

speakout

APRIL 2016

AGED CARE *in focus*

BRANCH NEWS

NATIONAL CONFERENCE

Registration open!

SPEECH PATHOLOGY 2030

Imagining possible futures

Transdisciplinary PRACTICE AND THE NDIS

Join in Swallowing
Awareness Day 2016
and help give our
SWALLOWING DAY
mascot a name.

More details p4



ALSO INSIDE:

member survey results mentoring program ethics news & board update



Speech
Pathology
Australia

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T 1300 368 835 E pubs@speechpathologyaustralia.org.au

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speakout

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From the President



I AM WRITING THIS ARTICLE from the airport in Adelaide, having just presented to the South Australian Legislative Council Select Committee on Access to the South Australian Education System for Students with Disabilities with Tim Kittel and Gail Mulcair. It was a great opportunity to promote the role of language competence and access to safe eating to ensure that all students can access and participate in education. Congratulations to the South Australian team who gathered information for the submission and to Ronelle who put it all together to form a coherent narrative. Worth my pre-dawn get-up and dawn flight!

This month I have also travelled to Perth, together with Gail Mulcair to attend the Western Australian branch Consumer Forum for parents of children with speech and language needs. The forum was a great opportunity to hear what parents are wanting, and the voice that they would like to have in advocating for their children's needs. Congratulations to Jodi Lipscombe, Shelley Vivian, Brooke Sanderson and the WA Branch team for this event.

Travelling for the Association has given me a great opportunity to talk with members across the country. I have loved hearing about the work that is happening across Australia, the innovative solutions to problems and the perspectives on the future that are being stimulated by the Speech Pathology 2030 project. It is a great honour to have the opportunity to learn so much from my colleagues.

Still in WA, the conference team is ramping up those 'waves' ready for May. Bring your (virtual or real) surfboards. Don't forget that the Early Bird rates finish on 13 April so sign up soon to get a great rate, for a world class conference with fabulous speakers, just as fabulous networking and a chance to keep up with the latest resources through our trade display. And, don't

forget the opportunity to celebrate the achievements of your colleagues with our awards ceremony at the AGM.

In March, Suze Leitao represented the Association at an Early Literacy Summit in Canberra. The summit was the start of a conversation, but thanks to Suze for representing us so ably, and for clearly iterating the fundamental importance of speech and language competence for literacy (and numeracy) development.

April is the month for Speech Pathology 2030 Imagining Possible Futures workshop. These workshops pick up and expand on the themes that came out of the Conversations about the future. More information about the workshops is in this edition of *Speak Out* and on the [SPA website](#) home page. The final workshop for the SP 2030 project will be held at the conference—another great reason to attend! I look forward to hearing the outcomes of the workshops.

Meanwhile the Association is continuing to investigate credentialing for advanced and extended scope of practice; having early discussions with some Chief Allied Health Officers looking at frameworks and possible directions. We are meeting with the Australian Institute for Teaching and School Leadership to investigate ways that we can further quality teaching as it intersects with speech language communication needs. We have also been investigating a Continuing Professional Development Framework, one that will meet member needs in the 21st century. Thanks to Kate Bridgman, Lucie Shanahan, Brooke Sanderson and the NO team (particularly Sharon Crane) for your continuing work with this.

I look forward to meeting you next month in Perth and talking more about all the initiatives that your Association is working on. Until next month—go well!

GAENOR DIXON
President

Perspectives from beyond the profession



CLIENTS TOLD US:

- Listen to me, respect my choices, learn from my insights
- Find flexible ways of working
- Keep things fun, meaningful and functional
- Your relationship with me is critical
- I need hope and reality
- Recognise all of me
- Respect my culture, life, experiences and responsibilities
- Provide me with integrated services
- Remember the psychological and social side of things
- All professionals should stop protecting their turf.
- Help us connect with others who have walked the same path
- I need accessible services
- Make sure the public and other professionals know the effects of communication impairments and about speech pathology
- Use consistent pathways and make sure everyone has the information to get what they need
- Help us connect – that's what is important.

A FUNDAMENTAL FEATURE of the design of the Speech Pathology 2030 project was to seek the perspectives of people other than speech pathologists about the future of speech pathology in Australia.

Listening to clients

One group it was essential to engage was clients. We were particularly keen to ensure we connected with clients who represented the diverse range of clients speech pathologists work with. A call out to speech pathologists to help us engage with clients was met with great enthusiasm and helped us achieve this goal. The 20 clients we interviewed and the six we received emails from included parents of children and adolescents, adults of working age, and older people. Across the group were males and females; people from metropolitan, regional and rural areas; people from Indigenous backgrounds; and people with varying communication needs with diverse aetiologies and who accessed services from public, private and not-for-profit services.

The clients were extremely positive about the opportunity to contribute to Speech Pathology 2030. From our perspective, it was a humbling experience and an incredible privilege to ensure their generous and insightful perspectives were heard and included in the work. Following are some of what clients have told us is important. When these things are achieved, clients sing the praises of what speech pathology and other services offer. When they are not, client stories reflect frustration and dissatisfaction and outcomes that are less than they believe are possible. These perspectives reflect speech pathology within a broader system, but each client's story reinforced the importance of everyone's role to make sure the whole system is the best it can be.

To access the *Listening to Clients* handout go to the [Speech Pathology 2030 webpage](#).

Listening to thought leaders

Important perspectives about the future of speech pathology were also gained by interviewing 20 thought leaders from outside the profession. These individuals have included consumer advocates, leaders from peak professional associations, academics and researchers, politicians and journalists. The information obtained will inform the next stage of the *Speech Pathology 2030* project *Imagining possible futures*. See the next page as to how you can be involved in this stage by attending an *Imagining possible futures* workshop or teleconference.

GRETCHEN YOUNG

Speech Pathology 2030 Project Manager

Speech Pathology 2030 - project stages

Perspectives from beyond the profession - completed

Understanding the landscape - completed

Conversations about the future - completed

Imagining possible futures

The Imagining possible futures stage will focus on developing a set of stories of possible futures for the profession as well as exploring elements of a preferred future vision. This stage will involve speech pathologists participating in workshops (either face-to-face or online depending on the location) in each state and territory during April. Registrations for the workshops are now open. To register go to [Speech Pathology 2030](#).

What you can do during April 2016

ATTEND an *Imagining possible futures* workshop or teleconference

				Registrations close
Perth	Wednesday 13 April	9am – 1pm (AWST)	St Catherine's on Park	Wed 6 April
Adelaide	Friday 15 April	9am – 1pm (ACST)	Meridien Hotel	Friday 8 April
Melbourne	Saturday 16 April	9am – 1pm (AEST)	Citadines	Friday 8 April
Townsville	Tuesday 19 April	1pm – 5pm (AEST)	Rydges Southbank	Tuesday 12 April
NT	Thursday 21 April	7pm – 8:30pm (ACST)	Go To Meeting	Thursday 14 April
Tasmania	Wednesday 27 April	7pm – 8:30pm (AEST)	Go To Meeting	Wednesday 20 April
ACT	Friday 29 April	2:30pm – 4pm (AEST)	Go To Meeting	Friday 22 April
Newcastle	Saturday 30 April	9am – 1pm (AEST)	Apollo Hotel	Friday 22 April

A vision to aspire to

The final stage of the project will involve speech pathologists attending a workshop at the SPA National Conference to refine a final coherent vision of a preferred future for the speech pathology profession.

What you can do during May 2016

ATTEND the *Speech Pathology 2030 – A vision to aspire to* workshop

To register go to [Speech Pathology 2030](#) and follow the link.

Launch of the Speech Pathology 2030 report

What you can do during August 2016

ATTEND the launch of the report: *Speech Pathology 2030 – making futures happen* (details to be advised).

For further information contact Christine Lyons as clyons@speechpathologyaustralia.org.au



GAIL MULCAIR
Chief Executive Officer

CHRIS LYONS
Senior Advisor Professional Practice

www.speechpathologyaustralia.org.au/makingfutureshappen

making futures happen

Swallowing Awareness Day 2016

LIKE BREATHING, swallowing is a reflex and essential to everyday life. Humans swallow at least 900 times a day; around three times an hour during sleep, once per minute while awake and even more often during meals.

Swallowing; everyone is doing it but no one is talking about it. It's why Speech Pathology Australia in 2016 will host the inaugural Swallowing Awareness Day on Wednesday 11 May.

People who have trouble swallowing are at risk of poor nutrition and dehydration, while babies and children may not take in enough nutrients to support growth and brain development.

Did you know that one million Australians have a swallowing difficulty? For people with dysphagia consuming food and drink is problematic. It can lead to life threatening medical problems such as pneumonia, choking, poor nutrition and dehydration if not managed properly.

Swallowing problems can occur at any stage of life. However, knowledge of dysphagia and its implications remain largely unknown for most Australians. For this reason, the Association and its Board felt a designated day to promote the effects and management of dysphagia was warranted.

Swallowing Awareness Day 2016 is an opportunity to bring attention to swallowing disorders and to connect people with the professionals who can help.

Swallowing Awareness Day 2016 needs your help.

1. Engage on social media by using #dysphagia and by including @SpeechPathAus in your Twitter and Instagram posts.
2. Download the free A4 information posters and materials from the SPA website and display them around your workplace.

Help make this Swallowing Awareness Day 2016 a very successful initiative to promote swallowing awareness within Australia.

Name our mascot



ALL IS IN READINESS for the inaugural Australian Swallowing Awareness Day, Wednesday 11 May 2016. The only thing missing is a name for our pelican mascot!

Send in your suggestions (meeting the criteria below) to National Office.

Naming competition criteria:

- open to SPA members only
- name must be relevant to Swallowing Awareness Day
- one word in length
- something easy to spell, read and pronounce.

By participating in this competition you'll automatically enter the draw to win free access to a CPDLive event.

Please submit your suggestions before COB April 15 to National Office via email on marketing@speechpathologyaustralia.org.au

swallowing
awareness day
Wednesday 11 May 2016



SPA WELCOMES SANDY FOWLER



ON MARCH 7 Sandy Fowler joined the SPA National Office as a policy officer. Originally from the UK Sandy holds an MSc in Health Policy, Planning and Financing and has worked as a policy

adviser, health services researcher and health advocate in the UK, Australia, New Zealand, South Africa and India. Her most recent role was at the Royal College of Nursing in London which represents over 420,000 nursing staff/student members. Sandy loves to travel, enjoys good food and is currently attempting to write a screenplay - she is looking forward to settling into her new role and new city.



Speech Pathology Australia Chief Executive Officer Gail Mulcair with Speech Pathologist Jeremy Raquel from the Philippines.

Knowledge exchange

SPEECH PATHOLOGY AUSTRALIA CEO Gail Mulcair recently met with Jeremy Raquel a Speech Pathologist from the Philippines. Jeremy visited National Office as part of the Rotary Foundation–Vocation Area of Focus program. Jeremy was keen to learn about the profession in Australia and spoke with Gail about the Philippine Association of speech pathologists (PASP)—the aim of which is to ensure that Speech Pathologists practising in the Philippines are qualified, equipped with proper training and knowledge to provide quality service to their clients.



Select committee Students with disability



ON 16 SEPTEMBER, Speech Pathology Australia was invited to present to the Select Committee on Access to South Australian Education System for Students with a Disability. This invitation follows the Association having made a comprehensive submission to the Inquiry in September 2015. Informed by the knowledge and experience of SA members concerning current services, as well as recent research which mapped the NAPLAN results for students with speech and language problems (including specific data for SA children), the submission was able to address a wide range of issues and current shortcomings.

SPA was represented at the hearing by National President, Gaenor Dixon, Director Tim Kittel, and CEO, Gail Mulcair. The chair of the Select Committee is Hon Kelly Vincent, member of the SA Legislative Council and representing the Disability with Dignity Party, who together with other members of the Select Committee, has heard previous representations from the Association and therefore are cognisant of the role of speech pathology and the issues and challenges in effectively maximising educational outcomes for children with communication disability. In this context however we were able to present some pertinent and wide ranging recommendations, which we hope will be integrated into the final report of the Select Committee.

For access to the September 2015 submission go to www.speechpathologyaustralia.org.au/library/SPA%20Feedback%20SA%20Inquiry%20Students%20with%20Disability%20final.pdf



Top: SPA Chief Executive Officer Gail Mulcair, SPA President Gaenor Dixon and SPA Director Tim Kittel. (Select Committee Chair Hon. Kelly Vincent.





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BOARD OF DIRECTORS MEETING REPORT

The first Board meeting for 2016 was held on 4 - 5 March.

2015 AUDITED FINANCIAL STATEMENTS

- As a major component of this first meeting for the year, the Board considered the Financial Report for the year ended December 2015. Auditors Grant Thornton Australia joined the meeting to discuss their Audit report and the financial statements. No significant matters were noted and the audit was conducted smoothly with commendation provided on the work of Finance Manager Maria Michael and CEO, Gail Mulcair. The financial result for the year, yielded an after-tax small loss of \$24,422, which was considered satisfactory given the costs incurred associated with the National Office relocation, as well as the completion or commencement of a range of strategic projects. Full details will be provided to members in the 2015 Annual Report.

BOARD STRATEGIC AND GENERAL ITEMS – KEY HIGHLIGHTS:

- The Board of Directors election is currently underway to appoint to four available positions. With eight candidates having nominated, an election is required. The successful candidates will be announced to the membership at the Annual General Meeting scheduled to be held on 16 May.
- Following a discussion of proposals from Aboriginal and Torres Strait Islander Curriculum in Speech Pathology group, the Board agreed to adopt the Aboriginal and Torres Strait Islander Health Curriculum Framework (developed through Health Workforce Australia, 2015) as a guiding document to curriculum development and incorporation of the Framework principles into the Association's accreditation guidelines. Further proposals to embed the principles of working with ATSI peoples within speech pathology practice and the governance and directions of the Association were discussed. In the first instance it was agreed a Speech Pathology Aboriginal and Torres Strait Islander Advisory Group would be established.
- The recent work of the Ethics Board was noted. Additionally the reappointment of Dr Susan Block as a Senior Member of the Ethics Board, for a further three year term, was unanimously approved.
- A small number of by-laws and policies was reviewed. Of member note, is the update to By-Law No 2013-06, Classes of Membership, which was revised to reflect recent changes in membership categories and CPSP status requirements. The revised by-law is available online for member review.
- Recent formal advocacy and representation report involved Speech Pathology Australia appearing before the Parliament of South Australia's Select Committee for the Inquiry into access to the Education System for Students with Disabilities.
- Australia's National Oral Health Plan 2015 – 2024 has recently been released. Speech Pathology Australia provided a response to the consultation draft in September 2014, with a number of these recommendations having been included.
- A successful Queensland Branch Advocacy Workshop was held. The Branch selected three projects to focus on. These being; 'Primary Health Networks' and 'Improved information about speech, language and communication for the early childhood education and care sector in Queensland', and 'Promoting and Supporting Communication in Aged Care Facilities.'
- The Board considered a number of potential avenues to progress the development of a credentialing framework. Speech Pathology Australia staff will explore some of these avenues further and a consultant potentially engaged.
- The Transferability of Competence project is progressing towards phase 3 of the project.
- Speech Pathology Australia's Professional Development model and CPD/Conference offerings is currently under consideration, with an initial report having been received from consultants.
- The enthusiasm of members involved in the Speech Pathology 2030-making futures happen project was noted, with feedback indicating that the events have been dynamic and well organised. The steps in consultation with members of the profession and external stakeholders was noted as progressing well and consistent with the project plan.
- The National Alliance of Self-Regulating Health Professions (NASRHP) continues to seek government and third party bodies recognition of the National Self-Regulation standards adopted by NASRHAP, and subsequently to recognise members with 'certified status' from NASRHP approved organisations, including Speech Pathology Australia.
- Member feedback on the International Dysphagia Diet Standardisation Initiative (IDDSI) continues to be sought, with a workshop scheduled to occur at the National Conference.
- The Board carefully considered a number of potential changes to the membership categories and fee structure, as well as the membership renewal cycle. Any amendments to fee structures will be announced to the membership in due course.
- The Working in a Culturally and Linguistically Diverse Society Clinical Guideline and Position Statement were approved, with these to be made available online shortly.
- A review of the framework for developing and reviewing Practice Documents, including Clinical Guidelines and Position Statements, was explored noting some challenges in ensuring available documents remain relevant and current. Further strategic discussion will occur.

The Board of Directors of Speech Pathology Australia will next meet on Friday 6 and Saturday 7 May 2016.

GAIL MULCAIR
Chief Executive Officer

A close-up photograph of a pair of elderly, wrinkled hands cupped together, holding a small, torn piece of light brown cardboard. The words "AGED CARE" are written in bold, black, hand-drawn capital letters on the cardboard. The background is a warm, textured wooden surface. A dark blue banner with white text is overlaid on the top right of the image.

IN FOCUS - AGED CARE

In this edition we highlight the growing need for **speech pathologists** in the **aged care sector** and SPA's commitment to advocating for aged care. We celebrate the work already being done and show you how you can get involved in learning more about working with this growing segment of the population.



Celebrating the Better Practice Award for their Conversation Club at Uniting Wesley Heights in Manly recently are Speech Pathologist Ruth Hartman, Uniting Wesley Heights Resident Ian Bell and Uniting Wesley Heights Service Manager Liz Graham.

INNOVATIVE PRACTICE IN AGED CARE: THE UNITING WESLEY HEIGHTS CONVERSATION CLUB

IN THE DECEMBER 2015 edition of *Speak Out* Speech Pathology Australia congratulated Ruth Hartman and Uniting Wesley Heights for winning a 2015 Better Practice Award for the Conversation Club. Ruth shares some more information about the group.

Can you tell us about the aims or philosophy of the Conversation Club?

The club was established with several aims in mind. This included providing a safe and supportive forum to encourage people living with communication support needs to keep using their residual skills. The group also aimed to encourage community and fellowship with other residents living with communication difficulties, counteracting social isolation and bringing people together to form friendships.

When did the group begin and who attends?

The group was established in June 2011. There are still original members attending! We run two groups, one for people with higher level needs and another for people with mild levels of cognitive difficulty. Members all have communication support needs, though these vary from mild to severe and include aphasia, dysarthria, dysphonia and / or cognitive communication due to the presence of a dementia.

How did you go about establishing the group?

I initially talked to the Uniting Wesley Heights Service Manager about my idea of a Conversation Club. I was treating several

residents individually for communication support needs and reached a point where I felt individual therapy was no longer going to benefit them as much as practising their skills in a group. Some of the residents were socially isolating themselves and this was making their transition to living in aged care more difficult. I had a strong relationship with the Service Manager and she understood the importance of supporting residents to communicate. The initiative was approved and we trialled an initial group.

After a month, the success of the program was clearly evident. The service was able to fund the group by accessing the Aged Care Access Initiative from Medicare Local, which is sadly no longer available. Given the popularity of the group, I am extremely fortunate in that the service now funds both groups as they see the importance of the program.

What does a typical group session involve?

The group format has evolved over the years. We are a democratic group and every six months we hold a meeting to check that the members are still enjoying the current format. The group involves a mixture of impairment based and participation focused therapy (e.g. social discussion, voice exercises, and language stimulation with word games – which have a healthy competitive element!). Originally there was a strong focus on reminiscence however over time the residents wanted not to look at the past, but to keep themselves more current, so we now discuss current affairs. We also nominate roles, for example our group secretary marks attendance and

our coffee helper gets coffee ready at the start of the group. The group hosts an annual poetry recital – a wonderful afternoon shared with family, friends and staff. We choose a theme for poems and spend several weeks in the lead up practising. The residents love it and they always talk about it fondly for months afterwards.

How has the club benefitted residents and the organisation?

The group has fostered a real sense of belonging and friendship – valued by all. Feedback from members has been overwhelmingly positive. For example, one member stated “A family attitude is established. It is like a big family. Feels like belonging to a family.” Residents and staff perceive benefits for the residents’ speech, communication, and wellbeing. For the organisation, it has also meant greater awareness of communication needs in residents, with staff now identifying which residents are at risk of a communication difficulty and referring them on to the club.

Winning the Better Practice Award has given great publicity to the service, with media coverage. This has strengthened commitment from senior levels of the organisation to continue to fund the program. Also, due to the success of the club, the facility is now very happy and excited to allow me to be a clinical educator for six undergraduate speech pathology students from the Australian Catholic University.

Why do you think the group has been such a success?

For all of the above reasons! Mainly I think because it is truly a person centred group. The individuals are totally accepted and supported for who they are and encouraged to communicate in whatever way they can. No one is excluded. This creates a feeling of being seen and appreciated for who they are, which can be lacking in an aged care environment due to the many demands on staff. This is an hour where each resident receives attention and feels a true sense of belonging. The support of the aged care service staff is also essential, helping with set up and some of the group logistics.

What tips would you have for other speech pathologists considering a similar innovation?

Don't be afraid to be innovative! Have ideas, think big, and then approach management with your ideas, backed up with evidence. Start up a conversation club, or working with the recreation officer to create a supportive communication environment for residents. Funding will always be an issue, but you never know until you ask!

Ruth, thank you so much for sharing your insights and this wonderful achievement. Celebrating the success of aged care clinical innovations like this plays an important role in showcasing to the sector the vital importance of communication and the role of speech pathology in aged care. Congratulations once more and we look forward to hearing how the Conversation Club continues to evolve into the future. I'm sure this fantastic achievement will inspire and assist many other speech pathologists to undertake similar innovations.

Please contact Ruth if you would like more information about the Conversation Club and the Uniting Wesley Heights award. Email: ruthhartman7@gmail.com

JADE CARTWRIGHT
National Advisor Aged Care



SPEECH PATHOLOGY PROFESSIONAL STANDARDS AFFIRMED

THE AUSTRALIAN GOVERNMENT DEPARTMENT of Health recently released a statement regarding recruitment of Allied Health Professionals from self-regulating professions, such as speech pathology, in the aged care sector.

The statement included comment that services provided by both registered and self-regulating professions should be valued equally, and reiterated that entry to the National Regulation and Accreditation Scheme (NRAS) is based on potential risk to the public, not on the quality or standards of the profession.

The statement in part read, "The review of the NRAS recognised that there are unintended consequences of registration where non-regulated AHPs are treated differently to regulated professions. In August 2015, all Health Ministers agreed to encourage the fair treatment of all health care professionals to ensure that the absence of registration is not the sole factor for exclusion."

This is an extremely positive message for speech pathology as it affirms the standards of our profession.

To read the full statement go to:

<http://us10.campaign-archive1.m/?u=1108de8332cef333bc1956686&id=8f4b0eb0eb>

Aged Care - Better Practice Conferences

EACH YEAR, THE AUSTRALIAN AGED CARE QUALITY AGENCY hosts the Better Practice Conferences in each state and territory, aiming to promote high quality care, innovation, and continuous improvement through information sharing. The conferences target all levels of staff; however representation of allied health professionals is typically very low. Gail Rogers, a member of Speech Pathology Australia's Aged Care Working Party, was invited to attend the 2015 Better Practice Conference in Brisbane. She shares her experiences and details how speech pathologists with an interest in aged care can be involved in 2016.



I was encouraged to attend the 2015 Better Practice Conference in Brisbane by a nursing colleague as she rightly believed that is essential for allied health professionals with expertise in aged care to be represented at such an important forum. The forum is attended by a wide variety of aged care staff including facility managers, CEO's, Board members, accreditors, and clinicians, providing an excellent opportunity to raise the voice and presence of allied health in aged care. Furthermore, the conferences provide an opportunity to share best practice and innovation, providing exemplars of outstanding practice that challenge thinking, promote debate, and provide practical information to encourage and inspire better practice.

Conference theme

The theme of the 2015 conferences was Quality - Through the Looking Glass which asked attendees to reflect on what the term quality means and how we deliver quality for care recipients. By first looking within, the sector can then look through the looking glass to a vision for the future. This proved to be a thought provoking theme with a range of interesting presentations.

Keynote speakers included ABC personality Dr Norman Swan who spoke on Quality in Aged Care; whose problem is it?, and how consumers can be partners in care. Dr Jenny Basran, Associate Professor of Geriatric Medicine at the University of Saskatchewan, Canada, spoke on how technology can bring quality to another level.

The latest research in quality dementia care was presented by thought

leaders within the Australian network of Dementia Collaborative Research Centres. In addition, a lively hypothetical discussion involving an expert panel and audience input explored models of inspired care.

My presentation within the Leadership and Quality Improvement module focused on the role of the allied health team; supporting our clients/resident's journey through Primary Health Care, focusing on the transition between care types, such as retirement living, community care and home support, residential aged care, and palliative care services.

Conference highlights

For me, one of the major highlights was the opportunity to network with decision makers and influential stakeholders, such as accreditors from the quality agency. This presented a unique and powerful opportunity to raise the allied health profile, to share current projects, and identify pertinent issues facing the speech pathology profession in aged care. For example, at the end of one presentation I had the opportunity to ask why dysphagia training was not a mandatory requirement for residential aged care staff. This stimulated lively discussion between the presenter and the floor and identified the need for further lobbying by Speech Pathology Australia on this important issue. As a follow up, I have been able to link the Speech Pathology Australia Aged Care Working Party with the accreditation agency for future liaison and influence as reform of the sector continues.

2016 Better Practice Conferences

Dates for the Better Practice 2016 conferences have now been confirmed (see below) – be sure to mark them in your diary! The call for papers submission process for 2016 speakers has now closed. The theme is 'The Quality Experience - Beyond the Expected'. The conference will look at what it takes to go above and beyond the expected level of quality care and move into a deeper exploration of the consumer experience of quality in aged care. I am certain it will be another inspiring and thought provoking theme!

For any questions about the conference don't hesitate to email me on: gail@specialisedspeechservices.com.au

GAIL ROGERS

Speech Pathology Australia Aged Care Working Party Member

2016 Conferences

Darwin	5-6 May
Melbourne	2-3 June
Adelaide	28-29 July
Sydney	8-19
Launceston	15-16 September
Perth	13-14 October
Brisbane	10-11 November

Aged Care Working Party

IN 2015 AN AGED CARE WORKING PARTY WAS ESTABLISHED TO BRING TOGETHER A PANEL OF EXPERIENCED SPEECH PATHOLOGISTS WITH CLINICAL AND RESEARCH INTERESTS AND EXPERTISE IN THE AGEING AND AGED CARE SPACE. THE WORKING PARTY WILL PLAY AN INSTRUMENTAL ROLE IN INFORMING THE PROFESSION'S STRATEGIC RESPONSE TO FUTURE AGED CARE REFORMS. MEET THE MEMBERS OF THE WORKING PARTY.

Michelle Bennett

I had been working in aged care as a clinician for around 10 years and from that experience went on to complete my PhD through the University of Queensland investigating communication and meal-time management in residential aged care settings. Since my PhD, I have taught several ageing specific units and modules at University level. My current research is aged care and ageing focused. I hope that the aged care working party can provide direction for clinicians, aged care service providers, and policy makers in working with older people with communication and/or mealtime difficulties. Ultimately, I would like to see recognition of communication as an 'Activity of Daily Living'. To speech pathologists and students interested in aged care – it is a slow and often arduous road to take, but the rewards and thanks you receive are uniquely genuine. You will need to have solid all round skills in speech pathology practice, patience, respect, flexibility, creativity, and humility.



Gail Rogers

I have worked with older clients in the private aged care field in Victoria, South Australia, Western Australia, and Queensland. I currently work in beautiful Far North Queensland in my own private practice. I joined the aged care working party because I am passionate about working with like-minded people to raise awareness of our value in aged care and to have a positive influence into current aged care reform. I would love to see mandatory dysphagia training established for all carers, volunteers, nurses, and lifestyle staff whilst they are studying their aged care courses. Showing hope and compassion, while interacting with the clients and seeing faces light up with a smile on their faces – this is my daily reward for working in aged care.



Amanda Dansky

I began working in the aged care sector as a new graduate in 2001 and have continued to do so until present. I currently work on the Gold Coast in my own private practice, servicing 20 aged care facilities. I am very passionate about aged care and feel strongly that this sector is currently not receiving the attention and amount of funding required to have the basic communication and swallowing needs of residents met. I hope that the aged care working party can help increase recognition of the speech pathology role in aged care and to improve access to services. If I had a magic wand I would change the ACFI tool so that it recognised communication as a basic human right with the appropriate allocation of funding. I love working in aged care—each individual comes with a lifetime of experiences and memories that shape your whole perspective on life.



Aged Care Working Party

Helen Leousis

I have worked for over 15 years in a variety of settings, predominantly hospital based. My experience varies from acute to subacute care in geriatric evaluation management, transitional care programs, psychogeriatric wards, community rehabilitation in the home, and residential aged care. I have a keen interest in aged care and improving quality of care for older adults. I currently work as a senior speech pathologist at St Vincent's hospital Melbourne, where there is a strong focus on providing dignified aged care and the best palliative care. I encourage speech pathologists and students interested in aged care to advocate for your clients' needs and ensure your care is always patient centred. Most importantly we need to work collaboratively to think about inventive ways to provide increased speech pathology services to older adults.



Chyrisse Heine

I have been involved with older adults for 15 years now—in both a research and clinical capacity. As a PhD student, I was interested in the communication difficulties experienced by older adults with Dual Sensory Loss (vision and hearing loss). I am currently a spoke leader and co-ordinator of the Healthy Ageing Research Group at La Trobe University. I also work clinically with older adults with hearing loss and/ or processing difficulties and am a Director of Speech Pathology Australia. I hope the Aged Care Working Party is able to influence the aged care workforce to understand the role of speech pathology and refer for services appropriately. If I had a magic wand, I would like to see early identification and intervention for older people to ameliorate effects of communication and swallowing disorders. I encourage speech pathologists working in aged care to share knowledge and concerns – we are all on the same side!



Danica Dalton

I have worked within the aged care setting for approximately four years in hospital and community settings. I currently work in community health, at Merri Health in Melbourne's North. I work with people in their homes to optimise independence and provide support and access to services as appropriate. My current role has a wide scope of practice and works closely with other organisations to facilitate wellbeing and positive quality of life for older people living at home. I joined the Aged Care Working Party as I believe that speech pathologists have a big role to play in helping older Australians to live well and actively at home for as long as possible with appropriate supports. We need to be advocating not only for our profession but for all of those clients that can't access speech pathology services appropriately. Into the future, I hope to see more speech pathologists working with the ageing population in more than just swallowing.



Wendy Pearse

My strong interest in working with the aged care population has grown from my work experience in the acute care and rehabilitation setting. I have developed a special interest in dysphagia management and end of life care planning for people with chronic dysphagia and those who may be entering a palliative phase of their management. I am currently working in an end of life project officer role and am a member of the Sunshine Coast Hospital and Health Service End of Life Care Committee and Working Group. Into the future I hope to see the scope of practice for speech pathologists extended to include Advance Care Planning and other roles in end of life care and improved coordination of patient care across the acute, primary health, and residential aged care sector. I look forward to working with the Aged Care Working Party to address issues such as capacity assessment, exploring the wishes of patients and their carers, legal requirements, and dysphagia management in the end of life care space. I would encourage speech pathologists to pursue further training in advance care planning.





Aged Care resources for members

SPEECH PATHOLOGY AUSTRALIA HAS A COMMITMENT TO THE AREA OF AGED CARE AND HAS EXTENSIVE RESOURCES AVAILABLE TO SUPPORT MEMBERS INTERESTED IN AGED CARE.

SPA Aged care position statement

SPA has a Position Statement in the area of Aged Care - Speech Pathologists Working with Older People (2015). This position statement has been developed to improve understanding of the role of speech pathologists in working with older people. This document serves as a guide to the roles and responsibilities of speech pathologists working with older people with additional communication, swallowing, and/or mealtime support needs across health, community, and residential aged care settings.
www.speechpathologyaustralia.org.au/publications/position-statements

Further reading about aged care

SPA publications including JCPSLP and the International Journal of Speech-Language Pathology have had articles and issues focused on the area of aged care.

JCPSLP is the major clinical publication of the Association and provides a professional forum for members of the Association. The International Journal of Speech-Language Pathology (IJSLP) is an international journal which is the main academic publication of the Association.

The second edition of JCPSLP in 2015 (Volume 17, Issue 2) was dedicated to aged care. The edition presented a collection of reviews, clinical insights, and research articles that focus primarily on the opportunities and challenges for speech pathologists in aged care.

CPD in aged care

SPA CPD workshops and online events are offered in the area of aged care. Workshops are listed on the SPA website and are updated regularly: www.speechpathologyaustralia.org.au/spa-news-and-events/continuing-professional-development-events-cpd/cpd-events-branch-activities. Recordings of CPD live online events related to speech pathology in aged care are available. In September 2015 Dr Michelle Bennett presented Understanding person-centred and enablement models of care to build opportunity for speech pathology services for older people. You can view a five minute preview of the recording of this event. (Available to register to view in full until 21 September 2016 at: www.cpdlive.com/speechpath/recordings/index.html)

The SPA CPD Events Library contains recordings of events related to aged care for hire for members only.
www.speechpathologyaustralia.org.au/resources/cpd-events-library

Aged care member community

SPA has a dedicated member community in the area of ageing and aged care for SPA members only. This network is comprised of SPA members who are interested in advancing speech pathology services in the aged care sector. For further information and/or to join this community, please go to:
www.speechpathologyaustralia.org.au/information-for-members/member-communities



SPA advocates for the benefit of speech pathology services for all people, regardless of age, in: (1) enhancing communication, swallowing safety, and mealtime function; (2) reducing associated activity limitations and participation restrictions; and (3) optimising quality of life.

Given the population increase of older Australians, the need for speech pathology services for this population will increase. Care provided to older Australians must strive to align with national and international recommendations for integrated and consumer directed care, person and relationship centred care, and active ageing principles (Aged Care Act, 1997; Commonwealth of Australia, 2012, 2014, 2015a; World Health Organization, 2002). Speech Pathology Australia recognises communication as a fundamental human right for all Australians (Speech Pathology Australia, 2014a).

SHARON CRANE

Senior Advisor Professional Education and Certification

Dementia is our business - national tour



Speech Pathology Australia (SPA) is delighted that Dr Jade Cartwright is presenting the 2016 SPA National Tour. The tour title is Dementia is our Business: Speech Pathology Services for People Living with Dementia across the Continuum of Care.

The 2016 National Tour workshop will explore the links between the biology of the diseases that cause dementia and the symptoms that arise as a result, with a particular focus on communication. The role

of speech pathologists in working with people with dementia will be explored across the continuum of care, with the goal of improving quality of life, promoting autonomy, and enabling access to meaningful conversations.

Jade recognises that Dementia is of growing concern to individuals, societies, and cultures around the world. As the number of people living with dementia increases, so does the need for enhanced knowledge and understanding.

National Office has a 1300 368 835 number to support members within Australia to have equity in telephoning National Office for the cost of a local call. When phoning about SPA Events, please have your SPA member number ready to help us to assist you as efficiently as possible.





How does SPA advocate for aged care?

SPEECH PATHOLOGY AUSTRALIA is a member organisation of the National Aged Care Alliance (NACA). NACA is a representative body of peak national organisations in aged care including consumer groups, providers, unions, and health professionals, working together to determine a more positive future for aged care in Australia. Speech Pathology Australia has representation on a number of NACA and department advisory groups and working parties. This includes current representation on the Department of Health's Quality and Compliance Standards Technical Advisory Group and Aged Care Funding Instrument Technical Reference Group.

In 2014, Speech Pathology Australia provided budget support to the WA branch to produce the Communication Matters video. The video highlights the importance of communication in residential aged care facilities and is a useful resource for supporting advocacy and education activities.

www.youtube.com/watch?v=2WPyp2wNZ08

SPA represents the interests of the profession in the area of Aged Care through actively responding to government inquiries and discussion papers. Recent submissions include responses to: the Victorian Parliament's Legal and Social Issues Committee Inquiry into End of Life Choices, the Australian Government Department of Social Services' Commonwealth Home Support Programme and Good Practice Guide consultation feedback, the NHMRC Partnership on Dealing with Dementia and Related Functional Decline in Older People Draft clinical guidelines for dementia, and the Senate Community Affairs Reference Committee Inquiry: Future of Australia's Aged Care Sector Workforce. Successful outcomes of these submissions have included a requirement that speech pathologists funded under the Commonwealth Home Support Programme must hold the Speech Pathology

Australia Certified Practising Speech Pathologist credential. These submissions can be found on the SPA website: www.speechpathologyaustralia.org.au/lobbying-and-advocacy/submissions

SPA has a dedicated National Advisor in Aged Care, Jade Cartwright, based at National Office.

The aged care project officer position was established to refine SPA's strategic response to the My Aged Care reforms currently underway in Australia. This demonstrates SPA's commitment to aged care. Aims of this project include increasing recognition and understanding of the speech pathology role in aged care and ensuring an adequately prepared and supported speech pathology workforce. Strategies to increase recognition of communication as a basic human right will also be explored.

The aged care advisor is supported by a newly established Aged Care Working Party (ACWP), bringing together a panel of speech pathologists with clinical and research experience in the area of aged care. The ACWP will assist the identification of priority areas and key issues facing the profession, while promoting evidence based services and models of care for older Australians. The ACWP is currently developing a speech pathology training package for the newly established Regional Assessment Services.

SPA's Find a Speech Pathologist search function includes aged care in the area of clinical interest search function.

For further information and/or to join this community, please go to: www.speechpathologyaustralia.org.au/information-for-the-community/find-a-speech-pathologist

JADE CARTWRIGHT
National Advisor Aged Care



15 – 18 May 2016
Crown Perth, Western Australia

National Conference registration open

WE CAN NOW count the weeks until the Conference with the Conference program and online registration available from the Conference website. The Conference Planning Committee (CPC) is encouraged by the number of registrations received prior to the early bird closing date (13 April 2016).

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

Program Update

Dr Susan Ebbels' keynote address will present the importance of clinical research and practical ideas on how this can be incorporated into every speech pathologist's workplace. Rather than waiting for evidence to emerge, delegates will be encouraged to consider creating their own evidence by carrying out research on their interventions. The requirements, advantages and disadvantages of intervention research will also be discussed to support clinicians to conduct research on any scale. Reflecting Dr Ebbels' own intervention research, a practical follow-up seminar on the Shape Coding system will assist delegates working with children with language impairment to use this system to improve receptive and expressive language. This seminar will be clinically relevant and interactive; don't forget your coloured pencils! Dr Ebbels will also be presenting a masterclass while in Perth, providing an update on the evidence for intervention for language impairments in the school-aged population. Discussing both receptive and expressive language at the word, sentence and narrative level, this masterclass will be essential for paediatric speech pathologists, with a focus on the implications of the evidence on clinical practice.

Emeritus Professor Pamela (Pam) Enderby's keynote address will encourage delegates to consider their profession in

light of the ongoing aim to master what we do, and in this case, become Masterchefs! The key ingredients and recipes required to ensure the best possible outcomes will be discussed, challenging speech pathologists to be relentless in their pursuit of the greatest quality of life for anyone with a communication or swallowing disorder. Professor Enderby will present a subsequent seminar emphasising the importance of therapy outcome measurement to our profession, including how it places speech pathology in a political context. This practical seminar will be of significant applicability to all delegates in light of the need to measure the impact of our work. A pre-conference masterclass by Professor Enderby will discuss ten essential principles for improving interdisciplinary practice, an area of relevance to all speech pathologists. The concept of interdisciplinary practice, barriers and facilitators, and ways to improve how we work with others will be explored in this essential masterclass.

Winthrop Professor Andrew Whitehouse, invited presenter of the 2016 Elizabeth Usher Memorial Lecture will challenge the rulebook of how and when we identify children with Autism Spectrum Disorders (ASD). This presentation will share the latest research and potential paradigm shift towards earlier identification and intervention for ASD. Professor Whitehouse will pose the question of whether ASD may be prevented if therapy is provided at a time that is optimal for brain development. By challenging existing paradigms our profession can re-write the rulebooks, to ensure we are always making waves in the right direction.

The CPC would like to thank those who will be presenting an oral, workshop or poster session at the Conference.

Oral and workshop presenters

Presenters at our 2016 National Conference are reminded to complete and return the Speaker's AV Checklist included within the confirmation letter sent in December. Event Technology is again managing the audio visual equipment for the Conference so please ensure you return the completed form to them and not SPA.

All presenters, whether you are in an oral or workshop session

or presenting your poster, are required to register for the Conference.

Any changes to the program will be made immediately to the online registration brochure, so it is suggested you visit the website from time to time. You will be contacted directly if any major change affects your registration. However if you wish to make a change to your registration please contact Kobi Davis at conf2016@speechpathologyaustralia.org.au.

The Perth 2016 Conference Planning Committee would like to remind presenters of the student oral presentation prize and the four poster presentation prizes:

- **Student oral presentation prize**

Perth 2016 is offering a \$100 prize for best student oral presentation. All SPA student member presentations are eligible for participation and are rated independently by two anonymous judges. If you wish to be considered for this prize please email your interest to Pamela Richards at conference@speechpathologyaustralia.org.au no later than Wednesday 21 April 2016 and include your SPA student member number. Presentations will be rated on the powerpoint presentation, verbal and non-verbal presentation skills, and overall clarity of the presentation content.

- **Poster prizes**

Perth 2016 is providing prizes for the best poster presentation. Four poster prizes, each worth \$50, are available. All poster presentations will be considered eligible for the prizes with each poster rated independently by two anonymous judges. Posters will be rated on overall design and clarity of the poster content.

Pre-registration and Welcome Reception

Delegates are invited to collect their Conference pack from the registration desk at Crown Perth between 5.00pm – 6.30pm on the Sunday evening. Visit the exhibition while enjoying a welcome drink. The winner of the Aspects of Kings Park gift voucher will be drawn during the pre-registration, so please ensure you are in attendance.

Welcome Reception Fraser's Kings Park 6.30pm – 9.00pm

Fraser's – a place that celebrates the best Western Australia has to offer in food, wine and service, set in one of the most spectacular locations in the state. Fraser's is named after the avenue it sits on, the famous Fraser Avenue in beautiful Kings Park, which was named after Malcolm Fraser, the first Surveyor-General of Perth.

The avenue is lined with lemon-scented gums, their interlocking branches form a majestic canopy over the spectacular entrance to the park. The addition of a new, permanent State Reception Centre situated on the top of the building, high in the gum trees, has a stunning view over the city and river.

Fraser's Restaurant opened in 1993, with executive chef Chris Taylor at the helm. Since these early days the restaurant has won numerous awards, and Chris is considered one of the top chefs in the state.

Coaches will depart from Crown Perth at 6.00pm for those who would like to walk through the gardens, and at 6.30pm for the 15 minute drive. Coaches will return delegates to the Conference hotels at 8.30pm and 9.00pm.

Restaurant Night

The Restaurant Night, a long standing Conference tradition will be held on Tuesday evening. To help facilitate the process and have a clearer estimate of participant numbers, we are asking members to select their restaurant preference at the time of registration. Four restaurants of various cuisines have been selected. At the Conference, delegates will be asked to re-confirm their attendance by morning tea Tuesday 17 May so restaurant reservations can be finalised. Payment for the dinner and drinks is to be made directly to the restaurant on the evening.

Guild Insurance Conference Dinner



The Guild Insurance Conference Dinner, to be held in The Astral Room of Crown Perth, will provide a fitting end to the busy Making Waves 2016 scientific program. Relax and unwind at our 'Riding the Waves Beach Party' – the perfect opportunity to let your hair down and embrace the relaxed, beach lifestyle of the west coast. Come dressed for fun – think Hawaiian shirts, leis and mermaid tails! Or just incorporate the beach inspired colours of our Making Waves logo into something you wear. It can be as elaborate or as simple as you like.

Guild Insurance is also sponsoring the Photo Booth. The Photo Booth has proven to be a popular inclusion at the Conference Dinner. The Guild Insurance Conference Dinner is included with all Full Practising Member and Non Member Conference registrations. If you did not indicate on your registration form and now would like to attend, or if you wish to purchase additional tickets, please email Kobi Davis at conf2016@speechpathologyaustralia.org.au.

Sponsors & Exhibitors

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

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

Call for Student Volunteers/Assistants

The Call for Student Volunteers/Assistants is now closed and unfortunately it was not possible for all applicants to be





accepted. Thank you to all the students who submitted an application.

Call for Session Chairs

Deborah Hersh, Scientific Program Sub-Committee Chair would like to thank the members who have volunteered to chair a session at the 2016 National Conference. Full details regarding the session and presenters' biographies will be sent out this month.

Accommodation

All unsold rooms for Crown Metropol and Crown Promenade will be released on April 15 so if you are wanting to stay at either of these hotels, please ensure you make your booking as soon as possible. Visit www.speechpathologyaustralia.org.au and National Conference 2016 and scroll down to the accommodation link. Bookings are made online.

Airport Transfers

Speech Pathology Australia has organised with Connect – Perth Airport Shuttle, to assist delegates in booking their

transfers from Perth Airport to their hotel and return. Connect is offering SPA delegates a discounted rate of \$10 one way or \$15 return (cheaper than the advertised rate). If you are interested in making a booking, please click this link www.perthairportconnect.com.au/bookings.html and follow the questions.

Car Parking

To view the map and price list; information correct as at 15 July 2015, please visit the [Conference web site](#) and scroll down to the Venue for National Conference link. Car park and prices are subject to change. Please refer to the Crown Perth website for the most up to date information.

On behalf of the 2016 Conference Planning Committee we look forward to welcoming you to Perth.

MICHELLE QUAIL

Conference Convenor 2016

PAMELA RICHARDS

National Conference Manager





Members speak out about *Speak Out*

THE SPEAK OUT MEMBER survey closed at the end of February with some clear opinions and data gathered from members.

Speech Pathology Australia was delighted that more than 80 per cent of respondents said they look forward to receiving their copy of *Speak Out* every two months, though it was clear from the results that members want to see improvements to the editorial and style of the magazine.

A total of 226 members responded to the survey. Of those, 85 members provided constructive comments about what they liked and disliked about the magazine, and how *Speak Out* could be improved.

The overriding feedback was that *Speak Out* is seen by members as an important tool to receive information and for connecting with the wider speech pathology community.

Members let us know that they believe the magazine overall needs a refresh, and that they would like to see improvements made to the digital version.

Members were happy with the magazine coming out every two months and relayed they would like to see more articles about how to improve their private practices. More evidence reviews, clinical features, and news about the broader speech pathology profession were also high on the list of feedback.

Over the coming editions *Speak Out* will undergo a new look and style. Work will also be done to improve the readability for the more than 2900 members who choose to receive the digital version of *Speak Out*.

Although the official survey has been completed the door to provide your feedback about *Speak Out* is always open. Contact pubs@speechpathologyaustralia.org.au.

Survey results at a glance:

- 82% look forward to receiving *Speak Out*
- 84% believe *Speak Out* represents SPA
- 79% *Speak Out* makes them proud to be a SP
- 62% like receiving *Speak Out* bi-monthly
- 55% spend 10-20 minutes reading *Speak Out*
- 50% rate the look of *Speak Out* as good
- 160 want more general speech pathology news and academic research news

REBECCA FALTYN
Publications Officer

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Moving Rehabilitation Forward



Adventures of Super Speech Pathologist and the NDIS Part 2

IN OUR PREVIOUS ADVENTURES with Super Speech Pathologist (SSP for short), she had been approached by her very first NDIS participant, with their NDIS Plan in hand.

SSP knows that the NDIS plan lists the goals identified by the NDIS participant in the meeting with the NDIS planner, along with the 'reasonable and necessary' supports to achieve them. The total funding available is included in the plan, and each support item has a funding amount against it.

This particular NDIS participant is a child. One of the support items on the plan is a transdisciplinary early childhood intervention (see breakout box). As SSP looks through the goals that are listed, she can see one that seems to clearly sit within her scope (To be able to communicate my needs). Others (To be able to self-regulate my emotions) she feels she can contribute to in collaboration with other early childhood intervention colleagues.

SSP had heard at a providers forum that the NDIS suggests families identify a lead agency where there is more than one provider involved in collaborating on the early intervention supports.

She is aware that the lead agency is sent a 'Request for Transdisciplinary Service' form which outlines the required reporting, expected outcomes of the service in relation to progress towards the participant's goals, the reporting frequency required, and includes a sample reporting tool to record progress.

If only one agency was providing all therapy supports then it would be expected that agency would report on all therapies.

In SSP's case, a number of agencies are involved in contributing to the transdisciplinary support for the participant, so SSP follows up with the family to identify the lead agency. As well as reporting on the participant's progress and how the services are working together, with service providers contributing progress reports, the role of the lead agency may include managing how information is shared within the team in the ways that work best for them and the family (e.g. sharing copies of reports, regular review meetings etc.).

Whatever arrangements are reached, the expectation is that reporting will occur in a way that is consistent with family centred practice, and recognises the central role of a child's family in receiving information and deciding how and to whom it will be distributed. The typical expectation would be that families would receive all progress reports and that they would then provide these to the NDIS.

SSP ensures that as part of her early sessions with the family she talks with them about the importance of communicating with all the team members. She explains this makes it possible for everyone involved to help achieve the goals, by understanding and being able to support and implement the strategies suggested by the team in a coordinated and holistic way.

When talking through her service agreement with the family, she discusses why it is important for her to know everyone who is involved in providing early intervention supports. She also arranges consent to communicate with other providers, and gets clarification about how the family want that to work.

SSP is aware that the introduction of the NDIS has meant that

a child may be involved with more than one speech pathologist, so she has read the SPA Position Statement on Dual Servicing in Speech Pathology, and sometimes refers to it when talking with families, to help them understand why she would like them to let her know if they seeing anyone else.

Happily, she hears that the lead agency has already talked with the family about the same things, and that the Service Plan being developed will include opportunities for the team to meet with the family and each other, as well as doing some joint sessions with the child.

The lead agency has also suggested to the family that it may be useful for SSP to chat with the Occupational Therapist and the Psychologist about the best ways to achieve the second goal (To be able to self-regulate my emotions).

After a few sessions, SSP feels she is ready to talk with the family about their communication goals in the NDIS plan, and the interventions that she can offer to help achieve the goals. SSP is aware that the family will benefit from information about how speech, language and communication develop, to be able to identify further goals and make informed choices about their speech pathology supports.... but she also knows that she, along with the rest of the team, are at the beginning of a journey, and that it will may take a while for the team to get to know each other, and work out how to achieve the best outcomes for the child and family.

SSP makes sure that she keeps the lead agency in the loop about the therapy goals that have been identified and how these will contribute to or support the achievement of the participant goals, so that this can be added to the service plan, along with the information from the other team members.

The lead agency is keen to use the service plan to reinforce the conversations with the family about how childhood intervention 'works'; what family centred, strengths focused, routines based interventions are, and why they are important. They recognise that this facilitates provision of a cohesive, collaborative and holistic programme. SSP decides to include a little more detail

for the plan about the interventions she has talked with the family about providing, so that all of the team are aware of what she is planning, and can seek more information from her if they need to, to be able to support the family. The Service Plan also includes some 'nitty-gritty'; which providers will be involved, at what time, how often, where services will be provided.

Some weeks down the track, everything has come together; each of the providers has a clear service agreement in place, the team has met together with the family, it is clear who is involved and how the team will be working together and collaborating with each other. The lead agency has provided the required information to the NDIS and developed a Service plan based on the information from the different providers, and the ball has started to roll!

While the Service Plan included information about the funds from the transdisciplinary support allocated to different providers, based on their initial 'quote', everyone is aware that the arrangement may change over the life of the plan, dependent on the child's progress, the family priorities and a range of other circumstances. The planning meetings (funded from the transdisciplinary plan, with the understanding and consent of the family) will provide the opportunity to review progress and make any changes.

Confident that the family understand both her specific 'Terms of Business', the initial schedule of interventions and therapy goals and are gaining a greater understanding of early intervention and of how children develop, SSP is excited to be supporting another family to achieve great outcomes for their child.

Stay tuned for the next installment of The Adventures of SSP, in which she grapples with how to align her therapy goals with the participant's NDIS goals, how to support families to develop open expectations and goals for their child, how to frame her goals so that they are participation/outcome focused, and how to measure and document whether they have been achieved.

Transdisciplinary: preferred practice

At the time that it was launched the NDIS identified transdisciplinary practice as preferred practice in provision of early childhood intervention.

A fact sheet about transdisciplinary practice, posted on the NDIS website at this time identified that "the NDIA has been informed by experts in the early childhood field that the best approach for the child and their family is to deliver services using a transdisciplinary approach..."

Use of a key worker who acts as the primary provider of interventions is identified as a core feature of transdisciplinary supports, with the "main reason for adopting this approach...good evidence that parents prefer and do better with a single case worker. The more health and development issues a child has, the more services they

receive and the more service locations they have to access. Under these circumstances, services are less family-centred. What parents want is a single point of contact with services and an effective, trusted person to support them to get what they need".

More recently, in the 'Request for Service Transdisciplinary Early Childhood Intervention' transdisciplinary practise is defined as the provision of a mix of therapies with a key worker operating in a family centred service model, and the three tiered approach to funding transdisciplinary early childhood intervention is outlined.

The NDIA has undertaken a number of activities to develop and refine its understanding of the critical features of best practice in early intervention. Early childhood intervention

Super Speech Pathologist and the NDIS con't

Australia (ECIA) was commissioned to undertake a project, including a national consultation, to provide recommendations for best practice.

One of the clear finding from the consultations was that there are many different Interpretations and understandings of the terminology frequently used in describing early intervention service provision, including 'transdisciplinary' and 'key worker'.

A number of SPA members were nominated to the Expert Advisory Committee to the project, and had the opportunity to review and comment on the first draft of the recommendations.

The final report and recommendations have been provided to the NDIS. Providers are awaiting further information

and actions, however it seems likely that at the least, family centred and family focused services and routines based and strength focused interventions, provided using a coordinated and collaborative team approach, will be identified as core components of best practice service delivery in early childhood intervention services.

In the interim, it is expected that providers work with all members of the team to support participants to meet their goals; acknowledging and including parents as core members of the team, who hold expert knowledge both of their child and of their family capacity and culture.

CATHY OLSSON

Project Consultant, Disability

Members may view the [NDIS terminology FAQ](#) on the SPA website.

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- December 8-10, Glen Waverley, Vic

This 3 day intensive workshop focuses on teaching the technique of **PROMPT**. Maximum of 24 participants.

Bridging: Technique to Intervention - 3 Day Workshop

- Dates:** September 15-17, Randwick, Sydney, NSW
- June 30 to July 2, Glen Waverley, Vic

This 3 day intensive workshop focuses on holistic therapy planning and implementation within the **PROMPT** approach. Maximum of 24 participants.

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For REGISTRATION and full 2016 workshop program, please see

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New teat assists with feeding difficulties

SPEECH PATHOLOGY AUSTRALIA MEMBER AND ROYAL CHILDREN'S HOSPITAL DIRECTOR OF ALLIED HEALTH BERNADETTE O'CONNOR WAS RECENTLY PART OF A TEAM TO DEVELOP A UNIQUE TEAT TO ASSIST AROUND 100 BABIES PER DAY.

The teats significantly improve a baby's nutrition intake by solving issues of flow rate in newborns who experience feeding difficulties.

The Specialised Infant Feeding Teat has been designed to follow the natural shape of a baby's mouth, allowing them to suck without the need to stop feeding to draw breath.

The teat was developed at the RCH with successful trials leading to the teat becoming commercially available earlier this year.

"Teats had been an ongoing problem for our nursing, nutrition, and speech pathology teams in the past because of limitations in sizes available. Regardless of the flow rate noted on the teat, actual flow rates were unreliable. The Sepal teats feature reliable flow, appropriate sizing and adequate venting meaning we're much better able to manage our patient's nutritional and clinical needs," said Bernadette O'Connor.



Q&A with Bernadette O'Connor



How did you come to be involved with the project?

The then government department of Business Innovation had a program they called Smart SME (small to medium enterprises) which was designed to encourage local research and development and manufacturing. How it worked was that not for profit organisations were invited to suggest projects or products that they see as useful and of benefit and the 'ideas' are put out to private industry to see if there are any that are interested in developing the ideas through to proof of concept. Companies tender for any that they are interested in and 'host' organisations with support from DBI then choose the ones they wish to go forward with.

We at RCH were successful in getting our 'idea' of a new infant feeding teat accepted and we chose a small engineering firm APS Innovations from Ferntree Gully as our partners. We worked with them over a five year period to bring the idea through to firstly proof of concept and then eventually to manufacture.

Why is the teat important?

The 'old' teats that we used at RCH had very unreliable flow rates. The teat may be labelled

'slow' but in fact might be fast or labelled 'medium' but be very slow and so forth. In other words there was incredible variability in the flow rates. This led to much wasted time by staff and parents trying to get the 'right' teat. It also led to clinical risk as with very sick infants - many of whom had trouble feeding, we required a reliable teat that could deliver the flow rate needed at that time for that infant and not, for example, have a fast flow and possibly lead to aspiration.

How did your work/experience as a speech pathologist inform the development of the teat?

My experience as a speech pathologist both from the point of view of knowledge of oral anatomy and function, and also having considerable experience in feeding difficulties in infants and children was absolutely vital to the project. The whole design of the teat from a form and function point of view was informed by the needs of feeding infants and in particular those infants whom experience feeding difficulties.

Was there a particular case/conversation/project you had that sparked the idea for the teat?

The initial idea for a new teat actually came

over to you

Celebrating speech pathologists making a difference

"I was an enthusiastic early recruit to the idea as I was well aware of the frustration as a speech pathologist working on the wards..."



from Kay Gibbons who was at that time, the Manager of Nutrition and Food Services at RCH. She was responsible for the supply of teats and bottles to the wards and was well aware of the frustration experienced due to poorly functioning teats. I was an enthusiastic early recruit to the idea as I was well aware of the frustration as a speech pathologist working on the wards and not being able to rely on the equipment that you had at hand. One surprising aspect of the project was the discovery along the way of the relative dearth of research into the actual structure and design of infant feeding teats.

How will other speech pathologists be able to use the teat in their own practice? And will the teats be commercially available?

Speech Pathologists will be able to use the teats in their practice, and for those working in the area of neonatal care

particularly the option of a reliable very small, very slow flow teat will no doubt be a boon. The teats are commercially available through the website www.sepal.com.au and also at the Kids Health Info bookshop at RCH. There are plans to widen the commercial availability but this is now in the hands of the firm who manufacture the teats (APS formed a company SEPAL to produce innovations and market the teats and bottles).

How long did the project take?

From beginning to end the project took just on five years.

How long have you been an SPA member?

I have been a SPA member for 34 years! That's a long time!

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Phearom and Sokim using animal noises as part of his therapy program.

"Children who two years previously couldn't swallow properly were now in school."



SPEECH THERAPY changing lives in Cambodia

THE FIRST PILOT PROGRAM IN SPEECH THERAPY IN CAMBODIA WAS COMPLETED RECENTLY. LAURIE MC GEOGHEGAN, PROJECT SUPPORT OFFICER FOR OIC: THE CAMBODIA PROJECT, VISITED DISABILITY WORKERS AND THE CHILDREN AND FAMILIES WHOSE LIVES HAVE BEEN MEASURABLY IMPROVED.

ON A RECENT VISIT to Siem Reap, Cambodia, I met our disability workers and the children they provide speech therapy to. Sokim, a six year old boy with Down syndrome, cerebral palsy and a cleft palate, most effectively responded to speech therapy when creative techniques were employed. This involved using animal noises to strengthen muscles in the mouth. This highlighted the adaptability required as a speech therapist in Cambodia and seeing in person the improvements speech therapy makes demonstrates the huge impact it has in Cambodia. Children who two years previously couldn't swallow properly were now in school. Others who had required full-time care from their parents were among the most popular in their class, and because of their new-found independence their parents could go back to work, ensuring the families sustained livelihood.

Thanks to a \$25,000 grant from SPA, an independent evaluation of the first pilot program in speech therapy training for disability workers in Cambodia was completed. Questionnaires, interviews and focus groups with the disability workers and families were used to gain the evidence for this evaluation.

The impact of this pilot project was astounding. The number of children who could communicate with their family most of the time increased from 21% to 84% after they had received basic speech therapy. All of the trainees reported that they gained crucial knowledge. The training improved their relationships with the families they helped and allowed them to teach others new skills. 48% of families reported swallowing improvements in their child, 37% clearer speaking and about half reported increased family happiness and more free time as their child

became more independent. The impact of these statistics can be seen in how some of the children I met were now in school and receiving an education unavailable to them without speech therapy.

The independent evaluator also identified a number of recommendations. These included community education and awareness raising and what aspects of the training worked best. We have taken these recommendations on board, allowing us to help more children, more effectively.

Our mission at OIC is to establish speech therapy university courses and jobs for Cambodians, raise awareness, and influence government policy. This will ensure the over 600,000 people with communication disabilities in Cambodia can receive speech therapy, enabling them to become integral, contributing members of Cambodian society. Key to achieving this mission is working with the Cambodian government. The testimonies, feedback and results from the SPA funded evaluation will be crucial to ensure the Cambodian government understands, and subsequently supports, the need to establish university-trained Cambodian speech therapists.

When combined, the evaluation and stories such as Sokim's demonstrate the impact speech therapy has in Cambodia. To further this impact the establishment of a university program and speech therapy as a profession in Cambodia is a necessity.

If you would like to find out more about the work we do or support us, whether as a volunteer, fundraising event organiser or just donate, you can follow this link www.oiccambodia.org.

TURNING ADVERSITY into inspiration

SPEECH THERAPY PLAYED A LARGE ROLE IN THE RECOVERY OF STROKE SURVIVOR EMMA GEE. A NEW BOOK DETAILS HER INSIGHTS INTO THE EVERYDAY BATTLES OF STROKE SURVIVORS AND SHARES HER GOAL TO ALLEVIATE THE THERAPIST-PATIENT KNOWLEDGE GAP.

IT'S A DISEASE OFTEN associated with older age. Truth is, it doesn't discriminate and can strike without prior warning.

According to Speech Pathology Australia statistics every 10 minutes, an Australian suffers a stroke. That's around 60,000 per year. Further statistics are sobering, 60 per cent of people who have a stroke will develop dysphagia, while around 20 per cent will have difficulty using speech.

That was the reality for Emma Gee when aged just 24. Pre-stroke Emma worked as an occupational therapist, focusing on neurology in stroke survivors. She was confident, happy, fit and healthy.

Life was as she'd planned. But life doesn't always follow a script.

As an avid long distance runner, Emma thought nothing of a knee injury and assumed a routine surgery would be just that.

During the surgery, it was discovered Emma had arteriovenous malformation (AVM) - a tangle of abnormal and poorly formed blood vessels (arteries and veins). It's estimated that only 200-500 people in the world have AVM.

Only one of the five specialist surgeons in the world agreed to operate on Emma. Through complications in the surgery she suffered a stroke.

After a nine day coma, she awoke to a different world. Spinning double vision, bed ridden and unable to communicate. Doctors surrounded her nervously hoping for the best.

With no ability to talk or swallow Emma felt isolated, trapped and forgotten. This bright, confident young woman was a shell of her former self.

"I was lost. I couldn't go back to my old life but there was nothing to go forward to," she said.

Family and friends desperately tried to accommodate her needs but a helpless Emma was unable to communicate with them.

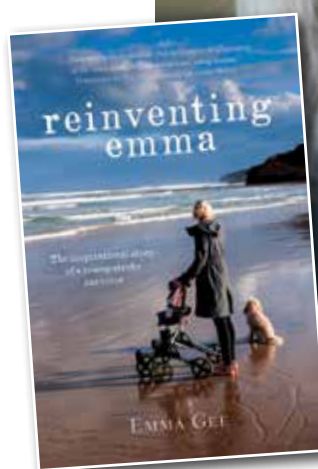
Commonly used communication boards didn't help her, only causing further communication delay. "The board contained signs and words but it was tiny and unsuitable. When I regained movement, I couldn't point to what I wanted as it was too small. I'd try and point to 'I'm hungry' but was bombarded with warm blankets," she said.

Over countless months, her speech pathologist retaught Emma to speak and swallow. It was persistence that paid off.

"I did so many tongue and breathing exercises, but it worked. Although I can get tired in my speech still, I'm able to speak



Stroke survivor Emma Gee.



"I was told I had to sing before I can swim."

clearly," Emma said with a sense of achievement.

Ever the fitness fanatic, Emma wanted recovery to involve exercise-swimming but at the time her breathing was still too weak.

Emma recalled a conversation with her speech pathologist. "I was told I had to sing before I can swim."

Now as an occupational therapy consultant, Emma has rare insight into the daily battles of stroke sufferers. It's her mission to alleviate the therapist-patient knowledge gap, allowing both to understand each other better.

Emma's story is not uncommon. Speech Pathology Australia estimates that in the next 10 years more than half a million people will suffer a stroke, making it the leading cause of disability in Australia.

Emma's book *Reinventing Emma* details her experience as a stroke survivor. Further information on Emma can be found on her website: www.emma-gee.com.

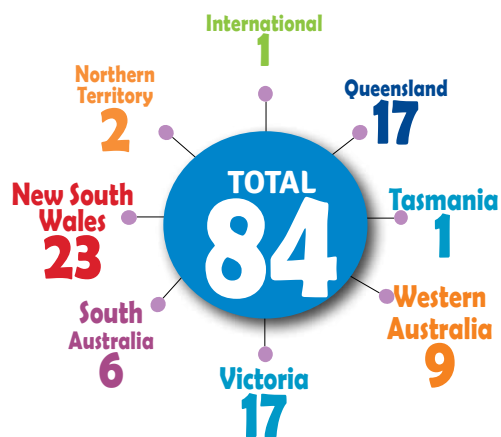
LUKE BUESNEL

Online Communications Officer



Prompt, clear and open communication, and respect, are imperative for a successful mentoring partnership...

2015 Mentoring Partnerships



Mentoring program evaluation

THE RESULTS ARE IN AND FEEDBACK on the Mentoring Program 2014/2015 which was revised at the start of 2014 is overall very positive.

Thirty four members responded to the evaluation survey and it is pleasing to see that 94% of respondents reported it being easy to find a suitable match given that the matching process is now mentee driven, and 94% said they would recommend the Mentoring Program to others.

The most common frequency of contact between mentee and mentor is every three to four weeks (29%), followed by every five to six weeks (26%) , 35% of partnerships are lasting longer than 12 months ,with 29% lasting 9 – 12 months, and the most common mode of contact is via phone (50%), followed by face to face (20%).

Mentoring was found to be of value by participants in terms of their job satisfaction (94%), it expanded professional networks (76%), provided clinical support and professional support (67% each), and provided personal support (66%).

76% of respondents found the revised Mentoring Guide to be a useful resource.


A big thank you to those who responded to the evaluation survey. We do value your feedback and are always open to suggestions of how the program can be improved.

From the feedback we received, the instances where the experience was not positive were due to participants not following the steps outlined on the Mentoring Page and in the Mentoring Guide. Or, they hadn't clearly expressed and negotiated their expectations from the outset.

Prompt, clear and open communication, and respect, are imperative for a successful mentoring partnership and how you are perceived as a professional in general. Certainly those having negative experiences in the program are few and far between and most participants whether mentees or mentors report many benefits of their involvement.

If anyone would like a copy of the full survey results, please contact Meredith Prain, psa@speechpathologyaustralia.org.au

MEREDITH PRAIN
Professional Support Advisor



It is the responsibility of speech pathologists to ensure that invoicing complies with federal (and state) laws.

ETHICS: THE DO'S AND DON'TS OF **appropriate invoicing**

THE SPA CODE OF ETHICS (2010) includes the principles of Truth and Professional Integrity, among others, which are to be applied to all of our professional behaviour. These principles are applicable to many areas of speech pathology practice, including utilising appropriate and legal business practices when invoicing for our services.

It is the responsibility of speech pathologists to ensure that invoicing complies with federal (and state) laws, which include the rules regarding billing under the Medicare Benefits Schedule (MBS). Most speech pathologists working in private practice are aware of the four MBS programs that provide rebates for speech pathology services provided to clients with specific diagnoses or conditions: Helping Children with Autism Programme, Better Start for Children with Disability initiative, Chronic Disease Management Programme, Follow-up Allied Health services for people of Aboriginal or Torres Strait Islander descent.

Information about the programs can be found on the Australian Government Department of Health website, and MBS online www.mbsonline.gov.au.

Each program has specific rules regarding eligibility for both the speech pathologist and the client, the number and type of sessions that can attract a rebate, item numbers and reporting requirements. The SPA information sheet has more information: Medicare Programs and Provider Numbers, plus specific FAQ sheets on the Medicare programs.

Speech pathologists must be registered with Medicare to be eligible to provide rebatable speech pathology services, as well as being a current, financial practising member of Speech Pathology Australia at the time the rebatable service was provided. Medicare conducts an audit of speech pathologists with Medicare provider numbers early each year. During this audit they check whether each speech pathologist with a

Medicare provider number has renewed their SPA membership by the due date (1 January) and whether they have renewed as a practising member. Periodically, Medicare may conduct audits of service and claim transactions.

To ensure your invoicing is appropriate here are a few do's and don'ts:

- Ensure the dates on your invoices are accurate, i.e. the service must have been provided on the date specified on the invoice.
- Do not record a different date. If you had not yet renewed your SPA membership when you provided the service, your client cannot claim the MBS rebate for that date.
- Do not pre-invoice remaining sessions for a child utilising HCWA funding to 'use up' the funding prior to their seventh birthday, with the intention to then provide those sessions after the child's birthday.
- Only invoice for sessions attracting a CDM rebate that you have actually provided.
- Any of the above actions may be considered fraudulent, and will be identified in a Medicare audit.

Further information regarding Medicare programs can be found on the SPA website—resource for members tab, under the Medicare section, or you can contact: Nichola Harris, Practice and Clinical Support Advisor, advisor@speechpathologyaustralia.org.au or Trish Johnson, Senior Advisor Ethics and Professional Issues, tjohnson@speechpathologyaustralia.org.au

If you have professional indemnity insurance with Guild then you can also call their duty lawyers for advice.

TRISH JOHNSON

Senior Advisor Ethics and Professional Issues



Complying with private health fund audits

SPEECH PATHOLOGY AUSTRALIA is aware that there has been an increase in audit activity conducted by Private Health Funds (PHFs). Below is some information about the audit process and information regarding appropriate record keeping, which will assist clinicians to comply with an audit.

It is appropriate for speech pathologists to cooperate with an appropriate request from a PHF for a copy of a client's record. However, there are a few points to consider.

Consent

A client health record is confidential. Therefore, it is important to ensure that a client has given consent for the release of the health record to the PHF. Before responding to an audit it is recommended that you telephone the PHFs to ascertain if consent has been given by the client for the PHF to access their records. It is recommended that you document the advice given by the PHF and to the effect that the client has consented to the release of the records.

If the PHF has confirmed formally in writing that consent has been provided by the client it is not necessary to also call the client to obtain permission to release the record. There is nothing preventing you from seeking clarification from the client but you should be aware that sometimes the audit is of the client's own behaviour and as such, the PHF is keen to avoid you alerting them to the fact of there being an audit.

What is being audited?

Audits are generally conducted by PHFs for a number of reasons, including a random sample, if there is concern about the validity of claims made by an individual, or if the client's claims do not fit the "typical" pattern of claims generally made by the client, or health professional, or other health professionals in the same field. Audits are conducted by PHFs to ensure the following information is correct:

- That the date of therapy matches the date of the claim.
- that the therapy conducted entitles the use of the item number used.
- that the length of the therapy session entitles the use of the item number used.
- that the provider number recorded for the claim matches the provider number for the speech pathologist that provided the service.
- Typically, an audit will be for claims that have occurred within the past two years.

Remember that you should;

only bill for a service under your own provider number; you must never use another clinician's provider number.
only bill the client; you must never bill another family member (such as a sibling or parent).
have a system in place that makes it easy for you to find and access a client's hicap receipt.
Advice to all speech pathologists arising from Private Health

Fund audits. It is recommended that therapists keep good records and it is important that the records clearly reveal the date of service delivery; the length of service delivery; the type of service provided; and in a way that clearly corroborates the use of the item number charged. It is recommended that calendars/diary records are kept because these are sometimes useful in establishing lengths of appointments. It is recommended that a record is kept of any cancellations or changes to appointment times as this information can be important in establishing the length of sessions that have been provided to clients before those cancelled sessions or afterwards.

It is recommended that you maintain good systems for the filing of individual HICAPS receipts and other receipts and so that these documents can be accessed easily. Ideally, signed HICAPS receipts should be kept with the client's individual clinical file.

It is extremely important to ensure that the correct provider's name is on the invoice that is rendered. Each therapist must have their own provider number and claims should not be rendered using anyone else's provider number. Therapists should keep a copy of the PHFs request for records as well as a copy of the response, including any accompanying documentation, on the client file.

Content of notes

Some members have expressed concerns that the information contained in their clinical notes may be used by a PHF in a prejudicial way, for example, if there is mention of mental health issues. When you contract with HICAPS to use that system you are also agreeing to provide a PHF with evidence, including treatment plans, appointment schedules, signed receipts and other supporting documentation as requested.

If you have specific concerns, again you may seek legal advice.

Finally, only provide a copy of the notes to the PHF (marked confidential via registered mail) never send the original file. SPA also has a document about PHF audits under the Professional Resources section of the website, and you may also wish to look at the SPA Private Speech Pathology Practice Policy and Procedure manual.

If you have any questions about the audit process or clinical records you can contact: [Nichola Harris, Practice and Clinical Support Advisor, advisor@speechpathologyaustralia.org.au](mailto:Nichola.Harris@speechpathologyaustralia.org.au) or [Trish Johnson, Senior Advisor Ethics and Professional Issues, tjohnson@speechpathologyaustralia.org.au](mailto:Tjohnson@speechpathologyaustralia.org.au).

If you have professional indemnity insurance with Guild then you can also call their duty lawyers for advice.

Is your practice ready for the NDIS rollout?

BEFORE YOU START TO EXPLORE INNOVATIVE WORK PRACTICES, IT IS IMPORTANT THAT ALL THE BUSINESS FUNDAMENTALS ARE IN PLACE.

THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS) is being fully rolled out across Australia from 2016.

The NDIS will have implications for how speech pathologists set up their business structure and work in the private sector. Practice owners have the opportunity to think about how the NDIS will impact on their workforce planning, learning and development and the community partnerships and collaborations they can develop with other professional organisations to better support their clients. However, before you start to explore innovative work practices, it is important that all the business fundamentals are in place.

In your practice, remember to ensure you are meeting your award and contractual obligations to your employees and/or contractors.

Ensure you have clear, current and relevant HR policies and

procedures in place to support your practice and make sure all your staff are aware of the policies, and have a clear framework that helps them guide their day to day work.

SPA members can get initial free advice about employment, HR and industrial relations from Anna Pannuzzo at WorkPlace Plus. For a fee, WorkPlacePlus is also able to develop specific policies and procedures with therapists or provide a practice with a complete HR manual containing policies you will need to help you comply with NDIS requirements. They are also able to review any policies with the NDIs in mind. Examples of policies you might need include: code of conduct, occupational health and safety, leave entitlements, bullying and harassment and performance management. Up to date policies and procedures will ensure you can be responsive to your workforce, build organisational capacity and be ready for the changes in service delivery in the disability sector.

Helpful contacts:

Anna Pannuzzo, WorkPlace Plus 0419 533434 or anna.pannuzzo@workplaceplus.com.au

NDIS rollout dates: www.ndis.gov.au/about-us/our-sites

SPA's information about the NDIS (under Professional Resources): www.speechpathologyaustralia.org.au/information-for-members/resources

SPA's Disability Member Community:

www.facebook.com/groups/SPADisability

Cathy Olsson: Disability Project Consultant:

disability@speechpathologyaustralia.org.au







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A day in the life of a Speech Pathologist in the remote top end

SPEECH PATHOLOGY SERVICES in the top end reach far and wide, to the smallest and most remote communities in the Northern Territory. Working as a Speech Pathologist in remote communities is perhaps one of, if not the most; rewarding, challenging, and diverse Speech Pathology roles anyone could dream of. The opportunities that arise from visiting remote communities and immersing yourself in the culture and language are endless. The challenges are also many; dust, flies, midges, cyclones, crocs, cheeky dogs, monsoons and bumpy flights on very small planes, but really they just add adventure.

In order to cover such a large area the service employs a Key Contact model. The key contacts are generally physiotherapists or occupational therapists who take on a generalist, transdisciplinary role and are allocated one large community or two to three smaller communities which they visit regularly. The speech pathologists support the key contacts of several allocated communities with all communication and feeding concerns for eligible clients.

The typical remote community visit starts with the key contact and myself boarding a small ten seater plane to then arrive on a rough, red dirt runway of a community of 50 or so people all living within eight houses situated among the bush. In my bag of tricks I may have a bottle of bubbles, a ball, photos of common bush animals, a folder of regularly used adult and paediatric screening tools and checklists, as well as anything available that has been translated into the particular local language that we may have created, just in case.

Often we locate the client and their family sitting under a large tree in front of the house, on an old sheet. This becomes the clinic room. In some instances a family member becomes the interpreter so that culturally appropriate goals, needs and concerns can be discussed with the whole family. Parents, grandparents, cousins and aunts all have input into the care and plan for the client. All information, strategies and programs must be practical for the environment and resources available, and be meaningful for the family. Everything is presented to the clients and families orally and is supported by the key contact until I am



scheduled to visit again to reassess.

Moving between aged care, paediatric disability and adult disability throughout the day keeps you on your toes and your mind racing to pull best practice, functionality and cultural needs together into an appropriate individualised program for each client in the community at the time. Providing a service and seeing improvements in client's function and daily lives against so many external challenges highlights the resourcefulness of the clients and communities and makes it all worthwhile.

Back on the little plane for the often bumpy flight home, case notes and clinical reflection regarding the day's outcomes and plans are recorded before touch down and the trip home to recuperate from the heat.

KATE POLLARD
NT Speech Pathologist

Conversations in SA

On Wednesday 2 March a group of 16 met in Adelaide to participate in the Speech Pathology 2030 Conversations about the future hosted by SA Branch Executive Committee Chair Cathy Clark. The group was a diverse mix of clinical educators, new graduates, re-entry speech pathologists and clinicians with experience ranging from three to thirty plus years in the profession! Both adult and paediatric, public and private practice were well represented.

We are all looking forward to attending the Imagining Possible

Futures workshop on Friday 15 April, 9 – 1pm to categorise the key concepts emerging from the prior stages.

If you would like further information about this event, please do not hesitate to check out the website: www.speechpathologyaustralia.org.au/makingfutureshappen or contact me at sacpd@speechpathologyaustralia.org.au

JESSICA BAGGALLAY
Vice Chair, South Australian Executive Committee



Enriching environments for rehabilitation Patients

SARAH FULTON AND REBECCA SEXTON are leading a revolutionary project, trialling the implementation of an Enriched Environment (EE) for rehabilitation patients at Redland Hospital to improve the patient and family experience and health outcomes. The speech pathologists, from Redland Hospital, are leading the project which will be the one of the first in Queensland to translate the emerging evidence and trial implementation of EE in a virtual rehabilitation program within an acute medical ward and has potential to be applied in many areas of the hospital and health service. They were recently granted funding from the Executive Transformation and Innovation Collaborative through Metro South Health.

Historically, rehabilitation patients report low levels of activity outside of business hours and over the weekends. While patients often receive two to three hours of intensive therapy per day, as part of their rehabilitation treatment, they spend much of the rest of the day inactive and alone. Limited access to stimulating and enjoyable activities and routines can lead to boredom, frustration, and low mood. Families and carers often describe that they are unsure about how to support and become involved in their family member's recovery journey.

Environmental enrichment refers to an intervention to increase motor, sensory, cognitive, and social activity by providing a stimulating environment. At Redland Hospital, this will involve providing patients in Macleay Ward with access to an interactive and stimulating activity trolley ('EE on wheels').

The implementation of environmental enrichment has been trialled in several rehabilitation units nationally and internationally. Access to a number of EE activities such as listening to music, reading, Nintendo Wii, and puzzles by stroke patients, for instance has resulted in improvements in physical functioning, psychosocial outcomes, and quality of life.

REBECCA SEXTON AND SARAH FULTON
Redland Hospital

SPA QLD Advocacy Workshop

A GROUP OF NEARLY 40 speech pathologists from different sectors and caseloads gathered on Saturday 27 February for the SPA QLD Advocacy Workshop. The workshop was considered successful and productive as the QLD branch advocacy committee now have clear directions to begin addressing the top priority areas specific to Queensland speech pathology.

Through small group discussions and a voting process, three projects, including one mixed, one paediatric, and one adult project, were identified by participants for the branch to progress with. The mixed project selected by the group targets the role of SPs within primary care and aims to have liaison persons within each of the seven primary health networks (PHNs) in Queensland in order to establish collaboration and exchange of information between SPA and PHNs. The chosen paediatric project targets early childhood education and care and focuses on the development of a DVD or other information materials promoting communication development among pre-school children. This DVD or information would then be distributed to all childcare and education settings in QLD. The adult project with the most votes was the distribution and promotion of a video made by the WA branch, to aged care facilities throughout QLD. The video 'Communication Matters' highlights the importance of promoting and supporting communication within this client group. The Advocacy and Standards Portfolio leaders will now work in collaboration with the SPA QLD Advocacy Committee to begin work on these projects.

Importantly, the advocacy and standards portfolio leaders would like to thank Ronelle Hutchinson, Gail Mulcair, Gaenor Dixon, and Alison Smith for their support and guidance in preparing for and running the workshop.

ANNE HUANG AND RUTH HAWTREE
Advocacy and Standards Portfolio Leaders

In Appreciation of Alison Smith

In the movie 'The Lion King' the animal kingdom is presided over by a monarchy of lions. Mufassa is the sitting monarch at the opening of the film and by the end, his son Simba has taken up the mantle. Alison Smith is the Mufassa of the Queensland Branch of SPA. She is an amazing woman and brings so many incredible qualities to her role as Branch Chair. Among these is a wisdom that far surpasses the experience she has gained over her career as a speech pathologist. Alison looks at a problem, a potential project or administrative task, such as organising the state budget for the year, and sees the people who will be the recipients of her response. She is very real and very practical but combines these essential components of her role with an understanding and appreciation for people. . . and what's more, I have never known Alison to let anything get in the way of delivering, in full, on her commitment to the people she has signed up to represent and serve - the speechies of Queensland!

A remarkable woman, and an incredible leader to have in the role of Branch Chair.

KATHRYN MARONEY
Gold Coast Regional Representative

Conversations in NSW

NSW BRANCH HOSTED a 'Conversation about the Future' in March as part of the Speech Pathology 2030–Making Futures Happen project (SP2030). The evening was one of 37 events held across NSW, with conversations hosted at universities, hospitals, aged care residences, private practices, community health and disability services across metropolitan, rural and regional settings. As Branch Chair, I am incredibly proud to see the number of conversations being hosted in NSW and the overwhelming level of engagement from speech pathologists across the state.

Eighteen people from a variety of backgrounds attended, facilitating diverse and valuable discussion. Students from the University of Sydney, Australian Catholic University and Macquarie University brought fresh ideas to the table while speech pathologists with more than 35 years of practicing experience brought rich perspectives of the history of the profession. Everyone applied Young Futures Project Leader–Gretchen's suggestion of "loving it for just one minute" when new ideas or concepts were raised and explored. Time was spent thinking about the past, pondering



the present and imagining the future of the profession. The passion in the room from people with all levels of experience was invigorating and will surely contribute to a rich product at the conclusion of SP2030.



NSW Branch Chair Harmony Turnbull, Professor Penny Cooper, OT Australia Frances Dobson, Victims Services Mahashini Krishna, Victim Services Kristi Crepaldi, Registered Intermediary, Assistant trainer Dr Michelle Mattison.

Training in evidence pilot

PROFESSOR PENNY COOPER recently visited Australia to provide training to our children's champions, judges, legal practitioners and police to facilitate implementation of the Child Sexual Offence Evidence Pilot. Professor Cooper is a former practising barrister specialising in children's cases and is considered the leading and most widely published expert in the world on the development and use of intermediaries in adversarial justice systems. Professor Cooper was accompanied to New South Wales by assistant trainer Dr Michelle Mattison whose trip was funded by an early career research grant. Michelle is an experienced registered intermediary specialising in supporting communication with vulnerable children.

Victims Services NSW hosted a morning tea to welcome Professor Cooper and allow her a chance to meet the stakeholders involved in the pilot. NSW Branch Chair Harmony Turnbull attended the morning tea on behalf of Speech Pathology Australia. Harmony sits on the Witness Intermediary Registration Panel, which provides expertise, advice and guidance to Victims Services in the administration of the Child Sexual Assault Evidence Pilot. Other members of the panel include The Australian Association of Social Workers, Australian Psychology Society and Occupational Therapy Australia.

HARMONY TURNBULL
NSW Branch Chair



Where Does Speech Pathology Fit Into Your Life?

CAST YOUR MINDS BACK Tassie speech pathologists to September last year when many of us gathered in gorgeous Hadley's, Hobart, to ponder and plan our direction as an organisation. Those who were there will recall that the discussions and deliberations led to a plan, which Julie Douglas aptly named 'Where Does Speech Pathology Fit Into Your Life?'

For those not there, you may remember reading a little about it in *Speak Out* or e-news; and for others, you may be reading about this project for the first time. So here's a little of the back story.

In gathering at Hadley's, along with Gail Mulcair, Michael Kerrisk and the generous and Honourable Nicola Roxon, we were seeking to brainstorm and be clear about focus for Branch activities over the coming three years. We sought information and direction to be most supportive and relevant to Tassie speech pathologists. The overarching questions were about how members would like to be represented by the Branch.

By the time we had worked through an agenda designed to inspire, we had landed on 'Where Does Speech Pathology Fit Into Your Life?'

The group came to consensus on the importance of raising the public profile of the profession and its many facets.

So the plan behind WDSPIYL is that over three years, using consistent branding, we will bring information to the Tasmanian public about how speech pathologists work across the entire

lifespan to support communication and swallowing.

We plan frequent, small campaigns, often partnered with other organisations as they undertake their health promotion activities. We want Tasmanians to see how diverse and foundational our work is. A Facebook page has been started (search for Where Does Speech Pathology Fit – and 'Like' it) and there will be more social media and other media as the campaign rolls along.

Many members have indicated over the past 18 months they would like to be involved in the Branch activities, but they are unable to commit to regular meetings and positions on the executive. We had these needs in mind as we planned and plotted at Hadley's. So now we need you!

WDSPIYL will certainly need extra hands-on-deck if it is to be successful and to reach as many Tasmanians as we'd like to. If you are passionate about a particular area of SP work, and would like to lead or be involved with a small and circumscribed project in that area, please let us now. Contact any of us on the executive. There is lots of scope, and lots of latitude. More specific details about how you can be involved will be posted under the Tas Branch e-News. Anything is possible! EVERYTHING is possible!

ROSIE MARTIN
Tasmania Branch Chair





Speech Pathology students on a tour to Cambodia include Lisette Ogg, Claire Jarvis, Greta Ruaro, Sarah Biscaro, Emma Jordan, and Craig Willis.

Student Community Engagement in Cambodia

IN FEBRUARY THIS YEAR, 14 speech pathology students from Australian Catholic University (ACU) travelled to Battambang in north-western Cambodia for a two-week community engagement opportunity with The Future Sense Foundation. This foundation collaborates with local communities and non-profit organisations in developing countries to improve education, child welfare, and economic outcomes. The opportunity to visit Battambang is part of an ACU initiative that sees students complete community engagement experiences locally or abroad during their undergraduate degree.

Upon arrival we received an orientation to Cambodia including a briefing about the tragedies of the Khmer Rouge regime and the importance of education to build opportunities for young Cambodians. The teaching of the English language is viewed as being particularly important as a tool of international communication, enabling Cambodians to participate in international development opportunities.

Separate programs were developed for students at two schools (one primary and one high school). Part of the high school program concentrated on fun, age appropriate ways to teach the sounds 'ch', 'sh', and 'th'. The Future Sense Foundation identified these sounds as stumbling blocks for Cambodian students, as these sounds don't exist within the Khmer language. We also spent time teaching plurals, the simple past tense 'ed', and the present progressive tense 'ing'. In the primary school setting, we focused on play-based lessons to raise students' awareness of English letter-sound knowledge,

use of family titles (e.g. mother, father, etc.) and production of sound blends. We were fortunate to work with excellent interpreters, who helped us build rapport and exposed us to the practicalities of translation. In addition to our face-to-face work with students, we recorded the curriculum and lesson plans that we created for our classes to ensure that future volunteers could expand upon these resources, thus ensuring sustainability.

While we were kept busy lesson planning and teaching daily, we were eager to explore the Cambodian lifestyle. We were fortunate to be provided with good quality bikes, enabling us to experience Battambang like true locals. We visited markets and eateries, took hikes, visited temples, and paid our respects at sites affected by the Khmer Rouge. However the highlight was a weekend away to Siem Reap, where we explored the incredible Angkor Wat. We were in awe of this incredible, intricate temple complex built thousands of years ago.

Our experience in Cambodia will stay with us for a lifetime and we feel extremely lucky that ACU promotes this opportunity for students to enhance the abilities and wellbeing of people and communities globally. We've gained useful skills and confidence that has contributed to our personal and professional development. I would also like to thank the staff of Challenges Abroad (who facilitated our stay), and the students and staff of Kdol Teav High School, and Doun Teav Primary School for their discipline, enthusiasm and warmth.

BY LISETTE OGG
ACU Speech Pathology Student

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