PAEDIATRIC SPEECH PATHOLOGY PROJECT

FREQUENTLY ASKED QUESTIONS (FAQs)

Draft framework and model for the Statewide Paediatric Speech Pathology Service in South Australia

The following FAQs have been developed in response to questions raised at the consultation sessions in December 2010 on the draft service model of the Statewide Paediatric Speech Pathology Service for South Australia.

Further FAQs will be developed to respond to questions about how the service model will be implemented across DECS and SA Health.

1. Why was there a decision to develop a statewide paediatric speech pathology service?

The decision to develop a statewide paediatric speech pathology service was initiated by the (then) Minister for Education, the Minister for Children’s Services and the Minister for Health. It was proposed that the new statewide paediatric speech pathology service would address issues about the current paediatric speech pathology services in DECS and SA Health, primarily the gap in services for 3-4 year old children.

2. Will the statewide paediatric speech pathology service support multidisciplinary services?

Yes. The draft service model for the statewide paediatric speech pathology service supports the need for multidisciplinary approaches to continue.

3. Is there an expectation that all speech pathologists can address all communication and / or feeding needs?

No. Not all speech pathologists will provide the same programs. However there is opportunity for staff to develop their skills in areas they do not currently work and develop new skills should they wish. It is not expected that a child will be with the same speech pathologist for every targeted program that they access.

4. Why doesn’t the service model distinguish language difference from impairment/disability and address the respective role of speech pathology for these different situations?

The service model identifies services to be provided across a broader age span in acknowledgment that all speech and language impairments are not preventable. Universal services and capacity building in targeted services will address language differences, whilst other programs, such as group or individual child interventions, will be used only for children with impairments and disabilities.
5. EVIDENCE BASE

5.1 Were other speech pathology models and services consulted when developing the statewide paediatric speech pathology service model?

Yes. The International Centre for Allied Health Evidence (Uni SA) provided information about other speech pathology models and services that contributed to the development of the statewide paediatric speech pathology service model. Other documents were also used such as the Bercow Report – a review of services for children and young people (0-19) with speech, language and communication in the United Kingdom.

International Centre for Allied Health Evidence (Uni SA)
http://www.unisa.edu.au/cahe/

The Bercow Report

5.2 Was evidence based research consulted in the development of the statewide paediatric speech pathology service model?

Yes. The Centre for Allied Health Evidence (Uni SA) provided reports of the available evidence that informed the development of the statewide paediatric speech pathology service model.

5.3 Why does the draft service model document not include quantitative information about staffing numbers, client numbers, trends etc.

The quantitative data regarding staffing numbers client numbers, trends etc was collected during phase one of the project. This detail and information is not part of the service model, but will be used to inform the implementation process.

To view the information collected during Phase 1 visit the Paediatric Speech Pathology Project website at www.health.sa.gov.au/paediatricspeechpathology and go to the ‘consultation and working groups’ tab.

6. CONSISTENCY

6.1 How will consistency be achieved in services when the resourcing across the state is so variable?

Current resourcing of speech pathologists across the state is not necessarily reflective of the need of paediatric speech pathology services in South Australia. It is anticipated that resourcing will be addressed following the implementation of the statewide service system.

The implementation of a single service model and the collection of consistent data will provide the information needed to guide future planning to address inconsistent resourcing.

6.2 Will there be local flexibility within the statewide paediatric speech pathology service system?

Statewide consistency is one of the key principles of the new single service system. While there may be some aspects of the service system that will allow for local variations (eg the programs on offer will reflect local needs), other aspects need to be consistent across the state (eg eligibility criteria, data collection, referral process and prioritisation).
7. ELIGIBILITY

7.1 Will children who move to a government school from a non-government school be eligible for the statewide paediatric speech pathology service?

Yes, once they attend the government school.

7.2 What is the eligible age range for the statewide paediatric speech pathology service?

Children aged between 0-18 years are eligible for the statewide paediatric speech pathology service. However, as the primary target age group is children aged between 0-8 years, this group will be given priority.

Some children above 8 years of age currently receive speech pathology services from SA Health and DECS in response to an identified need. These existing services have been incorporated into the suite of services available in the statewide paediatric speech pathology service.

8. MEASUREMENT

8.1 What does ‘time limited’ mean?

The terminology ‘time limited’ has been changed to ‘time specified’ in response to the feedback at the December consultation sessions on the draft service model document. It means that at the beginning of a program, both the speech pathologist and the family are aware of how long the program will continue.

8.2 How is ‘time limited’ decided?

Some programs have their own time specification (eg Hanen programs). Other programs will be determined by the speech pathologist in negotiation with the parent.

The nature of the communication and feeding issue will inform the type of program or intervention that the child requires as well as the timing and length of the program or intervention.

9. PRIORITISATION

9.1 What does the statewide paediatric speech pathology service suggest for children who are not a high priority but have a mild speech pathology issue (ie mild lisp, dysfluency, language)?

Severity is one of the recommended prioritisation criteria. There will be some children who are such low priority that it may be more appropriate to talk to the family about other options.

9.2 Is the severity of a child’s speech pathology issue considered under the statewide paediatric speech pathology service?

Severity is one of the recommended prioritisation criteria. Primarily, the nature and severity of a child’s communication or feeding issue will guide any intervention decision. Social disadvantage or other contextual factors will be used as a secondary aspect of prioritisation.
9.3  Does the prioritisation system incorporate social justice principles (ie amount and type of service children receive)?

The amount and type of service children receive is evidence based. Social justice is a key factor in prioritisation. Once a child has been prioritised then the type of program that is best going to address their needs is what determines the type and amount of service they receive.

9.4  Does the priority system allow for job satisfaction and worker wellbeing (ie a mix of clients and not just the most severe, complex clients)?

The service model allows for speech pathologists to gain experience in delivering a range of programs if they choose. For those interested in this opportunity, job satisfaction is likely to come from an increase in experience with a range of clients and programs.

10.  SERVICE DELIVERY

10.1  What happens if a parent refers their child for speech pathology services when the school has determined the student does not qualify for support?

All children in DECS schools ‘qualify’ for support however they may not be a high priority for speech pathology services. If the child is not a high priority then it doesn’t matter who makes the referral they remain a low priority. This will be made clear at the time of referral, either to the parents or the school site.

10.2  Does a child with an ongoing language need, who has completed a time limited targeted service and review, go back onto waiting list or go into another targeted service?

They may do either depending on their priority and when a vacancy in their recommended targeted program becomes available.

As with all good service delivery, there will need to be an element of ‘forward mapping’ of anticipated need to access programs (e.g. planning for and considering the timing of referrals to speech and language programs, communication classes and back to local site as part of the service pathway).

10.4  What is an intervention in the statewide paediatric speech pathology service?

Intervention for individual children is one of the targeted programs listed. It may include direct service provision from the speech pathologist.

10.5  Does the draft service model include the child parent relationship?

Yes. One of the targeted options is ‘parent education and intervention groups’ and one of the options under ‘intervention for individual’ child is ‘parent child interactions’. These options cover the important work that primary health currently does around parent child relationships and attachment.
11. SERVICE OPTIONS

11.1 Why are educational speech pathology services not ‘specialist’ (tertiary services)?

The term ‘specialist’ does not equate to the definition of ‘tertiary’ used in this service model. It is acknowledged that the terms universal, targeted and tertiary have specific meanings in the public health sphere that do not match exactly the way the terms are used in this model.

Tertiary services generally occur in hospitals and focus on:

- inpatient care where the communication and/or feeding need relates to the hospital admission
- immediate outpatient care following an inpatient service
- outpatient care to reduce the risk of, or prevention of, hospital admission
- assessments which require medical partnerships

Tertiary services support targeted services through the provision of specific additional diagnostic assessment. This may include information and/or time specified intervention tailored to individual needs. The aim of tertiary services is to enable clients to access or continue to access support provided within the targeted services area. In some cases speech pathologists providing targeted services may require the support of a speech pathologist providing tertiary services.

11.2 If tertiary services are hospital based, and a child who needs Alternative Augmented Communication (AAC), is otherwise healthy, how does this work?

While at times children requiring AAC systems may also need complex diagnosis/assessment and/or medical partnerships, the general monitoring and management of these systems will be via a targeted service. AAC can be provided within targeted programs.

11.3 Do Child Development Units (CDU) and Child Assessment Teams (CAT) belong to tertiary or targeted?

CDU and CAT are part of services that are assessment based and may require medical partnerships. CDU and CAT services and information are used to identify required targeted services.

12. TRANSITION POINTS and GAPS IN SERVICE

12.1 Differing regional boundaries means that some areas (e.g. Uraidla, Norton Summit) are not covered by any Primary Health Care Service.

The postcodes boundary system will no longer be used. Families will be asked what sites they can access at the time of referral.

12.2 What gaps in services have been identified?

The most significant gap identified in the current service is in the 3 to 4 year age range. Some children may be too old for SA Health to include in their service and too young to access the DECS service. This gap will not occur in the new service model, as children will be referred to and included in the statewide single service system to ensure they receive the most appropriate program to address their needs.
FURTHER INFORMATION

For further information about the Paediatric Speech Pathology Project, visit the website at www.health.sa.gov.au/paediatricspeechpathology

FURTHER QUESTIONS

If you have specific questions, comments or feedback, you can contact:

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