Health, Social Care and Sport Committee

RCSLT response to Inquiry on Health Inequalities, March 2022

10. What actions would you prioritise to transform the structural inequalities that are the underlying cause of health inequalities?

As with any transformation services should start by understanding the population we are serving. As a professional body, the Royal College of Speech and Language Therapists, supports our members to identify inequalities in their local population as the first step in addressing health inequalities. Thus, a **priority action** would be for services to gather intelligence on their local populations and structures. This might include understanding demographic information such as ethnicity, languages spoken, etc. But also, information about deprivation, access to transport, access to the internet, homelessness rate and so on is also vital. This would help inform what transformations are needed to existing structures.

See question 14 for other key actions.

11. What has been the impact of the pandemic both on health inequalities themselves and on action to address health inequalities in Scotland? Please note, the Committee is interested in hearing about both positive and negative impacts.

Our members report that following the pandemic, people of all ages are presenting with significant health inequalities such as more complex needs and in far greater numbers with co-occurring mental health difficulties. Limited social interaction, changes to job roles/education, social structures and a widening digital divide have in many cases led to social isolation and reduced confidence to maintain relationships with others. There are however a number of groups that are disproportionately affected by health inequalities and poor mental health. As a general point, wherever there are inequities and discrimination, there is a greater propensity towards mental ill health. Increasingly, research is evidencing the differential outcomes experienced by under-served groups:

- Those living in socio-economically disadvantaged areas may be more likely than those living in affluent areas to experience multiple health problems in adulthood (multi-morbidity) though the causal factors require examination (Olutende et al, 2021).
- Black and ethnic minority patients experience differential (often poorer) outcomes in healthcare, and people from ethnic minority groups are more likely to report being in poorer health than white counterparts.
- People who are LGBTQ+ are more likely to experience health inequalities, caused by societal norms that prioritise heterosexuality as well as outright discrimination and stigma (Zeeman et al, 2018).

Evidence suggests that there is a strong correlation between speech, language and communication difficulties and other risk factors for health, such as poverty. These challenges have been exacerbated by the pandemic. Research shows that there is a strong correlation between poverty and delayed language. By which we mean, those children whose language skills are developing significantly more slowly than those of other children of the same age but who do not have a specific disorder. Studies of whole populations reveal a clear social gradient for language development, with children from the most disadvantaged groups more likely to have weaker language skills than those in more advantaged groups. It is estimated that **over 50% of children in socially deprived areas may start school with impoverished speech, language and communication skills** (Locke et al, 2002)**.**

Vocabulary at age five has been found to be the best predictor (from a range of measures at ages five and ten) of whether children who experienced social deprivation in childhood were able to 'buck the trend' and escape poverty in later adult life. Researchers have found that, after controlling for a range of other factors that might have played a part (mother's educational level, overcrowding, low birth weight, parent a poor reader, etc.), **children who had normal non-verbal skills but a poor vocabulary at age five were, at age 34, one and a half times more likely to be poor readers or have mental health problems and more than twice as likely to be unemployed as children who had normally developing language at age five** (Law et al, 2010).

Education staff are noticing a significant increase in the numbers of children presenting with poor spoken language skills following the pandemic. <u>Speaking Up for the Covid Generation</u> (iCan, 2021) asked primary and secondary school teachers across England, **Scotland,** and Wales about the impact Covid 19 has had on their pupils' speaking and understanding. The findings show that the majority of teachers are worried about children being able to catch up with their speaking and understanding.

- 67% of primary school teachers surveyed believe the children they teach are behind with their speaking and/or understanding due to Covid-19.
- 63% of primary and secondary teachers surveyed believe that children who are moving to secondary school will struggle more with their speaking and understanding, in comparison to those who started secondary school before the Coronavirus pandemic.

This breaks down to:
- 62% of primary school teachers surveyed who have pupils who are behind with their speaking or understanding were worried that these pupils will not be able to catch up.
- 60% of secondary school teachers surveyed who have pupils who are behind with their speaking or understanding were worried that these pupils will not be able to catch up.

Teachers were asked to estimate the number of children they were concerned about – and in aggregate - this equated to 1.5 million children across England, Scotland and Wales. Among teachers who have pupils who are behind with their speaking or understanding, not being able to talk face-to-face with their friends (70%) and the overuse of tablets/phones and computers (69%) were the two biggest reasons that teachers believed their pupils were behind.

If Scotland is to address health inequalities, it is imperative that we get it right first-time round for children and young people. Communication needs are widespread, and the hidden nature of this disability means that its significance is rarely acknowledged. Spoken language skills are critical for children's learning, wellbeing and health. The research demonstrates that with the right support that it is one area of development that is most amenable to change.

The pandemic has exacerbated an already very challenging situation. There are an estimated 275,000 Children and Young People in Scotland with communication needs. Speech and Language Therapy services radically transformed during the pandemic, demonstrating creativity and innovation in providing online and remote interventions but also in improving their preventative and universal offer. Services recognised that children living in poverty would find it particularly challenging to fully access some of the remote offers and therefore worked closely with education to get access to the most vulnerable families as soon as possible. Many education services understood the importance of this approach and classified Speech and Language Therapists as core to their provision. They allowed early access to educational establishments to collaborate and address the needs of these families.

12. Can you tell us about any local, regional, or national initiatives throughout the pandemic, or prior to it, that have helped to alleviate health inequalities or address the needs of hard-to-reach groups? How can we sustain and embed such examples of good practice for the future?

Speech and Language Therapists across Scotland have aimed to change the narrative from 'hard to reach populations' to 'hard to access services'. This puts the onus on services to co-design and change their offer based on the needs of the population. This requires a radical shift in the traditional view of 'what good looks like' away from a medical, clinic-based service where families living in poverty and significant stress simply cannot access support.

We have excellent examples of services in Scotland that have transformed their service model to alleviate health inequalities. They stopped to listen to the population, including people living in poverty, and asked the question, 'what do children with communication needs require in order to be SHANARRI?' This led to a powerful integrated plan between health and the local authorities where Speech and Language Therapy services positioned themselves closer to the population i.e., within nurseries and schools to ensure that families living in poverty had a high quality, accessible service. The service also moved away from discharging people due to non-attendance because of the disproportionate negative impact this policy has on families living in poverty.

This shift in practice not only ensured improved access to essential services, but the approaches developed in partnership with Education addressed health inequalities by closing the spoken language and attainment gap. Upwards of 50% of children in areas of deprivation start primary school without adequate spoken language skills for learning. This in turn leads to significant health inequalities leading to poor attainment, wellbeing, and future life chances. By using evidence-based approaches to improve spoken language, speech and language therapists are demonstrating their critical role in addressing health inequalities.

We will only be able to sustain this type of good practice if funding for services is protected. Due to the complexity of the funding streams for Speech and Language Therapy they are under threat of significant cuts on a yearly basis. The demand for Speech and Language Therapy services has increased significantly however, the supply of Speech and Language Therapists in Scotland is low. England has increased the number of student places by 57% in the last five years and Scotland's student places for Speech and Language Therapy has decreased by 5% in the last five years.

RCSLT has developed a health inequalities self-audit tool to support services to provide personalised and equitable care to all service users who require it thus understanding each individual's preferred language, culture, religion, family setup, attitudes toward their health status, beliefs on approaches to play, language or rehabilitation is imperative. Having well-planned, accessible, equitable, and appropriate care pathways, resources, assessment materials and workforce are all essential to mitigating health inequalities.
https://www.rcslt.org/learning/diversity-inclusion-and-anti-racism/addressing-health-inequalities/health-inequalities-self-audit-tool/
This serves as an instrument to guide practitioners to address the needs of potentially underserved groups.
Case studies about how this audit tool has been used can be found below.
https://www.rcslt.org/learning/diversity-inclusion-and-anti-racism/addressing-health-inequalities/health-inequalities-case-studies/

14. What should the Scottish Government and/or other decision-makers be focusing on in terms of tackling health inequalities? What actions should be treated as the most urgent priorities?

Access to services
A radical shift in how health services are delivered is required if we are to tackle health inequalities. The challenges we face post pandemic cannot be solved through a traditional refer, assess, treat model. Families living in poverty and other under-served groups need to be heard and understood so we can transform services to meet their needs. Scotland needs to move to a position where the system is serving the population and demonstrating that we understand the fundamental challenges of poverty. The intergenerational cycle of poverty will only be interrupted when we allow the public service to truly focus on prevention and early intervention.

Measurement
The system in Scotland should move away from unhelpful measures of 'input' and shift to measuring 'impact' and 'outcomes.' Counting numbers of people and waiting times are of minimal benefit to the population. In fact, there is evidence to suggest that what we measure drives unhelpful change and indeed stifles transformation. When there is so much pressure on the system to meet waiting times then staff are forced to serve the system rather than the population.

Integrated whole systems based on need
We will only be able to engage with the complexity of need in Scotland if we truly engage with integrated whole systems change. Integrated services should tailor their approach based on the needs of the population they serve. This involves spending time understanding the needs of their local population. They should move away from a purely specialist/individual approach to service delivery to a situation where they can provide an effective universal, targeted and individualised offer.

Funding and supply of Speech and Language Therapists
The pandemic has driven a significant increase in the level of need and demand for Speech and Language Therapy services. Waiting times are unsustainable. This challenge is coupled with the fact that currently 79% of services are sitting with significant vacancies and over 90% of services report that recruitment has become more challenging or much more challenging over the last three years. In order to address health inequalities, the long-term funding of Speech and Language Therapy and the supply of new Speech and Language Therapists should be addressed.

Training and Development for staff
It is critical to improve undergraduate and post graduate training to ensure a broad understanding of health inequalities. This would support the workforce to understand health status, wider determinants of health, the impact of poverty, cross cultural differences and the importance of a public health approach to improving outcomes for the population of Scotland.

Build upon best practice
The Scottish Government and other decision makers should focus on building upon and spreading internationally recognised bits of work that contain approaches on how to identify and address health inequalities, such as the Equity for All work (Gascoigne, 2021).

The Equity for All report commissioned by the Scottish Government (Gascoigne, 2021) and published by Better Communication, is a sector leading piece of work that demonstrates how to measure and address health inequalities. It is unique in that it is the first time that a country has been able to map prediction speech, language and communication needs and related health inequalities. The report is underpinned by a comprehensive national dataset that considers population, demographic and predicted speech, language and communication needs of children and young people and

triangulates these with the current speech and language therapy service offer both in terms of demand but also models of provision.

The work highlights very significant health inequalities within the system. For example, the areas of highest predicted need in Scotland have the lowest level of resource to meet that need. Also, there was significant inconsistency of offer and variation in equity of reach into populations as evidenced by caseload and referral data.

The report outlines key areas that need to be addressed in order to deliver transformation in Scotland. These include:

Theme 1 – Focus on achieving equity of outcome rather than equality of input;

Theme 2 – Measure what we value – systems that value impact measures over measures of input;

Theme 3 – Integrating systems across health, education and social care to maximise impact;

Theme 4 – Ensuring a workforce that is fit for purpose – flexible skills and competences.

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