paediatric population know about the speech pathology profession. The

results were collated, and from the 429 responses the following information was gathered:

- Parent: 89%
- 31–40 years of age: 43%
- Do you know how/where to find a SP:
Yes 66%
- Is it important to you that the SP is registered with SPA: Yes 79%
- Have you/someone in your family seen a SP before: Yes 35%
- Did you know SPs work in the following areas:
 - dysphagia: 31%
 - fussy/picky eating: 29%
 - voice: 59%
 - fluency: 59%
 - hearing/APD/sign language: 50%
 - speech: 84%
 - language: 63%

The SA Branch will meet regularly over the next 12 months to prepare for next year's expo, in particular resources for the public to better promote the speech pathology profession based on the feedback received at the 2017 expo.

Thank you to all the volunteers who dedicated their time both in preparation for, and during the event, it would not be possible without you: Leeston McNab, Susan Manning, Sue Horton, Mikaela Tran, Priya Manohar, Genevieve Tan, Grace Neate, Brianna Musolino, Lizzie Newland, Tahlea Pearce, Paloma D'Addario, Cathy Clark, Ellen Gava, Alice Virgin, Rebecca Hudson, Bronwyn Timko, Robyn Littlefair, Paige Chewter, Jenny Moody, Monica Welsh and Rhianna Cheney.

Abbey Avery
Community Awareness Working Group
Member



SA 568
members

as at April 2017



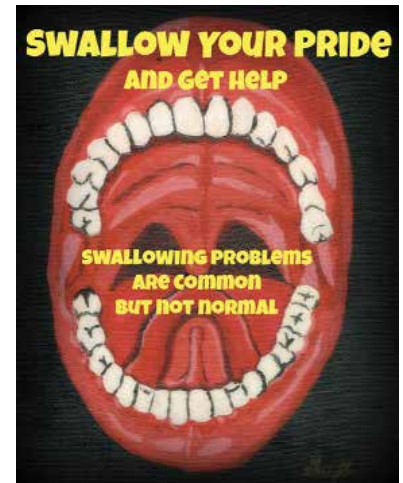
Flinders University SPA representatives help to promote Swallowing Awareness Day

The Flinders University SPA student representatives, Julia Montatore, Genevieve Tan and Paula Messina, organised a creative competition to promote the recent Swallowing Awareness Day.

Many students dusted off their connector pens and Adobe Photoshop skills to produce some absolutely fantastic master-pieces. The Branch Executive Committee voted at the April executive meeting and came to a unanimous decision.

Congratulations to the talented Monica Welsh on your winning artwork. Congratulations Monica, and well done to everyone else who entered and showed enthusiasm towards Swallowing Awareness Day.

The Executive Committee would also like to thank Monica for her enthusiasm and assistance at the recent Pregnancy, Babies and Children's Expo.



Farmers' market stall for Swallowing Awareness Day

The Community Awareness Committee of the SA SPA Branch held a stall at the local Farmers' Market at the Adelaide Showgrounds in March. The committee worked hard to develop a community friendly approach to increasing awareness about swallowing difficulties.

The stall was a big success even on a very hot day! Volunteers and committee members engaged people of all ages through an interactive display including: jars of modified fluids, a board for everyone to write down the foods/drinks they could not live without. There was a competition, with prizes, for people to fill out the location of structures required to swallow, and a survey to collate the current level of swallowing awareness in the community. Handouts and recommendations about where to go to find extra information about swallowing difficulties were also made available.

We found that people were generally surprised by the varied populations who experience swallowing difficulties, such as children and infants. Being at a farmers' market, it was no surprise that majority of the "could not live without" foods included lots of vegetables and fruit, with the occasional "coffee!"

Overall, we found it to be a very productive day and have already begun brainstorming new ideas for the next Swallowing Awareness Day in 2018 where we hope to continue to engage the community and increase awareness.

**Community Awareness Committee
South Australian SPA Branch**



For convenience, compliance and safety, we are taking things to the next level with **ThickenUp®**



The clear, reliable and trusted solution for people with dysphagia.

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Speech Pathology Australia
Strategic Plan
2017-2019



Speech Pathology Australia

Strategic Plan

2017-2019

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For more information on the *Speech Pathology Australia Strategic Plan 2017-2019*, contact Speech Pathology Australia Chief Executive Officer Gail Mulcair by email: gmulcair@speechpathologyaustralia.org.au

Continue the conversation @speechpathaus #sp2030



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Introduction



In 2016, Speech Pathology Australia completed *Speech Pathology 2030 – making futures happen*, our landmark project to develop a vision for the future of speech pathology in Australia.

A first step

This strategic plan *Speech Pathology Australia 2017-2019* is the first step on our journey to implement the vision outlined by the speech pathology profession through the *Speech Pathology 2030* project.

This vision includes eight aspirations which will guide the Association, our membership, and the wider speech pathology profession on the path towards 2030.

These aspirations now form the bedrock of our new strategic plan.

The eight aspirations are:

- Communication accessible communities
- Access for all
- Timely services across the lifespan
- Clients and communities driving service delivery
- Skilled and confident families and carers
- Collaborative professional partnerships
- Quality services, innovation and continual pursuit of knowledge
- Diverse and dynamic workforce.

Strategic platform

Within this strategic plan, the aspirations are grouped under three key platforms: **our voice**, **our philosophy**, and **our workforce**.

Our voice represents the key areas of advocacy that are to be championed by the Association.

Our philosophy outlines the Association's desire for the services of the profession to be driven by the needs of clients, families, communities and the wider society.

Our workforce details the Association's aim for a capable workforce, with the capacity to drive quality, innovation and diversity.

Within the strategic plan, there are three interconnected components that outline the task ahead: aspirations, goals and initiatives.

Each aspiration is underpinned by a series of three-year goals. In turn, each three-year goal is to be achieved by undertaking a series of initiatives.

Vision and mission

As Speech Pathology Australia strives for 2030 we are uncompromising in our vision for the future. A vision that recognises and insists that all Australians, throughout their life, have the right to effective communication and safe swallowing.

Change is constant. We recognise and understand this. That is why Speech Pathology Australia continues to represent the past, the present and the future of the speech pathology profession in Australia. In doing this, we acknowledge that we must strive to meet the demands of today, while planning for the challenges and opportunities of tomorrow.

This strategic plan is not an end itself. It is a living, breathing document that must remain dynamic. To this purpose, we undertake to report on the plan's progress as initiatives are commenced and completed. We cannot hope to reach our end goal if we are unclear on where we have been.

Finally, *Speech Pathology Australia 2017-2019* is more than a strategic plan. It is a document that encapsulates the aspirations, visions and hopes of the speech pathology profession in Australia; an endeavour to deliver a better outcome for Australians with communication and/or swallowing difficulties.

Board of Directors

Speech Pathology Australia

Values

- ▶ **Professionalism**
- ▶ **Excellence**
- ▶ **Client centred**
- ▶ **Cultural responsiveness**
- ▶ **Innovation**

Vision

Effective communication and safe swallowing – a right for all Australians throughout their life.

Mission

Speech Pathology Australia represents the past, present and future of the speech pathology profession in Australia. We strive to meet the demands of today while planning for the challenges and opportunities of tomorrow.

We support all Australians with speech, language and communication disorders and swallowing difficulties, by guiding our profession to practise within an ethical and evidence-based framework, recognising the highest quality standards, the importance of professional development, and embracing the latest research.

We continue to support the speech pathology workforce to remain dynamic and agile, and to have the capabilities and capacity to drive quality, innovation, and diversity, as enablers to achieve our vision.

Three-year strategy

Our three-year strategy is aligned with the eight aspirations of the *Speech Pathology 2030* vision.

www.speechpathologyaustralia.org.au/SP2030

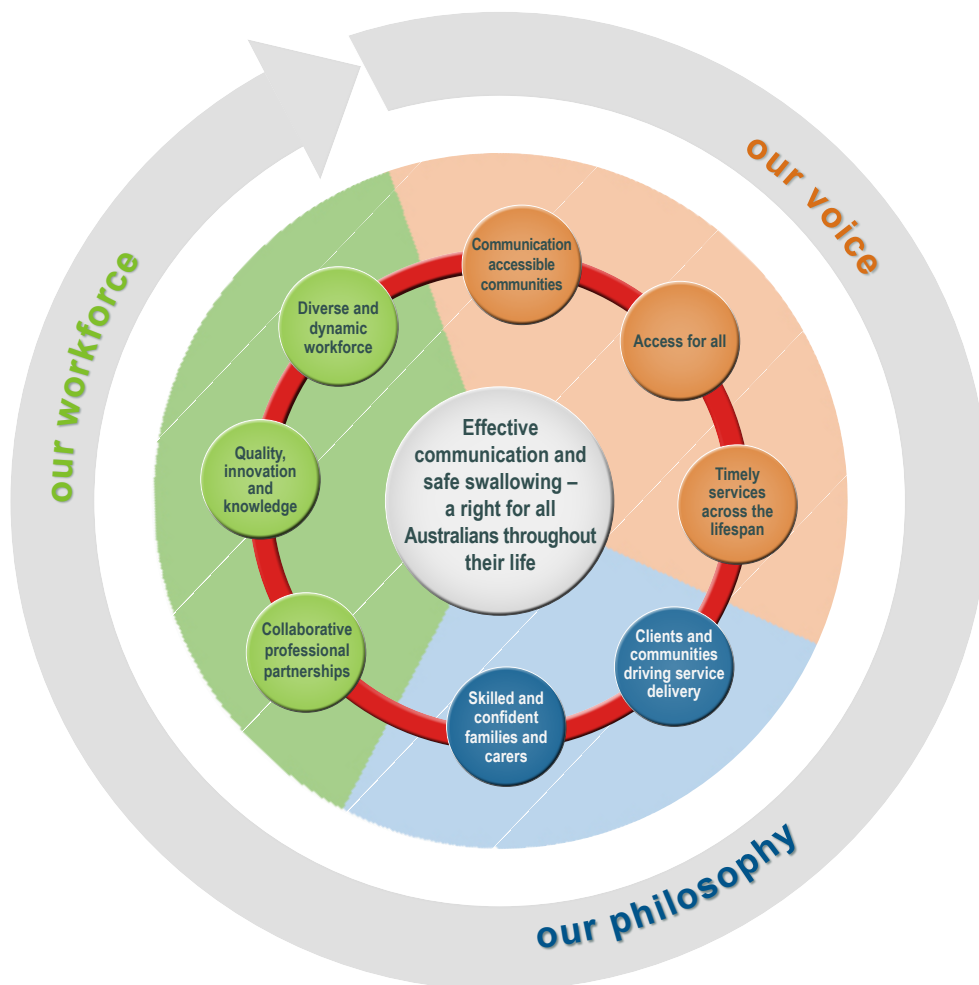
The aspirations of the *Speech Pathology 2030* vision, align with three strategic platforms:

- ▶ Our voice
- ▶ Our philosophy
- ▶ Our workforce

Each platform combines the relevant aspirations, and corresponding key goals and initiatives, to be driven across the next three year period for 2017-2019. By 2020 therefore, our aim is that these goals will have been achieved as we progress toward 2030.

The following pages outline the specific goals for each of these aspirations and the initiatives to reach those goals over the period 2017-2019.

A continuous cycle reflects that Speech Pathology Australia's strategic plan is dynamic and ever responsive to the changing environment and current and future opportunities.



Our voice

Our key areas of advocacy will be championed.

Aspiration

Communication accessible communities

By 2020...

Communication inclusivity and accessibility is recognised by government and the community, with Speech Pathology Australia (the Association) influencing policy change and adoption of standards

Governments and key community/ social service organisations and local businesses demonstrate communication accessibility

Initiatives

- ▶ Foster an Australian level collaboration of organisations with an interest in and commitment to communication inclusivity and accessibility (a Communication Inclusivity and Accessibility Collaborative)
- ▶ Develop, or adopt a clear definition of communication accessibility and the standards and guidelines that need to be met, with involvement of relevant bodies, such as Standards Australia
- ▶ Identify where communication accessibility standards may be adopted or endorsed, including within specific regulations, acts and policies
- ▶ Promote a clear vision and position of the Association, and once formed, that of the Communication Inclusivity and Accessibility Collaborative
- ▶ Engage with key strategic partners and “influential champions” to embed communication accessibility in Australian legislation, policy and conventions, for example, the Disability Discrimination Commissioner (and similar roles), politicians, and key media figures.
- ▶ Partner with key organisations who have existing programs (or plans) for implementing communication accessible communities
- ▶ Form an advocacy and promotional campaign to engage governments and key organisations in understanding and adopting a communication accessibility policy, setting clear targets and outcomes, for example:
 - Consider an awareness day (partner with consumer groups) to advocate for government to “hear the voices” of their constituents
 - Target key service/commercial organisations to build their understanding of why communication accessibility is important for their customers and business
 - Recognise and promote leading communication accessible organisations
- ▶ Pilot a regional site for a dedicated campaign (Gold Coast in 2018 to coincide with the Commonwealth Games in April and the International Society for Augmentative and Alternative Communication (ISAAC) Conference in July), leading to future events and activities
- ▶ Support international collaborations, such as the International Communication Project to drive a global understanding of communication accessibility and work towards a universal symbol.

Aspiration

By 2020...

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

Initiatives

- ▶ Lead by example with the Association's National Office undertaking a communication accessible audit, and implementing required changes, for example, easy English fact sheets, documents and website information, and training for front of house staff
- ▶ Develop a position statement and guidelines for achieving communication accessible organisations and communities
- ▶ Provide resources for members to utilise and implement within their practice and work settings.



Our voice

Aspiration

Access for all

By 2020...

Increased access to funded speech pathology services

Increased understanding of how the capacity of speech pathology services match client and community needs (with respect to level and distribution) across the country

Initiatives

- ▶ Utilise relevant research, where existing, or commission a report on available service and funding streams (including eligibility) and identify gaps (barriers) in access for different client populations or conditions
- ▶ Undertake an annual audit of government (public and Medicare) and private (such as, private health insurance) funding of services to enable longitudinal comparisons
- ▶ Identify key target populations, conditions or sectors, to form a clear profile and messages around the service need gaps and cost-benefit of interventions for this target group/s
- ▶ Identify features impacting access, for example, rebates and out-of-pocket expenses, lack of access to tele-practice, funding limits, service inadequacies and others
- ▶ Promote models and technology which support access in areas of thin markets and/or disadvantage (for example, tele-practice, hub and spoke models), advocating for practitioner access to necessary infrastructure and technology
- ▶ Build community awareness and government response through an active media campaign, such as, a series of proactive media releases, based on efficacy and outcomes of speech pathology services, which can be sent in response to sudden unexpected national news, or at regular intervals, to build the awareness and case for equitable access to adequate speech pathology services.
- ▶ Map distribution of speech pathologists across sectors, service types and location (i.e., metro, rural, remote practice)
- ▶ Commission further research on mapping available speech pathology services against need for speech pathology, including areas of high demand and/or disadvantage, and with consideration of workforce projections
- ▶ Work with Primary Health Networks to ensure analysis of local needs includes access to speech pathology
- ▶ Capture features that indicate efficacy and diversity of available services, including caseload/workload demands and ability to meet need
- ▶ Conduct mapping initiatives over time to show changes in the available workforce and share this information with policy/political groups and other key stakeholders
- ▶ Work with universities to ensure the future speech pathology workforce is prepared for optimal practice in rural and remote locations
- ▶ Provide professional development and resources to support the profession to utilise models and technology that optimise access.

Aspiration

Timely service across the lifespan

By 2020...

Improved access to speech pathology services at key points in time for specific target client groups

A national strategy for early childhood language and literacy is established

Initiatives

- ▶ Utilise evidence (efficacy research) and work with partners to demonstrate and advocate for timely identification and intervention for identified groups, for example:
 - Young infants and children at risk of poor speech, language and communication development (utilising Australian Early Development Census data) and promote adoption of universal early childhood surveillance programs and targeted intervention
 - Adults post stroke with aphasia (linking to the National Stroke Guidelines) and draw on the Australian Aphasia Rehabilitation Pathway
 - Older people in the community (living at home) with links to available funding through My Aged Care (working with general practitioners and the Regional Assessment Service)
 - Young people within or at risk of contact with the juvenile justice system.

- ▶ Play a lead role in the work of the Early Childhood Language and Literacy Coalition with the aim of achieving government recognition and commitment to a national strategy
- ▶ Continue to collaborate with key organisations and relevant government departments
- ▶ Identify support within government to provide funding and assist in influencing policy and initiatives in this regard.

Our philosophy

Our profession's service is driven by the needs of clients, families, communities and our society.

Aspiration

Clients and communities driving service delivery

By 2020...

Consumers are involved in the governance and key work of Speech Pathology Australia

Speech Pathology Australia members design their services in line with client and community needs and preferences

Speech Pathology Australia members design services for Aboriginal and Torres Strait Islander peoples and Culturally and Linguistically Diverse groups, with a sound understanding of their specific needs

Initiatives

- ▶ Build consumer or community representation into the governance structures of the Board of Directors of the Association, such as through consumer representation or an advisory committee
- ▶ Develop an Aboriginal and Torres Strait Islander peoples Reconciliation Action Plan for the Association, including specific initiatives involving people from Aboriginal and Torres Strait Islander backgrounds on governance and advisory structures
- ▶ Strengthen relationships with key consumer groups (including Consumer Health Forum and specific client/condition groups) and partner on specific initiatives
- ▶ Identify strategic "champions" to advocate with those with communication and swallowing disability.
- ▶ Provide education and resources to members to enhance understanding and incorporation of client and family centred philosophies and practices to be in line with changing service and funding models and community expectations.
- ▶ Roll-out national training in cultural responsiveness and culturally safe practice for members
- ▶ Include cultural responsiveness training as a Certified Practising Speech Pathologist weighted activity within the professional self-regulation program (with a focus on speech pathologists trained prior to inclusion in undergraduate training)
- ▶ Embed the Aboriginal and Torres Strait Islander Health Curriculum Framework into Competency Based Occupational Standards (CBOS) and accreditation standards of the Association, and work with universities in developing this knowledge and skills in our future workforce
- ▶ Build knowledge and resources for working with Culturally and Linguistically Diverse populations, including building awareness among members and the wider community of initiatives to instill cultural responsiveness within practice and services
- ▶ Support members in advocating for culturally safe practices within their workplace.

Aspiration

Skilled and confident families and carers

By 2020...

Community capacity for supporting effective communication and safe swallowing is promoted and strengthened

Information is available for clients and their families and carers to enable informed choices on services

Initiatives

- ▶ Advocate for funding models to establish or maintain programs that build the capacity of and support for families, for example, the National Disability Insurance Scheme - Information Linkages and Capacity Building funding for communication access and augmentative and alternative communication (AAC) supports; programs engaging with Aboriginal and Torres Strait Islander families
- ▶ Partner with other professional or consumer groups to provide support or mentoring for families with similar needs.
- ▶ Develop multi-media resources for clients, families and carers to determine the quality and appropriateness of their speech pathology services
- ▶ Translate the evidence for consumers on conditions and speech pathology intervention needs to support access and participation
- ▶ Provide clear referral and service pathways information for families and carers of specific client groups
- ▶ Refine 'SPA Find a speech pathologist' search data (practitioner and service descriptors), as well as specific Association fact sheets for conditions and sectors to support informed consumer choice.

Our workforce

Our speech pathology workforce will have the capabilities and capacity to drive quality, innovation and diversity, as enablers to achieve our vision.

Aspiration

Collaborative professional partnerships

By 2020...

Speech Pathology Australia partners with a wide range of professions and organisations to enhance the profession's collaborative practice to achieve coordination and integration of services

Collaboration with allied health professions and peak bodies will be utilised to strengthen advocacy in areas of optimal client service delivery.

International collaborations with global partners are strengthened and extended to achieve recognition of communication disability and increased access to services

Global collaboration of the speech pathology community strengthens standards and evidence based practice

Initiatives

- ▶ Provide member education and support in relation to collaborative practices, for example, interdisciplinary, multidisciplinary, transdisciplinary practice
- ▶ Strengthen collaborative practice opportunities within pre-service education and placements within accreditation requirements
- ▶ Develop specific resources and tools for working in an integrated manner with other professions, for example, speech pathology-teacher or speech pathology-engineer collaborative practice.
- ▶ Maintain active engagement with Allied Health Professions Australia, supporting and initiating joint policy development and representation to promote funding for collaborative practice and service delivery which leads to optimal client outcomes
- ▶ Support members to engage in a range of settings which foster collaborative practice, for example, Primary Health Networks.
- ▶ Maintain liaison and specific project activity with international partners to foster global reach to recognise communication as a human right
- ▶ Undertake specific initiatives to engage with Australian representatives concerning the United Nations Convention on the Rights for Persons with Disabilities (CRPD) to ensure communication disability is highlighted in issues and strategies for the 2018 reporting to the CRPD Committee
- ▶ Actively support the training and service development of speech therapy/pathology services in Majority World and developing communities.
- ▶ Investigate partnerships with international speech pathology associations in areas of clinical standards and evidence based practice development and sharing of resources
- ▶ Collaborate with relevant stakeholders across professions and industry to implement the International Dysphagia Diet Standards Initiative.

Aspiration

Quality services, innovation and continual pursuit of knowledge

By 2020...

Speech pathologists practise within recognised ethical, quality and safeguard frameworks

Speech pathology scope and advanced skills are identified and recognised through clear competency frameworks

Speech pathology practice both informs and is driven by the latest research and evidence

Speech Pathology Australia and members embrace innovation and are “on the forefront” of emerging trends and opportunities

Initiatives

- ▶ Demonstrate that the robust self-regulation program of the Association meets the standards of the National Alliance of Self-Regulating Professions
- ▶ Develop and implement a practice accreditation system, which is predicated on quality and safeguard standards (that may be requisite for areas of practice, for example, National Disability Insurance Scheme)
- ▶ Promote Speech Pathology Australia practice accreditation as a defining credential to government/funding bodies.
- ▶ Revise the definitions of advanced practice and extend work in identifying, developing and promoting national standards (based on preliminary work in identifying the purpose of, and need for, skills recognition and credentialing within the speech pathology profession)
- ▶ Ensure collaboration across relevant disciplines and explore potential changes in scope of practice, such as, medication administration and prescribing; suctioning; radiography for videofluoroscopy swallow study (VFSS); and develop competency criteria, skills and knowledge training requirements.
- ▶ Provide access to resources and training in the use of evidence based practice through extending evidence based practice online education and support the dissemination of knowledge and research, for example, access to journals and intervention databases, such as, speechBITE™
- ▶ Bridge the gap between research and clinical practice, with coaching and mentoring to support engagement and publication in clinical research
- ▶ Commit to supporting innovative practice, through specific research initiatives in areas, including simulation, technology supports for practice and therapy, emerging fields, such as, bio-genetics and robotics
- ▶ Promote innovative practice which demonstrates a positive impact on the community through various mediums, such as, scientific publications and forums, media (including social media) and public presentations.



Our workforce

Aspiration

Diverse and dynamic workforce

By 2020...

Speech Pathology Australia provides leadership in building a diverse workforce

A resilient and innovative profession that responds dynamically to new and emerging models of practice and funding systems

Initiatives

- ▶ Review workforce profile data to capture and review features of workforce diversity, including identifying barriers to training, entry and retention
- ▶ Identify and implement specific strategies to target and ensure diversity of entrants to the profession, including those from Aboriginal and Torres Strait Islander backgrounds, those from culturally and linguistically diverse backgrounds, males and those from broader socio-economic areas of the community
- ▶ Establish specific supports and mentoring in collaboration with partners, such as, Indigenous Allied Health Australia, to support retention of target groups post-graduation
- ▶ Explore pathways and support for allied health assistants and Aboriginal health workers to transition into speech pathology training programs
- ▶ Promote working with allied health assistants, support workers and Aboriginal health workers.
- ▶ Build the profession's capacity to work in different models as a result of reforms in funding, commissioning and service delivery models, for example, the National Disability Insurance Scheme, Primary Health Networks, and My Aged Care, through a range of resources, member network supports and educational opportunities
- ▶ Develop practice and business supports to equip practitioners to enter private practice, contracted employment and commissioned services
- ▶ Develop frameworks to support clinical governance that include meeting recommended levels of professional supervision when working in sole, small business or non-traditional settings
- ▶ Explore new opportunities for innovative practice, support knowledge and skill development, and showcase examples of success.





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