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**RCSLT Wales response to the Race Equality Action Plan for Wales Consultation**

The RCSLT sincerely welcomes the publication of An Anti-Racist Wales – A Race Equality Action Plan for Wales and the opportunity to respond to this consultation.

Equality, inclusion and creating better lives for all are paramount priorities for the RCSLT, and whilst we are enacting our own programmes for change, we welcome the Welsh Government’s recognition that in order to bring about systematic and sustainable change for Wales, a strategic, cross-sectoral approach is essential.

We have compiled our comments outside of the response form as some of the areas and questions were not applicable to us as a professional body. However, we have used the broad issues raised in the questions to guide and organise our response below. Our response is focused around the areas of vision setting, health services and health outcomes, education and crime and justice.

**Vision, purpose, values and the imagined future to 2030**

The RCSLT strongly supports the Welsh Government’s vision, purpose and values for an anti-racist Wales. The vision, purpose and values of the plan feel appropriate and balanced, congruent and articulate, comprehensive and rightly aspirational. In particular, we welcome the recognition that to be anti-racist is a conscious position in which there needs to be a commitment to think actively and respond to potential impacts on policies, process, practices and structures on ethnic minority groups. We believe in the Welsh Government’s notion; that by instilling this pro-active behaviour and actions and by shifting the burden of racism from victims of such acts to everyone in society will drive transformational change in race equality. It is positive that the vision recognises working *‘together, as white and ethnic minority people, to make a different and better Wales’*.

In addition to equality and diversity for all, an explicit focus on anti-racism is necessary to tackle racism. Further, previous Race Equality Plans, whilst having similar ambitions, often struggled to retain traction in the face of multiple competing objectives, hence the RCSLT are delighted that The Race Equality Action Plan for Wales gives race the necessary focus it needs in order to address inequalities. We also believe that what sets this plan apart from previous race equality plans is that governance and accountability are built into it. Governance arrangements which oversee implementation should compel people to action.

It is important that the Plan maintains realistic actions so there is confidence that it can be achieved. It will also be important for the plan to continue to align with relevant legislation and plans. For example, this plan demonstrates the Welsh Government’s commitment to Wales’ well-being goals of creating a *‘more equal Wales’* and ‘*A Wales of cohesive communities’.* The plan also complements the Equality Act 2010 and will go some way in reviving the importance for organisations to meet duties imposed upon them under the Public Sector Equality Duty by, for example, urging leaders to be self-motivated to comply with Equality Act (2010) and demonstrating a personal contribution to meeting the Duty.

In order to help realise the vision and the values, it will be essential for an active and ongoing commitment from all those covered by the Plan to the clearly articulated vision to create a Wales which is anti-racist. One of the strengths of the development of the Plan has been the prominence given to people’s lived experience. It will be equally important to hear the voices of people affected by racial inequality when delivery and progress against the Plan is considered.

The RCSLT believes that the realisation of this plan is likely to result in fairer treatment for all disadvantaged groups by making systems fairer and more transparent and services more responsive and person-focused.

**Health services and health outcomes**

1. **Leadership and accountability –**

* **Inclusive leadership**

The RCSLT are very pleased to see that the Plan contains a number of actions around leadership responsibility/ accountability at both a Board and strategic level, something that the RCSLT have been calling for as a means to effectively address inequities in the health sector in Wales.

However, the RCSLT believes that the plan needs to have a much stronger focus on the importance of resilient, inclusive and culturally responsive leadership, since it is leadership that makes a significant contribution to shaping the culture of organisations. Inclusion is core to the NHS Constitution, yet it remains one of the biggest challenges that health systems face globally, nationally and systemically.[[1]](#footnote-1) Leadership has a critical impact on staff experience and in turn this has a direct impact on the experience of the people at the centre of services, so leadership also affects quality.

It is incumbent to ensure that leaders at all levels are equipped and capable of leading inclusively and effectively. There is a need to update and inform leadership thinking, practice and, crucially, to make progress on the work of inclusive leadership development for individuals, organisations and the systems working within and across NHS-funded health and care.

To this end the strategic aims for inclusion across health and care, against which all leadership development interventions and strategies are measured should include –

* Raise the level of ambition on inclusion
* Quicken the pace of change towards inclusion
* Ensure that leaders are equipped to achieve and leave an ever increasing and sustainable legacy of inclusion

The Building Leadership For Inclusion (BLFI) is a new and ambitious programme of work from NHS England that will inform their future ten-year strategy. The initiatives aims are similar to the above.[[2]](#footnote-2)

The RCSLT also suggests that reciprocal mentoring for Inclusion is considered for leaders. This is based on reverse mentoring, with the addition of the relationship between the mentor and mentee being reciprocal in nature. This would provide opportunities for individuals from under-represented groups across the NHS, to mentor senior NHS executives, creating a powerful alliance where knowledge and understanding of their lived experience is used to shift awareness and action at board level.

We believe that this will lead to Increased Board member competence and confidence in their individual and collective ability to take the lead on mainstreaming and embedding EDI in the organisation, the management of staff, and the delivery of services. We believe that an emphasis on inclusion through leadership strengthens the experiences of patients and colleagues.

* **Diverse NHS leadership**

The RCSLT would also like to highlight that as there is a clear and compelling need to foster a more diverse and effective NHS leadership that will nurture cultures of inclusion and high-quality care, addressing underrepresentation at senior levels within the NHS Wales is critical and the Welsh Government should consider utilising the mechanism of positive action to redress the balance. The NHS England Leadership Academy have included within their leadership programmes, positive action programmes that are aimed at leaders from ethnic minority groups. [[3]](#footnote-3)

1. **Workforce**

* **Well-evidenced EDI training**

The RCSLT welcomes actions in the plan around redesigning, refreshing and delivering EDI training for all NHS staff and students. However, we would like to emphasise that any training should draw on well-evidenced approaches to inclusion to build positive cultures of care in order to reduce levels of discrimination. Some strategies appear to be more successful in bringing about lasting and pervasive change. [[4]](#footnote-4)

* Evidence suggests that allies from non-disadvantaged or less discriminated against groups can confront and have an impact on others’ discriminatory behaviour more effectively than members of targeted groups alone.
* Training programmes in which participants agree a number of specific goals for their behaviour and attitudes (and review their progress) are more successful than interventions that focus on simply educating participants or encouraging discussion.
* A particularly successful intervention asks people to take the perspective of those in target groups – e.g., ‘If I spent a day in this organisation as a black person, I would probably experience…’.[[5]](#footnote-5)

The evidence shows that there should be a particular focus on ‘middle management’ as  opportunities to bring about change are most likely to be effective at team level, as this is where most discrimination occurs. This is highlighted in the latest Workforce Race Equality Standard[[6]](#footnote-6) report and a report from The King’s Fund[[7]](#footnote-7)

* **Underrepresentation in the SLT workforce**

The RCSLT welcomes the Welsh Government’s plans to identify plans and targets to increase reach and recruitment from ethnic minority backgrounds who are currently underrepresented in the NHS Wales. In Wales, the diversity of most Allied Health Professions including Speech and Language Therapy is not reflective of the diverse populations that we serve.

Being one of the professions that is underrepresented, the RCSLT are ready to fully support positive and constructive action from Welsh Government on behalf of the profession, staff and service users. We also acknowledge that we too as a professional body have a responsibility to increase diversity within the Speech and Language Therapy profession. We do, however feel that there needs to be more clarity and detail in regard to the proposed plans, actions and outcomes intended for reach and recruitment.

1. **Workforce data and intelligence**

* **Capture and quality of data for the AHP workforce**

The RCSLT welcomes actions around ensuring that health data in relation to race and ethnicity is actively collected and understood as this will be essential to drive and inform continued improvements both for the workforce and in services.

Ethnicity data capture and quality for the AHP workforce in Wales is currently poor and disjointed. This deficit interferes with the accuracy of most analyses relating to NHS staff or health outcomes by ethnic group. Professor Ogbonna’s report of The Socioeconomic Subgroup[[8]](#footnote-8) highlighted that anecdotal evidence from ethnic minority groups in Wales indicated that methods of data recording are often inconsistent, often not self-administered and not always seen positively, associated with the risk of stigma and discrimination rather than being seen as supportive. The RCSLT are ready to support the Welsh Government to collaboratively work on developing targeted interventions to improve speech and language therapy workforce data quality and capture and work towards ensuring the profession feel safe and confident to provide ethnicity data and have a greater understanding of why the information is needed, leading to greater trust.

The RCSLT believe that NHS trusts and local health boards should collect, monitor and analyse comprehensive data on workforce, health outcomes and use of health services disaggregated by protected characteristics including ethnicity. This should go hand in hand with improvement of the quality of recording of ethnicity data in the NHS and across health and social care services to ensure parity of ethnicity data by collection, monitoring and reporting.

The RCSLT welcomes the introduction of the Workforce Race Equality Standard which we believe will be instrumental and a key driver to instigate improvements in the diversity.

1. **Access to health services**

* **Access to services for multi-lingual communities**

The RCSLT are pleased that the plan includes actions around access to health services. However, the RCSLT has significant concerns in regard to access to services for multi-lingual communities as these clients can often be amongst our most vulnerable. We recommend that within this section there needs to be specific reference to access to services for multi-lingual communities including all speech and language work.

Not being able to communicate well with health professionals can impact on health outcomes, increase the frequency of missed appointments, the effectiveness of consultations and patient experience. Despite long-standing professional guidelines, health professionals are sometimes hesitant to work alongside professional interpreters, or find this relationship challenging,[[9]](#footnote-9) with many ‘getting by’ in English (or other mainstream language) with the help of ad-hoc interpreters, such as friends and relatives. Health Professionals should ensure that professional interpreters are involved in all aspects of assessment, providing advice, assessment, intervention, and multi-disciplinary meets and any decision-making in partnership with the client and family.

Financial considerations of working with interpreters are overridden by legal requirements to provide equitable services.[[10]](#footnote-10) Professionals in the UK should be committed to providing equitable services to all individuals[[11]](#footnote-11) and not to discriminate based on language.[[12]](#footnote-12) Since language is closely associated with ethnic minority groups, to withhold services in home language, knowing this to result in the client/patient achieving poorer outcomes, would be discriminatory and would be open to legal challenge.

Taking into consideration the vulnerability of multi-lingual service users, and the potential of inequity in service provision and access, the RCSLT recommend that as a part of the plan that:

- Providers and Commissioners Investment in translation services which have the dual role of interpreter and translator.

-Services with a high level, i.e., 5-10% or more of multi-lingual people in the local population, should consider developing a specialist multi-lingual service.

- Services should allocate at least double the time for multi-lingual clients and their families, to achieve the same positive outcomes as monolingual clients.

Covid-19 has further exposed the vulnerabilities for people from different ethnic, linguistic and cultural backgrounds and has brought challenges for health staff to provide efficient and effective intervention to all those who need support. This may affect access to health, education, and care services. The NHS has accelerated the adoption of digital technology to manage the demand for care via Telehealth. The shift from face-to-face consultations to Telehealth is likely to become adopted as routine practice for the foreseeable future and will be part of the recovery period and long-term reforms. The London Clinical Excellence Network on Bilingualism (Bilingualism London CEN) recognises the need to include Telehealth to deliver speech and language therapy.

The Bilingualism London CEN has produced guidelines and a checklist which can be used by SLTs and by other health professionals to prepare and deliver telehealth sessions. These guidelines draw on over 30 years of tried and tested best practice in the field of bilingualism.[[13]](#footnote-13)

1. **Tackling Health Inequalities**

* **SLT role in reducing health inequalities**

As we move through the pandemic, we are noting an increasing focus on population health and health prevention. We would in particular like to emphasise the AHP, including SLT role in contributing to better population health and reducing health inequalities.

The RCSLT would like to see investment from Welsh Government in preventing health inequalities. There should be a rebalance in spend away from crisis to long-term prevention and provide the necessary transition funds to support the long-term shift to a preventative approach. Investment should be targeted at infrastructure and services, like speech and language therapy that offer sustainable solutions to the underlying causes of health inequalities.

Institutional and implicit bias can result in a lack of equitable and appropriate services including speech and language therapy thus contributing to health inequalities. Health services should be providing fair, culturally and linguistically appropriate and inclusive services to all.

To support the profession to do so, the RCSLT in collaboration with its members have produced a **self-audit tool** to support services to ensure they are meeting the needs of diverse populations. We would be happy to discuss this further with you.

* **The links between mental health and communication and swallowing needs in adults**

The REAP has a number of actions in relation to mental health to address improvements in access to and the quality of support and services to ethnic minority groups. The RCSLT would like to highlight that there are important links between mental health and communication and swallowing needs in adults and given the high incidence and prevalence of speech, language and communication and swallowing problems associated with mental health, the RCSLT deems it essential that:

* SLTs are recognised as part of the core mental health workforce.
* SLTs with the appropriate level of specialism are embedded as a core part of the multi-disciplinary team in all relevant adult’s mental health services.
* To support prevention and early identification of mental health problems, the wider education, health and social care, and justice workforce is trained in understanding the links between communication and mental health.

1. **Other considerations**

* **Focus on primary and community care**

On the whole the actions in plan are appropriate but seem to have a very strong focus on hospital services. The RCSLT would like to see a more emphasis on primary and community care within the plan as to deal with inequalities in health and care there will need to be an equal focus on these areas. The Primary Care Model for Wales is based on a more preventative and coordinated care system which includes general practice and a range of services for communities and care closer to home. This model will become ever more important in response to those experiencing health inequalities.

**Education –**

* **Schools**
* **The link between school exclusion and SLCN**

The RCSLT are pleased to see multiple actions included within the plan around improving experiences and outcomes of learners from ethnic minority groups. We are particularly pleased to see that Welsh Government plan to convene a working group to help strengthen guidance on exclusion from schools and pupil referral units in relation to learners who can be disproportionately subject to permanent exclusions and learners with SEN.

The most common reason for pupils being excluded from mainstream education is disruptive behaviour; research shows that many children and young people who are excluded or at risk of exclusion have behavioural difficulties which co-occur with communication needs that are often unidentified and unsupported.

As well as being at higher risk of school exclusion, children with unidentified communication needs are at risk of a range of negative outcomes later in life, including impacts on literacy, numeracy and educational attainment, mental health, employment and possible involvement in the criminal justice system.

There is a clear correlation between many of the group of pupils who are disproportionately more likely to be excluded, and the groups of children and young people who are more likely to have communication needs, including pupils from certain ethnic minority groups and pupils with SEN and disabilities. [[14]](#footnote-14)

* SLCN in CYP from ethnic minority groups
* A Department for Education (England) report: [[15]](#footnote-15) found that For SLCN there is substantial overrepresentation of Black, Bangladeshi and Chinese pupils.
* To some extent the ethnic disproportionality for SLCN reflects the strong social gradient. Thus after controlling for age, gender, entitlement to free school meals and neighbourhood deprivation, the over-representation of Black and Bangladeshi pupils was substantially reduced but still overrepresented (though Chinese pupils remained over-represented and Black Caribbean pupils were still more likely to be identified than their White British peers).

Given the high prevalence of communication needs in children and young people with behavioural difficulties, and the consequences of not supporting them, the RCSLT recommend that staff working with excluded pupils and those at risk of exclusion, have access to specially commissioned speech and language therapy services.

**Crime and Justice –**

The RCSLT welcomes the numerous actions within the plan relating to the overrepresentation of ethnic minority groups in the criminal justice system, particularly the development of a Race Equality Delivery Plan to address this and the consideration of intervention and prevention strategies.

The RCSLT would like to highlight that SLCN is much more prevalent in the offending population than in the general population.[[16]](#footnote-16) We have been calling for greater identification and support for SLCN among children, young people and adults within the CJS in Wales. We would like the Welsh Government to:

* Address the lack of current SLT service provision within the Wales CJS.
* Ensure adequate training for all professionals and support staff working within the CJS to support those with SLCN.
* Set in place a process that identifies SLCN in all new offenders or re-offenders.
* Ensure that in the long term all people within the CJS will receive an assessment of their speech and language skills.

**About the Royal College of Speech and Language Therapists (RCSLT)**

1. RCSLT is the professional body for Speech and Language Therapists (SLTs), Speech and Language Therapy students and support workers working in the UK. The RCSLT has over 18,000 members in the UK (650 in Wales) representing approximately 95% of SLTs working in the UK (who are registered with the Health & Care Professions Council). We promote excellence in practice and influence health, education, care and justice policies.
2. Speech and Language Therapy manages the risk of harm and reduces functional impact for people with speech, language and communication support needs and/ or swallowing difficulties.
3. SLTs are experts in supporting children, young people and adults with speech, language and communication needs (SLCN) and training the wider workforce so that they can identify the signs of SLCN, improve communication environments and provide effective support.

We would be happy to provide any additional information required or to have any further discussions to support the Welsh Government in the development of the Race Equality Action Plan. For further information, please contact:

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1. <https://www.leadershipacademy.nhs.uk/resources/inclusion-equality-and-diversity/blfi-2/> [↑](#footnote-ref-1)
2. <https://www.leadershipacademy.nhs.uk/resources/inclusion-equality-and-diversity/blfi-2/> [↑](#footnote-ref-2)
3. <https://www.leadershipacademy.nhs.uk/programmes/> [↑](#footnote-ref-3)
4. Making the Difference, Diversity and Inclusion within the NHS, December 2015. <https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Making-the-difference-summary-Kings-Fund-Dec-2015.pdf> [↑](#footnote-ref-4)
5. Making the Difference, Diversity and Inclusion within the NHS, December 2015. <https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Making-the-difference-summary-Kings-Fund-Dec-2015.pdf> [↑](#footnote-ref-5)
6. <https://www.england.nhs.uk/wp-content/uploads/2021/02/Workforce-Race-Equality-Standard-2020-report.pdf> [↑](#footnote-ref-6)
7. Making the Difference, Diversity and Inclusion within the NHS, December 2015. <https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Making-the-difference-summary-Kings-Fund-Dec-2015.pdf> [↑](#footnote-ref-7)
8. <https://gov.wales/sites/default/files/publications/2020-06/first-ministers-bame-covid-19-advisory-group-report-of-the-socioeconomic-subgroup.pdf> [↑](#footnote-ref-8)
9. Palfrey, 2013; Zendedel et al, 2016 [↑](#footnote-ref-9)
10. Equality Act, 2010; United Nations Convention on the Rights of the Child, Article 2 [↑](#footnote-ref-10)
11. Equality Act, 2010 [↑](#footnote-ref-11)
12. United Nations Convention on the Rights of the Child, Article 2 [↑](#footnote-ref-12)
13. <https://www.rcslt.org/wp-content/uploads/media/Bilingualism-CEN_Telehealth-Interpreters-Guidelines.pdf?la=en&hash=A104924063089176316A431174491CF956F3E27F> [↑](#footnote-ref-13)
14. <https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/exclusions-review-rcslt-written-evidence.pdf> [↑](#footnote-ref-14)
15. Department for Education, 2011, Ethnic disproportionality in the identification of speech language and communication needs (SLCN) and autism spectrum disorders (ASD) <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/219628/DFE-RR247-BCRP15.pdf> [↑](#footnote-ref-15)
16. Talbot (2010) [↑](#footnote-ref-16)