Bulletin

RCSLT

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

RCSLT AT 80

Taking a fresh look at the profession

WINTER 2024/25

ISSUE 841

RCSLT.ORG

Celebrating our 80th anniversary with a special photographic feature on SLTs at work | Member stories | **Pledges for 2025** | Conversation between generations | **Tips for safe online focus groups** | Rescuing the archives | **AAC user Tessa painting her way to success**

RCSLT

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

President: Nick Hewer
Chair: Irma Donaldson
Deputy chair: Eve Baird
CEO: Steve Jamieson

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

EDITORIAL
Editor: Deborah Fajerman
Editorial assistant: Keely-Ann Brown

With thanks to: Amit Kulkarni, Head of Research and Outcomes, and RCSLT staff who provide their expertise.

DESIGN
Art editor: Yvey Bailey
Picture editor: Akin Falope
Cover photo: Cat Goryn

ACCOUNT DIRECTOR
Tiffany van der Sande

PRODUCTION
Aysha Miah-Edwards

PRINTING
The Manson Group

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

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

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

RCSLT PRESIDENT

Transforming lives since 1945

RCSLT President **Nick Hewer** introduces our anniversary edition

As we celebrate the RCSLT's 80th anniversary in 2025, we reflect on a remarkable journey that has transformed countless lives through the power of communication.

Many will recall 'The King's Speech' film, which portrayed Lionel Logue's groundbreaking work helping King George VI with a stammer. While this historic collaboration captured public imagination and highlighted our profession's origins, it represents just one chapter in our rich history. From those early days, when speech therapy was primarily associated with stammering, our field has evolved into an essential cornerstone of modern healthcare.

Today, our 22,000 members stand as testament to the profound growth and diversification of our profession. We address a comprehensive range of communication and swallowing challenges that impact people throughout their lives. Our expertise now encompasses everything from supporting children's speech and language development to helping stroke survivors regain their voice, from enabling individuals with learning disabilities to express themselves to assisting people with swallowing difficulties to eat and drink safely.

> Our field has evolved into an essential cornerstone of modern healthcare

The fundamental truth that drives our work remains unchanged: communication is not just a basic human need, it is the foundation of personal identity, social connection, and human dignity. Every time we help someone overcome a communication barrier, we're not simply treating a condition; we're opening doors to participation in society, strengthening their sense of self-worth, and enabling them to share their unique voice with the world.

As we enter our ninth decade as a professional body, we celebrate not just our history, but the continuing evolution of our practice through research, innovation, and unwavering dedication to those we serve. Here's to the next 80 years of transforming lives through the power of communication.

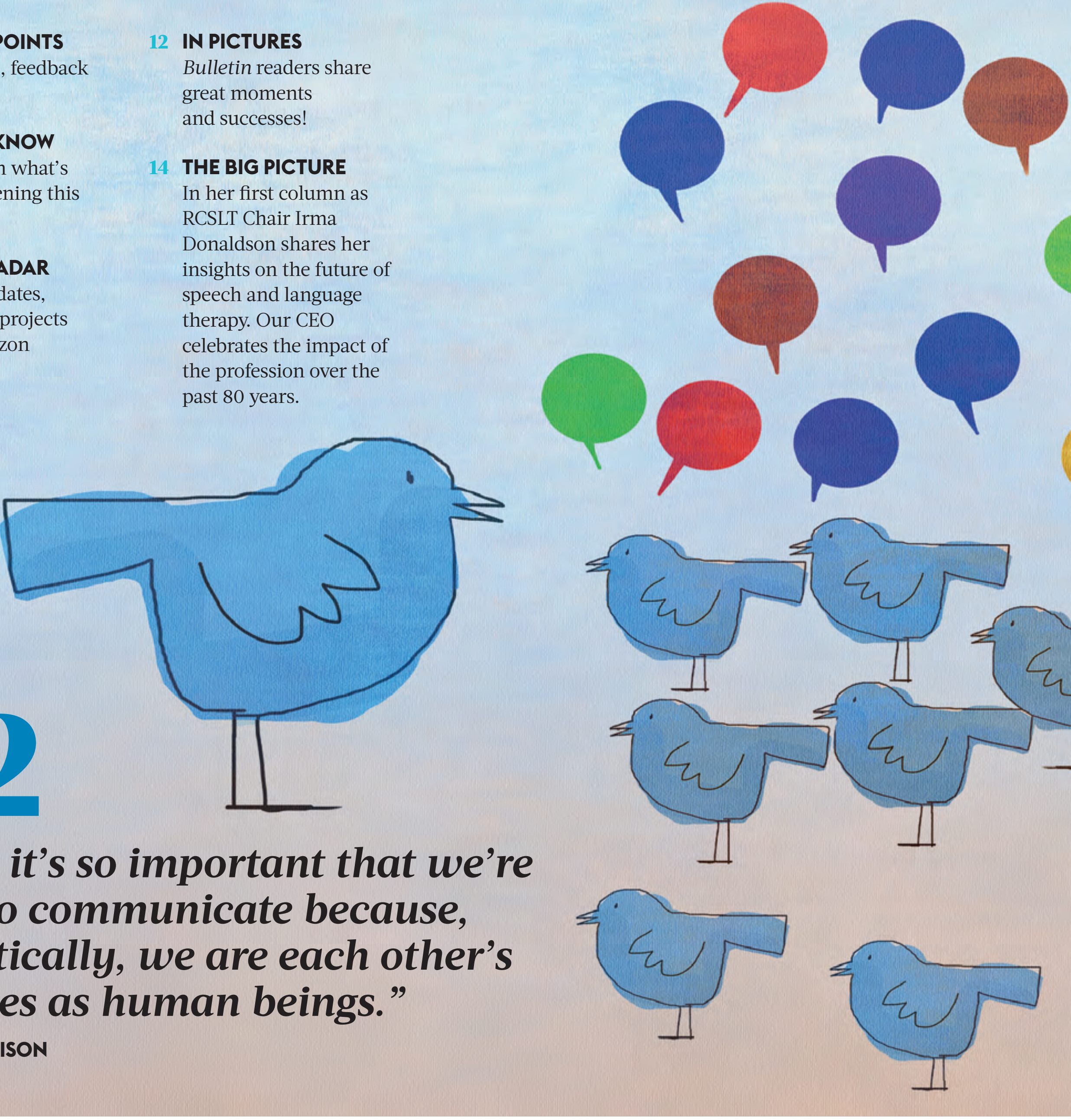
Nick Hewer

Nick Hewer,
RCSLT President
✉ bulletin@rcslt.org

Content

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

REGULARS



32

> ***"I feel it's so important that we're able to communicate because, realistically, we are each other's lifelines as human beings."***
>
> **EVAN MORRISON**

S

⊕ Sections featuring this icon represent all clinical features

REGULARS

⊕ PERSPECTIVES

ANALYSIS

⊕ FEATURES

RESEARCH AND OUTCOMES FORUM

COMMUNITY & DEVELOPMENT

44

ILLUSTRATION: MATT CLOUGH

SHARE YOUR THOUGHTS ON X @RCSLT

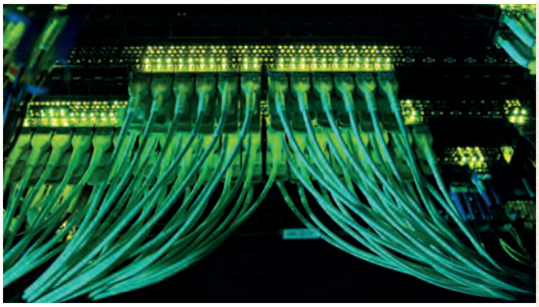
Talking points

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

LETTER

AI and sustainability

Articles in the last issue of *Bulletin* queried the use of AI in our profession and our impact on climate change - separately. Neither article mentioned each other's topic, but it's so important to note that they are very much interlinked. AI's impact on the planet is huge and catastrophic (see "Why AI is a disaster for the climate" by John Naughton in the Guardian, or "The carbon impact of artificial intelligence", by Payal Dhar in 2020). Much like we must choose to be actively anti-racist and actively neurodivergent affirming, we must choose to be actively sustainable. AI, at this time, is fundamentally incompatible with that objective.



THAIS CARDON, Paediatric SLT, Kingston and Richmond NHS Foundation trust

LETTER

Using Biozoon

We would like to ask other SLTs about using Biozoon for service users who have dysphagia and are nil by mouth. There was a fire safety alert earlier this year about this device and we have stopped using it. Biozoon have written a statement assuring that the device is safe if used according to instructions.

Are services still using Biozoon, and how can we find out?

BARBARA KNOWLES, Clinical Lead, Southern Health NHS Foundation Trust
b.knowles@nhs.net

LETTER

Collaboration network

Collaboration between SLTs is in the best interests of our clients: we can and should build on the many examples of brilliant practice within the profession. I am a committee member of the clinical excellence network (CEN) 'SLTs on the Same Team'. We meet regularly to share examples of collaboration across sectors and to help our members overcome barriers to joint working. Currently, the majority of our members work independently. We would like to put a call out for SLTs working within the NHS or local authorities in particular to join us. You can visit the CEN directory on the RCSLT website **rcslt.org/cen-directory** or contact me for more information.

AMY GUEST, SLTs on the Same Team
sltsonthesameteam@gmail.com
@SLTsSameTeam

LETTER

Culturally responsive modified diet resources

Are there any SLT teams who have produced or would be able to signpost me to any culturally responsive modified diet resources? We are looking at our current resources for modified diets, but all of the resources tend to be based on Western cuisine.

I would love to hear from colleagues who have produced any resources and are happy to share them.

WING YEE LAM, Practice Development SLT, Central London Community Healthcare NHS Trust
✉ wingyee.lam1@nhs.net

Keeping the conversation going

Lots of you shared your thoughts and ideas about the last issue with one another on social media! We love to see readers sharing our content, so tag in #RCSLT.

The autumn has been fast paced and I finally managed to catch up with the RCSLT *Bulletin* this weekend, and wow this has been one of the most nourishing *Bulletins* for a very long time.
Wing yee Lam on LinkedIn

Finally catching up with autumn @RCSLT *Bulletin*. Congratulations Penny Gravill on her MBE for services to neurosciences and facial palsy - lucky to have had a mutual patient for facial rehab and Penny was generous with her time and sharing expertise.
Sophie Gordon @SophieG88raville on X

Great addition to the RCSLT *Bulletin*. The service user voice ('Mixing it up' page 63) should inform all aspects of SLT practice. A collaborative approach to truly ensure meaningful impact.
Laurette Tahmassian-Zarneh @LATAHZAR on X

Thanks for the autumn 2024 *Bulletin*, RCSLT ('How EDI is integral to speech and language therapy'). Lots of interesting discussions around gender diversity within the profession, Lewisham's EDI workstreams and working with interpreters to name a few.
Wrightington, Wigan and Leigh NHS Foundation Trust @WWLACSLT on X

Incredibly proud to see my former Lewisham SLT team and colleagues sharing their great work on all things EDI in the latest issues of RCSLT *Bulletin*.
Kara Morrison @sltkara1 on X

QUOTE OF THE QUARTER

> "You need to embrace lifelong learning because the field of speech and language therapy is constantly evolving"

REANNE MILLER, SLT, Chesterfield Royal Hospital NHS Foundation Trust

INVOLVING SERVICE USERS

We want to improve how we gather feedback from our patients about their experience of our neurorehabilitation service. We would particularly like to hear from other services to learn how you collect feedback, and how patients with communication difficulties are included.

ELIZABETH HEPPER, Advanced SLT, Tyne and Wear NHS Foundation Trust
✉ elizabeth.hepper@cntw.nhs.uk

Corrections

In 'Can we agree?' (*In the journals*, page 62) the correct journal article author is Laura Mallaband.

In 'A Problem Shared' (page 66) about the use of interpreters we suggested that a family member might be able to carry out 'day-to-day interpreting'. This statement was not in line with RCSLT guidance or best practice, and we apologise for this oversight. Visit our bilingualism guidance **rcslt.info/bilingualism-guidance**

WHAT'S NEW ON rcslt.org

VOICES OF THE FUTURE: SLT CAREER RESOURCES
Take a look at our updated 'Become a speech and language therapist' page on the website, featuring new posters in English and Welsh. It's ideal for introducing KS4 and college students to the SLT career.

rcslt.info/slt-careers

AN EASIER JOURNALS SEARCH
Explore the updated search function on the RCSLT journals pages designed to help you quickly and easily find the research papers you need. Catch up with the latest insights and research to support evidence-based practice and enhance your work.

rcslt.info/research-journals

NEW GUIDANCE TO SUPPORT NEURODIVERGENT SLTS
Our latest guidance supports neurodivergent SLTs and their colleagues in their personal career development and the development of the profession. Written by neurodivergent SLTs, it is aimed at increasing knowledge and understanding and developing inclusive working practices.

rcslt.info/neurodivergent-SLTs

NEW YOUTH JUSTICE FACTSHEET
Many young people in the criminal justice system have unidentified speech, language, and communication needs (SLCN). Our new factsheet highlights the scale of the issue, the needs of this group, and the positive impact of speech and language therapy on both staff and young people.

rcslt.info/youth-justice-factsheet

Need to

RCSLT turns 80

Welcome to our special issue of *Bulletin*! We are marking the start of RCSLT's 80th anniversary year with a one-off cover design, plus lots of individual SLT stories and service user voices.

Life has changed a lot since our early beginnings in wartime London, but some things haven't changed. We wanted to turn the spotlight on the SLTs of today to give a picture of the emotion, care and energy we invest in our working lives.

We commissioned professional photographers to give us their take on some of the different workplaces where SLTs can be found, from hospitals to prisons. The fabulous photos offer some idea of the range of people we support, of all ages and from all walks of life. We wanted to capture some of the moments that matter including connecting with clients, travelling, and chatting with friends and colleagues. Even if you don't see your own setting or specialism represented, we hope the images will resonate with you.

All through 2025 we will continue to bring you details of the events and actions planned to celebrate the anniversary including an exhibition of the photographs at events and services around the country.

Watch out for details in e-news and on the website.
rcslt.org/about-us/the-rcslt-at-80

Help us shape clinical terminology

The RCSLT is conducting a project to agree the terms that SLTs use for recording diagnoses in electronic patient records. Some SLTs working in the NHS are now being asked to enter a 'diagnosis' from a coding system called SNOMED CT for every clinical contact, and are finding that it does not have appropriate terms.

The RCSLT wants to support members by requesting changes to SNOMED CT. A standardised approach to data collection will allow accurate information sharing and service planning, Taking a whole profession approach will help to ensure that people's care records are accurate as well as providing data for research.

Join the consultation:
rcslt.info/clinical-terminology

know

2450
minutes of content on our professional development podcast

RCSLT awards and honours 2024

SLTs, service users and RCSLT staff from around the UK came together in Birmingham for our annual RCSLT awards ceremony on 24 October. The awards were presented by the RCSLT President Nick Hewer, CEO Steve Jamieson and Chair Irma Donaldson.

Fellowships and honorary fellowships were given to those who have made an outstanding contribution for the benefit of service users and the profession.

Awards in eight new categories recognised the work and commitment of SLTs in a range of areas including innovation, coproduction and developing the profession.

For a full list of fellowships and award winners visit: **rcslt.info/awards-winners-2024**

ABOVE: IRMA DONALDSON, LEIGH ANDREWS, STEVE JAMIESON

RIGHT: AUDIENCE MEMBERS AT THE AWARDS

NEWS IN BRIEF

Sarah Buckley

We are deeply saddened to hear of the death of Sarah Buckley, Chair of the Association of Speech and Language Therapists in Independent Practice (ASLTIP), in September 2024.

Sarah was a true leader within the profession, driving the needs of independent therapists and the profession forward. She was immensely passionate about the world of speech and language therapy and her enthusiasm and drive helped to forge close relationships with the RCSLT.

Turn to 'In memory' on **page 61**.

New statement on homelessness

The RCSLT is calling for improved outcomes for people affected by homelessness in a new policy statement published on World Homeless Day in October.

The statement highlights the importance of speech, language and communication services in homelessness settings and calls for greater integration of SLTs into these environments. As the UK continues to grapple with rising homelessness, this policy statement provides a roadmap for improving access to essential services and delivering better outcomes for some of the most vulnerable in society.

Find out more **rcslt.info/homelessness-statement-2024**

Winners of IJLCD editors' prize

Congratulations to Kirstine Shrubsole, Emma Power, and Marie-Christine Hallé, who have been awarded the International Journal of Language Communication Disorders (IJLCD) Editorial Prize 2023 for their paper 'Communication partner training with familiar partners of people with aphasia: a systematic review and synthesis of barriers and facilitators to implementation'. The IJLCD editorial team felt this was the best article published in the journal across 2023.

Read the winning article **rcslt.info/communication-partner-training**
and visit our journals search page **rcslt.info/research-journals**.

Announcing SLT Voices

SLT Voices is our new website section where you can keep up with the latest views, debates and ideas that matter to the speech and language therapy community. Leaders and experts from inside and outside the profession give their takes on career development, best practice, wellbeing and more.
🔗 Read SLT Voices: **rcslt.org/slt-voices**.

Plus: did you know our RCSLT podcast has just turned five, with 120 episodes and 86,000 downloads behind us? Join us for lively discussions about the challenges and joys of the profession, from careers to influencing, on SoundCloud or visit
🔗 **rcslt.info/rcslt-podcast**

SLTs win in Northern Ireland

L-R: STEVE JAMIESON, RUTH SEDGEWICK, HEATHER STEVENSON

SLTs were some of the stars of the night at the Advancing Healthcare Awards Northern Ireland in October. The awards celebrated the work of frontline health workers and took place in Belfast. SLTs won in several categories for innovation, excellence, research and service improvement.
Ruth Sedgewick, Head of the RCSLT Northern Ireland, said: "The awards show how, working in collaboration with other healthcare professionals, speech and language therapy can make dramatic changes to patient outcomes. A huge well done to all SLTs and other allied health professionals and scientists whose work was celebrated in these awards!"

Petition leads to debate in Parliament

After a successful petition led by Mikey Akers, a campaigner with verbal dyspraxia, MPs will take part in a debate about the need to increase investment in speech and language therapy in the House of Commons on 27 January. The debate is supported by RCSLT, families, SLTs and a range of organisations supporting those who can benefit from speech and language therapy.

Read our joint statement about next steps and our hopes for the future.
🔗 **rcslt.info/invest-in-SLT-petition**

Membership renewals update

It's almost time for membership renewals for 2025/2026. Look out for the renewal information arriving in your inbox in February, with more details on membership fees for your member category and an overview of the RCSLT's essential services, resources and networks.

In order to help us to continue to provide our valued SLT community with the practical support, clinical guidance and professional development opportunities you need, there will be a slight increase in fees for next year.

Every membership subscription will see a 3.6% rise, and we will explain the exact cost implications for your membership category when we write to you in February. As an example, the increase will be the equivalent of £10.50 per year for a practising, certified SLT paying by Direct Debit.

On that note, more than 17,000 members now pay by Direct Debit and benefit from a £14 discount on their fees. If you don't already pay by Direct Debit, you might want to consider switching to save time and money.
If you would like to set one up, or if you have any questions about renewing your membership, please email **membership@rcslt.org** or phone **020 7378 3010/3011**.

UP COMING

JANUARY
24 International Day of Education
27 Great Mental Health Day

FEBRUARY
4 World Cancer Day
6 Time to Talk Day

MARCH
17-21 Nutrition and Hydration Week
19 Swallowing Awareness Day

IJLCD lecture 2025

The next IJLCD Winter Lecture will be on the theme of dosage, with speakers Professor Cristina McKean and Dr Pauline Frizelle. The lecture is a virtual event, and will be held on 12 February 2025, 9am to 11am. For more information and to register your place, visit **rcslt.info/ijlcd-lecture-2025**

New PPA awareness day

To spread awareness about primary progressive aphasia (PPA) and the role of speech and language therapy, the first international PPA awareness day is taking place in April 2025. To find out more please contact Dr Anna Volkmer, Senior Research Fellow, UCL **A.volkmer.15@ucl.ac.uk**

Primary Progressive Aphasia Awareness
A language led dementia

Two new resources for communication

The new alternative and augmentative communication (AAC) Language Library is now available. You can find AAC vocabularies in languages other than English and add more.
rcslt.info/aac-language-library

For professionals and individuals looking for apps to help with aphasia, the Aphasia Software Finder app from the Tavistock Trust for Aphasia has just been re-designed to be more aphasia friendly.
aphasiasoftwarefinder.org

Disability in the profession

A report based on a survey of disabled SLTs is due to be published in spring 2025. It covers the the experiences of individuals at work and in training, examining barriers, reasonable adjustments and best practice. Look out for more on the website and e-news.

Workforce programme delivers

The workforce, education and training programme delivery team at the RCSLT has been working hard on projects and activities to support transition into the workplace, increase career development opportunities and improve work satisfaction.

Funded by NHS England, the team is engaging with SLTs across the UK. Programme goals span career pathways into the profession, newly qualified practitioner (NQP) guidance and professional development.

Highlights include:

- delivering a webinar to careers staff, students, and career changers on routes into speech and language therapy
- co-developing NQP core goals and guidance based on the Professional Development Framework
- over 1,000 respondents to a retention survey in relation to paediatric waiting lists
- an advancing practice webinar hosted in collaboration with partners from Coventry and Salford Universities.

The programme delivery runs until 31 March 2025: look out for updates on e-news and *Bulletin*.

Contact **wrp@rcslt.org**
Find out more:
rcslt.info/workforce-programme

Swallowing awareness day 2025

Join the RCSLT for Swallowing Awareness Day on 19 March 2025 as we raise awareness of dysphagia. We will be highlighting the vital role SLTs play in supporting people with eating, drinking and swallowing difficulties. This campaign takes place during NHS Nutrition and Hydration Week, providing the opportunity for SLTs and service users to share their activities and stories. Spread the word by sharing on social media using the hashtag **#SwallowAware2025** and tagging @RCSLT. Together we can continue to raise awareness and improve support for those affected by swallowing difficulties.

Find out more:
rcslt.info/swallow-aware-2025

Want your photo to be featured in the next issue of *Bulletin*? Post your pic on X tagging **@rcslt** and using the hashtag **#GetMeInBulletin** or drop us an email **bulletin@rcslt.org** and we'll publish a selection of the best

Got something you want to share?

In this issue SLTs share their team spirit through awareness events, wellness breaks and fundraising

IN PICTURES


6


7


8

9

① **Zaiba Ahmed,** SLTA and Carol Goodridge, Deputy Head and SENDCo, celebrate developmental language disorder (DLD) Awareness Day at Haybrook College. The event was a great success, showcasing the collaborative efforts of their team.

② Happy AHP day, October 14, from the North Manchester General Hospital SLT and dietetic teams. North Manchester SLT Team **@North_Manc_SLT**

③ You are never far away from another SLT. **Jenny Hunt** (fundraising for Head and Neck Cancer UK) bumped into **Cate Cooke** in the Sahara (Morocco), where they were both participating in an 84km trek across the desert. It's a small SLT world. **Jenny Hunt**

④ After a busy few weeks, **@TiasSLT** said farewell to her team in pink at Dorset County Hospital and hello to her new team in grey! **Tia Skeoch**

⑤ SLTs from the Barts Health NHS Trust's primary team celebrated DLD Awareness Day with a bake sale, raising money for Raising Awareness of DLD (RADLD) whilst starting lots of conversation about DLD. **David Rank**

⑥ Hounslow Paediatric Therapy team raising awareness of augmentative and alternative communication (AAC) by sharing free cake in exchange for ordering using any form of AAC. **Lara Bentley**

⑦ Nothing like a cosy coffee moment to recharge ready for the afternoon. This SLT team share their well-deserved wellness break. Bradford Teaching Hospitals NHS Foundation Trust **@BTHFTAdultSALT**

⑧ **Samuel Rowe** and SLT team in Gloucestershire enjoying a throwback to sunnier days.

⑨ A huge congratulations to **@HawkerSLT** and **@AlpanaMarwaha1** for their awards in excellence in learning and leadership. **Deanne Rennie @rennie1d**

IRMA DONALDSON

> **We can all be proud of the immense impact we have on people's lives**

We are all leaders

In her first column as Chair, **Irma Donaldson** thinks about how we can shape speech and language therapy for all SLTs, present and future

I'm glad that I'm in a profession that is constantly evolving to collaborate with a widening range of service users, helping them achieve their goals. I do wonder what the world of speech and language therapy will look like 80 years from now. Although I am not going to attempt to predict that far into the future, I do have some ideas of what I would like to see happening in the next few years while I am Chair and beyond.

More people need to know about our amazing profession. This includes young people choosing speech and language therapy as a career when selecting GCSE subjects and post 16 courses.

I have talked to a number of you in different parts of the UK so I'm aware that workforce diversity challenges are similar in many regions, but with nuanced differences.

Currently we have the most diverse student population, but there is still room for improvement. We're trying to achieve a workforce that better reflects the populations we serve across the UK. For our workforce to match service demands we need to retain qualified SLTs while working closely with our local system partners.

To ensure that all SLTs have a sense of belonging within the profession an equality, diversity and inclusion (EDI) strategy is in development. I would love to see that strategy embedded in practice. I think if all in the current and future workforce felt included, the collective understanding of how best to work effectively with service users from any background would be increased. I'm aware that for this to happen we need to normalise having the uncomfortable conversations about racism, difference and discrimination in all its forms. No member should ever feel 'othered'.

We are in for challenging but exciting times. Financial constraints may affect service delivery, but we still need to demonstrate impact while embracing technological advancements.

Being part of the SLT community, we can all be proud of the immense impact we have on people's lives from birth to death. We need to celebrate that, but we also need to amplify that to others. RCSLT is a membership organisation and so we need to ensure our strategies align with what is needed. All members regardless of where they are on their professional journey are leaders. There are so many opportunities for being actively involved in the work of RCSLT. You can be part of nurturing our growing and sustainable profession.

IRMA DONALDSON, RCSLT Chair of Trustees
✉ irma.donaldson@rcslt.org
𝕏 @Irma.donaldson19

STEVE JAMIESON

Advocacy in action

At the start of our 80th anniversary year, CEO **Steve Jamieson** celebrates the power of the SLT community to create change

> All members can be campaigners and drive change

As we celebrate our 80th anniversary, our influencing efforts continue to make an impact across the UK. We won't stop until we have a society that is fully inclusive of everyone with communication and swallowing needs. While we enter our ninth decade as a membership organisation, all RCSLT members can pledge their support for our active campaigns. This could be as simple as writing to your local MP about SLT funding or taking part in an e-action about the right to prescribe.

As part of our vibrant SLT community, you can be part of making change happen. The RCSLT's influencing work can be a long and complex process, much of which takes place behind the scenes. All of us can get involved.

Over the years, we've built strong relationships with a variety of organisations, including charity partners and people with lived experience, who are essential in helping us clearly communicate to decision-makers where changes are needed to make things better for everyone.

We can all be proud of our influencing work in recent years, such as recognising speech, language, and communication needs within the Domestic Abuse Act. We also worked with the Stroke Association and NICE to help shape guidelines and recommendations, particularly in the post-stroke population. Cuts to speech therapy in Edinburgh were averted.

We are campaigning for speech and language therapy to be part of specialist provision in schools. During the pandemic, we spoke out to ensure patients with speech and language difficulties were factored into health service responses.

Some of our current campaigns include extending apprenticeships to Wales and Northern Ireland. We are also pushing for improved care for people living with primary progressive aphasia (PPA). With elections in Scotland and Wales in 2026, we are working to ensure that all the major political parties recognise the importance of speech and language therapy in their manifestos.

In 2025, we urge you to make your voice heard and join in taking action. Together, we can create a society where people with communication and swallowing needs are supported and included, enabling better lives for everyone. All members can be campaigners and drive change that makes a real difference to both service users and SLTs alike.

Turn to **page 36** to find out how to get involved with our 80th anniversary pledges. B

STEVE JAMIESON MSC, BSC (HONS), RN
RCSLT Chief Executive Officer
✉ steve.jamieson@rcslt.org
X @SteveJamieson12

Turning the ship

Jasmin Hernon opens up the family drug and alcohol court, and the SLT's key role in the team helping families and children

JASMIN HERNON

For children navigating the tumultuous waters of familial substance misuse (SM), the paediatric SLT working within the Family Drug and Alcohol Court (FDAC) shines brightly, a beacon of support and guidance in a sea of uncertainty.

The FDAC system stands at the intersection of family law, healthcare and addiction services, providing a holistic approach to address the complex needs of families affected by SM. Teams of experts in areas like mental health, addiction and domestic abuse work with the legal professionals and parents to ensure children are kept safe and parents get the support they need. Within this framework, the SLT role is multifaceted and indispensable.

> It is vital to consider the immediate impacts of drug and alcohol exposure in utero

The SLT role in FDAC

In my varied role as an SLT I assess and support children through a porthole of hidden harm: the experience of children living with and affected by parental SM, often unknown to services. Work begins at the neonatal stage where it is vital to consider the immediate impacts of drug and alcohol exposure in utero, which may present in the form of withdrawal, feeding difficulties and limited interaction with their parents. Support ranges from ages 0-18 years, speech sound disorders to language delays, advocacy for foetal alcohol syndrome disorder diagnosis and more. My aim is to empower these children to overcome their communication difficulties and thrive. Tailored interventions are aimed at improving the child's communication skills, and also enhancing their overall wellbeing. We aim to provide the child with a strong foundation of protective factors for their journey ahead.

I also provide one to one guidance for parents to foster a nurturing environment conducive to the child's growth and development.

Multidisciplinary team

In the FDAC setting, collaboration is fundamental. In Gloucestershire, our team supporting the FDAC is called the Turn Around for Children Service. We are a multidisciplinary team led by a service manager and comprising a judge, social workers, SM specialists, mental health nurses and health visitors. This collaborative approach ensures that the needs of the child and family are comprehensively addressed.

Advocacy

I serve as an advocate for children affected by SM and for a new way of working. Through mentorship with my NHS colleagues, I endeavour to promote a problem-solving and curiosity-based approach to working and highlight the importance of early intervention.

Working within the FDAC presents its share of challenges. The complexity of family dynamics, the pervasive stigma surrounding addiction, and the limited resources available are just a few storms to weather. Have you ever met an SLT who also carries out urine drug testing? However, it is within these 'out-of-my-job-description' moments that I find my purpose.

Every milestone achieved and every breakthrough in communication is a testament to the bravery of the families and the team supporting them. This is where I find renewed determination to continue my work, on this metaphorical ship.

JASMIN HERNON, SLT, Turn Around for Children Service (TACS) Gloucestershire Health and Care NHS Foundation
jasmin.hernon@ghc.nhs.uk

ILLUSTRATION: TIM BOUCKLEY

Beyond words

Joyce Adeyanju shares how her dual careers as an SLT and professional dancer bring creativity and depth to patient care

In the dynamic world of speech and language therapy, creativity is a cornerstone of holistic care and therapeutic efficacy (Dietz & Meehan, 2019).

At the heart of our profession lies a profound intersection between scientific rigour and artistic expression: a space where evidence-based practice coexists with the boundless potential of creative innovation (Lynch & McLeod, 2021).

As well as being a paediatric SLT I am also a professionally trained dancer with experience performing, choreographing, and working in music videos and live events. I have several dance styles including jazz funk, hip hop, afro and commercial. Balancing my career as an SLT and professional dancer has added layers of creativity and discipline to my daily life. Dance is more than just movement; it is a form of expression that allows emotions and thoughts to be communicated without words. It complements my professional work because both realms are about communication and connection.

JOYCE ADEYANJU

> **The structure gives me the focus I need for therapy, while the creativity of dance provides a flexible, spontaneous outlet**

Creativity in speech and language therapy transcends traditional techniques and interventions. From designing therapy activities to cultivating therapeutic rapport, creativity serves as a guiding force, empowering therapists to adapt and innovate in response to the diverse needs of their clients. For example, while working with children who have speech delays, I often introduce playful elements like drawing which significantly enhances their engagement and motivation. Rather than simply practising speech sounds, the session transforms into an interactive journey, allowing the child to express themselves in new ways. By thinking outside the box, I can introduce interventions that are more engaging and enjoyable for clients.

Dance keeps me physically active and is an outlet that reduces stress, which is crucial when managing a full caseload of clients. It's an important aspect of self-care considering how emotionally demanding our profession can be. Managing these dual passions has taught me the importance of structure and time management. To balance both, I've developed a weekly schedule that ensures I can dedicate time to my work as a therapist while still allowing space for dance. Having clear, dedicated time slots for each helps me stay organized and prevent burnout. The structure gives me the focus I need for therapy, while the creativity of dance provides a flexible, spontaneous outlet.

Embracing creativity within the practice of speech and language therapy is not only essential for optimising client outcomes but also for nurturing our wellbeing and professional fulfilment as therapists. My dual passion for dance and speech therapy has taught me that creativity is a transformative force, both in and out of the clinic. This balance of art and science enhances the depth of human connection we can create in our work, making it all the more fulfilling.

JOYCE ADEYANJU, Paediatric SLT, Ealing Paediatric Speech and Language Therapy Service
✉ Joyce.adeyanju1@nhs.net
▶ Jay 4eva

Partnerships and belonging

Natasha Kidane and **Kate Shobbrook** reflect on the experience of building community ties through school-based communication workshops


NATASHA KIDANE

KATE SHOBBROOK

In our experience as school-based SLTs, making connections with families and to the local community can be challenging. Caseload sizes and the pressures of time mean that there are often few opportunities to work beyond the classroom or the special educational needs room. We know that partnerships with parents and carers are essential to quality intervention (RCSLT, 2018). Families and children value support that's tailored to their situation and culture, and that enables them to participate in a range of activities and environments (Baylor and Darling-White, 2020).

At Reach Academy, Feltham in the London borough of Hounslow, Natasha has been running communication workshops for parents of children in the early years with speech, language and communication needs (SLCN) for two years. The workshops align with the school's ethos of building strong and trusting relationships between its children and families, staff and the local community. The workshops have not only been successful in improving parents' ability to support their child's communication, but have had a second, equally powerful impact by helping families make connections with each other and with resources available in the local community.

ILLUSTRATIONS: TIM BOUCKLEY

Using existing links between the school and the community

We achieved this by working with staff at Reach Children's Hub, a centre staffed by family support workers employed by the school. We mostly ran groups at the school as this was where the parents brought their children each day, but a family support worker from the Hub joined each session. She was able to share information about events and support available in the community and helped to recruit families to join the workshops.

Harnessing the power of the expert parent

In our second year, we invited parents from the first round of workshops to participate and support the new group. One parent, active in many community-led projects through the Hub, helped facilitate discussions with other parents by sharing her own experiences of having a child with SLCN. Some bilingual parents in the group offered support for other non-native English speakers, which opened opportunities for more discussions.

Encouraging bonding through shared experience

All of our parents were initially reluctant to share their 'homework' as this involved filming themselves practising different communication strategies with their children and sharing the videos with the group during the workshops. However, once parents saw their and other children benefiting from the strategies in action during familiar home activities, they soon grew in confidence. The shared experience of creating, sharing and discussing their activities not only created a bond between the parents, but provided a supportive environment for them to provide feedback to each other.

Our communication workshops have been beneficial to parents and children and hugely enjoyable for all involved. We hope that elements of our experience will be useful for SLTs working in other services to support partnership working in their own communities. Please contact us if you would like further information.

KATE SHOBBROOK, Lecturer and PhD student, University College London
✉ k.shobbrook@ucl.ac.uk

NATASHA KIDANE, SLT, Reach Academy, Feltham
✉ natasha.kidane@reachacademy.org.uk

www.elklan.co.uk
@ElklanTraining

Accredited Training by
OCN London

Elklan
Training to Support Children's Language and Learning

10% Discount on
Tutor Training
Code: RCSLT-10

Make Your Hard Work Go Further:
Maximise Impact on Children's Communication

Become a licensed Elklan tutor to deliver our courses to practitioners and parents, with additional opportunities to collaborate with Elklan

Elklan provides courses to develop the communication skills of all children, including those with SLCN

Over 4,500 speech and language therapists and specialist teachers have trained to deliver our courses to over 85,000 practitioners

> " Really enjoyed the training and excited to start delivering within my setting. Henrietta was very knowledgeable, informative and passionate about Elklan. It's such a great training service that will empower our staff here and give them the confidence to support students as best as possible. "

Speech and Language Therapist,
Tutor Training Participant, 2024

The discount code RCSLT-10 entitles the user to 10% off the purchase of an Elklan Tutor Training Pack and is valid until the 4th of April 2025. The discount code can be used only once per customer.

How many of your laryngectomy patients have red skin around their stoma?

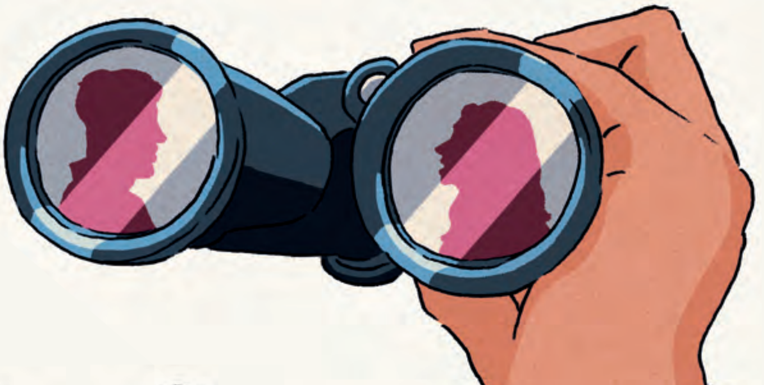
We can minimise MARSI (Medical adhesive–related skin injuries) and help get an air tight seal by understanding our patients' skin around their stoma. The first step to your patients having healthy skin is having a good routine and techniques.

This assessment tool was developed by HCPs to provide practical guidance for categorising peristomal skin disorders in total laryngectomy patients according to their cause, so that appropriate care can be initiated.

- Not speaking too soon after application
- Proper choice of adhesive
- Proper application and removal technique
- Avoid mucus trapping underneath adhesive
- Not touching adhesive layer prior to application
- Not leaving non-permeable adhesive on too long
- Avoiding repeated adhesive changes
- Avoiding excessive speaking
- Supporting the adhesive when removing HME

Please scan for more information on the skin health assessment tool

Atos
Breathing–Speaking–Living
atosmedical.com



Research placements

In a clinical placement with an aphasia research team, **Alys Hollyer** and **Elisabeth Feest** were valued team members

ALYS HOLLYER

ELISABETH FEEST

As part of our MSc in Speech and Language Sciences at University College London (UCL) we had the opportunity to go on a range of clinical placements, mainly in NHS settings. For our final placement, we joined the 'Better Conversations with Aphasia' research team at UCL. We contributed towards the planning and delivery of two intensive groups for people with aphasia and their partners as part of research into the delivery of intensive conversation partner training (CPT). Alongside clinical experts, we facilitated two communication partner training groups based on the 'Better Conversations with Aphasia and PPA' frameworks. We also worked with a guest artist, Mah Rana, who guided participants in creating collaborative art pieces to stimulate conversation and encourage creative expression.

> **Being able to gain experience conducting and contributing to research was the icing on the cake!**

As students we were heavily involved from the outset and conducted online assessment and outcome measure sessions before and after each group, as well as leading some therapy sessions.

The research aspect of the placement meant that we collected, analysed and handled more assessment data than we had done on other placements and made us reflect more explicitly on the assessments we were using and the reliability of the scoring.

We were treated as integral members of the team and were involved in planning, delivering and reflecting on sessions. We dedicated time each day to reflect on what was effective within the groups and how we could address the individual needs of the participants, as well as identifying tasks to further our learning and development as students. This setting, as well as this allocated reflective time each day, facilitated creativity and flexibility towards session planning.

The feedback we elicited from participants following each group was comprehensive and honest, likely more so than the feedback typically obtained in clinical settings as we had more time allotted to this. Moreover, participants were encouraged to see themselves as partners in the development of the programme.

Being involved in two sides of the profession simultaneously, clinical and research, made for an intensive but engaging, informative and rewarding placement. Although a clinical placement within a research setting is unusual, our experience demonstrated that this environment has all the ingredients to meet clinical competencies. We worked with our practice educators to think innovatively about how to demonstrate a range of knowledge and skills within the setting; being able to gain experience conducting and contributing to research was the icing on the cake!

It gave us a valuable insight into the multiple processes and considerations behind the development and evaluation of interventions, as well as the role of an SLT researcher. We would highly recommend a placement within clinical research for students, and as newly qualified SLTs, it has made us consider how we can think creatively to support future students to meet their clinical competencies in different settings.

ALYS HOLLYER
student SLT, UCL
✉ alys.hollyer.22@ucl.ac.uk

ELISABETH FEEST
student SLT, UCL
✉ elisabeth.feest.22@ucl.ac.uk

ILLUSTRATION: TIM BOUCKLEY

Picturing the profession

Photographs showing some of the moments, big and small, that make up everyday life and work for SLTs around the UK

PHOTOGRAPHY JOHN BEHETS & CAT GORYN

We are beginning our 80th anniversary year with a special edition of *Bulletin*. Our pages are full of amazing photographs and stories capturing the range of your work and the people you support. Our photographers were able to share their knowledge and lived experience through their work. John is a psychology graduate with an interest in language and speech after brain injury. He says: “I think it’s important to have an understanding of who I’m photographing in order to have an empathy with the subjects”. Cat had speech and language therapy as an adult. “I grew up shy and quiet, but not having a voice was something else. Like the ability to speak was taken away. Spending time with my SLT in a little quiet room in the depths of Addenbrookes hospital really changed my life. Being able to showcase this profession and the wonderful people in it goes a little way to repaying the impact it has had.”

I hope you enjoy seeing some of their wonderful photography in this issue. There will be opportunities to see the full suite of photographs at various RCSLT events throughout our 80th anniversary year.

Look out for more details on our website and e-news.

We're part of a fantastic multidisciplinary team

I wouldn't have been where I am today without the kindness of others, like my first mentor


ch and Language
Therapist
GIG CYMRU NHS WALES
MACMILLAN


include

> That was a moment that I thought: "Yes, this is the career for me."

The SLTs who make *Bulletin*

This issue is packed with stories from many different parts of the SLT community. We hope you have found things to surprise you, encourage you and make you feel proud to be part of a wonderful profession. *Bulletin* relies on your generosity with your expertise, time and wisdom. Thank you all for making and reading your members' magazine! B

ADVERTORIAL

WILTSHIRE
EST. FARM 1991
FOODS

Wiltshire Farm Foods Launches All-Inclusive Range This Christmas

This festive season, Wiltshire Farm Foods has launched a new dish across each IDDSI Level, as the company brings an all-inclusive range of Softer Foods for its customers with swallowing difficulties.

For the first time, diners with dysphagia can savour the flavours of Christmas in Levels 4, 5 and 6. On offer is Puréed Turkey served in Gravy with Stuffing, Duchess Potatoes and Red Cabbage; Minced Turkey in an Orange and Redcurrant Gravy as well as Minced Mince Pie; Soft & Bite-Sized Turkey in Orange and Redcurrant Gravy and Soft & Bite-Sized Mince Pie & Custard.

The company's Chefs have worked tirelessly all year to bring its customers as much festive cheer as possible with its brand-new range, as Development Chef Jethro Lawrence says:

"We always strive to be at the forefront of innovation when it comes to our Softer Foods range, ensuring that our customers with swallowing difficulties have as much variety as possible to choose from, in a texture that's right for their needs.

"This year we have a fabulous selection which we hope will be well received – make sure your service users treat themselves to a festive pud or two as they come free with our easy-order menu packs!"

Fife-based customer Sandra Mearns has achalasia, a rare condition which affects the muscles of the lower part of the oesophagus, and has welcomed the addition of sauces to the new Christmas meals:

"I've been living with dysphagia following my achalasia diagnosis and really struggle to get my food down. Generally speaking, I prefer to eat meals with sauces as the food passes much more easily into my stomach and I'm in less discomfort as a result.

"A lot of these new meals from Wiltshire Farm Foods have a selection of sauces which I'm delighted about. I don't use my oven so the ease of popping them straight in the microwave is really convenient for me.

"I'm especially looking forward to trying the Purée Turkey with Stuffing. It comes with cabbage which I so enjoy the flavour of but can no longer eat with my condition. I'm intrigued to try the purée version!"

Wiltshire Farm Foods Softer Foods Christmas Range

> **I prefer to eat meals with sauces as the food passes much more easily**

Wiltshire Farm Foods Customer Sandra Mearns

For more information on the new range visit: **www.wiltshirefarmfoods.com/ready-meals/softer-foods-christmas-collection**

SLT stories! 80 YEARS

Jois STANSFIELD

Passionate historian of speech and language therapy

I consider myself very lucky to be able to combine two enthusiasms in my current working life.

I qualified as a 'speech therapist' in the dark ages (1972, to be precise). At that point the only SLT degree course available was in Newcastle University but in any case, for people from my very lower-middle-class background, university was never even a consideration. I studied at college and gained the College of Speech Therapists Diploma.

On qualification I was able to work in clinical roles throughout my SLT career, eventually specialising in intellectual impairment, with teaching, research and clinical commitments. Over the years I gained hugely from the opportunities to learn from colleagues and students in Queen Margaret and Manchester Metropolitan Universities, as well as from formal study.

Perhaps surprisingly, a teacher half a century ago influenced my second career. Our A level history teacher was enthusiastic about modern social history and this stayed with me. As a retirement project, I completed a history master's degree and now, somewhat to my amazement, I find myself a PhD candidate at the University of Strathclyde, investigating the history of British speech and language therapy. Strathclyde hosts the longest continuously running British speech and language therapy course and also curates the RCSLT archive, so it is a wonderful place to study SLT history.

> **Our A level history teacher was enthusiastic about modern social history and this stayed with me**

My day-to-day studies are hugely varied. In recent months I have been found deep into archive searches, reading minute books and early *Bulletin*s in Strathclyde and visiting the National Records of Scotland. I have been working in the Modern Records Collection at Warwick University and the Wellcome Collection. I have been extremely lucky to have correspondence with friends and families of early pioneers, including Lionel Logue's grandson, who shared his grandfather's personal papers.

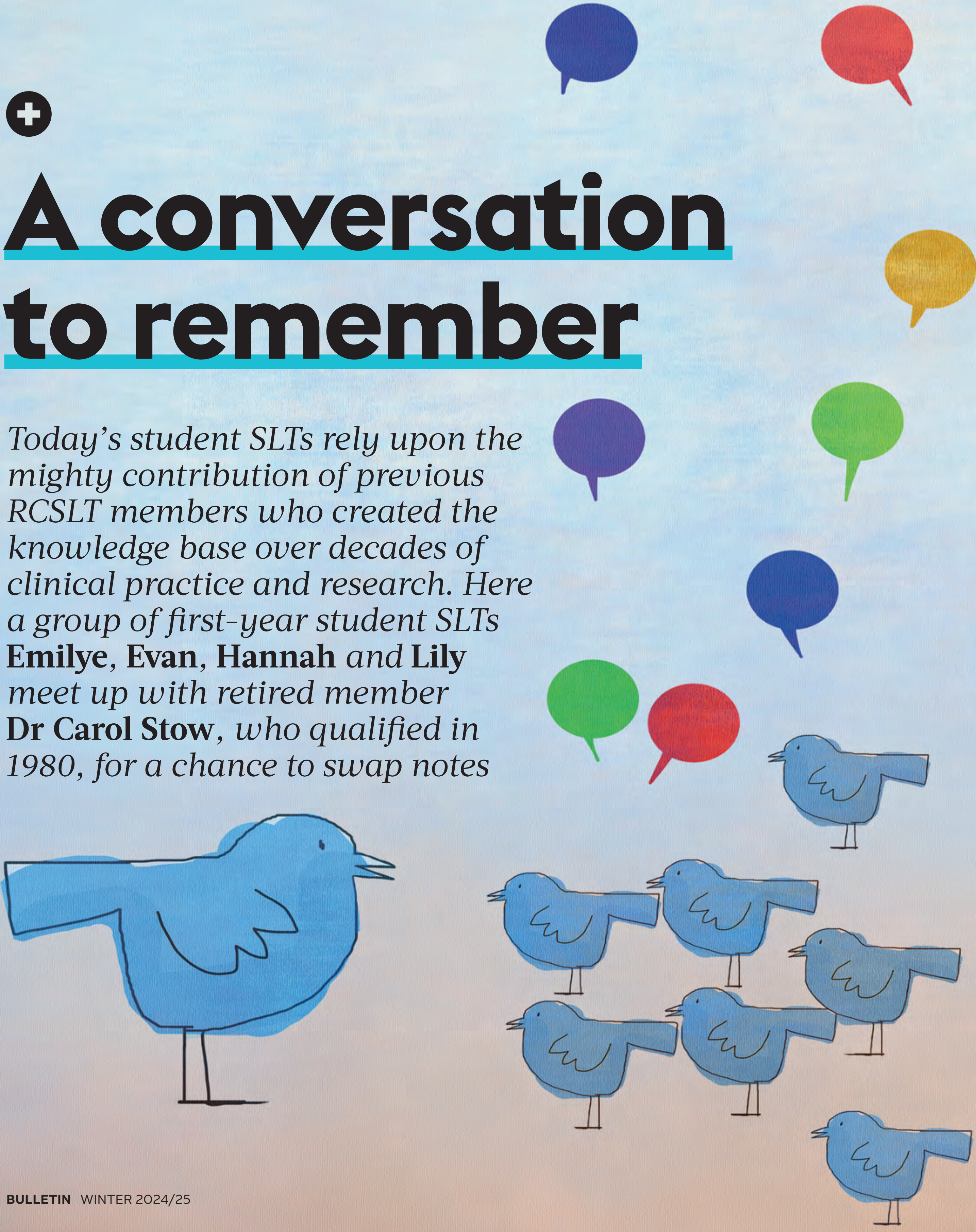
These studies and conversations have helped me to understand some of the significant changes over the years. They include the increase in College membership numbers from 195 in 1945 to almost 22,000 today; the move from small private colleges to all-degree education (finally achieved in 1984); and the vast expansion of recognized clinical fields. A lack of diversity was always evident and continues to be an issue, but RCSLT is actively promoting diversity so that we better reflect the populations we serve (as indicated in the previous issue of *Bulletin*).

To date my historical research journey has been a huge learning curve. I have had to move away from my social science roots, which indicate a study should report introduction, method, results and conclusion, to something more akin to a 3-D jigsaw, where each new piece of information means that every other piece requires a slight repositioning. Or, to quote Hilary Mantel: "the past changes a little every time we retell it". I am, however, continuing to explore and very much enjoy my trips into the past. Ⓑ

✉ jois.stansfield@strath.ac.uk

A conversation to remember

Today's student SLTs rely upon the mighty contribution of previous RCSLT members who created the knowledge base over decades of clinical practice and research. Here a group of first-year student SLTs **Emilye**, **Evan**, **Hannah** *and* **Lily** *meet up with retired member* **Dr Carol Stow**, *who qualified in 1980, for a chance to swap notes*



Emilye:
This might be like me asking what your favourite child is, but was there any particular role during your career that stood out to you as your favourite? Or one where you think "I really feel like I made a difference there"?

Carol:
So yes, there have always been some that I can remember really clearly – that you will go through life thinking: "I made a real difference to that child's life, but they and their family will never realize it because they never quite got what the difference is." And that's kind of frustrating, but it's rather nice to know that inside yourself.

So sometimes you will do things and nobody will appreciate what you've done, but you know. I think there are always some that stay with you and some things that you think, oh, that's a light bulb moment… that's what makes this all so worthwhile.

Evan:
I just want to make a difference – some sort of positive change. For me, I love talking – it's so hard to realise that it could be difficult for someone to be able to communicate at a basic level. I feel it's so important that we're able to communicate because, realistically, we are each other's lifelines as human beings.

Carol:
I think it's interesting because right at the beginning, I think people like you who are coming into the profession tend to have just this idea of wanting to do something with helping people to talk and giving them their dignity. I mean, there's this idea, quite rightly, that it's about humanity.

Evan:
In terms of different professions, I've heard that you work in prisons, which I found really interesting. I didn't realize that that was a branch of it. So I think it might be interesting to look into that, to see what type of work they do?

Carol:
Absolutely, yes – you can work in prisons, and statistically the prison population has a very high incidence of speech problems. There is at least one prison governor out there that has gone on record saying that the one member of staff he would never get rid of is his speech therapist, because that's an important part of the prison's work.

Hannah:
I'm the same as Evan. I have my words, I love to speak, so imagining not being able to communicate in that kind of way, is scary – like really, really scary. I don't even know how I would translate what I want or what I need. This must be especially so in healthcare, this danger that if you have a need for a certain thing and you're not able to express it, that must be terrifying.

> There's this idea, quite rightly, that it's about humanity

Carol:
Communication is just so central to the way we live. But I think one of the things about speech therapy that is so interesting is that it covers such a wide range of people's lives. And, I mean, over my career I completely changed the areas I work in. So I think that's one of the things that's great as well, because it's a profession where you can do lots of different things.

I do think that's one of the things that actually makes speech therapy such a really fascinating university course and profession, because there's so many different things you'll be doing. One minute you're doing biomed and cool stuff, and then the next minute you're doing, I don't know, statistics, and then the next minute you're doing speech sounds and then you're doing about child development and so many different things.

Hannah:
All the biomed stuff we are doing: it will be interesting to see how that goes. I didn't realize how much science goes on when you're doing all of this. I'm excited about it because I want to know, but it's just having to get my head around it, which will be interesting.

Emilye:
I don't think I fully realized until I started researching how much there was to do with swallowing difficulties as well. I did just think it was going to be speech. And actually, after researching it, I'm very interested in that aspect of giving someone back that dignity, being able to go out for meals with their family and have that kind of normality.

Lily:
Maybe when I first began down this path, I was quite naive about – even within paediatrics and adults – how many different options there are. So I guess I'm most looking forward to just sort of putting myself out there and find what fits me. I'm definitely making sure that I'm not closed up to anything.

Carol:
Some of it is difficult, you know, and you sit there thinking, how can you think this is easy? This is rock solid, hard. But you just have to kind of keep going because and remember why you want to do it, which is it's a great profession. It's a great career, helping people and it doesn't matter which particular niche you end up in. There are niches and professions that exist now that didn't exist back in my day. So go out and find a bit that particularly works and appeals to you.

EVAN MORRISON, **EMILYE CARROL-NICHOLS**, **LILY PACE** and **HANNAH MOORE**, first year speech and language therapy students at Manchester University
DR CAROL STOW, retired SLT

GARY WATERS / IKON IMAGES

SLT
stories!
80 YEARS

Claudia Kate AU-YEUNG

SLT and resident doctor

My passion for medicine was ignited at the age of 15, but it was only after my medical undergraduate studies in Canada that I stumbled upon speech and language therapy. As a research assistant investigating dysphagia severity post-radiotherapy in patients with nasopharyngeal cancer, our use of instrumental assessments awoke my fascination for anatomy, dysphagia and the roles of SLTs. This led me to pursue an MSc in speech and language therapy, all while nurturing my dream of becoming a doctor. I went on to complete a post-graduate medical qualification and I'm now working as a resident doctor.

SLT with a medical background

One of the most memorable moments in my career occurred during early years of medical school. A patient with no past medical history was first presented with atypical oropharyngeal dysphagia and stridor. As a doctor, I was worried about airway obstruction and potential sinister causes; as an SLT, I was worried about her aspiration risk and route of nutrition. I communicated my worries from a medic-SLT perspective and pursued further MDT investigations. Investigations revealed a severe oesophageal cancer that prolapsed over the airway, leading to microaspirations. I organised a best interest meeting to discuss management plans with five specialist teams. Despite initial delays and service discoordination, the patient and family thanked me for the open swift discussions and a tailored care plan.

Doctor with an SLT background

As a medic-SLT, I found myself equipped to comfort a five-year-old patient with autism and learning difficulties in an emergency resuscitation. Through simple language, Makaton use, and warning shots of what might happen next, we built a strong patient-doctor rapport within a short period. She held my hand tightly and requested I stay in subsequent procedures. Thanks to my SLT training, I was able to implement effective communication strategies to facilitate and empower patients within the hospital setting.

My role in research and teaching

Beyond clinical practice, I am deeply committed to advancing both fields through research and education. Projects addressing gaps in neurosurgery and speech and language therapy, such as post-operative dysphagia rates and underdiagnosis of cognitive communication disorders in stroke patients, have been central to my professional pursuits. These endeavors have been recognized by the BIASP, RCPCH, and RCGP medical student prizes, affirming the impact of interdisciplinary collaboration on patient care.

Paying it forward

The most fulfilling aspect of my journey has been the opportunity to pay it forward through Speech Therapists' Links (ST Links) **speechtherapistslinks.com**. Founded with Serena Lo, a paediatric SLT, ST Links is a platform dedicated to aspiring and fledgling SLTs. Our national mentoring program and monthly 'Let's Talk!' provides interactive workshops and discussions, fostering a community of learning and mentorship. As I reflect on my journey thus far, I am grateful for my incredible teams and patients who have supported and inspired me. Their dedication and collaboration have enabled me to fulfill my mission of advocating for service users and my profession as both a doctor and SLT.

✉ claudiakateauyeung@gmail.com
🔗 speechtherapistslinks.com
𝕏 medicSLT_CKAY | @STlinks
medicSLT.CKAY | @speechtherapistslinks

SLT stories!
80 YEARS

Corinna DUNLEAVY-STONE

Assistant practitioner in intensive care

I'm an assistant practitioner (AP) specialising in working with adults. I recently joined the new dedicated SLT service for intensive care units (ICU) across Lincolnshire. The team provides early rehabilitation and communication intervention to patients on the unit and an outreach service to step-down patients.

It has been exciting being part of a new team and developing the role of an AP within critical care.

> A key feature in all stories so far has been how important communication is to them

Clinically, I attend handovers to highlight suitable patients, conduct protocol guided dysphagia assessments, communication screens, dysphagia rehabilitation, communication and voice therapy. I have completed the RCSLT dysphagia competency (level 4) and further local competencies for ICU to support my dysphagia assessments.

A key aspect of my role is supporting patient wellbeing on the unit. ICU can be a strange and intense environment for both patients and families. I ensure that all patients who are awake and alert have an effective mode of communication. Typically, this tends to be in the form of alternative and augmentative communication (AAC). This can vary from low tech, such as picture charts to high tech, such as tablets.

I liaise with therapists outside the trust to implement new initiatives such as communication stations, and procure equipment to improve communication access on the unit.

I regularly review service users to ensure that the communication support evolves with their improving ability.

Additionally, for our tracheostomised patients with brain injury, I liaise with specialists and complete baseline observations, ongoing therapeutic assessments or higher-level language screens.

Our service is determined to base our work on the lived experiences of service users, and I am currently running a story project to support this. This involves having meetings with patients on the unit and some who have gone home. I ask them some semi structured interview questions to help them share their stories from ICU. They provide an insight into some of their difficulties, worries and fears, and what is most important to them.

A key feature in all stories so far has been how important communication is to them and about the fear they experience when they realise they are unable to talk. We are currently using this information to personalise ICU journeys, to inform MDT rehab goals and review the speech and language therapy pathway to ensure it reflects service user needs.

One of the challenges in developing this role has been the limited guidance available for APs working in ICU. In our service, we have worked with our physiotherapy colleagues to develop the scope of practice for APs within this specialism.

It is exciting to be given the chance to pilot new ideas and the team I work with are very supportive of my suggestions.

Please get in touch if you have an AP in ICU or are interested to know more! B

✉ corinna.dunleavy@nhs.net

Find out more

Visit the RCSLT support worker hub for free learning and CPD resources **rcslt.info/support-workers-hub**.
Read our guidance on critical care **rcslt.info/critical-care-guidance**

Pledges for 2025

Take a look at some ideas for actions members can take in our anniversary year – campaigning, hosting a tea party and joining CAUK to name a few!

After months of planning, our 80th birthday year is finally here and packed with events and celebrations around the UK. We are excited to announce our celebration pledges: eight ideas for actions, big and small, to make a difference to the profession and get more support for service users. Everyone is invited!

You can start these off by yourself or in collaboration with others. If you come up with an idea for an activity, why not share it and see if you can inspire others to do the same? Remember to capture your pledges in a photo or tell us your story.

> **If you come up with an idea for an activity, why not share it and see if you can inspire others?**

RCSLT 80th anniversary pledges

1. **Give a talk at a local school or careers fair** to promote speech and language therapy as a profession.
2. Complete your **member profile** on the RCSLT website: this will help to build a better picture of our working lives and the people we support. **rcslt.info/membership-profile**
3. **Lobby your local** council to get a communication board in your local park or communal space.
4. Complete **Communication Access UK** training and share the training link with one other person – not necessarily an SLT! **rcslt.info/cauk**
5. **Lobby your MP** to campaign for better resourcing for speech and language therapy: visit **rcslt.info/campaigns** to see how RCSLT can help you to campaign.
6. **Host an SLTea party** at your workplace or university to celebrate 80 years of the profession.
7. **Raise money for a charity** that supports people who might need speech and language therapy, such as the Include Choir, Headway, Motor Neurone Disease Association, Stroke Association, Parkinsons UK and others.
8. **Read our guidance supporting people** who are LGBTQIA+, disabled or neurodivergent. The RCSLT has partnered up with our member groups with lived experience to create guidance to help you raise awareness and promote understanding of how to be an ally, support your peers and identify your own support needs. **rcslt.info/resources**

Share it

Share your pledges and achievements with *Bulletin*: you can post on social media tagging **@RCSLT** or email **bulletin@rcslt.org** and we will publish a selection of the best in our 2025 issues.

From flooded basement to ‘born digital’

Rachael Jones, **Linda Armstrong** *and* **Jois Stansfield** *explain how RCSLT’s past was saved for the future*

RACHAEL JONES

LINDA ARMSTRONG

JOIS STANSFIELD

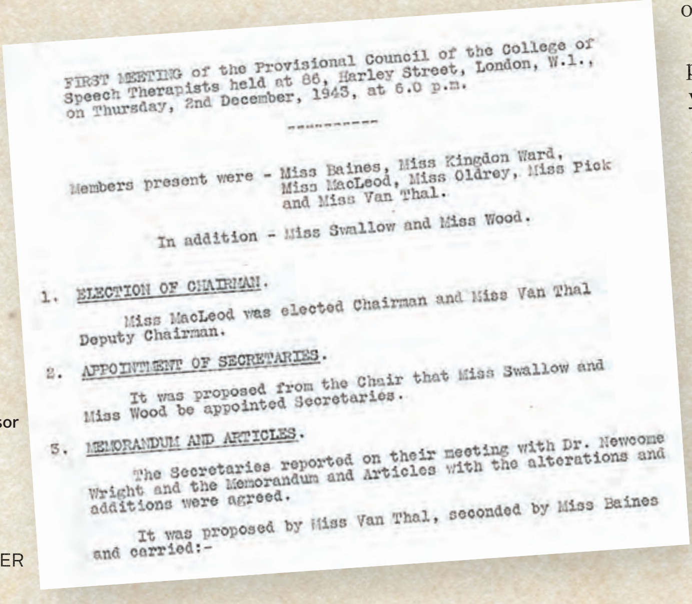
Original Renfrew Action Picture Test (1967) in which each stimulus card was hand painted with poster paints

The story of the RCSLT archive begins with meetings during WW2 air raids, scarce furniture and multiple office moves.

The RCSLT first came into being as the College of Speech Therapists (CST) in 1945, and we didn’t have a permanent home for many years after our launch. Records of membership and meetings were kept in small offices or members’ homes, stored in shoeboxes and filing cabinets. As CST acquired the first headquarters property it owned in 1977 (Harold Poster House in north London), those records were transferred to the building. But they were stored in the basement which at some point flooded, destroying papers, minutes books and other material.

The profession grew from a tiny number of people to thousands of members in only a few years. With the constant challenges of running and financing a growing professional body and the struggle to achieve recognition as a profession, perhaps it isn’t surprising that it was some time before the need to preserve historical records was recognised.

It wasn’t until 1991 that the College of Speech Therapists began to think about the value of its past and building a legacy. In her Chair’s address to the 1991 AGM, Liz Clarke said: “Harold Poster House has not been loved enough. Neither have our archives. Neither has our past.” Shirley Davis, the CST’s first Professional Director, led the



FIRST MEETING of the Provisional Council of the College of Speech Therapists held at 86, Harley Street, London, W.1., on Thursday, 2nd December, 1943, at 6.0 p.m.

Members present were - Miss Baines, Miss Kingdon Ward, Miss MacLeod, Miss Oldrey, Miss Pick and Miss Van Thal.

In addition - Miss Swallow and Miss Wood.

1. ELECTION OF CHAIRMAN.

Miss MacLeod was elected Chairman and Miss Van Thal Deputy Chairman.

2. APPOINTMENT OF SECRETARIES.

It was proposed from the Chair that Miss Swallow and Miss Wood be appointed Secretaries.

3. MEMORANDUM AND ARTICLES.

The Secretaries reported on their meeting with Dr. Newcome Wright and the Memorandum and Articles with the alterations and additions were agreed.

It was proposed by Miss Van Thal, seconded by Miss Baines and carried:-

Minutes from the war years (1939-44) when the two precursor organisations began to work together to become CST.

RCSLT ARCHIVES

recovery of the profession's historical record: locating, collating, identifying, and discovering gaps in the records.

Today, the RCSLT archives have a home at the University of Strathclyde, the home of the longest-established speech therapy undergraduate course.

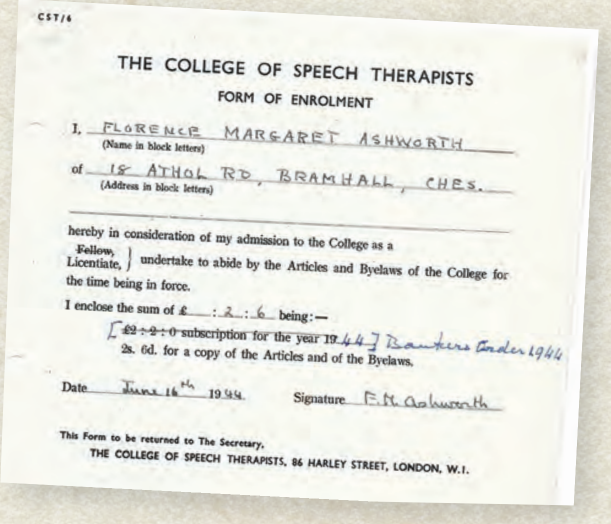
Why are records of the past important?

The history of a profession is held in its records of day-to-day activities, the memories of its members and its publications. Understanding the past helps us to recognise the present and plan for the future. We can get a birds-eye view of how the profession has changed and developed. We can see how it got to where it is today and the challenges along the way, examine past mistakes and avoid making the same ones today. We can find out how things were done previously and avoid re-inventing the wheel.

The archive at Strathclyde is enabling the study of speech therapy history and helping to identify the people and events that shaped the profession. Copies of *Bulletin*, journals and exam papers show how the profession saw itself and what students and therapists were expected to know. Photographs, written material and the oral histories give additional insights (twin sets and pearls was not just a stereotype).

If you visit the archives, you'll find photos as well as paper documents including very fragile membership files, plus some digital documents including oral history audio and transcripts. To handle the physical objects, you don't have to wear gloves but you'll need clean dry hands and use rope to hold documents open. No pens are allowed, only pencils and computers permitted and no food and drink in the reading room to avoid damage and discourage pests.

> **Records were stored in the basement, which at some point flooded, destroying papers, minutes books and other material**



CST/6

THE COLLEGE OF SPEECH THERAPISTS
FORM OF ENROLMENT

I, FLORENCE MARGARET ASHWORTH
(Name in block letters)

of 18 ATHOL RD, BRAMHALL, CHES.
(Address in block letters)

hereby in consideration of my admission to the College as a ~~Fellow,~~ Licentiate, undertake to abide by the Articles and Byelaws of the College for the time being in force.

I enclose the sum of £ : 2 : 6 being:—
[~~£2 : 2 : 0 subscription for the year 1944~~] Bankers Order 1944
2s. 6d. for a copy of the Articles and of the Byelaws.

Date June 16th 1944. Signature F. M. Ashworth

This Form to be returned to The Secretary,
THE COLLEGE OF SPEECH THERAPISTS, 86 HARLEY STREET, LONDON, W.1.

Initial membership application: fee two guineas, plus two shillings and sixpence for the articles of association

Digital, audio and online

A major part of the collection is digital, audio or online. Linda Armstrong carried out a large amount of research into the profession, and you can read papers and blogs by her in the online archive. Her collection was the first complex 'born-digital' collection the Strathclyde archivists have catalogued and made accessible online.

A complementary collection in the archives is Jois Stansfield's audio-recorded oral history project featuring her interviews of 20 British women who qualified as speech therapists 1945-1970. These female pioneers gave a powerful picture of the way in which they negotiated the social restrictions of their times and added to the impression of a strong, motivated and confident profession. Another 15 oral histories with female and male SLTs are due to be added to the collection. And in 1992, a 'Renaissance Day' was video recorded, capturing the voices of some early members.

Archives in action

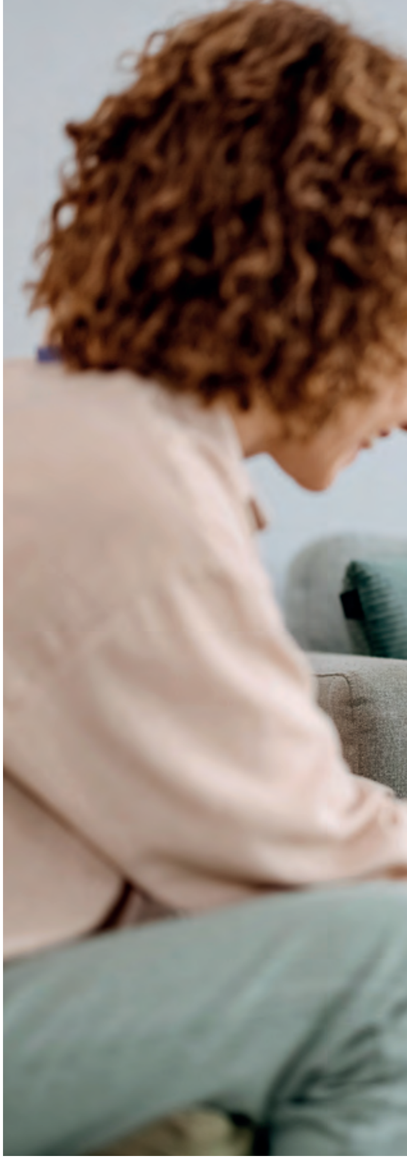
Once a collection catalogue is complete, the aim is to promote it as widely as possible to reach interested readers. While the catalogue provides the most detailed account of what's in the collection, narrative stories like Linda's blogs and Jois' audio history catch people's imagination. Strathclyde University SLT subject librarian speaks to new students introducing them to the history of the profession and the archive collections, and researchers from other universities regularly use the archives for dissertations.

Almost all the very early minutes of the RCSLT's predecessor organisations (the Society of Speech Therapists and the Association of Speech Therapists) have been lost. So if you come across any interesting shoeboxes full of meeting notes from the very early years of speech therapy in the loft, please get in touch! B

RACHAEL JONES, Assistant archivist at the University of Strathclyde Archives and Special Collections
JOIS STANSFIELD, retired SLT and history PhD student, University of Strathclyde
LINDA ARMSTRONG, retired SLT and historian of RCSLT

Find out more

You can access the digital collection online or arrange to visit in person **rcslt.info/slt-archive**.
Read a detailed history of RCSLT from 2005 **rcslt.info/bulletin-october-2005**



Coaching parents of deaf children

Auditory Verbal therapist **Catherine White** *shares her approach to supporting parents to help their children develop language skills*

When I first started out as an SLT, my mentor said: "Parents are critical to the success of therapy. What we do as therapists is just a drop in the ocean". It always stuck with me, and 25 years on, it is still a foundational principle of the way I work.

I first came across parent coaching when I trained as an Auditory Verbal (AV) therapist. AV therapy (AVT) is one of the early intervention approaches to developing spoken language in deaf children. Intervention can start as early as infancy and focuses on using listening as the primary modality for learning to talk. AV therapists coach parents to observe their child's behaviours so they can decide which strategies or technique to use to maximise their child's listening and spoken language development. Everything is embedded in play and activities of everyday living, like getting ready in the morning, participating in mealtime routines, helping with household chores.

Around 90% of deaf babies are born into families with no history of deafness (Mitchell, and Karchmer, 2004). Parents of newborns have many choices to make, but parents of deaf children have the added responsibility of choosing how to support their child's communication.

Bea was only 16 months old when I first worked with her. I recently talked to her mum, Kate, about her experience of AVT.

"It was excruciatingly tough to make decisions for Bea as a toddler. We wondered how we would parent a deaf child, whether she would ever hear our voices reading her a bedtime story and how she would communicate with her siblings, the wider family and, of course, the outside world.

"Despite having hearing aids fitted at 10 weeks old and many lengthy hearing tests, we didn't feel we knew whether Bea could hear us or not. The audiologist said that he thought we needed more help and recommended

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

ISTOCK

AVT. We embarked on a journey that changed our lives."

One of the most important conversations I have with any family I meet is establishing what their long-term hope is for their child. Whether their desire is for their child to learn to listen and talk, sign or both, it is our responsibility to ensure that parents and caregivers are given access to all the information they need to make informed choices. Equally important is that families have access to professionals who are trained in these approaches, so they can access existing services. The NDCS website is an excellent place to signpost families at this stage.

For the vast majority of deaf children, learning to listen and talk is an achievable goal. International and national evidence shows around 80% of children following the AV approach achieve age-appropriate spoken language (Decibel, 2023; First Voice Sound Outcomes, 2018-23; Hitchins and Hogan, 2018). Research also shows that AVT is effective in supporting children with additional and often complex needs, with one in two reaching age-appropriate language after attending a programme for at least two years, and all children doubling their rate of language progress on the programme (Hitchins and Hogan, 2018). Additionally, most deaf children achieved educational outcomes on a par with hearing children after completing an AV programme (Hogan, 2023).

> **Parents are critical to the success of therapy. What we do is just a drop in the ocean**

The AV coaching approach

So how do we coach parents who have chosen an AV approach for their child? We first establish what residual hearing is available to the child so we can begin to stimulate the listening pathways of the brain. Then we can coach the parents with the strategies to help their child learn to listen and talk.

Getting the best possible access to speech information through the child's hearing devices is critical. This is done by checking their functional listening skills to see if their performance matches what their audiogram says they can hear. We do this by observing the child's responses speech and environmental sounds in a controlled environment. We use the Ling sound test to evaluate whether a child has sufficient access to the speech frequencies required for understanding and developing speech intelligibly. This is then fed back to the parents, Teacher of the Deaf and audiologist so the necessary changes can be made.

Kate recalls: "I remember my therapist saying: 'We'll help you to make sure Bea has the right technology on her ears, then we can get to work'."

"Within 90 minutes of Bea's first AV session she responded for the first time ever to her name. The verdict that day was that Bea could hear low frequency sounds, but she had no understanding at all that sound had a meaning. A plan was established to teach Bea how to attach meaning to sound and help her discover the power of her voice. Week after week, Bea began to understand sound, gather words and eventually began communicating with speech."

Bea eventually went on to have a cochlear implant (CI) in one ear as it became clear that she wasn't getting sufficient access to sound through her hearing aids.

Coaching consists of joint planning, action/practice, feedback, reflection and observation (Rush and Sheldon, 2020). On one occasion, Kate indicated she would like Bea to understand Christmas. We discussed what Christmas meant for the family and how they celebrated it. We planned the session together identifying key goals, and then Kate invited Bea to play with her! As Kate and Bea played together, I coached Kate from the sidelines, drawing her attention to Bea's responses and guiding her so she could give Bea the support she needed (What do you think she's thinking? Can you give her the words for her thoughts? What do you notice? What piece of information is missing? Let's try again!).

Coaching guides the parents to become excellent observers so they instinctively know when and how to use strategies and techniques in everyday interactions. The aim is always to demonstrate new learning within a session so that the parents are confident in how to consolidate them at home.

Parents generate their 'take home messages' at the end of each session. These are key learnings or goals that they have gleaned from the session. We then discuss how to integrate them into their child's daily routine.

Bea graduated from her AV programme at age five with age-appropriate spoken language. She is now training to be a midwife. Bea's family were the ones who did all the hard work. They were the ones running the marathon, I was simply the one coaching them.

Case study

Frances Clark, SLT and AV therapist, writes about her experience with Idrees

The biggest learning curves for me were developing listening in children, and coaching parents. I always thought that parents were very involved in my therapy sessions. They sat at the table, I gave them homework, they repeated what I did.

However, learning to truly coach parents meant we were setting goals together, they were generating the take home messages using their own words, and expressing their opinions and relating everything to their own daily routines so that strategies could easily merge into their lives. I realised I had become a therapist who sees 'families' and not 'children', as the parents are the experts on their children and they are the people who ultimately make the change.

Despite training as both an audiologist and SLT as well as a long period working in a cochlear implant team, I had gaps in my knowledge on how to truly develop listening and what that meant. AVT enabled me to have a clear roadmap of how to develop the listening brain in partnership with parents.

One of the families I saw from infancy to graduation was that of Idrees, now aged eight. At the start of their programme Mum Sabrina told us that she wanted Idrees to be able to use the language they use at home. Idrees attended therapy from the age of eight months to three and a half years.

He graduated with a spoken language age of four and a half years. There was a team around him that included his parents, the CI team, his SLT, Teacher of the Deaf, his school and myself as his AV therapist. Today Idrees is continues to challenge expectations of what deaf children can achieve, recently achieving excellent results across the boards for his SATS, the best in his year group at a mainstream school. He is confident, happy and now also learning British Sign Language.

All deaf children have a right to access good quality, early intervention to support their language development, whether they wish to use sign language, spoken language or both.

At present, more than 90% of deaf babies who could benefit from AVT do not have access to it. Our hope is that all therapists working with families who want a listening and spoken language outcome for their deaf child would have access to training in the AV approach.

CATHERINE WHITE, Specialist SLT and Certified Auditory Verbal Therapist
✉ catherinewhitetherapy@gmail.com

With contributions from **FRANCES CLARK**, SLT and Senior Auditory Verbal Therapist, and families from AVUK

Find out more

Visit the RCSLT guidance on deafness in children and adults **rcslt.info/deafnessguidance**
Auditory Verbal Therapy **avuk.org**

SLT stories! 80 YEARS

Holly HARTZENBURG

Court intermediary creating access to justice

When I first embarked on my master's in speech and language therapy I never imagined that my path would end with me sitting in the dock at the Old Bailey, peering out through the smeared glass as the jury shuffles in, warily eyeing both the defendant and the strange lady next to them, who seems to be doodling on a whiteboard…

I loved so many different aspects of speech and language therapy that when it was time to choose my next step after graduating, I suffered from a bout of decision paralysis. A cursory click on a job posting for something I'd never heard of before whisked me into the role of 'intermediary'.

Stepping outside of traditional SLT practice felt confronting and exciting in equal measure. However, the opportunity to work with an incredibly wide range of service-users on an intensive, one-to-one basis, with the possibility of making a very tangible difference at a critical point in a person's life, won out.

As a court intermediary, I work across many areas of the justice system. One day I might be in care proceedings, creating visual aids to help a mother understand how parental responsibility works under a special guardianship order. The next, I could be allocated to a criminal trial, asking the prosecution to rephrase a lengthy question to ensure the defendant can give their clearest evidence to the court.

> Stepping outside of traditional SLT practice felt confronting and exciting in equal measure

I work with both adolescents and adults, including (among others) autistic people, people with schizophrenia, aphasia, dementia, learning disability, as well as many people who do not have a formal diagnosis. Many of the people I work with have never received SLT input.

There is no one-size-fits all approach. While I have a trusty mental toolbox of interventions the court will permit, and which are likely to prove helpful in a given scenario, every case starts with a blank slate and no assumptions.

Instead, intermediaries must take a very functional approach to identify possible communication barriers, then work with the service user to implement strategies which will meaningfully support their participation in proceedings. Along the way, we must advocate for those adaptations with court professionals, whether that is advising a barrister to avoid figurative expressions when giving legal advice, explaining to a judge how a defendant with selective mutism can be best supported to give evidence in writing, or helping a probation officer adapt a pre-sentencing interview, to make abstract concepts like "remorse" more concrete.

Stepping outside of a traditional SLT role felt daunting. So, too, did addressing a judge in open court for the first (OK, and tenth) time. However, the courts are a place where an archaic, uniquely demanding communication setting, which makes precious few concessions to accessibility, shapes the lives of many people with communication differences and difficulties. The opportunity to advocate for change and adjustments here keeps me motivated, and confident in the path I have taken.

✉ holly.hartzenberg@communicourt.co.uk

A therapeutic alliance

Anna Volkmer *shares the results of an international research study working with people with language-led dementias to help prioritise interventions*

Speech and language therapy is the main intervention currently that can help people with primary progressive aphasia (PPA). Yet people with PPA and their families report not knowing what is on offer. They describe meeting SLTs like "going into a chocolate shop with a blindfold on": everything looks good, but they don't know what the options are (Lozidou et al, 2022).

Learning what people with PPA want

Because of this, we decided to undertake the Core Outcome Set for Primary Progressive Aphasia (COSPPA) study in 2024 to understand more about what people want to change about their lives with PPA. This was an international collaboration across twenty different countries worldwide. We worked with collaborating SLTs across 15 countries to recruit 82 people with PPA and 91 family members to share their opinions on what they would like to change about their lives with PPA (Volkmer et al, 2024). We recruited people from Brazil, Canada, Chile, France, Germany, Italy, India, Israel, Netherlands, Norway, Portugal, Spain, Turkey, United Kingdom and United States of America. The top three are that were important to people with PPA and their family members were added together to inform the final ranking.

What do people want to change about their lives with PPA?

The area that people with PPA, their families and researchers identified as most important was "to have conversations with family and friends". The top five areas that people wanted to change about their lives with PPA focused on communication, and other key areas were emotional and behavioural impact and followed by the broader societal impact. Table 1 provides the detailed list of what people want to change about their lives.

TABLE 1: Final rating from the study

Rating	What do people want to change about their lives with PPA?
1	To be able to participate in conversations with family and friends
2	To be able to get the words out
3	To be more fluent
4	To be able to convey a message by any means
5	To understand what others are saying in conversation
6	To talk about sensitive issues
7	For family members to understand how to deal with changes in behaviour
8	To increase awareness and understanding of PPA amongst the public
9	To have more speech and language therapy

Speech and language therapy options for PPA

There are now several interventions that have been designed to address the speech, language and communication difficulties of people with PPA. The intervention research has really developed over the last decade and a recent review identified 103 different research studies in this field (Wauters et al, 2023). Many of the studies describe interventions that are not dissimilar to those we offer people with stroke aphasia or other brain injuries. Importantly however, the interventions have been designed to meet the needs of people with progressive speech, language and communication difficulties. This means as a starting point, that the planned goals or outcomes from the therapy are very different.

Therapy for people with PPA is not likely to improve or restore a person's impairment. Rather, a realistic goal would be for specific maintenance on the target items being practiced, an improvement in confidence, or participation. This means that before selecting a therapy, it is important to identify what you expect to achieve with the person you are working with.

Secondly, given a person with PPA and their family are dealing with a progressive disease, they may need you for many years. Now that doesn't mean they will expect to see you every week, rather that they may dip in and out of therapy. Consequently, interventions will need to be adapted to different stages of their disease process.

Tips for tailoring interventions to PPA

Conversation with family and friends

Communication partner training is an intervention whereby people work together on their conversations. Better Conversations with PPA is one such intervention, and one of only two randomised controlled trials that have been undertaken with people with PPA (Volkmer et al, 2023a).

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

As people with PPA progress they may continue to benefit from top-up sessions, however it is possible that as the disease progresses, and verbal interaction becomes more difficult family members may find this focus on conversation harder. This is when interventions involving communication aids including life history books may be more relevant. Training the people around the person to use multiple modalities including music, photos and communication books is essential to their use (Kindell et al, 2018). Adaptive interaction or intensive interaction is also a useful approach and has overlapping principles with communication partner training (Ellis and Astell, 2017).

Help to get the words out

Lexical retrieval therapies- naming practice, semantic feature analysis or phonemic feature analysis – are amongst the most researched interventions for people with PPA. We know that practising words can help to get the words out. Importantly, the evidence shows that to make this

ILLUSTRATION BY: MATT CLOUGH

type of therapy successful the stimuli or words being worked on must be personally relevant, otherwise the words won't be used in conversation. The person must continue practising them, or the effect wears off. And the practice must be tailored to the person needs, ie if the person has a semantic PPA then work on semantic feature analysis; if the person has a logopenic PPA then work on phonemic and semantic associations (Cádorio et al, 2017).

> **Before selecting a therapy, it is important to identify what you expect to achieve with the person you are working with**

Being more fluent

Script training focuses on more than the single word, working on the principle of rehearsal or personally relevant phrases. The best evidence for script therapy demonstrates that people with nonfluent PPA can be more fluent and produce more grammatical well-formed sentences after script training (Henry et al, 2018). Script training has also been used to good effect for people with logopenic PPA.

Convey a message

Communication aids are an essential part of a therapy kit when working with people with PPA. To be able to convey a message by any means requires a range of tools and strategies, including images, writing, gestures and spoken communication. While communication partner training often addresses this in part, planning discrete blocks of therapy to develop a person's skill in using an app on their mobile phone (eg the photo app or notes app) or putting together a communication book is vital. Voice banking is rarely useful for people with PPA. Instead evidence points towards enhancing use of apps or strategies people are already using being more likely to be successful (Volkmer et al, 2020).

Understand what others are saying

It isn't just the type of therapy that is valuable, but the modality of how you deliver it that can enhance a therapy. Group therapy is also a useful way to promote and support conversations and allows people to practice understanding what others are saying in conversation. It can be really challenging to find enough people with PPA to run a group, but even two people can form a cohesive and facilitative bond. No matter what the intervention, we know that people with PPA find it difficult to apply what they do in speech and language therapy in real conversations. Noisy environments are the most challenging, so practising in a noisy, busy environment is useful. And we know that practising in groups has been shown to promote confidence, peer support and likely promotes generalisation from therapy to real life (Volkmer et al, 2024b).

Top tip

Given that many people with PPA and their families don't know what to ask for, this article can provide some options. A word of warning however: do make sure to make the decisions about what to work on together. Building a therapeutic alliance and a trusting relationship is more valuable than anything else (Volkmer et al, 2023b).

DR ANNA VOLKMER, Senior Research Fellow, Honorary Consultant SLT, UCL NHNN, UCLH
✉ A.volkmer.15@ucl.ac.uk
𝕏 @volkmer_anna

DIAGNOSTIC CRITERIA FOR TYPES OF PPA

The term primary progressive aphasia (PPA) describes a group of language-led neurodegenerative dementias (Gorno-Tempini et al, 2011; Marshall et al, 2018). This means that people with PPA report language symptoms as the main or leading difficulty in the onset of symptoms.

The diagnostic criteria outline three major PPA syndromes: semantic variant (svPPA), nonfluent/agrammatic variant (nvfPPA) and logopenic variant (lvPPA).

1 **svPPA** is predominantly associated with a frontotemporal lobar degeneration pathology and causes difficulties in understanding word meanings and word retrieval. People will often report difficulties thinking of words as a leading symptom and family members commonly report people will ask what words mean, yet be able to repeat them perfectly.

2 **nfvPPA** is also associated with frontotemporal lobar degeneration pathology but results in an apraxia and/or an agrammatism. One of the most common early symptoms of nfvPPA is reversal of yes and no, meaning people will say yes when they mean no.

3 **lvPPA** is associated with an Alzheimer's pathology and results in difficulties in word retrieval and phonological working memory. People often describe having words on the tip of their tongue and losing the thread of what they wanted to say as early symptoms.

IT'S MADE FOR YOU

Delicious, nutritious and IDDSI compliant texture modified meals

DELIVERED TO YOUR DOOR

LEVEL 4

Puréed Meals

LEVEL 5

Minced & Moist Meals

LEVEL 6

Soft & Bite-Sized Meals

- ✓ Here at It's Made For You Softer Foods, we believe that everyone should look forward to delicious and nutritious texture modified meals.
- ✓ A range of over 50 dishes in IDDSI Level 4, 5 and 6 designed for the IDDSI required texture.
- ✓ Choose from mains, minis and desserts.
- ✓ Helping you to support your patients at mealtimes to follow IDDSI dietary recommendations.
- ✓ No contracts, order as much or as little as you like.

IT'S MADE FOR YOU
Softer Foods
Delicious Texture Modified Meals
Delivered straight to your door
Over 50 Meals
itsmadeforyou.co.uk

PROUD SUPPORTER OF
IDDSI
International Dysphagia Diet Standardisation Initiative
GOLD SPONSOR

We are proud Gold sponsors of the International Dysphagia Diet Standardisation Initiative

For more information,
please call **0333 433 0293**
or visit **itsmadeforyou.co.uk**

SLT stories! 80 YEARS

Maneesha SUNNY

SLT

Coming back to work after serious illness

As I sit down to write this article, I can't help but reflect on the incredible journey that has brought me to this point. I'm an SLT from India, working on the Isle of Wight. In February 2023, I received a diagnosis that changed everything: avascular necrosis of the hip, a condition where bone tissue dies due to reduced blood supply.

Within two weeks of my diagnosis, I found myself completely immobile, facing a long and uncertain road ahead. I had to undergo a preliminary surgery, and one of the most challenging decisions of my life was to resign from my job. My body needed rest for the bone to regrow and I needed time to heal. I was filled with doubts about whether I'd ever be able to work as a full-time therapist again.

> **I was filled with doubts about whether I'd be able to work as a full-time therapist again**

Despite the despair that naturally crept in, I clung to my confidence in my abilities and skills. It was undoubtedly a challenging and depressing period in my life, but I refused to let that define me. I knew that I had to find a way out. That's when mindfulness and perseverance became my closest companions.

Eight months later, I returned to working as an SLT. My physical challenges, particularly the occasional pain, are a constant reminder of the hurdles I've overcome. But my perspective on life and patient care has evolved in ways I couldn't have imagined. I've learned to take better care of myself, focusing on activities that target pain reduction and discovering coping mechanisms through my own experimentation.

Beyond my personal journey, I've also found a new purpose in raising awareness about avascular necrosis through various social media platforms. This mission has allowed me to connect with others who may be facing similar challenges and offer them a glimmer of hope. Gratitude has become a central theme in my life, and I've learned to appreciate even the smallest things.

In the past, I had a habit of reading journal articles to find answers to my questions. With this condition, my reading expanded to include pain management, acceptance-based treatment, relaxation training, and engaging patients in treatment. My disorder has given me a fresh perspective. I have discovered a deeper level of empathy and understanding for those who grapple with physical discomfort. It's not just about treating speech and language disorders anymore; it's about holistic patient care that addresses their pain and emotional well-being.

One of the most heartening aspects of this journey has been the incredible support I've received from my colleagues. They've been incredibly understanding and about what I can and cannot do. Working as part of a team has made me feel truly grateful. In sharing my story, I hope to inspire others who may be facing their own challenges. Life can throw unexpected curveballs, but it's how we handle them that truly matters. With determination, resilience, and the support of a caring community, we can overcome the most daunting obstacles and continue to pursue our passions. Ⓑ

✉ Maneesha.sunny@nhs.net

"THE ONLY KID WHO WAS DIFFERENT"

Daniel Lee *speaks out about his right to be seen and heard*

I find it hard to deal with the fact that I was different. When I was a child, I had other kids saying: "Why is that boy in a wheelchair?" and that would make me feel small. Why can't they see that I am just like anybody else?

It felt like I was the only kid who was different. I felt like I was going about in a goldfish bowl. This is something that will never leave me, but this is the way that people still treat me.

When I was on holiday in Benidorm last year, someone who had been drinking alcohol in a nightclub came up to me as I was dancing on the dance floor. She started to cry in front of me, got on her knees, and took my hand, and my support worker said, "Why are you crying?" She said, "I just love him," but she didn't know me. I wanted to tell her to get lost. It made me feel like I was nothing.

I'm fed up with people treating me like a baby. It's not fair, because I want to be treated like everybody else and not like I have a disability. It's insulting, and I feel low.

I want to talk to people, but people don't talk to me. I care about people. That's what I'm all about. People who take the time to get to know me, like my support staff, say that I am loving, and I am caring, because that is who I am. I want more people to become aware of my disability and be patient with me so I can talk to them. People need to have an open mind and let me speak.

> **It doesn't matter how many times they keep asking me to repeat myself, I don't want to give up on what I'm saying**

Speech and language therapy helps me speak for myself and overcome my difficulties. I was given a Dynavox when I was at school, but I didn't use it much because I didn't want to lose my voice. I don't want a Dynavox to talk for me. I want to talk for myself. Speech and language therapy helps me to be a bit more confident about myself and not get annoyed, both with myself and with people who don't understand me when I speak.

Sometimes people get fed up and pretend that they understand what I'm saying when they don't. I want people to keep asking me over and over and over again. It doesn't matter how many times they keep asking me to repeat myself, I don't want to give up on what I'm saying.

I hope that I can help people that have cerebral palsy because people like me should be seen and heard.

I am the man, and my name is Dan!

DANIEL LEE

With **SINEAD STAPLETON,** SLT,
NHS Lothian
✉ sinead.stapleton2@nhslothian.scot.nhs.uk

Imposters in research participation

While **Katherine Pritchard** *and her team were running two online focus groups with parents, they began to suspect some of the group members were not genuine. Here she shares what happened and tips for effective online recruitment*

Early in 2024 we began work to prepare for some online focus groups with parents of preschool children with speech sound disorder (SSD). Recruitment was slow to begin with, but after using social media to advertise we found enough participants to go ahead. However, when we ran the focus groups on MSTeams, we started to pick up hints that some of our participants were not what they claimed to be.

Recruitment

We wanted to recruit a national sample of parents that was diverse in terms of parental role, ethnicity, socioeconomic status and geographical location. In February 2024 we created a pdf flyer with details about the project inviting parents to apply by email, and offering a £20 voucher as a thank you.

We knew recruitment could be difficult and so advertised widely via established parent and professional networks and groups. We also tried adding our flyer to social media, tagging relevant groups and individuals on Facebook and X.

As expected, recruitment was initially slow with one recruit in the first month. A week after this, we received five email responses within 24 hours and by the end of that week we had 19 participants. Our consent form included questions that would indicate to us whether the participant met the criteria and all 19 indicated that they met the eligibility criteria and consented to take part.

Signs to look out for

Since reviewing these emails, we have noticed some patterns that have been identified by other researchers (Kumarasamy et al, 2024; Santinele Martino et al, 2024). Had we been aware of this as a possibility we would have looked out for these signs and potentially identified the imposters earlier:

- the text across multiple emails was either very similar or the same
- none of the emails were signed with the person's name and none of them mentioned a child's name. This contrasted with our genuine participants
- the emails tended to arrive in clusters, often within minutes of each other
- most participants came from groups that are usually under-represented in this type of research (for example we had more fathers than mothers).

Running the focus groups

We ran two online groups in April 2024 before we realised that we had imposter participants.

Group one (five participants)

We set certain ground rules which we sent in advance via email and reiterated in the group. These included keeping cameras on and not using the chat function. From the

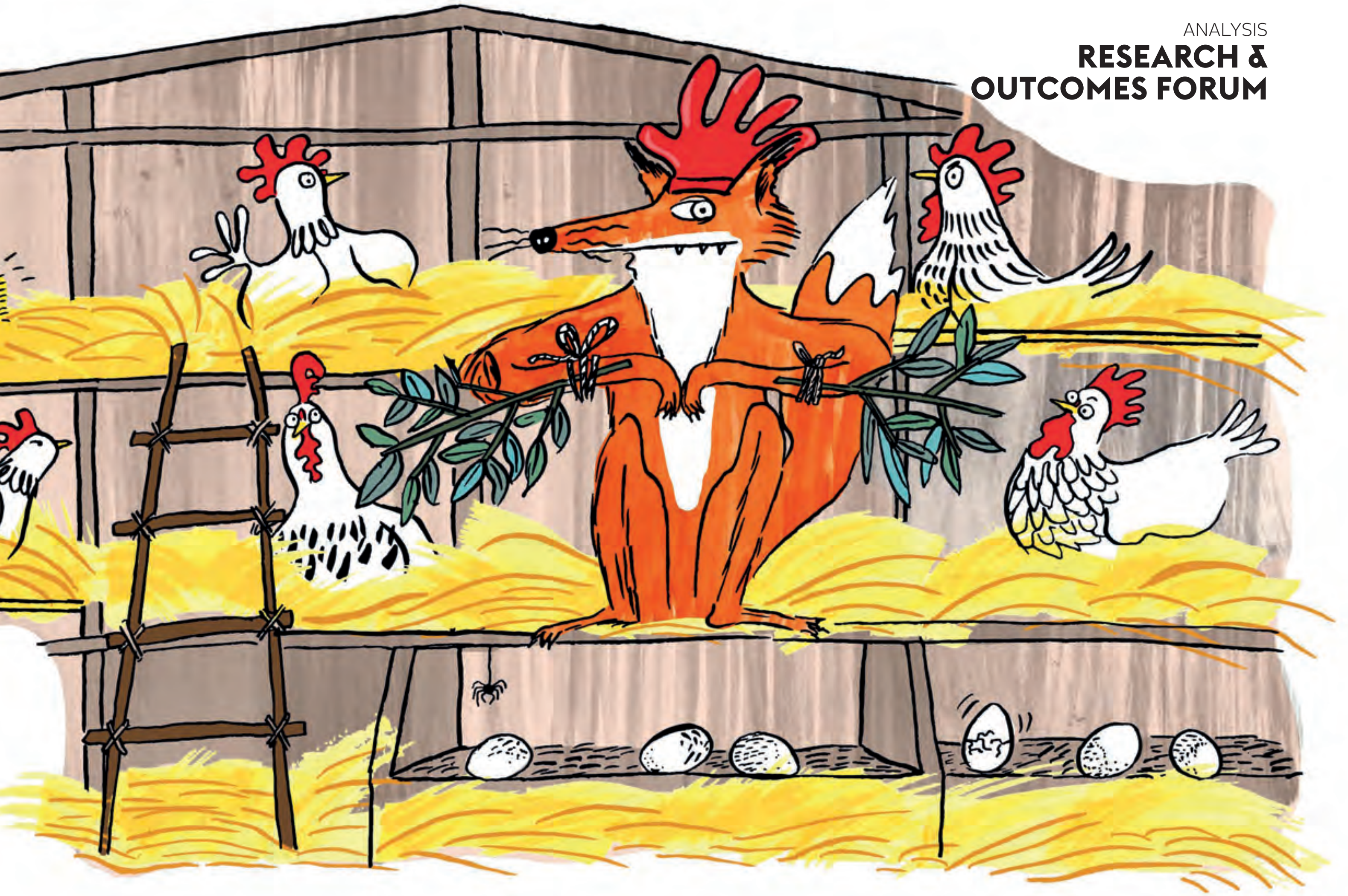


ILLUSTRATION: KATE HAZELL

start participants did not seem to be aware of our ground rules. They kept cameras off, even when prompted, they also used the chat, one participant insisting on this.

This was difficult and we had to make on the spot decisions to allow this in order to proceed. Participants' answers lacked detail and at times contained inaccuracies which indicated a lack of understanding.

For example, when asked what their role within their child's speech and language therapy sessions was, one participant commented: "My role with the occupational therapies is collaborating with the therapist, like, you know, discussing with the therapist on how to support my child." When asked for more detail on how they are involved with SLT they did not expand with detail and just responded: "It's flexible."

After the session we reflected that having rigid rules may be preventing us from hearing from a diverse range of participants with varying communication styles. While we did not want to exclude anyone or make them feel uncomfortable, we also began to consider that the participants may not be genuine. The next group was less than 24 hours away and so we decided to strengthen our precautionary measures. We emailed participants in advance to remind them they had to turn on their cameras to participate, and anything in the chat would be read out verbatim.

Group two (six participants)

Despite the email reminder, only one participant arrived with their camera on. They were the only genuine participant in the group. All others repeatedly turned them on and off throughout, needing frequent reminders. Having a real parent in the groups allowed us to reflect on some key differences between the responses of real and imposter participants.

Answers from the imposter participants lacked detail and they often could not clarify when asked. For example, in response to the question: "Describe how the sessions with your SLT are set up" one participant commented: "Finding resources that had both a digital and printable version makes lesson planning extremely easy. Digital versions may include Boom Cards." When they were asked what a Boom Card was, they did not respond to the question.

In contrast, the genuine participant provided detail and specificity which indicated knowledge of SLT services. For example, in response to the same question they gave a detailed response, including the following: "I've been lay on the floor before, with him doing back sounds, you know, we've got quite involved in that way."

Imposter participants asked several questions about how their data would be used, despite this being shared with them both in written and verbal form. They never referred to their

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

child by name, with one participant even referring to "the parent" and "the child."

Reflections

Since the Covid-19 pandemic the way in which qualitative research is conducted has changed rapidly, and the default of using face to face methods has switched to using online platforms (Lobe et al, 2022). There are many advantages to this including wider national and international reach for the study, as well as a more sustainable model for research as participants do not need to travel. However, conducting research online potentially leaves research and researchers vulnerable to participants who are not genuine and can therefore threaten the validity of the data (Roehl & Harland, 2022). This is a fast-growing phenomenon, with various publications discussing this over the last four years (for example: Kumarasamy et al, 2024; Ridge et al, 2023)

This experience led us to realise that there are two questions to consider when embarking on qualitative research online:

1 Is the researcher aware of the possibility of imposter participants in online qualitative research?

2 Is the researcher aware of how to mitigate the risk of this happening and what to do if these mitigations still allow imposters to enter studies?

Tips for individual SLT researchers

- Use social media with caution. Contacting admin of relevant closed groups may be less risky than tagging on open forums such as X.
- If you plan to pay participants as an incentive do not include the exact amount in the advert, and avoid words and signs that could be easily identified as payment such as '£' or 'voucher' to avoid automated bots scouring the internet (Kumarasamy et al, 2024).
- If you receive a cluster of emails that fit the pattern described on page 50, consider whether responding to them is the best way forward. We found that engaging with them led to a further influx of emails.
- When designing your study include a screening call (Santinele Martino et al, 2024) which includes questions that will help to determine if a participant is genuine (eg name of the service where they receive therapy, speech sounds a child is working on). This needs to be balanced with gathering information that is not needed for the study (Roehl & Harland, 2022). We decided that information gathered from our screening call would not be recorded but just be used to determine eligibility.
- During the group make sure all participants only join with their first name and don't share identifying details as much as is reasonably possible. This can safeguard participants who are genuine and may accidentally be in a group with imposters.

> We knew recruitment could be difficult and so advertised widely

Suggestions for organisations

- Make sure all research leads, PhD supervisors and staff involved in recruitment to research studies are aware that this is a potential issue and is included in any relevant handbooks, teaching and communications.
- Include a section in all ethics forms asking researchers to indicate measures they are taking in online recruitment or studies to mitigate the possibility of imposters.
- Consider if a policy is needed to guide researchers. For example, tips on how to respond to potential imposters' emails, and what to do if they find themselves in a group or interview with imposters.

This was a difficult experience that knocked my confidence and at times felt threatening. We don't want it to happen to anyone else. Our study still went ahead, but with amendments including screening calls. Ultimately we turned to interviews because the groups were so hard to arrange with real parents!

We are aware that there is a delicate balance between reasonable adjustments to allow a diverse range of participants and prevention of imposters, and we hope that readers will consider the issues at the planning stage. We believe that this forethought will greatly reduce the risk of imposters being included in any project. B

KATHERINE PRITCHARD, SLT, PhD Student and Lecturer in Speech and Language Therapy, University of Reading
✉ k.a.pritchard@reading.ac.uk

DR EMMA PAGNAMENTA, Associate Professor, University of Reading
DR VESNA STOJANOVIK, Professor, University of Reading
DR JILL TITTERINGTON, Consultant SLT and researcher, The Speech Doctor

Growing the service-level evidence base

There is so much scope for using routine outcomes data to improve care. The MISLToe_SSD team report on a new project to grow the evidence base for speech sound disorders

We all want to deliver evidence-based practice, but it is difficult if the evidence comes from research with narrowly defined participants and interventions given at high dosage which cannot be replicated in routine care.

Increasingly, large datasets of routinely collected data are being explored as an additional source of evidence (Goldacre, 2022). Resources such as OpenSAFELY, NHSE Secure Data Environment and the Clinical Practice Research Datalink provide data which have the necessary consent to be shared anonymously with researchers investigating a wide range of questions.

However, these systems collect data from hospitals or GPs, and do not include appointments with community health services such as speech and language therapy. While the RCSLT Online Outcome Tool (ROOT) is collecting much-needed service level outcome data for speech and language therapy, more detailed information is required to work out which interventions are most effective for subgroups of clinical populations.

In order to start using service level data, we need to create an agreed process for collecting data. In recognition of this, and with RCSLT's support, the MISLToe_SSD study began. With the long-term aim of collecting consistent baseline and outcome data following intervention for children with speech sound disorders (SSD), our first steps were to reach consensus on a core outcome set (COS), a diagnostic protocol and a list of defined interventions.

We worked with NHS Lothian, North Lincolnshire and Goole NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust, Sirona Care and Health and Solent NHS Trust and an expert Delphi panel of 66 SSD specialist SLTs to deliver this research. (A Delphi study involves a group of experts going through several rounds of questions and discussions on a topic to arrive at a consensus.)

Establishing the core outcome set (COS)

A COS is a set of consistent measures which can be collected pre- and post-intervention. Starting with an umbrella review of the literature (Harding et al, 2024), we identified a list of possible outcome domains for children with SSD and the tools used to measure them. These were presented to the Delphi panel who agreed a list of outcome domains together with tools for measuring change between baseline and end of intervention.

To make sense of outcome data, we need to also collect information on service-user and intervention factors which might impact on the outcome. The group of specialist clinicians and academics agreed on a list of common data elements to create a minimum dataset. These 14 common data elements are already routinely collected by services and include information about the child such as age and sex and diagnostic labels for the SSD. It also included the intervention name and details of where, how long and how often it took place.

Diagnostic protocol and list of defined interventions

We needed to make sure we were using consistent terminology to describe the patient population and the interventions they received. Working with NHS speech and language therapy services, we agreed on a slightly amended version of the Dodd system of classification of SSD (2014) together with a process for arriving at a differential diagnosis. This classification is described in Stringer et al (2023) and is also reflected in the recent RCSLT clinical guidelines for SSD rcslt.info/speech-sound-disorders.

The final step in the process was to agree definitions for the interventions that are used with children with SSD. A list of interventions was drawn up from the umbrella review and we worked with the NHS services to agree definitions for each of them.

Outcome domains	Tool to measure outcome pre- and post-intervention
Increased speech intelligibility (primary)	Intelligibility in Context Scale
Increased percentage consonants correct (PCC)	Diagnostic Evaluation of Articulation and Phonology (DEAP)
Increased stimulability	DEAP
Increase in number of phonemes	DEAP
Increase in percentage Vowels Correct (PVC)	DEAP
Increase in percentage Phonemes Correct (PPC)	DEAP
Increase in phonological awareness	Newcastle Assessment of Phonological Awareness (NAPA)

Next steps

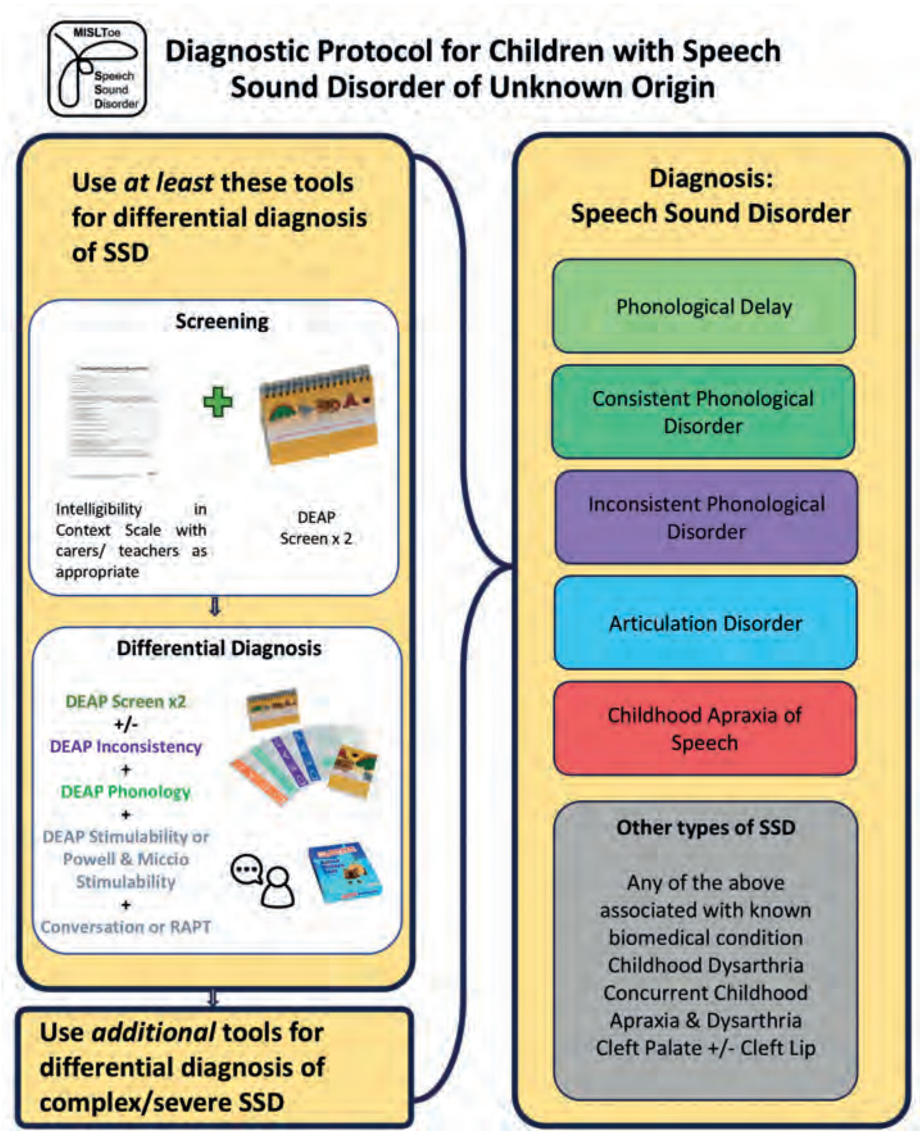
We are now seeking funding for a feasibility study to explore the potential for collecting the COS data through existing electronic records systems in the NHS. We want to determine whether routine data collection of the COS for SSD is feasible in a small number of speech and language therapy services in different parts of the UK.

After the feasibility study, the next step will be to implement data collection in speech and language therapy services for children with SSD across the whole of the UK. Once established, a dataset will be available which can be used in statistical analyses to determine the effectiveness of specific care pathways and interventions for children with different subtypes of SSD.

Ultimately this will help us design the optimum care pathway that uses the most

> Ultimately this will help us design the optimum care pathway for children with SSD

DIAGNOSTIC PROTOCOL



effective interventions at the best dosage for individual children with SSD, and provides the evidence base for which interventions should be discontinued. This evidence is also vital for lobbying for speech and language therapy resource. We need to make sure we can provide evidence-based practice for this population who are at risk of suboptimal outcomes in education and wellbeing if their problems with speech persist into older childhood (Wren et al, 2021, 2023).

The MISLToe methodology could be replicated in other specialities and will enhance the existing collection of data by ROOT. Use of large datasets is growing within health services research; through MISLToe, we have the potential to show how this can be extended beyond medical care. We aim to ensure that future speech and language therapy practice is based on reliable evidence we know can be delivered in services.

We are encouraged by the growing support for this work, with a large number of NHS speech and language therapy services across the UK already expressing an interest in being involved in the feasibility work and larger scale rollout. Ⓑ

> We aim to ensure that future speech and language therapy practice is based on reliable evidence we know can be delivered in services

YVONNE WREN, Professor of Speech and Language Therapy, Cardiff Metropolitan University
✉ yvonne.wren@bristol.ac.uk

DR SAM BURR, Senior Research Fellow in Speech and Language Therapy, Cardiff Metropolitan University
JOANNE CLELAND, Professor of Speech and Language Therapy, University of Strathclyde
HELEN STRINGER, Professor of Childhood Speech Sound Disorders and Behaviour Change, Newcastle University
DR SAM HARDING, Senior Research Fellow, Bristol Speech and Language Therapy Research Unit, North Bristol NHS Trust

Find out more

More information on the defined list of interventions together with downloadable copies of the Core Outcome Set and diagnostic protocol are available from **rcslt.info/MISLToe-ssd**.

Do get in touch if you would like your service to be considered as another future site at **misltoe@nbt.nhs.uk**

IMAGE: ISTOCK / RCSLT

Join our learning journey

Mark Singleton catches up with the latest additions to RCSLT's online learning resources which are all available free as part of your membership

We're very excited about our latest learning resources, the 'Formal Assessments' learning journey and our 'An Introduction to…' series. Both resources are the result of collaboration with members from across the career spectrum, from students through to expert SLTs. They're an excellent way for new and experienced therapists alike to brush up on technical and professional skills, find out about new or emerging areas, and explore the broad range of generalist and specialist knowledge within speech and language therapy.

Why are we creating them?

Traditionally, face-to-face placements have been a major method for students to observe and learn about formal assessments. They can get practical experience of seeing them run, what to expect, and how to guide a service user through the process. More broadly, they can observe the range of professional skills required of an SLT, irrespective of setting or caseload. However, placements have become increasingly 'squeezed', with less time and availability for observing a range of assessments. Even with the most favourable conditions, it's simply not possible to observe every speech and language therapy assessment.

With that in mind, we worked with our university liaison group to start scoping out the projects that became the 'Formal Assessments' and 'An Introduction to…' courses. While not intended to replace face-to-face placements, we envisage them playing a supporting role in helping students and newly qualified practitioners (NQPs) get to grips with the wide array of professional and clinical skills required for the job, as well as topping up the skills and knowledge of more experienced therapists.

> **"The courses don't assume any prior knowledge, so they're perfect either as an introduction to a new topic or area, or as a refresher for experienced therapists**

ALICE MOLLON / IKON IMAGES

Introducing the new resources

‘Formal Assessments’ training modules

Each Formal Assessments module deals with a specific SLT assessment. In the module, you’ll find basic information about the assessment, such as who it’s primarily aimed at, any relevant models or theories, and what comes in the assessment pack. You can watch videos of the assessments being run by an experienced SLT with a real service user. There are explainer videos from the SLT covering what the results show, and what direction therapy might take from there. Finally, there are additional learning resources, and adaptations suggested by experienced SLTs.

An Introduction to...

The ‘sister’ project to the Formal Assessments learning, each Introduction to... focuses on a specific part of the SLT role such as a setting or a condition. They’re designed to get you started on a topic, helping you develop your professional and clinical skills and introduce you to new areas of the speech and language therapy world.

Each module includes content from experienced SLTs (videos, audio and written content), and a selection of further resources for you to access if you’d like to learn more.

Who are they for?

While primarily aimed at students and newly qualified practitioners, both courses are available to all members. The courses don’t assume any prior knowledge, so they’re perfect either as an introduction to a new topic or area, or as a refresher for experienced therapists. If it’s been a while since you’ve run an assessment, it can be useful to watch the Formal Assessment videos to refresh your memory. Each module has been designed to be completely open, so you can skip to the parts that are most relevant to what you need at any given moment.

What are people saying about them?

The courses are proving popular so far, with over 95% rating them as ‘Good’ or ‘Excellent’ and over 99% saying they would recommend to friends or colleagues. According to the ‘Formal Assessments’ feedback, what’s proving particularly popular is the ability to re-access a specific assessment and skip straight to the video, to brush up on how it runs prior to running it live.

How to access them

Both courses are available on the RCSLT’s learning site: rcslt.info/elearning. You can log in using the same details as for the main RCSLT website.

Present and future work

At present, in addition to the modules already live on our website, we’re creating two new Formal Assessments modules, looking at the Test of Abstract Language Comprehension (TALC) and Communication Assessment Profile (CASP), so keep an eye out for those. We’ll be discussing the next set of assessments with our university representative group. We recently released another “Introduction to...” looking at AI in speech and language therapy. And we’re working on a series of videos to highlight the role of SLTs in the justice system and exploring options for a series on supervision too.

How to contribute to the project

If you’d like to be part of the author group for either an assessment module or one of the introductions, keep an eye on our project pages and look out for announcements in the RCSLT e-news. If you’ve got an idea for an ‘Introduction to...’ that you’d like to discuss with us, we’d love to hear from you!

MARK SINGLETON, RCSLT Learning and Development Manager
✉ mark.singleton@rcslt.org


RCSLT
JOBS
Search 23 live jobs
Find jobs
Featured Companies
23 jobs found
Create alert
MacBook

RE-FINDING MY VOICE

***Bob Heeley** found a voice group for people with Parkinson's helped him reconnect with his family and community*

I developed Parkinson's at the beginning of the Covid pandemic. At lockdown the only help available was some online voice therapy which gave the first insight into the potential benefits. It was not Parkinson's specific and it was also short-lived. It did however encourage me to agree to try the Speak Out group offered by the NHS Dumfries and Galloway Adult SLT service.

I had some reservations, but the fact that the initial meeting would be one-to-one and I could be accompanied by my wife was reassuring. I have always been quietly spoken and not gregarious, having just a few close friends of longstanding. Music - guitar playing, singing and listening - is my main passion and I enjoyed long country walks. Parkinsons has seriously curtailed these activities. It reduced my voice volume even further and hoarseness made singing more difficult. I was gradually recognising this, and it was noted by my wife.

> **My new speech has given me confidence**

I had some scepticism before the first meeting but the explanation of the programme at that stage made sense. There was plenty of reassurance, support, and a clear structure to the lessons and 'homework' with recognisable improvement all building confidence in the program and in myself being able to benefit from it. I began to actively think about my speech and about what clear communication involves - what speaking with intent means - recognising the volume required, the projection, making a conscious effort, focusing on controlling the speech and not letting the sentences fade out.

I learned that it is important to recognise that what feels like normal speech to me probably isn't but needs more deliberate effort at all times. I would not have recognised this without the programme.

I now have strategies to work on keeping my new confident voice. The workbook and access to online sessions are all helpful. I do answer the phone and greet people confidently. Friends and family have commented favourably on this. There is an added bonus that the throat muscle training not only helps the voice but also swallowing so maintaining a good diet and safe eating gets easier.

I did not expect to enjoy the group sessions with strangers but I did and found the sessions enjoyable and group members supportive. The activities were geared to our interests and the therapist always encouraging. My wife reinforced the encouragement in practice sessions at home and the positive response of friends and family highlighted the success of the programme.

My new speech has given me confidence and encouraged interactions with my local community. I now feel I can tackle some of the other symptoms and problems of Parkinson's with my renewed confidence and the support of those around me.

I would definitely recommend the course to others with Parkinson's as an important tool to maintain social connections which are so important to avoid isolation and depression.

BOB HEELEY

Find out more

Bob took part in the SPEAK OUT!® intensive voice programme at Dumfries and Galloway Royal Infirmary Adult SLT Service with **EMILY FAULDS**

✉ **emily.faulds@nhs.scot**

New RCSLT Parkinson's guidance is coming in 2025

COURSE LISTINGS

smiLE Therapy Training Day 1 and 2
6-7 and 10-11 March 2025, 9am-12pm, online
Innovative 10-step therapy teaching functional communication and social skills in real settings for students who are deaf, have DLD, learning difficulties, Down Syndrome, and physical disability. Also teaching functional communication for some autistic students, where criteria apply, where therapy is delivered in a neurodiverse-affirming way.
For ages 7 to 25.

Clear visible outcome measures, empowering parents & generalisation integral. For SLTs & Teachers. Loved by students, parents, practitioners, managers, SENCOs, OFSTED. Now named on EHCPs.

Email us to book a place or to enquire about bespoke training for your Team.

FREE 1-hour taster session online. For you, your NHS Trust, CEN, university, special school or college, local authority, independent practice. Email us.
✉ **info@smiletherapytraining.com**
🔗 **www.smiletherapytraining.com**

The current evidence base for school-aged children with DLD with Dr Susan Ebbels
18 and 19 March 2025, 9am-1pm, online via Zoom
Day 1: Appraising the reliability of research. Evidence for different methods of delivery of intervention including tiers 1, 2 and 3, the role of SLTs and evidence-based pathways to intervention.
Day 2: Interventions at sentence, narrative and word levels
Book at least 5 days before course date.
01883 712 271
✉ **training@moorhouseinstitute.co.uk**
🔗 **www.moorhouseinstitute.com/the-current-evidence-base-for-school-aged-children-with-dld/**

The SHAPE CODINGTM system
Part 1: Self-paced online course
available anytime
Part 2: 2-part workshop
1 and 8 May 2025, 9am-1pm, online via Zoom
Practical Applications: 2-part workshop
12 and 19 June 2025, 9am-1pm, online via Zoom
Designed to teach spoken and written grammar to school-aged children with developmental language disorder (DLD). Three accredited courses available for SLTs and those working within education. Book at least 10 days before course date.
01883 712 271
✉ **training@moorhouseinstitute.co.uk**
🔗 **www.moorhouseinstitute.com/shape-coding-courses/**

Clinical Neuroscience Practice MSc/PgCert
September 2025 – August 2026,
St George's, University of London, Cranmer Terrace, London, SW17 0RE
Full-time MSc: £10,950
Part-time MSc (2 years): £5,850 per annum
Part-time PgCert (1 year): £3,950
Shape the future of neuroscience healthcare delivery with a postgraduate qualification at St George's, University of London.

To help meet the growing demand for experts in the neurosciences, we've designed a course that explores how to provide high-quality care, as well as the psychological impact of neurological conditions on cognition, emotion and behaviour. We focus on using the latest evidence-based practice while listening to patients' lived experiences.

If you complete a clinical placement, you'll work alongside healthcare leaders. You'll observe as they deliver the latest treatments like deep brain stimulation which, by altering electrical signals in the brain, produces life-changing outcomes for people with Parkinson's disease. Neurorehabilitation, neuromodulation and cerebrovascular disease are just a few examples of areas our experts are exploring.

We offer this course as a PgCert or MSc. For the PgCert, students only take the Foundations of Clinical Neuroscience module plus the Clinical Neuropsychology or the Health Services Delivery. This is a great option if you want to upskill but can't commit to the full course.

Unlike courses with similar titles, this course goes beyond theory. It's a course about neuroscience in clinical practice. You learn how breakthroughs in the lab can shape the future of care for people with a diverse range of neurological conditions. You'll learn alongside students from a range of backgrounds which reflects the multidisciplinary nature of modern neurosciences healthcare.

By the end of the course, you'll have what it takes to shape the future of neuroscience healthcare delivery, with practical experience on your CV and advanced expertise in the psychology of neurological conditions.
✉ **study@sgul.ac.uk**
🔗 **sgul.ac.uk/study/courses/clinical-neuroscience-practice**

You can now find course listings online! Visit **rcslt.org/course-listings** to see the latest training and CPD opportunities

RCSLT

Make the most of your RCSLT membership

Here are some ideas for expanding your network and building your clinical practice with RCSLT membership

Find us online

🔗 **rcslt.org**
x.com/RCSLT
instagram.com/RCSLT
rcslt.info/linkedin

Plus our fortnightly e-news, and regular email updates from the Research team and UK country offices.

Your online CPD diary

Log and organise evidence of your continuing professional development (CPD) activity in this specially designed online diary.

🔗 **rcslt.info/cpd-diary**

Free access to journals

Choose from over 1,700 journal titles in the RCSLT journals collection to support your evidence-based practice.

🔗 **rcslt.info/accessthejournals**

Clinical Excellence Networks (CENs)

CENs are essential and accessible networks for CPD, covering a wide range of clinical areas.

🔗 **rcslt.info/join-cens**

Professional enquiries service

The RCSLT enquiries team can put you in touch with expert clinical advisers or provide the most up-to-date guidance to address your query.

✉ Contact **info@rcslt.org** or **020 7378 3012**.

PS remember that reading *Bulletin* is a professional development activity, so add it to your online CPD diary!

FROM AAC TO CANVAS

Sisters **Tessa** *and* **Louise Gilmartin** *tell the story of how AAC has been fundamental in supporting Tessa's artistic success*

TESSA GILMARTIN

My sister Tessa has a learning disability and verbal dyspraxia. She predominantly uses augmentative and alternative communication (AAC) technology and Makaton to communicate. We've used her AAC device ('talker') alongside Talking Mats, to facilitate telling her story.

Tessa has always loved making art and she says: "I love colour, shapes, patterns... drawing animals and flowers...I can express who I am and how I feel in my art".

In 2020 Tessa became a member of the Bluecoat art centre's inclusive arts project 'Blue Room', for learning disabled and neurodivergent adults in Liverpool. Facilitators embrace Tessa's differences, and foster an environment where she can use assistive technology to self-advocate and create art. Tessa says her talker helps her to communicate at every opportunity: "in art class... order lunch, talk with friends". Facilitators actively encourage Tessa to use her device when she's generating ideas or exhibits her artwork.

> **I can express who I am and how I feel in my art**

We were so proud when handmade cosmetics company LUSH announced they'd chosen Tessa's 'Horse Big' artwork for their 2024 advent calendar design. She said: "I feel lucky my art is on the LUSH box". Tessa's work 'Horse Big' was initially commissioned by the Bluecoat as a billboard on the exterior of their city centre building. LUSH later selected the work for their advent box, which was revealed through Tessa creating a shop window installation. Tessa received an artist's commission for her work, which she plans to use to fund her future Blue Room sessions. LUSH also gifted her with an advent box!

During primary school in the 1990s, Tessa had a wonderful NHS SLT who was passionate about AAC technology. Tessa remembers sessions being "fun games". Our mum remembers the carryover work, giving Tessa practical activities to promote learning the device icons, word storage and retrieval. In the days before tablets and mobile phones, this was a steep learning curve for everyone! However, after many early years filled with frustration and meltdowns, this was the start of Tessa's new voice and our lifelong AAC journey.

Tessa says: "Mum and dad helped me find my voice when I was little. They still help me to fix my talker when it breaks and needs new words. Most people don't understand how it works.

"I still need help remembering to keep the battery charged! This can be hard in supported living. Don't worry about it getting dirty or damaged – I always need it near me – don't put it away! I used to turn the volume down but now I'm not embarrassed! I wish more people had a talker like me."

Tessa's LUSH achievement has been a personal and professional highlight for me, showcasing what can be achieved through high-quality, joined-up, effective services. I'll always credit Tessa for inspiring my SLT career choice.

LOUISE GILMARTIN,
✉ louise@liverpoolspeechtherapy.com
@lgilmartin_slt
LGilmartin_SLT

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**.

Social cognition and emotional competence

What this paper adds

Social cognition (SC) helps children understand the thoughts and feelings of others and is closely linked to language skills. This systematic review explored how SC and language skills present in autistic children and those with developmental language disorder (DLD) or social communication disorder (SCD). Past research has highlighted some links between social cognition and language, but this review focuses on all components of language such as grammar, storytelling, and emotional tone.

Why this matters

This systematic review found that the connection between language and SC presents differently in autistic children and those with DLD or SCD. These results are important for future research focusing on specific components of interaction and socio-emotional processes.

Grau-Husarikova, E. et al. (2024) How language affects social cognition and emotional competence in typical and atypical development: A systematic review. *IJLCD,* 59(5). rcslt.info/social-cognition-ijlcd

Identifying SSD subtypes

What this paper adds

Speech sound disorders (SSDs) in children can vary widely, with different underlying causes and symptoms. Past studies have shown that diagnosing specific subtypes is challenging because their symptoms often overlap, for example consistent phonological disorder (CPD), inconsistent phonological disorder (IPD), and childhood apraxia of speech (CAS). This paper explores how analysing different factors such as phonological memory, motor planning, and speech patterns, can help accurately identify these subtypes.

Why this matters

This paper didn't identify definitive markers for the three subtypes of SSD but highlighted key principles for accurate diagnosis. It emphasises the importance of recognising the distinct subtypes, understanding how underlying factors influence surface characteristics, and acknowledging that as a child matures and receives treatment, these categories are not fixed. Continuous assessment is crucial to adapt support to the child's evolving needs.

Rvachew, S. and Matthews, T. (2024). Considerations for identifying subtypes of speech sound disorder. *IJLCD,* 59(6). rcslt.info/ssd-subtypes-ijlcd

Measuring quality of life

What this paper adds

The MD Anderson Dysphagia Inventory (MDADI) is widely used to measure swallowing-related quality of life in head and neck cancer patients. However, the validity of its content has not undergone full review since its development. This study explored UK clinicians' views on the tool, identifying issues with its clarity, relevance, and ability to include all patient groups.

Why this matters

The study found that the MDADI excludes certain patient groups, uses unclear language, and may not fully reflect patient experiences. Revising the tool could improve its accuracy and ensure it provides meaningful, inclusive data, enhancing its usefulness in clinical care and research.

Toft, K., Best, C. and Donaldson, J. (2024). Assessment of patients with head and neck cancer using the MD Anderson Dysphagia Inventory: Results of a study into its comprehensiveness, comprehensibility and relevance to clinical practice. *IJLCD,* 59(5). rcslt.info/mdadi-ijlcd

In Memory

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

Sarah Buckley
1976-2024

Sarah qualified from City, University of London, in 2000. As director of Sarah Buckley Therapies, she devoted her career to enhancing the lives of her clients, supporting students and working closely with NHS colleagues and SLTs in independent practice. Dedicated to the field, she offered unwavering support, expertise, and kindness. Her leadership as Chair of ASLTIP and collaboration with RCSLT inspired many and helped shape the future of speech therapy. Sarah's warm personality, generosity, and professionalism touched countless lives. Her ability to forge deep, meaningful connections was remarkable. She leaves behind a legacy of compassion, excellence and commitment, which we will take forward in her memory. She will be deeply missed and remembered fondly by all who knew her.

JULIE COTA and **NICOLA HOLMES**

Carole Linda Pound
1958-2024

Carole was a brilliant, wise, hilarious chum and colleague to many in the speech and language therapy world. Graduating with an MA in French and Italian from the University of Edinburgh in 1981, Carole turned her linguistic talents to speech and language therapy, graduating from City, University of London in 1986 and gaining her MSc in Cognitive Neuropsychology from Birkbeck, University of London in 1991. She possessed the rare ability to combine academic rigour and human accessibility. As cofounder for Connect Communication Disability Network she was an innovator, role model, advocate and friend of people navigating the complexity of aphasia. Carole's 2013 PhD, 'An exploration of the friendship experiences of working-age people with aphasia' exemplifies her humanising approach.

DEBORAH HARDING, **JENNY SHERIDAN** and **HELEN WHITE**

Eirian Jones
1940-2024

Eirian Jones will be remembered as an aphasia specialist who inspired students, colleagues and patients with the passion, empathy and knowledge she brought to every individual.

Starting her career at Cardiff Royal Infirmary, 1961, she was pivotal in introducing speech therapy to the University Hospital of Wales. Moving into teaching and research at London's Kingdon-Ward School, she specialised in cognitive neuropsychology, breaking new ground in understanding impairments in language processing and integrating this into her always-person-centred therapy, to which she returned in her many years as Chief Therapist at Addenbrookes Hospital.

Eirian served as Chair of the College of Speech Therapists, initiated the first British Aphasia Therapy Conference, 1980, and was the first director of the Tavistock Trust for Aphasia.

JON HUNT and **SHULA CHIAT**

Book reviews

Books and resources reviewed and rated by *Bulletin* readers

✪✪✪✪✪

Navigating Trans Voicing

AUTHOR: Matthew Mills and Natasha Stavropoulos
PUBLISHER: Routledge
PRICE: £18.99

This is an accessible and informative introduction to trans voicing. The book is aimed at student SLTs and newly qualified SLTs, providing an excellent overview of key topics and terminology in this area. However, it's also a crucial text for established clinicians wishing to learn more about trans voicing or to become better allies and advocates for trans people.

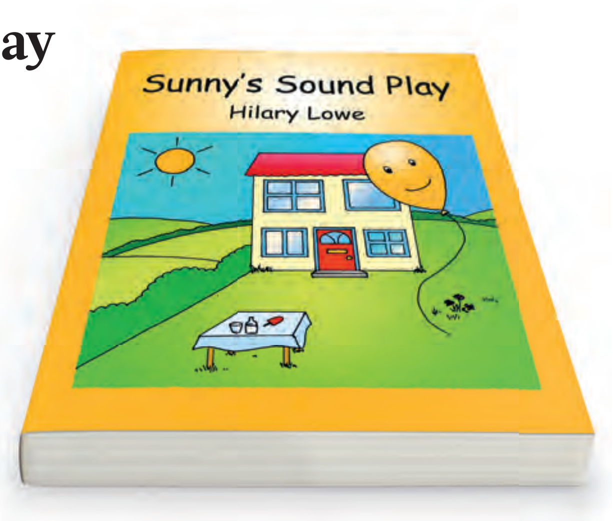
The authors insightfully and sensitively highlight the current climate of health inequalities and transphobia experienced by trans people. They present recommendations for improving practice, alongside succinct and useful information about how to use gender-affirming voice exploration and voice and communication therapy.

POLLY DAVIS, (they/them) Specialist SLT, Happy Talk Ltd

◆

✪✪✪✪✪

Sunny's Sound Play

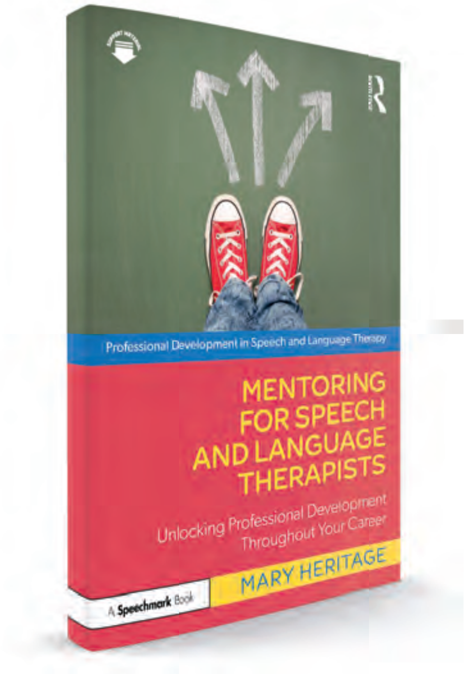


AUTHOR: Hilary Lowe
PUBLISHER: J&R Press
PRICE: £9.99

This is a delightful book aimed at preschool children to increase sound knowledge and phonological awareness. The book tells the story of Sunny, the balloon who goes on an adventure to visit his friends who are consonant sounds. Each page is dedicated to a new sound on the right page with a brief introduction to sound properties on the left. It also includes a visual of a corresponding hand gesture.

The pictures are colourful and engaging. Ideas for phonological awareness games are included at the end. It is a beautifully pitched book for parents to use at home.

MICHELLE MCCAULEY, Paediatric SLT, Northern Ireland



✪✪✪✪✪

Mentoring for Speech and Language Therapists

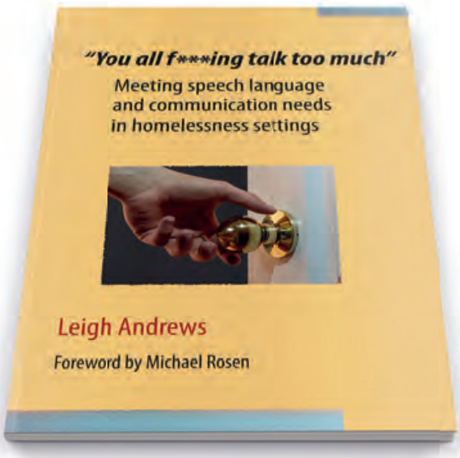
AUTHOR: Mary Heritage
PUBLISHER: Speechmark, 2024
PRICE: £26.99

Mary Heritage's book is a compelling call to action that emphasises the vital role of mentoring in the professional development of SLTs. Addressing everyone from students to seasoned leaders, she draws from her personal experiences and evidence-based practices to provide a clear definition of mentoring. It distinguishes mentoring from other professional supports offering practical advice on finding and working with a mentor and developing mentoring skills. Heritage also explores how mentoring can foster a more inclusive professional community. The reflection and action planning sections encourage readers to apply the concepts to their own careers.
A must-read.

NICKI WITKIN, Senior Lecturer in Speech and Language Therapy, University of Hertfordshire

✪✪✪✪✪

"You all f***ing talk too much": Meeting Speech Language and Communication Needs in Homelessness Settings



AUTHORS: Leigh Andrews
PUBLISHER: J&R Press
PRICE: £24.99

I first met Leigh Andrews during her studies when I was a visiting tutor at City University London. As a student, her questions and contributions were always client-centred, practical and evidence-based. This book has all the same qualities. Each chapter starts by outlining what the SLT, the multidisciplinary team and commissioners will learn. The book covers definitions of homelessness and communication, giving suggestions for assessment and intervention that not only include a suggestion of tools to use but also the soft skills needed. It is these insightful details that make it a useful read for anyone working in caring professions. Take heed of the title.

MARIE-THERESE WORTHINGTON, Lead Clinical Specialist SLT (schools and DLD), Evelina London and Visiting Clinical Tutor, City St George's University of London

✪✪✪✪✪

Help! I've Got a Voice Problem

AUTHOR: Lydia Hart and Stephen R King
PUBLISHER: New Voice Publishing
PRICE: £12.99

This beautifully illustrated book is a great guide to better understanding voice disorders from a biolopsychosocial (biological, psychological and social) perspective. The use of clear and accessible language makes it a valuable a tool for readers who may be progressing through voice therapy and are trying to gain a better understanding of their voice disorder or for those who simply have an interest in the human voice.

CHLOE GREEN, Paediatric SLT (acute inpatients and voice/upper airway), The Royal London Hospital

PROFESSIONAL ENQUIRIES TEAM

A PROBLEM SHARED...

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

I am a relatively new SLT and have just started in a new clinical setting. I am a bit nervous as this is the first time I've moved into a new clinical area. How can I increase my knowledge base and link in with other SLTs working in this area?

Whether you are a newly qualified therapist, moving between specialisms or new to the UK, linking in with other SLTs both locally and nationally working in the same or similar field can be massively beneficial. Whether this is for learning, peer support, accessing the evidence base or a personal wellbeing perspective, linking in with other SLTs will help you to develop clinical and interpersonal skills.

A great way to do this is through one or more of the various professional communities available locally and nationally. The RCSLT has a number of groups based around clinical diagnosis, area or setting that are designed to provide relevant learning and support to therapists working in these areas. Take a look at what's around to help you deliver best practice in support of service users.

CENs

RCSLT Clinical Excellence Networks (CENS) are independent groups organised by SLTs to support continuing professional development (CPD). They play an essential role in the constant drive towards excellence and innovation in our profession by providing access to high quality, low cost CPD opportunities tailored to the interests and goals of their members.

Networks and hubs

In addition to CENs the RCSLT has a number of other professional networks that members can access to share best practice and ask questions of the community. These networks differ from CENs as they are designed more as a specific platform for discussion rather than a vessel for learning.

ASLTIP

If you are working in independent practice, our sister organisation the Association for Speech and Language Therapists in Independent Practice (ASLTIP) has a number of local groups. RCSLT members have access in order to provide peer support and access to learning.

Happy networking, and remember the RCSLT Professional Enquiries Team is here to support you.

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

Useful links

- RCSLT CEN directory **rcslt.info/cen-directory**
- RCSLT Regional Hub info **rcslt.info/hubs**
- RCSLT Professional Networks **rcslt.info/professional-networks**
- ASLTIP local groups **asltip.com**

Watch out for more about networking and professional community building in our next issue of *Bulletin*!

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

RCSLT

Keep the conversation going!

**Liked something you read in *Bulletin*?
Need some support? Share your thoughts and questions on social media.
@RCSLT We love to hear from our members on X and Instagram, and it's a great way to network with your fellow professionals.**

You can also find out what's happening in:

- Northern Ireland **@RCSLTNI**
- Scotland **@RCSLTScot**
- Wales **@RCSLTWales**
- Hubs **@RCSLTHubs**

Follow our feeds for the latest news and information

Return address
RCSLT
2 White Hart Yard
London
SE1 1NX