

SOUTH EASTERN SYDNEY  
ILLAWARRA  
NSW HEALTH

# SHOALHAVEN SPEECH PATHOLOGY PROJECT

*Providing a collaborative service delivery approach to the  
Supported Playgroups*

Funded By



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## AIM

This project was funded by Families First.

It aims to examine the need for a collaborative and integrated approach to speech pathology service delivery, specifically to families within the Shoalhaven community who are in need of extra support. It aims to build partnerships between the Health Service, families with higher support needs, and other agencies, in order ensure that members of the Shoalhaven community have equitable and appropriate access to services in the future.

The project targets Indigenous and vulnerable families attending supported playgroups within the Shoalhaven. This project is an extension of the Speech Pathology project conducted in supported playgroups and Aboriginal pre-schools within the Wollongong area in 2005 (Merryfull, 2005).

## BACKGROUND INFORMATION

Significant proportions of the Shoalhaven population are from lower socioeconomic backgrounds and/or are members of the Australian Indigenous population. The level of unemployment within the Shoalhaven is significantly higher than the state average (11.1% compared to 7.2% in 2001 – Australian Bureau of Statistics (ABS), 2001). The 2001 ABS census also reported that 5.5% of the population from the Nowra-Bomaderry area are identified as being Aboriginal and/or Torres Strait Islander (Australian Bureau of Statistics, 2001). These figures indicate a substantial proportion of the population potentially have extra support needs.

There is a great deal of research and literature that indicates that people from lower socioeconomic and/or Indigenous backgrounds have a significantly higher incidence of Otitis Media, language impairment, literacy difficulties and reduced academic performance (Locke, Ginsborg & Peers, 2002; Cooper, Pettit & Clibbens, 1998; Beitchman, et. al., 1996; The Report of the Review of Aboriginal Education, 2004). Chronic Otitis Media appears to correlate with speech and language delay/disorder and hearing loss (Recommendations for the Clinical Care Guidelines on the Management of Otitis Media in Aboriginal and Torres Strait Islander Populations, 2001 & Maw et. al., 1999). Hodge and Downey (2004) reported that children from disadvantaged backgrounds have an increased risk of language impairment, and that children with language impairments are at greater risk of having difficulty with literacy and academic performance. Additionally, the Families First Outcomes report stated that Indigenous Australians have poorer outcomes at school.

The Aboriginal population in Australia is currently experiencing increased growth in young age groups (40.1% of the population is aged 15 and under, over 50% of the population is under 25 – The Report of the Review of Aboriginal Education, 2004). According to the Review of Aboriginal Education, Aboriginal children are more likely to:

- Live in poverty
- Have substantially worse health than other Australians
- Experience hearing problems (80% of Aboriginal children tested had some form of hearing problem)
- Experience domestic violence and neglect
- Not access prior-to-school services (2001 census – 15860 Aboriginal children aged 0-4 – only 2319 [14.6%] accessing prior to school services – Whilst the 0-5 population grows, the number of pre-school places is not increasing in proportion).

Between 2000 and 2005 the Aboriginal population represented between 3.5 and 8.8 per cent (with a mean of 4.9%) of the total occasions of service within the Speech Pathology department at Nowra Community Health Centre. The St Georges Basin Community Health Centre speech pathology service had zero recorded occasions of service for the Aboriginal population during this period (Department Statistics, 2000-2005). There is anecdotal evidence (based on discussions with experienced Speech Pathologists from the Shoalhaven District Memorial Hospital Speech Pathology Department, April 2006) that members of the Indigenous community and those from lower socioeconomic backgrounds have a higher incidence of failure to attend appointments, and are less likely to attend therapy on a long-term/regular basis. They are therefore less likely to gain benefit from the current speech pathology service deliver model.

Current literature indicates that intervention before 5 years of age is crucial to the prevention of long term language, literacy and academic difficulties (Hodge and Downey, 2004). Therefore, in order to ensure best practice, the playgroup and pre-school populations should be targeted by speech pathology services to reduce the incidence of long-term language impairment and academic and literacy difficulties. Hodge and Downie (2004) found that an effective service delivery model targeting pre-school children included the establishment of language groups run within the pre-school environment. These groups were effective in improving language skills of both Indigenous Australians and those from European descent. Furthermore, there was no difference in the success of Indigenous children compared with those of European backgrounds, indicating that this method of service delivery model may be appropriate for all children, regardless of cultural and possibly socioeconomic background.

Current government strategies and initiatives are aimed at forming working partnerships between Indigenous communities and other agencies and organisations in this manner in order to provide Indigenous children with early intervention and more successful transition to school. Speech pathologists may work in partnership with communities, other agencies and professionals, by providing services within the pre-school and playgroup environments, ensuring a collaborative service delivery approach.

## RESEARCH PHASE

The project aimed to collect information that could be used to develop a more effective speech pathology service delivery model families with higher support needs.

This included:

1. Review of literature and publications  
The internet was used as a tool to gain access to information from government and non-government agencies associated with Indigenous projects and initiatives that related in some way to the aims of this project. Electronic databases were also searched for information regarding Indigenous health, speech pathology service delivery and speech and language impairment. A collection of resources related to the original Wollongong pilot project was also reviewed.
2. Review of the pilot project conducted within the Wollongong region
3. Discussions were held with the Wollongong project officer regarding approaches to the project and expected findings and outcomes.
4. Discussions with other professionals and playgroup co-ordinators  
A number of people were contacted, including Aboriginal health workers, community nurses, pre-school teachers, and other speech pathologists. Lengthy discussions were also held with playgroup co-ordinators.
5. Discussions with parents and family members of children within the playgroups  
Discussions were informal in nature, with the parents/family members often initiating the conversation and asking questions about speech and language development. This led to further discussion about speech pathology services.
6. Screening of children at playgroups  
Time was taken to interact with the children and offer advice to parents regarding communication development, and whether or not there was a need for intervention with their children.

## SUPPORTED PLAYGROUP VISITS

The Families First Supported playgroups were established in 2003. The Shoalhaven region currently has five supported playgroups. Three are co-ordinated by Meredith Longfield from Anglicare. The two other groups were specifically established to provide support for the Koori population. One playgroup operates within the Aboriginal pre-school building at Nowra East Public School, whilst the other operates within the Aboriginal community of Jerrinja at Orient Point.

During the course of this project, each of the playgroups was visited twice to enable the speech pathologist to provide some follow-up, and to have the opportunity to meet families that were not present at the initial visit.

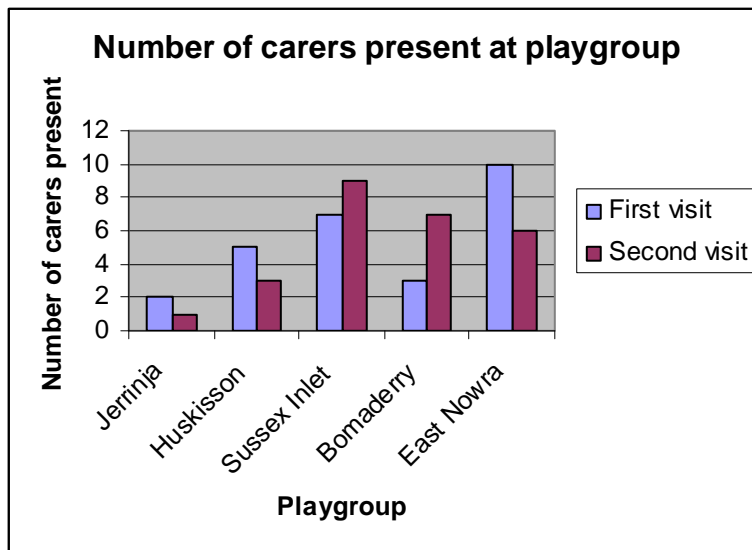
During each visit the speech pathologist was introduced to the families by the playgroup staff, and a brief description of the aims of the project was given to the families. During the remainder of the playgroup visit, the speech pathologist:

- Interacted with the children, and screened them for communication delay/disorder.
- Discussed speech pathology services with carers in an informal and non-confrontational manner, seeking information about:
  - Previous experiences with speech pathology services
  - Knowledge of services
  - Accessibility of speech pathology services
  - Knowledge of communication development
- Provided written and verbal information regarding communication development.
- Provided feedback and referral information to those carers with children needing further assessment and/or intervention.

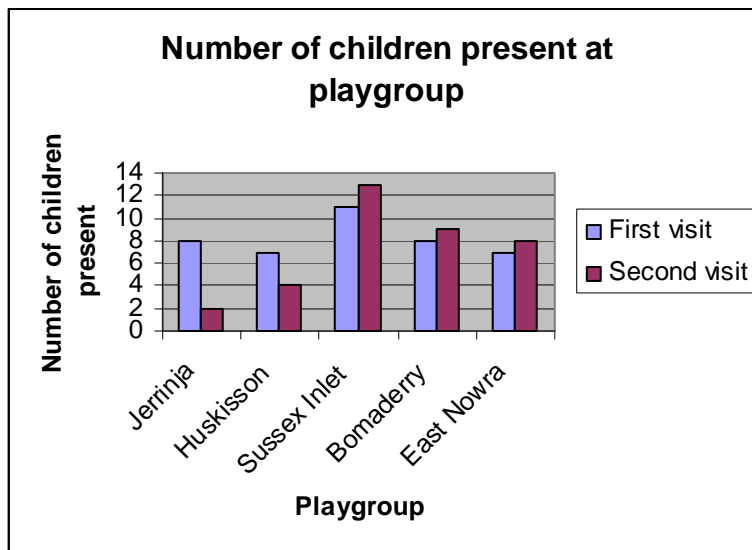
The playgroup setting facilitated a non-threatening and more relaxed approach to the exchange of information between the carers and the speech pathologist. Carers appeared to feel comfortable initiating conversation with the speech pathologist at a time and place that was most suitable for them.

The information regarding playgroup attendance, the number of carers asking questions and exchanging information with the speech pathologist, and the number of children attending the playgroup requiring intervention, is available in the following graphs.

**Graph 1**

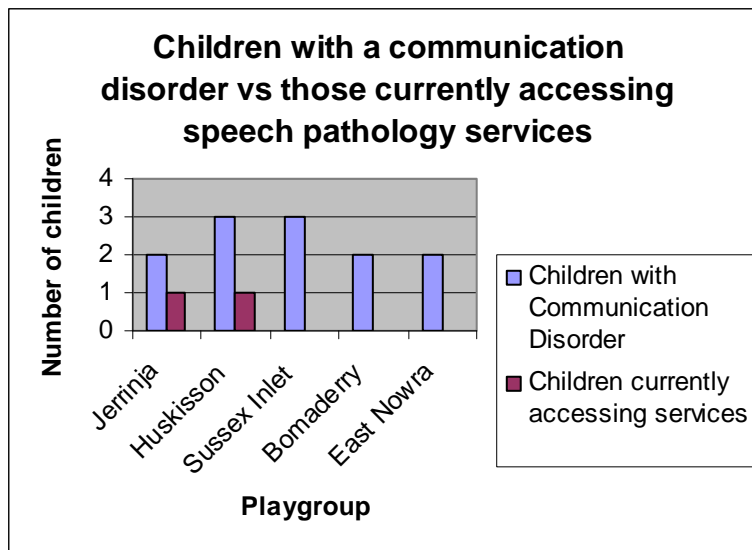


**Graph 2**



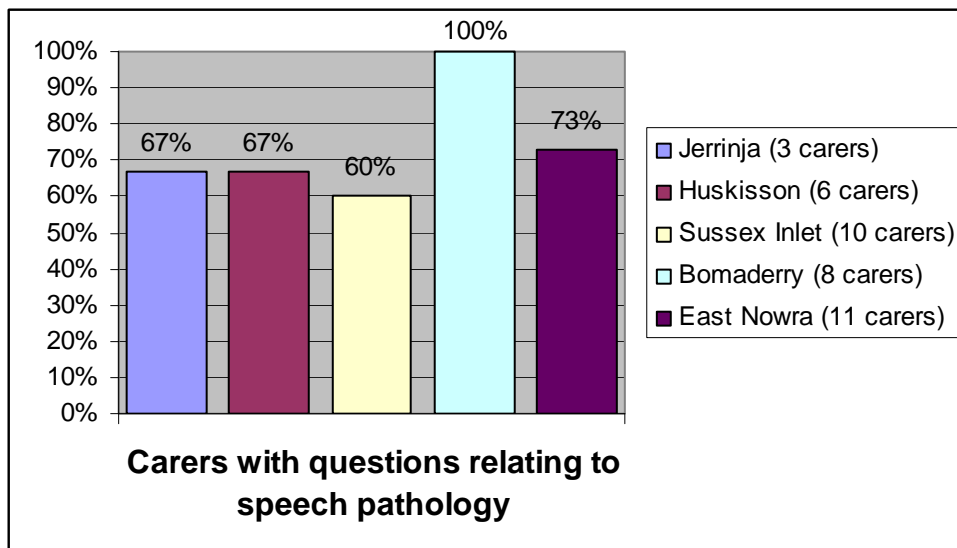
Graph 1 and 2 illustrate the number of children and carers attending the playgroup. It may be noted that Jerrinja Supported Playgroup had a significantly high number of children compared to the number of carers present. The playgroup co-ordinator (who doubles as a carer for her younger brother) indicated that parents/carers do not attend the playgroup with their children.

**Graph 3**



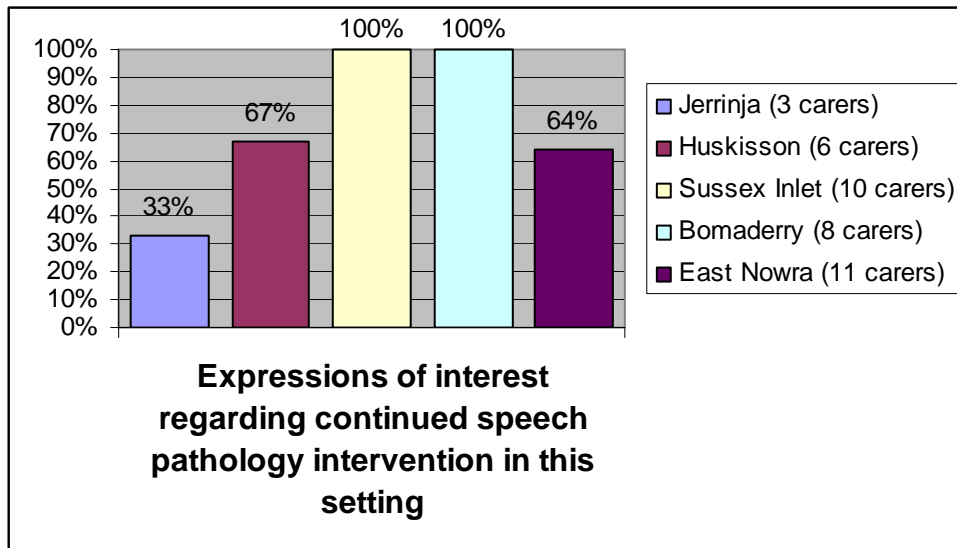
Graph 3 shows the proportion of children present at the playgroups currently accessing speech pathology services in comparison to the total number of those who were thought to have a communication disorder and/or delay. Out of the two children who were currently accessing services, only one was accessing services within the Shoalhaven. The other child was attending speech pathology with the Aboriginal Medical Service (AMS) in Wollongong, and at the time of this playgroup visit was visiting relatives within the area.

**Graph 4**



Graph 4 illustrates the proportion of carers who had questions for the speech pathologist. The majority of these carers had multiple questions, with some carers asking up to six questions relating to communication development and how and when to access speech pathology services.

**Graph 5**



Graph 5 demonstrates the number of carers who expressed that this collaborative and community-based model of speech pathology service delivery was a valuable and effective method of providing services.

## FINDINGS

### ***Playgroups make it easier for families to access services***

There are a number of issues preventing families with high support needs from accessing speech pathology services within a clinical setting on a regular and effective basis.

- *Transport*

This is an issue particularly affecting the members of the Aboriginal community at Jerrinja. The playgroup co-ordinator at Jerrinja stated that many adult members of the community do not have their drivers' licence and/or access to cars. The nearest facility offering speech pathology services is Nowra Community Health Centre, over 20km's away. Public transport is limited. A community bus travels to Nowra once per week, but the playgroup co-ordinator reported that most people use this facility for shopping.

Factors such as rising petrol prices, other family members needing access to vehicles, and having to rely on other people for lifts or to borrow cars, makes access to speech pathology services difficult for many of the families within the supported playgroups.

- *Prioritisation*

Many parents from the supported playgroups find it hard to attend speech pathology within a clinical setting. Parents and carers frequently struggle with organisation and time management, and find it difficult to keep regular appointments, particularly if they have other children. Some carers also struggle with health and family issues that impact upon their ability to access services.

- *Cultural differences*

The clinical service delivery model currently used by speech pathology clinics has been devised by people from the dominant culture. Other cultures find it difficult to access scheduled appointment times. For some cultures optimal learning may not occur within a one-on-one teacher-pupil setting.

- *Trust*

Issues of trust also impact upon the willingness of many Indigenous families to access services. Many Koori families do not feel comfortable accessing services provided by the government due to previous negative experiences. One Indigenous mother expressed anger and frustration with government services, feeling there is often investigation of need for potential services, but no follow-through.

Playgroups provide an ideal setting for service delivery to clients with additional support needs because they are relatively easy for families to access.

- Families often have comparatively short distances to travel to access this service.
- Families are able to bring all their children to the playgroup – an environment in which they can play and interact safely.
- The playgroup environment gives caregivers time and opportunity to talk to other parents, playgroup staff and other professionals.
- Playgroups are more flexible in terms of the times of arrivals and departures. This flexibility cannot be provided within a clinical service delivery model.

Issues of trust may be reduced or resolved within this environment if families feel comfortable in the playgroup environment and have established relationships with playgroup staff. Playgroup staff may facilitate discussions between families and other professionals using their pre-existing relationships with both parties.

Cultural differences may also be minimised within the playgroup setting, as the speech pathologist or other health professional works within an existing routine established by the playgroup, and is able to approach families in a more flexible manner.

### ***Playgroup staff and parents/carers have varying levels of knowledge and education***

Many of the playgroup staff had a limited knowledge about speech and language development, the role of a speech pathologist, and when to refer to services. None of the staff in their current roles have made a referral to speech pathology.

Many parents were unaware that their child(ren) had a communication difficulty, whilst others expressed concerns about their child's development, despite the child being within the normal range for their age. Overall many parents knew little about normal speech and language development.

Playgroups are ideal settings in which to provide education to staff and families for a number of reasons.

- The playgroup setting is a familiar and neutral setting where many families feel comfortable. Many families have established relationships with each other, and feel comfortable seeking advice from, or discussing their problems with each other, as well as playgroup staff. Such discussions provided many opportunities for the speech pathologist to provide advice and education.
- The informal nature of playgroups allowed caregivers to approach the speech pathologist when and where they felt comfortable to ask questions. Parents were not under pressure to provide information to the speech pathologist, neither were they put in a situation where they had to absorb a

large amount of information. Rather, the caregiver was able to regulate the amount of information and education they sought.

- Playgroups provide an ideal setting for the distribution of written information. Many parents sought this information so that they had a guide for what they could expect their child to be doing, and so that they knew what to do if they needed to access speech pathology services. This information can be difficult to access in the community. One mother reported that it took her weeks to locate her local speech pathology service. She stated that the only reason she had persisted was because she had met a speech pathologist in a social situation who had recommended that her child be formally assessed.

### ***Parents/carers have existing relationships of trust with playgroup staff***

Trust is very important when working with families, and is particularly difficult to develop with some members of the Indigenous community who have previously had many negative experiences with government agencies and/or the health system.

Parents, particularly within the Anglicare supported playgroups, had established relationships with the playgroup co-ordinator. Parents were noted to approach playgroup staff with their problems, and have lengthy discussions with the staff. By building relationships with the playgroup staff, and then being introduced to the families of the playgroup by the staff, the speech pathologist was able to establish some credibility and trust within the playgroup quite rapidly.

The speech pathologist was quickly able to develop a rapport with the playgroup staff in order to facilitate the exchange of valuable information, within the guidelines of privacy laws. The relationship that the speech pathologist built, particularly with the co-ordinator of the Anglicare playgroups, enabled certain families to be identified as needing speech pathology intervention, and the barriers that may prevent them from accessing services in the clinical setting.

### ***Parents/carers are more relaxed and comfortable within the playgroup setting***

Parents must often go outside their comfort zone to access clinic-based services. For many parents the clinical setting induces negative feelings due to past negative experiences, either at school or within the health system. Parents often feel that they are being scrutinised within the clinical setting, and thus may avoid accessing services in this setting.

The neutral setting and informal nature of the supported playgroups allows many parents feel comfortable and relaxed within this environment.

- Parents are familiar with the staff, the building, the routine and the activities through regular attendance.
- Parents and caregivers feel some ownership of the situation because they are able to be involved in some of the planning and execution of activities.

- They have developed relationships with the staff and the other families.

Playgroup staff and many of the parents felt that they were more likely to access a speech pathology service within the playgroup environment because they felt more comfortable within this setting. When a speech pathologist or other professional visits the playgroup, parents feel more in control of the situation.

The informal structure of playgroups also allows parents to approach the speech pathologist at a time and place of their choosing, and to choose whether the discussion involves other parents, or whether they want to discuss their concerns in private. Many parents approached the speech pathologist and asked questions freely in their own time. When the speech pathologist made a follow-up visit to the playgroups, parents whom had sought advice on the previous visit asked follow-up questions or gave feedback on the information that they had been provided with.

***Members of playgroups provide motivation and encouragement for one another and facilitate the sharing of information***

The supported playgroups provide a network of support for families through the development of relationships with the playgroup staff and with other families. These relationships facilitate the sharing of advice, experiences and knowledge, and offer encouragement to families when they are struggling.

Many parents with extra support needs find it difficult to attend clinical appointments for various reasons. If parents are motivated to attend playgroups, then this is an ideal setting in which speech pathologists may provide intervention.

***Playgroups provide ideal settings for collaborative and multidisciplinary intervention***

The playgroup setting allows professionals to liaise and co-ordinate with each other, as well as with parents, in an environment that is easily accessible to all parties.

Working in collaboration with parents and caregivers allows appropriate prioritisation of goals. It also gives parents and professionals many opportunities to learn from each other. The flexible nature of the supported playgroups means that intervention, planning and discussions can occur at a time that is optimal for all involved. It allows health and education professionals to work on more than one goal simultaneously, and incorporate goals from each discipline to develop a balanced and effective intervention plan. The naturalistic environment of the playgroup facilitates generalisation of goals, and allows other children to act as a model for children with impairment.

The playgroup co-ordinator from the Anglicare groups was keen to work together with the speech pathologist, providing information to the speech pathologist, facilitating discussions between the families and the speech pathologist, and making suggestions regarding service delivery. This collaborative approach enabled the speech pathologist to make an effective use of her time within these playgroups.

## RECOMMENDATIONS

1. A speech pathologist should be an integral part of the services offered at the Shoalhaven supported playgroups. Service should include regular visits to these settings to answer questions, screen children and provide education to families regarding speech, language, voice, fluency and feeding and provide intervention within the playgroup setting.
2. Funding of additional paediatric speech pathology services to allow:
  - The education and exchange of information with other support services including the provision of in-services to playgroup staff, Aboriginal Health workers, child and family nurses, Aboriginal pre-school teachers, and others.
  - Development of Indigenous specific resources that can provide parents with education regarding normal speech and language development and the importance of early intervention.
3. Relationships of trust need to continue to be built between the Shoalhaven Speech Pathology department and the Indigenous community in order to facilitate education, the exchange of information and the provision of more appropriate services to this population.
4. Relationships should be established between existing Indigenous health services and the Shoalhaven Speech Pathology department. Services provided by the Speech Pathology department should link in with established services that already have the trust of the community.
5. The Shoalhaven Hospital Paediatric Speech Pathology service should consider alternatives for the Indigenous population. An alternative service may involve providing an outreach service to Indigenous playgroups and pre-schools to screen children, provide education to workers and parents, and provide some home programs.
6. Projects and programs need to be offered on a long-term basis in order to build relationships of trust and offer an effective service, particularly within the Indigenous community.

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