Bulletin

RCSLT

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

HOW ARE YOU?

SLT wellbeing, and why it matters

WINTER 2023/24

ISSUE 837

RCSLT.ORG

Working in an eating disorders clinic | **Wellbeing and the HCPC guidelines** | How children's gestures develop | **Choosing aided AAC** | Long COVID: new resources for you and your patients | **Literacy and children with complex needs** | Service user voice: poetry and performance

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2022 MEMBERSHIP EXCELLENCE AWARDS — WINNER Best Magazine Launch or Re-launch

2022 MEMBERSHIP EXCELLENCE AWARDS — Highly Commended Best Magazine - circulation <20k

IN THIS ISSUE

It's time to consider our own needs

We all know the joys of working in speech and language therapy, but we also know things can sometimes be tough. If we want to give our best selves to our service users, we need to take time to reflect, even for a moment, on what we need as clinicians, leaders and individuals.

Our cover feature on **page 24** takes an honest look at some of the things that can affect SLT wellbeing, with suggestions for all of us at any point on our SLT pathway. Turn to **page 30** for some practical wellbeing tips from a hospital-based SLT team, and **page 54** to find out how we can use professional development principles to ensure we get what we need to be able to flourish.

Communication is, ironically, at the heart of all of this, which, as we know so well, is not always easy for any of us. I hope the articles and resources in this issue will offer you the space, support and permission to appreciate how important your own needs are in the context of sometimes difficult working days. Thank you as ever for all you do. We need to look after ourselves as much as others.

Also in the magazine, two independent SLTs collaborate to host a student placement on **page 42**. In Ask the Experts on **page 35**, Janice Murray writes about choosing the right kind of augmentative and alternative communication (AAC). Turn to **page 47** to find out more about the pressing needs of people with long COVID, and the new resources available from RCSLT. And did you know that being involved in research as an SLT, whether you are reading journal articles or carrying out research, may help to raise healthcare standards? Find out more on **page 44**.

In 'A problem shared' we meet a newly qualified SLT in their first job who is coming up against some anxiety and stress. Find out what advice our amazing Professional Enquiries Team has to offer. If you have any advice to share or comments on this or any other article in *Bulletin*, please email **bulletin@rcslt.org**.

Thank you as ever for all you do

Judith Broll

RCSLT Director of Professional Development

bulletin@rcslt.org
@BrollJudith

PS take a look at our membership supplement, inserted between pages **34** and **35**.

Content

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

REGULARS

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I wanted to explore support ideas for preschool autistic children, particularly those who were nonspeaking (non-verbal), and set out to investigate gestures more thoroughly

MARY GAVIN

WINTER 2023/24
ISSUE 837

S

Sections featuring this icon represent all clinical features

REGULARS

PERSPECTIVES

ANALYSIS

FEATURES

RESEARCH AND OUTCOMES FORUM

COMMUNITY & DEVELOPMENT

SHARE YOUR THOUGHTS ON X (FORMERLY TWITTER) @RCSLT

Talking points

Send your letters, notices and talking points to **bulletin@rcslt.org** or X (formerly Twitter) **@rcslt**

LETTER

Digital networks to spread knowledge

I saw the cover article in the last issue with interest ('Our digital future', autumn *Bulletin* p24)) as I have recently moved from a clinical SLT role to working with a wider clinical team as a 'Digital Clinical Systems Lead'. It is a non client-facing role to support our adult community physical health services by developing, implementing and embedding digital systems and technologies into our services. The role is seen as a bit of a bridge between the clinical and digital areas. I've only been in the role since April and it's been a steep learning curve but is definitely interesting!

There are quite a few SLTs and other allied health professionals (AHPs) moving into digital roles across the country at the moment. I think it would be interesting to help spread knowledge of digital roles within our profession: it is an additional development strand to the clinical specialism, leadership, management and research pillars of professional development.

I am involved in the telehealth professional network on the RCSLT networks page, and the SLT chat on the NHS digital health networks **discourse.digitalhealth.net**. It would be great to create a digital health network for SLTs. Will there be opportunities to get involved in the RCSLT and digital health in the future?

HANNAH SEARLE-JONES, Digital Clinical Systems Lead, Adult Physical Health Bradford District Care NHS Foundation Trust
hannah.searle-jones@bdct.nhs.uk

RCSLT responds:
It is fantastic to see so many SLTs taking up digital leadership roles, and we will be working closely with the membership on digital priorities in future.

Contact **kathryn.moyse@rcslt.org** to be kept informed of opportunities to be involved including becoming a Clinical Advisor.

LETTER

Workforce planning figures

We are a team of community paediatric SLTs working in dysphagia with preschool children in the community including under-one-year olds, and school aged children in both special schools and mainstream. We are seeking to put together figures for our workforce planning, following some changes in our team. We would love to hear from anyone who has put together figures for notional caseloads for this specific caseload, or who has advice around developing these ourselves.

KAREN DICK SLT, Solent Children's Therapy Service, Solent NHS Trust
karen.dick@solent.nhs.uk

LETTER

Apps and how to choose them

Our stroke consultant shared a new app called PRESS calc (Predictive Swallowing Score) which is advertised as being able to predict the likelihood of swallow recovery and eating again. My initial question is, has anyone else heard of this app and how do they rate it?

My larger reflection is, should there be a regular slot in *Bulletin* where SLTs can share new apps, such as a page of new apps with reviews from SLTs? We peer review journal articles, but should apps be reviewed too, especially if they're potentially going to be relied upon for life changing decisions such as PEGs? I'm aware many apps have (unverified) reviews in the app store but it would be valuable having reviews from qualified SLTs and SLT assistants.

In the last issue, in the digital health section, members highlighted that "keeping up with digital technology can be overwhelming". This might be a way of helping with that aspect.

LIZ BRIGHT, Highly Specialist SLT, Stroke Unit, Colchester Hospital East Suffolk and North Essex NHS Foundation Trust
Elizabeth.Bright@esneft.nhs.uk

LETTER

Training our students in using apps

We were interested to read your article 'Our digital future' in the autumn edition of *Bulletin*, and in particular the advice from your focus group that "universities should be training us all that technology is a competency in speech therapy and it will be more so in future".

At the Aphasia Centre in the University of Sheffield, we have collaborated with the developers of the aphasia therapy app Cuespeak to train our students in the use of this and other apps.

Our hope is that students who are confident in using apps will energise any working SLTs who are yet to embrace the growing potential of technology in the delivery of therapy.

From your survey of RCSLT members, the top tip identified in your article as a solution to understanding and using technology was the "sharing of learning, relevant resources and training opportunities". We hope to address this in a 'bottom up' way through the training of our students before they graduate.

JANET WALMSLEY, Highly Specialist SLT and Aphasia Centre Clinical Lead, University of Sheffield
j.s.walmsley@sheffield.ac.uk

QUOTE OF THE QUARTER

"Communication is a basic human right: wherever we live"

BETH MOULAM, MA student, Communication Matters trustee and 1 Voice patron
@beth_moulam

LETTER

SEEKING EXAM RESOURCES FOR AUTISTIC STUDENTS

Does anybody working with high school students know of any resources for supporting autistic students to decode and work out what exam questions are asking them to do please? I am struggling to find anything practical, just lots of advice and observations that this is necessary.

SARAH HARVEY Independent SLT, Autism and Mental Health Specialist
sarah@sea-therapy.co.uk

Correction

In The Big Picture (p 16) last issue, we gave Sean Pert's role as RCSLT Deputy Chair instead of RCSLT Chair of Trustees.

WHAT'S NEW ON rcslt.org

HEAD AND NECK CANCER: UPDATED GUIDANCE AND RESOURCES

The new RCSLT guidance includes a laryngectomy competency framework, a position paper on the role of SLTs in laryngectomy, and member and public guidance on head and neck cancer. We hope these will be valuable resources for SLTs working in this highly specialist area.

rcslt.info/head-and-neck

NEW INTERACTIVE PD FRAMEWORK

A new interactive version of the RCSLT Professional Development Framework lets you easily work through the questions in each of the detailed topics online and identify what your professional development level is in different areas. Visit the Professional Development Framework hub to view our resources and try out the new interactive content.

rcslt.info/professional-development-framework

NEW LONG COVID GUIDANCE

The new guidance provides information on diagnosis and self management, and is based on the latest evidence about the long-term effects of hospitalisation for COVID-19 and the lasting symptoms of long COVID. It includes a triage document to allow a range of healthcare professionals to refer patients correctly and enable more patients to access speech and language therapy when they need it. Turn to **page 45** to read more**.**

rcslt.org/covid-19

NEW RESOURCES FOR NQPS

Soon-to-be SLTs can visit our new visual guide to the journey from student to SLT, plus links to information and advice.

rcslt.info/soon-to-be-NQPs

Need to

NHS England reinstates SLTs in autism guidance

New NHS England guidance for autism assessment published in October 2023 excluded SLTs from carrying out 'clinical interviews'. RCSLT and our two expert Clinical Excellence Networks (CEN) for diagnostics in autism and autistic adults were very concerned, as this is a key role carried out by SLTs during the autism assessment process.

The new guidance conflated a clinical interview with completing a single professional assessment, which is not considered best clinical practice. There was ambiguity about the term 'clinical interview': for example, using a standardised interview tool such as the ADI-R versus completing a broader interview or developmental history. SLTs are appropriately qualified and skilled to complete both.

In response to the updated guidance, RCSLT and the CENs met with the NHS England national autism team and the national clinical adviser to agree significant changes to the guidance.

NHS England agreed to remove information outlining the workforce roles across the five stages of the assessment pathway which says that SLTs cannot conduct clinical interviews. It will also revisit the definition of a clinical interview, and include RCSLT in future meetings.

Read more about this story **rcslt.info/autism-joint-statement**

know

14
CEO visits in 2023 to member workplaces in all four UK countries

DLD: a new vision for the future

RCSLT has helped to launch a new vision of the future for people with developmental language disorder (DLD). Created by people with DLD and their families, the new DLD vision aims to provide a brighter future for people with DLD. The vision includes five key ambitions calling for a world in which:

- we are diagnosed early
- all schools and workplaces meet our needs
- we are independent
- everyone knows about DLD
- we access support easily.

The vision, launched on DLD Awareness Day in October 2023, was created in partnership with RCSLT, Afasic, NAPLIC and Speech and Language UK and led by people with DLD and their families. It will guide the collaborative work of developing a long term plan which aims to move towards a society that understands and embraces DLD in health, education, employment, leisure and all aspects of life, leading to a brighter future and improved outcomes for all people with DLD.

HEAD OF RCSLT WALES OFFICE, PIPPA COTTERILL WITH THE DEPUTY MINISTER FOR SOCIAL SERVICES, JULIE MORGAN MS

DLD affects approximately 7.5% of the school-aged population and is a lifelong condition that impacts every aspect of a person's life. Without support in place, people with DLD are at increased risk of negative outcomes.

RCSLT Wales held an awareness-raising event at the Senedd (Welsh parliament) to mark DLD Awareness Day, co-hosted by Parents Voices in Wales, NAPLIC and RADLD. The theme was 'DLD around the world' because DLD occurs in every language.

In Northern Ireland, the RCSLT team held an event at Stormont (NI parliament), and in Scotland, Edinburgh Castle and Carnegie Hall were lit up to mark DLD Awareness Day.

Find out more at **rcslt.info/dld-vision**

NEWS IN BRIEF

RCSLT Scotland looking for children's jokes

VoiceBox is a national joke telling competition for primary school children designed to raise awareness of the fun and importance of communication. The RCSLT are inviting all primary schools in Scotland to enter one joke into the VoiceBox competition during spring term 2024. Schools can do this by supporting an individual pupil who wants to take part, or by holding a joke-telling competition in school. Get involved with VoiceBox and help make a difference to children's lives.

rcslt.org/scotland/voicebox-2024

New joint AHP practice-based learning framework

RCSLT has partnered with nine allied health professional (AHP) bodies to endorse a joint perspective on the principles of practice-based learning, launched in a webinar in October 2023. The principles reflect RCSLT's practice-based learning guidance in areas such as ensuring an inclusive and welcoming learning environment on all practice placements, and evaluating the impact of practice placements on learners and service delivery.

rcslt.info/PBL-updated-principles

New Editors-in-Chief appointed to IJLCD

The RCSLT has announced that Associate Professor Clare McCann and Dr Jill Titterington have been appointed as Editors-in-Chief of the RCSLT's academic journal, the International Journal of Language and Communication Disorders (IJLCD). The outgoing team, Professor Lindsay Pennington, Dr Paul Conroy, and Dr Joanne Cleland, stepped down at the end of 2023. For more information about the IJLCD visit the journals page of the RCSLT website.

rcslt.info/accessthejournals

Wales: RCSLT gives evidence to Senedd enquiry

In November, RCSLT Wales office gave evidence to the Senedd (Welsh parliament) inquiry looking into whether disabled children and young people in Wales have equal access to education and childcare. RCSLT Head of Wales, Pippa Cotterill shared the experiences and evidence of our members working in these areas with the inquiry. She told *Bulletin*: "We are extremely grateful to the many members from across Wales who took the time to send in their comments. We hope the committee will listen carefully to the evidence presented by ourselves and a number of organisations working with children and young people."

Some of the key pieces of evidence given included the huge demand for speech and language therapy services, including a 30% rise since the pandemic, as well as a significant increase in the number of service users with neurodivergence and social communication difficulties. Evidence also covered the increase in the number of children with complex needs living longer due to advances in medicine and technology, but without adequate resources to support them. Other topics were the number of children who are on 'reduced timetables' and significant increases in numbers of parents electing to home educate their children.

rcslt.info/evidence-to-senedd

Our award winners

SLTs and service users from around the UK descended on London for the RCSLT Awards and Giving Voice awards ceremony in October 2023. The awards are an opportunity to recognise the achievements of members, and celebrate those who have championed speech and language therapy and made a difference to the lives of service users. Congratulations to all our amazing award winners!

For a full list of winners visit:
rcslt.info/award-winners-2023

L-R: STEVE JAMIESON WITH HELEN BELL AND DR SEAN PERT

Black History Month

To celebrate Black History Month (BHM) in October 2023, the SLTs of Colour group took over RCSLT's Instagram account for a day. The BHM theme was 'Salute our Sisters', and SLTs of Colour chose to recognise black women from the speech and language therapy profession. The Instagram story quoted inspirational women including SLTs Leona Blake and Warda Farah, and other professionals like physiotherapist and lecturer, Dr Melrose Stuart MBE, as well as Irma Donaldson, RCSLT Deputy Chair.

Co-founders of SLTs of Colour, Angela Whiteley, Heeral Davda and Dorett Davis told *Bulletin*: "The BHM takeover was an opportunity to raise awareness of the incredible contributions to healthcare that black women have made and continue to make. However, we want the impactful work of black and brown people, both historic and contemporary, to be acknowledged, shared and celebrated at any time of the year. Remember, black history is more than a month, it is thousands of years in the making!"

Find SLTs of Colour on X (formerly Twitter) **@OfSlts** and Instagram **@sltsofcolour**.

L-R: HEERAL DAVDA, ANGELA WHITELEY AND DORETT DAVIS

UP COMING

JANUARY
National Mentoring Month
27 Parent Mental Health Day

FEBRUARY
1 Time to Talk Day
4 World Cancer Day

MARCH
13 Swallowing Awareness Day
21 World Down Syndrome Day
25-31 World Autism Acceptance Week

Swallowing Awareness Day

Once again, RCSLT has teamed up with Speech Pathology Australia to stage Swallowing Awareness Day on 13 March 2024. The campaign will be held during NHS Nutrition and Hydration Week and there will be opportunities for members and patients to share their activities with RCSLT and via social media using the hashtag **#SwallowAware2024**. More details and resources will be published on the website soon.

Free training programme for early years practitioners

If you work with early years practitioners in England, you can let them know about the Early Years Professional Development Programme (EYPDP), a free, government-funded training aiming to help equip practitioners with strategies to support children's speech and language development.

Find out more online: **rcslt.info/eypdp**

New LGBTQIA+ resources

The RCSLT and SLT Pride Network are producing resources to help support LGBTQIA+ SLTs, support workers and students. The new guidance sets out what individuals, teams and organisations can do to make their settings more inclusive, safer and more welcoming for all LGBTQIA+ staff. The material will also help increase understanding of some of the issues affecting LGBTQIA+ service users. Look out for details in the e-news and online, and an article in our next issue.

IMAGES: SHUTTERSTOCK

SLTs central to the future of intermediate care

As part of NHS England's efforts to cut delayed discharges from hospital and optimise adult care in the community, they have published a new intermediate care framework for rehabilitation, reablement and recovery.

The primary aim of the intermediate care framework is to improve demand and capacity planning for Integrated Care Boards (ICB).

The workforce model is based around therapy-led rehabilitation after hospital discharge, and includes the importance of supporting people to eat and drink as well as assessing if someone can communicate.

As we move forward towards implementation, RCSLT is calling for AHP leadership in all ICBs to lead this programme of work. We will continue to work with NHS England and ICBs to ensure that the value of speech and language therapy is recognised in all rehabilitation services.

Access the framework **rcslt.info/intermediate-care-framework**
Contact **claire.moser@rcslt.org**

Put yourself in the picture

We would like to find out more about our members' working lives and your career journeys. We need this data to help us in our work on behalf of the profession and our service users.

We already have a dataset of over 4,000 out of a membership of just under 22,000. Some of the findings confirm what we already know, for example that 70% of members work in the NHS. What is very clear is that we have a lot of work to do to diversify the profession: 95% of our members are female and 90% of members are white.

Our ambitions for the future
This data can help us deliver our ambitions for equality, diversity and inclusion, and lobby on workforce issues, such as the recruitment difficulties you are all facing.

How you can help
Do you recognise yourself or your service in this data? Please do fill in or update your member profile with your latest role or personal information.

Log in at **rcslt.org**

Embracing the future together

How does it feel being part of the biggest gathering of SLTs in the UK in 2023? We asked members attending our biennial conference

On the first and second of November 2023, over 1,500 members joined us for RCSLT's second virtual conference, Embracing the Future Together. Across the two days we had sessions covering 24 specialist areas as well as keynote sessions on topics like equality, diversity and inclusion, behavioural science and SLT practice, technology and dosage. There were many opportunities for those looking to pursue their personal interests and develop their professional practice.

Delegates representing 37 countries from around the world logged in, connecting sectors and specialisms. Speakers shared their research, lived experience and professional practice.

"I found all three presentations excellent and EDI is a passion of mine, which this continued to spark."

There was an abundance of posters and presentations on the latest developments in healthcare including research and evidence-based practice.

The most liked poster was by Helen Spicer Cain and Alys Mathers, covering collaborative working between SLTs and teaching staff in mainstream schools. SLTs took home a wide range of knowledge and practical advice to share with their teams.

Here are some of the things delegates told us:

"Really brilliant session - so practical and actionable. I felt like I could take things away from this instantly and I'm really keen to feed back what I've learned to the team.

"Really good - very clear and accessible, made AI seem much more approachable and less scary!"

I felt like I could take things away from this instantly

The Bristol Speech and Language Therapy Unit and Cardiff Metropolitan University facilitated an in-person gathering of SLTs in the local area during the conference. The facilitators, Yvonne Wren and Sam Burr shared their favourite part of this meeting with us:

"For us, the opportunity to meet together – to do an in-person virtual conference experience – was hugely valuable."

The RCSLT conference is a great opportunity to gain essential continuing professional development (CPD), and you can record your attendance on your RCSLT online CPD log. If you attended conference, you can still engage with colleagues on the virtual platform and access all of the content until the end of March.

KEELY-ANN BROWN
Assistant Content and Engagement Officer, RCSLT
bulletin@rcslt.org

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

Got something you want to share?

This issue showcases TV appearances, award winning SLTs, and a cross-channel swim to raise awareness of aphasia

1 Kirsty Maguire awarded for her efforts to raise public awareness of aphasia. This year, Kirsty swam the English Channel with a team from Say Aphasia. Well done Kirsty! **@samms_slt**

2 Starting her SLT career young, **@robbo_ak** and **@dmollslt** enjoying the RCSLT conference 2023

3 **@katespeechie** was recently asked to be on a panel at an event at Westminster that, as a member of RCSLT, was an amazing opportunity to advocate for our clients and promote our profession.

4 Salford Children's Services have a "Star of the Month" nomination system and our Wellbeing team won this for July **@Speakup_salford**

5 Nabeela Isseljee sent us a picture celebrating a decade of excellence in speech and language therapy at the St George's University Hospitals Community Secondary Service.

6 **@BenBoltonSLT** had a very exciting day when he was asked to appear on Steph's Packed Lunch on Channel 4 to discuss stammering, accessing support and the role of other people in creating an environment in which it's ok to stammer.

7 West Midlands Speech and Language Therapy took DLD across the world for **#DLDday2023**. Here are a few photos of them spreading awareness of DLD on their travels! **@WMISLT2**

8 Stroke SLTs in Dudley and Lincolnshire proudly showing off their new SQuIRE-funded (Stroke Quality Improvement for Rehabilitation) iPads enabling them to loan to patients, enhancing their rehabilitation **@lincs_stroke @DRS_NHS**

DR SEAN PERT

Authenticity and representation

Dr Sean Pert reflects on how we can find the strength to care for our own and others' wellbeing

As caring professionals, we set high standards for ourselves

The Health and Professions Council standards (HCPC, 2023) state: "To be able to care for your service users, you must take care of yourself". Ewen et al (2021) found that stress, caseload size and inadequate salary may be major factors which negatively impact on SLTs, and you can read more about this research on page 24. With the current increase in waiting times combined with fewer skilled staff, the situation has been exacerbated by the pandemic (RCSLT, 2021).

For such a relatively small profession, retention and the wellbeing of our members is essential to building an effective workforce. Job satisfaction and the drive to make a meaningful difference to our service users is the main reason we are SLTs.

How can we support one another, and what can RCSLT do? Waiting list initiatives and increased staffing needs realistic funding from central government. RCSLT lobbies the government and engages with MPs of all political stripes to highlight our often poorly understood roles and value. Members should not be afraid to highlight service gaps to their local MP at constituency surgeries alongside service users and their parents or carers. We must resist inappropriate rationing, demonstrating the negative impact of waiting for crucial services by helping service users tell their individual stories to commissioners and service providers.

As caring professionals, we set high standards for ourselves, often forgetting that our ability to care is contingent on being well rested and practising self care. This is especially important for those of us who encounter additional barriers such as racism, ableism or homo-/bi-/transphobia. LGBTQ+ students and professionals face additional threats to their wellbeing. Lenell et al (2022) in a survey for ASHA reported that "...discomfort in living authentically during their academic programs can limit their success and growth as clinicians".

Many students and therapists face multiple barriers due to their intersectionality. Dealing with discrimination and microaggressions is exhausting in any workplace. For those working in healthcare settings, fear of negative attitudes from service users, carers or supervisors can make work life even more stressful (BMA, 2016).

Representation matters. Senior staff should model healthy habits, taking regular breaks, engaging in clinical supervision, and normalise discussions at team meetings on stress management and mental health enhancement. Leaders must be their authentic selves and show that there are many ways to be an SLT. Leaders should go out of their way to be inclusive, ensuring every team member feels included and supported. Every member has a responsibility to check on our colleagues. Many team leads do just that and it makes an enormous difference. Thank you so much. "We look after ourselves and each other." (NHS, 2020)

DR SEAN PERT, RCSLT Chair of Trustees
sean.pert@rcslt.org
@SeanPert

STEVE JAMIESON

Supporting you and your wellbeing

To foster wellbeing, you need support for you as a professional, but you also need a sense of community, says RCSLT CEO **Steve Jamieson**

As your professional body, we are here to listen and support you as best we can. On page 32 we have pulled together many of the pressure points you have raised with us, and outlined what we are doing to remove some of the obstacles and provide support. There's a wide range of challenges affecting you every day, from complex caseloads to accessing interpreters.

For some of these issues, RCSLT can react quickly to get the clarity you need. For example, members told us that they wanted more guidance on the use of thickened fluids for the treatment of dysphagia, so we brought together a working group to investigate the topic further. We published a consultation and held a listening event to enable members to feed in their comments. Our new position paper and supporting materials will help you and other healthcare professionals make informed decisions when it comes to using thickened fluids.

Not all the issues you are facing are fully within our control, for example prescribing rights for SLTs. While on the surface this seems like a logical step which would benefit both patients and SLTs, the path to achieving this is long and winding with lots of bureaucracy and red tape to navigate. Through our #PrescribingNow campaign, we will continue to push for this with government and regulators until it is achieved.

One of the ways RCSLT can help with our members' wellbeing is by bringing us all together as a profession. We know how beneficial this can be, especially for those who work alone or as the only SLT in a multidisciplinary team. We have had several opportunities to come together, both in person at the recent RCSLT Awards and at the online conference in November when over 1,500 delegates joined to network and share learning. It was an inspiring two days and I hope you found it a beneficial experience too. It is not always easy to take time out from the day job but there are so many benefits in doing so.

We will do our best to offer a range of learning and engagement opportunities both face to face and online throughout 2024. Don't forget that you can also connect with other members through our extensive Clinical Excellence Networks (CENs) and regional hubs. One thing I can be sure of is that we are stronger together, so I hope you will continue to reap the benefits of your membership in 2024.

STEVE JAMIESON MSC, BSC (HONS), RN
RCSLT Chief Executive Officer
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There's a wide range of challenges affecting you every day

ADVERTORIAL

The Proof is in the Pudding

Wiltshire Farm Foods serves up desserts at annual awards

Wiltshire Farm Foods' team at the RCSLT Awards in October

Back in October Wiltshire Farm Foods proudly sponsored the annual RCSLT Awards, serving desserts to all attendees as well as showcasing a selection of its award-winning texture-modified ranges.

All Speech and Language Therapists (SLTs) attending the daytime event enjoyed a Sticky Toffee Pudding, Apple Crumble or Gluten Free Chocolate Sponge from the ready meal providers' core range of meals.

In addition, SLTs had the opportunity to learn more about Wiltshire Farm Foods' good old-fashioned service, and sample some of its Softer Foods desserts, with a Sticky Toffee Pudding in IDDSI Level 4, 5 and 6 on offer from the team.

As industry leader in specialist nutrition, Wiltshire Farm Foods is proud to provide over 85 dishes created in line with IDDSI guidance to support individuals living with dysphagia. All meals are developed with expert dietetic input, ensuring the needs of nutritionally vulnerable service users are met without any compromise on flavour or visual appeal.

[Far left] Puréed Lemon Sponge

[Left] Puréed Sticky Toffee Pudding & Custard

Furthering this commitment, the ready meal provider recently introduced its first ever Energy Dense* Puréed desserts through improvement of its Puréed Sticky Toffee Pudding & Custard and Puréed Lemon Sponge desserts.

These desserts were developed to make the most out of every mouthful. Containing over 300 calories and 5g of protein per serving, they provide an additional eating occasion for those on a Level 4 diet who may have higher nutritional requirements or be living with malnutrition.

Ensuring its specialist Softer Foods range leads the way in inclusivity by having options across all three texture levels and a variety of different eating occasions is of utmost importance to Wiltshire Farm Foods' team, with a strong belief that everyone deserves the availability of a full meal offering no matter their nutritional needs.

Sophia Cornelius, Registered Dietitian at Wiltshire Farm Foods is pleased that the range is addressing an even wider range of specialist dietary needs than before, saying:

"We are extremely proud to have enhanced our texture-modified offering even further with the inclusion of these Energy Dense Puréed desserts.

"We understand the importance of having variety and choice for those requiring specialist diets so that they can still enjoy all the same flavours and meal occasions without compromising on their safety or nutrition.

"As individuals living with dysphagia are at an increased risk of not meeting their nutritional requirements, it is important to provide them with alternative ways to increase their overall calorie intake rather than simply increased portion sizes. This is why we're continually working to enhance our specialist meal offering, such as this recent improvement to our Level 4 range, to help individuals meet their nutritional needs."

View the full range of Softer Foods from Wiltshire Farm Foods on the website: **wiltshirefarmfoods.com/softer-foods**

Listen to the Wiltshire Farm Foods Dietitian Diaries podcast on both **Spotify** and **Apple Podcasts**.

Energy dense in this context refers to desserts containing 300 or more Kcal per portion, as per the British Dietetic Association Nutrition and Hydration Digest, 2nd Edition (2019). Available: **https://www.bda.uk.com/uploads/assets/c24296fe-8b4d-4626-aeebb6cf2d92fccb/NutritionHydrationDigest.pdf [Last accessed November 2023].*

WILTSHIRE EST. FARM 1991 FOODS

Leadership and staff wellbeing

Head of RCSLT Scotland, **Glenn Carter**, articulates the role of leaders in creating a shared wellbeing culture

GLENN CARTER

The best leadership decisions I have made have pretty much always involved a process of doing something with staff rather than imposing it on them.

Leadership at all levels is hugely important and the best teams harness this. But the reality is that within hierarchical structures, those with leadership positions have power and with that power comes the ability to do good and the ability to cause harm.

The central importance of wellbeing was underlined by the Carnegie trust: "All organisations are made up of people, and an organisation's performance is therefore hugely affected by how happy, engaged, purposeful and safe its people feel." (Thurman B, 2020).

SLTs face a huge increase in pressure due to workload and other factors. This pressure can cause leaders to slip into a command-and-control leadership style where decisions are made quickly and without collaboration. This of course is required sometimes but if it becomes the norm then it can be very damaging to team welfare, engagement and efficacy.

Pressure can cause leaders to slip into a command-and-control leadership style

In his book, 'Good to great' (2021), Jim Collins highlighted that there are two factors that set apart the good from the great leaders. The great leaders demonstrate a paradoxical blend of humility and professional will. That is, leaders who understand the power of collective wisdom and shared decision making but also demonstrate unwavering resolve and ambition not for themselves but for the team and the people they serve.

I think staff wellbeing has four key pillars.

1 **Compassionate leadership:** "…involves a focus on relationships through careful listening to, understanding, empathising with and supporting other people, enabling those we lead to feel valued, respected and cared for, so they can reach their potential and do their best work." (West M, 2021)

2 **Culture development:** intentionally engaging with culture development and creating it with staff using evidence-based tools like the Institute for Healthcare Improvement's 'Framework for Improving Joy in Work' (Perlo J et al, 2017).

3 **Sustainable workload:** making brave decisions about what we should and shouldn't be doing and working further upstream to prevent harm and advocating for more resource.

4 **Sustainable wellbeing approaches:** based on what a particular team needs at the time.

The compassionate and collaborative leaders are the brave ones. They are the ones who truly collaborate with others to navigate the complexity. But they also have the determination to do the right thing and to keep going when things get tough. The golden thread that connects the four pillars is the genuine desire to question your own beliefs, to be willing to understand and to do stuff together. Real power is shared.

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ILLUSTRATION: JAMIE WIGNALL

Open letters

Gemma Hoare on how children with complex needs can learn literacy skills using a range of sensory and interactive approaches from treasure hunts to Makaton signs

GEMMA HOARE

Literacy skills and enjoyment of books can be life-changing for children with physical disabilities and complex needs. In some cases, development of literacy skills can be the key factor that gives non-verbal students the opportunity to communicate without limitations. In others, students may not be able to develop conventional literacy skills but may still benefit from aspects of literacy input such as developing shared attention, interaction and turn taking, and increasing receptive vocabulary.

Unfortunately, research has shown that children with physical disabilities and complex needs have significantly reduced access to reading and writing opportunities through which to develop their literacy skills (Erickson and Koppenhaver, 2020). There may be scepticism about whether these students can, or need to, learn to read. However, Yoder (2001) emphasises that "no child is 'too anything' to learn to read and write".

The teaching staff came up with creative ideas including finding the letter 'i' under a tray of ice cubes

In September 2021, at a virtual Communication Matters conference, I heard several professionals speak enthusiastically about the 'Comprehensive Literacy for All' approach. At this time I was working at Valence School based in Westerham, Kent, for children with physical disabilities and complex needs, and felt that this approach could be beneficial. The Comprehensive Literacy for All book laid out the research and clear steps to follow when implementing the approach.

We decided to trial the approach with students with the most significant learning and communication difficulties between seven and 18 years of age. I met all teaching staff who work with these students, to introduce the approach and discuss next steps. This was a useful opportunity to consider any barriers and concerns. I also met class teachers to discuss each student's current literacy level, their engagement, and what activities and resources could motivate them. We established the appropriate level of literacy intervention for each student, considering the learning environment and how the activities would fit into the current routine.

We introduced several aspects of the new approach, but the one that engaged both staff and students the most was the introduction of a 'letter of the day'. This involved using a different letter each day as a theme. The teaching staff embraced this and came up with creative ideas including sensory activities like finding the letter 'i' under a tray of ice cubes, hiding 'S' themed words in our woodland walk or finding gold coins in grass. Each day, a large printout of the letter would be displayed on the classroom windows, which encouraged staff and students from other classes to discuss the topic and give

REFERENCES
To see a full list of references and further reading on this topic, visit: **rcslt.org/references**

examples of words. One class also made individualised alphabet books including pictures of things beginning with each letter, such as favourite foods and family pets.

Given the complex needs of the students, it was important to ensure everyone could access the activities. Large, brightly coloured illustrations from the 'Letterland' book were used each day, depicting items beginning with that day's letter. These were appealing to all students and staff but were particularly important for those with hearing impairments. Staff used Makaton signs and finger spelling of initial letters alongside the pictures to introduce new vocabulary and reinforce commonly used vocabulary. Students using voice output communication aids (VOCAs) to generate speech enjoyed using their keyboards or symbol packages to generate words beginning with the letter of the day. Students were also supported to practise mark-making on laminated letter templates.

I also focused on shared reading, working with staff to identify students' interests and sensory aspects of books which may appeal to each student, such as sound buttons and tactile elements. We practised 'dialogic reading' techniques which encourage interaction and participation during shared reading to develop social interaction and comprehension skills. We considered how individual communication targets could be incorporated into shared reading. For example, using core vocabulary, taking turns using pre-recorded messages on a Big Mack communication switch, or verbalising to indicate turning the page.

Yoder (2001) emphasises that "no child is 'too anything' to learn to read and write"

Teaching staff had an overwhelmingly positive response to the approach, even those who were sceptical at first. They reported that students' exposure to print and written words had increased considerably, and that they saw an increase in engagement during the activities. One respondent wrote that "It has given the students something different and exciting to work on each day", and another described it as "fantastic" and "great fun". The senior leadership team, parents and school governors were also supportive and enthusiastic about the focus on literacy.

At the end of the academic year we discussed plans to introduce further aspects of the Comprehensive Literacy for All approach, including predictable chart writing and supporting independent reading and writing opportunities at different levels.

It has been an absolute pleasure collaborating with the teaching staff and students who were involved in using the Comprehensive Literacy for All approach. I would thoroughly recommend it to any professionals working in a similar setting. I felt that the impact in terms of engagement was considerable for a relatively small amount of clinical time and that working on the approach as a whole allowed for a range of opportunities to weave students' communication targets into daily routines.

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FOCUS ON DIVERSITY

A diverse language community

Robin Lindop Fisher and **Rachael-Anne Knight** reflect on recognising Multicultural London English

What do you think of when you imagine 'London English'? You might think of received pronunciation, Cockney, or the many varieties of English spoken by London's communities with global roots. However, alongside these established varieties of English we are also seeing the emergence of a newcomer: 'Multicultural London English' (MLE). Many SLTs are already working with people who use features of MLE, and an increased awareness of this variety will help us better serve a diverse range of clients and communities.

Where does Multicultural London English come from and who speaks it?

MLE emerged in the last 30-40 years in London as a result of contact between a range of dialects, including Cockney, Jamaican English, Bangladeshi English and West African English. MLE has been described as a 'multiethnolect': a way of speaking shared by people with a variety of ethnic backgrounds, most prevalent among working class young people with multiethnic and multicultural peer groups (Cheshire et al, 2011).

ROBIN LINDOP FISHER

RACHAEL-ANNE KNIGHT

What does MLE sound like?

The use of MLE can vary significantly from speaker to speaker. However, some of the most noticeable features you might hear include:

- Using plosives like /t/ or /d/ rather than fricatives in words like 'thing' and 'that'.
- Producing vowels in words like 'goose' or 'price' in audibly new ways.
- Using singular forms of past tense "be" with plural subjects: "We was running."
- Using the word 'man' as an indefinite pronoun: "remember when man came through."

Why does this matter?

Clinicians need a solid understanding of the specific varieties of English being used by their clients, including less well-known varieties such as MLE. Without this, we risk misidentifying dialect features as a sign of a communication disorder. Doing so risks sending a message that a client's variety of English is something that needs to be 'fixed'. Awareness of this potential for harm is particularly important given that MLE has repeatedly been the target of explicit linguistic racism in the mainstream press (Kerswill, 2014). Our work with any client should not inadvertently minimise local features of the way they speak; to do so would risk hindering rather than supporting their ability to communicate effectively with their own communities.

Points for reflection

- What accents and dialects do you hear in the communities that you work in?
- Do you feel confident in your ability to identify communication needs in populations whose use of English differs from your own?
- Are you setting goals in a way that accounts for the varieties of English used in your area?

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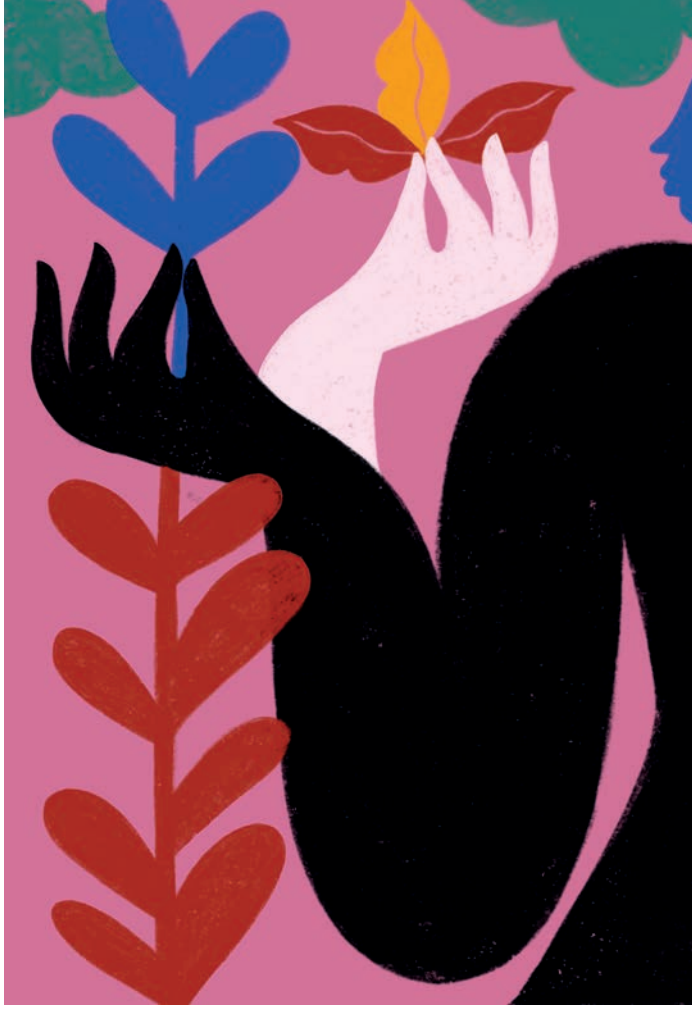
ILLUSTRATION: JAMIE WIGNALL

Not just a nice-to-have

Why should we take wellbeing seriously? **Claire Ewen** *shares her research into the value of SLT wellbeing founded on authenticity and good supervision*

ILLUSTRATIONS DIANA EJAITA



Wellbeing. It's the buzzword of the moment: we read about the wellbeing of the nation's schoolchildren, we talk about the wellbeing of our clients, and the NHS has 'Five steps to mental wellbeing'. What about SLTs? The Health and Care Professions Council (HCPC) competencies for SLTs includes one that asks us to look after our physical and mental wellbeing. Healthy clinicians can provide an effective service for clients, while mental ill-health costs employers and the state millions of pounds each year. However, the wellbeing of the workforce should not be prioritised only for what workers provide: every person has a right to enjoy good health and wellbeing at work.

CLAIRE EWEN

Researching SLT wellbeing

It was with this in mind that I began a PhD into the occupational wellbeing of SLTs in the UK.

In 2018, as part of my research, I conducted a nationwide survey of 632 practicing SLTs.

Random sampling was not possible, and so selective sampling was used – a strategy that is appropriate when gathering information about a specific group for whom a membership listing is unavailable. The sample was broadly representative of the population overall, but Scotland was underrepresented.

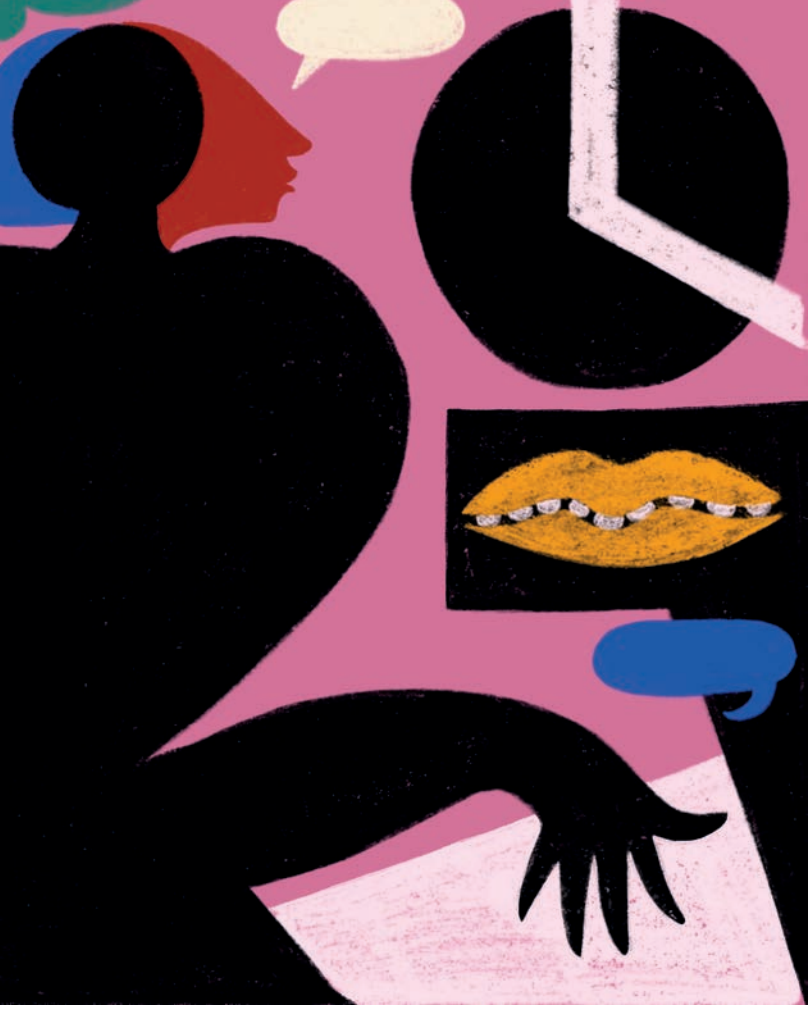
Of the 632 clinicians who completed the General Health Questionnaire 28 (Goldberg, 1978) one in two were at psychological risk of anxiety and depression. Those who were most at risk of poor mental health were those who held jobs that included high demands and who had little autonomy. High demands were characterised by large caseloads and long waiting lists, and a lack of autonomy typically included having to adhere to inflexible service pathways and predetermined therapy dosages. Another factor was ineffective or absent support and supervision.

One in two SLTs surveyed were at psychological risk of anxiety and depression

Lived experience of UK SLTs at risk for anxiety

In an attempt to explore the lived experiences of those clinicians who fell into the half of SLTs at risk for anxiety and depression, 15 respondents were interviewed. Of those, 10 were employed and five were self-employed. The 15 SLTs represented a range of geographical locations that broadly reflected the survey distribution with most coming from England, one from Wales and one from Scotland. Practical considerations, including a lack of time and limited funding, did not allow for the researcher to travel to Northern Ireland.

The interviewees worked with both adults and children. Failure to make contact with the men who had



offered to be interviewed meant that all were women. One interviewee was black, and none identified as having a disability or being neurodivergent. They all selected their own pseudonyms. Interpretative phenomenological analysis (IPA) of the interviews identified five themes, and this article draws from those to describe how SLTs were feeling about their jobs before the pandemic complicated matters, what is important to them, and how they can be supported.

Resilience can't protect against chronic strain

Among the effects of prolonged stress that SLTs described were nausea, headaches, back pain, palpitations, breathing difficulties and general aches and pains. More than one interviewee spoke about crying at work.

Kathryn described a period at work where she cried every day, and said the level of tension that she was experiencing meant that something relatively small resulted in her crying. Kathryn attended a support session provided at work, but the fact that she was crying was dismissed by the person running the sessions: "Oh, don't worry, you're about the tenth person that's cried." Because Kathryn's response was not unique, it appeared to be accepted as the norm. This effectively invalidated Kathryn's response.

When an untenable situation endures, mental health continues to deteriorate. During her interview, Susan described "repeatedly" having "kind of mini-burnouts." When asked to describe these mini-burnouts, she said they were:

"...like an experience where I work really hard, see as many children as possible, stay late, and then just feel kind of physical really tired, and also just lose my interest in work. And I can see in the way I'm working, that I lose a little bit of professional curiosity, and I'm just less involved, sort of intellectually and in general. And I think it's not good for my work when I feel that way because I need that curiosity."

Although Susan was able to bounce back from these episodes, she also explained that they happened repeatedly, suggesting that they were part of a larger picture of burnout, rather than isolated incidents.

Her experience demonstrated how resilience fails to protect clinicians from poor work design, the result of which is unsustainable clinical practice. When the pressure becomes unmanageable, the results can be nothing short of disastrous. Numerous interviewees described long-term sick leave, as seen in Hendre's portrayal of her experience:

"The pressure is a constant... A manager rang me and spoke about something – I can't really remember what it was – and I just found myself crying on the phone. I just broke down in tears...and I said: 'I'm going home now. I can't be in work. I'm going home.' And that was it. I wasn't back for six months. Couldn't stop crying for a week."

The authentic self: values and beliefs

We already know that wellbeing is at significant risk in jobs where workers experience high demand, low levels of autonomy, and little support. This article won't go into detail about all the demands and service constraints affecting SLTs, about which much has been written. I am going to focus on a core element that SLTs told me contributes to wellbeing: being authentic.

Being your 'authentic self' means aligning your actions with your beliefs and values. Most SLTs have a sense of vocation and are passionate about the work that we do. We have a well-defined and specific sense of what it is that we love about our work, the core of which is our ability to interact with service-users. Interviewees described their experiences working as 'being' a therapist. These experiences were aligned to their values, which included being of service to others and patient-centred care – where what mattered to service-users was central to the service that was provided.

These values were described by Willow:

"For me it was very important to go into something where I would be adding value... I feel like I'm making a difference, that I'm positively contributing something to society. Um, so yeah, I feel useful.The things that I enjoy... (doing,) things that are patient-centered."

However, big caseloads, long waiting lists and inflexible service pathways over which SLTs have no control can mean that the actions that clinicians must take at work are not compatible with these values; cognitive dissonance (mental conflict) then occurs and the authentic self is threatened.

"...it is actually unacceptable, like the care package we give is too small, and we're not meeting the needs of people, and I hate it, it's a big cognitive dissonance like every day. Like, 'Why am I doing this, because I don't think it's right?" (Susan)

Because authenticity at work is related to wellbeing (Van den Bosch & Taris, 2014), it is a state worth pursuing, and therefore one that SLTs should consider in the pursuit of our occupational wellbeing. However, we cannot do this in a vacuum the support we receive in our roles is a crucial component of this quest.

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

Feeling supported: effective supervision

When asked what helps or might help to promote their wellbeing, all the interviewees mentioned support and supervision. SLTs in this sample who were working for employers discussed their lack of support, both in terms of formal supervision and informal support at work. Interviewees described how supervision could be infrequent, not prioritised, and ineffective:

"...we were meant to have peer supervision since I've been here, which is...three years...I think I've had it twice? Maybe three times." (Anne)

"It might be that you see a patient that you find difficult, emotionally, and then you're not going to see your supervisor for another two months." (Jan)

"I felt [supervision] wasn't actually doing anything." (Sally)

In contrast, self-employed SLTs in this sample described increased autonomy, meaning that they were able to arrange frequent supervision and support. Sally moved from the NHS to working for an independent practice, and felt the quality of her supervision improved:

"I know my manager is supporting me... so I can cope... It's not just a, 'Ah, there, there,' you know, 'You're alright.' [laughs]"

FIVE ACTIONS FOR WELLBEING

1 Check in with your values
Do you know what they are? Perhaps they are similar to those shared in this article: being of service and being client-centred. Perhaps you have others. Knowing yourself is the first step to aligning your values to your actions, to 'being authentic'. Once you have identified your values, the next step is to evaluate your working life. Can your actions at work align with your values? If not, what can you do?

2 Open up
If you are employed, be brave and share your feelings with your manager. Expressing a need is a healthy psychological and behavioural anti-stress strategy. It may be that there are changes that can reasonably be made to your work enabling the alignment of your actions with your values. Or it may be that different work will suit you better.

3 Audit your demands at work
What can realistically be altered? Some clinicians are well versed at designing 'SMART' (specific, measurable, achievable, realistic, time-bound) targets for their clients; take from this and ensure that expectations placed on you and that you place on yourself are realistic and achievable.

4 Retake control
Can you set your own schedule? Have an input when service delivery priorities are agreed? Contribute to setting reasonable deadlines?

5 Connect with colleagues
Extending the NHS strategy to 'connect', setting up a working party may be constructive in identifying how better support from colleagues and managers can be built into your job. Again, be brave. Supervision should be prioritised; it should not be cancelled in favour of clinical demands.

This study is not suggesting that inadequate supervision is a universal problem or looks the same across the UK. While some employers may provide good supervision and some independent SLTs might like their supervision to be better, this research reports only what clinicians shared.

What can we do?

Achieving occupational wellbeing is a cooperative venture. Wellbeing at work does not rest entirely on the shoulders of the worker, but is also the responsibility of their employer (self-employed therapists effectively take on both roles).

There is currently an abundance of general information available about looking after our wellbeing. Many of us will be aware of the basics: sleeping, breathing, mindfulness, exercising, eating well, practising self-compassion; but what specific approach should SLTs take? Working practices and conditions for SLTs vary across the UK, and your own experience as an individual may be very different to that of the interviewees in my research. But I can offer suggestions that stem from my research that will apply in many situations: see the 'Five actions for wellbeing' and 'Five actions for supervision' on these pages.

In summary, it is only when employers and employees both accept responsibility for occupational wellbeing, that current concerns over wellbeing can be addressed. We may have some way to go, but we can make this a reality so that the work that we do as SLTs is work that is good for us.

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FIVE ACTIONS FOR SUPERVISION AND SUPPORT

1 Regularly appraise SLT job design
The Health and Safety Executive's Management Standards Indicator is a useful tool. Necessary changes to demands, control and support can then be implemented. Other helpful resources include the Anna Freud Mental Health Charity and Mentally Healthy Schools, both of which offer tools and information for employers.

2 Use RCSLT guidance
The RCSLT has information around supervision and support but at times this appears not to reach the clinicians on the frontline, so take some time to visit these resources and share with your team.

3 Share good practice
Many therapists enjoy effective, regular supervision. Good practice should be shared, for example by writing up examples to be published in *Bulletin* or shared at conferences.

4 Train and develop supervisors
Employers should train supervisors as part of CPD so that supervision is effective, and investigate new ways of supervision.

5 Teach students about supervision
Universities should include the development of supervision skills at pre-registration level.

Working well

Sarah Aghahowa *shares her experience of prioritising wellbeing for her new team, and their ideas for wellbeing activities*

When I joined the Bradford Teaching Hospitals Foundation Trust in 2021 I was part of a very small but busy SLT team delivering inpatient care to an adult acute stroke and neurology caseload across the hospital. All team members had only been in their posts for just over a year.

The team was in its infancy and so a focus on staff development and service development were at the forefront. However, with such an small number of staff to deal with a busy adult acute caseload, I felt there needed to be a shift in thinking to focus on staff wellbeing.

The rationale behind focusing on staff wellbeing was to improve staff mood, morale and job satisfaction. The aim was to build deeper relationships between colleagues, offer a platform for support and advice, and ultimately improve staff retention.

Introducing a new focus on wellbeing

As part of my senior role within the SLT team and role as clinical lead for stroke, I have always seen my role as giving support, leadership and practical advice to all of my colleagues within SLT and stroke.

Working within a trust that actively encourages staff to access wellbeing initiatives, I decided to start having discussions within my team about taking some time away from clinical work to focus on our own wellbeing. I began by suggesting wellbeing ideas and leading activities, but soon the whole team became involved with setting wellbeing tasks and putting forward ideas.

Our wellbeing practices

Wellbeing board and monthly session

Every month we take turns within the team to set a theme for our wellbeing board. On the board we have a quote of the month, a practical wellbeing tip, a wellbeing activity and an opportunity to record any positive comments we receive individually or as a team from our wider colleagues.

We have a monthly wellbeing session of around 45 minutes based on the chosen theme. The time allocated for these sessions is ringfenced and we all take responsibility to make sure each one of us is on target with finishing our clinical work so we can start on time.

Sessions can involve different activities such as sitting outside sharing three positive things that have happened in each of our weeks; going for a walk while sharing our own de-stressing tips and advice; and having a picnic over a 'Costa' whilst sharing the outcome of an online quiz we carried out to learn more about each other's learning styles.

Not all members feel comfortable sharing their feelings and thoughts on some of the topics we have covered and this has always been respected and not forced. Before the start of any of the sessions, the leading SLT always circulates an email to the team outlining the content of the wellbeing session to allow each member to prepare for the session and also voice any feedback about the content or their ability to participate.

> **Soon the whole team became involved with setting wellbeing tasks**

Celebration newsletter

We have recently developed a new monthly achievements and positive impact SLT newsletter to celebrate everyone's achievements, but also to ensure the positive impacts we make are not lost within the grind of the busy working day. This has been a great way to help us realise that each month we have made significant personal, team and service developments. We also share our wellbeing board and sessions on social media to help spread the ideas further than just our team.

Formal and informal support for NQPs

As a team we try to offer a strong support network for all staff but particularly for our newly qualified practitioners. We provide regular management and clinical supervision sessions as well as NQP peer supervision group sessions linked with the dietetics service. Our NQPs report feeling well supported and nurtured in their new role, and through the wellbeing sessions they feel included and valued as a recognised team member.

Environmental considerations

Other considerations for staff wellbeing include ensuring the lighting in the office isconducive to a pleasant and comfortable working environment to reduce migraines affecting some staff. In addition, we suggest staff carry out admin related duties not just in the office space but use other rooms or work areas within the hospital in order to offer a variety of environments. Flexible working has also been promoted within our team by allowing some staff to start and finish at different times so they can gain a better work/life balance without compromising the effectiveness of our input into the hospital.

Desk yoga

Our most recent wellbeing initiative has been to introduce desk yoga, which involves 10 simple sitting/standing yoga movements held each for around 10 seconds. Introducing mindfulness, movement and breathing is a main focus of the activity. We try to come together a few times a week to carry out the two minute desk yoga session before we commence our day on the wards. We then try to reconvene after lunch and do it again as a means of de-stressing, refocusing and allowing our minds an opportunity to rest before commencing our afternoon tasks.

What have we gained?

Having a strong focus on staff wellbeing has resulted in staff having a greater understanding of each other's learning styles, approaches and communication preferences. Staff have expressed a desire to stay in the trust due to feeling "happy, supported and looked after both personally and professionally". SLTs have applied for new jobs we have advertised because they have heard about or experienced as a student the nurturing atmosphere the team provides.

The future

The team has grown considerably since I started in my post in 2021. We plan to continue holding the wellbeing of each SLT staff member at the same level of importance as their ability to meet targets, demonstrate productivity and progress with their professional development. This is formally and informally monitored at an individual level during regular supervision sessions and appraisals. I believe that without the focus on wellbeing, the other points are unlikely to be achieved.

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Keeping up

Steve Jamieson *has been listening to members' experiences of feeling under pressure as individuals and as a profession. Here he looks at some of the things RCSLT is doing to make a difference*

In a fast-moving world, speech and language therapy professionals at all levels often have to deal with multiple challenges. Some of the day-to-day pressures can come from growing caseloads and unfilled vacancies. Other challenges include changes in professional boundaries when working within multidisciplinary teams. And new research brings new clinical approaches to conditions like swallowing problems and long COVID.
RCSLT aims to support our members in all areas of work and at every point along the career journey. Here is a summary of some of the work we are doing to help members meet today's challenges.

Workforce pressures

There are not sufficient SLTs to meet demand. We welcome NHS England's workforce plan including aims to address staff shortages, but more clarity is needed on some aspects. We continue to raise the crisis with the government, devolved administrations and other key decision makers.
rcslt.info/rcslt-nhse-workforce

Recruitment and retention

Vacancy rates have reached 23% across the UK, We know retaining staff is challenging so we have created the Professional Development Framework to support SLTs at every stage of their career.
rcslt.info/professional-development-framework

Waiting lists

The number of people waiting for speech and language therapy services across the UK both in the NHS and the independent sector continues to rise, putting enormous pressure on SLTs. We have published a statement, and set up a professional network for managers of children and young people's services in the NHS where waiting list pressures are greatest. We are working with officials in government and the NHS to identify policy solutions.

Complex caseloads

All clinical areas have grown in size and complexity, starting before the pandemic. We are working with UK governments to ensure funding, training and support for speech and language therapy services are considered, and collaborating with members to evaluate new ways of working.

Thickened fluids

We heard you when you said you wanted greater clarity on how thickened fluids are used with clients who have difficulty swallowing liquids. We have developed a position paper and resources to help you and your clients make informed choices. **rcslt.info/thickened-fluids-consultation**

Access to interpreters

It is essential that SLTs work with professional interpreters when supporting children in their home language (if other than English or Welsh) in order to provide an equitable service for all learners. We have produced a statement and information to support you in this area. **rcslt.info/interpreters-guidance**

Working in multi-professional teams

Multidisciplinary working can be extremely beneficial for service users and service providers. But there are concerns about de-skilling SLTs and undermining professional boundaries. RCSLT is working with AHP colleagues, SLT leaders and national bodies to ensure speech and language therapy remains relevant and respected in multidisciplinary teams and beyond.

Extending prescribing rights to SLTs

This would reduce bureaucracy, help you to provide the right care at the right time and support your career development. We launched the #PrescribingNow campaign with several other professional bodies to lobby government on this issue. **rcslt.info/campaigns**

Long COVID

Recognising the important role of speech and language therapy in supporting the growing number of people with long COVID, we established a working group to focus on the support and guidance needed by the SLT community working in this emerging area. Further information and resources are available on our website. **rcslt.org/learning/covid-19**

For more information on all of these areas of our work, please follow the links in this article or contact our teams via the website. If you need individual support or advice contact our Professional Enquiries Team: **020 7378 3012** **info@rcslt.org**.

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Choosing the right AAC

Professor **Janice Murray** *takes a detailed look at the factors that can shape the choice of aided AAC*

Identifying the right type of aided augmentative and alternative communication (AAC) is no small task. Identification is the beginning, not the conclusion, of the AAC trek. As with most treks, there may be some highs, some lows, and some dogged determination required. This summary offers some aspects of the AAC identification process and how to consider the factors that may influence decision making.

Who might benefit from AAC?

Anyone with speech, language or communication difference could benefit from AAC at some point in their lives. There may be a traditional view that AAC supports those with severe intelligibility challenges or learning disabilities (using medical labels for a moment) such as those with cerebral palsy or Down syndrome. This is a limited view of what AAC offers. We all use AAC in one form or another: the technology revolution has levelled that playing field. Emailing or texting with emojis could both be deemed AAC. As practitioners, it would be beneficial to include AAC as a core concept in our toolbox of consideration for most clients or patients and their support.

What range of aided AAC might be considered?

AAC includes unaided (signing, gesture, vocalisation) and aided (using aids or devices like boards, folders, powered devices) communication. All should be considered. Here we specifically consider aided AAC.

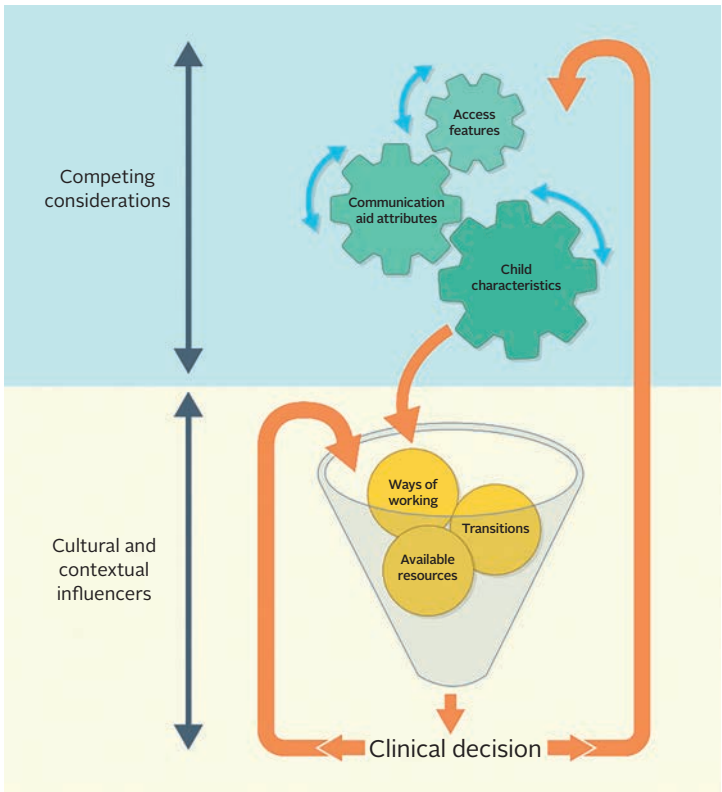
Considering the forms of AAC often makes us focus on the methods of communication in use or to be used. Irrespective of the person's age, for some AAC users they will lead how they use their AAC, for others they will be supported to use AAC as a means of making sense of their world as well as expressing their thoughts. For others the key focus may be the skill of the communication partner as they respond and react to the person's emerging AAC communication intent.

Where could I start when considering AAC?

One recent UK-wide study, 'Identifying Appropriate Symbol Communication' (I-ASC, Murray et al, 2020), explored influencers of decision making as it related to aided AAC. In brief, this included gaining an understanding of the perspectives of children and young people, their families and the raft of professional groups who may be involved in AAC assessment, recommendation and implementation. Data was gathered using focus groups, interviews and surveys.

One outcome from the research was the development of an explanatory model of AAC decision-making (see Figure 1). This model summarised visually the complexity of the decision-making process by detailing the many factors at play. Many of these factors are not unique to AAC but here are seen through that lens.

FIGURE 1: The I-ASC Explanatory model of AAC decision-making (Murray et al (2019), Lynch et al (2019))



> **As practitioners, it would be beneficial to include AAC as a core concept in our toolbox of consideration for most clients**

The key message to take from the research is that there are two halves to the decision-making process, summarised as (i) intrinsic considerations that compete and (ii) extrinsic cultural and contextual influencers. The explanatory model also recognises that preliminary decisions may be re-considered in a cyclical fashion.

Competing considerations were described as the trade-offs that happen when considering the individual's characteristics and how they relate to the appropriateness of AAC for them.

Characteristics were compared with the attributes of existing communication aids including the access features in an attempt to identify the best features to match an individual to a communication aid. For example, if someone has challenges with sequencing information that is not visibly present, then a dynamic screen set-up (rather than a static display) may be more difficult to use. Understanding the challenges would influence what communication aid would be helpful and usable.

In the research, these considerations were often described as the best possible scenario but that these were often not possible recommendations. The elements impacting on what was realistically possible was collectively described as cultural and contextual influencers. For example, individual schools state their AAC culture which meant that they overtly supported specific symbol systems (for example "We are an 'XYZ system' school") and therefore would not support, or feel sufficiently skilled to support, a young person using a different type of symbolic representation system. A further trade off often occurred where an AAC system was recommended because it was likely to be supported in the context of use, while it may not offer the AAC user the desired range of linguistic properties.

These examples belie the range of complexities in decision making identified across the research.

What are the key implications?

It appeared that the key drivers in decision making were external to the potential AAC user. Specifically, decisions were more often related to the skills, knowledge, attitude, services and resources available to all parties involved. The potential AAC user's specific needs, identified in the first phase of decision-making, could be revised or put aside at the second phase. There was often a tension between the two phases of AAC decision-making. Explicitness in the weighing up of factors involved in decisions was critical to understanding the reasons for any future changes to the AAC in use.

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

Top tips

- Identifying the proposed AAC system is just the very tip of the iceberg. To support longer term achievements, it is important to define AAC support roles and training needs for all involved.
- Most AAC users have a long term need to use a range of AAC methods. Be mindful of the long term context at the point of recommendation, such as what happens if technology developments no longer support the user's skill level, or what will be needed in five years' time.

A second outcome of the I-ASC research findings was the development of a website to support decision-making processes, trials and longer-term team support for the AAC user: **iasc.mmu.ac.u**k.

This offers freely downloadable guidance and resources to support your decision making and planning on all of these preceding points. These include books developed during the project that many therapists have stated have been useful to support discussion when considering what matters to the young person in their AAC system. Therapists have adapted them to be more suitable for adults.

- Powered AAC may be very important for some and unnecessary (or unwelcome) for others. Powered and unpowered AAC requires ongoing support.
- Know what your local specialist and specialised provision processes include. They vary across the UK and within each country of the UK. B

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AAC updates coming soon
Look out for updated AAC guidelines coming out in 2024. More information will be provided in the e-news and *Bulletin*.

ILLUSTRATIONS BY: ROWENA SHEEHAN

Gestures: the finer points

Mary Gavin *has devised her own categorisation of gestures used by children. Here she shares how her research has influenced her work with autistic children*

In early 2020, I wanted to explore support ideas for preschool autistic children, particularly those who were nonspeaking (non-verbal), and set out to investigate gestures more thoroughly. This was influenced by the knowledge that 25–30% of autistic children never acquire language (Tager-Flusbery et al, 2005), so observing their nonspeaking interactions might be the only window to their communication attempts.

I quickly came to realise I had a lot to learn in this area. Why are gestures used? What are the different gesture types? Was there a

developmental order? Do gesture types have different functions? Does a gesture have to come with a direct gaze for it to be intentional?

As an SLT, I understood the importance of certain gestures (eg point, wave) but little of other gestures. SLT students do learn about gestures but mainly in relation to cultural differences. The emphasis is less on gestures and nonspeaking communication, but more when gestures are linked with spoken language. This subject appears to be mainly explored by clinical psychologists and linguists. However, I realised this was crucial to my work, especially after I discovered the link to language development.

To deepen my knowledge, I embarked on reading articles on gestures that explored neurotypical development, atypical gestures, indicators to autism, links to language, assessment, and support. However, I was often left confused. The literature on gestures and more so on gestures in autism is scarce and can be contradictory (Stewart et al, 2022). For example, the reach gesture is used interchangeably with request, and the definition of 'give' varies. (Mastroiuseppe et al, 2015, Dimitrova et al, 2022, Mishra et al, 2021).

Functions of gestures

In neurotypical development, gestures have a communication function which refers to a child's communication goal or purpose (Delehanty et al, 2020), so when observing gestures, it is important we understand why they are used.

Bruner back in 1981 helpfully proposed three functions of gesture:

1. **Behaviour regulation (BR)** - A gesture is used to regulate someone's behaviour, so they do something for them, related to their wants, support or to protest.
2. **Social interaction (SI)** - A gesture is used to get someone to look and notice them, which maintains the interaction.
3. **Attention (JA)** - A gesture directs someone's attention towards a reference to share interest or to prompt them to comment.

Types of gesture

In neurotypical children, gestures are naturally occurring and follow a predictable sequence of development (Capone et al, 2004). Autistic children do use gestures, and these appear to follow a sequence similar to that seen in neurotypical children (Delehanty et al, 2020). However, some alternative atypical gestures are exclusively used by nonspeaking autistic children (Stewart et al, 2022).

The gestures often mentioned in the literature are:

Deictic gestures

These include reach, give, distal pointing (pointing from a distance) and show. These gestures are used to direct someone to a reference eg object, event, location, animal or second person. These make up 88% of all gestures (Ozacliskan et al, 2015).

Conventional gestures

These are culturally specific gestures that are used to send a message to someone which helps maintain an interaction. (Perrault et al, 2019). I found it useful to divide these into four sub-groups in my proposed classification eg reacts to an event (hands to ears), activity (clap), someone (wave) or a question (nod).

Representational (iconic) gestures

These gestures describe a symbolic reference and are often used alongside language (eg hand shaped into a circle to represent a ball) (Ozacliskan et al, 2015)

Hand contact gestures

More recently articles have provided further information on hand contact gestures, often seen in nonspeaking autistic children. These have now been usefully divided into either 'instrumental' or 'ritualised' (Mastroiuseppe et al, 2015).

An instrumental gesture is when a child takes a partner's hand (like a tool) to 'do' an action for them. These are usually only observed with autistic children. (Mishra et al, 2021, Ramos-Cabo et al, 2019).

A ritualised gesture is when a child takes their partner's hand to 'go' to a place to request a want or need (Stone et al, 1997). Rarely seen beyond 12 months in neurotypical children but continues when the point does not emerge (Gomez 2015).

REFERENCES

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

ISTOCK

Additional gesture types

Further gestures are included or adapted in my proposed classification. These are:

- protest gestures (towards an object or person)
- close point
- reach (towards a person).

It is important that all intentional gestures are explained and clearly defined so these can be recorded correctly.

Intentional gestures

For an action to be considered a gesture, an intentional, meaningful message needs to be sent to someone, often accompanied by a directed gaze (Shumway et al, 2009). It is often documented that autistic children rarely direct their gaze (Quan Ying Ye et al, 2021, Murillo et al, 2022). So, do autistic children send intentional gesture messages and if so how? The gestures reportedly used by nonspeaking autistic children (eg hand contact, give, tap) do not require a child to direct their gaze or shift their attention (Mishra et al, 2021, Comez, 2014, Mastroiuseppe et al, 2015, Ozacliskan et al, 2015).

From clinical experience I agree that the gestures used by autistic children do not typically require them to shift their focus. Instead, they tend to approach someone and then use certain gestures (give or hand contact) which allows them to signify their intent whilst maintaining their focus on the reference.

If gestures are linked to sending an intentional message to someone, then not all actions are gestures. So to imitate is not classified as a gesture as these are copied actions and no message is sent eg in nursery rhymes (Crais et al, 2013). We can also exclude emotional displays; these are behaviours directed on themselves (eg bites self) and observed without a sent message (Blake et al, 2005).

Further actions that are not gestures are when a child reaches or uses a point to activate or set something in motion. In this instance a child is acting on an object and not acting to indicate (Goodwyn et al, 2000). This too applies to nominal gestures, included in the gesture classification by Misha et al, 2021. Nominal gestures are action-based gestures seen in play events (eg a child brushes their own hair, doll's hair or their partner's hair). With these actions a child is acting on, and not acting to indicate.

Nominal gestures are action-based gestures seen in play events (eg a child brushes their own hair, doll's hair or their partner's hair).

Gestures and language

The literature suggests that gesture comprehension and production are in place before the acquisition of spoken language for neurotypical children (Le-Barton et al, 2015). A child's ability to gesture at 12 months is a significant predictor of their spoken language skills at two to three years old (Iverson et al, 2005, Capone et al, 2004).

Importantly, not all gestures are significant but there is a strong correlation between the ability to distal point and spoken language (Cochet et al, 2010). Typically developing children follow a reliable sequence in which they acquire the distal point, then single words emerge, which leads them to combining gestures with words before combining words in speech (Ozacliskan et al, 2015).

However, the distal point gesture to establish joint attention is suggested to be significantly reduced in autistic children. (Manwaring et al, 2019, Ramos-Cabo et al, 2019). So does this explain why some autistic children have difficulty with the acquisition of spoken language? It has been proposed that the emergence of language with autistic children follows a different sequence pattern and they acquire the distal point after single words emerge (Talbot et al, 2020). However, this article did not observe if the close point was used before words emerged. In my clinical experience many autistic children use the close point before the distal point (eg in books).

As an interesting aside, in contrast to signs, gestures never acquire language-like properties, and two gestures are never combined. Children may combine a single word with a single gesture, but at the age of around 18 months, gestures reduce as words increase and combine. (Rowe et al, 2009).

KEY	
Function (F)	Social interaction (SI), Behavioural Regulation (BR), Joint Attention (JA)
Intentional (I)	Direct Gaze (DG) Approach (A)

TABLE: Classification of Gestures: short version

Gesture Types: Neurotypical				
Reach	**6-9 months**	Towards someone eg for a lift, tickle	BR	DG/A
Protest	**9-10 months**	Towards someone eg pushes, moves away Towards an object eg pushes, throws	BR BR	DG DG
Deictic	**9-12 months**	Reaches towards an object to request eg biscuit Gives an object to request eg to open crisp packet Points close to request the name eg shapes, cars Points distal to request eg cup for a drink	BR BR BR BR	DG DG/A DG/A DG
Conventional	**9-12 months**	Reacts to someone eg waves, blows a kiss, beckons Reacts to an activity eg completes jigsaw then claps Reacts to an event eg loud noise then hands to ears	SI SI/ JA JA	DG DG DG
Deictic	**10-12 months**	Gives an object eg to share eg toy's pieces, biscuits Points close to share eg spider, muddy shoes, in books Points distal to share eg to a bird in the sky Shows a reference to share eg finished model, picture	JA JA JA JA	DG/A DG/A DG DG/A
Conventional	**18 months +**	Reacts to a question or comment eg nods, shrugs	JA	DG
Representational	**2-3 years**	Describes a symbolic reference eg hands like a ball	JA	DG
Gesture Types: Atypical				
Hand Contacts	**12 months +**	Ritualised: takes someone's hand to go somewhere Instrumental: takes someone's hand to do an action	BR BR	A A

ISTOCK

Changing my own practice

Since I've embarked on this gesture discovery, I can truly say it has changed my practice. I've deepened my knowledge especially in relation to nonspeaking autistic children. In summary, I propose these children can follow a typical gesture sequence, but their onset age differs. They often use gestures that don't require them to shift their focus or direct their gaze. Instead, they approach others and use specific behaviour regulated gestures.

I realised early on that there was no 'classification of gestures', so I set out to create a system to explain neurotypical and atypical gestures, linking these to their communication function and intentionality.

Recently, a classification of gestures was proposed by Mishra et al, 2021. Here gestures are divided into three groups: deictic (distal point, show, give, request), ideative (iconic, interactive, pragmatic, extension, instrumental) and nominal action-based gestures. However, this classification didn't relate each gesture to intentionality or communication function (exception the distal point), and neither were all gestures included (eg close point, protest).

An example of change to my practice is that previously I'd have set targets to develop representational gestures (similar to signs) but now understand the importance of establishing other gestures first eg reach, give, close point. Within my role I have shared the importance of gestures, and this has influenced a change in others.

My proposed classification of gestures (see table) has not at present been clinically evaluated. While research is required to take forward my clinical idea, the classification will hopefully help others to reflect on children's gestures. My next steps are to adapt the classification into an assessment, continue to create support strategies to develop gestures, and share the above through training.

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Student placements in independent practice

Independent SLT **Jan Baerselman** *shares a collaborative approach to hosting a student placement*

As independent SLTs working in separate practices, I and Hannah Trotter wanted to host a student on placement, but we both felt unable to commit to supporting a SLT student for a whole day per week. We agreed to trial a new style of placement, collaborating to host a student for half a day per week each. We planned a part-leadership, part-clinical, paediatric placement in which half the student's work involved setting up a new 'Communication advice and signposting service' (CASi) for families on waiting lists.

Common barriers to hosting student placements cited by other independent SLTs, particularly sole traders, include (ASLTIP, 2022):

- clients declining student involvement
- unconventional working hours
- cost in terms of lost income
- not wanting students in their home
- complexity and cost of arranging insurance and contracts with universities
- cost of adding a student to IT systems.

Our aim was to fulfil our responsibility to supporting the next generation of SLTs, while tackling some of these barriers. Working with the support of University of Reading clinical tutors to ensure that the placement would meet practice-based learning competencies, we devised this innovative placement for a final year SLT student.

Preparation

The UK SLT profession is facing a significant workforce shortage. Central to my motivation for making this placement work was a mindset shift to seeing the student as an asset; as part of our workforce. They would be a key member of the team in my practice (Talking Outcomes) who would do some of the work that I just didn't have capacity or expertise to do well.

The essential pre-placement set-up jobs were completed months in advance:

- attending online training
- registering as a placement provider with the university
- writing a handbook blurb to describe the placement

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

- researching what a 'leadership placement' would look like (NHS HEE, 2015).

We found the legal aspects of the placement contract with the university quite complex, but more accessible versions of contracts, suitable for independent SLTs, are gradually being put in place by universities.

Insurance was simpler. It involved conversations with Premierline, the RCSLT insurance brokers, who added 'employer's liability' to my existing RCSLT insurance cover for around £100. We found out that Hannah would have to pay for separate insurance herself, if the student worked with clients from her own practice (Foxhills Therapy). So the student only worked with Talking Outcomes' clients. Following negotiations with Premierline and the insurers, RCSLT has now ensured that all independent SLTs are fully covered to take students on placement at no extra cost which is a significant move forward with regards to supporting workforce development.

Reimbursement

We were successful in securing an ASLTIP grant of £500 to involve a student in setting up and trialling CASi. The university showed us how to claim our £265 student 'tariff', which is standard for a 10-day placement. While these payments didn't cover all our lost income, it compensated for some costs.

How did the placement work?

Our student, Morgana Harper, worked in schools and client homes with Hannah in the mornings. She held a small clinical caseload, completed assessments, wrote management plans, observed in class, contributed to a report and met with education staff.

Involvement in leadership activities took place in the afternoons at the Talking Outcomes office with me. Morgana had responsibility for:

- collating evidence for increasing SLT waiting lists
- researching existing SLT advice services
- researching co-production with clients
- writing website blurb
- completing client records after observing CASi consultations with parents.

Morgana also observed me providing professional supervision. She gained insights into commissioning, funding, financial software and the fundamental difference between what independent SLTs charge and what they actually earn.

Investing time in the placement

Two months before the placement, I started keeping a record of time I spent on placement-related activity. In total, I spent 52 hours on preparation. Nearly 30 hours were in January and February, with around ten each in February and March.

I also recorded the number of hours spent on placement-related activities by the lead placement educator. This included:

- 14 hours on induction and supervision
- around 10 hours each on service design, and admin such as insurance
- around seven hours each on recording my CPD and writing reports
- about two hours each on evaluation, communication and contract negotiations.

Reflections

Morgana: student

"I absolutely loved this placement! It allowed me to develop my clinical paediatric experience and knowledge, learn about how independent SLTs run their businesses and understand the supervision and support available for them.

The leadership aspect of the placement was completely different to any of my previous placements, including co-producing the new CASi service with families. It was lovely to feel that my contributions to the project were appreciated."

Hannah: Clinical Practice Educator

"I benefited from having someone in sessions to bounce ideas off and discuss cases with. Finding confidential public spaces to prepare together before appointments was tricky, so we will plan office use better in future. Sharing responsibility for the placement meant that when we needed flexibility, the other practice educator could step in, even at quite short notice."

Jan: Leadership Practice Educator (and placement lead)

"Working independently can be a lonely business, so having a young, enthusiastic colleague on the team, with a different skillset, was highly motivating. I stuck to deadlines better and learned more than I expected. On reflection, Hannah and I need to improve communication around which of us is setting work each week and be more realistic about what a student can achieve in half a day per week."

Where to start with setting up a placement

If you're an independent SLT keen to provide a placement and are not sure where to start, contact the placement co-ordinator at your nearest university's SLT department. You could invite them to attend your ASLTIP local group.

The next virtual National Practice Education CEN is on 6 March 2024 where SLTs from all sectors share innovative placement ideas. You can find them on the RCSLT website or on X (formerly Twitter) **@PracticeEduCEN**.

For information on insurance, contact the RCSLT Professional Enquiries Team **info@rcslt.org** or **020 7378 3012**.

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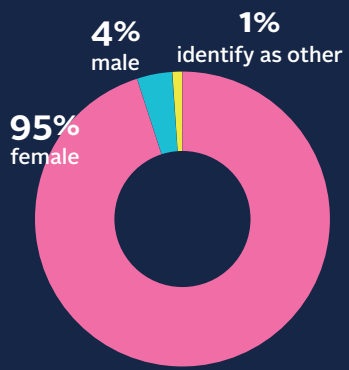
RCSLT

Meet the membership!

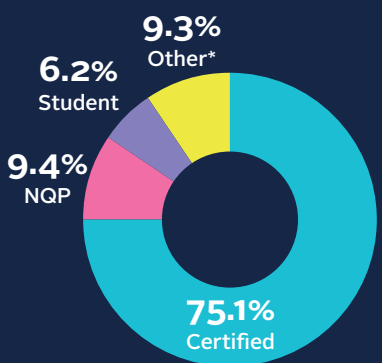
To help us understand our membership, we have been asking you to fill in your online member profile. We analysed the data from around 4,000 member profiles, and this is a taster of what we know so far about a few key things like gender, age and your areas of specialism.

Gender and age

77% of members are within the **19-49 age range**



Membership types

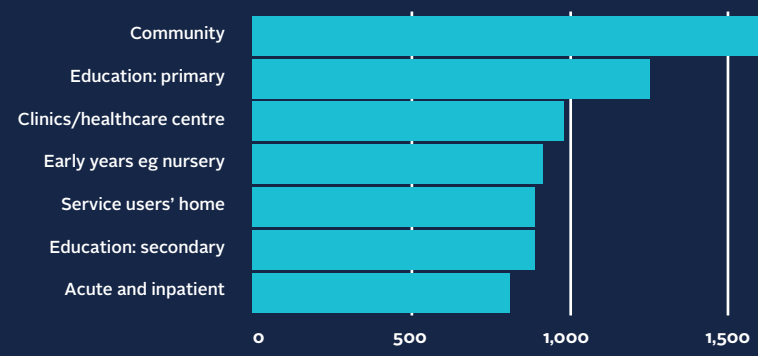


*Other includes assistant, international affiliate, non-practising etc.

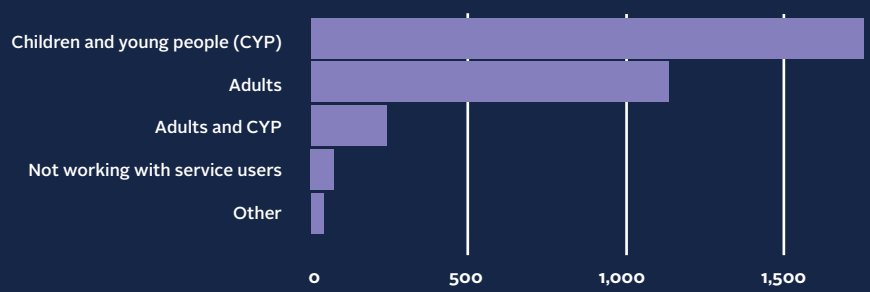
70% work for the NHS

The settings in which SLTs work

These settings cover both NHS and non NHS.
SLT can list more than one setting. Categories with counts below 800 were omitted for clearer visualisation.



Types of service user members work with



We need a bigger dataset to help us to make the profession more inclusive and support our campaigns for service improvements. We already have 4,000 profiles out of a membership of just under 22,000. So complete your member profile today: **rcslt.org/members**

Long COVID: facing the challenge

The members of the long COVID working group bring you an overview of the latest research and new RCSLT resources for professionals and patients

The COVID-19 pandemic has had a widespread impact on the health of the nation with the SARS-CoV-2 virus continuing to leave a legacy, and many people not making a full recovery. Long COVID is defined as the persistence or development of new symptoms three months following an initial infection of COVID-19, persisting for more than two months (WHO, 2022). Data suggests that 10-20% of people who contract the COVID-19 virus could be at risk of developing long COVID (WHO, 2022). An estimated 1.9 million people are affected by long COVID in the UK (ONS, 2023). Up to 200 different symptoms are currently associated with long COVID (WHO, 2022), including neurological, cardiac, respiratory, fatigue, sleep disturbance, muscle weakness, chronic pain, psychological and gastrointestinal symptoms. SLTs support long COVID patients with voice, swallowing, communication and upper airway symptoms.

"I found my therapy so beneficial. It helped with my breathing and rough voice, and releasing the pressure in my throat made my swallow flow easily. I found myself really looking forward to my appointments as I left each session feeling better and more positive physically and mentally."

Person with long COVID accessing speech and language therapy

Non-hospitalised patients

A study by Davis et al in 2020 suggested that up to 40% of people with long COVID have speech and language therapy-related symptoms. Difficulties with communication post-COVID commonly occur as part of 'brain fog', a symptom of ongoing abnormal immune activity and inflammation in the brain, disrupting cognitive-linguistic function such as verbal recall, verbal fluency and discourse informativeness (Cummings, 2022). Cummings (2023) found a high prevalence of language and communication problems in people post-COVID, with 55% reporting feeling "embarrassed" by their communication needs and 71% having "less desire to communicate with others". Disability in long COVID creates a significant burden and compromises functioning in work, social relationships, leisure activities and family responsibilities (Cummings, 2023).

Hospitalised patients

The high prevalence of self-reported swallowing, voice and cognitive compromise in patients who were hospitalised with the COVID-19 virus was reported in the PHOSP COVID analysis study (Dawson et al 2023). The study found:

- 20% of individuals reported compromised swallowing following intensive care admission.
- 60% of individuals with swallowing problems had received invasive mechanical ventilation and were more likely to have undergone proning (being positioned on their fronts).
- 34% of individuals reported voice problems post-ICU admission.
- Those reporting voice problems were more likely to have received ventilation (invasive or non-invasive) than those who didn't report voice problems.
- Communication compromise was reported in 23% and univariable analysis identified associations with younger age, female sex, social deprivation and being a healthcare worker.
- 70% reported cognitive issues.

NHS England published 'Long COVID: the NHS plan for 2021/22' which stated that SLTs "are a core component of the multidisciplinary team (MDT) and are essential to support people with long COVID to regain function" (NHS England, 2021). However, to date, the current NICE guidelines (NICE, 2021) do not include SLTs in the core MDT. While swallow, communication, voice and cognitive problems are prevalent post COVID-19, alongside whole system compromise and overall health, more research and testing of rehabilitation interventions is urgently required.

> **Disability in long COVID creates a significant burden and compromises functioning in work, relationships and leisure**

Collecting the evidence

The RCSLT undertook a survey in October 2021 to support in building the evidence base for speech and language therapy in long COVID (RCSLT, 2022). Over 86% of SLTs seeing people with long COVID had not received any additional funding and were accommodating these patients within their everyday services, with very few operating in dedicated long COVID services. More than half of services reported concerns that they could not meet the needs of this new caseload. Service provision and referrals to speech and language therapy for people with long COVID are inconsistent across the UK, creating concern that there is an unmet need (RCSLT, 2022). It is vital to collect reliable and valid data on speech and language therapy needs in long COVID to further develop the evidence base and address some of its gaps.

The new dataset

To this end, the long COVID dataset was developed, specifically designed to support SLTs with capturing data on people with long COVID. To collect data from as wide a range of geographical and clinical settings as possible, we would encourage any members with long COVID patients on their caseload to contribute their data. More information is available on the RCSLT website.

Datasets can be useful when trying to develop a new service. For example, within Birmingham services, prior to an SLT being appointed as a dedicated member of the MDT long COVID service, a 'capacity and demand' model was used to help build a business case. Referral rates and complexity data were gathered for ENT-SLT services pre-pandemic and during/post-pandemic. The data showed that capacity of staff was exceeded by 148 patients in comparison to the previous year's figures, as well as increased complexity. This information was used alongside general data collection from the Post COVID Rehab Team, where there was no SLT in post. The symptom profiles of patients that were discharged from hospital following COVID-19 indicated a need for speech and language therapy intervention. Further information on how to build a business case for services can be found later on in the issue on **page 50**.

The business case was successful in securing additional resource. Nevertheless, the RCSLT long COVID dataset would have been a very useful and more efficient tool to support service development. It facilitates benchmarking with other services

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

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and supports demonstration of effectiveness of SLT intervention in service provision. This is needed to sustain funding, particularly where withdrawal for funding for services may be threatened. The RCSLT dataset can also be used to build the evidence base to support key publications and identify directions for further research.

Access the dataset at **rcslt.info/long-covid-data**

Supporting SLTs and patients

The novel needs of people with long COVID, and the lack of resources and guidance for SLTs led to the development of the RCSLT long COVID working group. This brought together a national group of SLTs, many of whom were lone practitioners. Over the past year, the working group has completed projects designed to support SLTs, raise awareness of the professions role in this caseload and collect reliable and valid data. Some of the group's achievements include winning a Giving Voice award, running peer support sessions, raising awareness of long COVID on AHP networks, and contributing to the NHS England long COVID framework. We also presented a poster at the RCSLT conference in November 2023 and launched a podcast with the British Laryngological Association.

New resources

For clinical support with patients who have long COVID, the working group have developed a patient handbook and guidance for professionals including a triage document. This is the first edition of the RCSLT guidance for SLTs managing post COVID-19 disorders. The guidance has been developed using available evidence and clinical experience of SLTs working in the field. As this is a newly emerged condition, there is limited clinical guidance informing SLT practice currently so we hope that this will grow and develop as we learn more about long COVID.

The guidance provides a framework for understanding, assessing and treating individuals living with communication, swallowing, voice, and upper airway problems post COVID-19. The information is relevant to UK SLTs encountering a person with this condition. The patient handbook provides practical information to support self-management and is intended to be used before someone is referred to an SLT. It does not replace individualised support. The working group has also put together some useful factsheets and some light touch advice on self-management.

The triage document is designed to support healthcare professionals, GPs and patients. It outlines the symptoms that can be experienced in long COVID and signposts the correct pathway to referral to help reduce the number of people who fall through the gaps.

The entire workforce needs to be aware of speech and language therapy needs that are typically associated with long COVID, so sharing these documents is essential to raise awareness. Furthermore, in many parts of the UK, the way that services support people post-COVID are funded is changing, and going forward, there will be fewer dedicated post-COVID clinics. For this reason, the COVID information on the RCSLT website is accessible by all, not just members.

Get involved

To continue having a platform to share learning and best practice and build the evidence base, the working group is transitioning into the long COVID Clinical Excellence Network (CEN). We are currently seeking new members, as well as volunteers for the committee. In addition, we are seeking RCSLT advisors in long COVID. To apply, please email **info@rcslt.org** for more information. To access the new guidelines and resources visit **rcslt.org/learning/covid-19**

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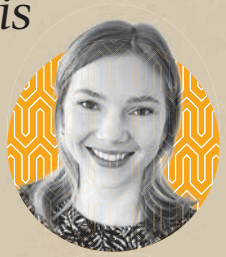
GRACE HERRITY, Specialist SLT, University Hospitals Birmingham
SARAH WALLACE OBE, Consultant SLT, Wythenshawe Hospital, Manchester University NHS Foundation Trust
ELLIE DUNN, Highly Specialist SLT, Homerton Healthcare NHS Trust, London

Is there value in allied health professional research?

Sophie Chalmers *and* **Amit Kulkarni**

discuss the results of a systematic review of the evidence in this important area for SLTs



Interest and activity in allied health professional (AHP) research and innovation is growing. For example, in England, Health Education England (now part of NHS England's Workforce Transformation Directorate) launched the AHP Research and Innovation Strategy in 2022, which provides a national reference statement alongside strategic aims for AHP research. Within the last 12 months, the Chief AHP's teams in each of the other three UK nations have also produced strategic statements confirming their focus on AHP research (Department of Health NI, 2023).

Given this increased focus it is ever more important for us to fully understand the value of AHP engagement in research. Although the literature is growing, to date we have relied on broader research focusing on impact of research engagement by any healthcare professional (Boaz A et al, 2015).

We know that there are differences between the work of AHPs and others, so what do we know about the value of AHP research engagement specifically?

To consider this question we conducted an up-to-date systematic review, which explored the value of research engagement specifically by AHPs, and also considered mechanisms which might connect research engagement with healthcare performance.

Engaging in vs engaging with research

What exactly do we mean by 'research engagement'? Different understandings of this term exist in the literature, which distinguishes between engagement in research, such as running a research project, and engagement with research, such as holding a journal club. While

we started with the intention of only considering the 'research active' conceptualisation of engagement in research, we quickly realised that because of limited evidence in this area, we needed to include the broader 'research consumer' aspects of engagement with research. Some examples of activities that fell within the remit of our review were:

- directly delivering an intervention in a research study
- knowledge translation and implementation activities such as scoping reviews, journal clubs, critically appraised topics, and evidence-based learning
- involvement in a research network group (examples of which are given in the RCSLT's 'SLT Research Practitioner Framework Resource Map': **rcslt.info/resource-map**)
- evidence-based learning and clinical professional development
- engaging with research facilitators or mentors
- implementing clinical guidelines based on clinical trials.

And is there value?

The findings of our systematic review suggest, tentatively, that there is evidence for the value of AHP research engagement on healthcare performance. We are unable to comment on the value on healthcare outcomes because of the paucity of well-designed studies in this area. There is evidence of broad impact: for example, clinicians reporting general improvements in evidence-based practice behaviours. There is also evidence of more specific impact, such as the development of clinical guidance. These benefits can affect individuals, with improvements in clinicians' willingness to use research evidence as one example, and for organisations, via identifying and resolving issues in organisational systems.

How does research engagement link with improved healthcare performance?

To explore why AHP research engagement may bring these benefits, we drew from previous research which provided a theoretical framework outlining the different potential mechanisms of action. Please see our paper for full details, but the most common mechanisms we found in AHP were:

- **Making changes in human capital** such as more rapid uptake of new treatments and greater likelihood of following clinical guidelines, or through acquisition and use of new skills and change in attitudes towards research and research findings.
- **Improvements in the processes of care related to conducting a specific trial** resulting in a more rigorous process of defining the standard of care, or of closer monitoring and support for example.

The findings of our systematic review suggest, tentatively, that there is evidence for the value of AHP research engagement on healthcare performance

What next?

While we found enough evidence to cautiously suggest the value of AHP research engagement on healthcare performance, further, carefully designed research is needed to better understand this area. This includes evidence required to consider the impact on our service users' healthcare outcomes. Our recommendations for this future research include:

- Aligning a pre and post study (also known as a before and after study) within current primary AHP research activities. For example, by evaluating staff perspectives, opinions and skills before and after a project, while reporting specific information about the professionals included, clinical area, type of research engagement and outcomes.
- Capturing the broader impact on the local workforce, service delivery and expected and unexpected clinical outcomes, quantitatively or qualitatively.
- Exploring any mechanisms implemented and evaluating their impact on processes of care, health outcomes, or other outcomes related to workforce, patient experience, and staff satisfaction.

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

Looking ahead

By systematically evaluating the evidence around AHP research engagement, we were able to suggest there seems to be real value for healthcare performance. This is huge. These findings can support the RCSLT to campaign for SLT research careers at the national level. They can also support you in your discussions locally, with commissioners, senior leaders, service managers, team members and others.

We know there is more to understand in this area, particularly in relation to service-user outcomes, but the knowledge we have thus far is telling us that research engagement by SLTs and other AHPs brings benefits to local services, in a variety of ways, at both the individual and organisational level. Let's use this important knowledge to continue to drive forward the agenda in this now officially 'valuable' area of our profession.

Access the systematic review: **rcslt.info/rof-systematic-review**

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From business cases to new starters

Building your team? Tom from our Professional Enquiries Team shares some tips and resources

If you are involved in planning your service, you might be looking to recruit new people and add skills to your team. But there can be quite a few hoops to jump through before you welcome your new starters. Getting decisions on funding and recruitment can be a lengthy and complex process, so we have created a set of expert guides designed for managers and service leads.

See below for some of our top tips on building your business case, and explore the resources on the RCSLT website.

Building your business case

Don't assume that all budget holders, decision makers and NHS managers understand what speech and language therapy does. You will need to be ready to explain the value your service brings.

Their headline questions will be:

- What are we getting for our money?
- How will you help us to deliver against our priorities?
- How will you help us to achieve financial balance?

Things to include:

- a clear, succinct description of the service proposed, including demographics, location, patient benefits, resources and staff base
- a description of how the proposal fits with current service-level agreements
- highlight your unique selling point
- where applicable, show how you are working in new and innovative ways to improve outcomes for people
- give information on staff and non-staff costs
- describe how the service will be monitored and evaluated
- service user stories: case studies are a powerful way of illustrating the difference you make to people's lives.

Support for recruiters

Even if you have been through the process before you might feel the need for some support. Our Professional Enquiries Team is on hand to answer individual queries about all aspects of recruitment **info@rcslt.org** and **020 7378 3012**.

Visit the RCSLT resources about business cases and recruitment at **rcslt.info/business-case**

TOM GRIFFIN, RCSLT Professional Enquiries Manager

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Making strides

Will Christopher takes a look at the many ways RCSLT is helping the profession move forward, building on the workforce reform programme

In 2022, NHS England (formerly Health Education England) provided funding for allied health professionals (AHPs) to reform and modernise the workforce. The workforce reform programme was completed last year, but RCSLT has been continuing work on some key areas. NHS England also published their Long Term Workforce Plan, highlighting the key focus for practitioners and ensuring all AHPs remain aligned.

We have set out the ongoing work below, including outcomes from the programme and how we are continuing to support each area. All of the resources and support we provide are available to speech and language professionals across all the UK nations, not only England.

Preceptorships

Preceptorships are structured periods of support in which the clinician moves from a novice to confident practitioner. The Long Term Workforce Plan states that a good quality preceptorship is key for the wider workforce. It recognises that placements are important for attracting new staff to specialised services and raises the profile of these services.

We developed new guidance on preceptorships including best practice examples. We also held a webinar with the Health and Care Professions Council (HCPC) and NHS England to discuss and promote the principles of preceptorship and the new AHP preceptorship standards and framework.

Current and future work:

- reviewing the new level of preceptorship: foundation support
- engaging with NHS England advisory group to ensure the SLT voice is heard
- mapping advancements of preceptorships to the professional development framework
- considering all future updates to preceptorships and how RCSLT will implement these.

Support workers

The Long Term Workforce Plan commits to training support workers. It aims to give them opportunities to build specialist knowledge and skills, supporting the NHS to address specific workforce shortfalls. The NHS workforce will expand to include 210,000–240,000 support workers over the next 15 years. To support workforce changes, the NHS will allow greater flexibility in recruitment and career progression. This highlights the need to work differently, including in multidisciplinary team (MDT) working, part time roles and increased recognition of education through experience. To enable this, we developed the new framework and online hub for SLT support workers and their managers.

Current and future work:

- membership of support workforce professional group within NHS England
- updating 2021 joint AHP statement of intent
- repeating 2021 survey, evaluating how needs and issues have been met through our new support worker hub
- engaging with NHS Education for Scotland, Health Education and Information Wales, and Health and Social Care Northern Ireland to ensure equity between nations.

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> The NHS will allow greater flexibility in recruitment and career progression

Primary care

When reviewing primary care, the Long Term Workforce Plan aimed to encourage more flexibility from Integrated Care Systems in England, with plans to develop a multi-professional primary care framework. From this, primary care roles could be expanded consistently, reducing the waiting times for other services and providing improvements to the patient care pathway. There is also an ask to extend the success of the Additional Roles Reimbursement Scheme (ARRS) to include SLTs, supporting the planned recruitment of 15k new members of staff.

As part of our work in primary care, we supported two pilots of SLTs in first contact practitioner roles in a care home and children and young person assessment service. We also supported the writing of a report demonstrating the roles SLTs could fulfil in primary care.

Current and future work:

- lobbying for SLTs to be included in ARRS and supporting other services to implement pilots/trailblazers with SLTs fulfilling roles in primary care
- ensuring any progression links to the professional development framework
- meeting Primary Care Networks in England to explain what SLTs do and how they could help primary care
- planning how we fill gaps in secondary care to reduce the impact of clinicians potentially moving into primary care
- workforce mapping to understand where SLTs could fulfil roles in primary care and what they may look like.

Advancing practice

Within the Long Term Workforce Plan, it was recognised there is a need to increase the number of Advanced Practitioners (APs) and independent prescribers. The goal is to increase the number of APs from 3,433 to at least 39,000 APs by 2036/37. It should be noted that the long-term workforce plan reviews all healthcare professionals, not just SLTs.

We developed a new hub for all topics related to APs and SLTs and provided case studies to inform SLTs of work APs can do in speech and language therapy and the associated benefits to the service and individual. We also opened a professional network for APs to share resources and ask each other questions.

Current and future work:

- mapping all existing AP courses and identifying the clinical focus of each course
- engaging with NHS England to understand course development and criteria to create a clear pathway for SLTs in AP
- ensuring any progression links to the RCSLT professional development framework
- continuing to engage with higher education institutions to review opportunity of developing a non-medical focused AP module
- mapping the workforce to understand areas that would benefit from SLT APs.
- continue to engage members from England, Scotland, Wales and NI to ensure equity across all four nations.

NHS England and the RCSLT are working together to support the continued modernisation of the profession. Bev Harden, NHS England Deputy Chief Allied Health Professions Officer, told *Bulletin*: "The work we will do together with RCSLT this year will further support key areas including training, retention and reform. The Long Term Workforce Plan has encouraged significant growth and reform to enable us to meet the needs of our communities. This includes optimising our valued workforce across all staff groups."

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A profession with wellbeing at its core

The RCSLT Professional Development Framework is designed to promote wellbeing. **Victoria Harris** tells us more

The new RCSLT Professional Development Framework launched in March 2023. For this special wellbeing edition of *Bulletin* I am going to draw attention to ways in which the framework supports member wellbeing.

Firstly, what do we mean by practitioner wellbeing? Broadly it's the physical, mental, and emotional health and wellbeing of people working in professional practice. The RCSLT Professional Development Framework reflects the definition from the Chartered Institute of Personnel and Development: "Practitioner wellbeing includes attention to and support within the workplace for health, effective work, values/principles, collective/social opportunities, personal growth, lifestyle choices and financial wellbeing." (CIPD, 2022).

Practitioner wellbeing is core to speech and language therapy

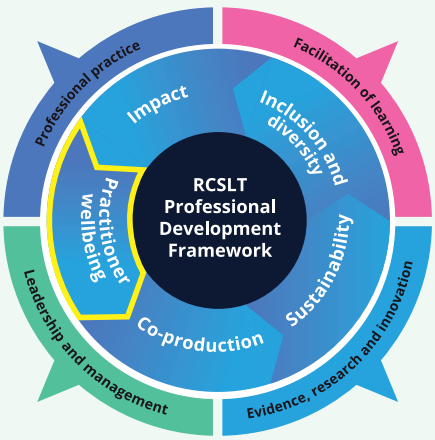
When we co-designed the new RCSLT Professional Development Framework with members last year through discussion events, a virtual network and consultation, members asked for practitioner wellbeing to be core. As a result, wellbeing now sits alongside impact, inclusion and diversity, sustainability and co-production as a core component and a guiding value for the speech and language therapy profession.

The RCSLT just might be the first allied health profession to explicitly include wellbeing in this way, which is something we can be proud of.

How to think about your wellbeing as a practitioner

The Professional Development Framework offers a set of reflective questions around practitioner wellbeing:

- Think about the definition of wellbeing (see page 12 of the framework) in relation to your own current knowledge and experience.
- What does wellbeing at work look like for you?
- What is within your control to keep doing?



- What is within your control to improve or start doing?
- What is within your control to stop doing?

Speech therapists are natural reflectors. This framework gives you permission to use that skill and take time to reflect on your own wellbeing.

Wellbeing in your team

As well as providing a basis for your personal wellbeing, the framework embeds compassionate and inclusive leadership as part of the 'leadership and management' domain of practice. By being compassionate and inclusive leaders, be it as managers, supervisors, or colleagues, it

TOMMASO D'INCALCI / IKON IMAGES

is hoped that speech and language therapy professionals can ensure that they are creating environments which support the wellbeing of people with whom they work.

Wellbeing and learning

The framework articulates the relationship between learning and wellbeing. Many learners consider that taking part in adult learning has a beneficial impact on their health and wellbeing (Learning and Work Institute, 2017).

"In terms of the contribution of adult education to wellbeing and health-related outcomes, we find that there is evidence of statistically significant and robust effects of participation in lifelong learning" (Duckworth K, Cara O, 2012).

CPD can play a significant role in helping your wellbeing and mental health:

- giving a sense of purpose and meaning
- allowing you to set and accomplish goals
- boosting self-esteem and confidence
- helping you to better balance your work and life goals.

Working on CPD with others will help you to build and strengthen networks.

Where you are the one providing CPD to others through supervision and mentoring, or providing placements, as in the framework's 'facilitation of learning' domain, then you may benefit from the satisfaction of giving back.

Wellbeing is a guiding value for the speech and language therapy profession

The HCPC view on wellbeing

Finally, if you need further convincing, then consider this: if you are registered with the HCPC then you are also required to look after your health and wellbeing as stated in their updated standards of proficiency. The revised standards came out on 1 September 2023 and include strengthened wording around mental health. The HCPC considers mental and physical health to be vital components of safe and effective practice, and the standards now require all practitioners to make their health a priority.

All registrants must:

3.1 Identify anxiety and stress in themselves and recognise the potential impact on their practice.

3.2 Understand the importance of their own mental and physical health and wellbeing strategies in maintaining fitness to practise.

3.3 Understand how to take appropriate action if their health may affect their ability to practise safely and effectively, including seeking help and support when necessary.

3.4 Develop and adopt clear strategies for physical and mental self-care and self-awareness, to maintain a high standard of professional effectiveness and a safe working environment.

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

Parting thoughts

You presumably joined the speech and language therapy profession because you want to help people, to make a difference, but now you're being asked to focus on you. That may feel a bit uncomfortable. It's important to acknowledge those feelings, but remember, there are two very good reasons to go ahead anyway:

1. Your wellbeing is worth your focus.
2. If you're not well then you cannot care for others effectively.

So, please look at the reflective questions at the start of this article and take some time to think about you.

VICTORIA HARRIS, RCSLT Head of Learning
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RESOURCES

The RCSLT Professional Development Framework (March 2023): **rcslt.info/profdev-framework**

The HCPC Standards of proficiency (September 2023) **rcslt.info/hcpc-standards-slt**

Colleague health and wellbeing, Gwella HEIW leadership portal **rcslt.info/nhswales-wellbeing**

Looking after your team's health and wellbeing guide **rcslt.info/nhse-wellbeing**

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The post holder will provide support, guidance and professional development to child contact staff and families on developing functional communication skills.

Main Duties
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Undertake comprehensive assessment of children and young people at school using investigative and analytic skills and to formulate individualised interventions based on advanced clinical reasoning and partnership working.
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Next issue deadline: 13th March 2024
Published: 3rd April 2024

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3-5s: *11 -14 March, 17 -20 June, 11 -14 November*
5-11s: *15 -18 January, 18 -21 March, 17 -20 June, 4 -5 November*
11-16: *3 -6 June, 4 -7 November*
Post 16s: *18-21 November*
SLD: *16-22 February, 24-27 February 2025*
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Have you used the RCSLT Professional Development Framework?

The RCSLT Professional Development Framework is a UK-wide resource co-created by and for SLTs to support you in your career journey.

It provides a structured format to support individuals, managers, and organisations to identify learning and professional development needs of practitioners across the whole career span.

You can use it to inspire future learning for knowledge and skills development, and identify existing knowledge and skills with individuals and teams.

The framework works around five core components: practitioner wellbeing, impact, inclusion and diversity, sustainability and co-production.

These support the four domains of practice: professional practice; facilitation of learning; evidence, research and innovation; and leadership and management.

New: interactive version of the framework online
Use our new interactive tool to check in on your progress along the framework and get a personalised results chart for each section. You can download or print your responses.

Visit **rcslt.info/professional-development-framework**

Writing for *Bulletin*

As the professional membership magazine of the RCSLT, *Bulletin* relies on articles written by members, for members. So why not submit an article yourself, or become a peer reviewer?

We are currently accepting articles for the following sections:

Feature articles (500-2,000 words)
Do you have expertise in an area of speech and language therapy practice? Maybe you have a promising clinical idea, or you've carried out an evaluation of your work? A *Bulletin* article can share your experience with SLTs across the UK and beyond.

Bulletin features cover a range of categories, including:
- clinical idea
- service evaluation, audit or quality improvement project
- research
- case study.

Perspectives (500 words)
Is there a topical issue you want to shout about or a personal perspective you'd like to share? These pieces should draw on your own experiences, while being relevant to the wider profession.

Service user voice (500 words)
This new section shows the profession from a different perspective, by having a service user share their own speech and language therapy experience. If you have worked with a service user who would like to share their story, please get in touch.

Focus on diversity (500 words)
We want to hear more from Black, Asian and minority ethnic SLTs, as well as other minorities within our profession. Share your experiences, highlight issues and start discussions within this section dedicated to diversifying our profession.

My working life (500 words)
Tell us about a day in your working life – your role might be a unique or unusual one; you might have come to the profession via an interesting route; or maybe you just want to share your passion for your everyday work.

Letters to the editor
Share your thoughts on a particular issue, respond to something you've read in *Bulletin*, or put a question to other members in 200 words or less.

In pictures
Submit a photograph you'd like to share with the speech and language therapy community—you could be showcasing an achievement or just curling up with the latest issue of *Bulletin*! Email your photographs to **bulletin@rcslt.org** or tag **@RCSLT** on X (formerly Twitter).

For further information about writing or being a reviewer for us, visit rcslt.info/write-for-bulletin or email bulletin@rcslt.org

James HAMILTON

SLT in a CAMHS eating disorder service

I am an SLT working in NHS Greater Glasgow and Clyde, in the Tier 4 child and adolescent mental health service (CAMHS). For half of the week I work in the 'Connect-ED' specialist community eating disorder service. I've worked there since April 2022, initially as a "test of change" post which is now permanent. Connect-ED work with young people up to age 18 who have eating disorders, primarily those with a diagnosis of anorexia nervosa.

There are few SLTs across the UK working as part of a specialist eating disorder service, so the role has been exciting, rewarding and a rollercoaster at times! My first experience of working with young people with eating disorders was in Skye House, the adolescent in patient unit at Stobhill Hospital. While there, I quickly realised that many of the young people found it challenging to communicate their thoughts, feelings and views around their eating disorder, their mental health and their care. Using resources such as Talking Mats meant that those young people were allowed a voice and also had greater access to treatments and care planning.

There are three main strands to my role in Connect ED: supporting young people's communication during therapy and assessment sessions; neurodevelopmental diagnostic assessment and post-diagnostic support; and staff development.

Having SLT support to adapt input, advise on communication approaches and support young people directly during sessions has been highly valued by colleagues within the multidisciplinary team and by young people and their families.

Timely diagnostic assessment is vital. The outcome can greatly impact on the success of therapeutic interventions, particularly so for young people with eating disorders. Giving young people and their families the understanding to view their experiences through the lens of autism for example, and providing a neurodiversity-affirmative message has had a positive impact. One parent explained the process had "given me my daughter back". Young people and their families also benefit from and receive tailored post diagnostic support, with blogs and clips from autistic people and those who are recovering from an eating disorder particularly beneficial.

Staff in eating disorder services have been reported to lack confidence in addressing the question of autism with families (Looms R et al, 2021). Part of my role has been to work with the staff at Connect-ED to develop their understanding of autism and communication differences in general, but this has been a two-way street and my colleagues have simultaneously developed my knowledge and confidence around eating disorders. Strong staff relationships and leadership are key in a changing and busy service and this has been a feature in Connect ED.

> **The role has been exciting, rewarding and a rollercoaster at times!**

As with any SLT the main reward in my job is knowing that I have made a positive difference to the people I work with and support. While a robust evidence base on the effectiveness of SLT assessment and intervention in eating disorders is currently lacking, awareness is growing that people with communication differences and eating disorders benefit greatly from the knowledge and perspective that SLTs can uniquely contribute.

james.hamilton@ggc.scot.nhs.uk

Write a research summary for *Bulletin*

We publish summaries of the latest research papers in every issue of *Bulletin*, but did you know that most of the summaries are chosen and written by our readers?

You can become a contributor

We are seeking more RCSLT members to write for our 'In the Journals' section. You don't need previous experience of writing for *Bulletin*, and you can be an SLT, student, support worker or retired member.

Where can I find articles to review?

Your membership gives you free access to a large number of journals at **rcslt.org/research/journals**. And you can keep up with the latest clinical evidence across various publications on the free SpeechBite monthly research update **speechbite.com/stay-informed**.

Why we include research in *Bulletin*

We share recent research as a taster for some of the rich variety of relevant publications out there. Reading journals and articles is a key way of engaging with research, and our article on page 47 shows that allied health professionals getting involved in research may benefit healthcare.

How do I contribute an article summary?

When you find a journal article that you wish to share with our readers, write summary of up to 220 words explaining what the research is about and why it is interesting and relevant to SLTs. The deadline for next issue is 29 January, but we can consider summaries sent at any time.
Email your work to **bulletin@rcslt.org**.
For writing tips visit **rcslt.info/itj-guidelines**.

THE WIZARD OF WORDS

James *found a way to recovery through writing and performing poetry*

I wrote this poem for the hospital's 30th anniversary celebration as a therapy project. I had to keep asking one of the SLTs to read the bits of scrap paper out – it was like a game of table tennis. I had a lot of help from the SLT with writing things down, scripting, reading it back to get the feeling of the words and the lines. I was very confident presenting it. All the guests were sitting and not being overly noisy. I knew it and I still know it now. I was shocked that the SLTs had to read their bits off the paper!

I didn't realise I was using SLT when I first went into the rehabilitation hospital or when I moved to this hospital. I always thought, "I've not lost my ability to talk", but SLTs worked with me on projects that were important to me.

The SLTs had patience with me for the poem and after working so hard, I never got any criticism or 'no you can't do that'. Also, I think – it probably seems a very little thing – but the praise, however old I might be, means a lot; my SLT called me the 'Wizard of Words'.

I've done lots of learning about brain injury and how it affects different people; I've learnt about respect for the individual. The frustrating experience in groups is being interrupted which is a pet hate of mine and always has been. There's a lot of interrupting goes on. I need to control my temper and have 'patient patience'. It's easy to forget that other people have different impacts from their brain injuries. My temptation is to look for the easy option and not let people join in.

I think the thing I like about speech and language therapy sessions is just getting support and knowing the support's always there, despite what their workload might be.

If you think you know everything about speech and language therapy... prepare to be surprised. I thought I wasn't in need of anything but now I get it 100%.

If you think you know everything about speech and language therapy... prepare to be surprised

JAMES is an anonymised name

Excerpt from 'Poem for the Robert Fergusson Unit 30th Anniversary, Rehabilitation For You'

A one stop shop for neuro needs,
Residential care, it took the lead,
Appointments, diaries were not a need, all on site including feed.
Your own bedroom, bathroom, it's your private den,
A rehab base to start again.
Doctors and nurses to coach us till well,
and four different therapies would make us excel.
Let us make a start with creating things through art,
Physios help us walk,
Speech and Language perfect our talk,
OTs remind us how to live,
So as long as you can take and give.
We could be the greatest, we should be the best,
We could be the neuro destination of the West.

He was supported in writing this article by the SLT team at the Robert Fergusson Unit (RFU), Royal Edinburgh Hospital
melanie.hay@nhslothian.scot.nhs.uk

In the journals

This section features summaries of recent research articles. Inclusion does not indicate strength of evidence or involve a critical appraisal of the paper. Members are encouraged to take an evidence-based approach to practice, which means combining critical appraisal of scientific evidence with clinical expertise and service user preferences **rcslt.info/EBP**.

Gap in the mental health evidence base

A recent study has found that in spite of a strong association between speech, language and communication needs (SLCN) and poor emotional wellbeing, organisational limitations continue to exist for SLTs working in mental health services. This has implications for the accessibility and efficacy of assessment and treatment for the children and young people (CYP) who make up this vulnerable population. The study used semi-structured interviews to elicit mental health clinicians' experiences of supporting CYP with co-occurring SLCN and mental health difficulties. In the paper, the role of the SLT is described in relation to the adaptation and extension of traditional talking therapies, which can be inaccessible for people with SLCN, as well as to input that blends behaviour and emotion programmes with language and communication interventions. Further research is indicated to understand how this should, or can be, delivered in practice.

JESSICA LANE, Specialist SLT, Child Psychiatric Inpatient Unit, NHS Greater Glasgow & Clyde

Hancock, A. et al. (2023) Speech, language and communication needs and mental health: the experiences of SLTs and mental health professionals. *International journal of language & communication disorders*, 58(1), 52-66.

Importance of a rounded profile of dysphagia

This study analysed data from 273 individuals who had been referred for a modified barium swallow study (MBSS) and had also had Functional Oral Intake Scale, Eating Assessment Tool and Dysphagia Handicap Index data collected. Referrals were predominately from general medicine and oncology services.

The results showed modest to weak correlations between scores for physiologic swallowing impairment, functional swallowing ability, and swallow-specific quality of life assessment measures.

The authors conclude that "...physiologic swallowing impairment, functional swallowing ability, and swallow-specific quality of life should not be considered in isolation, but rather each should be included during comprehensive swallowing assessment" to form a rounded profile of a person's dysphagia.

NICHOLAS DE MORA-MIESZKOWSKI, Senior Lecturer, Wrexham University

Hazelwood, R. et al (2023) Relating Physiologic Swallowing Impairment, Functional Swallowing Ability, and Swallow-Specific Quality of Life. *Dysphagia*. 38, 1106-1116.

Accommodations at work for adults who use AAC

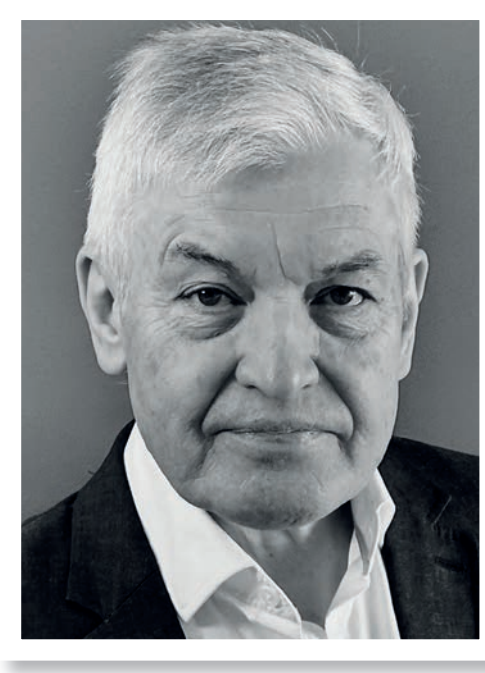
This systematic review examined barriers and facilitators to implementing workplace accommodations for adults who use augmentative and alternative communication (AAC). Reviewers found 17 studies that met criteria for inclusion. They included perspectives and experiences of employees, employers and employment specialists. Most studies in the review were from the perspectives of people who use AAC, and four studies incorporated the perspectives of employers and/or coworkers. The authors conclude that "the unique challenges that people who use AAC may face in employment could potentially be addressed with the appropriate accommodations". The authors suggest that the facilitators in this review might be used to inform recommendations to make the accommodation process more accessible.

CAROLINE BAGNALL, RCSLT Research Manager

Lackey, S et al. (2023) Barriers and facilitators to accommodations in the workplace for adults who use AAC: a systematic review. *Augmentative and Alternative Communication*, 39(3), 181-197, DOI: 10.1080/07434618.2023.2170277

MOVING STORIES

Jonathan Hirons' *aphasia journey led him to becoming a film maker*



A stroke caused by a bleed on the brain one January morning in 2019 left me unable to find the words I wanted to speak to make myself understood. The words and sentences I wanted to say were in my head, but wrong words came out of my mouth. I wasn't making sense.

I was unable to use my phone or to recognise words on a page. I was unable to remember my address, phone number, bank account details. My wife wrote down my name, our address and our phone numbers in case I couldn't remember them. The most improvements in stroke patients with aphasia takes place within the first three months and research shows that depending on the injury to the brain, improvements in language continue with the help of speech and language therapy.

My wife wrote down my name, our address and our phone numbers in case I couldn't remember them

My wife started this process by buying children's flash cards for me to identify the pictures on them. They had a space at the end of the page for writing the name of the object or animal. At first I struggled with naming the pictures and with writing them. Interestingly, I found that I was able to read in my head, I just wasn't able to speak or read out loud, but with practice I began to recognise words more easily and my reading improved considerably. After six weeks, weekly speech therapy sessions started. Each week, I was given drills to improve my speech and word finding. I had six sessions and by the end I began to write short emails and text messages. The speech therapists also directed me to one of the online apps to help you to continue the work that they have done.

It was also important to exercise regularly and my wife encouraged me to continue playing a weekly game of walking football. She also persuaded me to go swimming with her once a week. She said I would enjoy it, that it is good exercise and that it would help with my coordination. Guess what? She was right.

I picked up my passion for making short films prior to my stroke. During lockdown, I made an online music video with the local aphasia choir and formed the idea of making a documentary about aphasia to highlight the condition and how it was a hidden disability. I raised the funding for the film and over the next two years we filmed, edited and promoted it through the local and national press and social media. I am now offering the documentary and a Q&A to organisations in the UK, and I have also started to link up with organisations in Australia, Canada and US. You can view the film online **tipofmytonguefilm.com.**

The purpose of this film is to make people aware of aphasia. To help and support and to equip people with coping mechanisms, and help them feel less isolated.

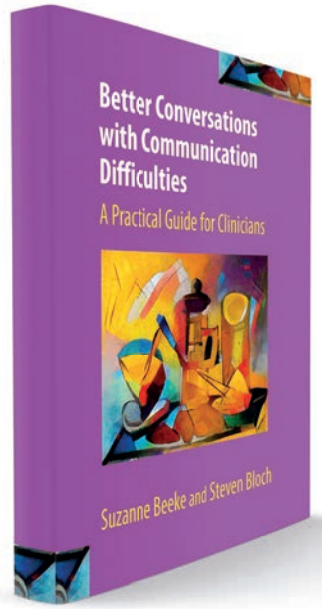
JONATHAN HIRONS
jfhirons@gmail.com
tipofmytonguefilm.com

Book reviews

Books and resources reviewed and rated by *Bulletin* readers

★★★★★

Better Conversations with Communication Difficulties A Practical Guide for Clinicians



AUTHORS: Suzanne Beeke and Steven Bloch
PUBLISHER: J&R Press, 2023
PRICE: £24.99

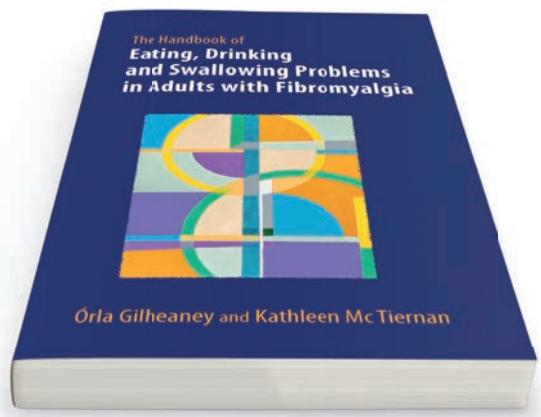
Better Conversations is a flexible, video observation-based therapy approach. A clinician, person with communication difficulties and their communication partner identify barriers and facilitators in self-recorded conversation samples. Together, they work towards reducing barriers and increasing facilitators to improve their conversations.

This book is a practical guide to the Better Conversations approach. I liked how it is explained step-by-step, with useful tips and signposting to online resources. The case studies shared bring the approach to life and demonstrate what it offers. This book will be valuable to SLTs, student SLTs and assistants working on conversation skills across client groups.

SUSIE WILLIAMS, Specialist SLT, Adult Speech and Language Therapy, East Suffolk and North Essex Foundation Trust

★★★★☾

The Handbook of Eating, Drinking and Swallowing Problems in Adults with Fibromyalgia

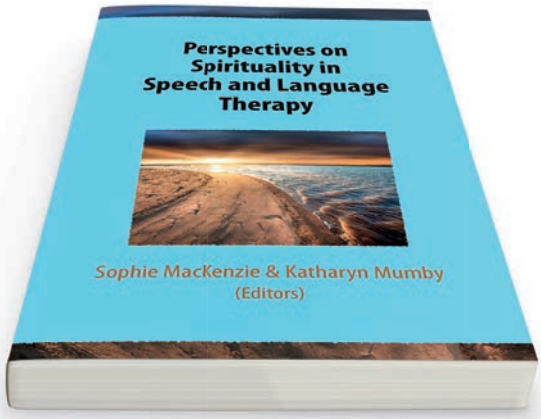


AUTHORS: Orla Gilheaney and Kathleen Mc Tiernan
PUBLISHER: J&R Press, 2023
PRICE: £24.99

Not every SLT will have an understanding of fibromyalgia, despite it affecting 6.6% of the general global population. Fibromyalgia causes eating, drinking and swallowing challenges, along with other physiological impacts, which affect functionality and quality of life. The book is divided into clear chapters which take the reader through condition definitions, clinical signs, case studies, support strategies and service delivery considerations.

The book is well presented, evidence-based and a short easy read with implementable advice. The research surrounding dysphagia and fibromyalgia is limited so this book is a very helpful tool in aiding clinicians to provide enhanced care and treatment.

LAUREN DRAKE, Consultant Specialist SLT



✪✪✪✪

Perspectives on Spirituality in Speech and Language Therapy

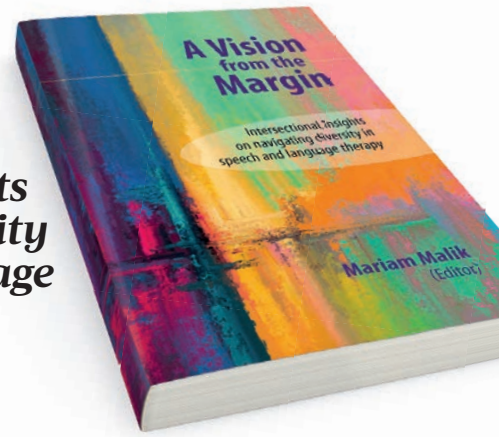
AUTHORS: Sophie MacKenzie & Katharyn Mumby (Eds.)
PUBLISHER: J&R Press, 2022
PRICE: £24.99

This book contains chapters covering a brand range of topics exploring the role of spirituality within the SLT profession. It is more geared towards those working in adult services and within the field of higher education and professional bodies. Topics include discussing whether spirituality should be more overtly covered within pre-registration courses. This book looks at challenging preconceptions around the definition of spirituality. The authors discuss the mind-body connection and treating the 'whole person' as well as how embracing spirituality can impact positively on practitioners, regardless of their religious backgrounds. I found this book very interesting and thoughtfully written.

MICHELLE MCCAULEY, Paediatric SLT, Northern Health and Social Care Trust, Northern Ireland

✪✪✪✪‹

A Vision from the Margin
Intersectional insights on navigating diversity in speech and language therapy



AUTHOR: Mariam Malik (Ed)
PUBLISHER: J&R Press, 2023
PRICE: £19.99

This book invites us to start conversations, to be sensitively curious about how we can implement meaningful change in our services. It is suitable for SLTs at any stage of their career, as well as students.

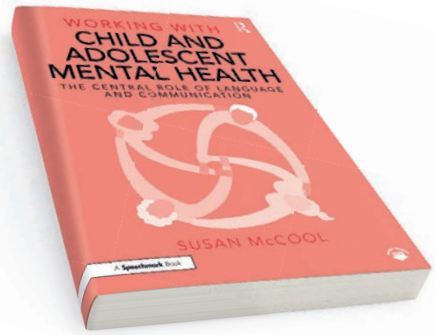
It contains six first person accounts from therapists at "the margin" of our predominately white workforce. They share their experiences of racism and their hopes for the future of our profession.

This book encouraged me to think, to question, and to reflect, for example, how professionalism sits with authenticity and rapport. I have already read this book twice; it is a hugely valuable resource.

RHIANNAN WALTON, Independent SLT, Therapy Ideas

✪✪✪✪

Working with Child and Adolescent Mental Health the central role of language and communication



AUTHOR: Susan McCool
PUBLISHER: Speechmark
PRICE: £31.99

This book is an excellent resource for SLTs working in child and adolescent mental health services (CAMHS) and anywhere else where a child or young person has mental health needs. It is the book I have been waiting for since I started working in an inpatient CAMHS service. The book is full of useful resources which can be used straight away, and it is written in a very accessible format. There are very clear examples of why it is so important to look at both communication and mental health and describes how these are so intertwined. I feel it is also a useful resource for other mental health professionals to help them understand why SLTs are so important in mental health settings.

HAYLEY ROSENTHALL, Advanced Specialist SLT, Red Kite View (Tier 4 CAMHS service), Leeds

A PROBLEM SHARED...

Having work or career issues? Tom from the RCSLT Professional Enquiries Team is here to help

I am a newly qualified practitioner (NQP) in my first job in a busy hospital. I had very few face-to-face placements during my course due to the pandemic, and I feel like I am struggling with interacting with patients and the pressure of the complex workload. I am worried that my team will feel they are having to 'carry' me. This is making me really anxious... help!

I am really sorry to hear that you are feeling this way. Anxiety and stress affects us all at times, and you are definitely not alone. It is normal to have worries when you start a new job, especially when you may have had very little actual patient contact. These worries can help to drive us forwards if we use them in the right way. It is when they start to negatively impact on our performance and health that we need to do something. Signs to look out for include being withdrawn, changes in behaviour, difficulty concentrating or increased absenteeism.

It is really important to let those around you know how you are feeling. Never be afraid to approach your supervisor and ask for help. There may be things they can do to help reduce the pressure you are feeling. Reducing your caseload for a short time may help to build confidence and alleviate some of your anxiety. Using supervision sessions and shadowing colleagues may be another way forwards. Talking to your peers can also help: you may find other NQPs are feeling the same as you.

Many employers have access to a range of services to help with employee wellbeing, and these can be really useful to help reduce anxiety. Often we are concerned that asking for support will be seen as weakness but this is not the case! We are all healthcare professionals and we need to look out for each other.

It is all of our responsibilities to take care of ourselves and others, and to ensure that we keep talking about our mental health and supporting one another.

There are many organisations, apps and resources that you can use to help relieve stresses, reduce anxiety and take care of your mental health. I find the Headspace app great to help me relax and gather my thoughts. NHS staff can access this free of charge, but there are plenty of fantastic apps and support networks out there that can help.

TOM GRIFFIN,
RCSLT Professional Enquiries Manager
Contact the team
info@rcslt.org
020 7378 3012

Useful links

Mind – How to promote wellbeing and tackle the causes of work-related mental health problems
rcslt.info/mind

NHS Every Mind Matters: anxiety
rcslt.info/nhs-anxiety

Headspace
rcslt.info/headspace-nhs

NHS Wellbeing Audio Guides
rcslt.info/nhs-wellbeing-audio

Happiful
rcslt.info/happiful

Questions are anonymised or fictitious examples, representing a range of professional issues affecting our members.

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

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