



Speech and Hearing BC

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Letter of Advocacy Regarding Speech and Language Services in BC Schools: Request and Rationale for a Re-examination of Services

Speech and Hearing BC is the association of Speech-Language Pathologists (S-LPs) and Audiologists in British Columbia. The association is comprised of more than 1300 members across the province. The association is asking school districts across BC urgently re-examination Speech-Language Services in BC schools.

Speech and Hearing BC is asking British Columbians, the BC government and school districts across BC to urgently support students across BC by:

1. Helping make speech and language services equitable among BC schools
2. Ensuring all districts in BC offer sufficient speech and language services
3. Considering a ratio-based funding policy for S-LPs
4. Considering a ratio of 1.0 FTE (full-time equivalent) S-LP to 600 students

The rationale for this request is based on:

- All students, across all BC school districts, deserving equitable access to services.
- Significant negative consequences of untimely/late diagnosis and of untreated/under-treated speech and language disorders.
- Increasing prevalence estimates of speech and language impairments and complex conditions.

All Students in BC deserve equitable services across BC school districts:

Currently there are not enough S-LPs employed in Canadian schools to meet the needs of the many students who require and deserve their services (e.g. Archibald, 2017; Cirrin et al., 2010; Ukrainetz, 2006). Furthermore, a survey conducted in December 2019-January 2020 indicated that across BC school districts, there is an extremely large discrepancy between the ratio of S-LPs and student populations.

As seen in Appendix A, ratios range from 1.0 FTE to 943 students to 1.0 FTE to 2857 students. This is equivalent to some Kindergarten students in our province being in a classroom of 20 students to one teacher and others being in classrooms of 60 students to one teacher.

Based on prevalence rates of 10% (see Appendix B), our request for a ratio of 1.0 FTE S-LP to 600 students would result, on average, of a full-time S-LP having 60 students on their caseload as part of their overall workload. This caseload number is more consistent with other school-based professionals in BC such as Integrated Support Teachers, Resource Teachers, and English Language Learning Teachers.

Further, S-LPs are increasingly working in BC schools that follow a Response to Intervention (RTI) framework. An equitable, ratio-based funding model would improve the quality of instruction and support for all students (see Appendix B).

Significant and negative consequences of untimely/late diagnosis and untreated/ under-treated speech and language disorders:

Equal access to adequate service is paramount for the health and well-being of children, and adequate speech-language skills are a cornerstone for successful outcomes later in life. Significant and negative consequences of untreated or under-treated speech and language disorders include, but are not limited to: academic failure, reading difficulties, mental health problems and behavioural challenges (e.g. Prelock, Hutchins & Glascoe, 2008; Beitchman & Brownlie, 2010).

Children with language impairments have poorer academic performance and a higher likelihood of having a learning disability than children in the general population (e.g. Beitchman & Brownlie, 2010; Conti-Ramsden, Durkin, Simkin & Knox, 2009). Foundational speech and language skills are fundamental to literacy skill development (e.g. Clegg & Ginsborg, 2006):

- 40%-75% of preschoolers with early speech-language disorders develop reading problems in school (Scarborough & Fowler, 1993).
- Children with diagnosed reading disabilities often have poorer language skills than children without reading disabilities (Scarborough & Fowler, 1993).
- Teachers report needing support from an S-LP to address the needs of their students (Glover, McCormack & Smith-Tamaray, 2015).

Speech and language impairments negatively impact mental health. For example, increased rates of anxiety disorders have been reported in children with speech and language disorders (e.g. Beitchman & Brownlie, 2010; Wadman, Botting, Durkin & Conti-Ramsden, 2011). Approximately 81% of children who are accessing help for an emotional-behavioural disorder have been shown to have below-average language proficiency (Hobson & Bird, 2019).

Girls with language impairments have been found to be 3 times more likely to have experienced sexual abuse in childhood or adolescence than girls without a language impairment and also become pregnant at a younger age (Beitchman & Brownlie, 2010). Teenagers with language disorders are two and half times more likely to report symptoms of depression than their typically developing peers (Conti-Ramsden & Botting, 2008).

Children with language impairments are more likely to have behavioural problems than children with typically-developing language (e.g. Benner, Nelson, Epstein, 2002; Durkin & Conti-Ramsden, 2010; St. Clair, Pickles, Durkin & Conti-Ramsden, 2011). Approximately two-thirds of children (64%) with persisting language disorder exhibit some externalizing behaviours (e.g. conduct problems, aggression) and/or internalizing difficulties (e.g. social withdrawal) (Conti-Ramsden & Botting, 2004).

Recent research also found that 47% of 93 young offenders demonstrated significantly lower language skills than expected for their age and the majority of those individuals had not received support from an S-LP (Hobson & Bird, 2019). Without adequate funding, many cases go undetected which is detrimental for many vulnerable populations.

Increasing prevalence estimates of speech and language impairments and complex conditions:

Speech and language impairments affect between 3 and 16 percent of children, depending on the age and type of impairment (Rosenbaum & Simon, 2016). As outlined by RADLD, an international campaign for Raising Awareness of Developmental Language Disorder, data indicate that about 2 students in every classroom will experience a language disorder.

Additionally, research suggests that the need for speech-language services is significantly increasing. More children are being diagnosed with speech and language impairments and other conditions such as Autism that require S-LP support (e.g. Rosenbaum & Simon, 2016).

Identification and treatment of speech and language disorders are often complex due to the possibility of other diagnostic conditions and co-occurrence of multiple disorders. For instance, children with attention-deficit/hyperactivity disorder may also have an underlying language disorder as symptoms that can be similar (e.g. Prelock, Hutchins & Glascoe, 2008) and 50% of preschoolers accessing psychiatric services have been found to have undiagnosed language impairments (Prelock, Hutchins & Glascoe, 2008). Close links also exist between developmental language disorder and dyslexia (Bishop and Snowling, 2004).

Summary:

In conclusion, the current funding for educational speech-language pathology services in BC is not sufficient to equitably meet the needs of all students. It is the position of Speech and Hearing BC that ALL students deserve access to timely, comprehensive and evidence-based speech-language pathology services in BC schools. Severe speech and language disorders are debilitating at any stage across the life span. However, the impact of these difficulties on students in the early grades is particularly serious due to the widespread negative effects on overall development and impact on our society.

For these outlined reasons, Speech and Hearing BC is asking British Columbians, the BC government and school districts to urgently re-examination speech-language services in BC schools. Communication is a basic human right and every child should have equitable and early access to speech and language therapy.

Our education system has the power to change the trajectory of many children's lives and together we can make a difference. Thank you for your time and consideration.

Sincerely,

A handwritten signature in blue ink that reads "Staci Cooper RSLP". The signature is written in a cursive style with a horizontal line extending to the right.

Staci Cooper, RSLP
President
On behalf of Speech and Hearing BC Provincial Council

References:

- Archibald, L. (2017). SLP-educator classroom collaboration: A review to inform reason-based practice. *Autism & Developmental Language Impairments*, 2, 1-17.
- Beitchman, J. & Brownlie, E. (2010). Language development and its impact on children's psychosocial and emotional development. *Encyclopedia on Early Childhood Development*. Language Development and Literacy. 2005-2010 CEECD/SKC-ECD.
- Benner, G.J., Nelson, J.R. and Epstein, M.H. (2002). Language Skills of Children With EBD: A Literature Review. *Journal of Emotional and Behavioural Disorders*, 10, 43-56.
- Bishop, D.V.M. & Snowling, M.J. (2004). Developmental dyslexia and specific language impairment: Same or different? *Psychological Bulletin*, 130(6), 858-886.
- Cirrin, F.M., Schooling, T.L., Nelson, N.W., Diehl, S.F., Flynn, P.F., Staskowski, M., Torry, T.Z. & Adamczyk, D.F. (2010). Evidence-based systematic review: Effects of different service delivery models on communication outcomes for elementary school-age children. *Language, Speech, and Hearing Services in Schools*, 41, 223-264.
- Clegg, J. & Ginsborg, J. (2006). *Language and Social Disadvantage: Theory into Practice*. John Wiley and Sons, Ltd. West Sussex, England.
- Conti-Ramsden, G. & Botting, N. (2004). Social difficulties and victimization in children with specific language impairment at 11 years of age. *Journal of Child Psychology & Psychiatry*, 49, 422-432.
- Conti-Ramsden, G. & Durkin, K. (2008). Language and independence in adolescents with and without a history of specific language impairment. *Journal of Speech, Language and Hearing Research*, 51, 70-83.
- Conti-Ramsden, G, Durkin, K, Simkin, Z. & Knox, E. (2009). Specific language impairment and school outcomes: Identifying and explaining variability at the end of compulsory education. *International Journal of Language and Communication Disorders*, Jan-Feb 2009, 44(1), 15-35.
- Durkin, K. & Conti-Ramsden, G. (2010). Young people with specific language impairment: A review of social and emotional functioning in adolescence. *Child Language Teaching and Therapy*, 26, 105-121.
- Ebbels, S.H., McCartney, E. Slonims, V., Dockrell, J.E., Norbury, C.F. Evidence-based pathways to intervention for children with language disorders. *International Journal of Language and Communication Disorders*, 2019, 54 (1), 3-19.
- Ehren, B. & Staskowski, M. (2011). *Speech-language pathologists and RTI*. National Centre for Learning Disabilities.
- Glover, A., McCormack, J. and Smith-Tamaray, M. (2014). Collaboration between Teachers and Speech and Language Therapists: Services for Primary School Children with Speech, Language and Communication Needs. *Child Language Teaching and Therapy* 2015, Vol. 31(3) 363-382
- Heinemann, K.A., Bolanos, H. & Griffin, J.S. (2017). Specific learning disabilities: Response to intervention. In Ryan, C.S. (Ed.), *Learning disabilities - An international perspective* (p. 99-116). Intech.
- Hobson, H. M. & Bird, B. (2019). High rates of language impairment in vulnerable populations: The case for improving cross-sector awareness of developmental language disorders. *Conference Abstract: 4th International Conference of Educational Neuroscience*. Doi: 10.3389/conf.fnhum.2019.229.00002.

Meaux, A.B. & Norris, J.A. (2018) Curriculum-based language interventions: What, who, why, where and how? *Language, Speech and Hearing Services in Schools*, 5 Apr 2018.

Powell, R.K. (2018). Unique contributors to the curriculum: From research to practice for speech-language pathologists in schools. *Language, Speech and Hearing Services in Schools*, 49 (2), 140-147.

Prelock, Hutchins & Glascoe (2008). Speech-language impairment: How to identify the most common and least diagnosed disability of childhood. *Medscape Journal of Medicine*, 2008; 10(6): 136.

Raising Awareness of Developmental Language Disorder, Developmental Language Disorder Fact Sheet (as retrieved from www.radld.org)

Redmond, S.M. (2016). Language impairment in the ADHD context. *Journal of Speech, Language and Hearing Research*, 49, 278-293.

Redmond, S.M., Ash, A.C., Hogan, T.P. (2015). Consequences of co-occurring attention deficit/hyperactivity disorder on children's language impairments. *Language, Speech and Hearing Services in Schools*, 46, 68-80.

Rosenbaum, R. & Simon, P. (2016). *Speech and Language Disorders in Children: Implications for the Social Security Administration's Supplemental Security Income Program*.

Scarborough, H.M. & Fowler, A. E. (1993). The Relationship Between Language Disorders and Reading Disabilities. *American Speech-Language Hearing Association, Special Interest Div. Neurophysiology Speech and Language Disorders*, V. 3, 12-15.

Speech-Language & Audiology Canada, Position Statement on the Speech-Language Service Delivery Models in Schools, 2020 (as retrieved from www.sac-oac.ca)

Speech-Language & Audiology Canada, Position Statement on the Role of Speech-Language Pathologists in Schools 2019 (as retrieved from www.sac-oac.ca)

St. Clair, M.C., Pickles, A., Durkin, K. & Conti-Ramsden, G. (2011). A longitudinal study of behavioural, emotional and social difficulties in individuals with a history of specific language impairment (SLI). *Journal of Communication Disorders*, 44(2), 186-199.

Swaminathan, D., & Farquaharson, K. (2018). Using response to intervention for speech sound disorders: Exploring practice characteristics and geographic differences. *Perspectives of the ASHA Special Interest Groups*, 3 (16), 53-66.

Ukrainetz, T.A., (2015). Evidence-based practice, response to intervention and the implications for SLPs: Commentary on LM Justice. *Language, Speech, and Hearing Services in Schools*, 37, 298-303.

Wadman, N. Botting, K. Durkin and G. Conti-Ramsden, G. (2011). Changes in Emotional Health Symptoms in Adolescents with Specific Language Impairment. *International Journal of Language and Communication Disorders*. November-December 2011. Vol. 46, No. 6, 641-656.

Walker, S (2018, May2-5). S-LP in education: How our role is changing. *Speech-Language & AudiologyCanada Conference*, Edmonton, AB.

Winstanley, M., Webb, R. T. & Conti-Ramsden, G. (2018). More or Less Likely to Offend? Young Adults with a History of Identified Developmental Language Disorders. *International Journal of Language and Communication Disorders*, Mar-Apr 2017 53(2), 256-270.

Appendix A

YEAR	POPULATION	SLP FTE	SLP/POP E19RATIO	SLPA FTE	GEOGRAPHIC CONSTRAINTS
2020	1131	1.2	943	3	1, 2, 3
2020	1024	1	1024	0	1
2019	2093	2	1047	0.5	1, 3
2020	6275	5.6	1121	5	2, 4
2020	5000	4.3	1163	30 hours	1, 2, 4
2020	3500	3	1167	0.75	1, 2, 3
2020	20000	15.2	1316	1	1
2020	1700	1.25	1360	0	2
2019	3191	2.3	1387	0	2
2019	6100	4.3	1419	0	1
2019	14500	9.7	1495	0.8	1, 3
2019	4600	3	1533	3	3, 4
2019	3200	2	1600	1	1, 2
2020	8500	5.2	1635	0	1, 2, 3
2019	11300	6.8	1662	0	1, 2
2019	5500	3.3	1667	0	2
2020	21,000	12.2	1721	1	1
2020	7000	4	1750	0	1
2019	8000	4.4	1818	1	1
2020	1457	0.8	1821	1	1, 3
2019	13000	7	1857	3.7	2
2019	16600	8.4	1976	0	1
2019	20000	10	2000	0	1
2020	23400	11	2127	0	1
2020	5000	2.3	2174	0	2
2019	14500	6.6	2197	1	1, 2
2019	2200	1	2200	2.5	1
2019	15000	6.8	2206	0	1
2019	14000	6.2	2258	4	1
2019	4,600	2	2300	2	1, 2
2019	32000	13.6	2353	0	1
2019	50,000	21.1	2370	0	1
2020	19292	8.1	2382	0	1
2019	73948	31	2385	0	1
2020	24000	10	2400	0	1
2019	2800	1	2800	1	1,3
2020	16000	5.6	2857	0	1

Appendix B: Background Information

About School-Based Speech-Language Services in BC:

Speech-Language Pathologists (S-LPs) provide individualized services to students of all ages who have speech, language, social communication, literacy, cognitive and swallowing impairments (Archibald, 2017; Ebbels, McCartney, Slonims, Dockrell, & Norbury, 2018; Powell, 2018; Meaux & Norris, 2018; Walker, 2018).

S-LPs are key members of school-based teams, supporting students of all ages with speech, language and communication challenges to help them achieve their personal and educational potential. Depending on the needs within a school, S-LPs may offer classroom/teacher-based consultations, give whole class or smaller group instruction and work individual with students. S-LPs play a vital role, not only in working directly with students, but also in working collaboratively with teachers to help ensure ALL students have full access to the BC curriculum. S-LPs also support parents in helping them understand their child's speech and language needs and providing them with strategies and programming to help support their own children at home.

Furthermore, S-LPs are increasingly working in BC schools that follow a Response to Intervention (RTI) framework. A reduced and more equitable ratio-based funding model would greatly impact the quality of instruction and support for ALL students in schools. RTI (also known as response to instruction) is a three-tiered approach to educating students that aims to improve overall student performance and identify students who require additional classroom support. Tier 1 involves high-quality, evidence-based instruction provided in the general classroom. Tier 2 incorporates targeted intervention for students who require additional support beyond general classroom instruction. Tier 3 consists of intensive, individualized intervention provided by highly trained service providers to students in need of specialized support (Heinemann, Bolanos & Griffin, 2017; Ebbels, McCartney, Slonims, Dockrell & Norbury, 2018). S-LPs are often challenged with balancing contributions in Tiers 1 and 2 with their responsibility to students in Tier 3 (Ukrainetz, 2006; Ehren & Staskowski, 2011; Ebbels et al., 2018; Swaminathan & Farquharson, 2018) and a ratio-based funding model will significantly help in provision of tiered services to all students and school teams. (SAC Position Statement, 2020).