

Royal College of Speech and Language Therapists

The role of speech and language therapists in tackling health inequalities: Action on the social determinants of health

SLTs role in the field of public health and social determinants

Speech and language therapists assess, diagnose and manage disorders of speech, language, communication and swallowing in children and adults. They work with patients, families, teachers and others to reduce the impact of these difficulties on people's wellbeing and their ability to participate in daily life.

It is recognised that SLTs are practitioners with a public health component to their work and communication problems are included within the remit of public health.

Giving every child the best start in life

Communication and language are prime areas of learning and development and recognised as a snapshot of children's health and wellbeing at age 5. The Marmot Review identified communication skills as being necessary for school readiness.

Speech and language therapists (SLTs) take both a primary preventative and a more targeted approach to improve the communication and interaction skills of children with delayed or disordered speech or language to give every child the best start in life.

Speech and language therapy has a role in public health particularly in relation to the health visiting service and the Healthy Child Programme.

SLTs focus on tackling children's poor communication skills which are particularly high in areas of social deprivation. Many primary care trusts and local authorities have recognised the power of early language and communication development and have taken action to tackle the issue, aligning the work of speech and language therapists alongside the Healthy Child Programme and sure start children's centres.

SLTs work with health visitors in surveillance and identification of pre-school children which includes the early identification of problems and train them in language development. SLTs help to promote wellbeing and to prevent illness.

Speech and language therapists are well placed to support the primary prevention of ill health in the early years and support child development. For example SLTs work with pregnant women who may themselves have speech, language and communication needs and would benefit from enhanced support in preparation for parenthood. SLTs offer parent-baby early communication classes and antenatal education on the development of good communication skills and support parents understand speech, language and communication needs.

SLTs support child development and school interaction by supporting whole class or school interventions on listening and narrative as well as more specific education to enable delivery of a personalised programme to meet need. Through this, SLTs improve children's access to education and reduce social exclusion.

SLTs raise the skills of the whole workforce and train the early years workforce and schools to enable them to provide environments that protect and promote language development and optimise communication in the early years.

Enabling all children, young people and adults to maximize their capabilities and have control over their lives

SLTs support people with communication problems have their voice heard. SLTs work with people with learning disability to take control over their own health and make informed decisions. SLTs provide advice on extending the potential of older people with communication difficulties associated with dementia or stroke and work with staff to develop a communication-rich environment for patients.

Creating fair employment and good work for all

Dame Carol Black found that work is good for long-term health, well-being and self esteem. Language is central to every job, from the boardroom strategy meetings to the manual tasks requiring fine measurements and specific instructions. SLTs enable people with long term conditions and adults with learning disability to continue in work and support people to return to work after a brain injury or stroke. Speech and language therapy allows people with long term communication problems a chance to retain their place in the work force, their self esteem, income, life plans and continued contribution to their community.

The government has recognised that teachers are more likely than other occupational groups to consult their doctors about voice disorders. SLTs work with professional voice users (such as teachers, call centre workers and clergy) to encourage good vocal health and to minimise and prevent voice disorders enabling them to remain in employment. This has included regular features on the radio to raise awareness of these issues.

Ensuring a healthy standard of living for all

To tackle health inequalities local authorities can provide services to improve communication skills where the purpose is to improve health and ensure a healthy standard of living for all. Speech and language therapists promote activity to improve mental health, independence and quality of life amongst vulnerable adults. Speech and language therapists play a key role in the secondary prevention of ill health through supporting recovery, rehabilitation and re-engagement.

Strengthening the role and impact of ill-health prevention

SLTs ensure other health services are accessible to people with communication needs and help to promote health message take-up. SLTs work with other allied health professionals to promote health take up to those with communication difficulties, for example promoting messages around healthy lifestyles, diet and exercise.

Speech and language therapists promote health and wellbeing of people with eating and swallowing difficulties associated with stroke, dementia or head and neck cancer. SLTs run training for staff residential and nursing homes in dysphagia management to support safe swallowing and to prevent further complications, including hospital admission, for patients.

Case study

“Stoke Speaks Out”

The national incidence of language difficulty is estimated to be around 10-12% of the population, however in Stoke-on-Trent research indicated that almost 70% of children entering nursery had some form of language delay. This led to the development of a multi-agency initiative called Stoke Speaks Out to tackle the deficits in children’s language abilities.

The multi-agency Stoke Speaks Out team includes professionals from speech and language therapy, clinical psychology, midwifery, children and young peoples services and the pre-school learning alliance. Each agency contributes its expertise to help resolve the underlying issues causing language delay, and to promote secure parent-child attachment, positive parenting, early opportunity for development through play, quality language, promoting environments and quality support.

Stoke Speaks Out developed a 5 tier training framework to ensure that all the children’s workforce, including health visitors and midwives shared the same baseline knowledge. The

training framework is open to any practitioner working with children and their families in Stoke on Trent. This ensures that the practitioners receive quality assured training which covers early child development, identifying children with speech and language delays and communication development. It provides tools and resources to support these areas to develop.

Impact:

The percentage of children entering nursery with language delay fell from 64% in 2004 to 39.1% in 2010. This reduction is directly attributed to children's centres, health visiting and Stoke Speaks Out. A new child development learning tracker, including Stoke Speaks Out baselines, will be shared across health visiting, speech and language therapy, and children's centres. Stoke Speaks Out website for more information www.stokespeaksout.org

Actions that the RCSLT and SLTs can take:

RCSLT

1. Produce a report into the link between communication needs and social disadvantage
2. Produce guidance for members on how SLTs can help to tackle the social determinants of health and take action on health inequalities

SLTs

1. Develop the evidence base for speech and language therapy intervention in addressing the social determinants of health and health tackling health inequalities
2. Support integrated working across education, health, and public health
3. Increase awareness of the role of SLTs
4. Promote public health messages take-up in people with speech, language and communication problems

Further reading

Marmot, Fair Society, healthier Lives: The Marmot Review; Strategic Review of Health inequalities in England post 2010

Healthy Lives, Healthy People: Towards a workforce strategy for the public health system: Consultation paper, June 2012

NICE Guideline: Social and emotional wellbeing: early years, 2012

Better Communication Research Programme, 2012

Letter from Earl Howe, 2011 http://www.rcslt.org/governments/docs/earl_howe_sl_t_public_health

RCSLT public health briefing, 2011 www.rcslt.org/giving_voice/Docs/2011_councillors_briefing

Needle JJ et al, The allied health professions and health promotion: a systematic literature review and narrative synthesis, national institute for health research, 2011

Dame Carol Black "Review of the Health of the Britain's Working age population: Working for a Healthier tomorrow", 2008

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