



IASLT

The Irish Association of
Speech + Language Therapists

*IASLT Statement on the roll
out of Progressing Disability
Services (PDS).*

Date Approved by IASLT Board:	11 th August 2022
Date of Publication:	12 th August 2022

It is evident in the roll out of Progressing Disabilities Services (PDS) nationally, that there are inconsistencies in management structures, staffing and clinical pathways. Members of the Irish Association of Speech and Language Therapists (IASLT) are identifying systemic failures within the roll out of PDS that are placing children and speech and language therapists (SLTs) at risk with resultant concerns in relation to CORU registration and SLT scope of practice. These issues and failures have a direct impact on staff retention and recruitment in disability services. As the professional body for SLTs in the Republic of Ireland, the IASLT is concerned about the integrity of the profession and professional standards due to the identified risks and failures that exist across PDS services.

In a 2017 statement on 'National Community Healthcare Organisations Restructuring' IASLT wrote ***'profession specific clinical knowledge is essential to effective operational management. Maintaining standards of care and management of risk is dependent on discipline specific management. There is an absolute need for these roles to be preserved in any change in structures'***. The Head of Discipline (HOD) is 'accountable and responsible for providing clinical governance and assurance regarding professional practice, quality and standards' (HOD job description, HSE Primary Care). Where there is no HOD linked with a Children's Disability Network Team (CDNT), safety risks are being identified.

Following unprecedented member concerns in relation to working within Disability Services, IASLT held a focus group with members working in the area. These direct quotes from IASLT members demonstrate some serious concerns:

"I feel that children are being neglected in the roll out of PDS. I feel devastated that I am part of that." (IASLT member quote)

"What about those parents who had been promised service?" (IASLT member quote)

"I'm trying desperately to hang onto my careerthe safe option is to walk away, which I don't want to do" (IASLT member quote)

"[Over twenty] years as a speech and language therapist. It's my identity. It's my job. It's what I love." (IASLT member quote)

"People take career breaks, just getting out" (IASLT member quote)



A number of key concerning themes were identified and the following highlights some of these:

1. Clinical Risk due to the absence of Clinical Governance and lack of Clinical Pathways.

SLTs are reporting that post the changes implemented as a result of PDS, not all teams have a HOD to provide clinical governance, assurance and accountability. In the absence of a HOD, Basic grade and Senior grade SLTs are being asked to work outside of their scope of practice, including providing clinical assurance, accountability and developing service pathways and policies without appropriate HOD clinical assurance. SLTs have also reported a lack of consistent, evidence-based clinical care pathways across services, with individual SLTs or teams tasked with developing models of care for their team or region. This is impacting on clinical time and risks reduced clinical safety and effectiveness.

"I am really concerned with the lack of accountability"

"There's such discrepancies nationally.... These teams have been rolled out without the groundwork being done at all".

"There can be lack of understanding of our role and skill set. Inappropriate cases have been assigned as urgent cases when actually alternative disciplines were needed however posts were vacant. Duty of care has now been opened when these children have low SLT need and significant need of other disciplines e.g. OT and Psychology".

2. Absence of specialist pathways and clinical specialists.

Specialist support pathways for Augmentative and Alternative Communication (AAC) and Feeding, Eating, Drinking and Swallowing (FEDS) were to be established as part of the roll out of PDS. These services had previously been provided by specific client cohort focused services, or agencies had staff skilled in these areas who could provide the relevant supervision, support and training. Reconfiguration has dismantled this structure. It was acknowledged that new pathways for clients to



access these specialist supports in relation to the areas of FEDS and AAC were required. SLTs have now been moved into teams covering client cohorts of children from 0-18 years. The promised specialist supports have not been consistently developed and in some cases there is no local access to specialist supports for children and families.

The introduction of Clinical Specialist roles with protected time for research will enable them to lead research within teams and ensure a commitment to evidence based practice is maintained and promoted. The lack of consistent specialist support pathways and clinical specialist SLT roles impacts on the delivery of care, results in a lack of development opportunities for SLTs and ultimately leads to risk to children's care. The role of HOD is also vital to provide oversight with regard to skill development, professional development needs for SLTs, allocate appropriate supervisors and monitor gaps in competency to ensure safe practice.

"Lack of CPD- thrown into situations with no training"

"No clinical specialist roles"

3.0 Scope of practice.

SLTs at Senior level, display different competencies to Basic Grade SLTs (Therapy Project Office, TPO, 2008). While it is acknowledged that these are flexible in line with experience and service structures, the TPO clearly noted progression from Basic grade to Senior grade in terms of guidance around providing a quality service. As a CORU registered profession, SLTs must adhere to CORU's Code of Professional Conduct and Ethics and Scope of Practice guidelines. SLTs are bound to act and practice within the limits of their knowledge, skills, competence and experience and practise only in areas in which they are appropriately supervised. As the professional body for SLTs we are reminding members to work within their scope of practice and code of professional conduct and ethics and to escalate concerns within their organisations' risk management system.

"Staff grade SLTs expected to work similar to seniors. No clear division as to what constitutes senior role as opposed to staff grade"



"If I was any more of a new graduate coming into it, it would be impossible to be able to take a stand and know what's within your role and what's not"

"Cases are being assigned to staff grade therapists for which they are not yet skilled. No work has been done (that was promised) on scoping out each team members' training needs".

Summary and recommendations:

As we continue to advocate for children and families, our members and the SLT profession, it is our recommendation that we return to SLTs having a nominated HOD and that there is clarity on their role. This will ensure that the HOD provides assurance of a safe service and clinical governance. As per the model in HSE Primary Care, both the HOD and CDNT managers are critical to the safe and effective provision of services. It is evident in services where there is a HOD in place, there is less concern and risk amongst members. The IASLT also confirms for SLTs that they must work within clearly defined roles and responsibilities with an appropriately experienced, nominated supervisor.

The establishment and immediate implementation of access to local specialist support pathways for the identified areas of AAC and FEDS is critical to support safe and effective delivery of care. The recognition of these areas as requiring competencies equivalent to those of Clinical Specialist SLT is also vital for supporting adequate levels of clinical competence and supporting skill development for SLTs on CDNTs.

IASLT would welcome the opportunity to meet Minister Rabbitte and relevant stakeholders and offer our support in remediating these systemic failures. In the absence of these changes, there are risks identified for SLTs in relation to standards, safety and quality. Our members are saying 'we are not being heard' and 'we don't feel safe.' IASLT echoes our member's concerns and wishes to engage in supporting developments towards safe and quality standards of care and practise for children and families across all disability services in Ireland.

