



Minister Martin
Parliament
PO Box 1556
Wellington, 6012

26th October 2018

Dear Minister Martin

The New Zealand Speech-Language Therapists' Association (NZSTA) welcomes this opportunity to consult on the **Draft Disability & Learning Support Action Plan**. We support the Ministry of Education's initiative to focus on increased support, early assessment, cross-disciplinary / cross-sector working, well-being and resilience and improved coordination of services for children in New Zealand. We asked our members to complete a survey to support us in responding to your request for consultation, so this submission reflects the combined views of those speech-language therapists who have opted to use the NZSTA as their means of contributing.

Speech-language therapists (SLTs) provide a highly specialised service to a large number of children accessing education, health, disability, mental health and social services across a range of settings. As a profession, we are in a unique position to be aware of the current frustrations of many students, parents, therapists, schools, education and social service providers. The NZSTA values the relationships we have with the Ministries of Education, Health, Social Development and Justice in maintaining a high-quality evidence-based speech-language therapy service which promotes child-centred practice. We are particularly aware that one of the biggest employers of SLTs in New Zealand is the Ministry of Education and they are one of the biggest, if not the biggest staff group engaged in Learning Support as part of the Ministry. We are enthusiastic about contributing to improving the experiences and outcomes for children in New Zealand.

We offered our speech-language therapists the proposed six core elements and asked them to judge them as i) essential, ii) good but not essential or iii) not essential:

Core Element	Essential	Good but not essential	Not essential
1. Having family and whānau connection points to help navigate the system	91%	9%	0%
2. Working together to identify needs and set priorities across learning communities	95%	5%	0%
3. Better facilitation to bring together local education and service providers to work collaboratively	91%	9%	0%
4. A single plan of support for each child or young person to achieve their learning goals	73%	27%	0%
5. More flexibility to create support that is innovative and responsive	91%	9%	0%
6. Sharing data to get a clear picture of local needs, resources, and response options	82%	14%	5%

We asked our speech-language therapists to rate the top five priority Actions. Please see the summary at the end of this letter.

Overall speech-language therapists clearly agreed with the core themes and priorities of the draft plan. However below is a summary of top concerns raised:

1. There is a critical **role for speech-language therapists (SLT)** in education. Children, their families and their schools need access to speech-language therapy for **identification of needs, diagnosis and continuing support**. Given that at least 10% of children experience speech, language or communication difficulties, this needs to be more explicitly acknowledged in the Plan. Speech-language therapists need to be acknowledged by name. Language and communication difficulties are common to nearly all the learning support needs being considered. It is not valid to consider identification of the three particular diagnoses mentioned: Dyslexia, Dyspraxia or Autism Spectrum Disorder without consideration of speech, language and communication, particularly for Dyslexia and ASD. If these conditions are to be checked for, careful consideration of the method of identification, the training of those delivering and interpreting the information gained, and how children are to then be followed up will be critical. We would be wary of suggesting a focus on specific diagnoses is useful as many children have complex, overlapping conditions and whilst diagnosis can be useful, we would want to ensure a continued focus on needs rather than labels is prioritised.
2. The draft plan focuses on improved communication and coordination through new 'SENCO' roles. Whilst we welcome the enhanced development of these roles, we are concerned about the services that are to be coordinated by those in these new roles. The plan does not address **current gaps in specialist services**. Current services are highly limited in terms of the narrow group of children who are actually able to access any services and those that do receive services, often do not receive these with sufficient intensity, frequency or duration. Currently, some children are denied provision of services by a speech-language therapist. There needs to be a plan for providing **more DIRECT therapy** (i.e. the SLT working directly with the child) where this

is the most evidence-based approach to take, within a model that also provides for targeted and universal interventions. The current consultative models often used suit some students. However, many require direct input from speech-language therapists. Some speech, language and communication needs require an SLT who has the highly specialised technical skills and knowledge to implement input directly, sustained over time (sometimes years), to see gains. This does not happen for many school-aged children under the current model. Therapy pathways should be decided in line with current evidence and best practice such as described in this article <https://onlinelibrary.wiley.com/doi/full/10.1111/1460-6984.12387>

3. There needs to be a stronger focus on **evidence-based practice**. Government funded intervention should be based on evidence where possible. Universities and the Ministries of Health and Education should work together to develop evidence-based models of service delivery. We have a unique linguistic and cultural context in New Zealand and assessment methods and interventions need to be developed that are appropriate for bi- and multilingual children, and delivered in culturally sensitive and safe ways for all, particularly tamariki and rangatahi Māori and their whānau.
4. Further clarification is needed regarding how the proposed plan **interfaces with other organisations**, such as DHBs and MOH and NGOs. Consideration of how changes to the current systems will impact on the entire age range from birth through to adulthood is required, and how changes in MOE will intersect and impact on the work of other ministries working with children and NGOs e.g. how will the Ministry of Health and Ministry of Education work together with children who are preschoolers, how will the proposed plans impact on early childhood services and Early Intervention services within and outside MOE, how will the plans impact on those not attending regular schools. As speech-language therapists, we work both within and outside of the MOE, and are glad to hear that the Disability and Learning Support Action Plans are being considered within the context of other reviews (e.g. Mental Health and Child Wellbeing).
5. There needs to be **educational support for all children** identified with a learning need irrespective of a diagnosis. A review of the need for **more teacher aide support** for children is required. The gap between ORS funding and increase in TA pay is resulting in less TAs for fewer hours. Many children miss out on specialist funding such as ORS within the current model, and even those who do receive ORS funding often require way more additional input both from specialists and school-based staff than is currently provided to fully attend and participate in learning.
6. There is a dangerous depletion of services available for **children/teens as they get older**. Whilst we support a focus on early intervention, we are concerned that many older children also have significant language and communication needs requiring input, and some will have missed being identified early in life. Few teenagers attending school have access to speech-language therapy, yet Developmental Language Disorder and other reasons for speech, language and communication needs often persist. Those who are no longer attending are also at high risk of having speech, language and communication needs. Children and young people who are eligible for ORS require additional support to what is available currently. Failing to provide services that identify needs and provide appropriate interventions results in wasted potential and avoidable

negative outcomes for many moving into adulthood. Additional input and continued support through adolescence could help to address this.

We fully support improving education opportunities for children with learning needs, and in particular we welcome the opportunity to discuss specific issues relating to how speech, language and communication needs are identified and addressed in New Zealand.

In particular we raise concerns about children with care and protection histories, those who are not attending school or are attending alternative education provision, and those involved with youth justice. These children and young people have high rates of undetected and unresponded to speech, language and communication needs which can have grave implications for their participation in education and other interventions designed to help them. These groups need to be identified early and need flexible provision of support to meet often highly complex needs. There are barely any services for those who are not attending school at all or who are in Alternative Education or involved in Youth Justice, yet we know that SLT can be effective in improving participation in learning and life outcomes.

We would strongly encourage children's voices and the voices of families/whānau to be heard in the development of these plans, and both to be given a central focus in future systems. Provision of support for families and 'whole of life' as well as within educational settings is critical.

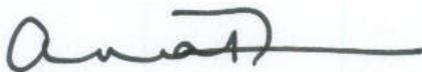
We would strongly encourage that the strengths and talents of children and young people are identified and fostered alongside the identification of challenges and needs.

Strengthened provision of education regarding identification and effective responses to learning needs in the pre-service training and in the training provided for teachers and others in the education workforce is required. In particular, we see a crucial need to increase the knowledge base of teachers about a) language development, and how to support it for all children as well as those with particular needs, and b) how to provide effective early reading instruction for all children using evidence-based methods that include the critical five elements of reading: 1) phonemic awareness, 2) phonics, 3) fluency, 4) vocabulary and 5) comprehension.

The NZSTA would be happy to be involved in further discussions with Ministry of Education and Parliament and to further support this work. The NZSTA welcomes the opportunity to co-design screening protocols for children at 3yrs and 12yrs (year 7 is suggested as a useful period to provide this). The NZSTA can offer both academic support and research evidence as well as expert clinicians and clinical stories. The NZSTA feels it is critical that speech-language therapists (from within the MOE and outside) must be involved in the development of this plan.

Thank you for this opportunity to contribute.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Anast', written over a light blue horizontal line.

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A handwritten signature in black ink, appearing to read 'Sally Kedge', written in a cursive style.

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Summary of response from NZSTA membership		
Priority Action	% of vote	Comments from members
Check all children at age 3	16	<p>This year I have had 3 different whānau with tamariki who have failed Newborn Hearing screen and not seen again until starting school at 5. Checks at 3 would act as a way to limit this .</p> <p>Research already shows WHERE the needs are. We know that low SES , Maori and Pasifika communities are likely to have increased need. What will change by measuring at 3? How will the service design change after the " 3 year check" – school is not compulsory until 6 – how will we engage these families once they are identified</p>
Measure learning differences when children start school	7	We already know where the gaps will be - what we don't know is how to respond to them in a culturally responsive - so do we really need to measure progress at 5yrs if the Age 3 screen is well designed.
Screen for dyslexia and dyspraxia between ages 6-8	8	Important, but we need to focus on ALL types of communication and learning needs.
Check health and wellbeing when young people start secondary school	11	<p>YES!!!!</p> <p>We know that communication disorder is prevalent in Youth Justice.</p> <p>We know low SES, Maori and Pasifika are prevalent in communication disorder</p> <p>We NEED to put communication services in High Schools with high risk adolescents BEFORE THEY come to youth justice</p>

		<p>A national level SLT developed and led , professional development/support system to upskill teachers and whānau on communication / self-advocacy and functional strategies . Models and Frameworks to have communication at the centre of Hui - for the benefit of students and learners. Often whānau need the communication adaptations as much as the learners. We need SLT to model what engagement that is accessible and culturally responsive looks like</p> <p>We need to highlight the dangerous depletion of services available for children/teens as they get older. Seeing the wasted potential of a lot of adults living with physical and intellectual disabilities is worrying. Additional input and continued support through adolescence (not just for children eligible for ORS, and even more for these children) could do a lot to address this.</p>
<p>Establish Learning Support Coordinators in schools to help parents and children access the right support</p>		<p>This is fine BUT who are they going to refer to. There are significant strains on speech-language therapy services and not enough teacher aides. The Learning Support Coordinators need the services available to them.</p>
<p>Co-design a flexible package of support for children and young people with autism, dyspraxia and dyslexia, and other young people with learning support needs, who are not eligible for ORS</p>	<p>14</p>	<p>YES!</p> <p>How will SES impact service design. What is right for North Shore Auckland will not fit for Otara</p> <p>Maori / Pasifika clinicians at the forefront of leading SLT domains. Adding cultural sensitivity AFTER service design delivery is not working. Cultural responsive programs are designed from the roots up as tika. Having programs or research looked at later by cultural support OR by talking about the need for Maori input will not work like having authentic input in service design will</p>

Determine the right level of investments for early intervention services	9	<p>We already know where the gaps will be - what we don't know is how to respond to them in a culturally responsive - so do we really need to measure progress at 5??????</p> <p>We need a specific focus on non ORS and High School Learners in at risk areas</p> <p>Focus on inclusive Hui for whānau so everyone has access to information and options-</p>
Align education support for disabled children aged 0-8 and their families with the support of MOH	10	Look critically at The New Born Hearing Screen to AODC MoE support pathway - this is a fantastic example of how the most at risk whānau/whānau are falling through what I have been calling the "black hole to 5"
Support teachers to recognise and respond to the needs of gifted and neurodiverse students	8	
Provide information about teaching and learning for neurodiverse students, and explore the potential to create tools to help neurodiverse learners	5	<p>YES – for HIGH SCHOOL</p> <p>We know that 2/3 of learners who have low literacy at 6 will have low literacy at 16! Early intervention is necessary – as is support for High School Learners where behaviours turn physical and mental</p>
Respond to pressures across specific supports such as Residential Special Schools, Early Intervention, Te Kahu Toi / Intensive Wraparound Services	8	<p>Funding of more TAs through ORS. The gap between ORS funding and increase in TA pay is resulting in less TAs for fewer hours.</p> <p>Accessibility for students to schools- most special schools/satellites are not fully wheelchair accessible.</p> <p>The increase in student with ORS and the lack of space available in special needs schools.</p>

Other	4	The words speech-language therapist need to be included there in specialist support.
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