

APRIL 2021

RCSLT POSITION STATEMENT

Deafness and speech and language therapy

RCSLT position statement: Deafness and speech and language therapy

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The purpose of this position statement is to inform service planning and improvement in relation to speech and language therapy for people who are deaf.

This document may be helpful for:

- Speech and language therapists (SLTs)
- Education professionals
- Clinical service managers
- Local budget holders
- External stakeholders
- Government bodies
- Commissioners

Introduction

A person can be deaf at birth (congenital) or they can become deaf at a later point of their life (acquired). A person can have a permanent or a temporary hearing loss and their hearing levels can change over time (these changes can also be permanent or temporary). [Around 1 in 5 people in the UK are deaf](#). That's around 12 million people. It is thought around [50,000 of these will be children](#).

It is estimated that by 2035, there'll be around 14.2 million people who are deaf across the UK. That's one in five people ([RNID](#)).

Being deaf can affect one (unilateral) or both (bilateral) ears. Hearing levels in each ear can be the same or different.

Hearing loss is usually described by type and degree.

Type

- Sensorineural – affects the inner ear. It is permanent.
- Conductive – sound cannot be transmitted through the outer and middle ear properly. It is typically temporary but can be permanent.
- Mixed – a combination of both sensorineural and conductive.

Degree

The [British Society of Audiology \(BSA\)](#) uses the following terms to describe hearing levels:

- Mild
- Moderate
- Severe
- Profound

Being deaf can be experienced across a person's lifespan and it can have an impact on an individual in different areas of their life. For example:

- Communicating with other people
- Reaching education potential
- Accessing employment
- Accessing public services.

This can impact on a person's mental health ([NDCS position paper, Hearing loss and associated co-morbidities](#) report) and physical health ([SignHealth Report: Sick of it](#)).

Speech and language therapists (SLTs) provide specialist services for individuals who are deaf, as part of a multidisciplinary team. SLTs have a central role in assessing and managing both adults and children who are deaf. This is because

they have extensive training and specialist skills to address communication effectiveness and disorders, differences, and delays that result from a variety of factors, including those that may occur when an individual is deaf.

In providing speech and language therapy services to people who are deaf we are:

- Supporting a basic human right to communicate by enabling individuals to reach their communication potential and to communicate effectively
- Enabling individuals to establish and sustain relationships
- Facilitating educational attainment
- Facilitating employment
- Enabling individuals to take a valuable place in society

Role of the SLT

SLTs can work across a number of different settings such as:

- People's homes
- Community health centres
- Educational environments (nurseries, mainstream and special schools, colleges etc)
- Hearing implant centres

SLTs can also offer intervention remotely. In 2020 the global pandemic COVID 19 changed how many SLTs communicated and offered support. Local services developed their own protocols for remote working and offered online services, using telephone and video calling technology. When working "remotely" SLTs need to be supported to use technology effectively to deliver quality intervention. SLTs must also ensure that using technology isn't a barrier to a deaf person and reasonable adjustments must be made to ensure access for all.

SLTs are essential members of the multidisciplinary team (MDT) in working with people who are deaf. They can be responsible for:

- carrying out specialist assessments,
- delivering appropriate intervention and training,
- informing and supporting choices around technology and communication
- ensuring individuals are connected to services supporting their current primary need

At present, there are no national competencies for SLTs working with people who are deaf. However, many settings have developed their own competencies at a local service level and the Royal College of Speech and Language Therapists (RCSLT) have developed person specifications for SLTs working with children and young

people who are deaf in England and Scotland. These person specifications can be found here:

[Person specification for a specialist speech and language therapist working with children and young people who are deaf.](#)

[Scotland – Person specification for a specialist speech and language therapist for children and young people who have a hearing loss.](#)

SLTs working with individuals who are deaf are expected to have specialist postgraduate training, skills and experience. SLTs working with individuals who are deaf should:

- Have a specialist knowledge of:
 - Spoken and signed languages
 - Communication choices and strategies
 - Hearing and audiological tests
 - Available hearing technology and treatment
 - Different assessment and intervention options
 - Current research evidence for this population and its application for service improvement
- Be skilled in contributing to the differential diagnosis assessment
- Be skilled in liaising with other professionals and confident in working within the context of a multidisciplinary team.
- Have considerable postgraduate experience and receive appropriate postgraduate training and supervision to enable them to develop specialist knowledge and skills in this area. Funding should be made available to support this and the development of national competencies may contribute to this. [Ongoing CPD is mandatory for all HCPC registered SLTs.](#)
- Receive regular clinical supervision
- Provide competency training and clinical support to other SLTs to develop their skills.
- Provide training and education to individuals who are deaf, their families and others which will help to raise awareness of the value and impact of speech and language therapy in a multidisciplinary context.
- Be involved in wider strategic discussions to support plans for future service provision as clinical demands change and new technologies emerge.

Best practice recommendations

Best practice can be described in terms of clinical, professional and strategic involvement. The recommendations for best practice included here are based on both professional consensus and an established evidence base.

Clinical

Assessment and intervention

SLTs who specialise in working with people who are deaf should:

- Work within a multidisciplinary team (MDT) to help each individual reach their potential.
- Complete informal and formal assessments of language and communication skills in cooperation with the individuals, parents/carers, education staff, co-workers and other involved professionals.
- Establish current level of language and communication functioning.
- Provide necessary feedback to all relevant people following assessment.
- Work with the individual, their family, co-workers and/or care team to make informed choices regarding communication, eg oral, signed, mixed, augmentative and alternative communication (AAC).
- Provide specialist intervention and ongoing support.
- Have a comprehensive knowledge of the various hearing technologies and treatment available
- Provide detailed and accurate written reports when required.
- Liaise with appropriate agencies and attend case conferences and other meetings.

Where an individual who is deaf attends an educational placement SLTs should:

- Liaise closely with Qualified Teachers of the Deaf (QToD) and other education staff. For further information please see the [best practice guidance](#) relating to collaborative working between these professionals.
- Contribute to initial assessments, reassessments and reviews of Education and Health Care Plans (EHCPs) (England) Individual Development Plan (IDP) (Wales), Co-ordinated Support Plans (CSPs) or Child's Plan (Scotland) and Statement of Special Educational Needs (Northern Ireland) when required.
- Provide training through individual, group and workshop sessions for parents, family and education staff on topics related to speech, language and communication.
- Contribute to planning the school day for children and liaise with QToDs and other education staff on communication development and to provide direct SLT support to the child as required.

Training and support

SLTs working with individuals who are deaf should:

- Provide training to the wider MDT and carers regarding deafness, language and communication, hearing technology etc.
- Participate in clinical meetings to raise awareness of the value of speech and language therapy in working with individuals who are deaf. This might include: Multidisciplinary Team (MDT) meetings, annual reviews (in educational settings), Team Around the Child (TAC) and/or Team Around the Family (TAF) meetings, Getting It Right for Every Child (GIRFEC) meetings.

Professional

SLTs working with individuals who are deaf should:

- Maintain standards of practice, such as referral times, documentation, team discussion, consent, capacity and decision-making. These standards should be audited and reviewed regularly.
- Establish and maintain professional relationships with all members of the MDT
- Collect service activity data to map speech and language therapy activity and identify unmet needs for service development.
- Collate evidence to support research questions about the outcomes of speech and language therapy interventions and patient experiences.
- Contribute to Quality Improvement (QI) projects that are likely to have a positive impact on an individual's experience of working with the speech and language therapy service.
- In the context of deafness, it is important that SLTs look after their wellbeing and build resilience. They should seek support, clinical supervisions, counselling and debriefing when involved with challenging cases and situations.
- SLTs should be confident to report clinical incidents that are unintended or unexpected, and which causes or has the potential to cause harm to individuals. This helps organisations to understand and learn from these incidents in order to put systems in place and prevent them from happening again.

Strategic

- SLTs should participate in strategic meetings to raise awareness of the value of speech and language therapy in working with individuals who are deaf. For example: regional Children's Hearing Services Working Groups (CHSWG),

Clinical Reference Groups (CRG), Cross Party working Groups (CPG) and Managed Clinical Networks (MCN).

Benefits of providing a speech and language therapy service in Deafness

There is increasing evidence to demonstrate the impact of speech and language therapy for people who are deaf. Please see the references section of this document for further detail.

In providing specialist speech and language therapy services to individuals who are deaf we are supporting a basic human right to communicate by enabling individuals to reach their communication potential and to communicate effectively. The table below provides further detail on some of the potential benefits of providing a speech and language therapy service specific to deafness:

Speech and language therapy activities	Communication and participation benefits	Life outcomes
<p>Children and young people</p> <ul style="list-style-type: none"> → Provide assessment, diagnosis, and appropriate intervention to children and young people who are deaf → Identify any specific language and communication difficulties which exist alongside the child's deafness. → Promote the use of appropriate technology if that is the family's choice → Support parents in their ability to communicate with 	<ul style="list-style-type: none"> → I can express myself, be understood and understand others → My speech, language and communication needs are identified early on → My family, friends and those around me understand my needs and are equipped to support my communication and social skills development → I am able and confident to develop and maintain meaningful 	<ul style="list-style-type: none"> → I am able to learn and meet my education potential → I am able to achieve my goals → I feel valued, included and accepted to take a valuable place in society → I am healthy and happy → I feel supported

<p>their child who is deaf</p> <ul style="list-style-type: none"> → Facilitate communication development → Facilitate language acquisition → Facilitate speech development → Signpost families to relevant additional services, eg Qualified Teacher Of the Deaf 	<p>relationships</p> <ul style="list-style-type: none"> → I am involved in decisions that affect me → I feel confident in understanding what being deaf means to me → I have the functional skills I need to participate in and lead everyday activities 	<p>and safe</p> <ul style="list-style-type: none"> → I am in control of my life → I am able to find and maintain employment
<p>Adults</p>		
<ul style="list-style-type: none"> → Provide assessment, diagnosis, and appropriate intervention to adults who are deaf with communication difficulties → Facilitate communication in different situations and with different communication partners (skill development may be facilitated with the deaf individual or with the people around them) → Connect individuals to relevant additional services, eg mental health services 	<ul style="list-style-type: none"> → I am aware of my capabilities and needs and am able to ask for help → I can manage and maintain my hearing technology to the best of my ability → My community is aware of, and adaptable to, my speech, language and communication needs → I feel accepted and supported to take part in activities I enjoy → I know what my rights are regarding equal access → I feel confident when accessing the public services I need 	

<p>→ Empower individuals to understand their rights to access.</p>		
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Risks of a speech and language therapy service not being available for people who are deaf

There is increasing evidence to demonstrate the risks of not providing speech and language therapy. Listed below are some of the risks of a speech and language therapy service specific to deafness not being available:

Children and young people

In each local area, clear and robust referral/request for assistance pathways to SLTs are required. Pathways and related criteria should be evidence-based to enable the professionals and parents/carers to make appropriate and timely referrals/requests for assistance

Children and young people who do not receive specialist intervention from speech and language therapists (SLTs) are at risk of:

- Speech, language and communication needs (McConkey Robbins 2009)
- Potential mental health difficulties (The emotional wellbeing and mental health of deaf children and young people, [NDCS position paper 2017](#))
- Delayed theory of mind (Macaulay and Ford, 2006)
- Challenges in developing appropriate executive function skills (Botting et al, 2017)
- [Reduced educational attainment](#)

Adults

Referral/ request for assistance pathways relating to SLT services for adults who are deaf vary across the UK.

Adults who do not access appropriate support from specialist SLTs are at risk of:

- Language and communication difficulties
- Increased risk of [mental health problems, behavioural, adjustment and emotional issues](#).
- Increased risk of limited employment opportunities ([Hearing Link](#))

Also, young people and adults who use British Sign Language (BSL) rarely meet professionals who share their first language. This means communication is often compromised, which has implications for the individual who is deaf accessing all areas of healthcare, public services, education and employment (RNID, 2006).

Finally, age-related hearing loss (presbycusis) can increase the risk of dementia by up to five times, but evidence also suggests that hearing aids may reduce these risks (Lin et al, 2011).

There are also economic risks, which are described in the access and equality section of this guidance.

Access and equality

UK legislation (the [2010 equality act](#)) bans unfair treatment and promotes equal opportunities for everyone in the workplace and wider society.

It is the responsibility of everyone to make reasonable adjustments to improve the quality of communication and increase the availability of information and the ability of people who are deaf to access services and participate in all aspects of society.

In 2016 the National Deaf Children's Society (NDCS) produced a report [Right from the Start](#) describing the importance of early intervention for deaf children.

SignHealth produced a report [Sick Of It](#) in 2014 which highlights the challenges met by some deaf people accessing public health services. This leads to misdiagnosis and poor treatment.

Hearing Link states that if nothing is done to address lower employment rates for those with hearing loss, by 2031 the UK economy will lose £38.6bn per year in potential economic output. (Hearing Link, 2018)

These reports highlight the need for equal access to all services for individuals who are deaf across the age-span.

The financial impact of deafness is felt around the world. The World Health Organisation (WHO, 2020) suggests that

- **466 million** people live with disabling hearing loss
- **\$750 billion** is the overall cost of un-addressing hearing loss globally

The 'make a sound investment' report strategy suggests that taking action is not only cost-effective but has benefits for individuals and society. (WHO, 2017)

Legislation and national policies that should be considered when providing services to individuals who are deaf include:

- **Equality Act 2010** (England, Scotland, Wales)
- **Disability Discrimination Act** (DDA) (Northern Ireland)
- **Access to work** (England, Scotland and Wales)
- **Employment support information** (Northern Ireland)
- **National Institute for Mental Health in England / Department of Health, 2005. Mental Health and Deafness: Towards Equity and Access**

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