



Analysing diversity, equity and inclusion in speech and language therapy

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Foreword

Kamini Gadhok MBE, Chief Executive Officer

Royal College of Speech and Language Therapists

Racism and discrimination are faced by Black, Asian and minority ethnic community members every day, and the speech and language therapy profession is not immune from these scourges.

It is no secret that diversity within the speech and language profession is an issue and has been for a very long time. Black, Asian and minority ethnic people have always been underrepresented in the profession and continue to be underrepresented.

The RCSLT as an organisation, and the speech and language therapy profession, must be part of the solution. As well as illustrating these issues through our survey findings, this report outlines and celebrates the work the profession has achieved to date in tackling them and identifies clear and targeted next steps for us to continue our journey.

While the RCSLT has been championing work aimed at diversifying our profession and at supporting clinicians to provide equitable, person-centred, and holistic care to those with speech, language, communication and swallowing difficulties for many years, there is still work to do – as clearly exposed in this report.

It is no longer enough for us simply to stand up and condemn racism: we must be actively anti-racist.

Following the brutal killing of African-American George Floyd in 2020, the RCSLT accelerated our work in this area and made a pledge to actively work with our members to stand with the Black community and people of colour against all forms of racism, to be anti-racist, and to do everything we can to bring about a positive change.

We have spent the last three years listening more closely than ever to our members, service users, and the broader community about the racism and discrimination they have faced. Whilst there is growing consciousness in the profession of the need to be anti-racist and eliminate these issues, the need for action to create systemic change is unequivocal.

As part of the RCSLT's leadership response, we have identified key levers to tackle systemic racism. As a result, we have built relationships with a range of stakeholders including the Council of Deans of Health, High Education Institutions (HEIs), NHS England and government departments across the UK, to influence how our work can be embedded and mainstreamed. In addition, we are urging these institutions to show leadership by providing a pro-active and imminent response through their own workstreams.

With this report, we take the first step in exposing the key issues in professional practice and within the professional community relating to anti-racism, equality, diversity and inclusion. Through explicitly acknowledging and understanding these issues, we can take specific actions targeting priority areas to dismantle the systems that have brought about injustices for speech and language therapists and our service users.

We are proud to outline in the report the RCSLT's ongoing and future activities that aim to tackle the challenges head on. However, for this professional transformation to truly work, to be sustained and become wholly embedded, we need active commitment from speech and language therapists as well as system leaders.

This report makes the case for the need for all of us to have the difficult conversations, take ownership, and embrace change.

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A note on terminology

The RCSLT recognises that language has power, and the terminology we use can have profound effects on both individuals and on shaping debates on these important topics.

In this report, we follow the principles outlined in the NHS Race and Health Observatory's report 'The Power of Language' (2022) with regards to the terminology chosen, especially with regards to describing ethnicity. The survey in which this report is based, asked respondents to indicate their ethnicity from a list of given descriptors (White, Black, Asian, minority Ethnic), and provided the option for self-describing. It is these terms that we have therefore opted to use in this report. We do report on disaggregated findings by ethnicity, but due to the small sample size, in keeping with the rigour required for data analysis this is limited to only White ethnic and a collective analysis of respondents who have identified that they Black, Asian, minority Ethnic or have another self-described ethnicity.

The RCSLT accepts that language develops and has launched a new workstream to develop our approach to terminology, where we will welcome productive challenge and debate.

Executive summary

Introduction

In the wake of George Floyd's murder in May 2020 and the growing momentum of the Black Lives Matter movement, the RCSLT made a public commitment to increasing awareness and tackling issues of diversity, equity and inclusion (DEI) within the profession. In the RCSLT's [Black Lives Matter statement](#) released in June 2020, acknowledgement that 'diversity within the speech and language therapy is an issue' was a key message, as well as a strong call for members to be actively anti-racist.

These commitments are further recognised in the new [RCSLT strategic vision](#) (published in July 2022), where anti-racism, equality, diversity and inclusion forms one of the eight key areas of strategic focus, with these topics also being firmly embedded within the other seven areas.

In collaboration with its members, the RCSLT has embarked on a broad programme of work in line with the strategic vision, and the four anti-racism pledges outlined in the Black Lives Matter statement, which are to:

- Promote greater visibility of Black, Asian and minority Ethnic members* across all RCSLT communications channels.
- Hold a profession-wide online event, led by members of the Black, Asian and minority Ethnic community.
- Create a platform/safe space for Black, Asian and minority Ethnic members, including student SLTs.
- Encourage our membership to learn and engage more through literature.

The RCSLT undertook a survey of members who attended the profession-wide anti-racism workshop in May 2021 to better understand the current milieu of the profession in relation to DEI, identify priorities for research, and explore the attitudes, degree of confidence and most salient issues pertaining to anti-racism and DEI. More than 400 members attended the workshop (around 2% of the total RCSLT membership at the time). The survey consisted of five sections in relation to DEI in the workforce (organisation level); meeting the needs of service user populations (organisation level); individuals' self-confidence; support for/experience of underrepresented SLTs/students; and research priority setting.

The findings reveal that overall, SLTs feel partially confident in the profession's overall commitment to anti-racism and DEI. However, some important differences were found between the degree to which white ethnic SLTs/students and Black, Asian and minority Ethnic SLTs/students perceive this. The key findings are outlined overleaf.

Key findings

Commitment of organisations to DEI in the workforce (representation, recruitment and training)

- Most students felt confident that their placements are planned to ensure fair opportunities. This was true of both Black, Asian and minority Ethnic and WE students.
- Most qualified SLTs did not feel confident that their organisation reaches out to the local community to encourage individuals from underrepresented groups to study speech and language therapy. This trend was observed in both Black, Asian and minority Ethnic and white Ethnic SLTs.
- SLTs had mixed confidence in whether their organisation's recruitment process was designed to ensure fairness and increase diversity; with Black, Asian and minority Ethnic respondents indicating less confidence than white Ethnic group respondents.

Commitment of organisations to meeting the needs of diverse service users

- Whilst clinicians felt confident that their organisations were committed to meeting the needs of a diverse service user population, they were less confident in their organisation's use of service user data in better understanding communities, evaluating impact and identifying unmet needs.
- Many students felt their curriculum prioritises developing the knowledge and skills to meet the needs of a diverse population. However, Black, Asian and minority Ethnic students were less confident about this compared to white Ethnic students.
- white Ethnic SLTs were overall, more confident in questions around this theme than their Black, Asian and minority Ethnic counterparts.

Clinician confidence

- Overall, clinicians felt confident speaking to service users to better understand their cultural/linguistic needs and adapt practice accordingly.
- A mixed picture exists in terms of confidence in conducting assessments for bilingual and multilingual service users. A slightly larger proportion of the white Ethnic group respondents were 'confident' compared to Black, Asian and minority Ethnic respondents.

Support for/experience of underrepresented SLTs/students

- Black, Asian and minority Ethnic students were not confident that there are systems of support in place for underrepresented groups on their course.
- Overall, students and clinicians had a mixed view on whether students from underrepresented groups have a positive experience. white Ethnic respondents indicated much higher confidence than Black, Asian and minority Ethnic respondents.
- Student and clinician confidence was mixed in whether their course/organisations celebrate different cultures, religions and languages and seeks to address perceived racial biases. white Ethnic group respondents indicated higher confidence than Black, Asian and minority Ethnic respondents.

The top three priority topics for research are:

The following topics were identified as priority areas for research through a ranking exercise as part of the survey:

1. Racism/anti-racism in speech and language therapy
2. Anti-racism, diversity and inclusion aspects of training
3. Cultural awareness/competence of SLTs

In this report, the RCSLT provides a picture of the current state of DEI in the profession, in relation to research priority-setting and the degree of confidence in issues pertaining to DEI

in the workforce, meeting the needs of the service users, self-confidence and experience of/support for underrepresented SLTs/students.

Acknowledgements

The RCSLT would like to acknowledge the support of RCSLT members in sparing time to respond the survey and giving their valued perspective.

An extended thank you to the RCSLT members who attended the event and continue to engage in the discussions and work necessary on the journey to becoming a fully anti-racist and inclusive profession.

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Definitions

Black, Asian and minority Ethnic * The RCSLT acknowledges ^{that} individuals who belong to this group may not identify with the term and prefer the use of alternative vocabulary. The terms used throughout this report are based on the information provided by survey respondents pertaining to their own ethnicity, and refers to those who self-identified as Black, Asian and all other ethnic minorities described in checkboxes on the survey. The RCSLT is working with members to come to consensus on best and preferred terminology for the organisation, going forward.

- **LGBTQIA+** - Lesbian, gay, bisexual, transgender, queer, intersex, asexual +
- **Clinicians** - this refers to respondents to the survey who were either in employment, or retired SLTs.
- **Students** - this refers to respondents to the survey who are current student SLTs (including post-doctoral study)

Extended background

In May 2020, following the murder of George Floyd, a black man at the hands of a white police officer in the United States (US), the subsequent international outcry reflected a collective trauma (Meikle & Morris, 2022). This reignited the global Black Lives Matter (BLM) movement, an organisation committed to fighting against systemic racism and discrimination of black communities (BLM, n.d). Indeed, this movement had a significant impact in the UK too, given that systemic racism and police brutality against black men, women and children has been found to be a common experience (e.g., Joseph-Salisbury, Connely & Wangari-Jones, 2020). As a result, individuals, institutions and organisation in the US and the UK, including the RCSLT, have pledged their commitment to anti-racism and to improving DEI (e.g., Dray, 2021 for UK government response on this),.

This event intersected with the COVID-19 pandemic, unearthing an unwelcome truth around systemic racism and health disparities in the UK, with COVID-19 mortality rates found to be twice as high in black and Asian ethnic groups, compared to white ethnic groups (Public Health England; PHE, 2020). The Public Health England report noted the complexity of the relationship between ethnicity and health outcomes, and the urgent need for a deeper understanding of this intersection. These discussions are critical for speech and language therapy as the impact of systemic racism within a health context is likely reflected in the professions. For example, research based in the US has found that stroke patients from Black, Asian and minority Ethnic backgrounds are less likely to access services due to barriers of culture and race (Green, Singh & King-Shier, 2019).

To understand inequities in speech and language therapy service delivery, the RCSLT has undertaken a survey that captured the perspectives of its members on issues of DEI in the profession. This report is an initial step from the RCSLT to document the progress made in the past two years and to inform the critical steps to come.

A snapshot of systemic racism in UK healthcare and the public sector

In the UK, systemic racism in healthcare and education is thought to be manifested through multiple ways, such as lack of access to services (RCSLT, 2021), linguistic discrimination (Cushing, 2022) and unconscious racial biases (Hui, Latif, Hinsliff-Smith Chen, 2020). In healthcare, for example, a maternity health report released in 2021 revealed poorer outcomes for minoritised women, compared to white women, with mortality rates “four times higher in black women, two times higher for mixed race women and almost two times higher for South Asian women” (MBRRACE-UK, 2021, p.i). The report advocated for research

and a deeper understanding into the relationship between ethnicity and disproportionate health outcomes. Another example within the public sector is represented within the Metropolitan Police, with a recent independent investigation finding “systemic and cultural issues” (Independent Office for Police Misconduct; ICPC, 2022, p.10) around racism, with recommendations urging the need for a structural change.

Attempts at addressing issues of systemic racism in the UK have been controversial. In 2021, a Commission on Race and Ethnic Disparities report was established to investigate the issue. The findings from this report have been the subject of much controversy, due to its claim that “we no longer see a Britain where the system is deliberately rigged against ethnic minorities...” (Commission on Race and Ethnic Disparities, p.8). The United Nations (UN) Working Group of Experts on People of African Descent criticised the report’s lack of evidence and irresponsible reporting of statistics, whilst overall condemning and rejecting the findings of the report (UN, 2021).

It has been argued that the pervasiveness of racism, whether within the Metropolitan Police or on a maternity ward, continues to plague all aspects of life for minoritised communities (Jones, 2011). Scholars contend that racism holds a deep-rooted position in British culture (Akala, 2018) through systemic and institutional policy and practice, upheld by the remnants of Britain’s (and much of the West’s) guarded colonial past. Furthermore, it is considered by some that this residual colonialism, or coloniality (Quijano, 2000) marginalises groups, influences policies and the “norm”, informs curriculums and upholds the “isms” we have become so familiar with battling against, e.g. racism, ableism etc. (Liu et al., 2021). Scholars would argue that racism is no longer explicit or overt violence, as Reni Eddo-Lodge (DATE) describes:

“Structural racism is never a case of innocent and pure, persecuted people of colour versus white people intent on evil and malice. Rather, it is about how Britain’s relationship with race and how it infects and distorts equal opportunity” (p.81)

This is not limited to healthcare but may also be observed in the relationship with race, minoritised communities and the education system in the UK. This context is pertinent in the field of speech and language therapy which, in the UK, is closely associated with the education system for children and young people.

Between the 1940s and 1970s, the term “educationally subnormal” (ESN) was used within British education policy to refer to “children with low achievement in schoolwork” (Williams, 1965, p.136) in the UK. Research has shown that this policy disproportionately impacted immigrant and second-generation black Caribbean children and likely served to ‘legitimise’ the removal of minoritised children (either ethnically, linguistically or through differences in learning) from mainstream education into ESN institutions (Wallace & Joseph-Salisbury, 2022). There has been much research indicating that as a result black Caribbean children and young people are persistently viewed as under-achievers, and cultural blame is placed

upon families and minoritised communities, rather than the racialised structures condemning the linguistic and ethno-racial differences of minoritised students (Wallace, 2019). More recently, these ideologies have been called into question through raciolinguistic ideologies, i.e., the intersection between race and language, where critics have posited that minoritised children are stigmatised for use of language that differs from the colonial legacy of white linguistic norms (Flores & Rosa, 2017).

In practice, this perspective likely risks describing racialised children's language as lacking, or as demonstrating a gap between them and the 'norm'. Such raciolinguistic ideologies may lead to discrimination against minoritised communities and further obscure the wider, systemic issues at play. Another example of this how this may manifest in education policy comes from Cushing (2022), who considers that 'word gap' ideologies – which are argued to be founded on beliefs of post-colonial white, European supremacy – still exist in UK schools in the form of linguistic policing and an association with academic vocabulary /discourse with a higher standard of English. Cushing suggests that these ideologies, hidden in school policies, risk forcing minoritised children to assimilate and fit with white middle class linguistic norms (e.g., vocabulary, grammar, syntax etc.).

Systemic racism in speech and language therapy

It is possible to see how the issues described above may manifest in speech and language therapy and are important for the profession to reflect on. The points highlight how essential it is that SLTs' practices do not perpetuate harmful, racist, ideologies, and that SLTs are able to validly identify and meet genuine needs of individuals.

Much of speech and language therapy is synonymous with issues of standardisation, especially in assessments for which normative data is typically obtained from monolingual, unrepresentative (i.e., majority white) populations. Thus, serious questions about the clinical utility of the SLTs' existing or commonplace 'toolkit' may be raised. RCSLT guidance does not recommend using norm-referenced testing unless the normative sample involves the service-users' cultural and linguistic background (RCSLT, 2022), with their use on bilingual and multilingual individuals being deemed by scholars as problematic (Langdon & Wiig, 2009). Even more pertinent may be the gap in the appropriate assessment tools or cultural understanding required to properly assess clients who are not monolingual English speakers (De Lamo White & Jin, 2011). The RCSLT bilingualism guidance provides comprehensive advice on assessing culturally and linguistically diverse individuals and working with interpreters. Yet, further innovation in the profession developing suitable tools to identify needs in minoritised individuals, where standardised assessments are unsuitable (and indeed, risky), is warranted and would help combat some of the issues raised above.

The RCSLT (2021) [health inequalities guidance](#) highlights how health inequities are more likely to be experienced by those from 'under-served' (RCSLT, 2021, p.4) or marginalised groups, e.g. Black, Asian and minority Ethnic communities (The King's Fund, 2021), the LGBTQIA+ community (Zeeman et al., 2018), people with learning disabilities (LeDer, 2020) and those living in socio-economically disadvantaged areas (Olutende, Mse, Wanzala & Wamukoya, 2021). This guidance document stresses the role of the SLT in improving health inequalities, emphasising the individual and organisational responsibility to understand and acknowledge the communities being served (RCSLT, 2021). The acknowledgement of the existence and validity of cultural values and beliefs that differ from one's own (Hyter, 2022) is emphasised in the literature as an essential step in improving patient experience (Wilbur et al., 2020) and is advocated for in the training years of any healthcare profession (Taylor & Lurie, 2004).

With an increasingly diverse UK population (ONS, 2012), clinicians are increasingly likely to meet clients from differing cultural backgrounds and/or bilingual and multilingual speakers (De Lamo White & Jin, 2011). Thus, speech and language therapy must be culturally responsive. This means not only finding solutions to change and avoid inequalities, but also investigating the causes of systemic racism and how they manifest in the profession (Hyter, 2021). This may require changes in speech and language therapy pedagogy, practice and research.

An increasingly diverse population cannot be discussed without addressing the lack of ethnic diversity and representation within the speech and language therapy profession. The Health and Care Professions Council (HCPC) Diversity Data report (2021) highlights this, with speech and language therapy revealed as the profession with the second-highest proportion of white registrants (89%), second to paramedics (93%). Similarly, previous research has highlighted that the majority of SLTs are white, middle-class women (Cortazzi & Jin, 2004). Wilbur and colleagues (2020) have explored the relationships between diversity in health professions and service users. They suggest a lack of diversity and representation in a profession is likely to have significant ramifications in terms of service access, health outcomes and the provision of an equitable service for service users from minoritised backgrounds; and that with a more diverse workforce, patient experience, satisfaction and health outcomes are likely to improve. Additionally, they emphasise diversifying the student population in healthcare programmes may be a way of encouraging a shift in thought and practice which later feeds into the workforce.

What is clear from the evidence available around health disparities is that racism, though a significant factor, is but one factor amongst several sociodemographic variables, and that this relationship is poorly understood. Individuals do not live 'single issue' lives (Lorde, 2007, p.138), therefore, how can there be a single issue? The question of intersectionality (Crenshaw, 2017) falls outside of the scope of this report; however, is one that should be explored in future research. For speech and language therapy as a profession to uphold its "moral as well as legal obligation to provide an equitable service to everyone" (Mennen &

Stansfield, 2006, p.24), more attention on the topics of DEI, anti-racism and race is warranted.

Although these are complex issues that require long-term research and understanding in speech and language therapy, this report is a first step in identifying gaps in knowledge and unanswered questions around DEI. It was designed to better understand how clinicians perceive issues of DEI in the profession, as well as to identify research priorities..This is critical for an ever-changing professional field and for maintaining a high standard of evidence-based practice (EBP). The findings of this report will pave the way for future research that will have a positive impact on the communities we serve and the students and clinicians that make up our profession.

The purpose of this report:

Aims

The survey aimed to answer the following questions:

- How confident do clinicians and students feel about issues of DEI in the context of:
 - Commitment of organisations to DEI in the workforce (representation, recruitment and training)?
 - Commitment of organisations to meeting the needs of service user populations (organisation level)?
 - Their individual confidence in their practice?
 - Support for/experiences of underrepresented SLTs/students?
- Which research areas should be prioritised in relation to DEI in the speech and language therapy profession?

Methods

RCSLT staff developed the survey questions iteratively, based on the research aims. Drafted survey questions were shared with the RCSLT Anti-Racism Reference Group (a voluntary group comprising RCSLT members especially committed to the mission and vision of being an anti-racist profession) for feedback. Feedback was incorporated in terms of tweaking of the wording of questions or statements, and item reduction or addition as required.

The questions were built into an online survey and disseminated to members who attended the RCSLT Anti-Racism Workshop event in May 2020. The survey was open between November 2020 and April 2021.

The survey consisted of 43 open and closed questions covering the following categories:

- Demographic information about respondents

- DEI in the context of:
 - Commitment of organisations to DEI in the workforce (representation, recruitment and training)
 - Commitment of organisations to meeting the needs of service user populations (organisation level)
 - Clinician confidence
 - Support for/experiences of underrepresented SLTs/students

Demographic and employment/university information was collected from questions 1, 2-4 (students only), 32-36 (clinicians only) and 37-42. Questions 5-28 asked respondents to rate their level of confidence from a sliding scale of 0-10 across the four themed areas above. Question 29 asked respondents to rank 10 research areas by priority on a scale from 1-5 (1=not at all a priority, 2=not a priority, 3=unsure, 4=priority, 5=urgent priority). All questions were optional for respondents to answer.

Two hundred and thirty three SLTs and 37 SLT students completed the survey (total n = 270). Sixty six respondents did not complete the survey beyond question one (students n=4, clinicians n=62) so were removed from further analysis. Of the remaining 204 respondents, those who completed less than 50% of relevant survey questions were excluded from further analysis (students n=4, clinicians n=8), resulting in a final sample of 192 (163 SLTs and 29 SLT students).

The data generated by the survey was then analysed in two separate groups: students and clinicians, because student respondents did not answer questions 5-20. For quantitative data, descriptive statistics were produced using SPSS (v27). In addition, subgroup analyses were carried out for the 46 Black, Asian and minority Ethnic respondents (students n=8, clinicians n=38) and the 137 white respondents (students n=19, clinicians n=118). Respondents who answered 'Other' were included in the Black, Asian and minority Ethnic group. Respondents who did not provide their ethnicity, either by skipping the question or answering 'Prefer not to say' were not included in the analyses.

For qualitative data on research priority suggestions, content analysis (Krippendorf, 2019) was used to identify key themes across the data.

The full findings for both quantitative and qualitative data are detailed in the appendix.

Results

Respondents

Data was analysed from the final sample of 192 respondents. This represented 163 clinicians (85%) and 29 students (15%).

Clinicians

The survey was completed by clinician respondents from across the UK: 91% (n=149) of respondents were based in England, 1% (n=2) in Northern Ireland, 3% (n=5) in Scotland and 1% (n=1) in Wales. 5% (n=8) of respondents did not answer. All RCSLT hub regions were represented.

Comparison with a 2021 HCPC Diversity Data report suggests that respondents to the RCSLT survey were slightly more diverse than broader data on the profession, with a greater proportion of LGBTQIA+ respondents (11% (n=19) vs 8% (n=307)) and a larger proportion of Black, Asian and minority Ethnic respondents (23% (n=38) vs 11% (n=401)).

The gender of respondents to the RCSLT survey aligned with data available from the HCPC report.

Overall, the most common main places of work were: community (34%, n=56); education (primary, secondary and special schools) (26%, n=42), and; acute and inpatient settings (12%, n=19).

Detailed demographic and employment information for clinician respondents is provided in the appendix.

Students

The survey was completed by student respondents at universities from across the UK. The top three represented universities were: City, University of London (21%, n=6), Leeds Beckett University (17%, n=5), and Birmingham City University (14%, n=4). 10 out of the 20 UK Higher Education Institutions (HEI) were represented.

Comparison with available data on the student SLT population from 2019-20 (Higher Education Statistics Agency; HESA, 2021) and data available on the general student population (HESA, 2022) suggest that student respondents were slightly more diverse in terms of ethnicity: 27% (n=8) of respondents to the RCSLT survey were from a Black, Asian and minority Ethnic background, compared to 16% (n=445) from HESA (2021) survey on student SLTs. Data available on the ethnicity of the general student population (HESA, 2022), showed a similar proportion of Black, Asian and minority Ethnic students (26%, n=552,060).

17% (n=5) of student respondents to the RCST survey reported having a disability, compared to 21% (n=n/a) reported in 2019-20 (HESA, 2021). This also differed to data available on the general student population, with 15% (n=417, 390) reporting having a disability.

Detailed demographic information for student respondents is provided in the appendix.

Question responses

All respondents were asked in the question text to provide a rating from 1-10 (1 = not at all confident, 10 = very confident through a sliding scale. Due to a technical error, the rating scale started at 0, thus data were yielded from an 11-point scale rather than the intended 10-point scale. To limit confusion, for the purpose of reporting, descriptive labels were assigned to ranges of ratings, where 0-4 = not confident and 5-6 = uncertain and 7-10 = confident.

Sub-group analyses for white ethnic group respondents and Black, Asian and minority Ethnic respondents for both students and clinicians found differences in the responses of Black, Asian and minority Ethnic students and clinicians, compared to white ethnic group respondents. Key findings from the total samples of clinicians and students and sub-group analyses are reported hereafter. A table of full results can be found in the appendix.

Commitment of organisations to DEI in the workforce (representation, recruitment and training)

Students

Question 2: On my course, I believe placements are planned and recorded to ensure that fair opportunities are provided.

The majority of students (75%, n=22) indicated that they were confident (ratings 7-10) in the statement. 17% (n=5) were uncertain, rating at the midpoint of the scale and 7% (n=2) answered between 0-4, suggesting that they were not confident.

Similarly, the majority of both Black, Asian and minority Ethnic student respondents (88%, n=7) and white ethnic group respondents (84%, n=16) indicated that they were confident (ratings 7-10).

Clinicians

Question 5: I believe my organisation has strong plans to ensure its workforce reflects the local community, at all levels of seniority.

43% (n=70) of all clinician respondents answered between 7-10 (confident) on the sliding scale, 30% (n=49) answered between 5-6 (uncertain) and 27% (n=44) responded between 0-4 (not confident).

42% (n=19) of Black, Asian and minority Ethnic respondents answered between 0-4 (not confident), whereas the largest proportion of white respondents (48%, n=56) answered between 7-10 (confident).

Question 6: In my organisation, I believe we reach out to the local community to encourage people from underrepresented groups to study speech and language therapy.

60% (n=98) of all clinician respondents rated their confidence as 0-4 (not confident) in the statement. 20% (n=33) responded between 5-6 (uncertain) and 11% (n=18) answered between 7-10 (confident). 9% (n=15) of clinician respondents did not answer the question.

Amongst Black, Asian and minority Ethnic clinician respondents, 58% (n=22) answered between 0-4 (not confident), as did the majority of white ethnic group respondents (61%, n=72).

Question 7: I believe my organisation's recruitment process is well designed to ensure fairness and increase diversity.

48% (n=78) of all clinician respondents answered between 7-10 (confident). 29% (n=48) answered between 0-4 (not confident) and 22% (n=35) were uncertain (ratings 5-6). 1% (n=2) of clinician respondents did not answer the question.

The largest proportion of Black, Asian and minority Ethnic respondents (42%, n=16) answered between 0-4 (not confident). In contrast, the majority of white ethnic group respondents (55%, n=65) indicated that they were confident with ratings between 7-10.

Commitment of organisations to meeting the needs of service user populations

Students

Question 3: On my course, I believe developing the knowledge and skills to meet the needs of a diverse population is treated as an important part of the curriculum by teaching staff.

The majority of student respondents (62%, n=18) provided ratings between 7-10 (confident) for the statement above. 21% (n=6) were uncertain (ratings 5-6) and 17% (n=5) indicated that they were not confident (ratings 0-4).

Of Black, Asian and minority Ethnic student respondents, 38% (n=3) answered between 0-4 (not confident) and 38% (n=3) rated between 7-10 (confident). The majority of white ethnic group respondents (84%, n=16) appeared confident in the statement (ratings 7-10).

Clinicians

Question 10: I believe my organisation is committed to meeting the needs of the diverse population it serves.

61% (n=99) of all clinician respondents answered between 7-10 (confident) when asked to rate the statement, 22% (n=36) answered between 5-6 (uncertain) and 16% (n=27) answered between 0-4 (not confident).

Amongst Black, Asian and minority Ethnic clinician respondents, 40% (n=15) answered between 7-10 (confident). 68% (n=80) of White ethnic group clinician respondents indicated confidence also (ratings 7-10).

Question 11: I believe that my organisation effectively monitors SLT service use and outcomes in order to understand and evaluate the kinds of communities we serve and our impact.

When asked to rate confidence in the statement above, 41% (n=67) answered between 0-4 (not confident), 27% (n=44) answered 5 or 6 (uncertain) and 27% (n=44) answered between 7-10 (confident). 5% (n=8) of all respondents did not answer the question.

Following a similar trend, 40% (n=15) of Black, Asian and minority Ethnic clinician respondents and 39% (n=46) of white ethnic group respondents answered between 0-4 (not confident).

Question 12: I believe my organisation effectively analyses population and caseload data to identify to unmet needs in speech and language therapy.

The majority of clinician respondents (55%, n=89) answered between 0-4 (not confident). 19% (n=31) answered between 7-10 (confident) and 18% (n=30) were

uncertain (answered 5-6). 8% (n=13) of all clinician respondents did not provide an answer.

Similarly, 47% (n=18) of Black, Asian and minority Ethnic clinician respondents and 55% (n=51) of white ethnic group respondents answered between 0-4 (not confident).

Question 14: I believe my organisation strives to identify and remove barriers to accessing speech and language therapy services.

A large proportion of all respondents (51%, n=84) felt confident (answered between 7-10) in the statement above. 25% (n=41) answered between 0-4 (not confident), and 20% (n=32) were uncertain. 4% (n=7) of all respondents did not answer the question.

In contrast, 42% (n=16) of Black, Asian and minority Ethnic clinician respondents answered 0-4 (not confident), whereas the majority of white ethnic group respondents (57%, n=67) answered between 7-10, indicating confidence. See Figure 1.

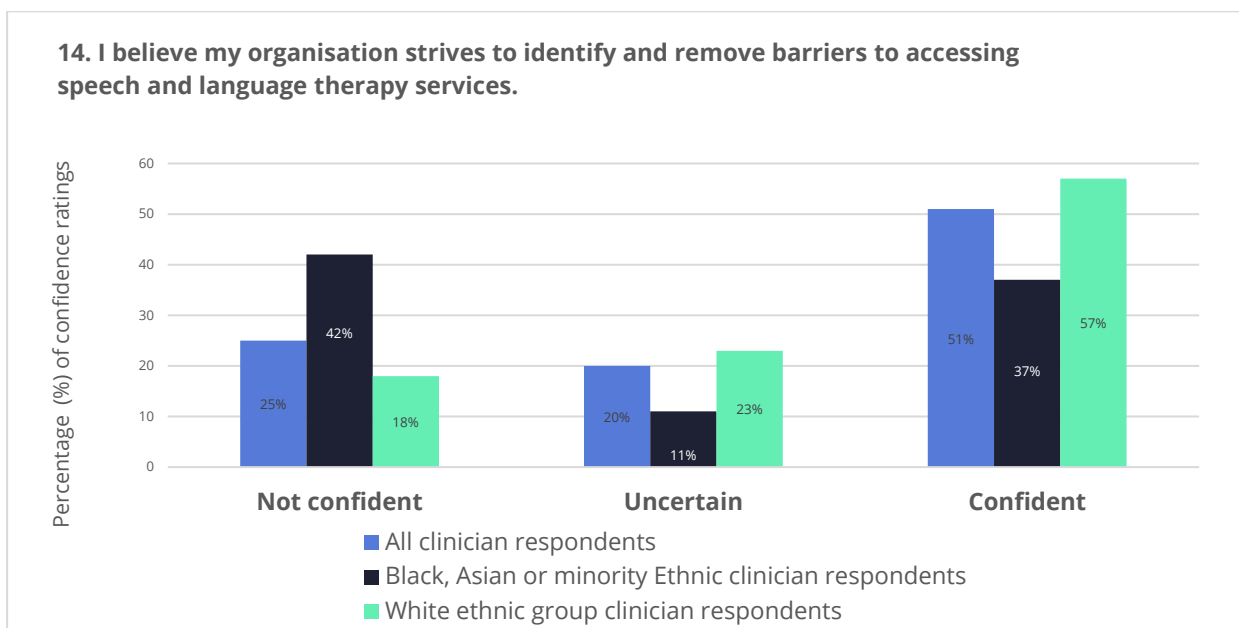


Figure 1. Bar chart showing confidence of SLT clinicians in the statement ‘I believe my organisation strives to identify and remove barriers to accessing speech and language therapy services’ from all respondents, Black, Asian and minority Ethnic respondents and white ethnic respondents.

Clinician confidence

Clinicians

Question 16: I feel confident conducting assessments in languages other than English.

38% (n=62) of all clinician respondents indicated that they were not confident (answered 0-4) conducting assessments in languages other than English. 34% (n=55) answered between 7-10 (confident) and 22% (n=35) answered 5-6 (uncertain). 6% (n=11) of all clinician respondents did not provide an answer.

Similarly, 37% (n=12) of Black, Asian and minority Ethnic clinician respondents and 39% (n=46) of white ethnic group respondents answered between 0-4 (not confident).

Question 17: I feel confident talking to service users and families to understand their language, culture and religion so that I can adapt my practice appropriately.

The majority of clinician respondents (59%, n=97) answered between 7-10 (confident), 26% (n=42) answered 5-6 (uncertain), and 14% (n=25) answered between 0-4 (not confident). 1% (n=1) of clinician respondents did not provide an answer. Of the Black, Asian and minority Ethnic clinician respondents, 42% (n=16) answered between 7-10 (confident) and 57% (n=67) of white ethnic group respondents also answered between 7-10 (confident).

Question 20: All in all, I'm confident I have the knowledge and skills to adapt my own clinical practice to meet the needs of diverse populations.

44% (n=71) of clinician respondents answered between 7-10 (confident), 41% (n=66) were uncertain (answered 5-6) and 15% (n=25) answered between 0-4 (not confident). 1% (n=1) of clinician respondents did not provide an answer.

47% (n=19) of Black, Asian and minority Ethnic clinician respondents rated their confidence at 5-6 (uncertain), while 44% (n=52) of white ethnic group respondents answered between 7-10 (confident).

Support for/experience of underrepresented SLTs/students

Students

Question 21: I believe there are strong structures and systems to support staff/students from underrepresented groups and SLTs/students know how to access this support.

45% (n=13) provided ratings between 0-4 (not confident), 28% (n=8) indicated that they were confident (ratings 7-10) and 24% (n=7) answered in the midpoint of the

scale (5-6=uncertain). 3.4% (n=1) of all student respondents did not provide a confidence rating for this question.

The majority of Black, Asian and minority Ethnic student respondents (75%, n=6) rated between 0-4 (not confident) for the same statement, whereas 36% (n=7) of white ethnic group student respondents indicated that they were confident (ratings 7-10). See Figure 2a.

Question 23: In my organisation/on my course, I believe SLTs/students from underrepresented groups have a positive experience.

45% (n=13) of student respondents answered between 5-6 indicating uncertainty that "SLTs/students from underrepresented groups have a positive experience". 41% (n=12) answered between 7-10 (confident) and 14% (n=4) indicated that they were not confident in the statement (ratings 0-4).

The majority of Black, Asian and minority Ethnic student respondents (75%, n=6) indicated that they were uncertain (ratings 5-6) about this statement. In contrast the majority of white ethnic group student respondents answered between 7-10, indicating that they were confident in the statement.

Question 24: All in all, I'm confident that SLTs/students from underrepresented groups are well supported in my organisation/on my course.

When asked to rate confidence in the statement above, 38% (n=11) of student respondents indicated that they were confident in the statement (ratings 7-10), 38% (n=11) were uncertain (ratings 5-6) and 24% (n=7) answered between 0-4, suggesting that they were not confident.

Of Black, Asian and minority Ethnic student respondents, 63% (n=5) provided confidence ratings between 5-6, suggesting uncertainty, whereas 53% (n=10) of white ethnic group student respondents indicated that they were confident (ratings 7-10).

Question 26: In my team/on my course and placements, I believe we value and celebrate different cultures, religions and languages to seek to address perceived racial biases.

41% (n=12) of student respondents indicated that they were confident (ratings 7-10) that on their course and placements different cultures, religions and languages are valued and celebration and that they seek to address perceived racial biases. 31% (n=9) were uncertain (ratings 5-6) and 24% (n=7) indicated that they were not confident in the statement (ratings 0-4). 3% (n=1) of all student respondents did not provide an answer.

38% (n=3) of Black, Asian and minority Ethnic student respondents gave a rating between 0-4 (not confident) and 38% (n=3) were uncertain (ratings 5-6). Of white ethnic group student respondents, the majority (53%, n=10) answered between 7-10 on the rating scale (confident).

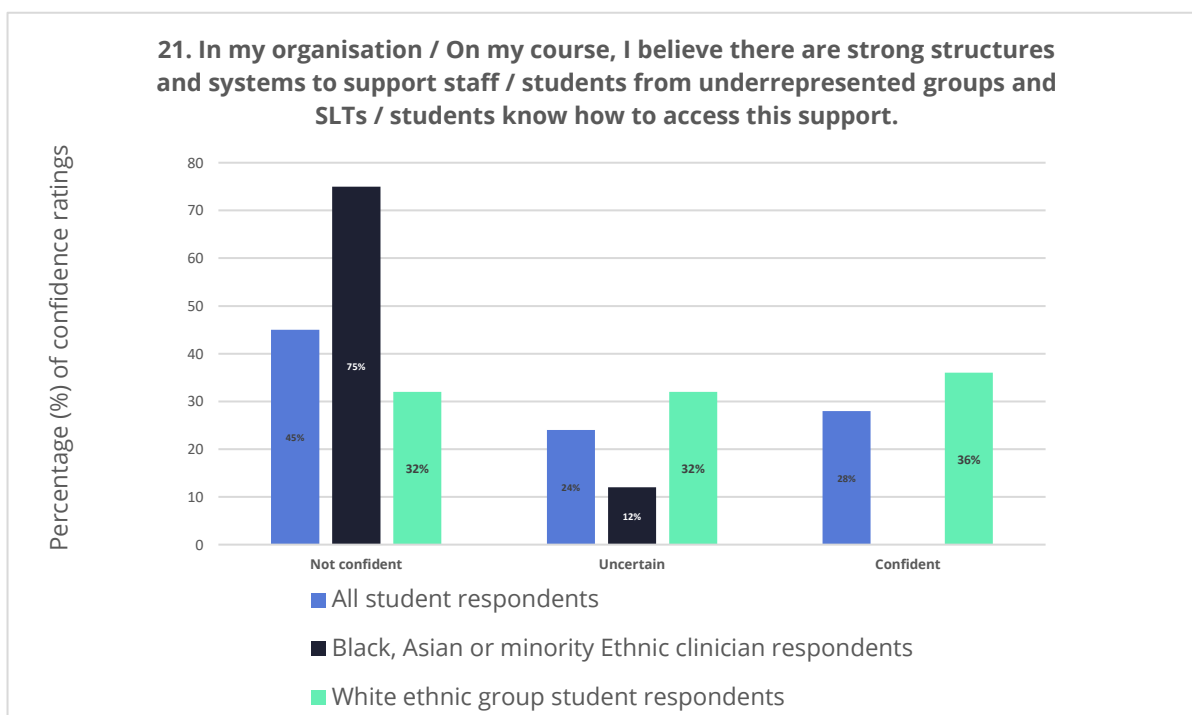
Clinicians

Question 21: I believe there are strong structures and systems to support staff/students from underrepresented groups and SLTs/students know how to access this support.

36% (n=59) of clinician respondents rated the statement between 0-4 (not confident). 33% (n=53) were uncertain (answered 5-6) and 27% (n=44) answered between 7-10 (confident). 4% (n=7) of all clinician respondents did not provide an answer.

Half of Black, Asian and minority Ethnic clinician respondents (50%, n=15) answered between 0-4 (not confident) and 36% (n=43) of white ethnic group respondents were uncertain (ratings 5-6). See Figure 2b.

2a. Student responses



2b. Clinician responses

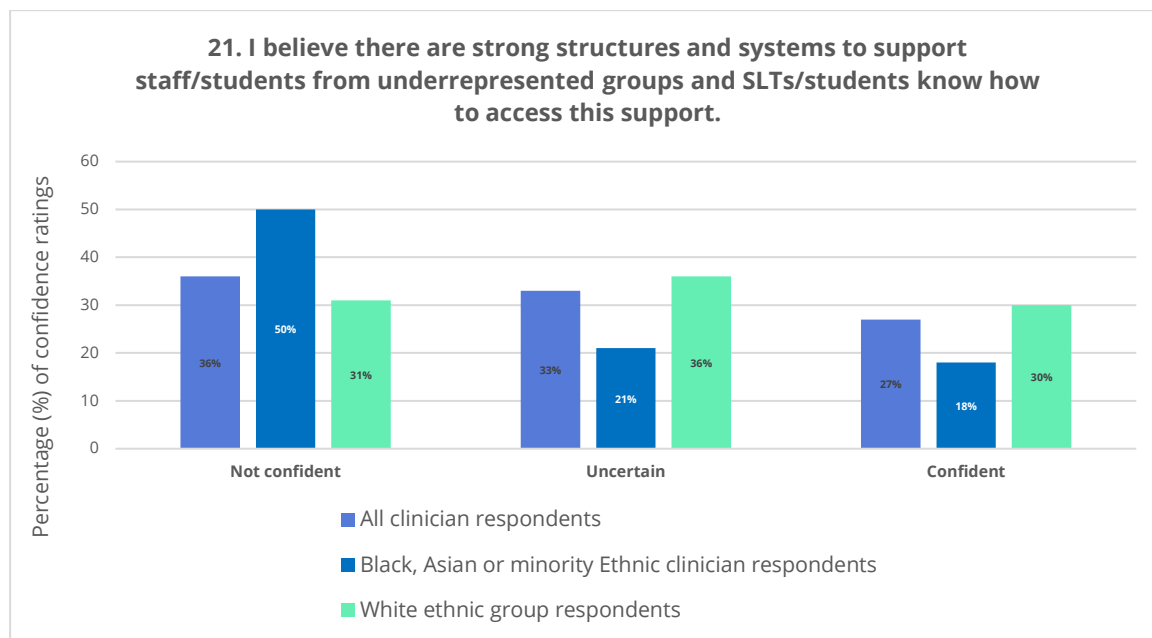


Figure 2 (a,b). Bar chart showing confidence of SLT students (a) and clinicians (b) in the statement 'In my organisation/on my course, I believe there are strong structures and systems to support staff/students from underrepresented groups and SLTs/students know how to access this support' from all respondents, Black, Asian and minority Ethnic respondents and white ethnic respondents.

Question 23: In my organisation/on my course, I believe SLTs/students from underrepresented groups have a positive experience.

When asked to rate their confidence in the statement "In my organisation, I believe SLTs from underrepresented groups have a positive experience", 41% (n=67) of clinician respondents answered between 7-10 (confident), 34% (n=56) were uncertain (rated 5 or 6) and 23% (n=37) answered between 0-4 (not confident). 2% (n=3) of clinician respondents did not provide an answer.

In contrast, 37% (n=17) of Black, Asian and minority Ethnic clinician respondents answered between 0-4 (not confident), while 47% (n=55) of white ethnic group clinician respondents answered between 7-10 (confident).

Question 24: All in all, I'm confident that SLTs/students from underrepresented groups are well supported in my organisation/on my course.

45% (n=74) of all respondents rated their confidence between 7-10 (confident) in the statement 'SLTs from underrepresented groups are well supported in their organisation'. 27% (n=44) were uncertain and 26% (n=43) responded between 0-4 on the confidence scale (not confident). 1% (n=2) of all clinician respondents did not provide an answer.

52% (n=61) of white ethnic group respondents answered between 7-10, indicating that they were confident in the statement. Results from the Black, Asian and minority Ethnic clinician respondents differed; however, in that 45% (n=17) of respondents answered between 0-4 (not confident).

Question 26: In my team/on my course and placements, I believe we value and celebrate different cultures, religions and languages to seek to address perceived racial biases.

The majority of clinician respondents (56%, n=91) were confident (rating between 7-10) that in their team they "value and celebrate different cultures, religions and languages and seek to address perceived racial biases". 23% (n=38) answered between 0-4 (not confident) and 17% (n=28) were uncertain. 4% (n=6) of clinician respondents did not provide an answer.

In contrast, the majority of Black, Asian and minority Ethnic clinician respondents (45% (n=17) answered between 0-4 (not confident), whilst 64% (n=76) of white ethnic group clinician respondents indicated that they were confident in the statement (ratings 7-10).

Research priorities

All respondents were asked to rate a list of 10 research areas by priority from 1-5 (1 = not at all a priority, 2 = not a priority, 3 = unsure, 4 = priority, 5 = urgent priority).

The research areas given as options to be rated were: Meeting the needs of a diverse speech and language therapy service user population; clinical management of bilingual service users; Racism/anti-racism in speech and language therapy; Black, Asian and minority Ethnic SLTs; cultural awareness/competence of SLTs; religion of SLTs; SLTs with disabilities; LGBTQIA+ SLTs; sex or gender in speech and language therapy; and, anti-racism, diversity and inclusion aspects in SLT training.

The full responses to research prioritisation for both clinicians and students can be found in the appendix.

Clinicians

Clinicians rated the following topics as the top five urgent priority research areas:

1. Anti-racism, diversity and inclusion aspects of training (56%, n=92)
2. Cultural awareness/competence of SLTs (50%, n=81)
3. Racism/anti-racism in SLT (45%, n=74)
4. Meeting the needs of diverse service user populations (41%, n=66).
5. Black, Asian and minority Ethnic SLTs (33%, n=53)

Students

Students rated the following topics as the top five priority research areas:

1. Racism/anti-racism in SLT (62%, n=18),
2. Anti-racism, diversity and inclusion aspects of training (55%, n = 16)
3. Cultural awareness/competence of SLTs (55%, n=16)
4. Black, Asian and minority Ethnic SLTs (28%, n=8)
5. LGBTQIA+ SLTs (28%, n=8)
6. Meeting the needs of service user populations (28%, n=8)

Survey respondents were also given the opportunity to suggest alternative and additional areas of research priority. These suggestions were categorised using content analysis methodology (Krippendorff, 2019) into six broad categories:

- Experiences of racism within SLT
- Perception and meeting the needs of culturally and linguistically diverse service user communities
- Bilingualism and multilingualism in clinical practice
- Experiences of socioeconomic status (SES) within SLT
- Experiences of disability within SLT
- Awareness and appropriate support for the LGBTQIA+ community

A further category, 'suggestions for action' was created to account for comments which did not answer the question of research priority setting (see appendix).

The majority of qualitative responses were categorised as racism/anti-racism, emphasising the need for research around **the workforce** in particular:

"Is SLT a monoculture and how can we change this?"

"How confident are organisations that they have heard the voices of black and Asian staff? How are they trying to increase representation?"

“What are the barriers to recruitment and retention of non-middle class white female SLTs?”

“A comparison study between Black, Asian and minority Ethnic and white SLTs/SLT students’ workload.”

Respondents also highlighted **experiences of racism** as an area of research requiring more attention. Some examples include:

“How to most appropriately support Black, Asian and minority Ethnic SLTs/SLT students who encounter microaggressions, racism and discrimination.”

“Exploration of feelings of imposter syndrome for Black, Asian and minority Ethnic SLTs/SLT students”

Service user experience was considered in the context of therapy in **culturally diverse communities**:

“How a particular therapy approach is perceived by different cultures and therefore how it affects the outcomes for the child.”

“How do service users perceive therapy delivered by a SLT from a different background from themselves? How can any problems identified be resolved?”

Questions on bilingualism and multilingualism were raised around **interpreter/translator service access , augmentative and alternate communication (AAC) users and therapy**:

“Is there a difference in access to interpreter/translator services in different areas of the UK?”

“Are we meeting the needs of bilingual AAC users and how can we influence companies to create alternative language packages for AAC devices?”

“Are common advice and therapy approaches Anglo-centric and how do they transfer to the languages service users actually use?”

Discussion

This is the first RCSLT member-wide survey on DEI in speech and language therapy and priority setting for the profession. Where much of the existing literature originates from the US and South Africa, this report will inform future research prioritisation and inform the profession of its current state of DEI in the UK.

Whilst the survey sample was small, the findings of the report do echo the themes which dominate existing literature elsewhere in the world: a disparity in perceptions of racial difference and racial privilege (Ebert, 2013), an absence of acknowledgement of racism and homogenisation of student experiences (Yu et al., 2022), all of which intersect at various points.

Crucially, the survey findings indicate a disparity in answers between white ethnic group respondents and Black, Asian and minority Ethnic respondents (for both students and clinicians) around the theme of support for/experience of underrepresented SLTs/students, with Black, Asian and minority Ethnic respondents overall, indicating less confidence in this area. These findings align with Ebert's survey (2013) which found that more than half of white US students of speech and language pathology (SLP) and audiology ascribed to views of racial equality, i.e., were unable to recognise or acknowledge differences in experience for their black, indigenous and people of colour (BIPOC) student peers. Ebert proposes that the perception, or lack thereof, of the experience of underrepresented groups highlights racial privilege and the need for increased awareness and understanding in issues unique to underrepresented students. Ebert (2013) goes on to describe how, "White individuals can ignore their own racial identities, as well as racial disparities, because of their membership in the racial majority." (p.60).

Research in the US has found that 64.5% of SLP students experienced microaggressions on their academic programme (Abdalaziz et al., 2021). This is an area of racism which is yet to be explored or properly understood in the context of SLT training programmes in the UK. Our survey did not specifically explore microaggressions, but given that the findings indicate a mixed picture regarding student's perception of support for and experiences of minoritised students, it may be a relevant factor. Further research is needed here to explore the reasons behind the disparity of perception/experience in the UK, as the structures in place are likely to differ from that of the US.

Survey findings have also highlighted SLTs' lack of confidence in the commitment of their employing organisations in the context of DEI. Some scholars (e.g. Meikle & Morris, 2022) have described the existence of a 'social responsibility' for both universities and employment organisations to advocate for and action social justice. Employers of SLTs may benefit from exploring strategies adopted in other professions and sectors to understand what success looks like in this respect.

Finally, RCSLT members have signalled crucial gaps in existing knowledge through the top three research priority areas identified through this work. This list of areas can be used for informing students, researchers, policymakers and key stakeholders of the direction and clinical relevance of future research.

Limitations

The scope of this survey and report was limited; however, so results should be interpreted with caution. The representation of the profession in the survey respondents was small (192 total respondents) and so it is difficult to generalise findings to the whole profession. However, respondents did represent a reasonable spread regarding region, university and level and time in the profession. Gender, sexuality and disability aligned with proportions reported in recent HCPC diversity data (2021) for clinicians and HESA student data (2020). There are some highly likely causes of bias in this project, as the survey was opt-in only, and was also associated with a non-compulsory training event on the topic of anti-racism. Thus, respondents were already likely to be engaged with these areas of interest which likely impacts the responses they gave. A more centralised survey of the profession would enable us to have greater confidence in the findings. The rating scales used were created for the purpose of this survey only and have not been tested for validity or reliability. Consideration should also be given to the possibility of acquiescence bias and social desirability bias, associated with the use of Likert scales (Taherdoost, 2019).

Finally, the analysis procedure did lack some rigour. Due to the nature of the methods, the quantitative analysis was limited to descriptive evaluation only. Therefore, it is not possible to use this to make any observations that refer to differences between groups in a statistically robust way. It does, however, offer some useful insights.

Conclusion

Despite some limitations, the findings indicate important successes and challenges for the profession and further signify the commitment of the RCSLT to foster change. Overall, the findings of the report present a relatively mixed picture of DEI in the profession. One clear theme is the disparity between perception/experience of Black, Asian and minority Ethnic SLTs/students versus their white ethnic group counterparts. Further research is needed as to why these differences in perception exist and whether the concepts and experiences of race and racism are fully understood, or even acknowledged by white ethnic group students and SLTs.

The speech and language therapy profession stands at a crucial point in its history, one where there is opportunity to decolonise thought and practice, begin to extricate coloniality from the profession (Pillay & Kathard, 2021) and move towards providing an equitable and socially inclusive experience (Abrahams et al., 2022) for minoritised service users, students and clinicians. The findings from the survey have the potential to play a critical role in this opportunity and make a difference to the profession.

Next steps and works in progress

Based on the findings from the survey and as outlined in the report, the RCSLT are making **six calls to action**. These are by no means complete solutions to the issues addressed in

the report and represent starting points for work to be carried out by a range of stakeholders.

Progress towards these calls for action has been made since the original undertaking of the survey, thus we also provide a brief comment on the areas where RCSLT has current work ongoing in the area.

1. The profession needs to have greater resources, training and research related to anti-racism and awareness of DEI issues in the speech and language therapy profession

Resources, training, and research should focus on:

- Supporting white ethnic group students/SLTs in understanding and recognising privilege/difference in experience, for example, through:
 -
 - Calling for employers, including the NHS, to implement mandatory training, involving anti-racist literature/resources – and be held to account for this
 - Emphasis and encouragement to engage in self-learning using anti-racist literature
 - Encouraging the development of DEI/anti-racism groups at all SLT universities, including through SLT societies
- Supporting Black, Asian and minority Ethnic students and SLTs experiences, including greater research in these areas

What has the RCSLT been doing?

- Providing open-access learning resources for all members to learn from and revisit at any time, which includes modules on what is anti-racism, recognising privilege and having 'difficult conversations' in the workplace.
- Supporting members of the anti-racism reference group to cascade this training package locally, as well as developing a train-the-trainer approach to support more local dissemination and a robust evaluation.
- Working with HEIs to support and share best practice in the student experience, admissions and the curriculum, including research,
- Publishing a [statement of commitment to supporting equality, diversity and inclusion in speech and language therapy pre-registration degrees](#), with universities
- Working closely with the Council of Deans for Health who are producing best-practice guides to support student experience, recruitment and retention in relation to DEI.

2. The profession needs greater resources and training related to how SLTs and

organisations can identify unmet needs of those with speech, language, communication and swallowing difficulties, and work towards removing barriers to service access.

Resources and training could involve:

- Sharing of best practice examples
- Idea sharing forum/group between regional hubs
- Systematic, robust service evaluation and data gathering

There should be a specific focus on how to conduct bi/multilingual assessment and delivery therapy in HEIs and once qualified, for example, through:

- Sharing of best practice examples
- Training delivered and supported via clinical excellence networks
- Recognition (formal and financial) for SLTs using their multilingual skills during assessment/therapy

What has the RCSLT been doing?

- Developing our suite of resources around addressing health inequalities, including guidance, an audit tool and case studies, which have also been the focus of a RCSLT podcast and recent webinar.
- Creating additional resources and tools to support members to use local and service data to undertake needs-assessments and monitor health inequalities.
- Piloting the implementation of additional data fields in the RCSLT Online Outcome Tool (ROOT) including those related to ethnicity, language and social deprivation to support centralised and systematic data gathering.
- Working with CEN chairs and HEI tutors to develop ways of sharing best-practice and learning across pre- and post-registration training.
- Providing open-access learning resources on bilingualism for all SLTs.

3. Organisations, including HEIs, need to implement informed and innovative strategies to support diversification of the workforce

This should involve a focus on:

- Outreach to local communities to encourage studying speech and language therapy in underrepresented groups, which may involve consideration of:
 - Organisations developing incentives for staff to undertake outreach work
 - Marketing push aligned with University and Colleges Admission Service applications and post-16 deadlines

- Employing SLT/Student SLTs to attend careers fairs
- Employing minoritised SLTs to perform outreach projects in local communities
- Improve understanding and awareness of DEI in the workforce, through, for example:
 - Consultation with minoritised SLTs/students around recruitment/retention issues and implement appropriate changes and support
 - Prioritisation of improving awareness/knowledge of difference in racial experience throughout teams
 - Use of a 'critical friend' to provide feedback on DEI policies and practices
 - Learning from other professions who have diversified their workforce

What has the RCSLT been doing?

- Redesigning and improving our SLT careers pages, which include resources, case studies and stories that SLTs and student SLTs can use to raise awareness of the profession and promote it as a career option. The careers pages received over 60,000 views in 2021.
- Ongoing social media promotion of the profession at key dates in the recruitment cycle and organising a Tik Tok competition for students and societies and continued "Faces of SLT" promotion on Instagram.
- Presence at virtual careers fairs over the COVID-19 pandemic.
- Creating a brand new pocket-sized, eco-friendly careers booklet which members can take to promotional events.
- Liaising with HEIs regarding individual universities' consultation with and learning from minoritised students about their recruitment and university experiences.
- Through our work with the Council of Deans for Health, we are listening to the experiences of other health professions and look forward to learning from case studies of best practice in recruiting a diverse workforce.

4. Organisations, including HEIs, need to provide specific support for students and clinicians from currently under-represented groups

This should involve activities, which may include:

- Enhance support for SLTs from currently under-represented groups, including:
 - Provision of shadowing opportunities for minoritised student SLTs
 - Targeted support for minoritised SLTs
 - Structured supervision system utilizing CEN leaders and DEI groups/advocates within the profession (provides confidentiality, diversity and support)

- HEI staff training on issues of DEI should be implemented, so staff are better equipped to recognise the Black, Asian and minority Ethnic student SLT experience and provide appropriate support. This could be, for example, through:
 - Regular, mandatory training/CPD specific to student experience and DEI in SLT
 - DEI workshops with students where there is no hierarchical structure in place – students and staff are learning and reflecting together, on equal terms
 - Student-staff forums
 - Use of student DEI reps to act as link between staff and student cohorts

What has the RCSLT been doing?

- Providing funding for leadership opportunities for SLTs from underrepresented groups, and other opportunities promoted at the student level, for practitioners and for researchers.
- Updating and disseminating our member guidance on raising concerns about racism to the profession (including as a student).
- Through our work with the Council of Deans for Health, we are listening to the experiences of other health professions and look forward to learning from case studies of best practice in support a positive student experience.
- RCSLT has published a resource to support SLTs with disabilities in the workplace, including students on placement.

5. HEIs need to make changes to their curriculums, and teaching and learning practices, to increase the awareness of and focus on DEI issues pertaining to clinical practice, knowledge of which should be reflected in the qualified workforce

This should involve a focus on:

- Increasing the focus on DEI in curriculums, for example, through:
 - Creating mandatory modules
 - Interweaving DEI content throughout curriculum
 - Diversify the staff (representation) and pedagogy across curriculum
- Increased emphasis on bi/multilingual assessment/therapy in curriculums, for example by offering:
 - Mandatory modules and content interwoven elsewhere throughout the curriculum
 - Specific workshops/clinics within curriculum
 - Identifying best practice placements

- External lectures/workshops from practising SLTs identified as best practice examples

What has the RCSLT been doing?

- With HEIs, creating a 'thinking framework' to support module leads to fully consider integration and representation of protected characteristics in relation to teaching and learning materials and goals.
- Adapting our health inequalities audit tool for use by HEIs to consider in their curriculums and clinical placements.
- Facilitating discussions and research between UK HEI leads and international colleagues exploring decolonising the curriculum.
- Supporting a review of the literature exploring evidence-based methods of developing cultural competence in health professionals.
- Exchanging regular updates across HEI leads on their progress in this area, providing a platform for shared learning and best practice.

6. Researchers need to recognise and address the critical gaps in research so we can learn about the best ways to create change.

This should focus especially on:

- The Black, Asian and minority Ethnic student/SLT experience
- Differences in perceptual differences of experience between minoritised and white ethnic group students/SLTs
- White privilege and its impact on SLT as a profession
- How to diversify the workforce and improve representation within SLT

What has the RCSLT been doing?

- Prioritising the support given to recruitment or dissemination of research pertaining to DEI in the profession from the RCSLT Research Team.
- Publishing bi-monthly 'inclusive practice journals' updates which highlight current research in the areas and associated gaps.
- Collaborating on a literature review that explores minoritised SLTs perceptions about the profession and their experiences.
- Liaising with research funders and influencing funding streams to commission research in priority areas.

References

NHS Race and Health Observatory (2022) The power of language: a consultation report on the use of collective terminology at the NHS Race & Health Observatory. http://www.nhsrho.org/wp-content/uploads/2021/11/NHS_RaceHealthObservatory_Terminology-consultation-report-NOV-21-1.pdf

Abdelaziz, M.M., Matthews, J.J., Campos, I., Fannin, D.K., Rivera Perez, J.F., Wilhite, M., & Williams, R.M. (2021). Student stories: microaggressions in communication sciences and disorders. *American Journal of Speech-Language Pathology*, 30(5), 1990-2002. https://doi.org/10.1044/2021_AJSLP-21-00030

Abrahams, K., Mallick, R., Hohlfield, A., Suliaman, T., & Kathard, H. (2022). Emerging professional practices focusing on reducing inequity in speech-language therapy and audiology: a scoping review protocol. *Systematic Reviews Journal*, 74. <https://doi.org/10.1186/s13643-022-01953-0>

Akala. (2018). *Natives: Race and Class in the Ruins of Empire*. John Murray Press.

Black Lives Matter (BLM). (n.d). <https://blacklivesmatter.com/about/>

Commission on Race and Ethnic Disparities. (2021). Commission on Race and Ethnic Disparities: the report. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974507/20210331_-_CRED_Report_-_FINAL_-_Web_Accessible.pdf [Accessed 23 August 2022].

Cortzazzi, M., & Jin, L. (2004). Reflection on speech-language therapists' talk: implications for clinical practice and education: Commentary. *International Journal of Language and Communication Disorders*, 39(4), 477-480.

Crenshaw, K. (2017). *On Intersectionality: Essential Writings*. New York Press.

Cushing, I. (2022). Word rich or word poor? Deficit discourses, raciolinguistic ideologies and the resurgence of the 'word gap' in England's education policy. *Critical Inquiry in Language Studies*, 1-27. <https://doi.org/10.1080/15427587.2022.2102014>

De Lamo White, C., & Jin, L. (2011). Evaluation of speech and language assessment approaches with bilingual children. *International Journal of Language and Communication Disorders*, 46(6), 613-627. <https://doi.org/10.1111/j.1460-6984.2011.00049.x>

Dray, S. (2021). Black Lives Matter: New race inequalities commission and a London statue review. House of Lords Library. Available from: <https://lordslibrary.parliament.uk/black-lives->

[matter-new-race-inequalities-commission-and-a-london-statue-review/](#) [Accessed 30 August 2022]

Ebert, K. D. (2013). Perception of racial privilege in prospective Speech-Language Pathologists and Audiologists. *Perspectives on Communication Disorders and Sciences in Culturally and Linguistically Diverse (CLD) Populations*, 20(2), 60-71. <https://doi.org/10.1044/cds20.2.60>

Eddo-Lodge, R. (2018). *Why I'm No Longer Talking to White People about Race*. Bloomsbury Publishing.

Green, T. L., Singh, P., & King-Shier, K. (2019). The impact of ethnic/racial status on access to care and outcomes after stroke: A narrative systematic review. *A Journal of Vascular Nursing*, 37(3), 199-212. <https://doi.org/10.1016/j.jvn.2019.07.002>

Health & Care Professions Council (HCPC). (2021). Diversity Data Report 2021. Available from: <https://www.hcpc-uk.org/globalassets/resources/reports/hcpc-diversity-data-report-2021.pdf?v=637689354700000000> [Accessed 15 July 2022]

Higher Education Statistics Agency (HESA) Limited. (2021). Available from: <https://www.rcslt.org/members/speech-and-language-therapy/careers-promotion-and-diversity/careers-fast-facts/#section-1> [Accessed 15 July 2022]

Higher Education Statistics Agency (HESA). (2022). Higher Education Student Statistics 2020/21. Available from: <https://www.hesa.ac.uk/data-and-analysis/students/whos-in-he> [Accessed 15 July 2022]

Hui, A., Latif, A., Hinsliff-Smith, K and Chen, T. (2020). Exploring the impacts of organisational structure, policy and practice on the health inequalities of marginalised communities: Illustrative cases from the UK healthcare system. *Health Policy*, 124(3), 298-301. <https://doi.org/10.1016/j.healthpol.2020.01.003>

Hyter, Y.D. (2021). The power of words: A preliminary critical analysis of concepts used in speech, language, and hearing sciences. In R. Horton (Ed.), *Critical Perspectives on Social Justice in Speech-Language Pathology* (pp. 60–83). IGI Global.

Hyter, Y.D. 2022. Engaging in culturally responsive and globally sustainable practices. *International Journal of Speech-Language Pathology*, 24(3), 239-247. <https://doi.org/10.1080/17549507.2022.2070280>

Independent Office for Police Conduct (IOPC). (2022). Operation Hotton: Learning report. Available from: <https://www.policeconduct.gov.uk/sites/default/files/Operation%20Hotton%20Learning%20report%20-%20January%202022.pdf> [Accessed 18 August 2022]

- Institute of Medicine (US) Committee on Institutional and Policy-Level Strategies for Increasing the Diversity of the U.S. Healthcare Workforce, Smedley, B. D., Stith Butler, A., & Bristow, L. R. (Eds.). (2004). *In the Nation's Compelling Interest: Ensuring Diversity in the Health-Care Workforce*. National Academies Press (US).
- Jones, O. (2011). *Chavs: Demonization of the Working Class*. Verso.
- Joseph-Salisbury, R., Connelly, L., & Wangari-Jones, P. (2020). "The UK is not innocent": Black Lives Matter, policing and abolition in the UK. *Equality, Diversity and Inclusion: An International Journal*. <https://dx.doi.org/10.1108/EDI-06-2020-0170>
- Myers, K. (2009). Immigrants and ethnic minorities in the history of education, *Paedagogica Historica*, 45(6), 801-816, <https://doi.org/10.1080/00309230903335710>
- Krippendorff, K. (2019). Introduction. In *Content analysis* (pp. 1-8). SAGE Publications, Inc., <https://dx.doi.org/10.4135/9781071878781.n1>
- Langdon, H. W., & Wiig, E. H. (2009). Multicultural issues in test interpretation. *Seminars in Speech and Language*, 30, 261–278. <https://doi.org/10.1055/s-0029-1241724>
- Learning Disabilities Mortality Review (LeDeR) Programme (2020) Annual Report 2020.[Online] Available from: <https://www.england.nhs.uk/wp-content/uploads/2021/06/LeDeR-bristol-annual-report-2020.pdf> [Accessed 23 August 2022]
- Liu, D., Burston, B., Stewart, S.C., & Mulligan, H.H. (2021). *Isms in Health Care Human Resources: A Concise Guide to Workplace Diversity, Equity, and Inclusion*. Jones & Bartlett Learning.
- Lorde, A. (2007). 'Learning from the 60s', in *Sister Outsider: Essays and Speeches* by Audre Lorde. Crossing Press.
- Meikle, P. A., & Morris, L. R. (2022). University social responsibility: challenging systemic racism in the aftermath of George Floyd's murder. *Administrative Sciences* 12(36). <https://doi.org/10.3390/admsci12010036>
- Mennen, I., & Stansfield, J. (2006). Speech and language therapy services to multilingual children in Scotland and England: A comparison of three cities. *Journal of Multilingual Communication Disorders*, 4(1), 23 – 44. <https://doi.org/10.1080/14769670500272689>
- Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK). 2021. *Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19*. Available from: https://www.npeu.ox.ac.uk/assets/downloads/mbrpace-uk/reports/maternal-report-2021/MBRRACE-UK_Maternal_Report_2021_FINAL_WEB_VERSION.pdf [Accessed 18 August 2022]

Office for National Statistics (ONS). 2012. Ethnicity and National Identity in England and Wales. Available from:

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/ethnicityandnationalidentityinenglandandwales/2012-12-11> [Accessed 18 August 2022]

Olutende, M. O., Mse, E., Wanzala, M.N. and Wamukoya, E. K. (2021) The Influence of socio-economic deprivation on multi-morbidity: a systematic review. *European Journal of Physical Education and Sport Science*, 6(12). <https://doi.org/10.46827/ejpe.v6i12.3656>

Pillay, M., & Kathard, H. (2018). Renewing our cultural borderlands: Equitable population innovations for communication (EPIC). *Topics in Language Disorders*, 38, 143–160. <https://doi.org/10.1097/TLD.0000000000000151>

Public Health England (PHE). (2020). Disparities in the risks and outcomes of Covid-19. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf [Accessed 18 August 2022]

Quijano, A. (2000). Coloniality of power and Eurocentrism in Latin America. *International sociology*, 15(2), 215-232. <https://doi.org/10.1177/0268580900015002005>

Rosa, J., & Flores, N. (2017). Unsettling race and language: Toward a raciolinguistic perspective. *Language in Society*, 46(5), 621-647. <https://doi.org/10.1017/S0047404517000562>

Royal College of Speech and Language Therapists (RCSLT). (2020). Black Lives Matters: a statement. Available from: <https://www.rcslt.org/news/black-lives-matter-a-statement/> [Accessed 5 July 2022].

Royal College of Speech and Language Therapists (RCSLT). (2021). Guidance: Addressing health inequalities: the role of speech and language therapy. RCSLT.

Royal College of Speech and Language Therapists (RCSLT). (2022). The RCSLT strategic vision: 2022-2027. Available from: <https://www.rcslt.org/wp-content/uploads/2022/03/RCSLT-Strategic-Vision-2022-2027.pdf> [Accessed 10 July 2022]

Taherdoost, H. (2019). What is the best response scale for survey and questionnaire design; review of different lengths of rating scale / attitude scale / likert. *International Journal of Academic Research in Management*, 8(1), 1-10, Available at SSRN: <https://ssrn.com/abstract=3588604>

Taylor, S.L., & Lurie, N. (2004). The role of culturally competent communication in reducing ethnic and racial healthcare disparities. *The American Journal of Managed Care*, 10(1), 1-4. Available from: <https://www.ajmc.com/view/sep04-1875psp001-sp00> [Accessed 23 August]

The King's Fund (2021) The health of people from ethnic minority groups in England.[Online] Available from: <https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england> [Accessed 23 August 2022]

United Nations (UN). (2021). UN Experts Condemn UK Commission on Race and Ethnic Disparities Report. Available from: <https://www.ohchr.org/en/press-releases/2021/04/un-experts-condemn-uk-commission-race-and-ethnic-disparities-report> [Accessed 30 August 2022]

Wallace, D. 2019. "The Racial Politics of Cultural Capital: Perspectives from Black Middle-Class Pupils and Parents in a London Comprehensive.". *Cultural Sociology*, 13(2), 159–177. <https://doi.org/10.1177/1749975519839521>

Wallace, D., & Joseph-Salisbury, R. (2022). How, still, is the Black Caribbean child made educationally subnormal in the English school system? *Ethnic and Racial Studies*, 45(8), 1426-1452, <https://doi.org/10.1080/01419870.2021.1981969>

Wilbur, K., Synder, C., Essary, A.C., Reddy, S., Will, K. K., & Saxon, M. (2020). Developing Workforce Diversity in the Health Professions: A Social Justice Perspective. *Health Professions Education*, 6(2), 222-229. <https://doi.org/10.1016/j.hpe.2020.01.002>.

Williams, P. 1965. "The Ascertainment of Educationally Subnormal Children.". Department of Education Swansea. Available from: <https://doi.org/10.1080/0013188650070205> [Accessed 23 August]

Winter, K. (2001). Numbers of bilingual children in speech and language therapy: Theory and practice of measuring their representation. *International Journal of Bilingualism*, 5(4), 465–495. <https://doi.org/10.1177/13670069010050040401>

World Health Organization (WHO). (2018). Health Inequities and their Causes. <https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>

Yu, B., Horton, R., Munson, B., Newkirk-Turner, B. L., Johnson, V. E., Khamis-Dakwar, R., Muñoz, M. L. & Hyter, Y. D. (2022). Making Race Visible in the Speech, Language, and Hearing Sciences: A Critical Discourse Analysis. *American Journal of Speech-Language Pathology*, 31(2), p578-600. https://doi.org/10.1044/2021_AJSLP-20-00384

Zeeman, L., Sherriff, N., Brownse, K., McGlynn, N., Mirandola, M. et al. (2019). A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. *European Journal of Public Health*, 29(5), 974-980. <https://doi.org/10.1093/eurpub/cky226>

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK. As well as providing leadership and setting professional standards, the RCSLT facilitates and promotes research into the field of speech and language therapy, promotes better education and training of speech and language therapists, and provides its members and the public with information about speech and language therapy.

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