



Policy implications for people with communication and swallowing needs

Introduction

The ability to communicate and eat and drink safely are basic human rights.

Communication is central to who we are and how we interact. It is key to our families, friendships, education, physical and mental health and wellbeing, jobs, leisure activities, and our role in society. Being able to eat and drink safely is central to enjoyable mealtimes, socialising and communal activities.

As we build back better, it is essential that people of all ages have their communication and swallowing needs identified and appropriately supported, including through the provision of SLT where required.

This is not only a matter of basic human rights. It also makes sound economic sense. Investing in SLT services now can reduce the risk of wasted public resources down the line. It can also help prevent the development and escalation of mental health problems.

What happened during the first UK-wide lockdown?

We know that some people with communication and swallowing needs continued to receive the SLT they required during lockdown (March-June 2020). Some survey respondents reported positive experiences. We are proud of those SLT services that were able to continue supporting people, including through new ways of working and delivering therapy in different ways.

But, sadly, these positive experiences were not shared by all. Far from it.

We know that before the pandemic many people did not have their needs identified and did not receive the SLT they require. We know that many of those who did receive SLT before COVID-19 had it stopped during lockdown or delivered in ways that were difficult for them to access. With services being suspended, many people did not have their needs identified, let alone met, and they have gone too long without the support they require. We know that many people will now be in the process of having their needs identified, but will face significant waiting lists for the therapy they need.

We also know that health inequalities have widened, significantly exacerbating existing speech, language and communication inequalities that have existed for too long, particularly in areas of social disadvantage and amongst certain ethnic groups.

The survey findings are clear: a higher percentage of people of all ages in the most deprived areas in England received less SLT during lockdown than in the least deprived areas. In addition, a higher percentage of respondents in the least deprived areas than the most deprived areas received in person speech and language therapy during lockdown. Similarly, after lockdown ended, a higher percentage of people in the least deprived areas than the most deprived areas had access to face to face speech and language therapy.

So as we build back better with people who have communication and swallowing needs, we must also finally level up and tackle the significant communication inequalities that exist across the United Kingdom.

What are the implications for speech and language therapy services?

The challenge facing us is huge, both for people with communication and swallowing needs and their families, and for the SLT services so keen to work with them to achieve better outcomes so they can live the lives they wish to live.

The identification and intervention backlog facing SLT services is significant. This includes the need to provide therapy to people with long COVID, a brand new clinical area, and increasing recognition of the links between communication and swallowing in mental health services.

The RCSLT will be sharing the important findings from this survey with its members to support their plans fully to restart their services. The RCSLT will also be using the findings to inform its own practice, including in its policy and influencing work, and in its work with service user organisations and service users themselves.

Turning challenge into opportunity

While huge, the challenge we face is also an opportunity – an opportunity to build back better. If we are to do that successfully, we must also level up.

Now is the time to ensure an equality of access to SLT. Access must be based on a person's individual needs, not on factors such as their postcode or ethnicity. It must be

based on the only thing that matters, what they and their families and carers actually need.

Some of this building back better and levelling up can be achieved by new ways of working. The survey responses showed that for some people, online therapy worked and we know of and are very proud of some outstanding SLT services that are delivered via telehealth.

But telehealth is not the solution in every situation. That is not just a question of digital poverty and a lack of digital literacy, it is also a question of an individual's personal preferences; and, as some survey responses showed, it may also be due to the particular condition they have or the age of the person with a communication or swallowing need, at both ends of the age range. People who are deaf highlighted the particular challenges they face with online therapy. It is also important to note that some of the people who filled out the survey reported that some NHS services themselves were unable to deliver online therapy.

What needs to happen

If we are really to seize on the opportunity that presents itself to us, the following action needs to be taken by the UK Government now:

- **National and local recovery policies** must identify and provide appropriate response to an individual's needs and specifically:
 - support for **children and young people's** communication and language development should be central to education recovery plans;
 - support for **adults'** communication and swallowing should be integral to the restart of rehabilitation services; and
 - given the clear links between communication and swallowing needs and mental health, SLT should be recognised as an integral part of the recovery plan for **mental health services**.
- **Speech and language therapy services** must be appropriately resourced to ensure that:
 - the **increase in demand**, amongst people of all ages, for SLT services as a result of the pandemic (including those with long COVID) can be addressed;
 - those who have developed a **higher level of need** due to delays in identification and reduced support during the pandemic can be supported;
 - staff who have been redeployed to other parts of the NHS are able to **return to their substantive posts** as soon as possible; and

- speech and language therapists are able to play their vital role in ***protecting and promoting the general mental health and wellbeing*** of people with communication and swallowing needs, and their family and carers – this could potentially reduce the risk of people then needing to access mental health services.

The future

If the UK Government delivers in these areas, SLT services will be in a much better position to work with people who have communication and swallowing needs to build back better and to level up.

Let 2021 be the year when we finally successfully tackle all the forms of unwarranted variation facing people with communication and swallowing needs. They and their families and carers deserve nothing less. As a country, we must not fail them. If we do, we will be failing all our futures.