



Acquired brain injury strategy

Department of Health and Social Care - call for evidence

About the Royal College of Speech and Language Therapists

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists across the United Kingdom. The RCSLT currently has over 20,000 SLT members, including student members. We promote excellence in practice and influence health, education, employment, social care and justice policies.

RCSLT RESPONSE

FOCUS

Question one: Should the new strategy include other conditions that affect the brain apart from acquired brain injury?

Whilst many people may face lifelong challenges with their condition, and could benefit from measures being put in place, the Royal College of Speech and Language Therapists believe that this strategy should focus solely on acquired brain injury.

The strategy needs to be focussed and succinct to improve the lives of people living with ABI and their families and carers. Making the strategy too broad may dilute the focus. This will make the measures less beneficial to people living with ABI and their families.

We also support the position of the UKABIF who are calling for the strategy to focus solely on brain injury.

SCOPE

Question two: On which of the following areas could the strategy look to focus to better support people with an acquired brain injury or other neurological condition? You can choose more than one.

Yes all.

Question three: are there other areas the strategy should focus on?

Based on feedback from our members, the Royal College of Speech and Language Therapists would also like the strategy to focus on:

- Tackling the significant inequalities in provision, to ensure equitable provision for all.
- Highlighting vocational rehabilitation services, which support people into employment.
- Long term healthcare: Recognition that some people may need support over many years.
- Increasing awareness and timely identification of children's ABI in education systems: recognising that even brain injuries considered as mild can have significant impact on cognitive and communication ability, learning and educational attainment
- Increasing awareness of the hidden aspects of brain injury, such as cognitive and communication impairment.

- Introducing specific measures to drive recognition and better support in the criminal justice and youth justice systems.

Question four: From the above list, which are the three most important themes for the strategy to consider?

All the areas listed are important and will impact on people's lives. Based on feedback from our members, we recommend:

1. Healthcare
2. Social care/support
3. Research

Question five: Please explain why you think these three themes are the most important:

Theme 1 - Health care

Rationale

- We need a meaningful discussion around healthcare, to tackle the significant inequalities that exist and to identify what 'good' looks like for people living with ABI and their families. Improved access to healthcare will support people to achieve their maximum potential.
- Timely access to healthcare (both specialist and community based) in the early stages is essential to support rapid recovery and enable people to return to their full potential. However, there is significant variation and inconsistent access to healthcare, including speech and language therapy, for people after a brain injury.
- People with ABI have told us how speech and language therapy makes their life better (*Speech and language therapy during and beyond COVID-19: building back better with people who have communication and swallowing needs, Clegg et al, RCSLT, 2021*).
- People have also told us that not receiving speech and language therapy makes the following worse: education 62%, home and domestic life 54%, mental health 54%, social life and friendships 50%, and physical health 35% (*Speech and language therapy during and beyond COVID-19: building back better with people who have communication and swallowing needs, Clegg et al, RCSLT, 2021*).
- Our members tell us that NHSE funded specialist rehabilitation beds are too far from people's homes and there are very few for children. They also tell us that whether someone is in a specialist or acute bed, there are challenges with discharging people from hospital to community services, with fragmented patient pathways, making the system especially difficult for families to navigate.
- The delivery and measurement of the outcomes is essential to inform clinical practice and service delivery. However, our members tell us that there is a lack of agreement in the acute or community rehabilitation pathway about recovery and patient outcomes.
- Most people with ABI will access via community healthcare teams. However, investment needs to happen to bolster these teams to ensure that people with ABI are seen by skilled and experienced clinicians.
- It also needs to be recognised that not all rehabilitation is delivered by the NHS, the independent and private sector have a role.

Theme 2 - Social care / social support

Rationale

- This is an important area because ABI is a long-term condition. People will need support, beyond healthcare, to live well.

- Our members tell us that issues in the social care system delay people being discharged from inpatient beds into the community to receive follow-up care.
- Vocational rehabilitation is essential to support people back into work. However too few areas have rehabilitation focussed on return to work. Support must be improved to support community reintegration, return to work, and for young people access to education.
- Our members tell us that they find that the social care workforce often lacks understanding of the cognitive impacts and communication impairment associated with ABI. Whilst speech and language therapists, and other members of the multidisciplinary team have training, the social care sector may not have access to the same training.
- Our members raise concerns with inaccurate mental capacity assessments, as staff can easily misunderstand the impact of cognitive and communication impairments.
- Our members raise concerns around the lack of family and carer support, especially advocacy for parents, their children and siblings.

Theme 3 - Research

Rationale

- This is an important area because identifying gaps and priorities in ABI research and outcomes, will improve understanding of the spectrum of needs and help to develop a better patient pathway.
- Our members tell us that funding streams often focus on biomedical sciences, not therapies. The uncertainty of financial income in a clinical academic career is a barrier for experienced clinical speech and language therapists and other clinicians. There needs to be more funding streams and opportunities that focus on PhD and beyond and provide bridging funding and championing a clinical-academic pathway.
- The RCSLT has developed the top priority areas for new research in speech and language therapy in three key clinical areas, using a priority setting partnership (PSP). One of the key areas includes research priorities in dysphagia, of which people with ABI are a key client. Work needs to happen to ensure that funding is allocated to enable research into these priority areas can happen.

Question six: Is there anything else the DHSC need to consider for the new brain injury strategy?

Yes, the Royal College of Speech and Language Therapists recommends:

- A clear road map for implementation, with timed and measurable success measures.
- Funding for recommendations.
- Joint working with Royal Colleges, such as the Royal College of Speech and Language Therapists, to discuss improvements to services for people living with a brain injury. We would be happy to provide ongoing counsel and expert input.
- Close work with the DFE to focus on better awareness and identification of children and young people with ABI in education systems.
- Close work with the Ministry of Justice to develop specific measures to improve support in the criminal justice and youth justice systems.

Submitted by the Royal College of Speech and Language Therapists. June 2022.