



IASLT

*The Irish Association of
Speech + Language Therapists*

***PRE-BUDGET
SUBMISSION 2025***

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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 living in Ireland. SLTs are a highly skilled, flexible and valuable part of the health and social care workforce. Speech and language therapy (SLT) transforms lives by enabling people to develop and maintain speech, language and communication skills. They also play a critical role in the diagnosis and treatment of swallowing disorders. As part of this year's pre-budget submission IASLT is issuing a series of calls that we believe the government needs to implement to help deliver better outcomes for people with communication and/or swallowing support needs and their families. IASLT calls on Government to implement the following recommendations:

1. Investment to commission and action a workforce planning & intelligence report with a focus on recruitment and retention issues for SLTs.
2. Amend legislation whereby SLTs are included on the list of 'practitioners' and 'referrers' in statutory instrument (SI) 256/2018 EU.
3. Funds to allow IASLT to work with stakeholders to develop Inclusive Communication Standards for National Implementation.

1. Key Ask 1: Workforce Planning Report with Specific Budget

IASLT calls on the Department of Health for investment to commission and action a workforce planning and intelligence report for Speech and Language Therapists, with a specific budget to focus on recruitment and retention issues for SLTs.

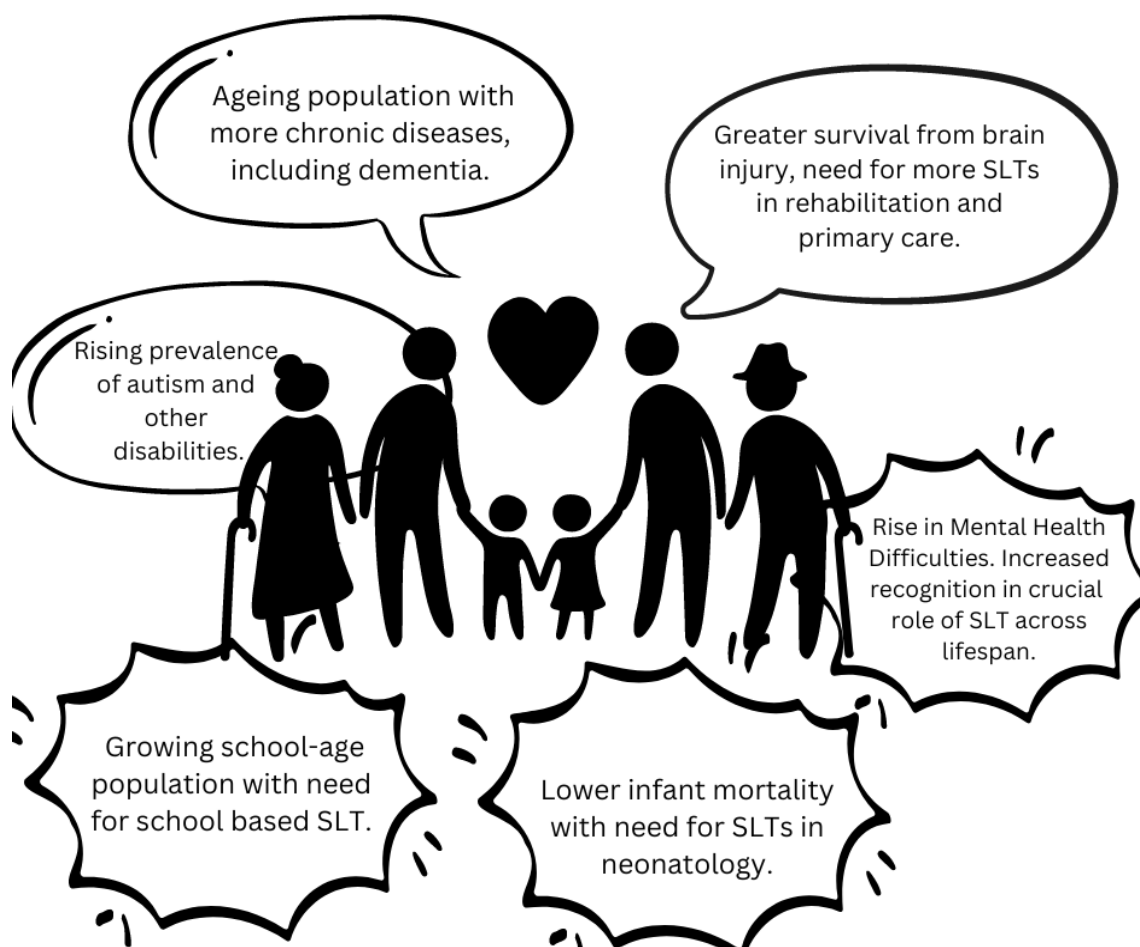
1.1 What is IASLT's ask?

Substantial multiannual investment in speech and language therapy services is required to meet the needs of our clients across the lifespan. Demand for SLT is increasing, while there are societal, financial and systemic barriers limiting supply. A comprehensive strategy to address the issues and to increase training, recruitment and retention of therapists is needed. A full analysis of the SLT workforce is required to identify how the profession can deliver the right care in the right place at the right time. 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 (2021). Practice tutor roles must also be embedded across our health service to increase access to practice placements and, in turn, the 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 (AP) grade, as a grade code above Clinical Specialist (CS) level.

1.2 Why?

The key to the delivery of high-quality SLT services is the sufficient availability of skilled and trained personnel. There are currently significant shortfalls in the provision of SLT services and significant difficulties in both the recruitment and retention of trained personnel. This is resulting in long waiting lists and reduced access to services. The current employment ceiling in place within the HSE has further exacerbated challenges. The profession is experiencing a national crisis in relation to the recruitment and retention of SLTs. 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 AP grade, will allow experienced clinicians to continue along a clinical pathway, as well as promoting autonomy within the profession. Workforce planning for SLTs must be a government priority to ensure that there are **enough SLTs trained and retained**. Consultation with IASLT is critical to guide and inform this process, and will require consideration of relevant demographic and public health factors, as well as staffing challenges which have emerged since the Bacon Report in 2001.



1.3 IASLT's Key Asks:

Immediate solutions which an allocated budget can support

Incentivise SLT as a career and support retention through:

- the granting of an **individual stipend of €500** to be used for the continuing professional development (CPD) of SLTs;
- further funded professional development including **postgraduate study** and **research opportunities**;
- the implementation of a **location allowance** to act as compensation for the high cost of living in larger cities where the standard of living and cost of rent is higher than the national average;
- the implementation of a **qualification allowance** for SLTs who have an additional qualification that is relevant to their work, such as a Master's degree;
- ensuring **affordable childcare supports**. Highly skilled SLTs 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.

Longer term solutions

- Workforce planning review.
- Urgent review of career pathway.
- A ring-fenced budget to make provision for new and developing areas of practice and to progress the AP grade within the SLT profession. Collaboration with the professional body is key to ensuring that AP grade is defined appropriately so that we can transform and modernise pathways of care, enabling the safe and effective sharing of skills across traditional professional boundaries.
- Engage key stakeholders to consider how a SLT apprenticeship programme might be implemented in the Republic of Ireland (ROI). There is a growing need for SLTs and alternative access routes to the profession are required.

2. Key Ask 2: Legislate to include SLT on the list of 'practitioners' and 'referrers' for medical radiological / ionising radiation procedures.

Amend the legislation whereby Speech and Language Therapists are included on the list of 'practitioners' and 'referrers' for medical radiological / ionising radiation procedures and funding to expand the current training on offer to support the changes to legislation.

2.1 What is the IASLT's ask?

IASLT calls on the Minister of Health and the Government to amend the legislation whereby SLTs are included on the list of 'practitioners' and 'referrers'. 'Referrers' means that SLTs are entitled to **refer** individuals for medical radiological/ionising radiation procedures, specifically videofluoroscopic swallow study, in Statutory Instrument (SI) 256/2018 EU (Basic Safety Standards for protection against dangers arising from medical exposure to ionising radiation). IASLT are also seeking 'practitioner' rights for the SLT profession.

Videofluoroscopic swallow study (VFSS) is a diagnostic procedure used to assess the swallow function and identify swallowing difficulties or dysphagia. The SLT evaluates and analyses a patient's swallowing in real time and reports on the patient's swallow post assessment. SLTs are recognised as the designated profession with the relevant skills, competencies and training to conduct VFSS and have been doing so nationally. Despite this, SLTs are unable to refer a patient for the assessment or to conduct VFSS analysis independently. This leads to delays in both referral and treatment for patients, increased pressure on other professionals and creates an inefficient system.

Amending the legislation to include SLTs as 'practitioners' and 'referrers' for VFSS will deliver a range of benefits to patient care and potential savings to the HSE.

These include:

- improved system efficiency;
- increased speed of referral and assessment;
- reduced pressure on other stretched professionals, including medics and GPs.

"Finding, supporting, and scaling innovative new ways of providing care is fundamental to delivering Sláintecare. Working in partnership can help us reach Sláintecare's goals of reducing waiting lists and improving experiences for patients and staff across the health and social care service in Ireland."

Minister Donnelly, June 2024

2.2 Why?

IASLT has been advocating on this issue for a number of years. The failure to progress this issue means that SLTs are not working to their full scope. Legislation is impeding day to day clinical practice and an urgent review and amendment is required. Currently an SLT managing care for a patient must access medical consent for this procedure. The inclusion of an SLT as a referrer for this procedure would provide a safe referral process. This requires a legislative amendment that will improve access for patients, 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 SLT 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 SLTs cannot hold clinical responsibility for VFSS. This includes the clinical evaluation of the outcome of the procedures, which is an aspect of clinical responsibility. SLT is the profession who are recognised to hold the clinical expertise for swallow evaluations.

Designating appropriately trained SLTs to refer people for radiological procedures will result in fewer steps in the care of patients who require improve patient experiences and optimise the expansion of our healthcare service provision. It will also support existing care pathways with a focus on modernising them and introducing efficiency.

2.3 IASLT's Key Asks

IASLT are calling on the Government and, in particular, the Department of Health and the Chief HSCP Officer to urgently amend the legislation whereby SLTs 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). We are also seeking 'practitioner' rights to allow SLTs hold clinical responsibility for VFSS, given that this is within the SLTs clinical role.

The Physiotherapist Referral for Radiological Procedures Expert Working Group was established in March 2024 to support the development and implementation of physiotherapy referral for radiological procedures. This includes the development of relevant training courses, establishing clinical and regulatory oversight and an amendment to relevant legislation. IASLT are calling on the Minister for Health to expand training to include SLTs.

3. Key Ask 3: Deliver National Inclusive Communication Standards

Allocate a dedicated budget for IASLT to commission and deliver inclusive communication standards at a national level.

3.1 *What is the IASLT's ask?*

IASLT calls on the Minister for Health and the Government to approve funds allowing IASLT to work with stakeholders with the aim of developing **inclusive communication** standards for national implementation. There are human rights, legal, economic and policy reasons for developing and adopting inclusive communication standards. It is vital to equality of access to services, person-centred care, and increased participation and social interaction. Funding must support the IASLT to employ a project manager with the required expertise to allow IASLT to lead this work. Inclusive communication standards must be supported by the Irish Government and by relevant legislation.

3.2 *Why?*

Inclusive communication is about recognising that a person might have communication support needs and to consider the best way to communicate to help them as an individual. It means sharing information in a way that everybody can understand. Inclusive communication relates to all modes of communication. It makes services more accessible for everyone. It will help to achieve successful outcomes for individuals and the wider community. It enables people to live more independently and to participate in public life.

Since the United Nations produced the Convention on the Rights of Persons with Disabilities (UNCRPD) in 2006, there has been growing awareness in Ireland and internationally that considerably more work is required to uphold the rights of people with communication support needs resulting from disability. While physical accessibility is becoming the norm, communication access is often not considered or is an afterthought. Article 21 of UNCRPD is the most relevant to inclusive communication.

Article 21 – Freedom of expression and opinion, and access to information

“parties shall take all appropriate measures to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice, as defined in article 2 of the present Convention, including by:

- a) Providing information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner and without additional cost;
- b) Accepting and facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by persons with disabilities in official interactions;
- c) Urging private entities that provide services to the general public, including through the Internet, to provide information and services in accessible and usable formats for persons with disabilities;
- d) Encouraging the mass media, including providers of information through the Internet, to make their services accessible to persons with disabilities;
- e) Recognizing and promoting the use of sign languages.”

The development of inclusive communication standards, to include relevant changes in legislation, supported by the Irish Government will:

- improve awareness, knowledge and understanding of communication support needs; and
- promote positive attitudes and behaviours, and the importance of showing a willingness to change communication practices to make them more inclusive.

3.3 IASLT's Key Asks:

IASLT calls on the Government to work to allocate funding to IASLT to lead on the development of inclusive communication standards in two phases.

In Phase 1, standards must be developed collaboratively with key stakeholders and must:

- involve a broad range of people with communication support needs in their development;
- be supported by government, ideally by legislation;
- support communication access for a broad range of people in a broad range of contexts including face to face, written, telephone and online;
- be evidence based.

Phase 2 concerns implementation and will require a further commitment of funding from the Government. A detailed implementation plan with budgetary analysis will be provided as an output from phase 1.

The Irish Association of Speech and Language Therapists would like to thank you for considering our submission and we look forward to its implementation.

If we can be of assistance on this, or any other issue, please do not hesitate to get in touch.

For further information contact:

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