

# Department of Health

## Budget 23/24

### Equality Impact Assessment

**11 August 2023**

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists (SLTs), students and support workers working in the UK. The RCSLT has over 19,000 members (around 800 in Northern Ireland), including nearly 95% of the speech and language therapists working in the UK. We promote excellence in practice and influence health, education, employment, social care and justice policies.

Thank you for this opportunity to respond to the Equality Impact Assessment for the health budget. The following comments and questions are based on the available documentation and in consultation with our members.

Should you have any questions please contact the RCSLT.

Thank you,



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### **Introduction**

In the section entitled 'Resource Budget', point 3 mentions the 2020 New Decade, New Approach document which promised 900 nursing and midwifery student places and how these places have now been cut. However, there is no mention of the allied health professionals (AHP) workforce. In 2022, Minister Swann announced a small uplift in many of the AHP training courses at UU. Speech and Language therapy saw an increase of 5 places, bringing them to a total of 33 places for September 22. *Note - the speech and language workforce review of 2019, reported that there should be 40 training places by 2024.* This year AHP courses were back to 2021 levels, taking speech and language therapy down to 28 places.

*“The AHP workforce reviews will help to address one of the immediate priorities set out in the **New Decade, New Approach** document published at the time of the establishment of the new Northern Ireland Executive. The commitment being that the Executive will transform HSC services through reconfiguration of services.”*

### The Speech and Language Therapy workforce review of 2019 -

*“Speech and language therapy is a cost effective and vital service which transforms lives, empowers lives and saves lives. If left unidentified and unsupported, speech, language and communication needs (SLCN) can have long-term implications for educational attainment, employment, social inclusion and mobility, mental health and involvement with the justice system. Speech and language difficulties are a key risk factor in safeguarding for vulnerable children, young people and adults. Speech and language therapists also play a key role in the management of dysphagia. Unidentified and untreated eating, drinking and swallowing difficulties are significant risk factors in children with complex needs and in adults with conditions such as cancer, progressive neurological conditions, dementia and stroke and can lead to aspiration pneumonia and death.”*

Ultimately, this workforce review is already outdated. It has yet to be fully implemented, however we know the 40 places it aims for will no longer be adequate to achieve a sustainable and effective speech and language therapy workforce. For example, the recently published [Mental Health Workforce Review 2022-2032](#) which rightly recognises the need for increasing speech and language therapists (SLTs) within both child and adult mental health services. This review proposes a regional mental health SLT workforce of 96. Please note there are currently 2 SLT mental health posts regionally, so this is a colossal increase in the SLT workforce.

Recent Freedom of Information requests (June 2023) have revealed SLT vacancy rates in the Belfast HSC Trust of 26%. Therefore, even when funding for posts is made available, speech and language therapy services are struggling to fill the positions due to a lack of existing workforce. This emphasises the current crisis of supply and demand – the DoH are not currently commissioning enough places at undergraduate level. We have ample numbers of students willing to study; in January 2023 there were 487 applicants for the 28 places at UU. The RCSLT NI is aware that discussions were beginning around the introduction of apprenticeships and would urge the DoH to revive these discussions with all AHPs.

The recent announcement of a deal with the Irish Government to fund nursing, midwifery and AHP student places allocated 10 to the speech and language therapy course at UU. We would welcome clarity around the how this funding will work.

- Is this for one year or for the full 3-year course?
- Is the funding for students from the South of Ireland only?
- If for students from the South only, is there a requirement for students to work in the South after they qualify?
- If these 10 places are for students from the ROI only, will the remaining 28 be for NI students? (Note – 2022 intake of 33 students had 4 from ROI)

Our members have concerns that if places are ring fenced for ROI students only, there will ultimately be a negative impact on the HSC trusts that will be expected to provide placements and not see the benefit of this workforce in NI.

We appreciate the challenges and constraints of the DoH who are making decisions without a functioning Assembly and therefore have limitations on what decisions can be made. However, the RCSLT NI is extremely disappointed to read that there are no current plans to make a pay offer to HSC staff. If NI is unable to make pay awards in line with England and the rest of the UK, this poses a further significant risk to our workforce. SLTs may choose to leave NI to work elsewhere in the UK or Ireland where they will earn more.

**Are there any adverse impacts in relation to any of the Section 75 equality groups that have not been identified in section 5 of the EQIA Consultation document? If so, what are they? Please provide details.**

The RCSLT NI believes that the full impacts on the following Section 75 equality groups have *not* been recognised within the document.

1. **Children & young people** – the document stresses that older people (over 65) are likely to experience more adverse impacts of the budgetary cuts than young people. We know that children in NI below the age of 5 are waiting an average of between 6 and 12 months to access speech and language therapy services. Our members are already struggling to keep up with the demand for speech and language therapy and the recent cuts will further exacerbate the problem. We have outlined below the size of the problem and the potential consequences for children and young people of *not* funding the implementation of [The Speech and Language Therapy workforce review of 2019](#) and committing to improve the current workforce crisis on our hands.

**Key Statistics on speech, language and communication needs -**

- At least **two children** in every classroom are estimated to have a speech, language of communication need (SLCN). This number increases in disadvantaged areas, where it is estimated **50% of school aged children** have a SLCN.
- **81%** of children with emotional behavioural disorders have unidentified language difficulties.
- **23%** of school pupils in NI have Special Educational Needs (SEN) and SLCN are among the most reported SEN for all children, and the most common SEN for children with a statement.
- **66%** of pupils at risk of exclusion from school were found to have speech, language and communication needs (SLCN) – some studies of excluded boys have found this to be higher.
- Statistics also show that **80% of young, unemployed men** have an unidentified SLCN. In Northern Ireland there are no commissioned posts for Speech and Language Therapists (SLT) in post-primary education.

Unidentified and unsupported speech, language and communication needs (SLCN) put children and young people at risk of a range of negative outcomes in relation to behaviour which in turn can become a contributing factor to educational underachievement and mental ill health in later life. For example, children with SLCN can have difficulties forming

friendships, resulting in fewer opportunities to learn how to behave and communicate well; they may be at risk of peer rejection which can lead to further behavioural problems.<sup>1</sup>

### **Children & young people with disabilities –**

Children in NI with complex needs are even more likely to need the support of a SLT. SLCN is among the most frequently reported type of SEN in children with a disability. How can these children access the speech and language services that they require when the workforce is not fit for purpose?

- **23%** of school pupils in NI have Special Educational Needs (SEN) and SLCN are among the most reported SEN for all children, and the most common SEN for children with a statement.
- There are 11,000 children in Northern Ireland with a learning disability.<sup>2</sup>
- Evidence shows that around 89% of people with a learning disability will require SLT interventions.<sup>3</sup>

The increase in children with SEN requiring specialist placements is well documented. Between 2016 and 2020 the enrolment in special schools had increased by roughly 26%, however investment in speech and language therapy staffing has not kept pace with this increase. This has resulted in a widening gap between capacity and demand, with the same number of SLTs supporting growing numbers of children within special schools.

SLT interventions for children with SEN are most in demand in the nursery and key stage one years. More than 80 – 100% of children in nursery, primary one and primary two in special schools require support for SLCN and/or eating, drinking and swallowing needs, as included in their statement of SEN. The increase in nursery and P1 intake in special schools across Northern Ireland has driven up demand for speech and language services exponentially as the youngest children require the most intensive support.

Currently there is no funded commissioning plan for speech and language therapy service provision for children, families and education staff in the additional units attached to mainstream schools and this is of significant concern. There is a mixed model across the region which results in a postcode lottery and an inequity of access to provision and has implications for compliance to SEND legislation. Every child in NI has a right to access speech and language therapy in a setting that can support them to realise their full potential.

A key issue for everyone is an increase in both numbers of and the complexity of children. The skill mix required to meet the needs of these children for SLTs is much greater now than in previous years and this takes years to develop within the workforce.

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<sup>1</sup> Menting B., van Lier P.A., Koot H.M. (2011) Language skills, peer rejection, and the development of externalizing behavior from kindergarten to fourth grade. *Journal of Child Psychology & Psychiatry*. 52(1), 72-79.

<sup>2</sup> Webb &, Kelly (Jan 2018) Mencap NI Briefing Paper No.1. Creating brighter futures: early intervention for young children with a learning disability.

<sup>3</sup> Bradshaw J (2007). Chapter 6: Between You and Me. *Learning Disabilities Today*. Carnaby S (Ed). Pavilion: Brighton.

## Adults –

Section 5 of the EQIA recognises that older people (over 65) are vulnerable to increased impacts given that they more often have increased health complications than those below the age of 65. The RCSLT NI welcome this point, however, wish to note that those *below* the age of 65 will also suffer negatively from the new budget. For example, those under 65 will still be affected by: stroke/ dementia / progressive neurological conditions & mental ill health (see facts and figures below).

Our workforce concerns for children & young people outlined above are equally relevant for the adult population who also require access to specialist speech and language services. The 2011 NI Census reported that almost 30,000 people were living with long-term SLCN. This figure does not include the number of people also living with eating, drinking or swallowing difficulties (dysphagia) who may also need speech and language therapy services.

Reductions in waiting list initiatives will also impact on those requiring speech and language therapy services. The SHSCT use funding from this initiative for certain speech and language services, meaning that cuts will leave people with longer waiting times and reduced access to a SLT. The RCSLT NI also recognises that cuts in nursing and residential home placements, care packages and in the provision of physical aids and adaptations, will have a significant impact on those with complex needs of all ages, not just those over 65. This will undoubtedly increase the burden and pressure on acute hospitals and on family carers. Many of those living with dysphagia will require support to manage the risks of choking and aspiration pneumonia when eating, drinking and swallowing. If this is not provided via speech and language therapy and with further support in the form of a care package at home or in nursing/ residential care, the consequences are increased risks of hospitalisation and/ or death.

Our members have also reported a rise in referrals for people with long covid. Recent figures have found that between one third and one quarter of people living with long covid require speech and language therapy intervention. Post covid funding for speech and language services in NI has been minimal and does not mitigate for the increases in the number of adults waiting for and needing services.

### STROKE –

- In Northern Ireland 4,000 people have a stroke each year<sup>4</sup>; it is the third biggest cause of death in Northern Ireland<sup>5</sup>. Speech and language therapy is vital to help stroke survivors with both their immediate and long-term recovery from stroke.
- A third of stroke survivors will have some level of communication difficulties following a stroke<sup>6</sup> and between 40 – 78% will initially experience some level of difficulty in swallowing (dysphagia)<sup>7</sup>. 76% of those initially affected will continue to have a moderate to severe difficulties while 15% will live with a profound dysphagia<sup>8</sup>.

<sup>4</sup> Stroke Association (2015). State of the Nation, Stroke Statistics, Stroke Association NI

<sup>5</sup> Stroke Association (2018) State of the Nation, Stroke Statistics

[https://www.stroke.org.uk/system/files/sotn\\_2018.pdf](https://www.stroke.org.uk/system/files/sotn_2018.pdf)

<sup>6</sup>Stroke Association (2012) Speech and Language Therapy after Stroke. Stroke Association. London.

<sup>7</sup> Martino R, et al. Dysphagia after stroke: Incidence, diagnosis, and pulmonary complications. Stroke 2005; 36:12, 2756-2763.

<sup>8</sup> Mann G, Hankey G, Cameron D. Swallowing function after stroke prognosis and prognostic factors at 6 months. Stroke 1999; 30, 744-748

## DEMENTIA –

- It is estimated that there are over 20,000 people living in NI with dementia.
- All people with dementia have some form of communication difficulties that impact on ability to participate in society and in personal relationships.
- Over 90% of people with dementia will develop dysphagia (swallowing difficulties). Dysphagia is highly correlated with aspiration pneumonia as the leading cause of death in Alzheimer's disease<sup>9</sup>
- Studies demonstrate the important role of SLTs in the assessment and management of dysphagia and in administering interventions and training staff (RCSLT 2009).
- Multidisciplinary consideration of eating, drinking and swallowing needs is an integral part of a comprehensive end of life approach<sup>10</sup>.

## MENTAL HEALTH –

- People with a primary communication problem are at greater risk of experiencing mental health problems than their peers, commonly anxiety or depression.
- Research among patients in an acute psychiatric inpatient unit showed 80% of patients presented with impaired language<sup>11</sup>.
- There is a greater prevalence of dysphagia in acute and community mental health settings compared to the general population.<sup>12</sup>
- People with a diagnosis of schizophrenia, are 30 times more likely to die from choking than the general population.<sup>13</sup>
- Dysphagia (swallowing difficulties), if left unidentified and unsupported, can result in dehydration, malnutrition, choking, aspiration and hospital admissions.

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<sup>9</sup> Horner J, et al. Swallowing in Alzheimer's disease. *Alzheimer's Disease and Associated Disorders* 1994; 8: 3, 177-189.

Steele CM, et al. Mealtime Difficulties in a Home for Aged. *Dysphagia* 1997; 12: 1, 43-50.

<sup>10</sup> Royal College of Physicians and British Society of Gastroenterology. Oral feeding difficulties and dilemmas: A guide to practical care, particularly towards the end of life. London: Royal College of Physicians, 2010.  
Royal College of Psychiatrists.

<sup>11</sup> Walsh, I., Regan, J., Sowman, R., Parsons, B. & McKay, A. P. (2007) A needs analysis for the provision of a speech and language therapy service to adult with mental health disorders. *Irish Journal of Psychological Medicine*. 24 (3), 89-93.

<sup>12</sup> RCSLT (2020) Supporting adults with mental health conditions [www.rcslt.org/wp-content/uploads/media/RCSLT\\_AMH\\_A4\\_4pp\\_DIGITAL\\_book.pdf](http://www.rcslt.org/wp-content/uploads/media/RCSLT_AMH_A4_4pp_DIGITAL_book.pdf) [Accessed 30th November 2022]

<sup>13</sup> Ruschena, D., Mullen, P. E., Palmer, S., Burgess, P., Cordner, S. M., Drummer, O. H., Wallace, C. & Barry-Walsh, J. (2003) Choking deaths: the role of antipsychotic medication. *British Journal of Psychiatry*. 183, 446-450.

**Please state what action you think could be taken to reduce or eliminate any adverse impacts in allocation of the Department's draft budget?**

The RCSLT NI urges the Department of Health to -

1. Commit to long term investment in the speech and language therapy workforce through –
  - Commissioning at least 40 undergraduate places as per the 2019 workforce review.
  - Engagement with RCSLT NI in exploring other avenues for entering the speech and language workforce including apprenticeships and master's programmes (in line with other areas in the UK).
  - To give parity in a pay award in line with the rest of the UK.
2. Work in collaboration with the Department of Education to ensure so that services to children are maximised, equitable and fit for the future.
  - To engage in meaningful conversations with RCSLT NI, the DE, EA and to support the increased demand of complex SEN presentations and ensuring that no child is adversely discriminated against due to the specialist placement not having adequate SLT support in place.

**Are there any other comments you would like to make in regard to this EQIA or the consultation process generally?**

No

Ends.