# Bulletin

RCSLT

The official magazine of the Royal College of Speech and Language Therapists

## A GREENER FUTURE

Sustainability in speech and language therapy

SUMMER 2022

ISSUE 831

RCSLT.ORG

**Functional neurological disorder** | Communication and SEMH | **Supporting communication skills in care homes** | A look into advanced practice | **Intensive comprehensive aphasia programmes** | International resource donation | **Narrative therapy for voice disorders** | SLTs in children's social care

DP MEDICAL
VISION IN HEALTHCARE

# Innovative Solutions for Speech & Language Therapists

*Fibreoptic Endoscopic Evaluation of Swallowing*

Get in touch to hear about our Summer offers for both the EndoFLEX & EndoPORTABLE & book your demonstation today

## EndoFLEX System

Mobile. Ergonomical. Intuitive

## EndoPORTABLE System

Lightweight. Handheld. User-friendly

T: 020 8391 4455
E: sales@dpmedicalsys.com
W: www.dpmedicalsys.com

XION medical

RCSLT

**Royal College of Speech and Language Therapists**
2 White Hart Yard
London SE1 1NX
Tel: 020 7378 1200
bulletin@rcslt.org
rcslt.org
ISSN: 1466-173X

**President:** Nick Hewer
**Chair:** Mary Heritage
**Deputy chair:** Dr Sean Pert
**Honorary treasurer:** Richard Cryer
**CEO:** Kamini Gadhok MBE

**ADVERTISING**
**Recruitment sales:**
Tel: 020 7324 2777
rcsltjobs@redactive.co.uk
**Display sales:**
Tel: 020 7880 7668
bulletin@redactive.co.uk

**EDITORIAL**
**Editor:** Victoria Briggs
**Deputy editor:** Amelia Dale
**Sub-editor:** Maria Moore
**Art editor:** Yvey Bailey

**With thanks to:** Amelia Heelan, Berenice Napier, Cara McDonagh, Caroline Wright, Claire Moser, Derek Munn, Glenn Carter, Jazmin Padhiar, Josephine Olley, Katie Chadd, Keely-Ann Brown, Lorna Baxter, Michelle Humphrey, Nikki Gratton, Pádraigín O'Flynn, Peter Just, Rebecca Corderoy, Rosy Hawkins, Ruth Sedgewick, Sarah Lambert

**ACCOUNT DIRECTOR**
Joanna Marsh

**PRODUCTION**
Aysha Miah-Edwards

**PRINTING**
Buxton Press

**COVER ILLUSTRATION**
Ollie Hirst

redactive

**PUBLISHERS**
Redactive Publishing Ltd
9 Dallington Street,
London
EC1V 0LN
redactive.co.uk



VICTORIA BRIGGS

# Positive difference

'Our planet, our health' was the theme of this year's World Health Day, when the World Health Organization highlighted the effects of pollution and the climate crisis on human and environmental health. While the situation may be dire, amid the facts and stark statistics is a message of hope: you too can help to do something about it.

Joining us this issue to tell us how SLTs can develop a more sustainable practice are members of the Speech and Language Therapy Sustainability Network. We are also delighted to welcome Ben Whittaker to our pages, the Chief Sustainability Officer's Clinical Fellow at the Greener NHS National Programme. Together, they present a compelling vision for a more sustainable healthcare system, along with tangible steps we can all take to get there. Whatever your role in the profession, you can make a positive difference. Head to p22 for inspiration.

In this issue of *Bulletin* we also look at some of the challenges associated with high-income countries, like the UK, donating resources to lower-income countries overseas. While resource donation is often grounded in good intentions, an international group of SLTs writing for us on p40 assess other factors at play that we would do well to be mindful of. As in other areas of professional life, self-reflection, cultural awareness and two-way relationships are key.

Other contributions this issue come from Jess Davies, highly specialist SLT and member of the SLT Pride Network, who encourages us all to embrace our uniqueness (p20), while Kathleen McPolin tells us how she's living the dream as an SLTA turned successful children's author (p57).

## You can help to do something

Elsewhere in the magazine, Melanie Cross and Dr Hannah Hobson share an expert analysis of the links between social, emotional and mental health difficulties, and children and young people's communication needs (p30). Nicola Gorb and Hannah Deakins explain the advantages of narrative therapy in supporting children and young people's emotional wellbeing through treatment for complex voice disorders (p38). And Lydia Davis shares a pilot study designed to support the social and communication needs of older adults in care homes via a novel storytelling programme on p46.

A big thank you to all the contributors in this issue for sharing their submissions. If you'd like to write for the magazine, then head to the writing guidelines on our website to find out more: **bit.ly/3akFMiw**.

*Bulletin* will be back with you in October – have a great summer in between time! You can keep in touch with us via email and our social media channels.

bulletin@rcslt.org
@rcslt_bulletin

# Content

The official magazine of the Royal College of Speech and Language Therapists

## REGULARS



**38**

***"I cannot imagine my journey as a clinician without narrative therapy"***

**NICOLA GORB**


SUMMER 2022
ISSUE 831

# S

Sections featuring this icon represent all clinical features

## REGULARS

### PERSPECTIVES



## ANALYSIS

### FEATURES



60



### RESEARCH AND OUTCOMES FORUM



## COMMUNITY & DEVELOPMENT



30

SHARE YOUR THOUGHTS ON TWITTER @RCSLT_BULLETIN

# Talking points

Send your letters, notices and talking points to **bulletin@rcslt.org** or tweet **@rcslt_bulletin**

MEMBERSHIP NOTICE

# Using social media wisely

As healthcare professionals, social media can be a fantastic tool for networking, learning and sharing with colleagues, service users and the public. But there are a few things we should all keep in mind in order to ensure the best experience.

Getting social media right is mostly a matter of having a clear purpose in mind for your posts, and a firm idea of who can see what you're sharing. Once those are in place, it is much easier to determine what is appropriate and what, however well intentioned, crosses the line.

The Health and Care Professions Council (HCPC) has guidance to help healthcare professionals navigate the online world safely and professionally. Read it at **bit.ly/3LPfYIY**

## CELEBRATING LEADERSHIP

In the Spring issue of *Bulletin* we announced that CEO Kamini Gadhok MBE will be retiring in 2023 after more than two decades serving the organisation. It was heart-warming to see so many social media posts celebrating all that the profession has achieved under Kamini's leadership. We've published a few of our favourites:

**The Stroke Association**
**@TheStrokeAssoc**
We are so grateful to you Kamini for the impact you've had over the past 22 years and the legacy you will leave. Best wishes for your final year at @RCSLT and all the adventure your retirement will bring.

**Dharinee Hansjee**
**@DharineeHansjee**
Thank you Kamini for being accessible, genuinely listening, guiding, influencing, developing, engaging with us. How fortuitous to have been under your leadership.

**Dr Justin Roe**
**@justinroe**
Thank you for all you have done for the profession and for supporting so many of us individually in our work and careers – you will be very missed but so glad to hear you are not leaving straightaway – sounds like there is a busy year ahead!

**Suzanne Rastrick, Chief Allied Health Professions Officer for England**
**@SuzanneRastrick**
I recognise what a big decision this must have been. The profession and indeed – through your campaigning leadership – people with specific speech and language issues have been hugely well served. We have appreciated and will miss your formative and collaborative approach.


LETTER

## Expressing yourself

Have you ever experienced that overwhelming sense of feeling out of place? I felt it deeply as I stepped into this profession. As a South Asian Muslim who grew up among the diverse mix of north east London, I found the world of speech and language therapy to be a stark contrast. As I sat in my lectures and attended my placements, I realised how much I needed someone to remind me there was a place for people who look like me within speech and language therapy.

I was so happy when I found that in online social spaces, through accounts like **@SLTeaTime** and **@SLTsofColour**, and decided that I wanted to do my part in showing others that they belong, too. So I began creating stationery, apparel and accessories celebrating the increasing diversity of speech and language therapy. My hope is for everyone to know that they have a space here; that they are seen, heard and appreciated.

It's been so wonderful to be part of something that makes others feel seen, and I hope this inspires someone else to find their own way of making a positive difference.

**HAFSA MOOLLA**, SLT
**letgotoholdon.com**
**@HafsaMSLT**
**@letgotoholdon**

LETTERS

## Dysphagia screening in acute settings

I am in the process of reviewing the current evidence on dysphagia screening tools for fractured hip patients within the acute setting. I would be very interested to hear from anyone who has already implemented a dysphagia screen for this population or is similarly thinking about implementing a dysphagia screening tool. Please get in touch to discuss this in more detail.

**Marianne Buist, SLT, Bristol**
**marianne.buist@uhbw.nhs.uk**

## Adults with aerophagia

Our team would be really interested in hearing from other SLTs in relation to their experience and role managing and treating adults with aerophagia.

Our service provision covers 'adults with an acquired communication and/or swallowing disorder' within the community/outpatient setting. We've recently received a handful of referrals with a diagnosis of aerophagia and, as a team, we're trying to establish whether management and therapy approaches are better suited within the realm of voice therapy or in other healthcare professions/disciplines. Any guidance or information on diagnosis, pathways and evidence base for assessment and management techniques would be gratefully received.

**Marianne Collins, advanced specialist SLT**
**marianne.collins@nhs.net**

QUOTE OF THE QUARTER

**"Losing your voice is a terrible trauma. It doesn't just rob people of their ability to communicate – it robs them of their sense of themselves; of their identity."**

Broadcaster **NICK ROBINSON** on BBC Radio 4's *Today*

# Need to

## WHAT'S NEW ON rcslt.org

### NEONATAL CARE GUIDANCE

The RCSLT's clinical guidance on neonatal care has recently been updated – many thanks to all who helped with the update, including the SLTs in Neonatal Care Clinical Excellence Network.

**bit.ly/3a8uNZj**

### HEALTH INEQUALITIES

Following the launch of the RCSLT guidance and resources on health inequalities, we teamed up with SLTs Michelle Morris and Sahar Nashir for a podcast all about this important topic.

Listen at **soundcloud.com/rcslt**

### COVID-19 CAMPAIGNING

The RCSLT, as part of the COVID Airborne Protection Alliance, is continuing to work to reduce risks and ensure appropriate protection for healthcare workers and service users. A new statement and risk assessment guidelines are now available.

**bit.ly/3HaaVkK**

### SPEECH AND LANGUAGE THERAPY JOBS

Looking for your next career move? Check out the new RCSLT jobs site for the latest speech and language therapy job opportunities.

**rcsltjobs.com**

### WEBINAR CATALOGUE

Want to boost your CPD this summer? Our full catalogue of RCSLT webinars is available on YouTube, covering topics like leadership, placements and clinical areas.

**youtube.com/c/RCSLTOfficial**

# Swallowing Awareness Day 2022

On 16 March, SLTs and multidisciplinary colleagues across the globe came together to mark Swallowing Awareness Day – for the first time since the onset of the pandemic.

Over 24 hours, we saw thousands take to social media to showcase how SLTs support people to eat, drink and swallow safely. We were thrilled to see so many people sharing their stories and taking part in activities throughout the day – you can view highlights from the campaign at **wke.lt/w/s/bEDkH**.

## Swallowing Awareness Day in numbers

- An audience of **2.1 million** people reached across social media
- More than **4,000** visits to our Swallowing Awareness Day webpages
- **Eight** colourful posters (pictured) available on the RCSLT website, sharing helpful information about swallowing
- **2,227** downloads of Swallowing Awareness Day posters and graphics from **rcslt.org**


IMAGES: NOUN PROJECT/SHUTTERSTOCK

# know

**92%** of the general public believe it's important for the UK health system to work in a more sustainable way (Greener NHS)

# Research priorities published

The RCSLT research priorities project has been a huge undertaking from both staff and members over the past few years. We're pleased to see articles from the project being published and widely disseminated.

This quarter, an editorial perspective in *The Journal of Child Psychology and Psychiatry* called on researchers of developmental language disorder (DLD) to focus their projects on addressing the top 10 research gaps identified through our work (**bit.ly/3ljUTe8**).

An article published in *Tizard Learning Disability Review* detailed the processes carried out to ascertain the top 10 research areas in learning disabilities and speech and language therapy, which involved individuals with learning disabilities (**bit.ly/3xjMOvC**).

For more information about RCSLT research priorities, visit **bit.ly/38B3ypP**

## Minor grants increase

We're excited to announce that the value of RCSLT minor grants has risen, from £500 to £800. The minor grants programme aims to assist members with their continuing professional development and can be used towards attendance at conferences, specialised training and short courses, research into speech and language therapy, and the purchase of equipment or resources.

Find all upcoming minor grants deadlines at **bit.ly/37WbkKx**

# NEWS IN BRIEF

## Primary care pilot launched

Given the high incidence of language and communication difficulties within the pre-school population, the Surrey Health Primary Care Network has launched a new pilot programme which plans to support referrals from general practice to community speech and language therapy services, to ensure services are utilised in the best way.

The pilot aims to identify learning to transform the clinical pathway for pre-school children presenting with speech, language and communication needs, and we're excited to see this important piece of work moving forward.

The RCSLT is interested in supporting members working in the area of Primary Care Networks – email **michelle.humphrey@rcslt.org** for more information.

## AHP research: continuing the conversation

Following the launch of the Health Education England (HEE) research and innovation strategy at the start of 2022, a series of implementation webinars has been launched. The series continues the conversation about how the strategy can be put into practice, and features an inspiring talk by RCSLT member Dr Camilla Dawson.

Follow **#AHPresearch** on Twitter for updates, and view the webinars and the full strategy at **bit.ly/3gHro3w**

## Northern Ireland Assembly elections

Northern Ireland Assembly elections took place on 5 May, and saw the RCSLT lobbying the five main political parties with our manifesto asks. We were delighted to see key themes including workforce, early years and communication accessibility reflected in the party manifestos. Thank you to those members who got involved in creating the asks and writing to their local candidates.

To keep up-to-date with Northern Ireland policy news, follow **@RCSLTNI** on Twitter.

# SEND review in England

The Department for Education recently published *SEND Review: right support, right place, right time*, a green paper setting out the changes it wants to make to the special educational needs and disabilities (SEND) and alternative provision (AP) system in England.

The proposed changes include new national standards for SEND and AP; a standardised and digitised education, health and care plan (EHCP) process and template; a new national SEND delivery board; and more.


The RCSLT has been gathering views from members, partner organisations, and parents and carers, and will be submitting a full response to the proposal.

Read the full list of proposed changes at **bit.ly/3FQcWC9**

# Health and Care Act receives Royal Assent

Over the past 12 months, the Health and Care Bill has been making its way through parliament, and the RCSLT has been working with partners and our parliamentary supporters to influence its development. On 28 April the bill was given Royal Assent and, as a result, there will soon be major changes to the way the health and care system is organised in England, including requiring all areas to have an Integrated Care System (ICS) in place from 1 July 2022.

The development of ICSs provides an opportunity for SLTs to influence the development and direction of new structures, plans and priorities, including around service models, commissioning and workforce planning.

Find out more about Integrated Care Systems at **bit.ly/3xkM3n6**

# Approved Mental Capacity Professionals

The RCSLT is delighted that, under reforms to the Mental Capacity Act 2005, SLTs have finally been added to the draft list of professionals eligible to become an Approved Mental Capacity Professional (AMCP). We have long campaigned for this change – thanks to all who assisted with this lobbying work.

Given the impact that communication difficulties can have on perceptions of an individual's mental capacity, and the specialised knowledge that SLTs have regarding speech, language, communication and swallowing, we're pleased to see government recognition of the important role that the profession plays in assessing mental capacity.

The changes are included in the government consultation published earlier this year on proposed changes to the *Mental Capacity Act 2005 Code of Practice*, which includes guidance on the new Liberty Protection Safeguards system (which will replace the Deprivation of Liberty Safeguards) for England and Wales.

This extension is subject to consultation, so we have been working with members to respond in support.

Read more at **bit.ly/3aX6VbD**

IMAGES: SHUTTERSTOCK

## UP COMING

**JULY**
Plastic Free Month
**5** 74 years of the NHS

**AUGUST**
**5** Cycle to Work Day
**12** UN International Youth Day

**SEPTEMBER**
**19** Youth Mental Health Day
**20-25** Recycle Week

### RCSLT Study Day 2022
On 6 October we'll be holding the RCSLT Study Day – this online event is a great opportunity to bolster your CPD and network with colleagues across the profession. Look out for more information on **rcslt.org** in the coming months.

### Webinar: health inequalities
Following the launch of the RCSLT's guidance and resources on health inequalities, we've been collecting your feedback on all the innovative ways it is being used. This autumn, we're launching a webinar and more resources to further spread the word on this important topic.

### RCSLT at London Pride
The RCSLT will be an official participant at Pride in London for the first time this July – we're thrilled to have members coming together to march in the parade and show the profession's support for the LGBTQIA+ community. Search **#SLTpride** on social media to see all the action from the day. With thanks to the UK SLT Pride Network for their support.

### Twitter takeovers
We've been hosting a series of Twitter takeovers on **@GivingVoiceUK**, with SLTs, service users and carers stepping in to raise awareness of a range of conditions. This autumn, keep an eye out for takeovers on Rett syndrome and verbal dyspraxia.

### HEE workforce reform programme
The RCSLT has started work on Health Education England's workforce reform programme, which all AHP professional bodies will be delivering over the next year. We'll be reaching out to members for their input and feedback on this piece of work in the coming months – if you'd like to receive updates, register your interest at **bit.ly/3Liv7Bu.**

# HEIs launch new pre-reg EDS competencies

This September, many higher education institutions (HEIs) will begin implementing the new pre-registration eating, drinking and swallowing (EDS) competencies with first-year cohorts. Whether you're a practice educator, lecturer or a clinician, awareness of the competencies is vital across the profession to ensure all learners achieve the new requirements.

If you want to know more about the EDS competencies, check out our new online hub (**bit.ly/3N5qTyl**), where you can find out everything about the project and learn more about its context within the wider profession. We've also created a range of resources to support implementation, including guidance with updated timelines and a sign-off sheet.

If you have queries or need support with the EDS competencies, contact RCSLT project coordinator Kathleen Graham: **kathleen.graham@rcslt.org**

# SLT apprenticeships roll-out

We're delighted that this autumn the first speech and language therapy apprentices will be setting off on their journey into the profession. Apprentices will be starting work with their SLT employers and completing their pre-registration degrees with the University of Essex. More universities are also working with employers to develop SLT apprenticeships, and we hope to see these begin in 2023.

If you'd like to take on an apprentice but aren't sure where to start, visit **bit.ly/3N8GLjG**

Want your photo to be featured in the next issue of *Bulletin*? Post your pic on Twitter tagging **@rcslt_bulletin** or using the hashtag **#GetMeInBulletin** and we'll publish a selection of the best

# Got something to tweet about?

*In this issue, we're showcasing members getting crafty, celebrating Swallowing Awareness Day, and marking some amazing professional milestones*







♥ 2750 likes

1 SLT Emma MacDonald got stuck into Swallowing Awareness Day by creating this super sweet model.
**@EmmaMac_SLT**

2 Some of the South Tees NHS speech and language therapy team braved the chilly weather and took part in the Wensleydale Wander to raise funds for charity.
**@SouthTeesSALT**

3 After 3.5 years of hard work, **@CardiffSaLT** earned a Master of Arts in Additional Learning Needs and Specific Learning Difficulties – congratulations!

4 SLT Tamson Chipperfield has been enjoying her virtual 'conversation partners' placement – her partner even taught her to knit during their weekly chats!
**@TamsonSLT**

5 As part of #TransDayofVisibility on 31 March, SLT Helen Robinson (left) shared her story through the UK SLT Pride Network.
**@uksltpride**

6 We love to see SLTs getting creative. Members of the UK SLT Pride Network showed off their skills with a range of lovely artwork, including this embroidery from Jess Davies (read more from Jess on p20).
**@jbmdavies**

7 #SLT2B Masuma Shuba shared the story of how she came to the profession in the 'Faces of SLT' campaign on our Instagram channel – check it out on **@RCSLT**.
**@masumaslt**

8 **@OliverSawyerSLT** took over the **@BHRUT_SLT** Twitter account for a week to provide an insight into his role on the hyper-acute stroke unit, his work as an equality, diversity and inclusion mentor, and more!

9 SLT Grace Sami from **@StockportSLT** and her occupational therapist colleague Alice Purdy-Jones were delighted to receive a very thoughtful thank you card from one of their stroke patients.

10 The NEW Options speech and language therapy team took home a community achievement award at the Federation of Small Business' Celebrating Small Business Awards. Way to go!
**@NewOptionsLtd**

BBC TINY Happy PEOPLE

Brand new content available

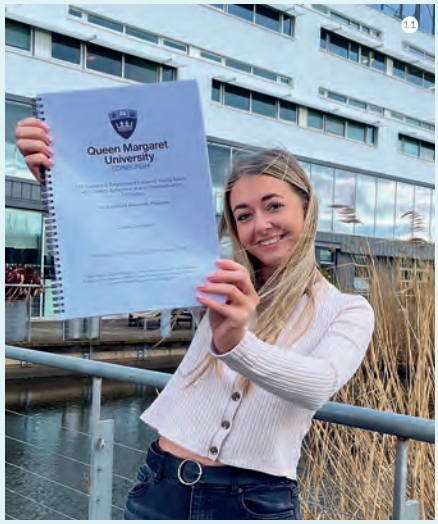
"The website's full of fantastic information and ideas that use research evidence to support SLC development. It's really accessible and easy for parents to put into practice."

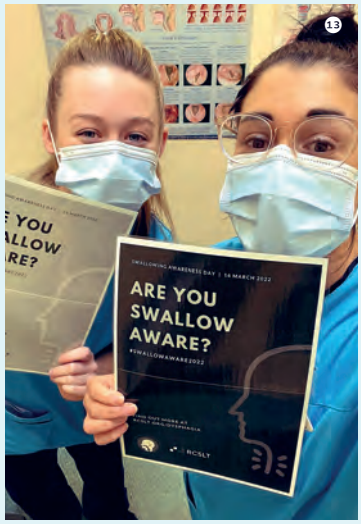
Anne, Lead SLT Sure Start, Belfast

# A website to help parents and carers develop their little ones' communication skills.

For activities and advice visit
**bbc.co.uk/tinyhappypeople**

@bbctinyhappypeople
@bbctinyhappypeople





11 #SLT2B Caitlin Donaldson completed her dissertation at Queen Margaret University – what an achievement! **@CaitlinSLT**

12 Speech and language therapy and dietetics students at **@WyeValleyNHS** took part in Swallowing Awareness Day, offering smoothies and milkshakes to patients on their new frailty wards. **@3MsWVT**

13 Great to see 'The Rachels' from NHS Ayrshire and Arran taking to the wards to spread the word about dysphagia for Swallowing Awareness Day! **@21_mcallister**

14 Huge congratulations to Dr Sharon Adjei-Nicol on her PhD – an incredible achievement! **@AcquireSLT**

15 Congratulations to speech and language therapy associate practitioner Lucy Clifton from Colchester Hospital, who received a bronze award for Inspirational Clinical Support Worker of the Year at the 2022 Our Health Heroes awards. **@ESNEFT_AHPs**

Want your photo to be featured in the next issue of *Bulletin*? Post your pic on Twitter tagging **@rcslt_bulletin** or using the hashtag **#GetMeInBulletin** and we'll publish a selection of the best

MARY HERITAGE

# Vision and values

**Mary Heritage** reflects on her tenure as RCSLT chair

**We are becoming less exclusive and more accessible**

Unbelievably, this is my final column as RCSLT chair. In October I will pass the role to Dr Sean Pert to lead a new board of trustees.

As incoming chair in 2020, at the end of the disrupted 75th RCSLT anniversary, I spoke about the first annual general meeting (AGM) in 1945, which was delayed by air raids in London. Similarly, the AGM in 2020 was delayed, and moved to Zoom, due to the pandemic. Over my term, there has been the opportunity to think ahead and to think differently.

In two words, the legacy of the current board will be 'vision' and 'values'. We hand on a new five-year strategic vision for the organisation (2022-2027), an agreed set of values and behaviours statements, and more inclusive access to board and committee positions.

Central to all of these is our focus on anti-racism. The journey to this point has been long and painful for many members. I am so grateful for those who helped my insight by generously and bravely sharing their own stories – whether in private, on record, or at board meetings. My greatest learning has come from listening to individual members' stories, describing the barriers they have encountered as they tried to enter the profession, to qualify, to practice, and to progress their careers. I understand that racism is built into systems, including speech and language therapy.

Throughout my time on the board it has been my guiding principle that the RCSLT is not there for us – it is us. In pursuit of this, we have taken steps forward to start to dismantle systems and structures that presented barriers to members in order that they will now fulfil leadership roles in our professional body.

At my outgoing AGM in October I look forward to introducing, for members' approval, a more diverse board. In the year to come, we will welcome not only a new chair and new trustees but also – with Kamini's retirement – a new CEO. The transformational chapter in our history continues. We are becoming less exclusive and more accessible. The parts played by members are also changing, from being recipients of information and services, to partners actively engaged in the leadership and governance of our profession.

I'm very proud of what we have achieved, grateful for the hard work of Kamini and RCSLT staff, and of the personal commitment of every trustee to a very challenging agenda. We are all the RCSLT.

**MARY HERITAGE**, RCSLT chair
mary.heritage@rcslt.org
@maryheritage

ILLUSTRATION: JAMIE WIGNALL

KAMINI GADHOK

# A safe and supported workforce

## **Kamini Gadhok** on tackling the latest pandemic-related workforce challenges

While cases and hospitalisations attributable to COVID-19 may be in decline, they remain unpredictable and may fluctuate, presenting ongoing risks and challenges for RCSLT members. We know that you need to have the right protection and guidance in place, now and in the event of future pandemics.

For two years we've lobbied to ensure that the right measures and guidance are in place to protect staff and service users. As active members of the COVID Airborne Protection Alliance (CAPA), a collaborative group of 17 professional bodies, the RCSLT has pushed for explicit clarification on the transmission route for SARS-CoV-2; for changes to be made to national guidance to ensure more effective provision of personal protective equipment (PPE); and for the aerosol generated procedures list to be rendered obsolete, given the scientific evidence to support it is unacceptably poor. The Prime Minister, the Secretary of State for Health and Social Care, the Chief Medical Officers, and the UK Health Security Agency are some of the individuals and organisations that we continue to lobby to get these changes made. We have published these letters and any responses we've received on our website **(bit.ly/3t9qjs2)**.

With the public inquiry into the pandemic underway, the RCSLT has submitted a consultation response calling for its terms of reference to be strengthened. We asked the inquiry to address three additional areas:

1. The impact of the pandemic on people with communication and swallowing needs, their families and carers, as they were not able to access services.

2. The impact of the pandemic on the healthcare workforce, including their mental health and wellbeing, and the effects of redeployment.

3. Why there was a consistent failure to provide healthcare workers with better PPE, especially when it became apparent that COVID-19 is airborne.

We will be submitting evidence to the inquiry as soon as submissions open. Public hearings are not expected until 2023, so it's important that the issues with the current infection prevention control guidance are immediately addressed. We continue to push for details of how and when staff and patients will continue to be protected through vaccination programmes, particularly as immunity begins to wane. Check our online COVID hub for the latest information and to inform local risk assessments (**rcslt.org/covid-19**).

Having a sustainable and supported workforce is also a major area of concern, and we're lobbying the government to do more to improve workforce planning as a matter of urgency. Recruitment, retention and overall morale are concerning as members battle with a backlog of cases.

Be assured that we take your safety and wellbeing very seriously. We're working closely with partner organisations to ensure the profession gets the support it needs.

**KAMINI GADHOK MBE**,
RCSLT chief executive officer
kamini.gadhok@rcslt.org

**We are lobbying the UK government to do more to improve workforce planning**

ADVERTORIAL

# Wiltshire Farm Foods and the BDA collaborate on dysphagia challenge

## *Ready, Steady, Blend* video seeks to raise awareness of an MDT approach

For those living with swallowing difficulties, there are several considerations and challenges that can arise when cooking nutritious meals to the correct texture. To demonstrate these, Wiltshire Farm Foods and the British Dietetic Association (BDA) have combined forces to produce a video which launched during Dietitians Week.

The aim of the video is to raise awareness of the practical implications of dysphagia, and to ensure that healthcare professionals (HCPs) – particularly speech and language therapists (SLTs) and dietitians – have takeaways they can then put into practice.

Since the adoption of the IDDSI (International Dysphagia Diet Standardisation Initiative) framework by the BDA and RCSLT in 2019, there has been significant focus put on helping HCPs to understand descriptors and how each texture can be achieved in a health or care setting.

However, there has been less emphasis placed on supporting those with swallowing difficulties at home. The BDA and Wiltshire Farm Foods together recognised there was an opportunity to further explore this topic, with this 'Ready, Steady, Blend' exercise resulting from the collaboration.

The ready meal provider challenged SLT Lindsey Collins and dietitians Laura Clarke (who is also a dysphagia practioner) and Alison Smith to create a Level 4 Puréed meal from a Wiltshire Farm Foods Roast Beef Dinner. During the 'Ready, Steady, Blend' practical session, the HCPs were given blenders, thickeners and various cooking utensils to enable them to prepare the meal to the correct consistency to meet IDDSI Level 4 guidance.

The IDDSI framework provides a common terminology to describe the characteristics and consistencies of seven levels of texture descriptors for food and fluid. Specialist meal providers, such as Wiltshire Farm Foods, have expertise in supplying meals developed in alignment with IDDSI guidance; these are always designed with dietetic input, to ensure the needs of more nutritionally vulnerable service users are met.

Clinical specialist SLT Dr Lindsey Collins was invited to discuss the diagnostic phase of dysphagia, also stressing the importance of collaboration between HCPs in the video:

"It's about recognising what we know and what we don't know. SLTs have our specialist knowledge, as do dietitians. It's really important to not assume that the other already knows something. We're not the final say on our service user's eating and drinking needs, and it's about working together as a multidisciplinary team. Discussion and ultimately, collaboration, is key."

Dietitian, Laura Clarke, SLT Lindsey Collins and dietitian Alison Smith with their blended meals

SLT Lindsey Collins creating her Level 4 Pureed meal.

Resulting discussion among the HCPs demonstrated the learnings taken from the challenge and, moving forward, how consultations with those with dysphagia could be improved to achieve more open dialogue, person-centred outcomes, and better access to a wider range of appetising and nutritious meals.

The video launched during Dietitians Week (20–24 June) and is available to view on the BDA's website. In the spirit of collaboration, Wiltshire Farm Foods is also encouraging HCPs to attempt their own 'Ready, Steady, Blend' challenge at home and share the images across their social channels.

To watch the video and be in with the chance of winning a Fortnum and Mason hamper from Wiltshire Farm Foods, visit: **https://www.bda.uk.com/resource/ready-steady-blend.html**

# Equity for all

**Marie Gascoigne** and **Pauline Beirne** on the report that aims to improve outcomes for children and young people in Scotland

Planning and delivery of speech and language therapy services, and all allied health professional (AHP) services for children and young people, needs to take a population-based approach, with resources following need, as opposed to historical demand, and evaluation of provision grounded in measures of impact ('can we prove we made a difference?' rather than 'how much did we do?').

Key to this ambition is understanding the speech and language therapy workforce available in relation to the speech, language and communication needs (SLCN) of the specific population served. This is crucial because of the evidence of the impact of disadvantage and inequality on the development of speech, language and communication skills.

In the context of the COVID-19 pandemic, a recent report from the King's Fund cited poor workforce planning, weak policy, and fragmented responsibility as the causes of chronic, excessive workload, and a staffing crisis across the UK's health and social care settings. National direction and clear accountability are required to steer the collaborative and co-operative practice required between partner organisations to bring effective change for AHP workforce planning.

Meaningful comparison of workforce numbers across services can only be achieved through close examination of local context and the outcomes a service can demonstrate. Therefore, a workforce plan that requires a change to the numbers or skills within the AHP workforce must be rooted in the evidence of how to best achieve outcomes.

The *Equity for All* (EfA) report was commissioned by the Scottish Government in 2019 using the Balanced System® four-phase improvement methodology. The needs analysis is a population-based approach that curates data relevant to predicting SLCN within a population, examining the demand, the workforce to meet the need, and a qualitative capture of service delivery throughout.

**The *Equity for All* report was commissioned by the Scottish Government**

The process of mapping service delivery models alongside quantitative data collection resulting in this national dataset has already impacted on conversations around service provision and the integration of SLT contributions, as part of the wider children and young people's systems across education and care. The ambition was that this first phase would catalyse interest in the transformation and impact measurement parts of the improvement cycle.

Four key themes emerged:

- The discrepancies in resource relative to need.
- The critical need to understand impact measurement rather than focus on inputs.
- The importance of an integrated offer with system partners at universal, targeted and specialist or individual levels.
- The skill set needed in the speech and language therapy workforce to be equipped to work in integrated systems. B

**MARIE GASCOIGNE**, director, Better Communication CIC
marie@bettercommunication.org.uk

**PAULINE BEIRNE**, professional advisor, Scottish Government
pauline.beirne@gov.scot

ILLUSTRATION: JAMIE WIGNALL

FOCUS ON DIVERSITY

# Pride in the profession

**Jess Davies** reflects on the intersection between personal and professional identities

JESS DAVIES

## Embrace what makes you unique

In summer 2011 I was deep in revision for final exams for my German Studies degree. I was easily distracted and keen to avoid Kafka, so I applied for what sounded like an interesting internship. Skip forward to four days post-graduation, and I was arriving in Kuala Lumpur to take part in a project aimed at reducing the HIV stigma. I was immediately mindful of the juxtaposition of my identity as a white, cis-gender, agnostic woman in an Islamic, South-East Asian country with a colonial history.

One day we met with a group of trans women who were living with HIV and had been shunned by their families. Malaysia has a lengthy history with colonial involvement – former British and Sharia laws are practiced banning homosexuality, and non-cis gender identities are not recognised (Wong, 2021; Stonewall, 2018). Two of the women I met made a lasting impression on me that day. One had expressive aphasia (secondary to complications of HIV) and communicated with us through total communication. The other woman had a facial palsy and resulting dysarthria. Their joy in meeting us made me question one of my most valuable privileges: communication. I reflected on our encounter in the following weeks, and it soon led me to secure my place on a master's speech and language therapy course.

Having been educated in a Catholic school under Section 28 (a ban on local authorities and schools 'promoting homosexuality'), sexuality was never openly discussed (Local Government Act, 1988). I used my privilege as a straight-passing, cis-gender person to keep 'fitting in' throughout my studies and into my twenties. It was a few years into working as an SLT that I finally embraced my queer identity. This has since developed into chairing a lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) staff network for my trust, helping to set up and run the UK SLT Pride Network – the first LGBTQIA+ staff network for LGBTQIA+ SLTs – and advocating strongly for diversity in my workplace.

I would not be the therapist I am without my queerness. I wouldn't be the LGBTQIA+ advocate I am either without my experience as an SLT. These intersections make me a more rounded person, partner and therapist.

I am queer. I am also an SLT. Neither one of these identities came first, or has more importance. At times I may be in full SLT mode, but always from the perspective of my lived queer experience. And, when I am in queer spaces, I do not leave my SLT mind behind.

I encourage you to celebrate your diversity. Embrace what makes you unique. Bring your whole self to work and show your humanity to your service users.

**GLOSSARY**
Learn more about some of the terms used in this article at: **bit.ly/3QndILV**

**JESS DAVIES**, highly specialist SLT, Epsom and St Helier NHS Trust
jessica.davies4@nhs.net
@jbmdavies
Follow the SLT Pride Network on Instagram and Twitter at **@uksltpride**, or email **sltpridenetwork@gmail.com**.

# Upskilling in FND

**Lisa Roberts** on improving speech and language therapy provision for people with functional neurological disorder

LISA ROBERTS

It was with great interest that I read Caz Barnett and Lorna O'Kane's article 'Why aren't we talking about functional neurological disorder (FND)?' in *Bulletin* (March 2020). With the publication of the consensus recommendations (see: **bit.ly/3rDxEz5**) I wanted to share my experiences in developing speech and language therapy provision for people with FND.

I work within a community team, providing a service for adults with acquired disorders of communication and swallowing. My journey began in 2016 when I saw my first service user with diagnosed FND. At that time this was rare, as most service users with FND were seen in a separate in-patient rehabilitation unit. I recognised a huge potential for improvement and began to do some research. I used a combination of solution-focused brief therapy, mindfulness meditation, metaphoric identity mapping (see: **bit.ly/3MciXeq**) and basic voice work over eight sessions. In the first session the service user had been mute, and by discharge she was speaking with increasing fluency and confidence.

**FND is a quickly evolving field**

Where I work, we are lucky to have an excellent psychology team with a well-established service for functional neurological symptoms – they have been wonderfully supportive in helping our team to develop skills and a care pathway. More recently I have become involved with a wider multidisciplinary team for FND looking at improving experiences and pathways across the trust. Working closely across professions has been paramount to developing skills and improving outcomes.

FND is a quickly evolving field and there is so much to explore and digest. However, many of the skills necessary to work effectively with this group are transferable from other areas of speech and language therapy. If I were to offer three pieces of advice from my experiences so far they would be:

- Don't be scared of FND. Approach it with the same confidence you would any other diagnosis. An interview with neurologist Dr Alexander Lehn summed it up perfectly: "If we are so weird about the diagnosis of FND as health professionals, how can we expect the patients not to be." (Listen to the full interview at **bit.ly/3OqKbzU**.)
- Expect that symptoms may be triggered in assessment or treatment. Seeing the symptoms is all part of relationship-building and is essential for us to empathise with the often-traumatic day-to-day experiences of the individual.
- Don't feel you need to have all the answers immediately. Understanding FND is important, but exploring what helps is part of the process and can lead to important discussions and insights along the way.

FND is complex and diverse in presentation and while it can feel daunting at times, it can also be hugely rewarding to work with people living with the disorder. The 2021 consensus recommendations are a comprehensive resource, offering a wealth of information to any SLT or service looking to develop skills in this area. B

**LISA ROBERTS**, SLT, Royal Devon and Exeter NHS Foundation Trust
lroberts1@nhs.net

# A greener future

*How can SLTs minimise the environmental impact of professional practice?*
**The Speech and Language Therapy Sustainability Network** *writes*

**ILLUSTRATIONS** OLLIE HIRST

**What is one thing all SLTs have in common?**

**A:** We all have an impact on the environment.

We at the Speech and Language Therapy Sustainability Network (SLT Susnet) are a group of adult and paediatric SLTs who care about minimising our negative environmental impacts and building positive ones.

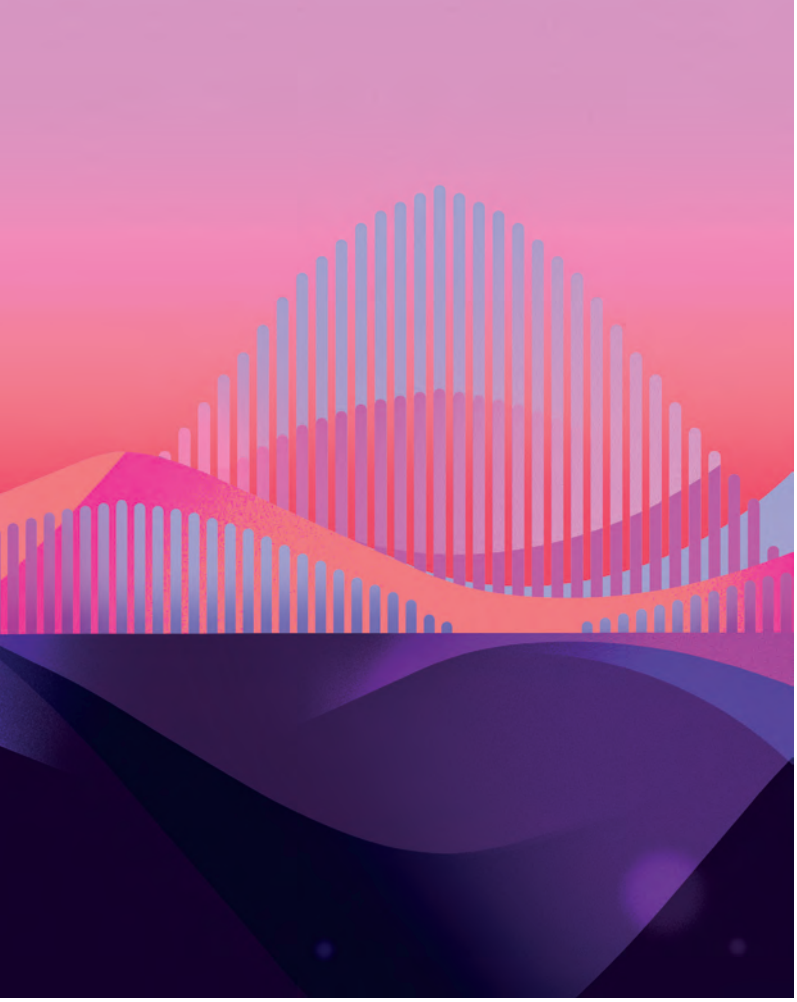
With NHS England alone having a higher annual carbon footprint than all the planes departing Heathrow Airport (King's Fund, 2012), it is safe to say that the climate emergency is a health emergency. And it's an emergency that the Intergovernmental Panel on Climate Change (IPCC) has described as "widespread, rapid, and intensifying" (2021).

The impacts of climate change will have a direct effect on the populations that SLTs support. In recent articles (2021; 2022), Sue Sherratt, senior researcher with Communication Research Australia, links the effects of climate change (such as air pollution and heatwaves) directly to an increased incidence of a range of conditions that SLTs treat across the lifespan, ranging from prematurity and associated childhood health and neurodevelopmental outcomes (eg autism), to stroke, Parkinson's, cancer and dementia. We already know that these conditions are likely to disproportionately impact those living with social inequalities. As we continue to experience more of the effects of climate change, these underlying inequalities are likely to be exacerbated further.

However, we can view climate change as "the greatest global health opportunity" (Lancet, 2014). The NHS was the first health service globally to commit to net zero and was cited in the 2022 IPCC report as a global leader. SLTs join other allied health professionals (AHPs) to form the third largest clinical workforce in the NHS. With up to 14 million people in the UK (20% of the population) experiencing communication difficulty at some point in their lives, and with more than 10% of children having a long-term communication need (RCSLT, 2022), SLTs have an important role to play in reducing the negative environmental impacts of our care.

> **The climate emergency is a health emergency**

The NHS's Greener AHP Hub (which the RCSLT helped to develop), launched in 2020, provides AHPs with information on sustainability for population health and examples of how



AHPs can make their practice more sustainable, highlighting preventative and public health; equipment and resource use; models of care; and food (among others) as key areas for change.

## What is sustainable healthcare?

Sustainable healthcare is healthcare that meets our needs today without impacting the ability of current and future generations to meet their own healthcare needs in the future.

The COVID-19 pandemic drew our attention to the environmental impact of healthcare, due to the vast increase in visible waste. But single-use plastic and PPE are just the tip of the iceberg. The COVID-19 crisis has many parallels to that of climate change and offers insights into how we might best manage the climate emergency (Manzanedo and Manning, 2020). While there is no potential treatment or 'vaccine' that will help us to curb climate change, strategies of early intervention, breaking down complex information, and sending clear, consistent messages are directly applicable. These strategies are compatible with speech and language therapy provision and offer opportunities for us to use our strengths.

The Lancet Countdown (2020) reports that aligning the global recovery from COVID-19 with our response to climate change offers a potential triple win: protect public health, promote a sustainable economy and preserve our planet. Put simply, considering people, planet and profit is the only way we can be truly sustainable.

## Co-benefits

Many of us can relate to problems such as large, complex caseloads, growing admin lists, and feelings of never having enough time, which complicates the implementation of best practice. Stress and burnout are not sustainable, and have been found to contribute significantly to shortages of school-based SLTs in US research (Harris et al, 2009). A lack of time for best practice implementation can lead to poor staff retention (Hutchins, 2010), which is not good for our work satisfaction or for our service users.

By broadening our perspective and viewing our practice through a sustainability lens, we are likely to find many co-benefits, not only for our service users and their communities due to reduced incidence and severity of disease, but for ourselves as SLTs. Sustainable models of care could offer more efficient caseload management, shorter waiting lists, increased time to dedicate to implementing best practice and ongoing improvement, and enhanced job satisfaction. In turn, these benefits will further improve equitability of access and therapy outcomes for our service users. We are also likely to find financial savings that can be rededicated to add value elsewhere in our service.

Below are the four principles of sustainable healthcare (Mortimer, 2010), with examples to illustrate ways these could be integrated into quality improvement and service provision in speech and language therapy.

**Prevention:** Promote health and prevent disease by tackling the causes of illnesses and inequality. Actions that reduce the need and demand for healthcare services in the first place are the most sustainable we can take.

Examples include:
- Health visitor and midwife training in early communication advice, and linking families with language-rich environments and activities (eg 'stay and play' groups).
- Voice care education for populations at high risk of voice disorders (eg teachers and performers).
- Dysphagia and mouth care guidelines to reduce the risk of further illness and prevent and/or reduce the length of hospital admissions.
- Public education on the importance and nature of communication, and barriers to communication.
- Early identification and intervention to prevent longer-term demand for services.
- Advocacy for equality in access to care and communication via universal and public health platforms, approaches and training (eg ICAN's Early Talk training, Communication Access UK).

**Patient self-care:** Empower patients and their families to take a greater role in managing their own health and care. This enables patients to more independently use tools that promote and maintain health, and/or cope with illness and disability with reduced support needed from health workers and systems.

Examples include:
- Parent coaching (eg via parent-child interaction strategies, video feedback, and comprehensive programmes such as those led by the Hanen Centre).
- Improving service users' understanding of their condition, and increasing their role in their own care, eg approaches to self-management such as Bridges (for adults with long-term conditions).
- Providing education on the links between climate change and illness.
- Co-working with dietitians to give education and advice on sustainable food options, including for those with dysphagia.

**Lean service delivery:** Streamline care to minimise wasteful activities.

Examples include:
- Eliminating duplicate or low-value paperwork.
- Eliminating duplicate assessments.
- Embracing more cross-sharing across trusts and practices (eg of information leaflets, pathways etc) to save duplication.
- Minimising wasted appointment slots (eg unnecessary appointments, incorrect clinic bookings, 'DNAs') by streamlining booking systems and improving reminders sent to service users and their families/carers.
- Improving communications between services (eg between acute and community speech and language therapy services, between SLTs and local schools and GPs).
- Using technology to reduce waste (eg by providing online leaflets).

**Low-carbon alternatives:** Prioritise treatments with a lower environmental impact.

Examples include:
- Reducing travel emissions via virtual clinics when appropriate or preferred for patients, zoning patients to limit travel between visits, and 'work from home' admin days.
- Creating long-lasting, reusable and accessible resources (eg videos describing modelling strategies).
- Creating or purchasing reusable equipment over single-use.
- Contributing to projects targeting food waste as part of dysphagia practice.

**REFERENCES**
For a full list of references visit: **rcslt.org/references**

# Greening the profession

*Bulletin* sat down with **Ben Whittaker** from Greener NHS to learn more about how healthcare organisations are tackling the issue of sustainability

**Q What does your role involve?**

I'm working with the Office of the Chief Allied Health Professions Officer (CAHPO) on their Greener Allied Health Professional (AHP) projects, including developing the environmental sustainability theme for *AHPs Deliver*, the new five-year strategy, and expanding and disseminating the information on the Greener AHP Hub, including developing 'lunch and learn' materials and collating case studies. I also support AHP involvement in supply chain sustainability, and build networking opportunities for AHPs.

**Q What does the environmental impact of the health and care industry look like?**

If global healthcare was a country, it would be the fifth largest emitter in the world. The countries with the biggest carbon footprints also have the world's most polluting health sectors. The NHS accounts for nearly 5% of our national emissions and alone has a similar carbon footprint to a country like Croatia or Denmark. All healthcare systems are very different, and some services with smaller carbon footprints than ours have similar health outcomes.

> **The NHS... has a similar carbon footprint to a country like Croatia or Denmark**

**Q The NHS, and many other healthcare bodies worldwide, have begun prioritising sustainability in recent years – why is this, and what does it look like?**

There is a moral imperative with the Hippocratic Oath stating, "First, do no harm". But the climate emergency is a health emergency – it's already impacting the lives of millions of people and leading to increased mortality rates. Social justice and climate justice are inextricably linked, with the impacts of climate change leading to worsening health inequalities. Due to the magnitude of these impacts, addressing climate change is also seen as the biggest health opportunity this century.

In the UK, the 2008 Climate Change Act produced legally binding carbon targets which the NHS Carbon Reduction Strategy matched the following year. Since then, there's also been a legal imperative to prioritise sustainable healthcare nationally. In 2020, the NHS became the first health service globally to commit to reaching net zero carbon. Health systems worldwide must now align with the Paris Agreement and with targets set at COP26 in Glasgow, where 50 countries committed to providing low-carbon healthcare.

There are lots of complex problems to solve before we know what a sustainable healthcare system will look like. We are guided by sustainable models of care (**bit.ly/3N9TJhc**) and principles of sustainable clinical practice (as outlined on p25-26). Every health profession


will need to apply these to their areas of practice. Greener NHS is developing a new sustainable models of care framework, focusing on three key areas: keeping people healthy over the course of their life; when they are unwell, providing 'right care, right time, right place'; and sustainable healthcare resource use.

### Q What is the Greener AHP Hub?

The Greener AHP Hub (**bit.ly/3Ff7uYb**) is a resource to help AHPs across all parts of the NHS to find ways to practice more sustainably. The AHP sustainability survey, launched in June 2020, gathered the views of over 900 AHPs from across all 14 professions, and these responses led to the different themes detailed on the hub.

Along with environmental sustainability literacy, four key areas are explored where AHPs are well-placed to lead on the net zero agenda:

1. Public health and prevention: how can we support people in a way that might reduce their future care needs and lead them to live healthier and happier lives?
2. Digital transformation: how can we use technology to maximise its benefit for people and reduce the carbon footprint of care?
3. Minimising the environmental impact of equipment and resources: with the NHS supply chain accounting for about two-thirds of emissions, how can we find opportunities to reduce, reuse, reprocess, renew or recycle what we procure and prescribe?
4. Food and diet: how might we promote wellbeing through healthy and sustainable eating?

## Social justice and climate justice are inextricably linked

### Q How can AHPs support greater sustainability in their workplaces?

A lot of AHP approaches already sit within sustainable models of care and are contributing to a greener NHS. For example, public health and preventative healthcare approaches are integral to both AHP practice and a sustainable healthcare system.

The vast majority of staff support the NHS net zero ambition, and all areas of the health service will need to act and work together to achieve net zero. The Greener AHP Hub has many suggestions for how AHPs can contribute to a more sustainable workplace, with examples of individual, team and system-wide actions. One way to identify the next steps in your workplace is to incorporate sustainability into quality improvement (SusQI, see p29).

### Q What else should AHPs know?

I'd encourage any AHPs with examples of sustainable practice to get in touch with CAHPO (**england.cahpo@nhs.net**) to tell us about them. You could also enter the Greener AHP prize at the next CAHPO awards (**bit.ly/2SilfBO**). The Centre for Sustainable Healthcare has a number of clinical-specific networks, including SLT Susnet and AHP Susnet. If you'd like to get involved in either of these or have any other questions or queries, please get in touch.

**BEN WHITTAKER**, Chief Sustainability Officer's Clinical Fellow, Greener NHS National Programme, NHS England and NHS Improvement
ben.whittaker2@nhs.net
@benwhittakerahp

These examples are encouraging, as they show the diversity of SLTs' mandate to be more sustainable. It's likely that many SLTs and services are already contributing positively in many of the above ways, but there is always room for improvement, and for targeting these changes across different levels of service. Whether you're a student, a newly qualified practitioner, a senior therapist, manager, academic or retiree, you can be involved at any stage of your career.

**Climate change will have a direct effect on the populations SLTs support**

## What can SLTs do?

At the individual service user level, we can **provide environmental education** in addition to SLT-specific assessments and interventions. More than half of the public (60%) believe that actions to address climate change will improve the health of people in the UK (Cameron et al, 2021). Research suggests that 3 in 4 people want information on the impact of climate change, its associated health risks, and how to reduce these risks (Sustainability Victoria, 2020). We can, for example, educate a patient on the relationships between stroke and air pollution (Sheratt, 2020). At a service level, we can evaluate our patient pathways and consider lean service delivery – how can we remove low-value or duplicated activity?

We can **prioritise advocacy, prevention, public health education and universal services**. This is in line with recommendations in the NHS Long Term Plan, which commits to increased action for prevention of illness and reduction of health inequalities. The RCSLT's five-year strategic vision also recognises and promotes the commissioning of preventative public health activity and training of the wider workforce as part of speech and language therapy services.

We can **embed sustainability within speech and language therapy training and education**. Sustainability is already embedded into occupational therapy education and embedded as a domain of quality by the Royal College of Physicians. Integrating sustainability and quality improvement (QI) teaching (using 'SusQI' methodology) has been found to enhance medical students' self-reported knowledge, confidence, motivation and engagement in both sustainable healthcare and quality improvement (Clery et al, 2021). Speech and language therapy services should identify, evaluate and embed measures of environmental sustainability as outcomes of quality in their improvement efforts. This doesn't have to be complicated or change the main aim of your QI improvement efforts, as it's likely that something that improves services for patients helps the planet too. Case studies in occupational therapy and physiotherapy services have shown both enhanced sustainable value and improved service user care as a result of QI (Craik, 2021).

In the RCSLT's five-year vision, environmental sustainability is referenced for the first time as an aspiration for the profession. By targeting our efforts across all levels of speech and language therapy education and provision, we can shift cultural practice and make a real difference.

## Where do I start?

- Educate yourself and your team about the issues. Start and engage in conversations around climate change with the RCSLT, colleagues, patients and the wider community.
- Explore the NHS Greener AHP Hub at **bit.ly/3Ff7uYb**.
- Visit **bit.ly/3yejgBw** for more information and resources around sustainability and speech and language therapy from the RCSLT.
- Follow **@SLTSusnet** on Twitter for regular updates. We'd love to hear about your ideas and what's already happening in practice – share what you're up to using **#mygreensltday**.

**THE SPEECH AND LANGUAGE THERAPY SUSTAINABILITY NETWORK**: **RACHEL MCLEAN, NATALIE SMITH, SIVAN COLEMAN, SUSIE MARTIN, IONA SINCLAIR** and **RACHEL BARTER**.
@SLTSusnet

ASK THE EXPERTS

# Joining the dots

**Melanie Cross** *and* **Dr Hannah Hobson** *examine the links between children and young people's communication needs, and social, emotional and mental health difficulties*

Children and young people with a history of language disorder are twice as likely to have mental health difficulties than other children (eg Yew and O'Kearney, 2013), and 20% of children aged four to five years with language disorder have emotional or behavioural problems (Norbury et al, 2016). Children with language disorders are more vulnerable to internalising problems, such as depressive symptoms (Donolato et al, 2021). Language ability also predicts later behaviour problems (Peterson et al, 2013).

The difference in problem behaviours between children with and without language disorders increases as children get older (Curtis et al, 2018), meaning the effects of language problems on behaviour seem to worsen over time. While children with many different forms of speech, language and communication needs (SLCN) may experience poor mental health, the impact appears most significant for those with very low levels of language (Goh et al, 2021).

**For some vulnerable groups... language problems can be seen in the majority of cases**

It must be stressed that not all children with SLCN develop mental health difficulties. For example, Botting et al (2016) found that in their sample of 16-year-olds with developmental language disorder (DLD), 38% and 14% were above the clinical threshold on their depression and anxiety measures respectively. This is compared to 15% and 3% of their typical control group meeting these thresholds. Depression and anxiety are thus more common in those with conditions like DLD – but nonetheless, the majority of teenagers with DLD do not have clinically high levels of depression or anxiety symptoms. Variability in children's mental health outcomes is actually good news: it tells us that mental health problems aren't 'determined' by having a language problem, and suggests there may be ways to prevent later mental health issues in children with SLCN.

**REFERENCES**
For a full list of references visit: **rcslt.org/references**

## High risk

Research shows that 81% of children and young people with social, emotional and mental health (SEMH) needs have unrecognised low language levels (Hollo et al, 2014). This extends to children and young people who are looked after: Clegg et al (2021) found that 90% of their sample of care leavers' language abilities were below average, and over 60% met criteria for DLD), while Gilmour et al (2004) reported that two thirds of their sample of children with conduct disorder had pragmatic language impairments, and Walsh et al (2014) found that 75% of their sample of children with attention deficit hyperactivity disorder (ADHD) had undetected language difficulties. It is again important to stress that not all young people with SEMH have SLCN; however, for some vulnerable groups and diagnoses, language problems can be seen in the majority of cases.

## Co-occurrences

Issues with SEMH and SLCN thus commonly co-occur, but the reasons behind this co-occurrence are not well understood. Many different mechanisms might link them; for instance, mental health and SLCN share a number of biological and environmental factors (Clegg et al, 2015; Toseeb et al, 2021), and each child with SLCN may develop mental health needs for different reasons. Here, we focus particularly on the ways language problems might affect children's social and emotional development, increasing the risk of mental health problems.

Friendships are important for self-esteem and for developing a support network, and having few or no friends is likely to impact mental health. There is variability in the social abilities of children with DLD; many demonstrate strengths in making friends and playing with others (Lloyd-Esenkaya et al, 2020). Children with DLD who have positive social interactions experience better outcomes, and prosocial behaviour and good social experiences are protective factors for children with DLD against internalising and externalising problems (Toseeb et al, 2020). For others, poor social skills due to language and communication problems could put children with SLCN at a disadvantage, increasing the likelihood of being left out or bullied. Indeed, children with DLD sometimes have difficulty interacting with peers, have problems such as joining in with play (Lloyd-Esenkaya et al, 2020), and are more likely to be bullied (van den Bedem et al, 2018). Children with DLD have also been found to be poorer at recognising facial and vocal cues to emotions (Griffiths et al, 2020). Poor emotion recognition could mean children respond inappropriately to others' emotional cues, increasing the risk of problems during interactions. Early difficult experiences trying to communicate with others might have lasting impacts on children's social confidence: compared to children who had no history of language problems, individuals who had experienced language impairment were 2.7 times more likely to have a social phobia at the age of 19 years (Voci et al, 2006).

Of course, the direction of the relationships between language, social abilities and mental health will not be just a 'one-way street': social abilities likely

**Language is a key tool by which we try to help ourselves**

**REFERENCES**
For a full list of references visit: **rcslt.org/references**

also influence children's communication development, as having the skills to interact with others positively also offers opportunities to learn further language, communication and emotional skills. Similarly, we should be aware that language problems don't just influence mental health issues; mental health problems could have lasting impacts on children's language development. For example, children and young people who have experienced very negative early experiences, such as trauma, are at risk of having poorer pragmatic skills, particularly narrative skills (Ciolino et al, 2020).

## Key tool

Not only do language and mental health affect each other, language is a key tool by which we try to help ourselves when things go wrong. When we are upset we might try to change our situation by telling people to stop doing something that is upsetting us, or by asking others for help. Words are needed for 'repair' when there has been a misunderstanding or disagreement. Verbal strategies might help us to identify and regulate our emotions as well, helping us to calm down and choose an appropriate behavioural response. However, those with SEMH and SLCN may not have the language skills to do these things. When things go wrong, they can find it hard to think about emotions, use cognitive emotion regulation strategies or think about hypothetical events. For example, Griffiths et al (2021) reported using an emotional regulation task with 344 children aged 10 and 11 years old, 103 of whom had language disorder. Across all the children, language skills at the start of schooling predicted how well they could regulate their emotions at age 10 and 11. Notably, a quarter of the language disorder group could not do the emotion regulation task at all.

Such studies should make us wonder what happens when clinicians try to intervene to improve emotional abilities in children with language needs. We currently lack good data about the accessibility of common psychological therapies for children with SLCN, but it is likely that collaboration between mental health practitioners and SLTs is very important to facilitate this.

Parents are certainly concerned about the accessibility and availability of support for their



# FURTHER RESOURCES

## Factsheets

The RCSLT has produced a range of factsheets that address issues relating to speech and language therapy and social, emotional and mental health (SEMH):

- Promoting SEMH
- Supporting children and young people with SEMH: the five good communication standards
- Understanding the links between behaviour and communication
- Supporting children and young people's mental health services
- Supporting children and young people who have experienced adversity and trauma

**Access all factsheets at bit.ly/RCSLTfactsheets**

## Clinical guidance

The RCSLT's clinical guidance on SEMH is available to all RCSLT members. It outlines best practice for SLTs working in this area.

**bit.ly/3FpkhIQ**

## E-learning

*Mind Your Words: Children and Young People's Mental Health* is an online training resource that highlights the links between mental health and communication. It outlines how professionals can work together to remove communication barriers and help children and young people achieve their potential. It's an excellent learning tool, particularly for non-SLT colleagues working with children and young people.

**rcslt.org/learning/mind-your-words**

## Podcast

In this RCSLT podcast episode, the authors of this article, Melanie Cross and Dr Hannah Hobson, discuss the links between SLCN and SEMH in children a and young people.

**bit.ly/385fJLi**

children. In work by Hobson et al (in prep), parents report the language used by professionals is often too complex, and professionals often do not have or understand key information, such as a DLD diagnosis. However, when a more nonverbal approach is used, interventions can be successful.

## Research needed

Many questions remain around effective intervention for children and young people with SEMH and SLCN. More high-quality research is needed to investigate these issues, which include:

- Interventions which support play and positive interactions, which could be protective against later SEMH. There is indicative evidence for what might be useful in children with autism (eg Wolstencroft et al, 2021; Parson et al, 2018), but we need research on groups of children with other SLCNs.
- Understanding the perspective of the young people themselves and how to work with families to support these young people effectively. Indeed, some evidence suggests children with DLD and their parents view their emotional skills differently (Hobson and van den Bedem, 2021)
- 'Universal' approaches to promote inclusion of children and young people with complex needs including SLCN and SEMH, across services.

For more priorities for future research, see the recent report by the Special Interest Research Group on Language, Communication Needs and Mental Health at **bit.ly/3zuqYrP**.

## Clinical implications

Although there is still much to learn, SLTs and others can play an important role in supporting children and young people with SEMH and SLCN. Here are our top tips based on current research:

- Raising awareness of the links between SEMH and SLCN is key. The RCSLT has produced a variety of resources, including factsheets and the online learning journey *Mind Your Words* (see p33).
- Effective support can only be provided when all of a child or young person's skills and needs are fully understood. A detailed picture of their communication profile should contribute towards any psychological formulation.
- It's important that SLTs develop their skills in identifying possible signs of mental health difficulties in children and young people (Goh et al, 2021) in order to make appropriate onward referrals.
- SLTs need to be present in SEMH services, supporting other professionals to understand, identify and accommodate SLCN, coordinating the SLCN support that many children with SEMH may require, and co-producing accessible resources and interventions with colleagues who work in child mental health.
- Problems with recognising and managing emotions may explain some of the relationship between DLD and SEMH, so there is a need to address these skills as well as language and communication skills. Binns et al (2019) discuss the SLT role in the development of self-regulation, including an awareness of how stressors might affect children's ability to engage, and using co-regulation and modifying the environment to mitigate stressors.

**MELANIE CROSS**, SLT, author, trainer and supervisor, and **DR HANNAH HOBSON**, lecturer in psychology, University of York
@melaniespeechie
melaniespeechie@gmail.com
hannah.hobson@york.ac.uk

manx care
Reiraill Vannin

# Speech and Language Therapist

Salary: £40,329 - £53,017 per annum

### About the role and our team

**We are seeking a Highly Specialist Speech and Language Therapist to be a part of our small and supportive team who will be able to bring knowledge and experience to our service on the Isle of Man.**

You will be a pivotal member of the Adult Speech and Language Therapy team, and will be supported by the committed therapies manager to continue to provide excellent care across acute wards, outpatients and the community.

Your main duties will be to:

- Provide highly specialist assessment, diagnosis and management of patients with communication problems
- Design and develop therapy plans for patients and management strategies
- Manage the weekly Videofluoroscopy clinic

In this role you have the opportunity to establish relationships within a small, accessible heath care system and develop first class patient-centered care. You will also be encouraged to develop a specialist interest that will benefit our service users.

### About the Island and relocating

By joining us you'll be stepping away from NHS pressures and demands, as the Island's healthcare system is similar but separate to the UK NHS. Here you can enjoy a fantastic quality of life, and an excellent work-life balance! The island is well connected to the UK, and you'll also benefit from low income tax rates (20% maximum rate).

If you are relocating or returning to the Island, you can also benefit from the National Insurance Holiday Scheme, which allows you to apply for a refund on your NI contributions for your 1st year of living here. To see how this scheme could benefit you, and to find out more about relocating to the Isle of Man, visit www.locate.im

A relocation package of up to £7,000 based on receipts is available for this role. Housing assistance and a recruitment incentive of £3,000 is also available.

### How to find out more and apply

For more information about the role and to apply, please visit our website: **gov.im/jobs** Alternatively you can contact Lesley Fidler, Speech Therapy Team Leader, on 01624 650128 or Lesley.Fidler@gov.im
Closing date: 31/07/2022

ADVERTORIAL

# Pioneering innovation with rapid range expansion

WILTSHIRE EST. FARM 1991 FOODS

**Wiltshire Farm Foods** has launched six new texture-modified meals, adding to its impressive collection of Softer Foods dishes and cementing its reputation as creating nutritious and delicious food for every dietary need

Level 5 Minced Mediterranean Vegetables, Level 6 Soft & Bite-sized Sausages in Onion Gravy and Level 4 Puree Petite Chicken and White Wine Casserole.

To celebrate the summer months, the team of in-house chefs and dietitians have been busy expanding its Levels 4, 5 and 6 ranges, with a selection of mains and desserts for those living with swallowing difficulties.

Providing more choice than ever before, meals now include a Level 4 Purée Petite Chicken and White Wine Casserole with Creamed Savoy Cabbage and Duchess Potatoes; a Level 5 Minced & Moist Mediterranean Vegetables and a Level 6 Soft & Bite-sized Sausages in Onion Gravy with West Country Cheddar Cheese Mashed Potato and Honeyed Carrots.

Those of your service users with sweet tooths can enjoy a classic Level 4 Purée Eve's Pudding with Custard; a Level 5 Minced & Moist Rice Pudding with Summer Fruits and a Level 6 Soft & Bite-sized Coconut Sponge with Summer Fruits.

The IDDSI (International Dysphagia Diet Standardisation Initiative) framework provides a common terminology to describe the characteristics and consistencies of texture-modified foods and drinks. Wiltshire Farm Foods has expertise in supplying meals developed in alignment with IDDSI guidance; these are always developed with dietetic input to ensure the needs of nutritionally vulnerable service users are met.

As Maia Fergus O-Grady, registered dietitian at Wiltshire Farm Foods, explains, their customers are always at the forefront of the decision-making process when it comes to creating new meals:

"We understand the challenges that may arise when preparing texture-modified meals; when creating each dish, we're not only focusing on making sure our meals are a safe texture, but also ensuring they deliver on both nutrition and flavour."

Stoke-based customer Josephine Bailey welcomes these new meals as a long-standing customer of three years:

"During my treatment for oesophageal cancer, I really struggled to eat solid food. After being recommended Wiltshire Farm Foods by my dietitian, I haven't looked back. The range of meals is fantastic and I can alternate between Level 4 and Level 5 meals depending on how my treatment is going. I'm looking forward to trying the new meals – most of them are gluten-free which is even better!"

Level 5 Minced Rice Pudding with Summer Fruits.

Level 6 Soft & Bite-sized Coconut Sponge with Summer Fruits.

For a limited time only, customers can benefit from a free dessert when they spend over £40, giving your service users even more of an incentive to stock up their freezers this summer!

Visit **www.specialistnutrition.com/blog** for all the details.

# Care concerns

## **Tori Guinan** *reflects on the importance of speech and language therapy for looked-after children*

Speech and language therapy is currently under-represented in children's social care, despite the higher prevalence of speech, language, and communication needs (SLCN) among looked-after children (LAC) compared to the general population (RCSLT, 2010). The No Wrong Door programme, led by North Yorkshire County Council, found that while over 50% of its LAC had SLCN, very few had previously seen an SLT (Department for Education, 2017). Undiagnosed and unmet SLCN can have long-term implications such as mental health issues and behavioural difficulties, underachieving in education, unemployment, or young offending.

My personal experiences and the peer placement I did as part of my master's in speech and language therapy drive my interest to improve the quality of care within social services and raise awareness of the need for SLTs in this setting. I completed my placement in collaboration with a company providing children's residential care. Due to safeguarding and COVID-19 restrictions, I didn't work directly with the young people, but I was able to work with the company to raise awareness of speech and language therapy.

**We must consider how services can help looked-after children… to communicate**

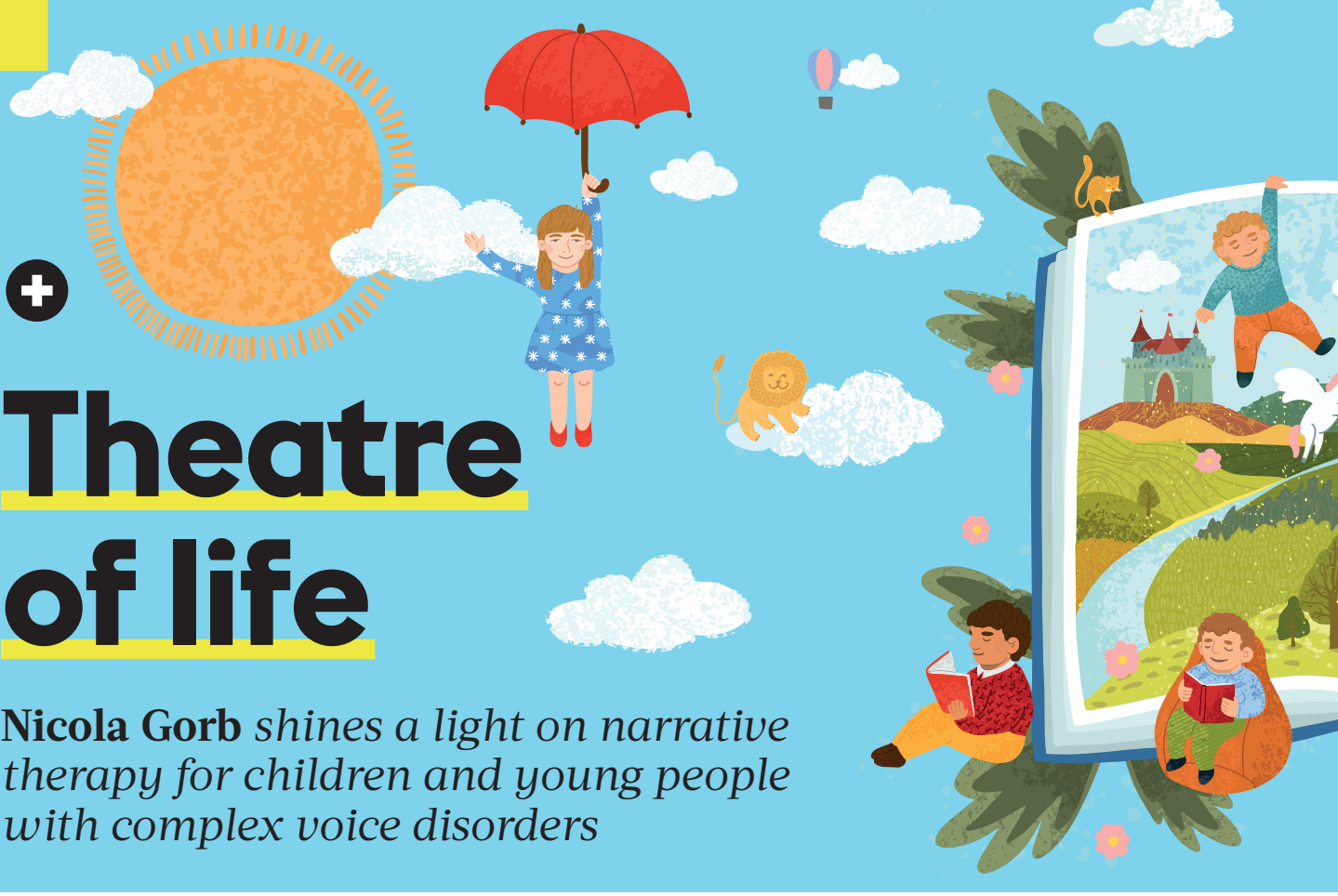
The placement involved raising awareness among residential home staff of the role of SLTs. I gave a presentation explaining the role of SLTs, outlining what SLCN are and covering how SLCN can present among LAC. It also involved explaining alternative communicative methods – for instance, visual cues, symbols and using simplified non-judgmental language. This aimed to improve the accessibility of care for LAC by enhancing their communication and comprehension to enable their voices to be heard. Feedback from staff highlighted the relatively low awareness of SLCN – many found the statistics eye-opening, while others reported that they hadn't even heard of SLCN before.

Another role during the placement was adapting documents into Easy Read and accessible formats, in line with the RCSLT's Five Good Communication Standards (2016). This process highlighted a lack of awareness and inclusivity when communicating with LAC. For instance, if an incident occurs that requires physical restraint, a 'physical interventions debrief' form must be completed by the young person and staff member. This kind of paperwork is laden with text which can be difficult for a young person with SLCN to comprehend and often doesn't explain key terms. The young people were asked which versions they preferred – the response was unanimous in favour of the adapted documents, with young people stating they understood them better.

Overall, the feedback received during my placement highlighted the need to raise further awareness of SLCN and the role of SLTs among professionals who provide care for LAC. As SLTs we must consider how services can adapt to give LAC the opportunity to communicate their wants and needs effectively. Children's social care is sadly not the only area where SLTs are under-represented compared to service user needs – every SLT, regardless of their position or setting, has a key role in advocating for the inclusion of speech and language therapy to help make healthcare services universally accessible.

**REFERENCES**
See Tori's list of useful resources and training at: **rcslt.org/references**

**TORI GUINAN**, student SLT, Birmingham City University
tori.g.slt@gmail.com
@tori_guinan_SLT



# Theatre of life

**Nicola Gorb** *shines a light on narrative therapy for children and young people with complex voice disorders*

I work in the speech and language therapy complex voice and airway service at Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH). Many of the children and young people (CYP) live with chronic, organic dysphonia, resulting from aetiologies including laryngeal trauma injuries, cardiac surgery, and diseases and syndromes such as recurrent respiratory papillomatosis (RRP) and DiGeorge syndrome.

As somatic and psychological beings, the voice is intricately woven into CYP's holistic sense of self or 'personhood' (Broom, 2007). A voice disorder can negatively impact how they function and participate in social and educational contexts, how they are perceived, and can be detrimental to emotional wellbeing (Connor et al, 2008; Brower, 2019; Cavalli and Cochrane, 2019).

There has been a move towards integrating psychotherapeutic approaches, such as solution-focused brief therapy, acceptance and commitment therapy, and cognitive behavioural therapy into speech and language therapy interventions, particularly in paediatric and adult dysfluency, clinical voice disorders, and adult trans/non-binary caseloads (Cheasman et al, 2013; Mills and Stoneham, 2020; Baker, 2017; Butcher et al, 2007).

**REFERENCES**
For a full list of references visit: **rcslt.org/references**

There has also been a shift towards a holistic, ecological model of healthcare, which decentres the privileged position of the healthcare practitioner (Anjum et al, 2020).

## Narrative therapy explained

Narrative therapy steps powerfully into this model of care. It first came to my attention through the work of Jan Logan, specialist SLT at the City Lit Centre for Adult Learning, with people who stammer. I have been hooked ever since.

Michael White and David Epston first developed narrative therapy in the 1980s. With a philosophical grounding from social theory, it examines the social construction of our realities and shines a light on the influence of power and the less visible aspects of a person's life and relationships. Narrative therapy challenges the 'single story' of identity, which can restrict how an individual views themselves, how they act in the world, and how they are viewed and acted upon by others. It opens a creative space to 're-author' people's lives, moving towards a preferred future based on their values, hopes and dreams.

White (2007) would liken my therapeutic position to that of an 'investigator reporter', which is decentred but influential. I come to any therapeutic encounter with open curiosity to understand the lived experience of CYP and their families, who are the experts on their lives. This prevents me from jumping to conclusions and avoids a 'totalising' position about problems – of being all good or bad.

SHUTTERSTOCK

towards what mattered to her, such as a more peaceful relationship with her family and stable friendships.

Narrative therapy can help 'thicken' alternative stories of people's lives, to nurture their capabilities and dreams. One young person with severe dysphonia struggled with confidence communicating. I encouraged her to become a 'researcher' (Vermeire, 2017) into how others perceive communication difficulties, and how they have shown resistance in the face of adversity. To her delight, she received several responses to her online questionnaire. She re-evaluated her self-perception and identity and considered new ways to respond to the communication challenges she faced.

## Meaningful metaphors

Metaphors – such as the 'tree of life', 'journey of life' and 'suitcase of treasures' (Denborough, 2008; Ncube, 2006) – are powerful ways to explore personal and collective experiences. These grew out of folk and cultural metaphors from around the world. Together with my clinical psychology colleagues at GOSH, we have developed exciting ways to apply these collective narrative therapy practices with CYP.

An example of collective narrative practice within our voice service was a service evaluation project carried out with the support of University College London master's student Hannah Deakins (2020). The project aimed to explore the challenges and opportunities of CYP living with a chronic, organic voice disorder. Narrative therapy helped individuals to share their stories, revealing new possibilities for their futures.

We adapted the 'theatre of life' metaphor (Duncan et al, 2018), which richly 'stories' the CYP's identity and unearths their heritage, values, skills, talents, hopes and dreams. These can be linked to legacies from families and communities, in the present or past, and can take the CYP forward into the future.

I adapted the 'suitcase of treasures' and 'journey of life' metaphors for a small voice group. Participants explored the ups and downs of their journey; what they had in their 'backpack' that helped to sustain them; what they wanted to remove from or add to their 'backpack'; and what words of encouragement they would write to their younger self. As they listened to each other in an 'outsider witness practice' they commented on what stood out, what resonated for them and how this would help them go forward with greater courage and strength.

I cannot imagine my journey as a clinician without narrative therapy and am grateful to Jan Logan and other SLTs for trailblazing it in our profession. It is an exciting, creative, and deeply respectful approach, which I would encourage SLTs to explore.

> Narrative therapy helped individuals to share their stories

## Separating problem from person

Narrative therapy moves from 'internalising language', such as "my anxiety/anger about my voice", to 'externalising language', such as "the anger/anxiety about my voice" (White, 2007). Internalising language can form part of someone's identity and render the person powerless to do anything about it. Externalising conversations separates the problem from the person, enabling exploration with more distance. This creates alternative ways of viewing and responding to the problem or its effects. Naming the problem can happen verbally or non-verbally, through creative means, such as drawing.

Anger was present for one young person living with RRP. I asked: what would anger look or sound like? How and when anger would sneak up on her? How might anger make her behave? With a richer, shared understanding of the 'fiery anger' she was experiencing, we explored the effects of the problem, her view of these and whether she agreed with this or not. She considered responding in a different way, moving

**NICOLA GORB**, specialist SLT, Great Ormond Street Hospital for Children NHS Foundation Trust
nicola.gorb@gosh.nhs.uk
@NickyGSLT
with **HANNAH DEAKINS**, SLT, Rise Partnership Trust
hannah.deakins@manor.brent.sch.uk

# Think before you give

*An international team of SLTs write on the challenges of resource donation to low- and middle-income countries*

The UK and other high-income countries (HICs) have long benefited from an imbalanced relationship with low- and middle-income countries (LMICs). To help address this imbalance within speech and language therapy, services in HICs have often donated resources to services in LMICs.

Recipient countries may derive benefits from such donations, but donations can also reinforce power imbalances (Eyben, 2006) and colonial paradigms of paternalism and dependence. Donations may also be culturally inappropriate, outdated, Anglocentric, or otherwise unusable (Hickey et al, 2012).

Based on our collective experience working and researching in LMICs, we have identified common challenges in resource donation from HICs and suggest a needs-led and self-reflective process for supporting services in LMICs.

**REFERENCES**
For a full list of references visit: **rcslt.org/references**

## Donation challenges

Donated resources may be outdated, inappropriate and unfamiliar. Resources that reference UK culture may be inappropriate elsewhere. Unfamiliar toys can be frightening to children. Although global media has increased familiarity with British and American culture – particularly among the middle classes in many LMICs – Anglocentric resources, such as images of snowmen in British winters, still raise issues of representation and cultural imperialism.

Standardised assessments are not designed for LMICs. Developmental speech and language therapy norms are currently unavailable for the majority of languages spoken in LMICs, especially for multilingual populations and languages with non-English speech sounds. Assessments may be adaptable for informal use across languages, but this demands time from local SLTs that could be spent with clients or developing culturally appropriate assessments. Where English is spoken, vocabulary can vary and clients from LMICs may understand meanings differently.

The cost may outweigh the benefits. Recipient SLTs often have to pay transportation, post office and import fees for donated items. Unrequested or inappropriate resources are likely to end up unused, wasting time, money and clinic space.

SLTs from LMICs may be ignored. SLTs from LMICs are not always fully listened to or respected when it comes to the specifics of resource-sharing. While resources may not be wanted in all contexts (Sowden, 2018), SLTs from HICs often believe 'something is better than nothing', or make uninformed assumptions about resource requirements. Typically, SLTs in LMICs receive a small number of requested resources and a larger number of unrequested resources. Power imbalances, cultural etiquette and the risk of damaging relationships may lead SLTs to accept unwanted and inappropriate resources.

## Best practice

Appropriate and requested donations can help services in LMICs. Simple and widely understood resources – eg, sequence pictures of simple actions – can fill gaps while local SLTs design specific culturally appropriate resources. Less accessible items, such as printers or Dictaphones, and non-therapy items including furniture or phone credit, may benefit services more tangibly. We suggest that effective relationships are two-way, centre the voices of SLTs from LMICs, and work towards sustainability. Here are some suggestions for successful collaboration:

### Reflect on the 'why'

Is your donation targeted or just a side-product of 'clearing out' unwanted resources? Could resources be repaired, recycled or donated to a local under-resourced service or support group instead? If donations are targeted for a specific overseas service, will your resources be clinically useful and culturally appropriate?

### Learn about the service

Familiarity and communication with specific services enable potential donations to be targeted, appropriate and useful

(Marshall et al, in press). Colleagues from LMICs with experience of UK services may be ideally placed to build effective and appropriate links between services.

If you don't have first-hand experience and contacts in-country, research how services are structured and contact in-country professionals with a concise list of what you are offering, including photos. If your research involves reaching out to British SLTs with international experience, seek professionals with significant and relevant experience, rather than those who have visited or worked in-country on a short-term basis. If you're struggling to make contacts, consider seeking support from groups like Communication Therapy International (CTI, see: **communicationtherapyinternational.org)** and Multi Agency International Training and Support (MAITS, see: **maits.org.uk).**

### Listen to professionals from LMICs

Remember, in-country professionals possess both clinical knowledge and cultural expertise (Sowden, 2018). Always ask if resources from HICs are wanted. Let your counterparts tell you which resources are most needed. Create an environment in which they can say 'no' without feeling they may jeopardise your relationship.

### Target strategic objectives, work towards autonomy

In our experience, successful donations fulfil a strategic objective identified by in-country SLTs. SLTs in LMICs may wish to develop a regularly updated wish list to share with potential donors.

### Consider alternative forms of support

Ask if donations represent the most effective and sustainable support you can offer. Your efforts may be better targeted through financially supporting SLTs in LMICs to commission culturally appropriate resources – an approach that aids the development of sustainable services and provides opportunities for local craftspeople (Communication Therapy International, 2020). Online sharing of culturally appropriate resources may also benefit services. For example, the RCSLT has offered professionals in LMICs reduced-rate access to the members' area of its website for continuing professional development.

> **Successful donations fulfil a strategic objective identified by in-country SLTs**

### Follow-up

Bilateral follow-up is important. Conversations allow SLTs from LMICs to feedback on the usefulness of donated items and help streamline future collaborations.

This article was written collaboratively by SLTs focusing on their research and work in Uganda, Rwanda, Kenya and Ghana. Other countries, SLTs and organisations may have different experiences, perspectives and processes. However, the authors' collective experience and interactions with other SLTs working overseas suggest that similarities exist in SLT relationships globally.

Our practice has been supported by resources and networking from groups, such as CTI and MAITS. The American Speech Hearing Association SIG 17 publication *Global issues in communication* **(bit.ly/3OHdzSL)** has been a particularly valuable source of literature on international practice.

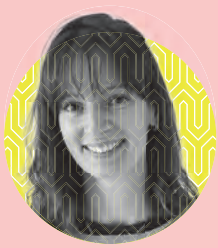
The desire to support services in LMICs is commendable but, as the challenges involved in donating and receiving resources become known, it is important for SLTs in HICs to reflect on their motivations and the process of giving, consider the legacies of colonialism, and work towards a balanced relationship between services. B

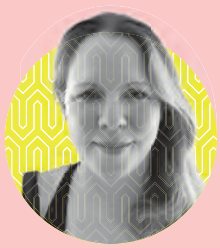
ISTOCK

**DR RYANN SOWDEN**, research assistant at the University of Bristol; **ARTHUR WEKHOOLA,** SLT, Kigali, Rwanda; **HELEN BARRETT**, SLT and PhD candidate, Malaysia; **NANA AKUA OWUSU,** clinical tutor at the University of Ghana
ryann.sowden@bristol.ac.uk

# Increasing the dose

**Beth Gooding**, **Jean Rutter** *and* **Nicola Craven** *reflect on delivering intensive, high-dose aphasia therapy in the UK*





Total therapy hours are significantly positively correlated with communicative abilities. An average of 98.4 hours of speech and language therapy is required for positive changes in mean outcome measure scores (Bhogal, Teasell and Speechley, 2003). Further research indicates that delivering this dose over short periods may improve treatment efficiency while preserving efficacy (Harvey et al, 2020; Brady et al, 2016). While it is reassuring to see research highlighting the positive measurable changes speech and language therapy can make for people with aphasia (PwA), delivering intensive high-dose intervention is not feasible for many services.

In the UK, PwA receive an average of four hours of speech and language therapy as an inpatient, with a further 6.3 hours in the community (Morris et al, 2019; RCP, 2017; Palmer, Witts and Chater, 2018). The disparity between the 98.4 hours required to effect change and the typical 10.3 hours received highlights a need for increasing the dose.

Internationally, this has been addressed through the development of intensive comprehensive aphasia programmes (ICAP), which have been shown to significantly improve language impairment and participation (Rose, Cherney and Worrall, 2013).

Rose, Cherney and Worrall broadly define an ICAP as:

- High dose: minimum of three hours daily for a minimum of three weeks.
- Comprehensive: addresses the impairment, activity/participation and wellbeing.
- Using a range of techniques and modes of delivery.

## Establishing a UK ICAP

When setting up our service in April 2019, we were not aware of this model being used in the NHS. Our short-term aim was to set up a UK ICAP, demonstrate its feasibility and effectiveness within an NHS setting, and prove its impact on aphasia recovery outcomes. If we were successful, our long-term aim was to get this model commissioned within the NHS.

We established the ICAP through collaboration between the National Hospital for Neurology and Neurosurgery, University College London Hospitals NHS Foundation Trust and University College London faculty of brain sciences; generously funded by the National Brain Appeal and the Tavistock Trust for Aphasia. It was free to PwA accepted onto the programme and at no cost to clinical commissioning groups. We set up and delivered the ICAP to 47 PwA in the first year.

> **ICAP improved scores across speaking, understanding, reading and writing**

## Service description

Consistent with research outlining the prioritised outcomes and goals of PwA and their families, we designed the ICAP to target and measure all aspects of the World Health Organization's International Classification of Functioning, Disability and Health (WHO-ICF). A multidisciplinary team of SLTs, a neuropsychologist and a neurologist guided the intervention, which focused on the PwA's psychosocial needs, personalised goals, and the speech and language therapy and neuropsychological assessments. As a result, we individualised the content of the ICAP and the balance of participation/activity versus impairment targeted interventions.

We offered 15 consecutive weekdays of therapy over three weeks, totalling 90 hours. In addition, we offered PwA and their families access to a family and friends group, communication partner training (CPT) and indirect therapy and reviews across 12 months.

## Therapy strands

We used various intervention approaches concurrently within the three weeks, determined by the individual's priorities and presentation. Examples included:

- Brain injury education
- Impairment therapy; eg single word, sentence level, discourse
- Social communication participation/activity, eg calling the bank, strategy rehearsal
- Family and friends; eg CPT, support group
- Psychological therapy
- Focus on future goals, such as paid work, parental roles
- Self-management techniques

## Measuring intervention

We reviewed the participants at three, six and 12 months after the three-week block. Reviews included outcome measures, reviewing goals and ongoing therapy plans. Outcome measures included:

**REFERENCES**
To see a full list of references, visit **rcslt.org/references**

- Impairment – Comprehensive Aphasia Test.
- Participation – Communication Confidence Rating Scale for Aphasia.
- Communicative Effectiveness Index.
- Mood and quality of life – Depression Intensity Scale Circles.
- Stroke and Aphasia Quality of Life Scale 39.
- Stroke Aphasic Depression Questionnaire.
- Individualised outcomes – Goal Attainment Scaling.
- Focus groups.

A two-way repeated measures multivariate analysis of variance found a significant domain-by-time interaction, indicating the ICAP improved scores across speaking, understanding, reading and writing ($F=12.7$, $P<0.0005$), with the largest gains in speaking (Cohen's $d=1.3$). Three months post-ICAP, individuals maintained or significantly improved these gains.

There were also significant changes to individuals' functional communication at three months, measured by the Communicative Effectiveness Index ($t=5.4$, $P<0.0005$), which also saw a large effect size (Cohen's $d=0.9$) (Leff et al, 2021).

**TABLE 1:** Challenges presented by ICAP, with responses

| Challenges | How we overcame them |
|---|---|
| Anxiety at the programme ending | • Greater focus on individualised strategies, behaviour experiments and self-management |
| Patient fatigue | • More rest breaks<br>• Incorporating multidisciplinary team (MDT) fatigue management into the ICAP |
| Annual leave/sickness | • Paired sessions<br>• Ad hoc groups<br>• Dropping to a three-person cohort when the full-time SLT was on leave for a week |
| Space | • Timetabling with the rehabilitation unit MDT<br>• Embedding therapy in the community as much as possible |
| Planning and delivering >90 hours of therapy in three weeks | • Less intensive new model: four days a week over four weeks |
| Dual planning every hour (eg the SLT session and the SLTA session) | • Revised staffing for the new model which is staffed by SLTs |
| Fitting new patient assessments and reviews into three-week block | • New model to have a day a week for review and new patient assessments |
| Time required for completing discharge reports, referrals, data entry and general correspondence | • Administration support for arranging travel, completing demographic information on referral forms and liaising with PwA and their families pre-ICAP<br>• Four 'action weeks' a year to catch up on reports, complete CPD, create home packs, complete data entry and outstanding work |

## Service development

In response to service user feedback and clinical team reflections, we overcame several challenges (table 1). While the ICAP demanded incredible amounts of physical, cognitive and emotional energy and time, it was wonderful to see such brilliant, functional outcomes within such a short time frame. Feedback on the ICAP included:

- "Today J spoke at his mum's funeral. Pre-prepared and rehearsed but without notes. Beginning-middle-end." (Feedback from the spouse of one service user.)
- "...My goal was... work (for the last) ten years..." (From a service user who has been holding down a part-time job for a year since the ICAP.)
- "We had water in a cupboard... He got to practise one of his goals from ICAP! 1: ring household emergency call centre, 2: explain problem, 3: pay using automated credit card system, 4: instruct the plumber. All without help."

In the future, we hope that more ICAPs will be developed and ultimately receive NHS commissioning. As one of our service users brilliantly exclaimed: "Most... of us have six to eight hours speech therapy [when we leave hospital]. This isn't enough. People get physiotherapy for their knees and hips all the time, why isn't it possible for aphasia?"

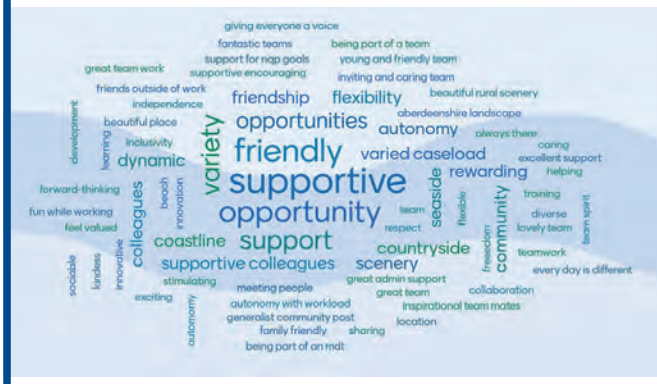
For information about referrals, contact **uclh.nhnn.aphasia@nhs.net**.

**BETH GOODING**, **JEAN RUTTER** and **NICOLA CRAVEN,** highly specialist SLTs
beth.gooding@icloud.com, jean@linguisticresolutions.co.uk
@BethGooding4, @JeanRutter4, @NicolaJCraven

NHS Grampian
caring • listening • improving

50 Years of Apprentice Recruitment

NHS Grampian




## Does this sound like the kind of team you want to work with? Then we want to work with you!

We are looking for dynamic, motivated, enthusiastic Speech and Language Therapists to join our teams across NHS Grampian. We have a range of opportunities at different bands including:

- **Community Paediatrics**
- **Adult Acute and Inpatient Service**
- **Community Adult**
- **Adult Learning Difficulties and Mental Health**
- **Paediatric ASN**
- **Paediatric Acute**

We welcome all applications including those who may be returning to practice and those seeking part-time working arrangements to suit personal circumstances. Informal enquiries, meetings and visits are encouraged.

*Informal enquiries welcome - please contact: Niall Watt, Chair of the Speech and Language Therapy Uni-Professional Committee for NHS Grampian: 07970 232656, email: niallwatt@nhs.scot*

- **Want to know more about Aberdeen? Search for "Living and Working in Aberdeen" on YouTube.**
- **Want to know more about living and working Moray? Search for "Moray: The Undiscovered Country!" on YouTube.**

disability confident EMPLOYER

**Join our team... for more information: https://apply.jobs.scot.nhs.uk**

West Midlands Speech & Language Therapy

# Specialist and Newly Qualified Practitioner Vacancies (TTO)

## Highly Specialist Speech and Language Therapist

**Salary TTO £ 37,102 – 43,217 depending upon experience**

We are looking for a dynamic clinician with experience of working within educational settings. You will have the opportunity to work with school staff to develop knowledge and skills at a universal and targeted level whilst also working with a direct caseload providing regular therapy at specialist level. You will have the opportunity to develop your skills

- at a strategic level working with colleagues to build and drive the service forward
- at a clinical level developing systems/protocols and supporting colleagues to further develop their clinical skills

## Newly Qualified Speech and Language Therapist

**Starting Salary TTO £25,063**

An opportunity has arisen to recruit to a further position to join our 2 newly appointed NQPs. We are looking for an enthusiastic and innovative clinician to work alongside senior clinicians within educational settings. You will benefit from

- regular meetings with an identified clinical mentor
- scheduled external and internal CPD opportunities
- access to an exhaustive library of resources/ assessments
- comprehensive support network within our 'Caring and Sharing' inclusive team

We offer flexible working, sick pay and a company pension scheme.
To apply: Please see **wmspeechtherapy.co.uk/careers/** or contact Helen Langbourne on 07751 451427 or Michelle Turner on 07941 300949 for an informal chat.

Closing date: 01/09/2022
(first interviews held week beginning 11/07/2022)

*WMSLT retains the right to interview suitable applicants and appoint before the deadline.*

# Storytelling for older adults

**Lydia Davis** *reports on an intervention that aims to address the communication needs of care home residents*

Maintaining and supporting the communication skills of care home residents presents a unique set of challenges, due to a high incidence of physiological, neurological and emotional/psychological needs, as well as situational and environmental limitations.

## Communication difficulties

Research indicates high levels of hearing, visual and cognitive impairment among care home residents. A large European study (Yamada et al, 2014), found that 32% of care home residents tested had a single (hearing or visual) impairment, and a further 32% presented with dual visual and hearing impairment associated with communication difficulty in both groups. Additionally, many care home residents have a cognitive impairment, such as dementia, which compromises communication. Matthews et al (2013) reported the prevalence of dementia in care settings for older adults in the UK to be around 70%.

However, regardless of whether people have a condition specifically affecting their communication, communication skills also change routinely with age. Ageing itself can compromise linguistic skills, such as word-finding (Heller and Dobbs, 1993), and the maintenance of coherence (Marini et al, 2005). Moreover, people in care home settings can often experience a reduction in communication quality and communication opportunity,

**REFERENCES**
For a full list of references visit: **rcslt.org/references**

ISTOCK

impacting on confidence and wellbeing. These factors mean that care home residents are especially vulnerable to a decline in their communication skills.

## Social isolation

In addition to the difficulties experienced by much of the general ageing population, residents are likely to have experienced a combination of personal losses – for example, home, spouse, friends and functional ability. These can increase social isolation and reduce communication opportunities (Drageset et al, 2015; Winningham and Pike, 2007). There is a high incidence of loneliness in care homes both among those with dementia and those without (Drageset et al, 2011), including evidence that loneliness affects older people living in care homes more than twice as much as those living in the community (Victor, 2012).

The care home environment itself can present barriers to social communication. Conflicting pressures on care home staff (including lack of training and/or perceived lack of time to use communication strategies), who constitute key interaction partners for residents, mean that interaction is often functional and task-based, and individual (targeting staff-resident interaction) rather than group-based and social (Windle et al, 2020).

## STARs pilot

There is a key role for SLTs in supporting this client group, given that ageing affects language skills (Heller and Dobbs, 1993; Marini et al, 2005), and effective and regular communication supports the maintenance of identity and wellbeing (Coupland, 2009; Lubinski, 1995).

> **The programme aims to increase communication activities and promote stronger social networks**

At City, University of London we have developed a novel personal storytelling group intervention programme called STARs (STorytelling for older Adults in Residential settings). The programme aims to increase communication activities and promote stronger social networks within care homes by targeting the quality of personal stories and the communication skills needed to tell them effectively.

We recently completed a pilot study of the STARs programme in a residential care home. The five participants were receiving residential (rather than nursing or specialist) care. They did not present with cognitive impairment and were able to provide informed consent. Care home staff selected residents who met the recruitment criteria and who were interested in taking part in the study. The STARs programme was delivered over four consecutive weekly sessions by a member of the care home staff who was experienced in running group activities. The project research assistant (a qualified SLT) provided training and support.

Sessions focused on selection and sharing of personal stories, story structure, and exploring/extending vocabulary use through group descriptive language tasks. Narrative and mental wellbeing measures were used pre- and post-intervention. Resident and staff response to the STARs programme was positive. The programme was found to be feasible within the setting and acceptable to residents and staff. Any evidence of efficacy will be determined by analysis of narrative and wellbeing data.

Resident reflections on the STARs programme included the following:

- "It encourages people to talk. It helps us to talk about ourselves. I think I learnt more about myself."
- "I consider I have quite a wide vocabulary but I wasn't using it... It's hard to access the vocabulary now. This has forced me to go into it and find it. It's brought the vocabulary up into the present."
- "I thought it was interesting, the stories that came out. Some of it was very funny..."

## Moving forwards

Our work on STARs indicates that further research is warranted in this area, including:

- Piloting consultative approaches to speech and language therapy provision for communication in residential settings, working with specific care home staff such as activities coordinators. This may enable an increased SLT presence while managing costs, and could include designing targeted communication interventions to be delivered by staff, under the guidance (training and monitoring) of an SLT.
- Increased placement of student SLTs in residential and nursing care homes. This could provide valuable opportunities for clinical observation (of both communication and dysphagia); the development of rapport building and facilitation skills; assessment administration practice; and designing and delivering interventions and staff training.
- Further research into the SLT role in communication support for older adults, including how to support and engage residents with and without dementia across a range of cognitive functioning.

**LYDIA DAVIS**, SLT and research assistant at City, University of London, on behalf of the STARs team (**DR LUCY DIPPER**, **PROFESSOR NICOLA BOTTING** and **DR MADELINE CRUICE**)
Lydia.davis.4@city.ac.uk
@STAR_CityUni

# A strategic focus

**Amit Kulkarni** *and* **Kathryn Moyse** *on what the RCSLT's strategic vision means for speech and language therapy research and outcomes*

The RCSLT's new strategic vision for the profession was launched earlier this year (see: **bit.ly/3mlwSUm**). Intended to guide the RCSLT's activities for the next five years (2022-2027), the vision was informed by horizon-scanning activities with a wide range of stakeholders, including members, service user partners, RCSLT staff, researchers, and others.

The strategic plans of influential partners – ie, organisations whose agendas will inform ours, and vice versa – also played a key role. Some notable inclusions were from the UK government, the NHS, and the Council of Deans, along with a number of organisations with an explicit focus on health research, such as UK Research and Innovation and the National Institute for Health and Care Research.

This careful strategic planning resulted in the identification of eight key priority areas for the RCSLT: equality, diversity and inclusion; co-production; funding and recovery; innovation and excellence in research and clinical practice; workforce development; profile and opportunity; member engagement; and organisational excellence.

## Vision

As part of the organisation's strategic planning, the RCSLT research and outcomes team considered the worlds of speech and language therapy data and research. We drew from the information gathered as part of the broader process to develop the following vision statement, which will keep us focused on work of strategic priority across all eight areas of the RCSLT vision: '**To use, and support others to use, a data-driven, evidence-based approach across RCSLT priority initiatives and within clinical practice.**'

This vision will guide our work, but what kind of things does it mean we will actually be working on in practice?

## Priorities

Sitting alongside our five-year vision, the RCSLT one-year operational plan articulates the work we'll be focusing on in 2022-2023 in order to deliver our vision.

The one-year operational plan for research and outcomes spans all eight areas of strategic focus detailed in the RCSLT vision, reflecting the importance of ensuring research and outcomes runs through all the work carried out by the organisation. There are too many workstreams to list in their entirety,

STUART KINLOUGH / IKON IMAGES

> The operational plan spans all eight areas of strategic focus

but we've listed here some of the key deliverables for the upcoming year:

**Equality, diversity and inclusion**

- Evaluate the attitudes, confidence and educational experiences of SLTs in meeting the needs of diverse populations, in being anti-racist, and in working to ensure representation in the profession.
- Pilot the collection of additional data items (eg ethnicity and social deprivation) through the RCSLT online outcome tool (ROOT) that will support services with monitoring and addressing health inequalities and unwarranted variation in outcomes.

**Co-production**

- Co-produce specific research questions in learning disabilities with service users with learning disabilities and jointly submit them to funders.
- Support the RCSLT to draw from research evidence in our developing approach to service user involvement and engagement.

**Funding and recovery**

- Continue to support and build research evidence on the impact of the pandemic on speech and language therapy services, and the profession as a whole.
- Establish a ROOT professional network to facilitate the sharing of learning and best practice on outcome measurement across the membership.

**Innovation and excellence in research and clinical practice**

- Review the evidence on effective ways to support allied health professionals (AHPs) to use an evidence-based approach to practice and draw from these findings to implement a way forward for supporting the profession.
- Embed the routine measurement of outcomes across the profession through events, workshops, the development of resources and case studies, while continuing to support members to use the ROOT.

**Workforce development**

- Support a systematic review of the impact of AHP research engagement on healthcare process and outcomes.
- Facilitate the collection of data on the presentation, management and outcomes of individuals with speech and language therapy needs associated with COVID-19, and the role and value of SLTs.

**Profile and opportunity**

- Engage in an update of the National Institute for Clinical Excellence (NICE) guideline manual and share updates with colleagues and members as appropriate.
- Actively seek opportunities to influence UK-wide about the value and impact of speech and language therapy using the ROOT database.

**Member engagement**

- Use the **@RCSLTResearch** Twitter handle and RCSLT research newsletter to promote resources relating to research, evidence-based practice and outcome collection to all members and to actively link members with an interest in these areas to relevant opportunities.
- Empower the speech and language therapy profession to utilise ROOT data to demonstrate the value of services.

**Organisational excellence**

- Finalise the RCSLT professional development workload prioritisation protocol and use this systematically to prioritise research and outcomes team workload.

The above offers a snapshot of the many things the RCSLT's research and outcomes team will be working on over the year – and this is only in the first of the five years of the vision. We would love to hear your feedback on our plans, or for you to join one or more of our initiatives. If you're interested or want to know more, email **amit.kulkarni@rcslt.org** and **kathryn.moyse@rcslt.org**. We look forward to working for and with you over the coming years, and to the developments on the horizon in the world of speech and language therapy research and outcomes.

**AMIT KULKARNI**, RCSLT head of research and outcomes
**KATHRYN MOYSE**, RCSLT outcomes manager

# IJLCD latest

## Dr Joanne Cleland *summarises the IJLCD's recent papers on children's speech disorders*

This year has already been a busy one for the *IJLCD*, with three issues published, the annual lecture, and the appointment of a new associate editor with a specialism in dysphagia, Dr Jackie McRae.

Thank you to everyone who attended our annual lecture celebrating the life of Professor James Law, and thank you to our speakers Julie Dockrell, Cristina McKean, Sheena Reilly and Julie Morris, for outlining how we can build on James' legacy.

The three issues of volume 57 so far have featured a wide range of original research and reviews on all types of speech, language, communication and swallowing disorders. I focus here on a summary of papers covering children's speech disorders.

In issue one, Timothy Pommée and colleagues report a Delphi consensus study of definitions of 'intelligibility' and 'comprehensibility' – SLTs working in speech disorders in both children and adults will know that, despite the ubiquity of these terms, defining them has been controversial. The expert consensus is that the two terms are not synonyms; rather, 'intelligibility' refers to the reconstruction of an utterance at the acoustic–phonetic level, whereas 'comprehensibility' refers to reconstruction of the message at the semantic–discursive level. In other words, comprehensibility is a more functional measure than intelligibility.

**Comprehensibility is a more functional measure than intelligibility**

In the same issue, Hannah Lane and colleagues review speech interventions for children under three years with cleft lip and palate. These children are particularly vulnerable to problems with intelligibility, and early intervention is offered by SLTs across the UK. The review found seven intervention studies, mainly using naturalistic approaches. Although the study designs were weak and more research is needed, the evidence does suggest that these approaches can have positive impacts on this population. In issue two, Emily Seager and colleagues also report a review of interventions for young children, but this time for those with Down's syndrome. They focus their review on all types of communication interventions. Like Lane et al, most studies involved parent-led naturalistic interventions, and positive outcomes were reported. Again, however, the review concludes that more high-quality studies are needed.

Rebecca Waring and colleagues report an interesting study in issue two looking at executive functioning performance in preschool children with phonological delay or disorder. They found that children with delayed phonological processes scored higher on a test of cognitive flexibility than children with evidence of disordered phonology. They suggest that this underlying deficit in domain general rule-abstraction and cognitive shift should be targeted in intervention for children with phonological disorder.

Finally, in issue three, Micalle Carl and co-authors compare two types of treatment for developmental dysarthria in Hebrew-speaking adolescents. Both treatments – the modified Speech Intelligibility Treatment (mSIT) and the Beatalk technique – showed positive outcomes. However, improvements were in different domains, with the mSIT showing improvements in intelligibility while Beatalk was more likely to lead to improvements in articulatory accuracy.

**DR JOANNE CLELAND**, joint editor-in-chief, *IJLCD*; reader in speech and language therapy, University of Strathclyde, Glasgow

# UK SLT co-authors chapter in international peer-reviewed book: "*Dysphagia: New Advances*"

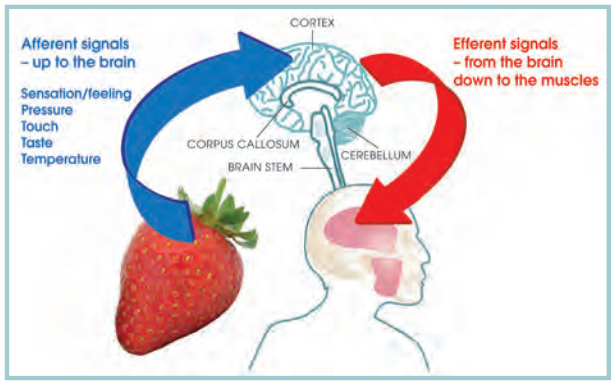
**IQoro is increasingly being adopted by SLTs across the NHS and in independent practice. Natalie Morris, SLT and director of *The Feeding Trust CIC*, has integrated IQoro training into her clinical practice.**

"I work as the director of Integrated Therapy Solutions, leading an award-winning therapy team who specialise in providing inter-disciplinary treatment for children and young people (CYP) with neuro-developmental disabilities. I am also founder of The Feeding Trust, a not-for-profit community interest company that runs a feeding clinic for CYP with paediatric feeding disorders.

A key patient group for us is those with Cerebral Palsy (CP) who often have multiple challenges, and we have often found saliva control to be a persistent and debilitating problem. NICE guidelines for management of saliva control in CP offer few options for therapists. The only treatment options after considering compensatory strategies – such as positioning – are drug therapy or surgery. Many medications routinely prescribed for saliva control are not licensed for use with under 18's.

### Exploring IQoro

The lack of alternative therapies led me to explore IQoro neuromuscular training, which had shown evidence in previous scientific studies of supporting swallowing, particularly with adults who have post-stroke dysphagia. I embarked on a practice-based evidence project, using a case series design, and this evidenced positive and encouraging outcomes for improving swallowing and saliva control when using a goal attainment scaling approach with a group of individuals with CP.




I wanted to share my experience and evidence with others. I was delighted to be offered the opportunity to collaborate with renowned Swedish associate professor, Mary Hägg, who invented IQoro. Between us we authored a chapter now published in the InTechOpen scientific journal: https://www.intechopen.com/online-first/79510.

The chapter pulls together information on multiple domains relating to swallowing: the physiological stages of the swallow, how the parallel neurological processes drive them, and how neuromuscular training treats swallowing disorders. IQoro is introduced and explained as a neuromuscular training device. The evidence focusses on three internationally published studies, as well as my own case studies, and the results of a service evaluation which has been conducted by SLTs in an NHS setting in Devon.

The service evaluation was funded by the South West Academic Health Science Network and showed positive results in improving chronic dysphagia in adults with acquired swallowing disorders. Through the systematic use of IQoro as a treatment method, the SLTs achieved significant outcomes including: some patients regaining an oral diet after enteral feeding and some patients managing more challenging food textures and thinner fluids.

Neuromuscular training has shown success as a treatment option for some individuals with swallowing difficulties. Contributing to, and co-authoring, a peer-reviewed internationally published article has been a fantastic learning experience for me and I would encourage other SLTs to participate in practice-based evidence projects to evaluate their own experiences with IQoro as a therapy tool".

- Natalie Morris

**IQoro is available on NHS prescription in the UK from May 1st 2022. Visit clinicians.iqoro.com for more information.**

IQoro®

For further information and free training, assessment and demo devices for SLTs, please contact: info@iqoro.com or visit iqoro.com.

- Evidence-based Swedish innovation, manufactured in Sweden.
- CE-marked Class 1 Medical Device.
- Over 20 years of research, 15 peer-reviewed and internationally-published scientific studies.

# Above and beyond

The RCSLT's **Victoria Harris** explores advanced practice developments across the four nations

Advanced practitioners (APs) are experienced healthcare practitioners who are educated to a master's level or equivalent. With a high degree of autonomy and able to undertake complex decision-making, the AP role is designed to improve care pathways, cross boundaries between disciplines, and transform the service user experience.

Advanced practice is underpinned by the four pillars of practice: clinical practice, leadership and management, education, and research. As clinical practice is only one of the pillars, advanced practice allows for healthcare professionals to work beyond the clinical; ie in research, education, or managerial and leadership roles, too. Different APs will have different levels of experience in each of the pillars, but they must be able to evidence that they have some input into each one.

Advanced practice benefits both the individual therapist and their profession. For the therapist, it can offer career progression and provide acknowledgement for a level of work that a clinician may already be doing, but without the title. It can also bring opportunities to develop leadership skills while maintaining and growing clinical ones. For the profession, the role offers the opportunity to expand the breadth of the workforce by having APs in more services. Patients can also benefit by having a 'one-stop shop' that supports seamless care, access to expert clinical management, and the minimisation of care episodes with different healthcare professions.

> **Advanced practice benefits the individual therapist and their profession**

It is possible to be in advanced practice without prescribing, and to be a prescriber without being an AP, although the lack of prescribing may preclude fuller advanced practice options in care. There may also be prescribing rights for SLT APs in the future, which is something the RCSLT is campaigning for.

Each nation of the UK has its own framework for AP, but they all include:

- a definition of advanced practice;
- the capabilities required across the four pillars of advanced practice;
- the education and support requirements for advanced level practice; and
- advice for employers on how to implement and support.

## England

Advanced practice level can be reached in England either by training or via submission of evidence to an e-portfolio. As part of the framework for advanced clinical practice, professionals must be able to evidence additional core capabilities across the four pillars, but they can demonstrate different levels of focus in each pillar. For more information see: **advanced-practice.hee.nhs.uk**

## Northern Ireland

In Northern Ireland there is a move towards adopting the advanced clinical

practice terminology for job titles and job descriptions, although different trusts are at different stages with this. Allied health professional APs can complete an AHP postgraduate certificate in education course to develop a more educational role specific to their clinical speciality. See: **bit.ly/3xaLtak**

### Scotland

NHS Education for Scotland is promoting a more consistent approach to role development using the transforming roles model, which uses a whole systems approach to encourage service managers to identify the unique contribution of staff at every level of practice, and achieve skills maximisation through the use of an appropriate skills mix within teams. Their refreshed development framework (see: **advancedpractice.scot.nhs.uk)** sets out the core knowledge, skills and behaviours at each level of practice to help practitioners, managers and educators identify what is required in each of the four pillars of practice.

### Wales

Health Education and Improvement Wales (HEIW) recently held a consultation event on the proposed new multi-professional Clinical Development Framework, which aims to support three levels of clinical practitioners, as defined by the Skills for Health framework. Concerns have been raised about some of the levels expected of practitioners, the extent to which these meet the needs of different clinical groups, the proposed assessment of learning outcomes, and whether the framework may favour practitioners who are more likely to undertake master's study. The RCSLT is currently feeding back members' concerns to HEIW and awaiting the final consultation. See: **bit.ly/3NtAqQA**

**VICTORIA HARRIS**, head of learning
victoria.harris@rcslt.org

If you want to learn more about advanced practice, visit **bit.ly/3HiED7u**, or email **info@rcslt.org**.

SHUTTERSTOCK

# CASE STUDY

## **Kathryn Ellis**, AP and clinical lead in children's neurodevelopmental disorders, talks about her role

**Q Tell us about your role**
I work for Swansea Bay University Health Board and our team assesses children over the age of five for autism spectrum disorder (ASD) and ADHD. I lead on the diagnosis of ASD, with band 7 multidisciplinary team (MDT) colleagues doing the majority of the appointments, as the caseholders. I then see the children for their observation and make a final diagnosis.

**Q How does your role impact the services you support?**
This role has doubled the team's capacity and improved performance. Families can be seen more quickly because we have more appointments with me as a diagnostician, as well as the medics. I lead on ASD cases, freeing my consultant colleagues to work with ADHD cases, which often involves medication. As an AP SLT, I have the clinical expertise to inform profiling and formulation within neurodevelopmental disorders (ND), eg cases with learning difficulties, developmental language disorder, etc.

**Q How did you become an AP?**
Since qualifying in 1995, I enjoyed a huge variety of clinical experience before specialising in ND about 15 years ago. My health board funded my master's, which I did part-time while juggling work and a young family. This role was created in 2019 and I started it just before COVID took hold.

**Q What are the career benefits?**
I wanted to progress beyond band 7 but didn't want a purely management role. Being an AP extends my scope of clinical expertise, as well as my leadership skills. I also keep a session each week for training and advice, the universal role of SLTs, which is just as important as our specialist work.

**Q What are the benefits to the profession?**
AP roles raise awareness of how SLTs can go beyond traditional perceptions of the profession and provide services that are traditionally done by medics. SLTs have a broad range of clinical and non-clinical skills that are invaluable to the MDT. AP roles showcase those skills and give SLTs alternative aspirations and ambitions.

**Q What have you learned from the role?**
We can develop new SLT-led services for MDT specialties, which offer value in their cost for Health Boards and outcomes for families. Governance is key to assure quality and safety, especially with delegated care at the heart of our service. You have to understand the wider context of your service to balance the strategic priorities with operational demands. I have my team to thank for our success; every day is different and I love the variety!

# COURSE LISTINGS

**How to support children's language in the early years**
*7 July 2022, 9.30am-4.30pm, online*
**Cost:** £99-£120
An update on the current evidence base for supporting children's language and communication skills in the early years. Provides an overview of different techniques and interventions to improve language and communicative development and develops your critical appraisal skills. Discounts for students and SLT returners.
**coursebeetle.co.uk/early-years-language-jul-22-online**

**PODD© Communication System Introductory Training**
*25 and 26 July 2022, 9am-4.30pm, Staffordshire*
**Cost:** £250-£272
Learn and practice using Pragmatic Organisation Dynamic Display (PODD) from a licensed trainer in this two-day course. You will receive a PODD resource with templates that can be customised to suit individual needs. Creative and practical solutions are demonstrated through video and case examples. Delegate deals available for accommodation.
**coursebeetle.co.uk/podd-training-2022**

**smiLE Therapy Training Day 1 and 2**
*6-7 and 10-11 October 2022, 9am-12pm, online*
Innovative 10-step therapy teaching functional communication and social skills in real settings for clients with deafness, autism, DLD, learning difficulties, Down's syndrome and physical disability. For ages 7 to 25. Open to SLTs and teachers. Email for bespoke training options.
**info@smiletherapytraining.com**
**smiletherapytraining.com**

**Elklan Total Training Packages – Vulnerable Young People**
*14-20 October 2022, 9am-12pm, online*
**Cost:** £510 pp excluding VAT
Equips SLTs and teaching advisors to provide accredited training to practitioners. Covers course content, accreditation, course administration and marking e-logs. Taught by Henrietta McLachlan or Liz Elks.
Tel: 01208 841450
**michelle@elklan.co.uk**
**elklan.co.uk**

**Elklan Total Training Packages – SLD**
*30 September - 6 October 2022, 9am-12pm, online*
**Cost:** £510 pp excluding VAT
Equips SLTs and teaching advisors to provide accredited training to practitioners. Covers course content, accreditation, course administration and marking e-logs. Taught by Henrietta McLachlan or Liz Elks.
Tel: 01208 841450
**michelle@elklan.co.uk**
**elklan.co.uk**

**Elklan Total Training Packages – Various ages**
**5-11s:** *4-10 November 2022, 2-5pm*
**3-5s:** *11-17 November 2022, 2-5pm*
**0-3s:** *18-21 November 2022, 2-5pm*
**Cost:** £510 pp excluding VAT
This online course equips SLTs and teaching advisors to provide accredited training to practitioners in a range of settings. Covers course content, accreditation, course administration and marking e-logs. Taught by Henrietta McLachlan or Liz Elks.
Tel: 01208 841450
**michelle@elklan.co.uk**
**elklan.co.uk**

**Elklan Specialist Training Package – Supporting Children and Adults using AAC**
*4, 11 and 18 November 2022, 9am-12.30pm, online*
**Cost:** £235 excluding VAT
Equips SLTs to provide accredited training to staff supporting users of AAC, including high- and low-tech communication aids. It covers all you need to run the course 'Supporting Children and Adults using AAC', including course content, accreditation, course administration and marking e-logs. Presented by Andrea Lee.
Tel: 01208 841450
**michelle@elklan.co.uk**
**elklan.co.uk**

**Elklan Total Training Packages – Complex Needs**
*18-24 November 2022, 9am-12pm, online*
**Cost:** £510 pp excluding VAT
Equips SLTs and teaching advisors to provide accredited training to practitioners. Covers course content, accreditation, course administration and marking e-logs. Taught by Henrietta McLachlan or Liz Elks.
Tel: 01208 841450
**michelle@elklan.co.uk**
**elklan.co.uk**

**Elklan Total Training Packages – ASD**
*18-24 November 2022, 9am-12pm, online*
**Cost:** £510 pp excluding VAT
Equips SLTs and teaching advisors to provide accredited training to practitioners. Covers course content, accreditation, course administration and marking e-logs. Taught by Henrietta McLachlan or Liz Elks.
Tel: 01208 841450
**michelle@elklan.co.uk**
**elklan.co.uk**

**Elklan Let's Talk Total Training Packages – Various ages**
**Under 5s:** *6 and 21 March 2023, 6-8.30pm*
**5-11s:** *7 and 21 March 2023, 6-8.30pm*
**10-14s:** *8 and 21 March 2023, 6-8.30pm*
**Cost:** £235 pp excluding VAT
This online course equips learners with the relevant Elklan level 3 qualification to run our level 1 training for parents and carers. Suitable for SLTAs and practitioners. Provides all you need to run Let's Talk programmes.
Tel: 01208 841450
**michelle@elklan.co.uk**
**elklan.co.uk**

**Elklan Let's Talk Total Training Packages – ASD**
*13 and 21 March 2023, 6-8.30pm, online*
**Cost:** £235 pp excluding VAT
Equips learners with the relevant Elklan level 3 qualification to run our level 1 training for parents and carers. Suitable for SLTAs and practitioners. Provides all you need to run Let's Talk programmes.
Tel: 01208 841450
**michelle@elklan.co.uk**
**elklan.co.uk**

**Elklan Let's Talk Total Training Packages – Complex Needs**
*9 and 21 March 2023, 6-8.30pm, online*
**Cost:** £235 pp excluding VAT
Equips learners with the relevant Elklan level 3 qualification to run our level 1 training for parents and carers. Suitable for SLTAs and practitioners. Provides all you need to run Let's Talk programmes.
Tel: 01208 841450
**michelle@elklan.co.uk**
**elklan.co.uk**

**The SHAPE CODING™ system**
**Part 1:** *13 October 2022, then self-paced online course;* **Part 2:** *19 and 26 January or 15 and 22 June 2023*
Designed to teach spoken and written grammar to school-aged children with DLD. Available for SLTs and those working within education.
Tel: 07557 440603
**training@moorhouseinstitute.co.uk**
**moorhouseinstitute.co.uk/courses**

**The SHAPE CODING™ system – Practical Applications**
*17 and 24 November 2022 or 18 and 25 May 2023*
Designed to teach spoken and written grammar to school-aged children with DLD. Available for SLTs and those working within education.
Tel: 07557 440603
**training@moorhouseinstitute.co.uk**
**moorhouseinstitute.co.uk/courses**

# THE PRACTICE MANAGEMENT GAME CHANGER

## NOW INCLUDES A COMPLETE PRACTICE OPERATIONS MANUAL!


- 100 health practice policies at your fingertips
- Ready to use and easily adapted for your health practice
- Includes everything from Equal Opportunity and Health & Safety, to Security and Customer Service processes
- Created by a team with 50+ years of practice management experience
- Online for you and your team to access anywhere
- Policies and procedures valued at over £1000 (included for FREE!)

**TRY IT TODAY START A FREE TRIAL**

## TECHNOLOGY FOR TODAY'S HEALTH PRACTICE

Want to impress your clients, streamline your operations, and claim back your evenings? Power Diary is the practice management system loved by practitioners worldwide. Everything you need to run your practice, plus best-in-class customer support and training.

Online Scheduler | Client Messaging | Telehealth Portal | Treatment Notes | Payments

**Start a free trial today and you'll also receive 50% OFF your first 6 months!**

★★★★★

**Loved by thousands of practitioners**

powerdiary.com

RCSLT

# Make the most of your RCSLT membership

Whether you're a long-time member or are new to the RCSLT community, here's how you can make the most of your membership beyond *Bulletin*

## Find us online

**rcslt.org**
**twitter.com/RCSLT**
**instagram.com/RCSLT**

## Your online CPD diary

Log and organise evidence of your CPD activity in this specially designed online diary.
bit.ly/cpddiary

## Access to journals

Members can access more than 1,700 journal titles for free in the RCSLT journals collection, including the International Journal of Language and Communication Disorders.
**bit.ly/AccessTheJournals**

## Clinical Excellence Networks

CENs are essential and accessible networks for CPD, covering a wide range of clinical areas.
**bit.ly/JoinCENs**

## Your local RCSLT Hub

RCSLT Hubs are a great way to connect with peers in your local area for regional updates and professional support.
**bit.ly/RCSLThubs**

## Get involved in research

Find out more about RCSLT research champions and how to join the network.
**bit.ly/RCSLTResearchChampions**

## Chat with peers in professional networks

Get involved in up-to-date discussions on key topics like COVID-19, anti-racism, redeployment and telehealth on the RCSLT's online forum, professional networks.
**bit.ly/RCSLTnetworks**

## Insurance and legal support

Find out more about the professional indemnity insurance and medical malpractice cover included as a benefit of your membership.
**bit.ly/RCSLTlegal**

## Professional enquiries service

The RCSLT enquiries team is here to respond to all your professional enquiries. They can put you in touch with expert clinical advisers or provide the most up-to-date guidance to address your query.
Get in touch with them by emailing **info@rcslt.org** or phoning **020 7378 3012.**

## Questions about your membership?

To change your name, address, membership category, or if you have any questions about payments, get in touch with the membership team – call **020 7378 3010 / 3011**.
**membership@rcslt.org**
**bit.ly/MemberQs**

# Kathleen McPOLIN

## SLTA and children's author

I went straight into office-based work when I finished school, and it wasn't until I had my own boys that I realised I really wanted to work with children. I studied at night classes to receive my NVQ Level 3 in early years, then went on to study childhood studies and graduated to teach this subject. Over the following year I worked part-time as an early years assessor.

In 2009 I started working as a Sure Start early years assistant. I enjoyed working in a large team and meeting lots of new families. Between running parent and toddler groups, attending creches, and participating in new mums' groups, no two days were the same.

Two years ago, I took on a new role within Sure Start as an SLTA and it has truly evolved into my dream role and career. As part of the role, I facilitate 'rhythm, rhyme and story time' sessions. I love sharing the vital value that rhythm, rhymes and stories play in developing and supporting children with their speech, language and communication skills.

In our local Sure Start project, there are 92 children in the programme for two- to three-year-olds. Alongside the SLT, I support staff to ensure every child reaches their communication potential. Each month we provide support to local families through newsletters highlighting the 'speech, language and communication message of the month', such as "Sing a rhyme anytime... start your child learning for a lifetime".

> **Becoming an SLTA has evolved into my dream role**


I encourage families to follow our Help Kids Talk Facebook and Instagram pages for more helpful information and advice. I also send birthday cards to our local one- and two-year-olds with information on milestones and tips around speech, language and communication.

My love and passion for my job inspired me to write a series of children's books. I was finding it difficult to get the resources I was looking for in my work sessions, so I decided to put pen to paper. Over the years, I have read many books and observed what captivates young children. I wanted books with a story related to each of the themes in our sessions – for example farms, transport or clothes – and wanted the books to be colourful, use repetitive language, and have great illustrations. So far, I have written two books, each featuring the same characters, Boomer and Blanky, who tell a short, age-appropriate story using vocabulary based around the theme (pictured).

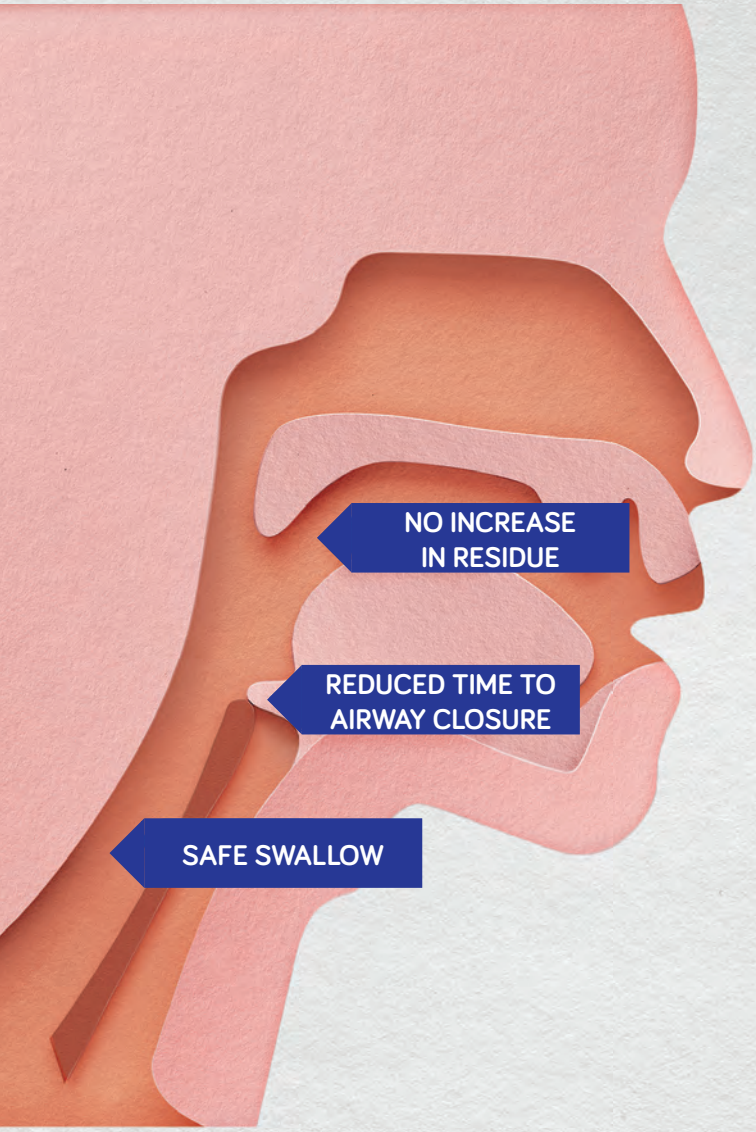
Writing a book has been a big learning experience! The whole process of putting a book together – from choosing an illustrator to deciding the best size and cover for the book – has been such an exciting and interesting journey. The icing on the cake was receiving an award for my second book *Boomer and Blanky and the Clothes* in 2021. I'm still writing and hope to release further books in this series in the future.

kathleenmcpolin@gmail.com

NUTRICIA
LIFE-TRANSFORMING NUTRITION

NEW DATA

# NUTILIS CLEAR: TRANSFORMING SWALLOW MANAGEMENT




Triple S study finds **unique evidence of the impact of Nutilis Clear** on the three key areas of swallow — **safety, efficacy, and physiology of swallowing**[1]


## SCAN THE QR CODE BELOW TO FIND OUT MORE ABOUT THE STUDY

**This information is intended for healthcare professionals only.**

Nutilis Clear is a Food for Special Medical Purposes for the dietary management of dysphagia and must be used under medical supervision.

Reference: **1.** Bolivar-Prados M et al. Neurogastroenterol Motil, 2019:e13695.

# In Memory

***Bulletin*** *remembers those who have dedicated their careers to speech and language therapy*

## Heather Bouchier Hayes
## 1938–2021

Heather qualified in 1959. When her husband, an army doctor, was posted to Singapore she worked as an SLT in the military hospital, developing a keen interest in ENT and hearing impairment. Returning to England, Heather was key in establishing the diploma in deafness and was an early advocate of cochlear implants. She always went over and above, showing compassion to all. Heather was very proud of being an SLT, continuing to work long after she could have retired. She passed away in 2021 after an illness borne with extraordinary wit, courage and grace.

**SUE BUCKHURST, RUTH CHANDLER, KATE EDWARDS**

## Margaret Bishop (nee Davis)
## 1963–2021

In December 2021 we lost our much-loved friend and colleague, Margaret. A passionate, caring SLT who went the extra mile for each of her patients, Margaret will be missed so much by everyone who knew her. Margaret will be remembered as a warm, supportive and kind colleague who was beautiful inside and out. She was such a kind, vivacious and beautiful person, who was also strong and generous. Always positive, bubbly and so caring, she was always putting others before herself.

**DERBYSHIRE COMMUNITY HEALTH SERVICES FRIENDS** and **COLLEAGUES**

## Sarra Black
## 1936–2021

Sarra was a much-loved colleague and friend. She gained her diploma in speech therapy in 1957 and worked with Margaret and Bob Fawcus, who inspired her to work in aphasia. She then worked at Mount Vernon Hospital in the plastic surgery unit, assessing and treating children with cleft palate. Sarra showed great compassion and empathy and inspired many with her enthusiasm. After retiring from the NHS, Sarra continued her work with voice patients in private practice. Her catering skills were legendary – her apple strudel was not to be missed at meetings! Sarra was devoted to her husband Brian, their daughters and grandchildren.

**SALLY ROGERS**

## Cathy MacLennan
## 1946–2022

Cathy was a warm-hearted and dedicated SLT with an inquiring, academic mind. She qualified in 1967 and later completed a master's in acquired dysarthria in adults. Cathy sat on various RCSLT committees and boards, and loved sharing her knowledge. She was a part-time lecturer in aphasiology at Manchester Metropolitan University, and later in language pathology at the University of East Anglia. Cathy left the NHS in 1995 and established her independent practice which became the largest in Norfolk. A trailblazer of clinical practice, she brought humour, knowledge and skill to the profession. She will be missed.

**NICK BOOTH** and **COLLEAGUES** at **ISLTS LTD**

# A special journey

**Ben Parkinson** and **Judith Scholefield** on the relationship between SLT and soldier

Ben joined the army aged 16 and started his career in Harrogate. He later decided to join the marines and went to Salisbury Plain to train for 29 Commando Royal Artillery. Here, he was approached to join 7th Parachute Regiment, Royal Horse Artillery. His first posting was to Iraq in 2003, followed by a tour in Kosovo.

Running parallel to this was a need for him to pass P company, the hardest entry test in the British Army, which enabled him to get his wings and qualify to parachute. Ben passed on the seventh attempt – a measure of his determination.

In 2006, he was posted to Afghanistan where he served for seven months. He was injured just two weeks before he was due to come home.

Ben's injuries were extensive. He had injuries to both legs, which needed amputation above the knee, a fractured pelvis, three fractures to the spine, collapsed lungs and a punctured spleen. In addition, every rib was broken, his left arm was hanging off at the elbow, he had nine fractures in 10 fingers, four cheekbone fractures, four jaw fractures, four skull fractures and subdural and extradural haematomas.

Upon repatriation he presented in a low awareness state, with no detectable understanding and no communication. The consultant told his mother Di that they believed him to be blind. However, Angie, the SLT involved in Ben's care at the time, believed that Ben could see and told Di she would prove it. Angie began by giving Ben two pictures and asking him to eye point to the one that she named. She then progressed to using an alphabet board, using eye pointing at the letters. His facial expression when he successfully spelled his first word proved that he could see.

As a result of back problems sustained in the injury, Ben was unable to straighten up and was almost bent double. This led to drooling and dribbling, swallowing problems and no voice.

As his awareness improved in April 2007, he was introduced to a communication aid called a Lightwriter. He proved to be very competent at using the Lightwriter, but his family wanted him to be able to talk. By August, he was

weaned off the PEG feed, apart from flushes. He still had no voice.

He was moved to Headley Court Defence Medical Rehabilitation Centre, where he remained for 18 months. During this time, speech and language therapy concentrated on using the Lightwriter.

The family pushed for him to have a back operation to correct his spine and consequently his posture. In early 2009 he had spinal surgery and, as a result, he immediately grew six inches and was able to achieve voice. His dysphagia also improved significantly. After this, he was discharged.

Nina, an NHS SLT, saw him for nearly a year during which time she treated his dysarthria. It was at this point that the army agreed to fund private speech and language therapy and Judith was recruited.

For Ben, just one hour of speech and language therapy would be more tiring than five hours of physiotherapy. His sessions were therefore scheduled for the morning to manage his fatigue.

Ben reported that people judged him by his speech, and they treated him differently if he had a speech problem.

Ben described speech and language therapy as being massively beneficial. He feels enormously lucky to have had speech and language therapy as so many of his friends from the army have not been able to access it.

**BEN PARKINSON**, with help from mum Di

I first saw Ben in 2010 – four years after his accident – and, from the outset, he was the most motivated, determined client I have ever worked with.

An initial assessment on the Measure of Cognitive Linguistic Abilities revealed moderate to mild cognitive difficulties. Assessment on the Frenchay Dysarthria Assessment revealed moderate dysarthria, alongside moderate to mild dysphagia.

Initially, I saw Ben three times a week and much of the work was impairment based, including oro-motor work to improve intelligibility and various exercises targeted at executive skills and cognitive language skills.

> **Ben receiving his MBE was the highlight of my work with him**

It soon became apparent that Ben was no ordinary client. He was well known within his local community and was often asked to open shops, attend dinners, visit schools and appear on TV. For his first television appearance, his speech was subtitled.

It became clear that any treatment had to be aimed towards Ben's functional communication, but I was going to have to think 'outside the box' as I had never treated a celebrity! Ben's mum Di usually wrote his speeches if they were longer than two or three sentences. Ben and I then concentrated on clarity. I used a Dictaphone app and took videos, which we critiqued to improve clarity. Work was aimed at improving intonation, rhythm and stress to make the speech sound more interesting and engaging. We also discussed social communication, like looking up and making eye contact with the audience. I was invited to the dinners when he was making a speech and was so proud, and humbled, to see what he had achieved.

Eating a meal while talking to people on your table is no mean feat with dysphagia – especially when you're the person everyone wants to speak to. We worked on not talking while eating, choosing from the menu carefully, taking it slowly and carefully choosing an appropriate position at the table.

Ben receiving his MBE was the highlight of my work with him, and one of the most memorable moments of my career. We worked hard on deciding what he would say to Prince Charles, though I understand that, in the moment, Ben's preparation was to no avail as he said, "Thanks mate". I was able to attend the reception after the ceremony – this time Ben stuck to the speech!

The last TV interview I saw Ben involved in was in 2018. I had achieved my goal – no subtitles and no interpreter. Similarly, he had made huge strides in his cognition.

I still keep in touch with Ben and his family, and I feel truly honoured to have helped him.

**JUDITH SCHOLEFIELD**, consultant neuro SLT

# In the journals

## Dysphagia and COVID-19

This study investigated the characteristics and occurrence of dysphagia in patients with COVID-19 who had not been intubated.

Participants were 41 patients admitted to the COVID-19 department of a hospital. These patients were evaluated while positive for COVID-19 but no longer in the acute stage. The authors examined the patients' clinical history, performed a Volume-Viscosity Swallow Test (VVST), and each patient completed a Swallowing Disturbance Questionnaire (SDQ). This was repeated six months later.

Dysphagia symptoms were noted in eight of the patients during hospitalisation; two of these continued to present with a high SDQ score and dysphagia symptoms after six months. While dysphagia is considered high risk in previously intubated COVID-19 patients, this study suggests non-intubated COVID-19 patients can also be impacted by swallowing impairments.

The authors conclude that: "Although our study evidences that these symptoms show natural tendency to spontaneous resolution in most cases their impact on a general physical impaired situation should not be underestimated, since it can adversely affect patients' recovery from COVID-19."

**NATALIE HARRIS**, SLT, Royal Bournemouth Hospital

Grilli, G et al (2021) Dysphagia in non-intubated patients affected by COVID-19 infection. *European Archives of Oto-Rhino-Laryngology*. 279(1), 507-513

## Wellbeing in children who stutter

The evidence for a relationship between stuttering and symptoms of anxiety and depression in people aged under 18 was evaluated in this systematic review.

The review included 13 studies investigating either anxiety and/or depression, although there were not enough studies exploring only depression symptoms to perform a separate meta-analysis. Symptom self-reporting measures, rather than clinical thresholds or diagnoses, informed most studies.

The authors found that there was a moderate effect size which indicated increased anxiety symptoms in children and adolescents who stutter. There were not enough studies that reported depression symptoms to reliably inform an estimated effect size, and while there was a higher depression symptom score in the stuttering group, this was not statistically significant. A significant limitation was the disparate symptom scales; a total of seven different scales across 13 studies. These assessed different aspects of anxiety and were not targeted to specifically assess anxiety symptoms in children who stutter. The authors conclude that, although further research is required, "these findings are important for alerting professionals and parents of the need to support the wellbeing of children who stutter".

**FELICITY GIBBONS**, student SLT, Newcastle University

Bernard, R, Hofslundsengen, H and Norbury, CF (2022) Anxiety and depression symptoms in children and adolescents who stutter: A systematic review and meta-analysis. *Journal of Speech, Language, and Hearing Research*. 65(2), 624–644

## Teacher talk in early years

This randomised controlled trial explored the impact of teacher training on classroom talk and found no significant differences between control and study arms.

A total of 78 teachers from 72 schools were assigned to either the intervention arm or control arm (teaching-as-usual).

Teachers in the intervention arm participated in three face-to-face training days across one academic year, with a follow-up day and implementation support from expert coaches in literacy and oral language development. Training covered oral language constructs, teaching strategies and the psycholinguistic basis of reading. Classroom talk was measured through 10-minute audio recordings of 'Big Book' sessions and analysed using Anstey's Type of Talk

This section highlights recent research articles that are relevant to the profession. Inclusion does not reflect strength of evidence or offer a critical appraisal. Your own critical appraisal is advised when following them up.

Evidence Maps from the American Speech-Language-Hearing Association (ASHA) are a fantastic way to access up-to-date evidence relating to certain clinical areas or conditions: **bit.ly/3KQwPKc**

Try entering a paper that interests you into **connectedpapers.com** – you'll be presented with a visual graph displaying other similar papers in that field.

# Targeting language comprehension

This study explores an intervention targeting language comprehension and executive function skills for five-year-olds with developmental language disorder (DLD).

Participants were 50 children with DLD, identified via school referral and language assessment, and a comparable sample of 49 typically developing children from the same schools. Children were randomly assigned to treatment and control groups.

The intervention, carried out by teachers and SLTs, targeted lexical, grammatical, and inferential aspects of language, working memory and semantic fluency, using a range of games and activities.

Children were assessed pre- and post-intervention on oral comprehension and executive function (working memory and semantic fluency). The treatment groups made greater gains than the control groups, with the most significant gains for the DLD treatment group in assessments relating to word classes and sentence structure, as well as executive function. A significant correlation was found between improvements in executive function skills and in some measures of oral comprehension.

The authors argue for a "need to pay greater attention to the optimisation of the linguistic and executive functions underlying oral language comprehension".

**ROSIE GATHERCOLE**, SLT, Cambridgeshire Community Services NHS Trust

Acosta-Rodriguez et al (2022) Intervention for oral language comprehension skills in preschoolers with developmental language disorder. *International Journal of Language & Communication Disorders*. 57, 90-102

framework. A pilot study evaluated the recording devices (smartphones) and framework.

The pattern of results for classroom talk was similar for control and study arms, despite a statistically significant improvement in teacher knowledge.

The authors conclude that further research must focus on the science of implementation: "Incorporating new content and pedagogical knowledge into classroom instruction... is complex, challenging, and does not necessarily occur immediately."

**JENNY RAY**, highly specialist SLT, children's integrated speech and language therapy service for Hackney and the City

Eadie, P et al (2021) Teacher Talk in Early Years Classrooms following an Oral Language and Literacy Professional Learning Program. *Journal of Research on Educational Effectiveness*. 15(2)

# Risks in individuals who aspirate

This literature review explores pulmonary defences and the variables that increase risk of an adverse outcome (eg dysphagia-related pulmonary sequelae or death) among patients who aspirate. Through identifying these risk factors, a framework is proposed to help clinicians better formulate a management plan regarding eating and drinking for patients.

An informal review of the literature is used to discuss a range of risk factors. These include general health, existing medical conditions, oral health, dependence on others for activities of daily living, needs for tube-feeding and mechanical ventilation, and type and amount of bolus patients aspirating on. Two case studies are also provided to help clinicians reflect upon their current clinical practice.

The authors encourage clinicians to focus on risk factors that are modifiable to evaluate and reduce the likelihood of aspiration-related adverse events. Indeed, they strongly recommend that, "as dysphagia clinicians, we must change our thinking from risk of aspiration to risk of adverse events from aspiration as a result of the host condition".

**KELLY NG**, SLT, Barts Health NHS Trust

Palmer, PM and Padilla, AH (2022) Risk of an Adverse Event in Individuals Who Aspirate: A Review of Current Literature on Host Defenses and Individual Differences. *American Journal of Speech-Language Pathology*. 31(1):148-162

# Book reviews

Books and resources reviewed and rated by *Bulletin* readers

✪✪✪✪✪

## Education Untapped, The Journey of Becoming a Fully Qualified Speech and Language Therapist

**HOSTS:** Tamara Rainsley and Jessica Wood
**PUBLISHER:** Cognus
**PRICE:** Free

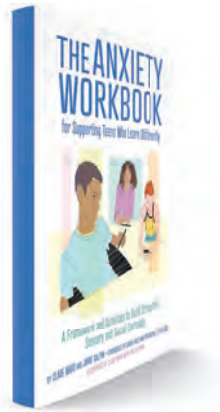

In this episode of the *Education Untapped* podcast the hosts discuss their respective journeys to becoming SLTs, including studies, placements, joining the workplace, tools used, mentors, and supervisors. I enjoyed listening to the personal stories and experiences, and found myself relating to many of them. As an occupational therapist (OT) it was wonderful to hear their joint working approaches, and how OT and SLT colleagues can support and learn from each other. The hosts' information was relevant, interesting and they kept a good tempo.

**EMMA PERRIDGE**, highly specialist OT

✪✪✪✪✪

## The Anxiety Workbook for Supporting Teens Who Learn Differently

**AUTHORS:** Clare Ward and James Galpin
**PUBLISHER:** Jessica Kingsley Press
**PRICE:** £22.99



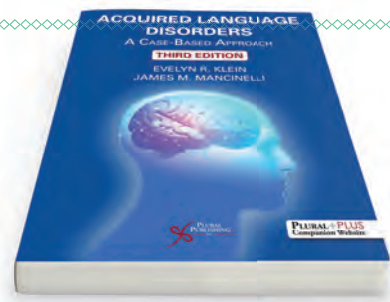

This practical book is for therapists, teachers and anyone working with young people. It's divided into two parts: the first pulls together current research on uncertainty (and our ability to tolerate it), which underpins experiences of anxiety. It suggests that we ask 'Where's the uncertainty?', and then look for it in three areas: structure, sensory and social. The second half contains a comprehensive set of activities, questionnaires and worksheets for use in 1:1s, small group sessions, or education settings. It can be hard to find good therapy resources for older children, and this book has lots of practical and relevant information.

**FLOSSIE FAIRBAIRN**, independent specialist SLT, children and young people

✪✪✪✪

## Acquired Language Disorders: A case-based approach, 3rd Edition

**AUTHOR:** Evelyn R Klein and James M Mancinelli
**PUBLISHER:** Plural Publishing
**PRICE:** £94




This recently updated text (previous release 2013) now includes bilingualism with aphasia. The book is aimed at students and clinicians, and entwines practical and theoretical guides with social perspectives designed to help build a wholly holistic outcome for individuals. The presented cases consider the impairment, its classification, and differences in individual functionality. One key factor is that the book begins with a review of brain behaviour and appropriate terminology before moving on to present 15 studies, case by case. This is useful as it helps readers gain a deeper insight into conditions and ensures holistic approaches are used when applying therapy.

**LAUREN DRAKE**, highly specialist SLT


✪✪✪

## From Tragic to Magic: A Phonological Fairy Tale and Guide to Prepare Children for Literacy

**AUTHOR:** Georgie Cooney; illustrations by Molly Hickey
**PUBLISHER:** Routledge
**PRICE:** £11.99

This story is a magical fairy tale featuring a lost teacher and children who go on a hunt to find her. I found the story complicated and wondered what age it was written to engage – a six-year-old was unable to sustain interest and an eight-year-old said it was hard to follow.

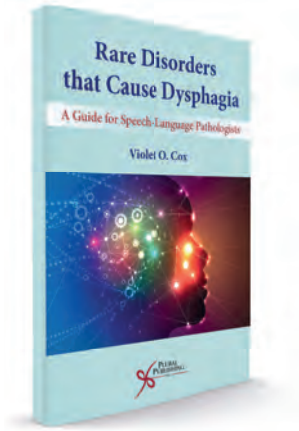
The introduction states that the book is for parents, carers or teachers, but the language and explanations do not fully support parental understanding of the concepts involved (for example, a parent felt references to Blooms taxonomy, mentioned without supporting information, were confusing). The story and workbook might therefore be more readable if set out separately. Ofsted has also stated the importance of children reading a book all the way through without interruption (TES, 2022).

When read to children as a précis, they said they enjoyed the 'tragic turned to magic' ending.

**SARAH GRAVEN**, early years practitioner

✪✪✪✪

## Rare Disorders that Cause Dysphagia: A Guide for Speech-Language Pathologists




**AUTHOR:** Violet O Cox
**PUBLISHER**: Plural Publishing
**PRICE**: £82

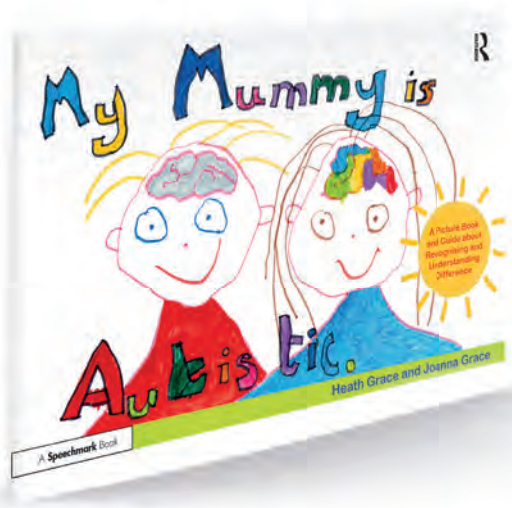
This book is a specialist text for all SLTs working with complex dysphagia (adult and paediatric). It provides detailed information about 15 rare disorders that can cause dysphagia. Each chapter focuses on a separate disorder, with clear, concise descriptions of the history of the condition, aetiology, epidemiology, clinical presentation, management of dysphagia and a summary with illustrative diagrams and images. Subsections on dysphagia management do not include detailed case studies, but current reference lists guide further reading.

This is an excellent resource for clinicians seeking to extend their theoretical knowledge about rare disorders and implications for swallowing.

**GEMMA CLUNIE**, clinical specialist SLT (ENT/airways), Imperial College Healthcare NHS Trust

✪✪✪✪

## My Mummy is Autistic




**AUTHORS:** Heath Grace and Joanna Grace
**PUBLISHER:** Routledge
**PRICE:** £14.99

This book initially appears to be aimed at children who have autistic parents; however, as the author describes, it is useful for talking about neurodiversity generally at any age. The book is written by five-year-old Heath and his mother Joanna. It's a picture book, but with additional commentary which can add to further discussion. I found it particularly interesting as there is focus on language and how language may be understood and used differently by autistic adults. The book focuses on autism as a difference rather than a deficit, and the benefits of having an autistic mother.

**IZY UTLEY**, SLT, NHS Lothian; clinical tutor, University of Strathclyde

# Where next?

Want to delve further into the topics explored in this issue? We've compiled a list of related RCSLT guidance and resources to help you deepen your understanding

## Get involved

No matter your role, area of expertise or time commitments, there are plenty of ways to get involved with the RCSLT's work.

- Become a research champion and help us to bring research and clinical practice together: **bit.ly/38D3buk**
- Share resources and ideas on our professional networks: **bit.ly/3rZa4La**
- Join a clinical excellence network: **bit.ly/38xIfFd**

View all current opportunities to get involved with our work at **rcslt.org/get-involved**

### DON'T FORGET

**Key resources on the RCSLT website**

- Resources to support your health and wellbeing: **bit.ly/3AVjKMq**
- Learn more about the RCSLT's anti-racism work: **bit.ly/3uq79iV**
- Keep on top of the latest RCSLT news and announcements: **rcslt.org/news**

## Read

### ADVANCED PRACTICE

- Information and resources: **bit.ly/3EVtB6G**

### APHASIA

- Guidance: **bit.ly/3knWAGS**

### BRAIN INJURY

- Guidance: **bit.ly/3EUixHd**

### EDS COMPETENCIES

- Information and resources: **bit.ly/3MzD9Hg**

### SUSTAINABILITY

- **bit.ly/3yoElzg**

### CHILDREN AND YOUNG PEOPLE

- SEMH: **bit.ly/3vNflZL**
- Children's services: **bit.ly/38uj8mI**
- Looked-after children: **bit.ly/3yxYxsD**
- Factsheets: **bit.ly/3yxZJMD**

### LEADERSHIP

- Resource list: **bit.ly/3m65Y2K**

## Listen

### RCSLT PODCASTS

- Anti-racism in the profession, part 2: **bit.ly/3M9nD4h**
- Impact of health inequalities on speech and language therapy: **bit.ly/3EU2oTE**
- IJLCD: Stuttering intervention for adults: **bit.ly/3M1yEoc**

To listen to more episodes, go to **soundcloud.com/rcslt** or search 'RCSLT' on your favourite podcast app

## Watch

### RCSLT WEBINAR RECORDINGS

Many of our webinars are recorded with subtitles and made available after the event, so you can catch up on any you've missed.

- EDS competencies webinar series: **bit.ly/3vShsLP**
- Resources for students and NQPs: **bit.ly/3LpQYYC**

View upcoming webinars at **rcslt.org/events**

evidence & experience™

# **New** clinical **evidence** presented

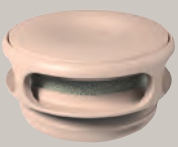
## New randomised crossover study shows significant improvements in pulmonary symptoms for patients with total laryngectomy when switching to Provox Life™

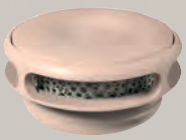
A clinical study* supported by Atos Medical, reveals results that demonstrate a significant reduction in the impact of pulmonary complaints on daily life with their Provox Life™ HMEs. As a result of the patient's improved state, anxiety and depression were also reduced.

The newly published study is the first clinical study on Provox® Life™. It reported the following results with the patients using Provox® Life™:

- **Reduction in forced expectorations**
- **Fewer days with sleep medication**
- **Reduction in number of days the HME had to be removed to catch their breath**


**– Dr. Claudio Parrilla and Dr. Ylenia Longobardi, the main investigators on the study**


Home HME


Go HME


Night HME


Energy HME


Protect HME

FreeHands HME

## Request a FREE clinical summary of the main findings at news@atosmedical.co.uk

Call us:
**01157 841 899**

Email us:
**info.uk@atosmedical.com**

Visit our website:
**www.atosmedical.co.uk**

Atos
Breathing–Speaking–Living
atosmedical.com

*Longobardi Y, Galli J, Di Cesare T, et al. Optimizing Pulmonary Outcomes After Total Laryngectomy: Crossover Study on New Heat and Moisture Exchangers. Otolaryngology–Head and Neck Surgery. March 2022. doi:10.1177/01945998221086200

If undelivered please return to:
RCSLT
2 White Hart Yard
London
SE1 1NX