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;¹
- every £1 invested in SLT for children with autism generates £1.46 through lifetime cost savings.²

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;³
- every £1 invested in SLT for adults with aphasia after stroke generates £1.30 due to improved health and ability to perform daily activities.⁴

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;⁵
- 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.⁶
- Vocabulary difficulties at age five are significantly associated with poor literacy, mental health and employment outcomes at age 34.⁷
- As many as 60% of young offenders have speech, language and communication needs (SLCN).⁸
- 88% of long-term unemployed young men have been found to have SLCN.⁹
- 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.¹⁰
- 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).¹¹
- 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.
The Royal College of Speech and Language Therapists (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 2015.21

### What change is needed?

### REFERENCES AND RESOURCES

1 Royal College of Speech and Language Therapists (2010). An economic evaluation of speech and language therapy. tinyurl.com/n2rc6jp
2 Royal College of Speech and Language Therapists (2010). An economic evaluation of speech and language therapy. tinyurl.com/n2rc6jp
5 www.ican.org.uk/~media/Ican2/What%20We%20Do/Talk%20Prog/Talk%20Boost/Talk%20Boost%20interim%20report%20May%202012.ashx
10 Anne Elliott, No wrong Door, Youth Communication Team North Yorkshire