

**Submission to the Standing Committee on Finance  
Pre-Budget 2018 Consultation****Executive Summary:**

Speech-Language & Audiology Canada (SAC) is the country's leading association for the professions of audiology and speech-language pathology, representing over 6,200 speech-language pathologists, audiologists and communication health assistants. SAC members and associates from coast-to-coast-to-coast are dedicated to improving the communication health of Canadians.

**1 in 6 people in Canada has a speech, language or hearing disorder.**

SAC strongly supports the federal government's commitment to early learning and child care. SAC also strongly supports the government's recognition that a commitment to early learning and child care is an important strategy in reducing poverty and social inequity and, in turn, increasing productivity. In light of the above, SAC is providing four recommendations for meaningful federal action to help ensure that Canada's early learning and child care systems are prepared to address the hearing, speech and language learning needs of all children, but particularly those from disadvantaged backgrounds, (for example, children living in poverty, indigenous children, children who are recent immigrants) and their families.

**Recommendation 1:** Take a leadership role in supporting and ensuring that all provinces and territories offer comprehensive early hearing detection and intervention (EHDI) programs to babies born in Canada.

**Recommendation 2:** Incorporate community-based speech-language pathology services in Canada's Early Learning and Child Care Framework and Poverty Reduction Strategy in order to ensure the speech and language development needs of all children living in Canada are met.

**Recommendation 3:** Extend the current loan forgiveness program to university graduates of speech-language pathology and audiology programs, including incentives for graduates to work in rural areas and remote and northern regions of Canada.

**Recommendation 4:** Invest in research about hearing, speech and language disorders in early childhood, including: prevalence rates, issues affecting access to audiology and speech-language pathology services and evaluation of the effectiveness of audiology and speech-language pathology preventative services for disadvantaged communities.

## Solutions:

The communication health of young children in Canada can be dramatically improved by high-impact, targeted action and investment by the government in the 2018 federal budget. SAC recommends:

**Recommendation 1: Take a leadership role in supporting and ensuring that all provinces and territories offer comprehensive early hearing detection and intervention (EHDI) programs to all babies born in Canada.**

Every year in Canada, more than a thousand children are born with a permanent hearing loss. Children who receive timely diagnosis and intervention (screening by 1 month, diagnosis by 3 months and intervention by 6 months of age) have better communication, literacy and cognition compared to children with delayed diagnoses ([Joint Committee on Infant Hearing, 2007](#)). Early diagnosis, paired with early support for communication development, results in improved outcomes for the child and family. Some studies have also shown that families living in poverty are at higher risk of having children with hearing loss.<sup>1</sup> Moreover, children living in poverty often have their hearing loss identified at an older age than their more affluent peers.

EHDI programs have become a standard of care in many countries, where screening for hearing loss is made available to all newborn babies from every socio-economic stratum. Unfortunately, this is not the case in Canada, where many provinces and territories do not have sufficient EHDI programs in place.

Relative to most other health-care programs, the implementation of an EHDI program is neither expensive nor complicated, and yet ongoing funding restrictions, staffing issues and a lack of government commitment are preventing provinces and territories from moving forward. EHDI programs use an inexpensive and painless test to quickly and accurately screen infants for hearing loss. The screening process is simple and should ideally be performed before a baby is discharged from the hospital. This initial step will ensure that babies with possible hearing loss are identified very soon after birth. A comprehensive EHDI program includes this initial test, but also access to additional intervention services.

A [report card](#) launched by SAC in March 2014 on the status of Canada's EHDI programs gave Canada a failing grade and concluded that over half of the nation's provinces and territories do not have adequate EHDI programs in place. A [2016 progress report](#) on this issue indicated that very little progress had been made since 2014.

It is time for all Canadians to have access to a well-integrated and culturally-sensitive EHDI programs. This must include: a comprehensive range of services including screening, surveillance for late-onset hearing loss in childhood, diagnosis and intervention, access to assistive technologies and support for communication development. Anything less leaves our children at a significant disadvantage.

**Recommendation 2: Incorporate community-based speech-language pathology services in Canada’s Early Learning and Child Care Framework and Poverty Reduction Strategy in order to ensure the speech and language development needs of all children living in Canada are met.**

In the first five years of life, children from disadvantaged backgrounds fall behind other children in cognitive, social and emotional development. Like other cognitive skills, the development of speech, language and communication skills is affected by social disadvantage, with children from disadvantaged backgrounds being at higher risk of developmental speech and language delay than their more affluent peers.<sup>2</sup> Lack of language stimulation, limited access to material resources such as books and toys, housing problems and maternal mental health issues all impact the language development of children from disadvantaged backgrounds. In fact, research has shown that in the first four years of life, children from low income families hear only 25% of the words that children from higher income families hear.<sup>3</sup>

Good language skills form an essential foundation for learning to read, subsequent academic and social success as well as emotional well-being.<sup>4</sup> The shift away from manual employment towards “communication focused” jobs creates special challenges for people with speech, language and communication disorders. Leaving school without the skills required for employment in a labour-market increasingly reliant on technology and higher levels of education predisposes children to a life on the economic and social margins. Nearly one quarter of people with a communication disability live in poverty in Canada (the highest poverty rate of all types of disabilities).<sup>5</sup> Additionally, children with speech, language and communication difficulties are at higher risk of developing behavioural, emotional and social difficulties which, in the most extreme cases, can lead to young people entering the criminal justice system. It is thought that as many as 60% of young offenders have speech, language and communication difficulties.<sup>6</sup>

Early intervention makes a difference. Although a much higher proportion of children in lower socio-economic status families have speech, language and communication disorders, the largest number of such children is found in the sizable middle class. In order to improve child speech and language developmental outcomes *across the population* and flatten the social gradient overall, early learning and child care starting in the first few years of life should incorporate a public health program to improve the speech, language, hearing and communication learning experiences of all young children in Canada, with specific interventions targeted at the most vulnerable.

A system built on the concept of [proportionate universality](#) is recommended to create and maintain a platform of universal supports while allowing a gradation of services according to need. The United Kingdom’s Sure Start initiative is an example of a program that has brought together education, childcare, health and family support and incorporated speech-language pathology preventative services to support children from disadvantaged backgrounds.<sup>7</sup>

**Recommendation 3: Extend the current Loan Forgiveness Program to university graduates of speech-language pathology and audiology programs, providing incentives for graduates to work in rural, remote and northern regions of Canada.**

The federal government has taken steps to attract and retain other health professionals in rural and remote communities. Doctors, nurse practitioners and nurses have a portion of their Canada Student Loans forgiven by the government as an incentive to practice in underserved communities. However, such programs have not been extended to university graduates of speech-language pathology and audiology programs.

SAC recommends the expansion of the loan forgiveness program to recent graduates of speech-language pathology and audiology master's degree programs. These incentives would encourage speech-language pathologists and audiologists to move to locations where their skills are needed most.

The Canadian Government projects a labour shortage in the fields of speech-language pathology and audiology. Employment opportunities exist in rural, remote and northern regions of the country and especially in northern and Indigenous communities. Not only would extending the loan forgiveness program increase the accessibility of communication health services to these underserved regions, but it would also make these job opportunities more accessible for Canadians.

**Recommendation 4: Invest in research about hearing, speech and language disorders in early childhood including: prevalence rates, issues affecting access to audiology and speech-language pathology services and evaluation of the effectiveness of audiology and speech-language pathology preventative services for disadvantaged communities.**

International evidence shows that over 50% of children living in socially deprived areas in the United Kingdom start school with impoverished speech and language skills.<sup>8</sup> Similarly, children in Australia who are from the most disadvantaged areas are three times more likely to have developmentally vulnerable language skills than children from the least disadvantaged areas.<sup>9</sup> However, the prevalence rates of developmental speech and language disorders in disadvantaged children in Canada (for example, children living in poverty, Indigenous children, children who are recent immigrants) are currently unknown. Furthermore, while a growing body of evidence shows that early intervention for children with speech, language and hearing difficulties is effective, the evidence-base informing preventative audiology and speech-language pathology services need to be strengthened. Factors affecting access to services for children from disadvantaged backgrounds in Canada should also be examined since it is known that families most in need of services often access them the least.<sup>10</sup>

## Summary

Addressing the communication health needs of children early in life prevents the need for long-term specialised care and increases an individual's academic success, productivity, and their contributions to Canada's society and economy.

Effectively preventing and treating communication disorders in young children, with targeted interventions for the most vulnerable, can reduce the occurrence negative outcomes such as poor literacy, academic failure and poverty.

Every \$1 spent on early childhood health and development saves up to \$9 in future health, social and justice services (a return on investment of 800%).<sup>11</sup>

## References

- <sup>1</sup> Elster, A., Jarosik, J., VanGeest, J., & Fleming, M. (2003). Racial and ethnic disparities in health care for adolescents: a systematic review of the literature. *Archives of Pediatrics & Adolescent Medicine*, 157(9), 867-874.
- <sup>2</sup> Bradbury, B., Corak, M., Waldfogel, J., & Washbrook, E. (2011). Inequality during the early years: Child outcomes and readiness to learn in Australia, Canada, United Kingdom, and United States. *Discussion Paper Series, Institute for the Study of Labour*, (6120).
- <sup>3</sup> Hart, B., & Risley, T. R. (2003). The early catastrophe: The 30 million word gap by age 3. *American Educator*, 27(1), 4-9.
- <sup>4</sup> Parsons, S., Schoon, I., Rush, R., & Law, J. (2009). Long-term Outcomes for Children with Early Language Problems: Beating the Odds. *National Children's Bureau*.
- <sup>5</sup> Council of Canadians with Disabilities. (2013). As a Matter of Fact: Poverty and Disability in Canada. Retrieved from <http://www.ccdonline.ca/en/socialpolicy/poverty-citizenship/demographic-profile/poverty-disability-canada>
- <sup>6</sup> Bryan, K., Freer, J., & Furlong, C. (2007). Language and communication difficulties in juvenile offenders. *International Journal of Language & Communication Disorders*, 42(5), 505-520.
- <sup>7</sup> Fuller, A. (2010). Speech and language therapy in Sure Start Local Programmes: a survey-based analysis of practice and innovation. *International Journal of Language & Communication Disorders*, 45(2), 182-203.
- <sup>8</sup> Law, J., McBean, K., & Rush, R. (2011). Communication skills in a population of primary school-aged children raised in an area of pronounced social disadvantage. *International Journal of Language & Communication Disorders*, 46(6), 657-664.
- <sup>9</sup> Law, J., Levekis, P., Mckean, C., Goldfield, S., Snow, P., & Reilly, S. (2017). Developmental Language Disorder - a public health problem? *Centre of Research Excellence: Murdoch Childrens Research Institute*.
- <sup>10</sup> Moore, T. G., McDonald, M., Carlon, L., & O'Rourke, K. (2015). Early childhood development and the social determinants of health inequities. *Health Promotion International*, 30(S2).
- <sup>11</sup> Canadian Public Health Association. (2013, June 18). Public Health: a Return on Investment. Retrieved from [https://www.youtube.com/watch?v=TVZxtuZhN\\_M](https://www.youtube.com/watch?v=TVZxtuZhN_M)