



North East Metro LDC Outreach Service

Making Speech Pathology and Language Development Centre (LDC) Referrals



Online WebEx session

Workbook

Online, on-demand PL session (1.5hrs)

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Communication

Definition: the imparting or exchanging of information.

This can be done through:

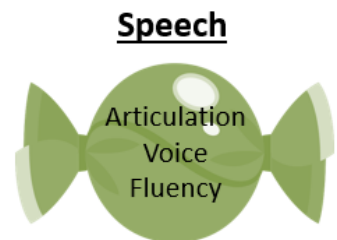
- Speaking
- Gesture (e.g. sign language)
- Nonverbal communication (e.g. body language)
- Symbols (e.g. letters, emojis)
- Other means

Parts of Verbal Communication

Speech

The way we use sounds to express ourselves. As a broad category 'speech' consists of:

- **Articulation / speech sound use:** How we make speech sounds using the articulators (parts of the oral and throat cavity such as the mouth, lips and tongue).
- **Voice:** How we use our vocal folds and breath to make sounds.
- **Fluency:** The 'smoothness' or flow with which speaking takes place. A lack of fluency can be called a dysfluency or a stutter.



Language

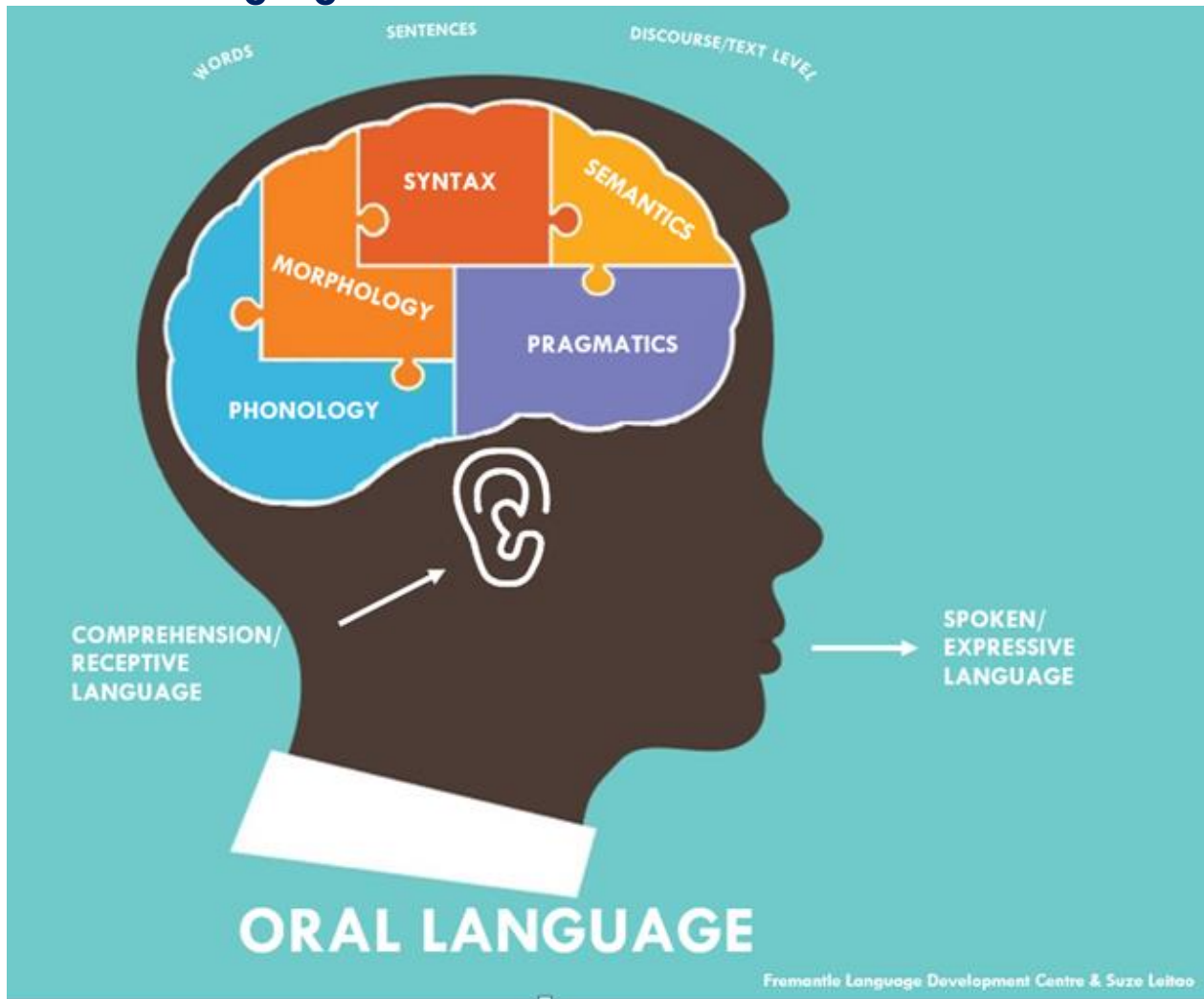
The words we use & how we use them. Language consists of:

- **Vocabulary and semantics:** Words, their meanings and how concepts are related.
- **Grammar:** How language is organised – how sentences are structured (syntax) and words are formed by adding units of meaning to each other (morphology).
- **Discourse:** The way in which a series of ideas are connected to each other in a cohesive manner. This includes generating or retelling stories, persuading someone, reporting on something, and various other text genres.
- **Social skills:** The use and function of language as a tool for social interaction.
- **For reading & writing:**
 - o **Phonological awareness:** the ability to tune into, manipulate the sounds in spoken language.
 - o **Phonics (for writing/reading):** the connection between sounds and letters, and being able to use these to read/write

Language



Parts of Oral Language



Importance of Communication Skills

- “Research tells us that up to **50% of students** with a history of speech and language delay are at **risk of later literacy learning difficulty.**” (Love & Riley, 2005)
- **Listening comprehension is a precursor to reading comprehension.**
- Oral language is the **foundation for the development of literacy skills** and is considered to be a strong indicator of **later reading, writing, and overall academic achievement** (Bradfield et al., 2013; Communication Trust, 2013; Gross, 2013; Hill, 2012; Hougen & Smart, 2012; Kirkland & Patterson, 2005; Resnick & Snow, 2009; Winch et al., 2010)
- “If a young person has **difficulty understanding** language this will **affect all areas of learning**; all education takes place through the medium of language.” (Cross, 2004, p.70)
- Children who had a language disorder are **twice as likely** to have a **psychiatric disorder** by age 19.
- **46% of young Australian offenders** have a language impairment.
- Telethon Speech and Hearing Institute, 2018 study:
 - **89% of children** in detention in WA have a severe cognitive impairment
 - **36%** have foetal alcohol spectrum disorder (FASD)

Typical Development

Communication milestones

At 12 months children can usually...

Understanding

- understand about 10 words
- respond to their name
- recognise greetings and gestures, such as 'hi' and 'bye-bye'
- recognise a few familiar people and objects (e.g., mummy, blanket, teddy)
- make eye contact

Speaking

- start to use sounds, gestures, and say a few words
- continue to babble
- copy different sounds and noises.

When you talk to me, WAIT for me to respond before you say more.

Get face-to-face with me when we communicate.

At 18 months children can usually...

Understanding

- understand up to 50 words and some short phrases
- follow simple instructions (e.g., 'throw the ball')
- point to familiar objects when named
- point to some pictures in familiar books.

Speaking

- say 6 to 20 single words – some easier to understand than others, but becoming more consistent.
- copy lots of words and noises
- name a few body parts
- use objects in pretend play (e.g., hold toy phone to their ear and say 'hello!')

At 2 years children can usually...

Understanding

- follow simple two part instructions (e.g., 'give me the ball and the car')
- respond to simple wh-questions, such as 'what' and 'where'
- point to several body parts and pictures in books when named
- understand when an object is 'in' and 'on' something.

Speaking

- say more than 50 single words
- put two words together (e.g., 'bye teddy', 'no ball')
- use their tone of voice to ask a question (e.g., 'teddy go?')
- say 'no' when they do not want something
- use most vowel sounds and a variety of consonants (m, n, p, b, k, g, h, w, t, d)
- start to use 'mine' and 'my'.

At 3 years children can usually...

Understanding

- follow more complex two part instructions (e.g., 'give me the teddy and throw the ball')
- understand simple wh-questions, such as 'what', 'where' and 'who'
- understand the concepts of 'same' and 'different'
- sort items into groups when asked (e.g., toys vs food)
- recognise some basic colours.

Speaking

- say four to five words in a sentence
- use a variety of words for names, actions, locations and descriptions
- ask questions using 'what', 'where' and 'who'
- talk about something in the past, but may use '-ed' a lot (e.g., 'he goed there')
- have a conversation, but may not take turns or stay on topic.

Figure out what I want to say, and put it into words for me.

At 4 years children can usually...

Understanding

- answer most questions about daily tasks
- understand most wh-questions, including those about a story they have recently heard
- understand some numbers
- show an awareness that some words start or finish with the same sound.

Speaking

- use words, such as 'and', 'but' and 'because', to make longer sentences
- describe recent events, such as morning routines
- ask lots of questions
- use personal pronouns (e.g., he/she, me/you) and negations (e.g., 'don't can't')
- count to five and name a few colours.

At 5 years children can usually...

Understanding

- follow three part instructions (e.g., put on your shoes, get your backpack and line up outside)
- understand time related words (e.g., 'before', 'after', 'how' and 'later')
- start thinking about the meaning of words when learning
- understand instructions without stopping to listen
- begin to recognise some letters, sounds and numbers.

Speaking

- use well formed sentences to be understood by most people
- take turns in increasingly longer conversations
- tell simple, short stories with a beginning, middle and end
- use past and future verbs correctly (e.g., 'went', 'will go')
- use most speech sounds, but still may have difficulties with 's', 'r', 'l' and 'th'.

No need to always read the whole book. Talk about pictures that interest me.

Children learn to communicate by interacting with early childhood educators, family, and friends. This poster shows when, and how children develop communication skills. Early childhood educators and speech pathologists can support children to build their communication and help them developing "between the flags".

We can work together to

- find out which children are understanding and speaking "between the flags"
- create communication-supporting learning spaces
- help children with a range of communication needs.

Speech pathologists can also provide therapy to help children with

- understanding and using pictures, symbols, signs, gestures, speech sounds, words and sentences
- taking turns and making eye contact
- building skills for 'later' reading and spelling
- stuttering, voice and feeding difficulties.

Don't 'wait and see'

Please speak to parents about their child's communication as soon as you have any concerns. Get advice from Speech Pathology Australia by phoning 1300 368 835.

Work together with a speech pathologist in your area. You can contact speech pathologists:

- through local community health centres and not-for-profit organisations
- by calling or emailing private practices.

Try searching for speech pathology services online, or at www.speechpathologyaustralia.org.au (click on 'Find a Speech Pathologist').

Language and cultural differences

Children from different backgrounds, including Aboriginal and Torres Strait Islander backgrounds, may use words differently when learning English. This may not be a problem. Always encourage families to use the language(s) at home that they are comfortable speaking.

Children who are learning English need meaningful language experiences through stories, music, nursery rhymes, play and LOTS of repetition. If you're unsure about their progress, check with a speech pathologist.

To download this poster as handy information sheets visit www.speechpathologyaustralia.org.au/milestones

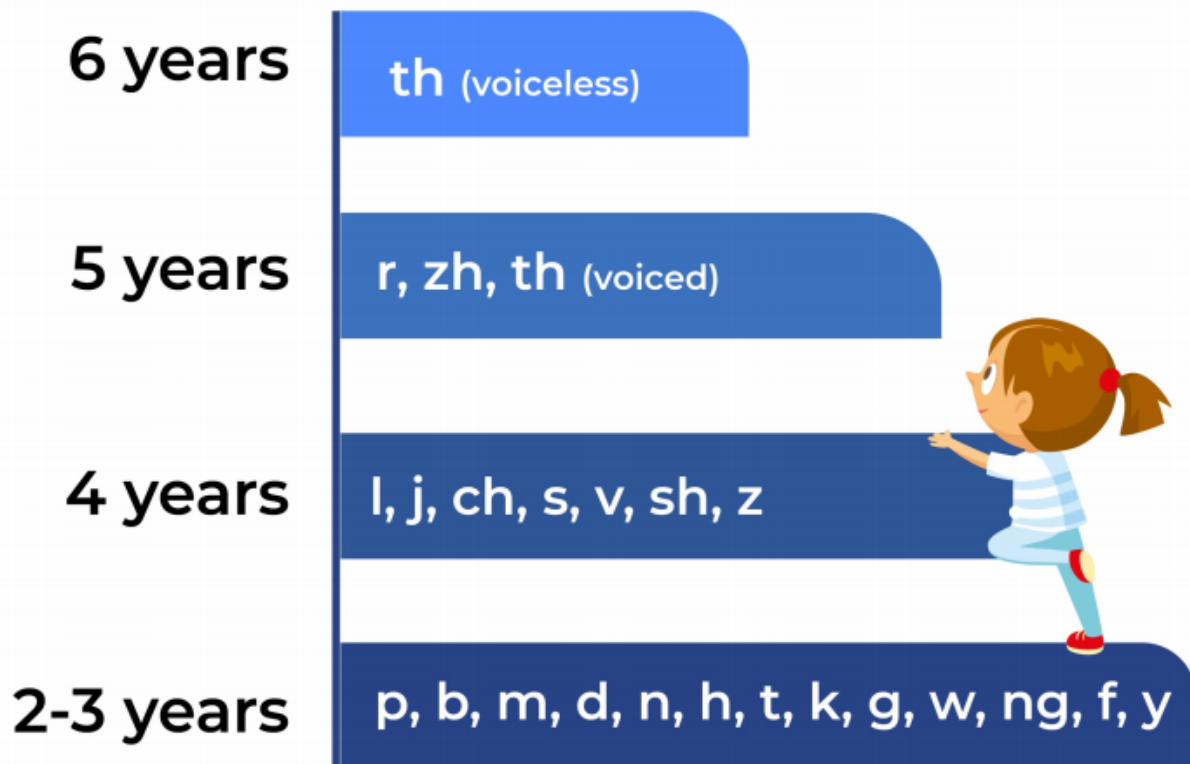
Speech Pathology Australia
www.speechpathologyaustralia.org.au

Download the Speech Pathology Australia Communication Milestones posters:
<https://speechpathologyaustralia.cld.bz/Communication-Milestones-A4-sheets>

Language Development age 4-5 years

Domain	Skills Developed
Vocabulary and language development in children at 4-5 years	<ul style="list-style-type: none"> <input type="checkbox"/> connecting words, like 'when' and 'but' <input type="checkbox"/> words that explain complicated emotions, like 'confused', 'upset' and 'delighted' <input type="checkbox"/> words that explain things going on in her brain, like 'don't know' and 'remember' <input type="checkbox"/> words that explain where things are, like 'between', 'above', 'below' and 'top' <input type="checkbox"/> Learning more and more adjectives that help him explain things better – for example, 'empty' and 'funny' <p>In general, preschoolers understand many more words than they can use.</p>
Sentences and grammar in language development	<ul style="list-style-type: none"> <input type="checkbox"/> speak in increasingly complex sentences by joining small sentences together using words like 'and' or 'because' <input type="checkbox"/> begin to use many different sentence types: <ul style="list-style-type: none"> ○ E.g. 'The dog was chasing the cat' and 'The cat was chased by the dog' <input type="checkbox"/> able to use long sentences of up to nine words <input type="checkbox"/> know all of the different word endings = E.g. add '-er' to say 'bigger' <input type="checkbox"/> able to talk about things that have happened in the past or will happen in the future, rather than just things that are happening right now <input type="checkbox"/> better at using the past tense, as well as irregular plurals like 'mice' and pronouns like 'him', 'his' and 'her'
Understanding and language development	<ul style="list-style-type: none"> <input type="checkbox"/> understand and use words that explain when things happen, like 'before', 'after' and 'next week' <input type="checkbox"/> might still have trouble understanding complicated ideas like 'at the same time' <input type="checkbox"/> might start asking questions if she doesn't understand an instruction <input type="checkbox"/> start to understand figures of speech like 'You're pulling my leg' and 'He's a couch potato' <input type="checkbox"/> will follow directions with more than two steps, even if the situation is a new one <input type="checkbox"/> might do what they hear first and ignore words that tell them the order to do things in
Pronunciation in language development	<ul style="list-style-type: none"> <input type="checkbox"/> by 4½ years old, strangers can understand almost every word your child says. <input type="checkbox"/> still have trouble using some speech sounds <ul style="list-style-type: none"> ○ E.g. 'fing' for 'thing,' 'den' for 'then' or 'wing' for 'ring' ○ might occasionally mispronounce complex words by missing sounds e.g. 'amblance' for 'ambulance' or 'paghetti' for 'spaghetti'.
Developing conversation and storytelling	<ul style="list-style-type: none"> <input type="checkbox"/> keep getting better at storytelling <input type="checkbox"/> might sometimes give too much or not enough information <input type="checkbox"/> might have trouble telling things in order and making it clear who they're talking about <input type="checkbox"/> story endings might not make sense or might seem sudden <input type="checkbox"/> better at seeing things from other people's points of view, so might add useful background information in conversation <ul style="list-style-type: none"> ○ E.g. 'I went to Max's and we had cake and Max is from my preschool' <input type="checkbox"/> getting better at taking turns in conversations with a group of people <input type="checkbox"/> start talking at the right volume for the situation <input type="checkbox"/> make requests more politely, using words like 'can', 'would' and 'could' <input type="checkbox"/> requests might also be less direct and obvious <ul style="list-style-type: none"> ○ E.g. 'That smells good!' when they want something to eat <input type="checkbox"/> begin to use language to tease and tell jokes <input type="checkbox"/> laugh at silly or made-up words

Speech sounds normal development



Average age children learn to pronounce English consonants correctly
(Based on 15 English speech acquisition studies compiled by McLeod and Crowe, 2018)

Free download from <https://www.csu.edu.au/research/multilingual-speech/speech-acquisition>

Typical Language Development 5-8 years

- Learn more words,
 - start to understand how the sounds within language work together,
 - become better storytellers,
 - learn to put words together in different ways,
 - build different types of sentences, and
 - share ideas and opinions.
- By 8 years, children are typically able to have adult-like conversations



Resources downloadable from:

- https://www.thecommunicationtrust.org.uk/media/363850/tct_univspeak_5-11.pdf
 - https://www.thecommunicationtrust.org.uk/media/363856/tct_univspeak_11-18.pdf
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-

Language Differences

Stages in Learning an Additional Language

EALD Learning Stage	Description
Stage 1	Home language use
Stage 2	Non-verbal period (up to 7 months)
Stage 3	Telegraphic speech (memorised phrases)
Stage 4	Productive language use (code switching effectively but making grammatical errors)
Stage 5	Competent language use

3 months = begin understanding

2 years = carry a conversation

5-7 years = think in the second language

(See Weitzman & Greenburg, 2002, p. 254)

EALD & Language Impairments

Children who are learning English as an additional language / dialect may experience difficulties or present with language differences.

These are often apparent in their **home language as well as English**

Communication Difficulties

Prevalence

- ❑ Between **22.3-24.5%** of Australian children have a speech, language or communication disorder at school entry (McLeod & Harrison, 2009)
- ❑ **11%** of students in secondary school have a communication disorder (McLeod & McKinnon, 2010).
- ❑ **6-8%** have Developmental Language Disorder (DLD) – this is estimated to be more than 38,000 WA students

What it is

See a speech pathologist

- **Language difficulties** (associated with biomedical conditions, or **not – DLD**)
 - Grammar, text, vocabulary, semantics, morphology
 - Social use of language
 - Processing phonological information (related: dyslexia)
- **Speech sound** difficulties
- **Voice** difficulties
- **Fluency** difficulties (stuttering)

LDC

Learn more about Developmental Language Disorder (DLD)



- Video: <https://www.youtube.com/watch?v=tQ-s02HWLb0>
- Fact sheets & more info: <https://wp.me/Pbdn0U-Yu>



DLD IS A HIDDEN DISABILITY THAT AFFECTS APPROXIMATELY TWO CHILDREN IN EVERY CLASSROOM, AFFECTING LITERACY, LEARNING, FRIENDSHIPS AND EMOTIONAL WELL-BEING.

Risk Factors for Communication Difficulties

Child Factors	Parent Factors	Family / Community Factors
<input type="checkbox"/> Gender (Female<Male) <input type="checkbox"/> Perinatal factors <input type="checkbox"/> Multiple births <input type="checkbox"/> Medical conditions <input type="checkbox"/> Hearing status <input type="checkbox"/> Recurrent ear infections <input type="checkbox"/> Disabilities	<input type="checkbox"/> Family history of speech and language problems <input type="checkbox"/> Educational level of mother and father <input type="checkbox"/> Parental mental health <input type="checkbox"/> Maternal age at birth of child	<input type="checkbox"/> Family size <input type="checkbox"/> Smoking in the household <input type="checkbox"/> Socioeconomic factors <input type="checkbox"/> Neighbourhood disadvantage <input type="checkbox"/> Non-English speaking backgrounds <input type="checkbox"/> Limited language experiences

Note, having one or more risk factor does not guarantee a person will have communication difficulties, it just makes it statistically more likely

General Communication Red Flags

Students only need to 'tick' any one of these red flags to warrant further investigation



Age	Red flags for referral on
1-2 years of age	<input type="checkbox"/> The following features are indicative of atypical development in speech, language or communication: <input type="checkbox"/> No babbling; <input type="checkbox"/> Not responding to speech and/or sounds; <input type="checkbox"/> Minimal or no attempts to communicate.
3-4 years of age	<input type="checkbox"/> Any of the following features is indicative of atypical development in speech, language or communication: <input type="checkbox"/> At most two-word utterances; <input type="checkbox"/> Child does not understand simple commands; <input type="checkbox"/> Close relatives cannot understand much of child's speech.
4-5 years of age	The following features are indicators of atypical language development: <input type="checkbox"/> At most, three-word sentences; <input type="checkbox"/> No simple sentences (e.g. He likes to walk, I am running); <input type="checkbox"/> Difficulty for strangers to understand them; <input type="checkbox"/> Parents only understand them 50-75% of the time; <input type="checkbox"/> Disturbed interaction; <input type="checkbox"/> Does not understand spoken language/cannot process spoken language quickly enough.
5-6 years of age	<input type="checkbox"/> Poor intelligibility (difficult to understand their speech) <input type="checkbox"/> No adequate reaction to questions or commands <input type="checkbox"/> Does not understand composite commands <input type="checkbox"/> At most, simple sentences <input type="checkbox"/> Does not ask questions

Age	Red flags for referral on
6-7 years of age	<input type="checkbox"/> Poor understanding of language <input type="checkbox"/> Does not understand composite commands <input type="checkbox"/> No adequate reaction to questions or commands <input type="checkbox"/> Disturbed communication <input type="checkbox"/> Poor intelligibility <input type="checkbox"/> Cluster reduction (says 'top' for 'stop', or 'tee' for 'tree') <input type="checkbox"/> Poor vocabulary <input type="checkbox"/> Incomplete sentences <input type="checkbox"/> Does not produce compound sentences <input type="checkbox"/> Poor story-telling

Additional Red Flags for Underlying Language Impairments

- **All students:**
 - Poor non-word repetition
 - Poor sentence repetition

- **EAL/D students:**
 - Language difficulties in home language
 - Parental concern regarding communication

Assessments For if You Have Concerns

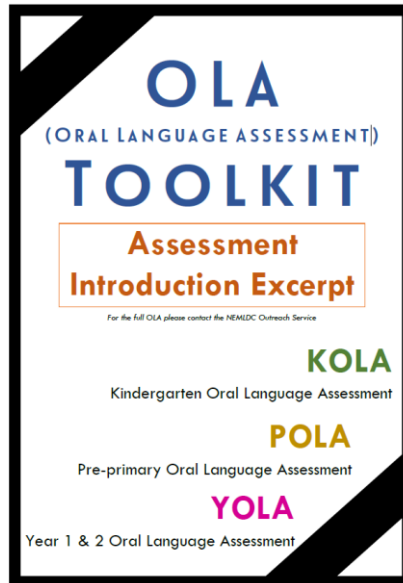
GAPS assessment

– particularly good for EAL/D students

- **10 minute**, simple test for screening grammatical and phonological abilities through nonword and sentence repetition
- Can be administered by **someone other than a speech pathologist**
- **Norms for 3;4 to 6;8**. Can also be used with older students – bear in mind age difference
- Free hire from the NEMLDC Outreach or free download from <http://hvdI.org.uk/gaps/>

Main tier 1-3 assessment recommendations: OLA

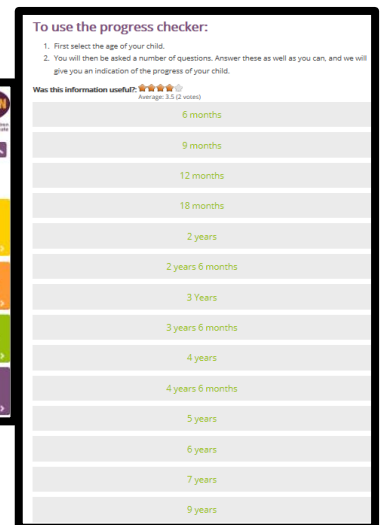
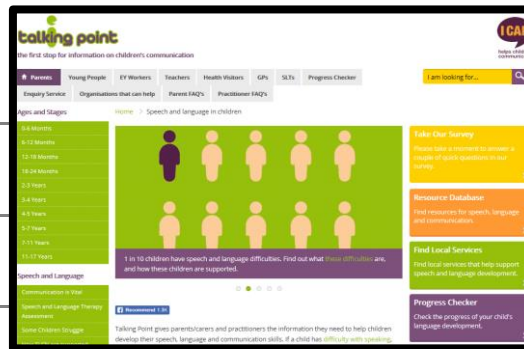
Assess text, comprehension, vocabulary & semantics, grammar & pre-literacy skills



For the full (free) K-2 Oral Language Assessment (OLA) Toolkit please contact the NEMLDC Outreach Service

Useful Website

<http://www.talkingpoint.org.uk/>



Summary: Who to refer to a speech pathologist...

Students 'ticking' any one red flag warrants referral to a speech pathologist...

Red flags:

- Not meeting milestones
- Poor nonword and sentence repetition
- (EAL/D): difficulties in home language & parental concern

Language Development Centers

Overview



- **NEMLDC: K-Year 2** (take referrals for K & PP, sometimes Y1) – *other LDCs are K-3*
 - Provide **intensive, evidence-based oral language intervention programs** for children in their early years of schooling (max. 3-year placement)
 - Deliver the mainstream curriculum with an **explicit oral language focus**
 - Have **smaller class sizes** (14 -16)
 - Employ **speech pathologists** as permanent members of staff
-
-

Eligibility Criteria

Students must:

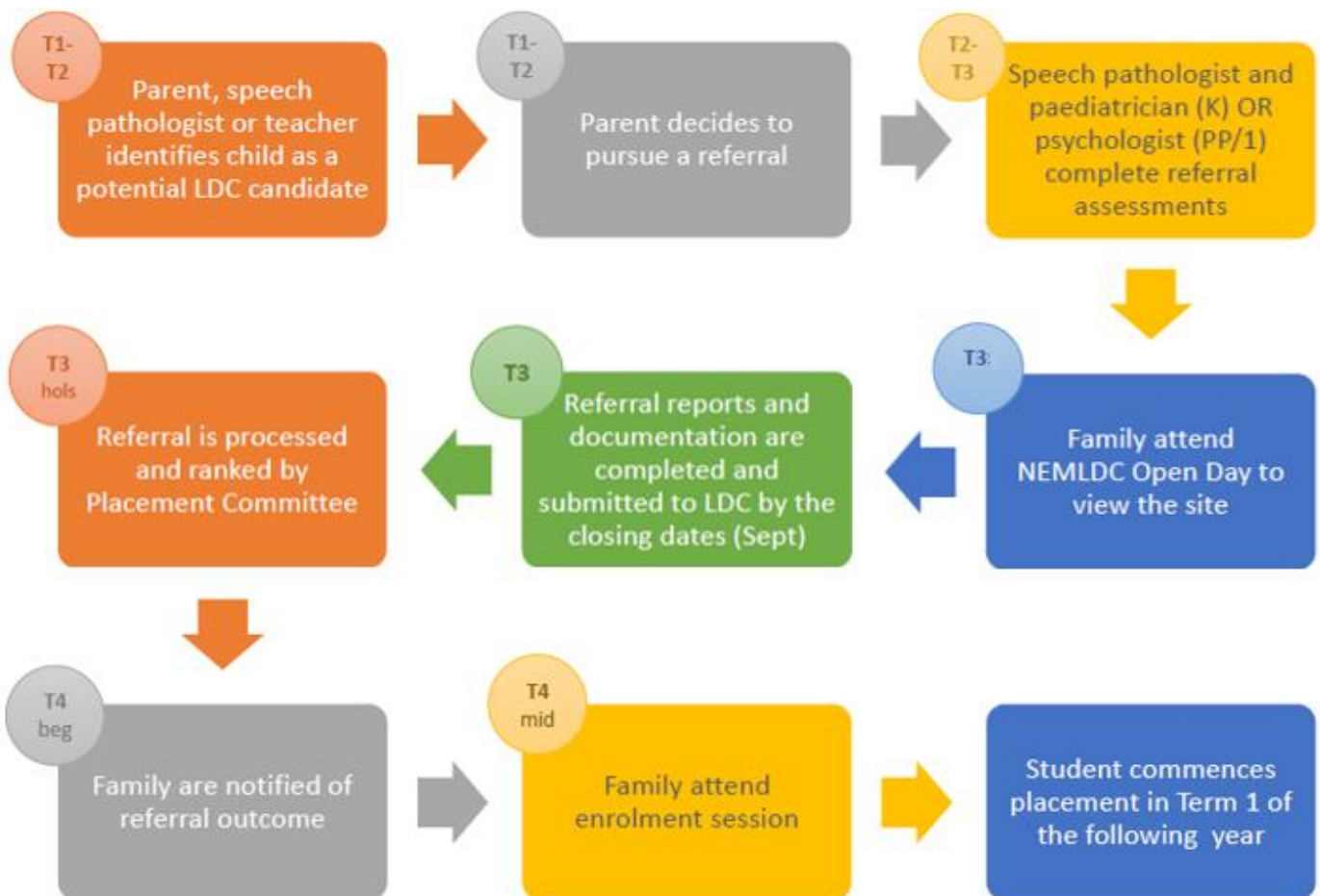
1. Have with a **primary language impairment** in one or more areas
 - *Students can be EALD / have comorbid difficulties e.g. speech sounds, literacy difficulties – these must just not be the main reason for the student’s communication difficulties*
 - Demonstrate **sound adaptive behaviours**
 2. Have an IQ in the **average or above average range** on a standardised assessment
 3. Have an IQ in the **average or above average range** on a standardised assessment
-
-

What is Required for Referral

Eligibility Criteria	Information required in referral	
	Kindy referrals	PP & Year1 referrals
Have with a primary language impairment in one or more areas	Speech Pathology assessment & referral report	
Demonstrate sound adaptive behaviours	Parent questionnaire	Teacher questionnaire
Have an IQ in the average or above average range on a standardised assessment	None Ages & Stages assessment from GP / paediatrician is helpful	IQ assessment by psychologist (non-word IQ tests preferable e.g. WPPSI)

Referral Process & Timeline

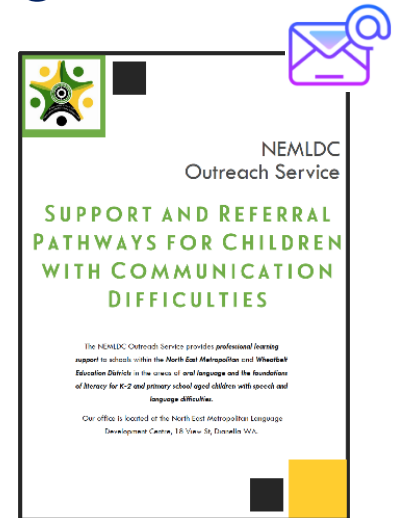
(p27 of referral pathways document)



Accessing Speech Pathologists

WA Service Provision for School-Aged Children

- Child Development Service
 - Metro service
 - WA Country Health Service
 - Child & Parent Centres
- National Disability Insurance Scheme
- Curtin University speech pathology placements in schools
- Private Speech Pathologists
- Disability support providers (e.g. Autism Association, Ability Centre etc.)
- Non-government organisations (e.g. Dyslexia SPELD Foundation, Telethon SHS)



For more information about identification of speech & language difficulties and support services, see this handout →

Issues:

- Ever changing landscape - funding changes, government restructures
- Lack of awareness of available services for consumers and clinicians
- Limited government-funded services beyond Year 2 (7 year old +) for children with DLD – LDC, CDS and CPC all prioritise 'early intervention'
- Reduced access to services in rural/remote areas –government and private

Children usually do not need a GP referral to see a speech pathologist

Talk to the Parents

- Carefully explain:
 - **what we expect** (normative development)
 - **what you are seeing** (observations and data)
 - Ask them what they have noticed
 - Suggest a referral
 - CDS and/or private speech pathologist
 - Discuss what they could expect (assessment and intervention)
-
-

Child Development Services: Metro

Child Development Services referral website: <https://www.cahs.health.wa.gov.au/Our-services/Community-Health/Child-Development-Service/Eligibility-and-referrals>

- **Government funded** ('free' to customers)
- Prioritise **early intervention** (0-7 year olds).
- Intervention for **speech, language, fluency, swallowing** (not literacy).
- **Family-centered** practice.
- Parent training, small group and 1-0- intervention.
- Coordinate **referrals to LDC** and other specialist services.
- **Usually first port of call** for concerns.
- Can have **long wait-lists** (~6-12 months).

Child Development Service: Regional - WA Country Health Service

- See children of **any ages**
- Able to provide a **range of services**, including 1:1 and school based support
- Covers the **North & South Wheatbelt region** (+ the rest of rural WA)
- Parent or teacher can **email** or fax referrals
- **Contacts:**
 - **Southern Wheatbelt Primary Health Service** (based out of Narrogin),
Ph: (08) 9881 0385; E: Southernwheatbelt.phs@health.wa.gov.au
 - **Avon & Central Wheatbelt Primary Health Service** (based out of Northam), Ph: 9690 1320
 - **Eastern Wheatbelt Primary Health Service** (based out of Merredin), Ph: 9041 0444
 - **Western Wheatbelt Primary Health Service** (based out of Moora), Ph: 9652 0200



- **WACHS website:** http://www.wacountry.health.wa.gov.au/index.php?id=433&no_cache=1

Tips when making referrals:

- Parents supportive of referral –tell parents what to expect
- Include referral checklists
- Include any **additional information** about the child’s speech, language and communication development e.g. GAPs results, observation checklists, narrative samples, language screening or other test results

Private Speech Pathology Services

Private Speech Pathologists can:

- provide a **wide range of services** for children;
- be more **flexible with the service delivery model** used (school, home and daycare visits, clinical services; age-ranges; clinical populations).

Finding a Private Speech Pathologist

(remember, families do NOT need a referral from a GP – just call up / book online)

You can search for a private speech pathologist by suburb or by speciality (e.g. stuttering, speech sounds, language etc.). There are two main websites you can use to find a speech pathologist:

Private Speech Pathologist Association of WA (PSPAWA)

www.pspawa.com.au/html/find_a_speech_path_.html

The screenshot shows the PSPAWA website search page. At the top, it says 'Find a Speech Pathologist'. Below that, there are two search options: 'Search - General' and 'Search - Area of Speciality'. The 'Search - General' section has a dropdown for 'Suburb' set to 'Any suburb' and a text input for 'Surname'. There are also checkboxes for 'Age of Clients - Adult', 'Age of Clients - Child', 'Clinic Based', and 'Home Visit'. The 'Search - Area of Speciality' section is currently selected. At the bottom, there are 'Search' and 'Book' buttons.

Speech Pathology Australia

www.speechpathologyaustralia.org.au/about-spa/find-a-speech-pathologist

The screenshot shows the Speech Pathology Australia website search page. It has a form titled 'Find a Speech Pathologist' with the following fields: 'First Name of Speech Pathologist', 'Last Name of Speech Pathologist', 'Suburb', 'Postcode', 'State' (dropdown), 'Medicare Local' (dropdown), 'Practice Type' (dropdown), 'Clinical Population' (dropdown), 'Services' (dropdown), 'Area of Special Interest' (dropdown), and 'Language' (dropdown). There is a 'Find' button at the bottom. Below the form, it says 'Please enter your search criteria to view results'.

Is your school considering hiring a private speech pathologist? Make sure to use them wisely....

*The NEMLDC Outreach Service provides final year speech pathology students to successful applicant schools for **free**.*

Private Speech Pathology Services: Financial Support for Families *Chronic Disease Management*

[https://www1.health.gov.au/internet/main/publishing.nsf/Content/mbspri-
marycare-chronicdisease-pdf-infosheet](https://www1.health.gov.au/internet/main/publishing.nsf/Content/mbspri-marycare-chronicdisease-pdf-infosheet)

*GP Management Plan - Chronic medical condition or,
Team Care Arrangements – complex care needs with multidisciplinary needs*

- **GP Management Plans** typically allows access to 5 **Medicare rebated sessions** (10 sessions for Aboriginal students) with a private therapist – OT, Physio, Speech Pathologist, Psychologist etc.
 - **Generally need to require 2+ health services to be eligible**
But, Medicare only covers a portion - there is still a gap!
-
-

Private health cover & Medicare

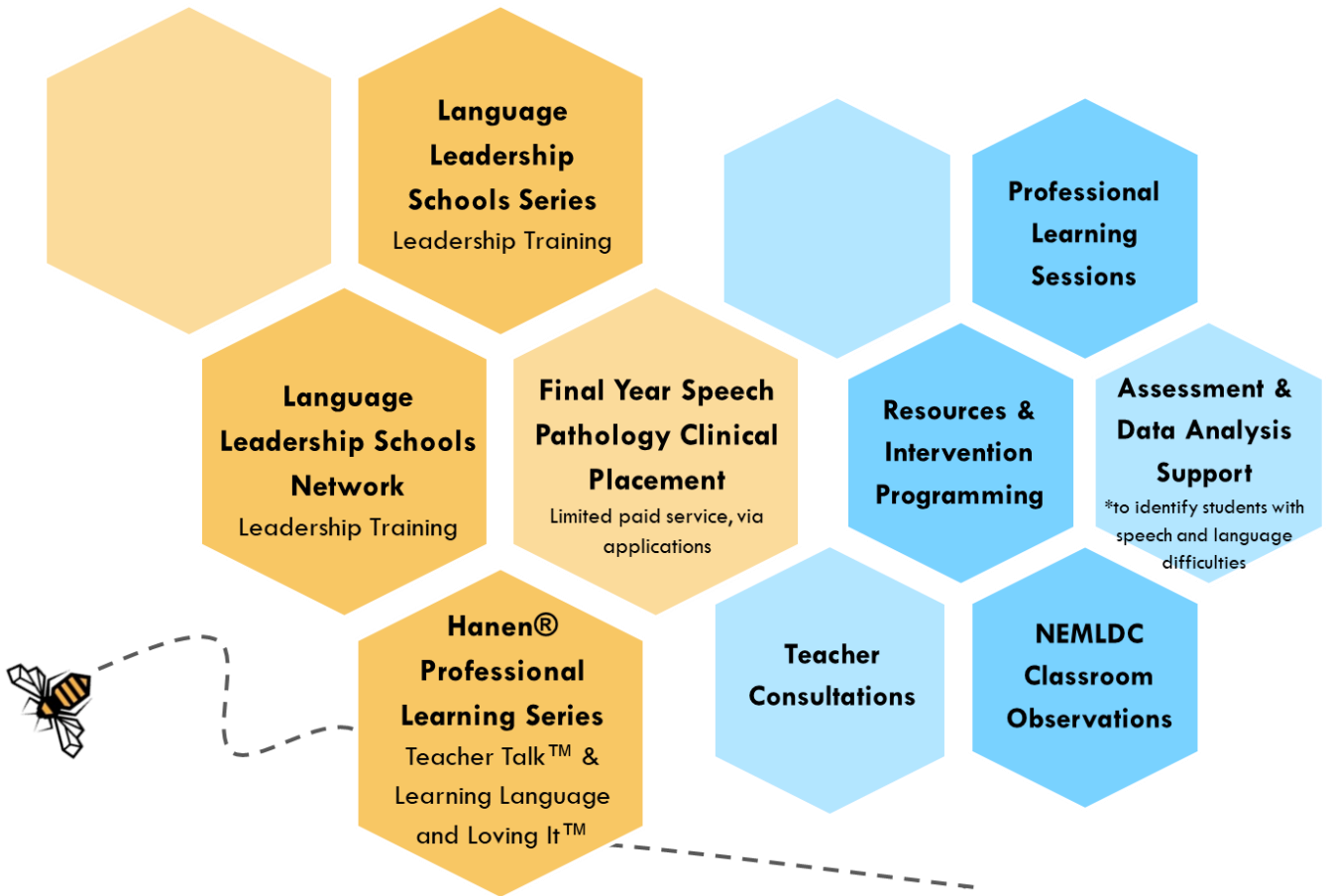
- Some private health funds (Medibank, HBF, Bupa etc.) have speech pathology services as an optional extra
 - Medicare only covers a portion - there is still a gap!
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National Disability Insurance Scheme (NDIS)

<https://www.ndis.gov.au/>

- **2 streams:**
 1. **Early intervention stream (0-6YOs):** Supporting students with a developmental *delay or disability* to reduce the impacts of that difficulty and to build their skills and independence.
 2. **Permanent and significant disability:** lifelong *disability* with *substantial impact* on ability to complete *everyday activities*.
 - Funding to be used for assistance or products that help a person in their daily life and help them **participate in the community and reach their goals.**
 - Application process is often long & difficult – **work through a health professional**
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Supporting students in schools: NEMLDC Outreach Team



Please view our website [here](#) for more information.

**This professional learning session was presented by the NEMLDC
Outreach Service**



NEMLDC Principal

Lisa Gannon

A bit about what the NEMLDC Outreach Service does:

The NEMLDC Outreach Service provides support to schools within the North East Metropolitan and Wheatbelt Education Districts in the areas of oral language and the foundations of literacy K-2 and intervention support for primary school aged children with speech and language difficulties.

The NEMLDC Outreach Service offers a range of services to schools to support them in implementing best practice instruction in oral language and the foundations of literacy, within the Response to Intervention Model focuses on K-2 students at educational risk due to speech and/or language difficulties. The NEMLDC Outreach Service is an opt-in service available to all government schools within our supported region. A core component of the services we provide is the training of education staff to be Language Leaders within their school's specific context. The Outreach Service prides itself in developing and disseminating evidence based intervention programs to schools in a way that results in sustainable advances in the teaching of oral language and literacy foundations.

For more information about the NEMLDC Outreach Service, please call the NEMLDC Outreach team on 9218 1600 or visit our website <http://northeastldc.wa.edu.au/speech-and-language-outreach-service/>

*To view & register for professional learning currently being offered please visit:
<https://plis.det.wa.edu.au/homepage.aspx?org=20>*

