



Kathrine Morgan-Wicks  
Secretary  
Tasmanian Department of Health  
Sent electronically: [ourhealthcarefuture@health.tas.gov.au](mailto:ourhealthcarefuture@health.tas.gov.au)

4 July 2022

Dear Ms Morgan-Wicks,

Re: *Our Healthcare Future: Advancing Tasmania's Health* public consultation.

Thank you for the opportunity to comment on this unfolding healthcare plan. Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing over 13,000 members. Speech pathology is a self-regulated health profession through Certified Practising Speech Pathologist (CPSP) membership of Speech Pathology Australia. The CPSP credential is recognised as a requirement for approved provider status under a range of government funding programs including Medicare, Department of Veteran Affairs, and the NDIS.

As the national body regulating the quality and safety of speech pathology practice in Australia, Speech Pathology Australia is also well placed to monitor and progress workforce developments and initiatives. Speech Pathology Australia accredits the 26 university entry-level training courses for speech pathologists in Australia, evaluates requests for recognition of overseas qualifications, administers the continuing professional development (CPD) program for the profession and provides mentoring and support programs to the significant cohort of new graduate/early career speech pathologists currently within the speech pathology workforce.

### **The role of speech pathologists**

People with communication and swallowing disability span the entire age range, and the nature of their difficulties impacts on most areas of life. These people frequently require interventions and supports from multiple areas of public and private services (including health, disability and education sectors and mental health services). Speech pathologists, as experts in the assessment, diagnosis, and treatment of communication and swallowing disorders, are essential members of multi-disciplinary teams providing services to people within the disability, aged care, mental health, justice, education and healthcare systems.

The clinical protocols for speech pathology treatment are evidence-based and backed by strong multidisciplinary scientific evidence for efficacy. Clinical protocols for treatment (in terms of session duration, frequency of care, intensity) differ depending on the clinical presentation and diagnosis – with speech pathology care aimed at maximising function for that person. Speech pathologists use their diagnostic capacity to provide tailored and individually targeted intervention solutions to achieve functional outcomes. Some speech pathologists working in the disability sector focus their practice on the assessment and provision of communication aids for people with complex communication needs.

Speech pathologists work to assist people with complex communication needs to communicate and connect with others in an accessible and meaningful way, assist in teaching the social communication skills required to participate in different environments, and reduce the impact of swallowing or feeding difficulties experienced by individuals and their families or support networks across the lifespan and all life activities.



The pervasive nature of certain difficulties, varied and fluctuating presentation and high incidence of co-existing conditions requires a thorough diagnostic process that examines all aspects of development and functioning

Speech pathologists are the only profession with the knowledge and skills required to comprehensively assess communication, speech, language, social pragmatic skills and eating and drinking difficulties across the lifespan. The speech pathology assessment process involves multiple assessment sessions as the speech pathologist observes and assesses the individual in a range of contexts (for example, hospital, clinic, home and/or educational setting) and with a range of communication partners (e.g., family, peers or strangers). This will often include a standardised assessment and a comprehensive report addressing all areas of communication and eating/drinking.

An important role of a speech pathologist in the diagnostic process is the differential diagnosis of other communication-related conditions; for example, in a childhood setting this may be specific language impairment, social (pragmatic) communication disorder, developmental language disorder, speech sound disorder (e.g., childhood apraxia of speech), and specific learning disorder (e.g., dyslexia). In addition, the speech pathologist will assist the multidisciplinary team to decide if the person's communication profile is more consistent with a description of intellectual disability, trauma, anxiety, or attention deficit disorder, or Autism in conjunction with one or more of these other conditions.

Older people also benefit from speech pathology intervention to promote independence, community participation and social relationships for those with speech, language, communication difficulties and safe swallowing and mealtime participation for those with swallowing difficulties.

As such speech pathologists are an integral part of the healthcare team, and the Association wishes to highlight the need to include provisions for speech pathology services, in addition to support for this critical aspect of the workforce within healthcare planning.

### **About communication disability**

Communication disability is a factor that is also important to consider regarding healthcare planning for the Tasmanian population. The Australian Bureau of Statistics' 2015 Survey of Disability, Ageing and Carers (SDAC), estimated that 1.2 million Australians had some level of communication disability, ranging from those who function without difficulty in communicating every day but who use a communication aid, to those who cannot understand or be understood at all<sup>1</sup>. Some people have problems with their speech, language and communication that are permanent and impact on their functioning in everyday life.

Difficulties in speech, language, fluency, voice, and social communication can occur in isolation or the person may have difficulties in more than one area and can negatively affect an individual's academic participation and achievement, employment opportunities, mental health, social participation, ability to develop relationships, and overall quality of life.

People with severe communication impairments include those with acquired brain injury (e.g., stroke, traumatic brain injury), neurodegenerative disorders (e.g., Parkinson's disease) and developmental disabilities (e.g., cerebral palsy, intellectual disability). In Australia there are thousands of individuals with CCN who have a severe/profound core activity limitation affecting their communication. In 2018, of the 4.4 million Australians who had disability, almost 3.9 million people had a limitation with the core activities of communication, mobility or self-care and/or a schooling or employment restriction. As a proportion of the Australian population: 3.2 per cent had a profound limitation and 2.6 per cent had a severe limitation<sup>2</sup>.

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<sup>1</sup> Australian Bureau of Statistics (2017) Australians living with communication disability. <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4430.0Main%20Features872015?opendocument&tabname=Summary&prodno=4430.0&issue=2015&num=&view>

<sup>2</sup> Australian Bureau of Statistics - Disability, Ageing and Carers, Australia: Summary of Findings, 2018.

Communication disabilities can arise from a range of conditions that may be present from birth (e.g., Down Syndrome or Autism), emerge during early childhood (e.g., Developmental Language Disorder, stuttering, severe speech sound disorder), or during adult years (e.g., traumatic brain injury, stroke and head/neck cancers, neurodegenerative disorders such as Motor Neurone Disease) or be present in the elderly (e.g., dementia, Alzheimer's disease, Parkinson's disease). The prevalence and complexity of these disorders increase with age as both communication and swallowing functions are vulnerable to the natural ageing process; therefore, with an ageing population, prevalence and subsequent demand for supports will increase.

Some people with disability have complex communication needs, which are difficulties with understanding and/or the expression of communication, associated with additional physical, cognitive or sensory impairments. Many people with CCN benefit from the provision of alternative or additional methods of communication, including aided Augmentative and Alternative Communication (AAC) such as communication books, boards, speech generating devices and accessible technology for phone and internet-based communication. Assessment and ongoing speech pathology input is vital for those use AAC to allow their communicative participation.

The Association notes that there has been no specific mention of different types of disability within the current *Our Healthcare Future: Advancing Tasmania's Health* document. It is vital that communication disabilities, or health conditions that may lead to the person experiencing communication, speech or swallowing difficulties are considered within healthcare planning. This is required at multiple levels: with regards to the potential costs to the system; to allow for the planning of a suitable speech pathology workforce; and to ensure that services are communication accessible and everyone can get their message across.

Speech Pathology Australia would be strongly interested in participating in any future consultations regarding Tasmania's healthcare plan, particularly in relation to allied health and workforce planning.

We hope you find our feedback useful, if Speech Pathology Australia can assist in any other way or provide additional information please contact Ms Gail Mulcair, Chief Executive Officer, on 03 9642 4899 or by emailing [gmulcair@speechpathologyaustralia.org.au](mailto:gmulcair@speechpathologyaustralia.org.au). Thank you for the opportunity to provide feedback.

Yours faithfully



**Tim Kittel**  
**National President**