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|  | **Briefing for Assembly Members for the debate on the Health, Social Care and Sport Committee report on the use of anti-psychotic medication in care homes** |
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**Introduction**

This briefing has been produced for Assembly Members in preparation for the debate on the Health, Social Care and Sport Committee report on the use of anti-psychotics in care homes on Wednesday 11th July 2018.

The Royal College of Speech and Language Therapists (RCSLT) Wales strongly welcomed the publication of this important committee report last month. We provided written and oral evidence to the inquiry and were delighted that two of the report recommendations specifically focussed on the role of allied health professionals (AHPs), and in particular speech and language therapists (SLTs), as part of a non-pharmacological approach to managing behaviour that challenges. We welcome the positive Welsh Government response to these recommendations. Please see below our key points for consideration;

**Key points**

* There is a strong link between communication difficulties and behaviour that challenges. Non-pharmacological treatment options should include access to communication support provided by SLTs. Yet provision of SLT services in dementia care in Wales is currently extremely patchy.
* We welcome the committee recommendation that ‘*the Welsh Government should take action to address the shortage of speech and language therapists, given their value in improving outcomes for people with dementia, and report its progress to this Committee within 12 months*’.
* We are delighted that Welsh Government has accepted this recommendation and that Health Education Improvement Wales (HEIW) will be scoping work to increase the numbers of AHPs (including SLT) available in Wales. We look forward to working with HEIW on this work stream.
* We strongly support the committee recommendation that ‘*the role of the allied health professional dementia consultant includes a requirement to work with care homes to improve access to allied health professionals for care home residents*’ and are pleased that the Welsh Government response suggests that this will be an ‘*integral*’ role of the consultant post. We are keen to hear more details on this post, which was due to have been in place from April 2018.

**Communication and behaviour that challenges**

Communication helps us to cope with specific life events including transitions, illness, bereavements and stress. When communication is impaired it is much harder to adapt to challenging circumstances. Communication problems occur in all forms of dementia & in the later stages these problems become increasingly challenging (Bourgeois 2010).  Communication difficulty can be exhausting for the person with dementia and affects their identity and relationships (Bryden, 2005).  Limited communication has significant social and psychological impact.  Frustration can lead to distressed behaviour and James (2011) argues that behaviour that challenges is an attempt to make sense of the environment or communicate an unmet need.

Loss of meaningful interaction and conversation also places increased pressure on caring relationships (O'Connor et al, 1990 Nolan et al, 2002).  Communication difficulty has been described as one of the most frequent and hardest to cope with experiences for family carers (Egan 2010 Braun 2010).  In considering alternative options to pharmacological interventions, there is a clear need to ensure that the communication difficulties underlying distressed behaviour are identified and appropriate strategies put in place. Staff and family carers who are trained to recognise how people in their care communicate distress, anxiety or pain through their behaviour (verbal and non-verbal) are better equipped to identify the triggers of behaviour that challenges in an individual, and address the potential for a person with dementia to harm themselves or others.

SLTs have the specialist knowledge and skills to directly assess the contribution that unmet speech, language and communication support needs make to behaviour that challenges and provide advice on maintaining and maximising communication function to the person with dementia, their family and carers. SLTs also have a clear role in training health, social care and voluntary sector staff, including care home workers, in identifying communication difficulties in dementia and strategies to support and enhance communication.

Despite a growing body of evidence to justify the impact of SLT within dementia care, provision of services in Wales is extremely patchy. The recent audit of memory loss services by 1000 Lives (Public Health Wales, 2016) highlighted only 0.6 full time equivalent provision of speech and language therapy in specialist teams across Wales. Similarly at a community level, despite evidence of the value of the inclusion of SLTs within multi-disciplinary community teams and the potential opportunities which exist, we are aware that too few teams across Wales stipulate inclusion of the role as part of a dedicated primary care integrated workforce.  In the current model, our services are often provided by small, flexible teams who must meet the competing demands of primary and secondary care. Our members tell us that dementia services are not consistently delivered across Wales and resource pressures mean that dysphagia training often takes precedence over training to support management of communication difficulties.

Given our concerns about SLT provision for people with dementia in Wales, we strongly welcomed the committee recommendation that ‘*the Welsh Government should take action to address the shortage of speech and language therapists, given their value in improving outcomes for people with dementia, and report its progress to this Committee within 12 months’*.

We are delighted that Welsh Government has accepted this recommendation and that Health Education Improvement Wales (HEIW) will be scoping work to increase the numbers of AHPs (including SLT) available in Wales. We look forward to working with HEIW on this work stream.

**The role of the allied health professional dementia consultant**

Allied Health Professionals, such as SLT, can make a huge difference to the lives of people with dementia and their families, enabling people to remain as independent as possible, delaying loss of skills and supporting maintenance of life roles for longer.

Current access to services provided by AHPs for people with dementia and their families in Wales is very patchy. This is particularly the case for care home residents, whom arguably have the greatest health and social care needs, yet may struggle to access community services available to those living in their own homes.

We warmly welcome the positive Welsh Government response to the committee recommendation that ‘*the role of the allied health professional dementia consultant includes a requirement to work with care homes to improve access to allied health professionals for care home residents*’ and look forward to working with the new consultant, when recruited, to make this a reality.

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