**Section 3: What do SLTs do?**

**SLT role, impact, care groups, service locations, multi-disciplnary and multi-agency working, intervention scope standards and guidelines [[1]](#footnote-1)**

**A: About Speech, Language and Communication Needs (SLCN)**

An estimated quarter of a million Scottish children, young people and adults [[2]](#endnote-1) have speech, language and communication needs (SCLN).

* Speech, language and communication needs can arise from the most common and less common long term conditions including stroke, head and neck cancers, dementia, autistic spectrum disorder, brain injury, cerebral palsy, motor neurone disease, multiple sclerosis, Parkinson’s disease, learning disability, mental illness and stammering. These problems affect people’s independence including access to employment, public services and household income levels[[3]](#endnote-2).
* 7% of five year olds – that’s up to two children in every classroom – have significant difficulties with speech and/or language.[[4]](#endnote-3) This figure rises to over 50% of children from disadvantaged backgrounds.[[5]](#endnote-4) These children are at significant high risk of long term[[6]](#endnote-5) difficulties with understanding others, accessing the curriculum, reading, challenging social and behavioural problems[[7]](#endnote-6) and mental illness[[8]](#endnote-7), [[9]](#endnote-8)
* A recent study of unemployed young males found that over 88% were described as language impaired, compared to just 1% of the UK general population.[[10]](#endnote-9)
* Compared to the general public people with speech, language and communication needs are more likely to be unemployed or employed at an inappropriately low level; experience negative social interactions/communication within education, healthcare, criminal justice system, etc.; be misjudged in terms of cognitive and educational level and in terms of mental health status; be involved in the criminal justice system as both victims and perpetrators of crime; have difficulty accessing the information required in order to utilise services and live in socially deprived areas[[11]](#endnote-10).
* Over two thirds of young offenders have speech, language and communication difficulties[[12]](#endnote-11) impeding their ability to benefit from rehabilitative programmes, such as anger management and drug rehab.[[13]](#endnote-12) and other routes out of offending.

**B: About eating, drinking and swallowing (EDS) difficulties**

Problems with eating, drinking and swallowing affect people with dementia[[14]](#endnote-13), children and adults with learning disabilities[[15]](#endnote-14) and people who have suffered a stroke[[16]](#endnote-15) among others with long term conditions. This puts them at risk not only of malnutrition, but also of aspiration pneumonia, the leading cause of death for people with dementia[[17]](#endnote-16).

**C: About speech and language therapy**

Speech and language therapists are are lead frontline experts in management of SLCN and EDS difficulties.

SLTs enable people to develop or retain vital communication and /or eating, drinking and swallowing skills. Although others also work in these areas or have skills relevant to effective management of these needs, SLTs, through dedicated pre-registration education and clinical experience have greater depth and breadth of knowledge and understanding of these clinical areas and associated difficulties.

**D: Impacts of SLT:**

**(i) Clinical, Health, Educational and Social Benefits**

\*Asterix indicates availability of peer reviewed evidence base

**Positive impacts for service users:**

* Improvement in general health and well being including mental health and well being\*
* Increased **independence\***
* Improved **participation in family, social, occupational and educational activities\***
* Improved **“communication access” to public services generally\*** and therefore **improved outcomes for those services and agencies, e.g. person centred / patient experience, safety, effectiveness, secondary prevention of repeat acute illness**
* **Improved social and family relationships\***
* Prevention of certain speech, language and communication disorders\*
* Improved civil justice and routes out of the criminal justice system\*

**Positive impacts for other disciplines and agencies:**

* Better communication between service provider and user (with SLCN) delivers **improved outcomes for public services and agencies generally** e.g. person centred / patient experience, safety, effectiveness(see avoidable risk below)\*

**Dysphagia SLT services reduce risk / impact of:**

* choking\*
* aspiration pneumonia\*
* **malnutrition\***
* Speech and language therapists’ interventions are proven to reduce the impact of swallowing problems and improve nutritional intake.[[18]](#footnote-2)
* **use of medications and “tube” feeds\***
* **increased hospital admissions/Increased length of stay\*/increased cost\***
* Access to speech and language therapists **...is likely to result in fewer delayed discharges (from stroke units)[[19]](#footnote-3)**
* **poor rehabilitation outcomes/limited recovery**
* **patient complaints/litigation/bad press**
* death\*

**Communication SLT services reduce risk/impact of :**

* **health inequality\***
* **poor mental health** and decreased well being\*
* **increased dependency**
* **inability to participate in decision making including consent\***
* **reduced capacity to participate in rehabilitation\***
* **education exclusion\***
* **community exclusion\***
* challenging behaviour\*
* social withdrawal\*
* anti-social and offending behaviour\*
* **unemployment and dependence on state benefits\***
* **some surgical interventions, e.g. on larynx\***

**(ii) Positive contribution to HEAT Targets**

Quality SLT can have a positive impact on following HEAT Targets:

* H3: Child Healthy Weight Interventions
* E6: Cash Efficiencies
* H8: Inequalities Targeted Health Checks
* T7: Long Term Conditions Bed Days (e.g.COPD)
* T8: Complex Care Needs – Care at Home
* T9: Dementia
* T12: Emergency Bed Days – 65+
* A12: CAMHS (26 weeks referral to treatment)
* Stroke Unit
* Contribute to access targets

**(iii) Positive contribution to National Outcomes and Indicators:**

Quality SLT can have a positive impact on following “Scotland Performs” National Outcomes and Indicators:

National Outcomes:

* We are better educated, more skilled and more successful, renowned for our [research and innovation](http://www.scotland.gov.uk/221814).
* Our [young people](http://www.scotland.gov.uk/221809) are successful learners, confident individuals, effective contributors and responsible citizens.
* Our [children](http://www.scotland.gov.uk/221808) have the best start in life and are ready to succeed.
* We live longer, [healthier lives](http://www.scotland.gov.uk/221823).
* We have tackled the significant [inequalities](http://www.scotland.gov.uk/221810) in Scottish society.
* We have improved the life chances for [children, young people and families](http://www.scotland.gov.uk/221817) at risk.
* We have strong, resilient and supportive [communities](http://www.scotland.gov.uk/221806) where people take responsibility for their own actions and how they affect others.
* Our [public services](http://www.scotland.gov.uk/221813) are high quality, continually improving, efficient and responsive to local people’s needs
* We live our lives safe from [crime](http://www.scotland.gov.uk/221812), disorder and danger.

**Indicators:**

* [Decrease the proportion of individuals living in poverty](http://www.scotland.gov.uk/221915)

### Reduce number of working age people with severe literacy and numeracy problems

* [Improve the quality of healthcare experience](http://www.scotland.gov.uk/221917)
* [Increase the average score of adults on the Warwick-Edinburgh Mental Wellbeing Scale by 2011](http://www.scotland.gov.uk/221924)
* [Increase healthy life expectancy at birth in the most deprived areas](http://www.scotland.gov.uk/221925)
* [Reduce the percentage of the adult population who smoke to 22% by 2010](http://www.scotland.gov.uk/221934)
* [Reduce proportion of people aged 65 and over admitted as emergency inpatients 2 or more times in a single year](http://www.scotland.gov.uk/221945)

### Increase the percentage of people aged 65 and over with high levels of care needs who are cared for at home

* [Improve public sector efficiency through the generation of 2% cash releasing efficiency savings per annum](http://www.scotland.gov.uk/221898)
* [Reduce overall crime victimisation rates by 2 percentage points by 2011](http://www.scotland.gov.uk/221954)

**(iv) Positive impact on Preventative Spend:**

An economic evaluation of speech and language therapy[[20]](#footnote-4) by Health Economists Kevin Marsh, Evelina Bertranou, Heini Suominen, Meena Venkatachala (November 2010) showed;

*“...the net benefits of SLT – which can be defined in terms of cost savings for health and social care services, improved quality of life, and productivity gains – exceed the costs of provision.”*

*“...analysis is necessarily based on a subset of the benefits generated by SLT...As a result, it is possible that the analysis underestimate the benefit generated by SLT. Further analysis is required to estimate the value SLT generates across all populations who benefit from it.”*

Four cohorts of SLT care groups were examined by economists;

***Autistic Spectrum Disorder***

* Every £1 invested in enhanced SLT generates £1.46 through lifetime cost savings and productivity gains – an estimated annual net benefit £0.8m in Scotland.

***Dysphagia* (swallowing problems) following stroke**

* Every £1 invested in low intensity SLT is estimated to generate £2.3 in health care cost savings through avoided cases of chest infections – an estimated net benefit of £1.1m in Scotland.

***Aphasia***

* Every £1 invested in enhanced SLT is estimated to generate £1.3 due to the monetary benefit associated with a quality of life gain – an annual net benefit of £1.3m in Scotland.

***Speech and language impairment (SLI)***

* Every £1 invested in enhanced SLT generates £6.43 through increased lifetime earnings – an estimated annual net benefit of £58m in Scotland.

# E: Risks of not ensuring quality SLT Services

* Reduced patient safety – **incidences of avoidable harm in short term** e.g. aspiration pneumonia, challenging behaviour\*
* Increased **incidence of avoidable harm in medium to longer term** e.g. increasing social isolation/exclusion, deterioration in **mental health**, decreased life choices etc\*
* **Impede patient-focussed service delivery generally** – services generally not able to respond effectively to the SLCN of patients\*
* Reduced clinical effectiveness – through under performance related to reduced competence and reduced continuous opportunities for learning – for junior SLTs and multi-disciplinary colleagues
* **Increased reliance on reactive, emergency care**
* Continuous improvement and innovation impeded
* Reduced fairness / equality and consistency of services\*
* **Reduced systemic risk management capacity**
* Reduced clinical governance and leadership
* Risk of failure to meet health, developmental, educational and social needs of people with SLCN and EDS difficulties.
* **Reduced ability of public agencies to comply with legislation** (e.g. Equality Act and Duties; Disability Discrimination Act; Mental Health Act; Adults with Incapacity act; Adult Support and Protection Act; Patient Rights (Scotland) Bill); Additional Support for Learning Act
* **Reduced SLT ability to engage with and fulfil local and national policy directions** e.g. Self management, Early Years and Early Intervention 2008.

**F: High Risk Groups with whom SLT have a key role**

The following groups commonly have swallowing difficulties which can lead to aspiration pneumonia, malnutrition and eventually death[[21]](#footnote-5),

* neonates and infants,
* people with EDSD as a result of stroke
* frail elderly, dementia, MND, MS, Parkinson’s
* head injury, cerebral palsy, head and neck cancer.

**“Conditions” SLTs work with –** the majority of which are recorded in ISD data sets

* Acquired dyspraxia (or Apraxia of Speech)
* Audiological impairment / hearing impairment
* Aphasia/Dysphasia
* Acquired dyslexia/Dysgraphia
* Dysarthria
* Dysphagia or eating, drinking and swallowing difficulties
* Specific Language Impairment
* Developmental Language Delay
* Developmental Language Impairment
* Developmental Phonological/Speech Disorder
* Developmental Verbal or Articulatory Dyspraxia
* Dysfluency / fluency disorders / Stammering
* Dyslexia
* Pre-linguistic / pre-verbal communication
* Receptive / Comprehension / difficulties understanding
* Social Skills / Pragmatic Communication Impairment.
* Voice disorders / Dysphonia/Aphonia

**Care Groups / services SLTs for:**

* Neonates with eating, drinking and swallowing difficulties
* Children and young people with additional support needs
* Stroke
* Head Injury
* Cancer particular head and neck cancers such as laryngectomy patients, brain damage subsequent to brain tumour
* Neurological conditions e.g. MS, MND. Parkinson’s
* Chronic Obstructive Pulmonary Disease (COPD)
* Mental Health including substance misuse
* Autistic Spectrum Disorder
* Learning disability
* Physical Disability
* Alzheimer’s disease / all types of dementia

**G: SLT service locations**

SLTS work in; Family centres, play groups, “Sure Start” type provision, nursery, primary and secondary schools (both mainstream and Additional Support Needs establishments), language units, child development centres, colleges and universities, GP practices, community clinics, community treatment centres, health centres, hospital, day hospitals and hospices, out patients departments, rehabilitation units, mental health units, multidisciplinary specialist clinics, nursing homes, adult / residential care homes, Adult Training Centres, courts, prisons, secure accommodation, voluntary sector organisations, peoples’ own homes – potentially anywhere where people with SLCN and / or EDSD wish to function.

**H: Multi-disciplinary and multi-agency team working**

Scotland’s 1268[[22]](#endnote-17) speech and language therapists work in close partnership with

* People with speech, language and communication needs and / or eating, drinking and swallowing difficulties,
* Families and carers;
* Colleagues in public, primary, hospital and community health and social care;
* Colleagues in pre-school, primary, secondary, further and higher education and
* Justice services for both victims and offenders.

**I: SLT intervention:**

SLTs, regardless of care group provide services in all four tiers of UK health and social services.

Tier 1: Universal services

Tier 2: Services targeting vulnerable at risk groups

Tier 3: Specialised services for referred individuals

Tier 4: Highly specialised services referred individuals.

The form of SLT intervention will vary according to the changing needs of the individual, and the level of competence to manage SLCN and / or EDS difficulties within the immediate environment in which they live, learn, work, socialise etc. and their wider community.

The types of therapy described above are not mutually exclusive so it is possible a client will receive one, two or all levels of SLT intervention depending on their individual need.

All intervention is delivered on the basis of ongoing assessment and review of progress against pre-determined outcomes - in consultation with the individual and / or carer as appropriate.

SLT intervention and service design is informed predominantly by;

* **RCSLT Clinical Guidelines:** These are evidence based guidelines covering the majority of SLT care groups.
* **RCSLT Communicating Quality (Edition 3)**: Known as “CQ3”. These guidelines provide the evidence based, professional consensus on recommended service provision for all established SLT care groups along with other information related to codes of professional practice, ethics, relevant law etc. “CQ3” is scheduled to be reviewed within the year of 2012.
* **Developing evidence base** – published, for example, in the International Journal of Disorders of Speech, Language and Communication
* **HIS / QIS / SIGN Clinical Standards, guidelines, best practice statements etc.** whichrecommend access to SLT as part of a care pathway.
* SIGN 30 [Psychosocial interventions in the management of schizophrenia](http://www.sign.ac.uk/guidelines/fulltext/30/index.html).
* SIGN 82 Bipolar effective disorder;
* SIGN 98 - [Assessment, diagnosis and clinical interventions for children and young people with autism spectrum disorders](http://www.sign.ac.uk/guidelines/fulltext/98/index.html);
* SIGN 112 [Management of attention deficit and hyperkinetic disorders in children and young people](http://www.sign.ac.uk/guidelines/fulltext/112/index.html)
* SIGN 119 Management of patients with Stroke; Identification and management of Dysphagia
* SIGN 118 Management of patients with Stroke; rehabilitation, prevention and management complications and discharge planning
* QIS Neurological Health Service Standards (2009)
* Centre for Change and Innovation (Scotland) Patient Pathways – ENT Hoarseness (2005);
* Healthcare Improvement Scotland March 2007:Best Practice in the Care of Patient with Tracheostomy
* BCIG Guidelines for Good Practice Adults with Auditory Implants (Implant Centre Speech & Language Therapists) 2010;
* BCIG Guidelines for Good Practice Children with Cochlear Implants (Implant Centre Speech & Language Therapists) 2010;
* Health Improvement Scotland [Admissions to adult mental health inpatient services - Best Practice Statement](http://www.healthcareimprovementscotland.org/programmes/mental_health/programme_resources/mental_health_inpatient_bps.aspx);
* QIS [Promoting access to healthcare for people with a learning disability Best Practice Statement](http://www.healthcareimprovementscotland.org/previous_resources/best_practice_statement/promoting_access_to_healthcare.aspx)
* Royal College of Psychiatrists guidelines’, “Every child is special, framework for mental health”
* “Getting it right for every child”
* Children and Adolescent Mental Health Framework
* Dementia Strategy
* Standards of Care for Dementia in Scotland, June 2011
* Stroke Strategy
* Adults with Incapacity Codes of Practice
* Adult Support and Protection Act - Scottish Government Guidance
* ASL Act Codes of Practice
* Clinical Standards for Neurosurgery Services in Scotland (Neurosurgery Managed Service Network, Sept. 2010)

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1. # The majority of this document is taken from the Scottish SLT Managers Network Consensus Statement on Minimum Standards for Quality SLT Service Delivery

   # (November 2011) – subsequently approved by RCSLT – available from [kim.hartley@rcslt.org](mailto:kim.hartley@rcslt.org) and to be communicated widely in 2012.

   [↑](#footnote-ref-1)
2. Communications Forum Fact Sheet “Why We are Here” 2002Fact Sheet [↑](#endnote-ref-1)
3. “Back to a Life after Stroke” Survey Report (Oct. 2008); RCSLT, CHHSS, Speakability and Stroke Association [↑](#endnote-ref-2)
4. Communication Support Needs: A Review of the Literature, Law et al. Social Research Findings No.34/2007 [↑](#endnote-ref-3)
5. Bercow Review 2007 [↑](#endnote-ref-4)
6. Beitchman, J. H., Brownlie, E. B., Inglis, A., Wild, J., Matthews, R., Schachter, D., et al. (1994). Seven-year follow-up of speech/language impaired and control children: Speech/language stability and outcome. Journal of the American Academy of Child and Adolescent Psychiatry, 33, 1322-1330. [↑](#endnote-ref-5)
7. Tomblin, J. B., Zhang, X., Buckwalter, P., & Catts, H. (2000). The association of reading disability, behavioural disorders and language impairment among second-grade children. Journal of child psychology and psychiatry, 41(4), 473-482. [↑](#endnote-ref-6)
8. Snow and Powell, Developmental Language Disorders and Adolescent Risk in current Issues in Criminal Justice 16(2), Australia 2004 [↑](#endnote-ref-7)
9. Clegg, Hoiis and Rutter Life Sentence Bulletin 571 p.16-18 (RCSLT 1999) [↑](#endnote-ref-8)
10. Interim results from a PhD in preparation “ An Investigation into the Communication Skills of Long-Term Unemployed Young Men”, Natalie Elliott [↑](#endnote-ref-9)
11. Law et al. 2007 [↑](#endnote-ref-10)
12. 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 and Leeds and Bradford YOT 2009 [↑](#endnote-ref-11)
13. Home Office Findings 233, 2004 [↑](#endnote-ref-12)
14. (Horner et al, 1984; Steele at al, 1997). [↑](#endnote-ref-13)
15. NPSA, 2004 [↑](#endnote-ref-14)
16. Kidd D, Lawson J, Nesbitt R, MacMahon J. Aspiration in acute stroke: A clinical study with videofluoroscopy. QJ Med 1993; 86 (12): 825-9 [↑](#endnote-ref-15)
17. (Horner et al, 1984; Steele at al, 1997). [↑](#endnote-ref-16)
18. [↑](#footnote-ref-2)
19. Reducing brain damage: faster access to better stroke care (HC 452, Session 2005–06), National Audit Office, paragraph 1.25 and Figure 10; Evidence 21–23 [↑](#footnote-ref-3)
20. Matrix Report - Executive Summary and Full Report available at <http://www.rcslt.org/giving_voice/news/matrix_report>. Data for individual local authority areas in Scotland is available from [kim.hartley@rcslt.org](mailto:kim.hartley@rcslt.org). [↑](#footnote-ref-4)
21. **as in the case of Ms V – see “Starved of Care”, MWC Scotland, May 2011** [↑](#footnote-ref-5)
22. ISD Scotland headcount 2009 [↑](#endnote-ref-17)