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Diwrnod Hwb RCSLT Cymru 2025

RCSLT Wales Hub Day 2025

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Croeso a threfniadau ymarferol

Welcome and housekeeping

Philippa Cotterill
Head of Wales Office, RCSLT
Pennaeth Swyddfa Cymru, RCSLT

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1945 - 2025

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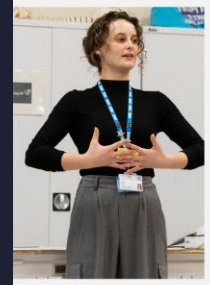

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Steve Jamieson

Prif Weithredwr, RCSLT
Chief Executive Officer, RCSLT

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Myfyrdodau ar ddyfodol Therapi Lleferydd ac Iaith yng Nghymru: Trafodaeth panel

Reflections about the future of Speech and Language Therapy in Wales: Panel discussion

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Cwestiynau Panel/ Panel Questions (1/4)

1. Dywedwch ychydig wrthon ni am eich gyrfa a rhywbeth efallai nad yw pobl yn ei wybod amdanoch chi.

Tell us a little bit about your career and something that people may not know about you.

2. Dychmygwch eich bod wedi teithio trwy amser i'r flwyddyn 2045. Beth fyddai eich gobeithion am y proffesiwn therapi lleferydd ac iaith erbyn y flwyddyn yna?

Imagine you have time travelled to the year 2045. How would you hope to find the speech and language therapy profession?

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Cwestiynau Panel/ Panel Questions (2/4)

3. Yn siarad yn blwmp ac yn blaen, beth yw safwynt pobl ar Therapyddion Lleferydd ac Iaith ar hyn o bryd (gallwch ddewis ateb mewn perthynas â'r boblogaeth gyffredinol, penderfynwyr uwch, swyddogion llywodraeth ac ati) ac sut hoffech chi iddynt gael eu gweld yn y dyfodol?

Honestly, how do you think Speech and Language Therapists are perceived (you can choose to answer in relation to the general population, senior decision makers, government officials etc) and how would you hope SLTS would be perceived in the future?

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Cwestiynau Panel/ Panel Questions (3/4)

4. Beth yw'r prif heriau y gallwch eu rhagweld yn dod i'r amlwg i'r proffesiwn Therapi Lleferydd ac Iaith?

What are the key challenges you can foresee coming down the line for the SLT profession?

5. Allwch chi ddewis un o'r heriau hynny a chynnig unrhyw atebion posibl?

Can you choose one of those challenges and offer any potential solutions?

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Cwestiynau Panel/ Panel Questions (4/4)

6. Sut allwn ni ddod yn broffesiwn gwirioneddol gynhwysol ac amrywiol?

How can we become a truly inclusive and diverse profession?

7.Myfyrwyr yw dyfodol y proffesiwn. Mae'n hollbwysig ein bod yn cefnogi myfyrwyr a therapyddion newydd gymhwyso, ac yn eu cadw yn ein proffesiwn. Pa neges allwch chi ei rhoi i fyfyrwyr fel ffordd o'u cysuro a rhoi gobaith iddynt?

Students are quite literally the future of the profession. It is critical that we support students and NQPs and retain them in our profession. What message can you give to students as a way of reassurance and hope?

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Gweithdy dylanwadu ar gyfer y dyfodol

Influencing for the future workshop

Philippa Cotterill
Head of Wales Office, RCSLT

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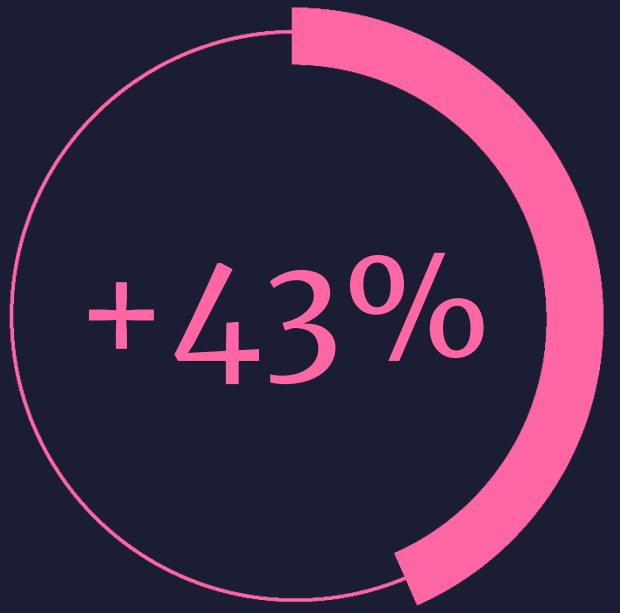
January 2025
State of the Nation Report
The Speech and Language Therapy Workforce in Wales

The Royal College of Speech and Language Therapists
Wales Cymru

The average number of children and young people on waiting lists has grown by 31% since April 2019.

The average number of adults on waiting lists has grown by 37% since April 2019.



The average number of people on learning disability waiting lists has grown by 43% since April 2019.

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35%

of children in Wales with additional learning needs have speech, language, and communication needs

21%

of stroke survivors in Wales reported that they did not receive enough support after a stroke

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808

SLTs in NHS Wales

649

FTE as of June 2024

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can deliver services through the medium of Welsh

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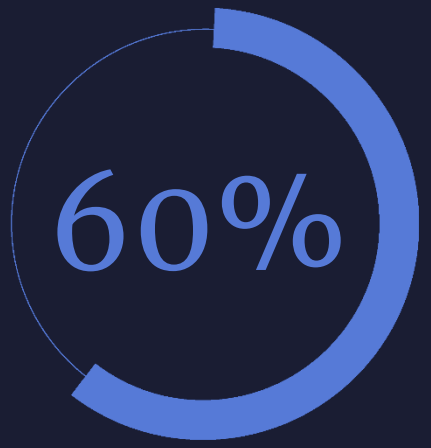
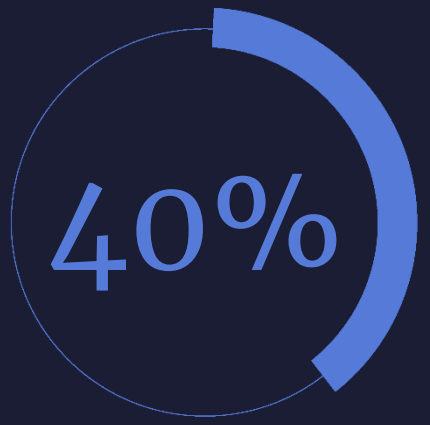


of SLTs work within paediatric services



work in adult services

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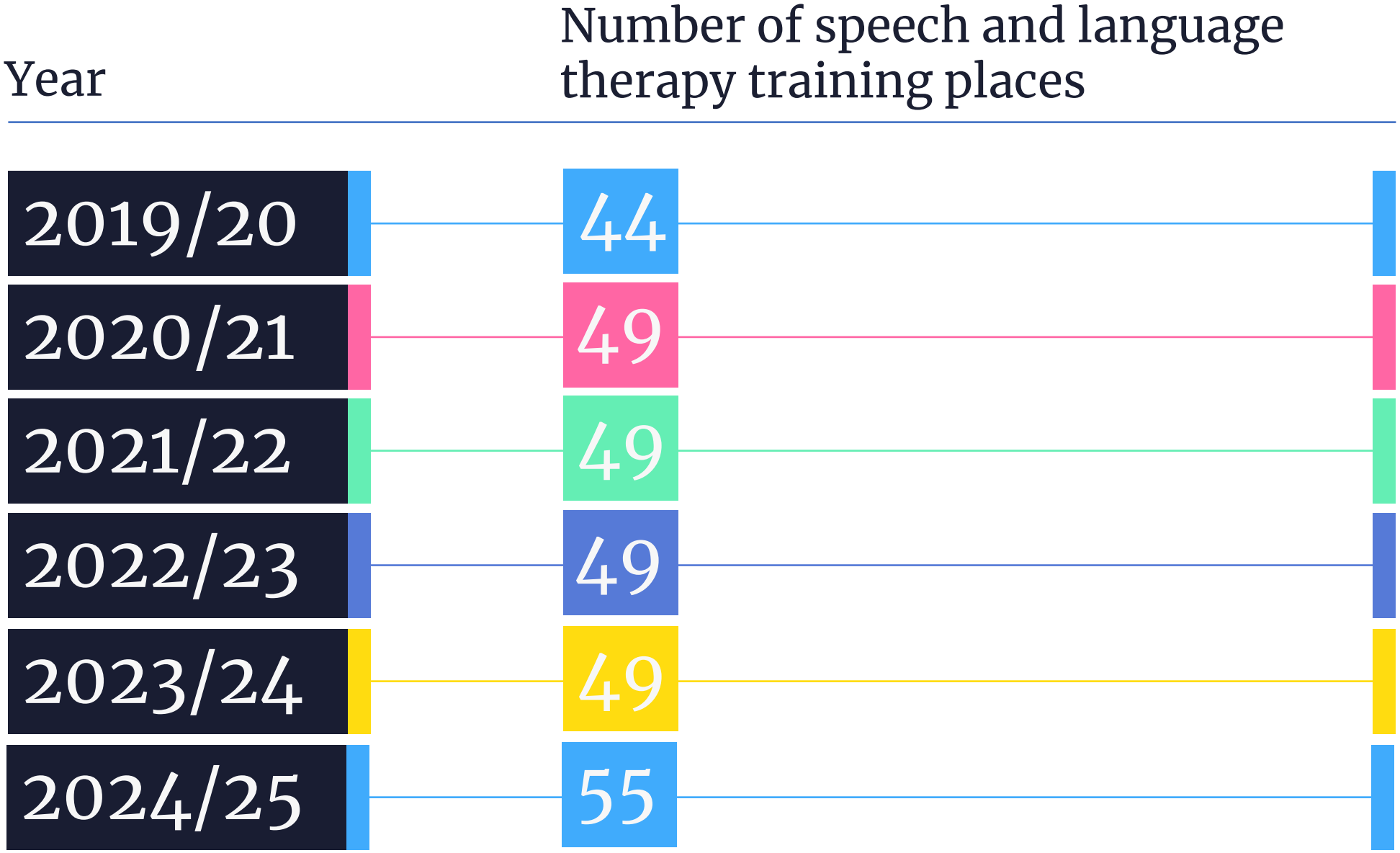
Year
Number of speech and language therapy training places
2019/20
44
2020/21
49
2021/22
49
2022/23
49
2023/24
49
2024/25
55

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55

Speech and language therapy training places in 2024 - 2025

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Recommendations

- Sustained increases to speech and language therapy training places, taking account of the need to grow the number of Welsh speakers and introduction of earn as you learn opportunities for speech and language therapy to maximise the potential to grow the workforce.
- Sustainable funding for speech and language therapy services to meet growing demand.

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Influencing Workshop (1/2)

1. Wrth feddwl am eich rol neu faes clinigol, Pwy sydd angen gweld yr adroddiad hwn? Pwy yw'r rhanddeiliaid allweddol yn eich maes?

Thinking about your clinical area or scope of influence, who needs to see the report? Who are the key stakeholders?

2. Sut allech chi rannu'r wybodaeth orau?

How could best share this information?

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Influencing (2/2)

3. Pa ffynonellau gwybodaeth eraill fyddai'n ddefnyddiol i'w hystyried ochr yn ochr â'r adroddiad?

What other sources of information would be helpful to consider alongside the report?

4. Pa gefnogaeth, os o gwbl, sydd ei hangen arnoch gan RCSLT Cymru?

What, if any, support would you be looking to RCSLT Wales for?

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Trafodaethau bwrdd/Table discussions

- 1 & 2 - Arweinwyr GIG Cymru/ NHS Leaders across Wales
- 3 – Oedolion aciwt/ Acute adult work
- 4 & 9 – Ysgolion/schools
- 5 – Iechyd meddwl a anableddau dysgu/ Mental health & learning disability
- 6 – Gwasanaethau niwroddatblygiadol/ Neurodevelopmental work with children
- 7 & 8 – Oedolion yn y gymuned/ Community adult work
- 10 – Gwaith cyffredinol a thargedig gyda phlant/ Universal & targeted work with children

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Egwyl, rhwydweithio a gweld yr arddangosiad posteri

Break, networking and poster display viewing /

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Newid systemau cyfan – sut mae sicrhau newid cadarnhaol a chynaliadwy hirdymor yn rhai o'r systemau cymhleth y gweithiwn ynddynt

Whole systems change – how do we achieve long-term positive and sustainable change in some of the complex systems that we work in?

Marie Gascoigne
Director, Better Communication CIC

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Whole Systems Change
Achieving sustainable long-term positive change in complex systems

Marie Gascoigne

RCSLT Wales
25th June, 2025

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Slido

- #4032556
- https://app.sli.do/event/ce4uUTHSxqdhGHhpYojZay

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Do not edit
How to change the design

How much influence do you feel you have on whole system change?

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Understand your power

"If you do not understand your role in the problem, it is difficult to be part of the solution"

David Stroh, system thinker

Davidson & Tennison, 2018

https://preventioncentre.org.au/wp-content/uploads/2021/10/Systems-Change-Overview-w-Practices.pdf

The Australian Prevention Partnership Centre
Systems and solutions for better health

Tasmanian Government

Systems Change Framework

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The most dangerous phrase in the language is "we've always done it this way."

Rear admiral Grace Hopper

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Outcomes for today

- Importance of outcomes and impact as drivers for change
- Shared understanding of the possibilities of whole systems approaches
- Examples from children and young people and adult services through the lens of the Balanced System Framework
- Opportunity to reflect and action plan in own area of practice

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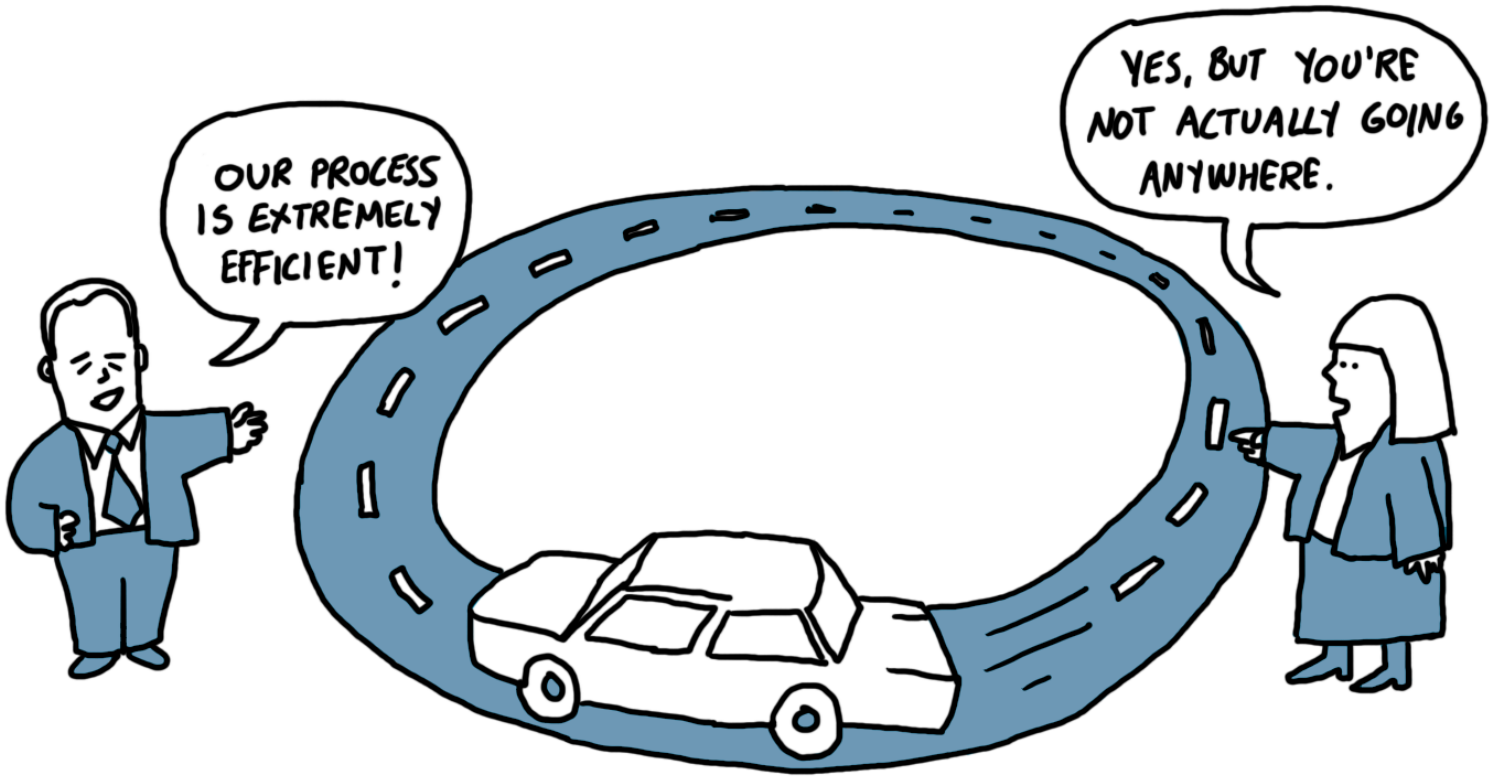

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Why is it so hard?

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Defining the problem

"If I only had one hour to save the world, I would spend 55 minutes defining the problem and only 5 minutes finding the solution"

Albert Einstein

The Australian Prevention Partnership Centre
Systems and solutions for better health

Tasmanian Government

Systems Change Framework

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Summarise in a short phrase or single word a system problem that is impacting your work

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Guesses in advance – no particular order!

- Recruitment and retention
- Waiting lists
- Funding
- Collaboration across agencies, health, education, social care, justice

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Start at the end

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Outcomes and Impact
So what? and Prove It!

- So what?
  - Are we able to explain why we put effort and resource into the things that we do?
  - Are the system outcomes clear?
  - Do we have a view as to ‘what good looks like’?
  - How have we reached that view?
  - Do we know the full range of participants that are needed to deliver these outcomes and why they are important?

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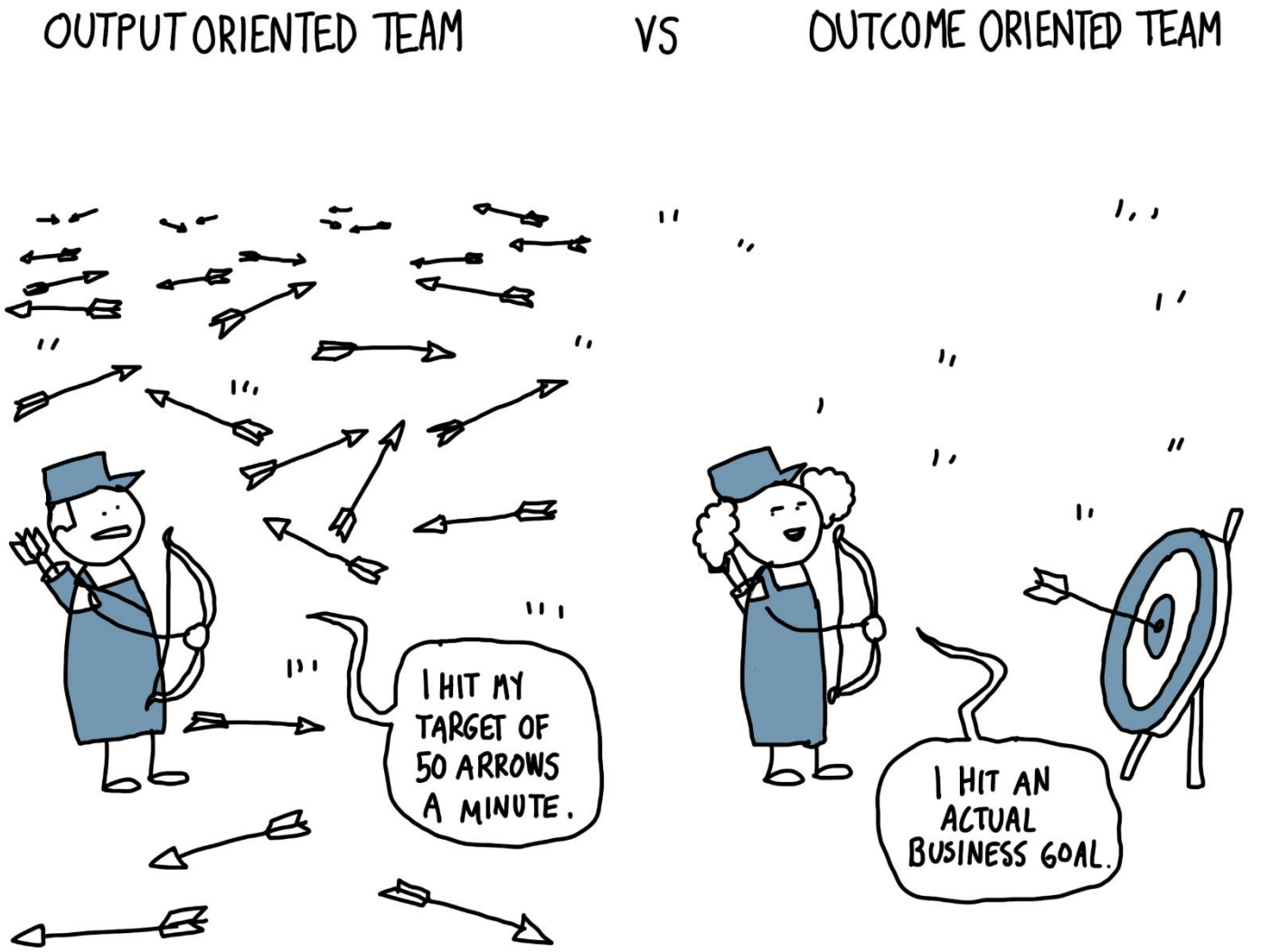

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Outcomes and Impact
So what? and Prove It!

- Prove It!
  - Do we know what we are looking for to prove impact?
  - How will we collect data that will evidence impact?
  - Who determines what is impactful?

  - What changed?
  - What helped?
  - How do you know?

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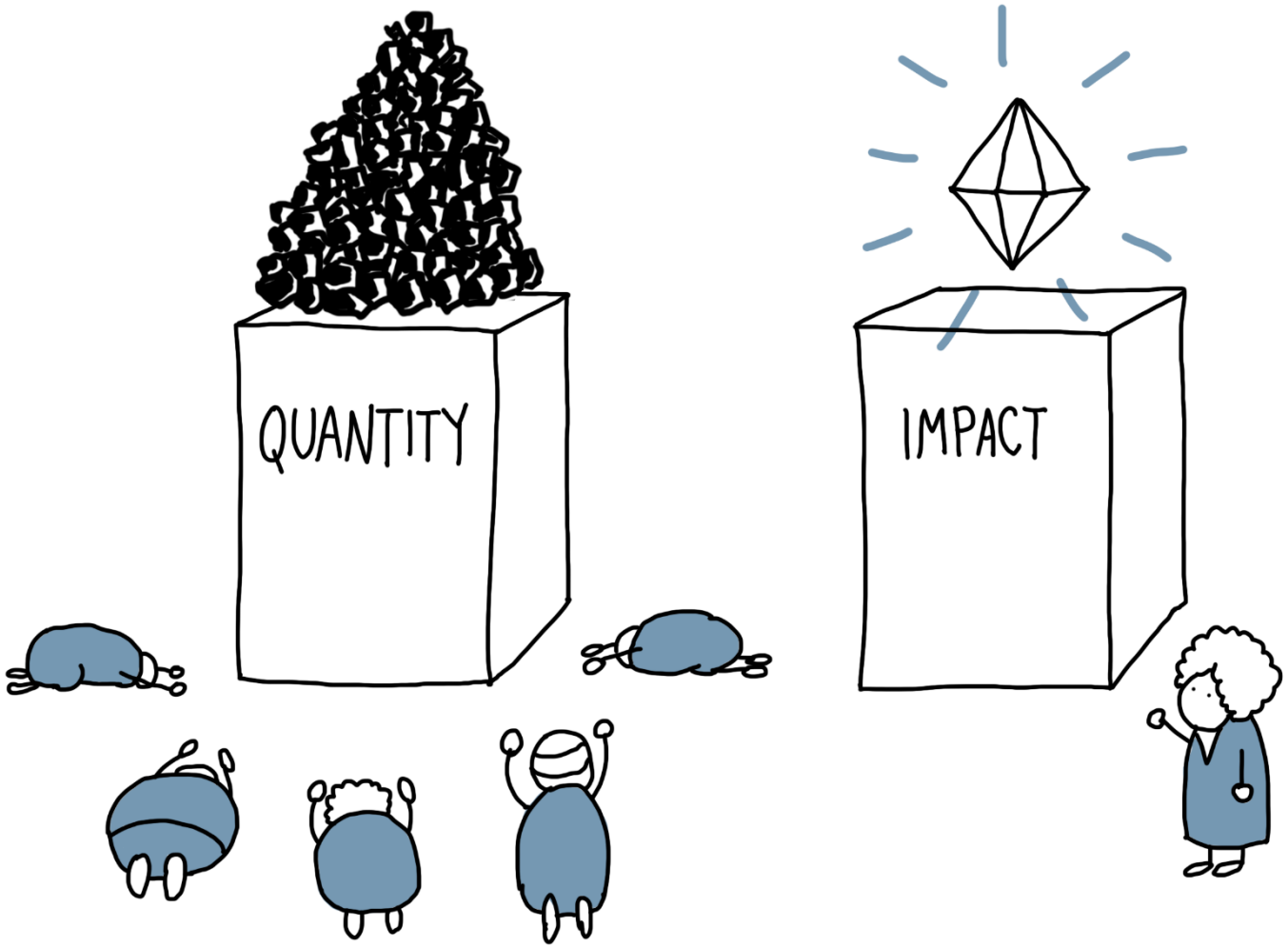

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THE BALANCED SYSTEM®

OUTCOME MEASUREMENT FRAMEWORK

	QUANTITY	QUALITY
EFFORT	**Level 1** **Input** How much did we do? Traditional measures of activity and inputs	**Level 3** **Implementation** How well did we do it? Measuring whether the inputs were of a high quality
EFFECT	**Level 2** **Reach** Is anyone better off? Measuring access to the inputs delivered	**Level 4** **Impact** Did it make a difference? For the individual? For a group? For a population

After Friedman, 2005 and "Turning the Curve" (DCSF, 2008)

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THE BALANCED SYSTEM®

Outcome: A statement of the functional outcome

My mother is happy because
I made her a cake

Input

Best quality 80% cocoa chocolate

Reach

I made it in time for her birthday and there was enough to go around

Quality

I followed the recipe and it worked beautifully - it was a good cake!!

Prove it!

Impact

I didn't realise that she has given up chocolate so she would have preferred a victoria sandwich!!

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Do not edit
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Choose which level of evidence the statement demonstrates

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Taking a whole system approach

- Co-create the vision – should be ’more than’ the sum of the parts
- Define the shared system outcomes
- Clearly articulated impact measures
- Include range of ‘voices’
- Contribution of all system partners to outcomes delivery
- Build a flexible offer
- Continuous improvement cycle

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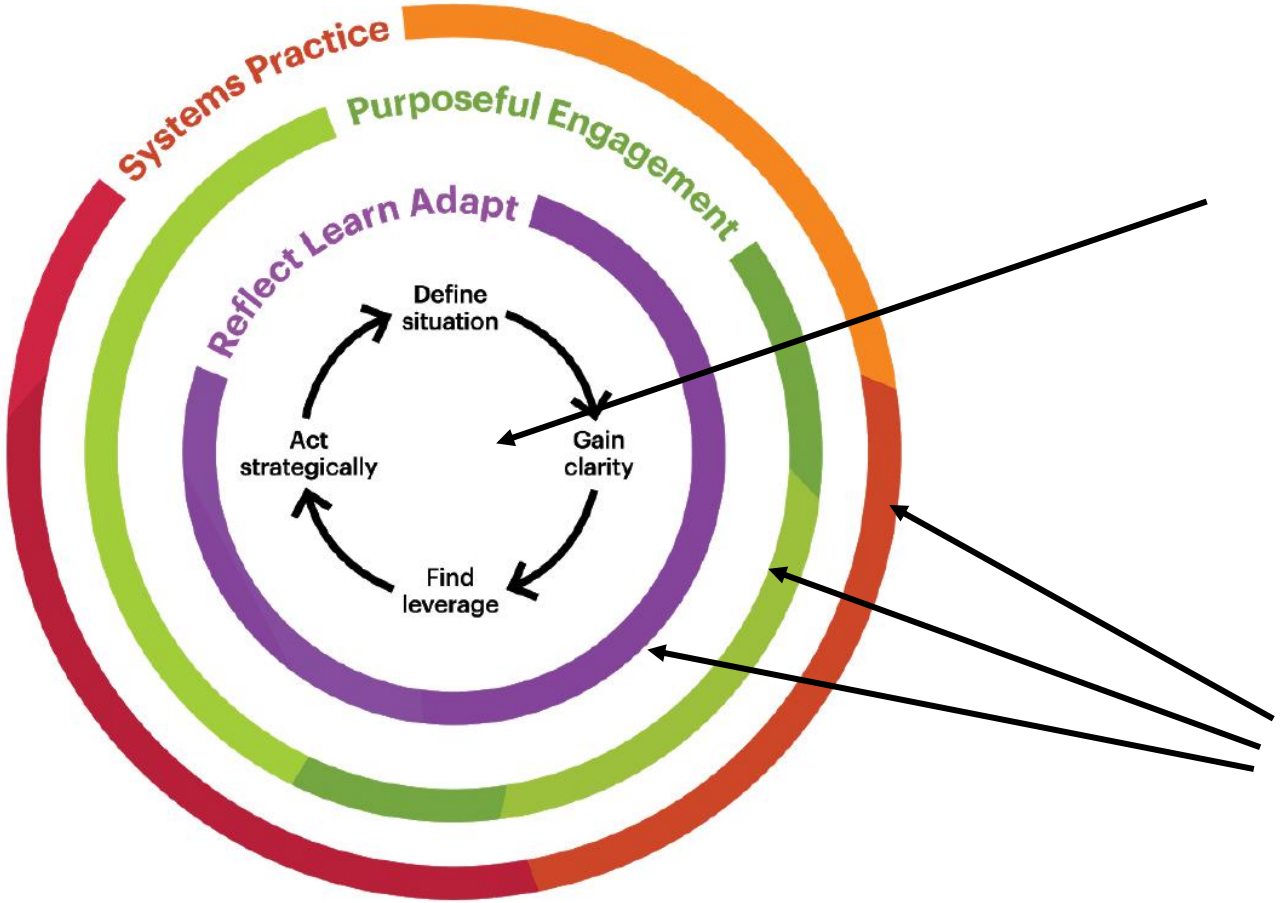

The ‘what’?

The ‘how’?

Source: The Framework was developed in partnership by The Australian Prevention Partnership Centre and the Tasmania Department of Health, June 2018.

The what?

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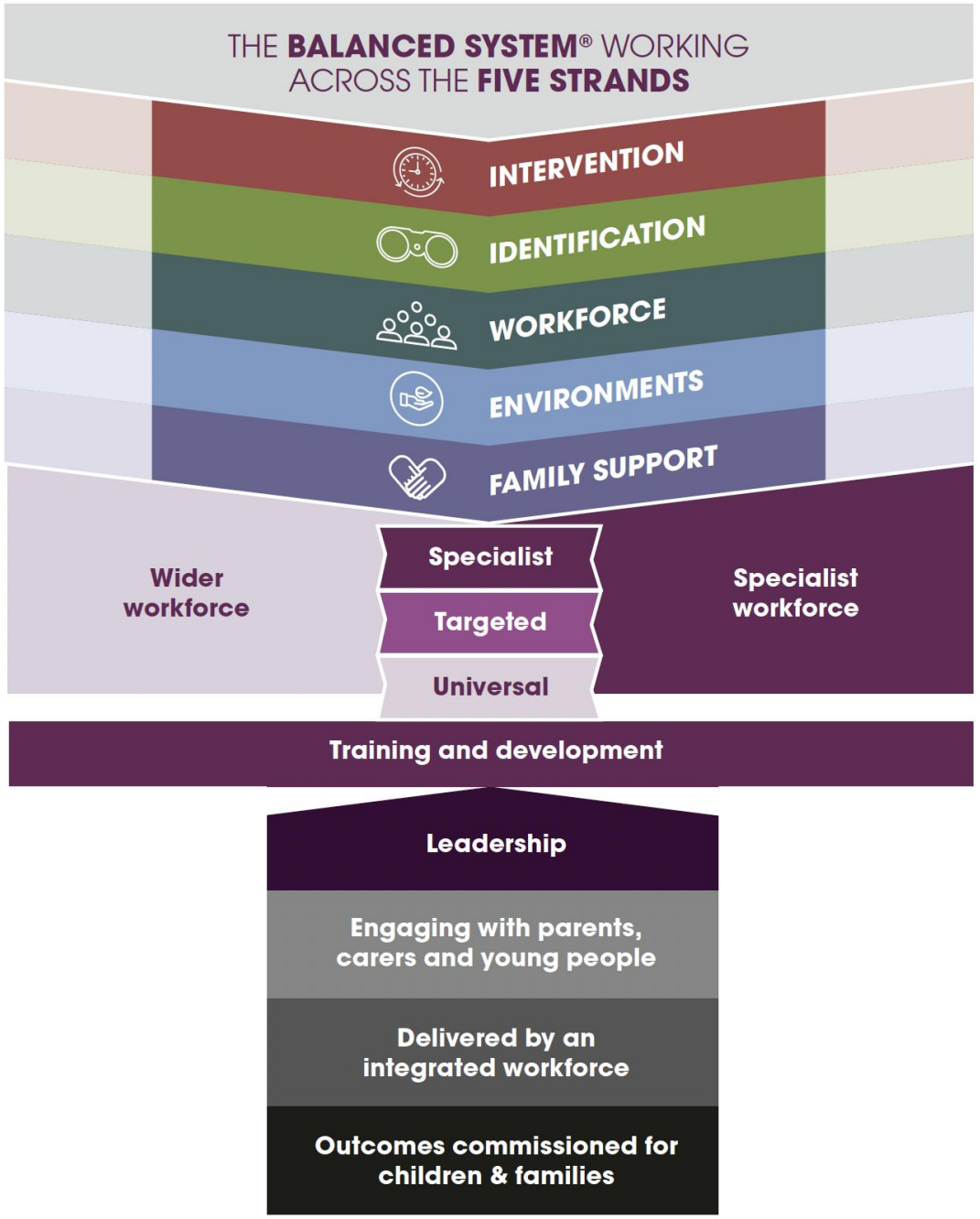

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THE BALANCED SYSTEM® HIGH LEVEL OUTCOMES FOR SPEECH, LANGUAGE AND COMMUNICATION NEEDS

FAMILY SUPPORT	ENVIRONMENT	WORKFORCE	IDENTIFICATION	INTERVENTION
FS3. Specialist - Parents and carers of children with specialist SLCN receive specific specialist support to ensure confidence in their role as a key communication partner for their child and to increase their understanding of the specific communication challenges associated with their child's needs. Young people with SLCN are enabled to be active participants decisions about their support.	EE3. Specialist - Places where children and young people with specialist and complex SLCN spend their time for learning and leisure are communication friendly. The necessary adaptations are in place to maximise access in addition to the enhancements expected at a universal and targeted levels.	WW3. Specialist - Knowledge skills and expertise are developed in identified members of the wider workforce in order to ensure that, working with specialist support, there are staff that are confident and competent to support the delivery of specialist interventions including individual and small group work, support parents, adapt the environment and identify children who need specialist support.	ID3. Specialist - Children with specialist SLCN have their needs identified effectively and quickly. This includes multidisciplinary assessment where appropriate.	IN3. Specialist - Children and young people needing specialist intervention for their SLCN receive appropriate and timely provision in the most functionally appropriate context for their needs. Progress measures will include activity, participation and well-being goals in addition to goals relating to their core SLC impairment.
FS2. Targeted - Parents and carers of children with identified speech, language and communication needs (SLCN) access additional specific support to ensure confidence in their role as a key communication partner and educational support for their child. Families and young people with SLCN are supported to make choices and access services.	EE2. Targeted - Places where children and young people with identified SLCN spend their time for learning and leisure are communication friendly. Appropriate additional enhancements are made that enable children and young people with identified SLCN to more easily understand and to express themselves.	WW2. Targeted - The wider workforce is supported to develop specific knowledge and skills to support children and young people with identified SLCN. Setting and school staff are confident and competent to deliver targeted interventions, support parents, adapt the environment and identify children who need additional support.	ID2. Targeted - Efficient and accessible processes are in place that support the identification of more specific SLCN. The wider workforce, setting and school staff are supported to be confident and competent to identify children and young people who may require targeted support and/or referral to specialist services for their SLCN.	IN2. Targeted - Children and young people benefiting from targeted interventions will have access to evidence based targeted interventions to develop core speech, language and communication skills delivered in the most appropriate functional context. These might include 1:1 and / or small group interventions that are typically designed by specialist practitioners and delivered by those with appropriate training.
FS1. Universal - All parents and carers are supported with information and resources to encourage their role as effective primary communicative partners for their children. Families and young people are able to make proactive choices with respect to their child's or own needs.	EE1. Universal - Places where children and young people spend their time for learning and leisure are communication friendly. Environments have appropriate enhancements that make it easier for all children and young people to understand and express themselves.	WW1. Universal - The wider workforce is supported to have a good basic understanding of speech, language and communication including supportive strategies. Setting and school staff are confident in their role as facilitators of communication. The wider workforce has access to appropriate training around speech, language and communication.	ID1. Universal - Early identification of children and young people whose speech, language and communication needs may require targeted or specialist support is as efficient and accessible as possible. Preidentification information and advice is available in a given area, school or setting.	IN1. Universal - Homes, settings and schools are supported to develop the language and communication skills of all children and young people through language enrichment and supportive activities.

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Transferability

- Multi-professional projects in Fife, Essex, Hereford & Worcestershire with CYP
- Test of Concept - People living with dementia Commissioned by Scottish Government via Alzheimer Scotland – test teams OT in Forth Valley and Inverclyde
- All age services CYP and adult services with Fife

THE BALANCED SYSTEM INTEGRATED SOLUTION TOOL OUTCOMES

FAMILY, FRIEND AND CARER SUPPORT	ENVIRONMENT	WORKFORCE	IDENTIFICATION	INTERVENTION
FS3. Specialist - All family, friends and carers have access to AHP support to ensure confidence in their role as a key partner of the person living with dementia to increase their understanding of the specific challenges faced by the person living with dementia.	EE3. Specialist - Places where people living with dementia with specialist and complex needs spend their time are dementia friendly. The necessary AHP specialist assessment and adaptations of the environment are in place to maximise potential, independence and function optimising quality of life. These are in addition to the enhancements expected at a universal and targeted levels.	WW3. Specialist - Knowledge, skills and expertise are developed in identified members of the wider workforce in order to ensure that, working with specialist support, there are staff that are confident and competent to support the delivery of specialist AHP interventions including individual and groups activities. E.g. carers, family, support workers. All work will be with the person's wider support network.	ID3. Specialist - Access to specialist AHP services is based on assessment and identification of needs in a functional way for the individual and the person/people who care for them.	IN3. Specialist - People living with dementia needing specialist AHP intervention receive appropriate and timely AHP provision in the most functionally appropriate context for their needs. Progress measures will include activity, participation and well-being goals in addition to goals relating to their core needs.
FS2. Targeted - Family, friends and carers of people living with dementia are able to easily access additional specific AHP support and resources to ensure confidence in their role, to help enable the person living with dementia to maximise their independence and quality of life.	EE2. Targeted - Places where people with dementia and their care givers live, spend their time or access services, are dementia friendly and supportive. Appropriate additional enhancements, as recommended by AHPs, create an environment which ensures people living with dementia and their carers continue to live well, maximising potential.	WW2. Targeted - The wider workforce is supported to develop specific knowledge and skills to run some interventions. AHP staff are competent to deliver targeted interventions and support carers, adapt the environment and identify people with dementia who need support.	ID2. Targeted - All health, social care statutory and non-statutory services are skilled and confident working with people living with dementia. Where a referral has been made to an AHP for a specific condition the clinician deals with this condition and does not pass onto dementia services before assessment is completed and where possible treatment. AHPs who do not routinely work with people with a diagnosis of dementia are able to accurately identify someone who needs a more specialist service and are able to make a referral or signpost.	IN2. Targeted - People living with dementia, their families and those who support them, benefiting from targeted interventions, will have access to evidence based AHP approaches in the most appropriate functional context. These might include 1:1 and/or small group interventions that are typically designed by AHP specialist practitioners and delivered by those with appropriate training.
FS1. Universal - Family, friends and carers are supported with easily accessible information and resources from AHPs to encourage their role as effective partners in the care for older people. This enables the person requiring support and their family, friends and carers to make proactive choices to maintain their best quality of life.	EE1. Universal - Places where people spend their time, including physical, psychological and social spaces including communities, are accessible for all. Environments are supported by AHPs to promote engagement and participation inclusive of the needs of an ageing population.	WW1. Universal - The wider workforce is supported by AHPs to have a good basic understanding of good brain health, how to support and communicate appropriately and how to access appropriate AHP services as people's needs change with age. The wider workforce has access to appropriate training around maximising independence and quality of life.	ID1. Universal - All primary care workers and public sector organisations are brain health aware and can signpost and refer on. AHPs dealing with another condition who see someone with cognitive decline are able to give basic advice and signpost or refer on.	IN1. Universal - Everyone will be supported through AHP based information and approaches to understand and support good brain health to promote well-being. Adults are supported to make proactive choices to maintain their best quality of life.

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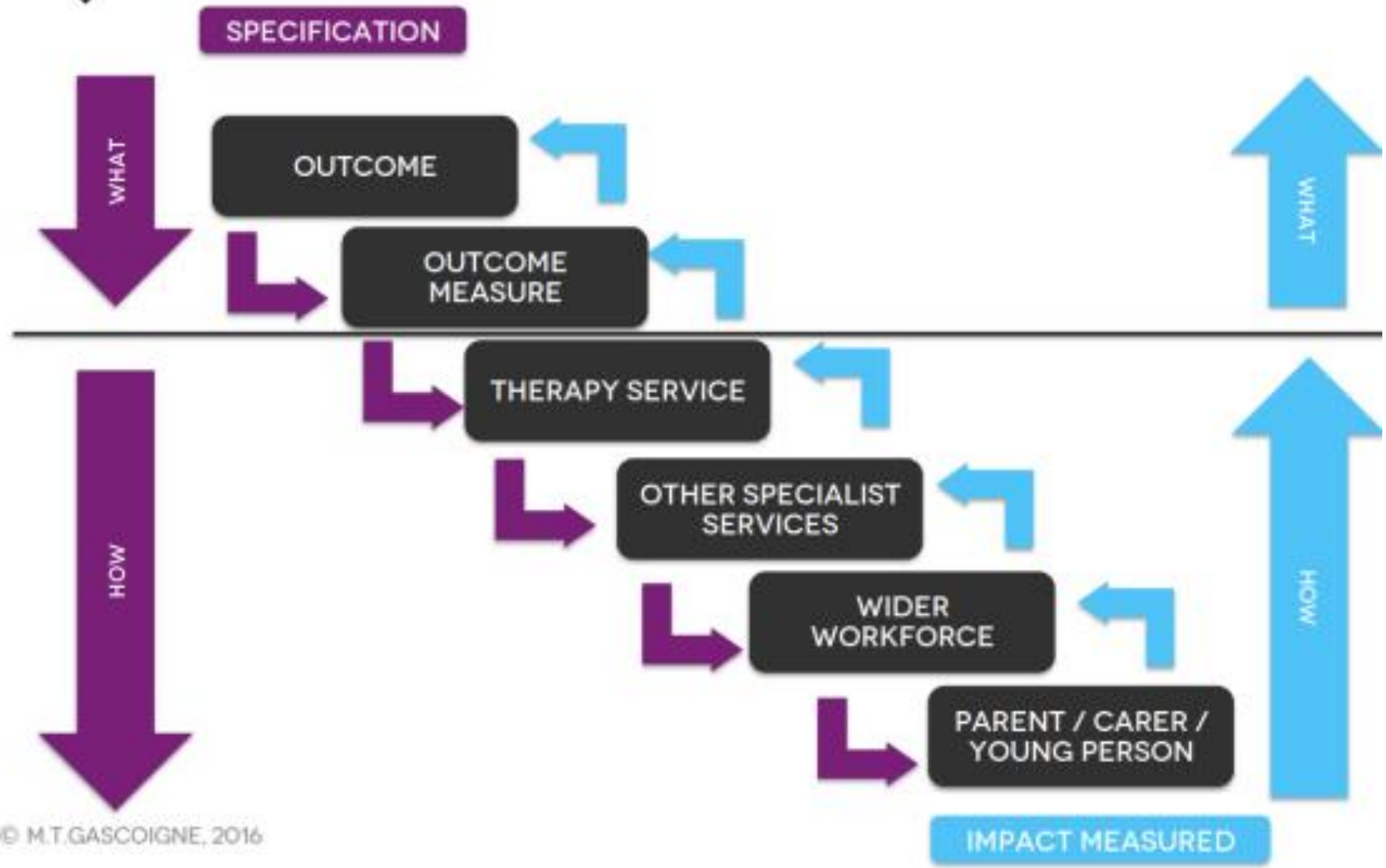
BALANCED SYSTEM® INTEGRATED SOLUTION FRAMEWORK



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Suggest Outcome

Family Support | Environment | Workforce | Identification | Intervention

Efficient, accessible systems enable early identification of speech, language and communication, including training and referral advice

Universal | **Targeted** | **Specialist**

TARGETED IDENTIFICATION OUTCOME

OUTCOME

ID2. Targeted - Efficient and accessible processes are in place that support the identification of more specific SLCN. The wider workforce, setting and school staff are supported to be confident and competent to identify children and young people who may require targeted support and/or referral to specialist services for their SLCN.

- **WAYS TO ACHIEVE THIS OUTCOME**
- **EVIDENCE FOR THIS OUTCOME**
- **HOW DIFFERENT GROUPS CONTRIBUTE TO THIS OUTCOME**

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Specification

Speech and language therapists deliver training to setting and school staff to enable identification of SLCN

Speech and language therapist ensure guidelines and identification tools are available and used appropriately

Speech and language therapists have regular liaison meetings with other specialist staff wider workforce and parents and carers

Speech and language therapists support settings and schools in identifying children for targeted interventions

Speech and language therapists assess children within agreed timescale

Other specialist

Specification

SENCOs engage with training around identification of SLCN

SENCOs ensure that all practitioners employ appropriate identification tools

SENCOs coordinate liaison meeting including all relevant information on child

Specialist Teachers deliver training

Specialist Teachers support the SENCO and school staff in identification

Wider workforce

Specification

Wider workforce engage with training opportunities around identification of SLCN

Wider workforce employ appropriate identification tools

Wider workforce raise concerns with SENCO regarding individual children

Wider workforce maintain evidence/provide information to inform the identification process

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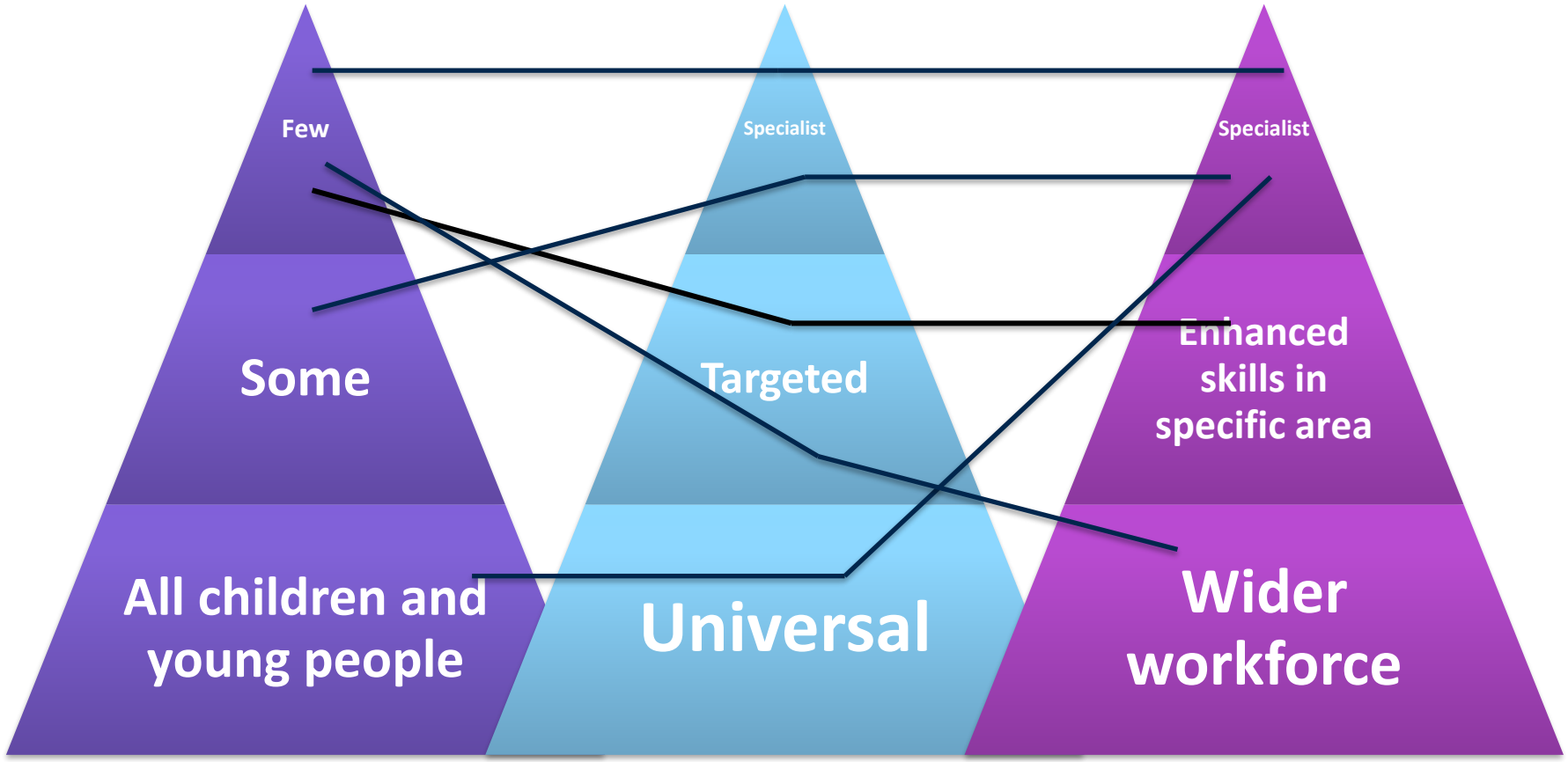
RELATIONSHIP BETWEEN POPULATION, INTERVENTION AND WORKFORCE



Population of CYP **Intervention** **Workforce**

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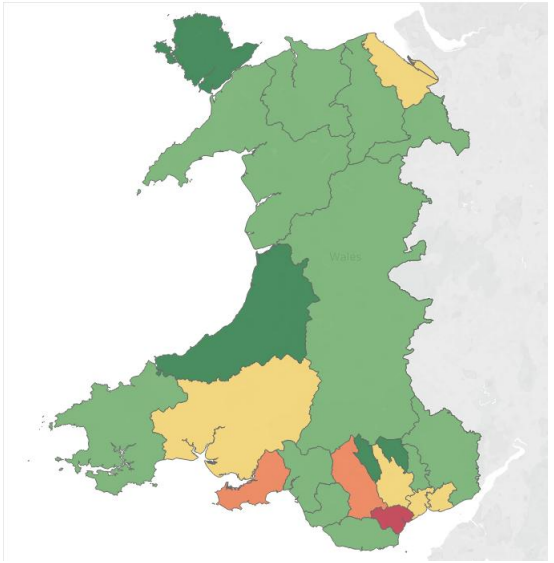
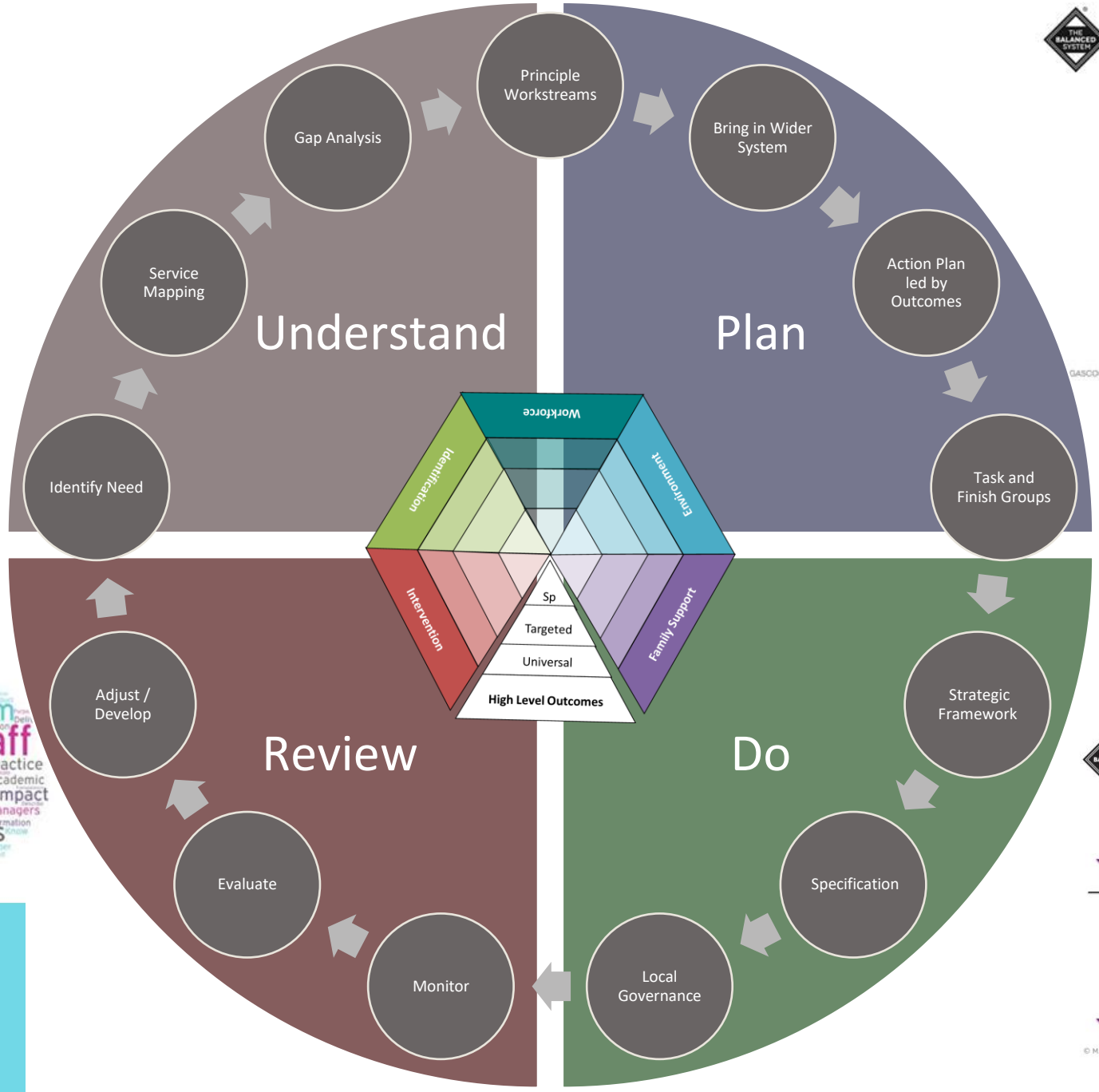
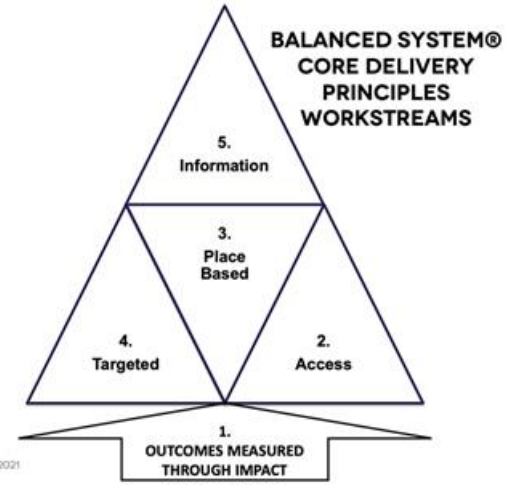
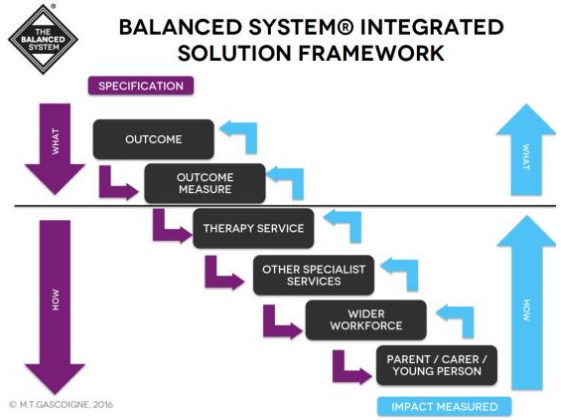
The how?

Wales mid-year 2022, 0-18 population by LA









Impact not Input
EQUITY VS Equality

DIFFERENT INPUTS REQUIRED TO ACHIEVE SIMILAR OUTCOMES

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THE BALANCED SYSTEM

EQUITY FOR ALL: CHILDREN'S SPEECH AND LANGUAGE THERAPY SERVICES IN SCOTLAND

Marie Gascoigne

© Better Communication CIC, 2021

December, 2021

https://www.bettercommunication.org.uk/downloads/2022%20Equity%20for%20All%20Final%20for%20Publication.pdf

Figure 7: Showing the distribution as a percentage of the predicted SLCN for CYP 0-18 across Scotland

% of Scotland's overall SLCN Prediction (0-18) by NHS Area

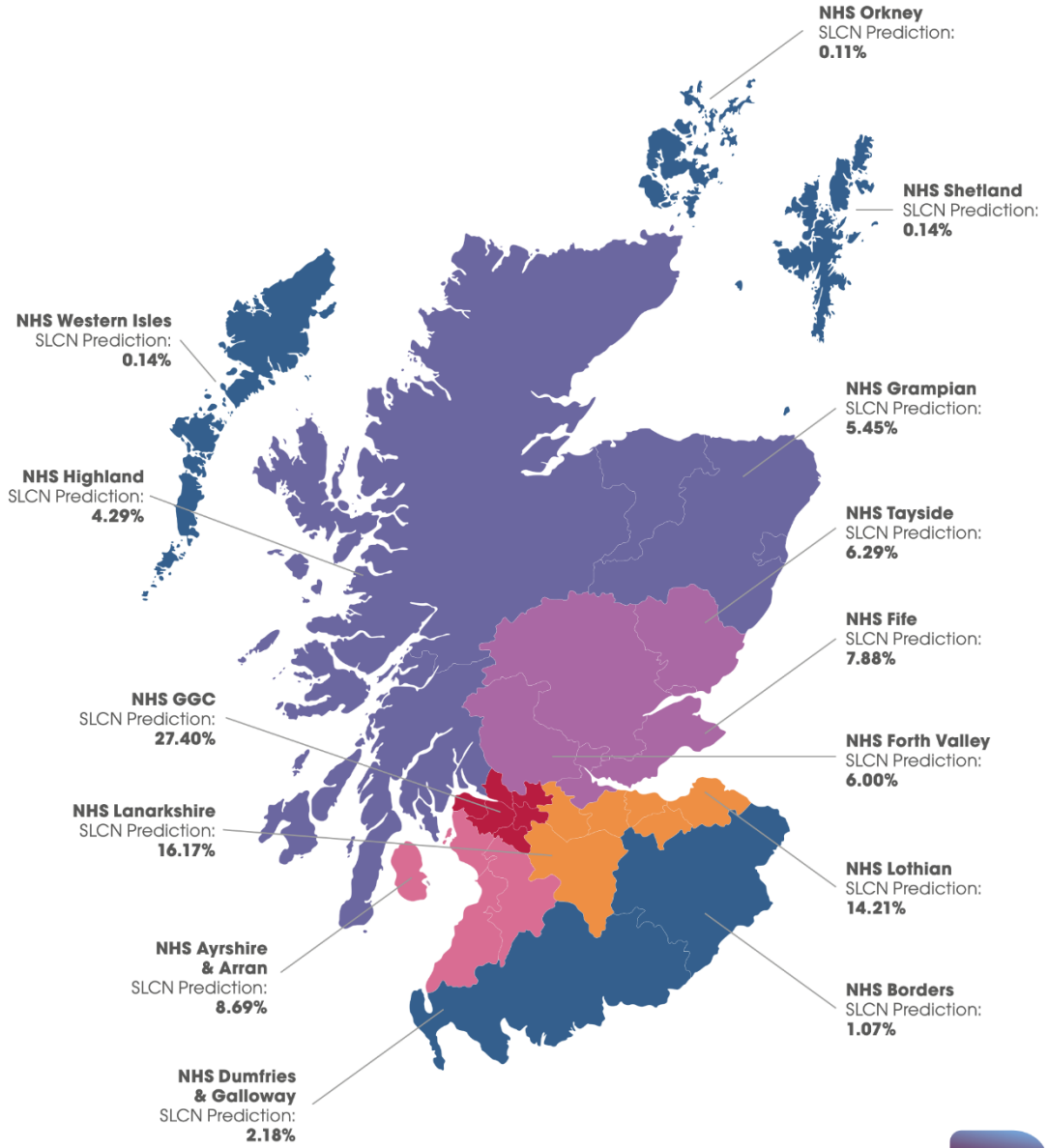
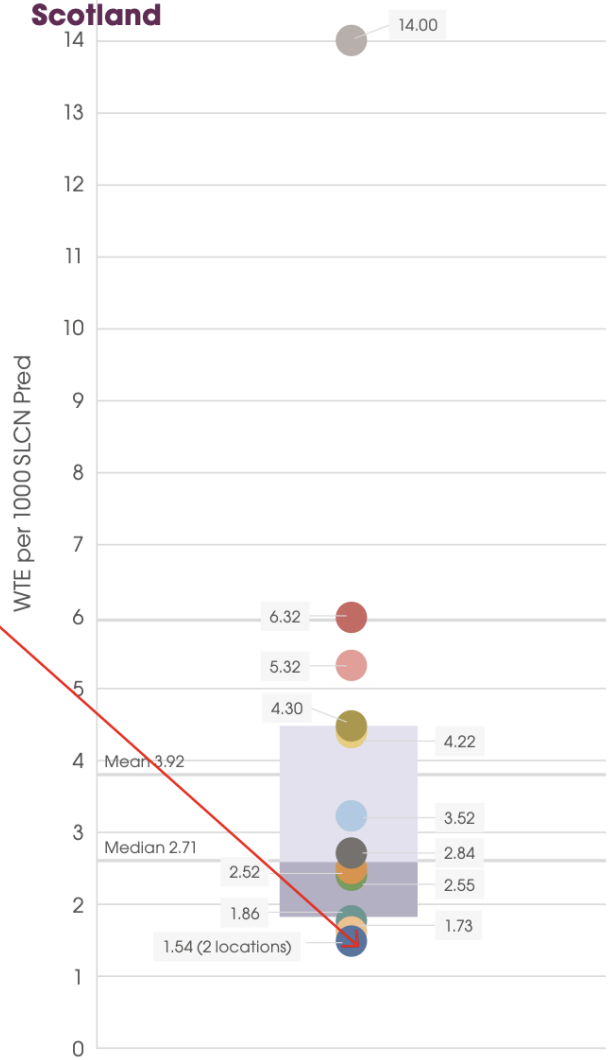
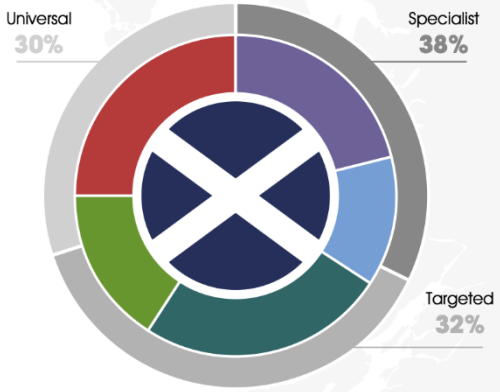


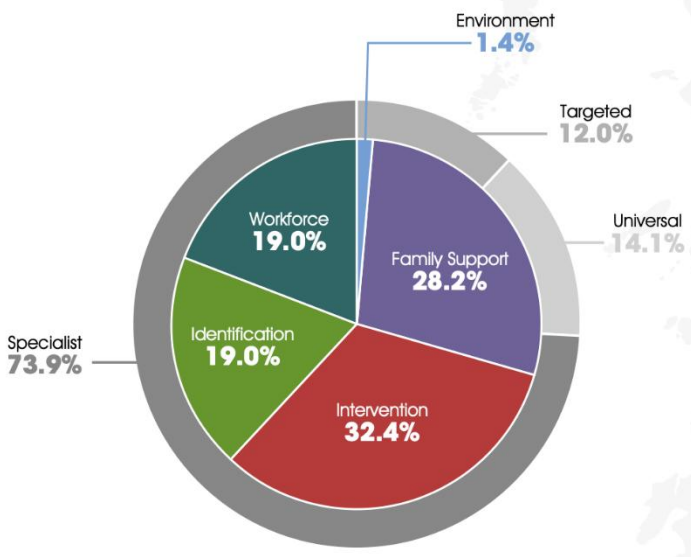
Figure 11Showing the percentage of CYP 0-18 predicted to have SLCN in each of the Health Board area in Scotland

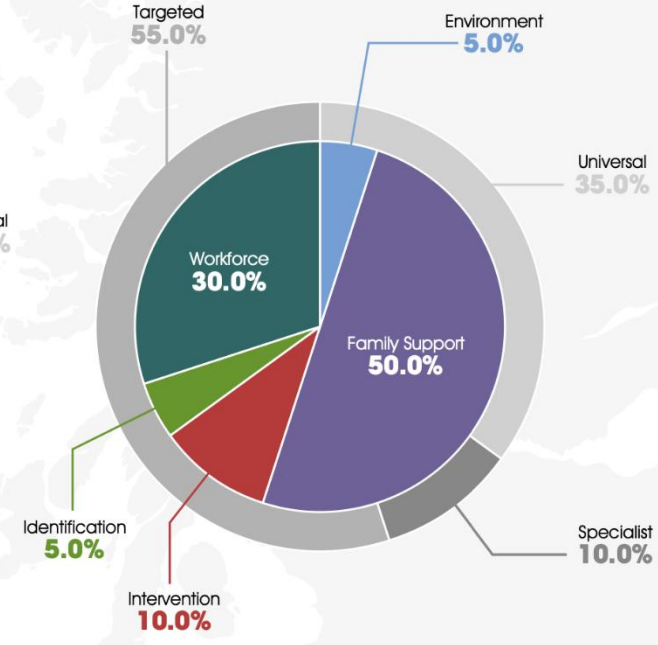
Figure 12 Showing the reported WTE per 1000 0-18 SLCN predicted need in each Health Board area across Scotland





	21%	13%	25%	16%	25%	
	FAMILY SUPPORT	ENVIRONMENT	WORKFORCE	IDENTIFICATION	INTERVENTION	TOTAL
SPECIALIST	337	139	232	237	468	1413
TARGETED	220	161	364	181	269	1195
UNIVERSAL	232	169	327	185	187	1100
TOTAL	789	469	923	603	924	3708





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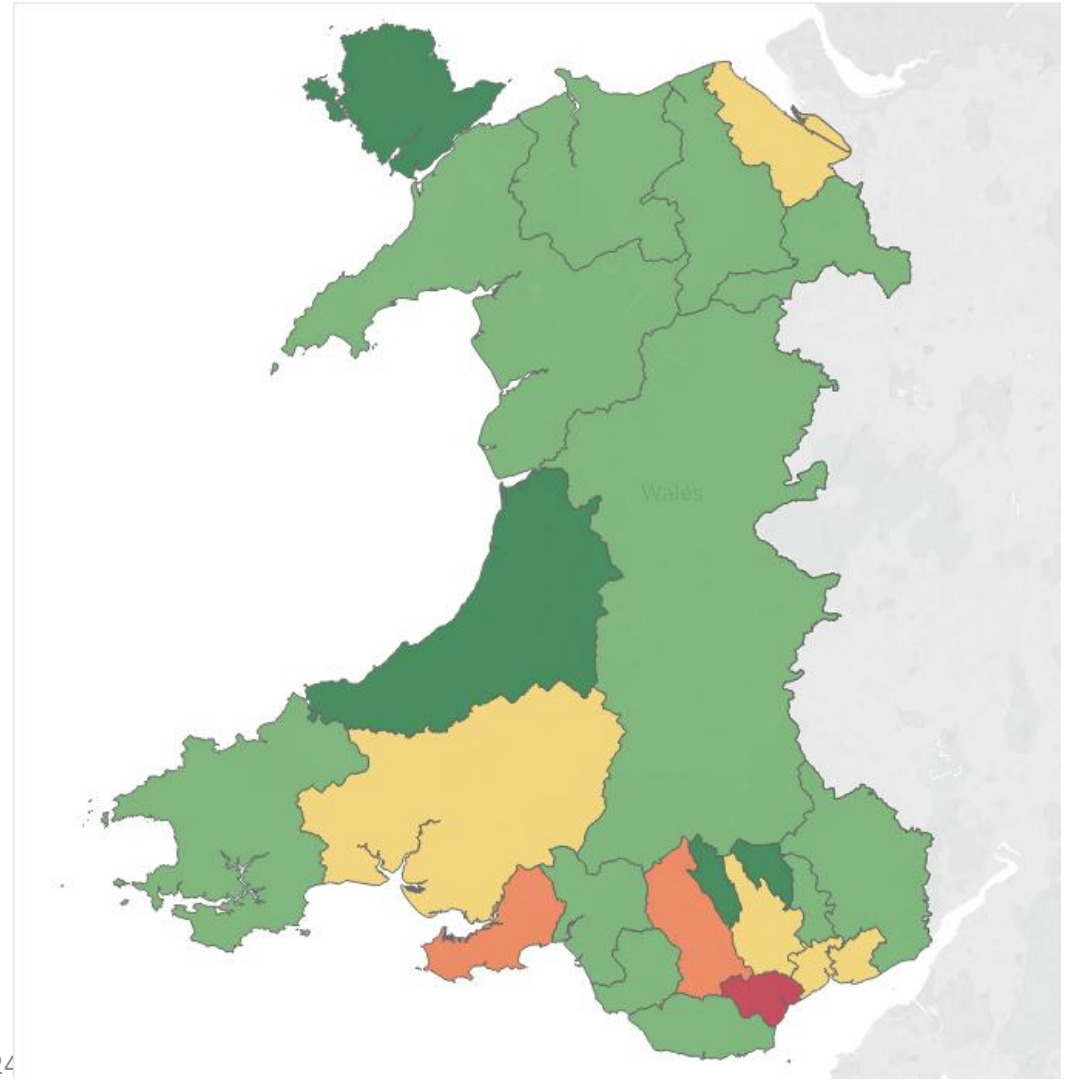
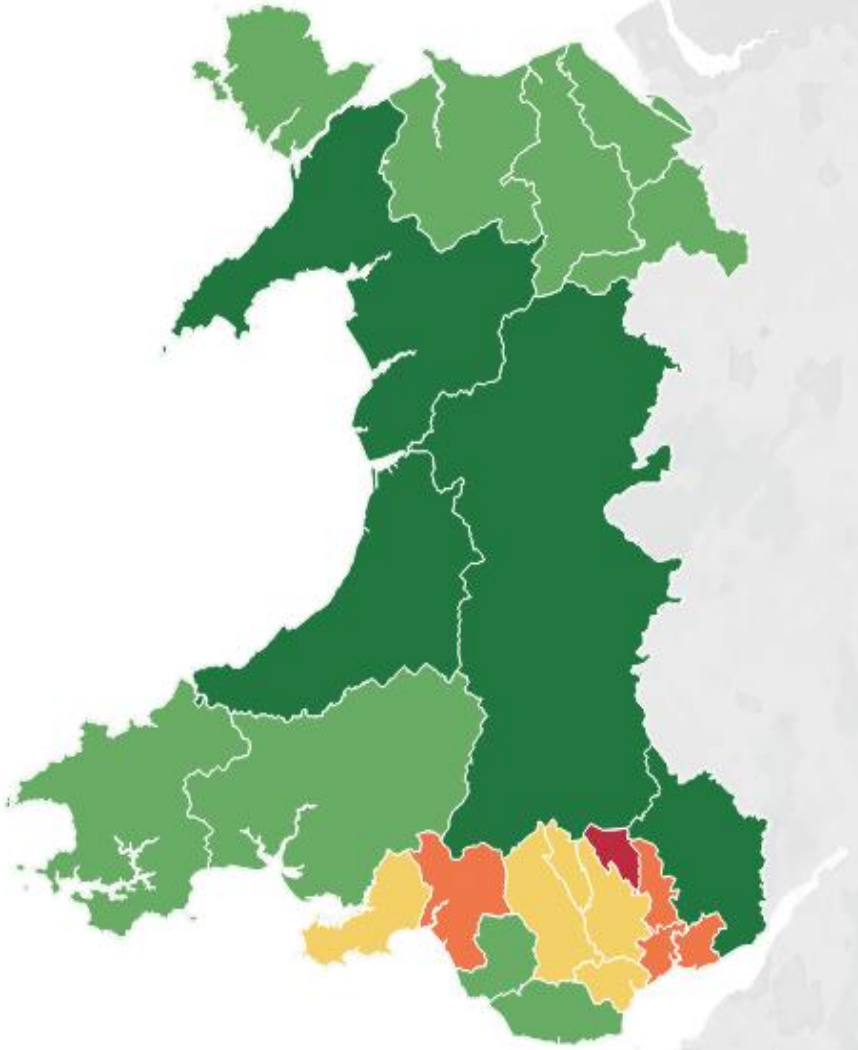
Wales mid-year 2022, 0-18 population by LA



LSOA% in most disadvantaged quintile (2019 WIMD)



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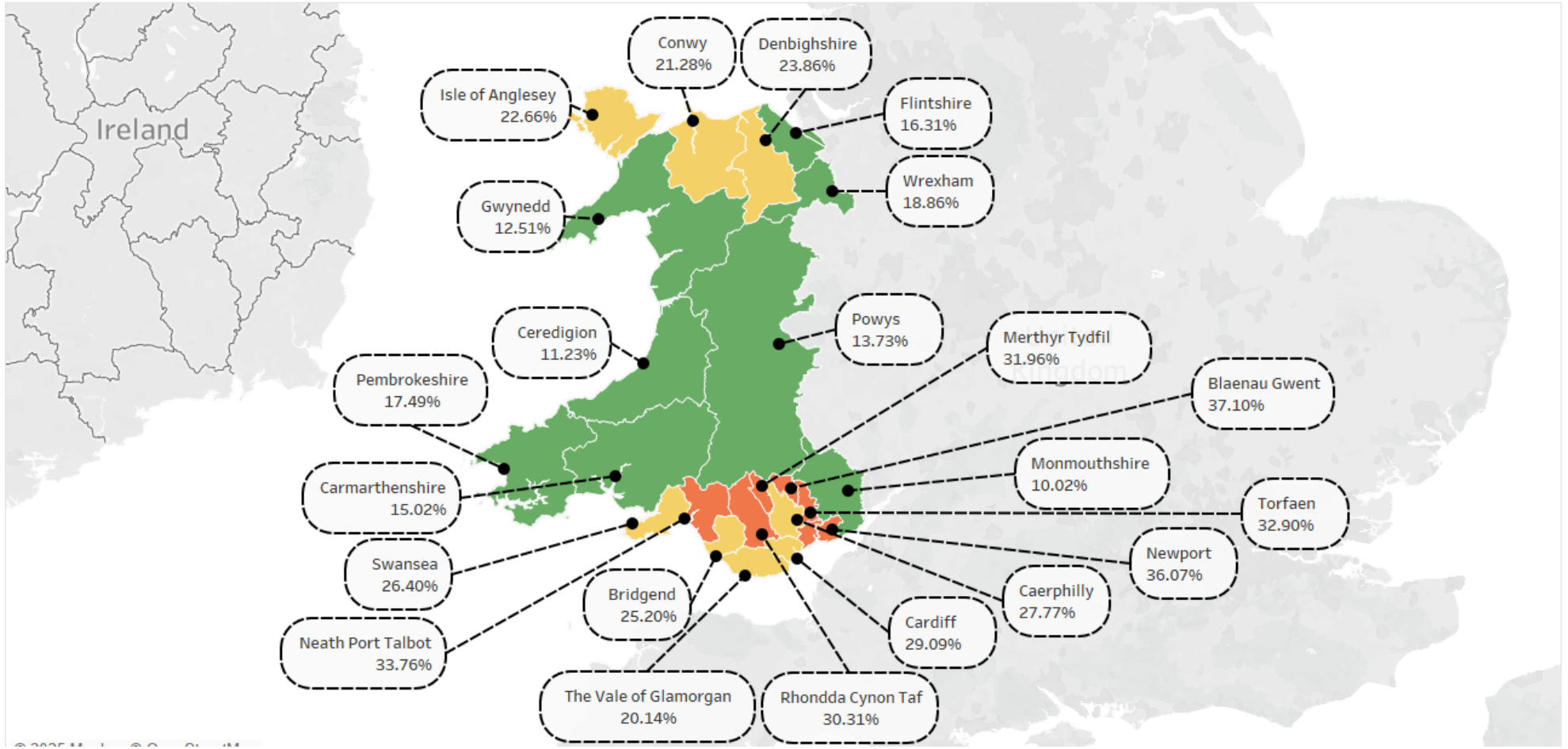
Predicted SLCN % (0-18) for Wales (Wards 24, Population 22, IMD 2019)



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Core Delivery Principles

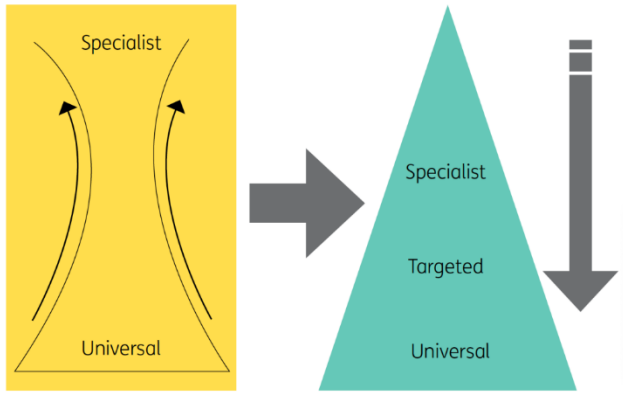
Accessible high-quality information and resources from across the system
Eg
https://pathway.thebalancedsystem.org

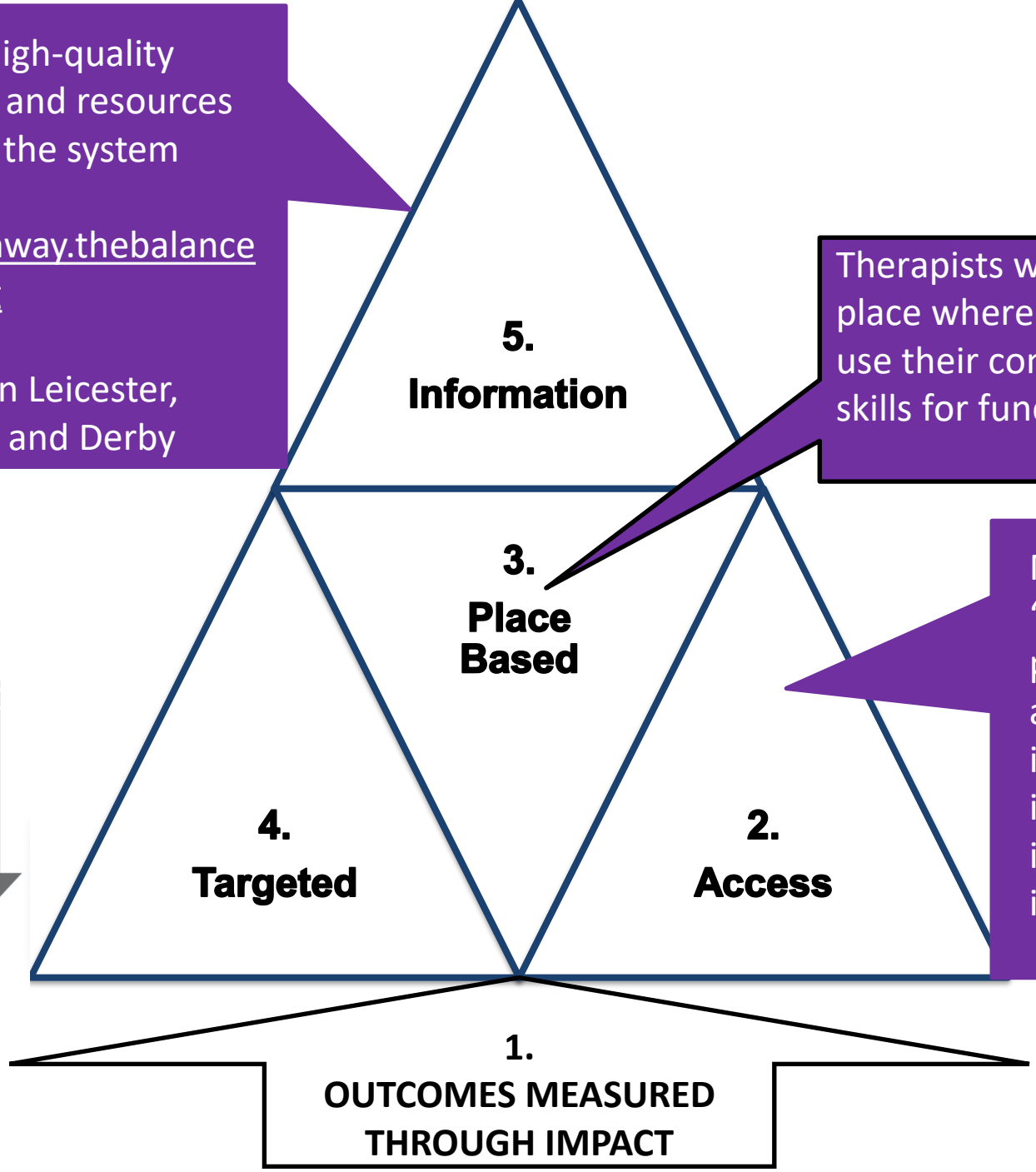
Developed in Leicester, Nottingham and Derby

Therapists working at place where CYP need to use their communication skills for functional impact

Moving away from the 'refer – assess – treat' paradigm towards easy access to the most immediate support even if more specific intervention may also be indicated

Figure two: The vortex effect – the implication of underinvestment in targeted provision





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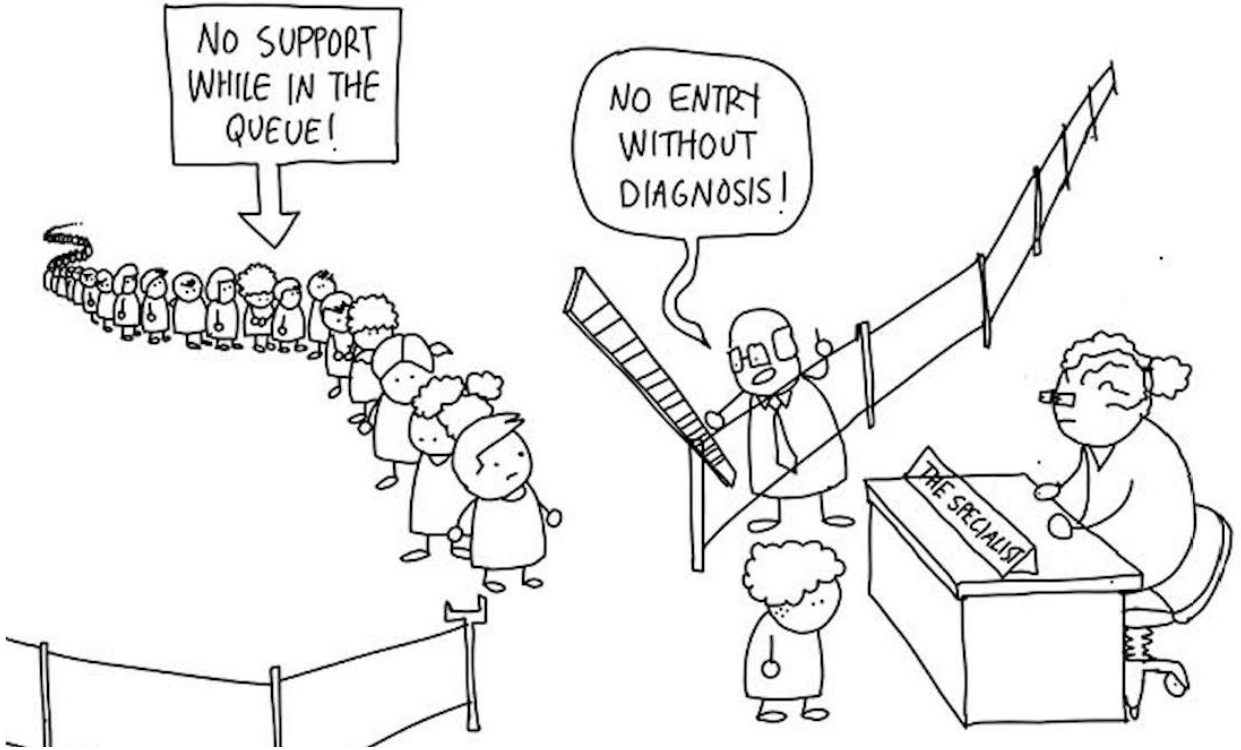
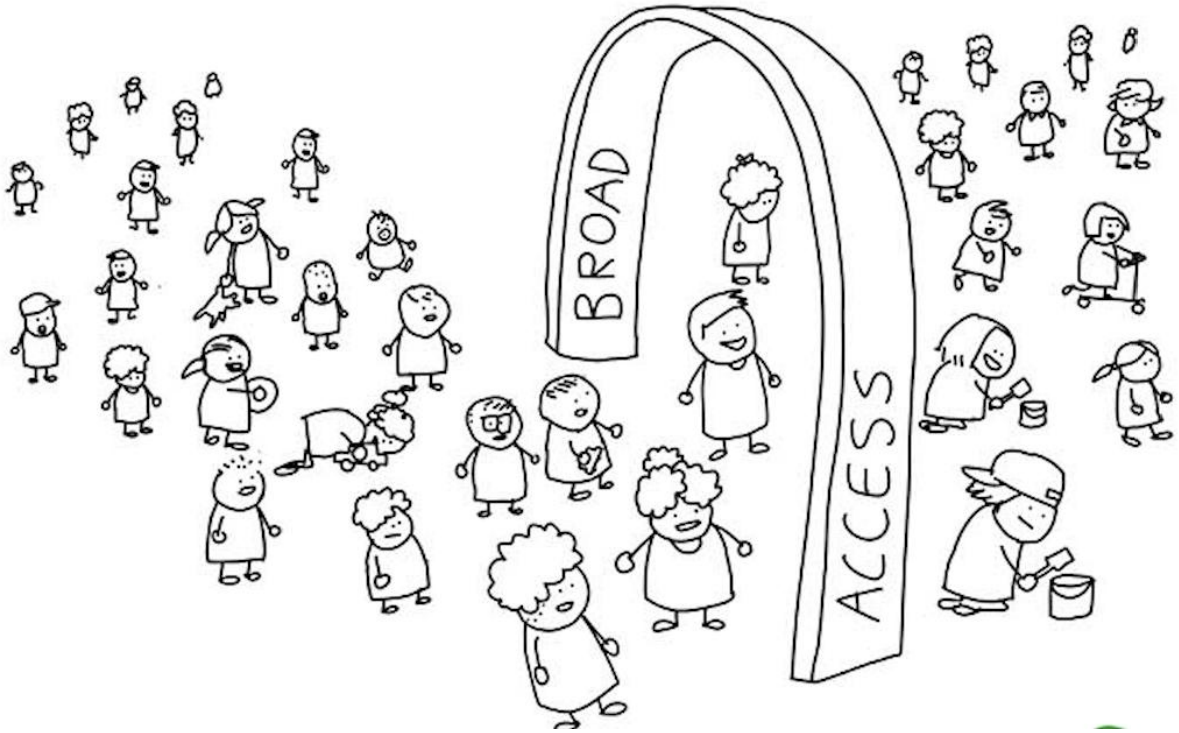
THE CURRENT SYSTEM

EMPHASIS ON SPECIALIST SUPPORT CREATES QUEUES



THE BALANCED SYSTEM

FOCUSES ON BROAD ACCESS TO PREVENT QUEUES



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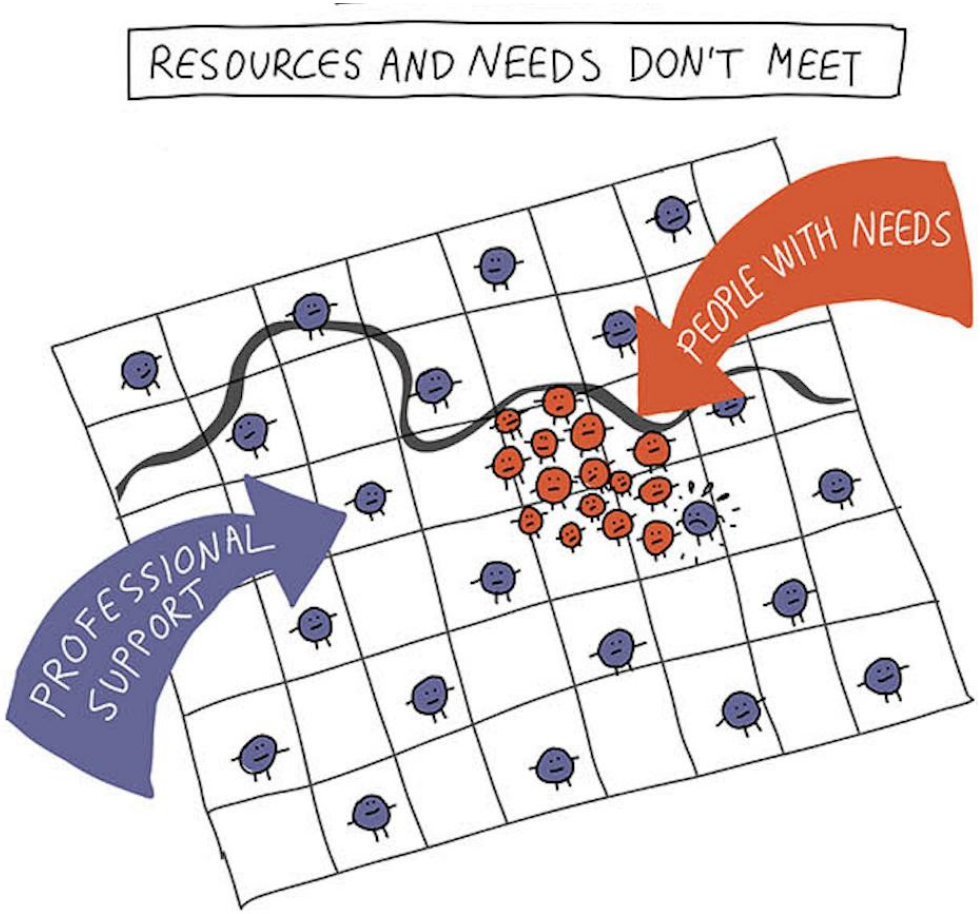
THE CURRENT SYSTEM



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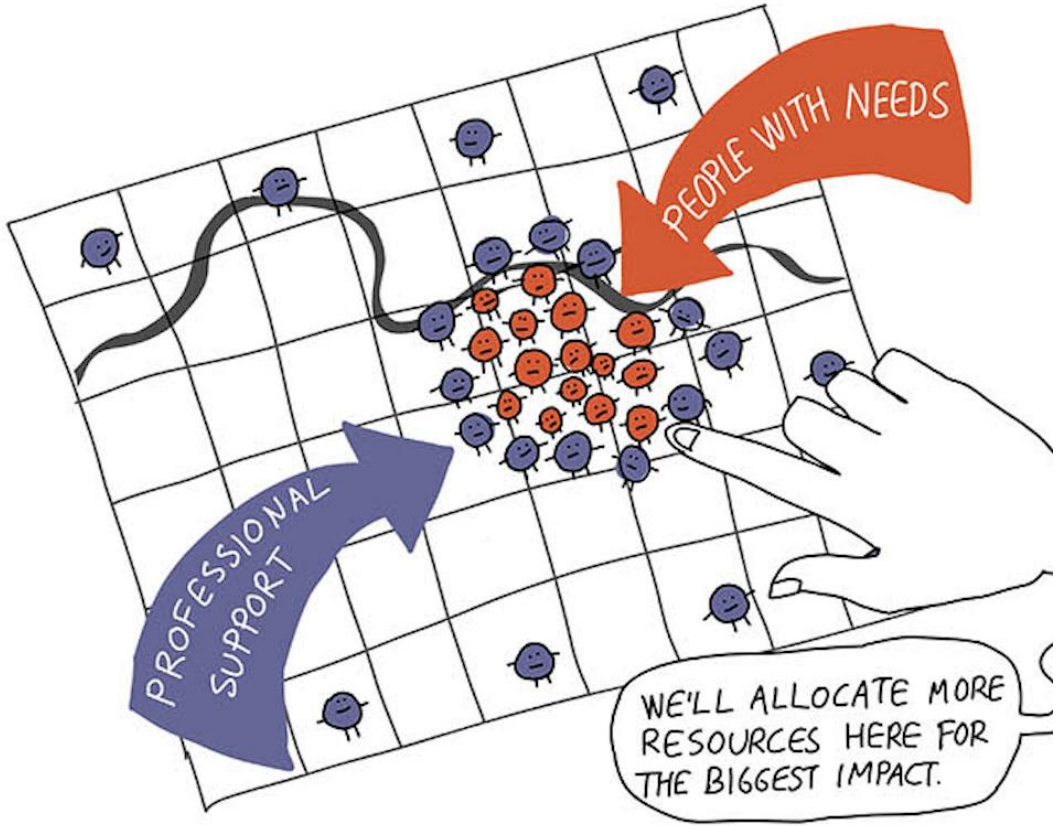

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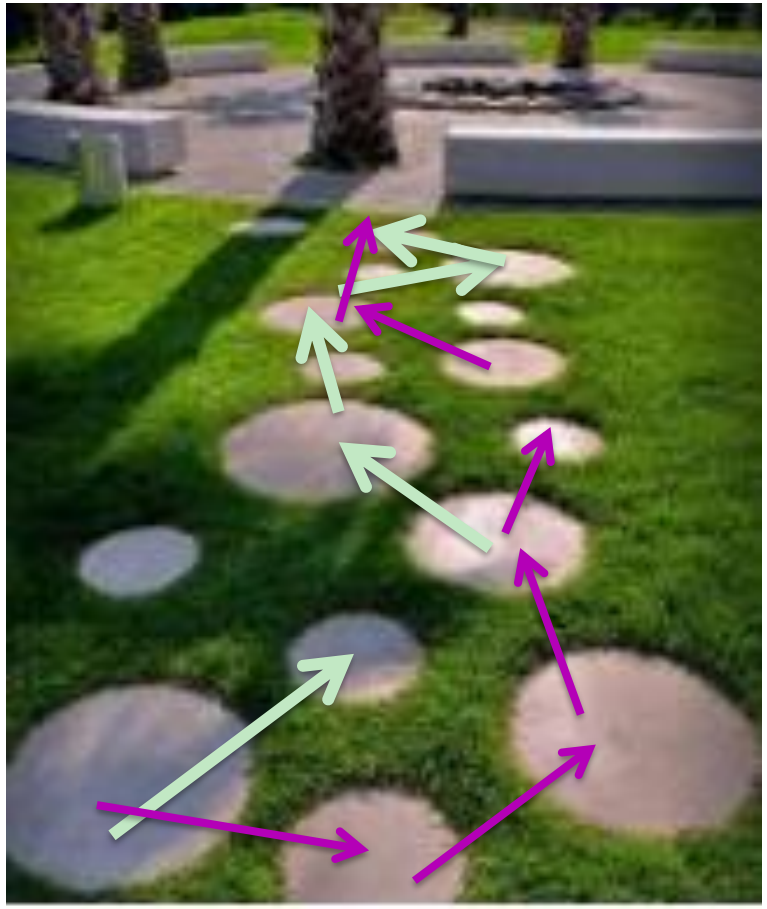
Culture transformation

- Strategic leadership
  - eg systems change owned by most senior governance partnership board including local authority; health commissioner, schools, NHS providers - chaired by DfE commissioner
- Operational development
  - eg local system leaders specifically identified to support the transformation working with system partners

Culture transformation

- Practitioner confidence
  - eg specific programme of engagement with practitioners to develop skills and confidence at whole system working
- Parents, carers, young people and service users
  - eg representative involvement in all the strategic and operational groups; co-creating and advising on service transformation

Away from PATHWAYS & TRAIN TRACKS towards STEPPING STONES



Outcome

B

A

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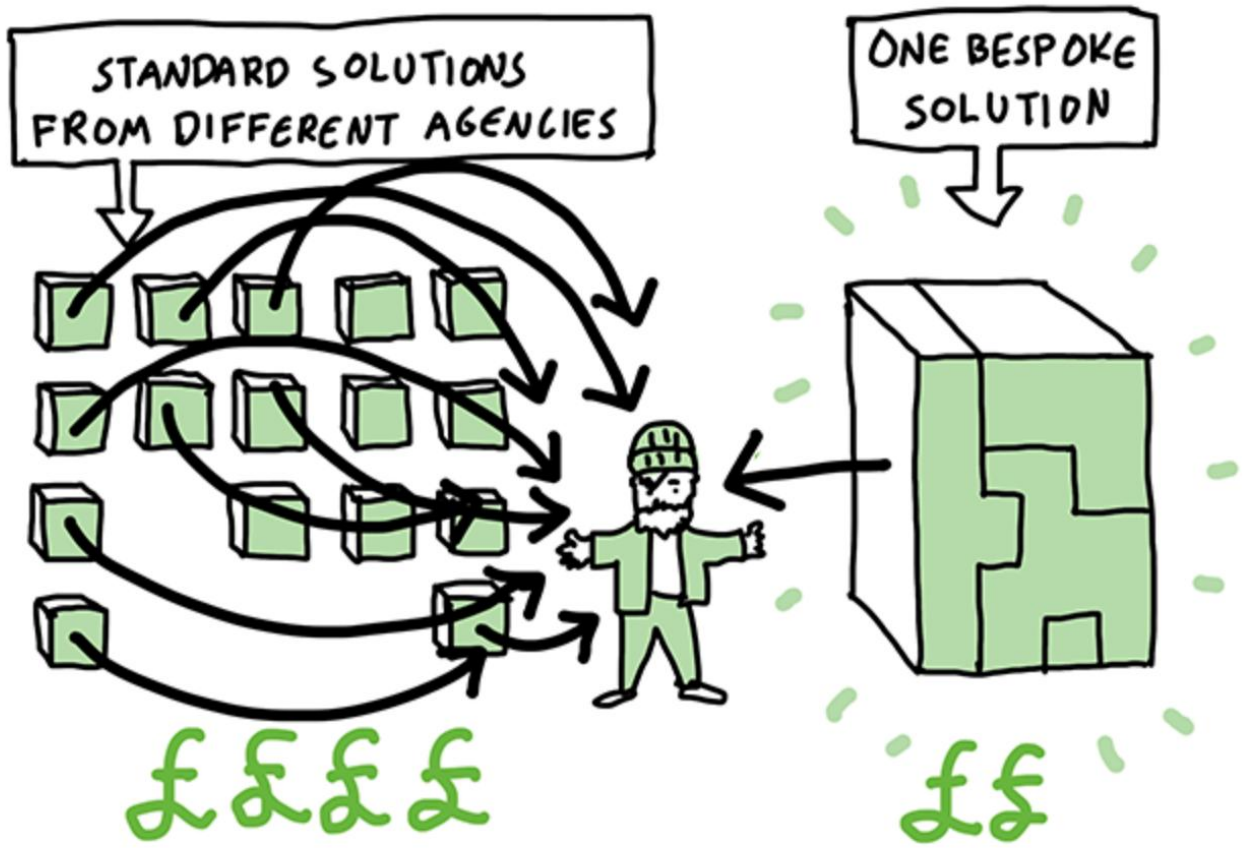
Create flexible system solutions



https://www.businessillustrator.com/efficient-vs-effective-public-services-animation/#

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Sustainability

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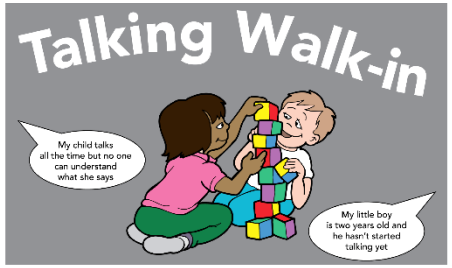
2003 - Children's Integrated SLT Service for Hackney and the City

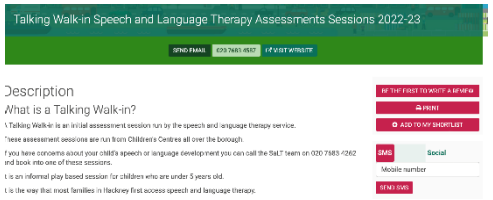
2011- Worcestershire

2021 - Forth Valley

2022 - Lancashire

2023 - East Kent, Dorset, Birmingham, Stockport





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Ready STEADI Chat

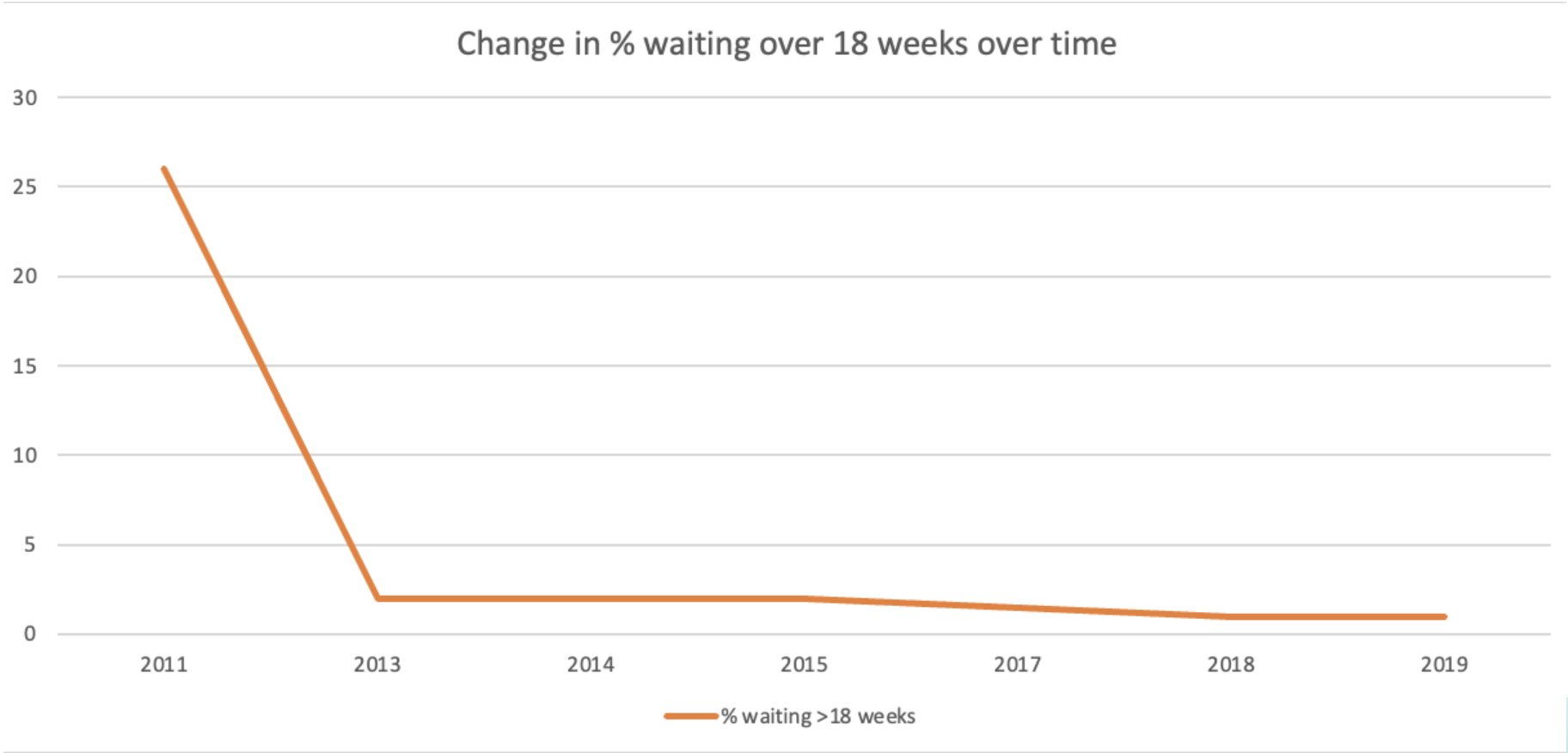
The NEW easy access pathway to speech and language therapy for children who have not started school, will commence from the 17 April 2023.

You will be able to bring your child along to one of our regular NHS:

Speech Therapy Early Advice Drop In's

The Drop-In session is a pre-bookable session for parents/carers who have concerns about their child's speech, language and/or communication development. You will have the opportunity to discuss your concerns with a Speech and Language Therapist.

If you feel your child may struggle being in a group with other children, or become distressed in new or unfamiliar places then we offer a virtual session instead.



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Sustainability challenges

- Ongoing ‘systems practice’ required as people, roles, structures change
- Ongoing collection of impact evidence
- Ongoing training and development for practitioners across the system
- Ongoing co-production and engagement with those that use our services

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Do not edit
How to change the design

Opportunities and next steps

ⓘ The Slido app must be installed on every computer you're presenting from

slido

Last word

“Great big innovative world changing ideas are plentiful. People who take tiny baby steps towards them are rare”

Mike Dooley, philosopher

HOLD YOUR NERVE!

(Gascoigne, 2024)

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Reference documents

2003 - 2023

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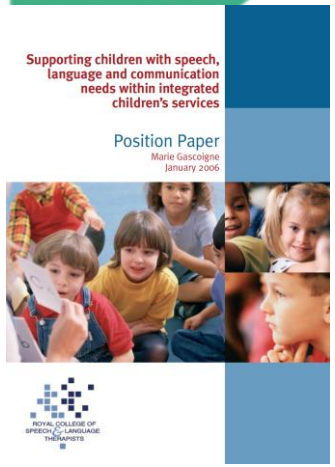

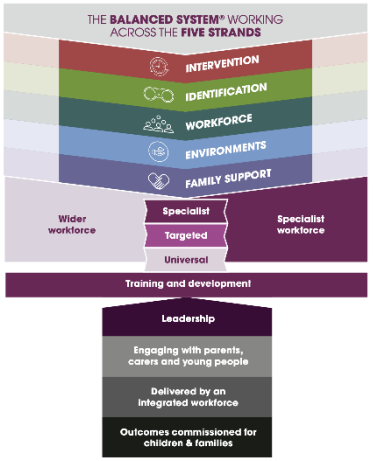

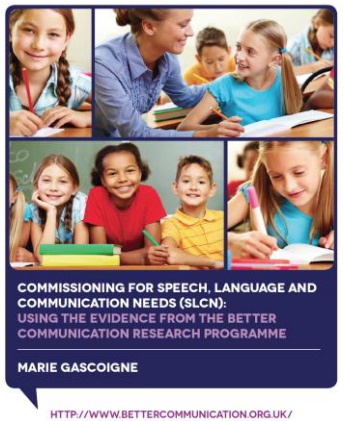

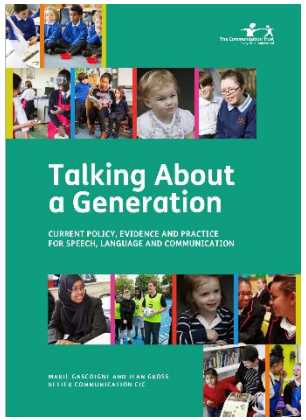

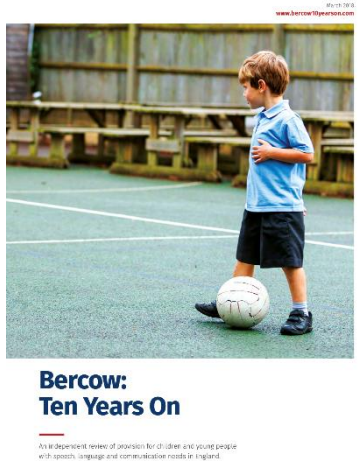

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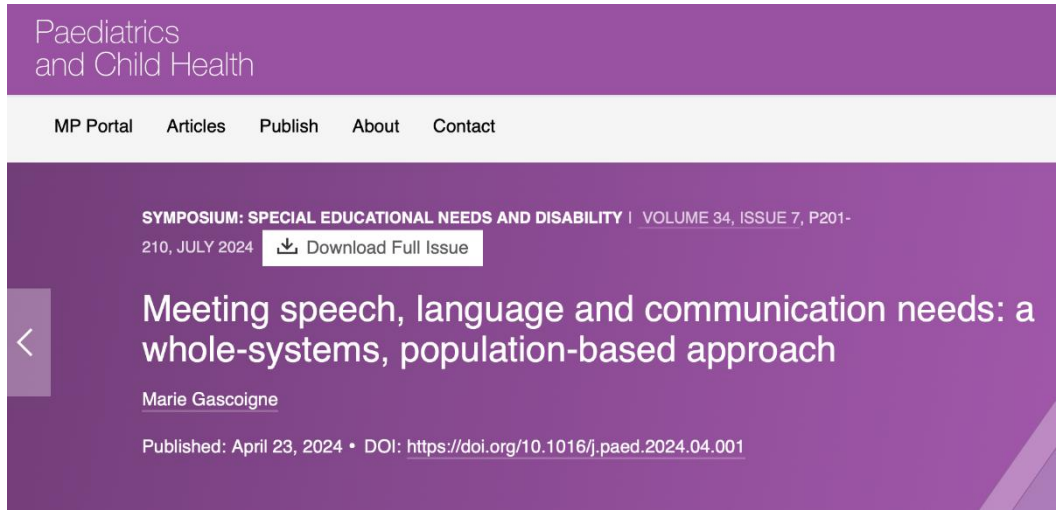
Latest publication

Gascoigne, Marie. "Meeting Speech, Language and Communication Needs: A Whole-Systems, Population-Based Approach." *Paediatrics and Child Health* 34, no. 7 (2024/07/01/ 2024): 201-10. https://doi.org/10.1016/j.paed.2024.04.001. https://www.sciencedirect.com/science/article/pii/S1751722224000519.



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Delivering the Balanced System®
Principles in Practice

Delivery Principle 1: Focus on **functional outcomes** and **measures of impact**

The whole delivery model is underpinned by a focus on delivering **functional outcomes** – the **'so what?'** and measuring **impact not inputs** rising to the **'Prove It!'** challenge

- Child and young person or adult outcomes
- Family or carer outcomes
- School, setting, class or group outcomes
- Area cohort outcomes
- Population outcomes

TIME

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Delivering the Balanced System®
Principles in Practice

Delivery Principle 2: Access

Simple and easy access to the right **information**, **assessment** and **support** for children, young people and their families, adults and those who care for them

- Early identification – meaning not only early in life but early in the emergence of need at any age

- Easy access – simplest route to support at the lowest level even if further progression through the system required
- Appropriate assessment - enquiry based process, with the option to signpost to appropriate support that may be part of the whole even if further assessment becomes indicated

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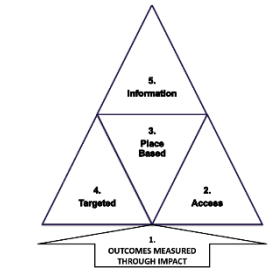
Delivering the Balanced System®
Principles in Practice



Delivery Principle 3: Placed based support

Support is delivered in the most **functionally appropriate** and **relevant place** for the person

- Resources are allocated based on **need – differential** in either or both the **nature of the offer** or the **volume of the offer** based on evidence of need
- **Link therapist** – meaning a **school or setting** based key therapist whose **time is consolidated** into their schools and settings and who work regularly as **part of the school or setting team**
- Intervention focused on **functional outcomes** – the therapeutic offer must be focused on functional, ideally child and family or young person led, outcomes

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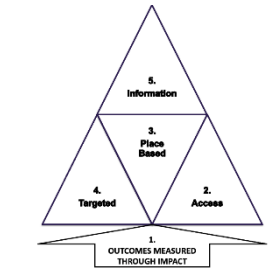
Delivering the Balanced System®
Principles in Practice



Delivery Principle 4: Build the targeted offer as part of the continuum

Development of strong **universal and targeted** provision is key to facilitating access to **specialist** support as and when **needed** for a **finite** time

- Targeted offer – building a **robust targeted offer** across **all five strands** is key activity for all: therapy teams and wider workforce

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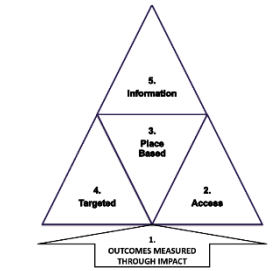
Delivering the Balanced System®
Principles in Practice



Delivery Principle 5: Information

High quality, **accessible** and **consistent** information and advice are available in a **range of media** and **culturally appropriate** forms to **enable** parents and carers, young people, older adults and professionals to be **well informed**. These typically have been **quality assured** by the appropriate therapy professionals

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Better Communication CIC

- Better Communication CIC is a not-for-profit social enterprise established in 2011
- We support system transformation across the UK using the Balanced System Framework and methodology

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https://www.thebalancedsystem.org

https://www.bettercommunication.org.uk

https://proveit.thebalancedsystem.org

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RCSLT

Cinio, rhwydweithio a gweld yr arddangosiad posteri

Lunch, networking and poster display viewing

WILTSHIRE
EST. FARM 1991
FOODS

RCSLT

Workshops / Gweithdai

Wedgewood Suite: Evidence based practice - How can we ensure our practice is evidence based and relevant in the real world?

Ymarfer seiliedig ar dystiolaeth – Sut y gallwn sicrhau fod ein hymarfer wedi ei seilio ar dystiolaeth ac yn berthnasol yn y byd go iawn?

Sarah Lambert & Elaine Ashton
Research and Outcomes Officers, RCSLT

Princes Suite: The power of storytelling / Grym dweud stori

Prue Thimbleby

1945 - 2025
RCSLT AT 80

WILTSHIRE
EST. FARM 1991
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RCSLT

Workshop:
How can we ensure our practice is evidence-based and relevant in the real world? /

Ymarfer seiliedig ar dystiolaeth – Sut y gallwn sicrhau fod ein hymarfer wedi ei seilio ar dystiolaeth ac yn berthnasol yn y byd go iawn?

RCSLT Wales Hub

25 June 2025

WILTSHIRE
EST. FARM 1991
FOODS

Session aims

By the end of the session, workshop participants will:

- Be reminded of what is meant by evidence-based practice and the key components of this.
- Have reflected on their approach to EBP in the context of clinical scenarios
- Be aware of some tools and resources that can support EBP

RCSLT

What is evidence-based practice?

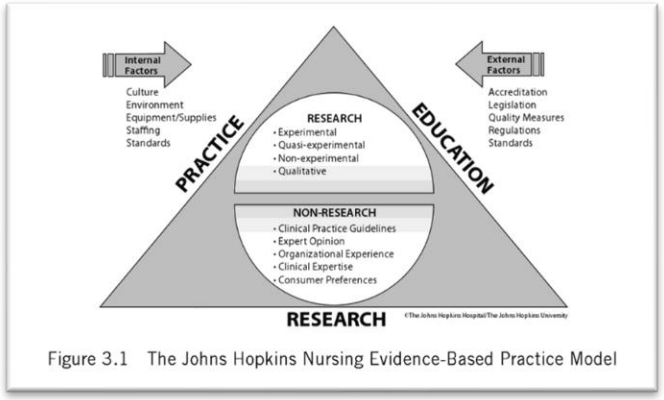
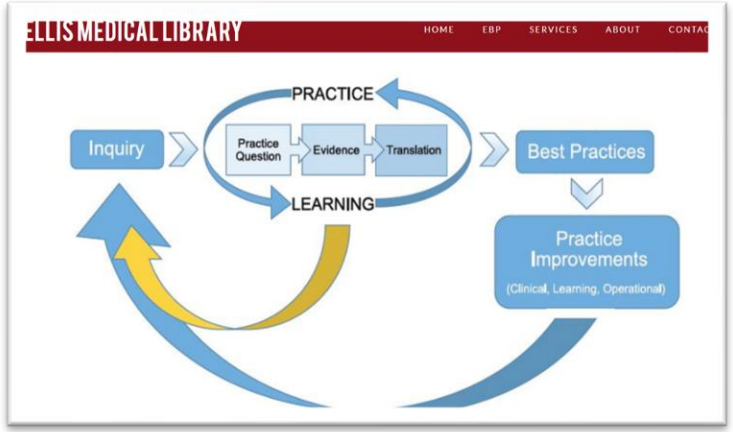
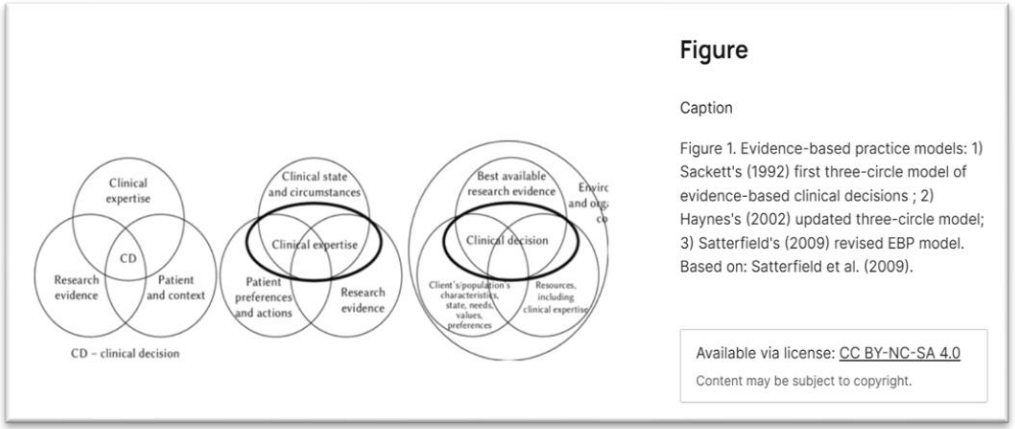


Figure 3.1 The Johns Hopkins Nursing Evidence-Based Practice Model

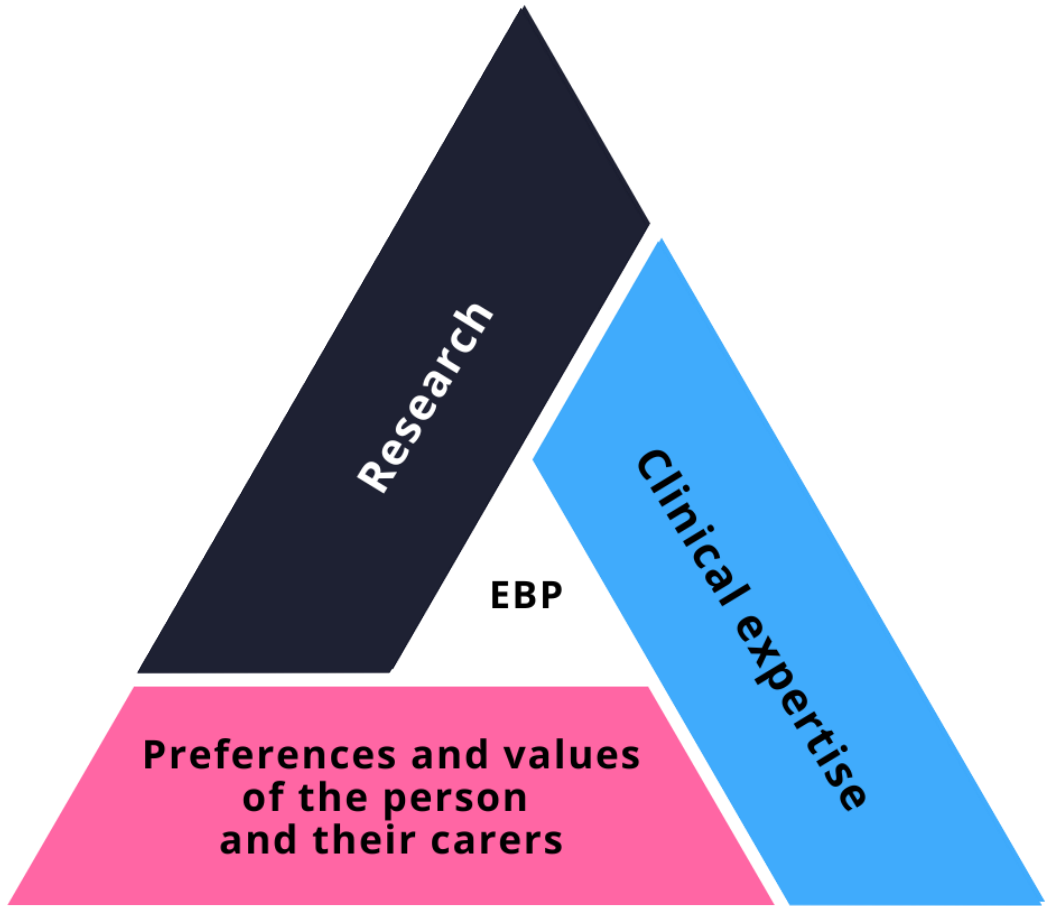




RCSLT

RCSLT's concept of EBP

- Ethical care as top priority
- Individualised, accessible evidence
- Expert judgement, not rule following
- Shared decision-making
- Building clinician-patient relationship
- Applies to delivery of care at both the individual and service level



RCSLT

rcslt.info/EBP

Questions?

RCSLT

Clinical examples

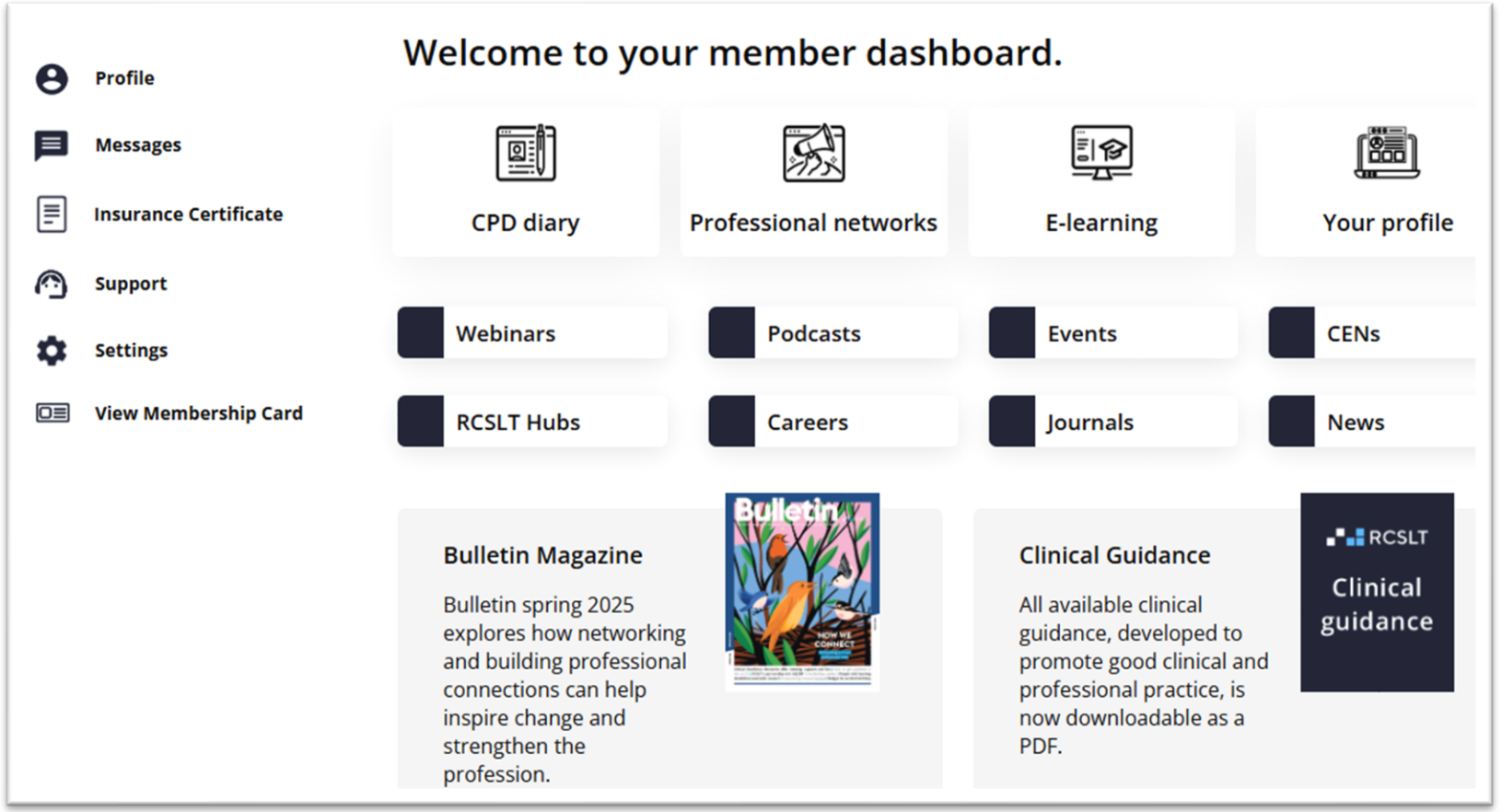
Scenario 1: Family members of someone you are working with have read stories online about people who have benefited from a new intervention you have never heard of. They are insisting you try this approach.

Scenario 2: Your service has been informed that funders are considering a range of cost-cutting measures ahead of the next financial year and are asking for feedback. One proposal is that therapies will only be provided at hospital or clinic sites and clinicians will not be able to see patients in any other setting.

What resources and sources of information could you use to take an evidence-based approach to these situations?

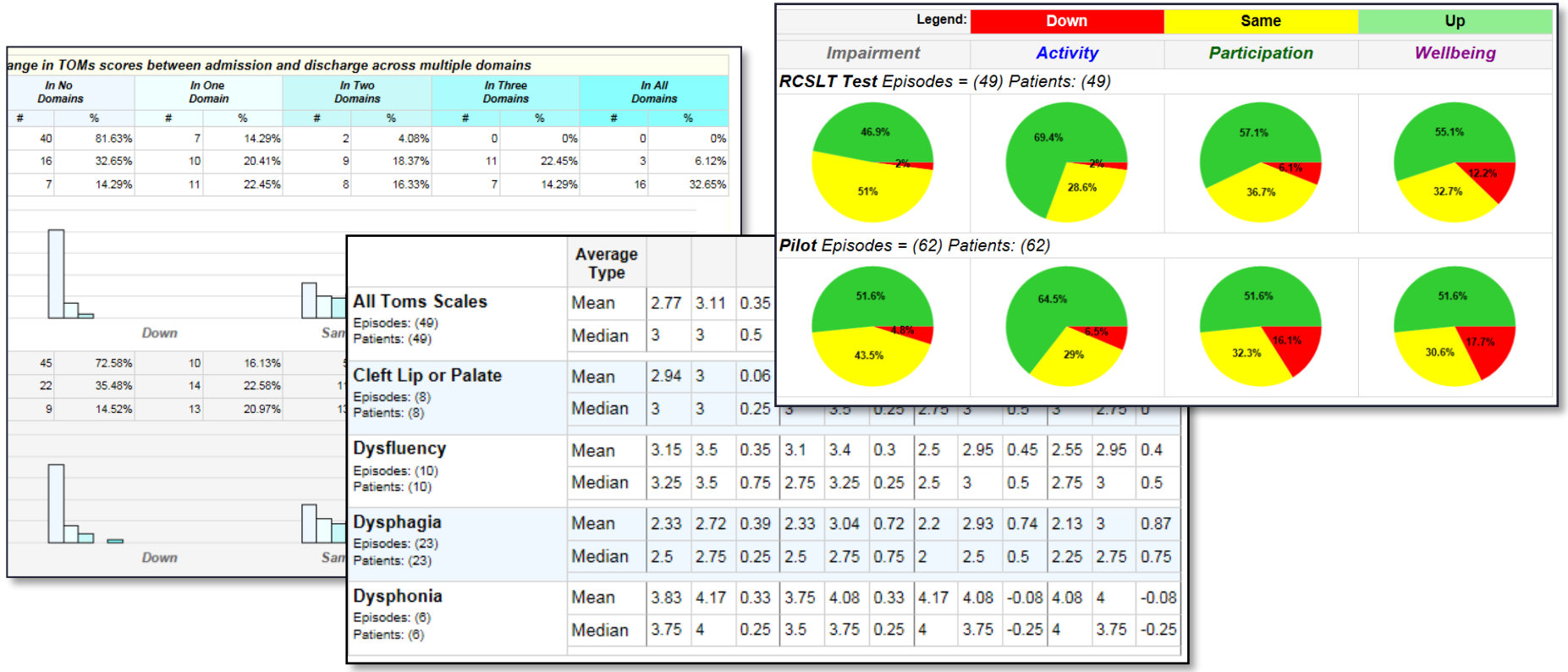
Feedback

Resources for RCSLT members



RCSLT

RCSLT Online Outcome Tool (ROOT)



ange in TOMs scores between admission and discharge across multiple domains

In No Domains		In One Domain		In Two Domains		In Three Domains		In All Domains	
#	%	#	%	#	%	#	%	#	%
40	81.63%	7	14.29%	2	4.08%	0	0%	0	0%
16	32.65%	10	20.41%	9	18.37%	11	22.45%	3	6.12%
7	14.29%	11	22.45%	8	16.33%	7	14.29%	16	32.65%
45	72.58%	10	16.13%						
22	35.48%	14	22.58%						
9	14.52%	13	20.97%						

Down

Down

	Average Type												
All Toms Scales Episodes: (49) Patients: (49)	Mean	2.77	3.11	0.35									
	Median	3	3	0.5									
Cleft Lip or Palate Episodes: (8) Patients: (8)	Mean	2.94	3	0.06									
	Median	3	3	0.25									
Dysfluency Episodes: (10) Patients: (10)	Mean	3.15	3.5	0.35	3.1	3.4	0.3	2.5	2.95	0.45	2.55	2.95	0.4
	Median	3.25	3.5	0.75	2.75	3.25	0.25	2.5	3	0.5	2.75	3	0.5
Dysphagia Episodes: (23) Patients: (23)	Mean	2.33	2.72	0.39	2.33	3.04	0.72	2.2	2.93	0.74	2.13	3	0.87
	Median	2.5	2.75	0.25	2.5	2.75	0.75	2	2.5	0.5	2.25	2.75	0.75
Dysphonia Episodes: (6) Patients: (6)	Mean	3.83	4.17	0.33	3.75	4.08	0.33	4.17	4.08	-0.08	4.08	4	-0.08
	Median	3.75	4	0.25	3.5	3.75	0.25	4	3.75	-0.25	4	3.75	-0.25

Legend: Down | Same | Up

Impairment	Activity	Participation	Wellbeing

RCSLT Test Episodes = (49) Patients: (49)

Pilot Episodes = (62) Patients: (62)

rcslt.info/outcome-measurement

RCSLT

Other tools and resources

e-Lyfrgell GIG Cymru
NHS Wales e-Library
IGDC • DHCW

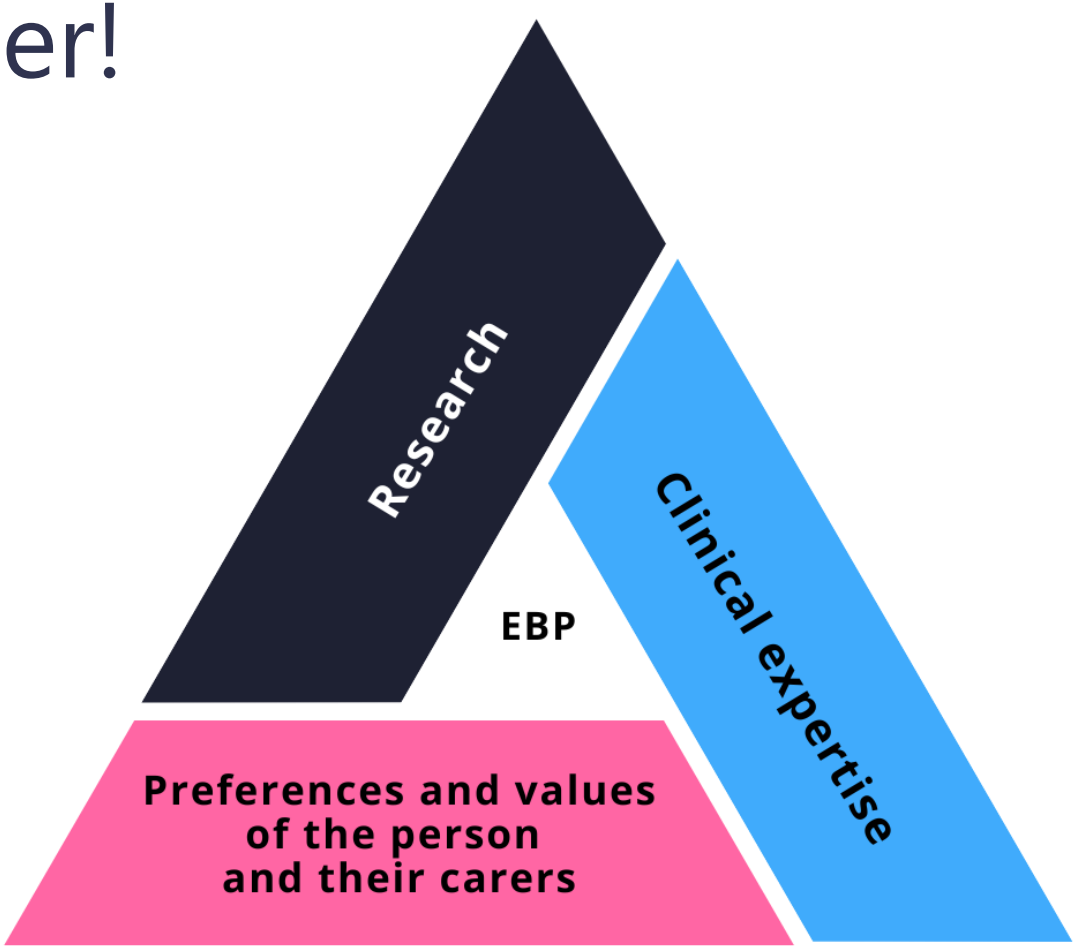
ASHA Evidence Maps
Welcome to the Evidence Maps, the latest evidence at your fingertips.

speechBITE
Speech Pathology Database for Best Interventions and Treatment Efficacy

What Works database
A database of evidenced interventions to support children's speech, language and communication skills.

RCSLT

A reminder!



rcslt.info/EBP

RCSLT

What next?

- Share your take home action!

- Keep in touch: info@rcslt.org RCSLTResearch

RCSLT

RCSLT

Gweithdy/ Workshop:

The power of storytelling
Grym dweud stori

Prue Thimbleby

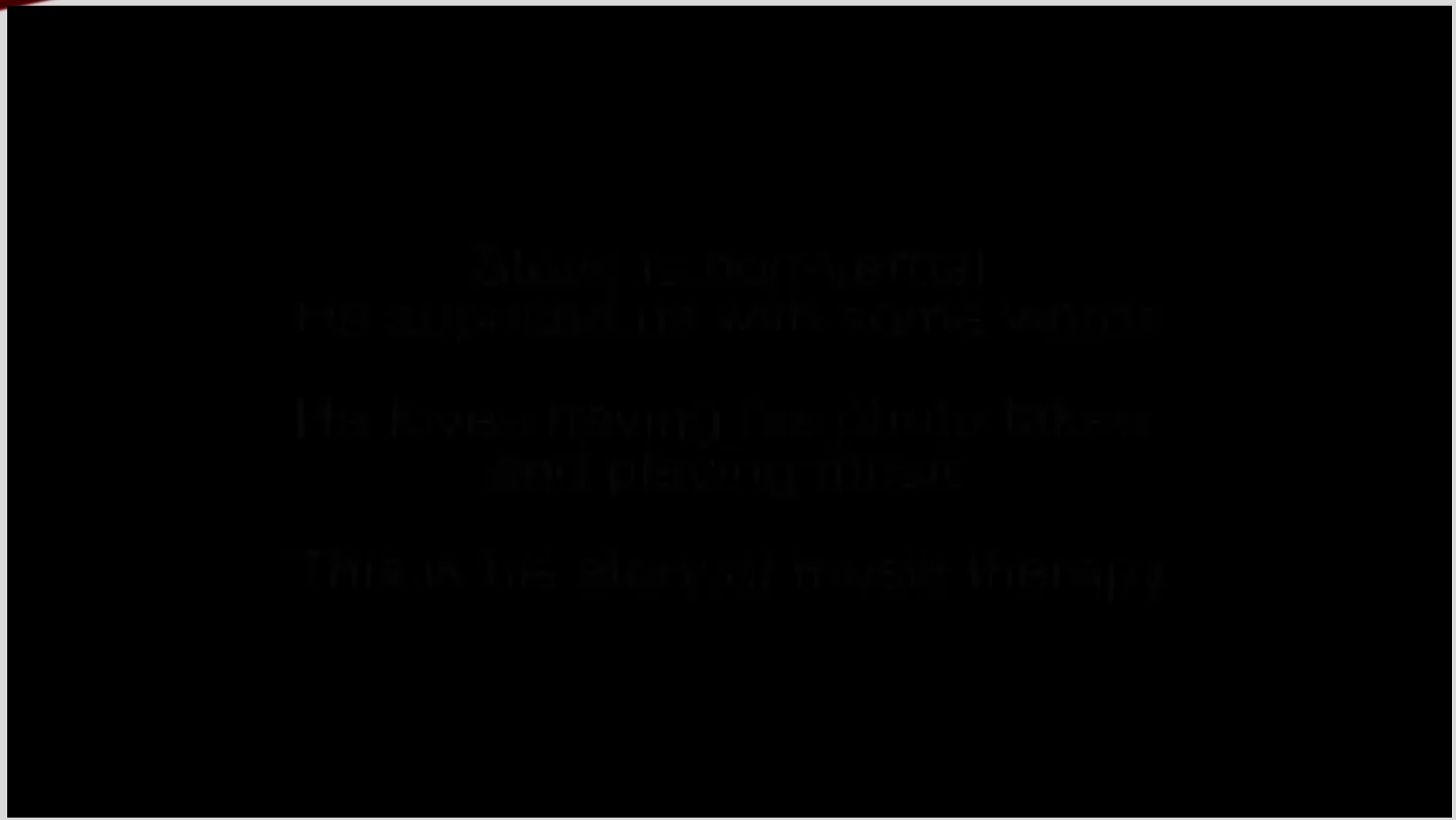
WILTSHIRE
EST. FARM 1991
FOODS

THE POWER OF STORYTELLING

Prue Thimbleby

Every Smile

Steve’s musical journey



Voice Therapy

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Arts in Health
Y Celfyddydau mewn Iechyd
Heritage/Treftadaeth

This story has level 1 - 4 consent

Level 1: Health and Social Services professionals and quoted in Health Board leaflets

Level 2: Researchers for service evaluation and improvement beyond SBUHB

Level 3: Meetings & Conferences with anyone present including journalists

please note unless level 4 consent is given no recording can be made for online meetings

Level 4: Anyone including the Internet and Social Media

Alone in a foreign country

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Arts in Health
Y Celfyddydau mewn Iechyd
Heritage/Treftadaeth

This story has level 1 - 3 consent

Level 1: Health and Social Services professionals and quoted in Health Board leaflets

Level 2: Researchers for service evaluation and improvement beyond SBUHB

Level 3: Meetings & Conferences with anyone present including journalists

please note unless level 4 consent is given no recording can be made for online meetings

prue@thimbleby.net

RCSLT

Diolch am wrando!

Thank you for listening!

rcslt.org

info@rcslt.org

@RCSLT

WILTSHIRE
EST. FARM 1991
FOODS

RCSLT

Egwyl, rhwydweithio a gweld yr arddangosiad posteri

Break, networking and poster display viewing

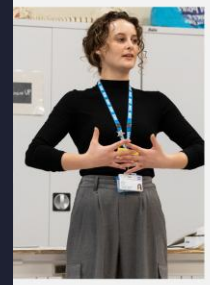
WILTSHIRE
EST. FARM 1991
FOODS

RCSLT

Artificial Intelligence - How can AIs like ChatGPT transform efficiency, staff well-being and client care in SLT? /

Deallusrwydd Artiffisial – Sut y gall deallusrwydd artiffisial fel ChatGPT drawsnewid effeithiolrwydd, llesiant staff a gofal cleientiaid mewn therapi lleferydd ac iaith?

Rachel Barton
Owner and Director, Chatterbox Sussex SLT



1945 - 2025
RCSLT AT 80

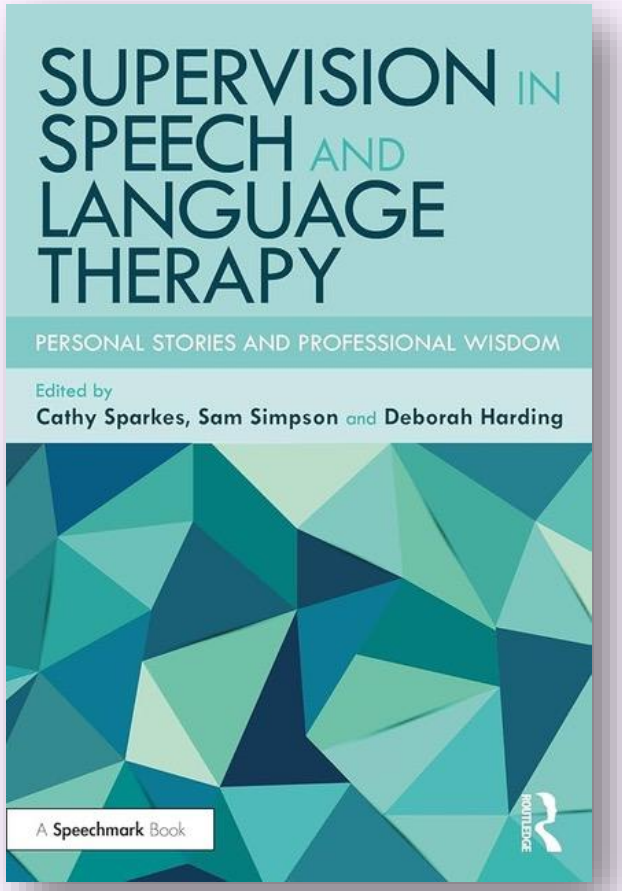
WILTSHIRE
EST. FARM 1991
FOODS

How can AIs like ChatGPT Transform Efficiency, Staff Well-being & Client Care in SLT?

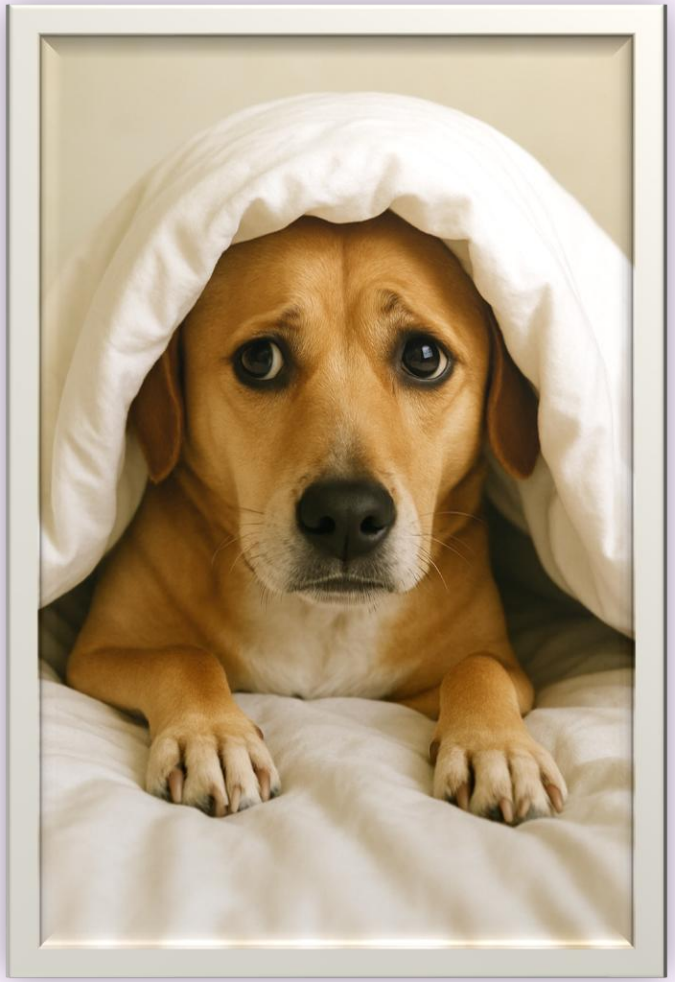
Rachel Barton, SLT
www.chatterboxsussex.com

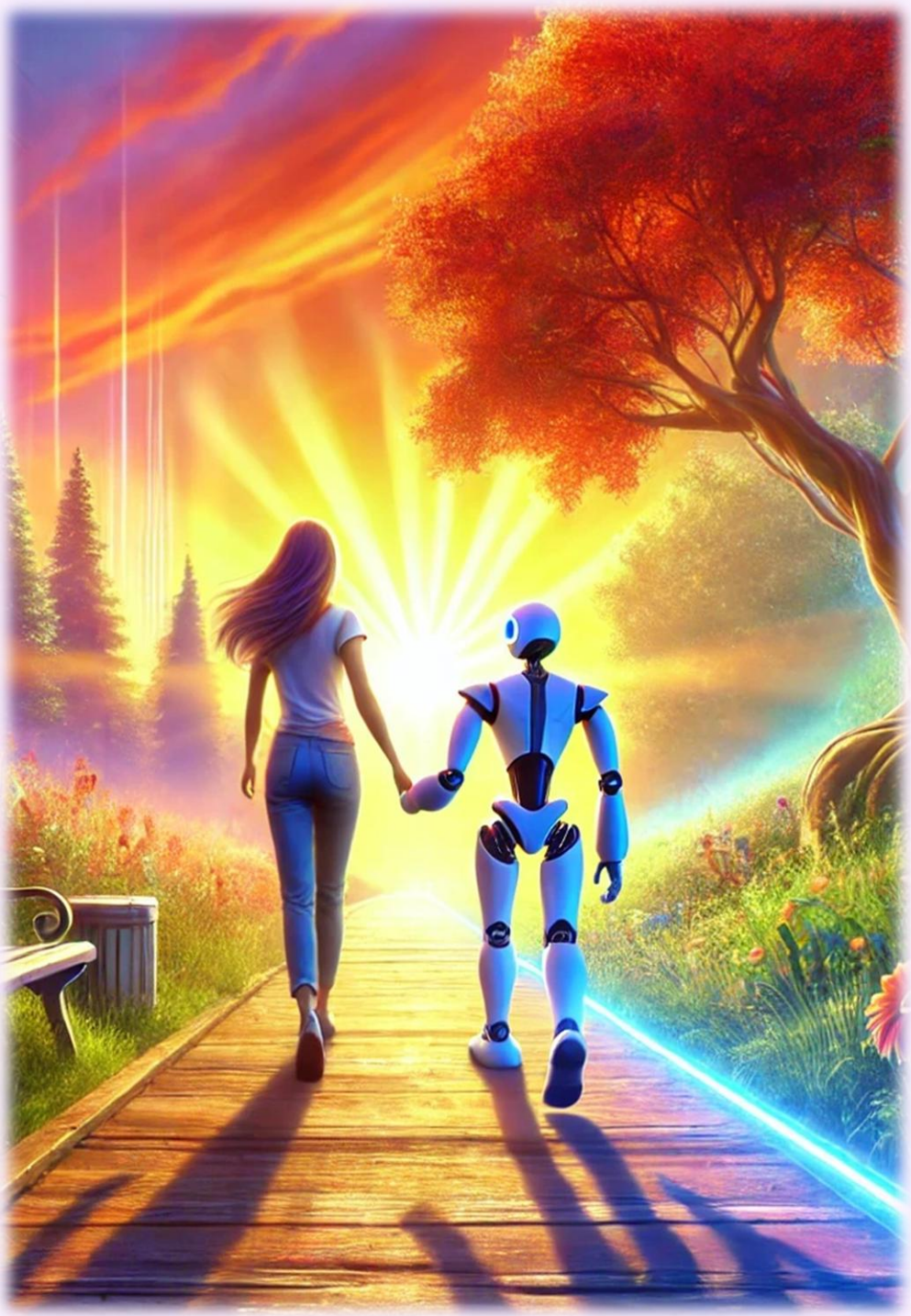
About Me

Chatterbox Sussex
Speech and Language Therapy



How are you feeling about AI?





The AI Landscape

- ⚡ AI capabilities expanding at a pace beyond any previous tech era
- 💰 Trillions pouring into AI innovation
- 🌐 AI being embedded in healthcare & education
- 🛡️ Pressure for AI systems to be transparent, ethical, & aligned with human values
- 🏛️ Government: pro-innovation but racing to keep up to manage risk and safe deployment

Extraordinary opportunities & significant risks accelerating together, at high speed…

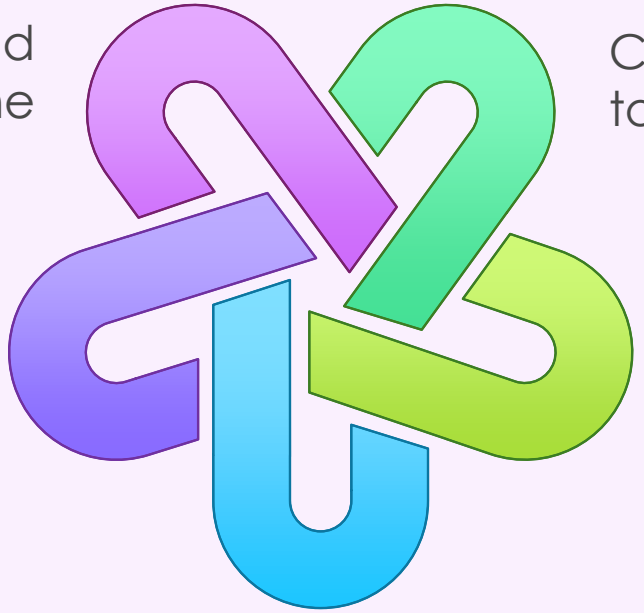
My Mission: to **empower SLTs** at all levels to harness the power of AI **safely** and **ethically**, revolutionising **patient care** and **professional well-being**

Advocacy & Community Building

Promoting AI adoption and sharing insights online

Resource Development

Creating frameworks and tools for AI use in SLT



Ongoing Learning & Exploration

Continuously exploring and learning about AI tools, integrating these into my home & work life

Training & Courses

Providing online workshops and in person training for SLTs

Collaboration & Engagement

Engaging with organisations and events for knowledge sharing

Visual created with NapkinAI

©Rachel Barton, SLT 25/06/2025

How can AI benefit

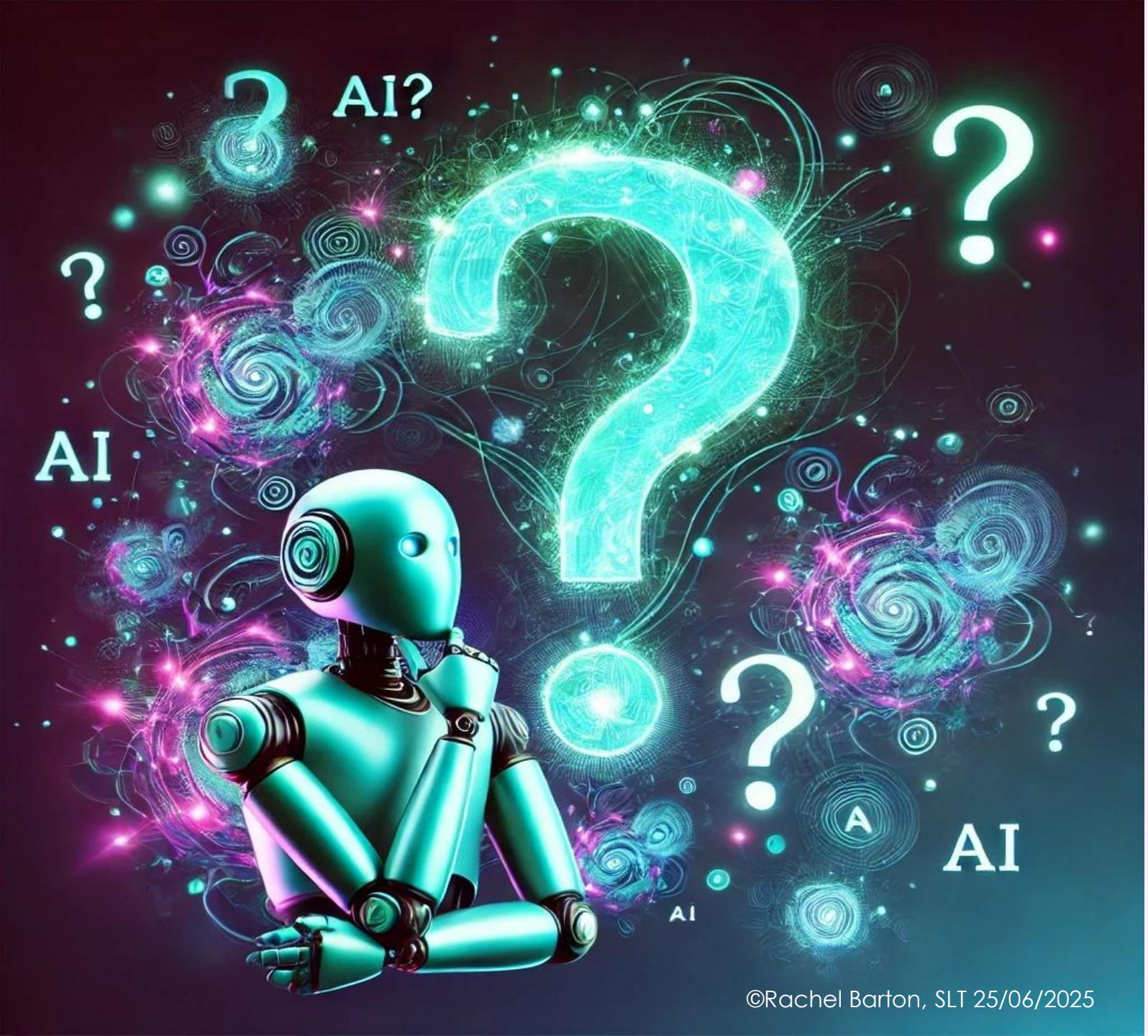
you

your organisation

the SLT Profession

to maximise the impact for service users?

Quick Intro from ChatGPT

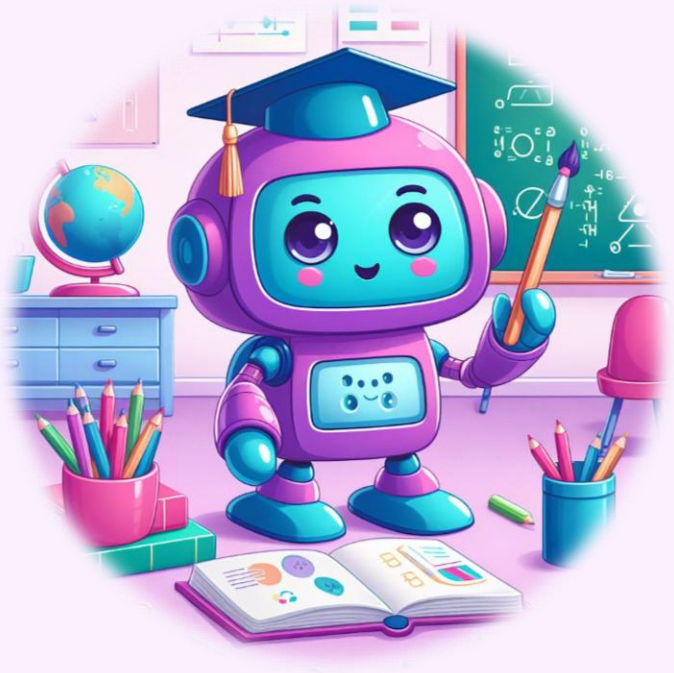


What is AI?

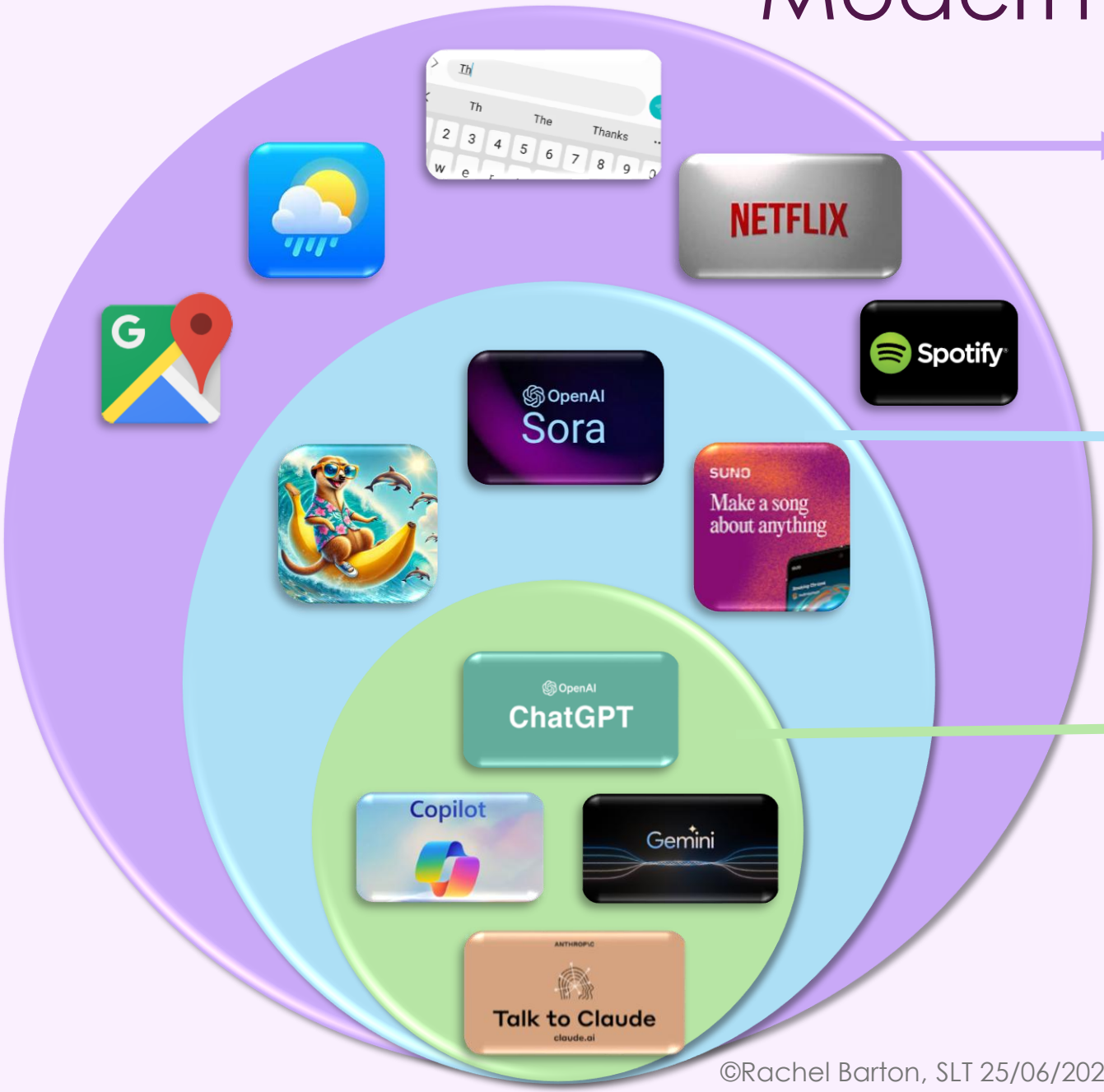
©Rachel Barton, SLT 25/06/2025

What is Artificial Intelligence?

- Computers doing **human tasks** e.g. learning, problem solving, decision making
- Learn from **patterns** in data to make **predictions** (machine learning)
- **Mimics** human intelligence, thought and language (but it's not actually thinking or understanding)
- Around since the 1950s



Modern Day AI



Predictive AI Systems:
- Analyse historical &/or real-time data
- Forecast outcomes or classify information (e.g. weather, film choices, traffic)

Generative AI Systems:
- Learn patterns from vast datasets to create new, original content e.g. images, music, text

Large Language Models (LLMs):
- Trained on vast text data
- Chat in natural human language
- Produce new written content
- Increasingly LLMs have multimodal capabilities

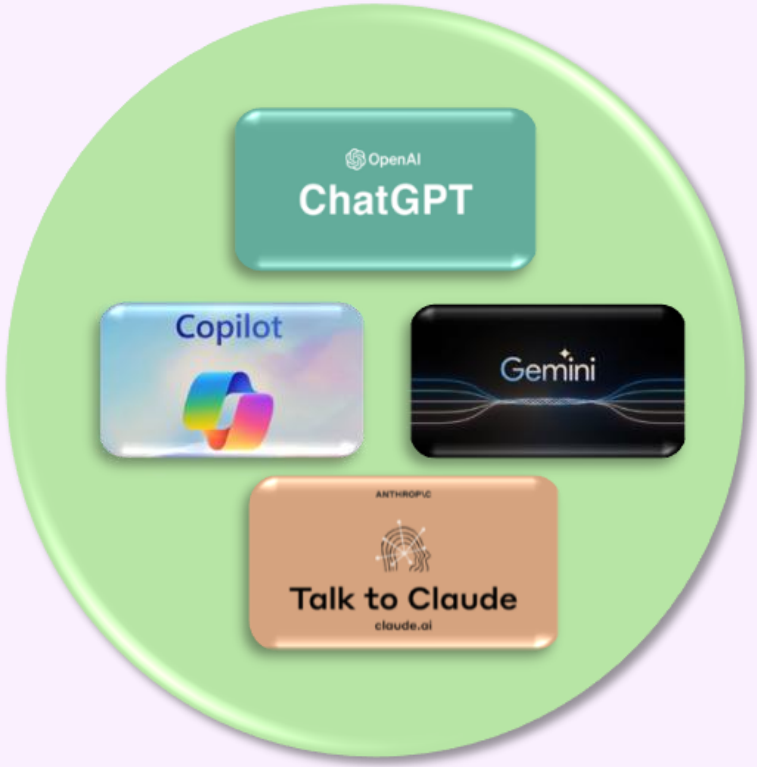
©Rachel Barton, SLT 25/06/2025

Examples of AI uses in Healthcare:

Specialised AI vs General-Purpose AI

Specialised AI		General-Purpose AI	
Diagnostic Imaging	• Breast cancer screening	Patient Information	• Leaflet design
Predictive Analytics	• Patient risk for sepsis	Resources	• Personalised therapy
Robotics	• Robot assisted surgery	Interaction	• Conversation partner practice
Assistive tools	• Personalised speech recognition e.g. Voiceitt	Learning	• Summarising research
		Idea Generation	• Planning therapy or training

General-Purpose AIs (GPAIs): Demonstration



How are SLTs Using Generative AI?

Six Functions of Generative AI in SLT

6. Professional Development & Research

1. Automation

5. Accessibility

2. Augmentation

4. Creativity & Innovation

3. Personalisation

Visual created with NapkinAI

©Rachel Barton, SLT 25/06/2025

Streamlining routine tasks to free up therapy time

AI Medical Scribes

©Rachel Barton, SLT 25/06/2025

Add patient details

Today 08:28am English

Start transcribing

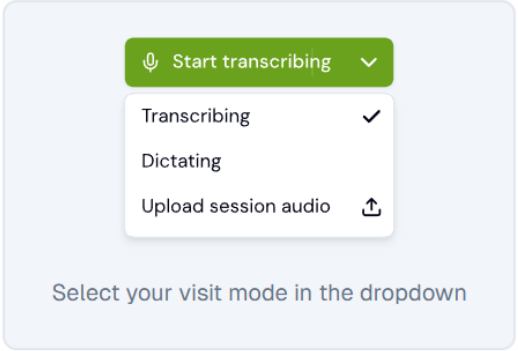
00:00

Context Note

Select a template Goldilocks ... Copy

Start this session using the header

Your note will appear here once your session is complete

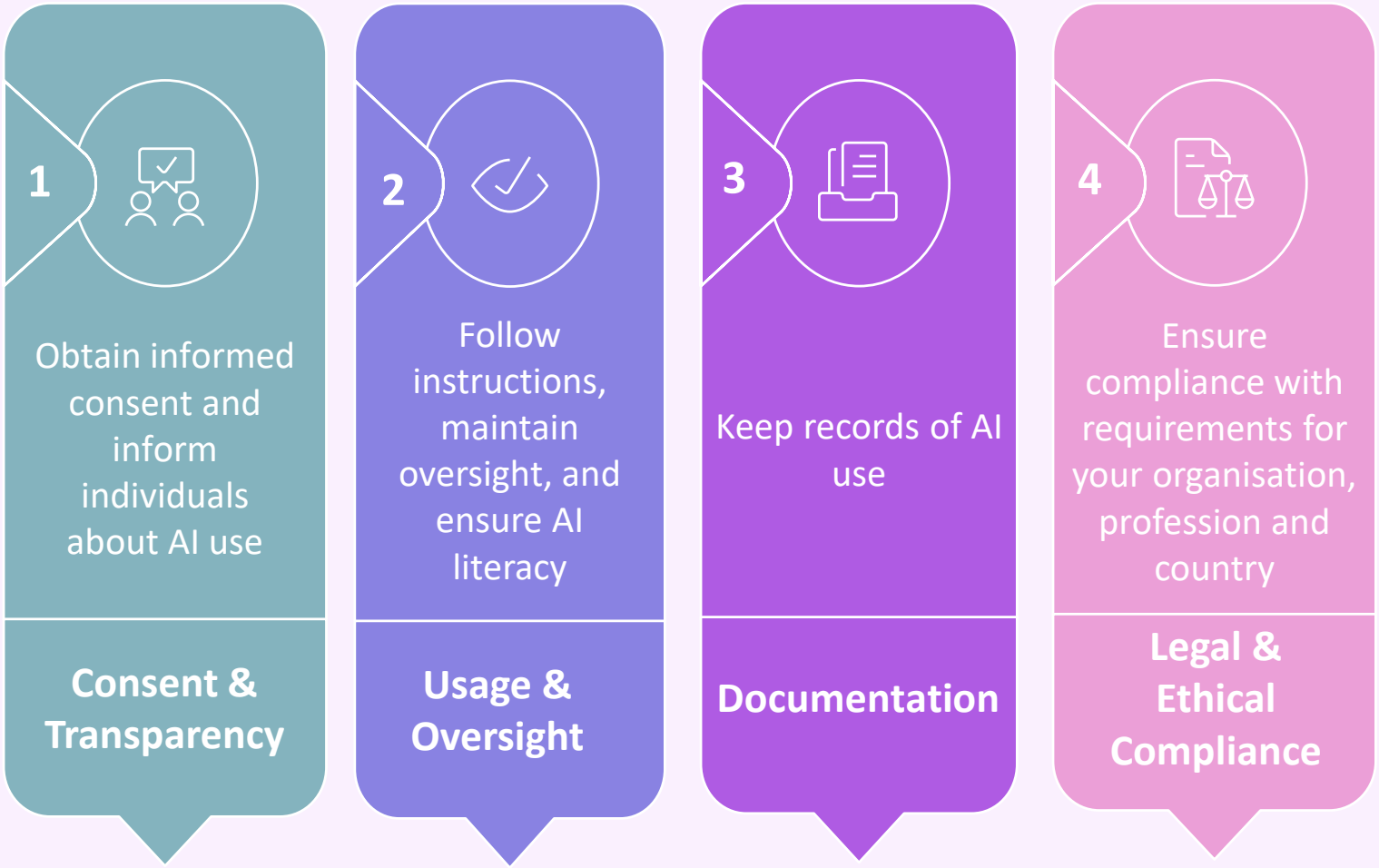


Ask Heidi to do anything...

Review your note before use to ensure it accurately represents the visit

Tutorials

AI Medical Scribe Considerations



New guidance 27th April 2025: https://www.england.nhs.uk/long-read/guidance-on-the-use-of-ai-enabled-ambient-scribing-products-in-health-and-care-settings/

Hype, hallucination, hope: What might AI mean for our health? Hetan Shah(2025)

*"…there is a danger that during a time of **constrained public finances**, AI is seen merely as a way of making the NHS more **efficient** – rather than part of a wider project to **transform** the service…"*

Available at: https://www.health.org.uk/events/hype-hallucination-hope-what-might-ai-mean-for-our-health

Enhancing decision-making with data driven discussion

ChatGPT Deep Research – An Example in Practice

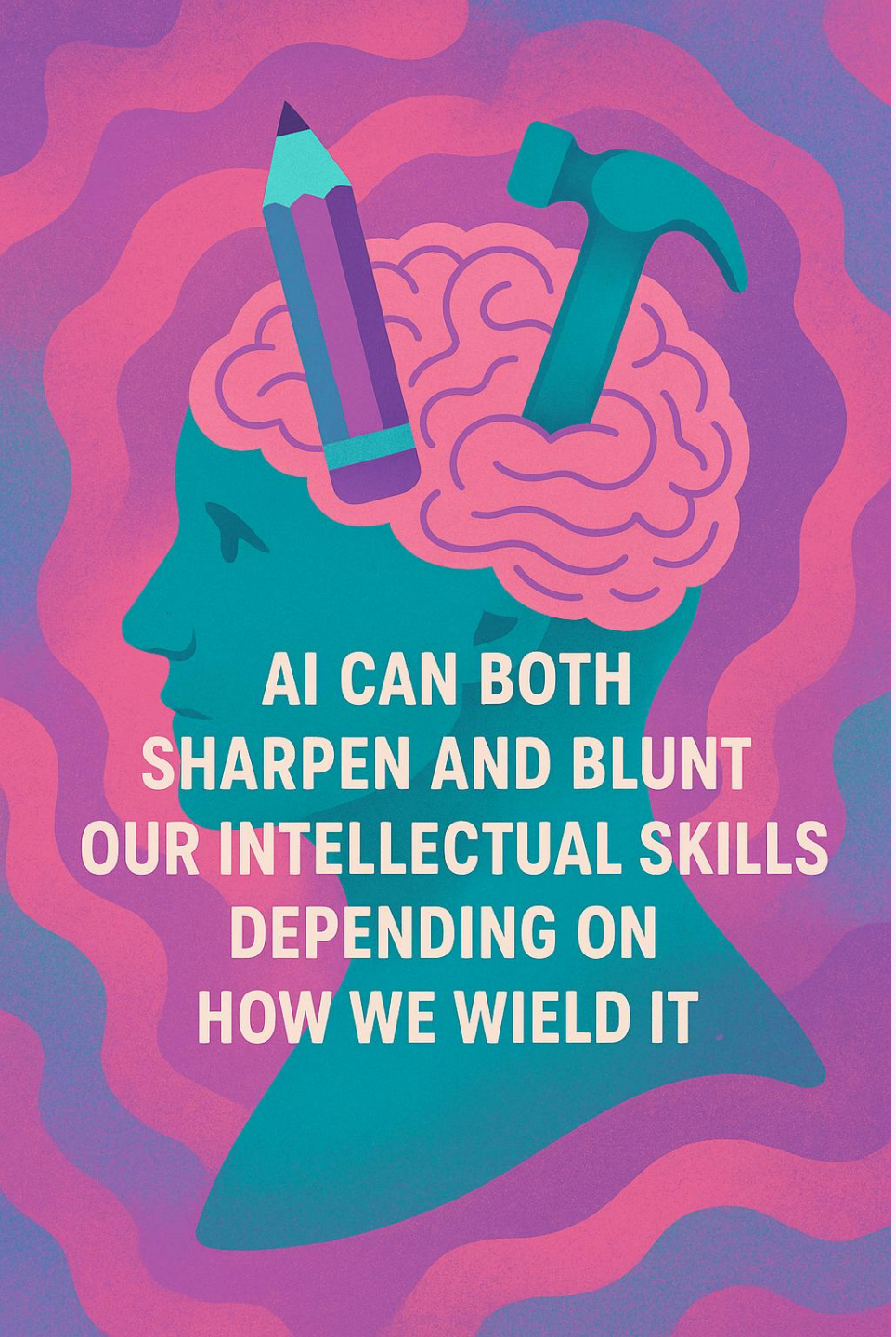
Determining the best evidence-based delivery of SLT for a 7-year-old with DLD

ChatGPT read 29 sources & did 88 web searches to:

1. ❓ Clarify the clinical question
2. 🔍 Complete a literature search
3. 📊 Synthesize key findings
4. 💷 Prioritise realistic and cost-effective approaches
5. ✅ Quality check against national guidance
6. 📝 Then produced a 4000 word fully cited document

How long would this take you?

It took ChatGPT 5 minutes.



Is there a Price to Pay?

- With **active** use Gen AI can **enhance** our critical thinking
- **Cognitive offloading** (outsourcing to AI) **can reduce** critical thinking and erode skills
- **Young or less-experienced** users who trust AI uncritically may skip deep reflection needed for learning

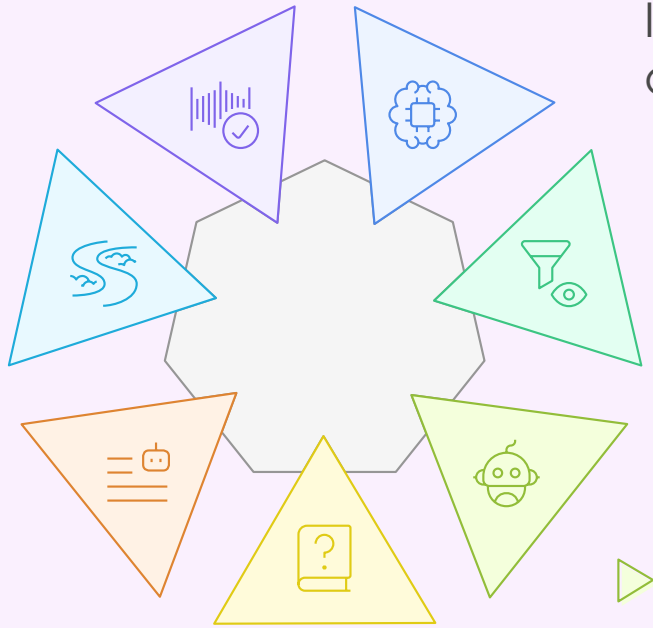
Gerlich, M., 2025. *AI Tools in Society: Impacts on Cognitive Offloading and the Future of Critical Thinking*. Societies, 15(6), pp.1-28. Available at: https://doi.org/10.3390/soc15010006

When are we more likely to uncritically trust AI?

Repeated Correct Performance
Consistent AI accuracy builds trust

High Fluency
Polished AI output creates an illusion of accuracy

Perceived Authority
AI developed by a reputable company - increases trust



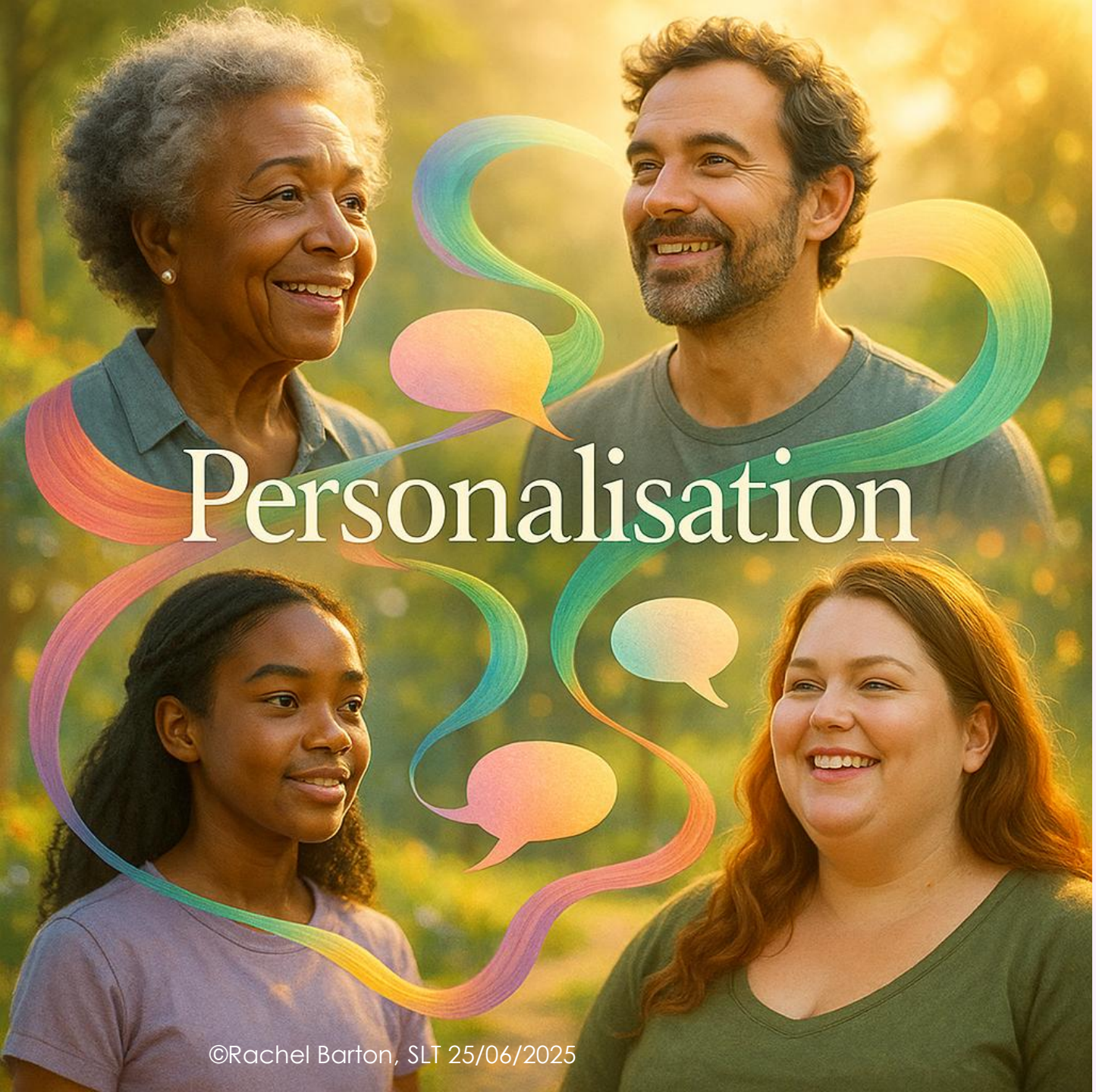
Cognitive Load
Increased stress leads to reliance on AI for decision-making

Confirmation Bias
Trust increases when AI aligns with personal beliefs

Anthropomorphism
Human-like AI tone enhances trust

Lack of Domain Knowledge
Deference to AI due to lack of expertise

Goddard, K., Roudsari, A., & Wyatt, J. C. (2012)
©Rachel Barton, SLT 25/06/2025



Tailoring intervention to individual client needs & interests

Personalised Resources

Sidney and Gizmo:
Mission to the Stars

A story by ChatGPT

Chapter 1: Sidney's Big Dream

Sidney had always dreamed of going to space. Every night, he'd gaze up at the stars through his telescope, imagining what it would be like to fly among them. His room was covered with posters of rockets, planets, and astronauts, and he loved nothing more than reading stories about space.

One morning, as Sidney was finishing breakfast, his mum handed him an envelope with a shiny NASA logo on it. His heart started to race as he tore it open. Inside was a letter that said:

"Congratulations, Sidney! You have been chosen for a special mission to the **International Space Station**! Pack your bags. The adventure of a lifetime is about to begin!"

Sidney leapt out of his chair with excitement. He couldn't believe it—this was his biggest dream coming true!

Chapter 2: Training with Gizmo

Before Sidney could go to space, he had to go through astronaut training. When he arrived at the space centre, he was introduced to **Commander Cruz**, a tall, serious-looking astronaut, and **Gizmo**, a small, round robot with glowing blue eyes and a metallic silver body.

"Hello, Sidney!" Gizmo chirped cheerfully. "I am your astronaut assistant! Ready to zoom, spin, and... bubble?"

"Bubble?" Sidney asked, giggling.

"Oops! I mean ready to zoom and spin!" Gizmo giggled, and suddenly a stream of tiny bubbles floated out from its head.

Training was fun but tricky. Sidney had to learn how to float in zero gravity by

practicing in a giant pool. Gizmo tried to show him how to use space tools, but it kept getting things wrong, handing Sidney a toothbrush instead of a spanner. Sidney couldn't stop laughing.

"Whoops! My circuits got mixed up!" Gizmo beeped, looking flustered.

Chapter 3: Blast Off!

Finally, the day of the rocket launch arrived. Sidney was dressed in his astronaut suit, with Gizmo floating next to him, chattering excitedly.

As the countdown began, Sidney felt the vibrations of the rocket underneath him.

"Ten... nine... eight..." the loudspeaker boomed.

Sidney's heart was pounding. He peeked out the window to see the blue sky stretching out in front of him.

"Three... two... one... LIFTOFF!"

With a tremendous roar, the rocket soared into the sky, pushing Sidney back into his seat. The ground disappeared beneath them, and soon, they were

floating amongst the stars. Sidney looked out of the window and gasped—the Earth below looked like a tiny, glowing marble.

"We made it!" Gizmo cheered, doing a little somersault in the air.

Chapter 4: Welcome to the ISS

When the rocket docked at the International Space Station, Sidney floated out and felt like he was flying. Everything around him was so light!

"Welcome aboard the ISS, Sidney," Commander Cruz said. "Let's give you the grand tour."

The space station was enormous, with shiny metal walls and windows that showed the stunning view of space. Sidney and Gizmo floated from room to room, and Sidney couldn't stop smiling.

"Careful, Sidney," Gizmo said. "Don't float off without me!"

At mealtime, Sidney discovered that eating in space was tricky. The food

©Rachel Barton, SLT 25/06/2025

Personalised Learning:

Narrative and Emotional Connection

Explain ‘speciation’ using a story about squirrels

Simplified and Stepped Explanations

Explain it to me like:

- I’m a total beginner / improving my knowledge / an expert
- I’m an alien…a colleague
- Like I’m 5…10...15...20

Interest Related Analogies

Make an analogy to explain gravity using the person’s interests in trampolining, horse riding or baking

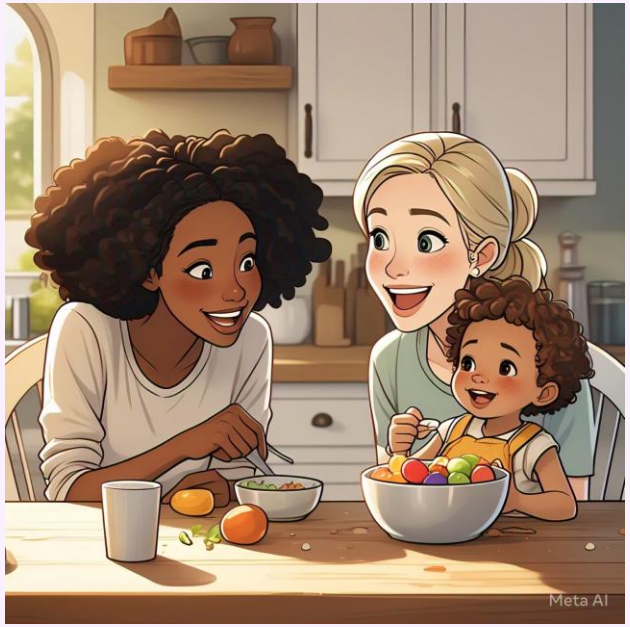
Beware of Bias & Stereotypes!

- AI-generated text and images often **lack diversity** (age, race, gender, body shape, disability, culture, linguistic)
- Outputs often align with **dominant societal 'norms',** prioritising Western viewpoints and **reinforcing stereotypes**
- Rooted in **biased training data**
- Requires **intentional prompting** and **critical review** to reduce bias and improve inclusivity

"Create an image of a successful business person"

Meta AI

Meta AI


Meta AI

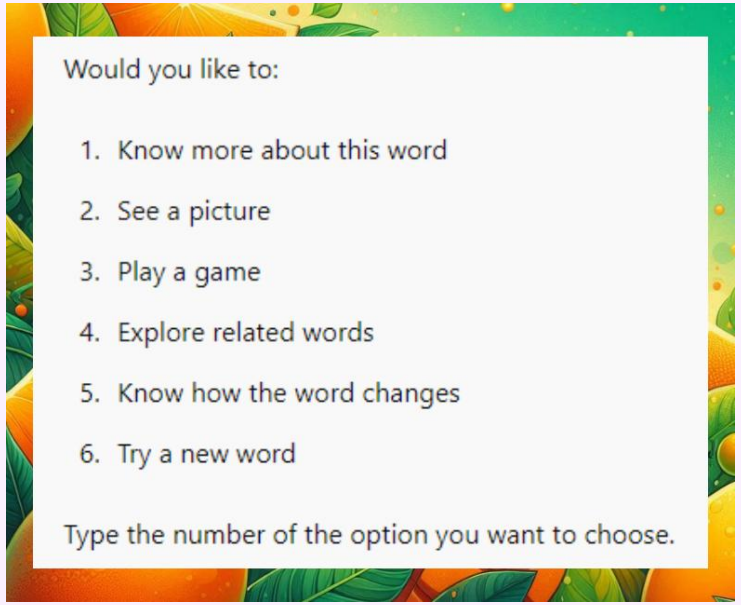
Meta AI

Tailored Image Creation

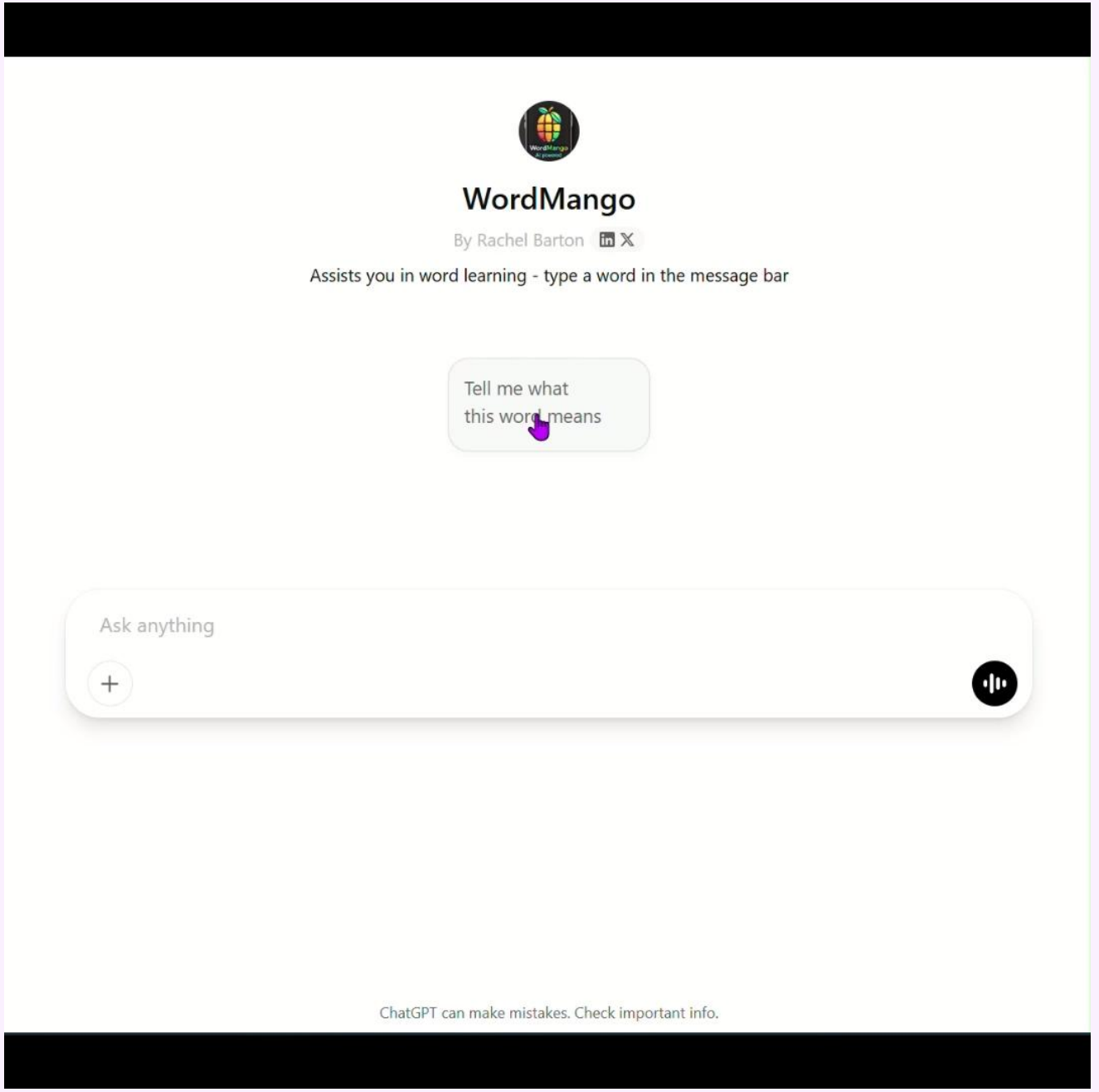
©Rachel Barton, SLT 25/06/2025

Developing engaging & novel therapeutic approaches

WordMango



©Rachel Barton, SLT 25/06/2025


WordMango
By Rachel Barton
Assists you in word learning - type a word in the message bar
Tell me what this word means
Ask anything
ChatGPT can make mistakes. Check important info.

Videos by Open AI's Sora

Music & Lyrics by Suno

Banana Boarder

by @medievalharmonic2026

[Verse]

Out on the waves he's catch

ing high tide

A meerkat riding with ban

ana pride

MADE WITH SUNO

Choosing AI Assistants for Creativity & Productivity

What do you need help with?	Suggested Tools
Images 🖼️	ChatGPT, Gemini, Copilot, Leonardo, Ideogram, Midjourney
Infographics 📊	Canva, ChatGPT
Diagrams 🔁	Napkin, Whimsical
Slides 🖥️	Gamma, Canva
Leaflets 📄	Gamma, Canva
Video 📽️	Sora, Runway
Avatars 🤦‍♀️	HeyGen, Synthesia
Making Games 🎲	Claude, Canva
Music 🎶	Suno
Organisation 🗂️	Goblin Tools
Social Media Designs 🎛️	Canva
Translation 🌍	ChatGPT, Gemini, Copilot, DocTransGPT
Writing ✍️	ChatGPT, Claude, Gemini, Copilot

Note: AI tools are helpful, but they're not perfect. Always double-check outputs and use your own professional judgement.

Reaching underserved communities through accessible/ multilingual communication

Guide for Speech Assessment in Mandarin

This guide provides a list of 22 Mandarin words suitable for a speech assessment of a preschool child. These words cover the range of consonants in the Mandarin phonemic inventory (word initial position only). Each word is accompanied by its English translation and phonetic transcription (Pinyin).

Stops:

1. 苹果 (píngguǒ) - /píngguǒ/ - Apple - [p]
2. 兔 (tù) - /tù/ - Rabbit - [t]
3. 恐龙 (kǒnglóng) - /kǒnglóng/ - Dinosaur - [k]

Aspirated Stops:

4. 泡泡 (pàopào) - /pàopào/ - Bubble - [pʰ]
5. 太阳 (tàiyáng) - /tàiyáng/ - Sun - [tʰ]
6. 卡车 (kǎchē) - /kǎchē/ - Truck - [kʰ]

Nasals:

7. 猫 (māo) - /māo/ - Cat - [m]
8. 牛 (niú) - /niú/ - Cow - [n]
9. 羊 (yáng) - /yáng/ - Sheep - [ŋ]

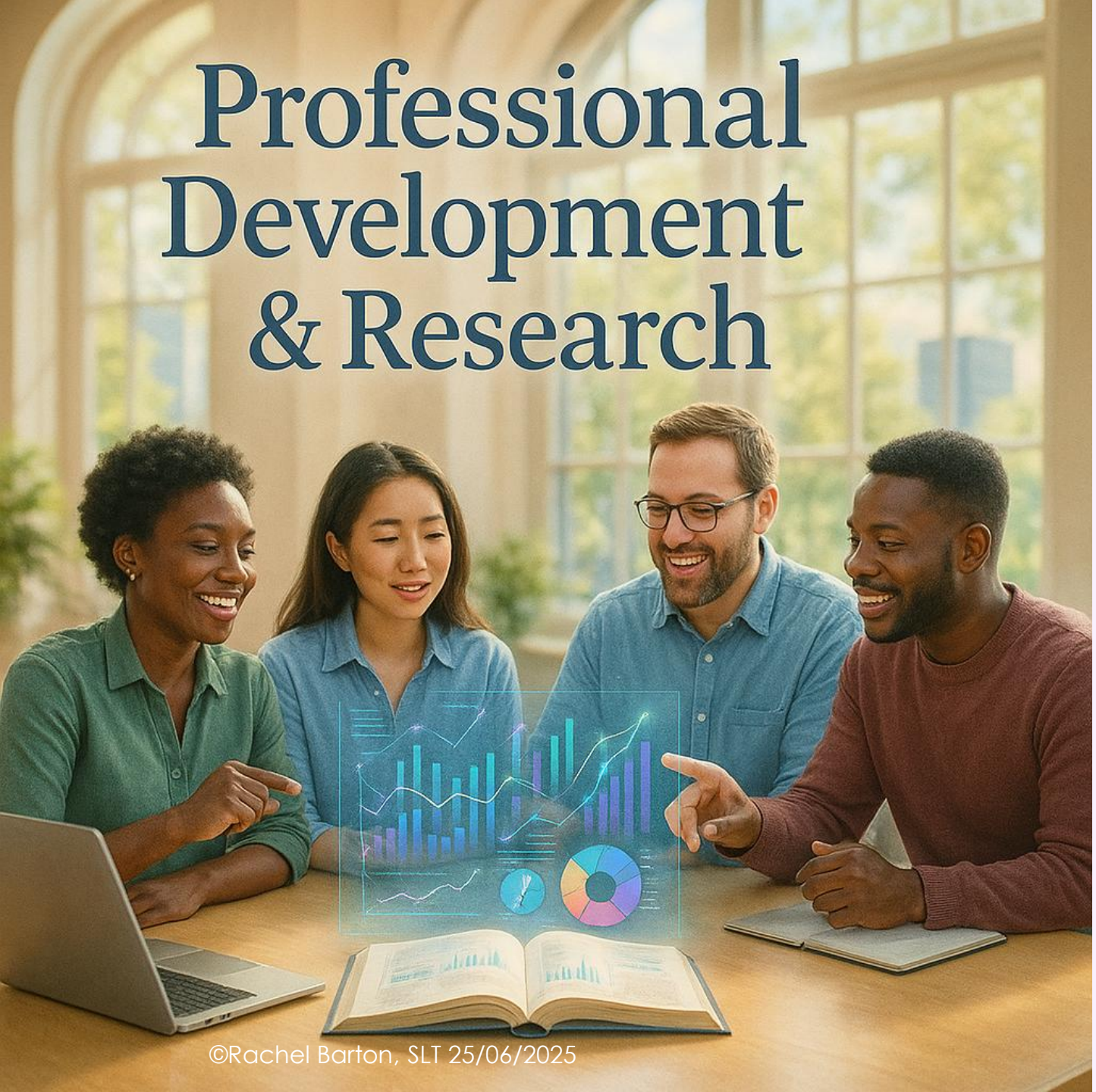
Fricatives:

10. 房子 (fángzi) - /fángzi/ - House - [f]
11. 伞 (sǎn) - /sǎn/ - Umbrella - [s]
12. 熊 (xióng) - /ɕióng/ - Bear - [ɕ]
13. 书 (shū) - /shū/ - Book - [ʂ]
14. 花 (huā) - /huā/ - Flower - [x]

Bilingual Speech Assessment:

- Mandarin sound system
- Developmental norms
- Common words list
- Human input to check

Goblin Tools



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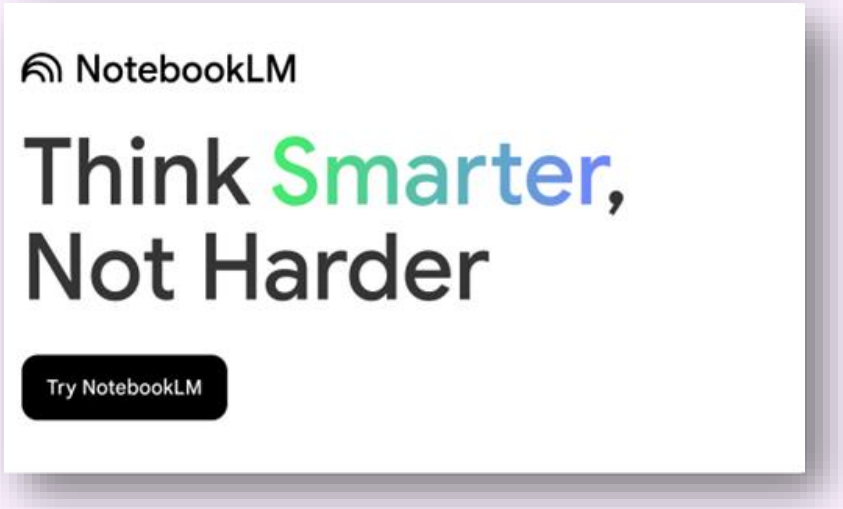
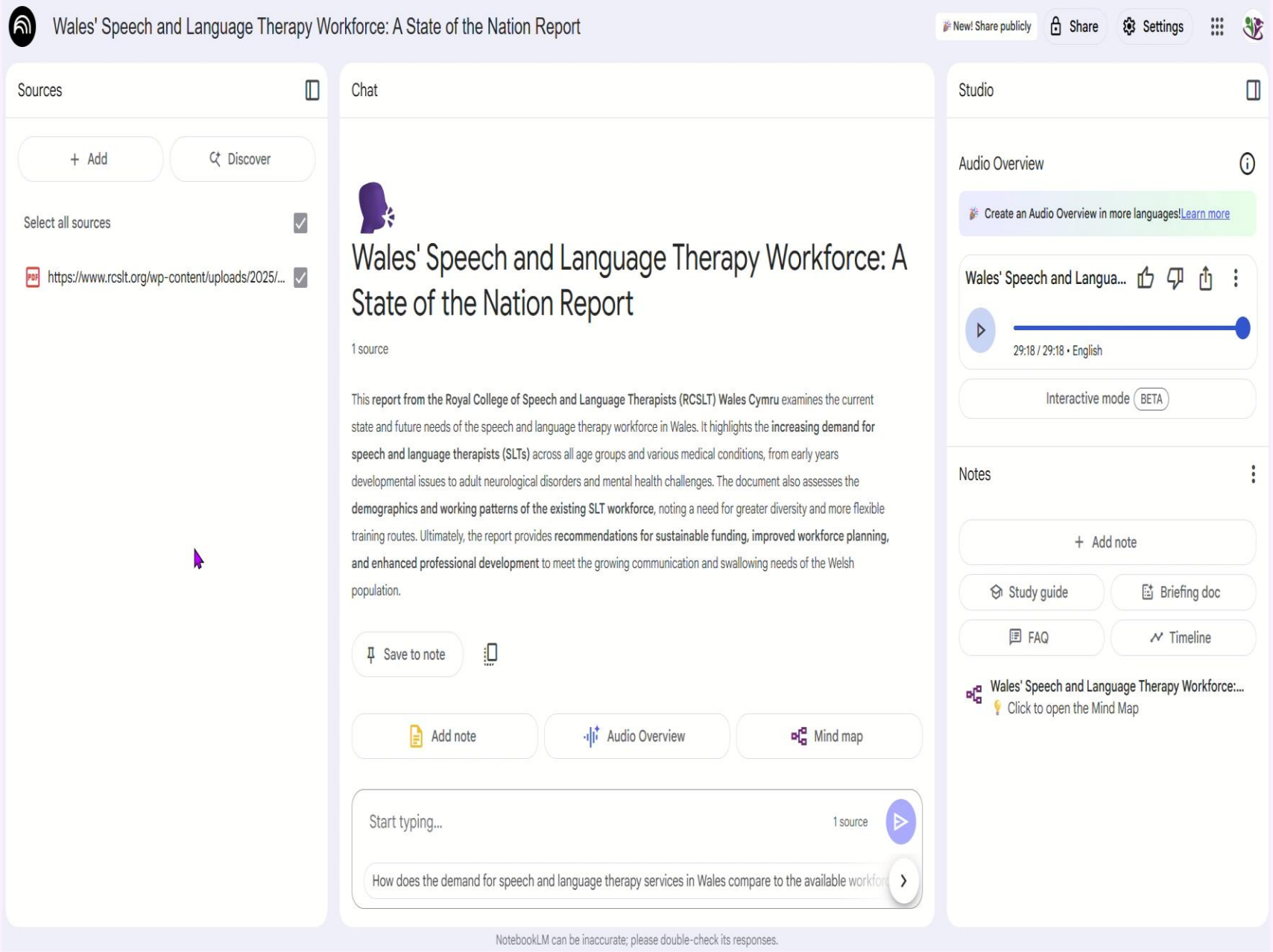
Supporting continuous learning & evidence-based practice

Learning with NotebookLM



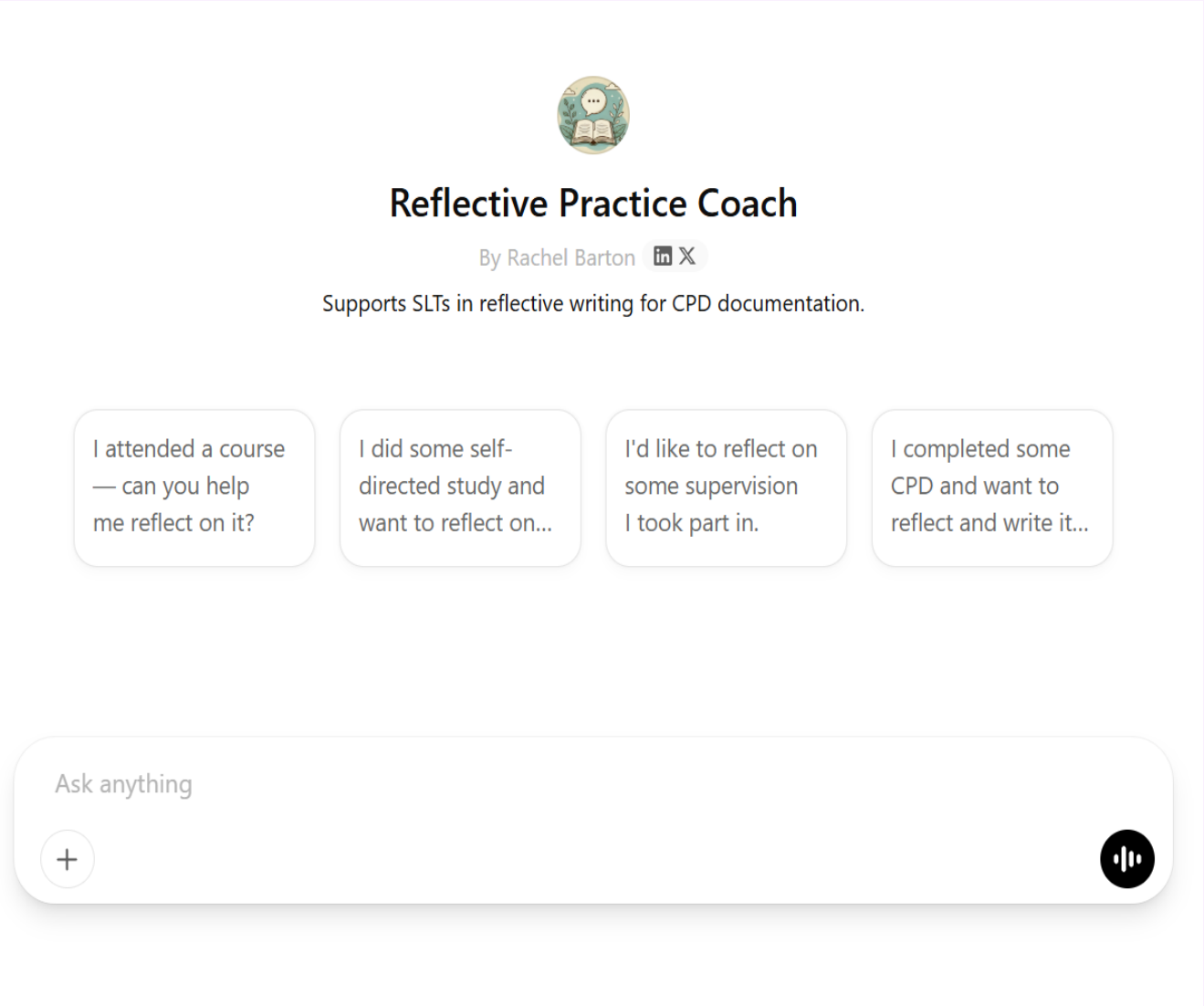

Wales' Speech and Language Therapy Workforce: A State of the Nation Report
New! Share publicly
Share
Settings
Sources
Add
Discover
Select all sources
https://www.rcslt.org/wp-content/uploads/2025/...
Chat
Wales' Speech and Language Therapy Workforce: A State of the Nation Report
1 source
This report from the Royal College of Speech and Language Therapists (RCSLT) Wales Cymru examines the current state and future needs of the speech and language therapy workforce in Wales. It highlights the increasing demand for speech and language therapists (SLTs) across all age groups and various medical conditions, from early years developmental issues to adult neurological disorders and mental health challenges. The document also assesses the demographics and working patterns of the existing SLT workforce, noting a need for greater diversity and more flexible training routes. Ultimately, the report provides recommendations for sustainable funding, improved workforce planning, and enhanced professional development to meet the growing communication and swallowing needs of the Welsh population.
Save to note
Add note
Audio Overview
Mind map
Start typing...
1 source
How does the demand for speech and language therapy services in Wales compare to the available workfor
Studio
Audio Overview
Create an Audio Overview in more languages! Learn more
Wales' Speech and Langua...
29:18 / 29:18 • English
Interactive mode
BETA
Notes
Add note
Study guide
Briefing doc
FAQ
Timeline
Wales' Speech and Language Therapy Workforce:...
Click to open the Mind Map
NotebookLM can be inaccurate; please double-check its responses.

Choosing the Best Digital Companion for Learning and Information

What do you need help with?	Digital Companion	Suggested Tools	Suggested Uses
Finding specific information quickly	The Infomaster	Internet search engines e.g. Google, Bing	Locating online documents and websites, checking facts
Exploring many sources or initial research	The Research Ranger	Perplexity, ChatGPT Deep Research	Searching many websites at once to get an initial understanding and links to further sources
Academic deep dive or reviewing literature	The Science Navigator	SciSpace, Elicit, Consensus	Finding and digesting research papers to answer a specific research question
Synthesising ideas into insights or summaries	The Knowledge Synthesiser	NotebookLM	Combining a range of documents, websites and videos to create insights on a topic
Creating content or collaborating on ideas	The Content Collaborator	ChatGPT, Copilot, Gemini, Claude	Developing resources, therapy ideas, writing leaflets, problem solving, analysing feedback, learning new skills

Note: AI tools are helpful, but they're not perfect. Always double-check outputs and use your own professional judgement.

Supporting Reflective Practice



CPD Log

Date:

Duration:

Type of CPD:

Description of Activity:

Reflection and Learning Gained:

Impact on Practice:

Benefits to Service Users / Colleagues:

Next Steps / Future Learning Needs:

RCSLT Prof Devt Framework Mapping:

HCPC Standards Mapping:

Gen AI can help with…

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Communicating with Gen AI
(Prompt design / engineering)

- The better your **prompt**, the better their **output**

- Prompts need:
  - enough **context** to help the AI solve the problem accurately

  - enough **flexibility** for the AI to be creative

The key is good communication!

Getting the best service from AIs:

'The SERVE Prompt Framework' © Rachel Barton 2024

S

- **Set the scene:** your role, your audience / client and their needs, context, goal, relevant background (no client identifiable details)

E

- **Explain the task:** give instructions, use specific language, clarify desired outcome & tone, give examples, ask 'what else do you need to know?'

R

- **Refine the response:** review clarity, relevance & alignment with goal, give feedback, correct errors, add detail, adjust tone, ask 'how can you improve this?'

V

- **Verify the facts:** go to cited sources, use at least two independent and reputable sources to cross check key facts

E

- **Evaluate professional integrity:** does this adequately represent your values & views? Is it ethical? Are there biases? Does it meet professional standards?

Using AI requires reflection.

Just because AI CAN do something, does not mean that it SHOULD.

How can we responsibly integrate AI in our practice?

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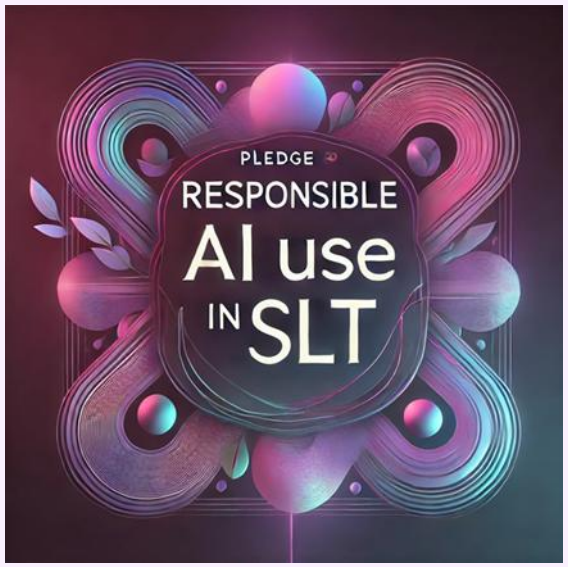
The Pledge for Responsible Generative AI use in SLT



- ✍️ Introductory Blog
- 🖼️ Infographic
- ➡️ Decision making Flow Chart
- 📜 The Pledge
- 💡 Explanations and Examples Document
- 🎙️ Podcast Link

https://www.chatterboxsussex.com/post/shaping-the-future-of-speech-and-language-therapy-a-pledge-for-responsible-generative-ai-use

Professional Standards & Compliance

01. Privacy

Protect privacy & ensure compliance

02. Transparency

Maintain transparency & obtain informed consent

03. Accuracy

Ensure accuracy & recognise AI limitations

04. Integration

Integrate AI use responsibly

Clinical Standards & Practice

05. Core Skills

Preserve core skills and clinical judgement

06. Human -Led

Maintain human-led care

07. Client Benefit

Leverage AI for client benefit

08. Bias

Promote inclusivity & address bias

Professional Development & Advocacy

09. Learning

Commit to continuous learning & ethical use

10. Advocacy

Advocate for ethical & sustainable AI development in SLT

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AI Literacy is a Priority: "Get educated beyond the hype!"

Ruchir Puri, Chief Scientist, IBM*

AI for SLTs UK Network:

Next event – Thursday 3rd July 1-2.30pm online

Contact: aiforslts@gmail.com
to be informed of future events

https://www.youtube.com/watch?v=G95km0WBVw0
*The case for Artificial Useful Intelligence (The Everyday AI Show, 7th May 2025)

“What AI Quietly Showed Me”

Matthew Wemyss
(LinkedIn 2025)

"If AI isn't improving life for people with communication and swallowing needs; we've missed the point."

(ChatGPT O3 May 25)

Stay in Touch ☺

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Questions?

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Sustainable AI Practices

Simple Tools

Prioritise basic tools over AI for simple tasks

Strategic Scheduling

Use AI during low-carbon energy periods

Complexity Matching

Use AI modes appropriate for task complexity

Text Preference

Favour text over images to save resources

Focused Prompts

Write direct prompts to reduce AI processing

Reuse Library

Save and reuse templates to avoid repetition

Batch Questions

Group related questions to minimise AI sessions

Response Limits

Set length limits to control AI energy use

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8 Tips for Sustainable AI Use

🌿 1. Ask yourself, **"Do I actually need AI for this task?"** Try simple tools first: Web search for quick facts (**Ecosia** is greener that Google as it won't use AI as default),**calculator** apps for maths, **spell-check** for grammar. Reserve AI for tasks that genuinely need it.

🌷 2. Match the tool to the complexity. Use standard AI modes for basic tasks and summaries. Save **"reasoning"** modes (like ChatGPT's o3) for complex problem-solving that truly needs deep thinking.

🍃 3. Write focused, direct prompts (see my blog on the **SERVE Prompt** Framework). Skip politeness like "please" and "thank you" - save these for human interactions.

🍁 4. **Batch related questions**. Instead of separate chats e.g. "Tell me about DLD, how it is diagnosed, what strategies can help and write a leaflet for teachers"

🌴 5. Set **response limits**. Add "in 100 words," "bullet points only," or "give exactly 5 examples." Response length drives energy use more than prompt length.

🌻 6. Build a **reuse library**. Save useful templates, checklists, and prompts. Copy and paste from your collection instead of regenerating identical content every time.

🍇 7. **Stick to text** when possible. AI-generated **images** use significantly more computational resources than text, and **videos** use even more. Only create visuals when they're genuinely necessary.

💮 8. **Schedule** intense AI work strategically. Use AI during **low carbon** off-peak hours when electricity grids run on more renewable energy - typically evenings and weekends or when it is **windy or sunny**. Use apps like **NESO** (UK) and **Electricity Maps** (global) which show when and where energy is cleanest.

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Myfyrdodau yn ôl ardal ddaearyddol

Reflections by geographical area

WILTSHIRE
EST. FARM 1991
FOODS

Trafodaethau bwrdd/Table discussions

- 1, 2 & 3 – Caerdydd a'r Fro/ Cardiff and Vale
- 4 & 5 – Bae Abertawe/ Swansea Bay
- 6 – Cwm Taf Morgannwg
- 7 – Powys
- 8 & 9 – Betsi Cadwaladr
- 10 – Aneurin Bevan & Prifysgolion/ Universities

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Reflections & Actions

Beth yw'r prif bethau sydd wedi ennyn eich diddordeb chi yn y digwyddiad heddiw?

What are the take aways from today for your region?

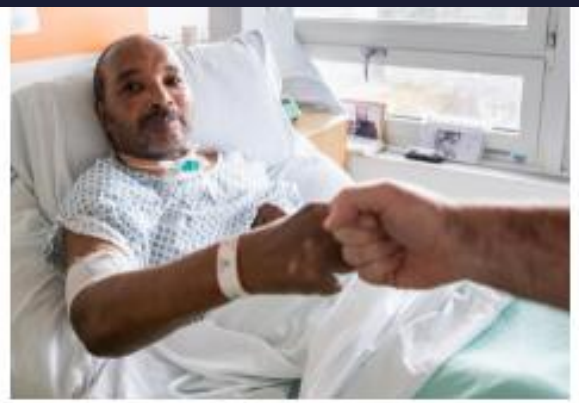
A oes yna unrhyw gamau nesaf sy'n gysylltiedig â sesiynau penodol yr hoffech eu cymryd yn eich ardal?

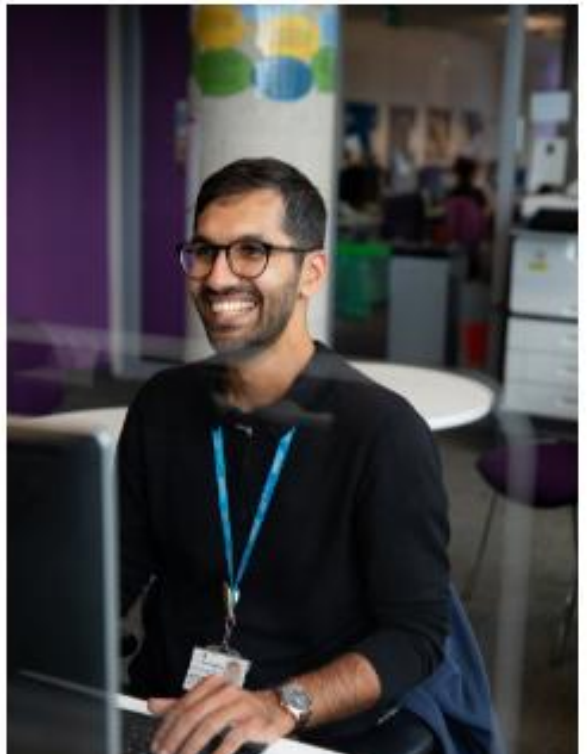
Are there next steps related to specific sessions you want to take in your region?

RCSLT

Diolch a chau/ Thanks and close

RCSLT





Evaluation

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Diolch am wrando!

Thank you for listening!

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