#### GENDER BALANCE IN PUBLIC SECTOR OCCUPATIONS

#### SPEECH AND LANGUAGE THERAPISTS

Speech and language therapy (SLT) is concerned with the management of disorders of speech, language, and communication and swallowing in children and adults<sup>1</sup>. The majority of speech and language therapists are employed by NHS Trusts and work in schools, hospitals, clinics, health centres and day-care centres<sup>2</sup>. The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK, providing leadership and setting professional standards. They complement the work of the Health and Care Professions Council (HCPC) as the main regulator of qualified SLTs in the UK.

SLT is predominantly a 'white female' profession – earlier RCSLT data shows that 98.5% of qualified SLTs were White European compared to 1.5% whose ethnicity was recorded as 'other'<sup>3</sup>. Additionally, almost 100% of therapists are female.<sup>4</sup> The most recently available statistics are shown in Table 1.

% male	% female	Total number (000s)	Min salary (non- promoted posts)	Max salary (non- promoted posts)	Age range	Ethnicity of registrants (2010)
407 <sup>5</sup> = 2.9%	13,530 = 97%	13,9376	£21,000 <sup>7</sup>	£34,000	40% workforce 25-34 years <sup>8</sup> (see Figure 1 below for	White - 136 applicants (91.89%) Mixed - 3 (2.02%) Chinese - 1 (0.67%)

1 Royal College of Speech and Language Therapists (RCSLT) website Feb 2013.

2 AGCAS/Prospects website Feb 2013.

3 RCSLT (2002), Speech and Language therapy: developing a diversity strategy.

4 Gregory, A., AGCAS careers briefing paper: Speech and language therapist: salary and conditions (Dec 2010).

5 Health and Care Professions Council (HCPC) SLT registrant data – gender breakdown (Feb 2013).

6 HCPC number of registrants as of Feb 2013, UK.

7 NHS based SLTs – AGCAS/Prospects statistics Dec 2010. **NOTE** - Senior SLT salaries range between £36-46,000; Principal and lead SLTs with management experience range between £55-58,000.

8 Centre for Workforce Intelligence (CfWI, Mar 2012), Workforce risks and opportunities: speech and language therapists; RCSLT similarly estimate 34% of its UK members range in 25-34 year age group (RCSLT, 2011).

	age by gender breakdown)	Asian - 7 (4.72%) Returned blank - 1 (0.67%) <sup>9</sup>
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Figure 1 shows that the proportion of males is small in all age bands. Recently and for the year in question, 2013, male recruitment (at 20-24 years of age) was at a singularly low point.

### Figure 1. SLTs age by gender

Source: HCPC, Feb 2013. Base N=13,937.

It seems there was difficulty retaining males after 49 years of age. It may be helpful to ascertain how some males managed to persist to that stage in a female dominated occupation, why they left and where they went.

### *Why is SLT a Gendered Occupation?*

This occupational group appears to show little prospect of achieving gender equality in its workforce. Research suggests some possible reasons for gender imbalance as follows.

- A lack of knowledge about what SLT really is. A survey of male and female college students from a range of ethnic backgrounds revealed that less than half the sample were aware of SLT as a degree course – BME groups were significantly less likely to know this<sup>10</sup>.
- Females (compared to males) and those with relatives in the health profession were significantly more likely to consider SLT as a career. Interestingly, BME students placed more emphasis on studying for a degree, profession and a scientific career and were more influenced by a career's prestige and high salary compared to their White counterparts<sup>11</sup>.

<sup>9</sup> HCPC data on ethnicity of registrants, March 2012 freedom of information briefing paper. **NOTE –** ethnicity data is not routinely collected by the HCPC.

<sup>10</sup> Greenwood, N., Wright, J.A. & Bithell, C. (2006) Perceptions of speech and language therapy amongst UK school and college students: implications for recruitment. In International Journal Language and Communication Disorders, 2006, 41(1):83-94.

<sup>11</sup> Greenwood et al, 2006. Op cit.

- Other research indicates that some male SLTs reported difficulties arising from being a man – the issue of working alone with children was identified as being in urgent need of resolution<sup>12</sup>.
- Perception of SLT as a 'caring/nurturing' profession; a vocational career; as requiring 'good communicators'; and, one where job share and part-time work is common contributes to the perception that females are more suited<sup>13</sup>.
- The limited scope for higher level career progression/poor career structure; lower salary scales; differential treatment from employers with regard to interactions with vulnerable groups; and, the limited availability of full-time positions may make the profession unattractive to men or negatively affect retention, particularly where they are the sole earner in a household<sup>14</sup>.
- Despite a lack of robust data on ethnicity, the under-representation of BME groups is further demonstrated by the number of students applying for SLT courses through UCAS<sup>15</sup>. During 1996 to 2000, only 16% of a total of 216 applications from BME groups were accepted compared to 28% of the 2,891 applications made by White people. There are intra-ethnic differences which raise issues around possible selection bias and/or applicants capabilities. The available evidence suggests that representation of BME men among qualified SLTs in the UK is likely to be particularly low.

# The Case for Equality in SLT

The evidence suggests that demand for SLTs is growing due to an ageing population with certain areas more densely populated with young children and older people<sup>16</sup>. The Centre for Workforce Intelligence (CfWI) estimates that the supply of registered SLTs available to the NHS, Local Authorities and other providers will increase by 36% by 2016. The RCSLT has demonstrated the economic savings to the NHS of effective utilisation of SLTs<sup>17</sup>.

However, certain areas face a lack of senior level practitioners mainly due to SLT being a female dominated profession with an age profile indicating that many part-

17 Marsh et al, 2010.

<sup>12</sup> Boyd, S and Hewlett, N (2001), The gender imbalance among speech and language therapists and students, International Journal of language and communication disorders vol 36: 167-172.

<sup>13</sup> Litosseliti, L., et al (2011), 'Caring', 'helping', and 'relating': gendered discourses in speech and language therapy. City University London.

<sup>14</sup> Commission of the European Communities: Green paper on the European Workforce for Health, March 2009; McAllister, L., et al Male students and practitioners in speech pathology: an Australian pilot study, 2001.

<sup>15</sup> UCAS Survey (2001), ethnic mix of UK applicants and accepted applicants through UCAS to specified courses.

<sup>16</sup> CfWI, March 2012. Op cit.

time SLTs are balancing work-life commitments<sup>18</sup>. The gaps in provision could be resolved by encouraging a greater proportion of men in to the profession.

Furthermore, the UK is a multicultural and multilingual society and many paediatric SLTs in England will have at least one bilingual child on their caseload<sup>19</sup>. The research suggests that the number of SLTS dealing with bilingual clients is likely to increase; however, the profession is dominated by white monolingual females. The researchers argue for a more equitable service as bilingual children with specific language impairments are not being identified and therefore are not accessing services.

The RCSLT<sup>20</sup> has suggested possible measures to encourage more men into SLT including increasing the profile of SLT among other NHS professional groups and promoting language teaching and linguistics in schools to stimulate interest amongst males. There may be reservations about the likely impact of such recommendations.

Overall, the increasing diversity of client caseloads suggests that more male and ethnic minority SLTs would enable this occupational group to better reflect the population it serves. However, recruitment and retention of more men into the profession requires addressing sexist stereotypes about males and publicising the profession as a career based on scientific investigation<sup>21</sup>.

Irrespective of the composition of their client group, a relative lack of full-time posts in SLT seems likely to act as a significant barrier to the recruitment of males and thereby infringe equal opportunities procedures.

## Conclusion

Gender inequality in speech and language therapy staffing appears entrenched. Whilst this imbalance has been noted, it is difficult to discern any action to remedy the situation. There would appear to be a clear case for the establishment of quotas in order to arrive at gender equality by increasing the proportion of males.

<sup>18</sup> CfWI, March 2012. Op cit.

<sup>19</sup> Stow, C., & Dodd, B. Providing an equitable service to bilingual children in the UK: a review. International Journal of Language and Communication Disorders, Oct-Dec 2003, Vol 38, No. 4, 351-377.

<sup>20</sup> RCSLT Bulletin April 2007, Feature – Why do men become SLTs? Table 1.

<sup>21</sup> Greenwood et al, 2006. Op cit.