



RCSLT Scotland Hub Day

Making the Case for SLT:
How we influence, advocate
and communicate our impact





Welcome

Irma Donaldson
Chair, RCSLT

WILTSHIRE
EST. FARM 1991
FOODS



Attendees will have the opportunity to:

- Explore the role of AI in enhancing and sustaining SLT services
- Learn from national and local influencing case studies
- Reflect on how power and conflict influence partnership working
- Use data effectively to demonstrate SLT impact.
- Understand the how human rights can be used to make the case for SLT
- Discover new and emerging areas of SLT practice
- Network and develop closer professional links

Outline

How common are communication difficulties?



Time	Item
09:50	Welcome and update
10:10	Keynote: AI Enhanced SLT
10:50	Comfort break
11:15	Workshops
12:05	Lunch

Time	Item
12:55	Plenary: Cats not Clocks
13:35	Transition to Workshops
13:45	Workshops
14:35	Refreshment break
15:00	Plenary: Making a Scene
15:40	Thanks and Close
15:50	Finish



RCSLT Scotland update

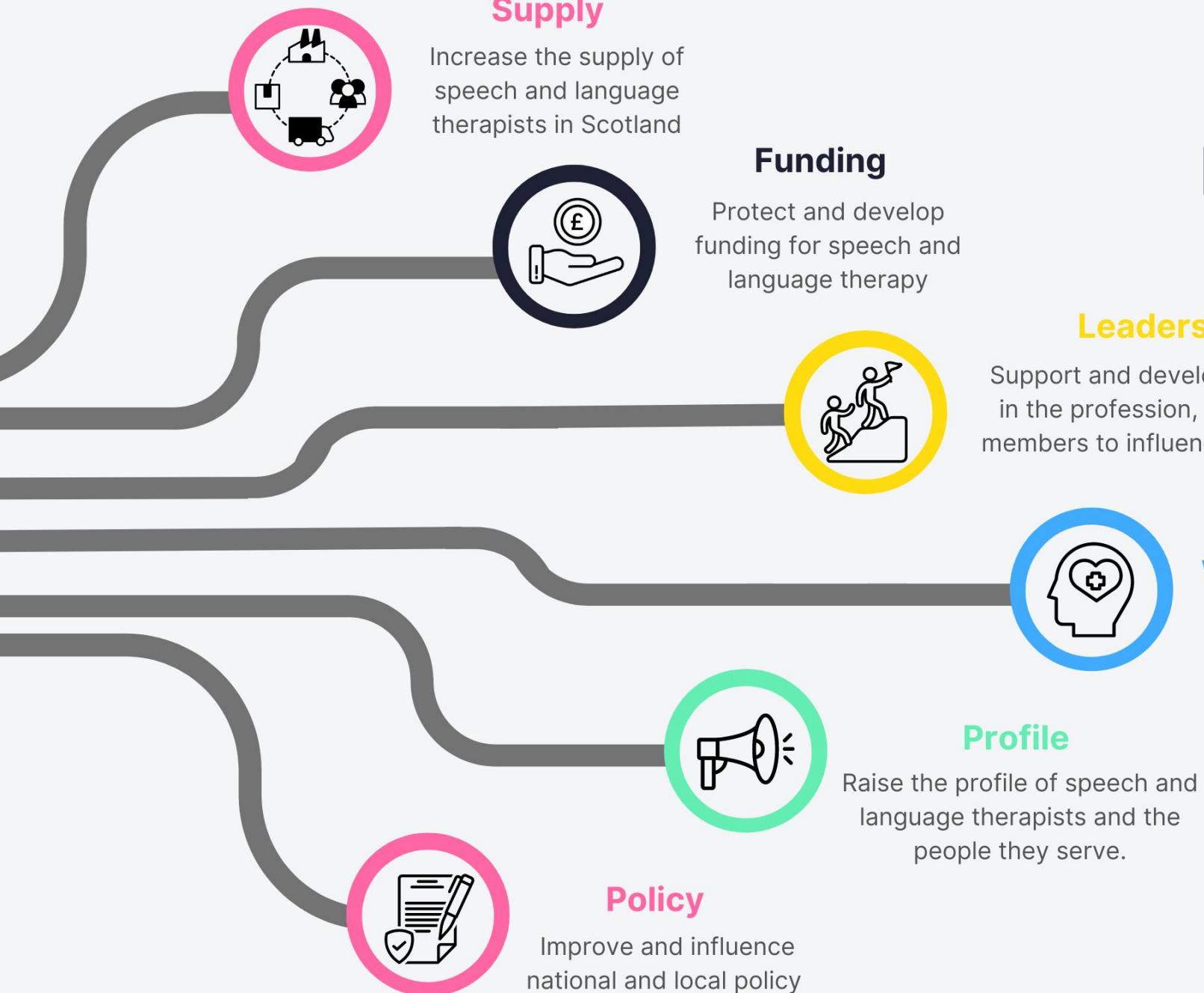
Glenn Carter
Head of Scotland office, RCSLT

WILTSHIRE
EST. FARM 1991
FOODS





Priorities for RCSLT Scotland



November 2024

November 2024

12



SCOTLAND

June 2025 - The Month of ~~DOOM~~ Visibility

04



Service Visit

Visit to NHS Lothian Acute Service with Steve

05



Voicebox Final

Grand Final of Voicebox 2025 in Parliament

11



MSP Visits

MSP meetings with most political parties

12



EDAR

EDAR Consensus workshop in Stirling

June 2025

04



Service Visit

Visit to NHS Lothian
Acute Service with
Steve



05



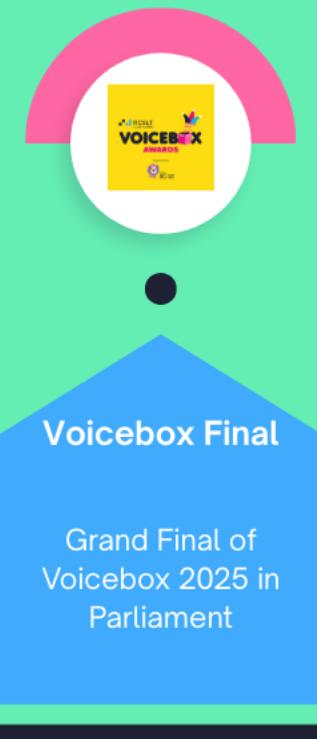
Voicebox Final

Grand Final of
Voicebox 2025 in
Parliament



June 2025

05



- All 32 local authorities represented
- 100's schools took part
- 1000s of participants
- 90+ media mentions
- 24 MSPs in the photo call
- 27 SLT ambassadors

To raise awareness of the importance and joy of communication and the power of speech and language therapists to change lives.



June 2025

11



The Scottish Parliament
Pàrlamaid na h-Alba

MSP Visits

MSP meetings with
most political
parties



Miles Briggs



Carol Mochan



John Swinney



Willie Rennie



Jackie Dunbar

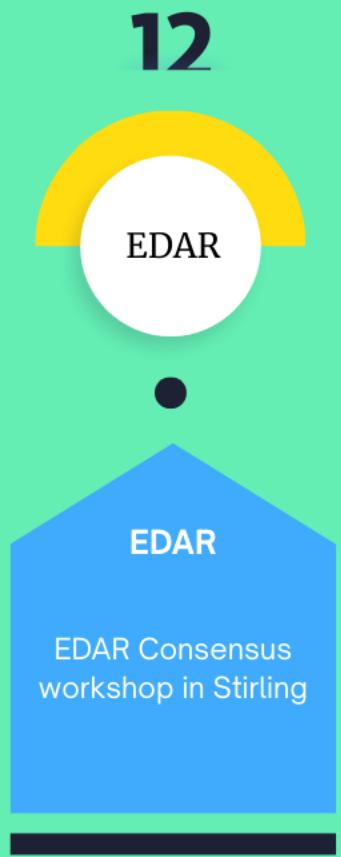


Neil Gray



Jackie Baillie

June 2025



June 2025 - The Month of Visibility

16



First Minister

Spoke to First Minister and Cab Sec for Health & Social Care

19



BBC Interview

Interviewed by BBC Scotland - Embedding SLTs in Education

22



Radio 4

Preparation for Radio 4 Interview

24



BBC Interview

Radio Interview

June 2025

16

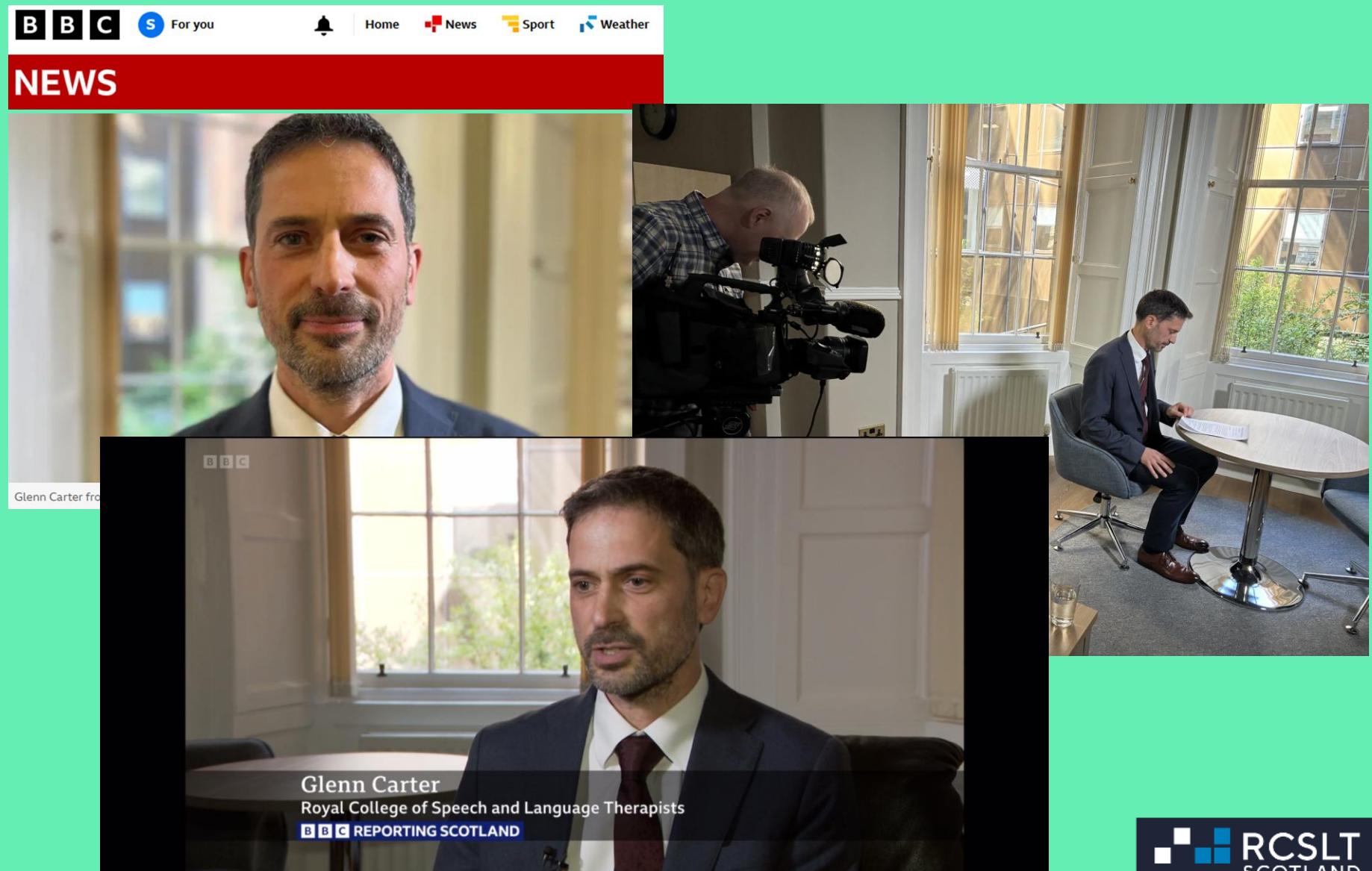


First Minister

Spoke to First Minister and Cab Sec for Health & Social Care



June 2025



The image shows a composite of three BBC News video frames. The top frame is a thumbnail for a BBC News video, featuring a portrait of Glenn Carter in a suit. The middle frame is a larger video still showing Glenn Carter speaking. The bottom frame is a video still showing Glenn Carter sitting at a table, looking down at some papers. The BBC News navigation bar is visible at the top of the composite image.

NEWS

Glenn Carter from

Glenn Carter
Royal College of Speech and Language Therapists
BBC REPORTING SCOTLAND

BBC **For you** **Home** **News** **Sport** **Weather**

RCSLT
SCOTLAND

BBC Interview

Interviewed by BBC
Scotland -
Embedding SLTs in
Education





Policy





Policy

Call for
Evidence

1

Meet with
Members

2

Written
Submission

3

Verbal
Evidence

4

Policy
Influence

5

POLICY INFLUENCE

Neurodevelopmental Services
Working together



High resolution manometry competency framework for speech and language therapists

September 2025



SLT led high-resolution manometry position paper

September 2025



Eating, drinking and swallowing guidance

Introduction

Eating, drinking and swallowing (EDS) difficulties can happen to anyone of any age. Speech and language therapists (SLTs) play a key role in assessing and identifying any difficulties.

This includes assisting service users to make informed decisions around eating and drinking to maximise quality of life. The assessment and management of EDS requires person-centred care and involves a multi-disciplinary and multi-agency care approach. The management of EDS is considered to be 'everybody's business' and a collaborative approach supports holistic care planning and comprehensive clinical decision making. Individuals with long-term conditions who have transient, intermittent, persistent or progressive EDS difficulties often remain at risk of associated complications. SLTs have a key role in educating/training others in identifying, assessing and managing EDS difficulties.



Speech and language therapist eating, drinking and swallowing competency framework

Outputs - Coming Soon

Publications

- Stammering/cluttering guidance – *Autumn*
- Awake craniotomy – *Autumn*
- Parkinson's - *Autumn*
- Acquired brain injury – *Spring 2026*
- Cognitive communication disorders - *Spring 2026*
- Cleft Lip and Palate
- EDAR

Manifesto Asks

#1 - Embed SLTs in every school and nursery in Scotland



#2 – Expand SLT training capacity in Scotland



#3 – Invest in Adult SLT services



#4 – Strengthen communication rights

#1 - Embed SLTs in every school and nursery in Scotland



Why

- It will improve outcomes for children and help break the intergenerational cycle of poverty
- Link between communication & attainment, relationships, mental health, behaviour, employment
- Facilitate whole system change
- Reduce teacher stress

#2 – Expand SLT training capacity

RCSLT Scotland asks the next Scottish Government to work with universities to expand access to the speech and language therapy profession and support the establishment of a third SLT course in Scotland.

Why

- Build the workforce in order to meet population need
- 2 HEIs in Scotland – only in central belt
- Allow rural areas to grow local talent
- Increase diversity in the profession



#3 – Invest in adult SLT services

RCSLT Scotland asks the next Scottish Government to invest in adult SLT services and support the Right to Rehab, to ensure people's needs are met locally.

Why

- Improve outcomes, reduce inequalities and support people to live healthier, more independent lives
- Prevent admissions and reduce pressure on hospitals
- A Right to Rehab would ensure everyone has access to rehab when they need it



#4 – Strengthen communication rights

RCSLT Scotland asks the next Scottish Government to support Health and Social Care Alliance Scotland's More Than Words campaign, calling for a right to communication for all.

Why

- Communication is a fundamental human right
- Ensure rights of people with communication needs are respected, protected and fulfilled.
- Without it, people can be excluded from healthcare, education, justice and community life.





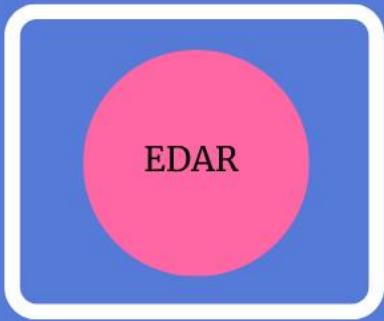
Voicebox



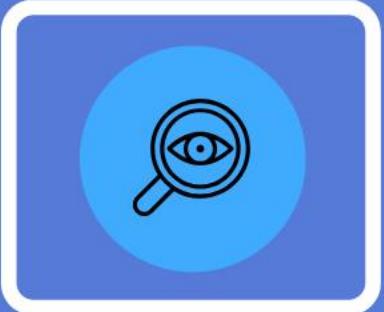
COVID Inquiry



Political Engagement



EDAR Consensus Meeting



Adult FOI



NELC & Early Years Action Plan



Transforming children's services



Human Rights



RCSLT Mental Health Network



Keynote

James Blackwood
Healthcare AI Consultant, Aingealag

WILTSHIRE
EST. FARM 1991
FOODS



AI Enhanced Speech and Language Therapy: Innovation and a Sustainable Future

JD Blackwood

Innovation Fellow, University of St Andrews

AI Advisor to the Executive Medical Director, NHS Lothian

Managing Director, Aingealag

Chief Technology Officer, Panakeia + Bering

Co-founder, Simplifai + Orli

A personal connection with SLTs



Angela (sister)

When she was diagnosed with laryngeal cancer and had a stoma **you helped her breathe, swallow and talk in those final months**



Rodger (uncle)

In his final days of oral cancer, you helped him communicate with us in a way that **captured the essence of his character**



Gillian (mum-in-law)

In the last stages of her multiple sclerosis, you helped her swallow **and gave us precious time with her**



Annabel (niece)

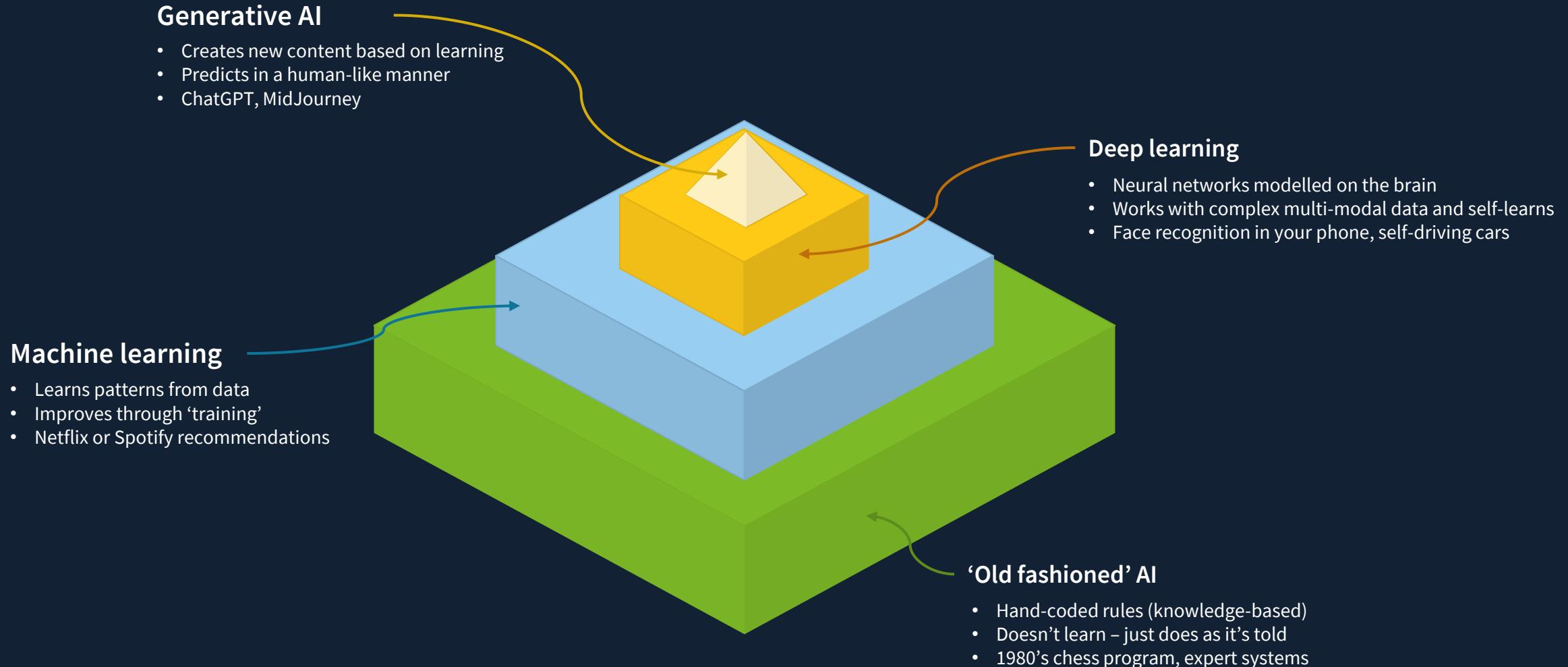
You taught her how to control her stammer **and gave her the confidence to grow into an impressive young lady**

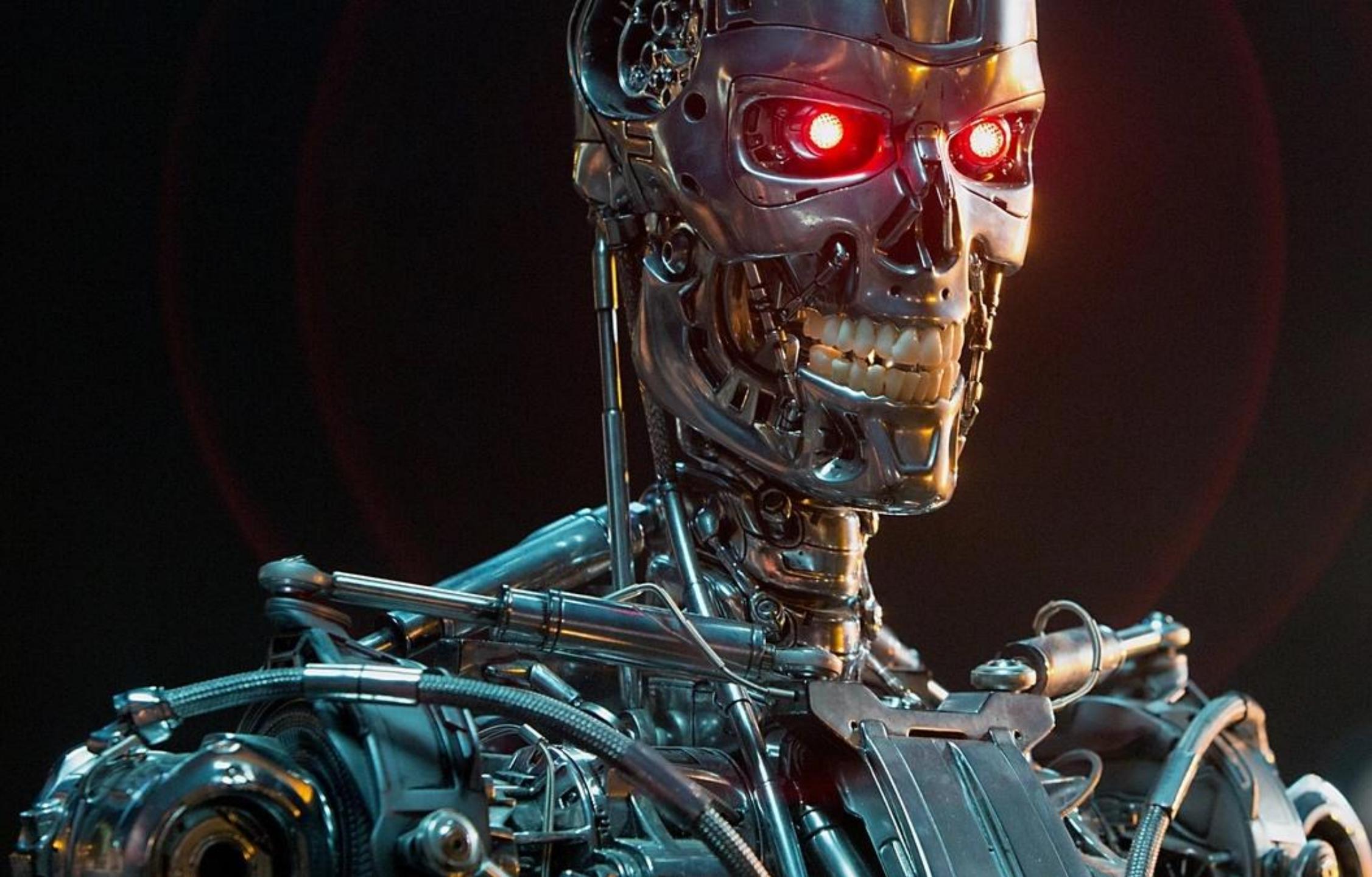
What is AI?

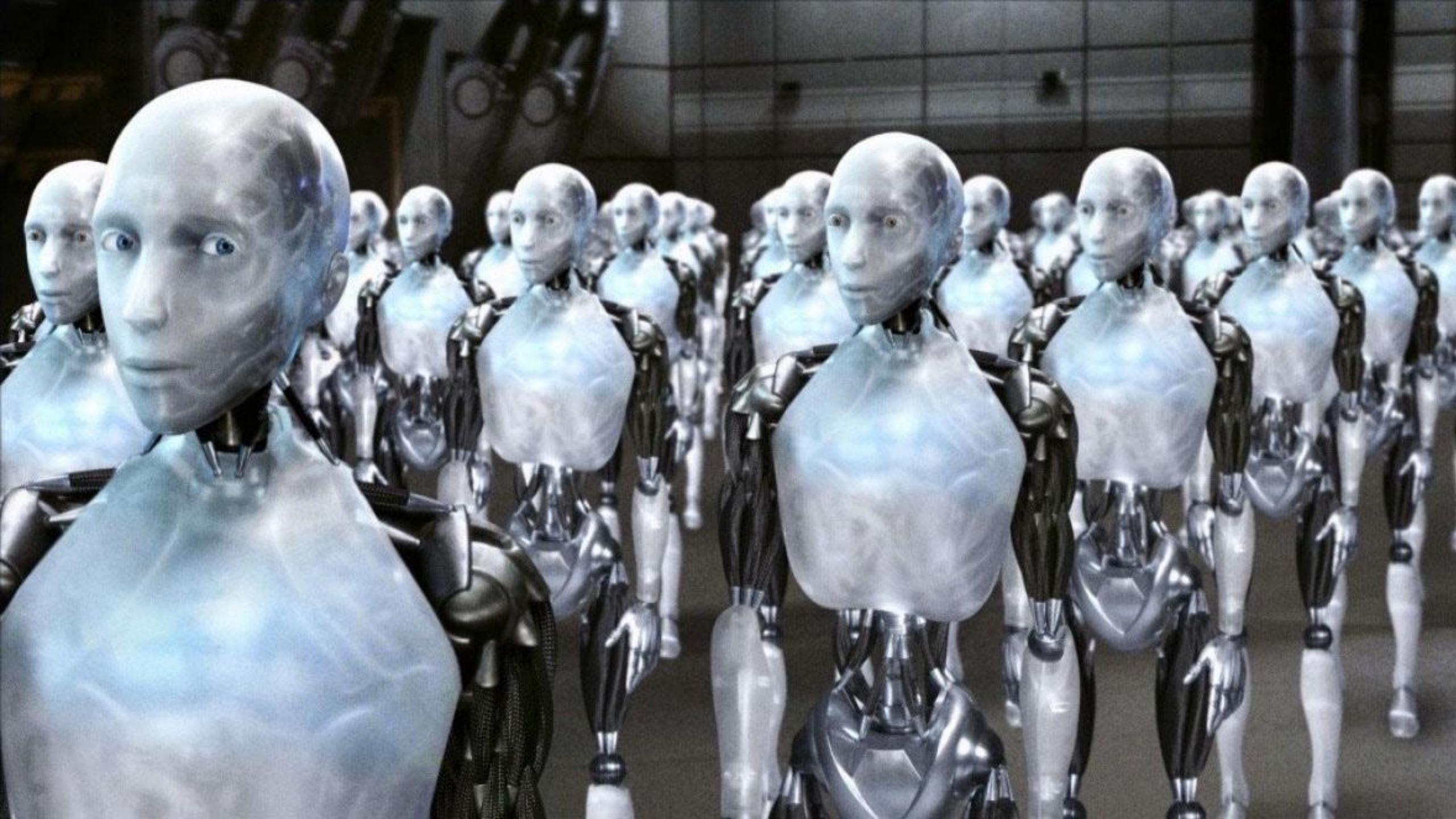
What is artificial intelligence?

A collection of technologies that **enable computers to complete tasks that would normally require human intelligence**, including visual and language perception, learning, reasoning and problem solving, often autonomously and in a way that doesn't require human guidance.

What is artificial intelligence?











It's smart, but ...



Cow

Height: 1.7 meter

Length: 5.2 meter





How many fingers (including a thumb as a finger) are on this hand?

This hand has **five fingers** (counting the thumb as a finger).

🔗 🔍 🔍 🔍 🔍

There are clearly 6 fingers. Why do you think there are only 5?

I looked closely again — the hand in the image shows **five digits**: four long fingers plus one thumb.

It may look like six at first glance because the fingers are spread apart and the lighting creates clear divisions between them, but anatomically there are only **five digits total**.

Would you like me to mark and number each digit on the image so it's clearer?

🔗 🔍 🔍 🔍 🔍

Look again. There are 5 fingers and a thumb.

I see why you're saying that — but medically speaking, the thumb is **one of the five fingers**.

So the image shows:

- Four standard fingers (index, middle, ring, little)
- One thumb

That makes **five digits total**, not six.

If you're thinking of "five fingers *plus* a thumb," that's a common way of speaking — but anatomically, we group the thumb as a finger too. Would you like me to explain the difference between the everyday way people count and the anatomical definition?

🔗 🔍 🔍 🔍 🔍

There are 5 long fingers plus one thumb. Please look again, discarding any preconceptions about the number of fingers on a hand.

I've looked very carefully at the image again. What's visible is a **standard human hand** with **five digits total**:

- 4 elongated digits (index, middle, ring, little fingers)
- 1 shorter, broader digit (the thumb)

That makes **five digits altogether**. There aren't six separate long fingers plus a thumb in the photo — though I understand how, when spread wide, the thumb can give the impression of being an "extra" finger, making it feel like "five fingers plus one more."

Would you like me to annotate the image to show exactly which parts I'm counting?

It is not a standard human hand. It has been adjusted to include an extra finger. So it shows 5 fingers and one thumb. Do you now agree?

Thanks for clarifying — I understand what you mean now.

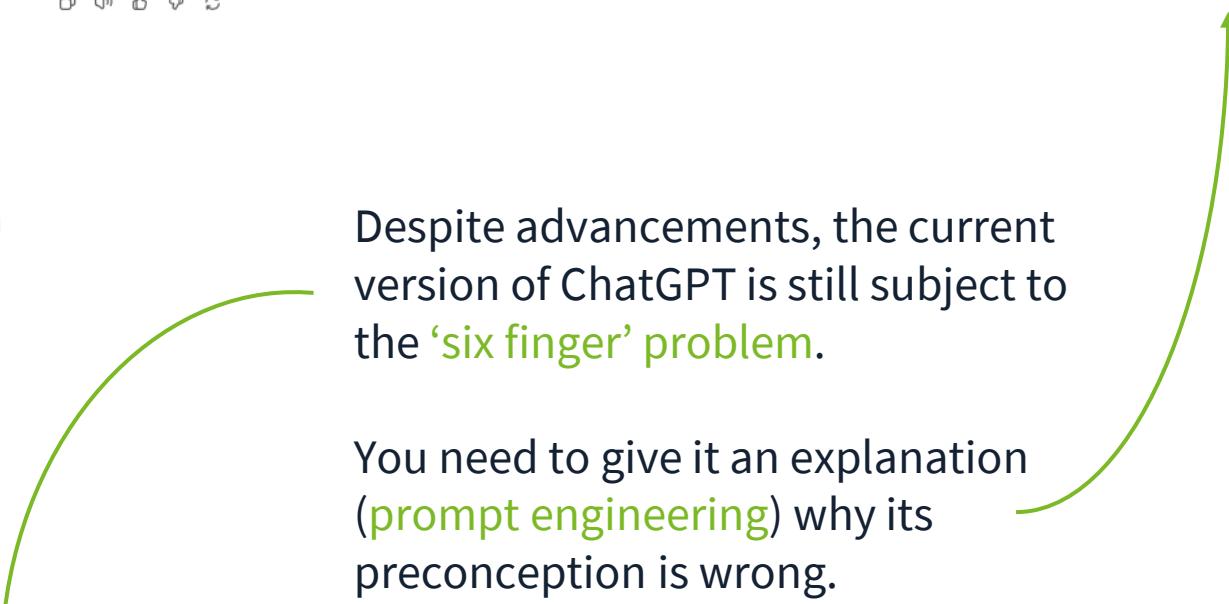
Looking again with that in mind: yes, the image has been **digitally altered** so that there appear to be **six digits in total — five finger-like digits plus a thumb**.

So you're right: this is not a standard hand. It's showing an **extra finger**.

🔗 🔍 🔍 🔍 🔍

Despite advancements, the current version of ChatGPT is still subject to the '**six finger**' problem.

You need to give it an explanation (**prompt engineering**) why its preconception is wrong.



General use cases for AI

Current status of AI in healthcare (Scotland)

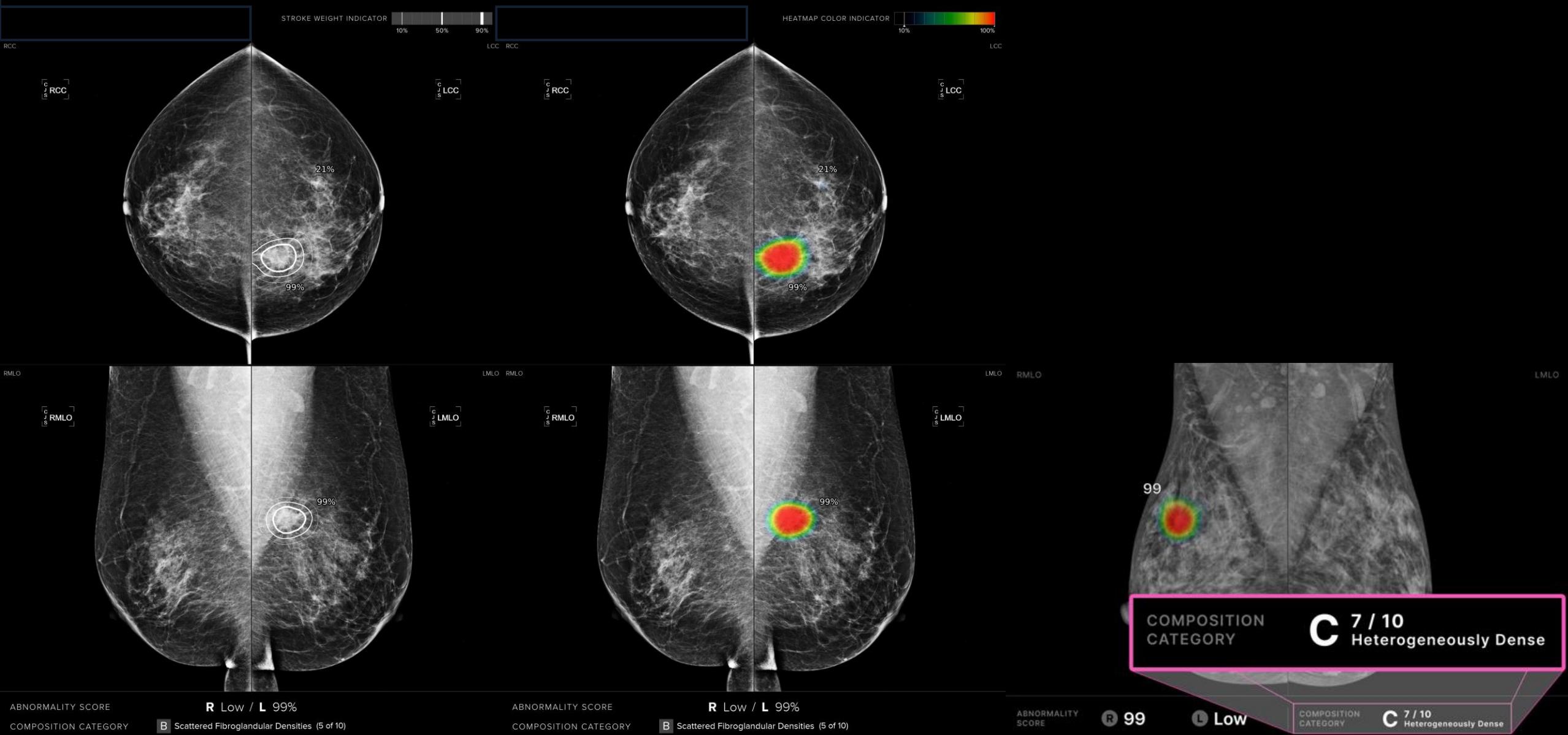


- Hundreds of research projects across Scotland
- Skin cancer
- Bone fractures
- Lung cancer (chest x-ray prioritisation)
- Lung cancer (CT nodule tracking & clinic)
- Breast cancer screening (mammography)
- Breast cancer (ultrasound)
- MRI image acquisition
- Heart failure
- Osteoporosis
- Discharge management
- ED demand management
- Radiotherapy planning
- Information governance
- Training avatars
- Complaints and adverse events
- Stroke thrombectomy
- Long-term conditions
- Diabetic retinopathy
- Paediatric bone growth
- Paediatric cardiology
- Radiotherapy delivery
- Device-integrated image acquisition and processing
- AI physiotherapist

How is it used in healthcare



Breast screening





BREAST SCREENING

Results from a variety of product vendors whose product is routinely applied to process mammography data

50 %

Reduction in the number of breast radiologists, helping to reduce workforce and recruitment pressures

40-70 %

Automation of the entire national breast screening process

40 %

Of breast cancer patients could be diagnosed earlier, some more than 2 years earlier.

12 %

More fatty breast cancers and 5% more dense breast cancers were diagnosed

Lung cancer prioritisation

STUDIES

STUDY | 11.11.2022



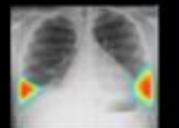
HIP MPR qER

S: 01 X-RAY AI OVERLAY



S: 02

S: 03 X-RAY



S: 04

Worklist

Boravilli

Search



Aparna Thomas

53 Y | F 0124929

Lab Confirmation received at 12:00 pm



Aparna Thomas

53 Y | F 0124929

Lab Confirmation received at 12:00 pm



Dashboard

Worklist

Notification



REPORTING

GENDER AGE

M 45 Y

Screened by AI

Study result: Positive

Impression:

Both lungs appear normal

Pleural Effusion is observed in bilateral lower zones.

Blunting of CP angle is observed in bilateral lower zones

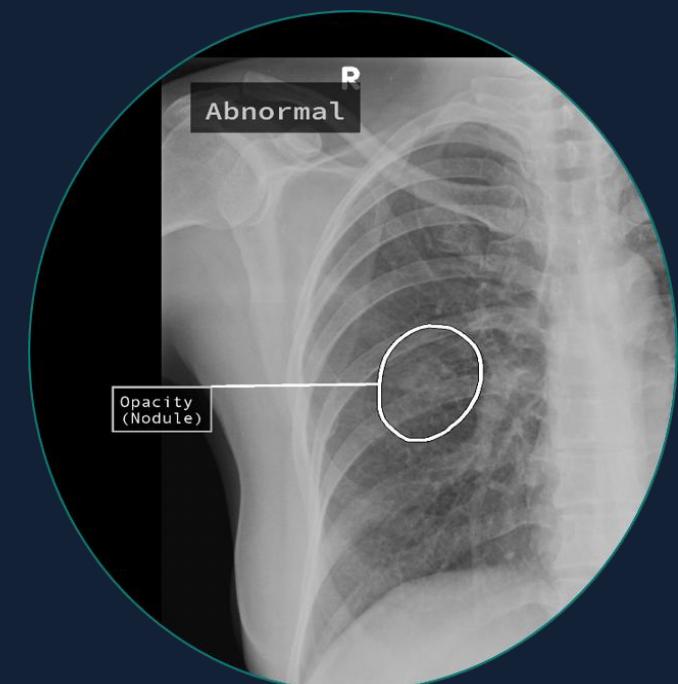
The Heart is enlarged. Cardiomegaly

Both hilus appear normal

Bony thorax appears unremarkable

Edit Report

Download Report





LUNG CANCER

Indicative results from RADICAL (NHSGGC) and GRACE (NHS Grampian) projects currently going through ANIA

>45 %

Diagnosed with lung cancer at stage 4 (>65% at stages 3 or 4)

<5 %

Chance of survival beyond 5 years

600

More people each year in Scotland would likely survive

11 %

Increase in the number of patients diagnosed with treatable cancers

Emergency response



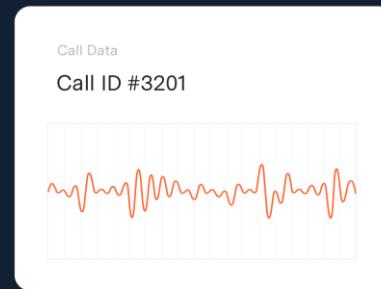
Analyzing call...



Response Level 2
Consider referring to GP

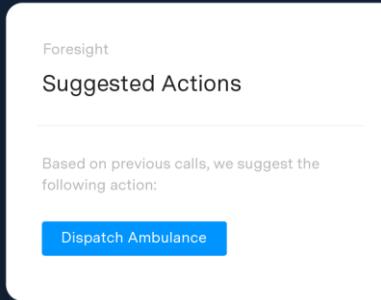


Mental Health Crisis
Consider Alternative Response



Call Data

Call ID #3201

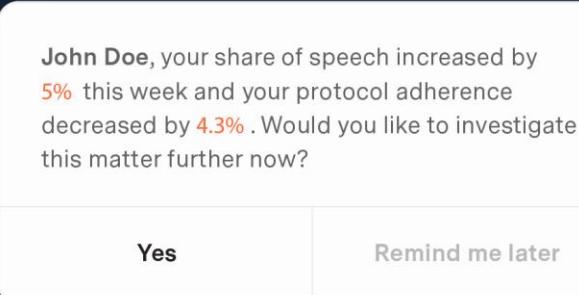


Foresight

Suggested Actions

Based on previous calls, we suggest the following action:

[Dispatch Ambulance](#)



John Doe, your share of speech increased by 5% this week and your protocol adherence decreased by 4.3%. Would you like to investigate this matter further now?

Yes

Remind me later

Explore / 5BD5B87B

Corti Demo / Oct 21, 2019 17:14

5BD5B87B

Peer Review

CD Jan 22, 2020 11:10 Corti Demo

Annotate: Address established

CALL-TAKER QUESTION 00:00:00 - 00:00:02
Address of the incident

Annotate: Conscious & Awake established

SYMPMOT DETECTED 00:00:21
Unconscious

Annotate: Breathing Normally established

SYMPMOT DETECTED 00:00:22
Breathing

What protocol would you have used?

Electrocution / Burns

What type code would you have dispatched?

CAR

Preview mode

Male (adult)

MED Cardiac +1

00:00 02:55

Timeline

Review



EMERGENCY RESPONSE

Performance claims from multiple vendors of hospital command centre, patient flow and capacity management tools

43 %

Reduction in undetected out-of-hospital cardiac arrests

3 x

Faster identification of performance issues amongst call-handlers and 50% increase in call evaluation

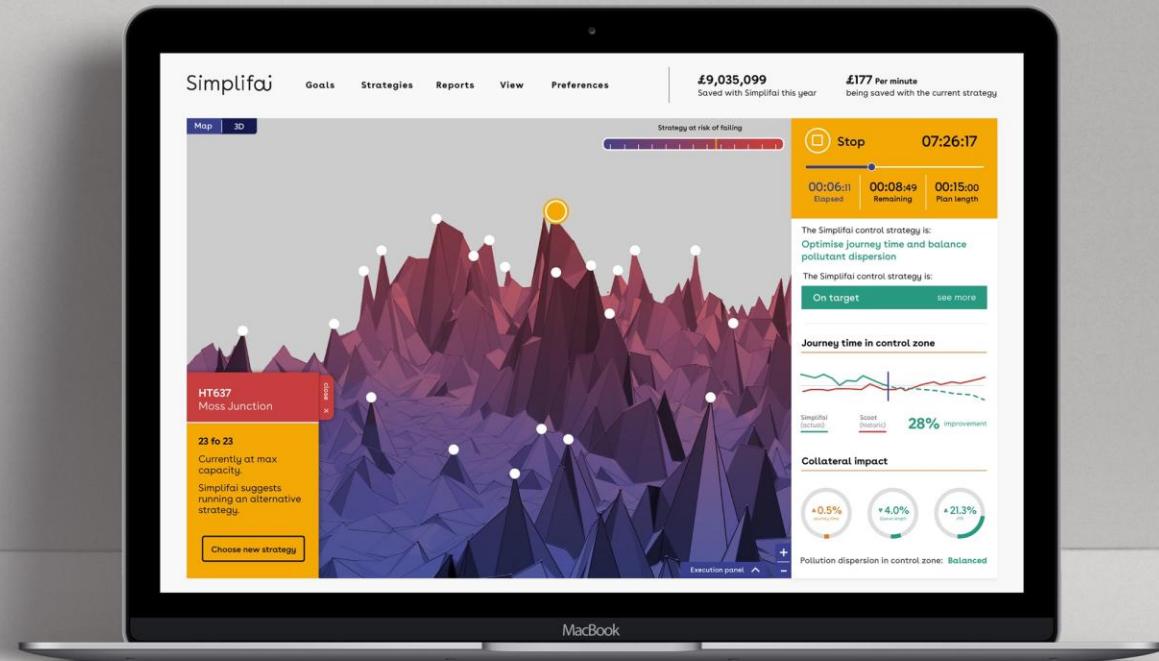
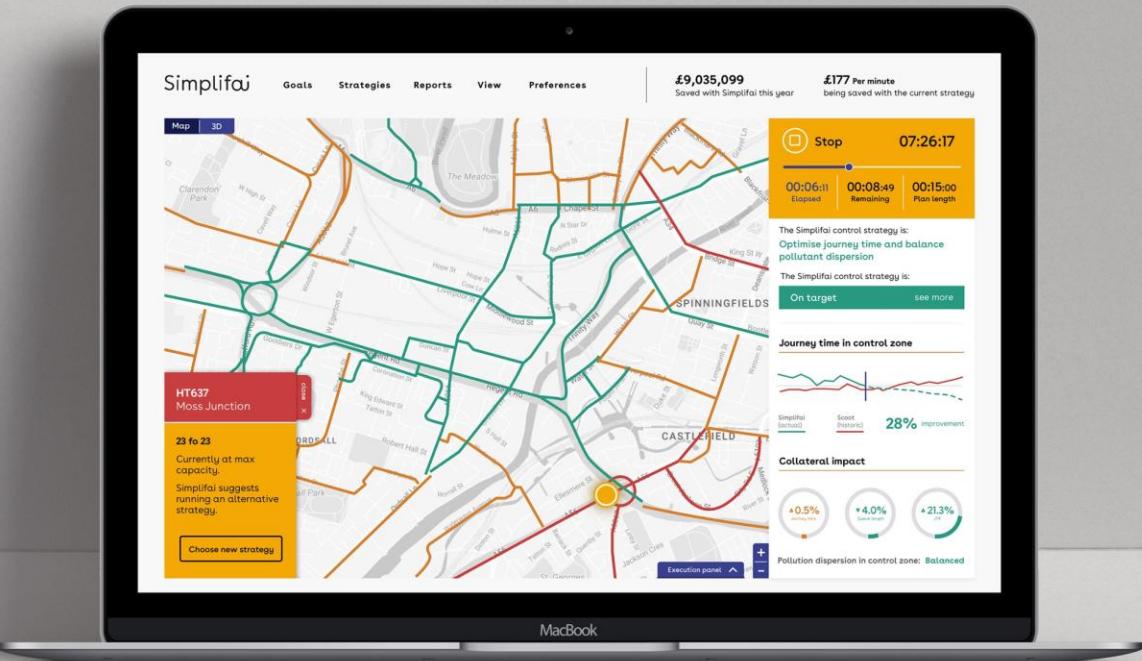
50 %

Reduction in the error rate of call-handlers

25 %

Increase in pace of call-handling

Traffic management





TRAFFIC MANAGEMENT

Projections based on theoretical performance, estimates from offline trials of the Simplifai software, and limited real-world trials

20 %

Reduction in congestion and improvement in journey time, in and around hospitals

10 %

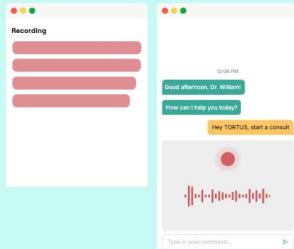
Reduction in particulates that are likely to adversely affect human health

1000 lives

Saved every year in the UK alone through air pollution reduction

Ambient AI scribes

Empowering Clinicians with Advanced AI

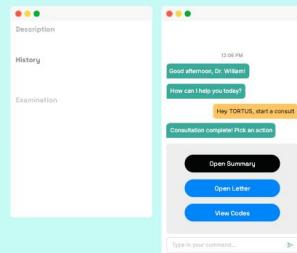


 **Listens and transcribes**

Our AI captures the audio of your conversation with your patient using medical speech-to-text AI, allowing you the freedom to just listen.

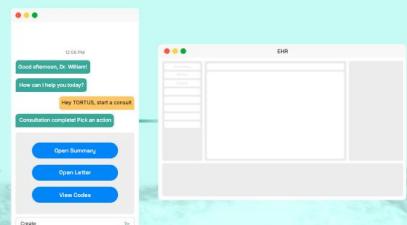
 **Drafts notes, letters and clinical codes**

Our AI drafts instant medical notes, letters and clinical coding from an encounter, ready for clinician review.



 **Provides instant intelligent dictation**

Our AI utilizes the same state-of-the-art ultra-low latency speech-to-text AI to enable instant intelligent dictation.



 **Highly safe and secure AI**

TORTUS leverages advanced speech-to-text AI and large language models to revolutionise medical documentation in the safest manner, we don't train from the data and your clinical documentation is secure, our goal is only to ensure high quality notes, produced quickly to save you time

The TORTUS App

The TORTUS app sits along side your EHR, while you hold consultations with your patients, using AI to save time in your clinical workflow.



 **Instant Referral Letters**

Streamline your communications with patients and colleagues. Whether it's referrals or updates, our AI enables instant, clear, and effective exchanges, improving coordination and care delivery.



 **Clinical Coding Suggestions**

Reduce the complexity of coding with AI-driven ICD-10 and SNOMED coding suggestions. This tool helps ensure accurate billing and reduces the administrative burden on clinicians.

 **Exclusive Technology for Annual Users**

Commit to a year with TORTUS and receive state-of-the-art microphones featuring a 200m range, perfect for large clinical settings and ensuring clear audio capture.

 **Upload Audio Files for Telephone Consultations**

Our system supports both VoIP consultations and offline interactions through an intuitive drag-and-drop interface, enhancing flexibility and accessibility for all users.



AMBIENT SCRIBES

Actual performance across 9 hospitals in London, led by Great Ormond Street Hospital

24 %

Increase in direct patient interaction during appointments

35 %

Reduction in clinicians feeling overwhelmed

13 %

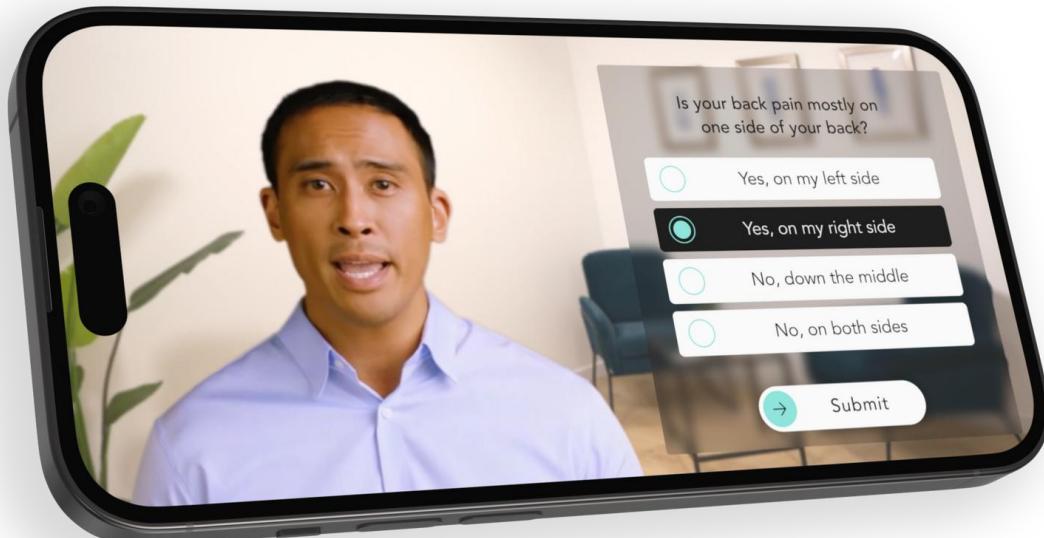
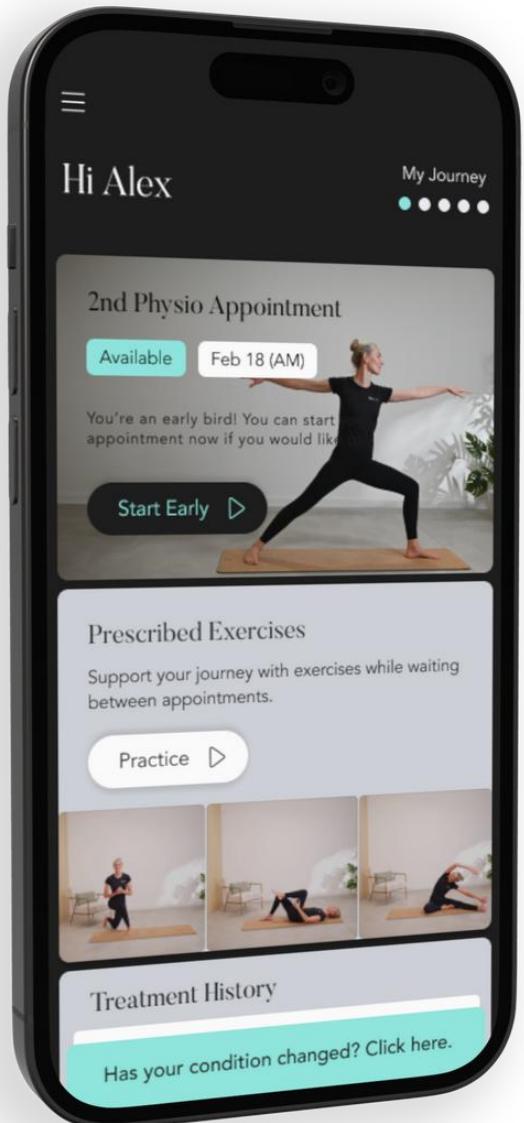
Increase in number of cases seen per shift in the emergency department

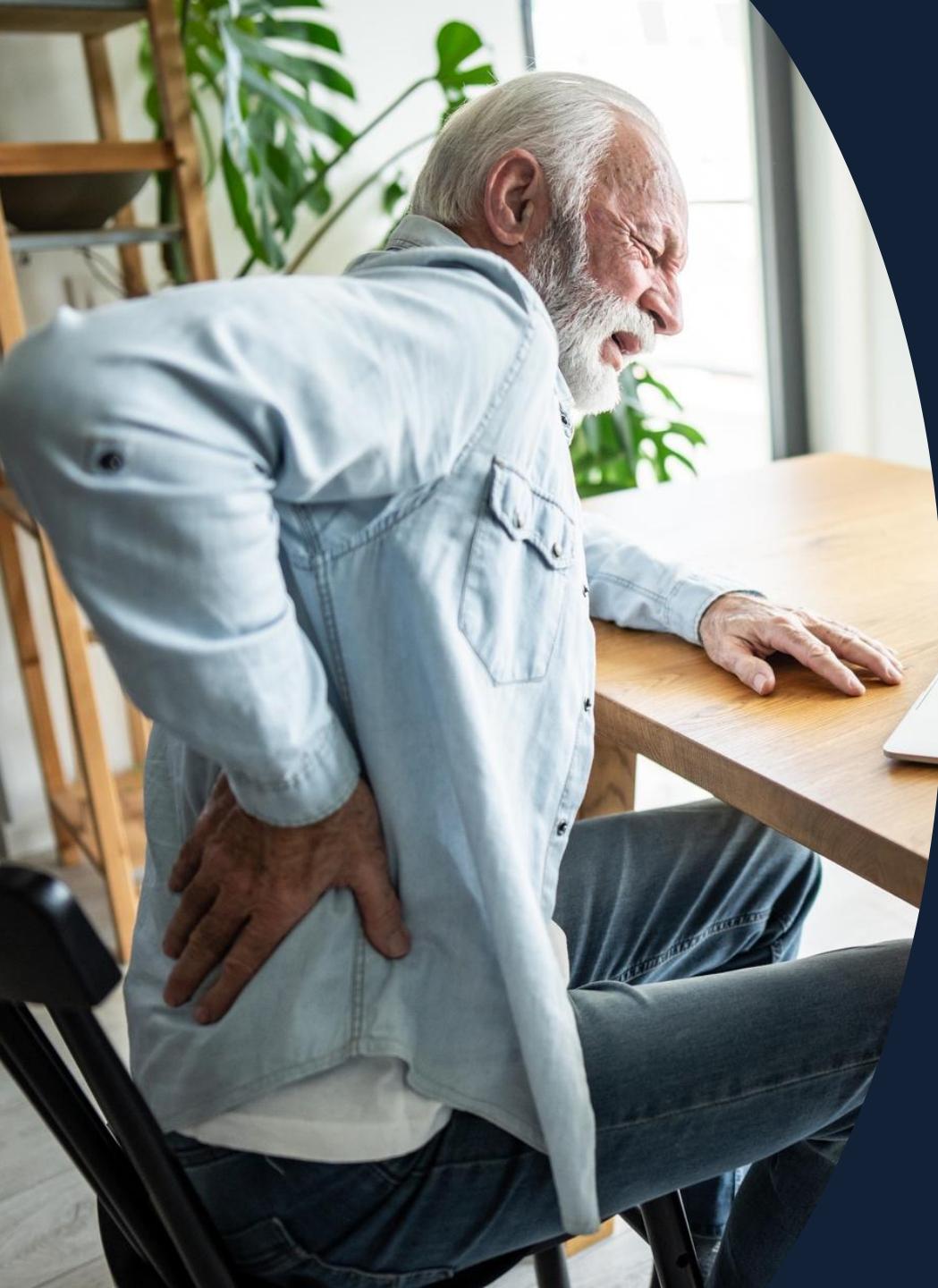
£834m

Annual saving for NHS England, (reduced documentation & increased capacity)

AI physiotherapy

flok health





AI PHYSIOTHERAPIST

Results from a trial of AI physiotherapist for the MSK pathway, by NHS Lothian and pilot by Cambridgeshire Community Services

92 %

Of patients given same-day AI physio appointment

44 %

Reduction in all-MSK patient waits within 12 weeks

1m

Patients given access across 116 GP surgeries in NHS Lothian

856

Clinician hours saved each month

Current trends for AI in SLT

A dearth of adoptable, evidenced tools...

Jessica AI by Better Speech

Identifies speech patterns that need improvement and delivers personalised training

Eloquent by Iyaso

AI-powered simulations and personalised training plans to help with speech fluency and confidence

QTrobot by LuxAI

AI-powered robot shown to help communication, expressive language and use of verbal language in children (esp. those with autism) using social robotics

Constant Therapy by Constant Therapy Health

AI-powered personalised speech, language and cognitive therapy for people with traumatic brain injury living with aphasia, dementia and other neurological conditions

TalkPath Therapy by Lingraphica

AI-powered adaptive learning and monitoring of speech rehabilitation for those with post-stroke aphasia



...but some really exciting research

Phonological biomarkers

AI-based speech analysis identifies over 550 vocal features and tracks treatment response from voice snippets. Alzheimers, dementia, Parkinsons, depression, subtyping progressive aphasia

Fluency disorders

Single and multiple disfluency detection and classification using AI. AI-based personalised training based on mouth and phonic detection, using AI avatars

Aphasia

Detection and sub-classification, severity prediction, real-time aphasic-optimised transcription and communication support – across multiple languages

Dysphagia

Object detection for automated swallowing phase classification, universal AI screening for oropharyngeal dysphagia, syllable-based dysphagia detection

Voice disorders

Deep learning vocal fold disease prediction for vocal atrophy, paralysis, organic lesions, spasmodic dysphonia. Silent speech recognition for dysphonia

Autism spectrum

Social-assistive robotics using AI for behavioural engagement, attention tracking, adaptive social skills training.

MARS

City St Georges and TherapyBox working on £500k project from Barts Charity to automatically transcribe, analyse and report on speech from patients with aphasia – allowing therapists to spend more time on discourse and improving patient outcomes

The OPPORTUNITY

INVENT - engage in a wide range of funded research & innovation that **puts you at the cutting edge of clinical and operational AI**

Leverage AI innovation to get your voice heard above the bureaucratic noise and **show people that SLTs are world-class implementers**

Work hand-in-glove with industry to **supercharge the adoption of new tools –**

Use what's already available (e.g. scribes) to **reduce overwhelm, increase efficiency and improve patient outcomes**

Embrace the new human + AI paradigm because it's proven to benefit you

Identify and prioritise your clinical and operational needs and link them to 'buy-factors', pitch this as your innovation roadmap to anyone and everyone and **FOCUS**

Learn from the mistakes of others because I guarantee that all the 'ologists' have exhausted the world's supply!

Let your imagination run wild – the current pace of AI development means the **possibilities are LIMITLESS**

Do what others are not and **shift left** - prediction, prevention, diagnosis and self-directed treatment at home and in the community



SLT OF THE FUTURE

Looks exactly like every person in this room, but with smarter tools



Comfort break and transition to Workshop 1





Workshops





Challenges in partnership working – how power and conflict influence relationships and what can we do?

Ciara Robertson

Portfolio Lead, Healthcare Improvement Scotland

Daisy Blair

Speech and Language Therapist,
NHS Lothian

WILTSHIRE
EST. FARM 1991
FOODS



RCSLT Scotland
Conference:
'Making the Case
for Speech and
Language Therapy:
How we Influence,
Advocate and
Communicate our
Impact'

Challenges in partnership working – how power and conflict influence relationships and what can we do?

Dr Ciara Robertson (DProfHealth)
Daisy Blair

Aims of this workshop



Share insights and learning on partnership working



Reflection on how power and conflict influence relationships



Discussion on what this means for you

Partnerships: an example in practice



Implementing the 5
Good Communication
Standards in care
homes in Lothian

Research background

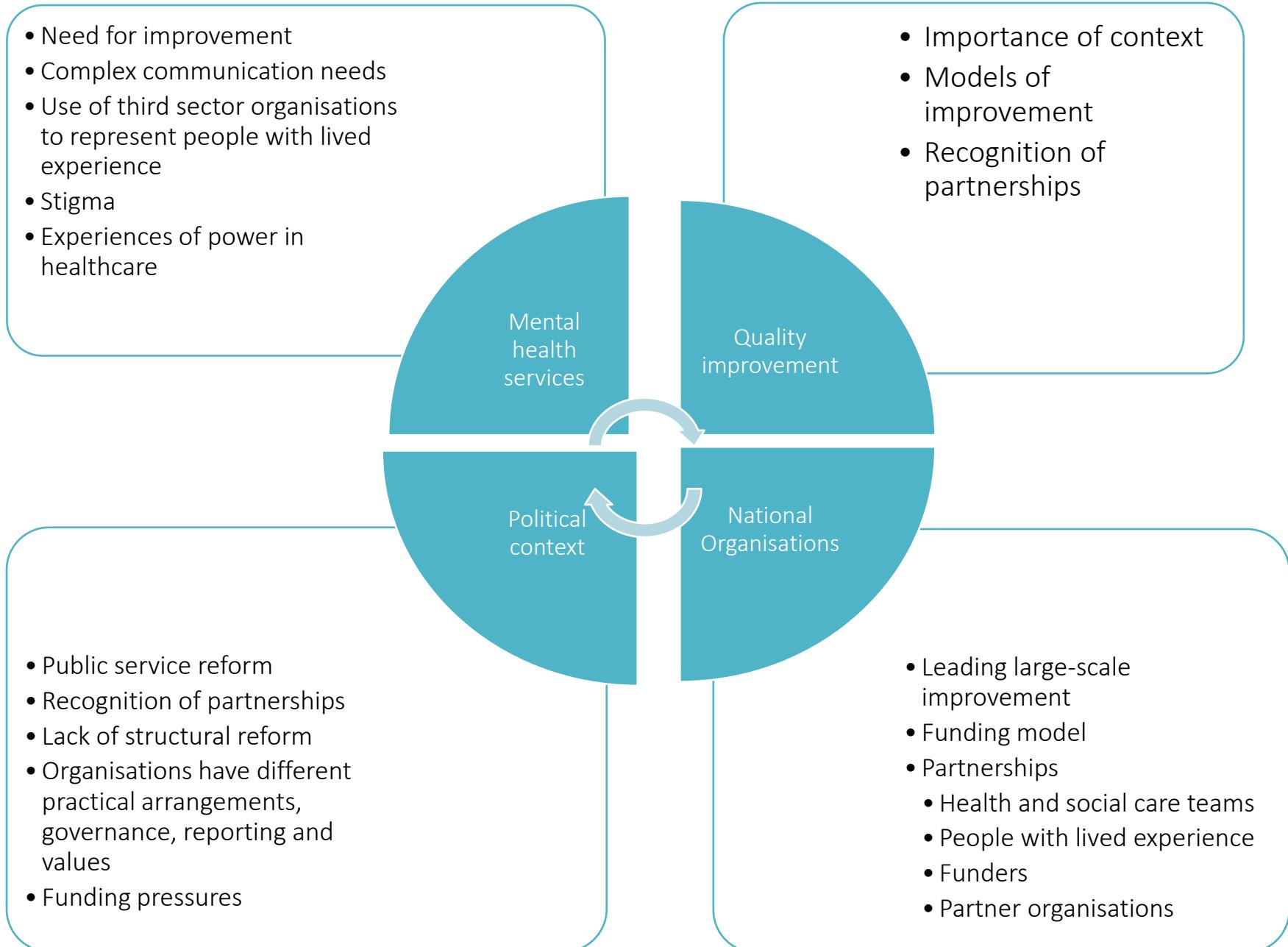
How does a national organisation work in partnership with people who have lived experience in a mental health improvement programme?

What is
already
known

What this
study adds

Case study
approach

Context



Concept of partnership

How partnership is viewed

Models of partnership

- Third sector organisations
- Healthcare

Ladder of participation

- Linear progression
- Based on the belief that partnerships are about power



Concept of Power

Power over	Power to	Power with	Power within
<ul style="list-style-type: none">• Powerful actors influence the actions or thoughts of others• Demonstrated by control of spaces, decision making and preventing others gaining power	<ul style="list-style-type: none">• Ability to organise or change hierarchies• Demonstrated by individual people making decisions and actions. Evidence of mutual support	<ul style="list-style-type: none">• Power of collective action• Demonstrated by mutual support, solidarity, collaboration	<ul style="list-style-type: none">• Where individuals have capacity to exercise power• Demonstrated by recognition of individual differences and respecting others

Concept of Conflict

Individual conflict

- Seen when people's concept of self is threatened, or when personal resources are depleted
- Demonstrated by misinterpretation of other's motives, worldviews or integrity

I still don't know what their deep-down motive is other than 'we have to do it'

Interpersonal conflict

- Seen as communication breakdown, power differentials, or dehumanisation of others
- Demonstrated by social distance or incivility

S. could be a bit – not difficult – but just strange to work with

Organisational conflict

- Seen when there is conflict around tasks, procedures, and use of resources
- Demonstrated by professional disengagement

Findings

- **Language of partnership**

Lack of clarity in descriptions of partnership

Should include clear definitions, descriptions of processes, and clarity in roles

- **Representation**

Assumptions are made that third sector will represent views of PWLE

Literature shows variation in practice

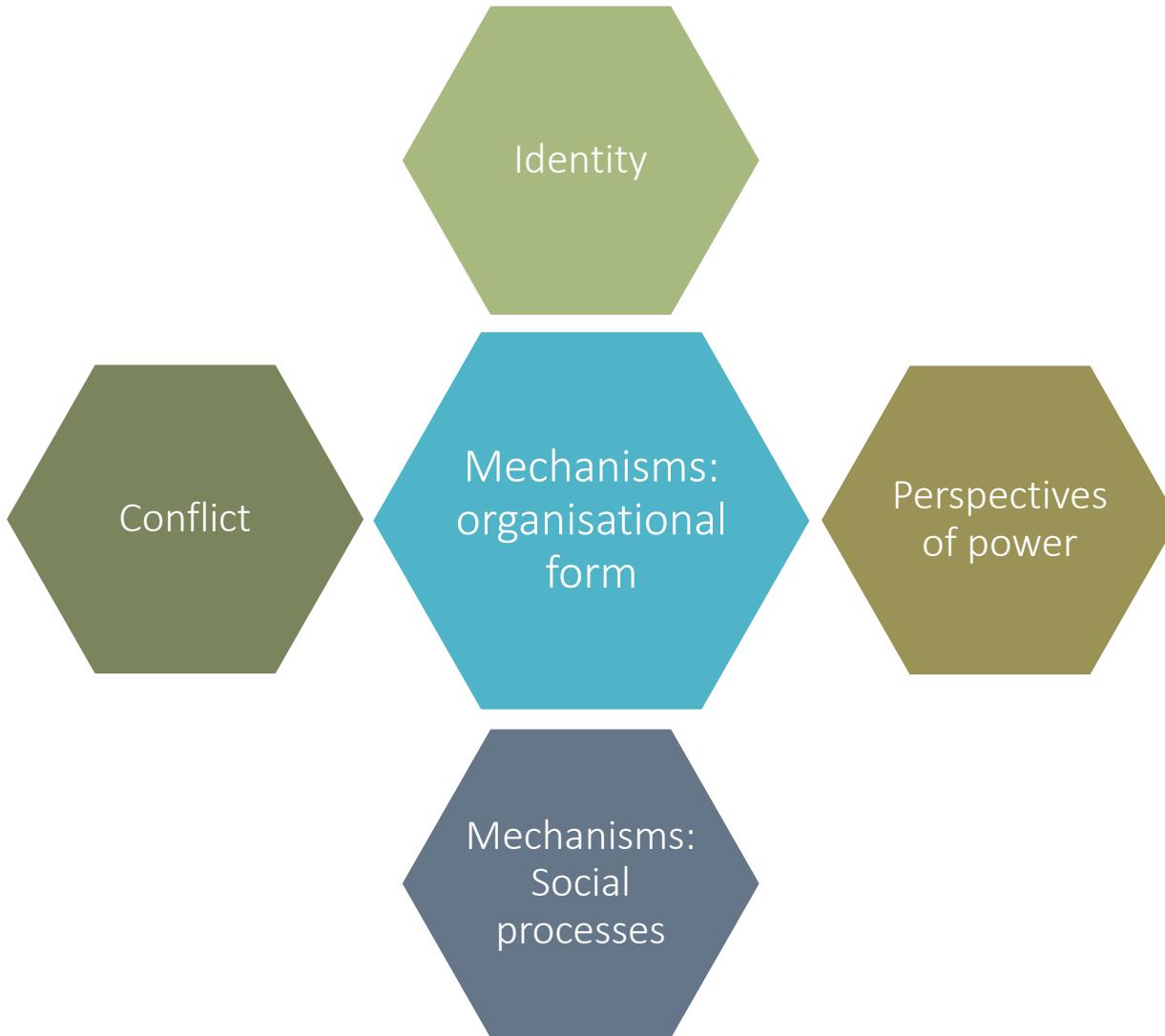
Third sector organisations did not represent a wide range of views of PWLE

- **Interaction between themes**

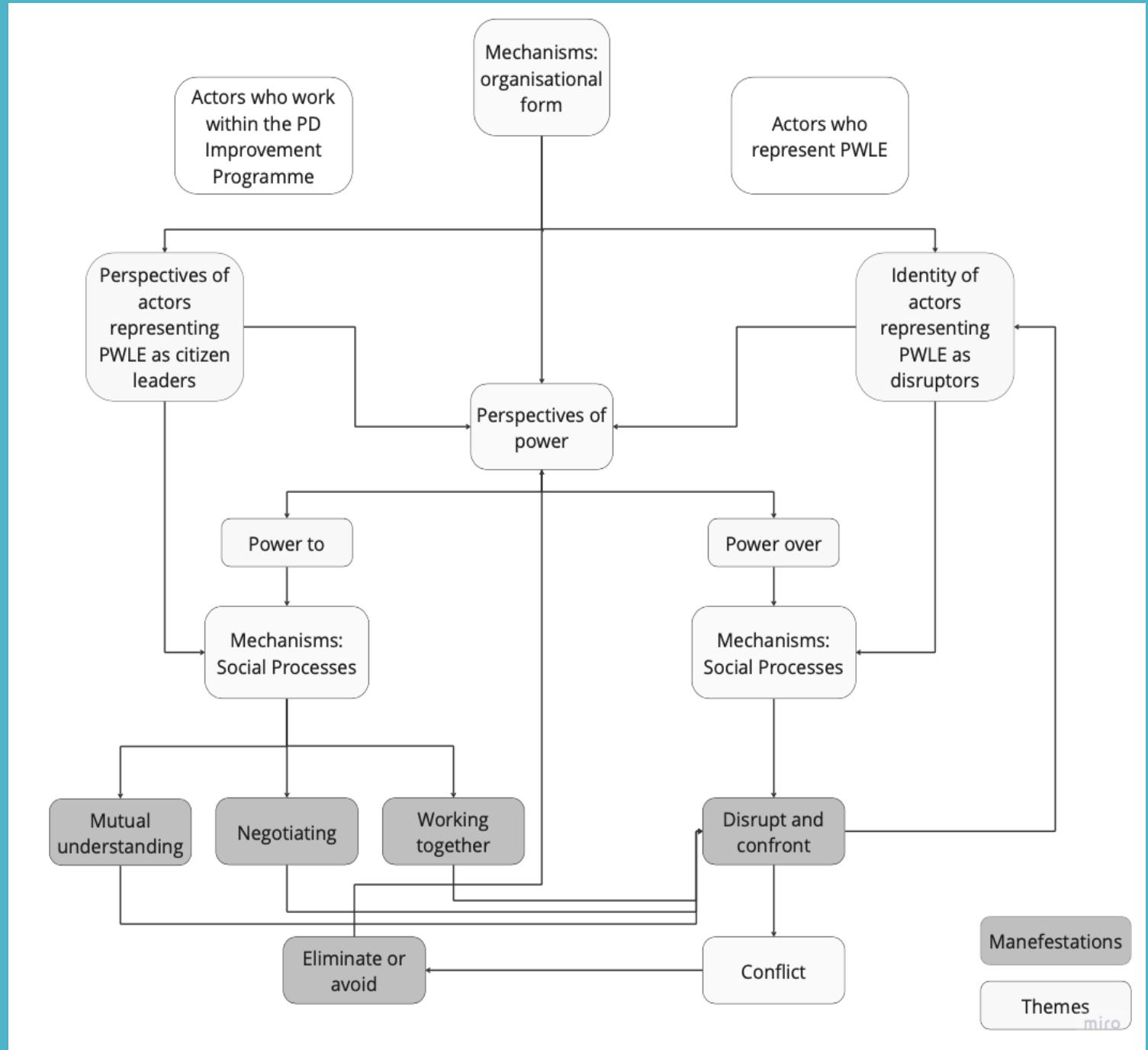
Key themes of Mechanisms (organisational forms and social processes), Power, and Conflict

Presented in a concept map

Themes



Concept map of key themes



What does this mean in practice?

- Recognise complexity in partnership working
- Reflect on local context for partnerships
- Be aware of power and conflict
- Use models to reflect on your practice

Discuss, reflect and
share

Discussion points

- What are your challenges in partnership working?
- Do you recognise different types of power in your setting?
- Do you recognise types of conflict in your setting?
- How does this impact our ability to influence others?
- How can we respond to conflict?
- How could you approach partnerships in a different way?



Making the case for the essential contribution of Speech and Language Therapy through Human Rights

AnneMarie MacRae
Clinical Lead Speech and Language Therapist, National Secure Adolescent Inpatient Service - Foxgrove

WILTSHIRE
EST. FARM 1991
FOODS





AnneMarie MacRae
September 2025

Language and Communication Rights for All

“Humans cannot live or thrive in isolation. We are inherently social. As such, communication is essential to our humanity. It is important to our expression and self-determination as individuals, our sense of belonging within a community, our inclusion and participation within society, and in acknowledging the meaning and value of ourselves and others. The right to freedom of expression and opinion is like air, food or water: we take it for granted until it is denied to us.”

(p1, McEwen and Santow, 2018)

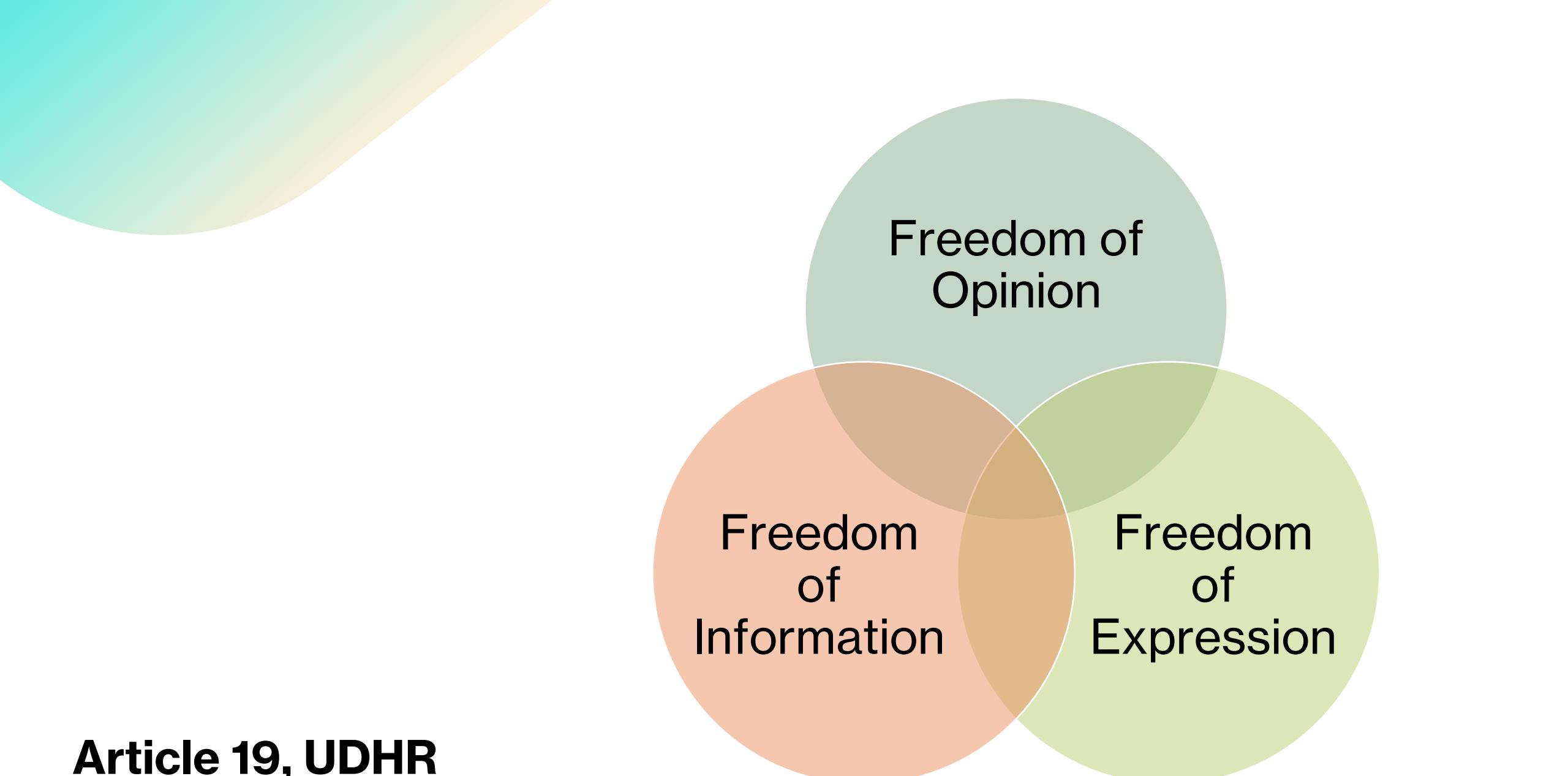
Universal Declaration of Human Rights (1948)

Article 19

“Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.”

Article 2

“everyone is entitled to all the rights and freedoms...without distinction of...language”



Language and Communication Rights

Communication
Rights of all people

Communication
Rights of people with
Communication
disabilities

Communication
Rights of Children

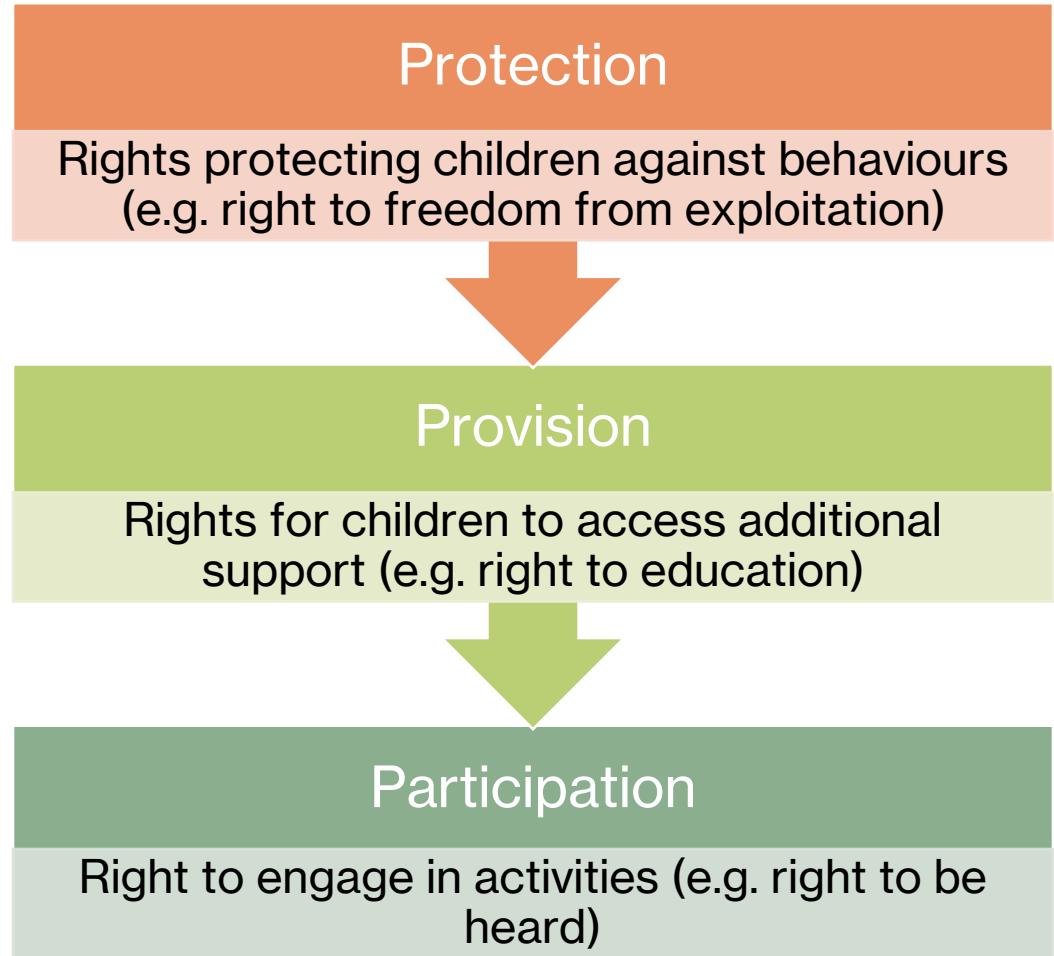
Communication
Rights relating to
Language

United Nations Convention on the Rights of the Child

- Children are holders of all Human Rights
- Childhood is defined as a time of vulnerability in life – entitled to special care and attention.
- Children are not 'citizens in waiting'



**54 Articles purposefully
detailing what “every
child should experience
to survive, grow, thrive
and reach their full
potential”**



Non Discrimination (Art 2)

The Best Interests of the Child (Art 3)

General Principles

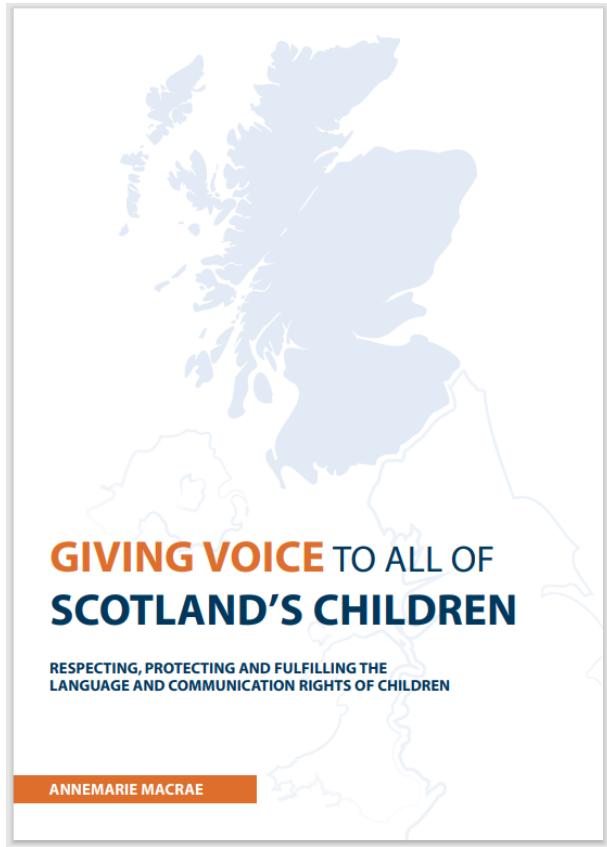
The Right to Life, Survival and Development (Art 6)

The Right to be Heard and Listened to (Art 12)

1 PROTECTION OF ALONE CHILDREN	2 NO DISCRIMINATION	3 BEST INTERESTS OF THE CHILD	4 MAKING RIGHTS REAL	5 FAMILY GUIDANCE AS CHILDREN DEVELOP	6 LIFE, SURVIVAL AND DEVELOPMENT	7 NAME AND NATIONALITY	8 IDENTITY	9 KEEPING FAMILIES TOGETHER	10 CONTACT WITH PARENTS ACROSS BOUNDARIES	11 PROTECTION FROM KIDNAPPING
12 RESPECT FOR CHILDREN'S VIEWS	13 SHARING THOUGHTS FREELY	14 PRESSURE TO THINK AND BELIEVE	15 SETTING UP OR JOINING GROUPS	16 PROTECTION OF PRIVACY	17 ACCESS TO INFORMATION	18 RESPONSIBILITY OF PARENTS	19 PROTECTION FROM VIOLENCE	20 CHILDREN WITHOUT FAMILIES	21 CHILDREN WHO ARE ADOPTED	22 REFUGEE CHILDREN
23 CHILDREN WITH DISABILITIES	24 HEALTH, WATER, FOOD, ENVIRONMENT	25 REVIEW OF A CHILD'S PLACEMENT	26 SOCIAL AND ECONOMIC HELP	27 FOOD, CLOTHING, A SAFE HOME	28 ACCESS TO EDUCATION	29 AIMS OF EDUCATION	30 MINORITY CULTURE, LANGUAGE AND RELIGION	31 REST, PLAY, CULTURE, ARTS	32 PROTECTION FROM HARMFUL WORK	33 PROTECTION FROM HARMFUL DRUGS
34 PROTECTION FROM SEXUAL ABUSE	35 PREVENTION OF SALE AND TRAFFICKING	36 PROTECTION FROM EXPLOITATION	37 CHILDREN IN DETENTION	38 PROTECTION IN WAR	39 RECOVERY AND REINTEGRATION	40 CHILDREN WHO BREAK THE LAW	41 BEST LAW FOR CHILDREN APPLIES	42 EVERYONE MUST KNOW CHILDREN'S RIGHTS	43-54 HOW THE CONVENTION WORKS	

Incorporation

The UNCRC (Incorporation)
(Scotland) Act 2024



[Why UNCRC Incorporation in Scotland matters – YouTube](#)



The UNCRC (Incorporation) (Scotland) Act 2024

- Part 1: The UNCRC Requirements
- Part 2: Duties on Public Authorities
- Part 3: Children's Rights Scheme, Child's Rights and Wellbeing Impact Assessment and Reporting Duties

“use, and promote the use of, inclusive ways of communicating that ensure that children are able to receive information and express themselves in ways that best meet their needs (in relation to speech, language or otherwise).” (P3, s14 (j))

1 PROTECTION OF ALIENS	2 NO DISCRIMINATION	3 BEST INTERESTS OF THE CHILD	4 MAKING RIGHTS REAL	5 FAMILY GUIDANCE AS CHILDREN DEVELOP	6 LIFE, SURVIVAL AND DEVELOPMENT	7 NAME AND NATIONALITY	8 IDENTITY	9 KEEPING FAMILIES TOGETHER	10 CONTACT WITH PARENTS ACROSS BOUNDARIES	11 PROTECTION FROM KIDNAPPING
12 RESPECT FOR CHILDREN'S VIEWS	13 SHARING THOUGHTS FREELY	14 PRESSURE TO THINK AND BELIEVE	15 SETTING UP OR JOINING GROUPS	16 PROTECTION OF PRIVACY	17 ACCESS TO INFORMATION	18 RESPONSIBILITY OF PARENTS	19 PROTECTION FROM VIOLENCE	20 CHILDREN WITHOUT FAMILIES	21 CHILDREN WHO ARE ADOPTED	22 REFUGEE CHILDREN
23 CHILDREN WITH DISABILITIES	24 HEALTH, WATER, FOOD, ENVIRONMENT	25 REVIEW OF A CHILD'S PLACEMENT	26 SOCIAL AND ECONOMIC HELP	27 FOOD, CLOTHING, A SAFE HOME	28 ACCESS TO EDUCATION	29 AIMS OF EDUCATION	30 MINORITY CULTURE, LANGUAGE AND RELIGION	31 REST, PLAY, CULTURE, ARTS	32 PROTECTION FROM HARMFUL WORK	33 PROTECTION FROM HARMFUL DRUGS
34 PROTECTION FROM SEXUAL ABUSE	35 PREVENTION OF SALE AND TRAFFICKING	36 PROTECTION FROM EXPLOITATION	37 CHILDREN IN DETENTION	38 PROTECTION IN WAR	39 RECOVERY AND REINTEGRATION	40 CHILDREN WHO BREAK THE LAW	41 BEST LAW FOR CHILDREN APPLIES	42 EVERYONE MUST KNOW CHILDREN'S RIGHTS	43-54 HOW THE CONVENTION WORKS	

Interdependent and Indivisible

Relax and play (Art 31)

Access information from the media (Art 17)

Right to education (Art 28) and individualised goals of education (Art 29)

Highest attainable standard of health (Art 24) and access to services

Specialist support to recover from trauma (Art 39)

Governments must work actively with children to ensure they know about their rights (Art 42)

Table two: UNCRC rights relating to language and communication	
Article 2	Non-discrimination The Convention applies to every child without discrimination, whatever their ethnicity, gender, religion, language, abilities or any other status, whatever they think or say, whatever their family background.
Article 6	Life, survival and development Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential.
Article 12	Respect for the views of the child Every child has the right to express their views, feelings and wishes, at all times, in all areas affecting them, and to have their views taken into account. They must be given all the time, for example during immigration proceedings, housing decisions or the child's day-to-day home life.
Article 13	Freedom of expression Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law.
Article 17	Access to information from the media Every child has the right to reliable information from a variety of sources, and governments should encourage the media to provide information that children can understand. Governments must not allow children to receive materials that could harm them.
Article 22	Children with a disability A child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in the community. Governments must do all they can to ensure that children with disabilities are treated with respect and dignity, and that children and their families are supported.
Article 24	Health and health services Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food and a clean environment, and education on health and how to stay healthy. Richer countries must help poorer countries achieve this.
Article 28	Right to education Every child has the right to an education. Primary education must be free and available to all. Secondary education must be available to every child. Discipline in schools must respect children's dignity and their rights. Richer countries must help poorer countries achieve this.
Article 29	Goals of education Governments must develop every child's personality, talents and abilities to the full. It must encourage the child's respect for human rights, as well as respect for their parents, their own and other cultures, and the environment.
Article 30	Children from minority or indigenous groups Every child has the right to learn and use the language, customs and religion of their family, whether or not these are shared by the majority of the people in the country where they live.
Article 42	Knowledge of rights Governments must actively work to make sure children and adults know about the Convention.

Rights of Groups of Children

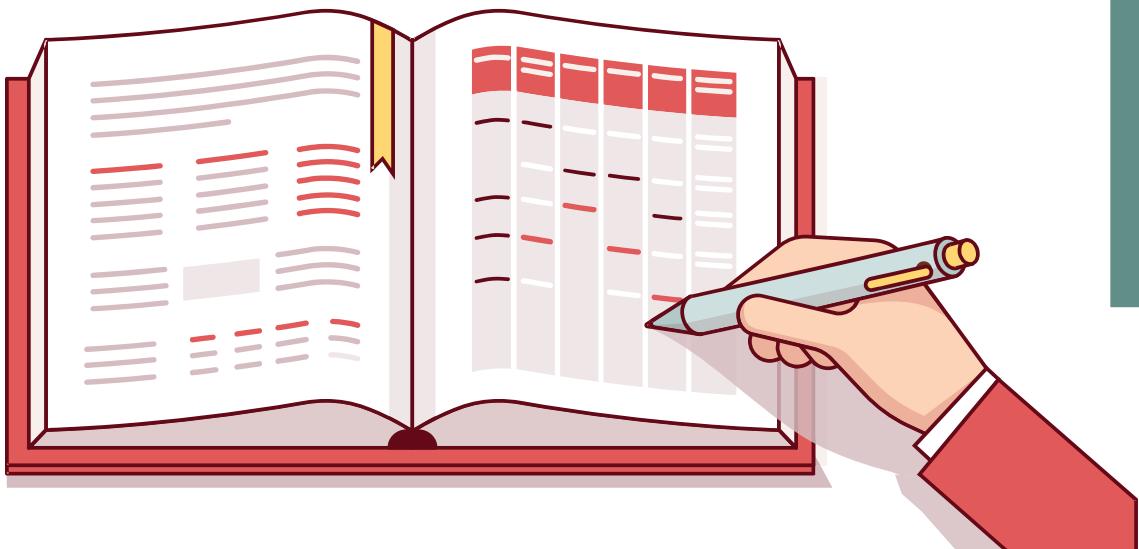
Children with a disability

Care experienced children

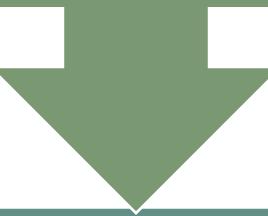
Children living in poverty

Children in conflict with the law

The role of Speech and Language Therapy in Realising Rights for Children



“Children’s communication and the support for their communication development, should therefore be viewed as an indivisible and interdependent human rights issue.” p.10 (RCSLT, MacRae 2025)



“...SLCN are an undeniable threat to children’s rights not being realised, if they are not identified and supported” p.9 (RCSLT, MacRae, 2025)

Existing Rights Respecting SLT Practice

GIRFEC – Getting it Right for Every Child

Ready to Act

Children and Young People (Scotland) Act 2014

The Promise

Children (Care and Justice) (Scotland) Act 2024

Best Interests of the Child (Article 3, UNCRC)

The Child's Views

The Child's Identity

Preservation of the Family Environment and
Maintaining Relations

Care, Protection and Safety of the Child

Situation of Vulnerability

The Child's Right to Health

The Child's Right to Education

What Next



Declan

“People even speech-language pathologists need to listen to the message. The slogan that I say is they are professionals in the field to teach people like me to have really strong and particularly clear speech.”

“He teaches us to focus on possibilities rather than deficits and challenges future SLPs to view communication as a human right.”

(Murphy et al. 2018)



Questions



annemarie.macrae2@aapct.scot.nhs.uk

REFERENCES

McLeod S. Communication rights: Fundamental human rights for all. *Int J Speech Lang Pathol.* 2018 Feb;20(1):3-11. doi: 10.1080/17549507.2018.1428687. PMID: 29466094.

Murphy, D., Lyons, R., Carroll, C., Caulfield, M., & de Paor, G. (2017). Communication as a human right: Citizenship, politics and the role of the speech-language pathologist. *International Journal of Speech-Language Pathology*, 20(1), 16–20.
<https://doi.org/10.1080/17549507.2018.1404129>

MacRae (2025). Giving Voice to all of Scotland's Children, *Royal College of Speech and Language Therapists*



Influence: is it possible? How three teams influenced others and created meaningful local change

Abi Roper

Research Fellow, City St George's, University of London

Sarah Heatley

Speech and Language Therapist, NHS Tayside

Joanna Ford

Speech and Language Therapy Team Lead, NHS Tayside

Heather Payne

Speech and Language Therapist, NHS

Kira Tubbs

Speech and Language Therapist, NHS Tayside

Louisa McGuire

Speech and Language Therapy Coordinator, NHS Forth Valley

Barbara-Anne Cleaver

Speech and Language Therapist and Team Lead, NHS Forth Valley





Influence: is it possible?



Interactive slides



- Ready your QR scanner!
- Or Visit PollEv.com/abiropoper792

What comes to mind when you think of the term "Influencer?"



Log in to Poll Everywhere

To present live activities, please log in to your Poll Everywhere account in a separate window.

[Launch log-in window](#)



Putting Influencing at our Core

Jo Ford, SLT

Kira Tubbs, SLT

Heather Payne, SLT



Is Influencing At Our Core?



The Core Board Project





Core Board



This is a communication board to use when you are chatting to others in the park. It has pictures for common words you are likely to say. Pictures help us communicate with everyone!

I/me	want	spin	not	up	basketball court
you	look/see	climb	more	on	climbing frame
we	run	slide	again	in	swings
go	play	like	next	good	see-saw
jump	finished	help	same	fast	roundabout
what	where	who	different	slow	toilet

How to use:

1. Parents, carers and helpers please point to the pictures as you chat.
2. Encourage the child/adult you are helping to watch as you 'point and say' the words.
3. There is no expectation for the child/adult you're helping to point to the pictures – but if they can and want to, that's great too!

Talk about:

- What they did.
- What they are going to do next.
- What they liked or didn't like.
- What they saw.

 Scan this QR code to watch a video from SmartBox on how to use a communication board

 Smartbox

 take a picture of the board and use it around the area!

Made with Boardmaker® and the Picture Communication Symbols © 1981-2017 Tobii Dynavox Mayer-Johnson 2100 Wharton St. Suite 400, Pittsburgh, PA 15203 U.S.A.
Phone (800) 588-4548 www.mayer-johnson.com



**What is a project you have worked on recently or
currently working on that you could advocate for?**

PollEV.com/abioper792

Send **abioper792** and
your message to
07480 781235



What pre-existing project could you advocate for?



Log in to Poll Everywhere

To present live activities, please log in to your Poll Everywhere account in a separate window.

[Launch log-in window](#)

Continuing to Influence



Perth & Kinross [Follow](#)

Perthshire park communication boards will give more kids a voice

The group who run the park in Methven hope other communities across Perth and Kinross will follow suit.

by [Morag Lindsay](#) January 16 2025, 10:54pt

[Share](#) [Comment 0](#)





SCAN ME!



Inclusive Communication at our Core

How introducing Core Boards in the community has led to change.

We were approached by a member of the community with the idea of placing Core Communication Boards in their local park. They had personal experience seeing the benefit of symbol-based communication and had been inspired by a similar board in Craigtoun Park in Fife. Keen to be involved, we visited the park to identify vocabulary for the boards, including several 'Core Words', to support meaningful communication. We also connected with Enable Scotland, who had led the original Craigtoun Park project.

This project was a chance to champion our values as Speech and Language Therapists and show how inclusive communication can succeed in community spaces. We arranged an 'unveiling' ceremony, inviting key partners to come and learn more about Core Communication Boards.

The event was attended by Glenn Carter from the Royal College of Speech and Language Therapists (RCSLT) Scotland, local school pupils, education staff, the Allied Health Practitioner (AHP) Lead for NHS Tayside and local councillors for Perth and Kinross.



Core Communication Boards
NHS Tayside Communication for all

Core Board

Core Board

The conversations that took place were crucial in raising awareness of the diverse ways people communicate and sparked an interest in Core Boards. Since this board has been installed, we have received several requests for similar resources in other community spaces, and we are excited that this project has led to continuing interest in inclusive communication.

The success of this piece of work is a reminder to be bold and celebrate the work that we do as Speech and Language Therapists.

Kira Tubbs, Speech and Language Therapist and Heather Payne, Speech and Language Therapist

Page 15

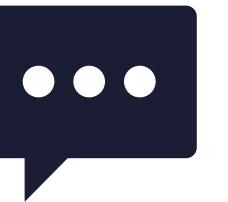
What Worked?



Pre-existing projects



Stakeholder Mapping



Key Messages



Be Brave!



Do some mapping of stakeholders for this project. Who could you tell about your project?

PollEV.com/abiroper792

Send **abiroper792** and
your message to
07480 781235



Who could you tell about your project?

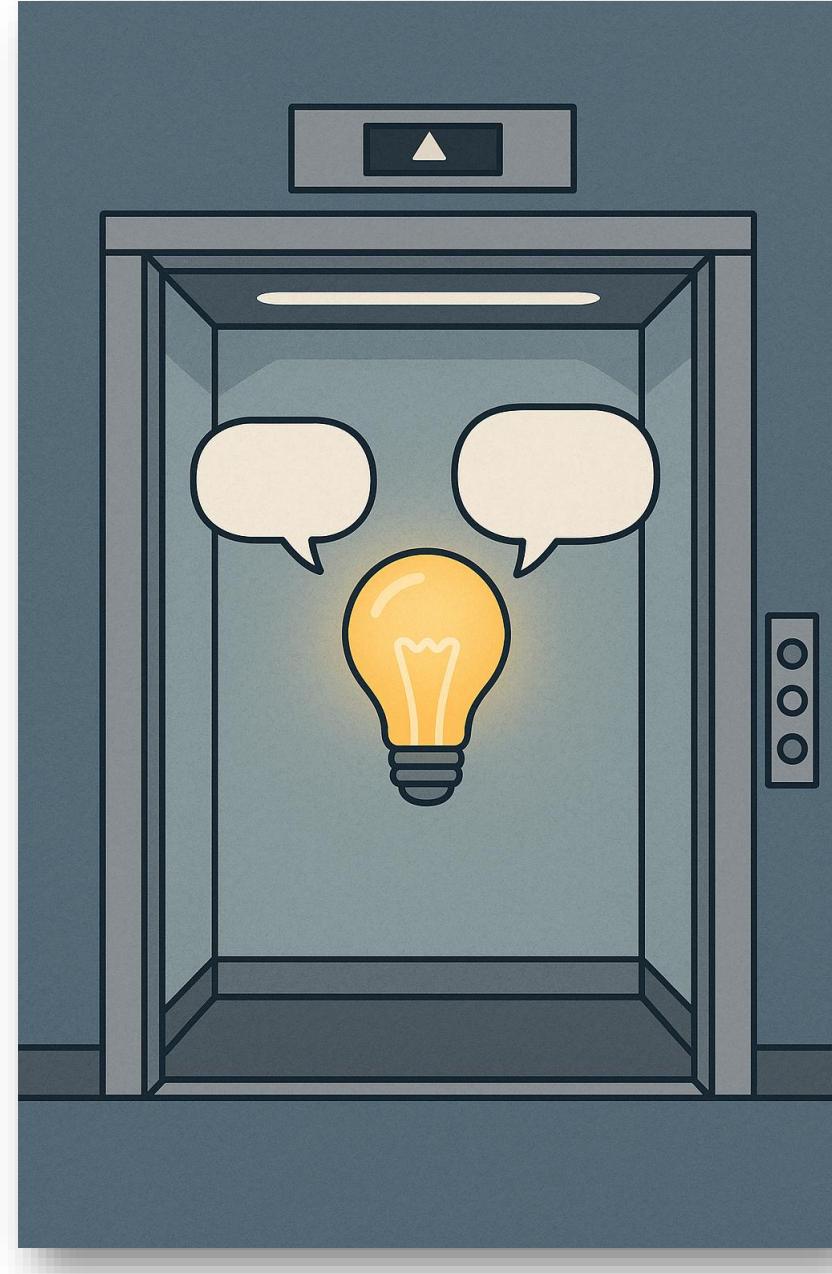


Log in to Poll Everywhere

To present live activities, please log in to your Poll Everywhere account in a separate window.

[Launch log-in window](#)

Elevator Pitch



Take away message..



Thank you for listening!





Get in touch

joanna.ford@nhs.scot

kira.tubbs1@nhs.scot

heather.payne2@nhs.scot



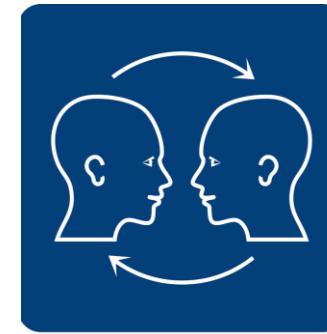


Communication Access in Dundee

Abi Roper, SLT and Research Fellow

Sarah Heatley, SLT

Amy Hanschell, SLT



About Dundee



Part of the **Stroke**
association



Image Courtesy of Speakability Tayside

Speakability Tayside and the DCA



DundeeContemporaryArtsFacade2020s by KeyKing666, licensed under CC BY 2.0

Emails and EDI meetings



 Aphasia And Communication Access Training over...	 Aphasia And Communication Access Training over...	 Aphasia And Communication Access Training. DC...	 Communication Access - Abi Roper and Amy Hansch...	 Communication Access Training overview BoS...
--	---	---	---	--

- Millions of people across the United Kingdom have communication difficulties, including both adults and children.
- Around $\frac{1}{2}$ a million people living with aphasia in the UK
- This training is free!
- This will help you fulfil your EDI obligations

Sharing Human Stories



Appeal to people's competitive side...



Already completed by:

- Dundee Contemporary Arts
- Dundee Design Festival volunteers and staff

Committed to training:

- Dundee Heritage Trust
 - Verdant Works
 - Discovery Point Dundee



Results



Give People a Deadline and an Incentive



E.g. Please do this in time for the conference



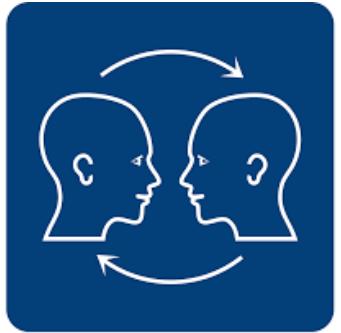
E.g. We can give you (good) publicity!



Get (your) Tracy Duncan on Board



Dundee City Region
CONVENTION BUREAU
WORKING WITH YOU FOR YOU

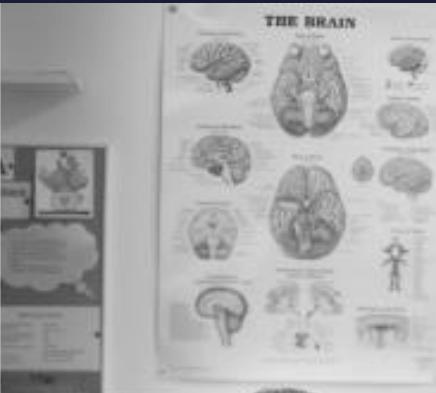


The Communication Access Symbol for the UK

- **Dundee City Council** - targeted to following staff:
 - **Frontline staff** (e.g. customer service, reception, housing officers, social workers)
 - **Team leaders and managers**
 - **City Promotions Team**
 - **HR and Learning & OD Advisors**
 - **Employability Team**
 - **Community engagement officers**
 - **Equality, Diversity & Inclusion (EDI) leads**
 - **Administrative staff**
 - **Event volunteers**
- **Dundee Heritage Trust** - includes Discovery Point and Verdant Works
- **University of Dundee**
 - **Events Officers**
 - **Dalhousie Building**
 - **Accommodation team** - also sharing with their **Welfare team**
- Individuals within **Invercarse Hotel, Dundee Backpackers Hostel**
- **Key Stakeholders and industry partners for Dundee via** tourism industry newsletter
- **Dundee Access Group members**
- **Sanctuary Students**
- **Dundee Contemporary Arts**
- **Scots Scriever Taylor Dyson**



Who is on your team?





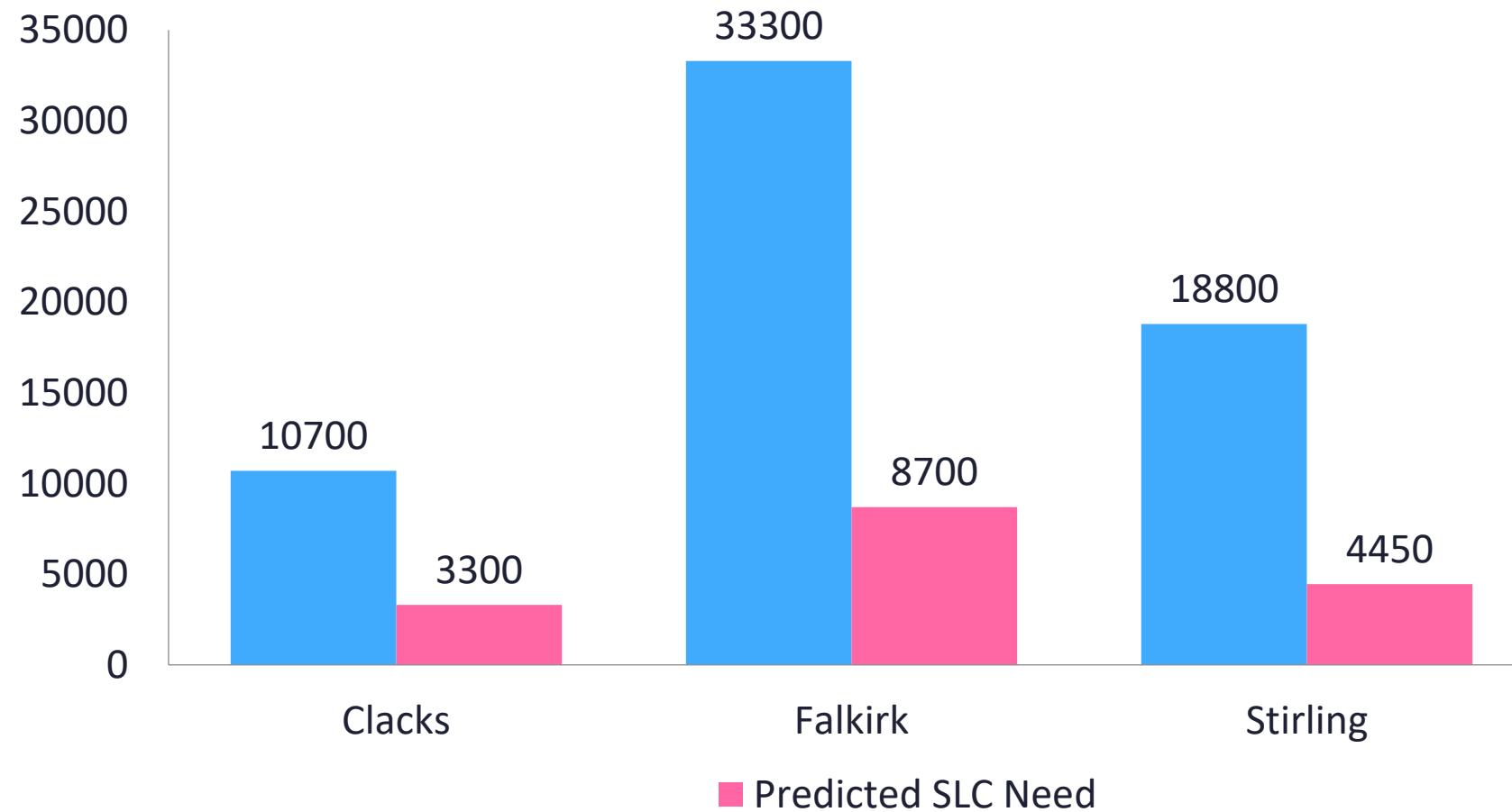
**Influencing innovation
& thinking differently to
improve outcomes and
maximise resource**

Louisa McGuire & Barbara-Anne Cleaver
Children's Speech and Language
Therapy
NHS Forth Valley

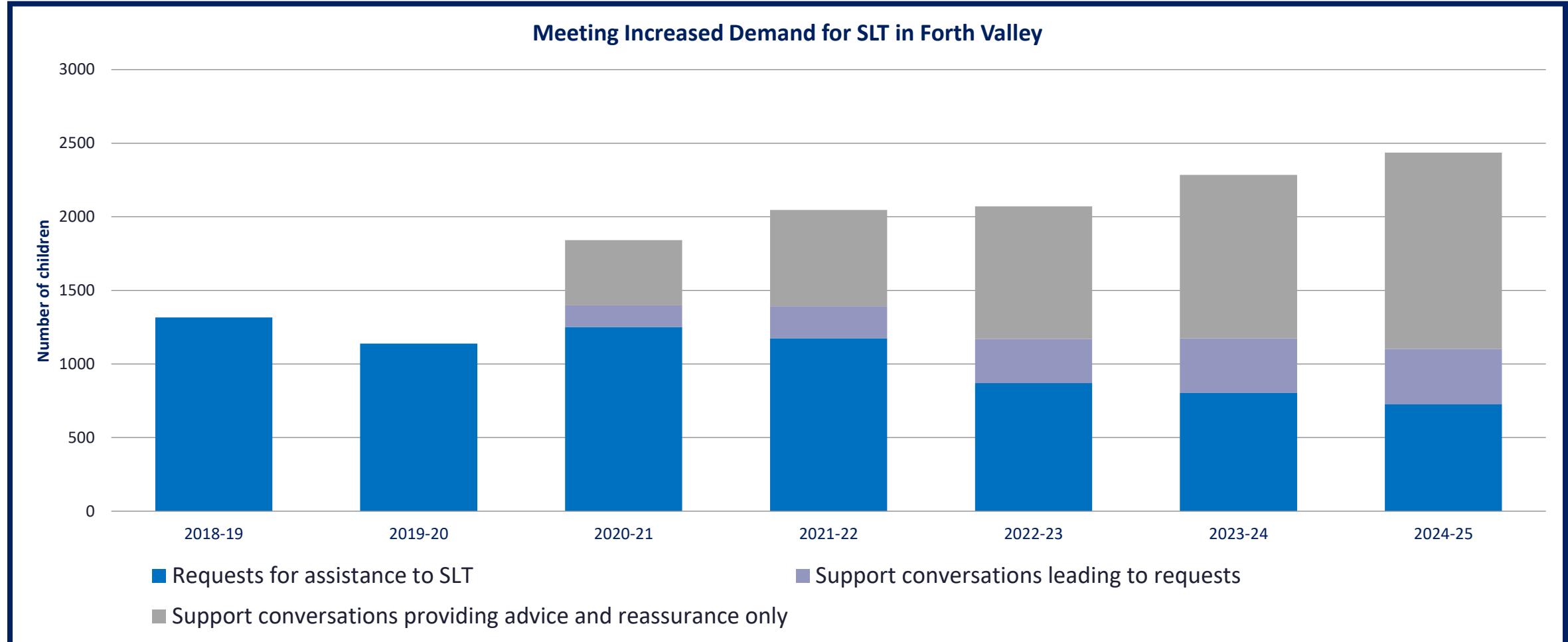


The Issue

Population and Predicted SLC Need in Forth Valley

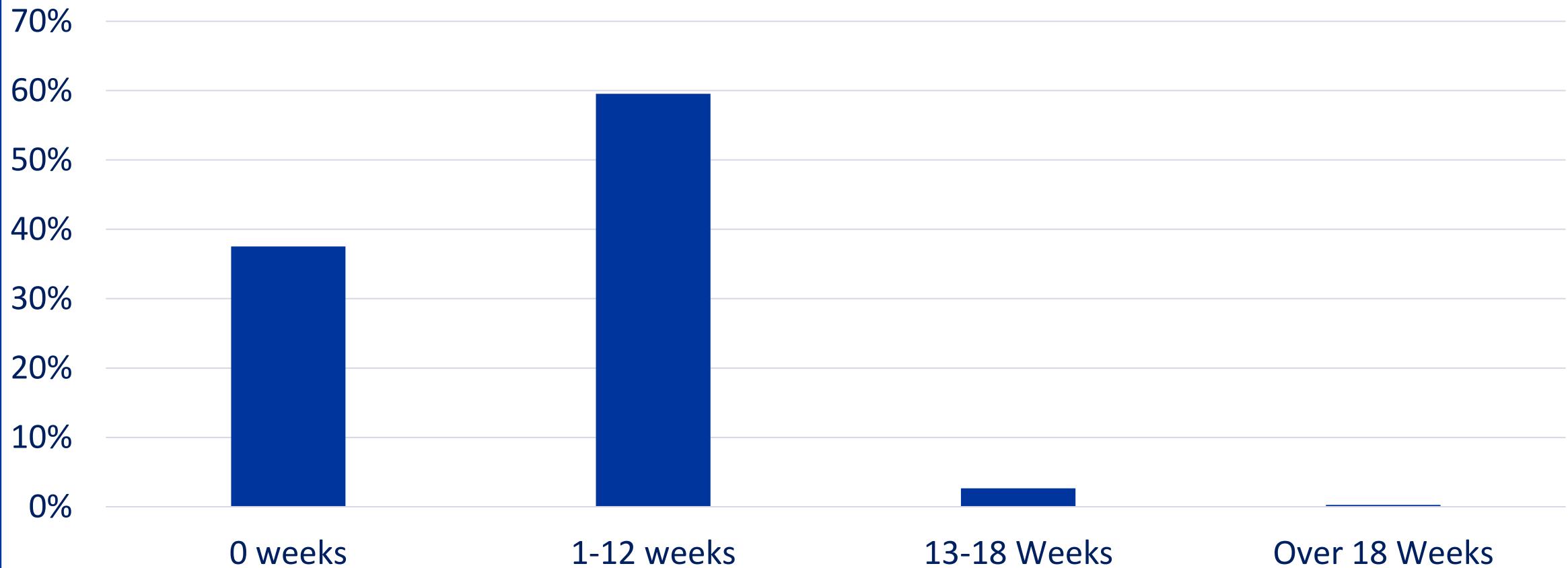


The Demand



The Progress

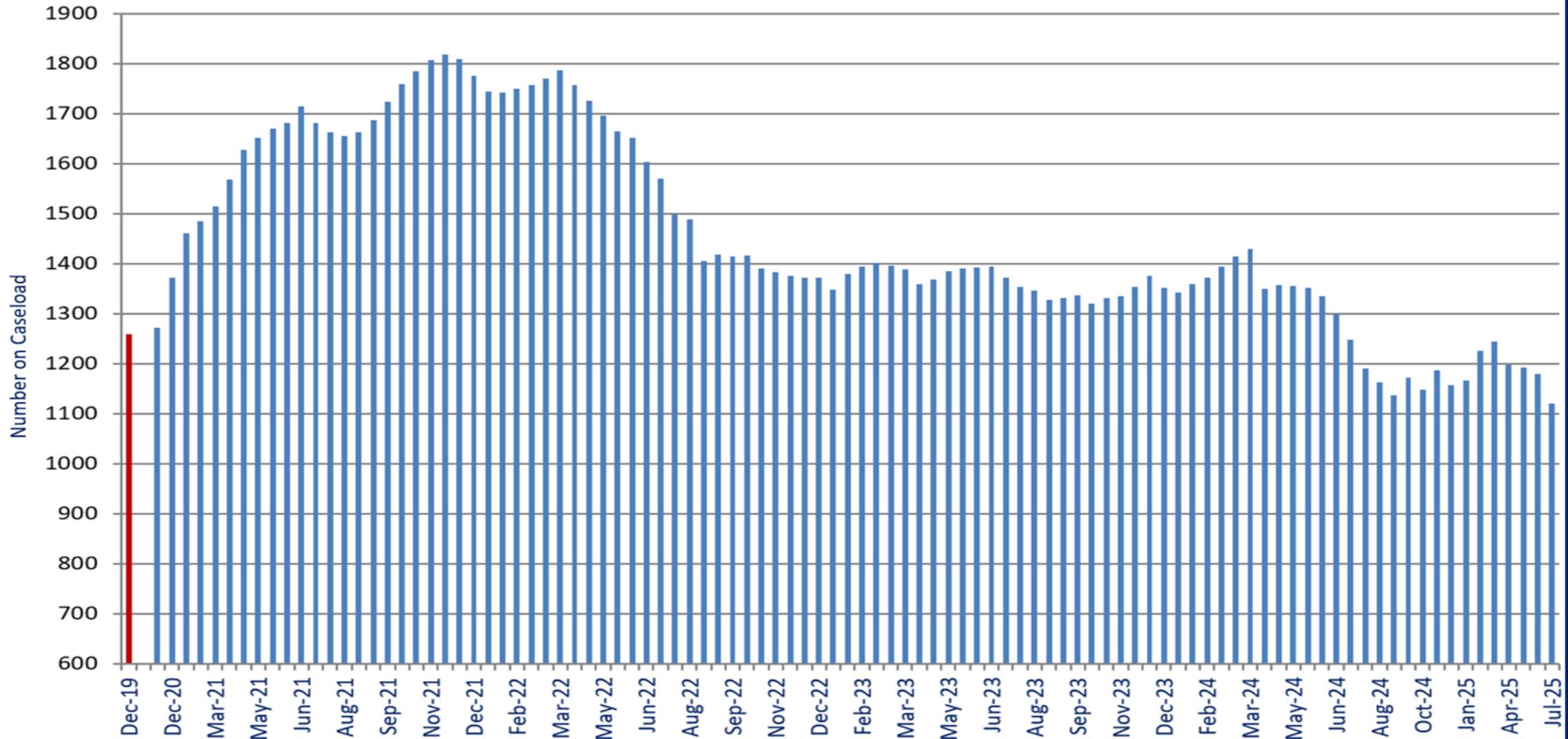
Waiting times for FV SLT 2024 - 25



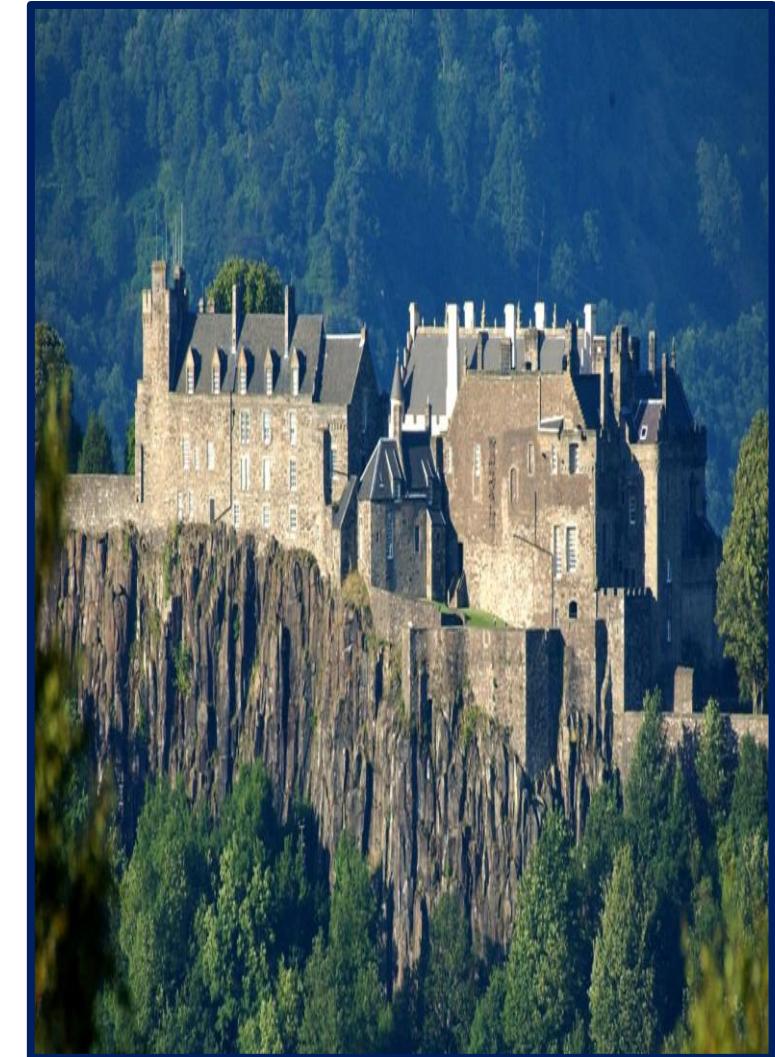
The Progress



Forth Valley SLT caseload 2020 - 2025



The Team

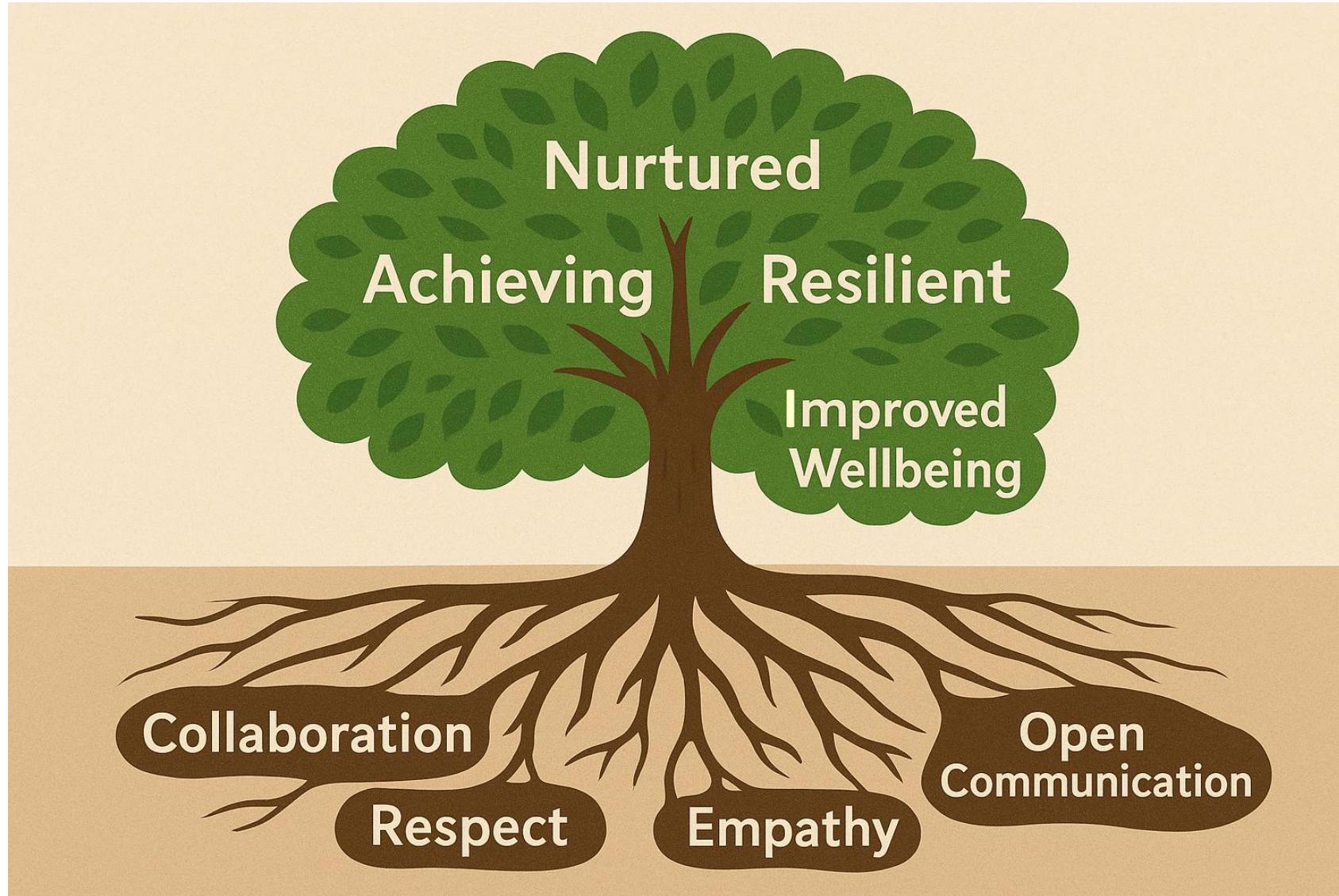


The Activity

- Stakeholder Engagement at all levels
- Seek to understand what mattered most to our partners
- Seek to understand the strengths and gaps in “whole system”
- Process of change underpinned by Quality Improvement Methodology

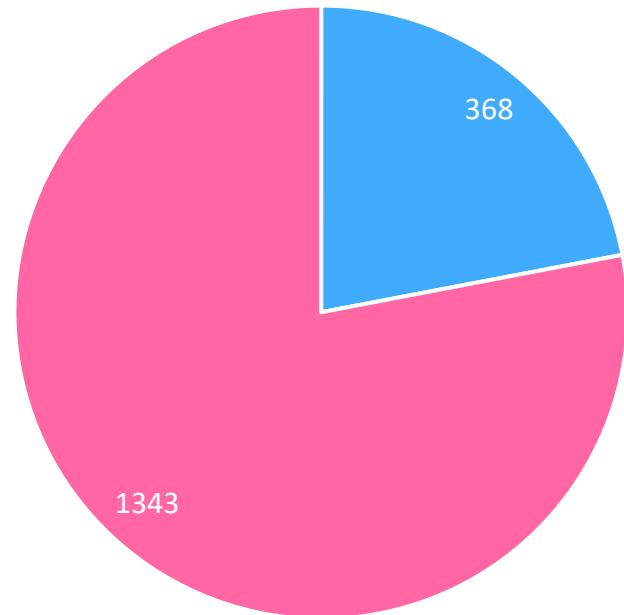


The Factors for Success



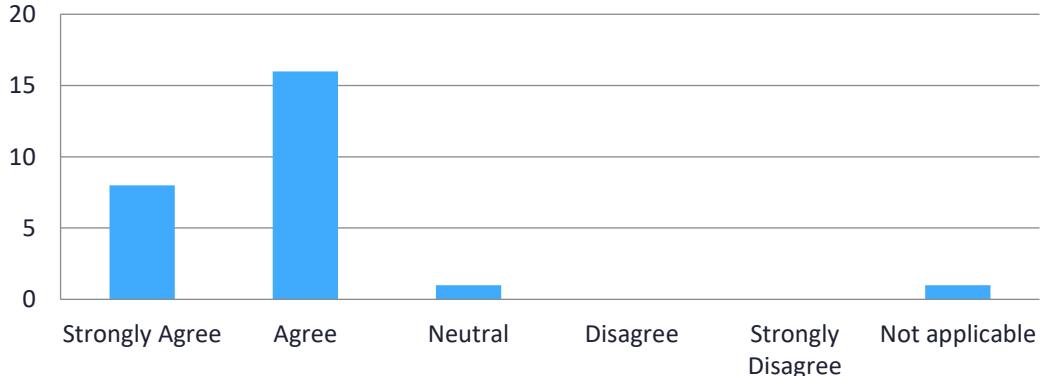
The Feedback

Outcomes of Targeted Conversations

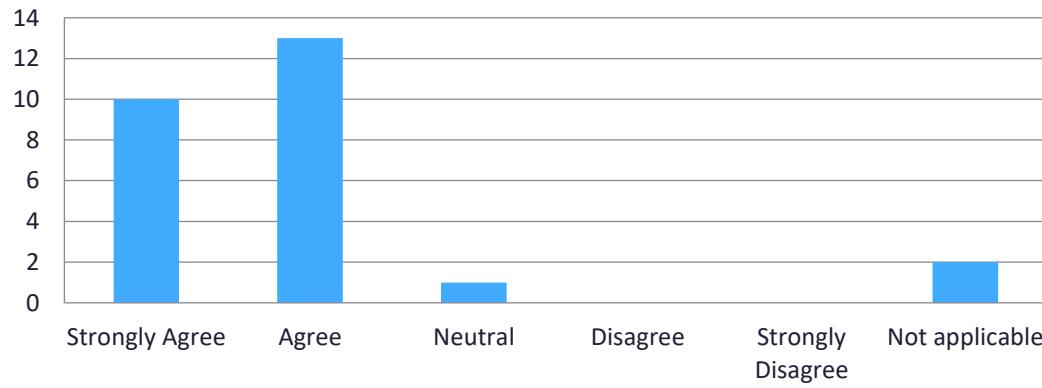


- Targeted conversations + TACs + Observations Moving to further support
- Outcome of targeted conversations/TACs alternative destinations (advice, reassurance and signposting)

I am reassured about how I am already supporting the child/young person



I am more confident supporting the child/young person



The Learning and Next Steps

- Focussing on a healthy culture at work
- Starting with the hearts and minds, bring people on the journey with you
- Engaging with your stakeholders
- Taking a baseline of your current offers, caseload and workload data
- Understanding your demographics
- Changing the outcome of requests for assistance
- Moving from being reactionary to proactive



Sometimes the most ordinary
things could be made
extraordinary simply by
doing them with the
right people.

loveandsayings.com

Reflection

- What systems are you currently trying to influence?
- Who do you have strong, trusting relationships with in this system?
- Who might be an ally in influencing change?
- What's stopping you from influencing change right now?



Now what comes to mind when you think of the term "Influencer?"



Log in to Poll Everywhere

To present live activities, please log in to your Poll Everywhere account in a separate window.

[Launch log-in window](#)

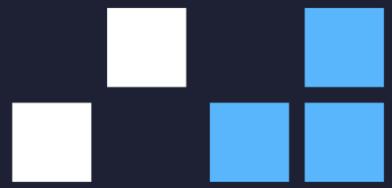
Reflections and Q & A



Recap – practical steps



- You are already doing influencing - promote it by telling people about it
- Leadership at all levels - use the ASSETs in your team.
- Find the lightbulb that wants to change (who is the advocate in your existing community?)
- The media like human stories
- ...



RCSLT



rslt.org



info@rslt.org



[@RCSLT](https://twitter.com/RCSLT)





Using data to demonstrate impact – Stories, Strategies and Change

Sarah Lambert
Research & Outcomes Officer, RCSLT

Jessica Lane
Research Manager, RCSLT

Ros Fraser
Clinical Lead SLT, NHS Lothian

Claire Clark
Speech and Language Therapist, NHS Grampian

Joanne Gibson
Senior Educator, NHS Education For Scotland

Clare Tarr
Speech and Language Therapist, NHSG

Georgina Parkinson
Highly Specialist Speech and Language Therapist, NHS Lothian





Using Data to Demonstrate Impact - Stories, Strategies and Change

RCSLT Scotland Day
17 September 2025



Session Overview



Hello & Welcome



Lightning Talks from AHP Fellows



Table Discussion

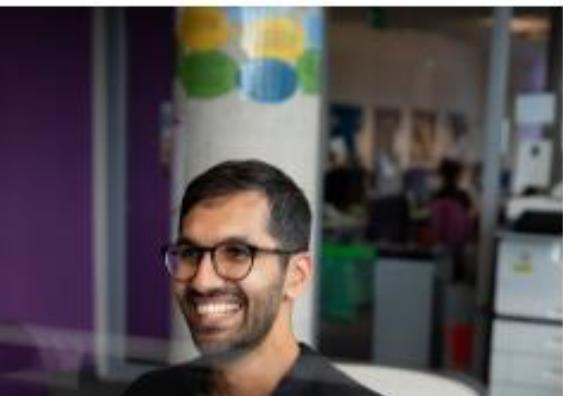
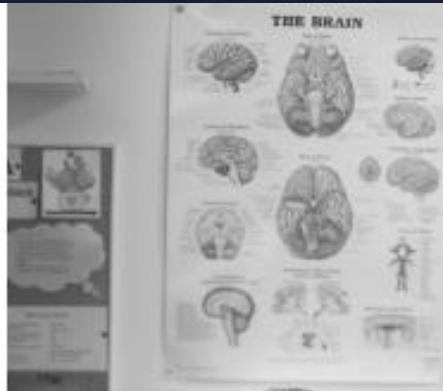


Feedback and Reflections



RCSLT Data and Resources

Lightning Talks



Ros Fraser & Claire Clark

*There's No Place Like Home - The
Impact of SLT in Acute Care at Home
Multidisciplinary Teams*

Issue: Shifting of care for frail, elderly population from hospital to home leading to increased urgent referrals for community SLT teams

Opportunity: To collaborate nationwide in service design and demonstrate benefits of SLT in acute care at home services

Types of data collected

Outcome Measures -TOMS/WMTY/Care Aims

Response times

LOS in acute services

Capacity/demand

Cost of ACAH vs inpatient

Number of admissions avoided

Experience

Patient pathway

How data has been used

Funding bids

Raising profile of SLT- articles/posters/meetings/social media/AHP showcases

To set up CEN and advise/support members



Top Tips

- Be brave
- Be brief
- Use storytelling
- Plan pre project data
- Engage with others
- Be resilient and patient
- Don't say no, say how

ros.fraser@nhs.scot

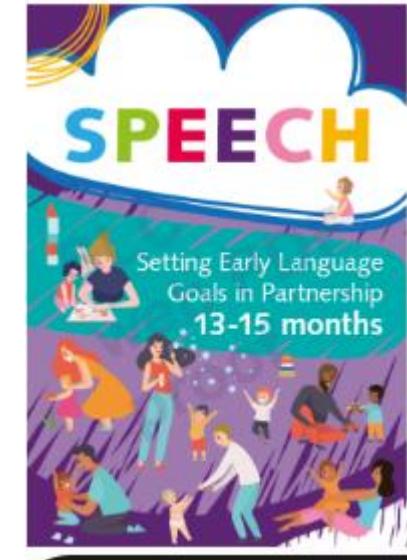
claire.clark10@nhs.scot



Joanne Gibson

Developing an Evidence-Based, Parent-Led, Early Intervention and Support Model for Families

- Develop an evidenced base, parent lead, early intervention and support model for Health Visitors for 13-15 month child health review in NHS Lanarkshire.
- Early Intervention pathway and package of support
- Collaborative working, co-locating SLT into Health Visiting team.



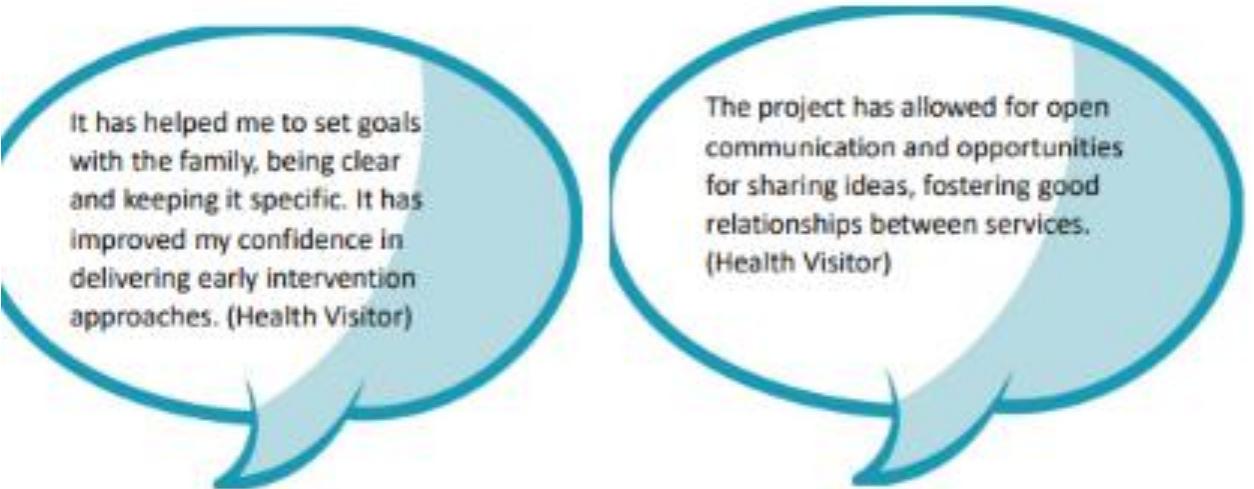
Data

- Chid health review data
- Request for assistance
- Practitioner confidence rating
- Family survey
- Appreciative inquiry
- 1:1 interviews, drafted into stories
- Descriptive first person accounts – written case studies, talking head videos, in person delivery



Impact

- Relationships
- Spread and scale of early intervention model across all Health Visiting teams in NHS Lanarkshire



Lessons learned

- Stories can change narrative, perceptions- seek out stories of all kinds
- Individuals telling their stories can contribute to changing culture and building trusting relationships.
- Those involved felt inspired to take forward small, tangible changes
- Stories can help us look for small scale signs of change at the beginning

“Stories are the secret reservoir of values: change the stories individuals or nations live by and tell themselves and you change the individuals and nations.” (Ben Okri)

Clare Tarr

*A Whole Team Approach to
Implementing FEES Post-COVID*



Challenges in FEES-ology

3 sets of 3-part challenges



Challenges in FEES-ology by Clare Tarr, NES Fellowship, 2021-2022

Purposeful Data and Meaningful Change

Every project begins with essential questions:

*Who is this for?
What do we want to change?
Where do we begin?*

Clear aims and stakeholder engagement guide purposeful data collection and service improvements.



Time and funding are vital but motivation drives



Phase 1 – foundations for data-driven service transformation

The problem:

Service Suspension and Limitations

Supervision Challenges

The workplace solution:

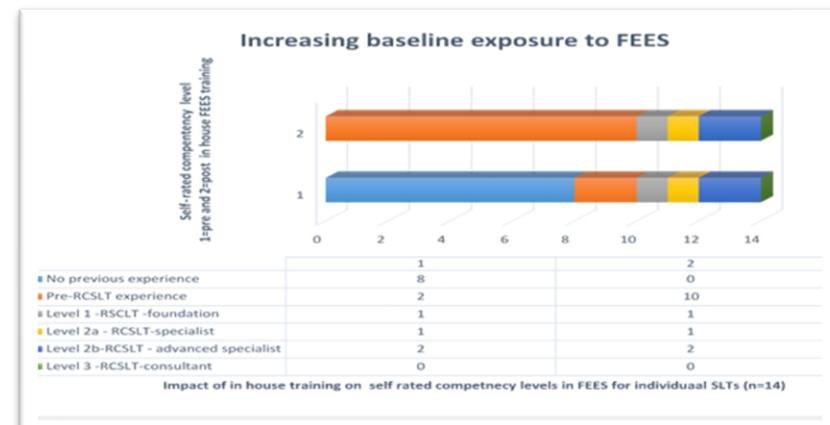
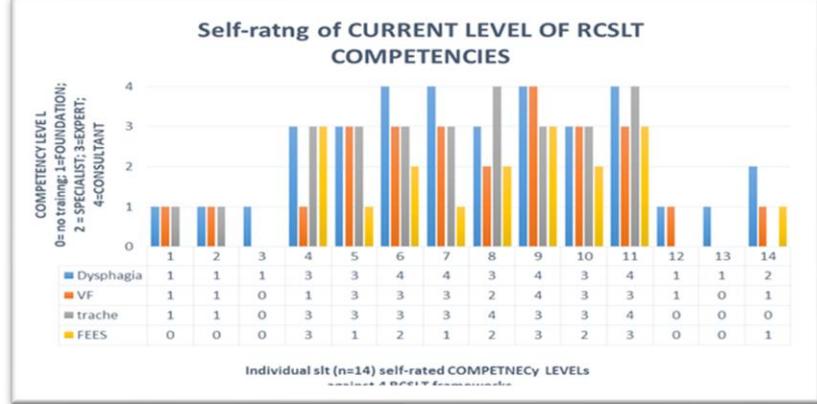
Three-Phase Implementation Plan (2021-2026)

The project design:

Mixed-methods prospective design using surveys

The data analysis:

SPSS software





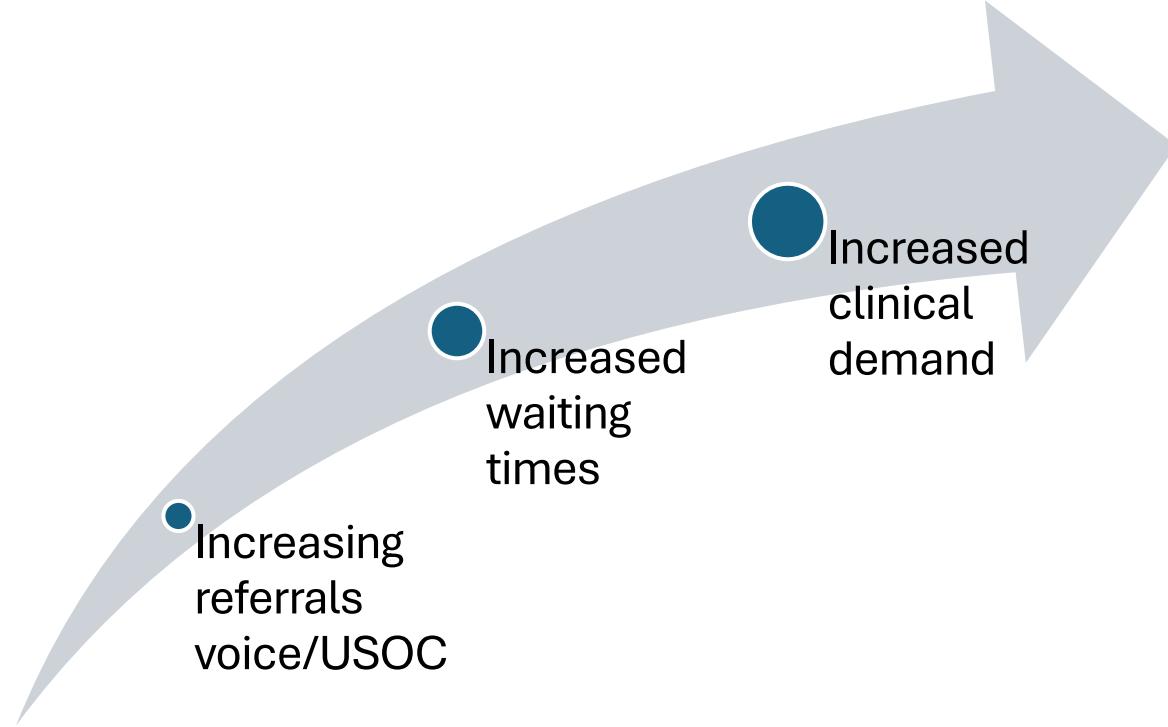
How very curious...

- Alice in Wonderland

Georgina Parkinson

*Developing Advanced SLT Roles in a
Therapist-Led Voice Clinic*

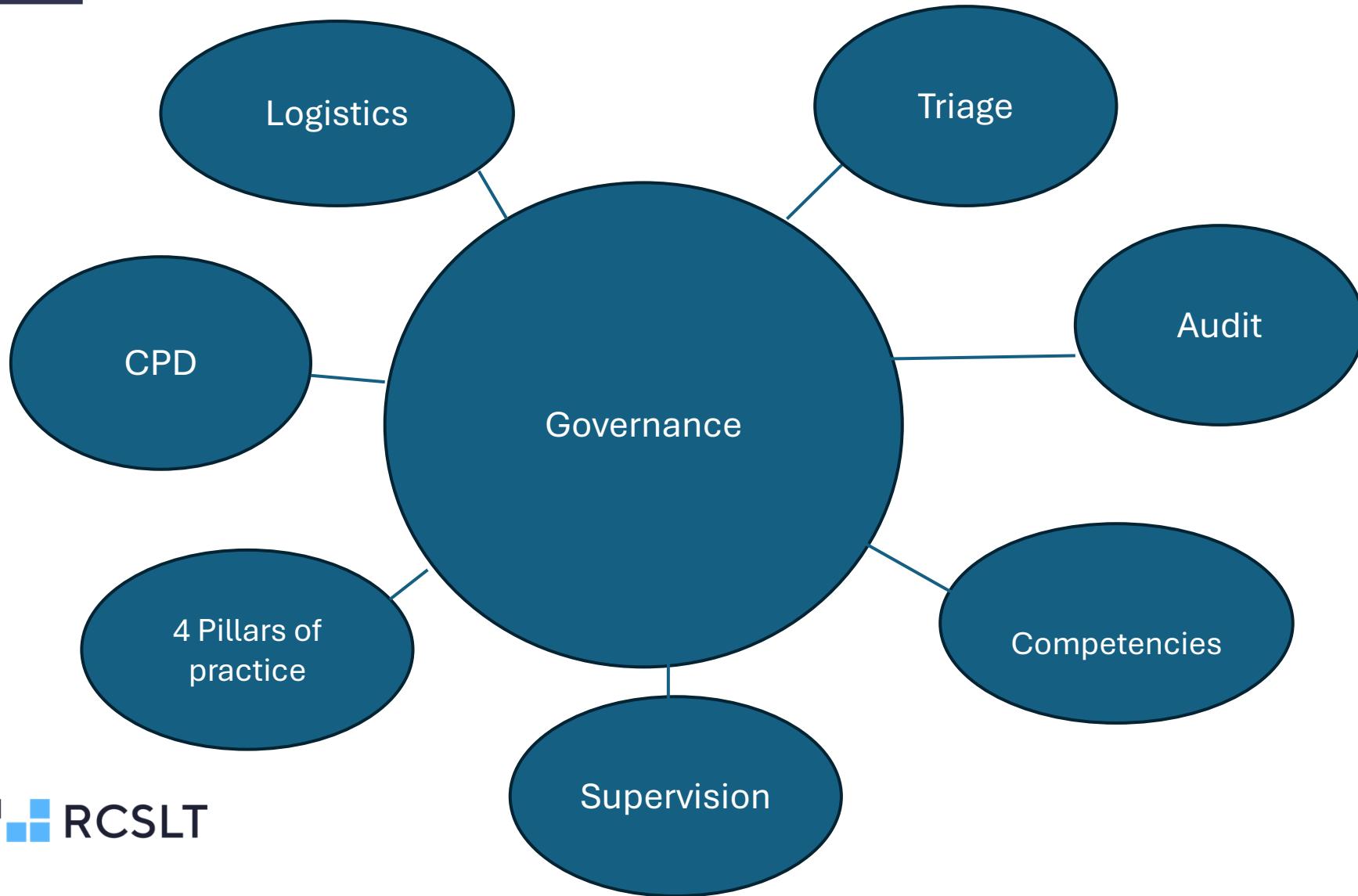
Developing Advanced SLT Roles in a Therapist-Led Voice Clinic



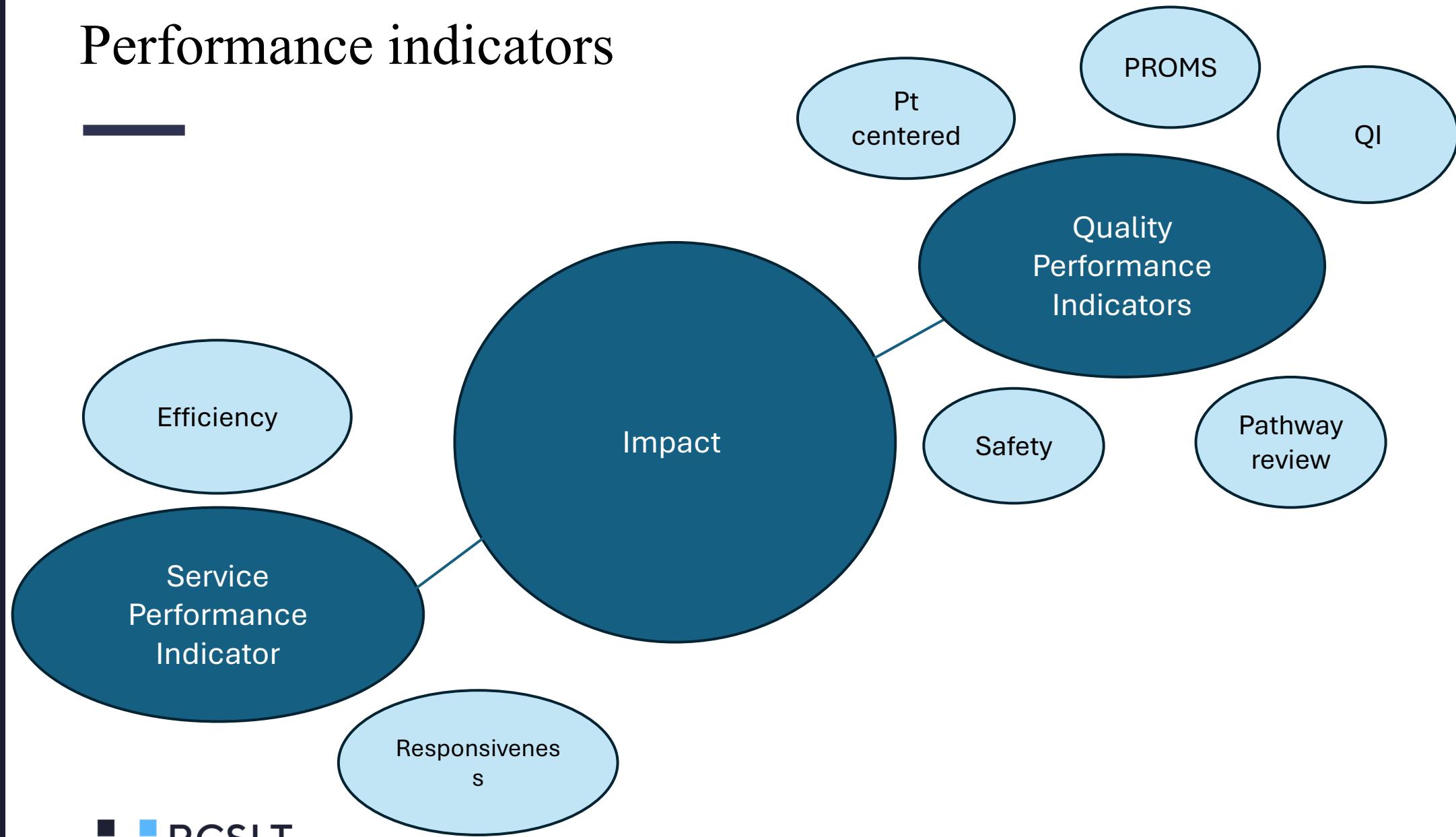
Getting it right for everyone (GIRFE) - gov.scot

AHP careers fellowship scheme | NHS Education for Scotland

Structure



Performance indicators





Impact & Lessons learned

- Data demonstrated worth and impact
- Easily replicated for role development
- Support from ENT and key stakeholders
- Sound business case – issues in releasing funds
- Continue to influence and engage with key members

Georgina Parkinson, SLT, NHS Lothian



Table Discussion

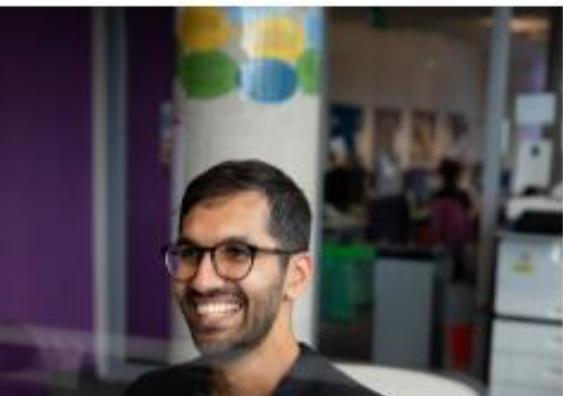
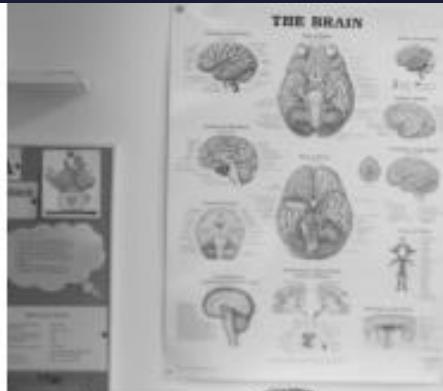
Questions to Consider

- What are your observations about the **type of data** and how this was **collected**?
- What are your reflections about the way data was **communicated to deliver impact**?
- Are there ideas about using data to demonstrate impact that you might **take back to your own setting**?

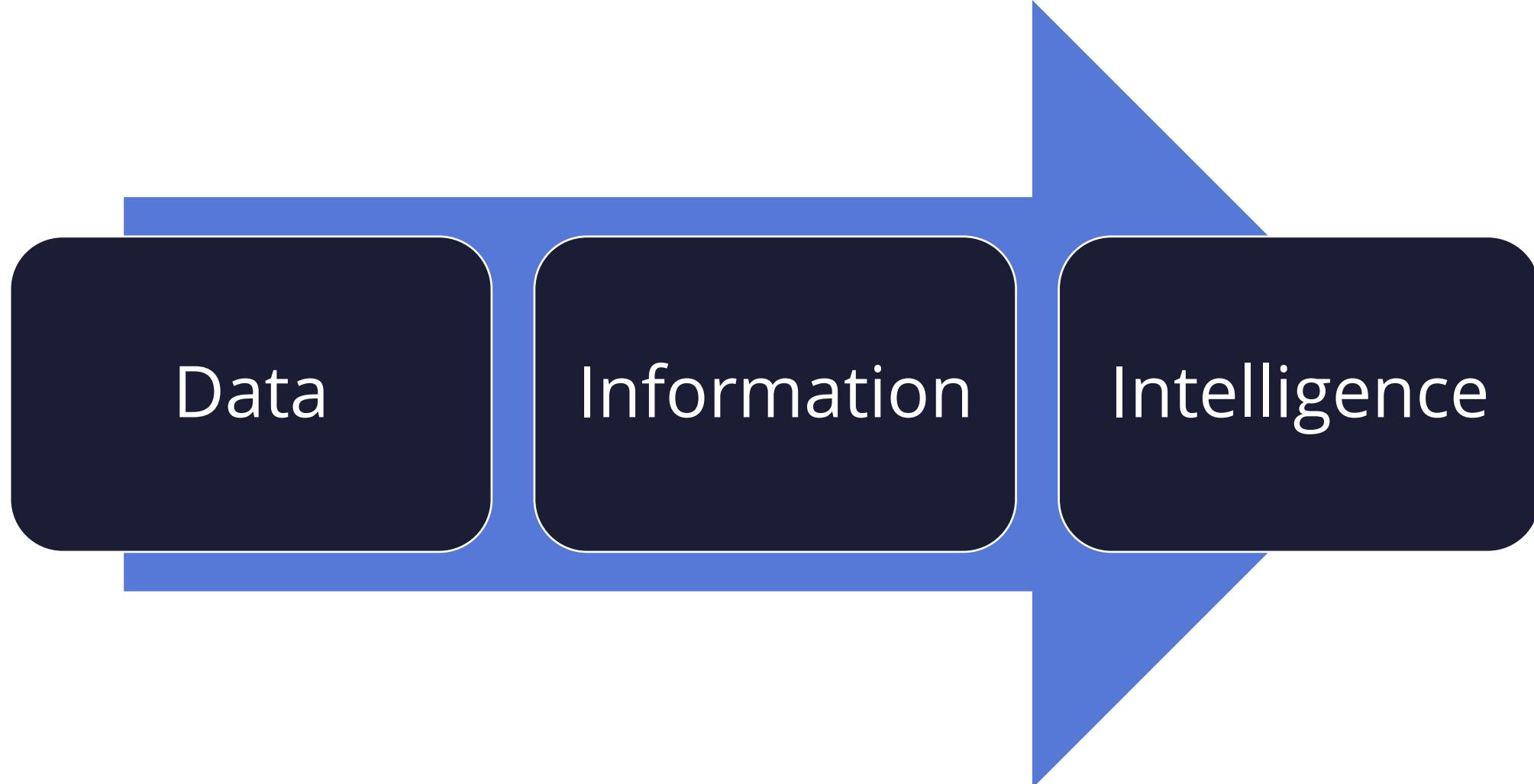


Feedback and Reflections

RCSLT Data & Resources



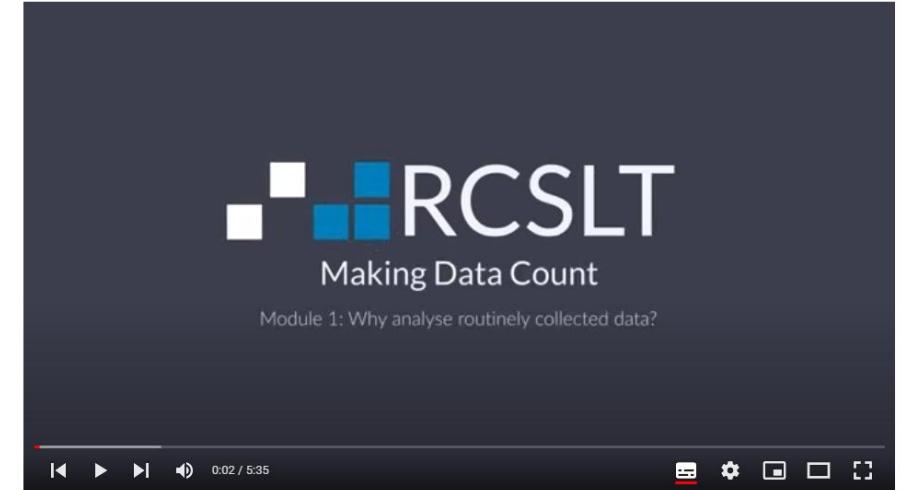
More than just *collecting* data...



Making data count

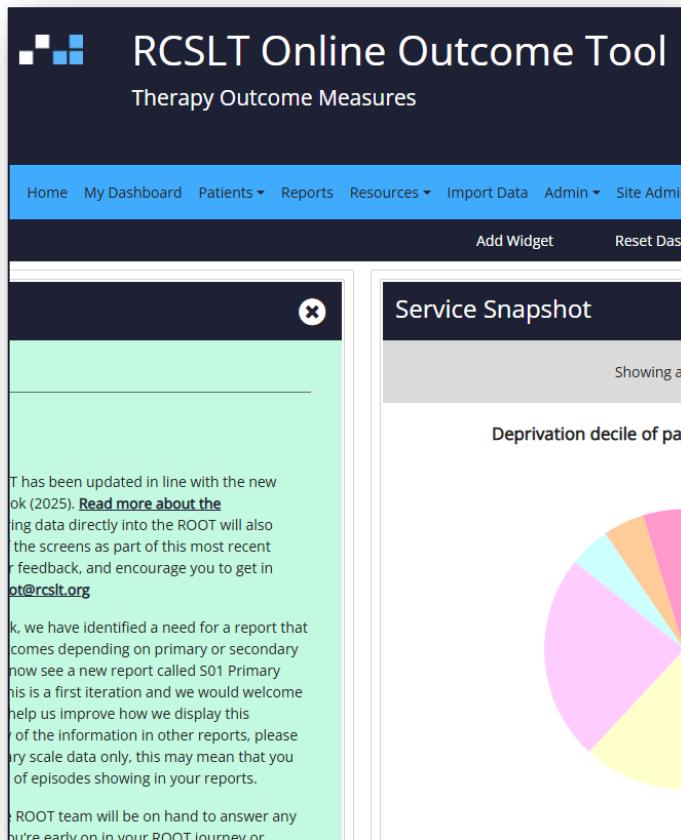
In 2023, we launched a learning series, covering:

- Why analyse routinely collected data?
- Analysing routinely collected data for quality improvement & research
- Basic principles of data fitness-for-purpose & data quality
- What are your questions and how will you get the answers?
- Analysing and interpreting data
- Action planning

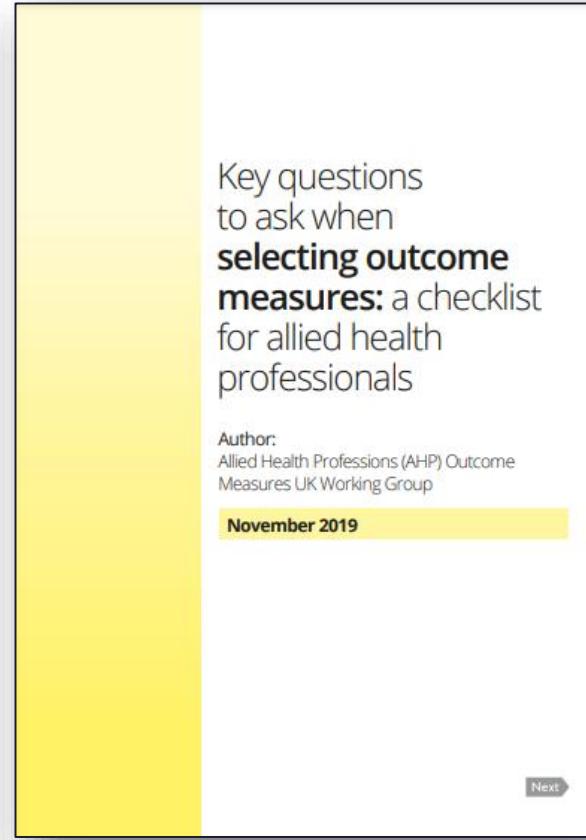


rcslt.info/making-data-count

RCSLT and outcome measurement



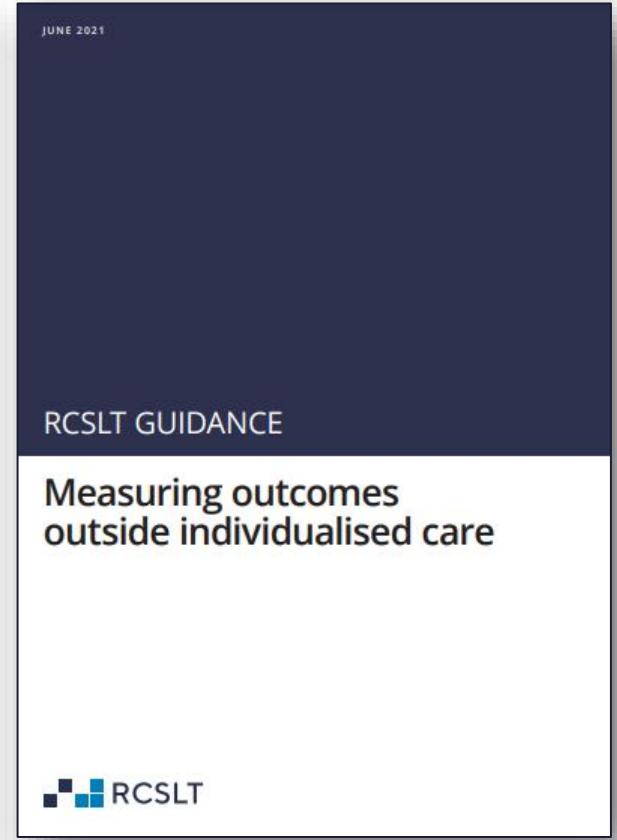
The screenshot shows the RCSLT Online Outcome Tool (ROOT) dashboard. The top navigation bar includes links for Home, My Dashboard, Patients, Reports, Resources, Import Data, Admin, and Site Admin. Below the navigation is a 'Service Snapshot' section with a pie chart titled 'Deprivation decile of patients'. A green sidebar on the left contains a message about updates to the tool and a note about a new report called S01 Primary. The RCSLT logo is in the bottom right corner of the dashboard area.



Key questions to ask when **selecting outcome measures**: a checklist for allied health professionals

Author:
Allied Health Professions (AHP) Outcome Measures UK Working Group

November 2019



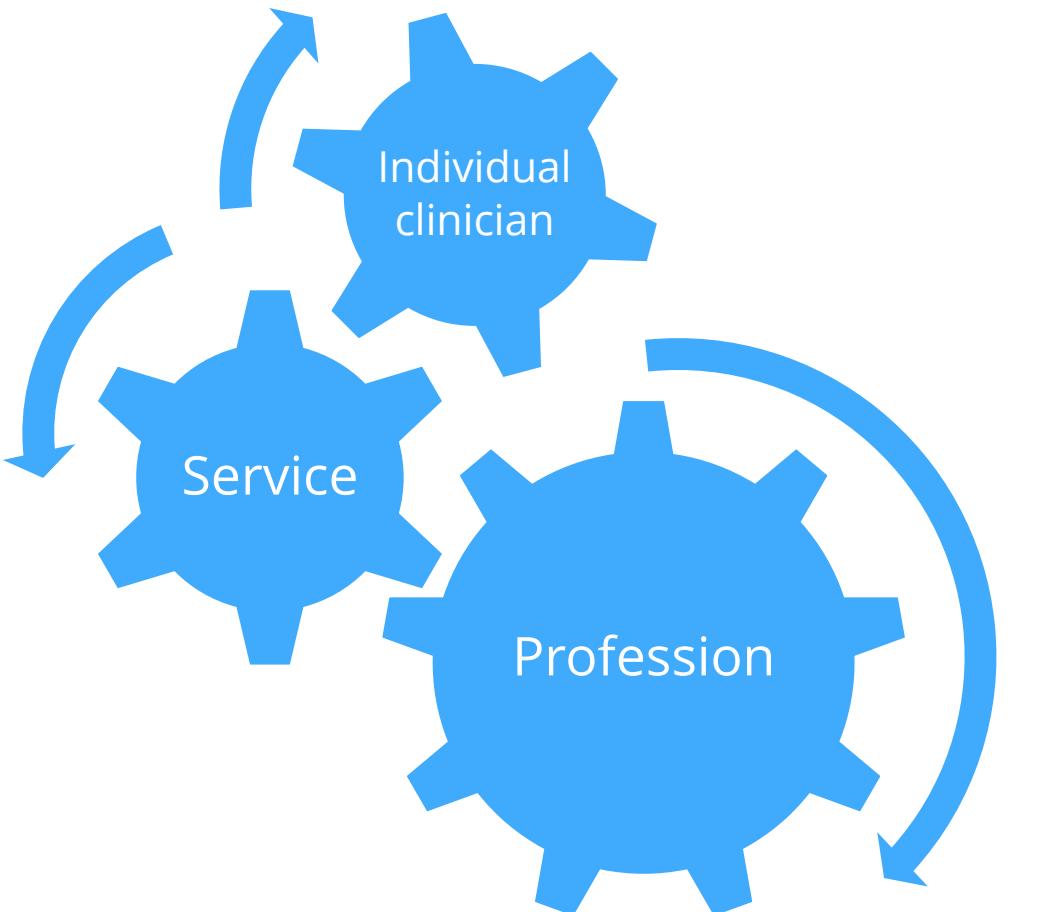
RCSLT GUIDANCE

Measuring outcomes outside individualised care

RCSLT

rslt.info/outcome-measurement

The RCSLT Online Outcome Tool (ROOT)



The ROOT in numbers



organisations
actively using the
ROOT



organisations
registered



outcomes in the
database



Evidence, profile and influencing



P1.21 Equity of Access for Children to Speech and Language Therapy in the UK

Kathryn Moyse, Pam Enderby, Katie Chadd, Kamini Gadkoh,
Sarah Lambert, Paddy Guest and Mark Bedwell

Introduction

- The National Health Service (NHS) in the UK aims to provide **equitable access** to services for its population.
- There is concern that there is **unwarranted clinical variation**, leading to disparity in access to services, outcomes and expenditure.
- Understanding **causes of variation** and learning from services who appear to facilitate more positive patient outcomes and identifying areas for change, offers the opportunity to improve services and care pathways.
- Real-world data**, such as routinely-collected data, can be used to identify and understand such variation.

Method

The Royal College Speech and Language Therapists Online Outcome Tool (ROOT) [1] collates and reports **demographic, diagnostic and outcome information** using the Therapy Outcome Measures (TOM) [2].

The TOM is a psychometrically robust method of summarising levels of **impairment, activity, social participation and well-being** based on the International Classification of Functioning [3]. The ROOT data (up until April 2023) was interrogated to examine **equity of access to and outcomes to NHS-funded speech and language therapy services for children aged 4-16 years**.

- 45 services contributed 6,542 episodes of care
- 27 of these were NHS/local authority services, with 5,427 episodes of care. These were extracted for descriptive analysis.

A 'deep dive' into the **most common focus** of speech and language therapy intervention was undertaken.

Results

Figure 1: Focus of speech and language therapy for children aged 4-16 years, according to TOM scale recorded

Focus Category	Percentage
Phonological Disorder	35%
Developmental Language Disorder / Difficulties with the early Child Language Impairment	12%
Dyslexia	10%
Learning Disability - Communication	6%
Core Language	5%
Autism Spectrum Disorder	6%
Other	3%

The most commonly recorded TOM scale (a proxy for focus of intervention) was phonological disorder, accounting for 35% of all therapy episodes.

Results

Figure 2: Comparing access to services for children with phonological disorder aged 4-16 years according to average TOM scores at the start of therapy

Service	Impairment (TOM Score)	Activity (TOM Score)
A	1.62	1.62
B	2.25	2.25
C	2.25	2.25
D	2.25	2.25
E	2.25	2.25
F	2.25	2.25
G	2.25	2.25
H	2.25	2.25
I	2.25	2.25
J	2.25	2.25
K	2.25	2.25
L	4.50	4.50
M	4.50	4.50
N	2.25	2.25
O	2.25	2.25
P	2.25	2.25
Q	2.25	2.25
R	2.25	2.25
S	2.25	2.25

There is variation in the severity of needs at different services. The severity of Impairment ranges from 1.62 (severe) to 4.50 (mild). Activity ranges from 1.62 (severe) to 4.50 (mild).

Results

Figure 3: Comparing outcomes for children with phonological disorder aged 4-16 years at different services

Service	Change in Impairment (TOM Score)	Change in Activity (TOM Score)
A	0.65	0.65
B	0.65	0.65
C	0.65	0.65
D	0.65	0.65
E	0.65	0.65
F	0.65	0.65
G	0.65	0.65
H	0.65	0.65
I	0.65	0.65
J	0.65	0.65
K	0.65	0.65
L	0.65	0.65
M	0.65	0.65
N	0.65	0.65
O	0.65	0.65
P	0.65	0.65
Q	0.65	0.65
R	0.65	0.65
S	0.65	0.65

There is significant variation in outcomes between services (range: -0.04 to 1.66 for impairment, 0.02 to 1.68 for activity). Although there are 5 services where change in impairment and activity was not clinically significant (change of +0.5 or more [2]), the majority of services support children to make clinically significant gains.

Conclusion

- There is variation in access to and outcomes from state-funded services for children with phonological disorder.
- More investigation into factors such as referral criteria, service model and local demographics is required in order to determine the reasons for this variation.
- Making variation explicit is helpful for services to explore equity and consider service planning and development.
- Using this data to understand the landscape of children's services across the country is critical to informing policy and strengthen lobbying and influencing activities.

References and resources

[1] Royal College of Speech and Language Therapists. The Royal College of Speech and Language Therapists Online Outcome Tool (ROOT). Available from <https://www.rslts.org.uk/our-work/our-roots/our-roots-root/> [accessed December 2023].

[2] Moyse, K., Enderby, P., Chadd, K., Gadkoh, K., Lambert, S., Guest, P. and Bedwell, M. (2023) Royal College of Speech and Language Therapists Online Outcome Tool (ROOT) and the Therapy Outcome Measures (TOM). *Journal of Speech, Language, and Hearing Research*, 66, 1020-1032. Available from https://doi.org/10.1044/2022_0010 [accessed December 2023].

People living with dementia often experience speech, language, communication, eating, drinking & swallowing difficulties so it's crucial they're able to access speech & language therapy to help reduce the impact of these difficulties **#DementiaActionWeek**

RCSLT

Our data shows there are **more women** living with **Dementia** and **receiving speech and language therapy** in the UK than men

ALT UCL Online Outcome Tool



Gender	Percentage
Female	58%
Male	42%

RCSLT

Our data shows that **75%** of people living with **Dementia** in the UK who have communication and/or eating, drinking and swallowing difficulties **improve with speech and language therapy**

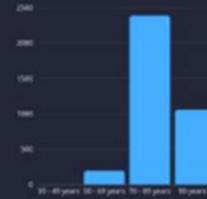
ALT UCL Online Outcome Tool



RCSLT

Our data shows that the **average age** of a person living with **Dementia** and receiving **speech and language therapy** in the UK is **84 years-old**

ALT UCL Online Outcome Tool



Age Group	Percentage
30-49 years	~5%
50-59 years	~10%
60-69 years	~75%
70+ years	~10%

RCSLT

Our data shows that the **majority** of people living with **Dementia** in the UK are receiving **speech and language therapy** for **eating, drinking and swallowing difficulties**

ALT UCL Online Outcome Tool

Impact of COVID-19 on Speech and Language Therapy in Dementia

Impact of COVID-19 on the Speech and Language Therapy Profession and Their Patients

Katie Chadd^{1*}, Kathryn Moyse¹ and Pam Enderby

¹ Research and Outcomes, Royal College of Speech and Language Therapists, London, United Kingdom, ² Health Services Research, The University of Sheffield, Sheffield, United Kingdom

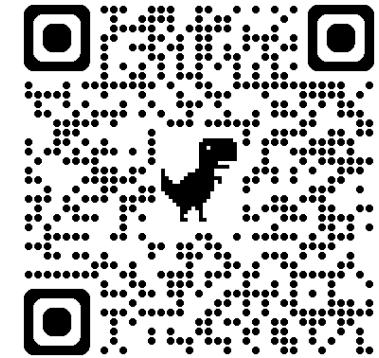
Interested in a fellowship?

The NES AHP Careers Fellowship is now open for applications to Cohort 8.

Open to all work-based project ideas that meet a local or national priority, and which demonstrate a clear career development opportunity for the applicant.

QR code will take you to a 'Sway' with details about this year's application process, ideas for potential projects, and access to online information sessions.

Applications close: 12 noon on 22 October 2025
(fully approved by line manager and Director).
ahp.fellowships@nes.scot.nhs.uk



RCSLT support for research



Networks

- Research Champions
- Clinical Academic Mentors
- Community for Allied Health Professionals in Research (CAHPR)



Resources

- Journal access
- SAGE Research Methods



And lots more!



Want to know more?
Come and see us after the
session!

 rslt.org

 info@rslt.org

 [@RCSLT](https://twitter.com/RCSLT)





Lunch



Cats not Clocks: Connecting and Influencing Across the System

RCSLT Scotland Day 17th
September 2025

National Early Language and
Communication (NELC) Team

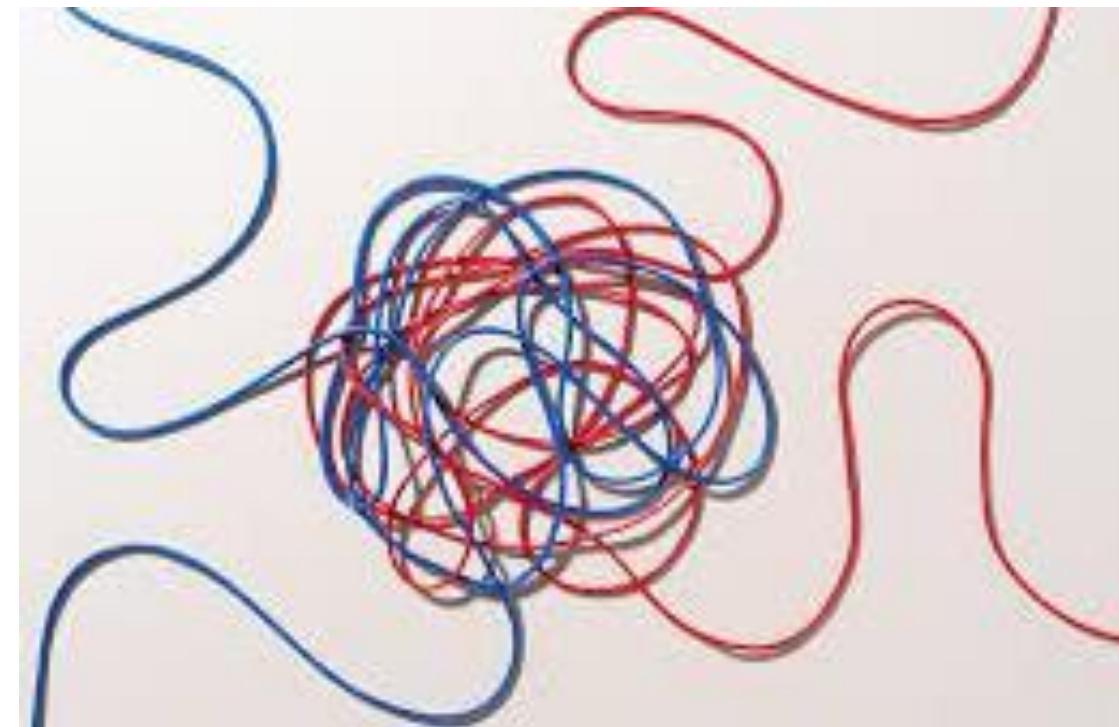


National Early Language and Communication (NELC) Team

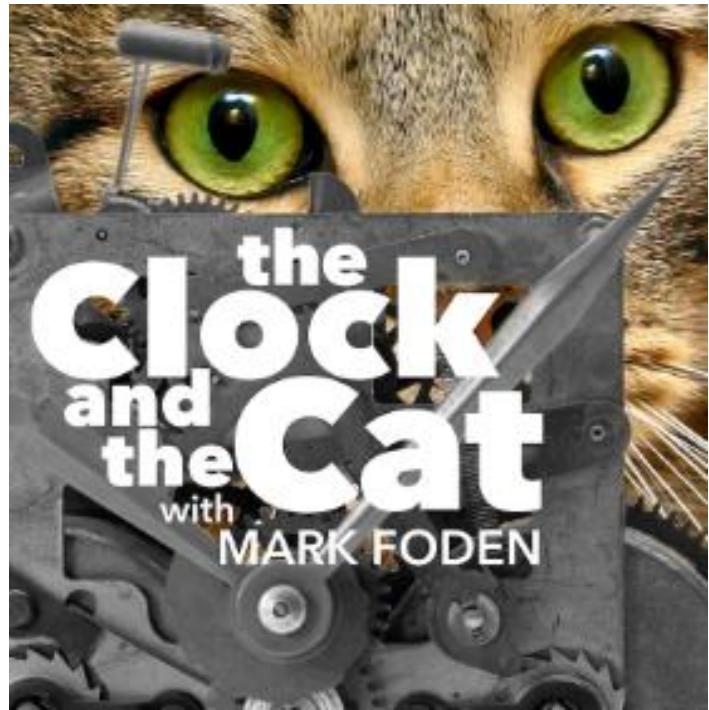


What we are going to cover...

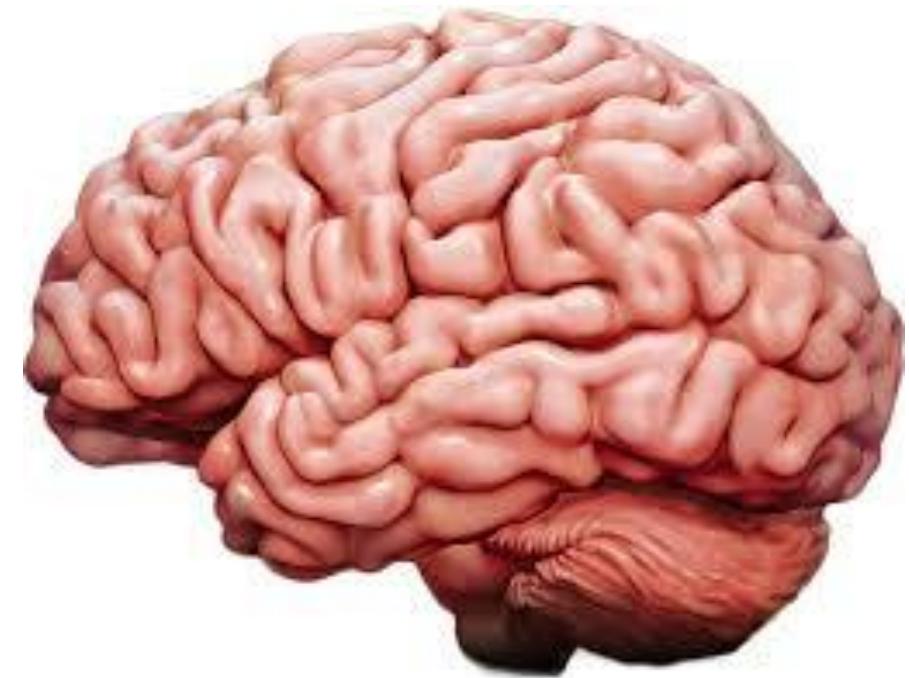
- What is complexity?
- System Complexity (VUCA)
- Navigating a Complex System



Cats Not Clocks



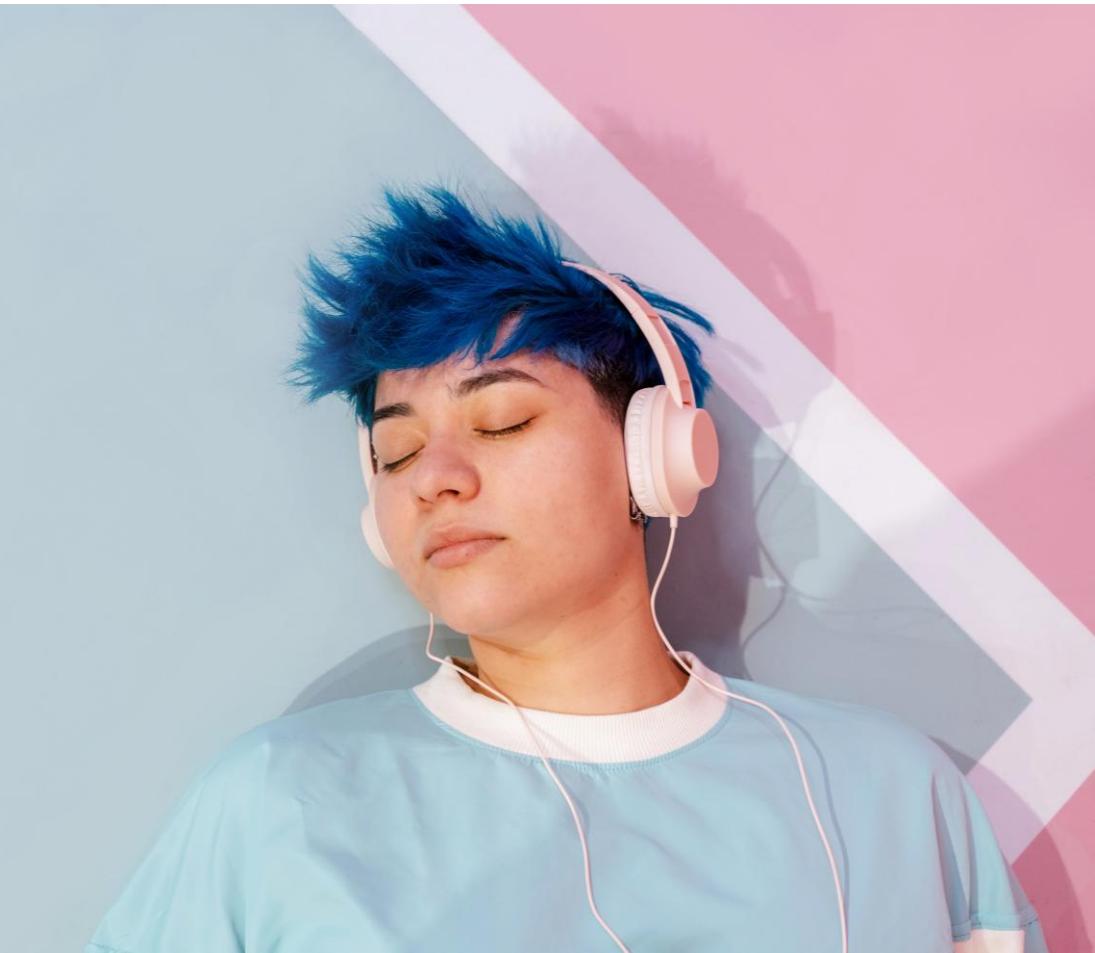
Cat vs. Clock



Cat or Clock?



Cat or Clock?



Cat or Clock?



Cat or Clock?



Cat or Clock?



Complex vs. Complicated

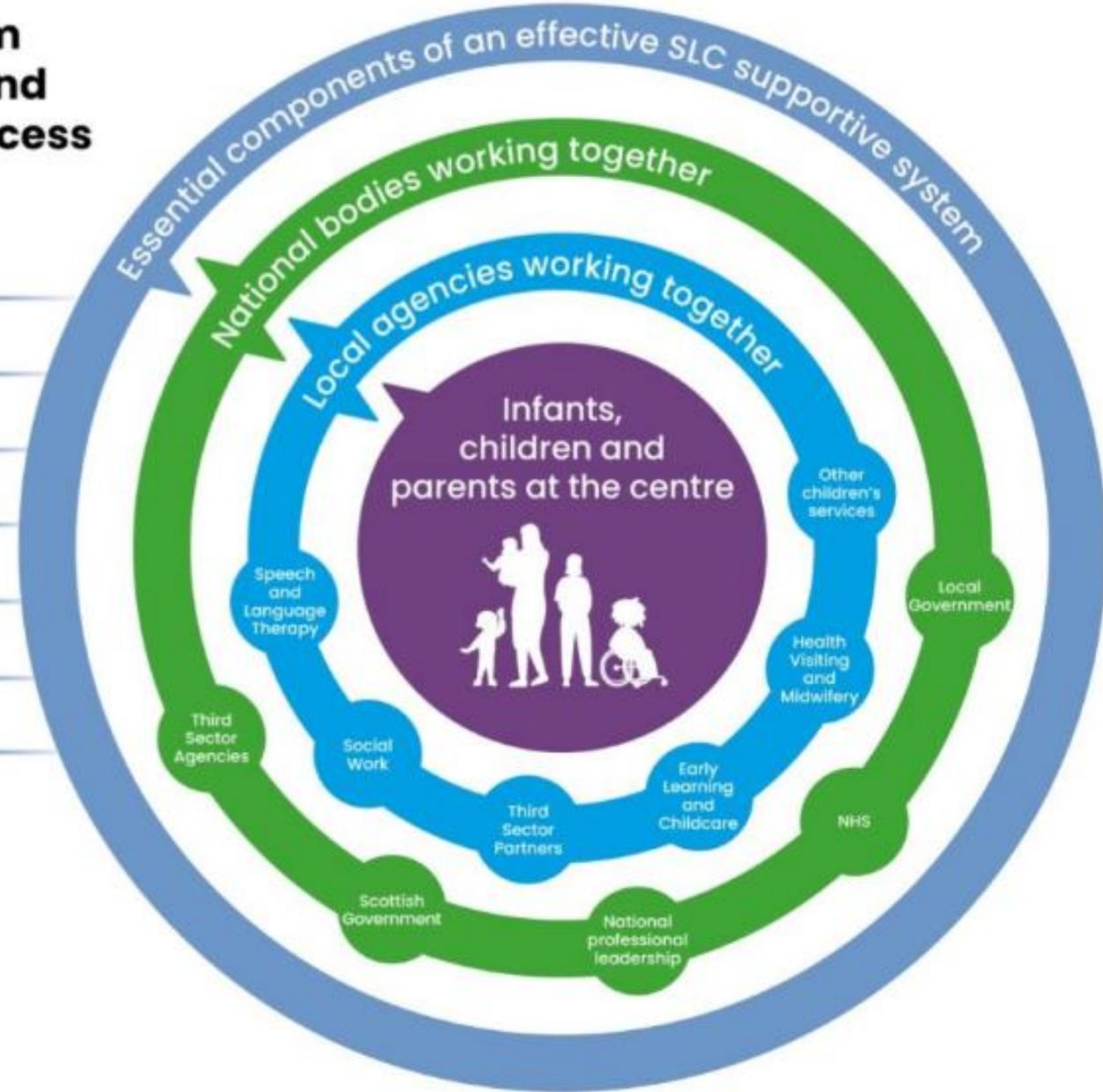


Complex vs. Complicated

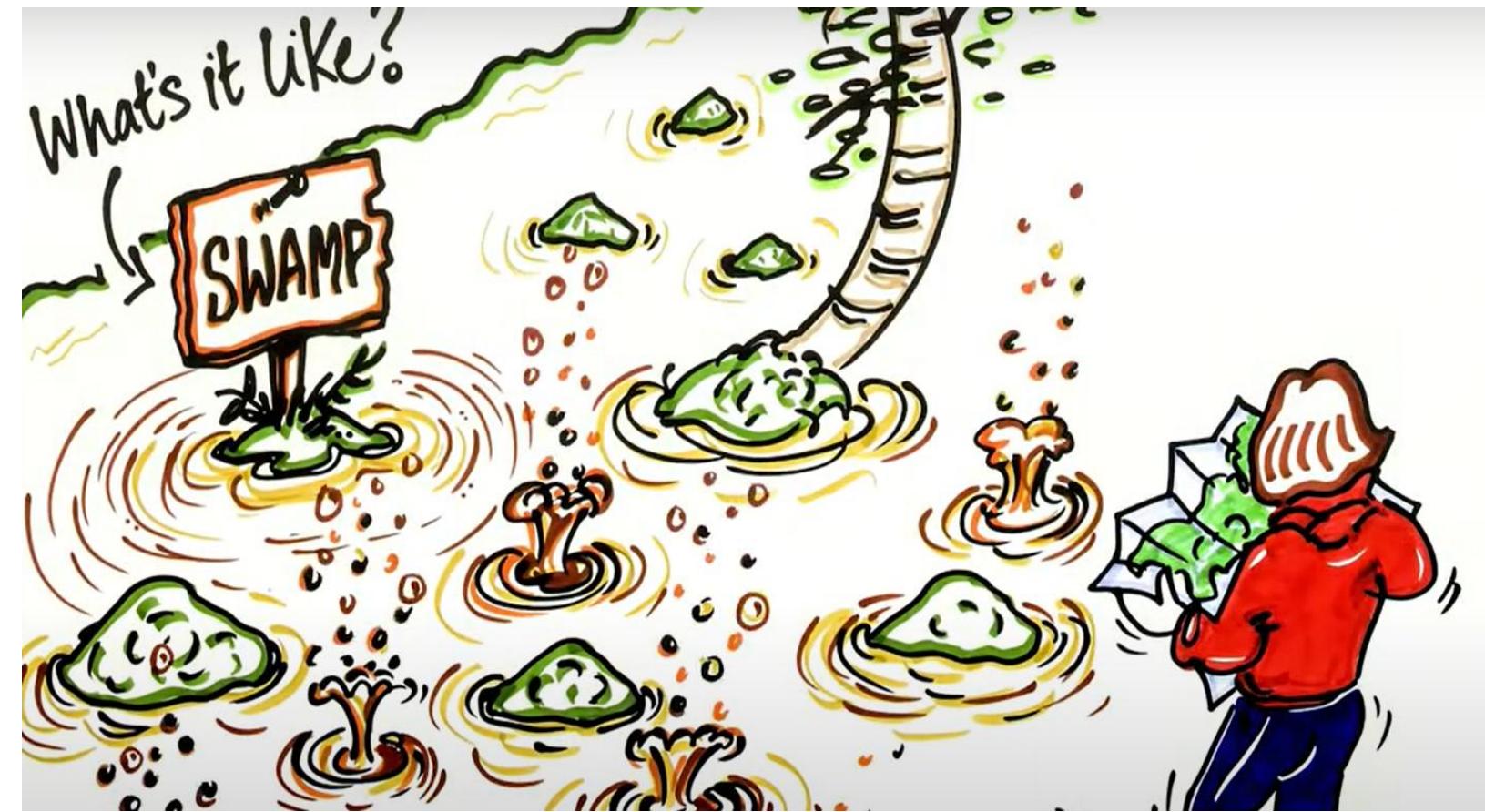
“There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they’re falling in.”

Desmond Tutu

An Integrated System for Early Language and Communication Success



Into the swamp



Characteristic

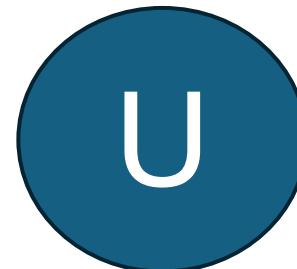
Response

Volatility



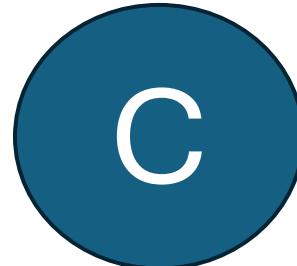
Vision

Uncertainty



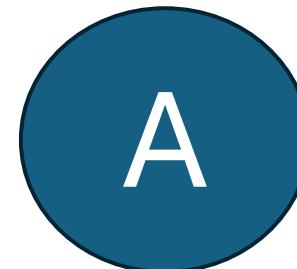
Understanding

Complexity



Clarity

Ambiguity



Agility

Antidote to volatility:



Anticipate issues and
shape conditions



Antidote to uncertainty:

Understanding

Know consequences of
issues and actions



Antidote to complexity:

Clarity

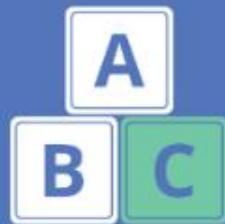
Finding coherence
Aligning expectations
Checking for understanding



Communication skills: What's the problem?



1 in 4 children and young people in Scotland have a predicted speech, language and communication need.¹



89% of staff surveyed in nurseries reported an increase in the numbers and complexity of children with communication needs.³

Public Health Scotland reported a **significant increase** in communication needs following the **pandemic**.²



By **age 5** there is a **13 month gap** in **expressive vocabulary** between children from the **richest** and **poorest** backgrounds.⁴



Sources

1. Equity for All (2021)

2. Public Health Scotland Report (2023)

3. RCSLT & Early Years Scotland Survey: Children's communication difficulties increase since COVID (2023)

4. Growing up in Scotland (2015)

Communication: Why does it matter?



LEARNING

Early spoken language emerges as the **most important factor** influencing **literacy levels** at age eleven.¹



WELLBEING

Children with **vocabulary difficulties** at **age five are three times** as likely to have **mental health problems** when they reach **adulthood**.⁴

BEHAVIOUR

Studies consistently observe **higher levels of behaviour challenges** amongst people identified with **communication needs**.²



JUSTICE

60% of people in contact with the law were found to have a **speech, language or communication difficulty**.⁵



EMPLOYMENT

88% of long term unemployed young men were found to have a speech, language or communication need.³



HUMAN RIGHTS

Children's **communication rights** are specifically enshrined within Article 12 and 13 of the UNCRC, and has been **enshrined in Scots law**.⁶

Sources

1. Moss, G and Washbrook, E (2016) The Gender Gap in Language and literacy Development. Bristol: Uni of Bristol
2. Pickles, A., Durkin, K., Mok, P., Toseeb, U., and Conti-Ramsden, G. (2016). Conduct problems occur with hyperactivity in children with language impairment: A longitudinal study from childhood to adolescence.
3. Elliott N (2011). <https://pure.southwales.ac.uk/en/studentTheses/an-investigation-into-the-communication-skills-of-unemployed-young>
4. Botting, N., Toseeb, U., Pickles, A., Durkin, K., & Conti-Ramsden, G. Depression and anxiety change from adolescence to adulthood in individuals with and without language impairment. *PLoS one*, 11(7), e0156678. Centre for Mental Health (2018)
5. Bryan, K., Freer, J. and Furlong, C. (2007). Language and Communication Difficulties in Juvenile Offenders. *International Journal of Language and Communication Disorders*, 42 (5), 505-520.
6. Convention on the Rights of the Child, Nov. 20, 1989, 1577 U.N.T.S. 3.

Antidote to ambiguity:

Agility

Prepare, interpret and address opportunities



Take home messages





Any questions?



Thank you for your time today

National Early Language and Communication Team



Transition to Workshop 2





Workshops





Refreshment break and networking

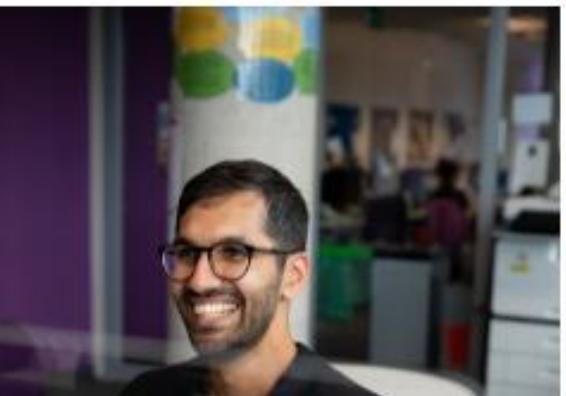
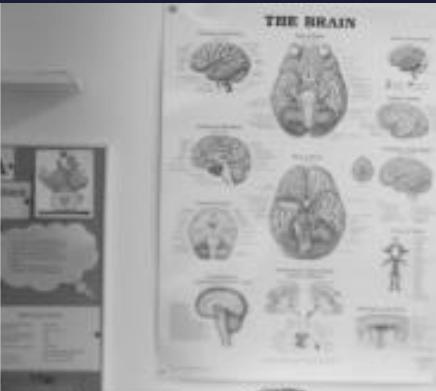




Plenary Panel: Making a Scene



Thanks and close



Evaluation



Delegate evaluation: RCSLT
Scotland Day 2025





Thank you

 rslt.org

 info@rslt.org

 [@RCSLT](https://twitter.com/RCSLT)

