



RCSLT webinar: Inclusive communication nation
13th December 2017

Derek Munn, Director of Policy and Public Affairs, RCSLT

Good afternoon everybody, and welcome to today's RCSLT Webinar: Inclusive Communication Nation. My name's Derek Munn, I'm the director of policy and public affairs here at the Royal College. I'm delighted to be joined by our head of Scotland office, Kim Hartley-Kean, our Deputy Chair, Della Money, and Amanda Bennett who is an independent SLT and a leading expert in this field.

The webinar is 45 minutes long. We will take some questions at the end, although I can tell you right now we won't be able to get through all of them and we'll answer some others online later. If you've not done this before, hopefully you'll be able to see on your screen a Q&A button which will enable you to submit a question to us, we'll deal with it during the session if we can or, as I say, afterwards if not.

If you're experiencing any technical difficulties, use the 'chat' button and my colleague, Kaleigh, will deal with your connection difficulties if we can. Just to let you know that the webinar is being recorded and will go online with all of the slides, but I'm afraid that won't now be until after Christmas. You will also have an opportunity to feed back at the end and if you're managing to multitask and tweet, as well as being on the webinar, hashtags are #RCSLTWebinar and #Inclusive communication.

We hope that by the end of the session you will have some strategies for embedding and promoting Inclusive Communication, you're hearing examples, feel a sense of ownership and excitement about Inclusive Communication and more a bit more about both RCSLT's plans in this area and also the key points of the Inclusive Communication Position Paper, developed by RCSLT.

So, to set the scene and kick us off, I'm delighted to hand over to RCSLT's Head of Scotland Office, Kim Hartley Kean.

Kim Hartley Kean, Head of Scotland Office, RCSLT

Good afternoon, everyone. It's fantastic to be here. I, as Derek said, am Kim Hartley Kean, I'm the Head of the Royal College of Speech and Language Therapy Scotland Office. It's my job in Scotland to influence the Scottish Parliament, Scottish Government on behalf of the profession, the people that access Speech and Language Therapy. So, it's great to see that there's so many people joining in this webinar about Inclusive Communication, a topic of passion for me personally but also an area we've done a lot of policy work on over the years.

Just to kick us off, I'm just going to give you a definition of inclusive communication, and this is set out in our position paper. Inclusive communication is, as it says on the tin, an approach to communication which enables as many people as possible to be included in that communication. So, it's about ways of communicating. Inclusive communication encourages and enables people to

use the ways of understanding and expressing themselves, which they find easiest. So, if someone finds it easy to understand through the use of symbols, pictures, gesture or simple language, that's what other people should use to enable them to understand. Similarly, if they use those means to express themselves, others should recognise and respond to the means that they are using to express themselves as they might to any other form of communication.

Inclusive communication organisations encourage and enable people to use those ways of understanding expressing themselves, which their service users find easiest. But it's more than just the skills employing those strategies using knowledge and skills of the person and strategies to enable communication. It's also largely about attitude. Inclusive communication requires an attitude where people recognise that effective communication is everyone's responsibility. It requires an awareness of the impact of living with a communication disadvantage and how that can be resolved, and others taking responsibility for us all reducing that disadvantage.

There's three levels of practice for speech and language therapists, and I'm not going to go into these in any detail because Della is going to talk about those as we move forward. Again, spelt out in the Position Paper the role of speech and language therapists at these three levels of the individual, the environment or at the organisational level and then at that much wider community national level.

So, why are we doing all this work on Inclusive communication? There are several reasons:

- Ethically, it's the right thing to do. No one should be excluded from society, from community.
- It's the college mission – our mission is to ensure better lives for people with communication and swallowing needs, and we believe that communication equality will deliver better health, wellbeing and life outcomes for individuals, their families, communities and nations.
- SLTs have a deep and broad knowledge of human to human communication. It's what we're about.
- We have the skills and experience of identifying and resolving communication difficulties and doing work on Inclusive communication at that environmental and community level, positions speech and language therapists as being useful and relevant to those policy objectives of public health, prevention, preventative care, human rights-based approaches, person centred public services.
- It's also the law – Human Rights Legislation and Equality Law implies that we should be inclusive in our communication.
- It's policy, as I said, words like *'person-centred'*, *'asset base'*, *'co-produce service planning'*, *'self-management'*, *'informed choice'*, all require effective and equal communication between service user and service provider.

The nation's communication profile is changing as there are more people living with long-term conditions with associated speech, language and communication disabilities, so Inclusive communication becomes a much bigger imperative for the service who's providing for those people.

It probably – and I say 'probably' because we need the evidence to back up this statement – it probably saves money and time for individuals, community and the country. A good example – an appointment where someone hasn't understood what the GP said to them is a wasted appointment because they'll only come back sicker the next time, having not followed the advice. So, we could save money if we got the message over first time, every time.

So, what is College Strategy? – Our ultimate outcome is the fantastic idea of communication equality or equal communication opportunities for everyone, all the time, everywhere. We want to see Inclusive communication widespread, mainstreamed accepted and indeed, embraced by everyone. It's a big inspirational goal and it's not just an inspirational vision that we have. Here's a couple of quotes that I gathered from colleagues and acquaintances in Scotland:

Helen Gowland, a lady who is an aphasic said, *"An inclusive communication world would feel like the support was a natural thing."*

Kathryn Townsend, who's head of customer and client access at Barclays Bank talks about products and services – *"It would be different for now because products and service design from day one would consider customers with different needs and make sure that access was ensured,"* so a fantastic goal for us all to aim for.

So, how are we going to get there? – There are several interim outcomes that we've identified on the way to that ultimate outcome, and I am absolutely delighted to say that it mirrors the challenges and solutions that many, many of you sent in as part of your registration and thank you very, very much for that. It was a fantastic piece of information given by you. The interim outcomes are a shared inspirational vision, we want everyone to be on board with this idea – wouldn't it be great to have communication equality? We need widespread understanding and awareness of what that would mean, of why we need it, of the impacts of communication disadvantage.

We need strategic ownership and leadership of change, not just by speech and language therapists, but by all those stakeholders that we would like to change in terms of their communication behaviours as organisations and as nations. In order to help them to make the right change, we have to give them clear instructions on national Inclusive communication and Equality Standard. What is it we want them to be doing or works? We need a joined-up strategy, some investment resources to implement that regulation or that Inclusive communication standard or law.

So, what have we done so far in terms of this strategy? – We have been building partnerships across the UK, particularly in England and Scotland and indeed across the world as part of the International Communication Project, getting everybody involved in that shared inspirational vision. We have produced a Position Paper and there's lots and lots of things in that Position Paper listed there on the slide, not least the current terminology and a description of the roles Speech and language therapists have talked about before.

We've also produced a college webpage on Inclusive communication and that's delivering to that interim outcome of widespread understanding and awareness, and strategic ownership and leadership of change by Speech and language therapists in particular. There are great examples on that website, e.g. from Solent, from Essex and from other areas, and we would encourage you to keep giving us examples, so we can keep putting them up on the website.

We also are running the event today, this webinar is about delivering to that interim outcome of strategic ownership and leadership by you, the Speech and language therapists, and I know there are others on this webinar, so that's great. We are also doing a lot of work around the communication access symbol in the UK. We are now in the second phase of the consultation. The consultation that's out at the moment, which we would urge you all to participate in, is now looking

at these two symbols and is also presenting the communication access standard that will go behind that symbol and is asking people to comment on those. So, I would encourage you to take part.

Finally, we're doing a lot of stuff in-house. What we're trying to do is be the change that we want to see. We have to lead by example and we also want to learn:

- What is it like as an organisation?
- How much does it cost?
- Who needs to be involved, in terms of developing an Inclusive communication Organisation, so that we can present that very concrete information to those that we want to change.

So, the sorts of things we're doing is, as I used in my opening slide, using photographs and symbols, we've done staff training, it's on our business cards, email signatures, door signs, that kind of thing. Perhaps in your department, you might be doing the same or want to copy us. Anyway, there's a little list of more information there and I now hand you on to Amanda.

Amanda Bennet, Independent Speech and language therapist

Thank you, Kim. Good afternoon, everybody. My name is Amanda Bennett and I'm an independent Speech and language therapist. I'm proud to call myself an Inclusive communication Campaigner. Today, I'm going to talk about a national initiative to promote Inclusive communication that I've been involved in here in Scotland and outlining the approach we took. Our learning from this I hope will be useful in looking at how we take this issue forward generally.

I'm a passionate believer in communication as a political issue, and it was the reason I actually became a Speech and language therapist, going back to university for a second time later in life. Slightly to my surprise after qualifying, I found myself working in hospitals primarily on swallowing issues. Though really important, it was not really my bag, so I took the opportunity in 2007 to move to Scotland to work on the Civic Participation Network Project, which was all about promoting Inclusive communication. At the time, it was just a one-year project, but I've never looked back and I'm still based in Scotland.

The Civic Participation Network Project was a national initiative, funded by the Scottish government. Its overall aim was to promote active participation of people with communication support needs of all sorts in civic life in Scotland. Our primary method was to promote Inclusive communication. It was a small project with big ambitions, and I was lucky enough to work on this full-time, and I do recognise that few SLTs have the luxury of doing this.

Over four years, we had a series of outputs. We had, first of all, the Talk for Scotland toolkit, an online resource aimed directly at service providers. Amongst the other information included in that, we had six communication support principles that we wanted everybody to follow:

1. Recognise that every community or group may include people with communication support needs.
2. Find out what support is required.
3. Match the way you communicate with the way people understand.
4. Response sensitively to all the ways an individual uses to express themselves.
5. Give people the opportunity to communicate to the best of their abilities.
6. Keep trying.

We promoted these principles at all times and they were aimed at everyone and all services, private and public. So, principle one was particularly important as we were making them applicable at an organisational and community level, as well as an individual level. In addition to the toolkit, we had awareness raising and training linked to the key messages. We did a series of small case studies around the costs and benefits of implementation of Inclusive communication, and we set up an Inclusive communication Trainers Group and piloted some communication accessible training. As I say, this was a small project with big ambitions and our approach was to do everything to maximise the impact. I could sum up our approach in four words – Co-produced, Mainstream, Opportunistic and Evidenced.

In terms of ‘co-produced’, co-production is and often a misused word, but I believe that we successfully worked in partnership with people with communication support needs at all times, so they helped us develop all the outputs and they were included as trainers in any awareness raising or training that we did. We worked with SLTs in Scotland, e.g. we ran a study day to help develop the six principles and we worked, importantly, with service providers from the very beginning who were likely to use the resources we were producing. For example, we had an advisory group, the membership of which included reps from health, education, third sector etc. We ran all our meetings and events using basic Inclusive communication principles to illustrate our key messages.

I just wanted to include this slide, it’s a slide from one of our colleagues, Robert, who has significant dysarthria. He would use this when we were presenting together, whatever the audience, to highlight the importance of really listening to the experts; that is, people with communication support needs. So, to use Robert’s expression, *“It was straight from the horse’s mouth.”*

The second word that I would use in terms of the approach we took was ‘mainstream’. We tried to take it away from special pleading, put the emphasis on Inclusive communication as a human right and the positive benefits to service providers of adopting this approach. We highlighted that it was an issue for everyone and relevant to all forms of communication, so people should be following basic good practice in terms of Inclusive communication at all times and not see it as an add-on. We built partnerships wider than health and social care. For example, we worked with Citizen’s Advice Scotland and we worked with Scottish Parliament researchers and parliament staff to try to raise awareness of the whole issue. We also try to influence existing activities, so we identified organisations and trainers who were already doing community development and participation training and set up pilots in making their training more accessible using Inclusive communication principles throughout. This enabled us to work with organisations such as Engender, which is a key national feminist organisation in Scotland. We also supported individuals and organisations seeking change. So basically, both sides were getting something out of it.

The third word I would use is ‘opportunistic’. We had a project plan, but we took any opportunity that presented itself to promote Inclusive communication. One practical resource, which you will see up on screen that we used a lot, was a co-produced set of ground rules. This seems a small thing, but it made a lot of difference to all the people with communication support needs participating in anything we were doing. It also meant, by using these ground rules at any meeting, we could highlight the issue of Inclusive communication whatever the focus of the meeting itself.

The fourth word I used was ‘evidenced’. We did, in a small way, gather evidence in terms of the benefits and costs of implementing Inclusive communication. This, again, enabled us to develop

relationships with a wide range of people, e.g. Young Scot which is a major organisation working with young people in Scotland.

What were the impacts of what we did? We did evaluate everything as we went along, and we got very positive feedback and some commitments to change. So, there was some commitment to change at an individual and organisational level. The Scottish government, as a result of the success of the Civic Participation Network Project, did put further project funding into work. They'd taken a slightly different approach than the one we took.

In terms of longer term impacts, as always, we were a short-term project and had little capacity to do longer term impact assessment, but Inclusive communication is a term now used regularly in Scotland, including by policymakers. However, it is not always understood and not always implemented.

What do I see as the challenges now? Inclusive communication is still seen as an add-on. It's not necessarily embedded and there is some lack of strategic leadership. There is consistency at an individual organisation and community level, and there still can be an emphasis on accessible information, not two-way communication, and there can be some confusion between the concept of clear language and dumbing down which people sometimes see is what we mean by 'clear language'. There's a lack of concrete evidence and methods for evaluating impact. So, in summary, I would continue to recommend the approach that we took – Co-produced, Mainstream, Opportunistic and Evidenced.

As I said at the beginning, I appreciate that I was lucky enough to work on a project, the aim of which was to promote our Inclusive communication but as an independent Speech and language therapist, I continue to take any opportunity to promote it whatever I am working on and with whatever organisation. For example, whether I'm working at Queen Margaret University or NHS Education for Scotland, I raise the issue of Inclusive communication with my colleagues at all times. I'm also lucky enough to be working together with Kim and RCSLT to promote Inclusive communication in Scotland and again, we are taking an opportunistic approach to it.

At the moment, we're working on influencing the Scottish Health Council Survey, the Social Security Bill and the Health Literacy Action Plan. And another thing that we happen to be able to do, as a result of just responding to an invitation which was sent through an email around the annual Scottish Government household survey, we've been able to influence the wording of the questions, accompanying information and discuss Inclusive communication with Moray, a major survey organisation.

I would like to finish off with a quote from the horse's mouth and the reason why I, and I'm sure many of you, are so passionate about Inclusive communication. This is a quote from a young man, Connor, who's been involved with us for a number of years on promoting Inclusive communication. He's faced major barriers both at school and in the world of work and to use his words, *"I know how difficult it is living with communication support needs and how much still needs to be done to break down barriers. If Scotland was an Inclusive communication nation, it would make life and work more inclusive and less isolating for people like me."*

I believe as a Speech and language therapist that together with people with communication support needs, we can change the world.

Thank you very much for listening to me. I'm now going to pass over to my colleague, Della.

Della Money, Deputy Chair, RCSLT Board of Trustees; Consultant SLT and AHP Associate Director, Nottinghamshire Healthcare NHS Foundation Trust

Thank you, Amanda and Kim. Good afternoon. My name is Della Money and alongside being the Deputy Chair for RCSLT, my day job is a Consultant Speech and language therapist in Nottinghamshire Healthcare NHS Trust. This afternoon, Kim and Amanda have introduced the idea of Inclusive communication at that wider universal and community level, and I'm going to present the individual case for Inclusive communication.

The individual case is that everyone needs safe and effective services across health, social care, education and employment, and that includes people with speech, language and communication needs. This is really, really important because people with speech, language and communication needs are at risk. For them, poor communication is a risk of not being able to access health, education and housing – every day things that we take for granted, but it's also a risk that if they're involved in services, right through to criminal justice systems and prisons, that if their communication needs are not addressed they are at risk of not getting the same services and the same access that everybody else has a right to. This isn't just one specialism or client group, this is everyone everywhere – children and young people, adults, those with developmental and those with acquired communication needs and none of this is new.

In the Royal College Position Paper that Kim referred to, we re-presented this model that was initiated 15 years ago. When we look at this, the centre of this is all around the individual. It's looking at the means, reasons and opportunities or the how, why and the where and when and with whom people communicate. It's also looking at what makes up real world understanding. So, real world understanding is together the impact of understanding words, understanding situations which leads to your actual functional ability to understand. We have to do all of this in the context of looking at the individual, but also the context of their environment and their community.

When we talk about the 'environment', we're talking about the services and the buildings that they may, as individuals, interact with. This may include clear language from service providers. It may include signage, face-to-face print. It may include how we communicate with that person on an individual basis. When we're looking at the community or the population level, that's the outside level, we're talking about Inclusive communication as good practice being implemented everywhere by every service in every community as standard.

So, although this isn't new, it's still not easy and we do have a few mandates now to hang off the importance of Inclusive communication but unless we can improve Inclusive communication, it will still remain a risk factor for individuals. These are just some of the risks that people with speech, language and communication needs face on a daily basis, so whether they can make choices, form relationships, how vulnerable or isolated they are because of less opportunities for education and work, how they access healthcare. If you can't express how you're feeling, you can't express your health needs, you might be misunderstood, this might lead to diagnostic overshadowing. You may have limited access to education or it may be that you're in a prison context and you've got a verbally mediated programme that you need to complete but you can't access it because of your communication needs.

All of these impact on your emotional mental wellbeing which can create more challenging behaviour, placement breakdowns, reliance on restrictive approaches and non-compliance with legislations and others constantly over estimate your ability, and we know this as SLTs. We know that working with individuals who have Inclusive communication needs that unless we can address that, there are high levels of risk. We know that we need to look at reducing risk, developing inclusiverelationships and building the capacity and capability.

So, what is that we're actually doing then with individuals to achieve this? – This model of Theory of Change is just one example of Theory of Change models that are being introduced throughout RCSLT. This one is based on the five good communication standards which were developed opportunistically following the 2013 Winterbourne View Scandal, which was on Panorama.

The interim outcomes, they are the middle column, these are the things that we're aiming for:

- We're aiming for everyone to be able to have information that tells you how best to communicate with them.
- We're aiming for people to be helped to be involved in decisions about their care and support.
- We're aiming for others to be good at supporting someone with communication needs.
- We're aiming for people with communication needs to have lots of chances to communicate and to be helped and to understand and communicate about their health.

If all those interim outcomes were in place then the ultimate outcomes listed on the other side about being respected, safe, making choices, having a place of their own, being active, having fulfilling relationships and being supported to access services which are reasonably adjusted to meet needs, would all be in place.

Kim talked about interim outcomes at a universal and community level, whereby Inclusive communication is widespread and mainstream, but these are the ultimate outcomes for the individual. As SLTs, we work towards these whether it's the screening, assessing and formulating individual's communication needs, their environment's communication needs and the support required, through to whether it's providing training, advice, mentoring, supervision of others, or whether it's about facilitating reasons and opportunities or involving people in projects or participating in evaluation and research. These are all the activities that we do to try and achieve those interim outcomes aiming for that ultimate outcome for a person with Inclusive communication needs.

So, thinking about that, I thought I would tell you about John. John attended mainstream schools in the 80s. His family were very pro-integration and inclusion, and speaking was seen as the priority because speaking was perceived as normal, and speaking was perceived as a thing that you needed to do to be accepted and belong within a mainstream context. However, John had a really significant language disorder on top of his learning disabilities. He had a largely unintelligible, unique system of single words, signs, noises, objects and photos, and his comprehension was very limited. In his early years and right the way through to further education, everyone worked towards John developing his communication so that he could be included. However, as the years went on, he became more depressed, isolated, his behaviour deteriorated, and he started to refuse things, and these all became major risks for him.

People realised that a different tact was needed. The pressure needed to be taken off John to change and the pressure needed to be on the environments that support him and the communication partners to support him to make reasonable, necessary adjustments. Basically, that's the change of attitude that Kim was referring to. So, this is what was worked on, and I'm very pleased to say that everyone understood that the role of Inclusive communication was to keep him safe, living at home and in the community. The importance of that is that John is able to say, like many other individuals, that whatever communication works best for him is used and valued, that people communicate effectively with him because of their underpinning knowledge skills and attitude, people listen, take time to support his communication. He gets the professional support he needs, including the communication tools and policies, but it isn't just John. It's everyone everywhere.

The seldom heard individuals with speech, language and communication needs participated in a project in Nottinghamshire Healthcare. They told us about the reasonable or necessary adjustments they need for Inclusive communication. Just to give you a little answer, somebody told us, *"Give me more time. I will answer."* Jeff said, *"Listen. Listen a hell of a lot more. Don't interrupt me."* Rachel said, *"Don't pity me or finish off my sentences."*

So, the challenge for you is, what are you going to be up to?

We need to win hearts and minds to get commitment to Inclusive communication, rather than compliance. These are some of the ideas that we've come up with that might be things that you could do but as Kim said right at the beginning, *"What you need to do is be the change that you want others to see."*

Thank you.

Derek Munn, Director of Policy and Public Affairs, RCSLT

Thank you very, very much to everybody. We'll take some questions and answers now in the time we have remaining to us. First of all, I'd just like to clear up a terminological thing which several people just asked for clarification of Inclusive communication versus Total Communication:

- Are they different?
- Are they the same?
- What does Speech and language therapists implementing these approaches need to know?

Kim, do you want to pick that one up?

Kim Hartley Kean, Head of Scotland Office, RCSLT

Yeah, thank you very much. It was a common question during the development of the Position Paper and we consulted members on terminology. There was a whole lot of variety of terminology used – Accessible Information, Total Communication, Inclusive communication – but there was also not just a variety of terminology, but a variety of definitions. Of course, when we're trying to promote a concept, promote a consistency, it's not helpful to have all that variety, both within or outside the Speech and Language Therapy Community.

There was a consensus got to and the Board of Trustees chose, or through that consensus, the preferred term is Inclusive communication. There is an overlap with Total Communication and it's all described what the overlap is in the Position Paper. But essentially, Total Communication is the focus at the individual level, it's about bespoke working, although you may argue with that and then the Inclusive communication definition is more about that universal environmental approach. There's a huge amount of overlap between Total Communication and Inclusive communication, but essentially settling on Inclusive communication is about trying to have a consensus on a single term that's understood by a broader population than might understand Total Communication. I hope that helps.

Derek Munn, Director of Policy and Public Affairs, RCSLT

Thank you very much, Kim. Could I turn now maybe to Amanda to deal with a bunch of questions, asking about examples of where Inclusive communication has worked in practice but, in particular, in community settings or working with communities. Is there anything you could say about that?

Amanda Bennet, Independent Speech and language therapist

Thank you, Derek. Start off by saying, the great thing about this webinar is when you registered you told us what you were doing and there are some really good examples there, which we definitely need to share. We have a lot of examples on the present IC website pages, but we do need to make sure that if there is anything missing that we do share that because that's really the only way we're going to learn.

At individual level, we've obviously got lots of examples of how Inclusive communication works and Della highlighted the positive impacts for one service user, John. There's also examples of a knock-on effect of working at an individual level to a wider organisation, e.g. training staff in an organisation such as a prison to benefit one individual can build staff capacity to recognise others with communication support needs and find ways of better supporting them.

At an organisational level, again, the Inclusive communication Position Paper and the IC website pages do highlight examples of implementation across organisations and mainly closed communities, and for specific groups within that community, e.g. there's some examples of positive implementation across homes and day centres, an increasing number of examples of promotion of Inclusive communication across whole schools, but present SCLTs have a definite role and a presence already. So, I suppose what we need to be thinking about, is how we influence other organisations which are key to people's lives. I'll just use one example of Barclay's Bank which has an Inclusive communication customer service approach, and it might be useful for people if they looked that up on Barclay's Bank website.

Our question might be to ourselves, "*How can we influence others in the same way?*" There are less examples of implementation of Inclusive communication at a community level and I suppose that's what this whole webinar is about really, how it moves through the individual organisational community. For me, it goes back to principle one and getting everybody to recognise that all groups and communities will have people with communication support needs and to be using Inclusive communication as their default setting and thinking about it from the very beginning to the very end of any interaction that they're having with service users.

Derek Munn, Director of Policy and Public Affairs, RCSLT

Thanks, Amanda. Just very briefly, we have had a question around supporting teachers and in particular, to the education context. Is there anything particular you'd add on that?

Amanda Bennet, Independent Speech and language therapist

There are some very, very good examples, as I say, of taking a whole school approach. There's the Stoke Speaks Out. There's the case study around collaborative working in Pembrokeshire and, as I say, there's a couple of case studies on the Inclusive communication resource section around creating a communication environment to support daily transitions and that sort of thing, so quite a lot of examples on the website.

Derek Munn, Director of Policy and Public Affairs, RCSLT

That's great, thank you. Turning back to Kim again, your slide on the iceberg, where the attitude was below the water and unknown to others inspired one of our participants to ask about how we tackle that attitude bit if training doesn't seem to get to the route of it in all settings.

Kim Hartley Kean, Head of Scotland Office, RCSLT

Thank you. Attitudes, a bit more nebulous, isn't it, than knowledge and skills? Attitude is informed, of course, by knowledge and skills, but it's also informed by people's feelings, their sensitivities, the culture in which they're working and also by the heroes, if you like, who are within that culture and the rewards they think they are going to get for doing a particular thing. In projects that I've done around Inclusive communication, introducing Inclusive communication across primary care services in Edinburgh many years ago, is identifying exactly some of those barriers and why were people not taking on my sage advice about what they should be doing in GP practices. I touched on those underpinning aspects of attitude. One of them seemed to be just a fear this was too big, it was going to be too difficult for them, and so there's something there about step change, but also people understanding that they don't need to do everything all at once, but that they will be supported within a culture which is going to encourage and enable them to take on Inclusive communication practice. That's why it's so important there's ownership and leadership and certainly, that came through in the survey results. People were saying you just can't get the leaders to buy in to doing Inclusive communication, so if you've been on a training workshop but your boss says, "*Do that next week, it's not important,*" it doesn't happen of course.

The other thing is, I also think that in terms of that people's feelings or sensitivities, so many of the people that we work with, the professional's self-esteem, their professional identity is based on them thinking of themselves as good communicators. I think as soon as we start talking about Inclusive communication, there may be some who are sensitive to the fact that they might read criticism in that, that everything they've done in the past is bad or not very good. We need to make sure that we're building on what people are doing well and giving people positive feedback for doing the right things at the same time as saying, "*How can we enhance and enable you to be more effective as professionals?*" and putting it in that context.

The other things that address that attitude is getting people into, why are you doing this? What's the value in it? What's the reward in it? Amanda talked about expressing the positive benefits for them as services, but I think they need a bit of experiential learning, what's it like to live with a communication disadvantage? Obviously, there's lots of activities we can do that last five minutes and then say, imagine doing that 24/7 for years and years. How would you feel, and how effective would your services be, or would your uptake of services be?

I think, finally, one of the reasons people don't do things is because they're just a wee bit confused about what it is we're actually asking them to do. I think we need to be absolutely clear, give them things that they can carry around in their head, a framework that helps them make their own decisions about what they should be doing with their hands, with their faces, with their gestures, with their words. They need to be able to generate solutions in situ, rather than having to go off and read guidelines. We have to keep it simple and tell people practically what it is we want them to do.

That's a very long answer but perhaps as a profession, it would be good for us to start trying to address that in a more constructive way about addressing some of those attitudes. That's, again, what the work we're doing is about.

Derek Munn, Director of Policy and Public Affairs, RCSLT

Thank you very much. Okay, just got time for one more if that's okay? Della, you spoke a little about RCSLT's work and someone's asked particularly about any research that we're planning. Expand a bit on what RCSLT itself is going to do.

Della Money, Deputy Chair, RCSLT Board of Trustees; Consultant SLT and AHP Associate Director, Nottinghamshire Healthcare NHS Foundation Trust

Okay, well hopefully everyone's heard of the RCLST Outcomes Project which is being rolled out. Phase two of this outcomes project is to look at the outcomes of work that is outside of the referral process for individuals. So different services and specialisms may call this type of work different things. We hear it referred to as targeted or universal or working with an environment or an organisation or a wider community. And really, what we need to do, is understand what this type of work is and understand that a lot better to be able to clearly define it, and what's the purpose of that work, and what is it that we're aiming to achieve by carrying out that work?

Once we've defined that work in terms of purpose and aim, then we need to move onto the next stage which is how we can measure the impact of that. I think that is a big piece of future research and evaluation for the college.

Derek Munn, Director of Policy and Public Affairs, RCSLT

Thank you. Thank you very much, Della. Okay, I'm afraid that brings us to the end of today's webinar. Thank you all very much for joining and sticking with us. Just to remind you that the presentations, the recording and the transcript will all be online after Christmas, along with a Q&A document, so if we didn't get to your question we'll do our very best to answer it after the event.

I'd like to invite you to join us for our next webinar which will be on 17 January, and the topic will be 'Developmental Language Disorder – What do the changes mean for your service delivery?' For a section of you, I know that will be of some interest.

In the meanwhile, thank you once again and could I wish you, on behalf of the Royal College, a very happy Christmas and New Year.

Thank you and good afternoon.