



*Our children; every choice; every chance*

**> EARLY YEARS  
ORACY  
RESEARCH  
REPORT**

**JAN 2020**



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## Executive Summary

The Early Years Oracy Research Project investigated whether there had been a decline in the oral language and speech development abilities of pre-school and Prep students in Corangamite and Moyne Shires.

This research was initiated in response to anecdotal reports of a decline in oral language abilities of children in the early years. This report presents a literature review, analysis of Australian Early Development Census (AEDC) and School Entrant Health Questionnaire (SEHQ) data, interviews with Speech Pathologists and survey questionnaires with Maternal and Child Health Nurses, Early Years Educators and Prep Teachers.

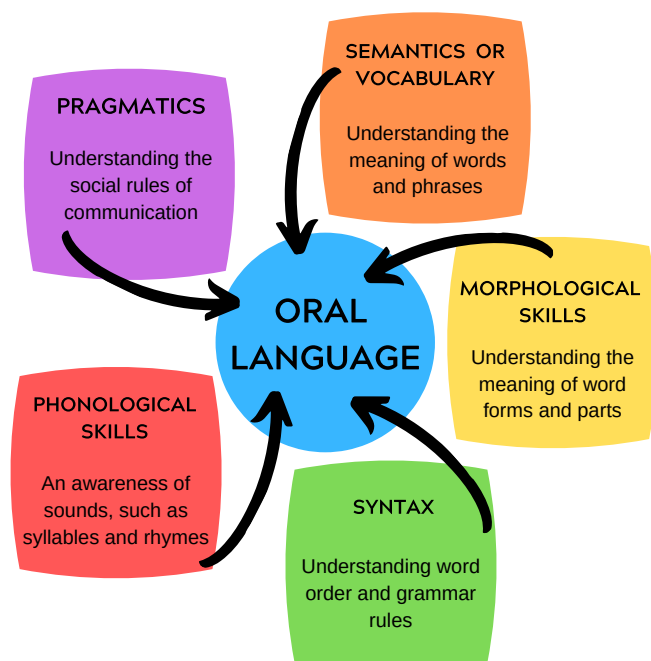
A review of oral language literature indicated that the early years period is vital for oral language development and that oral language is the foundation for learning, wellbeing and success across the lifespan. Analysis of AEDC and SEHQ data showed some localised decline in oral language abilities but no evidence on an overall decline in speech and language abilities of pre-school and Prep children in Moyne and Corangamite. Qualitative responses from some Prep teachers, Early Years educators, Maternal and Child Health nurses and Speech Pathologists indicated a concern that oral language abilities have declined. Qualitative responses did not, however, provide a clear narrative of an overall decline in oral language abilities.

## Definitions

### What is Oral Language?

Oral language skill is defined as:

*‘the ability to engage successfully with a range of communication partners via the spoken word, in order to conduct a wide variety of personal, social, educational, commercial and professional relationships. Such engagement should be reciprocal at the level appropriate to the nature of the interpersonal relationship and should conform to a range of developmental, cultural, and socio-linguistic norms’ (Snow 2009, p. 102).*



There are three major components of oral language skill (Ashman & Snow 2019, p. 38):

- The ability to understand spoken language
- The ability to express oneself verbally
- The ability to engage appropriately in different social situations

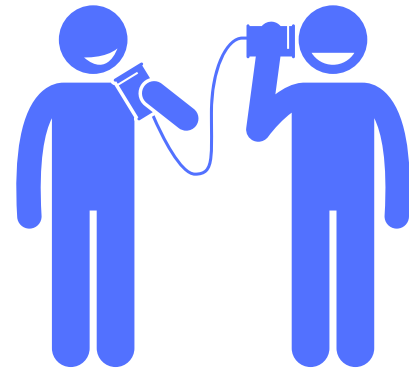
Oral language includes expressive language (conveying a message) receptive language (receiving a message).

## EXPRESSIVE LANGUAGE

The use of verbal and non-verbal communication to convey a message.

## RECEPTIVE LANGUAGE

The understanding and interpretation of a communicative message.



## Early Years

The early years are broadly defined as the period of life between 0 – 8 years old (UNESCO 2019; WHO 2019; Department of Education and Training 2016). During this time ‘children have the greatest opportunities to develop neural pathways for learning and are also most vulnerable to negative experiences’ (Department of Education and Training 2016, p. 2). During this time, it is important that there are ‘comprehensive and integrated systems that support children’s learning and development’ (Department of Education and Training 2016, p.2).

While the period of 0-8 years describes the entire early years period, national and state early years frameworks also highlight smaller period of life as significant.

The *Victorian Early Years Learning and Development Framework* (Department of Education and Training 2016) highlights the period 0-3 years as critical; ‘from birth, early experiences and relationships influence children’s long-term outcomes and life changes. This includes the development of executive functioning and the capacity to experience, regulate and express emotion, to form close, secure and satisfying relationships and to explore, discover and learn about themselves and the world around them’ (Department of Education 2016, p. 2).

The *Early Years Framework for Australia: Belonging, Being and Becoming* (Australian Government Department of Education and Training 2019) defines 0-5 years of age as the period of time for the framework.

This report understands early years as 0-8, whilst also considering some phases (e.g. 0-5 years) as ‘critical periods’ (see p 5 of this report) for oral language development.



## Literature Review

### Summary

Reviewing oral language literature identified the following themes:

- Early years period is vital for oral language development
  - There is a ‘critical period’ of oral language skill development (between 0-5 years)
  - The development of oral language skills is reliant upon the richness of the environment at the critical time of development.
  - The early years is critical for oral language intervention, as neurological plasticity allows for significant impact from intervention.
- Oral language is the foundation for learning, wellbeing and success across the lifespan
  - Oral language skill is foundational for academic achievement (literacy and numeracy) and academic confidence
  - Children with poor oral language skills tend to start behind and stay behind (academically and socially)
  - Poor oral language skill is linked to reduced success (academic, social, health) across the lifespan
  - Poor oral language skill is linked with poor classroom behaviour and increased risk of school drop-out
- Factors affecting oral language development
  - There is a correlation between speech and language difficulties and socioemotional and behavioural difficulties
  - Oral language skills are negatively affected by digital media use in early years
  - Risk factors include low socioeconomic status, limited exposure to language in the home, complex family environments
  - Protective factors include parental support for language learning, attendance at preschool
- Oral language intervention
  - Early identification is integral to oral language intervention
  - Capacity building approach with educators is not yet a proven strategy to increase literacy results
  - Focussed teaching approach can improve oral language in the classroom
  - Focussed teaching approach can improve awareness of oral language in community
  - Listening to stories can assist in oral language development

### Early years period is vital for oral language development

#### Critical timeframes and environments for development

Lenneberg’s notion of a ‘critical period’ in child development (1969) argues that there is a phase of human development where the ‘genetic schedule’ is triggered by environmental inputs/experiences. Without exposure to language during this critical period, children will fail to adequately develop language skills (See Foster-Cohen 2014 chapters 5 and 6 for examples).

The ‘critical period’ is not a clearly bounded stage; however, researchers overwhelmingly agree that the most rapid stage of speech and language development occurs during the first five years of life (McLeod & Baker 2017; Foster-Cohen 2014). Australian Speech Pathology’s (2019) ‘Communication Milestones’ (see figure 1) outlines how children’s expressive and receptive language develops significantly in the first five years.

In most instances receptive communication skills develop before expressive communication skills, as children learn to absorb and process communicative information from their environment before using that information to express themselves (Verdon et al 2018).

The idea of the ‘critical period’ in the early years suggests that, in part, children’s language development relies on the richness of the communicative environment that envelops the child. Families are pivotal in the development of children’s communication abilities as they are the ‘primary’ influence on children’s learning and development (VCAA 2016, p. 9).

‘In the very early years spoken language emerges in response to role models around the child. Adults who spend time in one-to-one communication with very young children, verbalising and conversing with the child, with multiple back and forth exchanges, make significant contributions to the expansion of children’s vocabulary development.’ (VCAA 2016, p. 22). The early years is also an important period for oral language intervention, due to the neurological plasticity during this period. Early identification and intervention of speech and language impairment can reduce the longevity and severity of language impairment (see McLeod et al 2015; Verdon et al 2018, Goldfeld 2017).

### Summary:

- **There is a ‘critical period’ of oral language skill development (between 0-5 years)**
- **The development of oral language skills is reliant upon the richness of the environment at the critical time of development.**
- **The early years is critical for oral language intervention, as neurological plasticity allows for significant impact from intervention.**

## Oral language as a foundation for learning, wellbeing and success across the lifespan

Oral language skills are associated with a range of academic, social and health outcomes, and can be understood as a foundation for success across the lifespan. Communication skills are integral for ‘a child’s self-expression, wellbeing, identity, sense of agency and capacity to make friends’ (Department of Education and Training 2016).

### Academic achievement

In terms of academic achievement, oral language is considered to be foundational, enabling literacy and numeracy skill acquisition;

‘reading is fundamentally a linguistic activity, and students with poor language skills struggle with the transition from the spoken word to the written word in the early years of school’ (Ashman & Snow 2019, p. 39).





Figure 1: Communication milestones 0-5 years (Speech Pathology Australia 2019)

Beyond literacy and numeracy skill acquisition, Munro suggests that oral language is the thread that weaves through all schooling experience; 'oral language is used to manage and direct all aspects of classroom life' (2010, p. 1). Indeed, 'verbal communication is the basis for everything that occurs in classrooms, whether this is in the delivery of new information or the regulation of behaviour (Ashman & Snow 2019, p. 41).

Ashman & Snow's 2019 study focuses on developmental language disorders and draws conclusions between language disorders and classroom behaviour;

'A much larger than previously realized number of children and adolescents have difficulties processing and using spoken language and reading social and linguistic cues, and that they are prone to having their pragmatic language difficulties misunderstood and mischaracterized by adults' (p. 38).

Consequently, children with language disorders often make their presence felt in the classroom by struggling to keep up academically and socially, and by missing or misreading social cues (Ashman &

Snow 2019, p. 40). Poor oral language skills will negatively affect academic achievement, classroom behaviour and school social adjustment (Harrison 2009, p. 393).

The Matthew Effect (Stanovich 1986, Walberg 1984) is the notion that poor or struggling children get 'poorer' while proficient children leap ahead (get richer). One research study of 4-5-year-old Australian children found that the speech and language status in early childhood predicted differences in children's school achievement in literacy, numeracy, and school adjustment 2 years later (Harrison et al 2009, p. 400). Other researchers suggest that gaps in educational achievement between children with language difficulties and their typically developing peers tend to persist or grow throughout the school years (Gray et al 2019).

### Academic confidence

Oral language competency is also associated with children's *approach to learning* – i.e. their eagerness to learn, be organised, persistent and adaptable and work independently (Harrison 2009; Snow 2009).

'Those who do not successfully transition from learning to read to reading to learn often also display inattentive and disruptive behaviour in the classroom (Ashman & Snow 2019, p. 39).

It is reported that students with speech and language impairment are more at risk of school drop-out, 'possibly because they feel less connected to school' (Harrison 2009, p. 393).

Confidence to use language and the feedback children receive from their language use is important, as outlined by Munro;

'Children need to believe that they can use language successfully. This confidence has a significant influence on how they use it. A key factor in building a positive self efficacy and an associated self confidence is the quality of the feedback an individual receives' (Munro 2010).

### Social development and wellbeing

Oral language is the foundation not only for academic success, but also of social participation and wellbeing.

'Children's wellbeing, identity, sense of agency and capacity to make friends is connected to the development of communication skills, and strongly linked to their capacity to express feelings and thoughts, and to be understood.' (VCAA 2016, p. 22)

Children with poor oral language skill often have limited verbal fluency. Consequently, 'the quality of their conversation is described as more hostile, and less assertive, clear, polite and tactful than that of their peers' (Gray et al 2019, p. 448). These difficulties can have adverse and enduring effects on psychosocial development throughout childhood and adolescence (Conti-Ramsden & Botting, 2008; McLeod et al., 2016; Snow & Powell, 2012).

Munro suggests that many metacognitive and self-management strategies are language-based 'self-talk' or 'inner language' (Munro 2010), therefore, poor oral language impacts upon the use of these strategies.

## Success across the lifespan

Effective communication is foundational for lifelong autonomy and engagement in society. The presence of speech and language difficulties in early childhood ‘has been found to significantly impact long-term educational outcomes over and above other predictive factors such as IQ and maternal education’ (Verdon et al 2018, p. 3). Further to this, one study has found an association between youth incarceration and communication difficulties in the early years (Ashman & Snow 2019).

The effects of poor oral language skill are significant, as outlined by Verdon et al (2018, p. 3);

‘Children who experience communication difficulties in early childhood are more likely to have ongoing difficulties with learning to read and write, behaviour, attention, spelling, calculating, communication, mobility, self-care, mental health, forming and maintaining relationships (with peers, parents, siblings and partners) and acquiring, keeping and terminating employment’.

### Summary:

- **Oral language skill is foundational for academic achievement (literacy and numeracy) and academic confidence**
- **Children with poor oral language skill tend to start behind and stay behind (academically and socially)**
- **Poor oral language skill is linked to reduced success (academic, social, health) across the lifespan**
- **Poor oral language skill is linked with poor classroom behaviour and increased risk of school drop-out**

## Factors affecting oral language development

### Risk and protective factors\*

#### *Risk factors*

- Hearing problems
- Being male
- Family history of late language emergence
- Reactive temperament
- Lower birth weight and prematurity
- Low socioeconomic status
- Limited exposure to rich language environments
- Low SES
- Family environment where four or more community risk factors are present

#### Protective factors

- Having a more persistent and more sociable temperament
- Higher levels of maternal wellbeing
- Parental support for children’s learning at home
- Attendance at preschool programs

\*this is not an exhaustive list

(Verdon et al 2018; Gray et al 2018; Goldfeld et al 2016; Hughes et al 2016)

There is also a link between speech and language difficulties and socioemotional and behavioural difficulties. A study analysing SEHQ data found that children who are reported to have speech-language difficulties are 2.8 times more likely to also have socioemotional and behavioural problems. Children reported to have socioemotional and behavioural problems are 3.1 times more likely to have speech-language difficulties; 'Having one such set of difficulties has therefore been shown to greatly increase the relative risk of having the other set of difficulties' (Hughes et al 2016). Consequently, 'children growing up in families experiencing multiple and complex needs are therefore at heightened risk of the early development of a range of difficulties likely to impact upon their experiences during the first few years of school and hence their educational futures (Hughes et al 2016).

### Influence of digital media

Several studies have found early media exposure is associated with poorer language development (Department of Education and Training 2017a, p. 163). Screen time, however, is common in the lives of most families. Longitudinal research, of 3388 children in Canada, found that greater screen time at 24 months was associated with poorer performance on developmental screening tests at 36 months (Madigan et al 2019, p.5). In this study, children aged 24, 36 and 60 months were watching approximately 2.4, 3.6 and 1.6 hours of screen time per day, respectively (Madigan et al 2019, p.5). A report from 2015 estimated that 4-5-year-old children in Australia were exposed to more than 2 hours of screen time per day (Australian Government 2015).

The World Health Organisation recommends 0 minutes of screen time for children under 2 years of age, and no more than 60 minutes per day for 2-4-year-old children (2019, p. viii – ix). This recommendation is made in the context of reducing sedentary behaviour and promoting sleep; it does not discuss oral language development but, rather, cognitive development more generally.

Increased television viewing is associated with language delays in early childhood. Researchers contend that television consumption reduces the opportunities for parent-child interaction and play (van den Heuvel et al 2019). Furthermore, researchers have found that 'audible television has been associated with significant reductions in observed parental word count and conversational turns in children aged 2 to 48 months' (van den Heuvel et al 2019, p. 99).

Research into mobile screen time and the effect on oral language is emerging, but it is a new research area. One recent study of 893 children in Canada found that in an 18-month child, an increase of 30 minutes per day in mobile media device use was associated with a 2.3 times increased risk of parent-reported expressive speech delay (van den Heuvel 2019, p. 101). These researchers concluded that the study 'demonstrated a significant association between mobile media device use and parent-reported expressive speech delay in young children' (van den Heuvel 2019, p. 103).

### **Summary:**

- **There is a correlation between speech and language difficulties and socioemotional and behavioural difficulties**
- **Oral language skills are negatively affected by digital media use in early years**
- **Risk factors include low SES, limited exposure to language in the home, complex family environments**
- **Protective factors include parental support for language learning, attendance at preschool**



## Oral language intervention

Children with speech and language impairment benefit from early identification and intervention, so long as they receive a sufficient amount of intervention sessions (McLeod et al 2015, p. 54).

‘Many communication difficulties, such as speech sound disorders, are highly responsive to intervention. Early detection and intervention in communication difficulties can reduce the longevity of these difficulties and their impact upon children’s education and socialisation’ (Verdon et al 2018 p. 3).

Early identification of speech and language difficulties during the early years is, therefore, critical for individual clinical intervention.

A capacity building approach to intervention was investigated via the Classroom Promotion of Oral Language (CPOL) research project. CPOL investigated whether a teacher-led whole-of-class approach to promoting oral language (delivered in the first two years of school) ameliorated the oral language, literacy development and mental health of children by Grade 3. CPOL was conducted over a 5-year period and involved 72 government and catholic primary schools in Victoria. CPOL was developed on the basis that:

- Early years is an important stage of development
- Teachers have a significant impact on oral language acquisition and intervention
- The oral language to literacy continuum is critical

The study included professional development days, in school support to build teacher capacity and an online community of teachers to promote oral language competence in the classroom.

According to Eadie (2019), CPOL demonstrated an increase in teacher knowledge of phonological and generalist oral language knowledge. There was, however, no change in the literacy NAPLAN data of Grade 3 children between the intervention and control group. The study concluded that schools are complex and ‘sometimes applying exactly the same thing to each school may not be the most effective thing’ (Eadie 2019).

Another intervention, the Oral Language Supporting Early Literacy (OLSEL) research project (Snow et al 2014) found that ‘focussed classroom teaching achieved statistically and educationally significant gains in the students’ oral language’ (CECV 2011, p. 4). This research study also reported improvements in ‘teacher knowledge and expertise, targeted teaching of oral language across all curriculum areas, enhanced professional discussion and curriculum planning leading to enhanced student engagement’. Furthermore, parents reported ‘increased awareness of the links between oral language and literacy and commented on improved oral language competence in their children.’ (CCEV 2011, p. 4).

Another study suggested that children in the early years are able to learn vocabulary from listening to stories; ‘listening to stories is associated with growth in both expressive and receptive vocabularies of children in the early and middle years of school’ (Penno et al 2002, p. 31). Consequently, parent-child reading in the early years is related to language growth. Penno et al also argue that talking about language results in ‘children developing a more analytical stance and therefore increase their metacognitive awareness of words in a text’ (Penno et al 2002, p. 32). This study found that vocabulary can be learnt through repeat listening to stories and explanation of difficult vocabulary.

## Summary:

- **Early identification is integral to oral language intervention**
- **Capacity building approach with educators is not yet a proven strategy to increase literacy results**
- **Focussed teaching approach can improve oral language in the classroom**
- **Focussed teaching approach can improve awareness of oral language in community**
- **Listening to stories can assist in oral language development**

## Oral language data

This section presents data from quantitative and qualitative sources to understand the level of oral language skill of children in the early years in Corangamite and Moyne.

The following data sources have been used:

### Australian Early Development Census (AEDC)

#### Overview and utility of data

The AEDC collects information about how children have developed in the five domains by the time they start school. The five domains include:

- Physical health and wellbeing
- Social competence
- Emotional maturity
- Language and cognitive skills
- Communication skills and general knowledge

Teachers respond to 100 questions for each child via the Early Development Instrument. Responses are collected for individual children and reported for a group of children at a community, state/territory and national level.

Responses for each child are combined to determine an AEDC domain score and are categorised according to developmentally on track, at risk and vulnerable. The communication skills and general knowledge domain relates to early childhood oral language skill. The domain is categorised as (AEDC 2015):

- **Developmentally on track**
  - **Children who score above the 25<sup>th</sup> percentile (in the top 75 per cent)**
    - Children will have excellent communication skills, can tell a story and communicate easily with both children and adults, and have no problems with articulation.
- **Developmentally at risk**
  - **Children who score between the 10<sup>th</sup> and 25<sup>th</sup> percentile**
    - Children have mastered some but not all of the following communication skills: listening, understanding and speaking effectively in English, being able to articulate clearly, being able to tell a story and to take part in imaginative



play. Children may not know some basic general knowledge about the world such as knowing that leaves fall in autumn, apple is fruit, and dogs bark.

- **Developmentally vulnerable**
  - **Children who score below the 10<sup>th</sup> percentile (in the lowest 10 per cent)**
    - Children will have poor communication skills and articulation; have limited command of English (or the language of instruction), have difficulties talking to others, understanding, and being understood; and have poor general knowledge.

Data is collected every three years; the 2018 AEDC is the fourth and most recent collection. In 2018 data was collected on 309,000 children, which represents over 96 per cent of children in their first year of full-time school (AEDC 2019).

A recent study analysed whether the communication skills and general knowledge domain was a valid measure of oral language skill at school entry; this study found ‘sufficient evidence of validity to support the use of teacher-rated [communication skills and general knowledge domain] as an indicator of early oral language skills (Gray et al 2018, p. 453). The researchers state that the communication skills and general knowledge indicator has been used as a measure of oral language proficiency and has been shown to predict developmental outcomes at school, as well as academic language skills nearing the end of primary (Gray et al 2018, p. 449).

The AEDC can be used as a reliable indicator of oral language skill of children in the early years.

### 2018 national trends

Communication skills of children have improved slightly from 2012 and 2015 (AEDC 2019):

- Significant gains have been made in children’s communication skills and general knowledge with 8.2 percent of children developmentally vulnerable on this domain. This is a decrease from 8.5 percent in 2015 and 9.0 percent in 2012
- The level of vulnerability in the language and cognitive skills domain has remained relatively stable over 2018 (6.6 percent) and 2015 (6.5 percent). However, this is still lower than 8.9 percent in 2009.

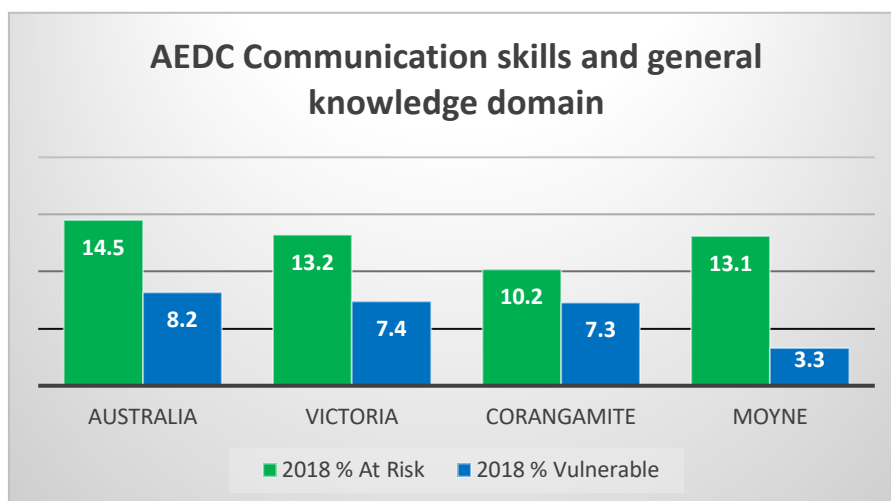
General trends indicate:

- Consistent with previous years, more girls were developmentally on track. The data shows a decrease for both boys (27.9 per cent in 2018 and 28.5 per cent in 2015) and girls (15.3 per cent in 2018 compared to 15.5 per cent in 2015) vulnerable on one or more domains.
- Socio-economic status can have an impact on a child’s development. Children living in the least socio-economically disadvantaged Australian communities were most likely to be on track on each of the AEDC domains.
  - Under 15 per cent of children living in the least socio-economically disadvantaged Australian communities were developmentally vulnerable on one or more of the

AEDC domains, compared with 32.3 per cent of children in the most disadvantaged communities.

- In 2018 there was a decrease, compared with 2015, in the percentage of children from least disadvantaged communities vulnerable on one or more domains (14.9 per cent in 2015 and 14.7 per cent in 2018), although this remained higher than in 2009 (13.8 per cent).
- In the most disadvantaged communities the number of children developmentally vulnerable on one or more domains has consistently decreased since 2012 (33.1 per cent in 2012, 32.8 per cent in 2015 and 32.3 per cent in 2018), however the number of children remains slightly higher than in 2009 (32.2 per cent).

Figure 2 show the percentages of students categorised as At Risk and Vulnerable in Corangamite and Moyne in 2018 in comparison to Victoria and Australia.



**Figure 2:** AEDC national, state, LGA comparison of communication skills and general knowledge domain (AEDC 2019)

## School Entrant Health Questionnaire (SEHQ)

### Overview and utility of data

The SEHQ collects information about observations and concerns about children’s health and wellbeing in their first year of school. Areas of data collection include:

- General health
- Oral health
- Speech / language
- Service use
- Behavioural and emotional wellbeing
- Risk of development and behavioural problems
- Risk of behavioural and emotional problems
- Family stress

The SEHQ is distributed to parents or caregivers annually by school nurses. Data is collected on individual children and reported at the Local Government Area and state level. The survey has been administered since 1997. The most recent data available is from 2018.

One study reported that the SEHQ is easy to administer, read, understand and score and thus has a high acceptability from parents and professionals. The authors argue that the SEHQ 'reliably discriminates between those children who need intervention and those who do not' (Avant et al 2005, p. 186).

The SEHQ response rate of 90% indicates that not all parents' and caregivers' observations and concerns are captured in the data, which must be considered when interpreting results.

### SEHQ State Trends

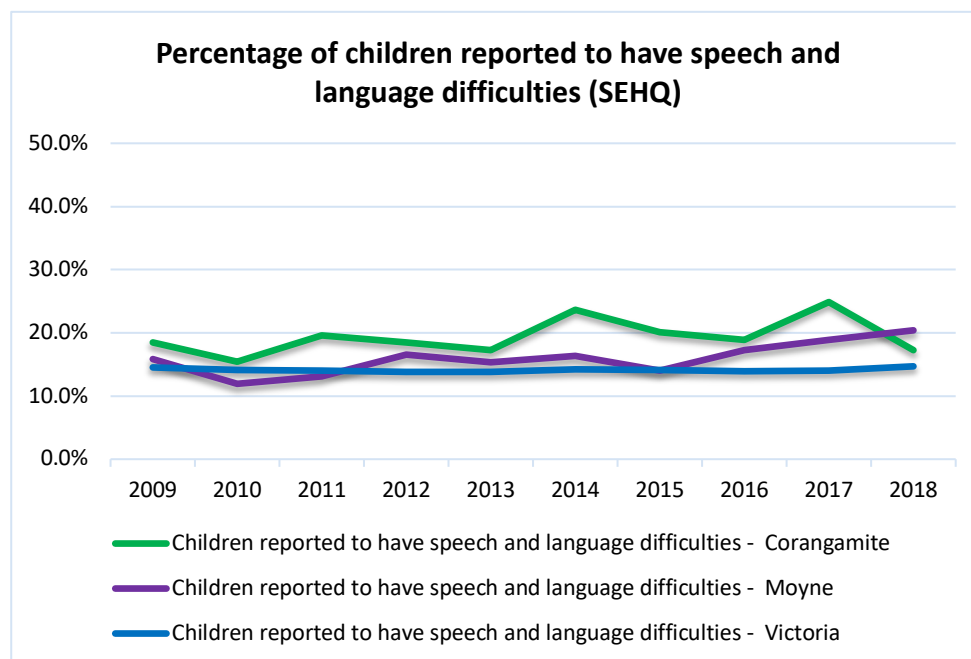
The Department of Education and Training's report '*State Findings from the School Entrant Health Questionnaire 2014 - 2016*' (2017b) reported that one in seven parents reported that their child had difficulty with speech and language. Of the children identified 60.4% were currently seeing a speech pathologist (Department of Education and Training 2017b).

At risk groups reported higher rates of difficulty with speech and language were Aboriginal or Torres Strait Islander children (one in four) and those from one-parent families (one in five). The 2016 SEHQ data indicated that almost one in five boys, compared with around one in ten girls have a difficulty with speech and language (as reported by their parents). Children living in rural/regional areas were also more likely to be reported as having a difficulty with their speech and language compared with metropolitan regions. Parents of children with a language background other than English reported concerns with their child's speech and language development at lower rates than parents of all children.

Parent reports of speech and language difficulties have remained relatively stable over a 5-year period (see Table 1 and Figure 3). Despite a fluctuation in 2016 and 2018, parent reports of speech and language difficulties have remained relatively stable across the 2014/2018 period. Parent reported speech and language difficulties rose 0.6% in 2018 compared to the previous year, and has risen 1.7% from 2016.

**Table 1:** 2009 – 2018 comparison of children reported to have speech and language difficulties (SEHQ 2019)

<u>SEHQ Speech/Language</u>			
	<b>Corangamite %</b>	<b>Moyne %</b>	<b>Victoria %</b>
<b>2009</b>	18.5	15.8	14.5
<b>2010</b>	15.4	11.9	14.1
<b>2011</b>	19.6	13.1	14.1
<b>2012</b>	18.5	16.6	13.8
<b>2013</b>	17.3	15.4	13.8
<b>2014</b>	23.6	16.4	14.2
<b>2015</b>	20.1	14.0	14.1
<b>2016</b>	18.9	17.2	13.9
<b>2017</b>	24.9	18.9	14.1
<b>2018</b>	17.3	20.4	14.7



**Figure 3:** 2009 – 2018 comparison of speech and language difficulties (SEHQ 2019)

### Interviews with Speech Pathologists servicing Corangamite and Moyne Shires

Contact was made with the three major providers of paediatric speech and language services across Moyne and Corangamite; South West Healthcare, Department of Education and Training Student Support Services Wimmera South West Area, South Western Victoria Region (Warrnambool) and

Catholic Education Office. Each service was asked to reflect on the trend in oral language competency of pre-school and Prep students.

South West Healthcare stated that there had been a gradual increase in referrals and the number of open cases from 2016. South West Healthcare provides Speech Pathology services to children aged 0-6 as per the DHHS Community Health Guidelines. There is a current staffing of 1.5 EFT allocated to paediatric Speech Pathology services at the Warrnambool campus and 0.4 EFT allocated to the Camperdown Campus. The Warrnambool campus services to Warrnambool and surrounds (including some Moyne communities) while Camperdown services the Corangamite region. South West Healthcare speech pathologists suggested that a contributing factor may be the complexity of children and families with whom the service works.

Warrnambool Student Support Services did not believe there had been a decline in oral language competency of young school students but stated that there had been an increase in the complexity of cases. Trauma, anxiety and/or multiple diagnoses were often associated with referrals made to Warrnambool Student Support Services Speech Pathology. Many students commencing their Prep year had not engaged in meaningful early intervention with families declining service or discontinuing treatment.

The Catholic Education Office Speech Pathology service believe that a greater proportion of students entering school have communication difficulties. Learning Diversity Leaders and Prep teachers had suggested that a broadening of the oral language skill range was leading to increased challenges in adequately differentiating teaching to meet the needs of students.

### **Survey questionnaires with selected Prep Teachers, Early Years Educators and Maternal and Child Health Nurses in Corangamite and Moyne Shires**

A survey questionnaire was sent to schools, kindergartens and Maternal and Child Health services in the Corangamite and Moyne Shires. Prep teachers and Early Years educators were asked to rate their 2019 class according to current level of skill in the following areas:

- Oral language abilities
- Ability to communicate needs with adults and peers
- Ability to articulate clearly

Prep teachers and Early Years Educators were also asked to compare the 2019 class / cohort to students in the previous 3 years.

Maternal and Child Health Nurses were asked evaluate current level of skill over the last 3 years in the following areas:

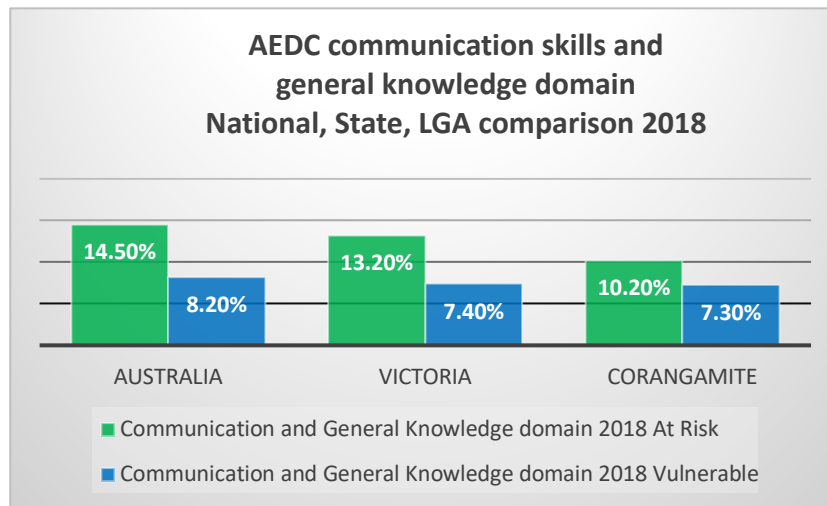
- Oral language abilities
- Ability to articulate clearly

Results from these surveys have been included in the following report, according to Shire.

## Oral language skills in Corangamite

### AEDC

The 2018 AEDC data (Figure 4) indicates that in the Communication and General Knowledge domain the proportion of At Risk and Vulnerable students in Corangamite is less than the proportion of students identified across Australia or Victoria.



**Figure 4:** AEDC communication skills and general knowledge domain National, State, Local Government Area comparison 2018



## Corangamite 2015 - 2018

**Table 2:** National, state and LGA comparison 2018 AEDC communication skills and general knowledge domain (AEDC 2019)

<u>AEDC Communication and General Knowledge domain</u>						
CORANGAMITE	2015 % At Risk	2018 % At Risk	2015-2018 % At Risk Difference	2015 % Vulnerable	2018 % Vulnerable	2015-2018 % Vulnerable Difference
Australia	15.1	14.5		8.5	8.2	
Victoria	13.6	13.2		7.6	7.4	
Corangamite	5.0 (n=9)	10.2 (n=14)	5.2	6.7 (n=12)	7.3 (n=15)	0.6
Camperdown	2.9 (n=1)	13.3 (n=6)	10.4	2.9 (n= 1)	2.2 (n=1)	- 0.7
Camperdown surrounds	10.0 (n=3)	13.6 (n=3)	3.6	3.3 (n= 1)	22.7 (n=5)	<b>19.4</b>
Cobden/Jancourt	16.7 (n=3)	0 (n=0)	-16.7	11.1 (n= 2)	6.3 (n=2)	- 4.8
Lismore/Skipton/ Derrinallum	0 (n=0)	N/A	N/A	5.9 (n= 1)	N/A	N/A
Port Campbell/ Timboon/ Ecklin South	3.6 (n=2)	10.3 (n=6)	6.7	10.9 (n=6)	5.2 (n=3)	- 5.7
Terang	0 (n=0)	5.3 (n=2)	5.3	3.8 (n= 1)	5.3 (n=2)	1.5

Comparison of 2015 to 2018 AEDC data (see Table 2) for Corangamite indicates no significant change in the Communication and General Knowledge domain for At Risk or Vulnerable cohorts. Significant changes in the Social and Physical domains for the Vulnerable cohort were recorded<sup>1</sup>.

Of the six local communities, one community, Camperdown Surrounds, recorded a significant change in the Communication and General Knowledge domain for Vulnerable students. Significant changes in the Social, Emotional and Physical domains were also identified in Camperdown Surrounds in 2018. A significant change in the number of At Risk students in the Camperdown Surrounds local area was not recorded.

Of the remaining five local areas, four did not record a significant change in the Communication and General Knowledge domain for either the At Risk or Vulnerable cohort. The fifth local area, Lismore/Skipton/Derrinallum, had too few teachers or students to display a result.

### Summary Corangamite 2015-18 by Cohort (At Risk and Vulnerable)

#### *Vulnerable Cohort*

- Corangamite - no significant change in Communication and General Knowledge domain

<sup>1</sup> For Physical, Social and Emotional domains see <https://www.aedc.gov.au/communities/findings-from-the-aedc>

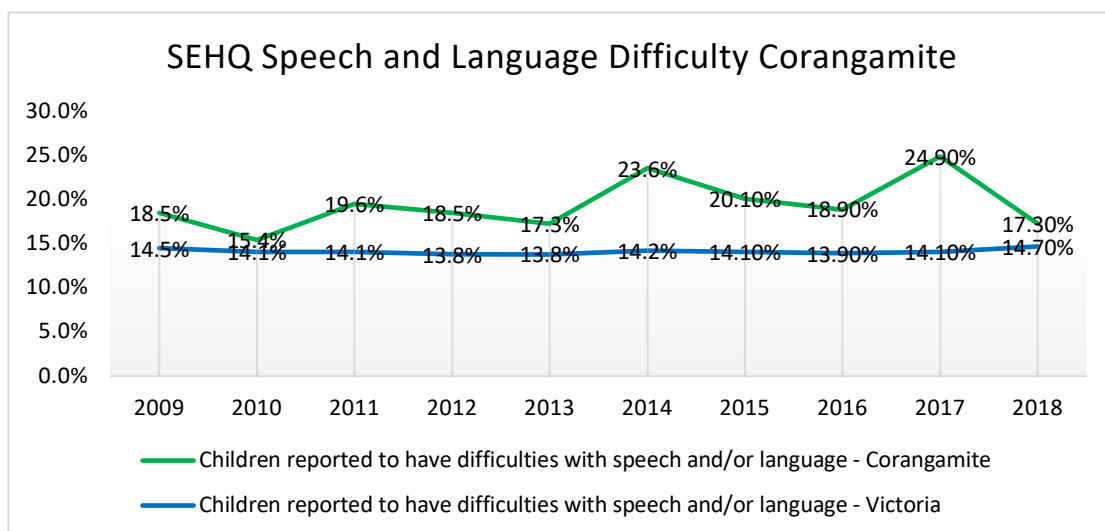
- Camperdown Surrounds - significant change in Communication and General Knowledge domain along with significant changes in Physical, Social and Emotional domains
- No significant change in Communication and General Knowledge domain in any other local area.

### At Risk Cohort

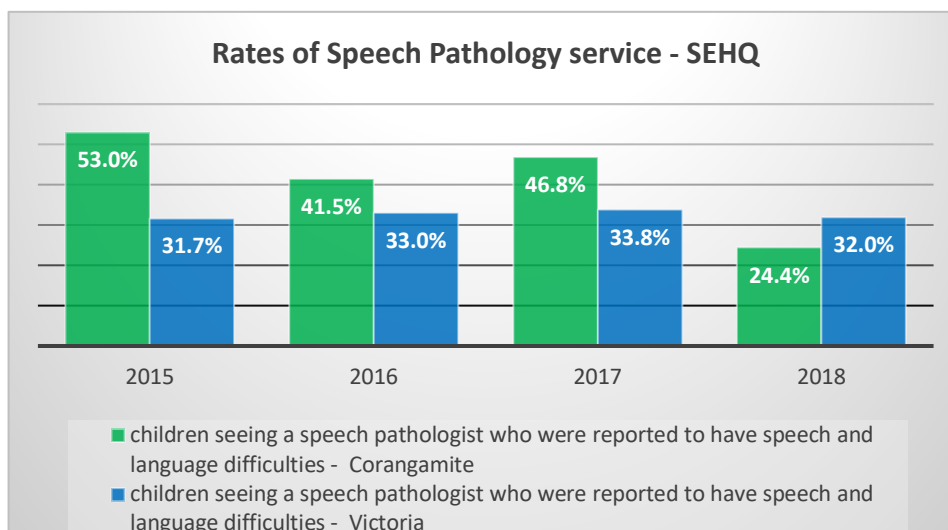
- Corangamite - no significant change in Communication and General Knowledge domain
- No significant change in the Communication and General Knowledge domain in the six local areas

### SEHQ

184 children (0.3% of the state total of 63,842) in Corangamite were involved in the 2018 SEHQ data collection. Analysing data over a ten year period from 2009 – 2018 (Figure 5) indicates variability in the proportion of students reported to have speech and language difficulties in Corangamite (low of 15.4% in 2010 and a high of 24.9% in 2017) and consistent results in Victoria (low of 13.8% and high of 14.7%). On average the SEHQ data indicates a higher proportion of reported speech and language difficulties in Corangamite than the Victorian average. The most recent data collection in 2018 indicates that 17.3% of children in Corangamite are reported to have speech and language difficulties, compared to the Victorian state average of 14.7%.



**Figure 5:** Children reported to have speech and language difficulty 2009 – 2018 in Corangamite



**Figure 6:** Percentages of children seeing a Speech Pathologist in Corangamite who were reported to have speech / language difficulty 2015 – 2018

The proportion of children accessing speech pathology services (from those children identified as having speech and language difficulties) dropped during the 2015 to 2018 period (Figure 6). In 2015, 2016 and 2017 children in Corangamite were seeing speech pathologists at higher rates than the rest of Victoria. In 2018, however, only one quarter of children were seeing a speech pathologist, compared to one third in the rest of Victoria.

## Surveys

### Maternal and Child Health survey

Two out of three Maternal and Child Health nurses responded to the survey. There is considerable variation between the responses received. One response indicated no change to oral language skills over the last three years, while the second respondent noted that change had occurred. The second respondent suggested that oral language skills were below the expected level and indicated an increase in referrals to speech pathology.

Both respondents indicated that parents were slightly more concerned with their children’s oral language skills.

### Kindergarten surveys

Surveys were received from two of the seven kindergartens in Corangamite. There is considerable variation in the oral language skills observed between the kindergartens. One kindergarten indicated that students were at or well above in oral language skill. Conversely, the second respondent indicated below level skill in oral language. Caution should be taken in the interpretation of these results given the low response rate.

The qualitative responses gathered via survey offer rich insights into oral language as experienced in Corangamite kindergartens. One respondent reflected that professional development opportunities had significantly impacted the way in which oral language skills were stimulated in 2019:

‘Through our School Readiness Funding this year we have been involved with an early childhood "supercoach" from Melbourne. Her observations in February were that our key focus needed to be on conversational language, as she noted that the ability to have reciprocal "serve and return" conversations was delayed in many children. We have worked on this throughout the session, with outdoor play times and routines such as fruit and lunch times identified as times when many extended sustained, shared thinking conversations were held.’

### School surveys

School survey results were collected from six of the eleven<sup>2</sup> schools in Corangamite. Respondents were asked to rate student cohorts using a five-point scale;

- |                             |    |                   |
|-----------------------------|----|-------------------|
| • well above expected level | OR | • much better     |
| • above expected level      |    | • slightly better |
| • at expected level         |    | • no change       |
| • below expected level      |    | • slightly worse  |
| • well below expected level |    | • much worse      |

None of the respondents indicated that student cohorts were ‘well below expected level’ or ‘much worse’ in any of the areas evaluated.

### *Language abilities*

- 71.4% of the 2019 cohort were reported to have oral language abilities at expected level. 28.6% were reported to be below expected level.
- Compared to previous years, 28.6% were slightly better, 28.6% were no change or slightly better and 42.9% were slightly worse.

### *Ability to communicate to adults and peers*

- 57.1% were reported to be at the expected level with 42.9% below expected level.
- 14% were reported to be slightly better, 43% were no change and 43% were reported be slightly worse when compared to previous years.

### *Articulation abilities*

- 57.1% were at expected level with the remaining 42.9% below expected level.
- 43% were slightly better than in previous years, 14% were no change and 43% were slightly worse than in previous years.

The qualitative responses were summarised as follows:

The importance of intervention:

‘A higher percentage of my class this year had previous speech therapy throughout their early childhood. At this point in time, I am monitoring the development of these students through our

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<sup>2</sup> Secondary schools and specialist schools have been excluded from this number

systematic synthetic phonics lessons and have not made any referrals. The students who I have identified as needing more assistance with their oral language skills have been working closely with education support staff throughout whole class lessons and individual conferences to strengthen their skills.'

'Poor language skills are not overseen by a specialist so individual needs are not met and focused on. Parents aren't seeking out of school specialists.'

'Low speech development has made it difficult for students to hear, record and speak in Literacy & Numeracy.'

An apparent decline in oral language was reported:

'I feel that the oral language skills and speech development of Prep students over the last 3 years has definitely declined. We are seeing more speech issues and less competency in general language skills.'

'There seems to be more students needing speech therapy and assistance with the development of their oral language.'

'Students are coming into school with progressively worse speech.'

'The degree of poor articulation is getting worse as families aren't seeking specialist intervention early or specialists aren't available.'

The relationship between family environment and oral language skills was highlighted:

'We have small cohorts of students. I can see a direct relationship between parent education/occupation and the standard of oral language in the students and the comparison with previous years. There is also a correlation with the development of literacy and numeracy skills and the ability to learn.'

### **Summary**

Data collected from Corangamite paints a varied picture. The AEDC data suggests that there has not been a significant change in the communication and knowledge domain from 2015 to 2018. In Corangamite there have been a smaller proportion of At Risk and Vulnerable students than the Victorian and Australian averages between 2015 and 2018.

The SEHQ data suggests that there has not been a significant change in the proportion of children with parent reported speech and language difficulties in Corangamite during the period 2009-2018. In contrast to AEDC, however, the SEHQ data shows that a higher proportion of children are consistently reported to have speech and language difficulties than the Victorian average. Of the children reported to have speech and language difficulties, more children in Corangamite accessed speech pathology services than the state average during 2015-2017. In 2018, however, the percentage of students accessing speech pathology services dropped by 22.4% compared to the previous year, which is 7.6% below the state average.

The survey response rate from Corangamite kindergartens and Maternal and Child Health was poor and caution must be taken in the interpretation of results. Responses indicated that there was considerable variation in the oral language abilities of children under care in Corangamite kindergartens and Maternal and Child Health nurses. A consistent decline in oral language skills was not apparent from the survey responses.

The school survey data indicates that although the majority of Prep cohorts were at the expected level for language skill, ability to communicate with peers and adults and articulation, up to 43% of the cohort were said to be below expected level in their ability to communicate to peers and adults and articulation. When compared to previous years, a varied picture emerged with some cohorts reported to be slightly better and others slightly worse. Approximately 43% of cohorts were reported to be slightly worse than in previous years in language, communication with others and articulation. Qualitative responses from teachers highlighted a decline in oral language skills and the need for intervention.

Interviews with Speech Pathologists again painted a varied picture. South West Health Care indicated a gradual increase in referrals from 2016. The Department of Education and Training did not believe there had been a decline in oral language competency of young school students but stated that there had been an increase in the complexity of cases. The Catholic Education Office believe that a greater proportion of students entering school have communication difficulties.

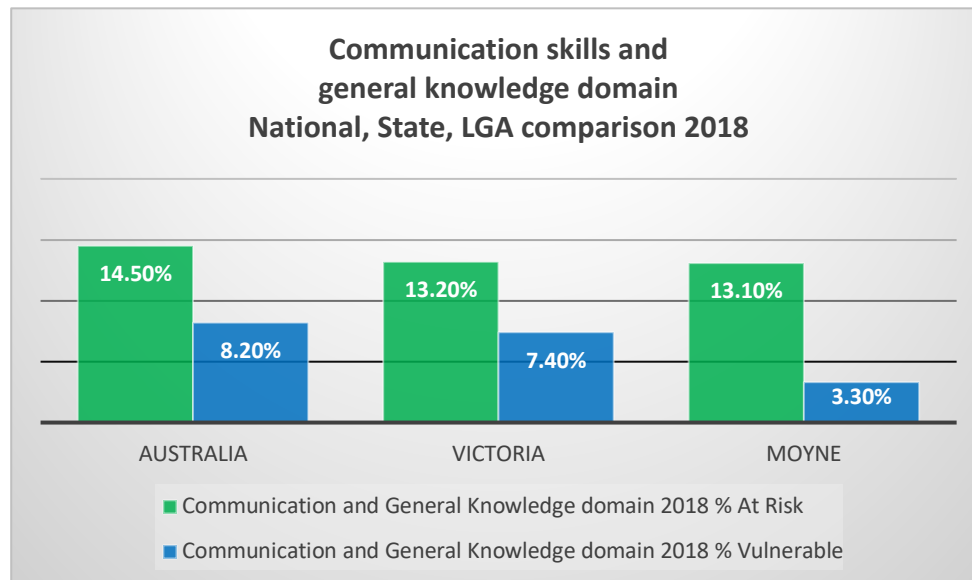
Overall the data collected and analysed does not demonstrate a uniform or consistent decline in oral language abilities, however, there is evidence for regression in oral language skills in localised areas and concern from some teachers, preschool educators and Maternal and Child nurses of a decline in oral language skills.



## Oral language skills in Moyne

### AEDC

The 2018 AEDC data indicates that in the Communication and General Knowledge domain the proportion of At Risk and Vulnerable students in Moyne is less than the proportion of students identified across Australia or Victoria (Figure 7).



**Figure 7:** AEDC communication skills and general knowledge domain National, State, LGA comparison 2018

### Moyne 2015 - 2018

Comparison of 2015 to 2018 AEDC data (Table 3) indicates a significant change in the number of students At Risk in the Communication and General Knowledge domain. A significant change in the number of Vulnerable students in Moyne was not recorded.

Of the eight local communities, Koroit recorded a significant change in the number of students At Risk in the Communication and General Knowledge domain. A significant change in the number of Vulnerable students in Koroit was not recorded.

Of the remaining seven local communities, five did not record a significant change in the Communication and General Knowledge domain in either the At Risk or Vulnerable cohorts. The sixth and seventh local communities, Macarthur/Bessiebelle and Woolsthorpe/Caramut had too few teachers or students to display a result.

### Summary Moyne 2015-18 by Cohort (At Risk and Vulnerable)

#### *Vulnerable Cohort*

- Moyne - no significant change in Communication and General Knowledge domain

- Moyne - recorded a significant change in the Social domain (an increase in social issues)<sup>3</sup>.
- No significant change in Communication and General Knowledge domain in any local community.

### At Risk Cohort

- Moyne - significant change in the Communication and General Knowledge domain.
- Koroit local community - significant change in the Communication and General Knowledge domain.
- No significant change in the Communication and General Knowledge domain in the remaining communities.

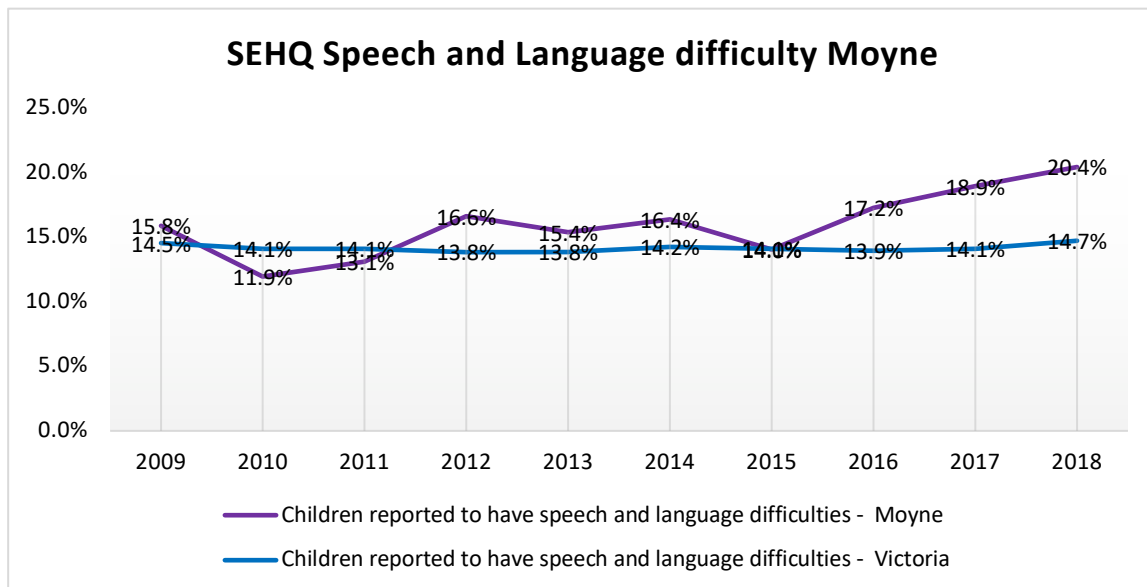
**Table 3:** National, state and LGA comparison 2018 AEDC communication skills and general knowledge domain (AEDC 2019)

<u>AEDC Communication and General Knowledge domain</u>						
MOYNE	2015 % At Risk	2018 % At Risk	2015-2018 % At Risk Difference	2015 % Vulnerable	2018 % Vulnerable	2015-2018 % Vulnerable Difference
Australia	15.1	14.5		8.5	8.2	
Victoria	13.6	13.2		7.6	7.4	
Moyne	5.8 (n=13)	13.1 (n=24)	<b>7.3</b>	3.1 (n=14)	3.3 (n=6)	- 0.2
Koroit	5.3 (n=2)	20.9 (n=9)	<b>15.6</b>	10.5 (n= 4)	4.7 (n=2)	- 5.8
Macarthur/ Bessiebelle	9.1 (n=2)	NA	NA	0 (n= 3)	NA	NA
Mortlake and surrounds	2.8 (n=1)	11.1 (n=3)	8.3	5.6 (n= 2)	0 (n=0)	- 5.6
Panmure/Nullawarre and surrounds	3.3 (n=1)	12.5 (n=3)	9.2	3.3 (n= 1)	0 (n=0)	-3.3
Port Fairy	5.1 (n=2)	15.8 (n=6)	10.7	0	2.6 (n=1)	2.6
Port Fairy surrounds	10.7 (n=3)	14.3 (n=3)	3.6	0 (n= 3)	4.8 (n=1)	4.8
Purnim/Winslow	5.9 (n=1)	0 (n=0)	- 5.9	0	12.5 (n=2)	12.5
Woolsthorpe/ Caramut	6.3 (n=1)	NA	NA	0	NA	NA

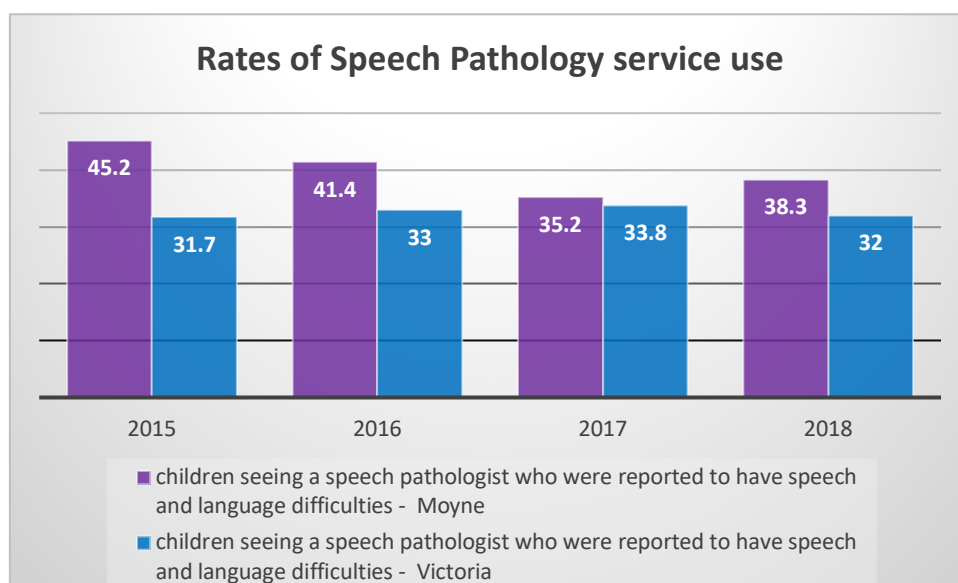
<sup>3</sup> For Social domain data see <https://www.aedc.gov.au/communities/findings-from-the-aedc>

**SEHQ**

174 children (0.3% of the state total of 63,842) in Moyne were involved in the 2018 SEHQ data collection. Analysing data over a ten year period from 2009 – 2018 (Figure 8) indicates variability of results in Moyne (low of 11.9% in 2010 and a high of 20.4% in 2018). In 2015 Moyne’s results were only 0.1% higher than the state average; since then there have consistently been more children reported with speech and language difficulties than the Victorian average.



**Figure 8:** Children reported to have speech and language difficulty 2009 – 2018 in Moyne (SEHQ 2019)



**Figure 9:** Percentages of children seeing a Speech Pathologist in Moyne who were reported to have speech / language difficulty 2015 – 2018 (SEHQ 2019)

More children in Moyne have been accessing Speech Pathology services (from those children identified as having speech and language difficulties) than the Victorian average (Figure 9).

### Surveys

#### Maternal and Child Health survey

One response was received. Three nurses operate in Moyne and two agreed to participate. One nurse was overseas at the time of data collection.

The response received indicated no change to oral language skills over the last three years with students at expected level in articulation, expressive language and oral language comprehension. Parents were reported to be slightly more concerned about their children's oral language skills and a slight increase in referrals was noted.

#### Kindergarten surveys

Surveys were received from three of the eight kindergartens in Moyne. There is some variation in the oral language skills observed between the kindergartens. Results indicated that 2019 students were at or below expected level in oral language skill. Two out of three respondents indicated that 2019 students were at expected level for oral language. One of the three respondents indicated that students were below expected level. None of the surveys indicated that students were well below expected level in oral language, nor did they indicate that 2019 students were above or well above expected level. Targeted questions in communication and articulation of 2019 students again showed variation, with half at expected level and half below expected level.

Caution should be taken in the interpretation of these results given the low response rate. Qualitative responses are listed below and provide valuable insight.

The impact of technology and the home environment on oral language skills was reflected upon by one respondent:

'It was difficult to rate the children as a group. We have some children well above average (very obvious that they engage in lots of conversations etc. at home) and some below average with their language skills. We personally feel that technology is having a negative impact on the children's language skills. We have always provided library books for the children to borrow. It is getting more difficult to engage the children in this activity. Some children are lucky to borrow one book for the year, which is very sad. Parents need to step up more and take more interest as we can only do so much as educators. It is also difficult for children to access speech therapy due to the huge demand, which is frustrating.'

A link between improved educator awareness of oral language skill and increased speech pathology referral rates was noted by one respondent:

'Across the board, this year we have seen an increase in the number of children who have been accessing or have needed to be referred through to a speech therapist for articulation or poor oral language skills. I feel that the increased referrals attributed to a PD that my colleague and I attended called Speech and Oral Language Development (SOLD) which provided a more thorough understanding of children's oral language development (looking at pragmatics, semantics, morphology, syntax and phonological skills).'

One respondent highlighted the impact of English as a second language on oral language skill development. They also reflected on the importance of the home environment:

‘We have a number of children with English as a second language which inhibits their ability to communicate effectively. Moyne Health were without a speech therapist for nine months to assist those children requiring further support.’

‘We have noticed a gradual decline in children's oral language skills. Children appear to have less experiences to draw on to extend their oral language.’

### School surveys

School survey results were collected from nine of the thirteen schools in Moyne; The Prep teachers reported that:

#### *Language abilities*

- 30% of the 2019 cohort were reported to have oral language abilities above the expected level. 40% of the 2019 cohort were reported to be at expected level with 30% of students reported to be below expected level.
- Compared to previous years, 10% were reported to be much better, 50% were slightly better, 10% showed no change and 30% were slightly worse.

#### *Ability to communicate to adults and peers*

- 10% were reported to be above the expected level, 70 % at the expected level and 20% below expected level.
- Compared to previous years, 20% were much better. 20% were slightly better and 50% showed no change. Only 10% were reported to be slightly worse.

#### *Articulation abilities*

- 30% were above expected level, 20% were at the expected level but 50% were below expected level.
- Compared to previous years, 20% were much better, 20% slightly better, 30% showed no change while 30% were reported to be slightly worse.

The qualitative responses were summarised as follows:

The importance of the home environment:

‘The 2019 group of Prep children consists of a number of students that have had lots of exposure to oral language opportunities with families prior to schooling. This group of children read nightly and are encouraged by parents to achieve. Unfortunately, some students in the Prep class do not read regularly at home also.’

Variation in oral language skill level of students entering Prep:

‘This year I have quite a number of Prep students who are young school starters and I think this may be a reason for lower speech development this year.’

‘We have a number of students that have above average oral language skills, however we also have others that are very weak.’

‘Out of my 14 Prep students this year, I have 2 with quite severe speech and articulation difficulties and while the other students are fine in this area, I have found that in general, I need to repeat their words or sentences to them so I can model the correct grammar for them. Most of my students this year have had the ability to talk in complete and detailed sentences and can confidently describe real life events and also make up their own narrative stories.’

‘Minus a minimal number of students, the majority of the 2019 Prep students have been able to meet and exceed the required oral language skills and reading levels.’

‘Most 2019 Prep students have been able to meet the required oral language expectations and have surpassed reading benchmarks.’

#### Access to professional development:

‘We have been working with a Speech Pathologist to build teacher capability and capacity with Oral Language through this program. All Prep-2 staff are also trained in Sounds-Write.’

#### An apparent decline in oral language skills:

‘Over the last 3 years I have noticed a decline in the oral language skills of some students. I feel this has to do with limited opportunities to talk with adults, read with adults and obtain vital vocabulary to describe feelings and things around them.’

‘Over the last 3 years, I have found that the numbers of Prep students with speech or articulation concerns has been increasing. When I once may have had only one or even no students needing additional assistance with their speech and articulation, I now find that number is more like 2 to 4 students which for a school our size, can be 25% of the Prep students. In 2020, I already know of 3 out of our 11 Prep students who are going to be needing additional support with their speech.’

‘We are seeing more students start their Prep school year with limited to poor oral language skills and speech development. We are working hard as a school to provide opportunities to our onsite kindergarten and upskill teachers and education support staff to make a difference. It is still too early to make a judgement on if the work we are doing is making a significant difference in this area.’

These reflections suggest variability in oral language skills, with some students displaying above average and some students displaying below average performance. This variability is consistent with quantitative results obtained from the AEDC and SEHQ.

## Summary

Data collected and analysed from Moyne is varied. The 2015-2018 AEDC data suggests that there had been a significant increase of the proportion of children in the At Risk category in the Communication and General Knowledge domain in Moyne. This significant change was recorded in Koroit; no other



communities recorded a significant change (or there was not enough data to report). There was no significant change recorded for the Vulnerable category in the Communication and General Knowledge domain in Moyne between 2015-2018.

The 2009-2018 SEHQ data suggests that from 2016-2018 more children in Moyne have been reported to have speech and language difficulties than the Victorian average. A similar proportion of children are receiving Speech Pathology services in Moyne and Victoria.

Survey results with Prep teachers, Early Years educators and Maternal and Child Health nurses do not provide a clear narrative of the oral language skills of children in Moyne.

Responses indicated that there was considerable variation in the oral language abilities of children under care in Moyne kindergartens and Maternal and Child Health Centres. Caution with interpretation is required given sample size and response rates. A consistent decline in oral language skills was not apparent from the survey responses.

The school survey data indicates that the majority of Prep cohorts were at the expected level for language skill and ability to communicate with peers and adults, however half of the cohorts were reported to be below expected level in articulation.

When compared to previous years, some cohorts were reported to be slightly better and others slightly worse. Although half of the 2019 cohorts were reported to be below expected level in articulation, when compared to previous years, 70% showed no change or were slightly or much better. Although the articulation skills of half of the 2019 cohort were reported to be below expected level, evidence of a consistent decline over the last three years was not apparent.

Qualitative responses from teachers highlighted the importance of the home environment and professional development, variation in oral language ability of students entering Prep and an apparent decline in oral language skills.

Interviews with Speech Pathologists from South West Healthcare (SWH), Department of Education and Training (DET) and Catholic Education Office (CEO) was varied. While SWH indicated a slight increase in referrals, DET spoke of an increase in the complexity of cases rather than an oral language decline. CEO did point to an increase in oral language difficulties in students in the early school years.

Overall the Moyne data does not demonstrate a uniform or consistent decline in the oral language abilities of children. A decline in oral language skills has been identified in some local areas and some teachers commented on the lack of oral language skills of students entering Prep.

## Interventions

There are a number of interventions to augment children's oral language skills in the early years. Speech Pathology intervention for individual children is available from the following services;

- *South West Healthcare Speech Pathology* - prior to commencing school
- *ECIS / NDIS – children with a disability or developmental delay*
  - Access through NDIS Local Area Coordinators / Early Childhood, Early Intervention
- *Department of Education and Training* - students attending a Government school

- Referrals are made via the classroom teachers
- *Catholic Education Office* - students attending a Catholic school
  - Referrals are made via the classroom teachers
- *Private Speech Pathology* - at any time

There are also a number of targeted programs aimed at building the capacity of educators.

- *Speech Pathology in Schools* – South West Healthcare
  - Seeks to increase Foundation to year 2 educators’ understanding, skills and confidence to support and teach children with speech, language and communication needs.
- *School Readiness Program: Speech Pathology* – South West Healthcare
  - Speech pathologists building capacity of educators via:
    - Consultation and training on various topics
    - Parent seminars and assisting to build parent capabilities
    - Modelling techniques with staff using small groups
    - Assist in the implementation of new goals within the current kindergarten program
    - Assist kindergartens to access and develop resources
    - Work with staff to develop confidence in referring children to appropriate services

## Final Summary

This research sought to determine whether there had been a decline in the oral language and speech development abilities of pre-school and Prep students in Corangamite and Moyne Shires.

The literature review indicated that the early years period is vital for development and that many factors influence oral language development. The literature review also noted that early intervention is essential and that oral language is the foundation for learning, wellbeing and success across the lifespan.

Data from the Australian Early Development Census (AEDC) and the School Entrant Health Questionnaire (SEHQ) was analysed along with survey results from Moyne and Corangamite Prep teachers, Early Years educators and Maternal and Child Health services. Interviews were also held with Speech Pathologists servicing Moyne and Corangamite areas including South West Healthcare, Department of Education and Training Student Support Services Wimmera South West Area, South Western Victoria Region (Warrnambool) and Catholic Education Office.

Overall the data collected and analysed does not demonstrate a uniform or consistent decline in the oral language abilities of young children in Moyne or Corangamite Shires, however, there is evidence of regression in oral language skills, at times, in localised areas. Qualitative responses from some teachers, preschool educators, Maternal and Child Health nurses and Speech Pathologists indicate a concern that oral language abilities have declined. The AEDC data indicated that significant changes in other domains (physical, social, emotional) often co-occurred when a decline in communication and general knowledge was reported. The South West Healthcare Speech Pathology service noted an

increase in referrals and, together with Warrnambool Student Support Services, mentioned an increase in the complexity of cases. Some teachers, speech pathologists and early years educators suggested the lack of engagement of some families when intervention was provided.

Exposure to digital media has been suggested as a possible cause of a decline in oral language skills. Screen time is common in families but the lack of a consistent or uniform decline in oral language skills in Moyne and Corangamite suggests that any influence is not endemic.

The research data indicates variation in oral language skills of children in Moyne and Corangamite across time and communities. Targeted interventions such as the Speech Pathology in Schools program and the School Readiness Program: Speech Pathology appear to make good use of scarce professional resources. Teachers and Early Years Educators made note of the benefit of professional development that targeted speech and language development.

### **Recommendations**

- Continue to identify where a decline in speech and language skills occurs and target interventions accordingly.
- Investigate programs or initiatives to support parents and caregivers in stimulating oral language in the ‘critical period’ of development.
- Encourage evaluation of parental engagement in interventions and review current service delivery options
- Encourage the provision of professional development programs for teachers and early years educators in the area of speech and language development.
- Investigate community attitudes and knowledge of oral language development in early years.

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