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Speech Pathology Australia

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Speech Pathology Australia submission (online) re: Topics for the 2021 Census

The topic is of current national importance and the need for data from a Census of the whole population

In order for Census data to remain relevant and valuable and, as the ABS states, support key decisions and provide an understanding of change over time, Speech Pathology Australia requests a minor change to the existing professional occupation grouping levels. We would ask that speech pathologists be allocated their own separate Professional Occupation Unit Group level in line with other allied health professions such as Occupational Therapists (2524) Physiotherapists (2525) and Podiatrists (2526). Currently the ANZSCO Unit Group coding of 2527 is for 'Audiologists & Speech Pathologists/Therapists' combining both the Speech Pathology (2527/12) and Audiology (2527/11) professions:

Current version of ANZSCO Version 1.2 June 2013
Major Group (2) **Professionals**
Sub-Major (25) *Health Professionals*
Minor (252) *Health Therapy Professionals*
Unit Group (2527) *Audiologists & Speech Pathologists / Therapists*
Occupation (252711) *Audiologists*
(252712) *Speech Pathologists (Aus)*
Speech Language Therapists (NZ)

Not only are Audiology and Speech Pathology quite independent and different occupations, but combining both occupations into the one unit grouping, does not allow for a sufficiently sensitive outline of the job labour market as this obviously varies across the two professions. Data needs to be captured for the profession of speech pathology on its own and across its entirety and should therefore have its own Unit Group number. Please note that both Audiology Australia and the New Zealand Speech-language Therapists' Association support this recommendation for the coding to be split into two discrete occupational codes, applicable separately to audiology and speech pathology at the Unit Group level.

Having accurate workforce data enables governments and health providers to identify potential skill shortages and plan its future workforce and in the case of speech pathology services, ensure comprehensive prevention, promotion and therapeutic services are available to all individuals with communication and swallowing impairments. An ageing population with predicted increases in those with dementia and multiple co-morbidities; increasing incidence of chronic disease; and increasing incidence of paediatric disability (for example autism spectrum disorders), along with the full roll out of the National Disability Insurance Scheme (NDIS), will all contribute to an increased demand for speech pathology services.

Gaining such data for the whole population is of particular importance nationally as highlighted by the Senate Community Affairs References Committee's Inquiry into the Prevalence of different types of speech, language and communication disorders and speech pathology services in Australia back in 2014.

One of the Inquiry's areas of focus was to understand how effectively current demand for speech pathology services was being met. The inquiry reported that there is '*considerable evidence that the supply of speech pathology services has fallen well below demand, leading to considerable waiting times. These delays for public and community-based services are evident in all states and territories. There is also evidence that services are inadequate in socio-economically disadvantaged areas while in many remote areas, the services are simply not there*'. The Inquiry recommended that *'the federal*

Department of Health investigate the evidence of geographical and demographic clustering of speech pathology services in Australia.'

The federal government response to this recommendation, published in November 2017, was to suggest using existing data sources. We would therefore argue that more detailed data i.e. the separation of speech pathologists and audiologists collected via the National Census would help contribute to creating this body of evidence regarding the geographical distribution of speech pathology services as well as workforce data, for no extra cost or effort.

The topic can be accurately collected in a form which the household completes themselves, the topic would be acceptable to Census respondents and the topic can be collected efficiently

We consider our request to separate speech pathologists from audiologists and for each profession to be allocated their own Unit Group number a very simple change to the existing Census form, and therefore easy for the household to complete as 'speech pathology' will appear as a separate occupation unit group in the existing health therapy professionals list.

There is likely to be a continuing need for data on the topic in the following Census, and there are no other suitable alternative data sources or solutions that could meet the topic need

As mentioned earlier, the demand for speech pathology services is only likely to increase due to the ageing population of Australia and the impact of reforms such as the NDIS. In order to assist with workforce planning and to ensure future supply meets demand, accurate data gathered by the National Census is essential and invaluable. While Speech Pathology Australia has member data (current membership stands at around 8500) not all speech pathologists are members of the Association, so alternative sources of data help to build a more comprehensive picture of the workforce which is useful data to help inform governments and providers alike with planning and service delivery strategies.

If you require any further information or clarification please contact [redacted]