

Briefing on the Royal College of Speech and Language Therapists

The Royal College of Speech and Language Therapists (RCSLT) warmly congratulates you on your election.

This briefing provides an overview and update of the work of the RCSLT Giving Voice campaign, which aims to increase understanding of the role of speech and language therapy and show how it transforms lives, and releases value for the Scottish Government, local authorities, communities and individuals.

FACT

- **Speech and language therapy services represent an efficient use of public resources – benefits generated by speech and language therapy exceed their costs**

The RCSLT commissioned a report¹ (end 2010) to determine the economic value generated by speech and language therapy services across Scotland, specifically the costs and benefits of speech and language therapy for the conditions listed below. Benefits considered in the analysis include health and social care cost savings, quality of life, and productivity gains.

The report concluded that benefits generated by the services exceed their costs, and the provision of speech and language therapy services deliver an annual net benefit of **£61.2 million** to the Scottish economy:

- £ 58 million: children with specific language impairment (SLI)
- £ 1.3 million: aphasia patients (communication disability following stroke)
- £ 1.1 million: dysphagia patients (eating, drinking, swallowing difficulties following stroke)
- £ 0.8 million: children with autism

Speech and language therapists of course provide evidence-based services to a much broader range of patients and therefore deliver even higher savings to the public purse.

FACT

- **Effective speech, language and communication is fundamental to the success of individuals, communities and the economy**

Compared to the general public, **people with speech language and communication needs (SLCN) are more likely to be unemployed** or employed at an inappropriately low level; experience negative social interactions /communication within **education, healthcare, criminal justice system**; be misjudged in terms of their cognitive and educational level and **mental health** status; be involved in the criminal justice system as both victims and perpetrators of crime; and have difficulty accessing the information required in order to utilise services and live in **socially deprived** areas ².

FACT

- **Speech and language therapy is key to delivery of early years policy, literacy policy, access and rehabilitation in the justice system, mental health and wellbeing, numerous long-term conditions and protection of vulnerable children and adults**

SLCN are the most common difficulties children have. On average 6% of children have such difficulties – rising to 50% of children entering school from deprived communities³.

Speech, language and communication are essential underlying pre-literacy skills. Without these skills, people cannot as easily access the education required to develop literacy⁴.

60% of young offenders have significant SLCN – creating significant barriers to accessing fair justice and to many rehabilitation programmes – including literacy programmes⁵.

85% of people attending mental health acute care settings have SLCN, either as a result of their mental illness or as an underlying cause of their mental illness⁶.

SLCN and/or eating, drinking and swallowing difficulties are commonly experienced by people who had a stroke (approx. 30%), with learning difficulties (80%), autistic spectrum disorder (100%), head and neck cancer, Parkinson's disease (100%), dementia and Alzheimer's disease (100%), to list a few⁷.

Adults (and potentially children) with SLCN are at high risk of harm because of lack of capacity to recognise and / or report harm verbally or in writing⁸.

FACT

- **Speech and language therapy services have experienced cuts since 2009 and face significant threats from both NHS efficiency savings and local authority cuts for the foreseeable future**

2009, 2010 and 2011 data gathered from NHS Boards across Scotland shows that SLT budgets are being cut year on year by health boards and local authorities with predictable impacts on speech and language therapy staff numbers and service quality. Even although speech and language therapy leaders are proactively innovating and redesigning services waiting times and lists for intervention continue to grow and speech and language therapy need in mental health services and the justice system is rarely met.

The Giving Voice campaign objectives

The Giving Voice campaign aims to highlight the value and impact of quality speech and language therapy services in order to:

1. **Maintain access to quality speech and language therapy services for children, young people and adults with long term conditions as much as possible within current financial constraints.**
2. **Secure a comprehensive demonstration of speech, language and communication support service in partnership with Scotland's criminal justice agencies.**

The objectives of the Giving Voice campaign have widespread benefits across policy areas, including:

- **Public finance**
- **Health and wellbeing**
- **Children and young people**
- **Life-long learning (literacy)**
- **Justice**
- **Equality and human rights for people with disabilities**

How you can support the RCSLT Giving Voice Campaign

1. **Become a “Giving Voice” Champion. Help us to raise awareness of the needs of people with SLCN and/or eating, drinking and swallowing difficulties in committee, in the chamber, in the media and in your constituency or region.**
2. **Meet or contact RCSLT Scotland Officer, Kim Hartley for any information on speech and language therapy services.**
3. **Visit your local speech and language therapy service. The RCSLT can help to organise a visit.**
4. **Ask your local health board and local authority about speech and language therapy services in your area. You may want to ask them for a report on how they match up to the Scottish SLT Managers Consensus Statement on Minimum SLT Services Standards.**

To discuss our work further or for more information on any of the points in this briefing, please contact:

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- 1 “An economic evaluation of speech and language therapy,” Matrix Evidence, Kevin Marsh, Evelina Bertranou, Heini Suominen & Meena Venkatachalam, December 2010.
- 2 Scottish Govt. Social Research Unit, 34/2007 – Literature Review, Communication Support Needs.
- 3 Bercow, J (2008) A review of services for children and young people (0-19) with speech, language and communication needs. DfES.
- 4 Hart B. and Risley R.R (1995) Meaningful Differences in the Everyday Experience of Young American Children Baltimore: Paul Brookes; Snowling, M.J. and Stackhouse J. (Eds) (1996) *Dyslexia Speech and Language*. London: Whurr Publishers Lt; Snow P.C. and 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
- 5 Bryan K, Freer J and Furlong C. (2007) Language and communication difficulties in juvenile offenders. *International Journal of Language and Communication Disorders*, 42, 505-520.
- 6 RCP report, 2004
- 7 Various reports in the literature – available in request
- 8 See http://www.rcslt.org/asp_toolkit/csn/communication_for_asp for list of relevant references.