



# RCSLT Scotland Hub Day

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

WILTSHIRE  
EST. FARM 1991  
FOODS







# Welcome

**Irma Donaldson**  
Chair, RCSLT

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## **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

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

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





# RCSLT Scotland update

**Glenn Carter**  
Head of Scotland office, RCSLT

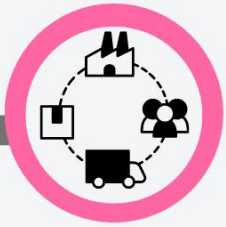
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# Priorities for RCSLT Scotland



## Supply

Increase the supply of  
speech and language  
therapists in Scotland



## Funding

Protect and develop  
funding for speech and  
language therapy



## Leadership

Support and develop leadership  
in the profession, empowering  
members to influence effectively.



## Wellbeing & Engagement

Support the wellbeing and  
engagement of members



## Profile

Raise the profile of speech and  
language therapists and the  
people they serve.



## Policy

Improve and influence  
national and local policy



# November 2024

# November 2024

12



COVID Inquiry

Gave verbal  
evidence at the  
Scottish COVID  
Inquiry



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



Voicebox Final

Grand Final of  
Voicebox 2025 in  
Parliament

- 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



## MSP Visits

MSP meetings with  
most political  
parties



Miles Briggs



Carol Mochan



John Swinney



Willie Rennie



Jackie Dunbar



Neil Gray



Jackie Baillie

# June 2025

12

EDAR

EDAR

EDAR Consensus  
workshop in Stirling



# 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

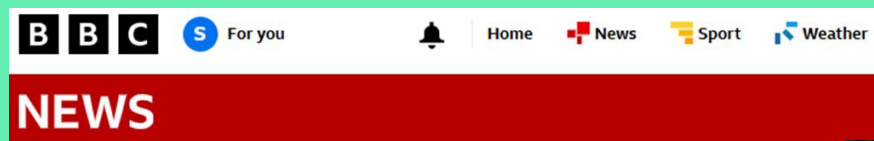


First Minister

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



# June 2025



Glenn Carter from



## BBC Interview

Interviewed by BBC  
Scotland -  
Embedding SLTs in  
Education





Policy





**Policy**

## **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

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**#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

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## 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

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**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

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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

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**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.

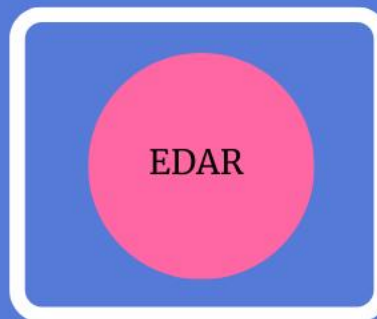




COVID Inquiry



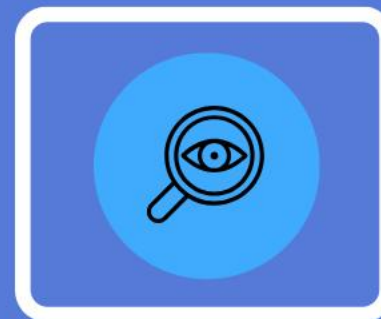
Political  
Engagement



EDAR Consensus  
Meeting



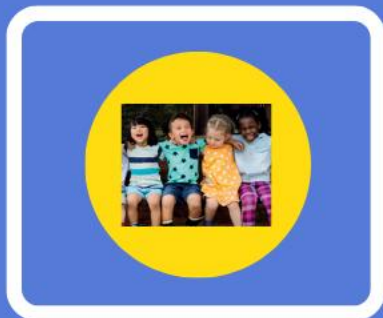
Voicebox



Adult FOI



NELC & Early  
Years Action Plan



Transforming children's  
services



Human Rights



RCSLT Mental  
Health Network





# Keynote

**James Blackwood**  
Healthcare AI Consultant, Aingealag

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# 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**

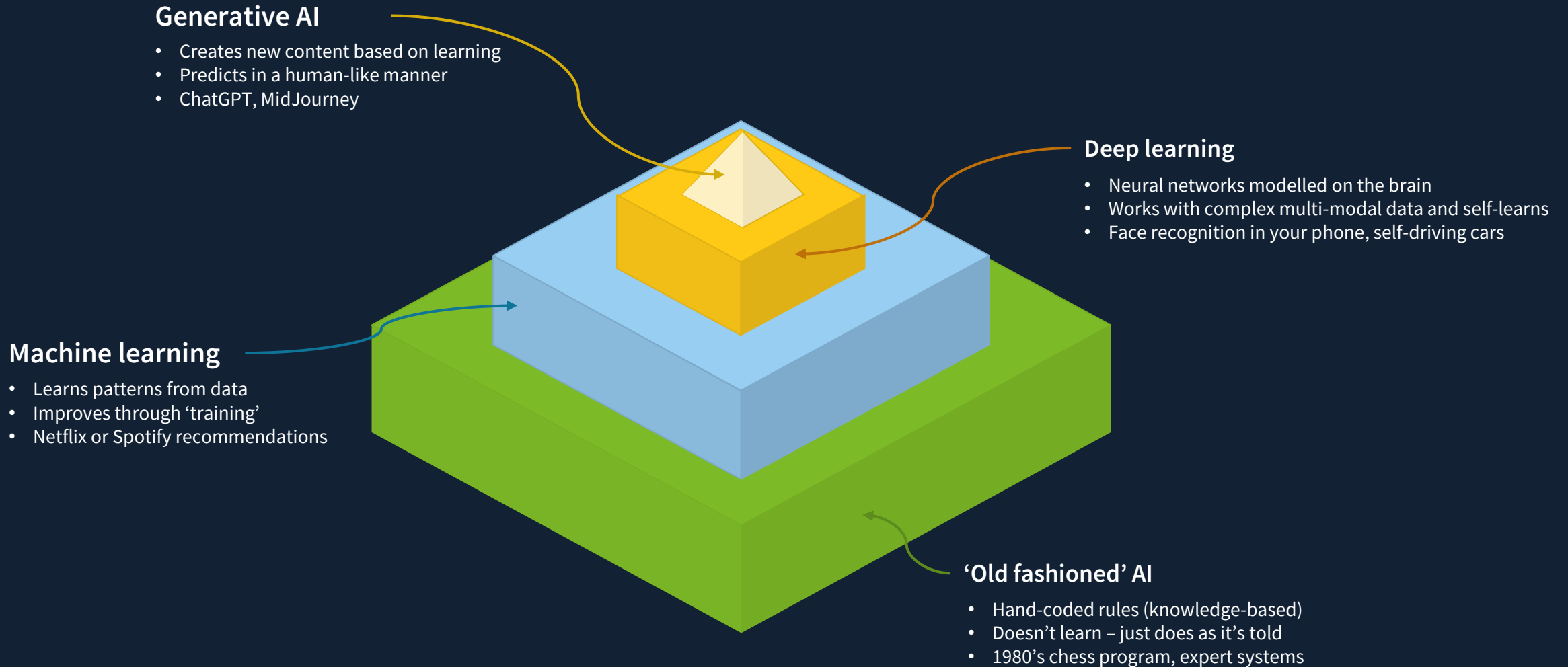
What is AI?

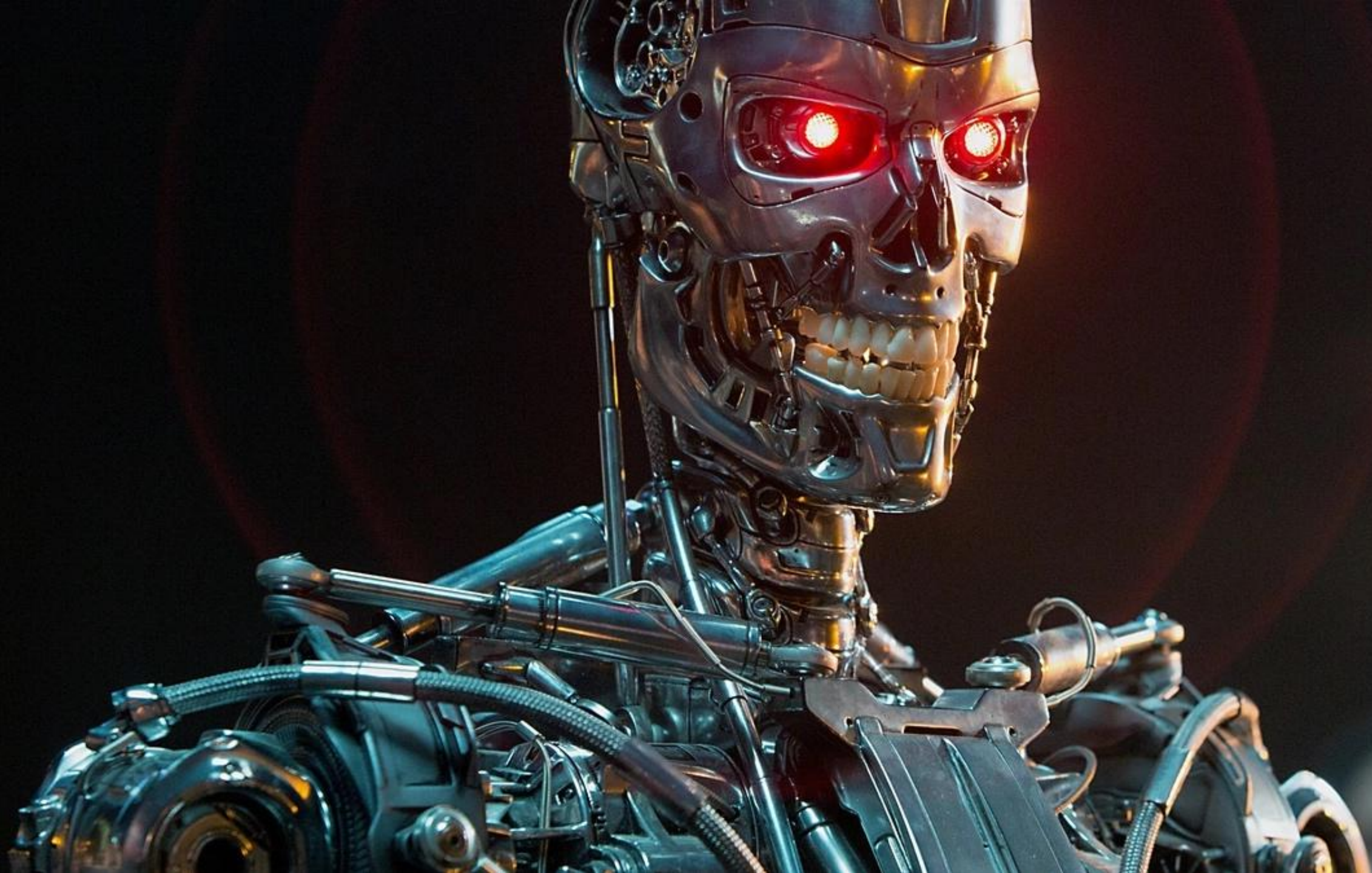


# What is artificial intelligence?

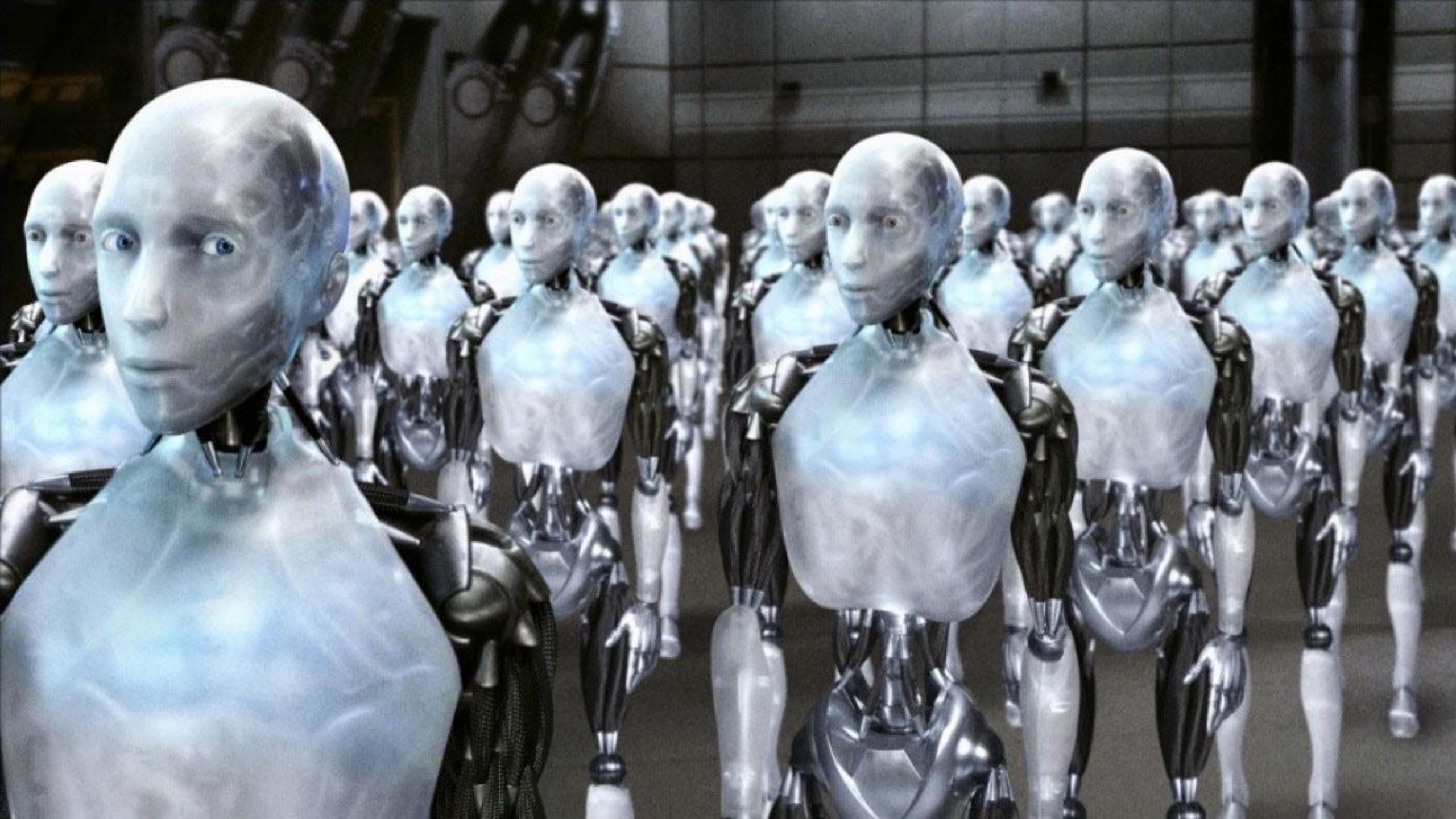
A collection of technologies that **enable computers to complete tasks that would normally require human intelligence**, including visual and language perception, learning, reasoning and problem solving, often autonomously and in a way that doesn't require human guidance.

# 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*.

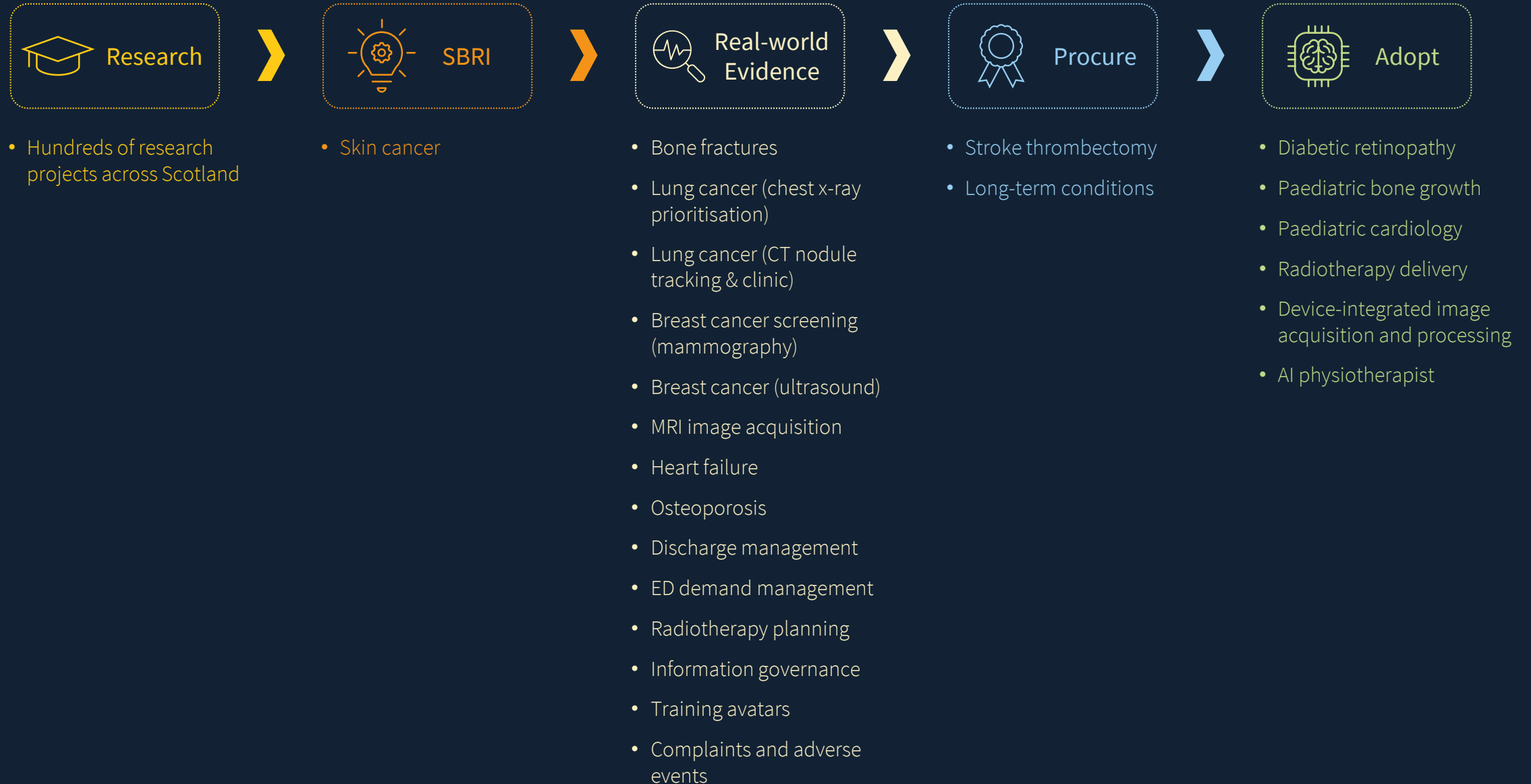


Despite advancements, the current version of ChatGPT is still subject to the 'six finger' problem.

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)





# How is it used in healthcare

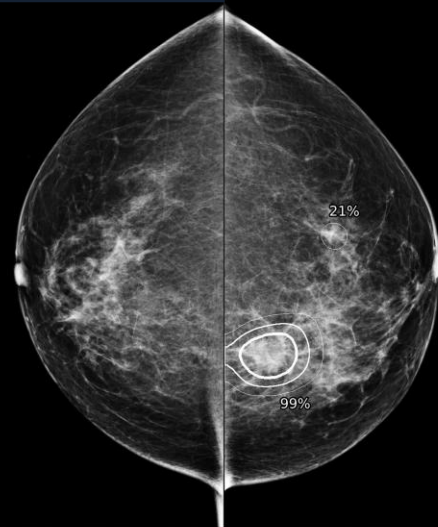


Breast screening



RCC

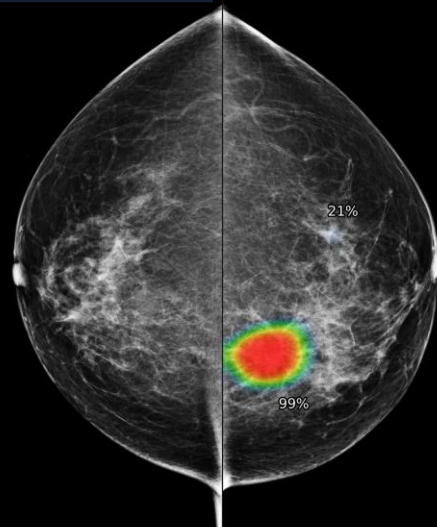
[S] [C] [RCC]



[S] [C] [LCC]

LCC RCC

[S] [C] [RCC]

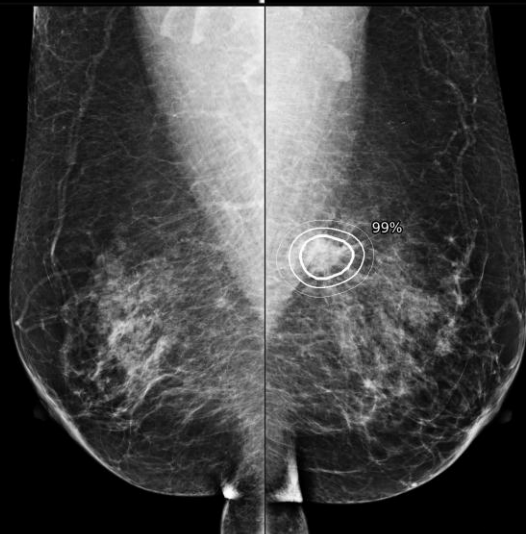


[S] [C] [LCC]

LCC

RMLO

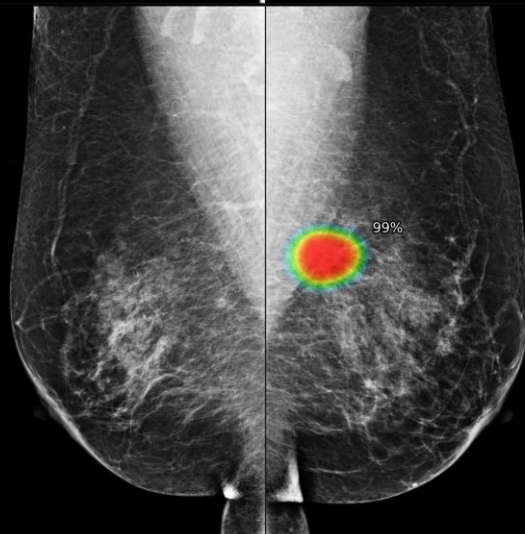
[S] [C] [RMLO]



[S] [C] [LMLO]

LMLO RMLO

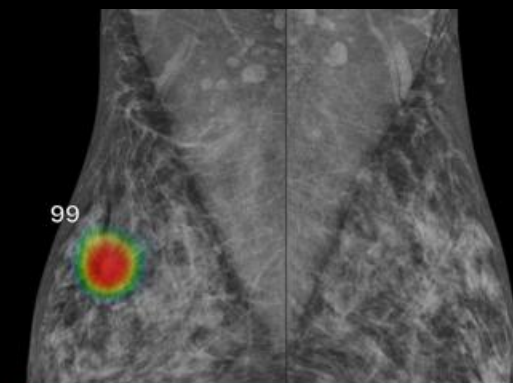
[S] [C] [RMLO]



[S] [C] [LMLO]

LMLO RMLO

LMLO



ABNORMALITY SCORE  
COMPOSITION CATEGORY

**R** Low / **L** 99%

**B** Scattered Fibroglandular Densities (5 of 10)

ABNORMALITY SCORE  
COMPOSITION CATEGORY

**R** Low / **L** 99%

**B** Scattered Fibroglandular Densities (5 of 10)

ABNORMALITY SCORE  
COMPOSITION CATEGORY

**R** 99 **L** Low

COMPOSITION CATEGORY  
COMPOSITION CATEGORY

**C** 7 / 10 Heterogeneously Dense





# 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

qure.ai

Back

John Doe | Patient ID: 789ADGH7810JKK

STUDIES

STUDY | 11.11.2022

S: 01 X-RAY AI OVERLAY

S: 02 X-RAY

01

01

01

01

Pleural Effusion

Blunted CP

Pleural Effusion

Blunted CP

REPORTING

GENDER: M, AGE: 45 Y

Screned 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 hila appear normal

Bony thorax appears unremarkable

Edit Report

Download Report

Worklist

Boravilli

Search

☆

Aparna Thomas

53 Y | F 0124929

Lab Confirmation received at 12:00 pm

★

Aparna Thomas

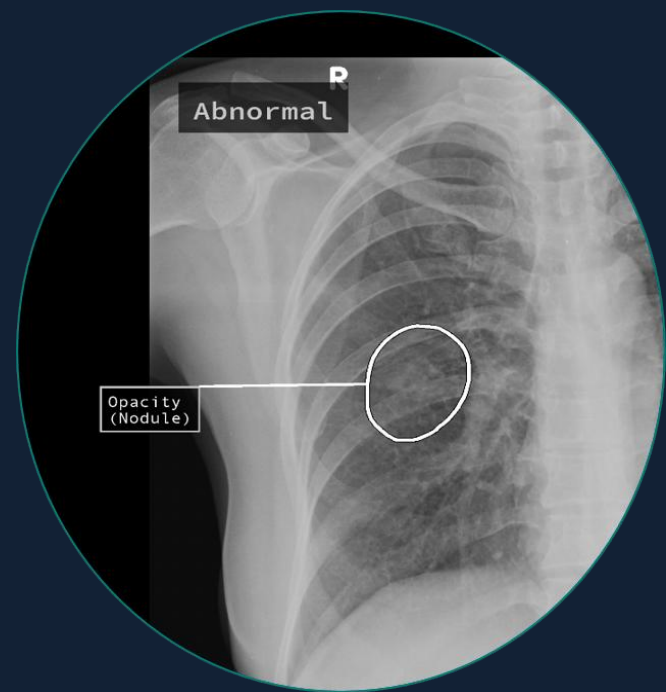
53 Y | F 0124929

Lab Confirmation received at 12:00 pm

Dashboard

Worklist

Notification







# 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

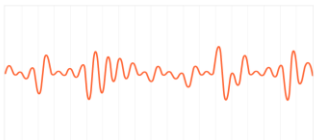


Mental Health Crisis  
Consider Alternative Response



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



5BD5B87B

Corti Demo / Oct 21, 2019 17:14



Preview mode

Male (adult)

MED Cardiac +1

00:00 02:55

Peer Review



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

SYMPTOM DETECTED 00:00:21  
Unconscious

Annotate: Breathing Normally established

SYMPTOM DETECTED 00:00:22  
Breathing

What protocol would you have used?

Electrocution / Burns

What type code would you have dispatched?

CAR

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

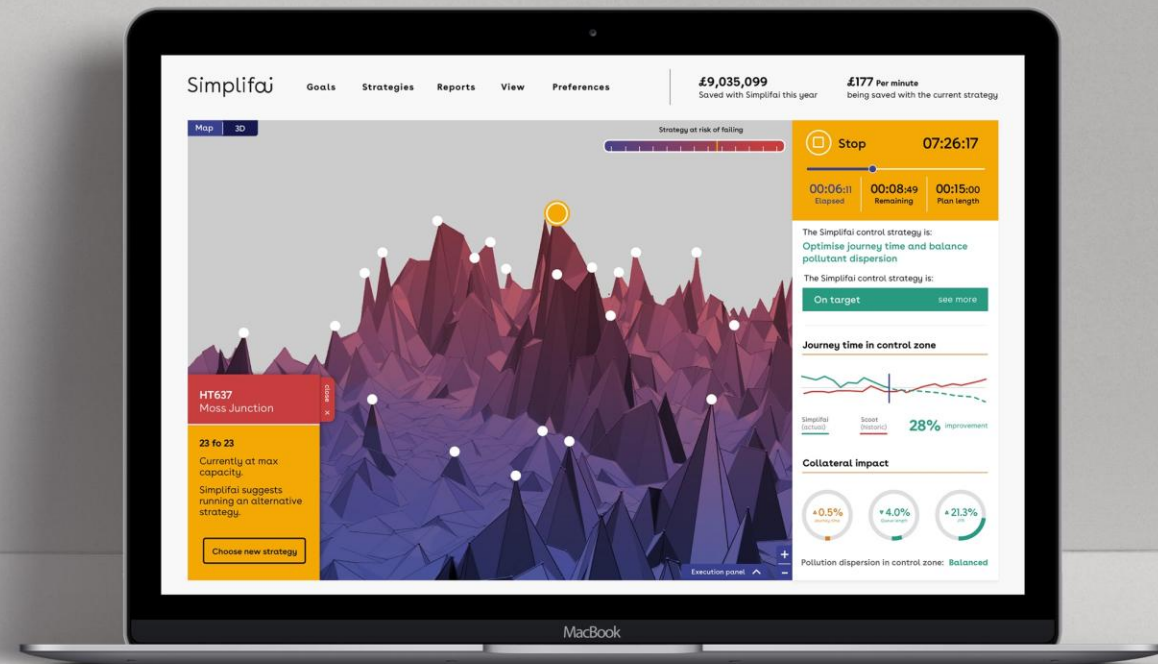
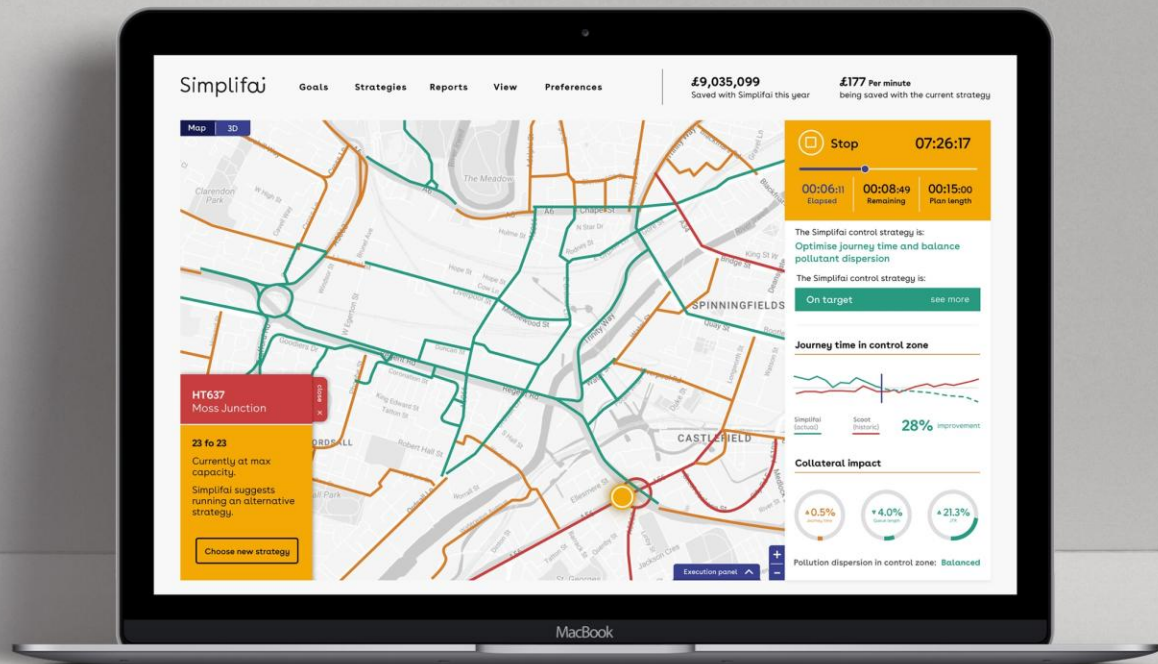
**50 %**

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 %**

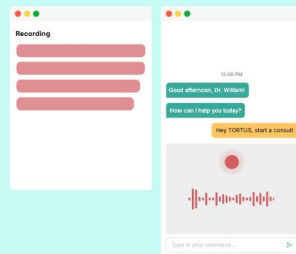
Reduction in particulates that are likely to adversely affect human health

**1000** lives

Saved every year in the UK alone through air pollution reduction

Ambient AI scribes

## Empowering Clinicians with Advanced AI



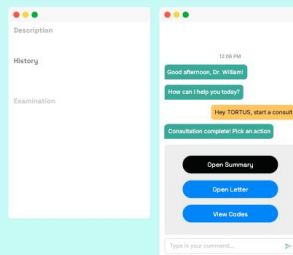
### Listens and transcribes

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.



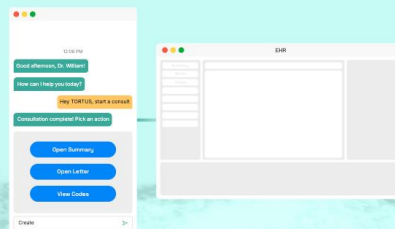
### Provides instant intelligent dictation

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

**13 %**

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

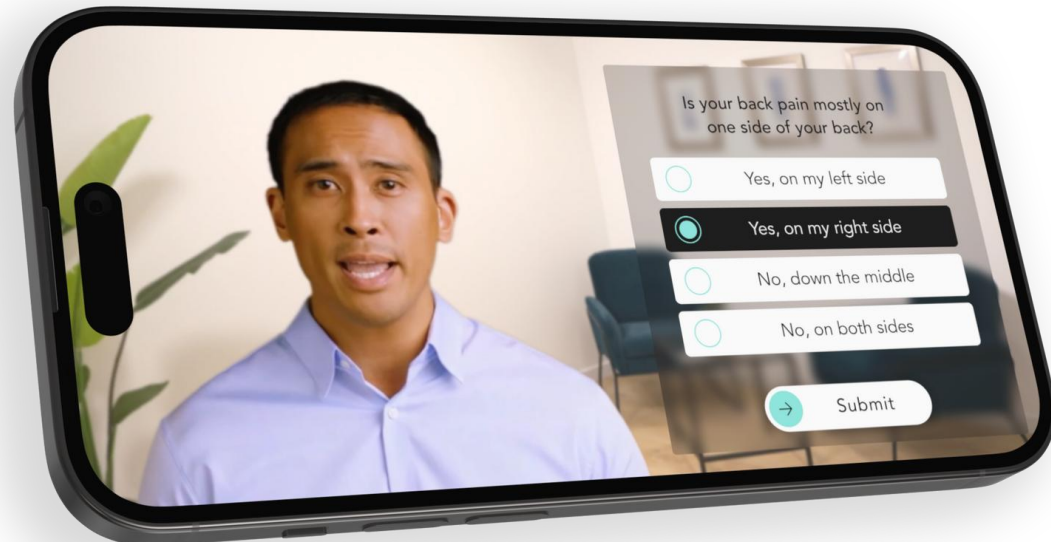
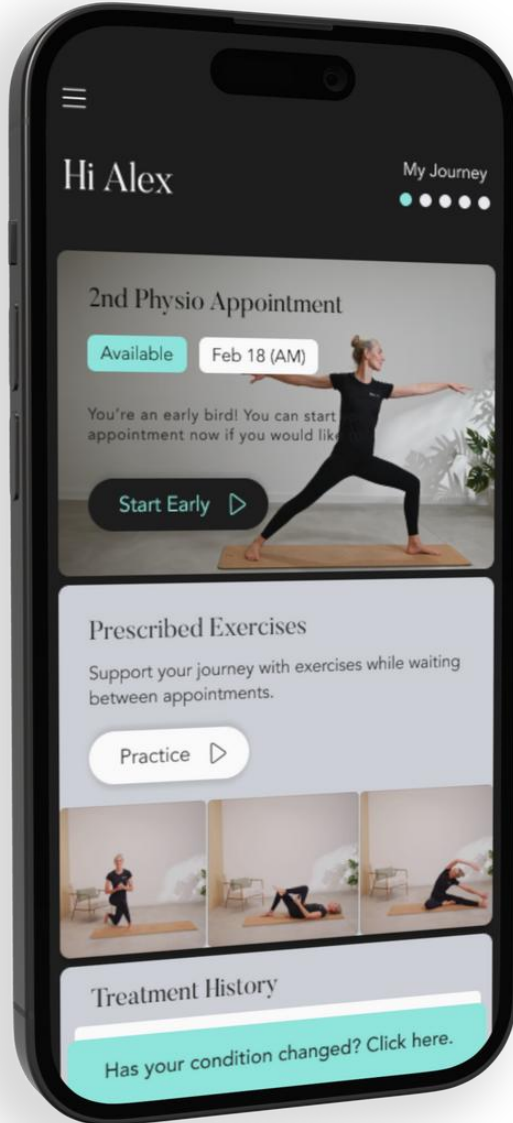
**35 %**

Reduction in clinicians feeling overwhelmed

**£834m**

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

AI physiotherapy







# 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

**1m**

Patients given access across 116 GP surgeries in NHS Lothian

**44 %**

Reduction in all-MSK patient waits within 12 weeks

**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

WILTSHIRE  
EST. FARM 1991  
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# 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





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

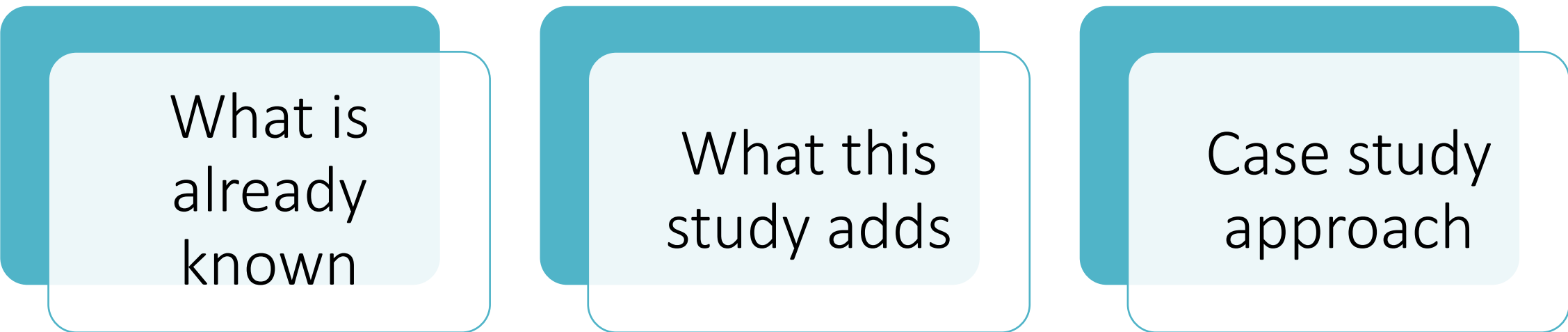


Implementing the 5  
Good Communication  
Standards in care  
homes in Lothian



# Research background

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

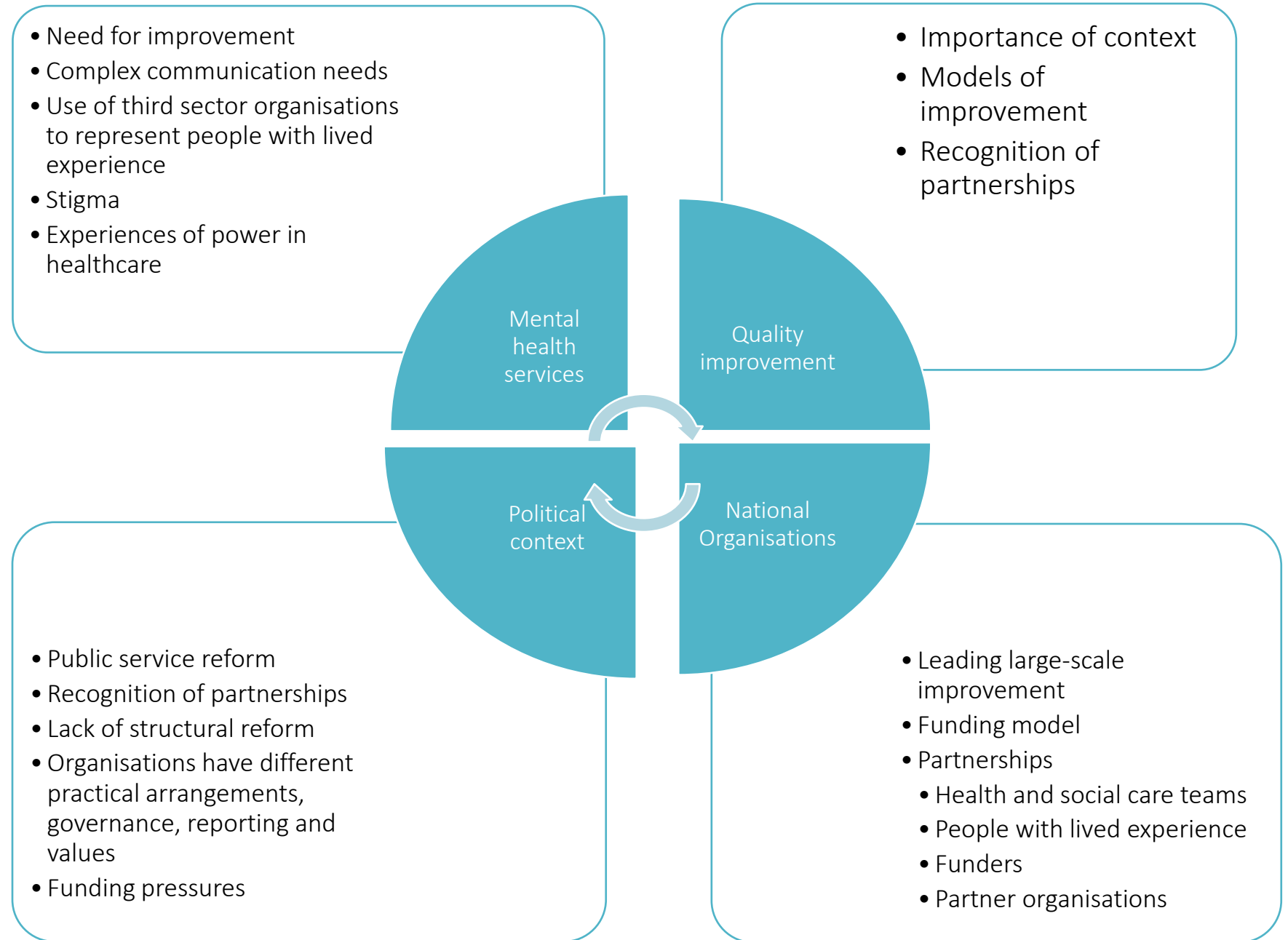


What is  
already  
known

What this  
study adds

Case study  
approach

# Context



# Concept of partnership

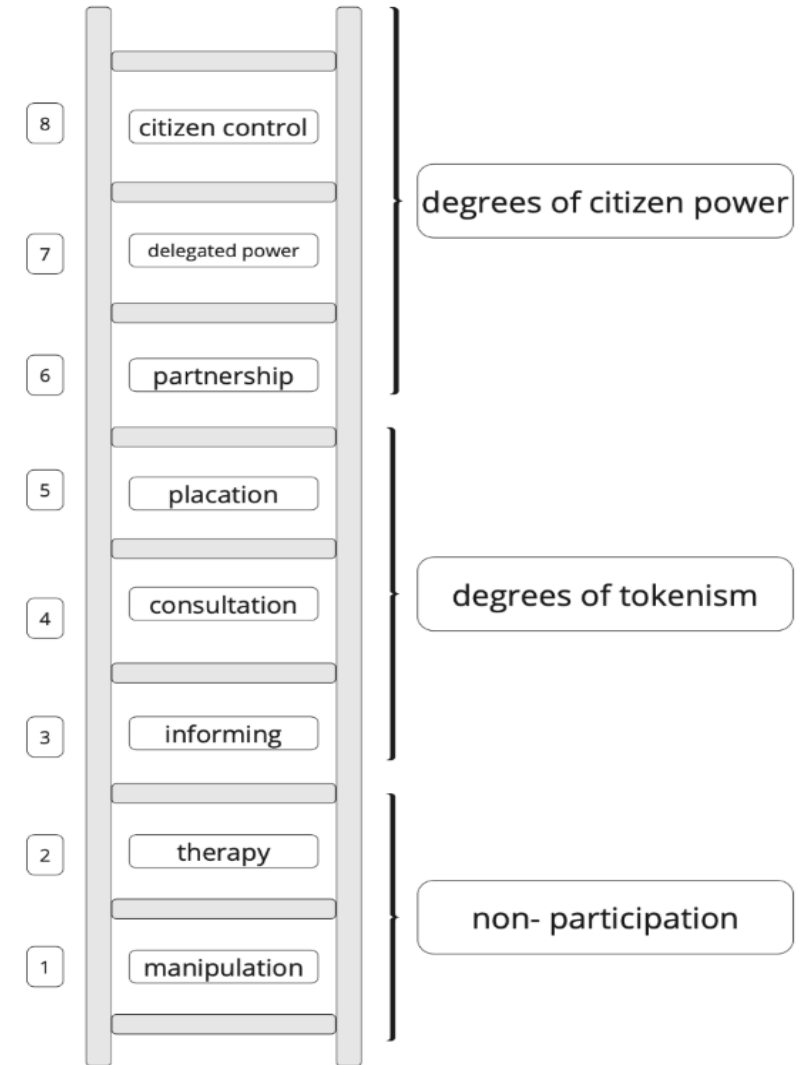
How partnership is viewed

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

- Powerful actors influence the actions or thoughts of others
- Demonstrated by control of spaces, decision making and preventing others gaining power

## Power to

- Ability to organise or change hierarchies
- Demonstrated by individual people making decisions and actions. Evidence of mutual support

## Power with

- Power of collective action
- Demonstrated by mutual support, solidarity, collaboration

## Power within

- Where individuals have capacity to exercise power
- Demonstrated by recognition of individual differences and respecting others

# Concept of Conflict

## Individual conflict

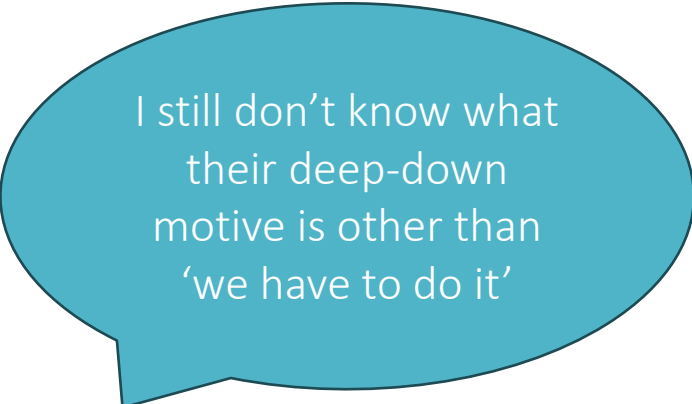
- Seen when people's concept of self is threatened, or when personal resources are depleted
- Demonstrated by misinterpretation of other's motives, worldviews or integrity

## Interpersonal conflict

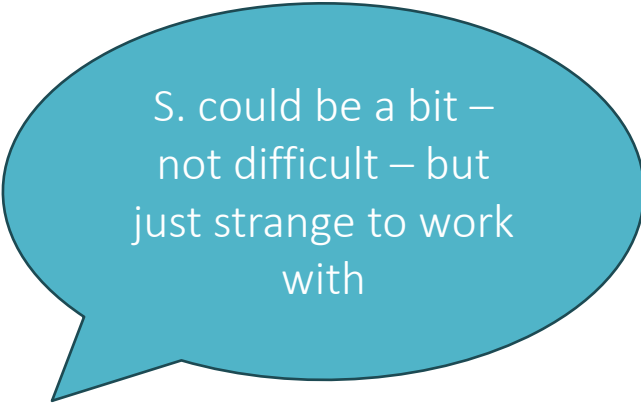
- Seen as communication breakdown, power differentials, or dehumanisation of others
- Demonstrated by social distance or incivility

## Organisational conflict

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



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



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

# 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

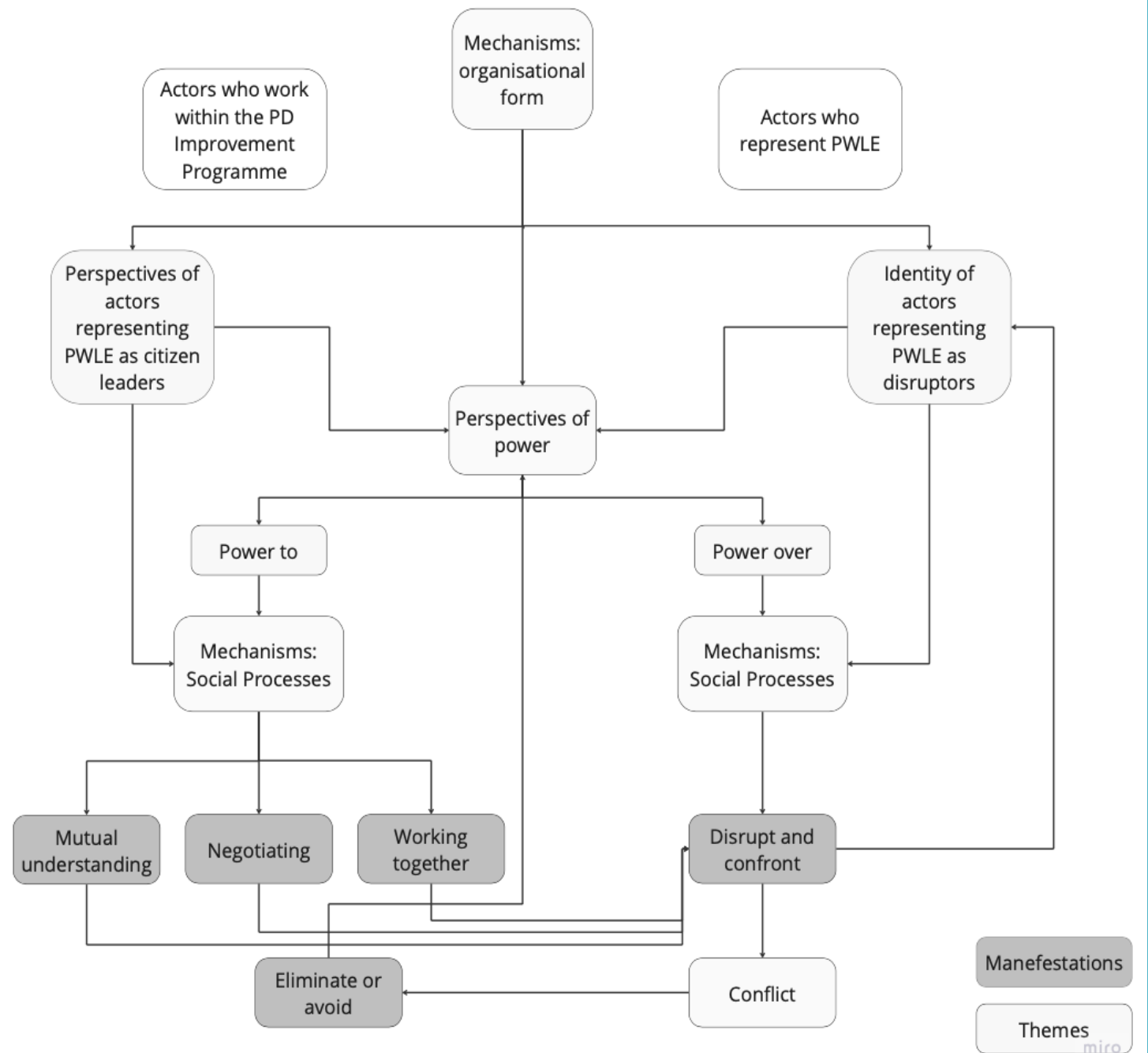
Presented in a concept map



# 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

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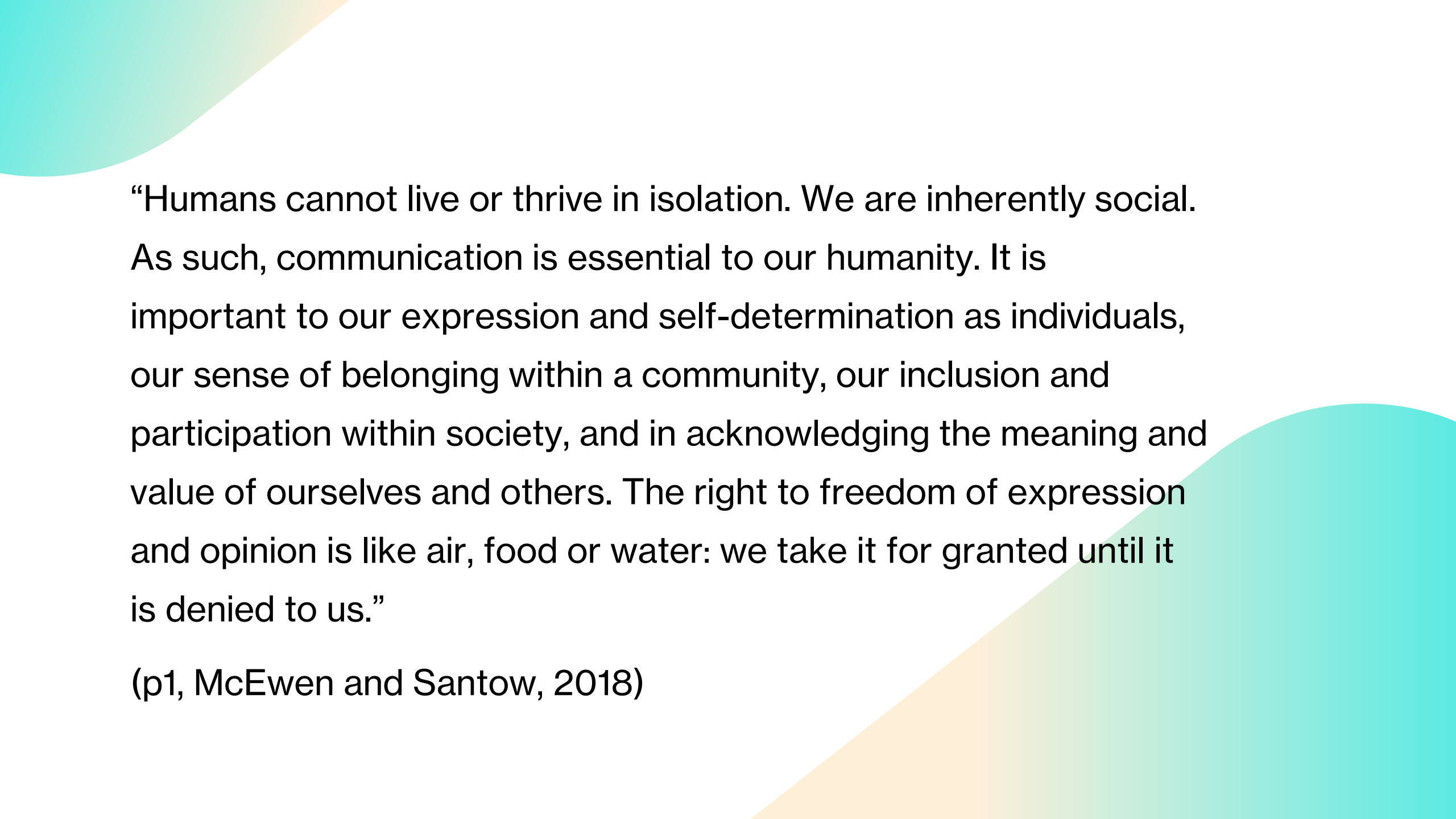




AnneMarie MacRae

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)

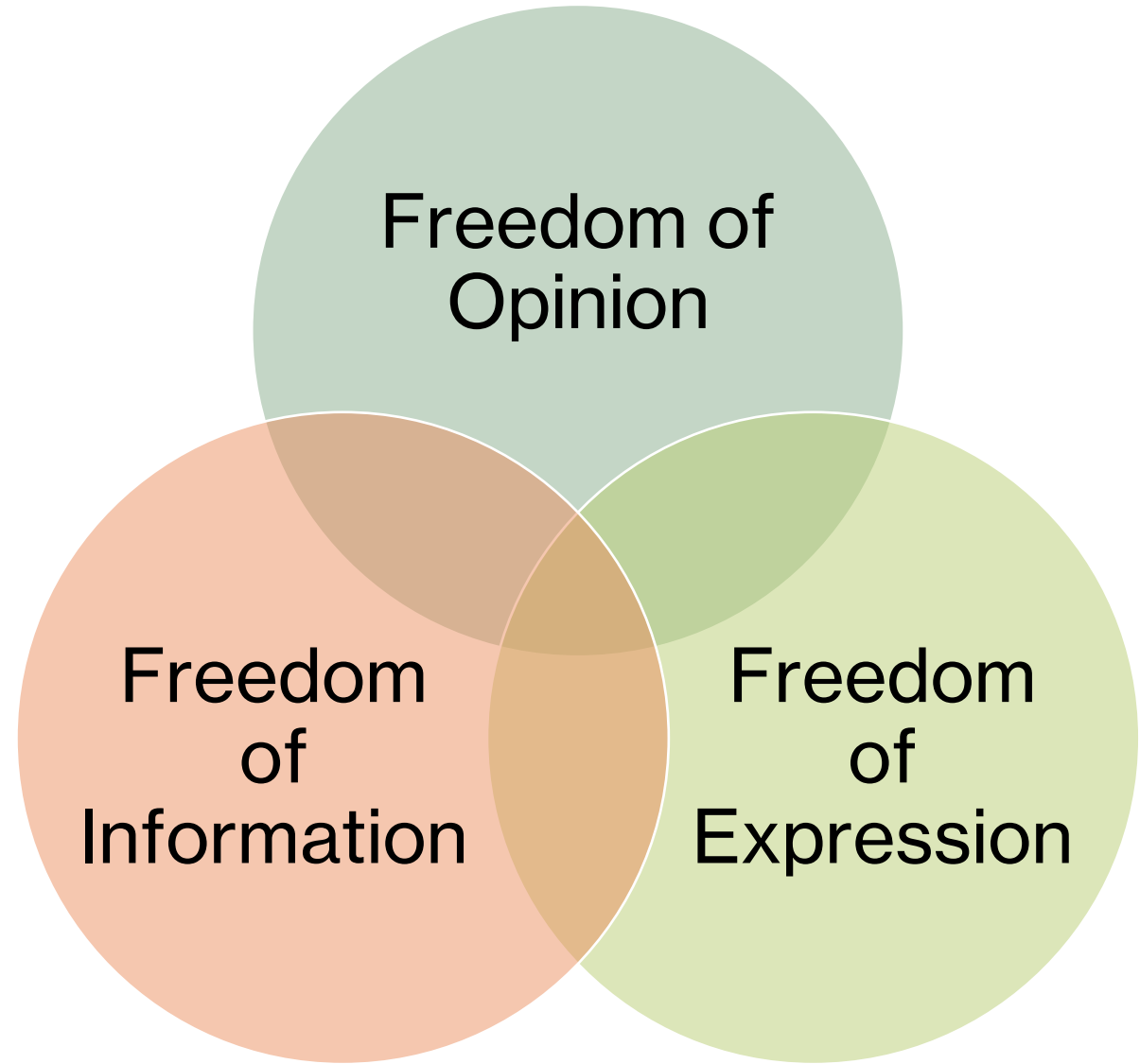
## Article 19

“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”





**Article 19, UDHR**

# **Language and Communication Rights**

Communication  
Rights of all people

Communication  
Rights of people with  
Communication  
disabilities

Communication  
Rights of Children

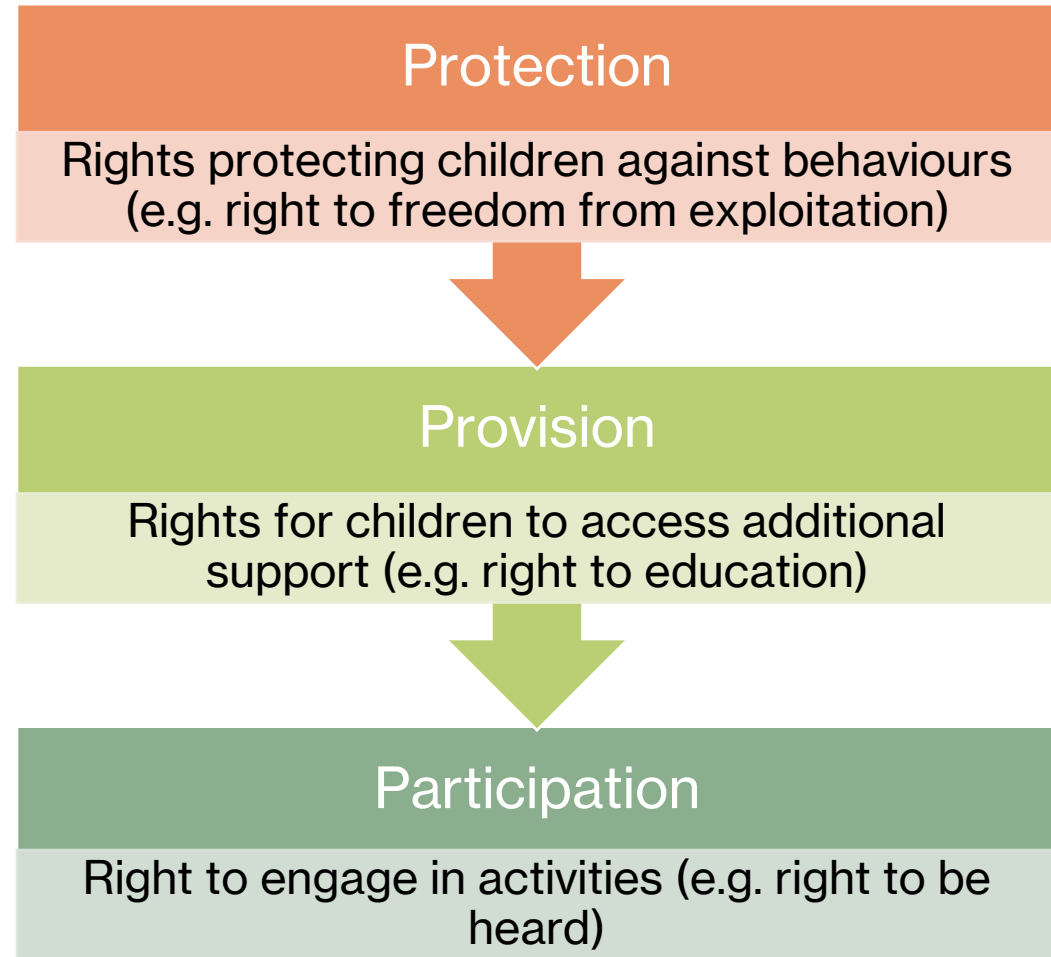
Communication  
Rights relating to  
Language

# 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)

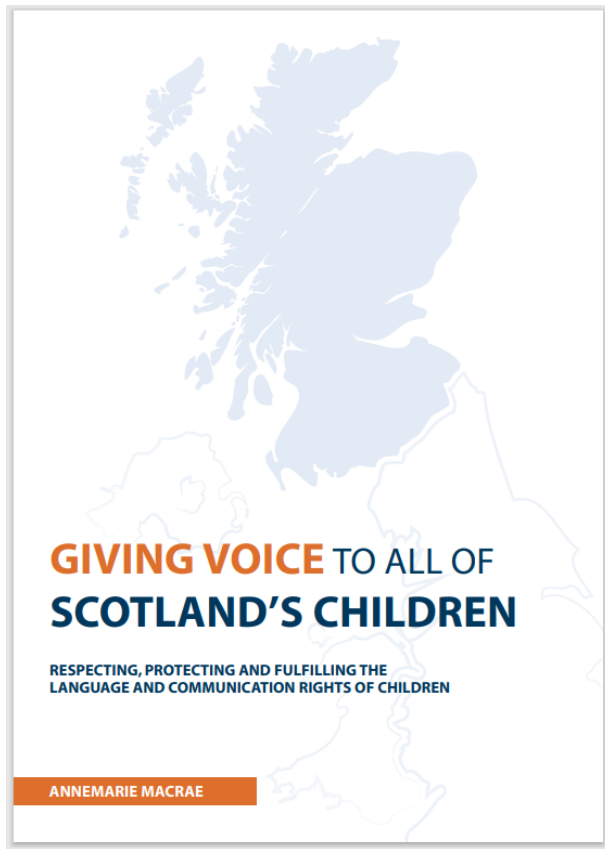
The Best Interests of the Child  
(Art 3)

General  
Principles

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

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





# 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))**





# 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)

Article 2	<b>Non-discrimination</b> 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	<b>Life, survival and development</b> 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	<b>Respect for the views of the child</b> Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.
Article 13	<b>Freedom of expression</b> 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	<b>Access to information from the media</b> 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 help protect children from materials that could harm them.
Article 23	<b>Children with a disability</b> 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 support disabled children and their families.
Article 24	<b>Health and health services</b> 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 well-being so that children can stay healthy. Richer countries must help poorer countries achieve this.
Article 28	<b>Right to education</b> Every child has the right to an education. Primary education must be free and different forms of 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	<b>Goals of education</b> Education 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	<b>Children from minority or indigenous groups</b> 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	<b>Knowledge of rights</b> 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



```
graph TD; A[GIRFEC – Getting it Right for Every Child] --> B[Ready to Act]; B --> C[Children and Young People (Scotland) Act 2014]; C --> D[The Promise]; D --> E[Children (Care and Justice) (Scotland) Act 2024];
```

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](mailto:annemarie.macrae2@aapct.scot.nhs.uk)

## REFERENCES

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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.

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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>

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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?**





- Ready your QR scanner!
- Or Visit [PollEv.com/abiroper792](https://PollEv.com/abiroper792)

# 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






\_\_\_\_\_









































# 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

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




### 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!





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

[PollEV.com/abiroper792](https://PollEV.com/abiroper792)

Send **abiroper792** 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, 10:54am

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





## 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.



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](https://PollEV.com/abiroper792)**

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





# Who could you tell about your project?



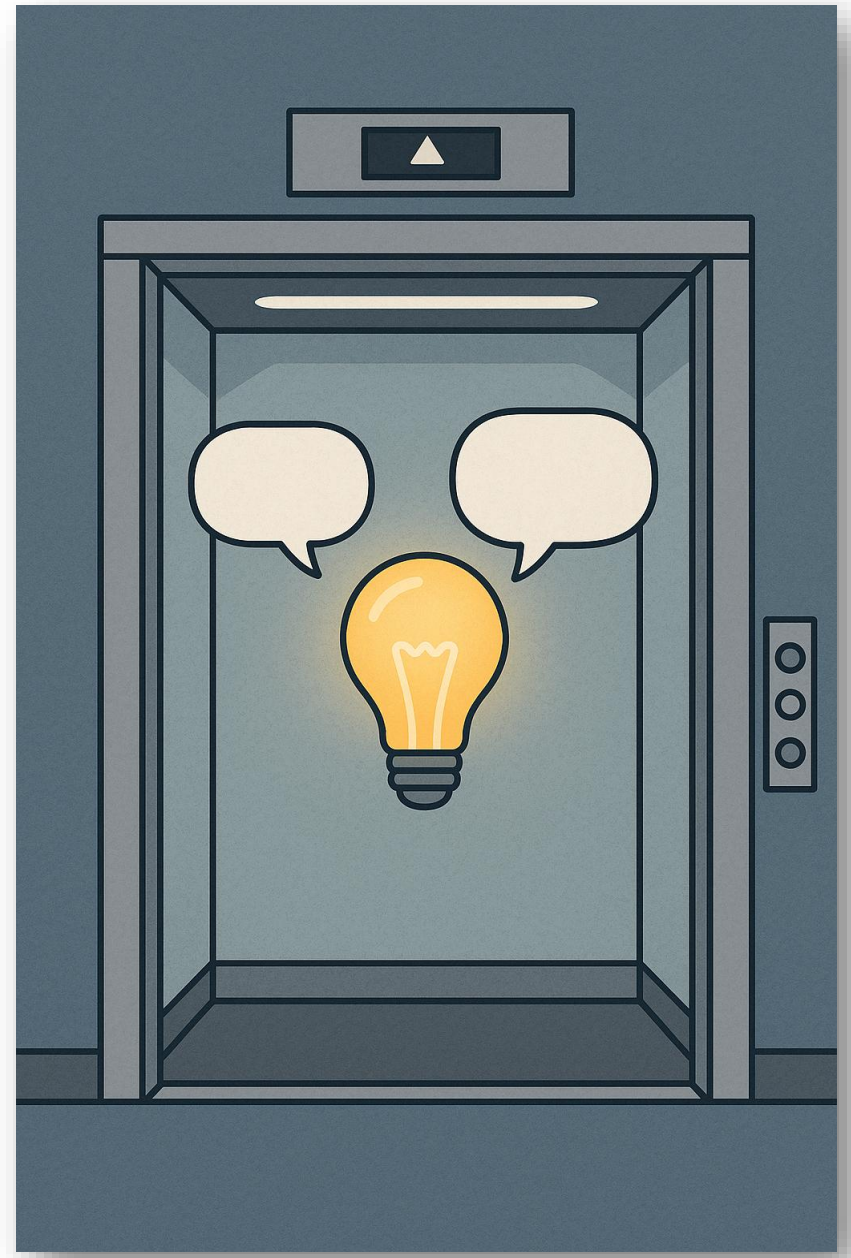
## Log in to Poll Everywhere

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

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---

# Elevator Pitch



# Take away message..



---

# Thank you for listening!







# Get in touch

[joanna.ford@nhs.scot](mailto:joanna.ford@nhs.scot)

[kira.tubbs1@nhs.scot](mailto:kira.tubbs1@nhs.scot)

[heather.payne2@nhs.scot](mailto:heather.payne2@nhs.scot)





# Communication Access in Dundee

Abi Roper, SLT and Research Fellow

Sarah Heatley, SLT

Amy Hanschell, SLT





# About Dundee



Image Courtesy of Speakability Tayside

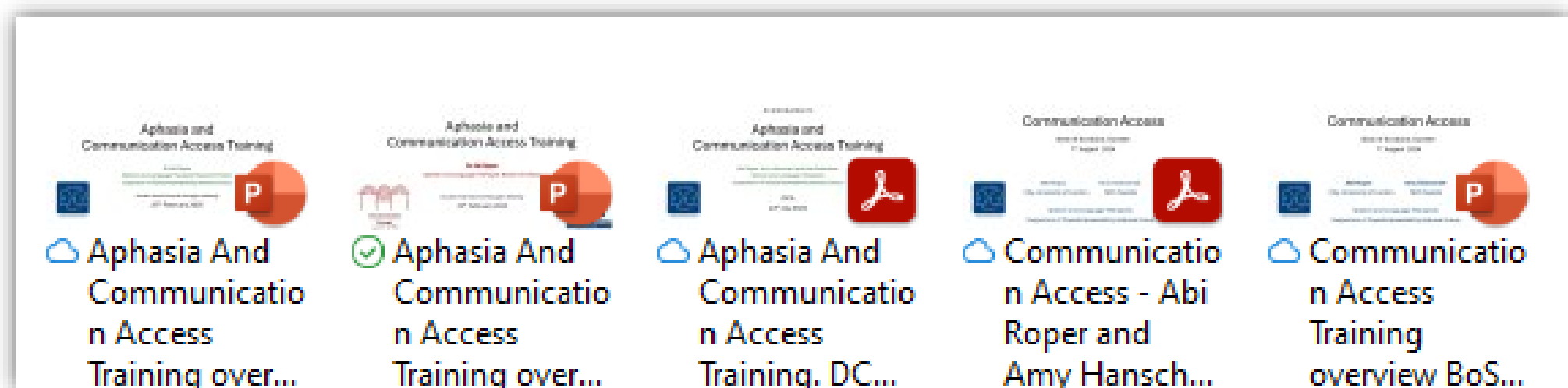
# Speakability Tayside and the DCA



DundeeContemporaryArtsFacade2020s by KeyKing666, licensed under CC BY 2.0



# Emails and EDI meetings



# What to say...

- Millions of people across the United Kingdom have communication difficulties, including both adults and children.
- Around ½ 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

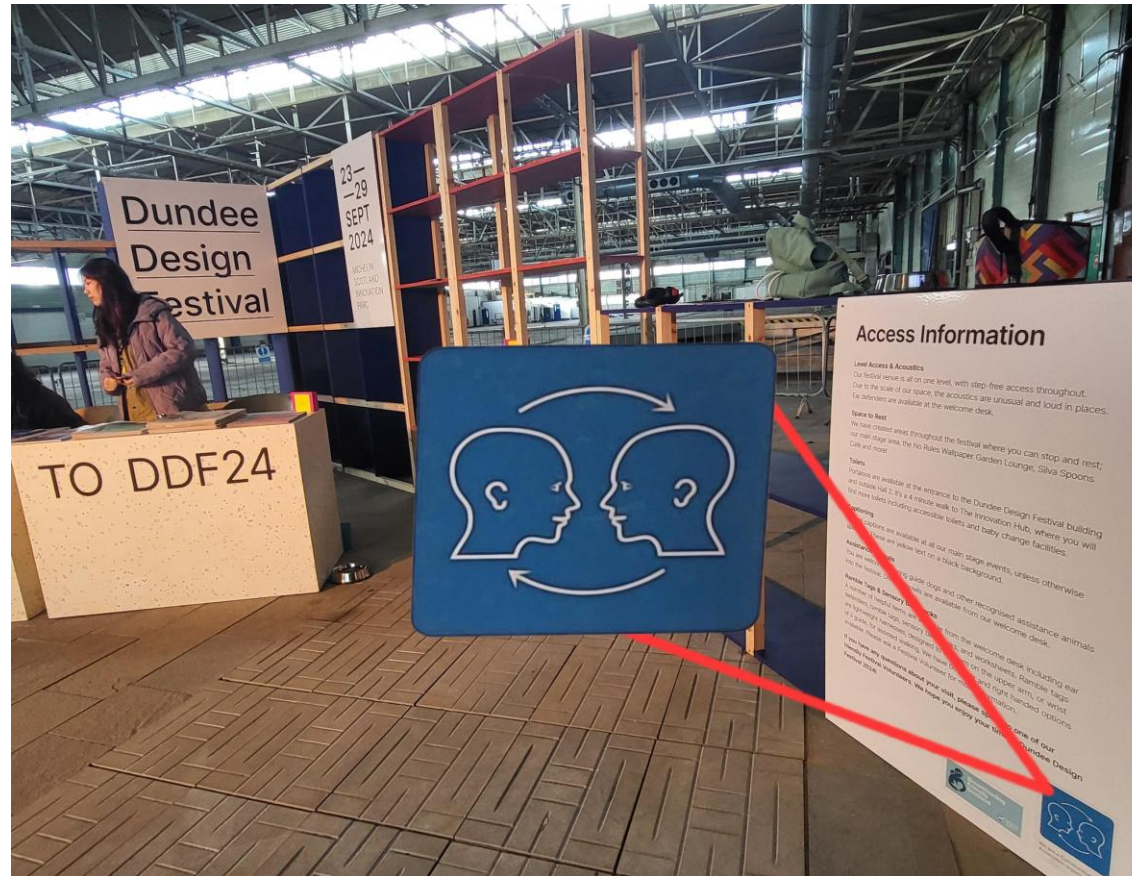


Committed to training:

- Dundee Heritage Trust
  - Verdant Works
  - Discovery Point Dundee







# 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**

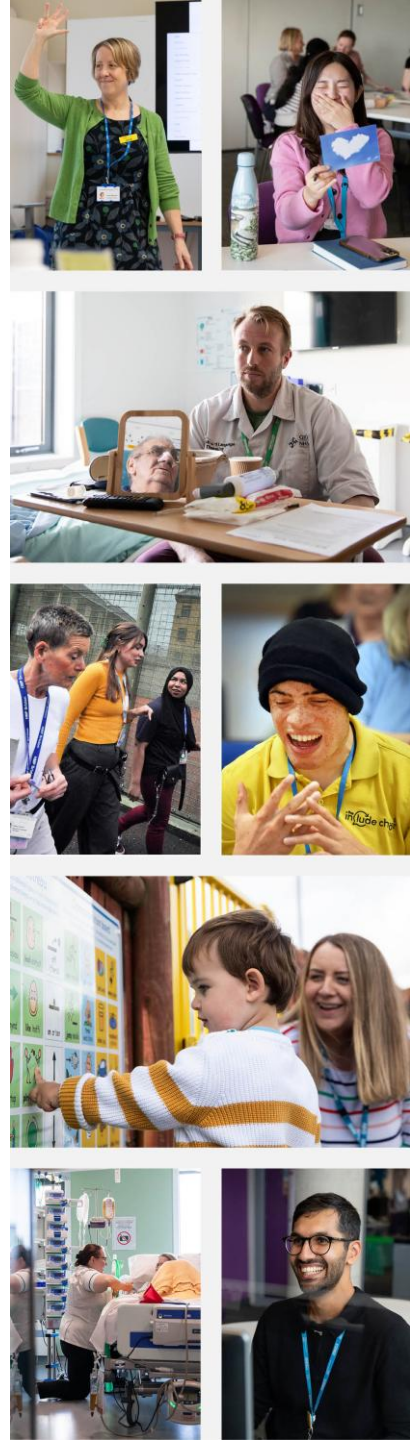
CONVENTION BUREAU

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?





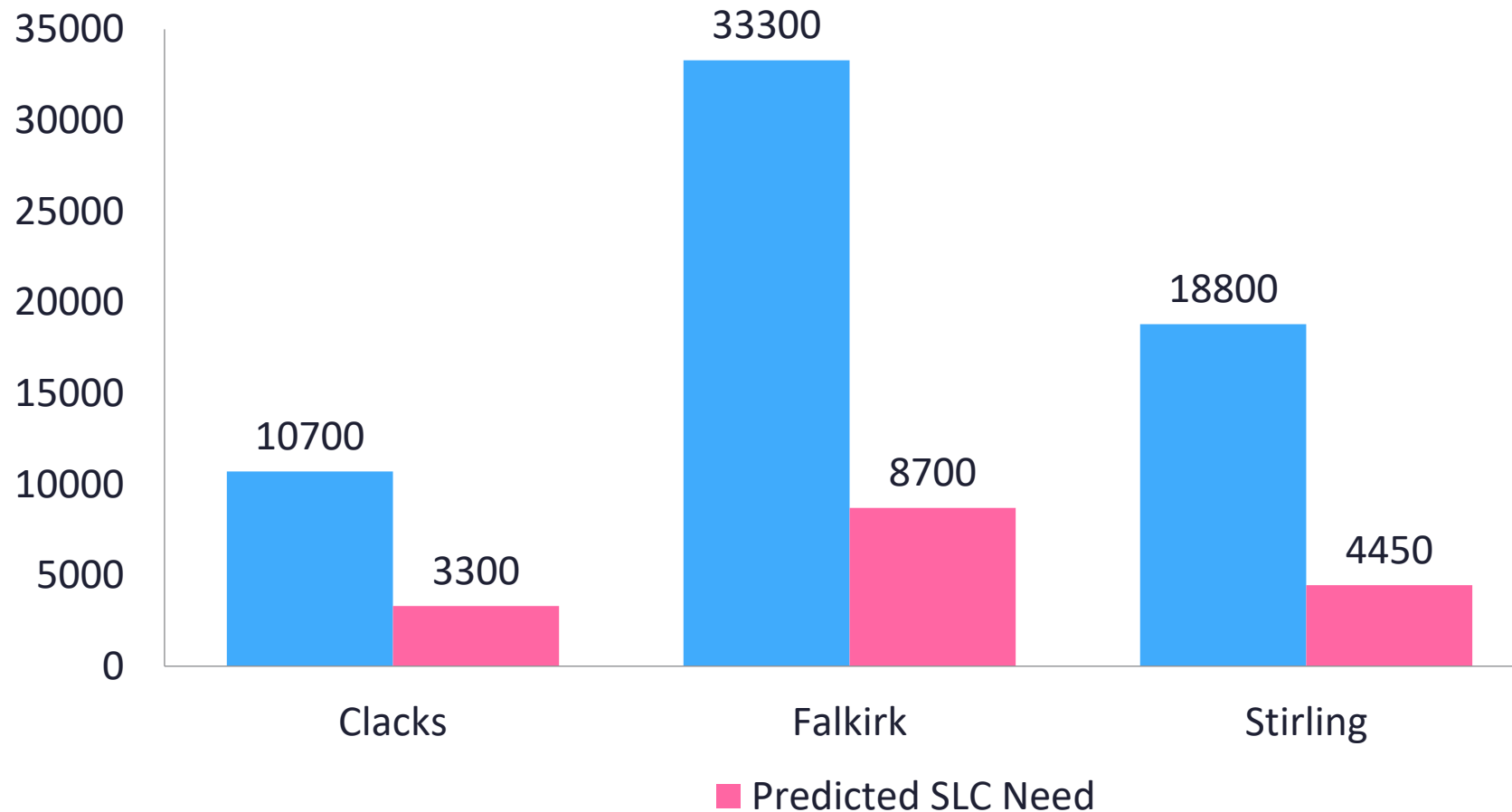


# Influencing innovation & thinking differently to improve outcomes and maximise resource

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

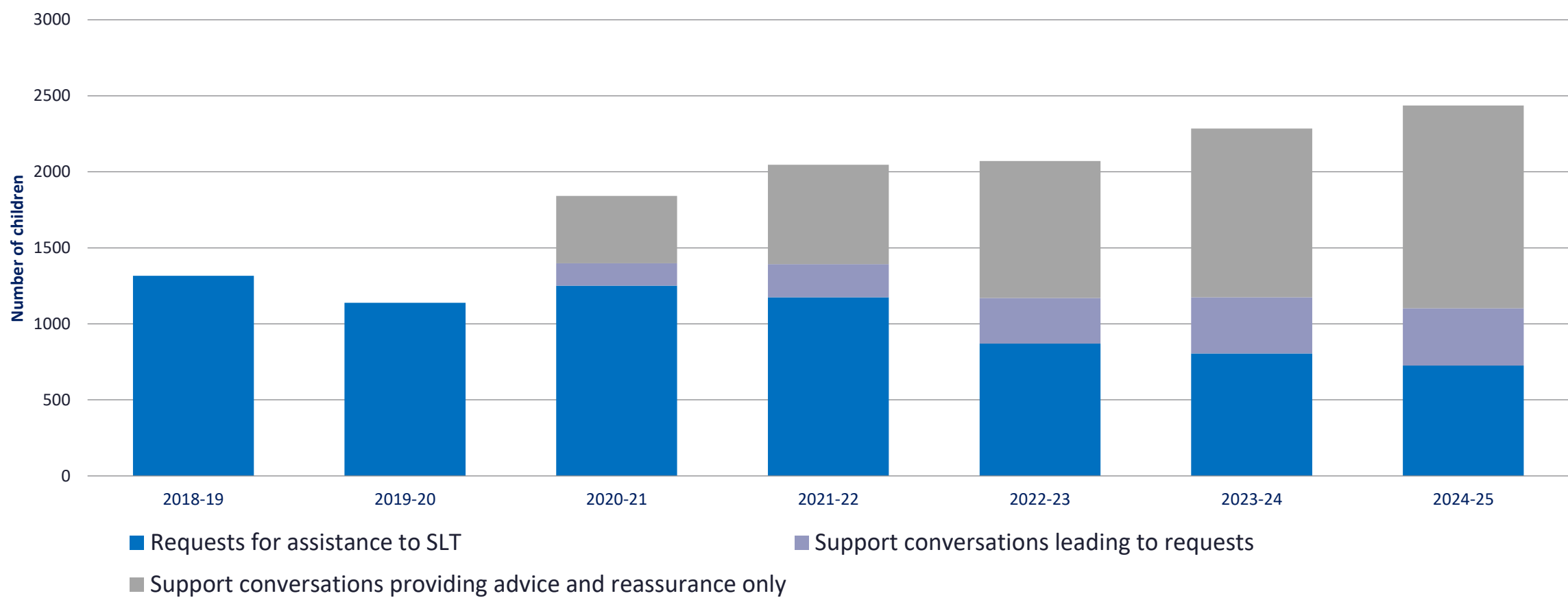


Population and Predicted SLC Need in Forth Valley



# The Demand

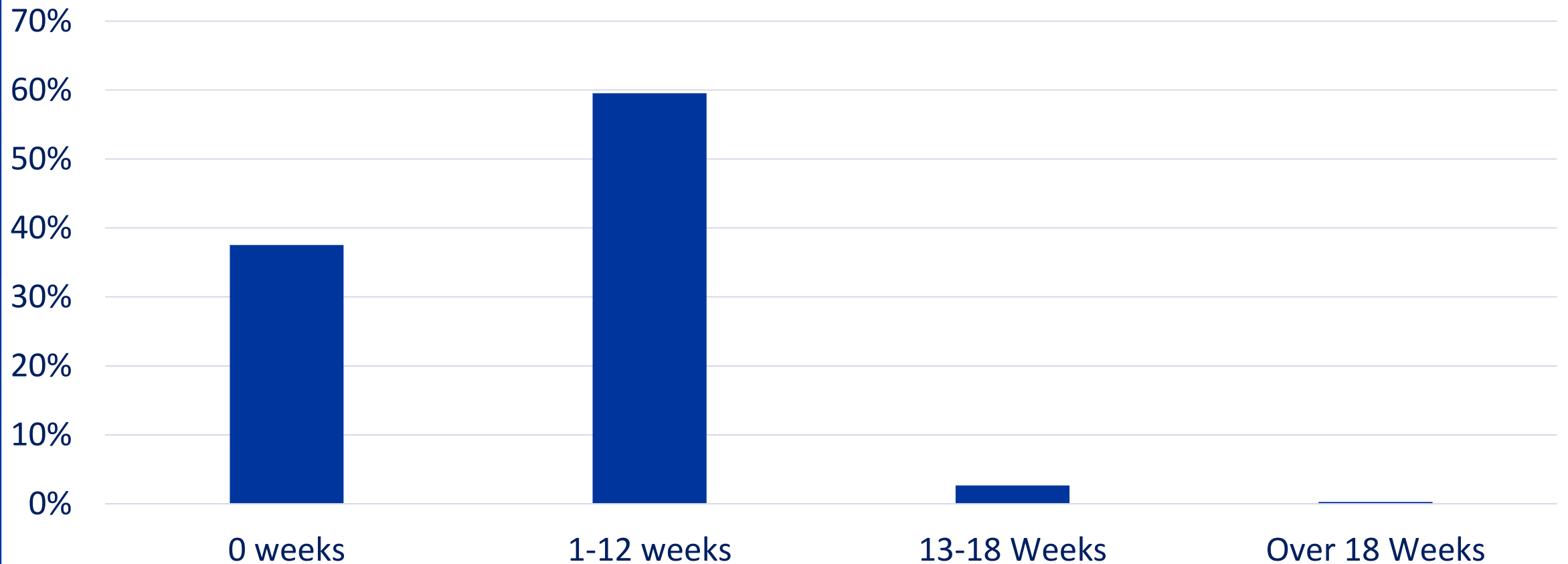
Meeting Increased Demand for SLT in Forth Valley



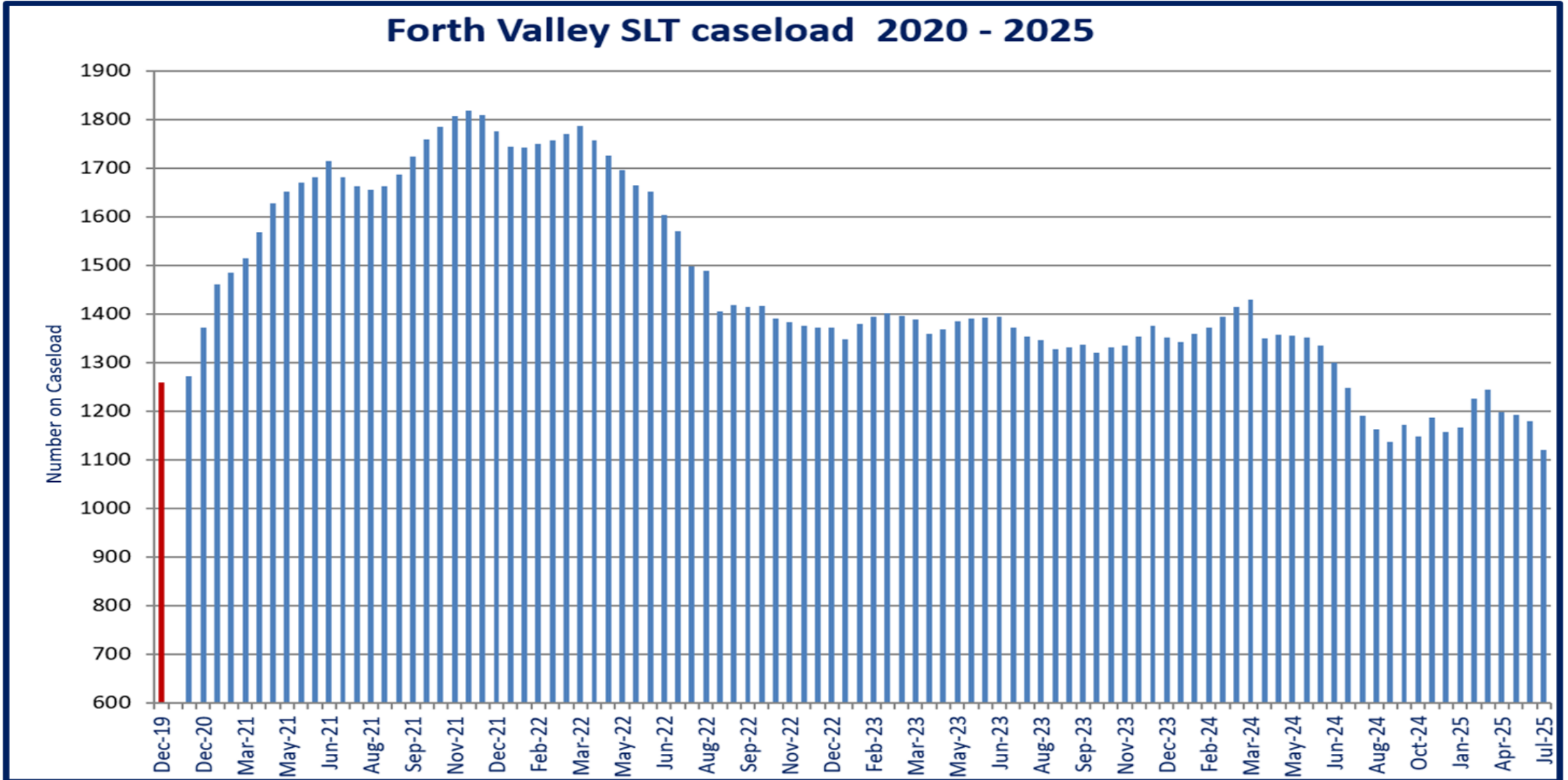


# The Progress

## Waiting times for FV SLT 2024 - 25



# The Progress



# The Team



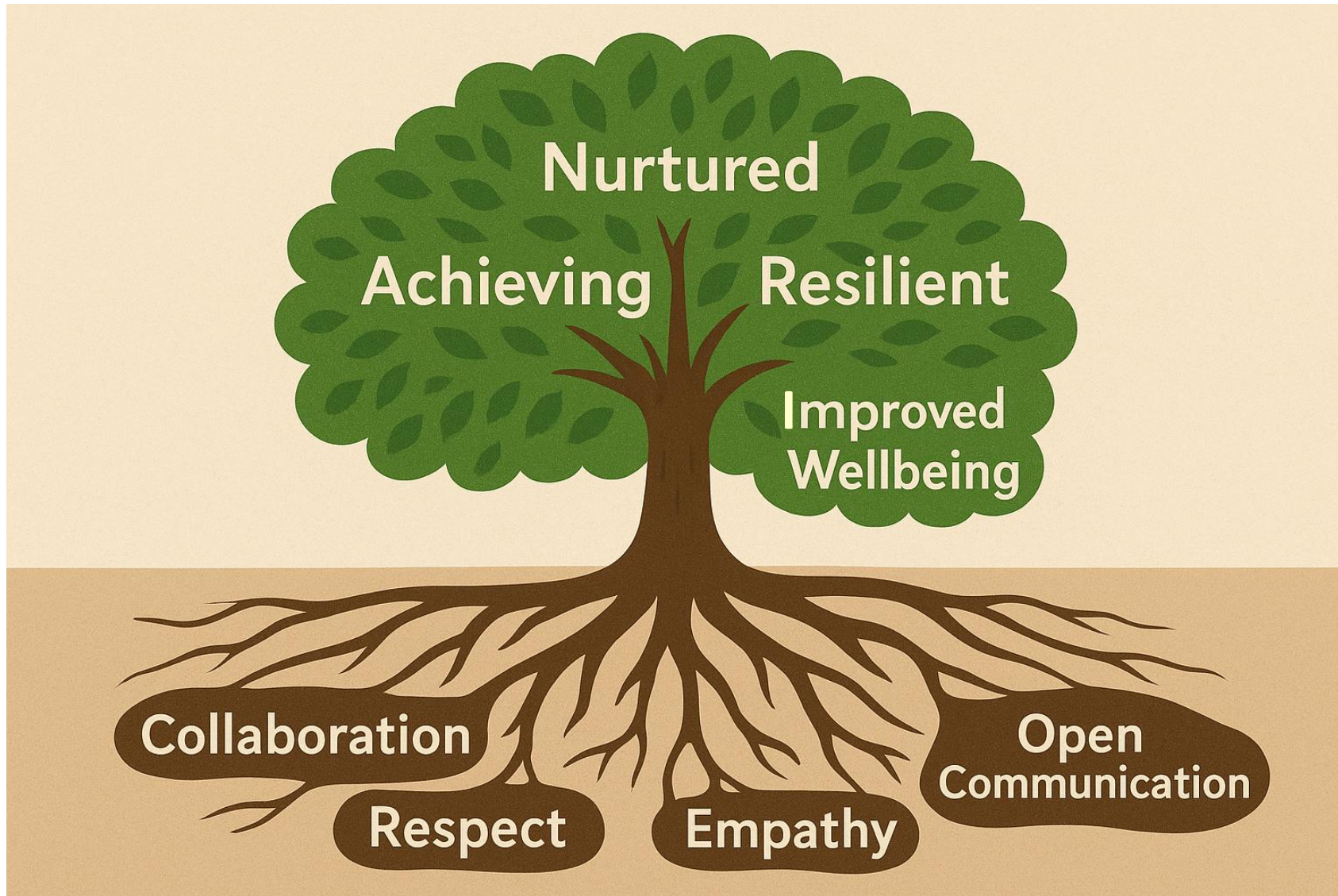
# The Activity

- 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



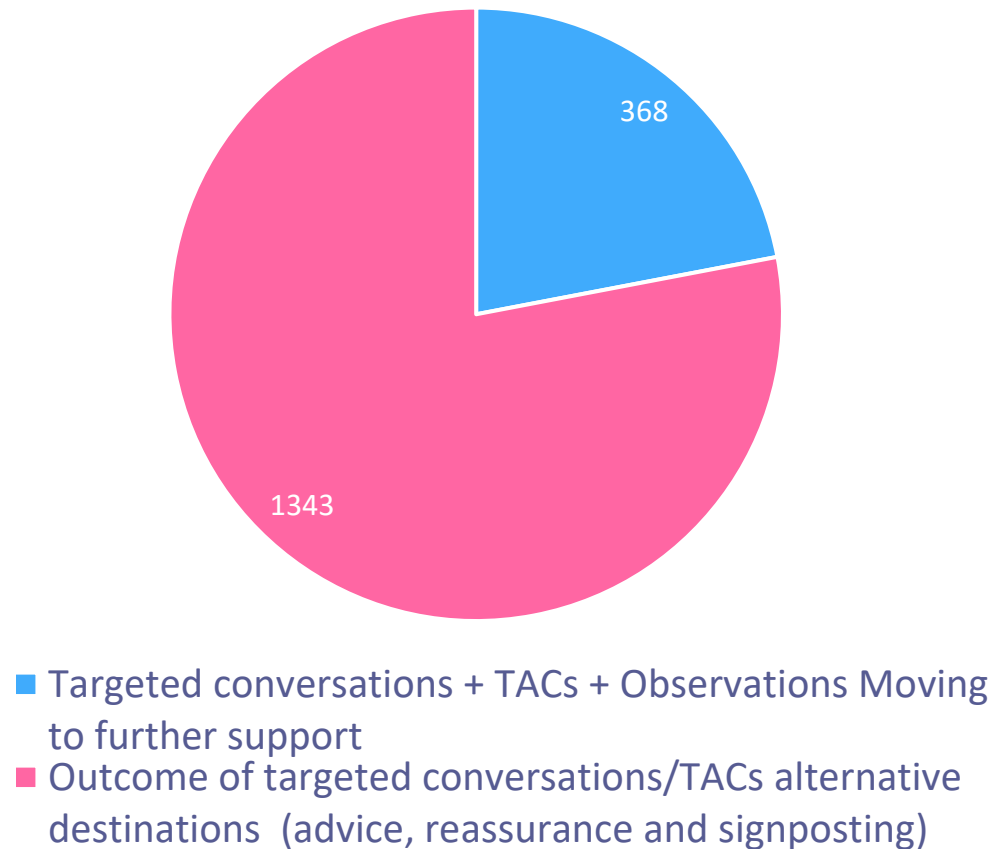


# The Factors for Success

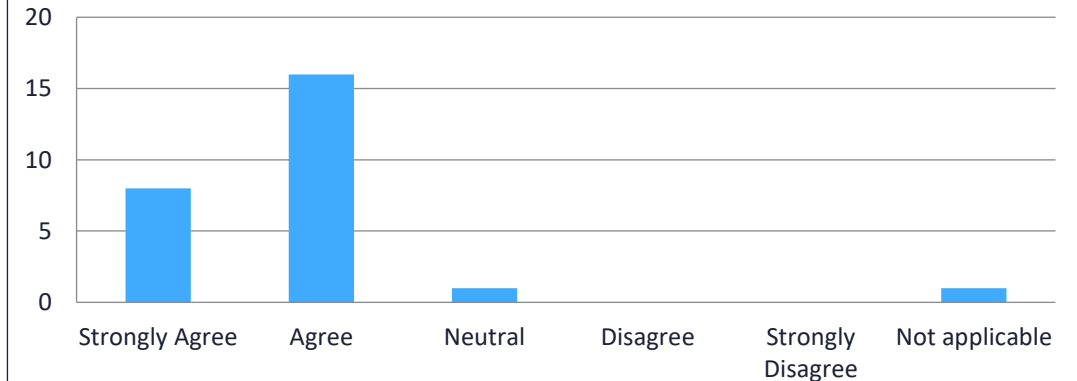


# The Feedback

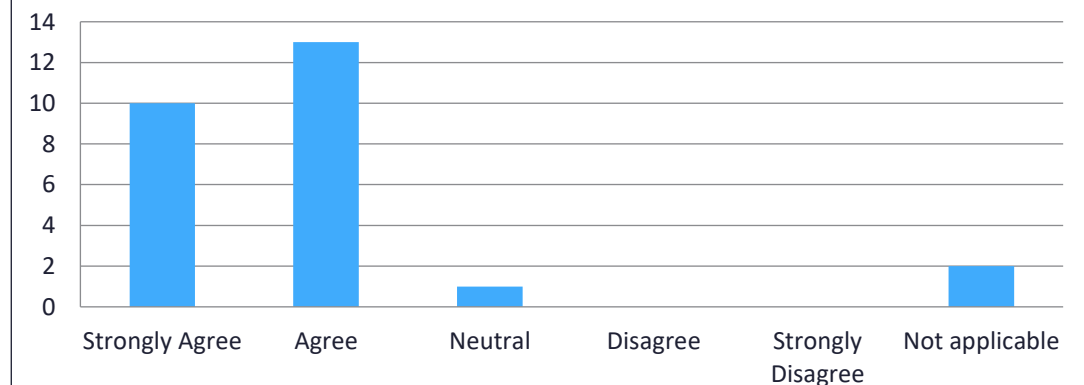
Outcomes of Targeted Conversations



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





- 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.org](https://www.rcslt.org)



[info@rcslt.org](mailto:info@rcslt.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

WILTSHIRE  
EST. FARM 1991  
FOODS







# Using Data to Demonstrate Impact – Stories, Strategies and Change

RCSLT Scotland Day  
17 September 2025



# Session Overview

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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

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

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[claire.clark10@nhs.scot](mailto: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

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- Child 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

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

It has helped me to set goals with the family, being clear and keeping it specific. It has improved my confidence in delivering early intervention approaches. (Health Visitor)

The project has allowed for open communication and opportunities for sharing ideas, fostering good relationships between services. (Health Visitor)



# Lessons learned

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- 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

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*"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)*

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**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

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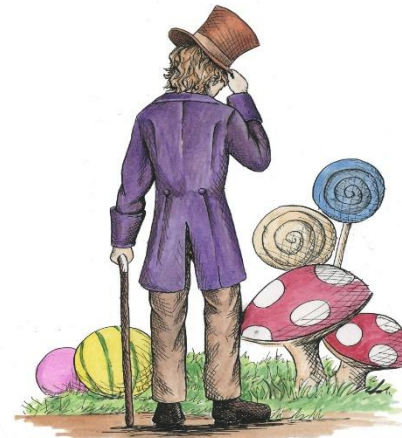
Every project begins with essential questions:

*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:**

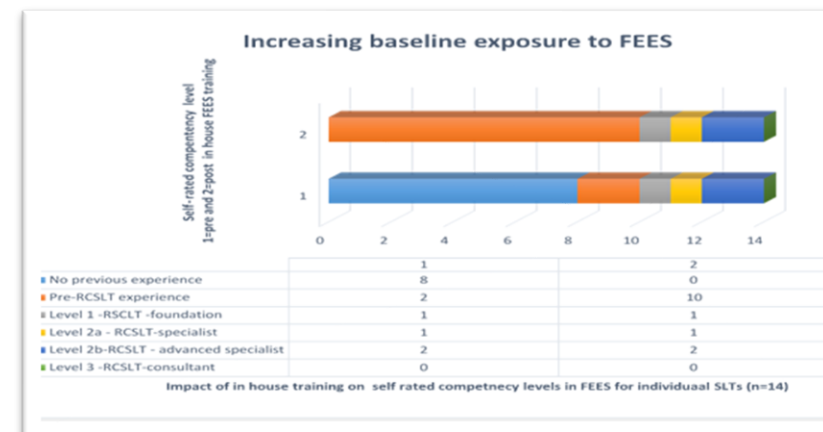
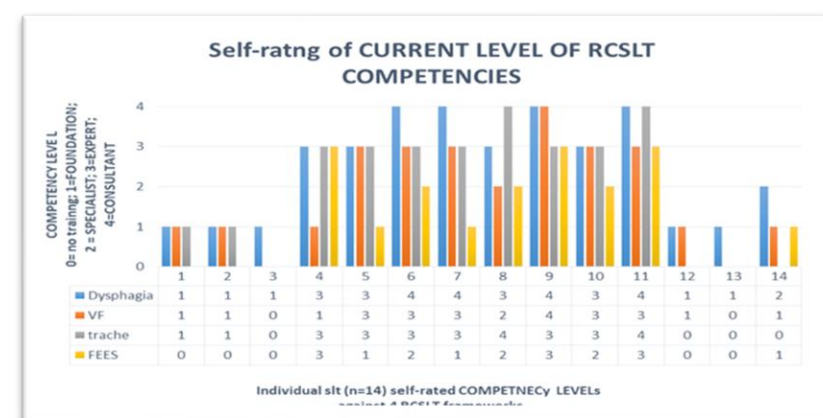
Three-Phase Implementation Plan (2021-2026)

**The project design:**

Mixed-methods prospective design using surveys

**The data analysis:**

SPSS software





TELL  
your  
Story

How very curious...

- Alice in Wonderland



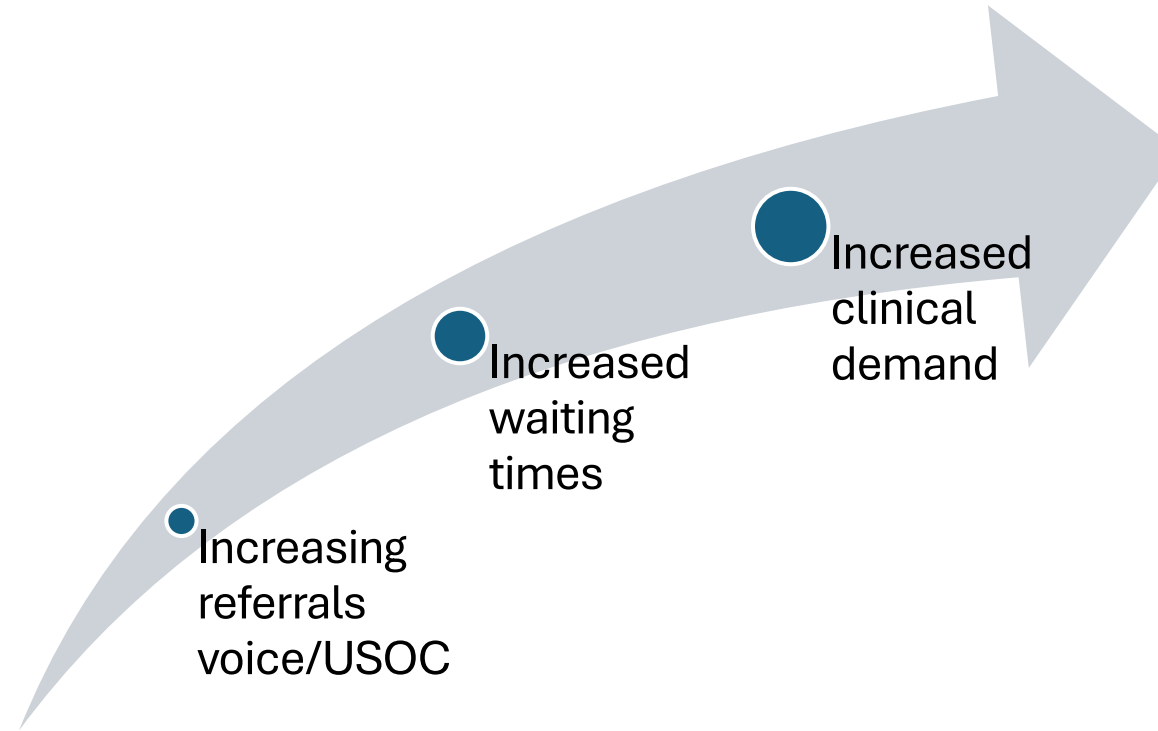


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# Georgina Parkinson

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

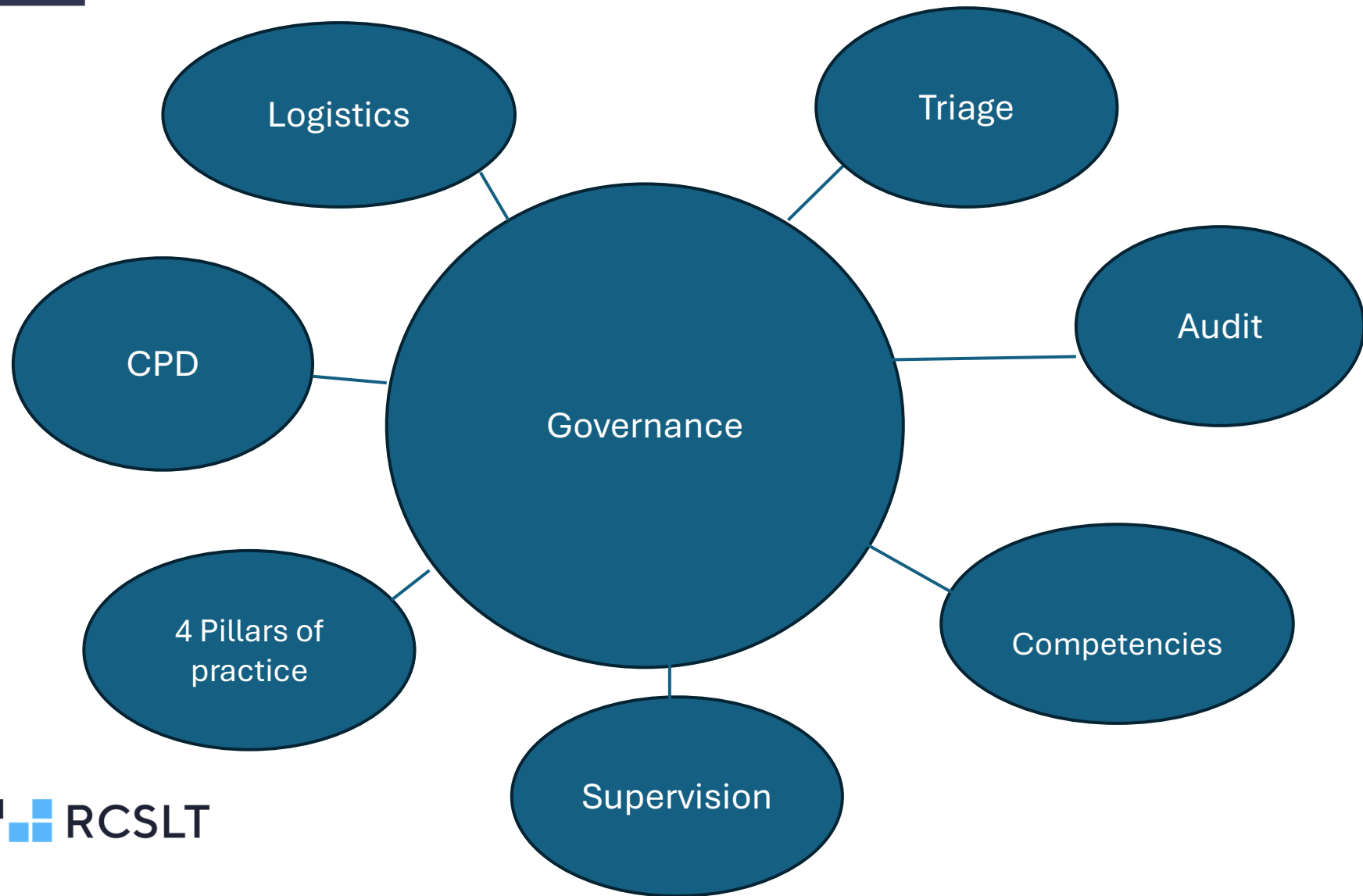
# Developing Advanced SLT Roles in a Therapist-Led Voice Clinic



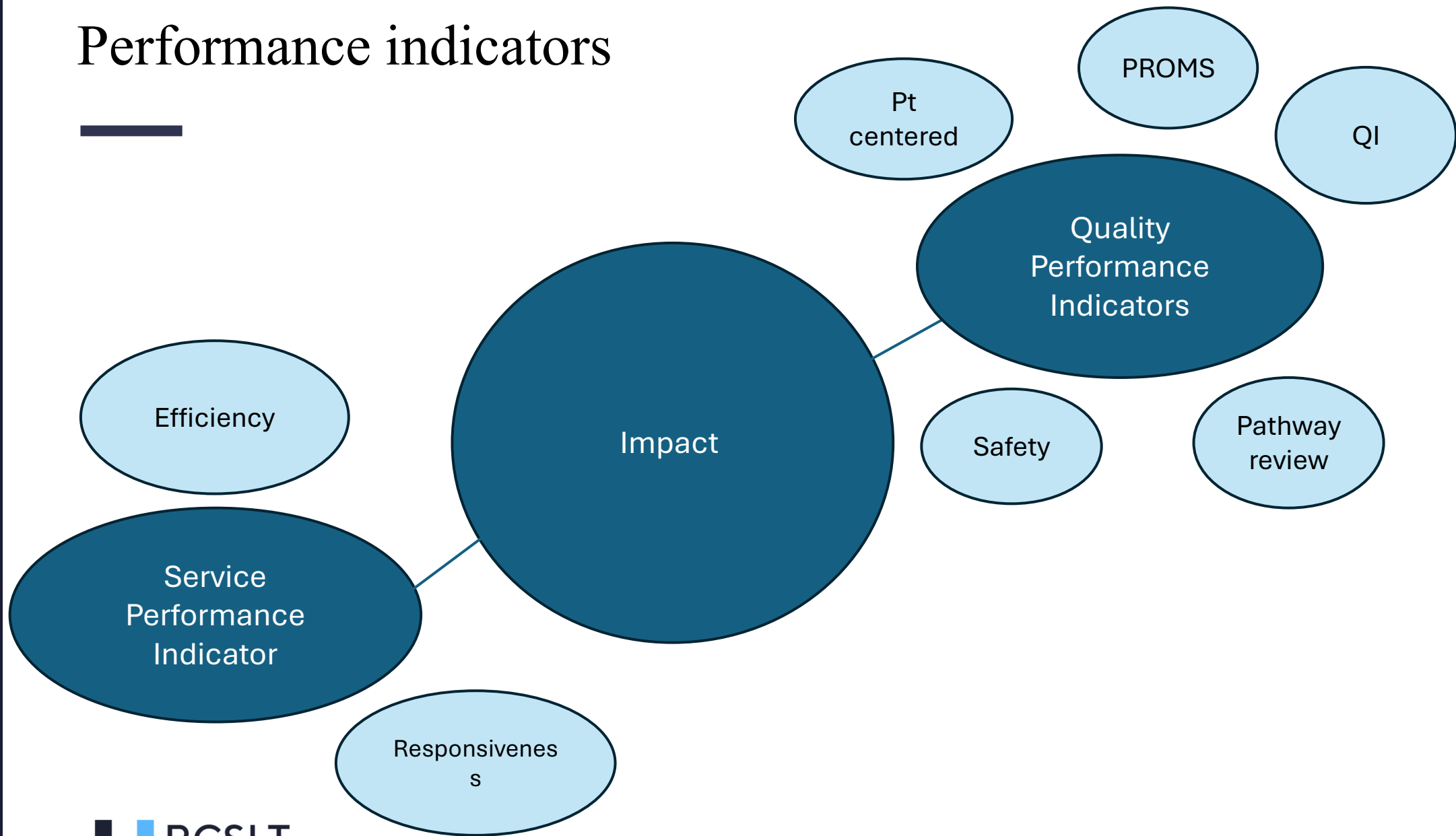
[Getting it right for everyone \(GIRFE\) - gov.scot](#)

[AHP careers fellowship scheme | NHS Education for Scotland](#)

# Structure



# Performance indicators





# Impact & Lessons learned

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- 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**?





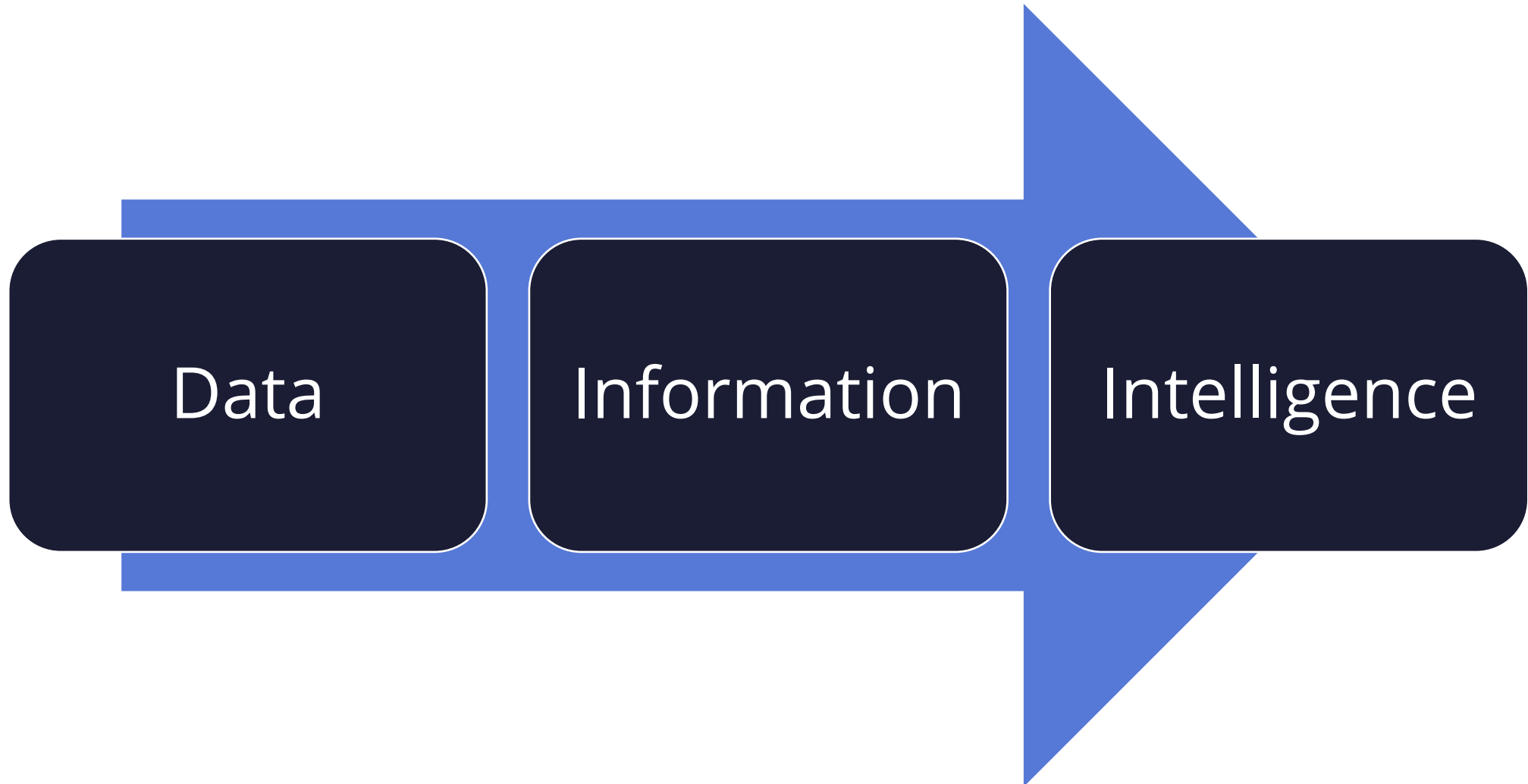
# Feedback and Reflections



# RCSLT Data & Resources



# More than just *collecting* data...



# Making data count

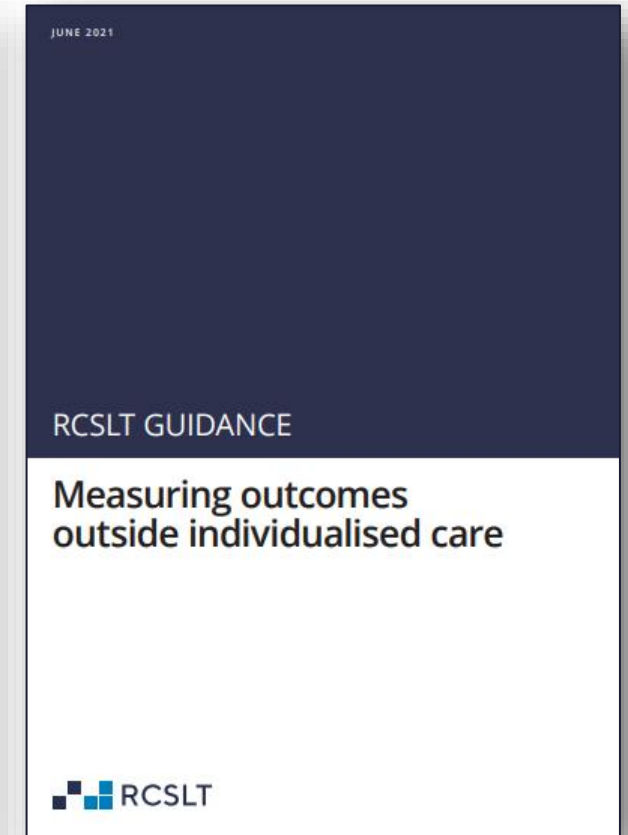
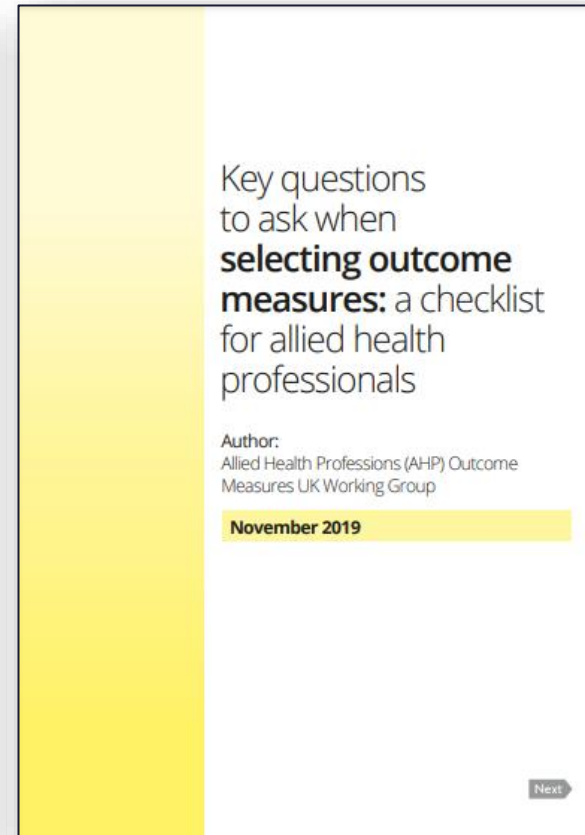
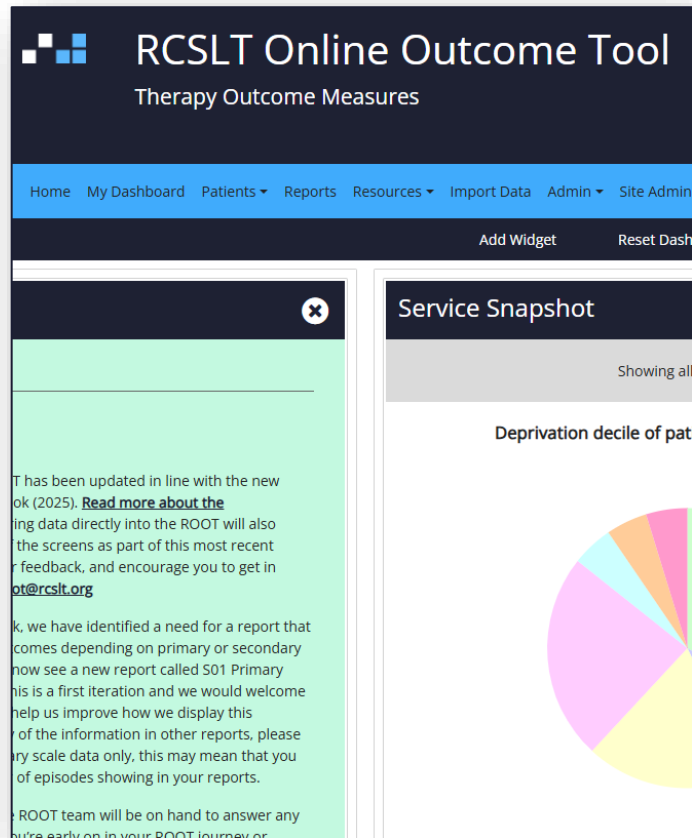
In 2023, we launched a learning series, covering:

- 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](https://rcslt.info/making-data-count)

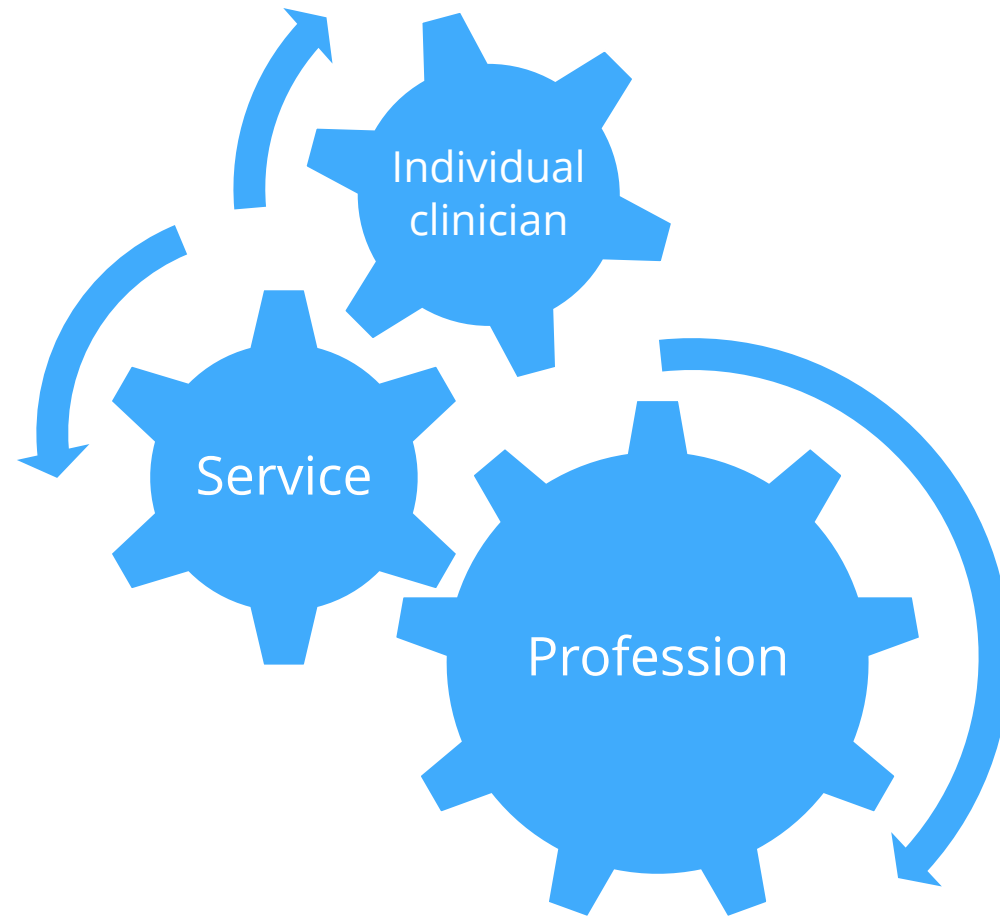
# RCSLT and outcome measurement



[rcslt.info/outcome-measurement](https://rcslt.info/outcome-measurement)



# The RCSLT Online Outcome Tool (ROOT)



# The ROOT in numbers

90

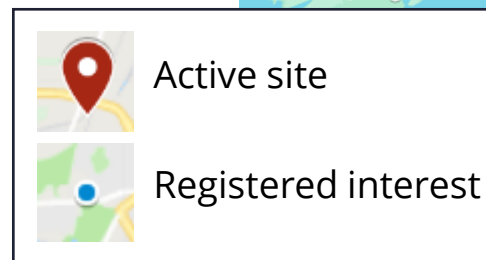
organisations  
actively using the  
ROOT

170+

organisations  
registered

100,000+

outcomes in the  
database



# Evidence, profile and influencing



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

Kathryn Moyses, Pam Enderby, Katie Chadd, Kamini Gadhok, Sarah Lambert, Paddy Guest and Mark Bedwell

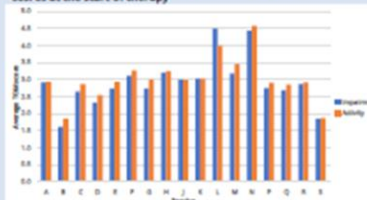


### Introduction

- 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.

### 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



There is variation in the severity of needs at different services. The severity of impairment ranges from 1.62 (severe) to 4.5 (mild). Activity ranges from 1.85 (severe) to 4.58 (mild).

### 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].

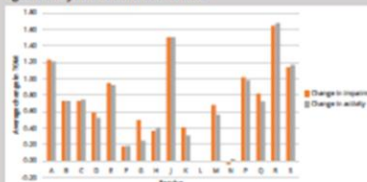
The ROOT data (up until April 2023) was interrogated to examine **equity of access to and outcomes** to NHS-funded speech and language therapy services for **children aged 4-16 years**.

- 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

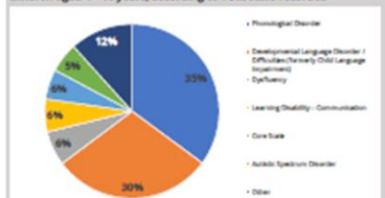
Figure 3: Comparing outcomes for children with phonological disorder aged 4 – 16 years at different services



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.

### Results

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



The most commonly recorded TOM scale (a proxy for focus of intervention) was phonological disorder, accounting for 33% of all those recorded.

### Conclusion

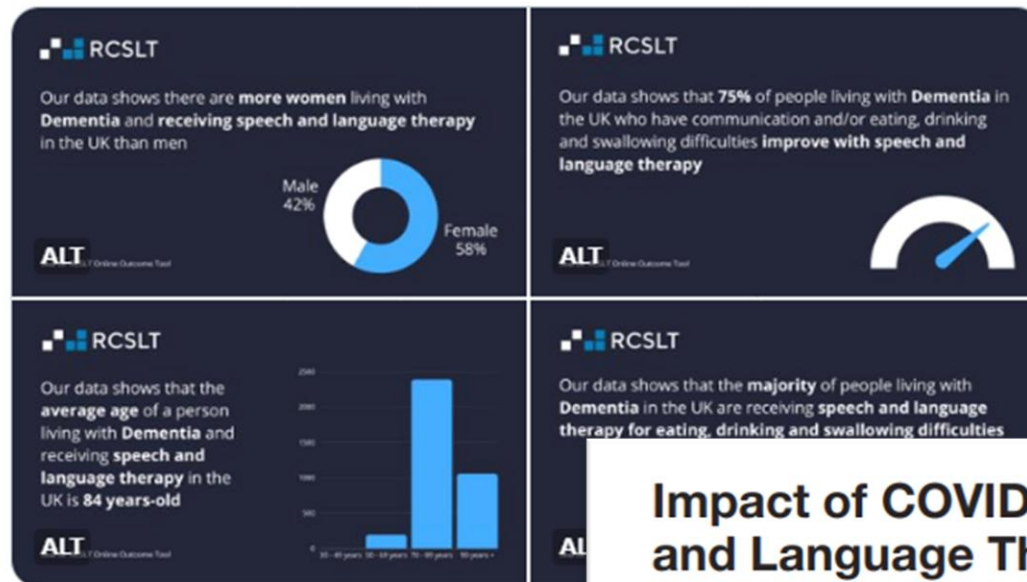
- There is variation in access to and outcomes from state-funded services for children with phonological disorder.
- More investigation into factors such as referral criteria, service model and local demographics is required in order to determine the reasons for this variation.
- Making variation explicit 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 strengthens lobbying and influencing activities.

### References and resources

[1] Royal College of Speech and Language Therapists (2023) ROOT online outcome tool (ROOT). Available from [www.rcslt.org/ROOT](https://www.rcslt.org/ROOT) [Accessed 1 June 2023].  
[2] Rootley, P. and John, A. (2015) Therapy Outcome Measure User Guide. Copyright (c) 2015. Royal College of Speech and Language Therapists. Available from [www.rcslt.org/ROOT](https://www.rcslt.org/ROOT) [Accessed 1 June 2023].  
[3] World Health Organization (2002) International Classification of Functioning, Disability and Health (ICF). Geneva: World Health Organization. Available from [www.who.int/classifications/icf](https://www.who.int/classifications/icf) [Accessed 1 June 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](#)



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

Katie Chadd<sup>1\*</sup>, Kathryn Moyses<sup>1</sup> and Pam Enderby<sup>2</sup>

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

# Interested in a fellowship?

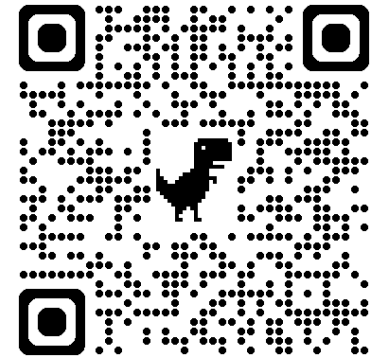
The NES AHP Careers Fellowship is now open for applications to Cohort 8.

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](mailto: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!



[rcslt.org](https://www.rcslt.org)



[info@rcslt.org](mailto:info@rcslt.org)



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







# Lunch



WILTSHIRE  
EST. FARM 1991  
FOODS

# **Cats not Clocks: Connecting and Influencing Across the System**

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**RCSLT Scotland Day 17<sup>th</sup>  
September 2025**

**National Early Language and  
Communication (NELC) Team**





# National Early Language and Communication (NELC) Team

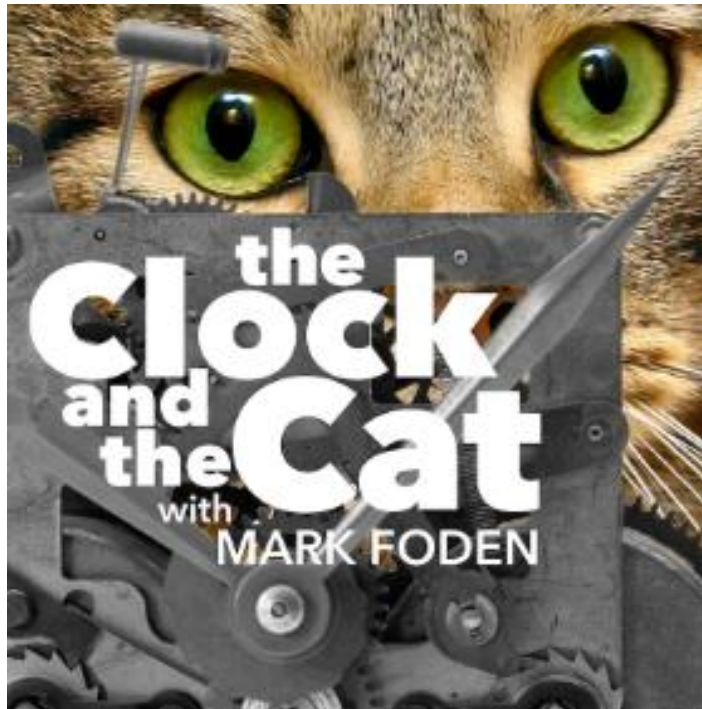


# What we are going to cover...

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



# Cats Not Clocks





# Cat vs. Clock

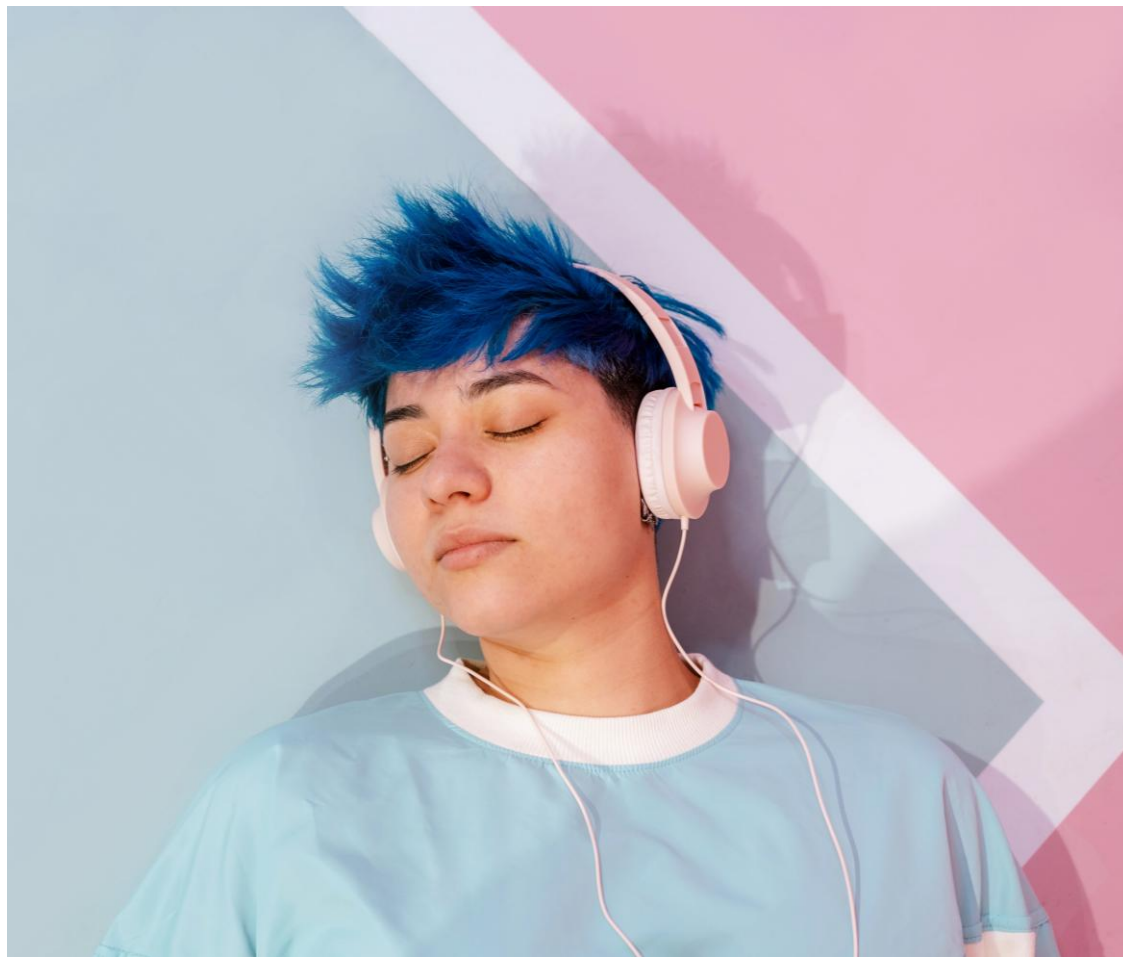




# Cat or Clock?



# Cat or Clock?





# Cat or Clock?



# Cat or Clock?





# Cat or Clock?



# Complex vs. Complicated



# Complex vs. Complicated

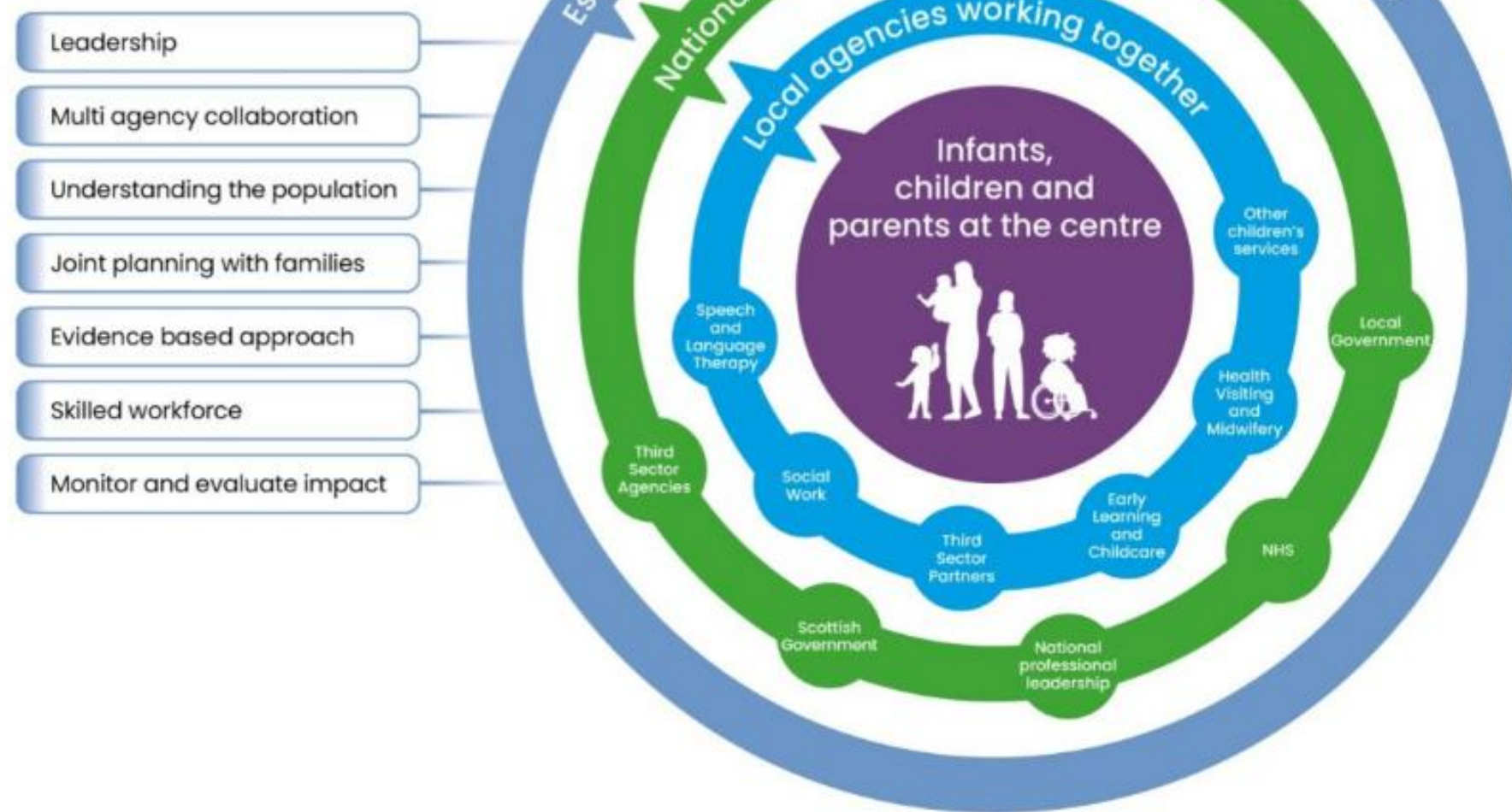
“There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they’re falling in.”

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Desmond Tutu

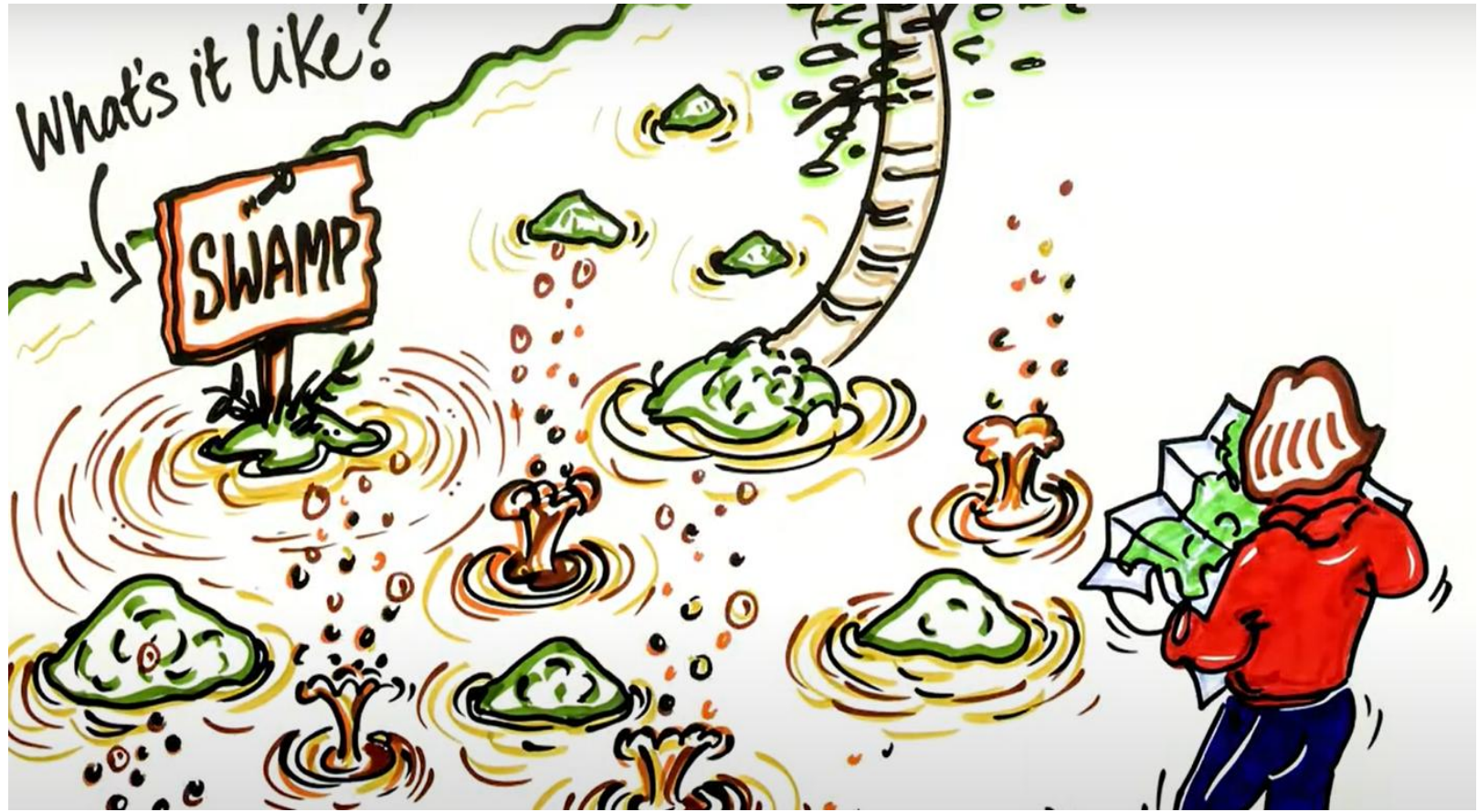


# An Integrated System for Early Language and Communication Success





# Into the swamp



## Characteristic

## Response

Volatility

V

Vision

Uncertainty

U

Understanding

Complexity

C

Clarity

Ambiguity

A

Agility

Antidote to volatility:

**Vision**

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.<sup>1</sup>

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



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

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



## 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.**<sup>1</sup>



## BEHAVIOUR

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

## EMPLOYMENT



**88%** of long term unemployed young men

were found to have a speech, language or communication need.<sup>3</sup>



## WELLBEING

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



## JUSTICE

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



## HUMAN RIGHTS

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

### 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



**WILTSHIRE**  
EST. **FARM** 1991  
**FOODS**





# Refreshment break and networking

WILTSHIRE  
EST. FARM 1991  
FOODS







# Plenary Panel: Making a Scene

WILTSHIRE  
EST. FARM 1991  
FOODS





# Thanks and close



Delegate evaluation: RCSLT  
Scotland Day 2025







Thank you



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

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