

# Speech and language therapy promoting public health

## How can public health outcomes be improved with speech and language therapy?

No matter what age people are, their lives are transformed every day by public health interventions from speech and language therapists (SLTs). Investing in speech and language therapy (SLT) services is cost effective and places the communication needs, health and wellbeing of people first.

### SLT is cost effective

#### For children...

- every £1 invested in speech and language therapy for children with communication needs generates £6.43 through increased lifetime earnings;<sup>1</sup>
- every £1 invested in SLT for children with autism generates £1.46 through lifetime cost savings.<sup>2</sup>

#### For adults...

- every £1 invested in SLT for adults with dysphagia after stroke, generates £2.30 in health care cost savings through avoided chest infections;<sup>3</sup>
- every £1 invested in SLT for adults with aphasia after stroke generates £1.30 due to improved health and ability to perform daily activities.<sup>4</sup>

## How SLT can transform public health outcomes

SLTs prevent longer term public health problems. They do this by:

- identifying and working to address communication needs in children, young people and vulnerable adults who struggle to understand and express themselves and help to transform their life chances - take a look at the ICan *Talk Boost* programme, for example;<sup>5</sup>
- undertaking a whole range of prevention work, particularly as part of multi-disciplinary teams, that results in reduced hospital admissions, re-admissions and shorter length of stays;
- training and expanding the skills of other professionals in understanding communication needs and the impact of this on physical and mental health, to underpin prevention, on-going support in the case of developmental difficulties, rehabilitation

and end of life care. SLTs can train health visitors, primary and secondary care health practitioners and other workers, teaching and other education staff, care and nursing staff and families.

### The scale of society's speech, language, communication and swallowing needs

- ▶ **7.6%** of children (two in every class of 30) start school with a developmental language disorder (DLD) and a further **2.3%** of children start school with a language disorder linked to or co-occurring with another condition.<sup>6</sup>
- ▶ Vocabulary difficulties at age five are significantly associated with poor literacy, mental health and employment outcomes at age 34.<sup>7</sup>
- ▶ As many as **60%** of young offenders have speech, language and communication needs (SLCN).<sup>8</sup>
- ▶ **88%** of long-term unemployed young men have been found to have SLCN.<sup>9</sup>
- ▶ *No Wrong Door*, the service for looked after children in North Yorkshire, found **21 of its 34** looked after children had communication needs. Of those 21 only two had met a speech and language therapist before.<sup>10</sup>
- ▶ In the UK around **2%** of the population has been diagnosed with learning disability but only **0.46%** of those diagnosed are known to social services.
- ▶ SLTs help the **two-thirds** of people with dementia in residential care who also have difficulties with eating, drinking and swallowing (dysphagia).<sup>11</sup>
- ▶ About **63,000** adults per year in the UK have post-stroke dysphagia and **53,000** adults have post stroke aphasia (communication problems) requiring speech and language therapy.

## Case study: A Flying Start in Bridgend

SLTs worked with Flying Start nurseries in Bridgend, Wales, to achieve a significant reduction in the number of children with delayed language skills. Out of 600 children screened on starting nursery some 73% were assessed as having significant language delay. After the interventions delivered by nursery staff, supported by SLTs, 68% of those who had the most significant language delay had improved.

### SLTs enable people to increase control over their health and improve it. They do this by:

- helping individuals to maintain and maximise their speech, language, communication and swallowing abilities when their health conditions compromise them, for example people with communication difficulties post stroke, people with a learning disability or people who have dementia;
- enabling individuals to access life opportunities and to make healthy choices by providing supportive communication strategies and aids;
- supporting people to self-manage conditions and rehabilitation by providing personalised programmes and exercises.

### SLTs make every contact count by:

- promoting healthy life choices to people with communication needs;
- ensuring that clients with communication difficulties are able to be informed about health services through accessible information (e.g. through symbols, or through using strategies to support understanding) – have a look at the useful information here [www.accessibleinfo.co.uk/information](http://www.accessibleinfo.co.uk/information);
- recognising the importance of their broader role in health promotion and as part of multi-disciplinary teams, particularly where people with SLCN are vulnerable. For example, SLTs ensure effective communication with people with a learning disability who also have other health issues – this might range from developing bespoke pain management plans, explaining swallowing screening for cancer patients or transplants for those with coronary heart disease.

## What change is needed?

The RCSLT is calling on local decision-makers, commissioners and those involved in Sustainability and Transformation Plans in England to recognise the role of SLTs in relation to public health, and:

- to commission public health related services for children that ensure that parents, carers and practitioners have the skills and knowledge to promote healthy speech, language and communication development at all stages and to spot the signs of language delay and disorder early and to know when to refer to SLTs;
- to identify SLCN for vulnerable groups, such as looked after children, to ensure that their needs are met before they impact adversely on their education, life chances and wellbeing;
- to commission public health related services for adults that deploy the expertise of SLTs intelligently where they can help reduce hospital re-admissions, prevent them in the first place, ensure the wellbeing of vulnerable adults and enable people to manage long-term conditions at home;
- to support the continued research on the impact of SLT public health practice, as envisioned by the Public Health England and Allied Health Professions Federation Strategy 2015.<sup>12</sup>

## Case study: Stoke Speaks Out

Stoke Speaks Out is an award-winning programme aimed at improving school readiness for children. Analysis by The New Economics Foundation on behalf of the Royal College of Speech and Language Therapists (RCSLT) and Public Health England, has found that the programme provides a positive return on investment, and for every £1 invested in the programme £1.19 is created. In addition, analysis of the long-term hypothetical return on investment of the project shows that the programme supports improved outcomes for children in later life too and could create savings of £4.26 for every £1 invested in the programme.

► For more information, contact: [info@rcslt.org](mailto:info@rcslt.org)

## REFERENCES AND RESOURCES

<sup>1</sup> Royal College of Speech and Language Therapists (2010). An economic evaluation of speech and language therapy. [tinyurl.com/n2rc6jp](http://tinyurl.com/n2rc6jp)

<sup>2</sup> Royal College of Speech and Language Therapists (2010). An economic evaluation of speech and language therapy. [tinyurl.com/n2rc6jp](http://tinyurl.com/n2rc6jp)

<sup>3</sup> Marsh K, et al (2010) An economic evaluation of speech and language therapy, Matrix Evidence, p75. [www.rcslt.org/giving\\_voice/matrix\\_report](http://www.rcslt.org/giving_voice/matrix_report)

<sup>4</sup> Marsh K, et al (2010) An economic evaluation of speech and language therapy, Matrix Evidence, p75. [www.rcslt.org/giving\\_voice/matrix\\_report](http://www.rcslt.org/giving_voice/matrix_report)

<sup>5</sup> [www.ican.org.uk/~media/ican2/What%20We%20Do/Talk%20Prog/Talk%20Boost/Talk%20Boost%20interim%20report%2029%20May%202012.ashx](http://www.ican.org.uk/~media/ican2/What%20We%20Do/Talk%20Prog/Talk%20Boost/Talk%20Boost%20interim%20report%2029%20May%202012.ashx)

<sup>6</sup> Norbury, Courtenay et al (2016), The impact of nonverbal ability on prevalence and clinical presentation of language disorder: evidence from a population study, *Journal of Child Psychology and Psychiatry*

<sup>7</sup> Law J, et al. (2009) Modelling developmental language difficulties from school entry into adulthood: literacy, mental health, and employment outcomes. *Journal of Speech, Language and Hearing Research*, 52(6): 1401-16.

<sup>8</sup> Bryan K, Freer J, Furlong C. Language and communication difficulties in juvenile offenders. *International Journal of Language and Communication Disorders* 2007; 42, 505-520.

<sup>9</sup> Elliott N (2009). An investigation into the communication skills of unemployed young men. PhD thesis. University of South Wales.

<sup>10</sup> Anne Elliott, No wrong Door, Youth Communication Team North Yorkshire

<sup>11</sup> Steele CM, et al. (1997) Mealtime difficulties in a home for the aged. *Dysphagia* 12:1, 43-50.

<sup>12</sup> [www.ahpf.org.uk/files/AHP%20Public%20Health%20Strategy.pdf](http://www.ahpf.org.uk/files/AHP%20Public%20Health%20Strategy.pdf)