

WEBWORDS 28

Community and Advocacy

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Snow, P.C., & Powell, M.B. (2004). Developmental language disorders and adolescent risk: A public-health advocacy role for speech pathologists? *Advances in Speech Language Pathology*, 6(4), 221–229.

Within the multi-disciplinary team concerned with child and adolescent development, speech pathologists are uniquely positioned to understand the nature and overall developmental significance of language acquisition in childhood and adolescence. Other disciplines contribute valuable insights about psychosocial development during the childhood and adolescent years. The field of developmental psychology, for example provides a large and convincing body of evidence about the role of academic success as a protective factor against a range of psychosocial harms, in particular substance misuse, truancy, early school leaving, and juvenile offending. In this paper, we argue that juvenile offending embodies the notion of “adolescent risk”, but in Australia in particular, has been under-investigated with respect to possible associations with developmental language disorders and subsequent academic failure. We present findings pertaining to a sample of 30 male juvenile offenders completing community based orders. Performance on a range of oral language processing and production skills was poorer than that of a demographically similar comparison group. Our results confirm the need to conceptualize language within a broader risk and protective framework. We therefore emphasize the public health importance of early language competence, by virtue of the psychosocial protection it confers on young people with respect to the development of prosocial skills, transition to literacy and overall academic achievement. We argue that speech pathologists are best positioned to advocate at a policy level about the broader public health importance of oral language competence. p. 221.

Speech Pathology Australia, the national peak body representing and comprising our highly specialised community, describes its nearly 4,000 members as the professionals who work with and advocate strongly for people who have communication and swallowing difficulties.

Not wanting to swathe you in a blizzard of definitions and sociological jargon, or to fail in a limp attempt to give you **William Labov**¹ and speech communities in a nutshell, let’s just say that a community is a group of people with common interests. Inescapably, communities are nested, with one community containing and influencing another. For instance, a geographic community may hold within its boundaries several more geographic ones, many cultural, ethnic, linguistic, religious and political ones, along with a range of professional and occupational communities.

Real, metaphoric or imagined, geographic communities may be broad: take for example “the international community”; they may be remote like Bullamakanka and Oodnagalarbie; as local as Upper Woop Woop or Much-Binding-in-the Marsh; or as proudly parochial as **Lake Wobegon**², where all the women are strong, all the men are good looking, and all the children are above average.

Cultural communities include communities of *need or identity*. Wherever communities of need or identity are, we find active support for them in the form of **advocacy**³: the process of pleading or arguing in favour of something, such as a cause, idea, or policy. Advocacy can be as individual as a parent reminding an educator that all children, including **gifted and talented**⁴ ones, need to work at their personal levels of challenge, as highly developed and **resource**⁵ rich as the National Literacy Trust’s Talk To Your Baby campaign, as far-reaching as ASHA’s May is Better Hearing and Speech Month **BHSM**⁶, or as good as Australia’s 2007 Speech Pathology Week fun-loving-punsters’, or is it pun-loving-funsters’, **slogan**⁷: “Feeding and Swallowing: It’s No Choking Matter”.

Not a good week

It was some choking matter, and no fun whatever, at the end of the first week of February 2003 with the copy deadline for the June ACQ looming. In the preceding few days four new, late, in fact very late, referrals attended for initial consultation, each having spent the best part of two years on the speech pathology waiting lists of publicly funded (hah!) agencies. Now, for “referrals” read five-year-old male, unintelligible, at-risk readers, with family histories of language and literacy problems who had each started kindergarten at a different school the week before. Two had glue-ear histories, and one of those two was an Indigenous Australian, one had PKU, and the fourth was remarkable in having vocal nodules and stuttering on his long list of presenting characteristics. And what was the nature of the service they were they waiting for? Ten 15-minute sessions that would make so small an impression on their now diagnosed severe speech and language impairments that, really, they might as well save the petrol money. It was not a good week.

What had happened to accountability? What of evidence-based practice? Which theory of intervention had supported a program of 10 one-quarter-hour consultations, full stop? Did all of this, and countless similar examples, come down to questions of funding shortfalls, misguided public health and education policy, personnel shortages, and desperate waiting list manipulation and service delivery strategies? Quite likely. But what did the future hold for those four boys? Seething with outrage at the pathetic injustice of it all, your columnist thought hard and wrote fast, waxed indignant, prudently stifling any errant phrases that might be deemed unseemly in a professional context, and **Webwords 14**⁸: Service Delivery and Consumer Advocacy (Bowen, 2003) spluttered into existence.

“Speech Language Pathology needs bad waiters”, the first paragraph began.

We don’t need nice, patient, understanding waiters – we need consumers who are itching to address communication difficulties, in themselves, or in family members, and who will not put up with waiting lists, stop-gap minimalist services, untested “consultative” models, incomprehensible home programs they have not been given the skills to implement, group therapy

where individual services would be more appropriate, or patchy, sketchy intervention delivered by under-resourced clinicians who never have enough time for themselves on the road to burnout.

Out to lunch

The missile launcher driver who delivers the local paper on Wednesday evenings always seems to sweep by when I'm taking the wheelie-bin out to the verge. Just as I remember to duck behind my big green riot shield and the *Blue Mountains Gazette* hurtles past, she always says, "How's your week been?" And I always poke my head out and say, "Good thanks", and think, relieved "Missed again". We missed each other completely last week. She probably still did the hurling, targetless, but I was at the wonderfully located Speech Pathology Australia Conference at the Sydney Convention Centre. Wonderfully located that is, for everyone except our hard-working sponsors and exhibitors, without whom our conferences would be more expensive for participants and far less worthwhile. Because lunches were not served within the venue, and because Darling Harbour is a great place to eat and wander for an hour or three, for much of the time these sponsors and exhibitors (part of our community) were left standing with their products and services with very few browsers, and hence fewer on-the-spot buyers than is usual, while we had fun in the warm late autumn sun.

Feedback

It was a very good, absorbing week full of interest and enjoyment, but from time to time I spared a thought for the copy deadline *this* week for the October ACQ. The theme for the issue, "community and advocacy", provided plenty of scope. But what was the point of being predictable, with another Webwords tirade about the need for consumer and professional advocates for speech pathology, underlining the message that those with political clout find our issues particularly unsexy? You know, what could be more central to the funding decisions for the federal budget than the language and literacy skills of people in correctional settings and to people on corrections orders in the general community? Yeah, right. And will any of those four little boys be in such correctional settings one day? Quite likely (Snow & Powell, 2004). But why do we suppose that CSR⁹ (that's corporate social responsibility) in the business world is sexy and SLP is not? Perhaps we could listen and learn something from the business community. Strategy and business analyst Jennifer Kirkby (2005) writes:¹⁰

Feedback is information about experiences – a.k.a. the "voice of the customer". It's a step on the path to customer collaboration, for its strength lies in listening. It takes many forms – from unsolicited complaints to word of mouth monitoring. It can be positive or negative or neutral. It enters organisations in numerous ways, even when people try to block or eradicate it – which many do!

Reflecting connections

The resource-hungry, interconnected, nested community of speech-language pathology includes our well-served clients, our under-served clients, un-served and at-risk populations, their significant others and ourselves, as well as academic institutions, publishers, sponsors, exhibitors, and

the important bureaucrats, policy-makers and legislators who make the big money decisions. To our good fortune among those nests is a nest of professional journalists, hungry for copy, hungry for first-person accounts, hungry for the voice of the customer. And it is to our mutual benefit for SLPs to build strategic relationships with journalists, demonstrating the impact and needs of speech pathology. One way of doing this is to help journalists to listen to and hear the "voice of the customer".

Some of our consumers don't have voices, some of them are clinically inarticulate, and some of them have unpopular, unpalatable, politically un-sexy things to say. Who, for example, wants to hear in detail about developmental language disorders and adolescent risk? Could we get into bed with a journalist over that one? Develop a positive relationship? Or would that be like trying to get the Pope into bed with Paris Hilton? Behave yourself, Webwords. One person who is courageously and effectively going down that path is one-time ACQ editor, Dr Pamela Snow, the **keynote speaker**¹¹ for "Reflecting Connections", the second conference to be jointly hosted by the New Zealand Speech-Language Therapists Association and Speech Pathology Australia. A very good reason to mark your diary now for 25–28 May in Auckland, New Zealand where I'm not at all sure whether all the women are strong, all the men are good looking, and all the children are above average. Let's find out.

References

- Bowen, C. (2003). Service delivery and consumer advocates. ACQ Internet Column. *ACQuiring Knowledge in Speech, Language and Hearing*, 5(2), 102–103.
- Kirkby, J. (2005). Customer experience: The voice of the customer. Retrieved 6 June 2007, from <http://www.mycustomer.com/cgi-bin/item.cgi?id=131588>
- Snow, P.C., & Powell, M.B. (2004). Developmental language disorders and adolescent risk: A public-health advocacy role for speech pathologists? *Advances in Speech Language Pathology*, 6(4), 221–229.

Links

- <http://www.pbs.org/speak/speech/sociolinguistics/labov/>
- <http://www.nationalgeographic.com/ngm/0012/feature5/media.html>
- <http://www.cambridgeshire.gov.uk/NR/rdonlyres/319F70A9-C8D0-4AEB-81B1-D74E8959EC5/0/Advocacy.pdf>
- http://www.aaegt.net.au/info_advocacy.html
- <http://www.literacytrust.org.uk/talktoyourbaby/resources.html>
- <http://www.asha.org/bhsm/>
- <http://www.speechpathologyaustralia.org.au/Content.aspx?p=167>
- <http://www.speech-language-therapy.com/webwords14.htm>
- <http://www.mycustomer.com/cgi-bin/item.cgi?id=132797&d=2038>
- <http://www.mycustomer.com/cgi-bin/item.cgi?id=131588>
- <http://www.reflectingconnections.co.nz/speakers.php>

Find Webwords 28 with lots of live links at: <http://speech-language-therapy.com/webwords28.htm>

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