



RCSLT Scotland Day 2026

Making an impact where it matters most:
Working differently to improve outcomes
for people with communication and
swallowing needs

This event is sponsored by



Atos
Coloplast Group





Welcome and house keeping

Glenn Carter, Head of Scotland Office,
RCSLT



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- Explore how **digital tools and innovation** can improve access, outcomes, efficiency and communication across services
- Learn from **practical examples of partnership, prevention, public health and whole-system approaches**
- Consider how speech and language therapists can **better support underrepresented and marginalised groups**
- Develop a deeper understanding of the **impact of communication difficulties, poverty and trauma** through lived experience perspectives
- Strengthen confidence in **leadership, influencing and advocacy**
- Identify **practical learning** and actions to apply within their own context
- Build professional **networks and strengthen connections** with colleagues across Scotland

- Refreshments and lunch will be served in the Saloon Room
- Do speak to RCSLT staff over breaks and lunch
- There is no fire alarm today. Please follow the signs to the nearest exit if it goes off
- If you have any questions about the day or require a quiet space, speak to a member of staff
- Please complete the digital evaluation before we close for the day as this helps us tailor events to suit your needs

- [Breathing Space Scotland](#) offers support for anyone feeling low, stressed or anxious. Support can be accessed via online chat service or by phoning 0800 83 85 87.
- The [NHS 24 Mental Health Hub](#) is for anyone in Scotland feeling distress or despair, or in need of emotional support. It can be accessed by phoning 111.
- Scottish Action for Mental Health - [SAMH](#) offers a range of supports all over Scotland, including [The Nook](#), which offers mental health support in a safe, stigma-free and non-clinical environment, without the need for an appointment. The Nook is in the Merchant City area of Glasgow, very close to the conference venue.

Time	Item
09:50	Welcome and update
10:15	Introduction to new CAHPO <i>Nic Richardson</i>
10:25	Leadership, influence & politics <i>Willie Rennie MSP</i>
11:05	Comfort break
11:20	Workshops
12:10	Lunch

Time	Item
13:00	Keynote: Public Health Scotland <i>Dr Rishma Maini</i>
13:55	Transition to Workshops
14:05	Workshops
14:55	Refreshment break
15:15	Keynote: CentreStage <i>Fiona McKenzie & Scott McCarroll</i>
15:45	Thanks and Close
16:00	Finish



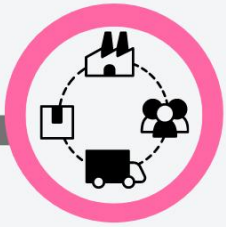
RCSLT Scotland update

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.



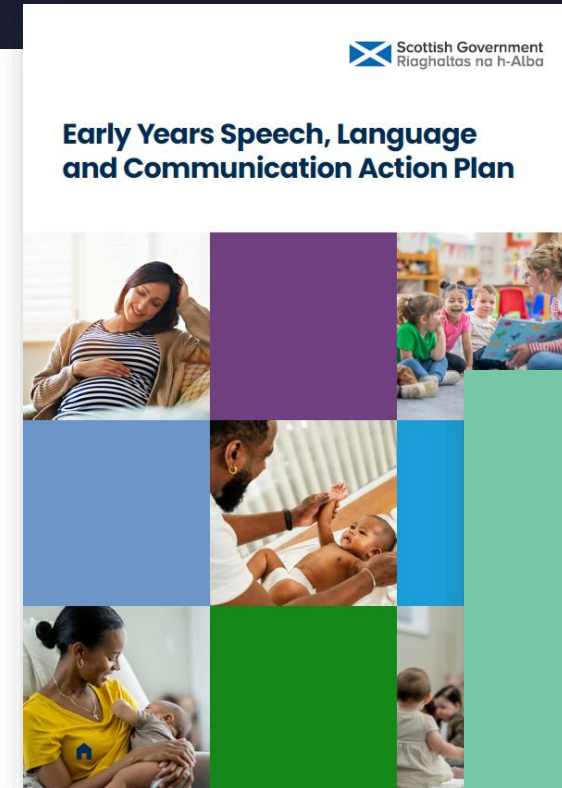
Policy

Improve and influence
national and local policy

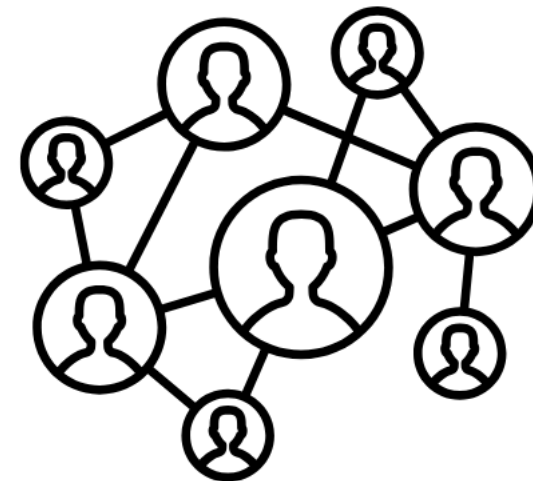
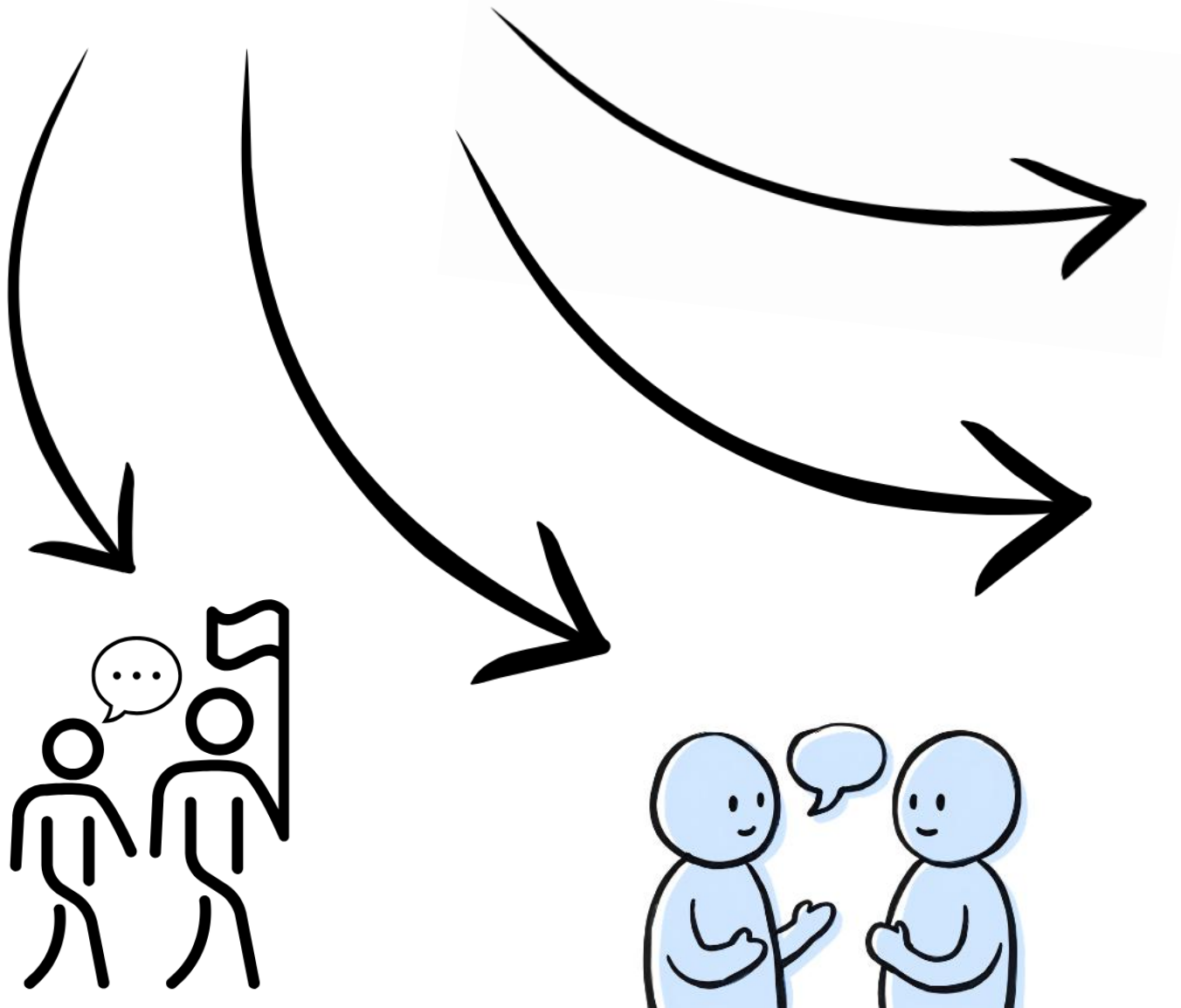
Progressing the priorities



- Early Years Speech, Language and Communication Action Plan – 2nd December
- Ministerial summit on neurodiversity – 2nd March
- SAGRABIS engagement - ongoing
- Adult mental health report – 29th June



Leadership

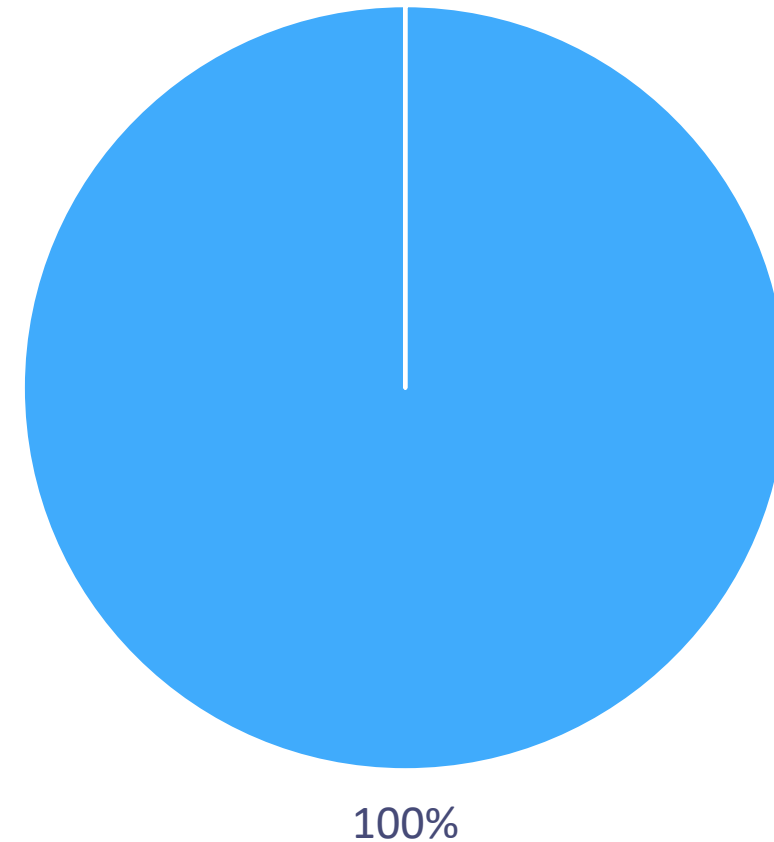


Leadership



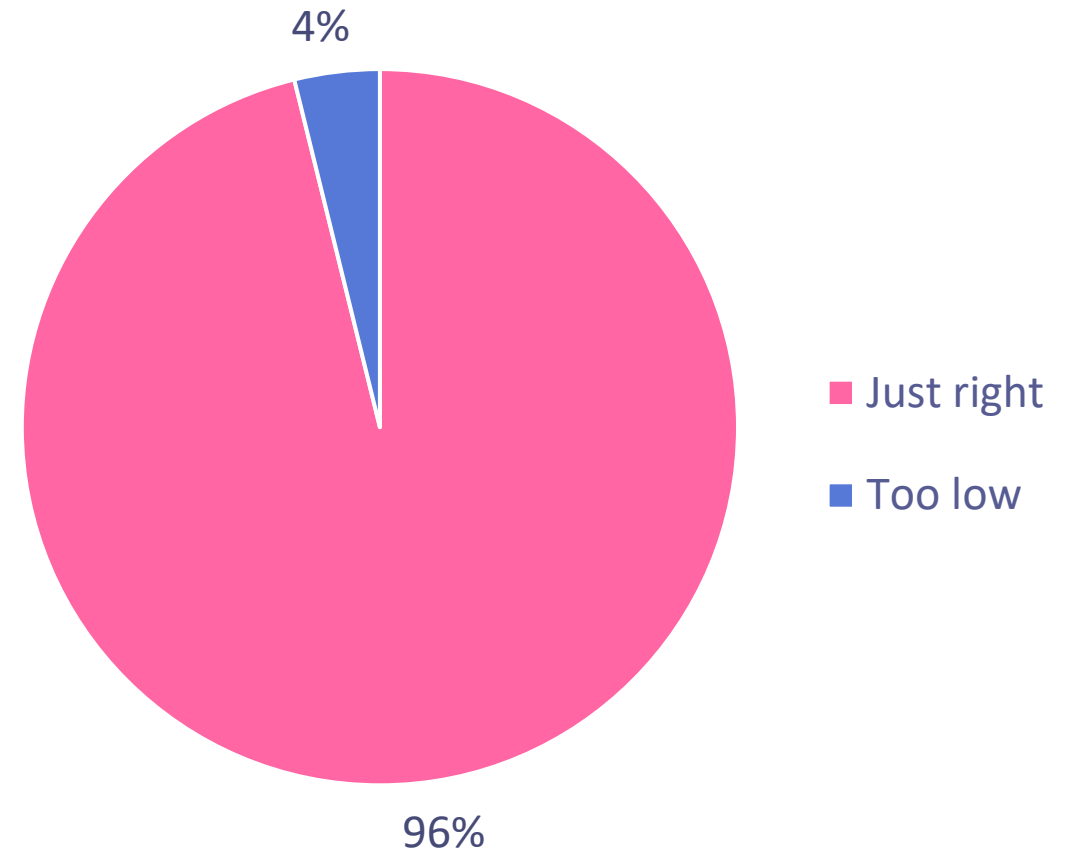
Would you recommend this opportunity to a colleague?

100% of members who attended would recommend this opportunity to a colleague



96% of members who attended felt the content was pitched at the right level

Was the content pitched at the right level?



Profile



Profile





Political engagement

11

11 October

**SNP
Conference**



08

8 December

**Scottish
Labour event**



29

29 January &
11 February

**Meetings with
Manifesto writers**



Political engagement

05

5 February

**Meeting with
Jenni Minto**



12

12 February

**Meeting with
Neil Gray**



03

3 June

**Meeting with
Willie Rennie MSP**



Political engagement - Manifesto



Manifesto Launch 3rd February 2026



1

Embed speech and language therapists in every school and nursery

RCSLT Scotland asks the next Scottish Government to ensure a speech and language therapist is embedded in every school and nursery in Scotland.

2

Expand access to the SLT profession in Scotland

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.

3

Meet the changing needs of Scotland's adult population

RCSLT Scotland asks the next Scottish Government to ensure people's needs at all stages of life are met locally by increasing the resource available to adult SLT services.

4

Strengthen communication rights

RCSLT Scotland asks the next Scottish Government to legislate for a right to communication for all, with accountability mechanisms and resources for delivery.

Political engagement - Manifesto



Programme for Government



**Primary, Secondary
and Tertiary
prevention**

**Community first
and expanded
hospital at home**

**Develop new
palliative care
guidelines and
workforce
education**

**Improve the flow of
patients through
hospital and tackle
delayed discharge**

**Ensure every child with
ASN has appropriate
support, including
specialist support,
regardless of where
they attend school**

**Support early years
professionals to
improve children's
early speech and
language
development**

Programme for Government



Mental health and wellbeing delivery plan

Adopt the four-tier adult neurodevelopmental pathway

£20 million to help people with learning disabilities and complex support needs to live well in their communities

Prevent people entering or returning to the justice system

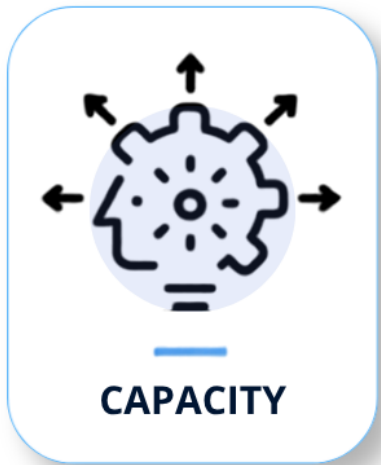
Create a more accessible justice system

Roll out Bairns' Hoose and reform children's hearings

What you told us



What you told us – Challenges



“spread thinly, feels that our remit is getting larger and larger”

What you told us – Positive aspects



“Despite working for 20 years I am still learning and figuring out ways SLT can support patients achieve their preferred outcomes.”

What you told us – future focus



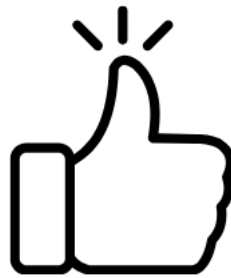
**WORKFORCE
SUSTAINABILITY**

***"Funding,
funding, funding.
There is no
service if we have
no staff"***



PROFILE

***"Raising the profile
is not an optional
extra"***



**WHAT GOOD
LOOKS LIKE**

***"Focus needs to be
on proactive
models rather
than reactive."***



**PRACTICAL
SUPPORT**

***"Providing CPD
opportunities,
especially when
NHS budgets are
tight."***



**EQUITY AND
ACCESS**

***"New SLT training
course based in the
North of Scotland"***

New Priorities



Profile

Raise the profile of SLT by showing the difference our profession makes across Scotland



Influence

Shape decisions to improve the lives of people with communication and swallowing needs



Workforce

Make the case for investment in the SLT workforce that Scotland needs



Leadership

Build SLTs' confidence and skills to lead and influence change



PRIORITIES FOR RCSLT SCOTLAND



Introduction to new Chief Allied Health Profession Officer

Nicola Richardson, CAHPO, Scottish
Government



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Leadership, influence and politics

Willie Rennie, Scottish Liberal
Democrats, MSP



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Comfort break

11:05 – 11:25

Please be seated for 11:25



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- Using digital innovation to improve access, outcomes and efficiency – **Robert Adam Room**
- Rethinking Need: The evolving role of speech and language therapists in prevention - **Reception Room**
- From Dysregulation to Connection: A new lens for SLT advocacy in care experienced and trauma affected young people – **Main Room**



Using digital innovation to improve access, outcomes and efficiency

Monia Molino & Anja Kushmann,
University of Strathclyde

Helen Day & Gareth Radford, NHS
Grampian



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Reimagining service models

Using Technology to Improve Access, Intensity and Outcomes

Lessons from an online ICAP

Monia Molino, Anja Kuschmann
University of Strathclyde



The current climate

The profession is facing increasing pressure to

Meet demand

**Improve
access**

**Workforce
shortages**

**Limited
resources**

**How can we do things differently, rather than do more of the same?
What if technology could help us rethink the way we deliver services?**

Our own challenges

Our problem

1. Placement capacity

2. No space

3. No patient pool

4. No PEs



The solution

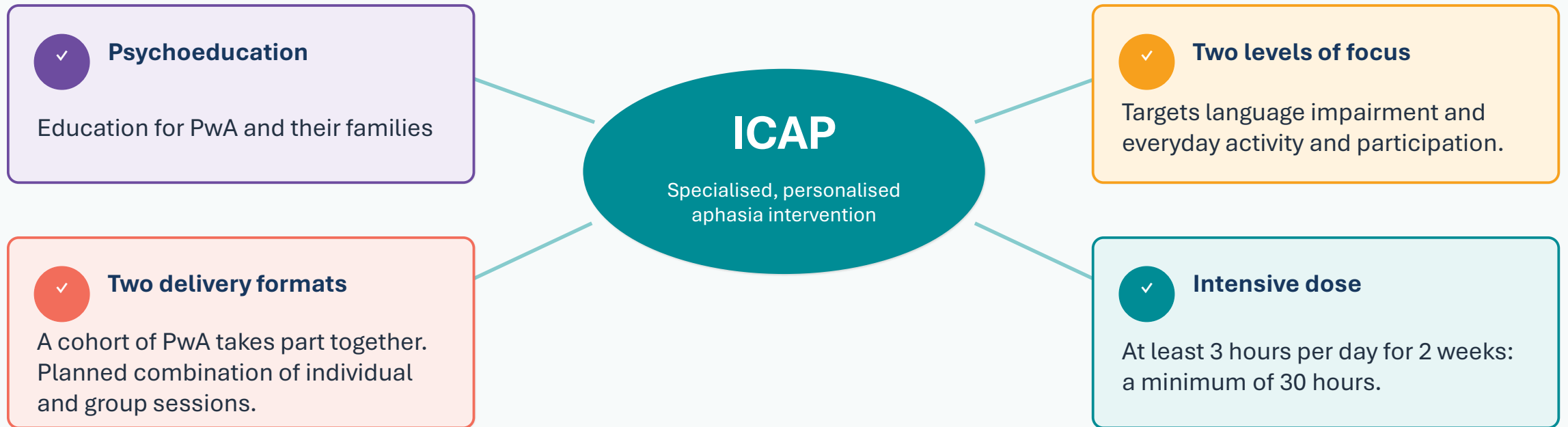
1 → create our own placement

2, 3, 4 → go online

Referrals from across Scotland
Interested PEs without geographical barriers

What is an ICAP?

Intensive Comprehensive Aphasia Programme



A defined model, delivered flexibly

Programmes vary in therapy approaches, intensity and duration.

ICAP: structure

- 8 students split into 2 groups
- 1 PE per group = 1:4 ratio using PAL model
- 12 PwA: 6 per student group
- Students responsible for 1.5 PwA each
- Over six weeks, each PwA received **48 therapy sessions**
- Individual and group sessions

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
DAY 1	prep	Ax + prep	ICAP	ICAP	ICAP	ICAP	ICAP	ICAP	Repeat ax and reports	Discuss report and goals with PwA
DAY 2	screen	Ax + prep	ICAP	ICAP	ICAP Mid-placement r/v	ICAP	ICAP	ICAP	Repeat ax and reports	Final placement evaluation

WEEK 4 (2 nd of ICAP)	Day 1	
	Individual sessions	Group sessions
10:00-10:45	StA leads session with PwA1 StC leads session with PwA6	StB leads group session with PwA2 and PwA3 StD leads group session with PwA4 and PwA5
10:45-11:00	BREAK	
11:00-11:05	Gentle guided physical stretch	
11:05-11:50	StB leads session with PwA2 StD leads session with PwA4	StA leads group session with PwA1 and PwA3 StC leads group session with PwA6 and PwA5
11:50-13:10	LUNCH	
13:10-14:00	StA leads session with PwA3 StC leads session with PwA5	StB leads group session with PwA1 and PwA2 StD leads group session with PwA6 and PwA4
14:00-14:15	BREAK	
14:15-15:00	Supported conversation + language games (all PwA). Students share lead	

Outcomes

People with aphasia

- Significant communication and functional outcomes
- Increased confidence
- High participant satisfaction

Students

- Greater independence
- Increased competence and confidence

HEI/NHS/CHSS

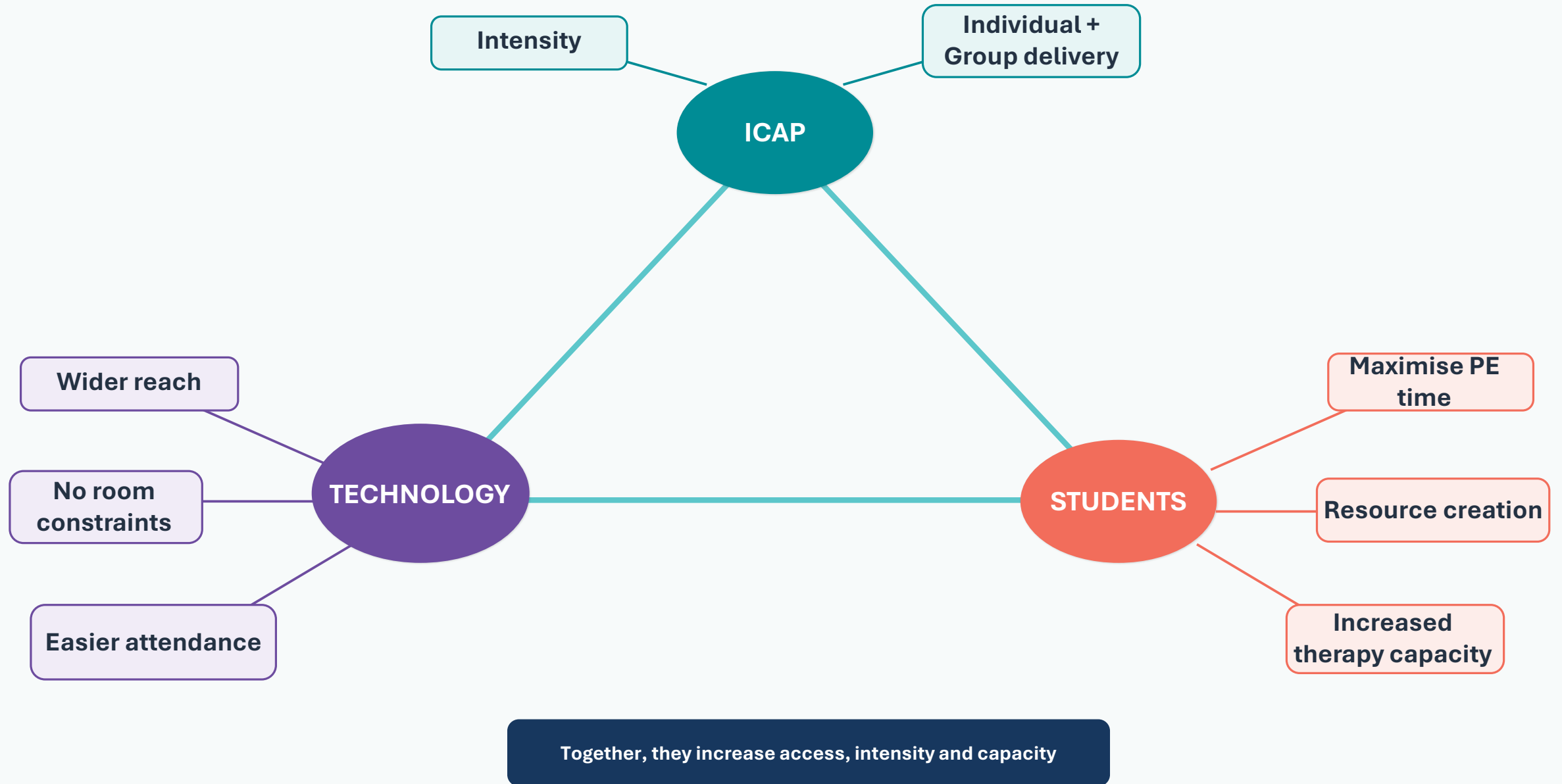
- More placement opportunities
- Enhanced service offer
- PEs – greater supervision efficiency

Molino, M., & Kuschmann, A. (2026). “I’m going out more often, I’m speaking to people more often”: a qualitative exploration of participants’ experiences with a student-led online intensive comprehensive aphasia programme. *Aphasiology*, 1–24. <https://doi.org/10.1080/02687038.2026.2650660>

Molino, M., Egan, A., & Kuschmann, A. (2025). The impact of a university-based intensive comprehensive aphasia programme (ICAP) on language, functional communication and quality of life in people with chronic aphasia. *Aphasiology*, 39(5), 647–666.

<https://doi.org/10.1080/02687038.2024.2368623>

What the model enabled



From academic problem to service solution

Meeting intervention
guidelines

Addressing workforce
shortages

Addressing placement
shortages

Reducing waiting lists

Maximising therapist/PE
capacity

Reducing geographical
barriers

A&A and GGC colleagues have created student-led clinics, running regularly over the past three years.

What technology did not magically solve

Careful planning

time to develop the structure

Resource development

adapting materials to the online format

Participant selection

who is suitable and likely to benefit?

Clinical judgement

which parts of my caseload could work this way?

Technology supports the service model. It does not replace thoughtful clinical/service design.



Activity – rethinking service model in your setting

Choose one service aspect and explore how technology could support a different model

1

What is the service pressure?

2

Which parts genuinely need qualified SLT time?

3

What could be delivered differently or at scale?

4

What would need careful planning, risk assessment or clinical judgement?

Think about students – how could they become a solution?



Using Digital Innovation to Transform Speech and Language Therapy Services:

Early Outcomes from
Multi-Service
Implementation of
vCreate Across NHS
Grampian





Today's workshop

Today we will:

- Introduce vCreate and why we wanted to use this platform in Grampian
- Give examples of how it has been used including two case studies
- Share our own experiences and wider findings from initial data
- Discuss benefits, challenges and what we will be talking forward in future
- Time for discussion and reflection on your area of practice

Background and problem



Increasing financial pressures



Need to work across services to
make decision regarding investment
in platform

Teams Involved in SLWG

Who?

- Adult Learning Disability
- Moray Community
- Aberdeen City Community
- Aberdeenshire Community
- Combined Child Health

What?

- QI projects to evidence value of investment in the system
- Regular meetings over 6 months (Apr-Sep)
- Each team to submit a report with findings
- Decision to be made re ongoing investment

Personal experience

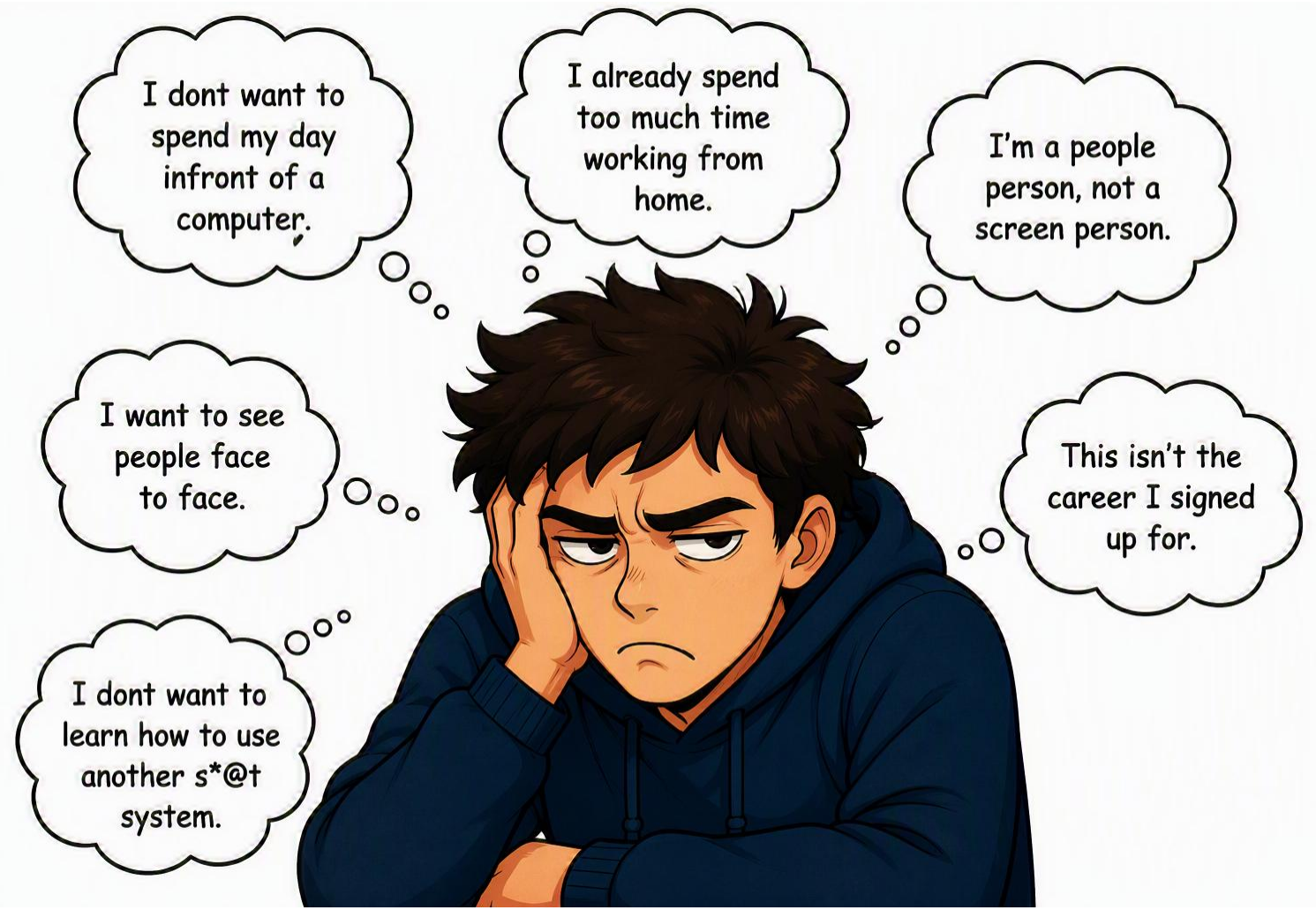


Do we need more Technology?

- Attend Anywhere
- Teams
- Email
- TRAK

Was I an early adopter?

- No



So, what changed?

- A need developed within my work
- Offered more flexibility to patients, family and carers
- Cut travel time
- Avoid travel in bad weather
- Spoke to others who were using it.



Case studies/Practical Examples

ALD Team

- Eating and drinking review
- No able to see in person
- 4 videos received
- Reviewed by two SLTs

Moray Paediatric Team

- Embedded into wider core paed communication pathway
- Specialist Pathways e.g. EDS, SSD and AAC
- Stammering – able to see child in natural environment

Reported Benefits

Families

- Could share real-life communication and EDS
- Easy to use for many
- Earlier advice and recommendations
- More accessible appointments for some

Clinicians

- Flexibility to review videos (asynchronous care)
- Review multiple observations in one session
- Easy to get a second opinion from others
- Greater confidence in decision-making e.g. for discharging

Students

- Impressed with unobtrusive nature of using video and how natural it was
- Helpful to pause discuss and re-watch

Qualitative Findings

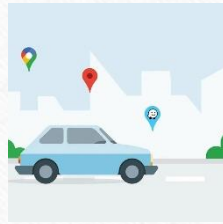
- Theme 1: Better Clinical Decision-Making
- Theme 2: Improved Access and Equity of Care
- Theme 3: Enhanced Family Engagement
- Theme 4: Improved Person-Centred Care
- Theme 5: Workforce Development

Efficiencies Reported: Quantitative Findings



Clinician Time Saved

3 services reported cost savings to clinician time
£250



Travel time/cost

3 services reported cost saving in terms of mileage claims
£25



Possible use of Translation

Looking into this as an option – potential for savings
Currently reports costing £100s to translate

Challenges and Opportunities

Challenges

- ?Family Engagement
- Video Quality
- Staff Confidence
- Consent and Governance

Opportunities

- Better information and support for families
- Support teams to see the benefits – sharing learning
- Linking with wider service teams e.g. IG

Discussion and Reflection

- Please use the Paper and Post its



Questions To Consider

- 1 – What (if any) digital supports do you use in your service?
- 2 – What are the benefits or barriers?
- 3 – Are there areas you think could be supported by digital solutions?

Key Messages

01

Digital solutions support person-centred and equitable care

02

Digital pathways can increase efficiency

03

Engaging service users and staff in benefits is key

Questions?





Rethinking Need: The evolving role of speech and language therapists in prevention

Louise Steel & Gill Earl, Public Services Delivery Scotland



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Rethinking Need: The evolving role of SLTs in prevention

National Early Language and
Communication Team
Public Services Delivery Scotland

Louise Steel, Gill Earl,
Sarah Paterson & Joanne Gibson



National Early Language and Communication Team





Primary prevention

Invest in the building blocks of health to stop problems happening in the first place.

Secondary prevention

Focusing on early detection of a problem to support early intervention and treatment or reducing the level of harm.

Tertiary prevention

Minimising the negative consequences (harm) of a health issue through careful management.

High

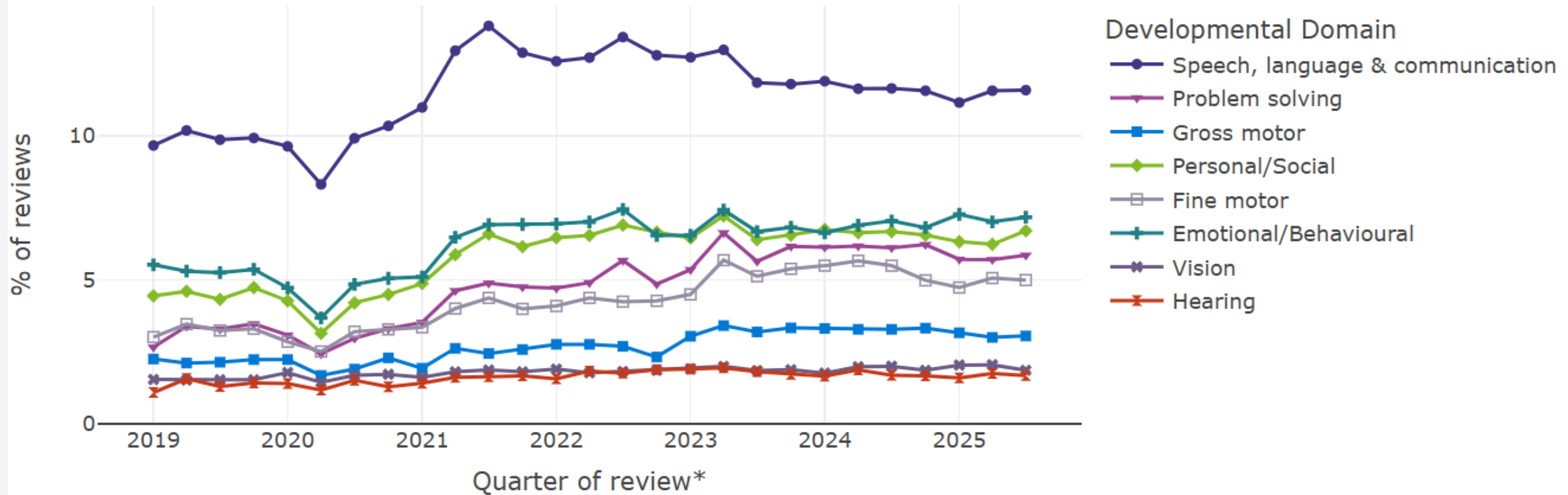
Impact on population health

Low

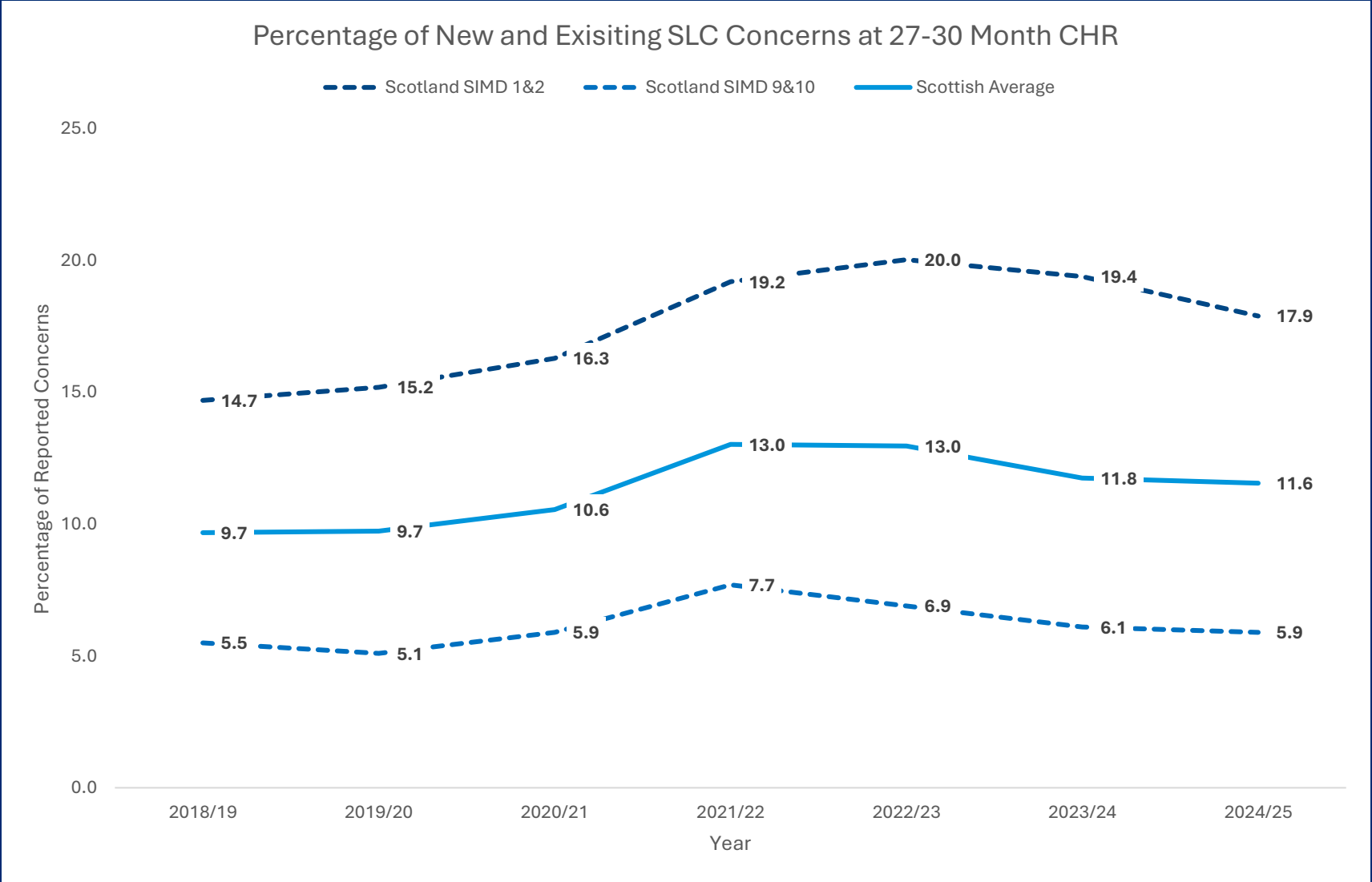
National Data re. SLC Concerns

Source: Health in the Early Years in Scotland (HEYS) Dashboard v1.0 [HEYS Dashboard \(shinyapps.io\)](https://shinyapps.io) (Last updated: Feb 2026)

Percentage of 27-30 month reviews with a new or previous concern recorded by developmental domain



Inequalities gap (SIMD)



Chatting Together

Listen, watch and respond to me

I can't talk yet,
but I have lots to
tell you.

Pay attention
to my facial
expressions,
sounds and
wiggles to find out
how I am feeling
or what I need.

Help me settle
with a calming
lullaby or chat
to me about what
I am doing.



Scan here to see this idea in action on the
BBC CBeebies Parenting website or visit:
<https://tinyurl.com/zmkb5mvy>



Scottish Government
Riaghaltas na h-Alba

national key messages for parents and caregivers
to describe 'how' to support responsive
interactions

posters and postcards in English and Gaelic

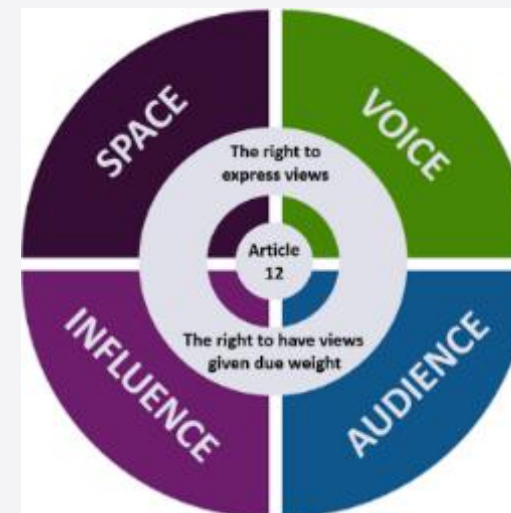
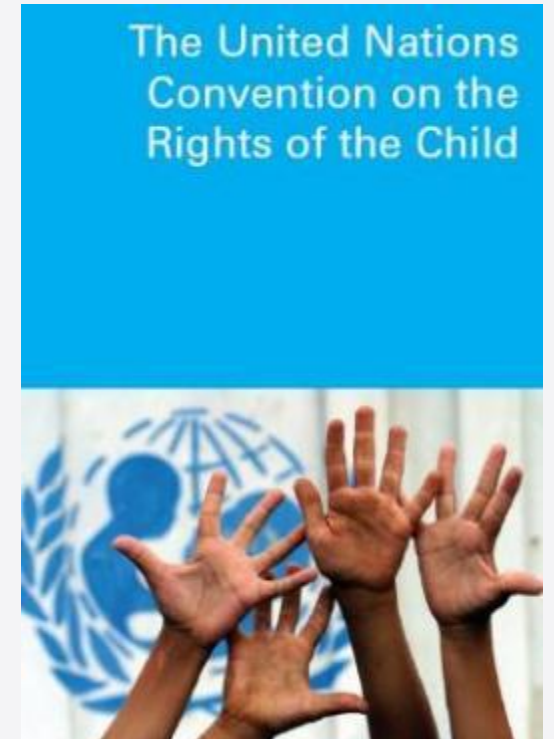
embedded in national family support offers

supported by a **practitioner guide**

available on **Parent Club** and on our NELC site

“Caregiver relationships that are sensitive and responsive to infant needs, are critical to human development and thereby constitute a basic right of infancy...”

(WAIMH Position Paper on the Rights of Infants, 2016)



Whose business is SLC?

"The earlier a child receives support for their language development, the

"Babies' brains are shaped by the interactions they have with their parents, even in the womb.....at least one secure, responsive relationship with a consistent adult is a vital ingredient in babies' healthy brain development"

(Parent-Infant Foundation)

(White J, Hunter L and Wason D. Speech, language and communication development among children in Scotland during the COVID-19 pandemic: Whole system approach. Edinburgh: Public Health Scotland; 2023)

How early is early?

peep



Antenatal
Programme



Bookbug



INSPIRING SCOTLAND



Responsive interactions and breastfeeding?



What does this two-way interaction look like when you are supporting a mother with breastfeeding?



UNICEF Baby Friendly Initiative supports messaging around building close and loving relationships.

Some of the earliest responsive interactions are linked to meeting baby's needs for food and comfort.

These earliest forms of communication are often described as signals or cues for hunger or comfort.

Acknowledging these signals as communication, builds confidences in what is often instinct for mothers, but also recognises babies voice in terms of infant voice and UNCRC.

Activity: pitch for prevention

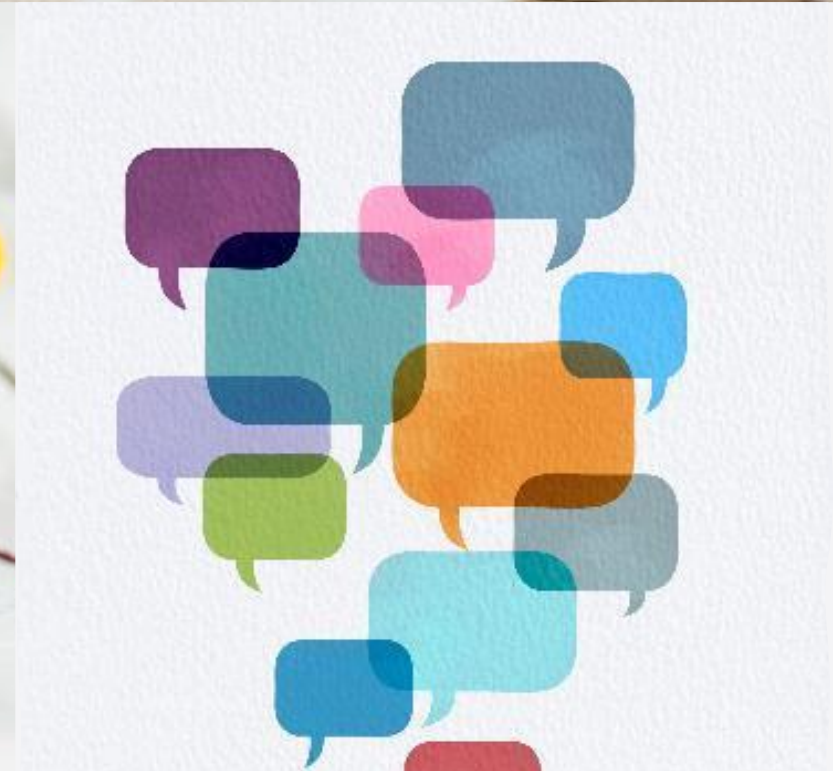
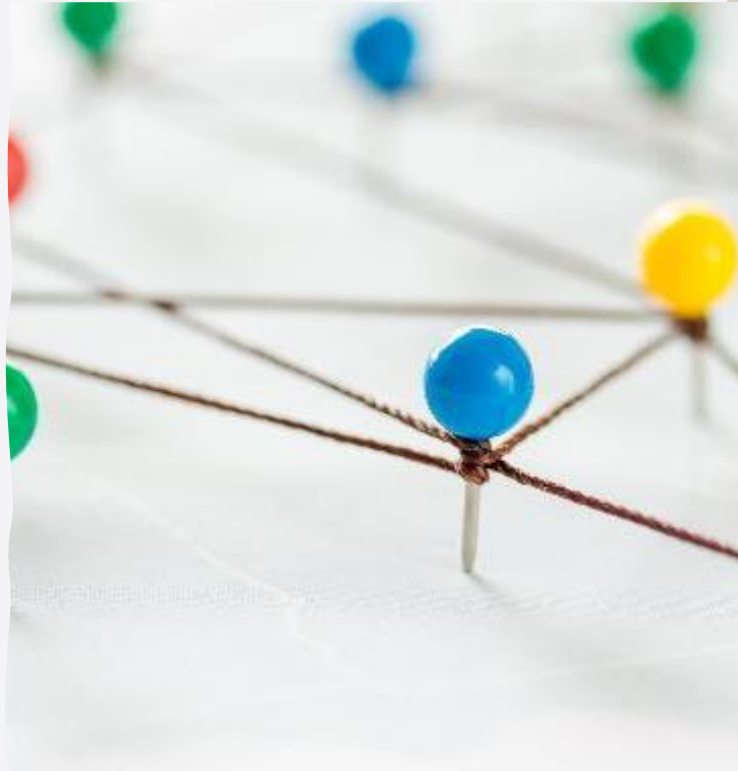
- 1-2-4-all
- no judgement
- questions to clarify



elevator pitch



Q&A / contact us





From Dysregulation to Connection: A new lens for SLT advocacy in care experienced and trauma affected young people

Julia Pollock, NHS Tayside / Perth & Kinross Council



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Coloplast Group



REACH
Resilient INdians ACHIEVING CONFIDENT HEALTHY

NHS
Tayside



University
of Glasgow



Dysregulation to Connection



Julia Pollock

Highly Specialist Speech & Language Therapist
& Sensory Integration Practitioner
Postgraduate Researcher, University of Glasgow

©Julia Pollock 2025

Dysregulation to Connection

I'm completely new to this, but interested to learn

I've sensed this for years, but don't quite understand how it fits with our role as SLTs

I know a lot about this, but I don't have the confidence to talk about it in a clinically meaningful way. I'm conscious of EBP and scope creep

Dysregulation to Connection

Sensory Modulation



Arousal, Thresholds & Regulation



The Nervous System & Safety



Noticing & Naming



Advocating





We all have different preferences when it comes to how things feel in our environment

Sensory Modulation



Sensory Modulation



Too hot.

Too cold.

Too fast.

Too slow.

Too dark.

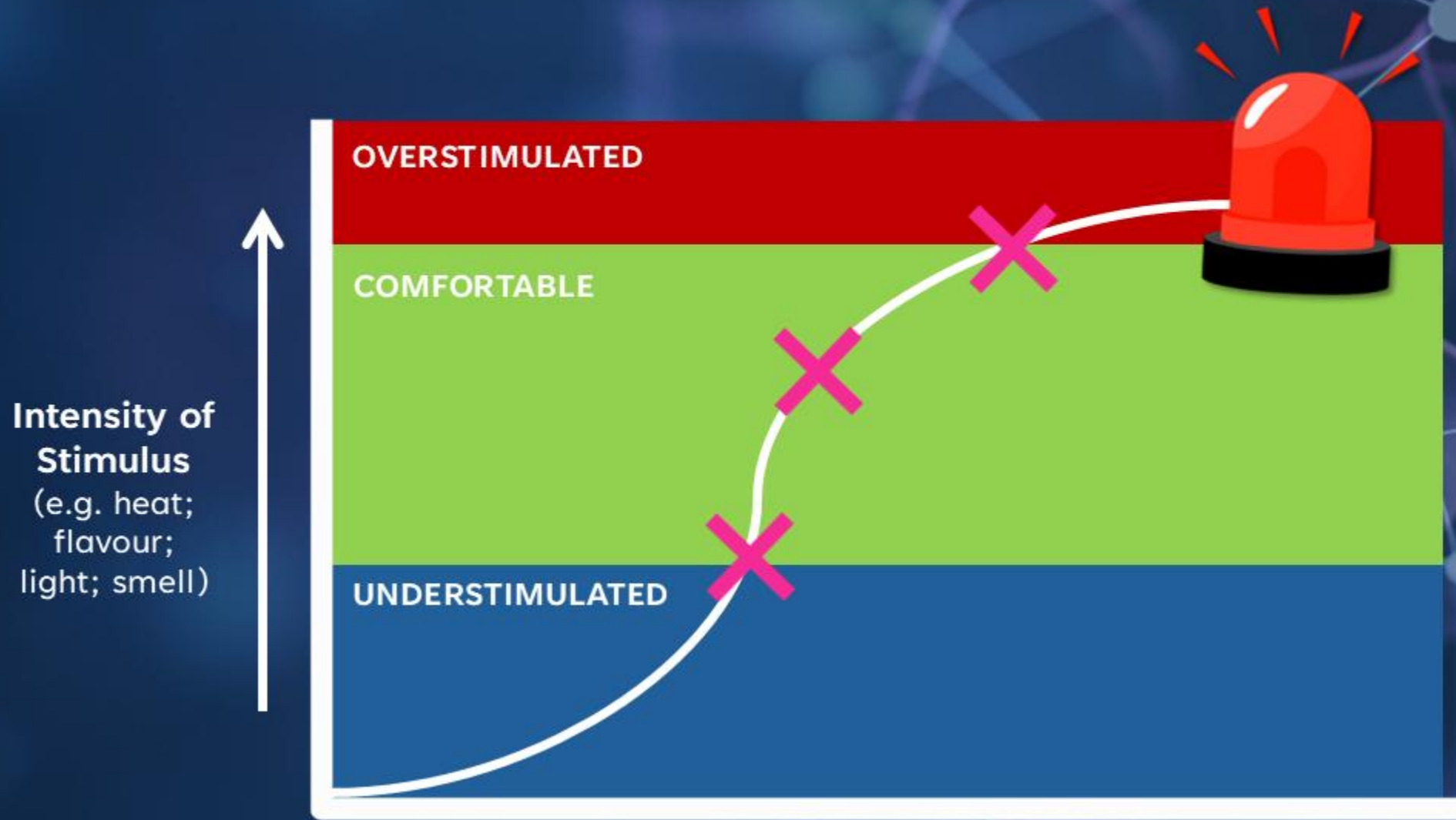
Too bright.



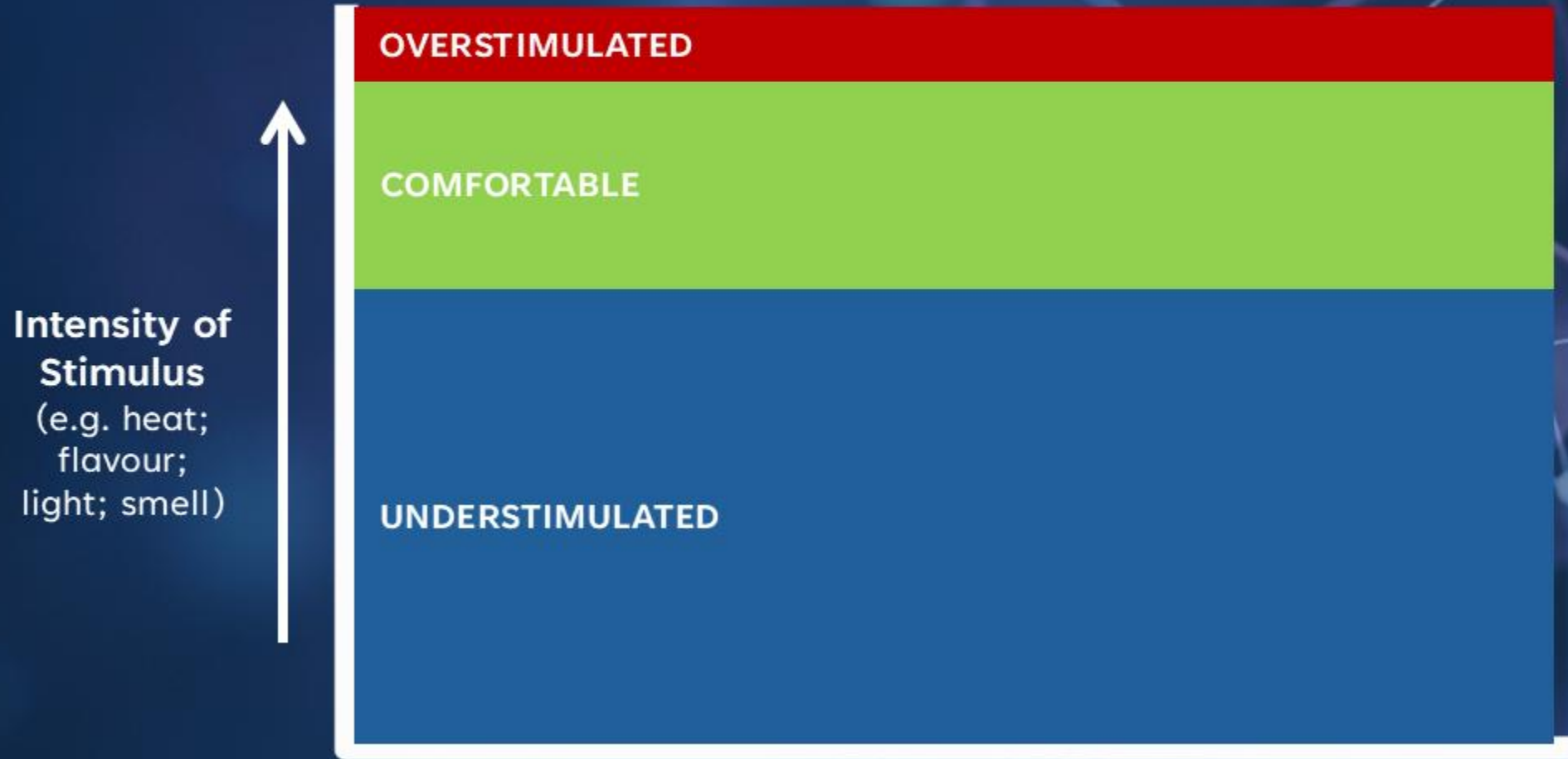
Sensory Modulation:

An individual's ability to regulate and organise the degree, intensity, and nature of responses to sensory input in a manner adaptive to the environment and context.

Understanding Thresholds



Understanding Thresholds



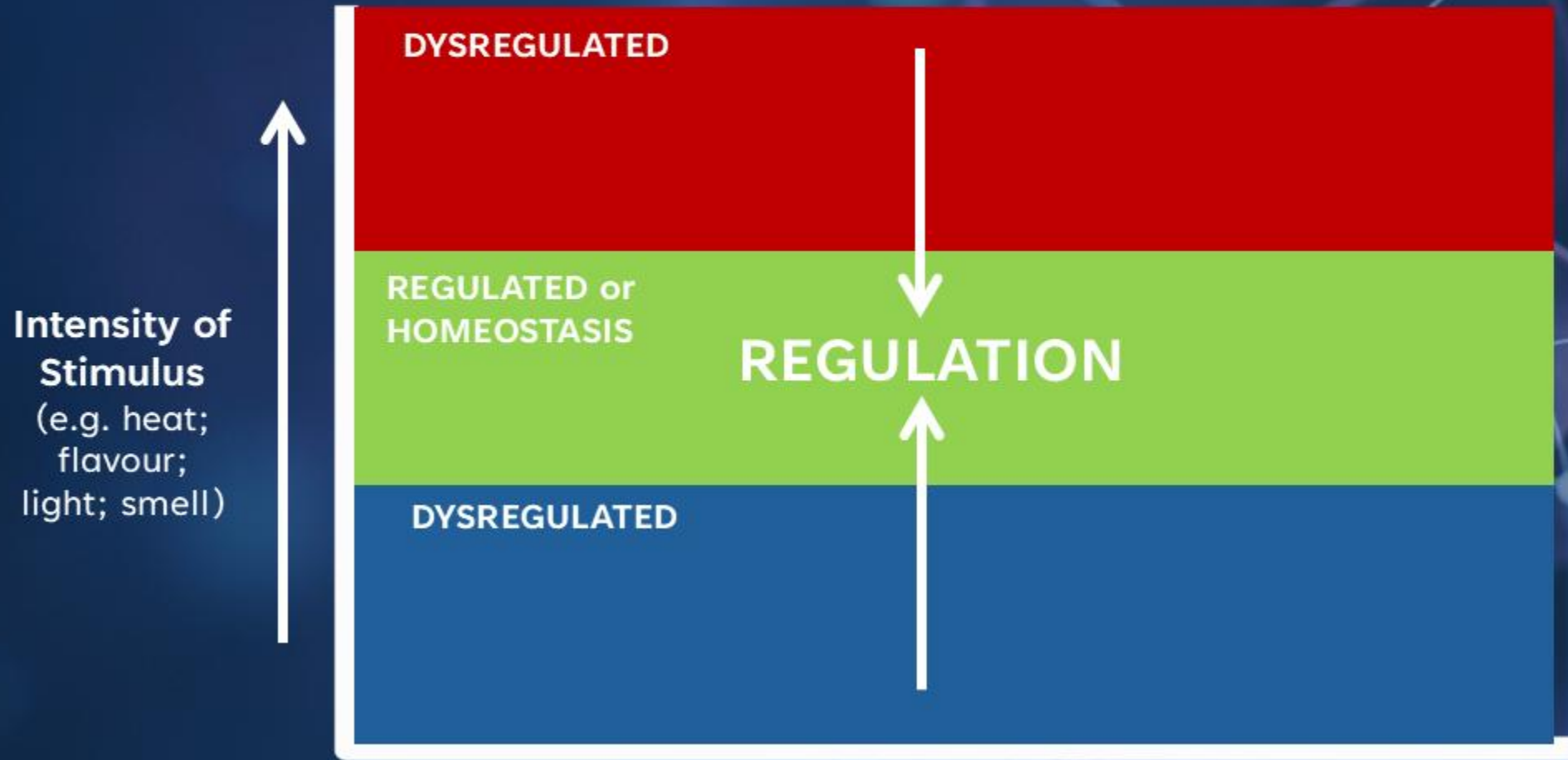
Understanding Hyperresponsivity



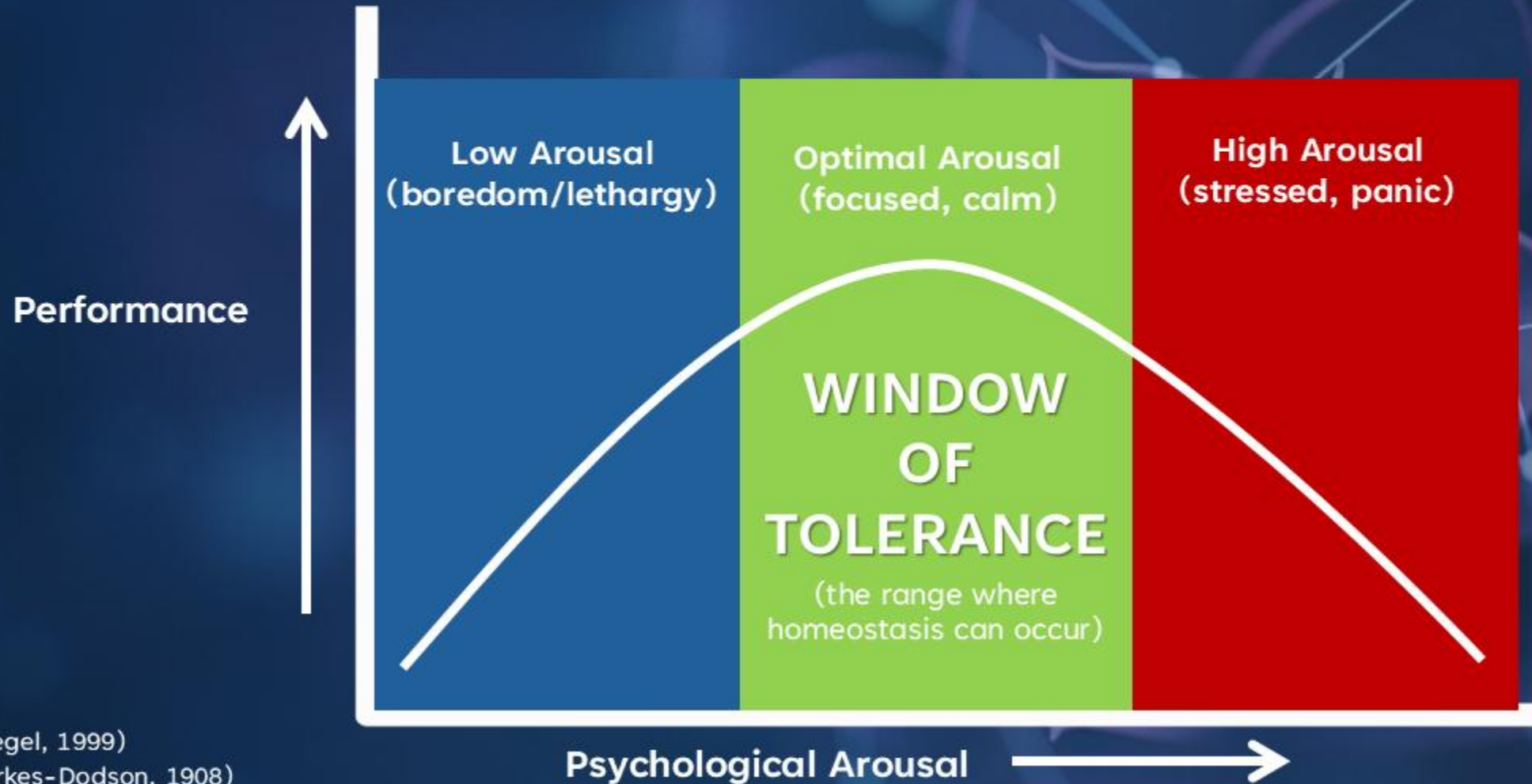
Understanding Hyporesponsivity



Understanding Regulation



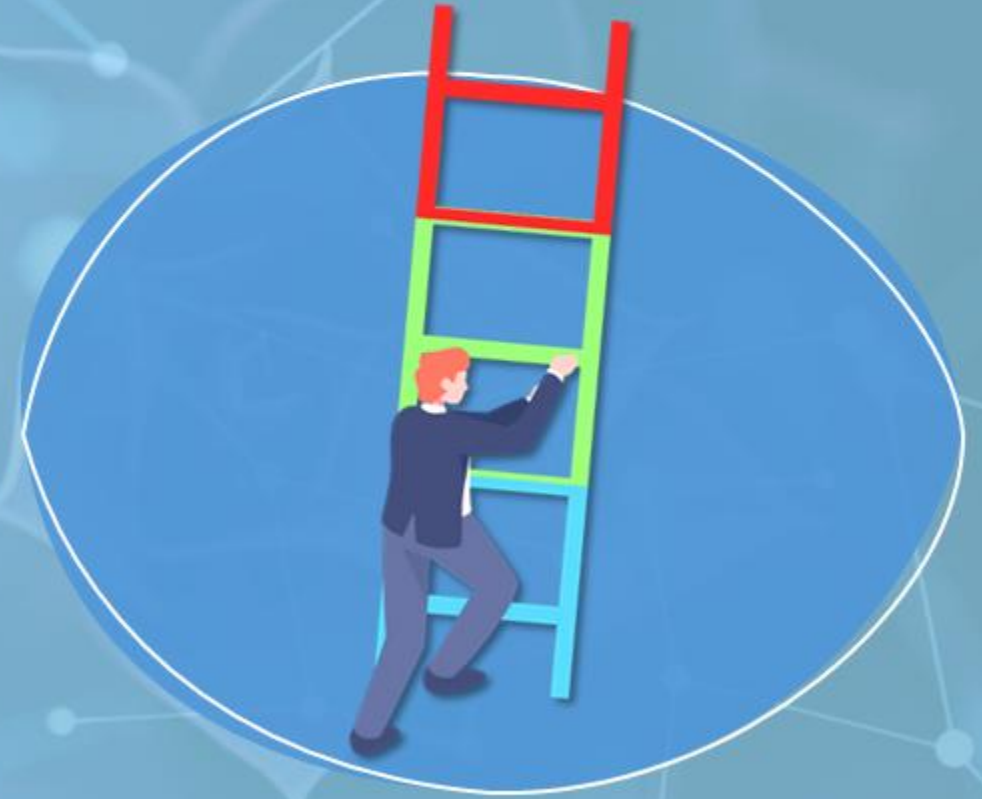
Understanding Psychological Arousal



Co-Regulation



Self-Regulation





**When perceived safety changes,
priorities & skills change too**



The Nervous System & Safety

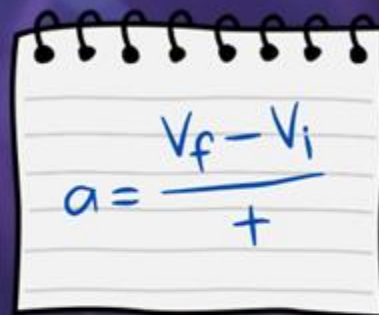


Neurovisceral Integration Model



Thayer and Lane (2000)

The Nervous System & Safety



inhibition



perspective-taking



planning



organising

reflecting

The Nervous System & Safety



Basic language skills

- Dysfluency
- Word finding difficulties
- Reduced listening/understanding
- Language processing
- Answering questions



Social Communication

- Difficulty with pragmatic/social cues
- Facial exp, tone of voice, eye contact
- Misinterpretation/breakdown
- Giving off negative signals



Higher level language skills

- Reasoning
- Judgement
- Decision-making
- Problem-solving
- Perspective-taking

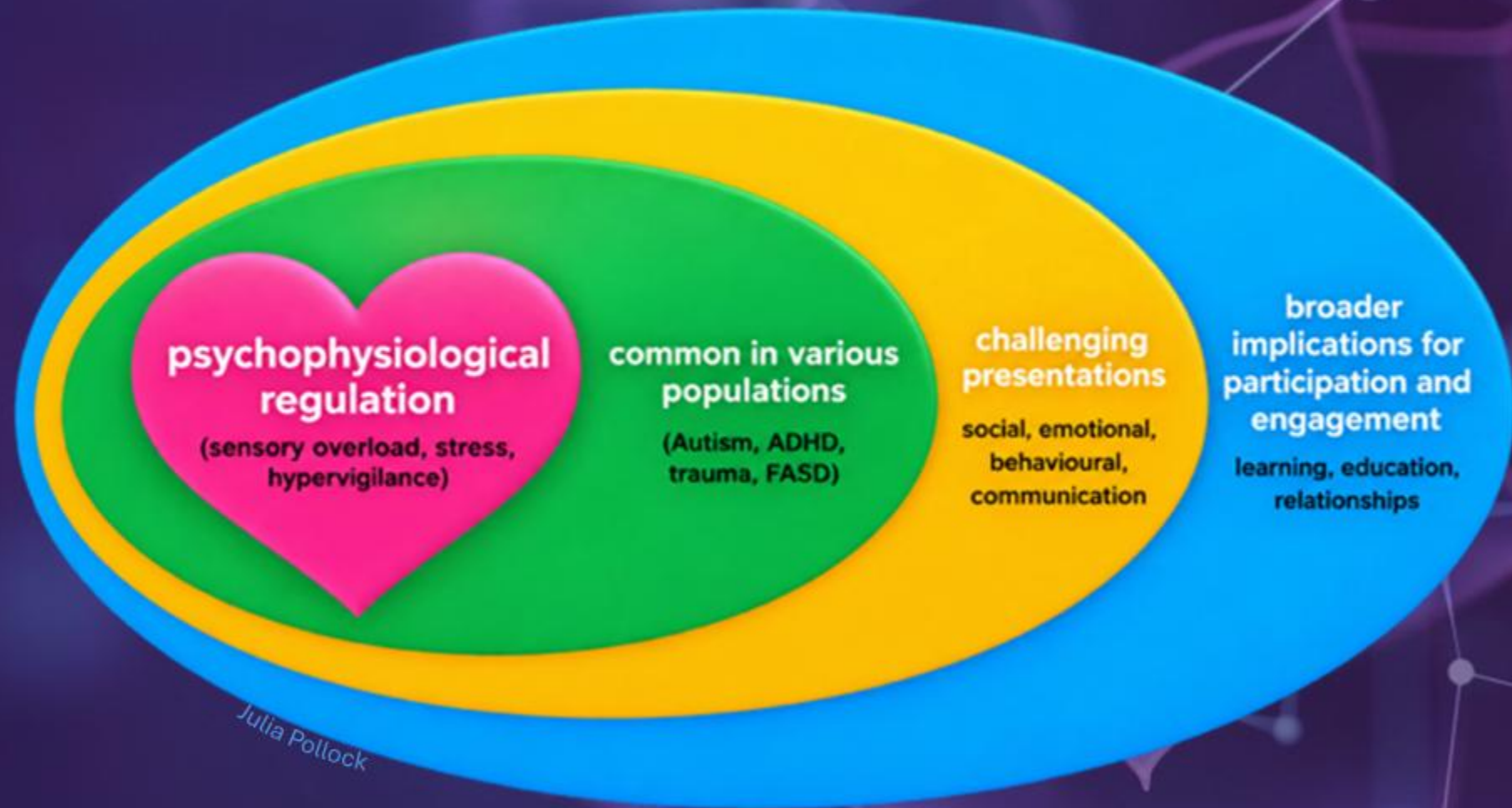


Connection/engagement

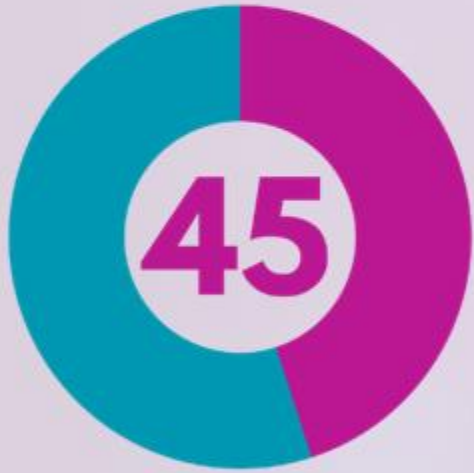
- Avoidance
- Oppositional
- Zoning out



Dysregulation in our young people



‘people who have experienced severe adversity’



YP referred to
mental health
services



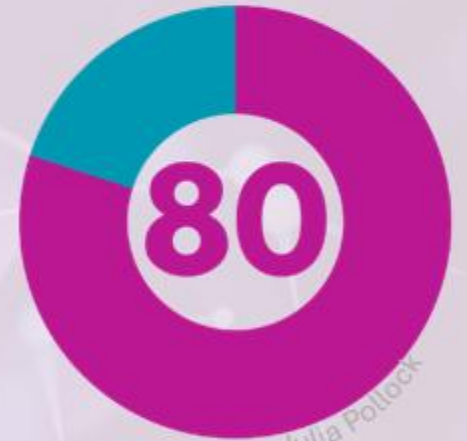
YP social, emotional
& behavioural
difficulties



care
experienced
young people



young people
in conflict with
the law
(at least!)



adult prisoners

Julia Pollock



What's our role in all of this?

Dysregulation changes access to skills

The young person may struggle to access certain skills while under pressure

Regulation belongs in our communication formulation

Doing their hardest communicating at the hardest possible times



Julia Pollock

Breaking the Cycle

‘It’s the stigma’

– Nuray, Care Experienced Student Social Worker –

Change the narrative before sets

Regulate → Connect → Communicate

- Recognising dysregulation for what it is: a sign over overwhelm, NOT defiance
- Neurological processes at work and NOT in the Young Person's control
- Team around the child needs to establish physical/psychological feelings of safety
- Reducing overwhelm in whatever way the Young Person needs if we are to optimise communication/reach potential



Dysregulation to Connection



Noticing & Naming



Advocating



Noticing & Naming



Advocating



Advocacy Language: examples

Notice



X's communication appears to fluctuate depending on stress, fatigue and environmental demands

X told me that their communication varies depending on context i.e. they find it easier to understand and to explain themselves when they're with close friends or Mr Smith

Name



When he's feeling overwhelmed, X may struggle to access to higher order language & pragmatic skills. Answering how/why questions can be tricky. His non-verbal communication may not reflect how he really feels

X's assessment scores reflect transient communication difficulties i.e. variable performance on different days depending on what's been going on at home or how safe she feels in the moment

Advocate



I wonder if our expectations are possibly a bit too high. Can we look at reducing communication and environmental demands first, before assuming that X is refusing to engage?

I'm not sure what we're seeing here is noncompliance. I suspect what we might actually be seeing is difficulty with communication access in high-pressure situations

Useful Resources



Sensory Integration Education – Transform Lives



No One Left Behind Home – ASI Wise



Sensory Ladders – for self regulation | free for anyone
| anywhere | anytime



Me & My Senses + Early Years – Talking Mats



Lunch and networking

12:10 – 13:00

Please be back and seated by 13:00



Atos
Coloplast Group



Keynote

Dr Rishma Maini, Public Health
Scotland



Why Speech and Language Therapy is Central to Scotland's Public Health Future

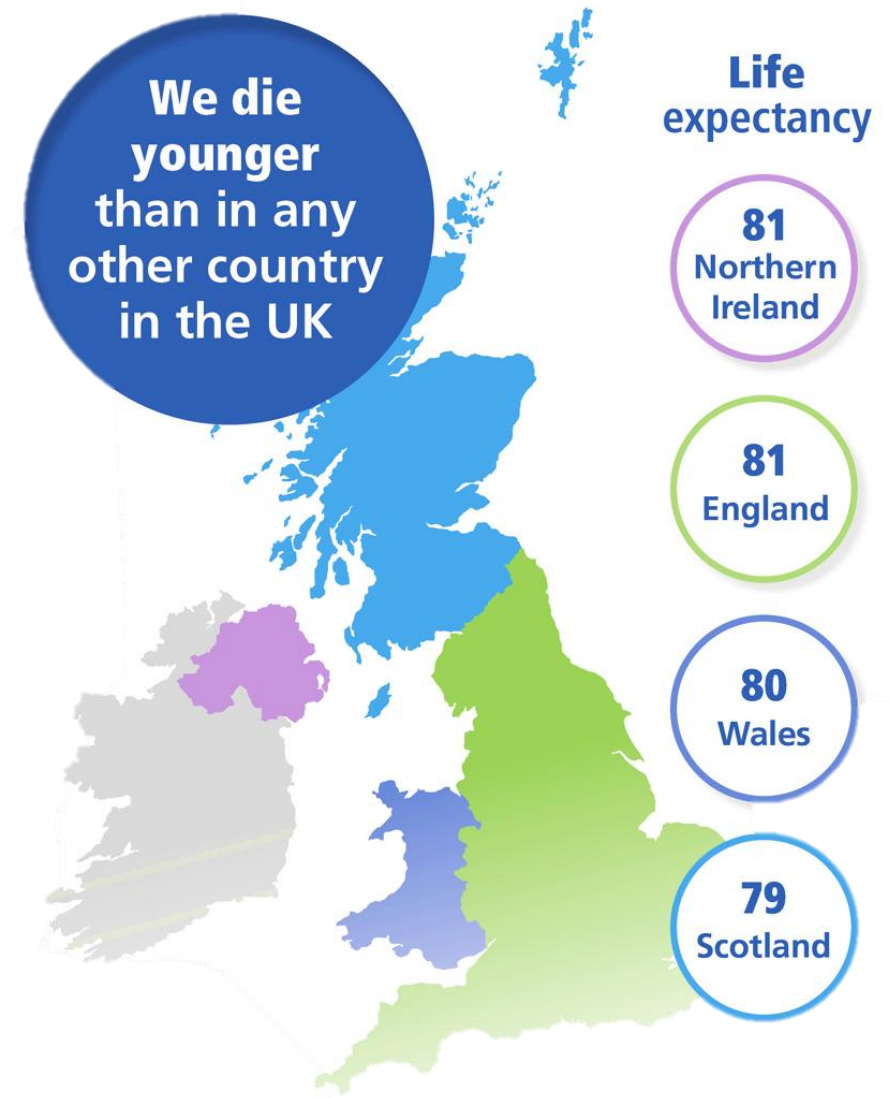
Rishma Maini

10 September 2026

Scotland's Health Story – Why Change Is Needed

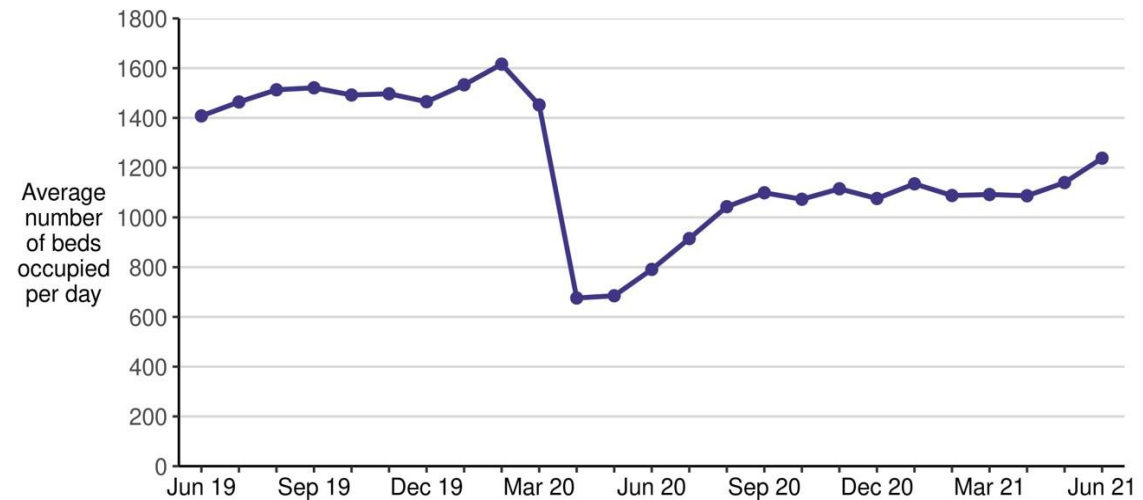
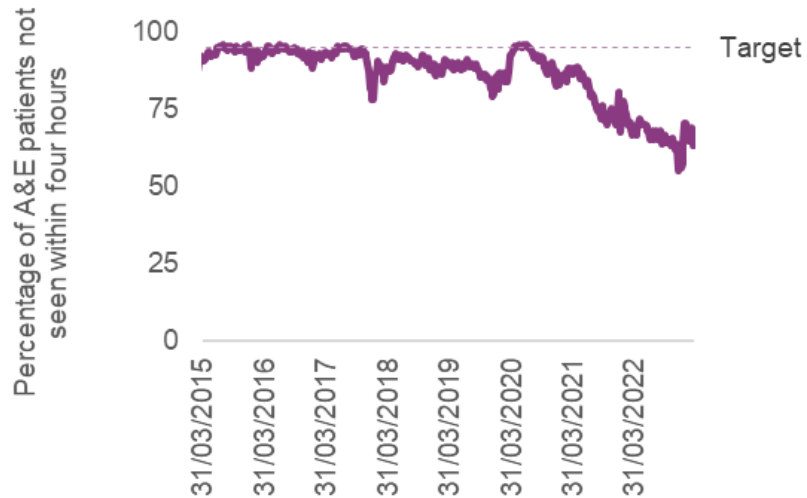
The Scottish life expectancy figure masks wide inequalities across the country:

- Males 77; Females 81
- Wide geographical variation - highest in East Renfrewshire, lowest in Glasgow City
- Female in the most deprived areas is 10.5 years lower than the least deprived
- Male in the most deprived areas is 13.2 years lower than the least deprived
- Highest in remote rural and accessible rural areas; lowest in urban areas and remote small towns



Scotland's Health Story – Why Change Is Needed

NHS Scotland is feeling the pressure



More people are being added to waiting lists than are being removed from them, and people are waiting longer for treatment.”

Audit Scotland assessment of NHSScotland, February 2023

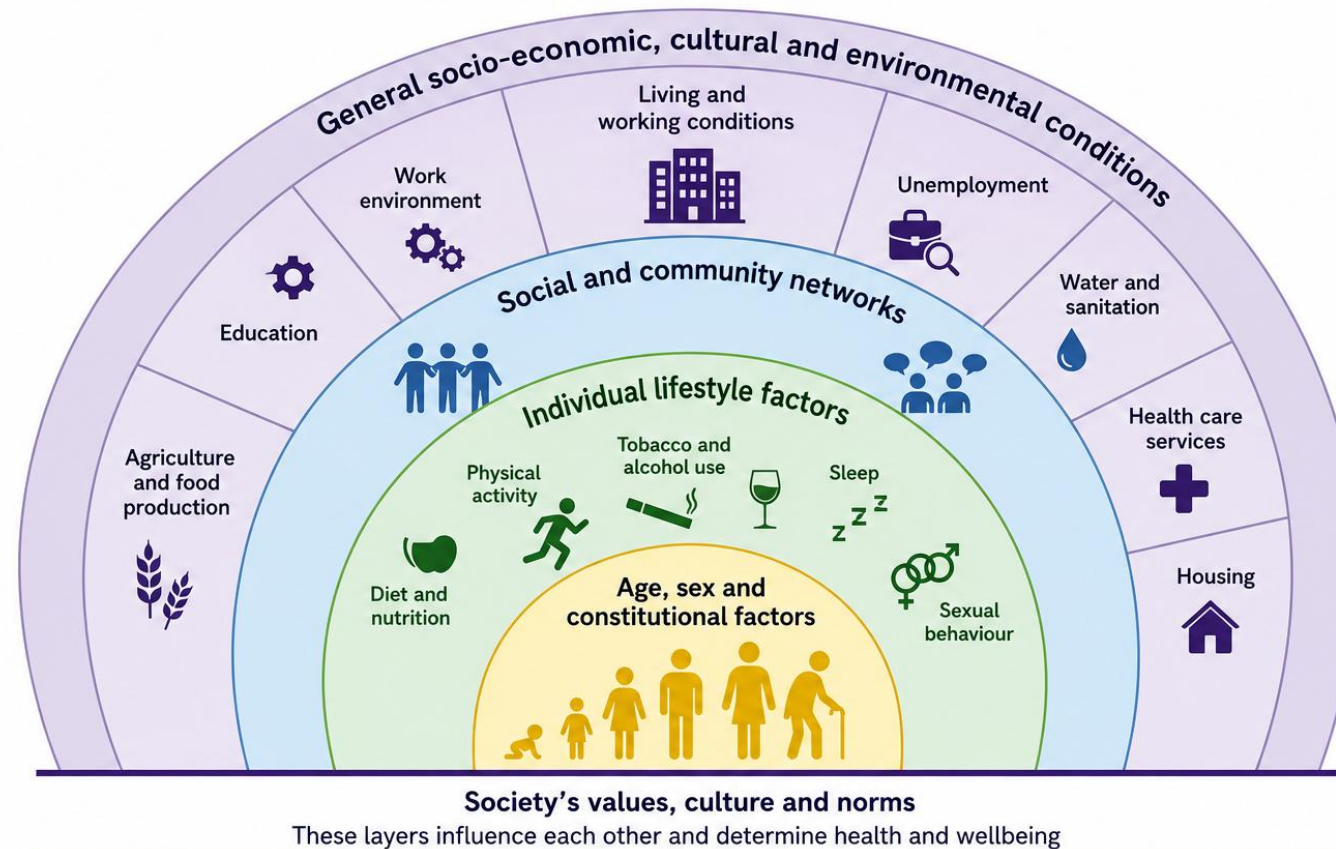
“Significant service transformation is needed to ensure the future sustainability of the NHS”

Audit Scotland assessment of NHSScotland, February 2024



What is public health?

The Dahlgren and Whitehead Model of the Social Determinants of Health



Source: Dahlgren G, Whitehead M. Policies and Strategies to Promote Social Equity in Health. Institute for Futures Studies. Stockholm, 1991.



Communication and safe swallowing links to health determinants



What do we mean by prevention?

Primary prevention (upstream)

These actions try to stop problems happening in the first place, either through actions at a population level that reduce risks or those that address upstream drivers.

Secondary prevention (mid-stream)

These actions focus on early detection of a problem to support early intervention and treatment or to reduce the level of harm.

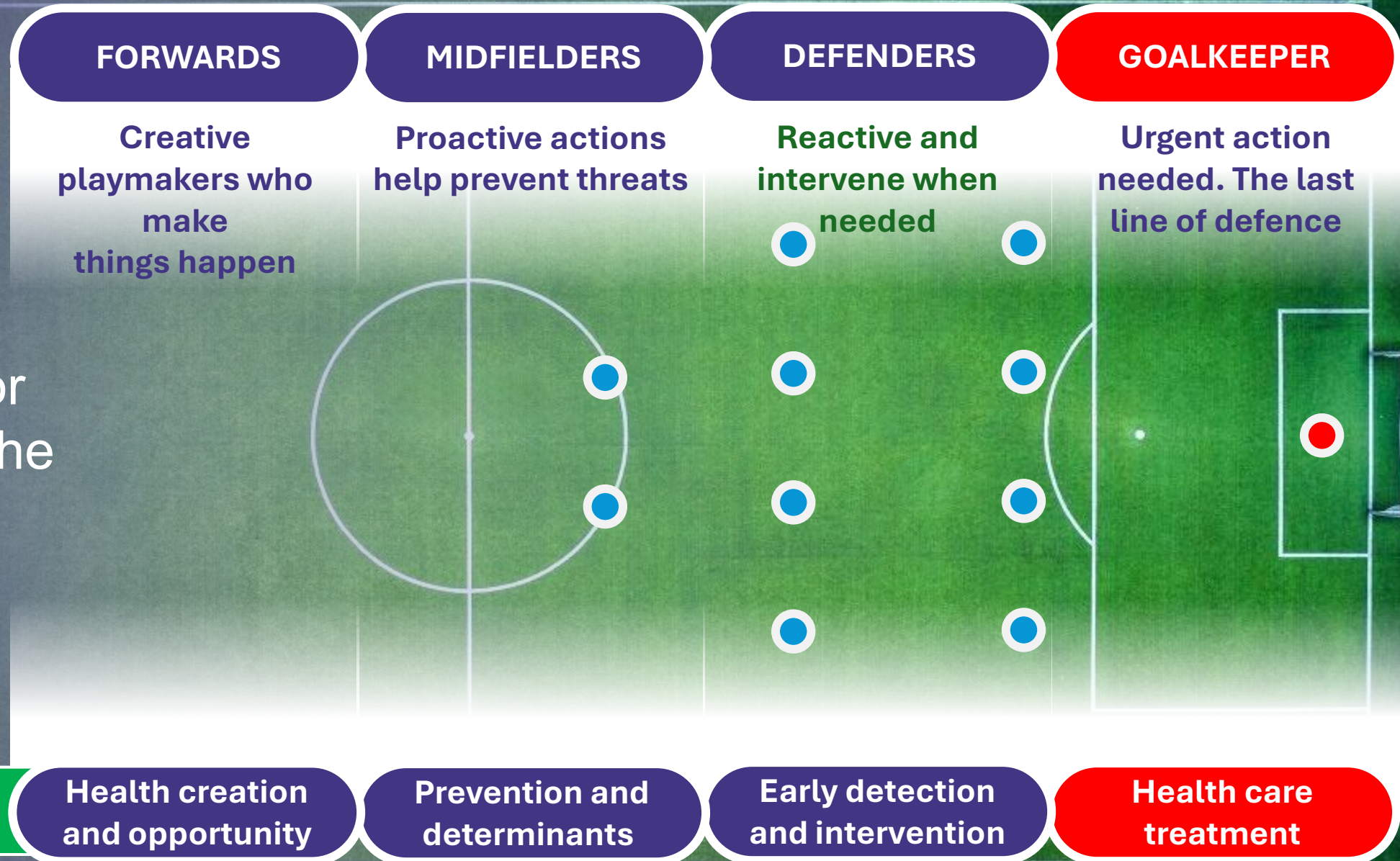
Tertiary prevention (downstream)

These actions attempt to minimise the negative consequences (harm) of a problem through careful management.

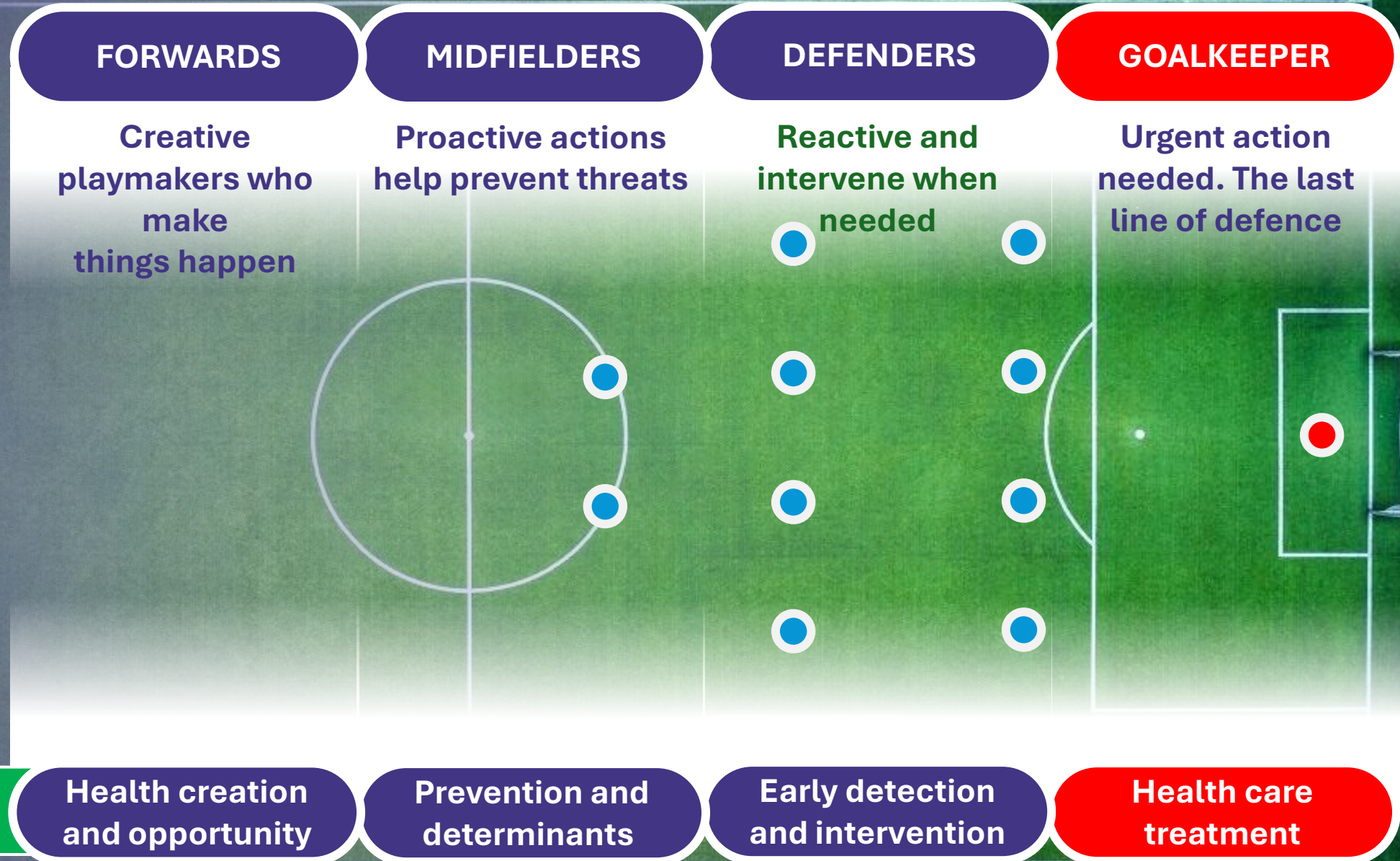


Why we must act differently: from treatment to prevention

“Let’s not overburden or rely *only* on the goalkeeper,”



Where do you play on the pitch?



Communication and Safe Swallowing = Opportunity = Public Health



COMMUNICATION & SAFE SWALLOWING

Helps people access, understand,
eat, drink safely and participate



Connects us to others



Supports learning and
understanding



Enables safe eating,
drinking and nutrition



Enables participation
in society

=



OPPORTUNITY

For healthier, fairer
futures for all



Better education and skills



Meaningful employment



Inclusion and connection



Improved nutrition



Better hydration



Greater recovery and independence

=



PUBLIC HEALTH

Prevention. Healthier people.
Stronger communities.



Reduces health inequalities



Prevents harm and ill health



Improves quality of life



Sustainable health and
care system



Communication and safe swallowing are fundamental to health and wellbeing.
They unlock opportunity and drive better population health for Scotland.





RCSLT updates

Derek Munn, Director of Policy & Public Affairs, RCSLT

Krystina Stanway, Director of Professional Development and Innovation, RCSLT



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Coloplast Group



Professional Development, Guidance and Research

Krystina Stanway, Director of Professional Development and Innovation, RCSLT



Atos
Coloplast Group

- Clinical Guidance process review: RCSLT are reviewing how we produce supporting documents for clinicians to ensure they are robust, rigorous and meaningful.

- **Interpreter guidance**

Just launched September 2026 <https://www.rcslt.org/news/updated-working-with-interpreters-guidance-published/>

The authors will be speaking at a webinar chaired by ASLTIP in January 2027 and we have a survey open to help inform the content: <https://www.rcslt.org/forms/rcslt-survey-on-a-webinar-to-support-working-with-interpreters-to-deliver-services/>

- **Eating and drinking with acknowledged risk**

Guidance document due early next year. Final draft in development with the working group following the legal roundtable.

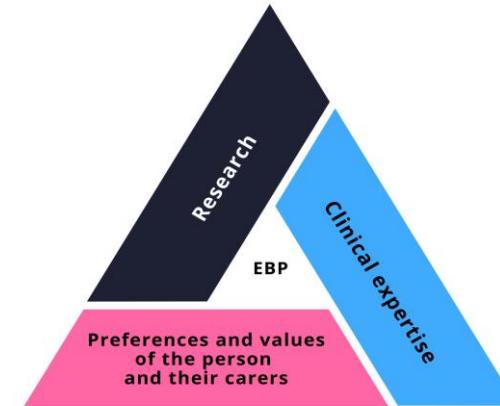
- **Evidence-Based practice review**

Review our recommendations on what the model should look like for SLTs.

- **INGEST research project launched**

The RCSLT R&O team are excited to be supporting the [INGEST research project](#), which will explore the impact of discontinuing thickened fluids in adults with oro-pharyngeal dysphagia.

Please look out for opportunities for your service to get involved, and/or contact caroline.bagnall@rcslt.org for further information



NIHR | National Institute for Health and Care Research

[Awards and outputs](#) [Apply for funding](#) [Contact and feedback](#)

Search for awards and outputs

Research Award Active Award Award ID: NIHR170347

INGEST: discontinuing or continuing thickened fluids Trial

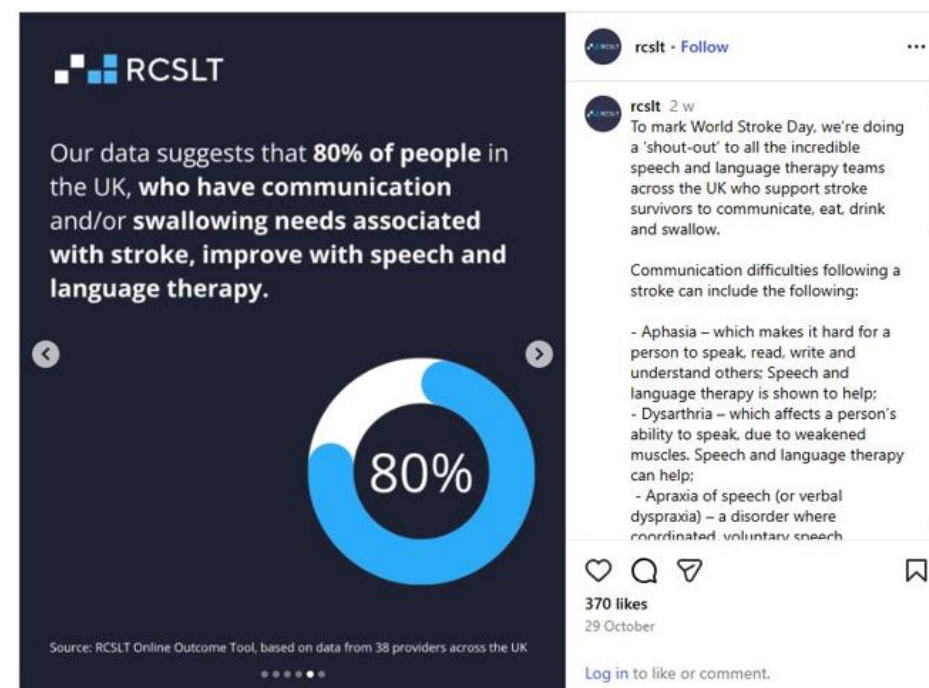
Outcomes and informatics: priorities 2026-27



The Outcomes Programme Steering group have prioritised the following areas:

- Develop the functionality of the ROOT
- Support improvements in the quality of data recorded on the ROOT
- Support services to utilise their data (e.g. for quality improvement, demonstrating impact etc.)
- Continue work to make anonymised ROOT data available to the research community
- Share insights from the ROOT and raise awareness via social media

Work on developing SNOMED terminology for the profession remains a key focus.



RCSLT e-learning

'An introduction to...'

- Currently six modules live and accessible, on a range of topics from supervision to AI. Another module, the second in the series on AI, is currently in development.

'RCSLT Formal Assessments'

- Currently five modules live, on RAPT, CAT, PALPA, CASP and TALC. Next assessment will be on the Frenchay Dysarthria Assessment.

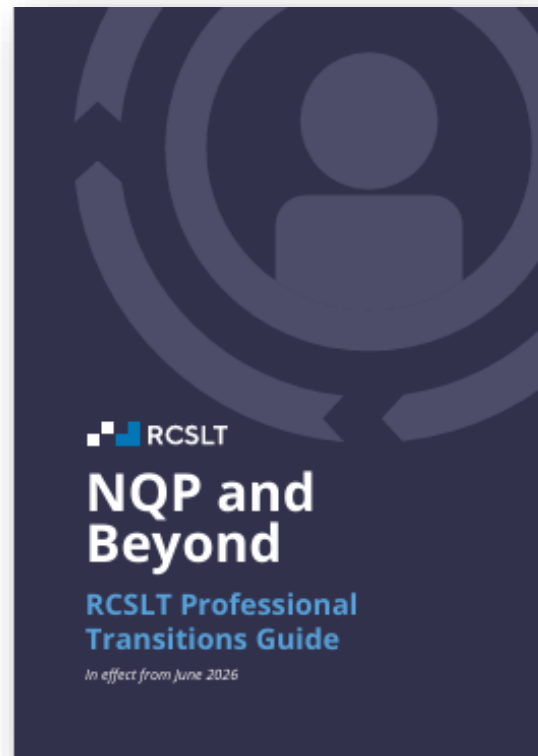
As well as a host of other e-learning courses, available on our CPD site: www.rcsltcpd.org.uk



Understanding
communication
difficulties in the justice
system (core modules)

We have also re-written and re-designed (and re-named – no longer the Box!) the criminal justice training – it is launching in mid-March and can be found on our CPD site. Look out for further comms!

Updates to these documents



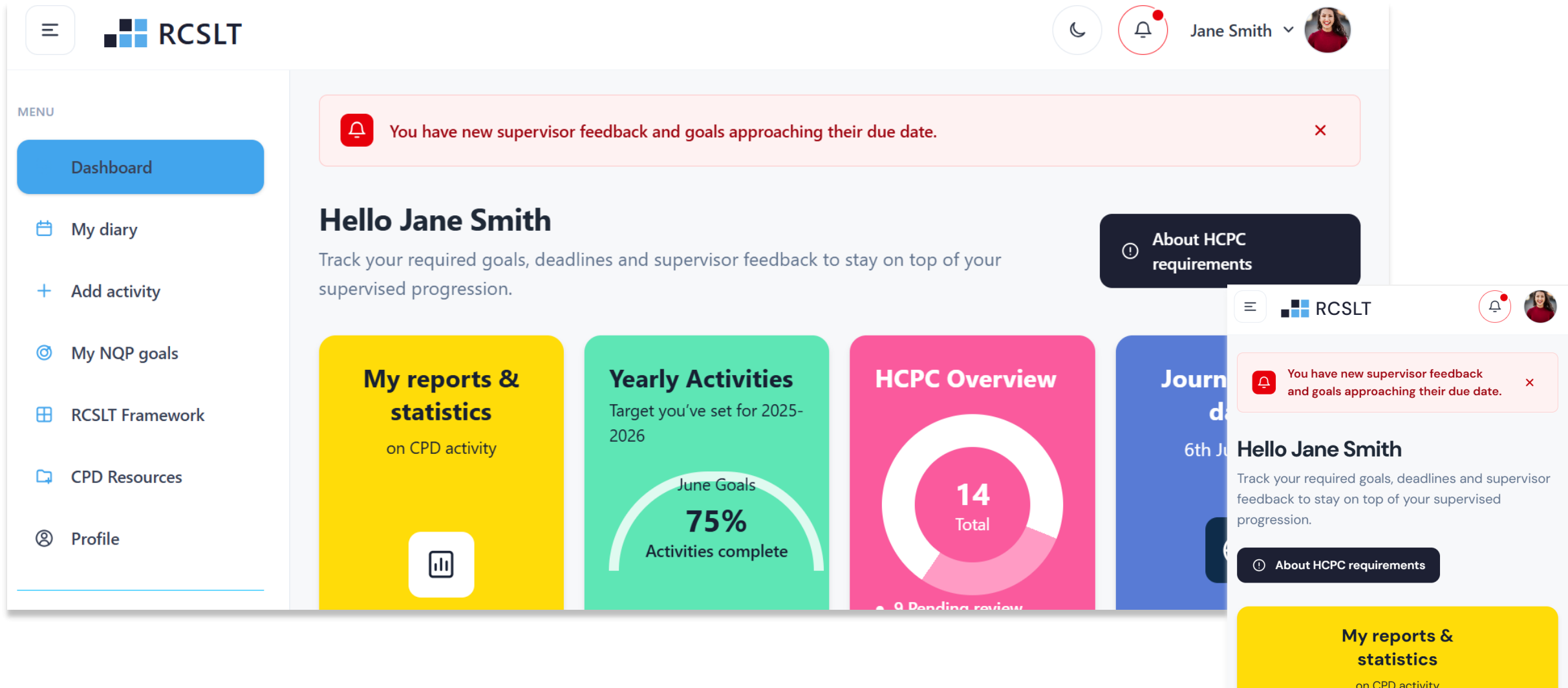
CPD Portfolio



- A 12-month digital project to develop a new CPD tracking tool to help members prepare for HCPC audit and plan and manage their CPD
- Key objective: increased adoption and engagement levels among members
- Focus on creating a more modern, more engaging user experience accessible to all members
- Mobile optimisation for use on the go
- Support for transition workflows such as that for NQPs and OQPs becoming Certified members
- Better support for supervisors
- Ability to feature non-mandatory frameworks e.g. Professional Development Framework

A screenshot of the RCSLT CPD Portfolio web interface. The header shows the RCSLT logo and "My Account" link. A navigation bar includes "What we do", "Speech and Language Therapy", "Learning and Your Career", "Guidance", and "Members". A user profile bar shows "MORAG.REAVLEY.1". The main content area is titled "Your CPD" and includes a dropdown for "2026". It features sections for "HCPC requirements", "Hours", "Types of activities completed", "Add an activity" (with a plus icon), and "Your summary" (showing 0 CPD hours completed, 0 Planned CPD hours, and 0 Hours without reflection). At the bottom, there is a section for "Your goals and activities" with start and end date pickers set to "1 Jan 2026" and "31 Dec 2026".

CPD Portfolio



Leadership



Inspire leadership programme for new or aspiring leaders:
Cohort 3 will be starting in November. We launched the Inspire **alumni group** in February.

"This course has by far been the best CPD experience of my career. It has taught me so much about myself which I have been able to apply to my work in my clinical, leadership and supervisory roles. I have met so many fantastic people on this course and I can take my learning as well as networks with me into my future work...wherever that may be. Thank you so much to everyone involved in making this happen. I am excited for the new cohort to embark on the Inspire Leadership programme 25/26!"

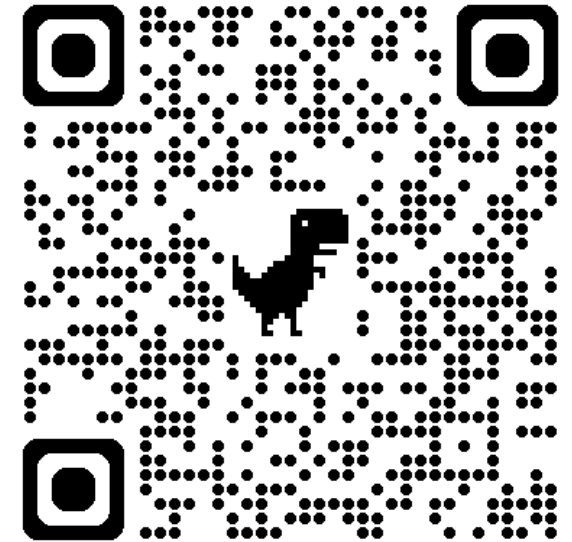
Student leadership placement - Next one in November. Look out for adverts soon.





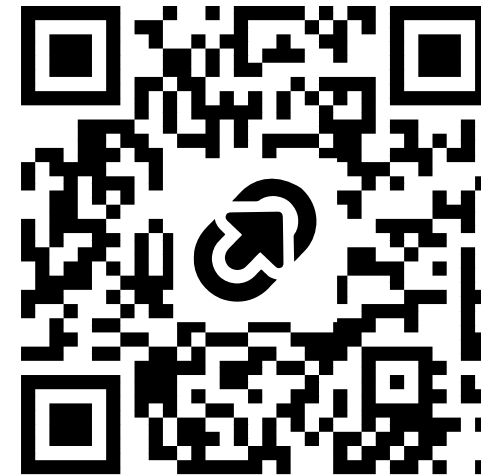
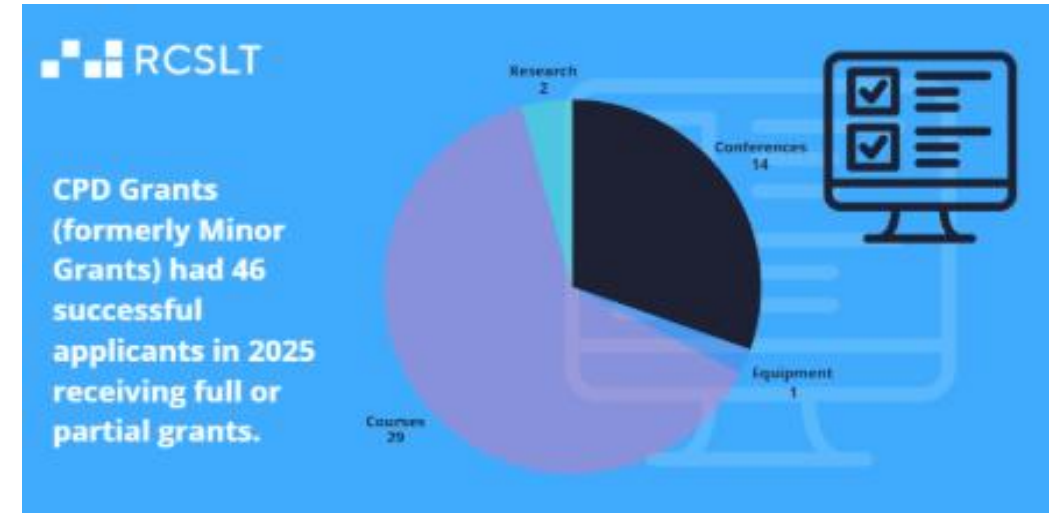
Listen, learn, grow

Our podcast explores key themes in the profession, featuring expert insights, research, and real-world experiences. Tune in to stay informed and inspired.



CPD Grants

- RCSLT offers grant up to £800 for member professional development.
- We support grants for a range of CPD activities such as; conference attendance, courses, university modules, research costs, equipment or books, as well as other innovative learning.
- We have three deadlines a year. The next one is 5 October 2026.
- Our panel has a combination of RCSLT staff and members.
- All guidance and application form can be found on our website under Member Benefits.



[RCSLT CPD Grants - Overview | Rise 360](#)

- **Thickener products** and guidance to support SLTs.
- **Artificial Intelligence** and application within the profession.
- **New ways of working** and building the evidence-base
- **Workforce** and supporting new graduates

**Artificial Intelligence principles
for safe and ethical practice in
speech and language therapy**



The wider work of the RCSLT

Derek Munn, Director of Policy & Public Affairs, RCSLT



Atos
Coloplast Group

- Approaching the end of the strategic vision and plan for 2022-27 prepared in the aftermath of the pandemic
- Five areas: professional guidance and research, workforce development, profile and opportunity, membership offer, being an excellent organisation
- Two cross-cutting themes: EDB and co-production
- We are now preparing the new vision and plan for 2027-30
- A member survey conducted before the summer is being analysed to inform priorities and transformational ideas

How do we support our membership?



RCSLT Membership

Community

*Nurturing networks that
bring practitioners
together*

Professional Development

*Working to develop the
profession and support
clinical excellence*

Advocacy

*Speaking with a united
voice to influence society
and effect change*

Practical Support

Using our resources to give members the protection and help they need

- Updated vision and strategy agreed in 2025
- Championing diversity and belonging; intersectional approach; affirming diverse perspectives; advocating for change; an accountable, transparent professional body
- Disability and neurodiversity research, LGBT+ guidelines
- Refresh of the health inequalities toolkit
- Statement on gender in CYP services
- Challenges: wider social currents, Gaza, credibility on anti-racism
- The way ahead: remuneration and member-led resources on cultural competence

- A much-misused term!
- Co-production in RCSLT the organisation and in the SLT profession
- Significant progress in research, guidance and influencing
- DLD research priorities
- Neurodiversity
- Children's needs, CAS and Down Syndrome – the storming stage
- Consistent terminology, a framework, our role

- AHP leadership and workforce planning - data
- SEND, SEN, ALN and ASN
- Assisted dying and palliative care
- AI
- New and emerging interventions
- A focus on adult SLT and communication



Transition to workshop

13:55 – 14:05

Please head to your workshop and be
seated for 14:05



Atos
Coloplast Group

- Establishing new partnerships to reach children and families when others can't – **Robert Adam Room**
- Opening the conversation: adopting outcomes and experience measures for marginalised groups – **Reception Room**
- Scottish Government's Foundation Inclusive Communication Toolkit: SLT support on a plate – **Main Room**



Establishing new partnerships to reach children and families when others can't

Hazel McKellar & Alison McDonald,
NHS Forth Valley



Atos
Coloplast Group

NHS Forth Valley Children and Young People's Speech and Language Therapy

**Establishing new partnerships to reach
children and families when others can't**



Alison McDonald alison.mcdonald@nhs.scot & Hazel McKellar hazel.mckellar@nhs.scot

Speech & Language Therapists in Social Work and Family Support

September 2026

Establishing new partnerships to reach children and families when others can't

Words that have been used to label you, expected or unexpected, well received or not well received...



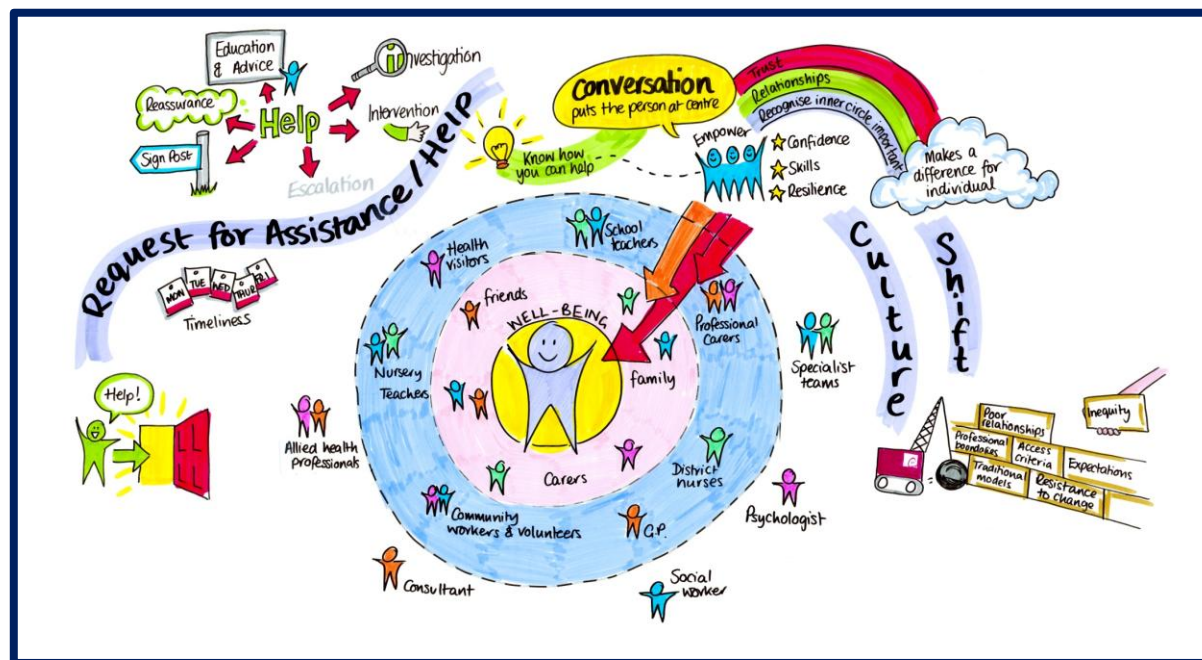


Our idea





Our idea



- Provide easy access to help
- Prioritise early intervention, prevention and self-management
- Ensure the child at centre of all decisions
- Share expertise with people closest to the child
- Deliver wellbeing outcomes



Tools and resources we used

	Family	Environment	workforce	Identification	Intervention
Universal	Parents, carers and young people are supported with information and skills about typical communication development and how to be an effective communication partner. Families are able to make proactive choices with respect to their child's needs.	Environments in which children and young people spend time for learning and leisure are communication friendly. Environments have appropriate enhancements .	The wider workforce is supported to gain a general understanding in order to support communication and/ or eating and drinking development across all contexts.	Identification of potential communication and /or eating and drinking needs is as efficient and accessible as possible. Pre-identification advice and information are available.	Homes, settings and schools are supported to provide a universal offer that supports communication and/ or eating and drinking of all children and young people.
Targeted	Parents and carers of, and young people with, identified communication and/or eating and drinking needs are supported with targeted information and skills relevant to their needs in order to make choices and request assistance from services.	Environments in which children and young people spend their time for learning and leisure are communication friendly and have appropriate adaptations for children and young people with identified communication and /or eating and drinking needs.	The wider workforce is supported to develop specific knowledge and skills to support children and young people with identified communication and/ or eating and drinking needs.	Efficient and accessible processes which support identification of communication and/or eating and drinking needs. This may include requesting assistance from services.	Children and young people needing a targeted intervention receive appropriate and timely provision with support for those closest to them to help meet their needs.
Individualised	Parents and carers of, and young people with, individualised communication and /or eating and drinking needs are supported with the appropriate specific information and skills in order to make choices and request assistance from services.	Environments in which children and young people spend their time for learning and leisure are communication friendly and have appropriate adaptations for children and young people with individualised communication and /or eating and drinking needs.	Knowledge, skills and expertise are developed in identified members of the wider workforce in order to ensure support for children and young people with individualised communication and/ or eating and drinking needs.	Identification and investigation of individualised speech, language and communication and/or eating and drinking is efficient and accessible.	Children and young people needing an individualised intervention receive appropriate and timely provision with support for those closest to them to help meet their needs.

Communication includes speech, language and communication skills

Combined our resource and moved closer to the community

Became visible and present within Education Establishments

Prioritised building relationships w adults around the child

Changed how we engaged with new requests into the service

Changed the conversation to 'what matters to you?'





What we did



Family Support

- Helpline
- social media
- parent workshops

Environment

- Communication Friendly Environment accreditation
- Communication champion

Workforce

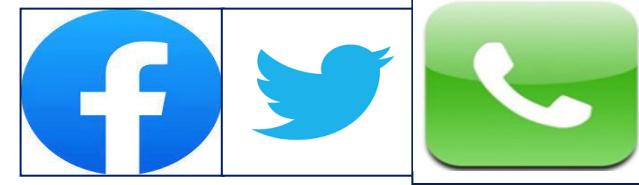
- Training packages for education and health visiting staff

Identification

- Training for education and health visiting staff about normal SLC development
- Early help conversations

Intervention

- Whole class interventions





Outcomes and Impacts

Breaking the intergenerational cycle

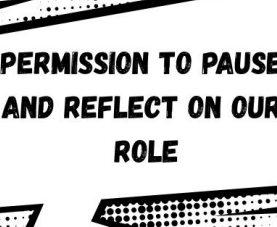
Evaluations from children, families and partners tells us that access, relationships and confidence matter. The workshop today is less about the numbers, and more about what we learned about working differently.

How does an SLT become part of another team or a key partner in a newly established team or service?

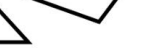
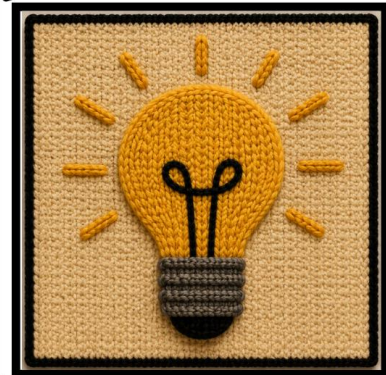
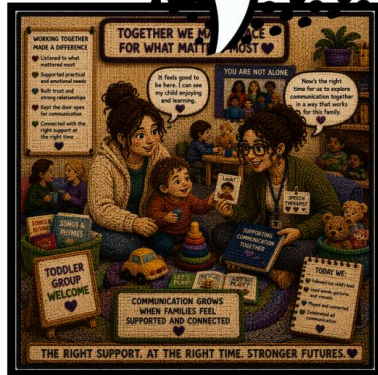


In-team conversations which are taken to multi-agency partners or potential partners

- Understand phase
- Collaborative planning and doing
- Reflection and tweaking
- Robust data gathering



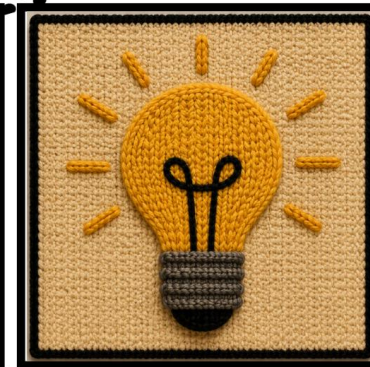
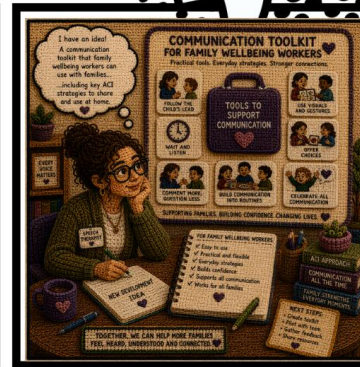
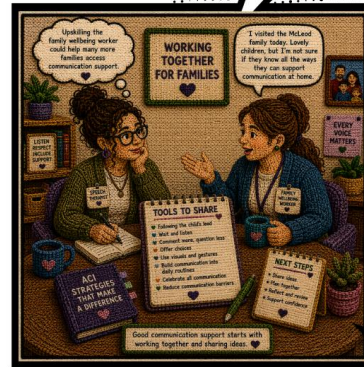
**PERMISSION TO PAUSE
AND REFLECT ON OUR
ROLE**

A graphic consisting of a white rectangular box with a thick black border, tilted slightly to the right. The box is surrounded by a pattern of black dots of varying sizes, creating a halftone or stippled effect. Inside the box, the text "SUPPORTING THE JOURNEY, NOT SETTING THE PACE" is written in a bold, black, sans-serif font, centered and arranged in three lines.

**LISTENING BEYOND
THE REFERRAL**

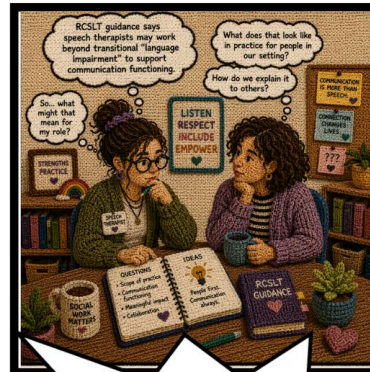
**HELP AT THE
EARLIEST POSSIBLE
STAGE**

**WORKFORCE DEVELOPMENT.
FAMILY IMPACT.**



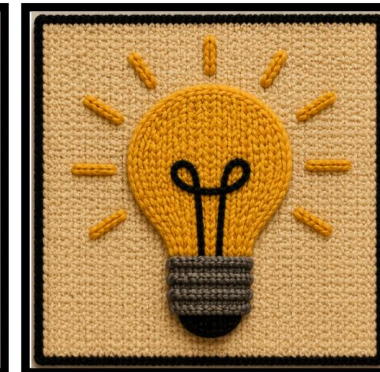
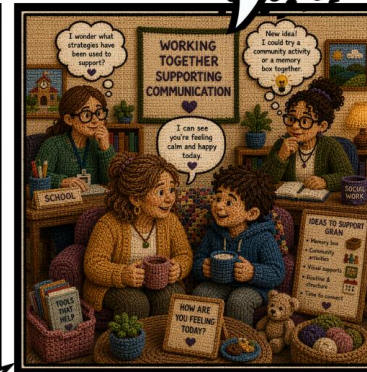
**JOINT WORKING
INCREASES OUR
UNDERSTANDING OF EACH
OTHER ROLES**

**CONNECTION BEFORE
INTERVENTION**

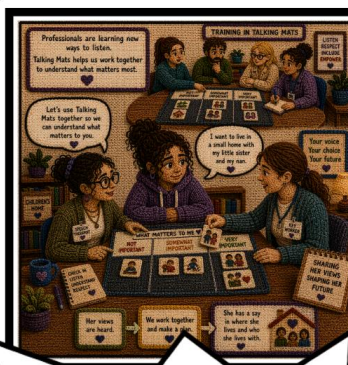
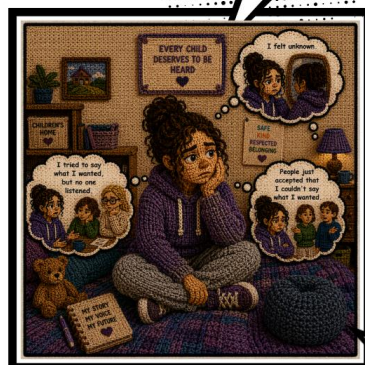


**UNDERSTANDING
BEFORE SOLVING**

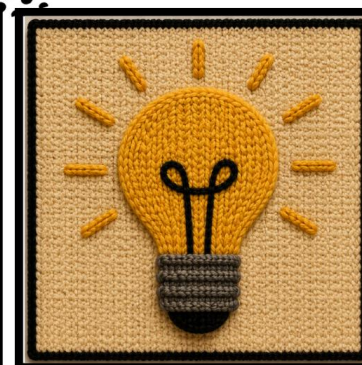
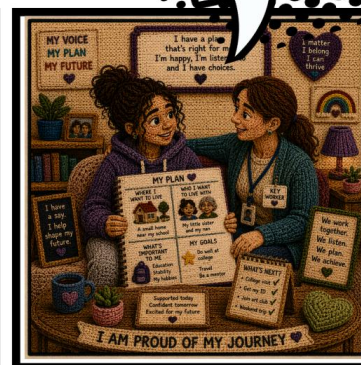
**BUILDING
ALONGSIDE OTHERS**



**YOUNG PERSON'S VOICE
NOT BEING HEARD**



**EVERY CHILD'S
VOICE SHAPES THEIR
FUTURE**



**ESTABLISHING
RELATIONSHIPS
TO DEVELOP THE
WORKFORCE**



Making mistakes – learning from them and changing the plan

1. **Relationships before referrals**
Being visible, present and trusted created easier access to SLT thinking
2. **Understanding before acting**
The “understand phase” mattered. You had to learn how each team worked before offering solutions.
3. **Working with, not doing to**
The work was about coaching, modelling and building confidence in the adults already close to the child.
4. **Managing expectations and resistance**
SLT was not a quick fix. The change was about reframing communication, behaviour and relationships over time.
5. **Prevention, not escalation**
Earlier conversations helped shift support upstream, before difficulties became more complex.

Think about your own context:

1. Who has to try hardest to access your service?
 2. Where might they fall out of the pathway?
 3. Who are your potential partners in changing this by working together?
 4. What small changes could make access easier, earlier or more relational?
 5. What are the potential barriers you may encounter and what do you need to understand to overcome them?
 6. What is the one thing you can try differently?
- 
- A solid blue horizontal bar at the bottom of the slide with a wavy, undulating top edge.

Take away thoughts.....

Children and families are not hard to reach. Sometimes our systems and expertise are hard to access.

When SLTs work through relationships, partnership and prevention, communication support can reach children earlier, through the adults and communities already around them.



Opening the conversation: adopting outcomes and experience measures for marginalised groups

Dominique St Clair Miller & Xophie
McAllister, Cygnet Health



Atos
Coloplast Group



Scottish Government's Foundation Inclusive Communication Toolkit: SLT support on a plate

Kim Kean, Inclusive Communication
Consultant



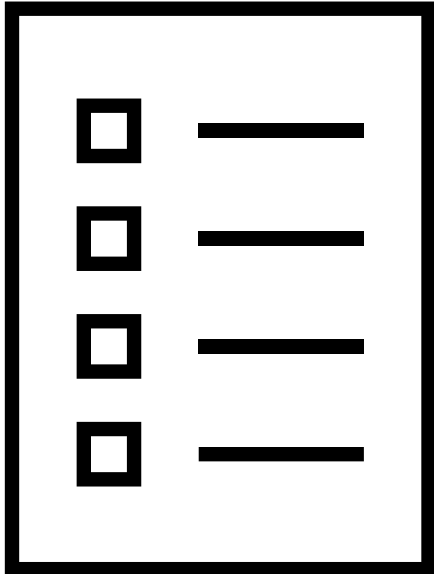
Atos
Coloplast Group

Scottish Government's Foundation Inclusive Communication Toolkit: “SLT support on a plate”

Kim Hartley Kean
Inclusive Communication Consultant

RCSLT Scotland Conference, Thursday 10th September 2026

Workshop plan



1. Why inclusive communication matters
2. Co-production
3. **The toolkit**
4. **SLT support on a plate**
5. **How will you use it?**
6. Your SLT service practice
7. Question and answers

Service user



[Inclusive Communication
Toolkit – Module 1 – Introduction
- YouTube](#)

Why it matters to individuals



1. Engage more easily
2. Lots of people need and / or want it
3. Kinder, fairer, more person-centred
4. Individuals achieve outcomes that matter to them

Why it matters to public services



1. Engage better with more people
2. Improve public trust and engagement
3. Organisations achieve better outcomes
4. Save time, reduce costs
5. Law, policy, strategy



Why inclusive communication matters to SLTs

Why it matters to SLTs



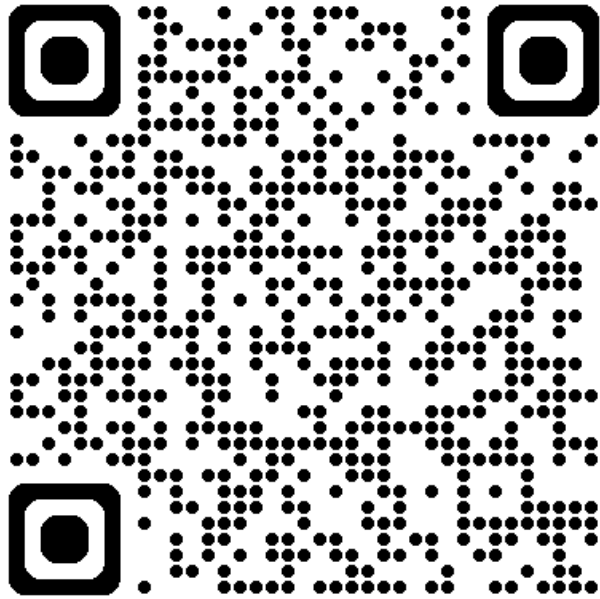
1. Our care groups, practice, expertise
2. HCPC, RCSLT standards, ethics
3. Leadership
4. Public health
5. Marginalised groups
6. Prevention
7. Health inequalities



**What do you use
now?**

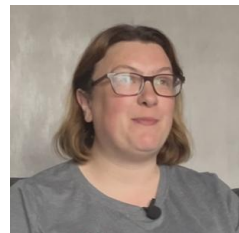
Foundation Inclusive Communication Toolkit

Practical support to make communication between people and services more inclusive



<https://www.gov.scot/publications/inclusive-communication-toolkit/>

Who co-produced it?



Disability
Equality
Scotland



Scottish
Government
Riaghaltas
na h-Alba



NatureScot
NàdarAlba



Scottish
Water
Trusted to serve Scotland



ALLIANCE

CALLScotland



Deafblind
Scotland



RNIB
See differently



Co-production experience

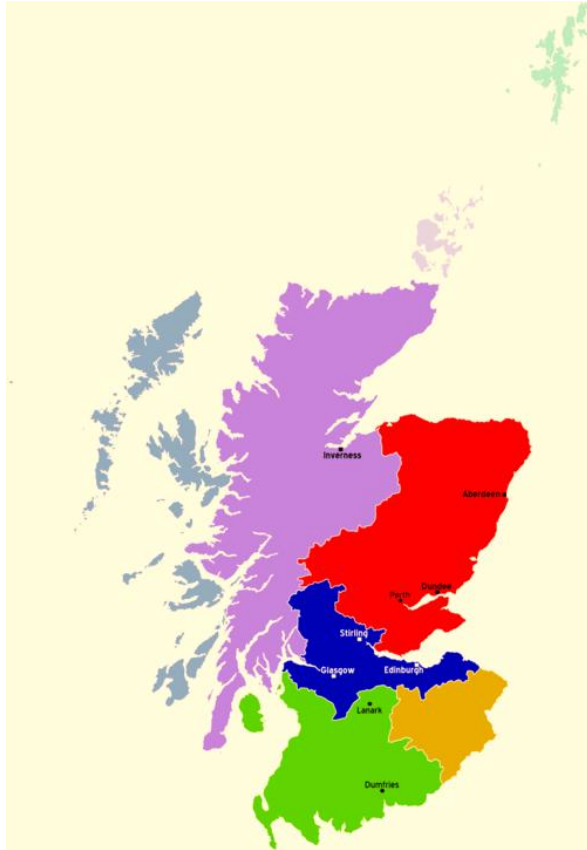


- Positive social goal
- Mutual respect
- Teamwork
- Inclusive communication
- Plans, feedback, updates



- Vision, scope mismatch
- Workload realism
- Governance complexities
- Remote meetings only
- Jargon

Toolkit for ...



- 232 public bodies
- Everyone who work for them

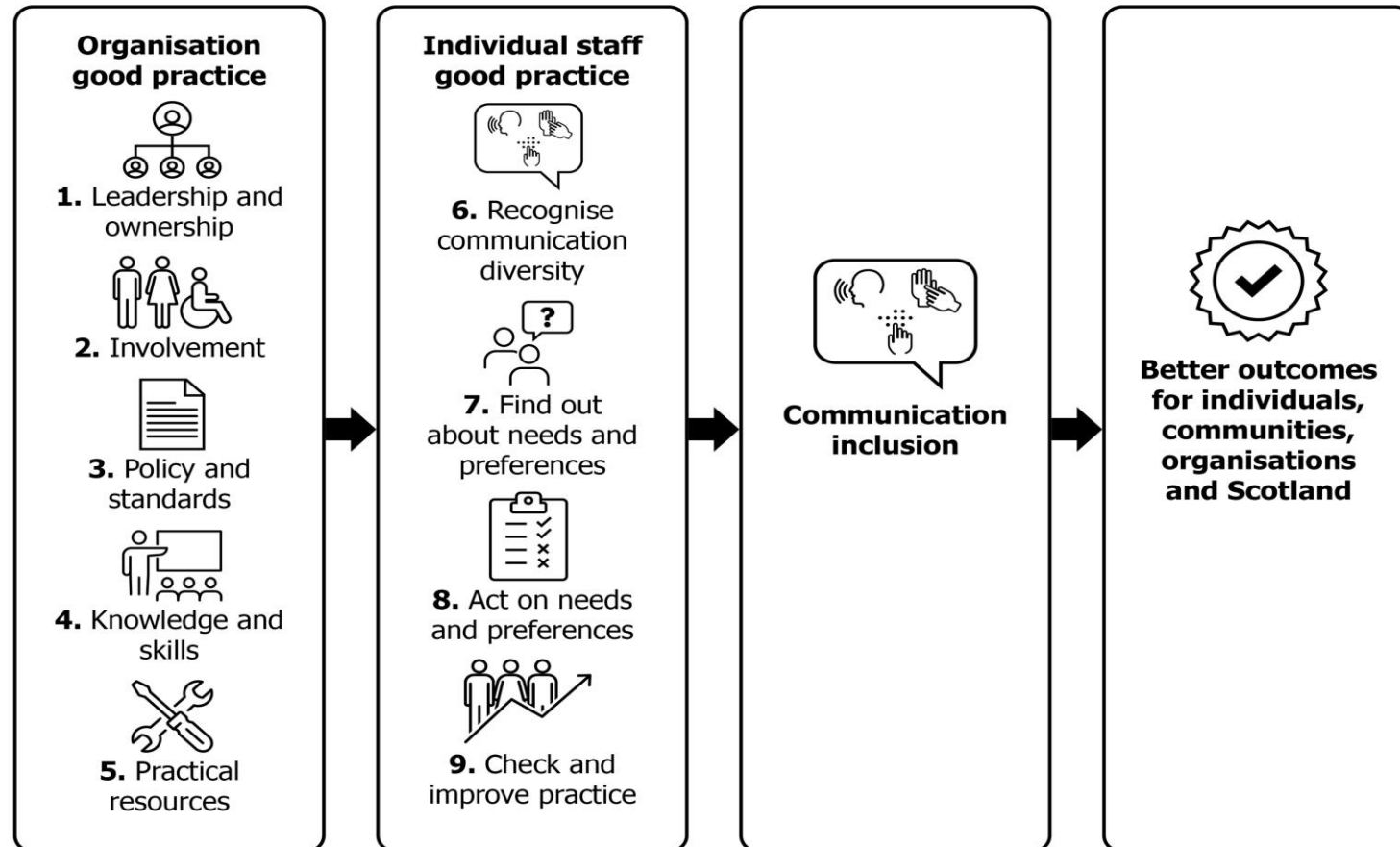
Quick definition

Inclusive communication allows more people to understand and express themselves easily.



- All ways - writing, speaking, signing etc.
- All channels - online, phone, paper, in person
- Time and place
- Every point and every communication

Clear standards on two levels





Disability
Equality
Scotland



Communication
Inclusion
People



Scottish
Government
Riaghaltas
na h-Alba

Five modules

1. Introduction

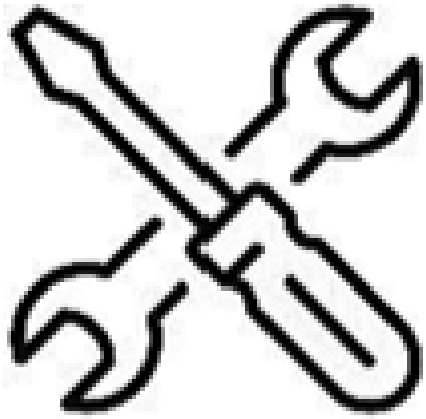
2. Why it matters

**3. Standards and
indicators**

**4. How –
organisation level
standards**

**5. How – individual
level standards**

Take up



- 633 public staff at launch
- 5000 plus visits, +++ downloads
- 73% staff say they will use, 23% may
- 91% believe it will help them
- 75% believe organisation will use, 25% may
- 81% believe it will help organisation



How could you use it?

Support on a plate for SLTs



1. Use as SLT service - lead by example
2. Use as individual - lead by example
3. Promote the toolkit
4. Roll it out to services
5. Service reviews – audits, accountability
6. Campaign, influence - local, national

How is your service doing on organisation standards?



Standard 1. Leadership and ownership of inclusive communication

Comments, questions?



Contact



Kim Hartley Kean

Inclusive communication consultant

Email- kimekean@gmail.com

Phone, text, WhatsApp – 07712525329



Comfort break

14:55 – 15:15

Please be seated by 15:15



Atos
Coloplast Group



Keynote: Every seed has the potential to grow: A journey through poverty, trauma, communication difficulties and transformation

Scott McCarroll, Community Development Coach, CentreStage Communities

Fiona McKenzie, Founder and CEO, CentreStage Communities



Atos
Coloplast Group



CentreStage

Catalysing Community

CentreStage Communities Ltd is a company limited
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Scottish Company No: SC382945 Scottish Charity No: SC039611

15 Elmbank Drive | Kilmarnock | KA1 3AE | 01563 551505 | www.centrestagemt.org.uk

Our Principles

Bring People Together
Break Down Barriers
Develop Strengths
Shape the Journey
Unlock Potential

Our Values

Hope

Inclusion

Aspiration

Joy













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Centrestage
Fun, Food, Folk

★
'Scotland's
Best Theatre
2019'
The
Scottish
Hospitality
Awards
WINNER

A Gospel Journey

Saturday
28th
September
7pm

Tickets
£10/8

Join the Centrestage Gospel & Soul Choirs
for an evening of their favourite songs,
from Gospel Classics to favourite Show Tunes
with some musical surprises along the way..!

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Centrestage

Fun, Food, Folk

CENTRESTAGE VILLAGE

TRANSFORMING LIVES, BUILDING COMMUNITIES;
A MODEL FOR SCOTLAND

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Companies House Number SC382945

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Our Neighbours

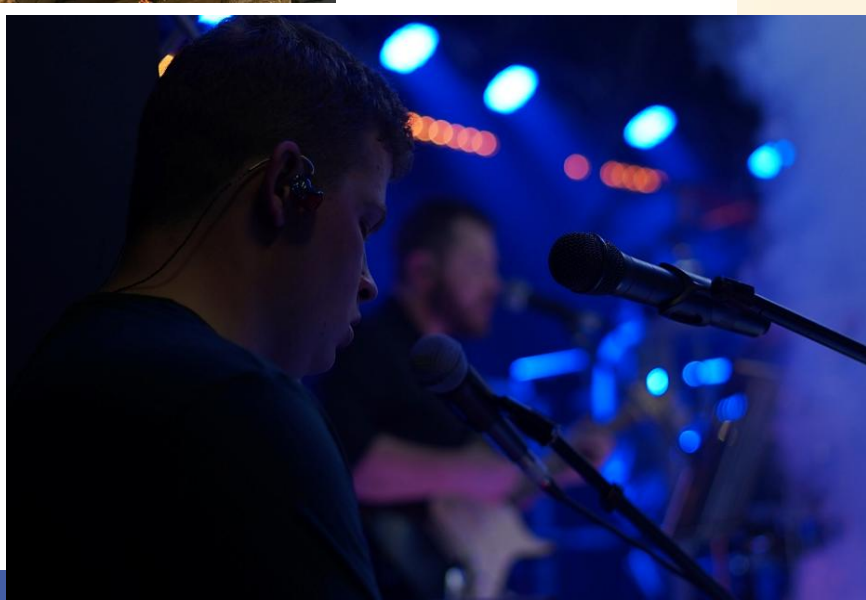
- Who Cares Scotland
- Skills Development Scotland
- Barclays Bank
- ESOL Hubs/ New Scots supports
- Breakthrough Church
- East Ayrshire Tenants & Residents Federation
- National Autistic Society
- Seascape
- Kinship families
- Buzzworks
- Beautiful Inside and Out
- Ayrshire Gymnastics
- CoreFit
- We Make Kilmarlock
- WorkingRite
- NHS Neurodiversity Strategy Team
- Quarriers
- Leanne Cairns Milliner
- Victim Support Scotland
- Occam Architecture
- Woods Floors & Ceilings

Our Method
Invite- Welcome-
Listen- Discover-
Connect- Enable
Step Back

INCLUSION JOY ASPIRATION



#CatalystCommunities



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JOY ASPIRATION INCLUSION HOPE





FOOD IS GIVEN, NEVER HIDDEN
FUN IS ENCOURAGED, SMILES ALLOWED
FOLK TOGETHER HAVING A BLETHER
LISTENING TO GERRY SINGING A BELTER
FEET BE TAPPING, HANDS ARE CLAPPING
FACES SMILING, SO INVITING
FOLK BE TALKING, NOT CLOCK WATCHING
SING A SONG, SHORT OR LONG
IT'S YOUR CHOICE TO SHARE YOUR VOICE
FELT SO WELCOME AND BELONGING
FELT NO PAIN, FAR LESS STRAIN
FEELING LIKE OLD SELF AGAIN
IN A PLACE SO SPECIAL
WHERE ENEMIES CAN BE FRIENDS
FROM THE START, NO PRETENCE
FOUND A FRIEND

FEELING BETTER, NO DOCTOR'S LETTER
DOING ART AT THE UNIVERSAL HEART
THINGS WE CAN DO TOGETHER, NO LONGER APART
DOING POETRY NOW
I WILL ALWAYS REMEMBER
THE MONTH OF SEPTEMBER
WHEN I FOUND FREEDOM
AND SO CAN EVERYONE
IT'S EASY AS FUN, FOOD, FOLK



Food is
for bellies,
not bins...

Sally Marshall
22-12-19



The Mighty Oak
once a seed so fragile
An acorn to the sun
A thousand trees
Ten thousand dreams
Now breathe potential
From the vision
Of just One

by Scott McCarroll





INCLUSION JOY ASPIRATION



#FindYourPlace



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Thanks and close



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