



**IASLT**

*The Irish Association of  
Speech + Language Therapists*

***IASLT PRE-BUDGET  
SUBMISSION 2024***

## *Table of Contents*

<b>WHO ARE WE? .....</b>	<b>3</b>
<b>KEY AREAS NEEDING INVESTMENT. ....</b>	<b>4</b>
Priority Area 1 Significant investment in the SLT workforce.....	5-7
Priority Area 2 Video fluoroscopy.....	8-9
Priority Area 3 Communication and Swallowing Slaintecare Priorities.....	10-11
References.....	12-13



## Who are we?

The Irish Association of Speech and Language Therapists (IASLT) is the recognised professional organisation for Speech and Language Therapists (SLTs) in Ireland. IASLT's vision is to make effective communication and swallowing accessible for people we support across Ireland / our community.

Speech and Language Therapists are a highly skilled, flexible, and valuable part of the health and social care workforce. Speech and Language Therapy transforms lives by assisting people to achieve their communication and swallowing potential.

Strategic investment in the speech and language therapy workforce is fundamental to 'Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing' (Sláintecare Reform Programme 1, 2021-2023).

Within this pre budget submission we call for the following:

1. Significant investment in the Speech and Language Therapy workforce
2. SLT - Videofluoroscopy Swallow Study
3. Sláintecare priorities - Communication and Swallowing



# Key areas needing investment

**1**

Significant Investment in the Speech and Language Therapy workforce: workforce planning and intelligence.

**2**

SLT - Videofluoroscopy Swallow Study

**3**

Communication and Swallowing SlainteCare priorities.



## Significant Investment in the Speech and Language Therapy workforce: workforce planning and intelligence.

### *1.1 What is IASLT's ask?*

IASLT calls on the government to commission and action a workforce planning and intelligence report for SLTs with a focus on recruitment and retention issues for SLTs and our HSCP Colleagues. We must make provision for new and developing areas of practice and ensure a framework and funding to support specialisms and advanced practice within the profession as per the HSCP Deliver Strategy.

Practice tutor roles must also be embedded across our health service to increase access to practice placements and in turn recruitment of SLTs.

An urgent review of the career pathways and structure must be undertaken to ensure the profession is correctly positioned to meet the changing and growing demands of the health service. This must include the implementation of the Advanced Practice Grade, as a grade code above Clinical Specialist Level.

### *Why?*

The key to the delivery of high-quality speech and language therapy services is the sufficient availability of skilled and trained personnel. However, there are significant shortfalls in the provision of SLT services, with inadequate staffing levels. There are significant difficulties in both the recruitment and retention of trained personnel and this is resulting in long waiting lists and reduced access to services. The profession is experiencing a national crisis in relation to the recruitment and retention of SLTs. The lack of progress in the completion of the Career Pathway Review Group and the restriction of staff grade upgrades to Primary Care positions only, has augmented challenges. There is a lack of a fit for purpose structure that allows for career progression. An overhaul of the entire structure along with creation of an Advanced

Practice Grade will allow experienced clinicians to continue along a clinical pathway, as well as promoting autonomy within the profession.

Recruitment and retention of speech and language therapists must be a government priority to ensure that there are **enough speech and language therapists trained and retained** to:

- support people with communication and/or swallowing needs, their families and the other professionals working with them; and
- ensure speech and language therapists can make their full contribution to delivering relevant Government policy objectives in education, health and social care (including mental health and community rehabilitation), and justice.

#### *IASLT's Key Asks:*

Incentivise SLT as a career to support retention through:

- enhanced career pathways to realise the full potential of speech and language therapists.
- the creation of an Advanced Practice Grade.
- completion and publication of the Career Pathway review.
- extension of staff grade upgrades to SLTs outside of primary care
- supporting the continuing professional development of SLTs with the granting of an individual annual stipend of €500.
- fully funded professional development and research opportunities up to and including MSc and PhD studies in relevant areas.
- implementation of a Location Allowance to act as compensation for the high cost of living in larger cities where the standard cost of living and cost of rent is higher than the national average.
- promoting family friendly working policies incorporating flexibility for all professional HSCP to form part of an ongoing HSCP strategic review.
- Ensuring affordable childcare supports. Highly skilled speech and language therapists are being forced out of work because of childcare costs. Working

parents with young children must have flexible, dependable, and affordable childcare facilities available or they cannot go out to work.



## SLT - Videofluoroscopy Swallow Study

### 2.0 What is the IASLT's ask?

IASLT calls on the Minister and Government to amend the legislation whereby Speech and Language Therapists are included on the list of 'referrers' entitled to refer individuals for medical radiological / ionising radiation procedures in Statutory Instrument (SI) 256/2018 EU (Basic Safety Standards for protection against dangers arising from medical exposure to ionising radiation).

Videofluoroscopy (VFSS) is a diagnostic procedure used to assess swallowing function and identify swallowing difficulties or dysphagia. The Speech and Language Therapist evaluates and analyses patient's swallowing in real time and reports on the patient's swallow post assessment. SLTs are the recognised profession with the relevant skills and training to conduct VFSS and have been doing so nationally. However, as a profession we are not legislated as 'practitioners'.

### Why?

Currently an SLT managing care for a client must access a medical referral for this procedure. The inclusion of an SLT as a referrer for this procedure would provide a safe referral process for this procedure. This requires a legislative amendment that will improve access for patients and reduce costs, improve efficiencies in healthcare delivery and retain staff in the profession due to their enhanced autonomy. The referral for medical radiological radiation by the Speech and Language Therapist is in line with Sláintecare, and will allow health services to use the right professional at the right time. This would mean that right people, with the appropriate expertise take responsibility for their own patients and not take time from other professional groups.



Currently Speech and Language Therapists cannot hold clinical responsibility for videofluoroscopy. This includes the clinical evaluation of the outcome of the procedures, which is an aspect of clinical responsibility. Speech and Language Therapy is the profession who are recognised to hold the clinical expertise for swallow evaluations.

#### IASLTs Key Asks:

- Amend the legislation whereby Speech and Language Therapists are included on the list of 'referrers' entitled to refer individuals for medical radiological / ionising radiation procedures in Statutory Instrument (SI) 256/2018 EU (Basic Safety Standards for protection against dangers arising from medical exposure to ionising radiation).



## Communication and Swallowing SlainteCare priorities.

### 3.0 What is the IASLTs ask?

IASLT calls for the further development of speech & language therapy in Adult Mental Health Services (AMHs), through the initial provision of two senior SLT per CHO in 2024. IASLT seeks additional funding to support the upskilling of SLT workforce, in all settings, to become more trauma informed in their approach to clinical work with children, adolescents and adults.

There is an urgent need to include SLTs in Adult Mental Health (AMHs) teams (General Adult Mental Health, Adult Mental Health Intellectual Disability and Clinical Programmes including Attention Deficit Hyperactivity Disorder, Early Intervention in Psychosis and Eating Disorder).

#### *Why?*

There are currently less than five SLTs working in Adult Mental Health Services in Ireland. The discrepancy between SLT staffing for child / adolescent and adult mental health services is inequitable and poses challenges to vulnerable young adults transitioning from CAMHs but for whom adult SLT services are not available. IASLT continues to express concern in relation to the under development of SLT in adult mental health and adult mental health in intellectual disability services and are concerned in relation to what happens to service users when they turn 18 and have no service available to transition into. There are a very small number of SLTs working in adult Mental Health services nationally, with no adult specific SLT managers.

Communication and Mental Health (and disorder) are intrinsically linked.

Over 80% of adult patients with mental health disorders screened in an Irish study demonstrated difficulties with understanding and expressing spoken language, while 60% also presented with a spoken discourse / communication impairment (Walsh et al, 2007).

SLTs play a critical role in supporting people with communication difficulties access team interventions where the language used may be complex (Brophy, 2020). Communication ability is integral to participating in many MH programmes that enable recovery. Absence of SLT threatens to undermine the effectiveness and economic value of ‘talking therapies’ offered by mental health teams (IASLT, 2016).

### **IASLT’s Key Asks:**

In light of the recent CAMHS report (Mental Health Commission, 2023) IASLT asks for the following:

- Review of staffing allocations as set out in Vision for Change to reflect the requirements for the SLT profession.
- The development of additional clinical specialist roles and establishment of advanced practice roles for SLT within CAMHS to further evidence-based practice, research activity and specialist education in this field.
- Further development of speech & language therapy in Adult Mental Health Services (AMHS), through the initial provision of two senior SLT per CHO in 2024.
- The appointment of Practice tutors to support ongoing student placements which in turn will support recruitment.

## References

Patel DS, Krishnaswami S, Steger E, et al. Economic and survival burden of dysphagia among inpatients in the United States. *Diseases of the Esophagus*. 2017

Houses of the Oireachtas (2017). Houses of the Oireachtas Committee on the Future of Healthcare: Sláintecare Report. Dublin: Government Publications  
[http://www.oireachtas.ie/parliament/oireachtasbusiness/committees\\_list/futureofhealthcare/reports/](http://www.oireachtas.ie/parliament/oireachtasbusiness/committees_list/futureofhealthcare/reports/)

Health Sector Turnover document (2020)  
<https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/health-sector-workforce-turnover-2020.pdf>

March K, Bertranou, E, Suominen, H, Venkatachalam, (2010). Matrix Evidence Report: An economic valuation of speech and language therapy. London: RCSLT  
[http://www.rcslt.org/giving\\_voice/matrix\\_report](http://www.rcslt.org/giving_voice/matrix_report)

Mental Health Commission (2023), Independent Review of the Provision of Child and Adolescent Mental Health Services (CAMHS). Dublin:  
<https://www.mhcirl.ie/sites/default/files/2023-07/Mental%20Health%20Commission%20Independent%20Reviews%20of%20CAMHS%20services%20in%20the%20State.pdf>

Peter Bacon and Associates (2001). Current and future supply and demand conditions in the labour market for certain professional therapists. Dublin  
<http://www.lenus.ie/hse/bitstream/10147/42517/1/1885.pdf>

Walsh, I, Regan, J, Sowman, R, Parsons, B. and McKay, P. (2007) A needs analysis for the provision of a speech and language therapy service to adults with Mental Health, *Irish Journal of Psychological Medicine*, 24 (3), pp. 89-93. 19.

Regan, J, Sowman, R. and Walsh, I.P. (2004). Dysphagia in mental illness, *Bulletin*, London: Royal College of Speech and Language Therapists, July 2004. 20.

Regan, J, Walsh, I.P, Sowman, R, Parsons, B. and Mc Kay, A.P. (2006) 'Prevalence of dysphagia in acute and community mental health settings", *Dysphagia*, 21 (2), pp. 95 – 101. Pre-Budget Submission: August 2018 10 21.

Sowman, R., Regan, J. & Walsh, I.P. (2009). Bipolar Affective Disorder in, H. Jones J. Rosenbeck, *Dysphagia in Rare Conditions: An Encyclopaedia.*, San Diego, Plural Publishing Inc., pp. 47 – 57. 22.

Regan, J., Sowman, R., & Walsh, I.P. (2009). Schizophrenia in, editor(s) H. Jones J. Rosenbeck, *Dysphagia in Rare Conditions: An Encyclopaedia.*, San Diego, Plural Publishing Inc., pp. 523 – 525. 23.