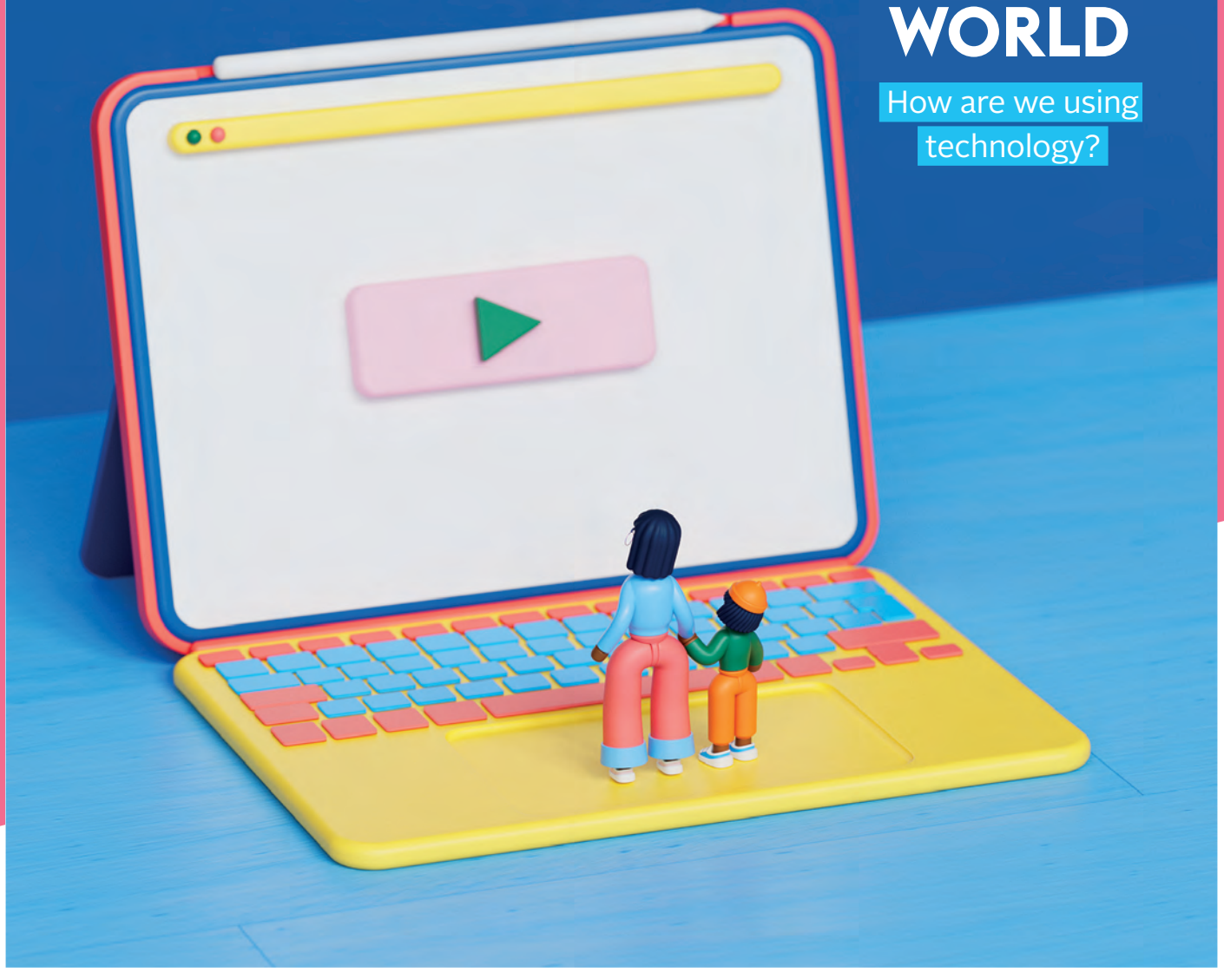
Bulletin

RCSLT

The official magazine of the Royal College of Speech and Language Therapists

OUR DIGITAL WORLD

How are we using technology?



ISSUE 845 WINTER 2025/26

RCSLT.ORG

Screen time: what do we know? | Using AI with confidence | **New curriculum and student placement guidance** | Supporting people with communication needs in prison | **Career planning in midlife** | DLD research priority setting partnership | **Animal sounds and linguistics**

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2022 MEMBERSHIP EXCELLENCE AWARDS — WINNER Best Magazine Launch or Re-launch

2022 MEMBERSHIP EXCELLENCE AWARDS — Highly Commended Best Magazine - circulation <20k

IN THIS ISSUE

Technology shifts

The speech and language therapy profession has always engaged with technology. In the office in London we have gadgets from the 60s onwards which supported SLTs in their work. SLTs are expected to be familiar with technology relevant to your role as part of HCPC professional registration.

'Screen time', especially digital media use by children and young people, continues to be hotly debated in the media. The evidence shared in our cover feature shows that excessive screen time may be one factor among many affecting children's early language development from birth to age six. As experts in children's speech and communication, SLTs are in an ideal position to support parents and carers to manage their children's use of digital media and language skills. Turn to **page 22** to read more.

Developments in augmentative and alternative communication (AAC), not least the arrival of the iPad, have transformed the lives of many. In my time at the RCSLT I have seen the large-scale appearance of speech therapy apps and been privileged to watch the development of voice banking. We all know that the advent of generative AI has the potential to be on a different scale.

There are some who say that – as with the printing press and the internet – generative AI is just another tool. Others feel that the effect on what it is to be human may be existential. Whatever the outcome, the implications for a profession which is all about language and communication will be profound.

> **The implications for a profession which is all about communication will be profound**

A survey of SLTs shows how some are already exploring generative AI in areas of work from drafting emails to therapy ideas. Others are thinking about the potential risks and benefits, plus the need for training in issues like data safety and consent. Turn to **page 30** to read more.

Also in the magazine, we look at midlife career options with an SLT-turned-coach on **page 39**. It's not long now until Swallowing Awareness Day so if you're looking for activity ideas to mark the occasion, take a look at **page 42** to find out how a team of SLTs experienced life with swallowing problems.

Derek Munn

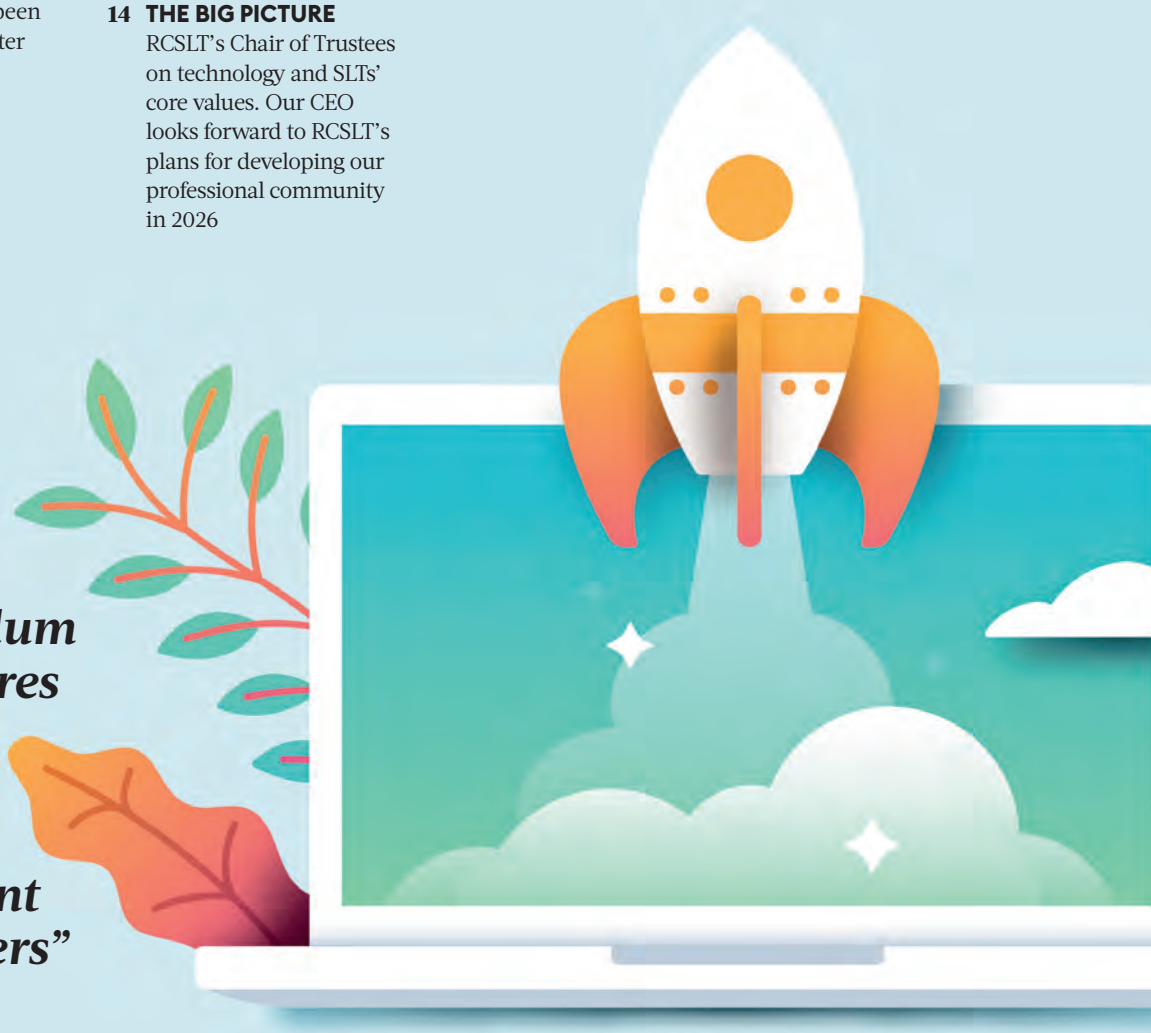
Derek Munn,
RCSLT Director of Policy and Public Affairs
bulletin@rcslt.org

PS With membership renewals coming up soon, this is a great chance to check all your details are up-to-date by logging into your personal online account **community.rcslt.org/login**.

Content

The official magazine of the Royal College of Speech and Language Therapists

REGULARS



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"A curriculum that nurtures reflective, evidence-informed and resilient practitioners"

FIONA GARDINER

WINTER 2025/26

ISSUE 845

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Sections featuring this icon represent all clinical features

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RESEARCH AND OUTCOMES FORUM

COMMUNITY & DEVELOPMENT

ILLUSTRATION: TIM BOUCKLEY

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SHARE YOUR THOUGHTS ON SOCIAL MEDIA @RCSLT

Talking points

Send your letters, notices and talking points to **bulletin@rcslt.org** or tag **RCSLT** on social media

LETTER

How university tutors inspire us

I was delighted to see my Forest School article in print in the autumn issue, and it made me reflect on the value of university tutors in supporting us to develop our knowledge.

My own tutors at Canterbury Christ Church University, Marian and Louise, shared their enthusiasm for research, teaching me how to weigh up scientific evidence, helping me clarify my ideas and suggesting I submit an article to *Bulletin*. Their passion has ignited my interest in keeping up with the latest journal articles and being open to innovation. I have received lovely feedback from my team at work, who can see the possible benefits of a therapeutic Forest School.

I hope this inspires other student SLTs to explore their own passions.

KATY WATSON, SLT
katycwatson@gmail.com

LETTER

Late career SLTs

I am grateful that I stumbled over a leaflet [about speech and language therapy] from College as an early school leaver with an active mind and no clear direction for a career.

I'm now approaching 40 years of experience in various areas of adult neurology, head and neck, and voice. I have turned to college at times for guidance on best practice, contacting specialist practitioners and of course recognised standards of care.

I recall meeting a group of experienced therapists retired and approaching retirement some time ago, but this I believe no longer exists. So at a time when I too am thinking the unthinkable – stopping working – I'm finding I'm doing the thinking and preparing on my own without the wisdom of my colleagues. Will College think about how we can make successful preparation for the ending of our careers?

HEIDI DE QUINCEY
heididq@gmail.com

Turn to **page 39** to read Mary Heritage's tips for midlife career transitions. The RCSLT Professional Development Framework can be used for all career stages, including active retirement planning.

LETTER

The GLP research gap

Thank you to RCSLT for hosting the gestalt language processing (GLP) webinar on 2 October which was very informative. Professor Hemsley and Dr Bryant clarified the 'practice to research gap' which currently exists, and suggested practical solutions to address this. Following this presentation, I'm interested to hear how RCSLT will be supporting the development of the evidence base for GLP and natural language acquisition (NLA).

LESLEY TRIVEDI, Independent SLT, Welcome Words Ltd

LETTER

SLTs with hearing loss

I am hard of hearing, and my role includes carrying out cervical auscultation with children with dysphagia. I've submitted a request to Access to Work for an adapted stethoscope and attended cervical auscultation training, and was able to hear the breathe-swallow-breathe pattern and difference between this and intrusive sounds. I'd be interested to hear if anybody knows of any research about swallowing sounds and the dBL frequency these are heard at. I'd also be interested to know whether SLTs who are hard of hearing feel they would be at a disadvantage if the frequency is out of range for their hearing levels with or without aided support?

SIAN SINER Specialist SLT, Royal Wolverhampton NHS Trust
sian.siner1@nhs.net

Keeping the conversation going

Lots of you shared your thoughts and ideas about *Bulletin* and the profession on social media! We love to see readers talking about our content, so tag in #RCSLT.

Great to see our partnerships with local organisations highlighted in the most recent edition of RCSLT's *Bulletin*. Keeping children with eating, drinking and swallowing needs safe during school holidays in collaboration with independent SLTs in special schools.
Fiona Barry, LinkedIn

Loved this article in this month's *Bulletin*. My son's nursery can't actually believe how much he is talking when he goes to Forest School. He thrives outdoors and here's some evidence of how great Forest School is for supporting communication.
Charlotte Douthwaite, Instagram

Thank you to RCSLT and Royal College of Occupational Therapists for jointly hosting the recent inspiring webinar on advanced practice. In particular the exploration into professional authority. Surely, this is why we came into the profession.
Wing Yee Lam, LinkedIn

Thanks RCSLT for the opportunity to share the FEEDS Toolkit! FEEDS stands for focus on early eating, drinking and swallowing. This is an evidence-based and coproduced toolkit for parents, carers and health professionals to use together. I loved the title of our article in the *Bulletin:* 'Parent power'!
Elisa Liu, LinkedIn

To round off a busy half term, we came together for a SLTea party to celebrate the RCSLT's 80th birthday! Homemade bakes, handmade toppers and plenty of good company...a perfect way to toast RCSLT at 80 and complete pledge number 6!
Liverpool Speech Therapy, LinkedIn

QUOTE OF THE QUARTER

"Speech and language therapists have been a godsend. I can't imagine my recovery without them involved"

MICHAEL SKELDON, stroke survivor

LETTER

HOME EDUCATION PATHWAY

In our service we are in the process of developing a pathway for children who are considered 'home educated'. This is a mixed cohort that typically consists of young people who have experienced emotionally based school non-attendance, are missing in education, awaiting a specialist setting or are electively home educated. I would be keen to hear from other SLTs who work with this cohort of children with a view to potentially setting up a peer support network.

FARIA IQBAL, Highly Specialist SLT, Buckinghamshire Healthcare NHS Trust
faria.iqbal@nhs.net

Correction

Omission from 'Voices united', page 38 of the autumn issue. The service evaluation report that the article was based on was written by Dr Ailie Reid. Dr Reid's work and Jessica Clark's supporting videos won the Chris Wade Award for Clinical Innovation 2023.

Need to

WHAT'S NEW ON rcslt.org

UNIVERSITY CURRICULUM GUIDANCE

RCSLT has partnered with higher education institutions and SLTs to create updated guidance for pre-registration degree courses and placements. The framework sets out essential learning outcomes, placement expectations and emerging capability areas. Turn to **page 34** to find out more.

rcslt.info/curriculum-guidance

AWAKE CRANIOTOMY GUIDANCE

Our new position paper sets out the SLT's role on the multidisciplinary surgical team for awake craniotomies. The paper outlines best practice, key competencies and recommendations to support safe, effective communication across surgical pathways. Turn to **page 17** to find out more.

rcslt.info/awake-craniotomy-guidance

FACILITATED COMMUNICATION STATEMENT

The RCSLT has published a statement affirming that facilitated communication and related methods lack scientific validity and should not be used in any circumstances. Visit our website to read the statement and linked resources.

rcslt.info/facilitated-communication

EDS GUIDANCE UPDATE

RCSLT has made two changes to the pre-registration EDS competencies. The hours component has changed from mandatory to recommended. The change of wording from 'developing' and 'achieved' to 'evidenced' aligns it with the practice-based learning guidance.

rcslt.info/eds-guidance

The role of SLTs in care homes

The RCSLT has published an overview of the role of SLTs in care homes, addressing the key issues of funding and sustainability.

SLTs are a vital part of all multidisciplinary teams working in care homes, helping residents stay safe, connected and understood. SLT input prevents avoidable hospital admissions, reduces delays in discharge, and promotes safer, more enjoyable mealtimes. By improving communication, SLTs also reduce isolation, enhance decision making, and strengthen relationships between residents, staff and families.

However, the benefits of embedding SLTs into care homes are only achievable with additional, sustainable funding for the speech and language therapy workforce. Investing in SLTs means investing in compassionate, person-centred care that supports residents to live with dignity, confidence and inclusion.

The new RCSLT statement offers the essential information needed by stakeholders for developing business proposals and seeking core funding for embedding SLTs within care home settings.

rcslt.info/care-homes-statement

SLTs win at the NHS Scotland Health Awards

Congratulations to Children and Young People's SLT team at NHS Forth Valley for winning two national awards for innovation and tackling health inequalities. A national SLT team was nominated for 'Top Team' for the Communication First Aid Kit.

The awards highlight the difference SLTs make every day in Scotland, improving outcomes, reducing inequalities, and ensuring everyone has a voice.

NHS FORTH VALLEY STAFF CELEBRATING THEIR WINS

know

Over
23,500
RCSLT members

The RCSLT conference 2025

The RCSLT Conference 2025: 80 Years and Beyond brought together nearly 1,400 delegates for two days of inspiring discussions and learning in November. Presenters and speakers shared insights across a wide range of clinical and professional topics, reflecting the breadth of the profession today.

Keynote sessions explored leadership, career development, public health, and the evolving role of SLTs. To mark our 80th year, a special session examined the history of speech and language therapy, highlighting how practice has changed and what the future may hold. The public health session enabled delegates to share practical examples from local projects and exchange ideas to bring back to their

own services. The conference concluded with a wellbeing session, offering strategies to manage pressures and support resilience.

Alongside the keynotes, members engaged with a rich scientific programme, thought-provoking impact and innovation sessions, lunchtime drop-ins and interactive networking opportunities.

Winners of the highest scoring abstract, highest scoring abstracts by early career researchers, and the James Law Child Language Prize were also announced.

The event demonstrated the strength of the speech and language therapy community in sharing practice, advancing knowledge and shaping the future of the profession.

If you attended Conference, you can access all the sessions and discussions for six months by logging into the online platform.

rcsltconference.co.uk

NEWS IN BRIEF

Improving the CPD Diary

Work has begun on a major new project to develop a completely new RCSLT CPD Diary: one that better meets members' needs and makes it easier to record, reflect on and evidence your learning. We have been reaching out to members to help in shaping a tool that truly supports you in your career.

The new system is due to launch in 2026. Because we're focusing our time and resources on developing the new system, we won't be making any further improvements to the current version. It will remain available in its existing form until the new version is ready, so you can keep using it to track your CPD activities. Watch out for updates on the e-news and website.

GLP evidence review

In October, over 1,500 people attended a webinar to learn about a systematic review of the latest research into gestalt language processing (GLP). Hosted by Professor Bronwyn Hemsley and Dr Lucy Bryant of the University of Technology, Sydney, the webinar provided a detailed overview of the available evidence, and highlighted resources on autism interventions. It also examined the wider context for GLP and its importance to families of autistic children.

You can view the slides and FAQs from the presentation
rcslt.info/GLP-NLA-webinar

Visit the RCSLT autism guidance coproduced with autistic people and carers
rcslt.info/autism-guidance

New NICE guidelines on rehab

The RCSLT welcomes the new National Institute for Health Care and Excellence (NICE) guideline on rehabilitation for chronic neurological disorders which acknowledges that speech, language and communication needs are too often overlooked in this population.

Access to speech and language therapy remains inconsistent. Action is urgently needed to ensure services are sufficiently resourced and fully integrated into care pathways, so that everyone with a chronic neurological disorder, including acquired brain injury, can access the speech and language therapy they need, when they need it.

rcslt.info/new-nice-guideline

Schools curriculum review and oracy

The independent review of curriculum and assessment in England carried out by Professor Becky Francis has recommended a new oracy framework for schools.

RCSLT is encouraged to see the importance of oracy recognised throughout the report and welcomes several aspects. For example, the report's broad and inclusive definition of oracy which includes verbal as well as other forms of non-written communication, such as sign language, non-verbal and Alternative and Augmentative Communication (AAC). This echoes the definition proposed in our joint work on oracy with Voice 21 and Speech and Language UK.

We are pleased to see that the Government response includes a commitment to develop evidence-led resources to support teachers in adapting the curriculum for all children and young people, including those with SEND.

Looking forward to meaningful change

Changes to the curriculum and assessment framework will need to be supported by actions within the wider education system, such as improved access to SLTs and other specialists. There is a need for changes to teacher training, the early career framework and ongoing learning for teachers and other school staff to equip teachers with the knowledge and skills to identify and support learners with speech, language and communication needs.

rcslt.info/response-to-the-curriculum-review

Northern Ireland award winners

SLTs and support workers across Northern Ireland were celebrated and recognised through the RCSLT Northern Ireland (NI) 2025 speech and language therapy awards.

Head of RCSLT NI Ruth says: "I'm proud we can honour colleagues who transform people's lives, whether that's helping a child to be understood, supporting someone to eat safely, or giving families hope for the future."

THE CARE HOME SUPPORT TEAM WITH THEIR AWARD AND CERTIFICATE.

Stammering and cluttering: new guidance

RCSLT is proud to announce the publication of updated stammering and cluttering guidance designed to help professionals and members of the public. For the first time stammering and cluttering have been separated into two areas to recognise the differences between them and align with most organisations providing support to those who stammer or clutter.

Stammering and cluttering terminology

Stammering is a variation in speech. It is complex in terms of its causes as well as the ways in which it impacts people in their everyday lives. Stammering may come and go and increase and decrease at different times and in different speaking situations. The guidance working group moved away from using the term 'dysfluency' as it is a medical term that could imply a problem with difference in speech. Stammering (or stuttering) acknowledges a person's lived experience without implying inferiority.

Cluttering is less researched than stammering. Individuals who clutter may organise their ideas and words in a different way and may speak at a faster speed. This faster rate may make speech less clear if syllables or words run into each other.

What does the guidance cover?

The guidance includes web-based materials for clinicians, position statements and information for members of the public, as well as lists of useful resources. The guidance was coproduced in partnership with STAMMA and Action for Stammering Children, as well as people who stammer or clutter.

rcslt.info/stammering-and-cluttering-guidance

UP COMING

JANUARY
4 World Braille Day
24 International Day of Education

FEBRUARY
4 World Cancer Day
9 National Children's Mental Health Week
28 National Eating Disorders Awareness Week

MARCH
3 World Hearing Day
15 World Speech Day
18 Swallowing Awareness Day

NQP goals update

The NQP goals are being updated in Autumn 2026 in response to member feedback. They will be designed to align with the new curriculum guidance and the RCSLT Professional Development Framework, providing a smoother transition between career phases. There will be fewer core goals along with options to choose goals which relate to an NQP's setting and career plans. There will be a session at the NQP Study Day in February about the planned changes. Look out for updates in the e-news.

RCSLT Student to NQP Study Day day: February

All student SLTs in their final or penultimate year are invited to attend the 2026 Study Day, being held online on 25 February. Following a welcome from CEO, Steve Jamieson, the programme includes the planned updates to NQP goals, panel presentations and tips on finding your first role. You'll meet fellow students as well as managers and other leaders in the profession.
rcslt.org/events

Swallowing Awareness Day 2026

Technology is the theme for this year's Swallowing Awareness Day, taking place on Wednesday 18 March. Share your events and activities celebrating eating, drinking and swallowing needs on social media and tag RCSLT, or email *Bulletin* with your pictures and stories. Turn to **page 42** to find out how one team marked the day in 2024.

Help to shape RCSLT strategy

Work has begun on our new three-year strategy for 2027-2030, and we want our members to be actively involved in its development. We will be running focus groups across the four nations to learn what you would like RCSLT to look like in future. Look out for details on how you can take part in the e-news.

RCSLT research networks relaunch

This spring, watch out for the relaunch of our RCSLT Research Champions and Clinical Academic Mentors Networks. There will be a new online Professional Network for Research Champions, with resources, opportunities, discussions and much more to support your evidence building activities.

Become a journal reviewer

Alongside the new networks we will be launching an exciting new peer-reviewer development scheme which will support you to gain the research knowledge, skills and experience to review for our own journal, the International Journal of Language and Communication Disorders (IJLCD). Look out for updates in the e-news, research newsletter and on LinkedIn.

Find out more on our website:
rcslt.info/research-networks

Membership renewals

RCSLT is proud to be at the heart of a thriving professional community for over 80 years. In this issue some of our members tell us about some of the ways that being part of RCSLT has made a practical difference to their careers, their service and the people they support.

Our annual membership renewals period begins in February. All members will receive an email about renewal, so if you have not had yours by late February please log into your member area of the website to check your contact details are correct.

You can also contact the Membership Team for advice **membership@rcslt.org**
Log into your online membership area
community.rcslt.org/login

Turn to **page 28** to read about our members' experiences of belonging to RCSLT.

Want your photo to be featured in the next issue of *Bulletin*? Post your pic on social media tagging **@rcslt** or email **bulletin@rcslt.org** and we'll publish a selection of the best

Got something you want to share?

This issue showcases SLTs nationwide, championing DLD awareness and inspiring future leaders through award-winning initiatives


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2


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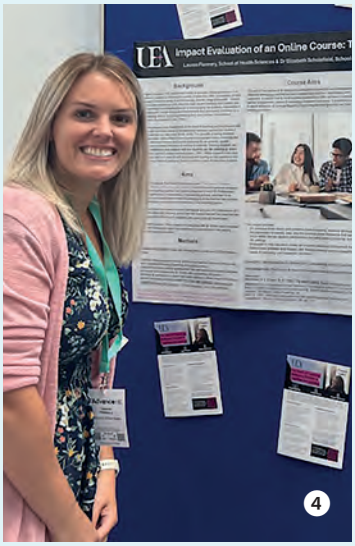

4

5

1 SLT Judy King ran the Jersey Marathon in October 2025 and will be running the London Marathon 2026 while fundraising for 1Voice - Communicating Together.
Judy King

2 Brent Speech and Language Therapy attended the CLCH allied health professionals conference, speaking on early careers and the research champion role.
CLCH Brent Speech and Language Therapy

3 Jane Dawson received the president's award from the British Association of Head and Neck Oncologists. This award spotlights speech and language therapy's vital role in head and neck cancer care.
Jane Dawson

4 Lauren Flannery won the Change HE Award for advancing inclusion and accessibility in higher education through UEA's Communication Access Project, a global FutureLearn course on relational pedagogy, and the ConnectEd podcast. **Lauren Flannery**

5 Raising awareness for DLD day, the team embarked on a road trip across Northern Ireland, visiting four post-primary schools alongside Pamela Larmour, Nick Mathison, Gavin Robinson and David Brooks.
Ruth Sedgewick

6 SLTs, researchers and Tayside Aphasia Speakability members aboard the RSS Discovery celebrated community at the British Aphasiology Society international conference 2025 in Dundee.
Dr Abi Roper

7 SLTs and apprentices Natashka Hayles-Downes, Kerry Merry and Amy Duck led a successful DLD awareness day with activities that helped teachers support affected students. **Cat Andrew**

8 The Liverpool Speech Therapy team came together for a SLT tea party to celebrate the RCSLT's 80th birthday.
Liverpool Speech Therapy team

9 We launched RCSLT's inspire leadership programme, welcoming 18 SLTs from 100+ applicants. The day featured inspiring talks from Heulwen Sheldrick and Paul McGee.
Astra Ward

IRMA DONALDSON

SLTs as digital citizens

Technology may change over the generations but our core values as SLTs remain, says RCSLT Chair of Trustees **Irma Donaldson**

Let's embrace the present

The world is changing. My parents experienced life in a very different way to the one I'm living now. My children and their peers have had different experiences to this point in their lives to the ones I had up to the same age. I have no idea what will be accepted to be commonplace or the norm when they reach my age. Across so many domains life is evolving.

Technology is playing a bigger part of our collective experience than ever before. There is no way to ignore this shift. I fear that if we disregard the momentum that is building around the use of technology in everyday and professional life, we risk the possibility of reducing our relevance and effectiveness. I know I am recognising my need for better understanding and confidence, and I'm trying to embrace the positive aspects that technological advances are bringing. Although initially reluctant, I must be honest that some things have made life easier and have saved time.

However, when I do not understand or 'break' something that should be easy, it is so frustrating. Knowing that we still need to have contingencies in place for when the system has an outage is sobering. I realise just how dependent I am on a screen to function now.

Technology is being seen as the answer to drive the needed rise in efficiency and productivity that many healthcare settings are grappling with now. The NHS 10 year plan for England has the move from analogue to digital as one of its main pillars.

Some of us in speech and language therapy will be excited to explore the possibilities being opened by technology, but I know some of us will be fearful of trying to 'keep up' with the expectation to adapt and learn a new way of doing things.

As people and as a profession we need to be adaptable and embody the concept of lifelong learning. One of our core skills as SLTs is our ability to connect to other people regardless of the role we have or the context in which we work. Let's embrace the present and anticipate the new life possibilities that are fast emerging using technology. It will enable us to be effective and efficient SLTs without losing our most valuable asset: our compassionate humanity.

IRMA DONALDSON,
RCSLT Chair of Trustees
irma.donaldson@rcslt.org

STEVE JAMIESON

The value of belonging

Our CEO, **Steve Jamieson**, reflects on what it means to be part of RCSLT

We step into 2026 with a renewed sense of purpose and unity, building on the incredible momentum of our 80th anniversary year. The 2025 celebrations reminded us of the strength and solidarity of our profession, of what can be achieved when SLTs, NQPs, researchers, assistants, students and retired members come together as one community.

This sense of belonging is at the heart of everything we do at RCSLT, and it continues to guide how we serve, support and champion our members.

Over the next 12 months, we'll continue to nurture our vibrant community through the networks that connect practitioners across the UK. You can be part of our events programme, regional Hubs, Clinical Excellence Networks, and our growing online professional network. These communities are where ideas flourish, challenges are shared, and collective wisdom drives progress.

Our clinical guidance and research is shaped by our members. Every learning resource, research project and career framework reflects your expertise and leadership. Our goal is to ensure that whatever your role, setting or career stage, you have the tools and confidence to reach your full potential.

Through advocacy, we amplify your voice. Whether influencing government policy, campaigning on workforce challenges, or raising the profile of the profession in national conversations, our work is powered by members' insight and experience. As we enter an election year for Scotland and Wales, this will be more important than ever. Together, we continue to make an impact for the profession and for those who rely on your expertise.

Underpinning all of this is the practical support we provide: professional indemnity and legal insurance, expert advice from our Professional Enquiries team, and free access to over 1,700 journals. Log into your individual online CPD diary to help you track your growth and learning – and watch out for improvements to the diary coming in 2026 based on member feedback.

As we look ahead, we remain committed to strengthening this community, one built on collaboration, care and shared purpose. Together, we'll continue to shape a future that reflects the best of our profession.

STEVE JAMIESON MSC, BSC (HONS), RN
RCSLT Chief Executive Officer
steve.jamieson@rcslt.org

Shape our strategy
Work has begun on our new three-year strategy, so look out for details on how you can get involved.

These communities are where ideas flourish

ADVERTORIAL

IMPROVING FEES ACCESS IN THE COMMUNITY: A GAME CHANGER IN SWALLOW ASSESSMENT

Ambu® aScope™ 4 Rhinolaryngo Slim

Introducing Swallow Diagnostics Limited - a privately established FEES service, offering a transformative approach to swallow diagnostics. Below, we hear from the founders about what inspired their initiative.

IN CONVERSATION WITH BRIGID JACKSON & TRACIE MANSELL

Company Directors at Swallow Diagnostics

WHO ARE SWALLOW DIAGNOSTICS LTD?
We are two therapists, working concurrently within the NHS with extensive FEES experience. Taking the opportunity to work together to build a new innovative service in our free time has been a few years in the pipeline but is a direction we are so pleased we have taken.

WHAT IS FEES?
Fibreoptic Endoscopic Evaluation of Swallowing (FEES) is a highly informative procedure to assess swallowing function instrumentally. A nasendoscope, which is a thin flexible tube with a small camera and light on the end, is passed through the nose to visualise the throat (pharynx) and voice box (larynx) whilst patients eat and drink.

WHY IS CHANGE NEEDED?
FEES assessments are primarily conducted on inpatients within larger healthcare facilities. Outpatient access, however, is often limited, resulting in long waits for appointments and logistical challenges with travel. For many patients, this is simply not a viable option, yet the evidence regarding the need for increased access to instrumental assessments is very compelling. Our vision is to introduce a new approach for outpatients by bringing objective assessments closer to patients, providing access within smaller clinical settings.

HOW DO YOU FEEL SWALLOW DIAGNOSTICS FITS WITH THE EVOLVING HEALTHCARE LANDSCAPE?
We feel our community-based FEES model aligns with the general move towards preventative care, envisioning our service as a key contributor to the Government's push for more accessible, community-driven diagnostics. It's convenient, responsive, and collaborative, and we feel proud to have been able to provide our service to our first cohort of patients over the past 12 months.

WHAT ARE THE BENEFITS?
We offer improved access for those with mobility issues or for individuals in a much wider range of clinical settings - providing assessment in more personalised, familiar environments. Diagnosis is often faster, reducing delays that can lead to aspiration pneumonia and enable quicker interventions which often avoid unnecessary hospital admissions.

WHO REFERS THE PATIENTS TO YOU?
GPs, Consultants, SLT colleagues and patients themselves! We predominantly see patients in outer London and the South-East, within a two hour radius of Guildford in Surrey.

WHAT ENDOSCOPE DO YOU USE?
Collaboration is key! We have teamed up with Ambu® and use their sterile single-use Ambu® aScope™ 4 Rhinolaryngo Slim to ensure we maintain the highest level of hygiene standards. It's a slim endoscope designed with a small 3.0mm outer diameter to help minimise patient discomfort during FEES.

SO, WHAT'S NEXT?
We have been overwhelmed by the positive comments we have received.

> **"extremely grateful for outstanding support ...excellent and in-depth assessments"**

It's early days and an exciting time! We both want to remain working in the NHS. We want to continue raising awareness of the value of FEES and expand our reach ensuring more people can potentially take advantage of our service. A priority for us is to be able to work with health insurance companies to offer a fair tariff for FEES assessment to avoid the limitations of being a self pay service. As we grow, we hope to collaborate with others, share our expertise and build strong relationships within our industry, ultimately working towards an adopted ethos of community access to swallow diagnostics within the wider healthcare service.

HAVE A QUESTION ON FEES IN THE COMMUNITY?
Submit your questions using the QR code and gain access to our "Scoping the Issues" podcast where Tracie and Brigid answer your questions in a future episode!

HAVE A PATIENT TO REFER?
Get in touch with Tracie and Brigid at admin@swallowdiagnostics.co.uk

Or for more information visit www.swallowdiagnostics.co.uk

Awake but not alone

Awake craniotomy through the eyes of an SLT: **Suzanne Spink** shares her unique insights and expertise

SUZANNE SPINK

As a specialist SLT in Neurosurgery at Leeds Teaching Hospitals Trust, my role in the awake craniotomy service consists of pre, intra and post-operative assessment of communication for patients with glioma. These tumours are made up of glial cells of the brain and tend to be diffuse. They are most often located in eloquent areas making them challenging to remove without damaging communication.

In an awake craniotomy, the person is woken during surgery so we can carry out tests and assessments to help us identify critical language areas and pathways in the brain. The aim is to remove the tumour without creating post-operative language deficits.

The position paper is more than a set of recommendations: it's a foundation for shaping consistent, high-quality care in awake craniotomy

Preparing for surgery

I meet the person early on following diagnosis. It is essential for me to build trust and prepare them for everything they will experience during the operation. We may suggest relaxation techniques such as box breathing and visualisation to use during the operation. They know I will be beside them throughout the surgical experience.

Pre-operative work-up is essential and I carry out detailed language assessment in the days before the operation. I meet with the neurosurgeon and other members of the multidisciplinary team including physiotherapists and neuropsychologists to understand the surgical plan and agree testing paradigms according to the location of the tumour. We tailor intra-operative assessment to the individual and we rehearse the tasks we'll use in the theatre on the morning of surgery.

In theatre: mapping the language network

When the patient wakes mid-surgery, the SLT leads a rapid series of language tests while the surgeon stimulates areas of the brain using direct electrical stimulation (DES). Language tests are presented via iPad, including object picture and verb naming, sentence completion and semantic/phonemic judgment tasks. My role is to monitor for speech or language changes in real time. When changes in function are identified, I inform the surgeon immediately. If this is a repeatable change, the surgeon knows they've reached an eloquent area, and this functional location is then marked and preserved.

Guidance for a growing field

Since my first surgery in 2007, with two or three surgeries per year, I now participate in up to 40 annually. Responding to this growth, the RCSLT has published the new awake craniotomy position paper to formalise this evolving area of practice. It reinforces the vital role of SLTs as essential partners in preserving language function during brain surgery and calls for consistent service planning and funding. It also includes a list of core skills, competencies and sources of learning and training for SLTs interested in specialising in this area. The position paper is more than a set of recommendations: it's a foundation for shaping consistent, high-quality care in awake craniotomy.

SUZANNE SPINK, SLT Clinical Lead Neurosurgery, Leeds Teaching Hospitals Trust
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Find out more

Explore RCSLT's new position paper on awake craniotomy
rcslt.info/awake-craniotomy-guidance

ILLUSTRATION: TIM BOUCKLEY

Less pressure, more insight

Gill Millard's team used Talking Mats with young people to support self-expression during autism assessments

GILL MILLARD

In Sheffield, SLTs work in a multi-disciplinary team alongside paediatricians and clinical psychologists to assess children and young people for autism. The SLT role is to make direct observations and to interact with the young person. Typically, this information is gathered through the Autism Diagnostic Observation Schedule (ADOS-2) assessment tool.

NICE autism guidelines (2017) recommend that within the assessment we strive to gather information from the young person themselves about their experience of home life and education. To help us capture the wealth of insights our young people had to offer, we decided to try creating an autism diagnostic-specific Talking Mat. A Talking Mat is a visual 'thinking' tool designed to support a person to think about and express their views on a specific topic. We developed ours to help the young people to consider their thinking, behaviour, communication and learning styles.

Removing the pressure of face-to-face conversation unlocked a wealth of information

The Talking Mat asks the person to think about their everyday life and the things that are important to them. We ask the young person to lay picture cards on a mat, sorting the cards against a top scale of how much they identify with each given statement. Since the Talking Mat can be completed non-verbally it has proved invaluable for those who don't speak at the appointment or can't manage lots of conversation and questions.

The more we used the Talking Mat, the more we found that the richest information was actually that which they shared whilst deciding where to place each card; we often found they liked to explain why they placed each card where they did and readily gave personal examples. Removing the pressure and expectation of face-to-face conversation unlocked a wealth of information. For diagnostic assessment purposes, the specific examples and real-life experiences often revealed the motivators behind the behaviours and helped us understand whether these were driven by an autistic thinking and learning style.

We started to see that use of the Mats helped our young people to feel a part of the process; listened to and valued rather than simply 'assessed'. For those who mask, purposely or unconsciously, it became particularly valuable and a relief to their parents who were used to feeling misunderstood when presentation is so different inside and outside the home. One parent commented: "It's amazing he opened up to you so much, he usually lies about how he feels".

At times the Mat forms the basis for sharing the diagnosis with the family and how we have come to that decision in a more meaningful way. Talking Mats have enabled us to bring the young person and their perspectives to the centre of our assessment process, giving value to their thoughts, concerns and reflections.

GILL MILLARD, Highly Specialist SLT, Sheffield Children's NHS Foundation Trust
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ILLUSTRATIONS: TIM BOUCKLEY

An SLT role in government

Catherine Pape is in the team leading Talk with Me, the Welsh early years language support programme

CATHERINE PAPE

I joined Welsh Government in 2020 in the midst of Covid lockdowns to work on the 'Talk with Me' programme, a project focusing on universal, population and targeted support for speech, language and communication in the early years.

Together with my job share partner Claire Butler, I started work on our delivery plan. It became clear early in the pandemic that children's development was being affected by lockdowns. Part of our role was to seek evidence of the impact on children's speech, language and communication, and incorporate that evidence into policy responses.

Talk with me, from 2020 to today

Our delivery plan includes five main objectives. Objective 1 is raising awareness of children's language development, which included a campaign based around our TV advert which achieved almost eight million impressions.

Objectives 2 and 3 focus on evidence-based identification of and intervention for children with speech, language and communication needs (SLCN). We secured £1.5 million funding to develop a bespoke, bilingual SLCN surveillance and support package for children under five in Wales: Prosiect Pengwin.

Under Objective 4, upskilling the workforce, we rolled out a speech, language and communication training pathway which has been downloaded over 1,200 times. We have also developed free training for the health visiting workforce, early years practitioners and inspectors for Estyn, the Welsh inspectorate of education and training.

Objective 5 includes a range of cross-policy commitments to supporting children's language and communication. Particularly rewarding pieces of work include developing Welsh children's voices for communication aids and installing communication boards in playgrounds across Wales.

A role in government

Day to day, my work is rich and varied. The Early Years branch sits within Health, and we work closely with colleagues with responsibility for Flying Start (Welsh Government's anti-poverty strategy for families with children under four) and childcare, as well as with those in the education division and our research colleagues.

The civil service is a very different place to be than the NHS. Getting to understand the intricacies of working with Ministers and the processes within government took time: there are just as many acronyms in government as in the NHS but they're not all the same, so there's a whole new language to learn!

> **The civil service is a very different place to be than the NHS**

Communicating complex evidence to non-SLT audiences is also key to my role. Currently we're grappling with messages about screen use, and summing up the evidence on this is no mean feat.

As part of my role, I enjoy linking up with SLTs working in early years prevention in the other UK nations and Ireland to share learning and provide informal peer support. I truly value being in the privileged position of working in a country which has chosen to prioritise and fund a permanent commitment to communication in the early years.

CATHERINE PAPE, National Speech, Language and Communication (SLC) Coordinator, Early Years branch, Welsh Government
If members have any questions about Talk with Me, you can contact us on talkwithme@gov.wales

Grief and loss

Kirsty Smart's personal reflections on the experience of grief after her son died from suicide

When I entered the world of grief support groups, counselling, podcasts and literature after my son died, I began wondering what differentiates peoples' responses to grief and loss. Why is it that some suffering loss become marathon runners, experience addiction or depression, or become ambassadors for a cause, and others do not?

It also made me consider how my own knowledge and experience as an SLT of 35 years connected with my experience of grief.

KIRSTY SMART

> **...those chats were characterised by enquiry, listening and validating**

Our amazing son, Dr Donald Smart RCVS, died aged 27 from suicide in 2021. It was not unexpected. I feel it really important to say explicitly that it wasn't unexpected, because the narrative of 'every suicide being preventable', I have learned, brings shame and guilt to some people impacted by suicide. It suggests suicide would be prevented if only people did more: more talking, loving, listening, specialist help, interventions, medications. That simply isn't true for some. That said, I will work tirelessly to support prevention wherever possible.

Donald was a great person, son, friend, colleague and vet. He had autism and ADHD and was often distressed by daily life, situations and interactions. From my clinical knowledge, I understood how inflexibility of thinking reduced the range of solutions he might come up with to a challenge or stressor. I knew how the impulsivity of ADHD meant some people might act upon an initial idea and how Donald's autistic brain was overwhelmed and difficult to reason with. He often couldn't see a different perspective, especially when he was distressed. Although crippled with loss, I wasn't seeking answers in the same way that many others impacted by suicide were.

Working in childrens' services, I was surrounded by counselling resources in my colleagues. Their therapeutic backgrounds meant chats were characterised by enquiry, listening, validating, not advising, and certainly not trying to fix things.

My work has a strong focus on trauma informed care. Had I not had knowledge of trauma responses, I imagine the hypervigilance, feeling unsafe, altered perspective, affected concentration and over-sensitivity to noise and other environmental stimuli would have been terrifying and disabling.

My neuro-linguistic knowledge told me how thoughts affected my behaviour, and focusing on language, visualisation, reading and mental rehearsal helped when my mind wouldn't quieten down.

I haven't run any marathons, but I have led on the creation of a Specialist Children's Services Peer Supporter Hub. Using the World Health Organisation's mental health first aid framework, it gives colleagues access to trained people for really effective conversations. Given the amount of people at work at any one time managing trauma and loss, this is vital.

SLTs use honest and meaningful conversation approaches with clients and their families daily. Perhaps opening up conversations about difficult topics within our profession is more challenging.

Hopefully my purely personal reflections here can result in more personal talk and reflection, leading to a deeper understanding of care.

KIRSTY SMART, Speech and Language Therapy Professional Lead, Greater Glasgow & Clyde NHS Partnerships
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Resources

Bereavement support: **cruse.org.uk**
Mental health first aid: WHO manual
rcslt.info/psychological-first-aid

ILLUSTRATION: TIM BOUCKLEY

Screens and early language

Does digital device use, or 'screen time', have an impact on young children's language development?
Dr Gemma Taylor *looks at the evidence*

ILLUSTRATIONS CRAIG BOYLAN

GEMMA TAYLOR

For many of us, digital media is a pervasive presence in our lives. Most of us now need to access essential activities via digital devices, from school homework to banking. The news and social media regularly deliver stories and strong opinions about the risks of digital media to children. But does digital media pose a threat to children's early language development, and if so, what can SLTs do to support families and young children in today's digital world?

Understanding the evidence

This article looks at the latest evidence and discusses what we know about the effects of digital media on language development for children aged 0–6 years. Although there is a wealth of evidence available, we need to be aware of the complexities and limitations in what this really tells us.

When evidence is based on experiments, it allows us to talk about cause and effect more confidently, but it may not be possible to extrapolate results directly into real life situations and clinical practice. Correlational studies can sometimes be better for studying real world factors that may relate to language development, but are unable to tell us which factors are causative, if any. There is also the issue that studies often identify differing or even contradictory findings.

Defining 'screen time'

We have traditionally thought about the impact of digital media on children's development in terms of 'screen time', that is, how much time children spend using digital media or 'screens'. However, children's digital media use is about more than just time using a screen: it includes what type of device they are using, what kind of content they're engaging with, and the social context in which they're using it.

- **Key types of media and device**
  This includes television, touchscreen tablets, smartphones, games consoles, laptops and computers, and e-books (audio or visual text-based content alongside static images).
- **Content**
  The content available on digital devices is very diverse and we should consider whether content is intended as educational or entertainment, and if it is age-appropriate or not.
- **Passive vs active use of digital media**
  Passive usage involves children simply watching a screen, such as television, whereas active usage involves some form of interaction, such as games consoles.
- **Social context**
  This key element considers whether children are using digital media alone, and therefore with limited opportunities for language enrichment activities, or with others.

Understanding correlation (r value)

Correlation (r) measures the relationship between two variables ranging from -1 to +1. An r value of 0 indicates no relationship between the variables. 1 means that two factors increase together at the same rate, and -1 means that one factor increases at the same rate the other decreases. The closer the figures are to 1, the stronger the relationship.

Amount of 'screen time' compared to other factors

Here we to start to paint a picture of the variety of factors at play by looking at a range of studies.

Hours of screen use

Two longitudinal studies published recently indicate a negative link between significant amounts of digital media use by children and their language development.

1 A Swedish study found that more screen time at two years of age predicted poorer vocabulary for children at five years of age (Sundqvist et al, 2024). In the study, poorer vocabulary at two years of age did not predict higher screen time at five years of age (Sundqvist et al, 2024). This tentatively suggests it is more likely to be screen time that negatively influences children's language development rather than vice versa.

2 Similarly, a large study from New Zealand found that exposure to more screen time at 2.5 years was related to poorer vocabulary and communication skills at 4.5 years (Gath et al, 2025). This link remained even when controlling for factors such as maternal education and socio-economic deprivation in the area the family lived (Gath et al, 2025). However the data showed a relatively weak correlation.

This study also noted that children spending more than 1.5 hours per day using digital media at two years of age were more likely to have poorer language skills at 4.5 years of age. However, again, this effect was moderate suggesting that other factors also play an important role in children's language skills.

Impact of media use on mean language scores							
Hours	0	1	2	3	4	5	6+
Language score	0.15	0.09	-0.06	-0.19	-0.3	-0.36	-0.41

Type of device and media content

A meta-analysis conducted by Jing et al (2023) included 63 experimental and correlational studies with 0-6 year old children measuring their vocabulary.

Type of screen use	Effect on vocabulary	Correlation (r)
More digital media use	Increased	0.23
Experimental studies	Increased	0.30
E-books	Increased	0.40
TV/video	Increased	0.20
Games/apps	Increased	0.25
Educational digital content	Increased	0.17
Other digital content	No effect	0.01

DATA EXTRACTED FROM JING ET AL (2023).

These findings suggest:

- More digital media exposure was linked with better vocabulary, particularly in experimental studies where digital content was always educational.
- In the experimental studies, the link between children's digital media exposure and vocabulary was stronger for e-books than any other type of digital device.
- In the correlational studies, children's exposure to more educational digital content was linked with better vocabulary, while exposure to other content, such as entertainment, was not.

This meta-analysis therefore suggests that educational digital media may support children's language development in some contexts.

Language quality of digital media

Some digital media content may expose children to rich language that could support their language development. My research team and I compared the language in children's touchscreen apps with the language in children's books and in child-directed speech (CDS). We found that apps and books both use lower frequency words more than CDS (such as 'invitation'), and repeat those low frequency words more than CDS. The apps also include shorter utterances than books, which may support early language learning (Kolak et al, 2023).

Educational literacy apps have been shown to support four-year-old children's vocabulary scores for words taught within the app after playing with it for just 10–12 minutes (Dore et al, 2019).

Screen time and parent-child interactions

One of the ways that children's digital media use might relate to poorer language skills is the potential for digital media to disrupt parent-child interactions, also termed 'technoference'.

An Australian study used a small digital device (Language Environment Analysis (LENA) technology) worn by the child to record all spoken language and digital noise in the child's environment multiple times from when the child was aged from one to three years. The researchers found that more screen time was linked to less parent-child talk. For children aged 36 months in the study, each minute of screen time was related to 6.6 fewer adult spoken words, 4.9 fewer child vocalizations, and 1.1 fewer conversational turns between the parent and child across the day (Brushe et al, 2024).

Co-using digital media with an adult

When parents 'co-use' digital media with their children, children learn more from the digital content (Taylor et al, 2024).

Rowe et al (2021) designed children's apps to promote parent-child conversations when using the app together. For example, one app allowed parents and their children to record their voices to playback as two animals in different settings (eg food shopping). Rowe et al (2020) found that both parent and child language use increased during the app use, and children produced longer utterances after using the app with their parents for three weeks.

This social interaction and language could support children's language learning and enrich their language environment. However, parents need guidance to use rich language related to the content during co-use.

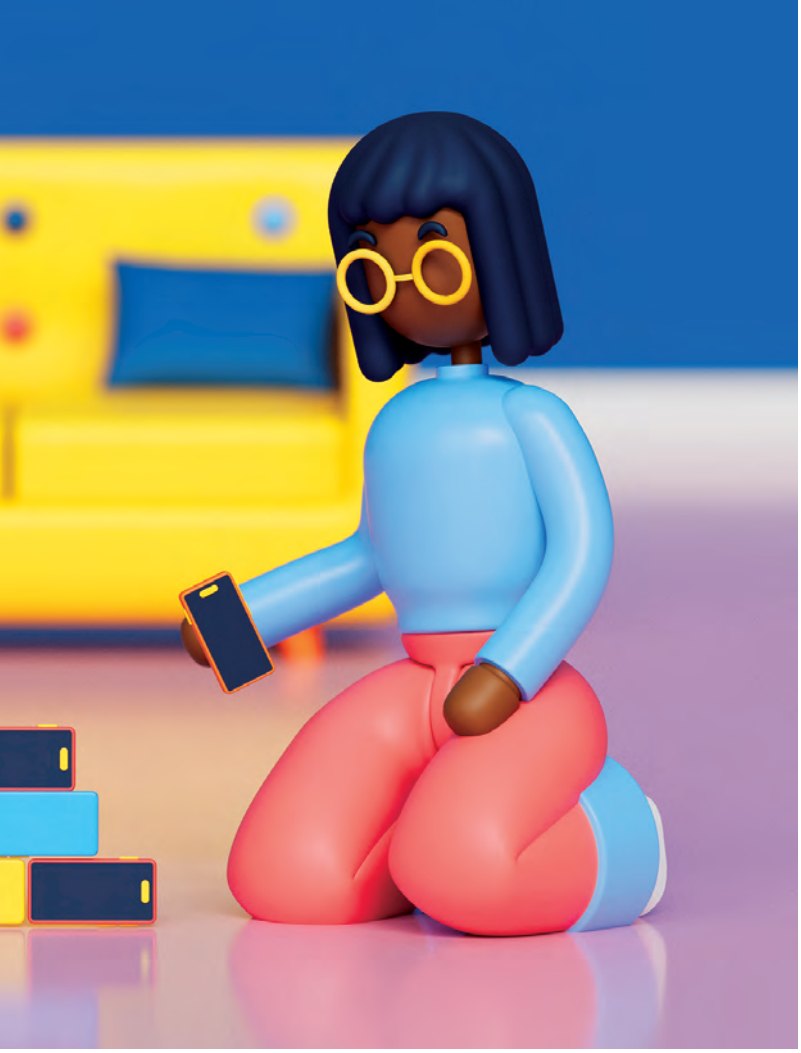
Caregiver media use

There is evidence that caregiver digital media use when spending time with their children can disrupt parent child-interactions and lead to poorer language development.

Children's routines: One study found that parent-reported digital media use during children's routines such as mealtimes, playtime and bedtime was linked to two-year-old children's poorer vocabulary, grammatical use and pragmatic use (Sundqvist et al, 2021).

Background television: A meta-analysis with 42 correlational studies found that exposure to background television was linked to children's poorer language skills (Madigan et al, 2020).

Reducing device use: Importantly, Corkin et al (2021) found that children's vocabulary was greater if parents reported that they made a decision to turn off or put away their mobile device at least once a week.



Limitations in the research data

It is important to caveat that the research evidence is limited by its dependence on parent reports of children's digital media exposure which can be unreliable (Radesky et al, 2020). And the data often ignores the role that type of digital device, digital content and social context play in children's language development over time.

As a result, there is still so much that we don't know about digital media and children's language development, but we can offer some key takeaways based upon the current best evidence.

Key takeaways

- Research demonstrates that children's language development can be negatively impacted by excessive digital media use over time. In contrast, moderate digital media use, consuming educational content, and co-use with an adult can support their language development. However, the effect is small, and there are many other important factors influencing children's language development such as the variety of language stimulation activities in the child's life.
- Although there is a need to be aware of the risks of new technology, over-caution could risk missing out on potentially helpful tools such as educational apps, and co-usage of digital media.
- It is important to note that caregiver digital media use and background television can also negatively impact on children's language development.

ADVISING CAREGIVERS ABOUT SCREEN TIME

1 Talk to caregivers about all aspects of digital media use, not just the amount of screen time. Encourage caregivers to consider whether their children are passively or actively engaging with content, whether the content is educational and age-appropriate.

2 As part of this, when their children are using digital media, encourage caregivers to consider co-using, and suggest ways they can provide language learning opportunities by talking to their children about the content both during and after digital media use.

3 Provide information and advice on effective ways of supporting their child's language development using adult-child interaction strategies across the day, including during co-use of digital media.

4 Encourage caregivers to think about if and how they use their own digital media when they are with their children. Suggest they try to avoid using digital media during mealtimes, playtime and bedtime routines with their children. Give ways they can support language learning at these times, either just by having conversations, or activities such as shared book reading.

5 Acknowledge that we live in a digital age and children will be exposed to digital media either through their own use or through a caregiver's use at some point. Life is busy, and caregivers do not need to feel unduly worried or guilty. Instead, they might carefully consider their children's digital media use, try to ensure that their interactions with their children are not too disrupted, and that they provide lots of language learning opportunities around the digital media use and across their days. B

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RCSLT and me

Five SLTs talk about belonging to our community and what RCSLT membership means to them

Our landmark year, 2025, brought the speech and language therapy community closer than ever as we celebrated the RCSLT's 80th anniversary. Members across the UK came together to honour the profession's achievements and the lasting impact of speech and language therapy.

We are so proud of our growing community, with the revitalised Hubs and over 100 Clinical Excellence Networks actively connecting members. And we can see the difference that our ambitious professional development teams make by improving learning opportunities and building career paths for all SLTs and student SLTs.

As a professional body, RCSLT takes the lead in setting clinical standards and raising the profile of the profession. We're supporting more and more SLTs into senior leadership roles, and raising our collective voice as part of the conversation about communication and swallowing needs in all settings and regions.

Read on to hear from some of your fellow members about belonging to RCSLT.

ADVOCACY

Becoming a campaigner

The RCSLT has listened, advised, and even provided financial backing to help drive our national campaign on primary progressive aphasia. Having RCSLT behind us makes it easier to be heard and sustains our motivation and persistence. Their advocacy work amplifies individual voices and strengthens our collective impact. After more than 30 years of membership, I feel more connected to the College, confident that their support, expertise, and commitment to improving lives will continue to inspire and empower both me and those I support.

ROSEMARY TOWNSEND, Principal SLT, PPA Service, Dyscover Limited

Beating service cuts

When we were facing massive cuts to our service, our team sought guidance from the RCSLT and were met with profound support. The executive board's direct and professional involvement was critical, providing the high-level backing we needed. This guidance was ultimately the decisive influence in ensuring our expert-led service model was chosen over the proposed cuts. This win for paediatric public services is not just a win for our team and service users but thanks to the RCSLT, it is a win for our whole profession.

LLOYD BROWN, Specialist SLT, Hampshire County Council

Having RCSLT behind us makes it easier to be heard

COMMUNITY

Launching a new hub

The launch event for our new North East and Yorkshire Hub was full of energy and engagement, as speakers and attendees inspired each other. Feedback affirmed that coming together fostered a sense of community, belonging and connection to RCSLT. For some, it boosted confidence in taking next career steps.

We naturally think of membership in terms of benefits: what we receive for our investment. My experience launching the Hub reminded me that it goes both ways. The more we invest through participation, the greater the return in knowledge and opportunity, which amplifies our community contribution.

Hubs provide safe spaces to speak up, explore ideas, and, against the backdrop of daily working challenges, help us see the bigger picture. As our launch keynote speaker, Razvanah Shah, challenged us: "Be bold!"

EMMA GREGORY, Senior University Teacher and Professional Lead for Speech and Language Therapy, University of Sheffield

PROFESSIONAL DEVELOPMENT

RCSLT Inspire leadership programme

RCSLT Inspire is a remarkable leadership programme where SLT's voices are truly heard and valued. It offered me the gift of time to reflect on my leadership style, honour my strengths, and lean into growth. When I returned to work, everything felt subtly transformed. Conversations deepened, my team approached our work with renewed momentum, and the service-users and their families felt truly understood. The programme reminded me that leadership is more than a title; it is about championing ideas with purpose and creating meaningful change.

VICTORIA FACEY, NHS Diagnostic and School SLT

Taking part in the RCSLT leadership programme has transformed how I view and practise leadership. Previously, when asked in supervision, "What type of leader are you?" I struggled to answer. This programme helped me redefine leadership and develop confidence in shaping my own style.

In my current role, I manage three speech and language therapy assistants. This is my first experience supervising others, and the programme has equipped me with practical tools, resources, and insights from experienced leaders. It has been invaluable in fostering growth for myself, my workplace, and the people who rely on our services.

JASKIRAN KAUR MATHARU, SLT, YourHealthCare Trust

Spring-clean your membership!

February 2026 is the start of our annual membership renewal period. Why not take the chance to:

- tell us about changes to your address or working status
- complete or update your member profile. It's easy and quick to do, and gives us vital data we need for all our inclusion and advocacy work
- set up a Direct Debit: it's the easiest way to renew and comes with a discount compared to paying by card
- update your email newsletter preferences.

You can do all of these things quickly and easily online by logging into your member area on our website **community.rcslt.org**.

For details of the renewal process and price increase (equivalent to just over £1 per month for a practising SLT) visit our membership page **rcslt.org/membership**.

Belonging helps us all

As a member, contributing to the work of the RCSLT is a two-way street. By sharing your time and expertise, you help shape the profession's future as well as adding to your professional experience. Join a working group to develop clinical guidance, be part of a hub or become a vocal advocate for the profession.

We are our members. We strive to amplify all our voices, bolster careers and build our community. We're dedicated to standing up for the profession in a challenging healthcare environment, and united by our shared commitment to improving lives through communication.

Find out more

Discover how you can get involved with the RCSLT

rcslt.org/get-involved

Confidence with AI

Maria Garcia *shares the key insights gained from founding a network supporting SLTs to use AI in clinical practice*

MARIA GARCIA

The Artificial Intelligence for SLTs Network (AI for SLTs) was founded after I carried out a survey into use of generative AI by speech and language therapy professionals in December 2024. The key themes of the survey responses told me that most respondents were looking for better skills in AI literacy and help to ensure tools are used safely, effectively and responsibly within our practice. What does that mean for SLTs and how do we build real confidence in using AI?

The network is set up as a free and inclusive space for all speech and language therapy professionals looking for practical support with generative AI, learning, networking and collaboration opportunities. It is open to all speech and language therapy professionals and other allied health professionals, and has over 1000 members.

Planning the survey

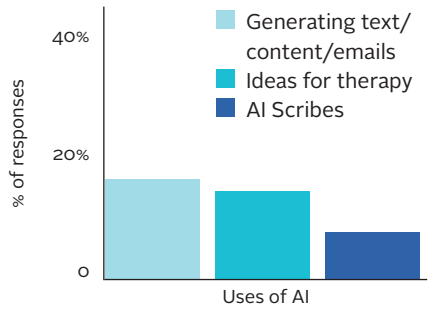
The survey aimed to look into attitudes, barriers and confidence levels of UK speech and language therapy professionals relating to using generative AI. This exploratory survey was carried out using a mix of qualitative and quantitative questions aimed at all speech and language therapy professionals. The survey was distributed via a Microsoft Forms link and sent via email to national Clinical Excellence Network (CEN) inboxes along with being posted and shared on LinkedIn. Participants self-selected by voluntarily completing the survey online.

I had over 600 responses, of which I analysed the 587 UK-based responses. These were made up of 91% SLTs, with the remaining 9% made up of student SLTs, apprentices, assistants, academics and lecturers. There were responses from a variety of specialisms and clinical settings.

How was generative AI being used?

Of the UK-based survey responses analysed, 58% of SLT professionals were using generative AI within their work:

The most common uses were:



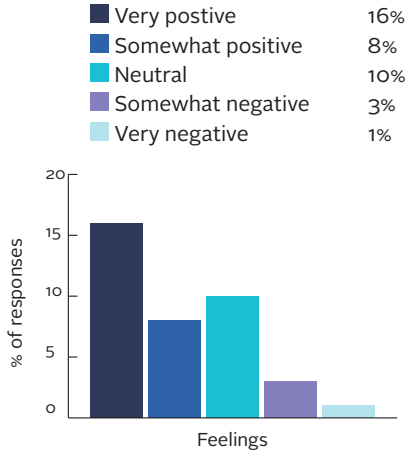
Less than 1% of SLT professionals in the survey were using AI for things like remote monitoring, progress tracking, robotics or building large or small language models or AI agents (a digital 'assistant' that can perform tasks and make 'decisions' on its own, based on your input).

Chat GPT came out as the top AI tool being used, closely followed by Microsoft's Copilot. Other tools included Gamma for presentations and Napkin for creating visual content.

ISTOCK

Feelings about AI

The survey asked about how SLTs feel about the prospects of AI being integrated into speech and language therapy. Participants could select multiple responses.



What leads to confidence in using AI?

53% of respondents felt either 'Somewhat not confident' or 'Extremely not confident', whereas 7% felt 'confident' and only 1% felt extremely confident.

Already using generative AI: those already using generative AI tools were, as expected, most likely to feel confident with it, and those who use AI tools frequently (daily 8%/weekly 28%) felt most confident.

Career stage: there was no correspondence between years of experience as a therapist and perceived confidence levels with using generative AI tools, nor was there any link with work settings. This potentially shows that SLTs can be equally confident in using generative AI, regardless of their number of years practising or where they work.

Clinical uses for AI

I asked which aspects of clinical work respondents would like to see AI-based tools support. Unsurprisingly, there was a strong response rate for administrative tasks including diary planning and intervention planning. Participants also selected assessment and diagnosis support, followed by training and education.

Of the qualitative responses, smaller but notable themes also emerged around resource creation, audit and integration with AAC tools.

Barriers to using generative AI

Respondents told us about some of the things that might affect their usage of generative AI. These included lack of training and guidance, as well as low confidence in their skills. Ethical and data protection concerns, and worries about errors or false information also came up.

Other barriers included client acceptance of generative AI tools, costs, lack of integration with current systems, and sustainability concerns.

The AI for SLTs network

The network launched in April 2025 and our core aims are:

1 to provide upskilling and promote the ability to make more informed decisions when testing and using generative AI tools

2 to foster collaboration between SLT professionals and AI/health technology professions

3 to inspire innovation by supporting SLTs to design their own solutions, equipped with an awareness of the safety and ethical rules and processes.

Insights from the network

Our network has hosted practical demonstrations of AI tools, along with Q+As with industry experts. We address a range of topics with discussion on areas including:

- **How is AI transforming healthcare?**

Clinicians and healthcare organisations are increasingly recognising AI's potential to enhance efficiency, accuracy and patient care rather than replace the human touch. Here in the UK, the NHS 10 Year Health Plan for England and the UK Government's AI Action Plan both set ambitious targets to increase the use of AI safely (NHS England, 2025).

Uses for AI in speech and language therapy

In practice, AI can mean many things: from a simple autocomplete function in an email to generating stories and videos to configuring complex systems that predicts health outcomes. If you, like me, don't have a technical academic background, understanding the various models can be overwhelming. The key is to recognise how these systems learn, what data they use and know where human oversight is required.

Keeping up with changes in AI

Until recently, very little of the AI conversation spoke directly to our profession. That is changing. We now see practical gains in documentation, accessible patient information, therapy content creation, literature triage and the potential for AI to support our own work-life balance as clinicians.

Implementation processes and safety

The process of implementing AI tools in healthcare settings requires rigorous testing, processing and benchmarking to ensure they meet patient safety standards. When innovating our own solutions, we need to be aware of the clinical safety guidance and that some generative AI tools may be considered a medical device. (MHRA, 2025)

For example, ambient voice technology such as an AI scribe can fall within the scope of the NHS Digital Clinical Safety Standards (DCB0129 and DCB0160), meaning that developers are responsible for demonstrating clinical safety testing and maintaining a hazard log, and require a designated 'clinical safety officer' to provide oversight. (NHS England, 2025)

Awareness of risks and responsibilities

AI tools span widely, from generative such as ChatGPT or Claude, to speech recognition and transcription software, diagnostic algorithms, robotics and more.

Clinicians using AI scribes or other AI tools, from ChatGPT to speech recognition and robotics, have the responsibility to be aware of accuracy risks: they must check the output before using it within patient care. Clinicians must also be aware of the possibility of bias and be familiar with data governance and privacy rules. The NHS guidance states we must be transparent and inform patients when we use AI scribes in our consultations. (NHS England, 2025)

> **In practice, AI can mean many things**

Where can SLTs go to get more information on AI?

Each organisation will have or will be developing their own AI guidelines, so this would be a first port of call. There is also guidance on using AI from the RCSLT, the NHS and the UK government Department for Science, Innovation and Technology. There are other CENs and Hubs supporting SLTs with AI and technology.

As the founder, it's my belief that getting to grips with AI will help SLTs feel confident with using it as part of our core skillset. Using AI isn't about replacing our expertise; it's about amplifying it. If SLTs understand both the power and the limitations of these tools, we can innovate responsibly and create new possibilities for our service users' futures.

MARIA GARCIA, Voice Specialist SLT, Clinical AI Event Manager and Founder of AI for SLTs
mariagarcia@nhs.net

Find out more:

AI for SLTs network:
aiforslts.com, aiforslts@gmail.com
RCSLT AI guidance and resources:
rcslt.info/artificial-intelligence-resources

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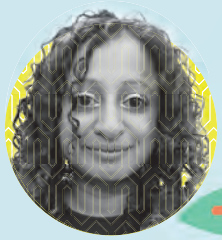
Launching the new curriculum

Mamta Beaver, Fiona Gardiner *and* **Jo Sandiford** *bring us some of the highlights of the new degree curriculum and placement guidance*



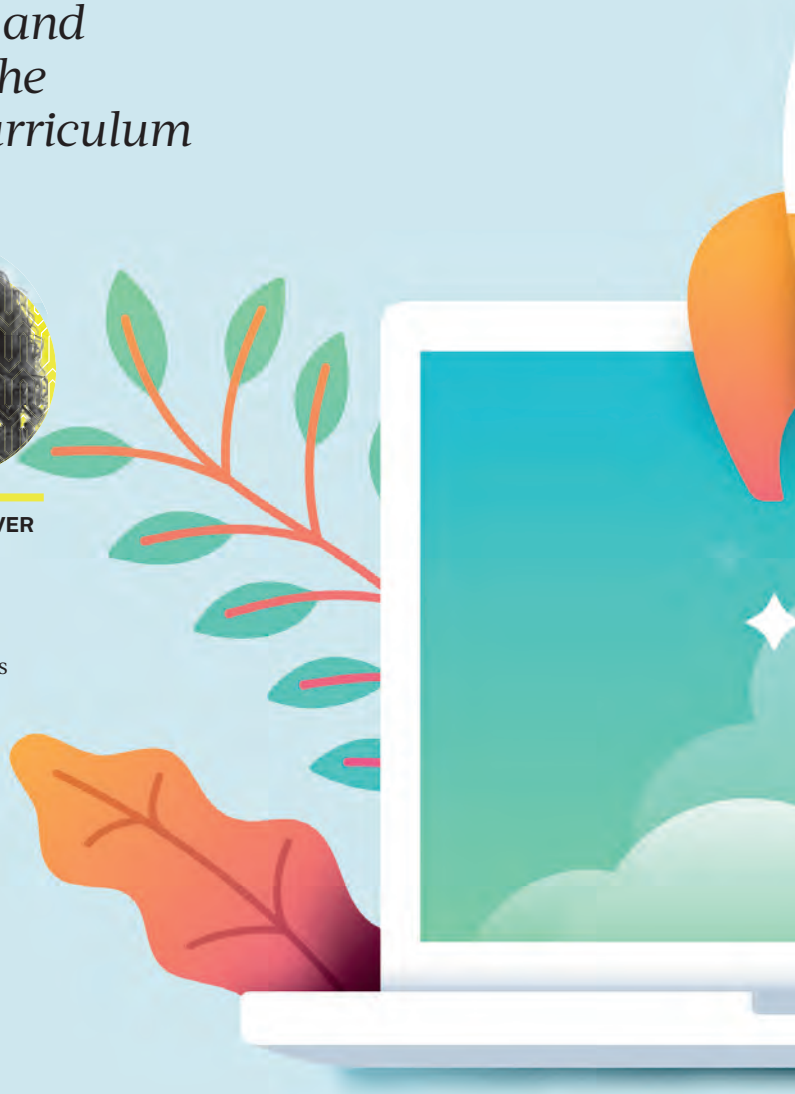
MAMTA BEAVER

With over 40 different undergraduate and postgraduate speech and language therapy degrees offered by universities around the UK, how do the institutions work together to make sure all graduates emerge with equivalent knowledge, ready to qualify as SLTs?

RCSLT plays a key role in shaping the degree courses by providing guidance to the higher education institutions (HEIs or universities). The guidance helps HEIs provide consistent teaching and support, so that all student SLTs are prepared for the challenges of the modern healthcare environment.

In 2024, NHS England awarded funding to the RCSLT to revisit and refresh its guidance on curriculum and placements. Following 16 months of collaboration including workshops, consultations and conversations with universities, managers and member networks, the result is a newly updated curriculum designed to better reflect the diverse scope of SLT work.

Fiona Gardiner and Jo Sandiford led working groups made up of members with a breadth of experience to review, write and update the existing guidance. With a strong emphasis on equity, diversity, sustainability and work readiness, this transformation ensures that graduates will be prepared to step into their future roles with confidence and competence.



Curriculum 2025:
Preparing student SLTs for today's healthcare world

FIONA GARDINER

Speech and language therapy education continues to evolve to reflect the realities of modern practice. The newly updated RCSLT Curriculum Guidance 2025 builds on earlier versions from 2018 and 2021.

The revised guidance is streamlined, adaptable and aligned with the profession's key frameworks, including the Newly Qualified Practitioner (NQP) Framework and the Professional Development Framework. The closer connection between pre-registration education and post-registration expectations ensures a smoother transition from learner to practitioner, with a strong focus on professional growth, reflection and clinical competence.

ISTOCK

Embedding the core capabilities

One of the most significant changes in the 2025 version is the integration of the former core capabilities section into the main body of the guidance. Rather than treating these as a separate element, they now underpin all aspects of education and practice. This shift encourages higher education institutions (HEIs) to embed reflection, equity, inclusion and professional development throughout their curriculum design.

The focus has shifted from outlining what learners must know and do to providing opportunities for learners to develop and apply their capabilities in flexible, forward-thinking ways. The result is a curriculum that nurtures reflective, evidence-informed and resilient practitioners.

> **A curriculum that nurtures reflective, evidence-informed and resilient practitioners**

Reflecting a broader view of practice

Earlier versions of the guidance categorised clinical areas using a fixed list. In contrast, the 2025 update introduces a broader, more dynamic model that captures the diversity of modern SLT practice. This approach reflects emerging areas such as digital transformation and public health, as well as the ongoing importance of speech, language, communication, and eating, drinking and swallowing (EDS).

Graphics within the guidance illustrate the continuum of practice, showing how SLTs work with people living with a range of conditions across the entire lifespan. This ensures that learners develop a deep understanding of the profession's full scope, from neonatal care to end-of-life support.

Connecting education and employment

The revised domains of professional practice strengthen the link between education and the expectations of newly qualified practice. These domains draw directly from the NQP and Professional Development Frameworks, embedding the foundations for safe, effective and person-centred care.

By aligning theory, clinical skills and professional behaviours, the new curriculum ensures that learners are ready to work collaboratively,

embrace innovation, and deliver care that reflects the needs of individuals and communities.

Building a foundation for the future

The 2025 guidance also highlights the growing importance of research literacy in facilitating evidence-based practice and clinical decision-making, adding research skills as a recognised contributory discipline.

There are other disciplines included within the curriculum guidance which contribute to the knowledge of SLTs. These include phonetics and linguistics, biological and medical sciences, psychology, sociology and education alongside research skills.

Consultation with speech and language therapy programme teams has led to clearer expectations around staffing, resources, and learner engagement. Attendance and participation are now more strongly emphasized, reinforcing the commitment to high-quality education.

The revised guidance emphasises the importance of inclusive education and social responsibility. The curriculum also aligns with the RCSLT position on sustainability, ensuring that future professionals are equipped to meet the evolving needs of society.

With these changes the new curriculum places social responsibility and inclusion at its core, supporting a profession that truly reflects the communities it serves.

A curriculum for tomorrow's SLTs

Ultimately, Curriculum Guidance 2025 is about readiness: preparing learners not only to qualify as competent SLTs but to thrive in an ever-changing professional landscape. With its emphasis on reflective practice, innovation and lifelong learning, this new framework ensures that future SLTs enter the workforce with the confidence, adaptability and insight needed for the challenges ahead.

Placements: shaping the next generation

JO SANDIFORD

On the journey towards qualifying as an SLT, students rely on qualified SLTs to provide them with opportunities for practice-based learning. The newly updated guidance on placements sets clear standards for student SLTs' learning and skills goals, while providing practical solutions to the challenges of finding suitable placements.

The guidance was updated through a coproduction process that aimed to review some of the key elements of practice-based learning. The key topics included:

- mandatory hours: are the current 562.5 hours (75 days) sufficient?
- removing the distinction between direct / indirect client facing activities
- using simulation for practice-based learning
- eating, drinking and swallowing (EDS) requirements for pre-registration learners.

The process involved working with a group of super colleagues from NHS and independent practice, as well as practice placement organisers from universities across the four nations of the UK. The review involved an informal survey to all universities, an RCSLT listening event and a national consultation to all RCSLT members.

Mandatory practice-based learning hours

There is currently no compelling argument to increase hours for SLT placements. The focus is on learner competence development and the quality of practice placements, rather than on quantity in terms of practice placement hours.

SLT pre-registration training needs to encompass the speech, language and communication content as well as the EDS strand. Students also need time to study the theoretical underpinnings such as linguistics, phonetics, behavioural sciences and psychological theory which are key to

evidence-based practice. It would not be possible to extend placement hours within the current course timeframes without compromising learner wellbeing or academic integrity.

Practice placements should value all elements that are part of an SLT's role and can include a broad range of activities such as:

- admin, planning, liaison and multidisciplinary team (MDT) work
- delivering and receiving training
- universal, public health and preventative work
- research, leadership and project elements.

The balance of these activities can be agreed between the practice educator and the university and should be driven by learner competence. There is recognition that learners need time with clients on practice placements to develop their clinical skills, and it is the responsibility of the university to ensure that learners have this opportunity across duration of their pre-registration programme.

The value of simulation in practice-based learning

Simulation is an immersive teaching methodology providing experiential learning opportunities, enabling learners to practice specific clinical skills in a safe space, and to focus on their own learning with no impact on clients. It involves a structured framework with clearly intended learning outcomes, and formal briefing and debriefing elements to give clarity to the learning. RCSLT recommends following the Association for Simulated Practice in Healthcare (ASPiH) Standards guiding simulation-based practice in health and care (2023).

Formal simulation that meets these standards can be used as part of the 187.5 hours (25 days) of non-clinically based practice-based learning opportunities. Simulation can be used by universities to enable learners to achieve their EDS competencies and hours.

Informal simulation (hypothetical learning opportunities) can be used as part of clinically-based practice-based learning too, eg role-playing sessions with an educator.

> **Graduates will be prepared to step into their future roles**

EDS changes

All student SLTs have to achieve pre-registration EDS competencies. RCSLT has recently agreed that EDS practice placement hours within the guidance are now recommended, rather than mandated and will not prevent a learner from graduating if not achieved in full due to the challenges in securing practice placements.

The EDS exposure hours should be embedded within the 562.5 practice-based learning hours. The previously used parameters of "developing" or "achieved" against the EDS competencies have also been changed to "evidenced" to reflect the learner's experience of, or exposure to the knowledge and skills covered in the 20 competencies. Learners must have 16 of the 20 competencies signed off and evidenced. Five of the EDS competencies require at least one verification from an educator in clinically-based sessions.

All NQPS required to work with people with EDS will need to complete the new RCSLT EDS competency framework (2025), with mandatory verification at Foundation level, before they commence any autonomous practice with clients with EDS differences.

Practice placement provision: over to you

A commitment to practice-based learning should be included in all job descriptions and demonstrated by all SLTs at annual appraisal and through reflection and supervision processes. This aligns with the Facilitation of Learning domain of the RCSLT Professional Development Framework. No speech and language therapy setting is considered too specialist to support practice-based learning.

The expectation of the RCSLT is that all practising SLTs should provide a minimum of 25 days practice placements to students per year (pro rata). This applies across the UK, except in Northern Ireland, where specific central arrangements for placement allocation are in place.

With the expansion of more university SLT programmes, the development of apprenticeship programmes and the recruitment concerns in some areas of speech and language therapy, it is even more imperative that all SLTS are involved in providing placements wherever possible.

We need you to:

- get involved with your local university
- develop your own clinical education skills
- look at what learners can do to enhance your service offer
- and future-proof our profession.

Don't hesitate to contact me if you want to be linked with your local university pre-registration speech and language therapy programme.

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DR JO SANDIFORD, Senior Lecturer in Speech and Language Therapy, Leeds Beckett University
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MAMTA BEAVER, RCSLT Senior Project Manager - accreditation and pre-reg education
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Find out more

Explore the new curriculum guidance
rcslt.info/information-for-education-providers

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Midlife career choices

SLT and trained coach, **Mary Heritage**, *shares her story and provides some tips for making plans for your own later career*

The date 13 January 2025 was always a milestone. My 60th birthday. From the start of my career, I knew that this was when I could retire. But the nearer it loomed, the more it seemed a turning point: a pivot, not an ending.

I always thought that my working life ran from graduation until my first pension payment. Then it was 'retirement' until you died. This was the concept I inherited from my parents' generation. My dad far exceeded the expectations of the society he was born into, when life expectancy was 59; so reaching 60 was optimistic, let alone enjoying over 30 years of healthy retirement, as he did.

In my 50s I was in 'retirement-denial'. I was scared to think about my later years and avoided checking my pension status. The very word 'retiring' sounded to me like a combination of tiring and withdrawing (bowing out!). I still had career ambitions that I haven't achieved, there were many aspects of my work that I still loved, and I had a brain-full of experience that I felt the need to download. And yet, I had less tolerance for work-related stress, was more consciousness of my own wellbeing needs, and I had a life to lead outside my career. I realised I wanted to do life 'my way'. Time was running out and the date of my big birthday was rapidly approaching.

Planning my later career

I decided to focus on a late-career plan. I performed my first 'career pivot' at 56, after 35 years in the NHS. I moved into a part-time contract and lower salary, but still very much within the speech and language therapy profession. It was important for me to leave a legacy before I finished my career.

After three years working in a university, I made my second pivot: to train as a coach and become my own boss.

Nowadays, I choose when to work and how to work or even whether to work at all. I am curious about how I can extend my working life and whether my skills and experience are still valid and valued. I'm exploring all that life has to offer. Creating the flexibility I want allows me to travel, be outdoors, to coach, to write, to read, to be consulted, to mentor, to volunteer as well as to spend time more time with my family. The aim is an integrated life.

SLTs in midlife

SLTs are less likely to follow the traditional path of 40-years full time work before retirement. We are more likely to be female, have career breaks and work part time. Older women traditionally continue their domestic, caring and mentoring roles long after finishing their paid work. Together with later age of state pension entitlement, SLTs may have less pension and longer to wait for it. So our 'retirement' decision may be guided by financial necessity.

My own late career transition led me to become a coach specialising in supporting SLTs through their midlife career transitions. I've identified some familiar dilemmas, most of which apply to men and women to differing degrees, and some of which are specific to women:

- Caregiving for different generations: our children may be young adults reliant on our financial, emotional and practical support at this stage of life, while our own parents are living longer. For those with grandchildren, we can add childcare to the care mix; and at the age we expected the 'nest' to be emptying, we may have more family responsibilities, not less (DWP, 2024).
- Bereavement becomes more frequent in midlife. Big questions arise for us: 'How many years do I have?' and ' How do I want to spend them?'.
- Our own health challenges, as well as the menopause for women.

- A sense of still having something to accomplish in our working lives.

The combined impact of the above, and the adjustments needed, or 'the midlife collision' as author Lucy Ryan calls it, demands more time to look after others and ourselves. Another author, gerontologist Barbara Waxman, sees it as a time of 'turbulent emotional' transition that she names 'Middlescence' like (adolescence but 'with wisdom') (2016).

Ryan researched the reasons why women are exiting the workforce and discovered a biopsychosocial 'tsunami of stuff' for women over 50: "think menopause, caring, and existential angst" she writes. Ryan's findings showed the universal need of

> **In my 50s I was in 'retirement-denial'**

TRINA DALZIEL / IKON IMAGES

> **An experienced workforce should be seen as a strength**

women in the later stages of their career was flexibility. In her book 'Revolting Women' Ryan finds: 'without flexibility, older women leave organisations silently … forging careers in different forms.' So, midlife appears to be a challenging and transformational life stage, when careers are often cut short (Ryan, L, 2023).

Midlife workforce

Our profession is chronically understaffed, with 17% of SLT positions vacant (RCSLT, 2024). A workforce report by NHS Education for Scotland in 2023 views the 13.8% of SLTs over 55 as a 'stressor'. I would argue instead that an experienced workforce should be seen as a strength.

The accepted solution to the workforce challenge in the SLT profession is to create more university programmes and to train more SLTs. But I think we are missing something significant. How can we stop the talent drain in our profession? How could we retain the expertise of midlife SLTs? How might we meet the needs of these most experienced colleagues?

When I left my previous job at the age of 59 to develop my career elsewhere, I was surprised that it was widely assumed I was retiring. A career extending beyond 60 seems to be unusual or unimaginable. Under the Equality Act, age is a protected characteristic, so assumptions made on age constitute discrimination. Our Equality, Diversity and Belonging work must embrace all stages of the lifespan within our profession.

I believe SLTs need flexibility in their later working lives to enable them to continue contributing to the profession as well as caring well for themselves. We all need to find meaning, purpose and relationships in our leisure as well as our work. When the right time comes, the transition beyond work is a complex adjustment, even though the opportunity for more leisure and family time is a captivating prospect.

My messages for line managers and employers

- Be proactive if 'retirement' is mentioned – remember this is a challenging transition, and an opportunity, not just an ending of employment.
- Be proactive in exploring where flexibility would help to enrich your people's late careers.
- Advocate for career breaks in late careers to support caring responsibilities and time to explore next steps.
- Educate yourself about menopause and be approachable on the subject when needed.
- Get to know your team – look out for the 'midlife collisions'.
- Look out for your own unconscious bias and reflect on any outdated expectations of your over 50s team members.
- Develop legacy practitioner roles: "where experienced colleagues in late career provide support to [those] who are newly appointed" (NHS England, 2025).

Designing your own midlife career transition

- Reflect on your own 'midlife collisions'.
- Discuss your aspirations and needs, with a friend, coach or mentor.
- Find out from a HR professional at your workplace what flexibility is available – you have a right, in law, to ask for it.
- Take independent advice on your financial situation and your pension options.
- There may be more flexibility than you thought, but it's very important to be aware of the potential impact on your pension if you change your working arrangements or salary near retirement age.
- Try out using different language 'my next chapter' instead of 'retirement'. Does this change your thinking?
- Some people find coaching helpful to support their thinking through a big transition.
- Commit to one or two actions today.

To help you think through your plans for the future, start a journal to record your emerging ideas. For example, which aspects of your work do you still enjoy and would like to pursue? Which aspects of your work would you drop tomorrow if you could? What else do you want to do with the remaining years of work and life? What regrets do you want to avoid?

And finally: dare to dream!

MARY HERITAGE, Coach, Mentor and SLT
mary@maryheritage.co.uk

A taste of life with EDS

To mark Swallowing Awareness Day, **Abigail Petrie** *and her team spent a day living with swallowing difficulties*

On Swallowing Awareness Day in 2024, our community-based speech and language therapy team at the Vale Community Resource Service in Wales took the chance to step into the shoes of those living with eating, drinking and swallowing needs (EDS).

Our team supports older adults living with progressive neurological conditions, frailty or complex health needs. We wanted to find out more about their experience of life with EDS.

Throughout the day, SLTs and assistants altered their usual eating and drinking routines to simulate common EDS challenges. Scenarios were randomly assigned during work hours and some continued into the evening. They included using thickened fluids, puréed meals, adapted beakers, having reduced hand dexterity, or needing full mealtime assistance.

We later reflected together on the often-invisible impact of EDS: the social isolation, loss of independence and emotional toll.

Impact on enjoyment and hydration

One team member, following an International Dysphagia Diet Standardisation (IDDSI) Level 4 pureed diet with Level 1 thickened fluids, shared: "I usually have 2.5 litres of water a day, but with thickened fluids I struggled to stay hydrated and felt bloated. The puréed breakfast left me hungry, lunch lacked flavour, and I craved texture."

This highlighted a core issue: texture-modified diets often affect enjoyment and hydration, leading to poorer intake and non-adherence (Wu, Miles & Braakhuis, 2021). As a team we feel that involving individuals in texture testing and exploring flavoursome options can improve outcomes.

Autonomy and the burden on carers

One SLT, who assisted a colleague with lunch and drinks in the office throughout the day, explained: "Assisting someone requires a lot of thought. Including how they like their food and drink, what order and what pace. Even with someone communicating clearly, it took much longer than usual. I kept thinking about how exhausting this must be for carers."

The SLT colleague being assisted reflected: "Eating habits are so personal, how we like food arranged, preferences for sauces: these can get lost when someone else is feeding you. I found myself accepting what I was given to avoid seeming difficult."

These reflections highlight the burden on carers. SLTs have a role not only in advising on safe swallowing but in supporting carer wellbeing. Training in communication and assistance strategies, and simple tools like visual aids or choice boards, can help people retain autonomy and dignity.

The impact of reduced dexterity

One SLT, who wore oven gloves for all eating and drinking tasks to simulate loss of motor skills, said: "Picking up cutlery was tough; teaspoons were tricky! I couldn't open bottles or cans. Tupperware helped as I could scoop food against the sides and had prepared everything the night before."

They drew parallels with early parenthood: "When my daughter was newborn, I ate whatever I could manage one-handed. It made me realise how much food choice is shaped by accessibility."

Reduced dexterity affects what and how people eat. SLTs can work with occupational therapists (OTs) to use aids like angled cutlery or non-slip mats and support strategies that promote independence, such as meal prep or easier-to-handle foods.

> That sense of missing out really stuck with me

Reduced choices around eating and drinking

Some SLTs used the Drink-Rite cup, which can be recommended to clients as an alternative to thickening fluids by only allowing small sips. Loss of spontaneity and control were key themes: "The 10ml sips made it hard to take tablets. I felt thirstier. It was frustrating."

Another SLT, who was only allowed to eat during simulated care visits, said: "I had a dry mouth, headache and missed out on birthday cake as it wasn't during my 'allocated time'. That sense of missing out really stuck with me."

What we learned

These insights show that even well-intentioned strategies can restrict autonomy and highlight the need to be person-centred in our work with people with EDS needs. Modified diets can be unappealing, hard to prepare and often lead to non-adherence. Carers face emotional and practical challenges, especially when long-standing routines change at home (Suzuki et al, 2022).
In care homes, catering staff must manage complex needs but suitable meals aren't always available. Being assisted can feel depersonalising, and carers need time, skill and patience, often with little support.

Our plans for putting person-centred care into practice

- **Prioritising choice:** offer options and explore preferences. Create visual aids for those with communication difficulties.
- **Supporting autonomy:** use equipment, routines and strategies that promote independence. Try equipment and teach carers how to use this effectively.
- **Championing dignity:** train carers to support at the person's pace, respect preferences and preserve social elements of meals.
- **Understanding non-adherence:** if someone refuses food or drink, view it as a cue for dialogue and shared decision-making, not judgement.
- **Balancing safety and quality of life:** use risk-managed decision-making approaches.
- **Collaborating across disciplines:** work with dietitians, OTs, nursing staff and carers to create satisfying, realistic mealtime plans.

We're committed to embedding these principles in our work. As a team, we've reflected on small but meaningful changes: supporting taste and texture trials, helping families value meal satisfaction and spotting signs of poor nutrition or hydration. We're aware that access to IDDSI-compliant meals varies and aim to support testing and menu planning. We're continuing to roll out care home training across the Vale area, to build IDDSI understanding and inspire chefs to rise to the challenge!

Swallowing Awareness Day reinforces why our work matters. By listening, reflecting and advocating, we can help people with swallowing needs live safely and confidently.

ABIGAIL PETRIE, SLT, Vale Community Resource Service, Vale of Glamorgan, Wales
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Find out more

Swallowing Awareness Day is on 18 March 2026. A reminder to keep raising awareness and champion the voices of those living with swallowing difficulties.

Explore RCSLT's eating, drinking and swallowing guidance
rcslt.info/eds-guidance

Top of the class

Elouise Ashwin *carried out a quality improvement project supporting schools to run language groups*

The number of children experiencing challenges in speaking and understanding has increased. According to the report 'Listening to unheard children' (Speech and Language UK, 2023), an estimated 1.9 million school-aged children in the UK are experiencing such difficulties.

Working as an SLT in a children's service in Dorset, I have seen the rise in numbers of children on the caseload for many years. Until recently, the service operated a specialist-only service in mainstream schools. With the introduction of the Balanced System framework (Gascoigne, 2018), the service has been transformed to provide three levels of support (universal, targeted and specialist) along five strands (family support, environments, workforce, identification and intervention) of this framework.

With a new team focus on targeted support, there was an opportunity to develop interventions. I asked myself the question: "can we design an effective school-led targeted language intervention that could be confidently delivered and measured by school staff, therefore reducing SLT input?"

In April 2022, I started a quality improvement project, leading a small team of SLTs to develop an effective school-led targeted intervention that was realistic for schools to deliver in terms of dosage and inclusion criteria.

Schools survey

We emailed a short survey to SENCOs in 185 mainstream schools across Dorset in June 2022. Questions included: what language support groups are running in your school and what outcome measures do you use? Which groups would be beneficial? What are the barriers to running language groups? What support would be required from an SLT to address this?

Just under 20% of schools responded to the survey. Of those who responded, just over 90% reported that they delivered language interventions, and half used an outcome measure. The most popular request for a language group was vocabulary. Everyone reported a training session and access to regular SLT support would be beneficial. 70% reported having resources would be useful.

Designing the intervention

Based on the survey results, we designed a six week (12 session) word learning skills group intervention for children aged five to 11, which aimed to address some of the barriers reported by school staff such as time, confidence, access to resources and lack of SLT support.

We designed intervention criteria, aims, assessment, resources and a schedule of support which included a 90 minute face-to-face training session and three support sessions for teaching staff. The groups were mainly led by teaching assistants. The intervention focused on a semantic and phonological awareness approach, which has been well researched and commonly used in evidence-based vocabulary interventions, such as Word Aware (Branagan and Parsons, 2021) and The Vocabulary Enrichment Programme (Joffe, 2011). Children participated in four tasks per session targeting semantic and phonological skills for word learning e.g. rhyming, homophone, categorisation, function and adjective tasks. The final four sessions drew on these skills to enable the children to learn a specific word, relating to the four topics covered in the intervention; animals, jobs, places and sports/hobbies. These words were included in the word definitions assessment.

Piloting the language groups

We piloted the school-led intervention and schedule of support in 22 schools in the summer term 2023 (10 schools) and autumn term 2023 (12 schools). This included schools covering a range of ages from Reception to Year 8.

> **The plan sets out a clear vision for teaching assistants to be well-trained**

We analysed the pre- and post-intervention data from an assessment consisting of 12 words (nouns, verbs and concepts) which the child defined. We gathered qualitative data from school staff, children and SLTs.

Evaluating the new groups

- **Word-learning results**

128 children, ranging from Reception to Year 7, received the word-learning skills intervention. 74 children were controls. Both groups were selected by the staff who received the training.

The intervention group gained an average of nine points on the assessment and five points on the four targeted words. The control group gained an average of 0 on the post-assessment. These results were statistically significant at a P value of <0.001.

41 children in the intervention group were re-assessed two to three months post-intervention. 78.04% gained a higher score compared to their pre-intervention assessment score. 43.9% maintained or gained a higher score compared to their post-intervention score.

- **Children's views**

53 children provided feedback. 86.8% enjoyed the intervention and many children gave examples of words they had learned in the group, including category labels and target words.

- **Staff feedback**

Feedback from school staff gave us information about the training, support sessions and intervention.

Was the intervention effective?

Our results show that the school-led intervention was confidently delivered and measured by school staff with supported from an SLT. Furthermore, it addressed some of the barriers faced by schools, such as time, confidence, access to resources and lack of SLT support.

The results represent a range of children who were selected by school staff, many of whom were not known to the speech and language therapy service. While this increased the participant variables, it demonstrated effectiveness. The assessment scores were checked by SLTs to ensure accuracy, but since different SLTs carried out the checks, this may have affected consistency.

Conclusion

Nationally, there is a focus on supporting and upskilling teaching assistants to support children with SEND (HM Government, 2023). The plan sets out a clear need and vison for TAs to be well-trained to enable them to develop specific expertise, with speech and language interventions as an example of this vision. There is a value for targeted school-led language interventions in schools. With training and scheduled SLT support, school staff can confidently set up and deliver these groups for a range of ages. This model can be replicated, creating further school-led interventions, such as phonological awareness and narrative. B

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Find out more

RCSLT resources on the SLT role in education
rcslt.info/education

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Brushing up on collaboration

Claire Johnston *and* **Zoe Abbas**

teamed up to bring dental students together with young people with learning disabilities placement

CLAIRE JOHNSTON

ZOE ABBAS

Before qualifying as an SLT I worked as a dental nurse, where I saw first-hand how oral health influences confidence, comfort and communication. In my earlier roles, supporting children in residential settings, I often helped them learn practical self-care skills including toothbrushing. Then working in specialist education, I saw the same pattern emerge: many young people struggled with oral care and tutors expressed uncertainty about how best to support them. I currently work at Heart of Birmingham Vocational College in Birmingham supporting young people aged 16–25.

Evidence consistently shows that people with learning disabilities experience poorer oral health outcomes than those without disabilities, with higher rates of dental caries, gingivitis and periodontal disease (Wilson et al, 2019). Poor oral hygiene is linked to major health risks such as cardiovascular and respiratory infections, which also affects communication, socialisation and overall quality of life (Public Health England., 2025). These factors often lead to chronic pain, low self-esteem and anxiety about accessing dental care, all of which can worsen existing health inequalities (Zucoloto et al, 2016).

Bridging the oral health gap

At college, oral hygiene is included within the independent living skills curriculum but tutors are not specialists in this area and often feel underprepared to teach it effectively. As SLTs, supporting oral hygiene sits within our remit, not only due to our expertise in swallowing and oral motor function but because we play a vital role in addressing health inequalities (RCSLT, 2021).

There remains a clear gap in oral health training for both SLTs and dental students when working with this client group. One paper found that many dental students did not feel confident or adequately skilled to work with individuals with learning disabilities upon graduation (Holzinger et al, 2020, Strang et al, 2023).

Reflecting on this, I contacted Clinical Lecturer Zoe Abbas from the University of Birmingham's School Department of Dentistry to collaborate and support oral health in young people with learning disabilities.

I outlined my clinical area, my previous dental experience and observations within the college. We discussed the lack of practical teaching opportunities in special care dentistry and quickly saw an opportunity to bridge that gap.

The initiative

This became a collaborative project begun between the Heart of Birmingham Vocational College and the University of Birmingham's School Department of Dentistry. We invited fourth-year dental students to volunteer and deliver oral hygiene sessions at the college. 13 dental students expressed interest, keen to gain experience in special care dentistry.

To prepare, a colleague and I delivered a teaching session that introduced students to:

- special educational needs and disabilities (SEND)

REFERENCES
To see a full list of references, visit:
bit.ly/Bulletin References

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- speech, language and communication needs (SLCN)
- best practice for engaging with learners in specialist education settings.

With Zoe's support for the project, there were more sessions with the dental school fourth and fifth-year students. This included autism and learning disability awareness training led by the college's pastoral lead, and an introduction to SLCN, which I delivered.

The dental students were provided with examples of resources they could use to plan and deliver their sessions such as STAR Institute's 'Going to the Dentist' and a range of resources from The Makaton Charity and Easy Health. However, the students were keen to create their own engaging materials. These included visual aids using simplified language and photos and videos to share with learners who were absent. They learned Makaton signs to introduce themselves and the key words used in sessions.

Working in pairs they visited classrooms to deliver interactive oral hygiene sessions using dental models and toothbrushes. Learning activities included picture matching, sequencing activities, learning vocabulary and discussions about the impact of diet.

Poor oral hygiene is linked to major health risks

College learners brought their own toothbrushes and practised the oral hygiene skills they had learned under direct guidance. The session was supported by college tutors and learning coaches, who modelled how to adapt communication for student dentists and supported learners who use AAC and Makaton. The student dentists shared their resources with the tutors to help them learn how to deliver oral hygiene instruction.

Dental students were also signposted to Communication Access UK, a free online training platform developed by RCSLT to improve communication accessibility. When an organisation completes this training, it can display the Communication Access symbol and be added to a national directory of communication accessible services.

What we learned

Reflecting on this project, several key lessons stand out, both for SLTs and for wider education and healthcare teams supporting people with learning disabilities.

- Tailored communication matters: using visual supports, modelling and sensory strategies ensures every learner can engage meaningfully.
- Raise awareness early: embedding this early in dental training means future dentists feel equipped and confident to work with this population, helping close the skills gap.
- Promote continued learning: free online resources can support dental professionals in becoming more confident in working with clients who have SLCN.

Learners expressed enthusiasm, noting how much they enjoyed the sessions and asked for future workshops. Tutors reported feeling more confident in supporting oral hygiene within their teaching.

For the dental students, the experience was transformative. One student shared: "The opportunity to adapt communication strategies and interact directly with this population was invaluable. Speaking with different types of learners has allowed me to understand different needs."

The experience helped dental and college students address health inequalities, develop adaptability and communication strategies, essential for patient centred care. We hope this project encourages more professionals to explore similar partnerships.

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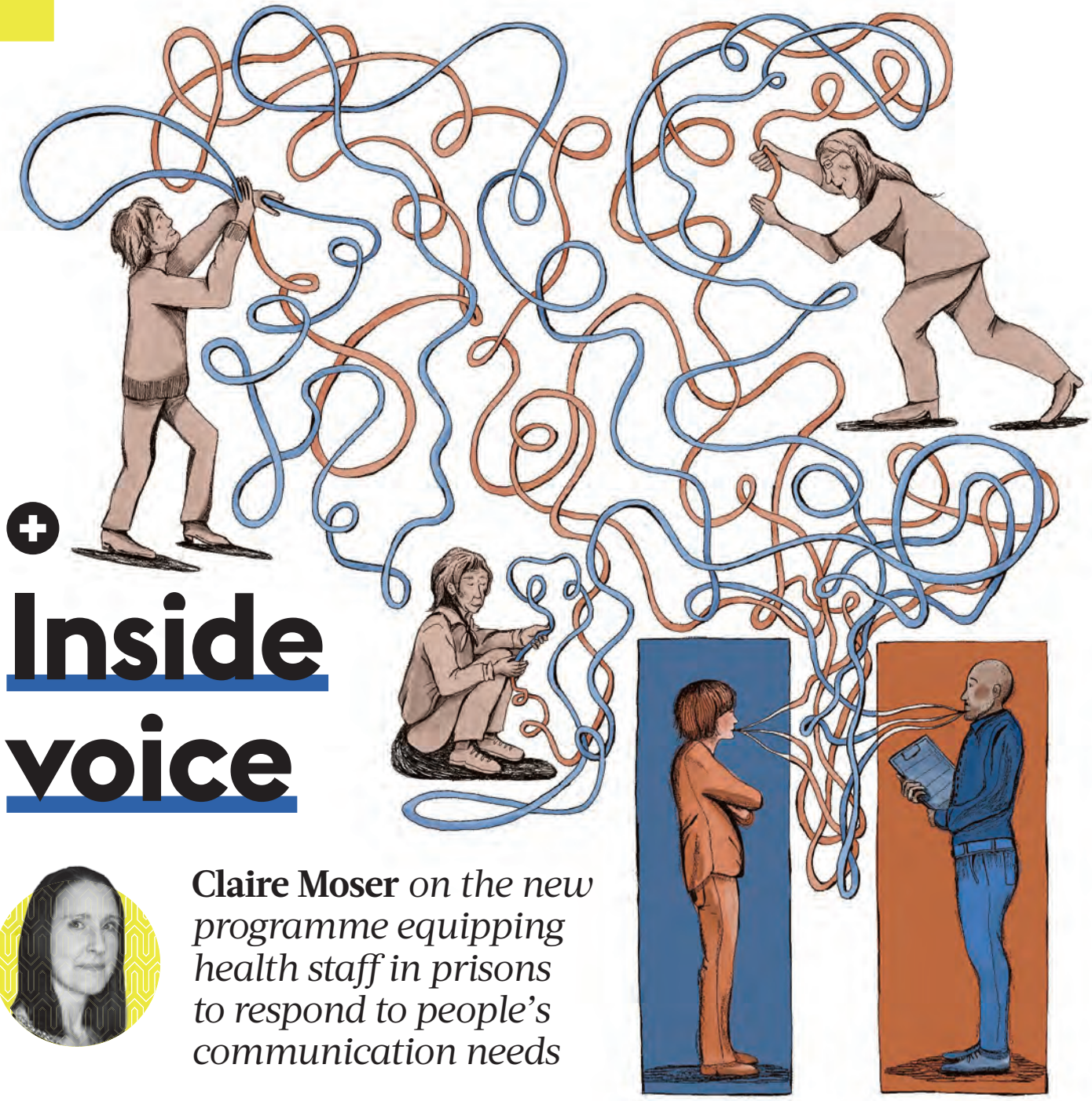
Find out more

- **rcslt.info/learning-disabilities**
- **rcslt.info/going-to-dentist**



Inside voice

Claire Moser *on the new programme equipping health staff in prisons to respond to people's communication needs*

In 2025, the RCSLT launched an ambitious new project to strengthen awareness of communication difficulties of people in the criminal justice system. This came out of a growing recognition of the high number of people in prisons and the wider criminal justice system with communication difficulties.

Research shows that over 60% of people in the justice system have some form of communication need: far higher than in the general population (Bryan, K, 2004). Yet, despite this need, many prison health and care staff have never received training to identify and respond to individuals with these difficulties. This knowledge gap has significant consequences: misunderstandings, frustration, increased conflict, poor adherence to treatment plans and inadequate care all result when staff misinterpret or are unable to address communication difficulties. This can also contribute to increased staff turnover and an increased likelihood of reoffending.

New training for health and care staff in prisons

For many years the RCSLT has long lobbied for training in communication needs for prison staff and increased access to speech and language therapy in all prisons. When NHS England East of England highlighted a significant training gap for their staff in a report on neurodiversity and communication, we saw a clear opportunity to make a tangible difference (HM Inspectorate of Prisons, 2021).

We proposed developing a new training package, designed by SLTs and delivered by SLTs, to help staff in prisons identify and respond to communication difficulties more confidently. NHS England East of England backed the idea, and funding was secured.

Our goals were clear but powerful:

- reduce barriers to communication between health staff and people in prison
- prevent conflict caused by misunderstanding between staff and people in prison
- support staff to communicate essential health information clearly with people in prison, empowering them to make informed decisions about their wellbeing
- improve overall healthcare delivery in prisons.

Developing the training

In Spring 2025, we recruited a team of experienced and passionate SLTs to design and deliver the core elements of the project, ensuring that the project was grounded in clinical knowledge and expertise.

Two tiers of training

To address the complex needs of the criminal justice system, we created a two-tiered approach which involved updating the RCSLT's existing e-learning package known as 'The Box' and developing a brand-new face-to-face element for prison-based health and care staff. Both tiers were designed to complement each other and create a comprehensive learning experience that was practical and accessible for staff working across the justice system.

Tier 1: The Box e-learning for all justice system staff

The Box, which is RCSLT's existing e-learning package for justice staff, was refreshed and restructured to provide a strong foundation in understanding of communication difficulties. The update is fully up-to-date, and adds new videos and learning tools to make it more engaging and practical. The Box will be available to all criminal justice staff, not just those working in prisons.

ILLUSTRATION BY: LAUREL MOLLY

> **Over 60% of people in the justice system have some form of communication need**

Tier 2: face-to-face training for prison health and care staff

Designed specifically for prison health and care staff, the new face-to-face training builds on the foundational knowledge from The Box. It features interactive sessions, practical strategies and real-world scenarios to help staff confidently support clinical interactions with people who communicate differently or with difficulty. This in-depth learning about communication difficulties aims to boost staff confidence and provide practical strategies for improving care delivery.

The face-to-face training sessions were piloted in September and November 2025 at HMP Wayland and HMP Chelmsford.

Face-to-face training

Our new face-to-face training focuses on improving understanding of communication difficulties within prison health and care teams. We start by exploring what communication is and why it's so important in a prison healthcare setting. We also discuss a range of communication needs and examine what can go wrong when communication breaks down. We provide practical tips, advice and strategies and ask the trainees to reflect on one specific change they can make in their next shift and identify one team-wide change to improve communication.

Input from prison staff

From the outset, we recognised the importance of evaluating the training as the commissioner who funded the project specifically requested this. We conducted debriefs with the trainers and health and care staff shared their feedback and insights through evaluation forms and one-to-one interviews with us. These reflections helped us reflect on, refine and improve the training for future use.

The evaluation told us that that staff found the training as relevant, engaging, and directly applicable to practice. In particular, nearly all those who did the training said they felt more confident recognising when a person is experiencing a communication difficulty or difference.

And nearly all said they felt better equipped to carry out health and care assessments with those they support, with their new awareness of communication issues.

What's next?

With the two pilot training sessions completed, Phase 2, over the coming months, will see the training rolled out across all prisons in the East of England region, building build staff capability across the region. Additionally, the updated 'The Box' will be made available nationally, with tracking to monitor uptake and completion rates in 2026.

But our lobbying does not stop here. We will actively encourage other NHS England regions to access The Box and spot-purchase the Tier 2 face-to-face training for their own local prisons, with the aim of supporting wider adoption across the country.

We will also continue lobbying for SLTs in all prisons to ensure that communication difficulties are recognised and supported across the system.

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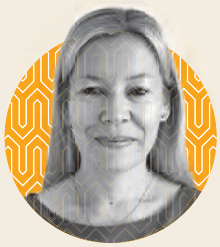
Find out more

Visit our guidance and resources for use in criminal justice settings
rcslt.info/justice-settings

DLD questions

Lucy Hughes *and* **Amit Kulkarni** *on setting priorities for future research in partnership with the DLD community*



Developmental language disorder (DLD) is a long-term condition which affects people's ability to learn, use and understand their own language (Bishop et al, 2017). Children or adults with DLD can experience challenges with education, employment and social wellbeing, alongside their communication difficulties (Wilmot et al, 2024). Around one in 14 people have DLD (Norbury et al, 2016), although not all are diagnosed or receiving speech and language therapy support.

Despite its high prevalence, DLD has attracted more limited research and funding than other, less common neurodevelopmental conditions, which may be related to its broad impact spanning health and education (Bishop, 2010; McGregor, 2020). To address this issue,

the RCSLT launched a research priority-setting partnership in 2019, bringing together key stakeholders to agree the most urgent topics for DLD research.

Phase 1: identifying the main research areas

The DLD priority-setting project drew on the methodology of the James Lind Alliance (JLA, 2021) to identify evidence uncertainties and prioritise broad research areas. This involved seeking the views of children with DLD, parents, SLTs and other professionals via surveys, focus groups, workshops and card-sorting activities.

At the end of this phase, we had identified a top 10 list of priority areas which could be grouped into three main themes:

1 developing effective interventions and outcomes

2 developing understanding of DLD in older children and adults

3 developing understanding of – and support for – children and young people with DLD among education professionals.

The James Lind Alliance (JLA) is a non-profit initiative dedicated to supporting partnerships between researchers, service users, carers and clinicians to identify the questions researchers should be asking.

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REFERENCES
For a full list of references visit: **rcslt.org/references**

> I hope this project makes a big, big difference

Phase 2: creating answerable questions

Following feedback from funders indicating the need to develop these priorities into specific, answerable research questions, and given the pace of change since Phase 1, a second phase of the project was launched. The goal was to update the priority areas and turn them into targeted questions to guide research proposals and funding decisions. Phase 2 was carried out in partnership with Moor House Research & Training Institute, Afasic, University College London and other universities.

The project followed coproduction principles, using adapted methods such as Talking Mats and kanban boards to seek the views of people with lived experience of DLD and a range of health, education and social care professionals, working together as equal stakeholders. The process concluded with a face-to-face workshop, co-led with JLA advisers, with a focus on inclusive participation to ensure the final outcomes reflected the collective priorities of the DLD community.

Reaching the top 10

Through our priority-setting partnership, we have identified the top 10 questions that people with DLD, carers and clinicians think should be tackled first and foremost in research. The top priority questions, which tied for first place, were:

- How can we make it easy for people with DLD to get a diagnosis? How can we best support them before, during and after a diagnosis?
- What training do education staff need so they can help people with DLD learn and have a better time in schools, colleges and universities?

The equal ranking of these two questions reflected participants' views that diagnosis plays a crucial role in identifying support needs. However, they stressed that having a diagnosis is only beneficial if the appropriate support is available around and beyond the diagnostic process. The training-related question provided further detail and added clarity to the broad focus on education professionals identified in the phase 1 priorities.

Elsewhere in the top 10, priorities included developing effective interventions, supporting emotional wellbeing and helping young people with DLD transition into adulthood and employment. There were also questions which addressed bilingualism and socio-economic background.

Making the research a reality

The next step is for research into these questions to be funded and carried out, and the results of this research disseminated and implemented in everyday practice. This can only happen with a system-wide, collaborative push from the whole DLD community.

The RCSLT is committed to advancing this work by sharing the Top 10 priorities with stakeholders, collaborating with funders and researchers to support and deliver related projects, and helping clinicians apply new evidence in practice.

There are many evidence uncertainties within DLD and further research is urgently needed to understand DLD, the lives of people with DLD, and the ways in which we can work together to ensure the best possible support systems are put in place. In the words of Sophie Franks, an adult with DLD and a member of the project steering group:

"I hope this project makes a big, big difference because something needs to be done. It needs to be pushed and just fingers crossed that it will spread more awareness and get more help for people with DLD."

Top 10 DLD research priority questions

=1	How can we make it easy for people with DLD to **get a diagnosis?** How can we **best support them** before, during and after a diagnosis?	
=1	What **training** do education staff need so they can help **people with DLD learn** and have a **better time in schools, colleges and universities?**	
3	What can schools do to make sure children with DLD **do well at school**, and **grow into adults** who can **find good jobs**, and live **healthy and happy lives**?	
4	What are the **best DLD interventions** that lead to **good and important outcomes** that last? Who can best deliver the intervention?	
5	What do people with DLD need to have **good friendships and relationships** and **not feel lonely**?	
6	How can **different people best support people with DLD**? How can we best help them to do this?	
7	How can **people with DLD** be helped to **get and keep jobs**?	
8	What is it like for people with DLD to **get support** from the **disability/social care system**?	
9	How can families, education staff and health professionals **identify signs of DLD** in children and young people to support **early diagnosis?**	
10	How does **help and support need to vary** depending on a person's age, background, language abilities and other conditions?	

What you can do

You can facilitate this work by sharing the Top 10 questions within your networks and connecting with others who may be interested. Additionally, you can contribute by engaging in research, within your clinical practice or potentially working with researchers to deliver larger projects, and by applying new evidence to continue improving your DLD service. This will ensure these key research uncertainties are properly explored, and findings are translated into clinical practice for meaningful impact.

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Find out more

Explore the research questions and full report **rcslt.info/research-priorities-for-DLD**

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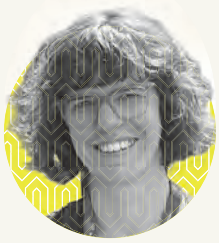
Find your own way



Cecy Marden *shares the joy of 'dabbling' in clinical academic research*

My speech and language therapy training included a grounding in key research skills, and all SLTs start with some basic knowledge. After graduation many of us spend a few years building a solid clinical foundation, and this is what I chose to do. However, once I had that foundation it was tricky to see how to re-introduce research activity into my job.

> **I am enjoying exploring, and encourage you to do the same**

Why be research active?

Allied health professional (AHP) engagement in research has proven benefits to patient care and service development (Chalmers et al, 2023). AHPs involved in research describe increased job satisfaction, intellectual stimulus and leadership opportunities (Trusson et al, 2019).

However, there are many barriers to being research active, including lack of confidence and awareness of opportunities, time, money, leadership support and lack of integrated roles (Cawley and Stringer, 2025). On top of this, I suggest that a dominant narrative of what 'participating in research' looks like - that it can only be done via highly competitive and time-consuming formal education routes - may not appeal to all.

Routes into research

I began dipping my toe into research by developing a service review focused on the free water protocol. Service evaluations can be quite a 'doable' way of developing research skills, including writing proposals, considering ethics, governance and risk, data collection, and patient and public involvement. They can provide many of the benefits of formal research participation, such as improved quality of care and intellectual stimulus. Providing evidence of service development is also often key to career progression.

Research internships: a gateway into research

After completing the service review, I realised that I needed to connect to research networks and understand the wider research landscape. My clinical team's Research Champion, Dr Sabrina Eltringham, encouraged me to consider the Sheffield Teaching Hospitals Healthcare Professionals Internship. I completed the internship one day a week for a year, while working in my clinical role four days a week. Health Education England (HEE) have a similar Clinical Academic Internship Programme Scheme. For me, the key benefits of the internship were the regular academic supervision and mentoring, and dedicated paid time. These helped me explore the research environment, and understand what I liked and didn't like about research.

As a result, I am aware of new opportunities that arise, and have a sense of which might be right for me. These include formal options like the NIHR Associate Principal Investigator Scheme, and more ad hoc opportunities from individual academics including guest lecturing.

If you are interested in research but don't want to relinquish your clinical career, I'd like to encourage the idea of "dabbling" as legitimate participation in clinical research. Although I'm not sure exactly where my journey is leading, I am enjoying exploring and encourage you to do the same - in whatever way suits you.

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Find out more

Visit the RCSLT's clinical academic careers webpages
rcslt.info/academic-careers

Digital health skills

Want to improve your skills with health data and technology? RCSLT's **Kathryn Moyse** tells us about the new, free training resource specially for allied health professionals (AHPs)

Across the UK, governments are investing in digital health solutions to revolutionise how health and social care is delivered. Technology has the potential to streamline administrative tasks, enhance clinical workflows, and offer more personalised care.

Professional standards and technology

Recognising the importance of this shift, the Health and Care Professions Council (HCPC) updated its Standards of Proficiency to embed digital competence into professional expectations. As part of your registration, you are now required to:

- understand that confidentiality and informed consent apply across all digital mediums, including clinical images, video, audio, and digital platforms
- confidently use digital technologies relevant to your practice
- employ digital record-keeping tools where appropriate
- adapt your practice in response to emerging technologies and evolving contexts.

To support this digital progress, each nation is providing workforce training initiatives for its health and social care staff. These include digital literacy programmes, digital champions and targeted training in areas like record keeping, AI, cyber security, and data-driven decision-making.

New, free training tool for AHPs

The Chartered Society of Physiotherapists (CSP) has worked with the RCSLT and other stakeholders to create bespoke training to enhance digital and data literacy across allied health professionals (AHPs).

The free, open-access online education programme titled 'Digital and Data Foundations: Practical Skills for UK AHPs' was launched in November 2025 and is available via the NHS Digital Academy.

What does it cover?

The resource aims to help AHPs across all sectors and settings in the UK build essential digital skills at every career stage. It is delivered through concise, bite-sized modules. It covers a broad array of topic areas, ranging from data sharing to using software and applications in practice, and digital service delivery through to using informatics to support quality improvement.

Practical application and case studies

With a strong focus on practical relevance, the programme enables participants to directly apply digital and data principles to real-world scenarios in their clinical environments. It features case studies of effective practice, helping to illustrate digital and data use as a routine part of health and social care delivery.

One such case study features the RCSLT's Online Outcome Tool (ROOT) being used by SLTs in NHS Greater Glasgow and Clyde (GGC). GGC team member Hannah Hare shares how she contributed the to the resource:

"As part of the preparation for developing this innovative resource, the project team sought real-world examples of digital data management in clinical practice. I contributed a case study detailing how GGC implemented the ROOT across our adult acute SLT service, in order to better collect, collate and report our Therapy Outcome Measure (TOM) data.

"I outlined why we adopted ROOT, the steps we took to embed it in our daily practice, as well as how we navigated challenges. I shared what we've learned, the ongoing nature of our digital journey, and practical advice for others who are considering introducing electronic data collection within their own services.

"Embracing CPD opportunities for digital and data education helps our profession remain adaptable and relevant. Learning to use technology effectively increases SLTs' confidence and competence in a world of rapidly changing healthcare."

Every SLT has a role to play in shaping how digital tools and data are used

In this era of rapid digital transformation, the RCSLT is committed to helping SLTs navigate the evolving digital landscape and make the most of emerging opportunities. Our industry-leading ROOT platform is a perfect example of how we are enabling SLTs to stay up to speed with technology.

Whether you're newly qualified or a senior clinician, digital competence is key to delivering high-quality, data-informed practice. Every SLT has a role to play in shaping how digital tools and data are used to improve outcomes.

Building these skills is not only about keeping pace with change and ensuring your work continues to meet the demands of a modern healthcare environment. It also opens up new possibilities for more efficient, informed and person-centred care. The Digital and Data Foundations programme offers a valuable opportunity to support ongoing CPD, helping SLTs strengthen their confidence and capability in digital practice. B

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Find out more

Log in to access the Digital and Data Foundations training via the NHS Digital Academy
rcslt.info/NHS-digital-academy
Log in for RCSLT resources
rcslt.info/digital-health-technology
HCPC guidance
rcslt.info/hcpc-digital-skills

Grants to support your learning

RCSLT awards CPD Grants (formerly known as Minor Grants) of up to £800 to applicants seeking to benefit the profession of speech and language therapy and to enhance their own continuing professional development (CPD).

The grant can help you with:

- presentations and attendance at conferences and professional gatherings
- certain specialised training, particularly short courses
- research into speech and language therapy
- buying specified equipment or books.

If you receive a grant, RCSLT asks you to submit a report discussing your experience and highlighting the impact of your CPD.

Find out more and apply online
rcslt.info/funding

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NEW!

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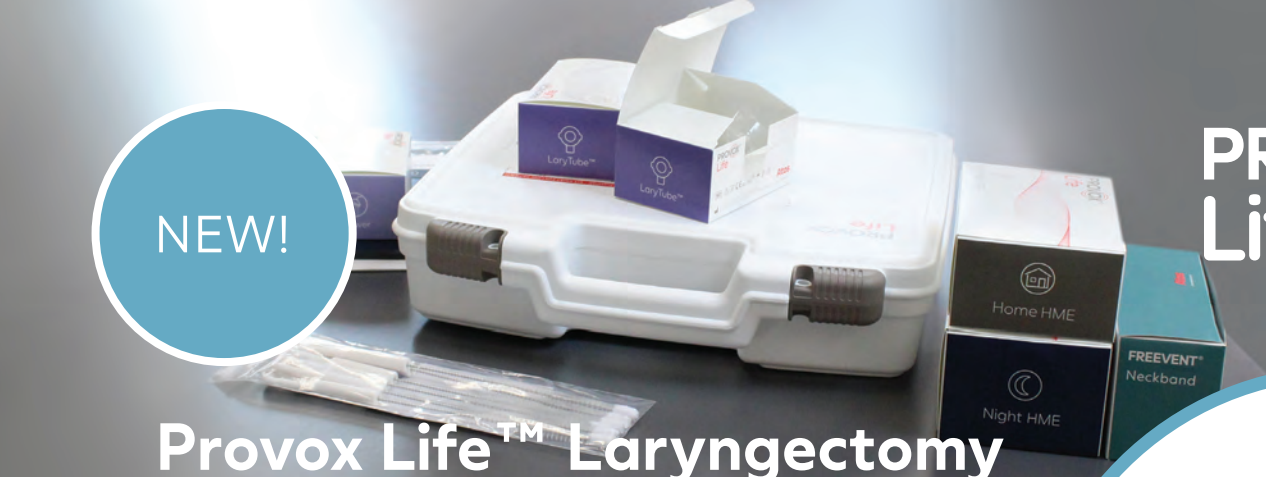

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>
> - RCSLT Laryngectomy Position Paper, 2023

[1] References available upon request.

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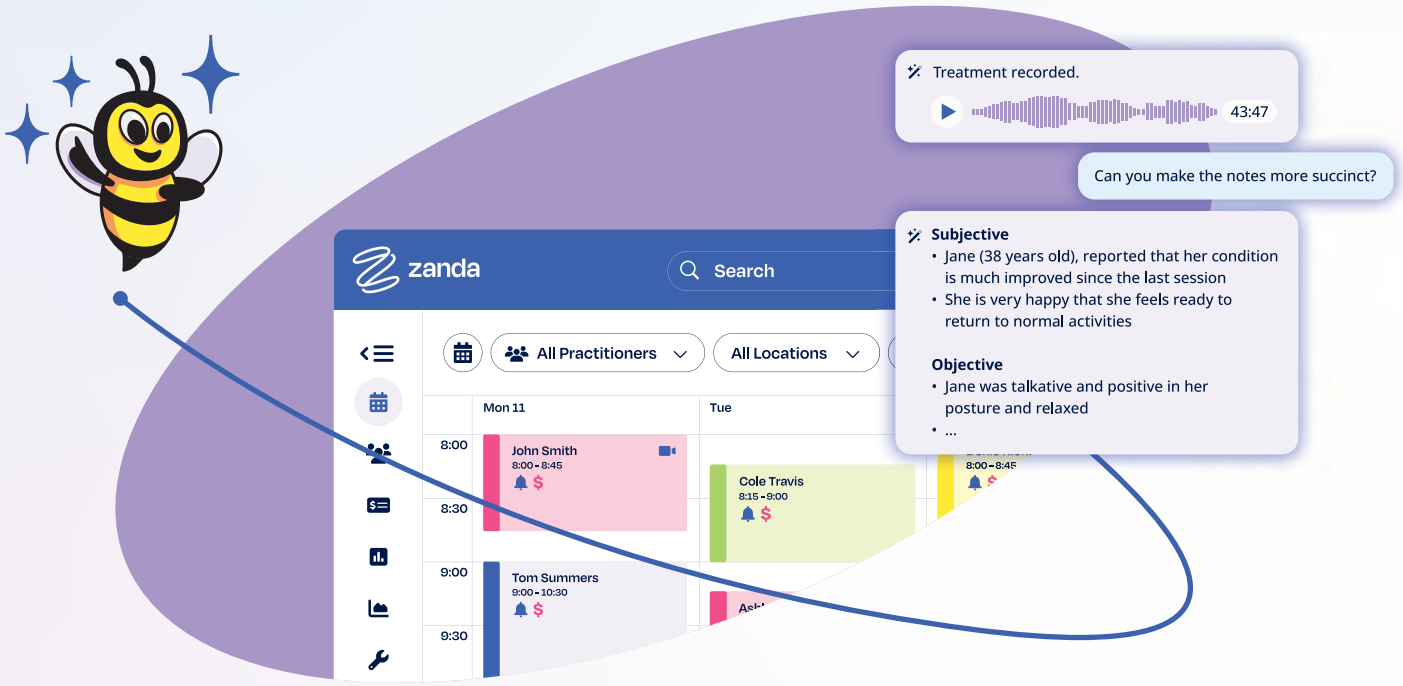

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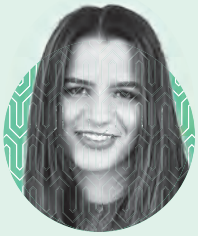
Word on the street



Language in the wild

When we think of animal communication, it's easy to imagine simple signals; a bark, a chirp, a tail swish. However, research continues to show us that many species use complex, intentional and context-sensitive systems of meaning.

The late Jane Goodall (1934–2025), whose decades of work in Gombe, Tanzania, reshaped our understanding of chimpanzees, revealed that their gestures, postures and vocalisations carry social and emotional depth (Britannica, 2018). Dr Cat Hobaiter and colleagues from the University of St Andrews, have documented over 80 shared gestures across chimpanzees and bonobos (Hobaiter et al, 2022). These signals are purposeful and even repaired when misunderstood, strikingly similar to human conversational repair.

Hobaiter's team has also shown that chimpanzees use structured rhythmic drumming with non-random timing, regional styles and isochrony, features seen across human musical cultures (Eleuteri et al, 2025). Other animal species offer fascinating examples. It's thought elephants may use individualised names and dogs can learn object labels and categories (Mareschal et al, 2010). Cat owners won't be surprised to learn that cats produce over 270 facial expressions, signalling subtle affective shifts (Scott and Florkiewicz, 2023). Sperm whales combine patterned clicks into sequences resembling a phonetic code while songbirds develop regional dialects (Andreas et al 2025).

Across species we see intention, repair, turn-taking, multimodal signalling and emotional tone. Animals show fragments of naming, rhythm structure and shared meaning. This leaves us questioning, what truly sets human communication apart and what can we learn from animal systems?

SONIA BELABBAS, RCSLT Assistant Content and Engagement Officer
bulletin@rcslt.org

COURSE LISTINGS

Stammering - Affirming Shared World Building: A Framework for Practice
30 January 2026
This new and exciting one-day online course offers a practice framework to support speech and language therapists to adopt a stammering-affirming approach to therapy. It offers six positive pathways and directions of travel illustrated through practice examples. Preliminary findings from a pilot study will be shared. This will be online and have a fee of £149.
citylit.ac.uk/courses/stammering-affirming-shared-world-building/xs237-2526

smiLE Therapy Training Day 1 & 2
5, 6, 9, 10 March 2026, 9-12 each morning.
Innovative 10-step therapy teaching pragmatics on how to use language for effective social interaction in authentic, real-life exchanges. Teaching self-advocacy, confidence and giving skills for life. For students who are deaf, have DLD, learning difficulties, down syndrome or a physical disability. Also teaching functional communication for some autistic students, where strict criteria apply and therapy is delivered in a neurodiverse-affirming way. For ages 7 to 25.

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info@smiletherapytraining.com
smiletherapytraining.com

SOFFI®: Supporting Oral Feeding in Fragile Infants
19 March 2026
Therapy Links UK is proud to host Dr Erin Ross of Feeding Fundamentals live in the UK in 2026. Dr Ross's integrated approach to supporting oral feeding in preterm and medically complex infants is relevant for SLT's, doctors, nurses and other therapists working with babies with dysphagia both in the NICU and community settings. It will cover evidence-based information, assessment and intervention strategies and has been highly praised by previous UK delegates.

The event is held over two face-to-face days with an additional 8.5 hours of prerequisite online training to be completed beforehand. This will be in London.
020 7732 5931
Email us for more details.
info@therapy-links.co.uk
therapy-links.co.uk/training/p/supporting-oral-feeding-in-fragile-infants-march-2026

The Current Evidence Base for School-Aged Children with DLD with Dr Susan Ebbels
18 March, 9am - 1pm and 19 March, 9am - 12.30pm
Day 1: Appraising the reliability of research. Evidence for different methods of delivery of intervention including tiers one, two and three, the role of SLTs and evidence-based pathways to intervention.
Day 2: Interventions at sentence, narrative and word levels. Book at least five days before course date. This will be online.
01883 712 271
Email us for more details.
training@moorhouseinstitute.com
moorhouseinstitute.com/the-current-evidence-base-for-school-aged-children-with-dld/

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thespeechtherapypractice.com/training

You can now find course listings online! Visit **rcslt.org/course-listings** to see the latest training and CPD opportunities

Nicola ALECOCK

A fresh start using a mix of skills in dementia care homes

I have been qualified as an SLT for 23 years. Like many others, I found clinical work during Covid times a real challenge. When the dust had settled, I decided to take time out and reflect on my SLT career and what direction I wanted it to take. My clinical experience had been predominantly in stroke and neuro-rehab as well as some research assistant positions with stroke survivors. While I loved all these positions and the amazing people I worked with, I wasn't sure where I fit as an SLT.

I began doing some bank work to ease my way back into clinical work in 2023, and found out about a temporary project position in the Care Home In-Reach Team, part of St George's NHS Trust in South West London. The project was called Nourish Move Connect Thrive, working with a fantastically knowledgeable and inspiring team. It ticked all the boxes for me: a way to use my clinical, counselling and research skills and learning new skills in project management.

My role is quite unique. There are 15 older adult care homes in the borough with around 1,000 residents in all, many of whom have dementia. The main part of my role is supporting staff through education to improve wellbeing of residents, including increasing meaningful activity, nutrition and hydration.

> **I very quickly learned about the challenges in care home working**

I very quickly learned about the challenges in care home working such as the complex barriers to providing a safe swallow culture. Care home staff are assisting an increasingly complex group of residents, sometimes with little training and support, and may struggle for many reasons to follow through on SLT care plans in the homes.

In my role, I have come to understand more about the working relationship between visiting professionals and the care homes, and some of the challenges to implementing SLT guidance and other therapy recommendations. I have learned that training does not always lead to instant and tangible changes in dysphagia management or activity provision.

I found that support to care homes comes in different forms, including focusing on the relationship and engagement, practical and demonstrable guidance and innovative ways of working. I work alongside a passionate multidisciplinary team (MDT) and we share a common goal of prevention of ill-being for the residents in our care.

I have developed fantastic links with clinical community SLT teams. I am privileged to have been able to trial new initiatives to support EDS, and promote competency of staff and care home self-management alongside my dietitian colleague. I feel very fortunate to work in the role that I do and think it stretches the boundaries of SLT work, with the possibility of changing to a more consultative model of care home support.

NICOLA ALECOCK, SLT, Care Home Therapy In-Reach Service, St George's University Hospitals NHS Foundation Trust
Nicola.Alecock@stgeorges.nhs.uk

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DON'T CHUCK OUT THE ALPHABET BOARD

For **Dave Hollinger**, *high and low-tech AAC are equally valid*

I'm lucky. A devastating brain stem stroke in 2018 has left me quadriplegic, non-verbal and with a 'locked-in' diagnosis. I'm lucky, because my cognitive function was spared. Thanks to some impressively high-tech alternative and augmentative communication (AAC) using a Grid Pad eye gaze device, I don't even feel that the 'locked-in' diagnosis is particularly justified. At least, not until you remove the Grid Pad...

Following my injury, I spent somewhere between four and five months communicating with a small selection of non-verbal methods that involved nothing more sophisticated than a bespoke alphabet board, some limited head movement and blinks for 'yes' and 'no'. 'Locked-in' was something I felt would quickly come to define me.

Seven years on, and what has come to define me is my Grid Pad: the 'magic' screen that lives almost permanently an arm's length in front of my face. Being fairly computer savvy massively adds to the independence I can achieve with it, but it gives the impression that the device IS my communication. I'm guilty of it myself at times, but I think it's a view that is counterproductive and, dare I say it, lazy.

> **I hope every individual's communication toolkit is as varied as possible**

Why? Because my eye gaze tech is amazing 'only' 70% of the time. Some examples of when it's not even an option include: physiotherapy sessions; bright sunshine; when driving my wheelchair; lying down; flat battery; wet environments; cinema/theatre. Quite a lot of unexceptional situations where speech would be taken for granted by anyone not deprived of it.

Yet a whole plethora of other options are available. For me, these include: spelling with a partially functioning index finger; eye gestures for 'yes' and 'no'; my alphabet board; looking in the direction of frequently requested assistance. Granted, these require a degree of understanding by all parties, and a degree of familiarity with me.

I'm nearly 50 years old. I've lived my adult life in a society undergoing what is being dubbed 'a technological revolution'. It struck me that there might be a generation of AAC users whose journey begins with a hi-tech solution and may not explore alternatives to any great degree.

I can't help but feel from my own experiences that some of the 'no' and 'low' tech methods deserve to be seen as every bit as important as any other. I hope every individual's communication toolkit is as varied as possible so that the user can choose the strategy likely to be the best fit for any interaction.

I'm the first person to get excited about the potential of emerging technologies to enhance my ability to communicate. But I increasingly feel that I need to be careful not to isolate myself, by allowing those around me to defer all responsibility for my communication to me, or to the technology that comes with me. B

DAVE HOLLINGER, AAC user,
South Yorkshire

Find out more

View Dave's video about his AAC journey
rcslt.info/AAC-journey

In the journals

This section highlights recent research articles in the International Journal of Language and Communication Disorders (IJLCD). All members get free access to IJLCD and a wide range of other journals at **rcslt.info/journals**. For tips on critically appraising evidence to inform your practice visit **rcslt.info/EBP**.

What is the impact of virtual care?

What this paper adds

This research in Canada provides updated information about the effectiveness of virtual care for children. During the Covid-19 lockdown, SLTs were forced to rapidly implement a new online service model. This study shows how that shift helped families by improving caregiver involvement, engagement and work-life balance. It also looks at some of the challenges to providing virtual care.

Why this matters

Making sure children with complex needs can access the right technology and support is essential for delivering high-quality care and improving outcomes for diverse families. Virtual care has worked well for speech and language therapy, giving families more flexibility and helping services continue during disruptions. Many SLTs now prefer a hybrid model but consistent access to technology and adequate support for children with complex needs are still major challenges.

Elizabeth M. Fitzpatrick et al. (2025) Impact of Virtual Care on Speech-Language Services, IJLCD 60 (6).

The wellbeing of autistic children who stammer

What this paper adds

This study done in the United States is the first to explore the wellbeing factors influencing quality of life in children who both stutter and have autism. Findings from a comprehensive parent and guardian survey reveal that behavioural challenges often relate to difficulties in peer relationships and emotional regulation.

Why this matters

These insights highlight key areas for clinicians to consider when planning interventions. Drawing on 16 years of survey data. The study uses the strengths and difficulties questionnaire to identify emotional symptoms, peer issues, hyperactivity and regulation difficulties as key factors influencing children's quality of life. Understanding these patterns is essential for shaping interventions that truly meet the needs of autistic children who stammer.

Kristen N. Rollins et al. (2025) Well-Being of Children with Stuttering and Autism: A First Glance, IJLCD, 60(6).

Does voice-assisted technology support Parkinson's disease?

What this paper adds

A review of five studies from Northern Ireland explores how voice-assisted technology could become a useful tool in speech and language therapy. These studies show early signs that the technology can help increase vocal volume, improve clarity and boost intelligibility. They also highlight possible functional gains. Although the findings are promising, there is a call for more studies to confirm its effectiveness and better understand user experiences.

Why this matters

People living with Parkinson's may benefit from using voice-assisted technology. These devices can offer unlimited practice, prompt increased awareness of speech difficulties and motivate ongoing practice. However, challenges such as device errors, cultural bias and uncertain effects on wellbeing mean clinicians should use carefully.

Mills, J. et al (2025) Voice-Assisted Technology as a Potential Tool for Addressing Speech and Voice Concerns Experienced by People With Parkinson's Disease and Other Conditions Presenting With Dysarthria, IJLCD 60 (6).

In Memory

__Bulletin__ remembers those who have dedicated their careers to speech and language therapy

Judy Halden
1955-2025

Judy's huge warmth, strong intellect and considerable determination combined, made her an exceptional speech and language therapist. She chose to specialise in working with deaf people, training later as a specialist teacher and using this rare dual qualification for the benefit of many. Judy shaped national practice, developing courses for SLTs, teachers and audiologists, and taking on roles as a national advisor, university lecturer, honorary research associate and author. Although Judy's work has empowered countless professionals and transformed outcomes for families, her drive always stemmed from her unwavering commitment to improving the lives of each deaf child. She is deeply missed by her husband, two sons, surviving mother, and a wide network of friends and colleagues.

RUTH MERRITT and **SARAH BEAZLEY,** Therapy Inspiration

Adrianne Marks
1934-2025

My mother began her speech therapy career in 1957. At St Mary's Hospital in Paddington, she worked with Joyce McClaren and Kate Sorabji, who depended on her skills, good judgement and enthusiasm. With Celia Shaw, she managed the examinations board at College and was an external examiner for countless future SLTs. Many told me they had placements with her, were examined by her, and all colleagues loved working with her.

She encouraged junior colleagues to undertake research, who in turn have become the great and the good. When the Kingdon-Ward training course was threatened with closure, she worked with Maggie and Bob Fawcus to move it to City University. She was also instrumental in the profession becoming university degree entry and College gaining royal assent.

LIZZY MARKS, University College London Hospitals NHS Trust

Sarah Harris
1961-2025

Sarah qualified as an SLT in 2002 from De Montfort University, at the age of 40. She began her career in Mansfield before moving to Leicester in 2006, where she became Lead SLT for the Head and Neck service. For several years, Sarah worked single-handedly before additional posts were funded. Sarah was deeply committed to enhancing patients' quality of life. Her dedication to her role and unwavering passion for this client group remained evident throughout her career and right up to her retirement in 2023.

Sadly, Sarah faced her own cancer diagnosis shortly after retirement and, despite immense courage throughout two years of treatment, passed away in September.

Sarah was a truly lovely person who brought sunshine into everyone's lives. She will be greatly missed.

CLAIRE SUSSENBACH

Book reviews

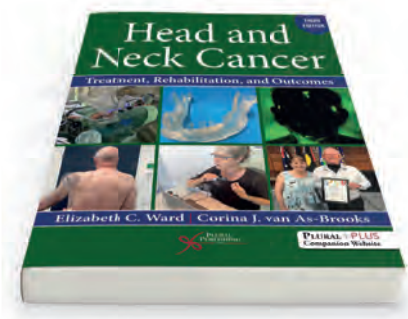
Books and resources reviewed and rated by *Bulletin* readers

Have you read a book or resource you want to share with other RCSLT members? Are you an author wanting to spread the word about your new publication for SLTs? We'd love to hear your suggestions. We also need reviewers from all career stages. To suggest a title or join our reviewer group email **bulletin@rcslt.org**.

✪✪✪✪✪

Head and neck cancer: treatment, rehabilitation, and outcomes (Third edition)

AUTHORS: Elizabeth C Ward and Corina J van As-Brooks
PUBLISHER: Plural Publishing, 2024
PRICE: £116.84



This book is a comprehensive manual for all SLTs working with a head and neck cancer (HNC) population. Each chapter provides detailed information across a range of topics, including the underlying pathophysiology of HNC, the diagnosis, assessment and rehabilitation of swallowing and communication difficulties in patients and survivorship challenges. The authors include several UK-based speech and language therapy experts alongside international colleagues, and the contents represent a reliable clinical resource for practising SLTs, based on the most up-to-date research available. This is an excellent resource for clinicians seeking to provide evidence-based care to HNC patients.

DR GEMMA CLUNIE, Lead Clinical Academic for allied health professionals (AHPs), Imperial College Healthcare NHS Trust and RCSLT adviser (head and neck cancer, dysphagia and voice).

This book is a comprehensive manual for all SLTs working with a head and neck cancer population

✪✪✪✪✪

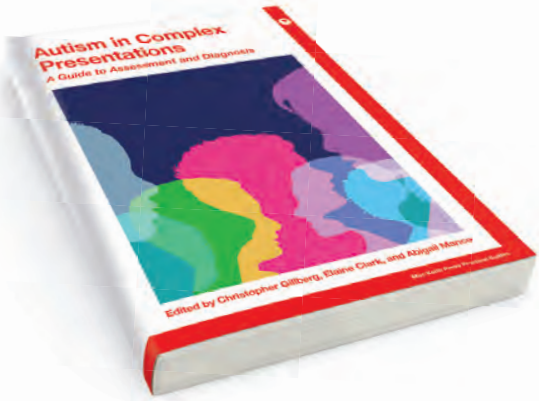
Gen up on speech: a comprehensive guide to encouraging generalisation of speech sounds into children's everyday conversation

AUTHORS: Lisa Farquhar and Vanessa Hammond
PUBLISHER: J&R Press Ltd, 2022
PRICE: £29.99

This book is aimed at SLTs working with children who have speech difficulties. It offers a step-by step guide targeting generalization of sounds during therapy sessions. It also provides details on how parents and school staff can support the child's progress away from the therapy setting. The book is clearly structured and easy to read.

I like the resources such as advice sheets, tips and visuals for practising, work booklets for home and school, all available to download. This book is a useful resource for therapists developing their interest in speech disorders. This book has reminded me of the importance of supporting generalization and has given me many ideas for how to do this.

NATALIE ZAHN, Independent SLT, E3 Speech and Language Therapy



✪✪✪✪✪

Autism in complex presentations: a guide to assessment and diagnosis

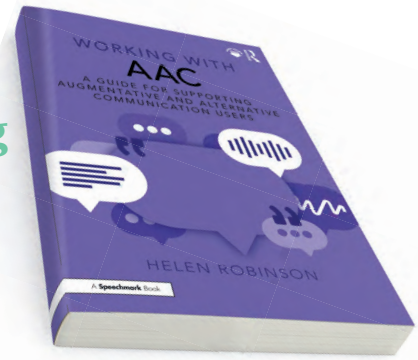
EDITORS: Christopher Gillberg, Elaine Clark and Abigail Mance
PUBLISHER: Mac Keith Press, 2025
PRICE: £65.00

This volume is aimed at a broad range of professionals involved in recognising and supporting autism, including those working in health and education. The complexity of neurodevelopmental presentations is acknowledged throughout, with pertinent areas of complexity addressed in turn, such as attention deficit hyperactivity disorder (ADHD), anxiety and language disorder. The authors' clinical focus is welcome, with practical and thoughtful discussion regarding the current evidence base and challenges of assessment. Lived experience is incorporated through case examples of a young person's journey in each chapter. This is an engaging and valuable resource for clinicians working in diagnostic services and beyond.

AMY RIDDETT, Principal SLT, Children's Neurosciences, Evelina London Children's Hospital

✪✪✪✪✪

Working with AAC: A guide for supporting augmentative and alternative communication users



AUTHORS: Helen Robinson
PUBLISHER: Routledge, 2025
PRICE: £37.99

Helen Robinson's book is both practical and reassuring. The layout makes it easy to dip in and out of sections, with information presented in bite-sized, accessible chunks and clear diagrams that bring ideas to life. The section 'common diagnoses where AAC may help' is excellent for quickly finding what to consider for a specific diagnosis. Part two offers a detailed, strength-based look at the six P's in the Positive AAC Framework, full of ideas to implement straight away. The forms, checklists and linked resources make it immediately useful. A must-read for anyone supporting AAC users or developing/auditing a service.

LAURA WHITALL, Independent Specialist SLT, Kids Talk Matters

✪✪✪✪✪

Solution-focused brief therapy with children and young people who stammer and their parents

AUTHORS: Ali Berquez and Martha Jeffery
PUBLISHER: Routledge, 2024
PRICE: £36.19

This book is aimed at helping therapists to facilitate thought-provoking discussions with children, young people and their parents. The content provides adaptable examples and printable activity downloads that can be used in clinical sessions. The text guides clinicians on how to plan and implement conversations, supported by illustrated examples drawn from a range of cases. The chapter on having conversations with parents is particularly thought-provoking and is well supported by theory from the family maintenance model.
Another strength of the book is its discussion of the evidence base, including the strengths and limitations of this approach. This empowers clinicians to make informed decisions when using this approach in clinical practice. Overall, the authors have succeeded in delivering a practical and clinician-friendly resource.

ELIZABETH RAJAN, Highly Specialist Paediatric SLT, Dorset Health Care NHS Foundation Trust

A PROBLEM SHARED...

Having work or career issues? Tom from the RCSLT Professional Enquiries Team is here to help

I'm writing from a speech and language therapy service where our trust is beginning to explore the use of generative AI. My colleagues and I are unsure how to approach this safely and ethically, and we're wondering what the RCSLT's position on AI in assessment is. What support or resources are available to help members navigate this?

You're certainly not alone. Many SLTs are asking the same questions as AI tools start appearing in clinical systems, documentation platforms and resources. The RCSLT is working on ways to support you with AI. We offer guidance and resources that can help you and your colleagues make informed decisions straight away.

The RCSLT's current stance is one of thoughtful caution. We recognise that AI is already entering SLT workplaces, and because of this our guidance is to review the evidence base before using any AI-supported assessment or intervention tools, and to make sure anything you adopt is clinically justified, ethical and safe.

In short, AI can be helpful but it shouldn't be used uncritically.

RCSLT resources to support you

1 If you and your team want to build foundational knowledge, we have created an Introduction to AI e-learning course as part of our continuing professional development (CPD) resources. This is designed for SLTs who are new to the topic and want to understand what AI is and isn't. Which is useful before making decisions about using it in practice.

2 The RCSLT has also hosted several podcast episodes discussing AI in clinical practice and healthcare more broadly. These offer reflections from practitioners who are experimenting with AI tools and thinking about their safety, ethics and limitations.

3 Finally, we are currently working with a group of members who are exploring AI in real SLT workplaces. They are considering setting up a clinical excellence network (CEN) and they are open to new members. If you think joining this group would help your trust's discussions, the RCSLT can put you in touch.

TOM GRIFFIN,
RCSLT Professional Enquiries Manager
Contact the team
info@rcslt.org
020 7378 3012

Useful links

- Visit RCSLT's AI webpages
  rcslt.info/artificial-intelligence-resources
- Our AI e-learning resources
  rcslt.info/e-learning-courses
- RCSLT's podcast series
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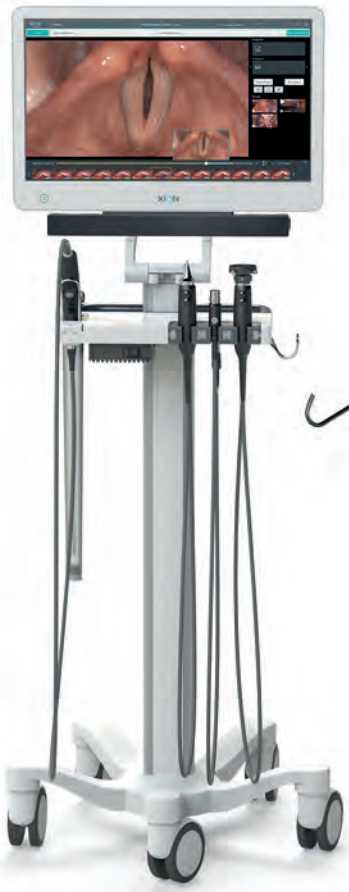

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Tatum, Brick Club learner, aged 8

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